**RESPONSE PLAN**

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**320-760-3513**

**June 2023**

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West Central MN Health Care Preparedness Coalition

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# 1. Introduction

## 1.1 Purpose

The purpose of the West Central Minnesota Health Care Preparedness Coalition’s (WCMHPC) Response plan is to guide the operations of the West Central MN Health Multi-Agency Coordination Center (WCHMAC) member organizations during an incident that exceeds the capacity and capability of a member organization, or other neighboring health care facilities that may impact the WC region. The plan identifies how the coalition will address the impact and respond with its’ resources. The plan will also provide general guidance for preparing, responding, and recovery from all hazard events that can have a direct impact on the health care system within the coalition.

## 1.2 Scope

The Response plan applies to all member organizations of the WCMHPC when an incident is beyond the individual facility’s ability to manage, and that facility requires mutual aid and support from other coalition member organizations. The plan is limited to the agreements signed by the coalition members, the Coalition Bylaws, and the Coalition Memorandum of Understanding. (See the Coalition Preparedness Plan)

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.

## 1.3 Situation and Assumptions

An emergent situation may impact a single facility, multiple facilities, or regions. The WCMHPC is developed to support health care facilities in planning for, preparing for, and responding to any hazard.

Refer to the Coalition Preparedness plan regarding the identification of hazards and risks within the region. The Coalition Preparedness plan also identifies the geography and membership of the coalition.

The following assumptions were used to develop this plan:

1. All events should be managed at the most local level possible. Local resources will be used first. Facilities will communicate their medical needs to the coalition and non-medical needs to the jurisdictional emergency operations center/emergency manager.
2. Health care organizations will take internal steps to increase patient capacity and implement surge plans before requesting outside assistance.
3. Planning and response should be flexible, scalable, and adaptable.
4. This plan does not cover isolation or quarantine. These are public health containment measures used to combat communicable diseases which may occur in single, cluster or larger patient quantities.
5. This document is a supplement to each Coalition Member’s or Partner’s Emergency Operations Plan (EOP). Coalition members should develop an internal EOP that includes the principles of the National Incident Management System (NIMS). Impacted facilities will have activated their emergency operations plan and staffing of their facility operations center.
6. Coalition member hospitals are expected to maintain the capability to manage emergencies, independent of support from the Coalition.
7. Resource sharing amongst Coalition members and partners during a response will be managed in accordance with existing operating agreements, mutual aid agreements, and other agreements.

## 1.4 Administrative Support

The WCMHPC Regional staff are responsible for managing and maintaining the response plan. The initial Response Plan is approved by the coalitions 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. All revisions and changes will be tracked utilizing the table at the end of this document. 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 last quarter of each grant period – in preparation for the upcoming grant period.

# 2. Concept of Operations

## 2.1 Introduction

This document outlines the functions of the West Central Minnesota Healthcare Preparedness Coalition (WCMHPC) in a response, and the potential for activation of the Healthcare Multi-Agency Coordination (HMAC). The Region Medical Operations Coordination Cells (RMOCC) is a component HMAC with the primary goal of load-balancing patients across healthcare facilities and systems to ensure that the highest level of care is available to all patients who need that care prior to engaging in a crisis standards of care situation. The WCMHPC provides logistical support for WC Region Hospitals and health care facilities unable to coordinate among themselves, and to integrate with local emergency management, local public health departments, police, emergency medical services, and the Minnesota Department of Health during the response. Activation of the HMAC is event driven. Minor events may only require a Regional Response that can be managed by coalition staff, the Regional Health Care Coordinator, and the Public Health Preparedness Consultant. Larger scale incidents may require more support and complete activation of the HMAC process. This document discusses both the Regional Response, HMAC operations and RMOCC objections and priorities.

## 2.2 Role of the Coalition in Events

A Regional Response performs the same role as the HMAC activation. When the situation exceeds the capacity or capability of the coalition staff, the Regional Health Care Coordinator and/or the Public Health Preparedness Consultant, the full HMAC may be activated. The HMAC is a multi-disciplinary coordination center that allows WCMHPC members and partners a means to obtain additional support during a response. The HMAC performs a “clearing house” function by collecting, processing, and disseminating data and information to the Coalition, as applicable. The HMAC does not serve a command-and-control function for the region; however, it can support functions to improve a coordinated response, including:

1. Facilitating information sharing and situational awareness among the Coalition by using coalition resources such as MNTrac and the coalition website
2. Facilitating resource support and resource sharing among Coalition members, including supporting the request and receipt of assistance from local, State, and Federal authorities
3. Facilitating patient transfers via assisting with patient tracking and information sharing
4. Support Evacuation activities and Shelter-in-Place activities
5. Supporting incident management policies and priorities.

The HMAC helps improve response coordination by ensuring Coalition partners have the information they need to adequately respond to events. This information exchange builds consistency in response activities. It also allows healthcare partners from across the region to better interface with non-medical responders at the jurisdiction level by providing timely and accurate “snapshots,” or composite updates of local healthcare facilities operations and capabilities, including:

* + 1. Facility infrastructure status
    2. Bed availability
    3. Service availability
    4. Resource availability
       - Personnel
       - Supplies
       - Equipment
       - Pharmaceuticals
       - Organizational and Regional

For extended incidents with health and medical impact, other disciplines may be involved with HMAC activities, including, but not limited to:

* + - * Unaffected Health Care providers (hospitals, clinics, LTC)
      * Emergency Management
      * Public Health/Epidemiology
      * Emergency Medical Services
      * Behavioral Health
      * Various Subject Matter Experts

## Regional Medical Operations Coordination Cell (RMOCC)

The RMOCC makes data and stakeholder informed recommendations to balance patient load and ensure high-quality care. RMOCC recommendations direct the movement of patients and resources from one facility to another, or re-direct referrals that would usually go to an overwhelmed facility or system to one with capacity.

The priorities/needs of the RMOCC include the following activities:

1. Collecting, analyzing and dissemination hospital capacity information.
2. Establish a collaborative work group of all hospitals to establish protocols and triggers that will support the decision-making process regarding patient level loading.
3. Act as a mediator and establish a meeting process where affected facilities can collaborate to share appropriate information to appropriately level load patient care within the region and if necessary, work with other regions to bring in additional support.
4. Identifying a physician lead to oversee and support clinical decision making.
5. Identify an administrative lead/coordinator to track and report activities.
6. May need to establish a phone bank to take calls regarding emergent placements.

See Appendix 3.5.1 WCMHPC Medical Surge Coordination Plan for more in-depth discussion about the RMOCC utilization within the region.

### 2.2.1 Member Roles and Responsibilities

During a coalition response to an event, whether it be a Regional Response or a full activation of the HMAC, it is essential that the coalition members understand their roles in response:

1. **Hospitals**
   1. All hospitals will have representation on the WCMHPC advisory committee.
   2. All facilities will respond to any requests made by the coalition in a timely manner or as outlined by the coalition.
   3. Provide continuous situational awareness.
   4. Track any response activities at the local level and be prepared to share this information with the coalition.
   5. Hospitals may be asked to have representation in the HMAC, either physically or virtually.
   6. Notify the coalition of any situation that may impact the facilities ability to provide care – this may be for situational awareness or as a precursor to a potential need for assistance.
   7. Respond to MNTrac alerts and announcements, including participating in the MNTrac Command Center if activated/requested.
   8. Respond to any request for data including:
      1. Personal Protective Equipment (PPE) capacity/inventories
      2. Bed capacity and surge capacity
      3. Staffing levels
      4. Patient care response

This data collected may be shared with local, state, and federal partners.

1. **Emergency Medical Services (WCEMS)**
   1. Log activities on the Operational Log
   2. Notify local EMS of HMAC activation.
   3. Determine EMS asset needs.
   4. Assess available EMS assets/Obtain EMS Essential Elements of Information.
   5. Coordinate emergency transportation asset support.
   6. Coordinate/activate an EMS Strike team.
   7. Notify Statewide EMS MACC if necessary and request conference call through MRCC.
   8. Report to West Central HMAC, local EOC and/or State EOC.
   9. Provide EMS staging and communications information.
   10. Support patient tracking activities. Patient information sharing during tracking/transport will occur in accordance with HIPAA information security/privacy requirements.
   11. Support EMS requests for assistance obtaining appropriate PPE for response.
   12. Support EMS training needs for response.
   13. Coordinate with public health, if applicable.
   14. Participate in the MNTrac Command center if activated by the RHPC/Coalition.
   15. Encourage EMS participation in MNTrac activities.
2. **Local Public Health**
   1. Respond to all requests by the Public Health Preparedness Consultant (PHPC) in a timely manner.
   2. Participate in MNTrac Command Center communications with the coalition or the room designated by the PHPC.
3. **Long-term Care Facilities**
4. Full fill data requests from the HMAC
5. Understand the process for EMS transport to hospitals and the potential for alternate receiving hospitals if the usual referral hospitals are overwhelmed.
6. Understand and agree to maximize any additional surge capacity for low-acuity patients or residents.

More detailed roles and responsibilities are identified in the functional plans.

### 2.2.2 Coalition Response Organizational Structure

The HMAC will be run on the principles of the Incident Command System (ICS) and the primary responding entities will operate within a unified command structure. When activated, the HMAC will staff according to this structure (see Appendix 3.3 Job Aids - Position Descriptions).

##### HMAC Staffing

**Command Staff:**

* + - * + **HMAC Command**: responsible for coordinating agencies within the HMAC.
        + **Liaison/Information Officer**: responsible for collecting information and disseminating communications.
        + **Operations**: responsible for coordinating information about all health and medical operations in support of an incident response.
        + **Planning**: responsible for collecting and evaluating data and plan development to support regional partners. Planning is also responsible for creating/collecting situational reports and maintaining all HMAC documentation.
        + **Logistics**: responsible for receiving and facilitating the fulfillment of resource requests, including services, personnel, equipment, and materials.
        + Partner agencies may be asked, by phone or by email, upon activation, to provide staff to play a role (either physically or virtually) in the HMAC.

##### HMAC Organizational Chart – Planning Structure

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##### A screenshot of a cell phone Description generated with very high confidenceHMAC Organizational Chart – Response Structure

## 2.3 Response Operations

This section and subsequent sections address the actions taken by the coalition and its’ members before, during, and following an event. The information provided will be utilized by the members to support their facility-based processes and serve as a resource when planning for and responding to a local health care event.

### 2.3.1 Stages of Incident Response

The stages of incident response are dependent upon the type of incident and the potential resources needed or anticipated. The following table briefly describes the stage as an operating level as well as a brief description of the incident and response activities for each level.

| **Operating Level** | **Threat Level** | **RHPC/PHPC Associated Activities** |
| --- | --- | --- |
| **Awareness / Alert** | Incident potential exists:   * flood watch/warning * tornado watch/warning * increased incident of a disease, CDC/WHO Pandemic Status | * RHPC/PHPC notifies the Coalition of the potential activation of the HMAC. |
| **Monitoring** | * An incident that can be managed at the organizational level or local level occurs; * An incident that has the POTENTIAL for needing HMAC support | * RHPC/PHPC is notified of an event by affected Coalition member or partner. * RHPC will conference call with the affected organization. * RHPC/PHPC contacts PHPC, Regional EMS, Regional EM. * RHPC/PHPC determines if HMAC needs to be activated (see the next level) and/or if there is a need for information sharing. * RHPC/PHPC determines if a MNTrac Alert should be sent to Coalition members or if MNTrac Coordination Room should be established. |
| **Activation and Operations** | A request to activate the HMAC is made for an incident that is acute in nature and impacts EMS, hospital, or long-term care facility operations. (e.g., MCI)  See sections 2.3.1.2 through 2.3.1.5 for more definition/detail on Activation and Operations. | * The RHPC will notify Coalition members, other RHPCs, MN State Duty Officer, and MDH the HMAC has been activated. * The PHPC will notify local public health and the PH Liaison/supervisor at MDH. * RHPC sends an MNTrac Alert to Coalition members. Determine if an MNTrac Coordination Room should be established. * HMAC will support information management, situational awareness, resource requests, and patient transfer requests in accordance with operational agreements and regional guidelines. |
| **Deactivation** | Post event: organizations/ communities no longer require HMAC assistance.  See section 2.3.1.6 for more definition/detail on the deactivation process. | * RHPC notifies Coalition partners, other RHPCs and MDH of HMAC deactivation. * The PHPC will notify local public health and the PH Liaison/supervisor at MDH. * Finalize documentation and initiate after action review process. |

#### 2.3.1.1 Incident Recognition

Any impacted medical or healthcare entity may request activation of the HMAC by contacting the RHPC. In the event of a public health event, such as pandemic, the HMAC may be activated by a request from the local public health to the Public Health Preparedness Consultant (PHPC).

Potential triggers for HMAC activation may include, but are not limited to:

* + - * A request by a Coalition member or partner agency, facility, or jurisdictional representative where resource requests exceed, or will soon exceed, available critical resources.
      * A request to open by Minnesota Department of Health (MDH)
      * Multi-jurisdictional incident or outbreak
      * An incident in an area with few resources, such as a low population county.
      * An incident large enough to require resource sharing including:
        + Strategic National Stockpile deployment
        + Epidemiologic investigation
        + Facility Evacuation
        + Any substantive Health Alert Network (HAN) message requiring action from public health and/or healthcare. Possible examples:
      * A natural disaster (e.g., widespread tornado or flooding)
      * A biological attack (e.g., anthrax dispersion)
      * A chemical attack or spill (e.g., train derailment that forces a community evacuation)
      * A biological disease outbreak (e.g., pandemic influenza)
      * When there is an obvious regional interagency need to coordinate health-related policies and procedures.

#### 2.3.1.2 Activation

The activation processes are dependent upon whether there is a local emergency operations center (EOC) open. The coalition response is primarily focused to support the local EOC. In some situations, there is no EOC activation.

##### Activation WITHOUT Local EOC Open

In this type of activation, the incident is sufficient to require additional support from other healthcare organizations, but not require local EOC activation. The HMAC will interface directly with organizations to ascertain specific needs and assist with the response.



##### Activation WITH Local EOC Open

In this type of activation, the incident requires additional support from other healthcare organizations and activation of one or more jurisdictional Emergency Operations Centers (EOC). In this situation, the HMAC supports one or more local EOCs by supporting pre-hospital and hospital response operations and/or local public health response.

While the EOC is responsible for coordinating the overall response, the HMAC can be used as a support function of Medical Operations under the Operations Section. Through the EOC, the HMAC has access to multiple agencies to support response operations if necessary. During large scale responses that include multiple coalition involvement, the length of the response is extended, and federal assets are involved the Statewide Healthcare Coordination Center may be activated to help coordinate the communications between the State and the Coalitions.







#### 2.3.1.3 Notifications

If the HMAC is activated, the following entities will be contacted and advised of HMAC activation and be provided contact information.

* + 1. All hospitals in the region
    2. All local public health agencies in the region
    3. Emergency Management in the affected area
    4. Neighboring coalitions may need to be notified if the situation has the potential for escalation outside of regional borders or if additional resources or assistance is needed.
    5. The Central MN Health Care Coalition will be notified of HMAC activation due to the partnership between the two coalitions.
    6. Minnesota Department of Health, Office of Emergency Preparedness and Response may be notified.

The RHPC and/or PHPC shall be the primary parties responsible for notifying the coalition of the activation of the HMAC. Working together, the RHPC will communicate with all health care partners and emergency managers and the PHPC will communicate with local public health.

* + - The HMAC will utilize MNTrac as the primary communication tool. Additional communication methods will include telephone, cellular phone, email, fax, and 800 MHz radio.
    - When the HMAC is activated, the initial communication to regional partners and MDH will include HMAC contact information (including but not limited to the phone number and email address).
    - The HMAC will use a pre-designed Survey Monkey survey to gather a Situation Report from Coalition members. If this cannot be completed by Survey Monkey, the information will be gathered by phone or email.

##### Essential Elements of Information (EEI)/Situational Awareness

Essential Elements of Information contain situational awareness information that is critical to the initial response, ongoing response, and recovery operational periods. Specific elements stated here may not apply in every event, may not be all-inclusive, and should be modified to obtain the maximum benefit. EEIs should be added or deleted for each operational period depending on the specific circumstances and phase of response.

INITIAL RESPONSE (IMMEDIATE)

• What is the scope of the incident and the response?

• How will it affect service delivery?

• Where are the impacted communities?

• What population is impacted?

• What is the anticipated medical surge?

• Determine communication means

• Evaluate healthcare organization, staff and supplies

o Healthcare facility status

o Consider healthcare facility incident command status

• Determine health department status

• Identify who need to know

• Identify resources to be deployed

• Consider healthcare facility decompression initiatives

###### ONGOING RESPONSE

• Projections for healthcare organization, staff and supplies:

o Identify additional resources

o Responder safety and health

o Identify capabilities by specialties

o Prioritize routine health services

• Forecast duration of incident

• Update response partners

• Status of critical infrastructure (i.e., hospitals, urgent care, EMS service, long term-care, public health department, behavioral health)

• Status of interoperable communication systems

###### RECOVERY

• Prioritize essential functions

• Identify support resource systems

o Human resources

o Infrastructure resources

• Identify documentation

• Address regulatory requirements for reimbursements

• Assess functional staff (i.e., physical, mental screening, vaccinations)

See Appendix 3.3 HCC Coordination Job Aids – Position Descriptions

See Appendix 3.4.2 Essential Elements of Information

See Appendix 3.4.2.1 Essential Elements of Information Template

#### 2.3.1.4 Mobilization

Upon activation or the decision to activate, the actual mobilization of the HMAC is purely event driven. The HMAC can be done in-person or virtually.

##### Virtual Activation

The HMAC can be “virtual” as needed. Participants can engage via phone, MNTrac, email, etc. Refer to Appendix 3.5.5 Communications plan for a more in-depth description of the communications resources available.

##### In Person

If the HMAC personnel need to be located together, there is one primary location for the WC Region. As a backup, the HMAC could be activated at a healthcare facility, a public health location, or a local Emergency Operations Center (EOC).

West Central Region Primary HMAC location:

MDH District Office

1505 Pebble Lake Road. Suite 300

Fergus Falls, MN 56537

Phone to be established upon activation.

West Central Region Secondary HMAC location:

9840 State Highway 114 SW

Alexandria, MN 56308

2.3.1.5 Incident Operations  
When activated, either in-person or virtually, the HMAC will follow the ICS structure including the Planning P. Roles and responsibilities will be assigned by the RHPC and/or PHPC as necessary. See Appendix 3.3 HCC Coordination Job Aids – Position Descriptions.

##### 2.3.1.5.1 Initial Coalition Actions

Each HMAC position will implement the following procedures to fulfill their functions:

Briefings:

* Identify where and when briefings are held either by phone or in person.
* Gather information and provide current situation update, probable future situation report.
* Describe current issues.
* Introduce new issues.
* Address questions and offer clarification.

Decisions:

* Review criteria to establish priorities.
* Prioritize incidents, if necessary.
* Allocate Central and West Central Region resources, if necessary.
* Assure representation of involved agencies and facilities at Joint Information Center if one is opened in the region.
* Consider implementation strategies.
* Identify and determine operational period.

HMAC Documentation:

* Develop Incident Action Plan for each operational period.
* Decisions/priorities determined and communicated to affected parties.
* Plan for implementation identified.
* Meeting notes and decisions will be recorded and communicated to appropriate staff and external partners.
* Decisions requiring financial commitments (including staff time) will be recorded.
* Situational reports compiled as requested.
* ICS Forms will be used as needed.
  + - * See Appendix 3.3 for HCC Coordination Job Aids – Position Descriptions
      * See Appendix 3.4.1 for Incident Command Forms

##### 2.3.1.5.2 Ongoing Coalition Actions

During the incident response, the HMAC will continue to gain situational awareness and respond to requests for support. If the HMAC is open for an extended period, the RHPC may request the support of non-impacted coalition members to fulfill roles within the HMAC. This request would be made utilizing the Resource request process.

See Appendix 3.5.6.2 Regional Resource Request.

The WCMHPC Preparedness Plan Memorandum of Understanding discusses the sharing of staff during a coalition response.

If the response includes multiple coalitions, State and Federal partners, the Statewide Healthcare Coalition Coordination Center (SHCC) may be activated to support the efforts of the regional and local response.

##### 2.3.1.5.3 Information Sharing

Refer to Appendix 3.5.5 WCMHPC Communications plan for a more in-depth look at the communications tools within the region.

###### Data Use and Release

Hospital data use will occur as outlined in the Hospital Disaster Preparedness & Response Compact, Minnesota Department of Health MNTrac Agreement, and West Central Regional Hospitals. Refer to the agreements for further details.

Sharing of nonpublic data obtained by the HMAC via MNTrac is limited to the Minnesota Department of Health. Sharing of other nonpublic data, including Essential Elements of Information, obtained by the HMAC is limited to HMAC representatives, the organization “owning” the data, and HICS as necessary to support disaster response operations. Refer to the Public Information Sharing section for additional data use guidance.

###### Public Information Sharing

HMAC members will not directly release operational or patient information to the public. If the local EOC is activated, all communication will be directed through the local EOC or joint information center (if activated). All requests for information concerning patients will be directed to the affected hospital. Patient information released to the public will be shared in accordance with Hospital Policy. The HMAC will support information sharing by disseminating situational updates, reports from partners, and State or National resources as necessary. The coalition will provide Public Information Officer training to its’ members as requested to ensure facilities are trained and able to implement the PIO role in the response to an event.

###### Information Validation

Information validation actions will be taken when inconsistencies with established reporting mechanisms or inconsistent/missing data have been identified.

##### 2.3.1.5.4 Resource Coordination

Refer to Appendix 3.5.6 Regional Resource Allocation Plan and Appendix 3.5.6.2 Resource Request form for the process the coalition will use to coordinate the sharing or acquisition of resources before and during a response. Appendix 3.5.6.1 Regional Cache documentation shares a list of the items currently contained within the regional cache.

##### 2.3.1.5.5 Patient Tracking

During a Mass Casualty event or during an evacuation, it is essential that the facilities be able to track the locations of the patients impacted. The WCMHPC utilizes a regional patient tracking process to ensure that health care facilities are following the same patient tracking process. By utilizing a regional plan, the information gathered will be in the same format and will be easily combined to coordinate and document patient movement.

The patient tracking process is triggered by any mass casualty situation or any health care facility evacuation. Upon notification of an event, the RHPC will send out an MNTrac alert and advise facilities to initiate the plan.

A more in-depth description of the plan will be in Appendix 3.5.2 Evacuation and Patient Tracking.

#### 2.3.1.6 Demobilization

As the response comes to an end, the HMAC, in collaboration with supported organizations, and MDH, if activated, will determine the need to demobilize the HMAC. Demobilization may occur in a tiered fashion as certain functions/organizations return to normal operations or all at once. Intentions to demobilize should be communicated to all applicable stakeholders. Notification of demobilization may occur via MNTrac or email.

The HMAC members, in collaboration with partners, should consider the following criteria when determining the need to demobilize the HMAC:

* + - * 1. Projected end of an outbreak.
        2. Ability to provide inpatient care without surge activities.
        3. Ability to provide emergency services without surge activities.
        4. Resumption of normal operations is imminent/completed.
        5. Ability to provide emergency services without mutual aid (EMS).

Planning for demobilization shall be considered throughout the HMAC activation period. If the HMAC is set up at a remote location, the demobilization process will include returning all supplies and equipment and returning the office space/location to pre-event status. All paperwork created in the response process will be collected, collated, and reviewed for inclusion in the After-Action Review (AAR). Copies of paperwork that identify any expenses incurred, such as resource allocation, time sheets, and receipts, will be shared with the local emergency manager in the effected county (if the local EOC is activated).

All paperwork collected will be scanned and saved in an electronic file labeled for the event.

An after-action review will be conducted to identify what went well and opportunities for improvement. The HMAC staff will create a survey monkey survey to gather feedback from all participants and incorporate the data collected in the regional AAR. At the facility level, participants in the activity will complete an individual evaluation and submit same to the facility emergency preparedness representative. The facilitator will compile the information obtained from the individual participants and submit a report via SurveyMonkey and be prepared to discuss same during the face-to-face After-Action meeting. Facilities impacted are asked to create their own facility-based AAR and provide a copy to the region.

#### 2.3.1.7 Recover/Return to Pre-disaster State

Health care facilities and the coalition must work together to restore the regional health care delivery system quickly to meet the needs of the public. Individual health care facilities are required to have an emergency operation plan with an accompanying continuity of operations plan.

The role of the coalition depends on the size and scope of the disaster. The coalition may:

* + - * + Facilitate communication with regional and state partners.
        + EMS assistance with transportation coordination
        + Communicating diversion and capacity to EMS providers
        + Work with local emergency management officials, as necessary
        + Aid in the regional patient tracking process
        + Restore the regional cache as applicable to ensure its’ availability for future responses.

## 2.4 Continuity of Operations

The ability of the coalition to support its’ members in a response relies on the availability of coalition staff as well as the involvement of members supporting the coalitions’ activities. Processes in place to support the coalition HMAC include:

* + - * Coalition Response Team
      * Redundant communications
      * Coalition to coalition relationships
      * Administrative and financial support
      * Alignment between coalition and individual facility plans

### Coalition Response Team (CRT)

Depending upon the scope of the incident and the required response by the coalition, it may be necessary to request unaffected health care facilities to provide representation at the HMAC. The coalition has provided in-depth incident command training to its’ membership to develop a core group of individuals that can help with coalition response activities. The training included training on the roles and responsibilities of the coalition in response efforts. The CRT includes individuals from both the Central and West Central health care coalitions. This diverse group allows the coalitions to reach out to unaffected areas for support. To activate the team, the RHPC or PHPC will send out a resource request via MNTrac which would include a description of the required role, the amount of time needed, and the location where to respond. Any facility that can provide support with then be provided a contact name and number to finalize arrangements. The CRT is part of the mutual aid agreement amongst coalition members.

### Redundant communications

As discussed in the communications plan (Appendix 3.5.5 Coalition Communications Plan), the coalition can utilize multiple forms of communications. The primary means of communications during a response will be the MNTrac system, however, if MNTrac is unavailable, the coalition website has a chat room feature accessible to membership. To obtain bed availability or situational awareness, the coalition can use SurveyMonkey in the absence of MNTrac.

Redundant radio communications include 800 MHz, VHF/UHF, and Ham Radio. Depending on the situation, talk groups or channels will be assigned and communicated to membership via MNTrac, email, or direct phone calls.

All coalition staff members have Government Emergency Telecommunications Service (GETS) cards. The GETS cards provide priority access and prioritized processing in the local and long-distance segments of landline networks. The use of the GETS card increases the probability of call completion when landlines are otherwise tied up due to increased usage.

### Coalition to coalition relationships

The West Central region works closely with its’ Central region partners. This relationship allows for sharing of resources, personnel, and information. In a response, if the WC HMAC is activated, the RHPC will immediately notify the Central RHPC of the activation and request any support needed. A secondary back up to the Central region is the NW regional RHPC.

Working relationships with other coalitions ensure that in a response, if the incident exceeds the capacity of the coalition or if it has the potential to impact any other region, the RHPC can reach out to his/her peers in other regions. This includes asking the peer to, at a minimum, be a liaison between coalitions, support MNTrac use, and communicate with the Minnesota Department of Health. Coalition peers have access to the WC regional MNTrac contacts which would help facilitate the availability of the peer RHPC to support the region in a response.

Refer to Appendix 3.5.5.1 Inter-Regional Communications Guideline.

The Minnesota Healthcare Coalition Collaborative (MNHCC) was formed during the COVID-19 response to facilitate cross-regional communications and processes.

The development of the response arm of the MNHCC Statewide Healthcare Coalition Coordination Center (SHCC) allows larger scale coordination between the coalitions and the State.

Refer to 3.5.5.3 SHCC CONOPS

### Administrative and Financial Support

The West Central region has an agreement with St. Cloud Hospital to act as the fiscal agent for the coalition. This agreement ensures that response efforts are not limited by immediate access to coalition funds. By being fiscal agents, St. Cloud Hospital human resources department provides direct support to coalition staff, including ensuring wages/benefits are provided to coalition staff. The human resources department also provides support to coalition members by being the point of contact if there are any concerns or complaints about coalition staff.

### Alignment between coalition and individual facility level plans

Coalition members have access to both the coalition Response plan and the Preparedness plan. These plans are housed on the coalition website. The coalition advisory committee approves all coalition plans. This process allows for facility level plans to align with the coalition plans to ensure a smoother response and greater awareness of the roles and responsibilities of all entities.

Refer to the WCMHPC Preparedness Plan - Continuity of Operations Plan for a more detailed description and breakdown of the continuity responsibilities of coalition members.

# 3. Appendices

## 3.1 Contact information - contact information is maintained on the coalition website.

## 3.2 Hazard Vulnerability Analysis - refer to the Coalition Preparedness Plan

## *3.3* HCC Coordination Job Aids/Position Descriptions

## 3.4 Applicable Report and Status Forms, Supply Lists etc.

### 3.4.1 Incident Command Forms

### 3.4.2 Essential Elements of Information

#### 3.4.2.1 Essential Elements of Information Template

## 3.5 Scenario Specific Considerations

### 3.5.1 Medical Surge Coordination

#### 3.5.1.1 WCMHPC Regional Burn Surge Plan

#### 3.5.1.2 WCMHPC Regional Pediatric Surge Plan

#### 3.5.1.3 Mass Fatality Planning

#### 3.5.1.4 Crisis Standards of Care

#### 3.5.1.5 Regional Infectious Disease Plan

### 3.5.2 Regional Patient Tracking Plan

### 3.5.3 Public Information - Pending

### 3.5.4 Disaster Behavioral Health - Pending

### 3.5.5 Coalition Communications Plan

#### 3.5.5.1 Inter-regional Communications Guideline

#### 3.5.5.2 Cross Border MNTrac Communications

#### 3.5.5.3 MNHCC Charter

#### 3.5.5.4 MNHCC Statewide Coalition Coordination Center ConOps

### 3.5.6 Regional Resource Allocation Plan

#### 3.5.6.1 Regional Cache documentation

#### 3.5.6.2 Resource Request

### 3.5.7 Handling of Solid Waste Contaminated with a Category ‘A’ Infectious Waste

### 3.5.8 MN Responds Volunteer Workforce Plan

# Approvals and Revisions

This plan is reviewed annually and updated as necessary. All changes will be voted upon by the Advisory Committee. Any revisions will be noted within this table.

|  |  |
| --- | --- |
| **Purpose/Changes** | **Date** |
| Created Response plan | May 2018 |
| Updated to include Patient Tracking | June 2019 |
| Updated to include SHCC/restructured flow/appendixes to improve flow | June 2020 |
| Updated to include information related to COVID response and incorporate lessons learned into the plan. | August 2021 |
| Updated to include reference to Regional Infectious Disease plan | May 2022 |
| Updated to correct grammatical errors. | April 2023 |
| Added language regarding Regional Medical Operations Coordination Cell – page 8 |  |
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