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**PREPAREDNESS PLAN**

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**Readiness and Response Coordinator**

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Central MN Health Care Preparedness Coalition

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# 1. Introduction

***“Managing the aftermath of a disaster or crisis is extremely difficult and will have unpredictable results unless serious planning is done prior to the event and a simple but solid plan is activated immediately after the event.”***

 ***Response! Planning and Training for Emergency Recovery by*** ***Robert C. Huber***

Emergencies can occur from natural Incidents like tornados, flooding, ice storms, or anthropogenic incidents that can include pandemics, facility failures, or acts of violence. Emergencies can create a surge of medical patients requiring specialized treatments, or negatively impact the facilities and equipment needed to respond and provide public health and health care services.

The U.S. Department of Health and Human Services (HHS), through its Hospital Preparedness Program (HPP), provides states with grant funding to support health and health care emergency preparedness planning and response capabilities. The funding brings together health care facilities, local public health, emergency medical services, and emergency management for cross-agency emergency preparedness planning. There are eight coalitions in Minnesota that have organized to support building health care capabilities to:

* Increasing communication, information sharing, and effectiveness between multiple responding agencies.
* Assuring patients receive the appropriate level of care, at the right location, with the resources needed, during emergencies.
* Decreasing deaths, injuries, and illnesses that occur during a disaster.
* Promoting public health and health care delivery system resilience in the aftermath of emergencies.

## 1.1 Preparedness Plan Purpose

The Central Minnesota Health Care Preparedness Coalition (CMHPC) Preparedness Plan helps guide the development of a multi-disciplinary approach to emergency health care preparedness planning for member agencies. The CMHPC includes hospitals, long-term care, other health care providers, public health, emergency management, and EMS agencies located within the fourteen counties that comprise the Central Region Coalition. The Preparedness Plan will:

* Identify the coalition structure and roles for members for planning and emergency response and coordination.
* Increase multi-agency efficiencies for regional hazard and gap identification, communications, resource sharing, training, exercises, coalition sustainment and funding resources.
* Provide oversight and guidance for planning, implementation of strategies, guidance of financial resources and the execution of respective roles and responsibilities of the Central Minnesota Healthcare Preparedness Coalition.

The Preparedness Plan will also be a resource for coalition members and partners to assist with their emergency preparedness, and link to the coalition emergency response plan.

## 1.2 Scope of the Preparedness Plan

The Preparedness Plan is reviewed annually and updated as necessary. This plan is designed as a supporting tool and will work in conjunction with the coalition response plan.

For additional details regarding the coalition Memo of Understanding, By-laws, and other agreements, coalition members have access to the: [Central-West Central Health Care Coalitions Website](https://www.cwchealthcarecoalitions.org/).

## 1.3 Administrative Support of the Preparedness Plan

The Preparedness Plan is initially approved by the coalition’s advisory committee. Utilizing lessons learned in responses and training as well as adapting to the Assistant Secretary for Preparedness and Response (ASPR) grant guidelines, any changes to the plan will require approval of the coalition advisory committee. The plan will be distributed to all members as well as be posted on the coalition website. The review process will be conducted during the first quarter of each grant period.

# 2. Overview

## 2.1 Introduction/Role/Purpose of Coalition

###  2.1.1 Coalition Definition

The Central Minnesota Health Care Preparedness Coalition (CMHPC) Preparedness Plan helps guide the development of a multi-disciplinary approach to emergency health care preparedness planning for member agencies. The CMHPC includes hospitals, long-term care, other health care providers, public health, emergency management, and EMS agencies located within the fourteen counties that comprise the Central Region Coalition. The Preparedness Plan will:

* Identify the coalition structure and roles for members for planning and emergency response and coordination.
* Increase multi-agency efficiencies for regional hazard and gap identification, communications, resource sharing, training, exercises, coalition sustainment and funding resources.
* Provide oversight and guidance for planning, implementation of strategies, guidance of financial resources and the execution of respective roles and responsibilities of the Central Minnesota Healthcare Preparedness Coalition.

The Preparedness Plan will also be a resource for coalition members and partners to assist with their emergency preparedness, and link to the coalition emergency response plan.

### 2.1.2 Mission Statement

The CMHPC serves our communities in collaboration with other partners to coordinate emergency preparedness, response, and recovery activities.

### 2.1.3 Purpose of the Coalition

The Central Minnesota Healthcare Preparedness Coalition (CMHPC) has established a comprehensive regional approach to health preparedness and medical response that relies on the coordination of healthcare organizations and other essential partners. This document provides:

1. The framework for medical preparedness, response, and recovery activities in Central Minnesota.
2. A clear operating picture CMHPC Members and Partners.
3. An operational response protocol for the Regional Healthcare Preparedness Coordinator (RHPC) and Public Health Preparedness Coordinator (PHPC).
4. During times of disaster that may have regional implications, determine a strategy for ongoing coordination of planning, response, and recovery.
5. Monitor, review, and implement improvements consistent with national and statewide capabilities and performance measures.
6. Promote strategies to strengthen and sustain the health care coalition including:
	* Develop and maintain guidelines, participation rules and responsibilities of partner members within the Health Care Preparedness Coalition.
	* Plan for the sustainment of the Health Care Preparedness Coalition.
	* Promote preparedness in the health care community through standardized practices and integration with other response partners.
7. Foster communication, information and resource sharing between local, regional, and state entities during emergency planning and response.
8. Identify health care assets needed and available during a response.
9. Recognize gaps in the health care community’s ability to effectively respond to an incident through exercises and training.

This plan does not replace or interfere with organizational emergency operations plans (EOP) or jurisdictional plans for official command and control authorized by state and local emergency management agencies.

(See Appendix 5.2 CMHPC Bylaws)

## 2.2 Coalition Boundaries

The Central Region is primarily an agricultural, industrial, and lakes/tourism area. The CMHPC includes the counties of Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, Wright, and the Mille Lacs Band of Ojibwe tribal government.

The United States Census provides a website with information that cities, counties and health care preparedness coalitions may use to assist with their emergency preparedness planning. Demographic, social, and economic, and housing data can be found at: <https://www.census.gov/programs-surveys/acs/data.html>.

(See Appendix 5.2: CMHPC Map and Demographics)

## 2.3 Coalition Membership

Primary membership in the CMHPC is reflective of the Healthcare Coalition (HCC) model proposed within federal guidance for an effective HCC response. Coalition members include a representative from each:

* Hospitals
* Local Emergency Management (EM) agencies
* Local and State Public Health
* Emergency medical Services (EMS)
* Long Term Care
* Tribal Government

Other coalition members may include partners from other related emergency response and health care providers. Active membership in the coalition is evidenced by written documents, such as the signed bylaw and memorandums of understanding (MOU). A list of signed members is maintained on the coalition website.

(See Appendix 5.2.1 for CMHPC Memorandum of Understanding)

## 2.4 Organizational Structure/Governance

The CMHPC is chaired by the Readiness and Response Coordinator (RRC). The CMHPC Bylaws and Memorandum of Understanding outline specific membership agreements for participation in the coalition, including:

* Providing regional coordination of planning, training and exercising for health and medical entities.
* Providing health and medical situational information to support a regionally coordinated response.
* Facilitating health and medical resource sharing through multi-discipline coordination.
* Addressing the appropriate capability targets as defined by emergency management, public health, emergency medical services and healthcare.
* Notify healthcare coalition members of an incident.
* Activate the response team physically or virtually to assist with coordination of response activities.
* Communicate with coalition members, local and state partners, and supporting organizations on incident status.
* Participate and support a Healthcare Multi-Agency Coordination (HMAC) system when activated.

### Regional Health Care Preparedness Coordinator

The Regional Health Care Preparedness Coordinator (RHPC) provides a planning, coordination, communication, and response function within the coalition. To support planning and coordination, the RHPC:

* Facilitates and organizes planning, training and exercises for the CMHPC. Refer to the Multi-Year Training and Exercise Plan (MYTEP).
* Provides a process to assess risks and hazards within the CMHPC and a platform for networking with preparedness and response partners across the state.
* Facilitates information sharing.
* Promotes efficient interface of CMHPC partners with jurisdictional authorities.
* Following a notification of an event from an CMHPC member, partner, or other entity, the RHPC can activate Healthcare Multi-Agency Coordination (HMAC) to represent healthcare facilities and support the response. Regional Coordination helps improve response coordination by ensuring CMHPC partners have the information they need to adequately respond to major events.
* Response functions of the RHPC and the HMAC can include:
	+ Promote situational awareness and information sharing.
	+ Coordinate incident response actions among healthcare organizations and support incident management policies and priorities.
	+ Assist with coordination of patient transfers during a disaster.
	+ Interface with other healthcare organizations and jurisdictional partners.
	+ Support resource requests and receipt of assistance from local, regional, state, and federal authorities.

### Advisory Committee

The Advisory Committee is composed of a member of each of the coalition disciplines such as hospital, Long Term Care, Emergency Medical Services, Public Health, Emergency Management, and others. Membership from each discipline will select one person to represent their needs and concerns. Duties of the Advisory Committee include:

* Nominating a representative from a participating agency annually as chairperson.
* Supporting regional multi-agency coordination and response when activated.
* Overseeing grant duties in accordance with expected timelines for completion.
* Providing recommendation on allocation of grant funds.
* Participating in decisions as needed regarding asset management and distribution, programmatic processes, etc.
* As additional potential membership groups are identified, the advisory committee will have the ability to add groups such as Access and Functional Needs (AFN), faith-based, or split groups such as LTC into, Assisted Living (AL), Homecare and Hospice
* Assist in the review of plans and Hazard Vulnerability Assessment annually
* Act as the voting body for decision making
* The advisory committee will take back information to their respective groups for input but will cast a vote as needed for their group.
* Advisory members from other state agencies such as Regional Public Health and Regional Emergency Management will act in an ad hoc role and thus will have formal voting privileges.

### 2.4.1 Role of Leadership within Member organizations

#### *(EMS) agencies*

All agencies use a common incident response plan for consistency of framework and terminology. Each EMS agency has an individual dispatch center for coordinating response.

During a major incident, an EMS Multi-Agency Coordination Center (EMS MACC) may be established to support logistical and operational needs within the region. During a health incident, EMS agencies, or the Regional EMS Coordinator will consider the need to:

* Notify the RHPC of an incident and/or discuss activating the HMAC if needed.
* Communicate situational and resource awareness to the HMAC when requested.
* Coordinate efforts through an EMS MACC when needed.
* Help facilitate the delivery of health and medical services, personnel, and supplies within the region.
* Collaborate with healthcare facilities during the request, receipt, and distribution of the strategic national stockpile (SNS) or other state/federal assets.
* Coordinate/activate an EMS Strike Team.
* Determine EMS asset needs.
* Obtain EMS Essential Elements of Information.
* Co-locate with the HMAC, if necessary, to facilitate coordination

#### *Hospitals*

There are nineteen hospitals in the Central Region and each hospital is responsible for maintaining facility surge capacity plans. When the facility surge plans are exceeded, or if multiple hospitals are involved in a multi-casualty response, a 24/7 phone number can activate the Healthcare Multi-Agency Coordination (HMAC) that can provide situational awareness, virtual coordination through the Minnesota System for Tracking Resources, Alerts, and Communication (MNTrac). During a health incident, hospitals will consider the need to:

* Notify the RHPC of an incident and/or discuss activation of the RHPC.
* Discuss the need for the HMAC to activate physically or virtually to assist with coordination of response activities.
* Have the RHPC Response Team co-locate to facilitate coordination.
* Respond to any requests made by the coalition in a timely manner or as outlined by the coalition.
* Respond to MNTrac alerts and announcements, including participating in the MNTrac Command Center if activated/requested.
* Communicate with coalition members, local emergency management, and supporting organizations on incident status.
* Participate in the HMAC if activated.

#### *Public Health*

There are twelve community health boards that provide community health services designed to protect and promote the health of the general population within the community. Each public health agency operates locally within their city or county emergency operations plan and will coordinate with other agencies, or regionally, if a public health incident occurs in multiple jurisdictions. During a health incident, public health will consider the need to:

* Notify the Regional Public Health Preparedness Consultant from MDH of an incident and/or discuss activation of the HMAC.
* Notify the RHPC of an incident and/or discuss activation of the HMAC.
* Notify other local and state partners, as necessary.
* Assist other public health in behavioral health support as needed.
* Collaborate with health and medical facilities during the request, receipt and distribution of the strategic national stockpile (SNS) or other regional/state/federal assets.
* Participate in the HMAC if activated.

#### *Emergency Management*

Every city and county within the region have an emergency manager responsible for preparing, responding, and recovering their jurisdiction from disasters. During a health incident, emergency managers will consider the need to:

* Notify the Region Emergency Management representative of HSEM to discuss the need to activate the Healthcare Coalition HMAC. The Regional EM representative will in turn reach out to the RHPC and notify the coalition of an incident and/or discuss activation of the HMAC.
* Support area hospitals and other health care agency implementation of their emergency response plans for surge capacity.
* Collaborate with health and medical facilities during the request, receipt, and distribution of the strategic national stockpile (SNS) or other state/federal assets.
* Support regional cooperation for health-related resource sharing and allocation
* Participate in the HMAC if activated

#### Other Health and Medical Coalition Members

Long-term care, home health care, hospice, assisted living, and other centers for Medicare and Medicaid medical service (CMS) providers also provide health and medical care within the community and region. Every licensed health care organization has federal requirements for disaster planning and are identified in the overall regional health and medical response planning. Considerations for other health and medical agencies are to:

* Notify the RHPC of an incident and/or discuss activation of the HMAC if there is an incident that impacts their facility and the region.
* Support area healthcare facilities’ implementation of their emergency response plans for surge capacity.
* Collaborate with public health and/or healthcare facilities during the request, receipt, and distribution of the strategic national stockpile (SNS) or other state/federal assets.
* Participate in a HMAC if activated and requested.

More detailed roles and responsibilities are identified in the individual coalition members’ emergency operational plans.

#### *Fiscal Agent*

The fiscal agent for the CMHPC is St. Cloud Hospital (SCH). Fiscal agent responsibilities include:

* Accountable for receiving and administering funds from ASPR through Minnesota Department of Health
* Comply with all laws, rules, and regulations within the ASPR grant.
* Maintain records of all reimbursements and payments for services, and grant activities performed.
* Process wages, social security benefit payments and deductions, tax payments and withholding, W-2 forms for the coalition staff.
* Through the human resources department, the fiscal agent is responsible for the hiring and dismissal of any coalition staff.
	+ When the coalition is hiring staff, members of the advisory committee will be asked to be part of the interview process to ensure they have a voice in who is hired.
	+ If there are concerns regarding coalition staff members, complaints or concerns can be vetted through the SCH human resources department.

For additional details on the role of the fiscal agent, refer to the contract held by St. Cloud Hospital with the Minnesota Department of Health.

## 2.5 Risk

The Central Minnesota Health Care Coalition (CMHPC) conducted an annual review of hazards and vulnerabilities (HVA) and has identified the following vulnerabilities, threats to health care delivery, and conditions that could impact regional health care capabilities. The coalition then developed mitigation and response activities to help alleviate the identified risks.

(See Appendix 5.1 CMHPC Regional HVA)

## 2.6 Gaps

During the HVA process discussed in section 2.5, gaps were identified in both local and regional processes. During the discussion, several measures were identified as ways to mediate the gaps. Several of the mediation measures can be accomplished during regional trainings and brought back to the facilities. The advisory committee recommended the coalition to focus on the grant workplan and indicated the importance on prioritizing the gaps identified by the region.

(See Appendix 5.1 CMHPC Regional HVA)

## 2.7 Compliance Requirements/Legal Authorities

Both this Preparedness Plan and the Response Plan are designed as supporting tools and are not meant to replace or interfere with any organization’s emergency operations plans (EOP), or jurisdictional plans for the official command and control authorized by state and local emergency management agencies.

Minnesota Regional HealthCare Preparedness Coalitions have no specific legal authority. Each entity represented in the coalition has discipline specific authority, and during an emergency, will integrate that authority to support coordination and leverage planning and response according to the Memo of Understanding, Coalition bylaws, and consistent with their statutory authority including:

* MN State Statute - Chapter 12: Emergency Management
* Minnesota State Statute - Chapter 145A: Community Health Boards
* Minnesota State Statute – Chapter 145: Public Health Provisions
* EMSRB State Statute - Chapter 144E: Emergency Medical Services Regulatory Board
* EMSRB Rules - Chapter 4690: Ambulance Services
* Homeland Security and Emergency Management (HSEM) “MN Emergency Operations Plan”
* Centers for Medicare and Medical Services (CMS)
* Clinical Laboratory Improvement Amendments (CLIA)
* Health Insurance Portability and Accountability Act (HIPPA)
* Emergency Medical Treatment & Labor Act (EMTALA)
* Occupational Safety and Health Administration (OSHA)
* The Join Commission (TJC)
* Health Care Facilities Accreditation Program (HFAP)
* Local authority as embodied by ordinance, EOPs, or mutual agreements
* Voluntary agreements for regional coordination of health and medical response activities

# 3. Objectives

## 3.1 Maintenance and Sustainability of the Coalition

The CMHPC is supported financially through the Health Care Preparedness Program (HPP) under the Office of Assistant Secretary for Preparedness and Response (ASPR). The coalition members recognize the value of the preparedness activities and are investigating means to sustain coalition activities should the ASPR funding decrease or end. Sustainability activities include in-kind donations of storage services, information sharing, training and exercise resources, and other activities not covered by the HPP grant.

## 3.2 Engagement of Partners and Stakeholders

The coalition membership has a broad base of health and health care provider representation, and all have a vested interest in developing methods to quickly respond to increased health care needs during a variety of planned and unplanned events that disrupt normal health care operations. Simply by maintaining ongoing communications between the partner agencies allows for networking and resource management that improve common medical practices and health care services. During the 2020 COVID-19 response, health care providers met frequently to discuss best practices for protecting and treating patients, distribution of scarce resources, and methods to protect their health care workers.

Specific communication groups that developed regionally and at the state level to better respond to several health incidents, including COVID-19, include:

* Hospital Executives
* Long-Term Care (LTC)
* Regional Health Care Multi-Agency Communication (HMAC) group which included representation from Emergency Management, EMS, Public Health, and hospitals
* Clinician update and treatment review sessions

### 3.2.1 Health Care Executives

The coalition recognizes that the Health Care Executives can promote buy-in with health care and community-based organizations. To keep executives knowledgeable about coalition activities, the coalition conducts an annual review WebEx with the executives. The WebEx reviews the actions taken in the past year and discusses the goals for the next year. It provides an opportunity for the executives to provide feedback as well as recommendations going forward. This open dialogue will also promote the advancement of sustainability measures.

### 3.2.2 Clinicians

When planning and preparing for a response to emergencies, input from clinicians is essential to ensure that continued health care is provided. State-led projects such as Burn Surge and Pediatric Surge have incorporated clinicians in its inception, development, and review of the processes. The CMHPC has contracted with St. Cloud Hospital to provide a Clinical Advisor to support the collaboration between clinicians and the coalition. The Clinical Advisor represents the coalition on the Minnesota Department of Health Science Advisory Committee. The CMHPC has used clinicians as subject matter experts to support the Burn Surge project as well as the Crisis Standards of Care project. CMHPC continues to engage clinician engagement by providing tools and resources that can be used during an event, including incident command training. Representatives from facilities are encouraged to continue dialogue with its clinicians in developing facility level plans as well as encouraging participation in coalition led, and facility led exercises.

### 3.2.3 Community Leaders

The CMHPC recognizes that the response to an emergent event will have a direct impact on the communities within the region. The development of relationships with Community Leaders will help ensure that there is recognition of the value of coalition participation by health care organizations and their partners. Health care organizations are highly encouraged to participate in community led preparedness efforts, including city and county emergency preparedness planning, and exercising. The RHPC also participates in community-led events to ensure that the role of the coalition and its ability to assist in a response is known. Future discussions with community leaders about coalition sustainability is an option – this includes applying for local level grants and cost-sharing techniques.

### 3.2.4 Children, Pregnant Women, Seniors, Individuals with Access, and Functional Needs

During a disaster, it has been observed that certain at-risk individuals, specifically those with access and functional needs, have required additional response assistance before, during, and after an incident. These additional considerations for at-risk individuals with access and functional needs are vital towards inclusive planning for the whole community, and have been mandated for inclusion in federal, state, territorial, tribal, and local public health emergency plans by the Public Health Service (PHS) Act. Such plans must also meet applicable requirements of the Americans with Disabilities Act (ADA). Healthcare Equity is extremely important to consider when creating plans as well as responding to events. The CMHPC encourages membership to follow the guidance outlined by CDC to ensure that all have equal access to healthcare that is free from bias and favoritism. The coalition supports health equity so that no one is disadvantaged from achieving full health potential because of socially determined circumstances.

The CMHPC assists coalition members by providing information and resources in the pre-planning, response, and recovery stages as needed to help lessen the impact especially during response and recovery. Annual education occurs at the regional coalition meetings and all exercises will include some component that is directly related to testing the ability of the health care organization to respond and assist those with access and functional needs.

(See Appendix 5.7 CMHPC Access and Functional Needs Plan)

### 3.2.5 Minnesota Healthcare Coalition Collaborative (MNHCC)

The eight (8) regional coalitions developed the MNHCC to work together during response activities as well as share ideas, plans, and exercises developed due to the ASRP workplan deliverables. The CMHPC is part of the MNHCC.

# 4. Workplan

## 4.1 Roles and Responsibilities

The roles and responsibilities of the membership of the coalition are discussed in section 2.4. The following committees are developed, as necessary, throughout the year:

* + - 1. Exercise Planning Committee
				* Responsible for creating the Multiyear Training and Exercise Plan (MYTEP), developing exercises and trainings, and reviewing those trainings by creating the After-Action Plan.

(See Appendix 5.1.1 CMHPC Multiyear Training and Exercise Plan)

* + - 1. Budget work group
				* Responsible for reviewing the current work plan, MYTEP, and creating a budget that financially supports the coalition and its’ activities.

(See Appendix 5.3.1 CMHPC Current HPP Grant Budget and Narrative)

(See Appendix 5.3.2 CMHPC Current Covid Supplemental Budget and Narrative)

* + - 1. Coalition plan development and review work group
				* When activated, this group is responsible for reviewing coalition level and local level plans are complete and operational.
			2. Sustainability work group
				* This group is tasked with investigating funding sources to ensure the sustainability of the coalition.

Activation of these work groups are based upon need. As the coalition identifies and works towards the deliverables outlined in the workplan, the need to utilize work groups may become necessary. The coalition Advisory Committee has a strong presence in the work groups.

Any plans, policies, procedures created by these work groups will need the Advisory Committee approval prior to acceptance.

# 5. Appendices

## 5.1 CMHPC Regional Hazard and Vulnerability Analysis

## 5.1.1 CMHPC Multiyear Training and Exercise Plan

## 5.2 CMHPC Bylaws

## 5.2.1 CMHPC Memorandum of Understanding

## 5.2.2 Annual Signature Form

## 5.2.3 Partner Agency Acknowledgement of Bylaws

## 5.3 St. Cloud Hospital/Central Executed Grant Agreement

## 5.3.1 CMHPC Current HPP Grant Budget and Narrative

## 5.3.2 CMHPC Current HPP Grant Reimbursement Form and In-Kind Match Report tool

## 5.3.3 [Assistant Secretary for Preparedness and Response Website for HPP Grant deliverables](https://aspr.hhs.gov/HealthCareReadiness/HPP/Pages/default.aspx)

## 5.4 CMHPC Map and Demographics

## 5.5 CMHPC Continuity of Operations Plan (COOP)

## 5.6 CMHPC Access and Functional Needs Plan

# 6. Resources

## 6.1 Central and West Central Resource Library

A variety of tools, templates, and other emergency preparedness resources can be found on the shared Central/West Central Resource Library website. Information including:

* ASPR/HPP Guidance
* MDH Burn Surge Plan
* Evacuation Tools
* Incident Command Tools
* Long-Term Care facility preparedness tools
* Supply Chain Management

<https://www.cwchealthcarecoalitions.org/resource-library/>

## 6.2 Minnesota Mobile Medical Team

The Minnesota Mobile Medical Team (MN-MMT) is a group of volunteer medical and support professionals who have received training and practice in providing acute medical care in a mobile field environment. When a community experiences a tornado, flood, or other incident that temporarily overwhelms its ability to provide health care services, the MN-MMT could deploy to establish a range of clinical services. Information regarding the Minnesota MMT is located at: <https://www.cwchealthcarecoalitions.org/mmmt/>

## 6.3 Public Health & Health Care Emergency Preparedness in Minnesota

Additional information regarding Minnesota emergency preparedness for public health and healthcare can be found at: <https://www.health.state.mn.us/about/org/ch/epr/decade.html>

## 6.4 Regional Health Care Preparedness Consultants

A description of Health Care Coalitions, including a map showing the boundaries is located on the Minnesota Department of Health (MDH) website at: <https://www.health.state.mn.us/communities/ep/coalitions/index.html>

## 6.5 Public Health Preparedness Consultants (PHPC)

A list of MDH public health preparedness consultants (PHPCs) is located on the MDH website: <https://www.health.state.mn.us/about/org/ch/epr/phpc/phpc.pdf>

## 6.6 Disaster Mental/Behavioral Health and Emergency Preparedness

A range of mental health and chemical abuse (behavioral health) problems may surface in the early stages of an emergency situation. These may continue to emerge among the public and among professionals who respond to an event. Addressing these concerns improves the emergency response and the health of the whole community. Tools and resources for disaster Mental/Behavioral Health are located at: <https://www.health.state.mn.us/communities/ep/behavioral/index.html>.

##

## Approvals and Revisions

|  |  |
| --- | --- |
| **Purpose** | **Date** |
| Update bylaws to reflect mission statement and current organizational structure | December 2015 |
| Updated bylaws to include the mutual aid memorandum of understanding | June 2017 |
| Updated bylaws to separate the Mutual Aid MOU due to the bylaws being good for 5 years and the MOU needs to be resigned annually. | Sept 2017 |
| Updated to create separate signatory page for EM and support facilities. | 1/11/2018 |
| Updated formatting to coincide with the new Preparedness Plan template. | 3/24/2018 |
| Updated to include demographics and geography | 8/30/2019 |
| Updated to reflect current work practices | June 2020 |
| Updated to reflect current work practices  | August 2021 |
| Updated to align with ASPR Preparedness template | May 2022 |
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