

## Technical Section F: Healthcare Planning

DRAFT

## Executive Summary

An influenza pandemic will place a substantial burden on inpatient and outpatient healthcare services. Illness and absenteeism among healthcare workers will increase demand for services and further strain the ability to provide quality care.

The primary focus of the Minnesota Bioterrorism Hospital Preparedness Program (BHPP) is to provide regional surge capacity for the care of acute adult and pediatric victims of terrorism and other public health emergencies, including pandemic influenza. The Minnesota BHPP regions are based on the established eight regions of the State Community Health Services Advisory Committee (SCHSAC). There are 140 hospitals in Minnesota. Each region has from 8 to 29 hospitals with one hospital that serves in the role of Regional Hospital Resource Center (RHRC). At least one person from each region serves in the role of Regional Hospital Resource Center Coordinator. Coordination and communication from MDH to hospitals is through the RHRC Coordinator and the Regional Hospital, as defined in the BHPP contract duties described in the MDH Grant Agreement with each regional hospital. In turn, the RHRC Coordinator communicates and coordinates response-planning activities with each hospital in the region, along with other regional and community partners.

In 2006-2007, a statewide Patient Care Plan will be written by each region and integrated into the *MDH All-Hazard Response and Recovery Plan*, which will be incorporated into the Minnesota Emergency Operations Plan (MEOP).

Current planning efforts have focused on establishing healthcare systems that, at a minimum, can provide triage, treatment, and initial stabilization, above the current daily-staffed bed capacity, for 500 cases per million population within a three-hour period for persons with symptoms of acute infectious disease, especially smallpox, anthrax, plague, tularemia, and influenza, along with 5,000 cases per million population of persons with behavioral health conditions. To support the additional behavioral health surge and medical surge beds that would be needed in an influenza pandemic, hospitals have been asked to increase their planning to accommodate a statewide surge capacity of 8,000 to 13,000 patients. To support the additional staff needs required to meet this surge, a professional volunteer health registry has been implemented. Transport capability to meet this increased surge is critical.

Regional medical-care surge capacity plans detail an integrated health system response that includes hospitals, off-site care facilities (OSCF), clinics, public health agencies, emergency medical services, behavioral health, and emergency management, along with other local, regional, and state partners. A diagram of the range of healthcare entities involved in the coordination of patient care during a large-scale event such as pandemic influenza is found in **Attachment P**.

Although the care of patients with pandemic influenza is the responsibility of individual healthcare organizations, the coordination of patient care in and across jurisdictions within a region is the responsibility of the RHRC Coordinator, in collaboration with other regional partners. In a large-scale event such as a pandemic influenza, this coordination takes place through the regional Multi-Agency Coordination (MAC) entity, which is comprised of regional hospital resource centers, public health, EMS, HSEM, and other relevant regional partners. While the MAC coordinates patient care coordination within a region, the MDH will manage the coordination of patient care across the state through the MDH All-Hazard Response and Recovery Plan.

## Health and Human Services (HHS) Recommendations

### Overview

The HHS recommendations regarding healthcare planning for pandemic influenza are divided based on the phases of the pandemic response. The activities suggested in this section are intended to be synergistic with those of other pandemic influenza planning efforts, including local, regional, and state preparedness plans.

### Overall planning goals

1. Pre-pandemic planning by healthcare facilities is essential to provide quality, uninterrupted care to ill persons and to prevent further spread of infection. Effective planning and implementation will depend on close collaboration among the MDH and LPH, community partners, and neighboring and regional healthcare facilities. Despite planning and preparedness, however, in a severe pandemic it is possible that shortages, for example of mechanical ventilators, will occur and medical care standards may need to be adjusted to most effectively provide care and save as many lives as possible.
  - A. Planning Process
    - Hospitals should create an internal, interdisciplinary, interagency planning team that includes technical experts, persons with decision-making authority, and representatives from a range of external response partners (e.g., local/regional public health, community organizations, clinics, etc.) to develop a written pandemic influenza plan.
    - Hospital planning should consider concurrent public health, community, and healthcare planning efforts at the local, regional, and state levels.
  - B. Planning Elements
    - The elements of a hospital influenza pandemic preparedness plan are found in the Hospital Preparedness Checklist in **Attachment W**.
2. Recommendations for the interpandemic and pandemic alert periods (phases 1 through 5)

Focuses on: pandemic influenza surveillance, decision making structures for responding to a pandemic, hospital communications, education and training, patient triage, clinical evaluation and admission, facility access, occupational health, distribution of vaccines and antiviral drugs, surge capacity, and mortuary issues. Planning for the provision of care in non-hospital settings – including residential care facilities, physicians' offices, private home-healthcare services, emergency medical services, federally qualified health centers (FQHCs), rural health clinics, and alternative care sites – is also addressed.

  - A. Planning for provision of care in hospitals

U.S. healthcare facilities must be prepared for the rapid pace and dynamic characteristics of pandemic influenza. All hospitals should be equipped and ready to care for: (1) a limited number of patients infected with a pandemic influenza virus, or other novel strains of influenza, as part of normal operations; and (2) a large number of patients in the event of escalating transmission of pandemic influenza. Hospital response plans for pandemic influenza should:

    - Outline administrative measures for detecting the introduction of pandemic influenza in a healthcare facility, preventing its spread, and managing its impact on the facility and the staff.

- Identify criteria and methods for measuring compliance with response measures (e.g., infection control practices, case reporting, patient placement, healthcare worker illness surveillance).
- Review and update inventories of supplies that will be in high demand during an influenza pandemic.
- Review procedures for the receipt, storage, and distribution of assets received from the MDH or federal stockpiles.
- Include mechanisms for periodic review and updates.

Hospitals that use an “all-hazards” incident command structure for responding to pandemic influenza will need to incorporate the relevant aspects of communicable disease control for pandemic influenza.

B. Planning for provision of care in non-hospital settings

Appropriate management of outpatient influenza cases will reduce progression to severe disease and reduce demand for inpatient care. The hospital planning recommendations can serve as a model for planning in other healthcare settings, including nursing homes, other residential care facilities, and primary care health centers.

1. Non-hospital healthcare facilities

- Create a planning team and develop a written plan.
- Establish a decision-making and coordinating structure that can be tested and will be activated during an influenza pandemic.
- Determine how to conduct surveillance for pandemic influenza in healthcare personnel and, for residential facilities, in the population served.
- Develop policies and procedures for managing pandemic influenza in patients and staff.
- Educate and train healthcare personnel on pandemic influenza and the healthcare facility’s response plan.
- Determine how the facility will communicate and coordinate with healthcare partners and the MDH during a pandemic.
- Determine how the facility will communicate with patients and help educate the public regarding prevention and control measures.
- Develop a plan for procuring the supplies (e.g., PPE, antivirals) needed to manage influenza patients.
- Determine how the facility will participate in the community plan for distributing vaccine, including possibly serving as a point of distribution and providing staff for alternative community points of distribution.

2. Alternative care sites

Hospital capacity may be overwhelmed and communities may need to provide care in alternative sites (e.g., school gymnasiums, armories, convention centers). The selection of alternative care sites for pandemic influenza should specifically address the following infection control and patient care needs:

- Bed capacity and spatial separation of patients
- Facilities and supplies for hand hygiene
- Lavatory and shower capacity for large numbers of patients
- Food services (refrigeration, food handling, and preparation)
- Medical services
- Staffing for patient care and support services
- PPE supplies
- Cleaning/disinfection supplies
- Environmental services (linen, laundry, waste)
- Safety and security

- Heating, ventilation, and air conditioning (HVAC) systems
3. Recommendations for the pandemic period
- The recommendations for the pandemic influenza period focus on activation of institutional pandemic influenza response plans. The ability to provide detailed guidance on this aspect of the pandemic is limited because of uncertainty about how the pandemic will evolve and about of local factors that will influence decisions at various stages.
- A. Activating the facility's pandemic influenza response plan
- Following initial detection of pandemic influenza anywhere in the world, the facility's pandemic influenza response plan should be activated in accordance with the level of pandemic activity.
1. Pandemic influenza reported outside the United States
- If cases of pandemic influenza have been reported outside the United States, the main steps will be to:
- Establish contact with key public health, healthcare, and community partners.
  - Implement hospital surveillance for pandemic influenza, including detection of patients admitted for other reasons who might be infected with the pandemic strain of influenza virus.
  - Implement a system for early detection and antiviral treatment of healthcare workers who might be infected with the pandemic strain of influenza virus.
  - Reinforce infection control measures to prevent the spread of influenza.
  - Accelerate the training of staff, in accordance with the facility's pandemic influenza education and training plan.
2. Pandemic influenza reported in the United States
- If cases of pandemic influenza have been reported in the United States, additional steps will be to:
- Identify, isolate, and treat all patients with potential pandemic influenza.
  - Implement activities to increase capacity, supplement staff shortages, and provide supplies and equipment.
  - Maintain close communication within and among healthcare facilities and with state and local health departments.

## Planning Activities

### Rationale

Adequate planning for a pandemic requires the involvement of every level of our state, regional, and local governments, healthcare entities, communities, corporations, families and individuals to learn about, prepare for and collaborate in efforts to slow, respond to, mitigate, and recover from a potential pandemic. The development, refinement, and exercise of pandemic influenza plans by all stakeholders are critical components of preparedness.

### Triggers

#### Interpandemic/pandemic alert period

During the interpandemic/pandemic alert periods (phases 1-5), the following events or developments occur as healthcare planning triggers:

- Evidence of animal-to-human transmission.
- Evidence of limited human-to-human transmission.
- Evidence of increased human-to-human transmission.
- Evidence of significant human-to-human transmission.

## Pandemic period

In addition to the healthcare planning trigger points noted for the interpandemic/pandemic alert periods, the following trigger points may come into play during the pandemic period (phase 6):

- Efficient and sustained human-to-human transmission.

## Actions

### Interpandemic and pandemic alert periods

The following medical surge capacity activities are key components of the Minnesota Hospital Preparedness Program whose primary focus is to enhance the capacity of the healthcare system to respond to pandemic influenza. Healthcare facilities should collaborate with their regional HRSA funded hospital preparedness program, as significant preparation to improve regional medical surge capacity for pandemic influenza, including the coordination of patient care across the healthcare continuum, is already in place.

<b>Minnesota Medical Surge Capacity Planning</b>	
Regional Health and Medical Plan	<ul style="list-style-type: none"> <li>▪ Distribute a template for the Patient Care Plan, a subcomponent of the Regional Health and Medical Plan, which documents the coordination of patient care, with special attention to the care of patients during a pandemic influenza outbreak.</li> </ul>
Patient Care Coordination	<ul style="list-style-type: none"> <li>▪ Distribute guidance and planning document, <i>Patient Care Coordination Roles &amp; Responsibilities</i>, to facilitate planning for the local, regional, and statewide management of patient care during a public health emergency, including an influenza pandemic.</li> </ul>
Hospital Bed Capacity	<ul style="list-style-type: none"> <li>▪ Develop a plan and seek funding for a state cache of cots, bedding, ventilators, PPE, and related equipment that could be used to supply or enhance off-site care facilities (OSCF) and Special Needs Shelters or to supplement the Red Cross mass sheltering capability.</li> </ul>
Resource Tracking	<ul style="list-style-type: none"> <li>▪ Implement MNTRAC, a web-based hospital resource tracking system, for local, regional and statewide tracking of bed capacity, negative pressure rooms, ICU capacity, ventilators, PPE (e.g., masks, gloves) and selected pharmaceuticals/vaccines, including antiviral medications.</li> </ul>
Off-Site Care Facilities	<ul style="list-style-type: none"> <li>▪ Provide technical assistance to regions for the planning/implementation of OSCFs.</li> <li>▪ Review and approve OSCF operation plans.</li> </ul>
Isolation Capacity	<ul style="list-style-type: none"> <li>▪ Assure that all hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of novel/pandemic influenza.</li> <li>▪ Assure that at least one hospital in each region has the capacity to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation.</li> <li>▪ Distribute technical guidance, <i>Airborne Infectious Disease Management:</i></li> </ul>

	<p><i>Methods for Temporary Negative Pressure Isolation</i>, to assist hospitals to increase isolation capacity.</p>
Surveillance	<ul style="list-style-type: none"> <li>Collaborate with LPH, hospitals, and clinics to determine how surveillance data could be utilized by hospitals.</li> </ul>
Scarcity of Resources	<ul style="list-style-type: none"> <li>Convene the Science Advisory Team to develop guidelines for adjusting the standards of care during an influenza pandemic.</li> </ul>
Healthcare Volunteers	<ul style="list-style-type: none"> <li>Collaborate with regions to develop/implement regional volunteer programs that are integrated into the statewide MN Responds MRC.</li> <li>Exercise MN Responds MRC with regions.</li> </ul>
Legal Issues	<ul style="list-style-type: none"> <li>Address legal issues specific to patient care and staffing during a pandemic event, such as EMTALA (Emergency Medical Treatment and Active Labor Act), OSGF, liability and workers' compensation, and adjusted standards of care.</li> <li>Address statewide policy issues that may require legislation.</li> </ul>
Education and Training	<ul style="list-style-type: none"> <li>Collaborate with regional BHPP Education and Training Committees to develop an education and training plan specific to pandemic influenza that will address the needs of staff, patients, family members, and visitors.</li> </ul>
Communication	<ul style="list-style-type: none"> <li>Collaborate with local and regional medical health, mental health, public health agencies, the Minnesota Hospital Association, and the Minnesota Medical Association to develop a communications infrastructure that will facilitate and ensure the timely dissemination and transfer of information between the healthcare and public health sectors.</li> </ul>
Family Emergency Preparedness	<ul style="list-style-type: none"> <li>Define the contents of medical supply kits for the in-home care of family members during influenza pandemic.</li> </ul>
Health Plans	<ul style="list-style-type: none"> <li>Collaborate with health plans in response planning efforts to maximize the utilization of human and financial resources.</li> </ul>
Work Quarantine	<ul style="list-style-type: none"> <li>Make recommendations regarding the use of work quarantine during a pandemic influenza.</li> </ul>
Special Populations	<ul style="list-style-type: none"> <li>Expand pandemic influenza response planning to include children, schools, long-term care facilities, home care agencies, and other residential facilities.</li> </ul>

### Pandemic period

A significant role of MDH during the pandemic period will be the statewide coordination of patient care, when human and material resources overwhelm regional capacity.

Additional specific MDH roles during the pandemic period are found in the laboratory, infection control, clinical guidelines, vaccine, antiviral drug distribution, community disease control/prevention, and public health communications sections of the MDH Pandemic Influenza Plan.

1. Make adjustments to standards of care during a public health emergency when required by the incident in conjunction with the Governor's office and the State Emergency Operations Center.
2. Clarify rules that might need to be suspended during a public health emergency.
3. Provide healthcare facilities with information on the global, national, and local situation.
4. Work with healthcare facilities to address surge capacity needs.
5. Assess, monitor, and coordinate regional and statewide bed capacity and transfer status. <ul style="list-style-type: none"> <li>▪ Consult with Regional Hospital Resource Center Coordinators, Regional Emergency Medical Services, Regional Public Health, and Regional Homeland Security/Emergency Management in Multi-Agency Coordination entities to assess needs and resources.</li> <li>▪ Consult with Emergency Medical Services Regulatory Board to assess needs and resources.</li> <li>▪ Coordinate distribution of medical supplies and equipment, including PPE, to areas of greatest need.</li> <li>▪ Coordinate patient care across regions and statewide based on the availability of resources and transport capability.</li> <li>▪ Convene the Science Advisory Team to advise healthcare providers on the triage of scarce resources in an influenza pandemic.</li> <li>▪ Recommend rules and policies that may need to be suspended during a declared state emergency during an influenza pandemic.</li> </ul>
6. Assess, monitor, and coordinate regional and statewide healthcare volunteer capacity. <ul style="list-style-type: none"> <li>▪ Consult with RHRC Coordinators to assess needs and resources.</li> <li>▪ Direct spontaneous volunteers to Minnesota Responds MRC for registration.</li> <li>▪ Implement emergency credential verification procedures and provide just-in-time orientation and training.</li> </ul>
7. Assess, monitor, and coordinate regional and statewide behavioral health volunteer capacity. <ul style="list-style-type: none"> <li>▪ Consult with Regional Behavioral Health Coordinators to assess needs and resources.</li> <li>▪ Coordinate behavioral healthcare across regions and statewide based on the availability of resources.</li> </ul>

## Roles and Responsibilities

State and local roles and responsibilities are identified below. Regional roles are also identified when applicable. This is not an exhaustive list. Furthermore, although roles and responsibilities are listed, the MDH recognizes that the infrastructure to support these planning efforts is evolving and may not yet be in place.

State			
	Roles and responsibilities	Coordinating entity	Explanation
Pre-Hospital Care: Victim Triage and Transport			
Triage & Transport	Assure each region has identified victim triage and transport protocols for use.	<b>Primary:</b> BHPP EMS Planner <b>Contributor:</b> Regional BHPP EMS Committee	Regions may address victim triage and transport individually. In some cases this has been already determined in the regions. This may include recognition and explanation of jurisdictional-based variances in practice within a region.
Health Alert	Assure distribution of Health Alerts to EMS providers.	<b>Primary:</b> MDH OEP HAN Team <b>Contributor:</b> LPH	
Pre-Hospital Care: Patient Distribution			
Coordination	Coordinate patient distribution across regions and state/international borders.	<b>Primary:</b> MDH OEP BHPP MDH ECC <b>Contributor:</b> RHRC MAC SEOC	Develop Mutual Aid Agreements.

State			
	Roles and responsibilities	Coordinating entity	Explanation
Transport	Coordinate the transfer of victims with specialty care requirements to adequately prepared and protected healthcare facilities.	<b>Primary:</b> RHRC Coordinator MAC <b>Contributor:</b> Healthcare Providers EMSRB Staff MDH PHPC	RHRC Coordinator assures that the regional Mutual Aid Agreements are in place and functional.
Medical Care: Non Hospital-Based Care			
Planning	Engage healthcare providers, including behavioral health and clinics, in discussions about pandemic influenza planning.	<b>Primary:</b> MDH OEP BHPP <b>Contributor:</b> BHPP Regional Team RHRC Coordinator PHPC MCHP MHA	MDH OEP BHPP will provide guidance and assistance to the BHPP Regional Teams on engaging Healthcare Providers in emergency response planning
Standard of Care	Lead the policy/planning efforts for adjusting the standards of care during a pandemic influenza public health emergency when required in conjunction with the Governor's Office and SEOC.	<b>Primary:</b> MDH OEP <b>Contributor:</b> MDH Legal Unit Science Advisory Team DHS SOS	The MDH will clearly articulate adjustments to standards of care during an actual event.
Laws & Policy	Identify state laws/policy that might need to be suspended during a declared local or state emergency.	<b>Primary:</b> MDH Legal Unit <b>Contributor:</b> MDH OEP DHS SOS	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Operational Planning	Provide guidance for off-site care facility planning. Assure the development of an off-site care facility in each region if appropriate.	<b>Primary:</b> MDH OEP BHPP <b>Contributor:</b> BHPP Regional Team RHRC Coordinator MAC Healthcare Provider	
Supplies	Define appropriate supplies to provide medical supply kits in the home environment.	<b>Primary:</b> MDH OEP BHPP <b>Contributor:</b> MDH IDEPC MDH EH Poison Control LPH	MDH will develop a list of the appropriate supplies for the home environment based on the medical/environmental condition. This may include supplies necessary to support sheltering-in-place.
Long Term Care & Home Care	Lead efforts to address the role of long-term care facilities, home care, and community behavioral health agencies in emergency response planning.	<b>Primary:</b> MDH OEP BHPP <b>Contributor:</b> MDH HPICM LPH PHPC RHRC	MDH will initiate discussion on the role of the long-term care facility in emergency preparedness planning.
Education & Training	Maintain up-to-date educational resources on LMS for healthcare providers or (at <a href="http://www.health.state.mn.us/oep/training/bhpp/index.html">http://www.health.state.mn.us/oep/training/bhpp/index.html</a> until LMS is implemented).	<b>Primary:</b> BHPP Health Educator <b>Contributor:</b> MDH OEP Education & Training Team May	
Medical Care: Emergency and Hospitalized Care			

State			
	Roles and responsibilities	Coordinating entity	Explanation
Standard of Care	Lead the policy/planning effort for adjusting the standard of care during a pandemic influenza public health emergency when required in conjunction with the Governor's Office and SEOC.	<b>Primary:</b> MDH OEP BHPP <b>Contributor:</b> BHPP Regional Team RHRC Coordinator PHPC MCHP MHA	MDH OEP BHPP will provide guidance and assistance to the BHPP Regional Teams on engaging Healthcare Providers in emergency response planning.
Laws & Policy	Identify state rules that might need to be suspended during a declared local or state emergency.	<b>Primary:</b> MDH Legal Unit MDH IDEPC <b>Contributor:</b> MDH OEP DHS SOS	
Exposed Personnel	Assure that a plan will be developed to appropriately notify exposed responding personnel and to provide behavioral health support services.	<b>Primary:</b> MDH IDEPC MDH EH BHPP BH Planner <b>Contributor:</b> LPH Healthcare Providers	MDH will assure that a plan to notify exposed personnel will be developed. MDH will work closely with LPH and the Healthcare Providers to assure appropriate notification.
Discharge Instructions	Provide guidance on home discharge instructions, including infection control and isolation.	<b>Primary:</b> MDH IDEPC <b>Contributor:</b> MDH OEP BHPP	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Surge Capacity	Provide guidance for surge capacity planning.	<b>Primary:</b> MDH OEP BHPP <b>Contributor:</b> BHPP Regional Team RHRC Coordinator MAC Healthcare Providers	
Operational Planning	Provide planning guidance for off-site care facility planning. Assure the development of an off-site care facility in each region if appropriate.	<b>Primary:</b> MDH OEP BHPP <b>Contributor:</b> BHPP Regional Teams RHRC Coordinator MAC Healthcare Providers	
Medical Care: Volunteer Health Professionals			
Volunteer Program	Develop/implement statewide emergency system for the advanced registration of volunteer health personnel.	<b>Primary:</b> MDH MN Responds MRC Team <b>Contributors:</b> LPH Local/Regional MN Responds Programs RHRCs	Statewide system is comprised of local and regional MN Responds MRC Programs and MRC units.

State			
	Roles and responsibilities	Coordinating entity	Explanation
Credential Verification	Develop/implement standardized, statewide pre-credential and emergency credential verification process.	<b>Primary:</b> MDH MN Responds MRC Team <b>Contributors:</b> National HRSA ESAR-VHP Credential Verification Work Group	
Training	Develop/implement just-in-time orientation and training to be given prior to deployment.	<b>Primary:</b> MDH MN Responds MRC Team Local/Regional MN Responds MRC Programs MDH OEP Education and Training Team MDH IDEPC <b>Contributors:</b> LPH RHRCs Hospitals	Access up-to-date educational resources on LMS for volunteer health personnel or (at <a href="http://www.health.state.mn.us/oep/training/bhp/index.html">http://www.health.state.mn.us/oep/training/bhp/index.html</a> until LMS is implemented).
Inter-Facility Transport			
Patient Transport	Assure development of plans to safely and expeditiously transfer patients from one healthcare location to another.	<b>Primary:</b> BHPP EMS Planner <b>Contributor:</b> EMSRB	MDH BHPP EMS Planner will assure that a transport plan is developed in each region.

Regional			
	Roles and responsibilities	Coordinating entity	Explanation
Pre-Hospital Care: Victim Triage and Transport			
Triage & Transport	Identify and/or select a regional victim triage and transport protocol for use during an influenza pandemic. Implement victim triage and treatment guidelines, with recognition and explanation provided for jurisdictional-based variances in practice within a region.	<b>Primary:</b> RHRC Coordinator EMSRB Field Staff <b>Contributor:</b> PHPC	RHRC will coordinate with local EMS and local Medical Directors to assure existence of regional triage and treatment guidelines.
Surge Capacity	Plan for an increase in transportation needs, including mutual aid between the ambulance services.	<b>Primary:</b> LPH EMSRB Field Staff PHPC <b>Contributor:</b> Regional BHPP Infection Control Committee	Each region should have a transportation plan that takes into account the increased transportation needs during a pandemic.
Infection Control	Distribute infection control guidance, and assure infection control education/training to local EMS providers.	<b>Primary:</b> Regional BHPP EMS Committee RHRC PHPC Regional Epidemiologist <b>Contributor:</b> Regional BHPP Infection Control Committee Regional BHPP Education and Training Committee	

Regional			
	Roles and responsibilities	Coordinating entity	Explanation
<b>Self Protection</b>	Review, develop and provide guidelines for self-protection of EMS providers specific to PPE. Distribute the guidelines to local EMS providers.	<b>Primary:</b> EMS Regional Program RHRC PHPC Epidemiologist <b>Contributor:</b> Regional BHPP Infection Control Committee MDH IDEPC	
<b>Health Alerts</b>	Receive Health Alerts and assure distribution to EMS providers.	<b>Primary:</b> LPH EMSRB Field Staff MDH PHPC Epidemiologist <b>Contributor:</b> Regional BHPP Infection Control Committee	
Pre-Hospital Care: Patient Distribution			
<b>Hospital Beds</b>	Collect and distribute on-going hospital bed status reports.	<b>Primary:</b> RHRC MAC Local/Regional Medical Control <b>Contributor:</b> Local EOC Local EMS	RHRC is responsible for collection and distribution of hospital bed status reports to local EOC and Local EMS for planning purposes during an event.

Regional			
	Roles and responsibilities	Coordinating entity	Explanation
Coordination	Coordinate and/or assign destination to ambulance with patients per local protocols.	<b>Primary:</b> Local/Regional Medical Control	
Coordination	Develop regional mutual aid agreements for the coordination of patient transport, transfers, and tracking during pandemic influenza.	<b>Primary:</b> RHRC Coordinator MAC <b>Contributor:</b> Healthcare Providers EMSRB Staff MDH PHPC	RHRC Coordinator assures that the regional Mutual Aid Agreements are in place and functional.
Transport	Coordinate transport of victims with specialty care requirements to adequately prepare and protect healthcare facilities.	<b>Primary:</b> MDH OEP BHPP RHRC MDH ECC EMSRB <b>Contributor:</b> MAC SEOP	Local protocols will direct transfer and transport unless the scope of the event requires state involvement.
Resource Availability	Update regional EMS resource availability to the SEOC/MDH ECC when requested	<b>Primary:</b> MAC <b>Contributor:</b> EMSRB Staff	

Regional			
	Roles and responsibilities	Coordinating entity	Explanation
Education & Training	Coordinate the facilitation for education and training based on regional training plans on the utilization of MNTRAC system, and/or just-in-time training, depending on occurrence of pandemic influenza relative to completion of initial rollout of MNTRAC training.	<b>Primary:</b> Regional Training Facilitator or Coordinator <b>Contributor:</b> OEP BHPP Education & Training Team BHPP IT Program Planner	If rollout is completed, just-in-time MNTRAC system training will be provided.
Medical Care: Non Hospital-Based Care			
Planning	Bring together and coordinate regional behavioral health and clinic planning groups.	<b>Primary:</b> RHRC LPH PHPC <b>Contributor:</b> Healthcare Providers	
Standard of Care	Understand the adjusted standard of care during a declared emergency. Communicate to hospitals and healthcare facilities.	<b>Primary:</b> RHRC Coordinator Healthcare Providers <b>Contributor:</b> LPH MDH OEP	Facilities should plan for security and behavioral health needs associated with triage of resources.
Operational Planning	Develop and coordinate operational planning and response for off-site care facilities to increase surge capacity as applicable.	<b>Primary:</b> BHPP Regional Team RHRC Coordinator <b>Contributor:</b> MDH OEP BHPP MRC Coordinators MAC Healthcare Providers	BHPP Regional Teams will develop and coordinate the operational planning/response for off-site care facilities in the region. They will work with MDH OEP BHPP to achieve the necessary criteria.

Regional			
	Roles and responsibilities	Coordinating entity	Explanation
Mutual Aid	Develop effective behavioral health, clinic and hospital mutual aid plans to support one another during times of crises: communication, assistance, transportation, financial reimbursement and liability.	<b>Primary:</b> BHPP Regional Team RHRC Coordinator <b>Contributor:</b> MDH OEP BHPP MDH Legal Unit Local Clinics Regional BH Team	Mutual Aid agreements should be: Reviewed by legal counsel; Signed by a responsible official; Define liability and Detail funding and cost arrangements for sharing equipment, services, and paid staff.
Education & Training	Access up-to-date education resources for healthcare providers on LMS for healthcare providers or at <a href="http://www.health.state.mn.us/oep/training/bhpp/index.html">http://www.health.state.mn.us/oep/training/bhpp/index.html</a> until LMS is implemented).	<b>Primary:</b> Regional Training Facilitator or Coordinator <b>Contributor:</b> MDH OEP Education & Training Team	
Supplies	Develop a plan for the distribution of supplies to individuals (e.g., family members) who are providing in-home care, e.g., supply kits for persons leaving the hospital and persons already at home.	<b>Primary:</b> LPH <b>Contributor:</b> ARC BHPP Regional Teams MDH District Teams Homecare Agencies	Regions will develop a plan for the distribution of medical supply kits.
Home Care	Develop a plan to assure a continuum of home care services.	<b>Primary:</b> LPH <b>Contributor:</b> Healthcare Providers MDH District Teams	Local agencies will assure a continuum of care for home care services.

Regional			
	Roles and responsibilities	Coordinating entity	Explanation
<b>Home Care</b>	Facilitate the planning for triage of homecare agency resources (e.g., discontinue drop-in day care visits) if necessary, to enhance capacity.	<b>Primary:</b> LPH <b>Contributor:</b> Healthcare Providers Homecare Agencies	
Medical Care: Emergency and Hospitalized Care			
<b>Planning</b>	Bring together and coordinate a regional hospital planning group.	<b>Primary:</b> RHRC LPH <b>Contributor:</b> Healthcare Providers	
<b>Standard of Care</b>	Understand the adjusted standard of care during a public health emergency.	<b>Primary:</b> RHRC Coordinator Healthcare Providers <b>Contributor:</b> LPH MDH OEP	
<b>Triage &amp; Transport</b>	Define and communicate a process for triaging behavioral health conditions and symptomatic patients at mass dispensing sites, if applicable during a pandemic influenza.	<b>Primary:</b> MDH IDEPC MDH EH Poison Control MDH Regional Epidemiologist BHPP BH Planner <b>Contributor:</b> Healthcare Providers LPH	A plan for appropriate triage of symptomatic patients at a mass dispensing sites will be defined and communicated to the necessary partners.

Regional			
	Roles and responsibilities	Coordinating entity	Explanation
Laws & Policies	Review MDH identified State laws/rules that might need to be suspended during a declared state or local emergency and understand the impact it may have on a response.	<b>Primary:</b> RHRC Coordinator Healthcare Providers <b>Contributor:</b> LPH	
Surge Capacity	Develop and test patient care surge capacity protocols, patient, tracking systems, morgue services, and discharge services at the regional and state levels.	<b>Primary:</b> Healthcare Providers BHPP Regional Team <b>Contributor:</b> MDH OEP BHPP LPH	Individual healthcare facilities will develop and test their own surge capacity availability, capability, and protocols as well as testing for the region. LDPH may be involved with Isolation and Quarantine.
Operational Planning	Develop and coordinate operational planning and response for off-site care facilities to increase surge capacity, if applicable.	<b>Primary:</b> BHPP Regional Team RHRC Coordinator <b>Contributor:</b> MDH OEP BHPP MAC Healthcare Providers LPH	BHPP Regional Teams will develop and coordinate Off-Site Facilities in the region. They will work with MDH OEP BHPP to achieve the necessary criteria.
Discharge Instructions	Coordinate with MDH on home discharge instructions, including infection control and isolation.	<b>Primary:</b> Hospital ICP Healthcare Providers Off-Site Care Facilities	

Regional			
	Roles and responsibilities	Coordinating entity	Explanation
Mutual Aid	Develop effective behavioral health, clinic and hospital mutual aid plans to support one another during a pandemic influenza: communication, assistance, transportation, financial reimbursement and liability.	<b>Primary:</b> BHPP Regional Team RHRC Coordinator <b>Contributor:</b> MDH OEP BHPP MDH Legal Unit Local Clinics Regional BHPP BH DHS	Mutual Aid agreements should be: Reviewed by legal counsel; Signed by a responsible official; Define liability and Detail funding and cost arrangements for sharing equipment, services, and paid staff.
Education & Training	Assure dissemination of education and training resources based on regional training plans in support of acute medical care emergency response planning for healthcare providers to use in a pandemic influenza.	<b>Primary:</b> Regional training Facilitator or coordinator <b>Contributor:</b> MDH OEP Education & Training Team	Educational resources for healthcare providers are accessible on LMS (or at <a href="http://www.health.state.mn.us/oep/training/bh/pp/index.html">http://www.health.state.mn.us/oep/training/bh/pp/index.html</a> until LMS is implemented).
Medical Care: Volunteer Health Professionals			
Volunteer Program	Collaborate with MDH to develop, implement, expand and integrate regional volunteer health programs into the statewide MN Responds MRC.	<b>Primary:</b> LPH Local/Regional MN Responds Programs RHRCs <b>Contributors:</b> MDH MN Responds MRC Team	Statewide system is comprised of local and regional MN Responds MRC Programs and MRC units.

Regional			
	Roles and responsibilities	Coordinating entity	Explanation
Credential Verification	Implement standardized, statewide pre-credential and emergency credential verification process.	<b>Primary:</b> MDH MN Responds MRC Team <b>Contributors:</b> National HRSA ESAR-VHP Credential Verification Work Group	
Training	Develop/implement just-in-time orientation and training to be given prior to deployment.	<b>Primary:</b> LPH RHRCs Hospitals <b>Contributors:</b> MDH MN Responds MRC Team Local/Regional MN Responds MRC Programs MDH OEP Education and Training Team MDH IDEPC	Access up-to-date educational resources on LMS for volunteer health personnel or (at <a href="http://www.health.state.mn.us/oep/training/bhpp/index.html">http://www.health.state.mn.us/oep/training/bhpp/index.html</a> until LMS is implemented).
Patient Diagnosis			
Surge Capacity	Develop and implement a surge capacity plan for routine/emergency diagnostic laboratory testing.	<b>Primary:</b> HRSA Lab Advisory Group Rep. RHRC <b>Contributor:</b> MLS Laboratories MDH PHL Healthcare Providers	Clinical laboratories should have plans to coordinate with other clinical laboratories within each region for surge capacity.

Regional			
	Roles and responsibilities	Coordinating entity	Explanation
Inter-Facility Transport			
Patient Transport	Identify receiving facilities for patients due to hospital capacity overload.	<b>Primary:</b> RHRC EMS LPH BHPP Regional Team <b>Contributor:</b> MDH OEP BHPP	
Education & Training	Assure dissemination or communication of just-in-time training to healthcare providers at hospital/clinics and EMS during pandemic influenza.	<b>Primary:</b> RHRC Regional Training Coordinator <b>Contributor:</b> MDH EOP Education and Training Team	
Local			
	Roles and responsibilities	Coordinating entity	Explanation
Pre-Hospital Care: Victim Triage and Transport			
Health Alert	Receive Health Alerts and distribute to EMS providers.	<b>Primary</b> LPH EMSRB Field Staff MDH PHPC MDH District Team <b>Contributor</b> RHRC Coordinator	

Local			
	Roles and responsibilities	Coordinating entity	Explanation
Communication	Provide healthcare personnel, including EMS, with early and regularly updated information about an evolving pandemic influenza via pre-established alert systems.	<b>Primary</b> LPH EMSRB Field Staff MDH OEP HAN <b>Contributor</b> RHRC	LPH will provide updated information to healthcare providers on evolving pandemic influenza within their established communication system. This can be delegated but LPH still retains primary responsibility.
Hospital Beds	Provide current and accurate hospital bed status reports, using MNTRAC.	<b>Primary</b> MRCC and/or Healthcare Providers	
Medical Care: Non Hospital-Based			
Operational Planning	Develop operational plan to provide for continuation of ambulatory and outpatient services to increase surge capacity, in conjunction with a regional plan	<b>Primary</b> Healthcare Providers <b>Contributor</b> LPH BHPP Regional Team	Facility Emergency Operations Plan (EOPs) in conjunction with the regional response plans will be developed pre-event by the primary entities. This should be done in close collaboration with the contributing partners to provide continuation of ambulatory and outpatient services to increase surge capacity.
Standard of Care	Prepare to adjust the standard of care during an all-hazards event that overwhelms local resources.	<b>Primary</b> Healthcare Providers BHPP Regional Teams <b>Contributor</b> LPH Science Advisory Team	Adjusting standard of care is a last resort, when no resources are available to mitigate the situation and/or cannot be obtained in a timely manner.

<b>Local</b>			
	<b>Roles and responsibilities</b>	<b>Coordinating entity</b>	<b>Explanation</b>
<b>Triage &amp; Transport</b>	Assure that the facility has policies in place to appropriately triage persons with behavioral health conditions and triage and transport patients with suspected pandemic influenza.	<b>Primary</b> Healthcare Providers <b>Contributor</b> LPH	Local facilities will assure that they have policies in place to safely and appropriately transport patients exposed to infectious diseases. Psychological needs may out number medical care needs.
<b>Exposed Personnel</b>	Assure that the facility has policies in place to appropriately notify exposed responding personnel and to provide behavioral health support services.	<b>Primary</b> LPH Healthcare Providers <b>Contributor</b> RHRC Coordinator	
<b>Discharge Instructions</b>	Coordinate with MDH on home discharge instructions, including infection control and isolation.	<b>Primary</b> Hospital ICP Healthcare Providers	
<b>Laws &amp; Policy</b>	Understand the state rules that might need to be suspended during a declared local or state emergency.	<b>Primary</b> Healthcare Providers LPH <b>Contributor</b> RHRC	

<b>Local</b>			
	<b>Roles and responsibilities</b>	<b>Coordinating entity</b>	<b>Explanation</b>
<b>Laws &amp; Policy</b>	Provide guidance and policy support for ambulatory care during a public health emergency.	<b>Primary</b> LPH MDH District Team <b>Contributor</b> Local clinics MDH OEP BHPP	
<b>Education &amp; Training</b>	Assure dissemination of education and training resources via Learning Management System (LMS) based on local training plans in support of acute medical care emergency response planning for healthcare providers to use in a pandemic influenza.	<b>Primary</b> Local Training Facilitator or Coordinator <b>Contributor</b> RHRC	Access up-to-date educational resources for healthcare providers on LMS (at <a href="http://www.health.state.mn.us/oep/training/bhpp/index.html">http://www.health.state.mn.us/oep/training/bhpp/index.html</a> until LMS is implemented).
<b>Medical Care: Emergency and Hospitalized Care</b>			
<b>Operational Planning</b>	Develop operational plan to provide for continuation of ambulatory and outpatient services and to increase surge capacity, in conjunction with a regional plan.	<b>Primary</b> Healthcare Providers <b>Contributor</b> LPH BHPP Regional Team	Facility Emergency Operations Plan (EOPs) in conjunction with the regional response plans will be developed pre-event by the primary entities. This should be done in close collaboration with the contributing partners to provide continuation of ambulatory and outpatient services to increase surge capacity.
<b>Operational Planning</b>	Develop operational plan for alternative areas of adequate care, e.g., post-anesthesia care units, clinical procedural, and behavioral health support areas to increase surge capacity.	<b>Primary</b> Healthcare Providers BHPP Regional Team	Individual healthcare facilities will develop a plan to operationalize alternative areas of care to meet the surge capacity needs.

<b>Local</b>			
	<b>Roles and responsibilities</b>	<b>Coordinating entity</b>	<b>Explanation</b>
<b>Standard of Care</b>	Prepare to adjust the standard of care during an all-hazards event that overwhelms local resources	<b>Primary</b> Healthcare Providers BHP Regional Team <b>Contributor</b> LPH	Adjusting standard of care is a last resort, when no resources available to mitigate the situation and/or cannot be obtained in a timely manner.
<b>Triage &amp; Transport</b>	Assure that your facility has policies in place to appropriately transport patients with pandemic influenza.	<b>Primary</b> Healthcare Providers <b>Contributor</b> LPH EMS	
<b>Exposed Personnel</b>	Assure that your facility has policies in place to appropriately notify potentially exposed personnel, and to provide behavioral health support services to personnel.	<b>Primary</b> Healthcare Providers <b>Contributor</b> RHRC Coordinator LPH	
<b>Laws &amp; Policy</b>	Understand the state laws/rules that might need to be suspended during a declared local or state emergency.	<b>Primary</b> Healthcare Providers LPH <b>Contributor</b> RHRC Coordinator	
<b>Discharge Instruction</b>	Coordinate with MDH on home discharge instructions, including infection control and isolation.	<b>Primary</b> Healthcare Providers Hospital ICP	

Local			
	Roles and responsibilities	Coordinating entity	Explanation
Surge Capacity	Develop staff management protocols for recall and staging of off-duty and other surge personnel, including identification, transportation, credentialing, supervision, and utilization of volunteers.	<b>Primary</b> Healthcare Providers Hospitals <b>Contributor</b> ARC BHPP Regional Teams LPH MRC Minnesota Responds! Coordinator	
Family Members	Establish capacity to support needs of family members of personnel requested to work during response, e.g., day care, and transportation.	<b>Primary</b> Healthcare Providers <b>Contributor</b> LPH	Individual healthcare facilities should establish plans to support personnel from their institutions.
Education & Training	Access up-to-date educational resources for healthcare providers on LMS (at <a href="http://www.health.state.mn.us/oep/training/bhpp/index.html">http://www.health.state.mn.us/oep/training/bhpp/index.html</a> until LMS is implemented).	<b>Primary</b> Local Training Facilitator or Coordinator <b>Contributor</b> RHRC	
Medical Care: Volunteer Health Professionals			
Volunteer Program	Collaborate with MDH to develop, implement, expand and integrate local volunteer health programs into the statewide MN Responds MRC.	<b>Primary</b> LPH Local MRC Units <b>Contributors</b> MDH MN Responds MRC Team	Statewide system is comprised of local and regional MN Responds MRC Programs and MRC units.

Local			
	Roles and responsibilities	Coordinating entity	Explanation
Credential Verification	Implement standardized, statewide pre-credential and emergency credential verification process.	<b>Primary</b> MDH MN Responds MRC Team <b>Contributors</b> National HRSA ESAR-VHP Credential Verification Work Group	
Training	Develop/implement just-in-time orientation and training to be given prior to deployment.	<b>Primary</b> LPH RHRCs Hospitals <b>Contributors</b> MDH MN Responds MRC Team Local/Regional MN Responds MRC Programs MDH OEP Education and Training Team MDH IDEPC	Access up-to-date educational resources on LMS for volunteer health personnel or (at <a href="http://www.health.state.mn.us/oep/training/bhpp/index.html">http://www.health.state.mn.us/oep/training/bhpp/index.html</a> until LMS is implemented).