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Office of Emergency Preparedness

From the Director

Aggie Leitheiser, Director of Emergency Preparedness

The Office of Emergency Preparedness (OEP) had many opportunities to use our plans and tools in 2009!

We've been preparing for disasters along with other public health and healthcare partners for years. In 2009, our preparedness and response activities were really put to the test, first by the severe Red River floods, then the emergence of H1N1 in the spring, and finally by the fall outbreak of H1N1.

The Office of Emergency Preparedness 2009 Annual Report gives examples of how we've met those challenges with great assistance and collaboration from other MDH staff and our partners.

The MDH Office of Emergency Preparedness was created in 2002 in response to the terrorist attacks of 9/11 and the anthrax events starting in October of 2001. Since then, we've provided guidance to and worked with local public health agencies, tribal governments and healthcare organizations to develop the legal infrastructure, expand plans and create protocols for responding to public health threats. We've also been setting up systems and training to prepare Minnesota Department of Health staff. We are currently gathering feedback on the H1N1 responses in order to determine where improvements need to be made to better our capability and capacity.

In 2010, OEP will continue to build on new ways to make sure that the public health and healthcare systems in Minnesota are ready for any emergency. We look forward to expanding and strengthening relationships, plans, and critical resources to meet the challenges ahead.

Minnesotans have many reasons to be grateful for the hardworking and creative staff throughout Minnesota, and especially to those in OEP who continually prepare for and respond to emergencies that affect people's health.

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# Red River Flood

The Red River flows from the United States into Lake Winnipeg in Manitoba, Canada. Unlike the vast majority of rivers in the United States, it flows northward, which means melting snow and river ice, as well as runoff from its tributaries, often create ice dams, which cause the river to overflow. The valley is essentially flat, leading to overland flooding, with no high ground on which to take refuge.

The 2009 Red River flood brought record flood levels to the Fargo-Moorhead area. Originally predicted to reach a level of near 43 feet at Fargo by March 29, the river crested at an all-time record of 40.82 feet on March 28.

Local public health and MDH have several roles during floods. In general, public health provides information about mold protection, food safety, and protection of private community water supply concerns, and more. In 2009, public health also assisted in the evacuation of vulnerable populations from health care facilities. Emergency Operations Centers (EOCs) in both the Minnesota and North Dakota Departments of Health assisted local responders in coordinating these activities.

## **Mobile Medical Unit**

The Minnesota Mobile Medical Unit (MMU) is a mobile medical facility that can be dispatched to provide care in communities where local health care facilities are inoperable, or local capacity to provide care has been exceeded.

### **MMU to Moorhead**

The Federal Emergency Management Agency (FEMA) authorized the Mobile Medical Unit



to deploy to Moorhead on 3/29, to provide temporary emergency medical services to an area that could be cut off from its normal medical services by flood waters. Clay County authorities requested the MMU because of the limited and tenuous connections to health care facilities across the river. The MMU was staffed by a team from Minnesota healthcare facilities and MDH staff.



## **Behavioral Health**

During floods, both responders and residents tend to get stressed. This is normal! Behavioral health professionals are trained to assess the emotional climate of a group and offer suggestions on ways to reduce stress, so everyone is able to better cope.

In Minnesota, Behavioral Health Strike Teams have been formed in each region of the state. These teams of volunteers are often deployed to disaster response areas such as a flood or the I-35W bridge collapse.

During the Red River Flood, a Behavioral Health Strike Team from the Northwest region spent three days in the Fargo Moorhead Region. They:

- Performed a community needs assessment
- Recruited additional staff to assist local responders
- Offered a listening ear to responders and residents
- Made a longer-term plan for behavioral health services

## Medical Evacuations

When areas are flooded or may become flooded, medically fragile people in the area must be moved to safer locations. Patients may come from trauma centers, hospitals, nursing homes, and other long-term care facilities.

### Eventide Nursing Home

On Thursday, March 26, **Eventide Nursing Home** in Moorhead MN decided they needed to evacuate their facility. Over the next 24 hours, 192 skilled nursing residents and an additional 56 assisted living residents were relocated to 22 facilities around the state. The residents were all transferred to other skilled nursing facilities and an Alternate Care Site within Minnesota. OEP staff in partnership with Regional Healthcare Preparedness Coordinators (RHPCs), Ambulance Strike Teams, and MDH Compliance Monitoring staff helped coordinate the evacuation and found facilities for the affected residents.



Vehicles waited to help evacuate Eventide residents.

Many roads were closed due to flood.



### MeritCare Health System

At 9:00 p.m. on the same day, MeritCare Health System decided to evacuate its **Fargo-based Level II Trauma Center and Long Term Acute Care Hospital**. The two State Emergency Operations Centers were notified and a Tier 5 (Interstate Coordination) response was initiated. Minnesota uses a Tiered Response System to coordinate local, regional, state, interstate and federal healthcare responses.

MDH, Regional Healthcare Preparedness Coordinators, Public Health Preparedness Consultants and the North Dakota Department of Health worked together with Meritcare staff to predetermine placements at 14 hospitals in five of Minnesota's eight health regions for 110 patients. The evacuation began at midnight and was completed by approximately 6:00 a.m. on Friday, March 27.

### Minnesota Responds Medical Reserve Corps

During the evacuation of Eventide residents and other vulnerable adults, staff was needed to care for evacuees. MRC volunteers were activated to provide daily care for these special needs populations.

Thirty nursing home residents were also evacuated to a medical shelter in an unused wing of St. Joseph's Hospital in Brainerd. Fifty volunteers supported the Central region's hospital response team in caring for this group of memory impaired residents.

Newly evacuated residents adjusted well to their temporary facilities.



# H1N1

A new strain of influenza was first detected March 23, 2009 in Veracruz, Mexico. As with any novel strain of influenza, the presumption was that few people had any immunity. It therefore had the potential to spread quickly and sicken millions of people all around the globe. Although this strain generally caused mild illness, it did spread quickly, and on June 17 the World Health Organization declared a pandemic. The disease persisted through the summer and surged in the fall.

Public health has a large role in response to any disease outbreak in Minnesota. When it comes to a pandemic that reaches across the state and affects thousands of people, MDH leads the state-level response that involves many agencies.

Within MDH, hundreds of staff from all parts of the agency were involved. The work was coordinated through the use of the Incident Command System in the Department Operations Center (DOC). Here is an overview of some of MDH and OEP's contributions:

## Spring Response

Soon after the first case of H1N1 was identified, MDH started a massive surveillance effort, opened the DOC, and started getting messages out to partners across the state.

### DOC

OEP maintains the MDH Department Operations Center (DOC). In this case, the DOC was still set up from the floods, so OEP staff quickly cleaned up the room, created a new electronic filing system, and assisted with initial staffing for a disease incident instead of a flood incident.

### Health Alerts

OEP staff quickly sent a health alert to key partners across the state, apprising them of the new situation. This was eventually followed by 14 more health alerts in the coming months about H1N1 surveillance, clinical guidance, prevention messages, new cases, and eventually, deaths.



## Summer Planning Process

As the response to the spring H1N1 wave began to wind down, MDH undertook a comprehensive planning process to apply lessons learned and prepare for a more severe second wave in the fall. The summer planning proved instrumental in focusing on key issues, creating new partnerships, developing response tools, and putting a structure in place to ensure effective actions when the virus re-emerged in the fall.

### H1N1 Training Plan

OEP staff, with help from others in the agency, identified three key training tasks for MDH staff:

- Prepare for altered work conditions
- Complete training based on assigned response role
- Manage and track training through MN.TRAIN, MDH's learning management system.

Completion of the Incident Command System 300 (ICS300) class for select staff was accelerated. Eventually, over 120 staff took this course.

Staff also produced a one-hour course, *H1N1 101 Overview*, which provided a basic level of awareness of H1N1, described MDH's response roles, and explained the expectations of MDH staff. In the end, 1221 MDH staff (out of about 1400) completed the course! This was a major accomplishment in a short period of time.

## Flu Website mdhflu.com

A key part of MDH's H1N1 response was the public influenza website. Hailed by many of our partners as one of the best state-level influenza websites in the country, the site provided easy answers to the public about vaccination, other prevention measures, and what to do when they got sick. In addition, the site provided guidance for many specific groups, including:

- Clinicians
- Emergency Medical Services (EMS)
- Long-term care
- Childcare
- Schools
- Camps
- Food Service Operators
- Faith-Based Organizations
- Jails
- Congregate Living Situations (such as homeless shelters).

These partners thanked MDH for providing guidance specific to their situations, and for making it easy to find.

The influenza site, which eventually combined information for both seasonal and H1N1, benefitted from subject matter experts from several MDH divisions. It was managed by a team of webmasters from across the agency, including OEP's webmaster.

## Minnesota Flu Line

The Minnesota FluLine, the first hotline of its type in the United States, drew immediate and overwhelming attention in October when it opened.



The FluLine, launched on October 21, was a statewide telephone number where people with symptoms of novel H1N1 influenza A could get medical help. Callers were connected with a FluLine nurse or a nurse at a triage line operated by their own provider networks or health plans. The nurses evaluated health concerns of callers and discussed treatment options using consistent criteria to determine the appropriate treatment for each person. People with limited English skills were connected to interpreters.

Initially, free publicity proved so effective and public interest was so high that the Flu Line was swamped with calls. This required some public relations with the media to explain this was a new FluLine that might have some kinks to work out.

As of February 28, 2010, more than 20,000 calls had been answered. As the second wave of the H1N1 outbreak began to wane, the FluLine call volume dropped.

Note: the FluLine is no longer active – please go to [www.mdhflu.com](http://www.mdhflu.com) for the latest information.

### Influenza (Flu)

<p><b>Call Line</b> Call with questions about flu. 1-800-CDC-INFO (800-232-4636) TTY: 1-888-232-6348 Centers for Disease Control</p>	<p><b>MN FluLine</b> Call if you are sick. 1-866-259-4655</p>	<p><b>Find your flu shots:</b> <a href="#">Find a seasonal flu shot</a> <a href="#">Find an H1N1 flu shot</a></p>
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**All About the Flu**  
Seasonal and 2009 H1N1 influenza: Signs and symptoms, people at high risk of developing complications.



**If You Get Sick**  
How to care for an ill person at home, when to seek help, and how long a sick person should stay home.



**Vaccine**  
Protect yourself from the flu - get vaccinated!



**Cover Your Cough!**  
Cover your nose and mouth with your sleeve when you cough or sneeze.



**Wash Your Hands**  
Clean your hands frequently and thoroughly, with soap and water or an alcohol-based hand rub solution.

MDH Website:

## Minnesota Flu Centers

OEP received a grant that included the development of a state strategy to implement Flu Centers which can be established in clinics, hospitals, a designated alternate care site, a mass dispensing site or locations in the community. Flu Centers serve as a safety valve for communities to (1) provide a community resource for the assessment, referral and treatment of people with influenza-like-illness (ILI) and (2) manage surge in overwhelmed healthcare systems allowing acute care facilities to care for more critically ill people with ILI and life threatening illnesses or injuries.



Flu centers were included in local public health, healthcare and tribal plans across the state and were opened in multiple counties in Minnesota during the fall pandemic, serving at-risk populations, underinsured and insured non-acute patients with influenza-like-illness.

The grant provided by CDC to OEP was part of a collaborative initiative with eight other states. OEP helped develop methods for coordination of healthcare delivery to function despite disruptions during a pandemic. Grant goals: (1) local, regional and statewide coordination of healthcare delivery resources, (2) maintain delivery of essential services and (3) provide care for large numbers of influenza patients during a pandemic.

## Strategic National Stockpile (SNS) Assets

For the first time, the Minnesota Department of Health (MDH) received and distributed Strategic National Stockpile assets from the Centers for Disease Control and Prevention (CDC).

The CDC has stockpiled quantities of medicine and medical supplies to protect the public during a public health emergency. The federal program that oversees this is the Division of Strategic National Stockpile (SNS). In the first phase of H1N1, the CDC sent stockpiles of antivirals and personal protective equipment (PPE) to all states. MDH developed and implemented plans to distribute antivirals and PPE to local communities as the need arose. Some examples of personal protective equipment include N95 respirators, procedure masks, surgical gowns and gloves.

MDH has a limited supply of antiviral medication and PPE in a state stockpile comprised of purchases made using general revenue, federal preparedness funds and received as the Minnesota portion of the federal Strategic National Stockpile (SNS) mentioned above. Approximately 600 sites which included pharmacies, clinics, hospitals, and local public health signed up to receive and distribute antivirals.



## Public and School Clinics

Early in the planning stages for H1N1, CDC framed the vaccination campaign as an endeavor that would require public health clinics in addition to private sector vaccinations. Soon after, school-located clinics became a planning priority when all persons 6 months to 24 years compiled one of the initial target groups. OEP facilitated rapid local preparation for public and school clinics by:

- Providing a tabletop template for a summer exercise incorporating scenarios that would support enhancing and building relationships for the local campaign.
- Assisting with updating mass dispensing plans and training.
- Providing training and guidance to local public health and school staff and stakeholders on school-located clinics.

Through the end of February local reports described that:

- Local health departments administered about 280,000 vaccinations
- 100% of local health departments reported planning with at least one K-12 school or district.
- Almost 900 school sites were utilized for school or community clinics.



## SNS Data

A short-term statewide vaccination campaign presents a challenge in obtaining timely, accurate and relevant information. OEP developed a mechanism for local health departments to submit weekly reports on H1N1 activities online. Information was gathered on vaccinations administered by local public health, location and size of clinics held, as well as community outreach, public education, and flu center operations. The reporting process enhanced situational awareness at MDH and supported local information gathering and awareness.

Vaccination and clinic data assisted in:

- Gauging the public demand for vaccine
- Identifying geographic differences in local activities
- Demonstrating local capabilities
- Completing reports for CDC

## Exercises

Exercises help staff to prepare for emergencies in a realistic but risk-free environment. They are also a valuable tool for assessing and improving plans and performance. OEP has one exercise planner who assists OEP, MDH, local public health and healthcare to conduct exercises to meet grant agreements and to improve response efforts.

### ***New materials for H1N1 vaccination campaigns***

OEP developed *H1N1 Vaccination Campaign* tabletop exercise materials to assist local health departments and tribal health agencies. The organizations were required to conduct a tabletop exercise to prepare for the anticipated fall resurgence of the novel H1N1 influenza.

#### **Exercises:**

1. Share the local public health/tribal health vaccination plans, including planning assumptions, roles and responsibilities, communications, mass vaccinations, contingency plan for distribution of vaccine and supplies, healthcare resources, and ethical considerations.
2. Identify potential gaps in coverage of target groups. Identify CDC Advisory Committee on Immunization Practices (ACIP) as the source for recommendations; review the jurisdiction's approximate population by target group; identify targeted occupational groups that can vaccinate their own employees; and identify population segments that will need support, assistance or public administered clinics.
3. Identify the information that should be regularly gathered and shared between partners in order to evaluate progress of the campaign; determine the problems and barriers; determine the best use of resources; and focus additional efforts.
4. Assess each participating group's readiness in regards to identifying and training staff for their roles in vaccination response; family preparedness and early seasonal influenza vaccination; and reviewing and updating their continuity of operations plan.

### ***Pandemic Flu Tabletop***

In August and September 2009, MDH held three tabletop exercises to share the department's pandemic influenza planning with MDH staff. Videoconferences in St. Paul and the district offices allowed staff to observe and ask questions. Each discussion focused on our response to the probable increased spread of the H1N1 influenza virus in the fall.

- Exercise 1: suspension of services
- Exercise 2: scarce resources antivirals and vaccine distribution
- Exercise 3: vaccination distribution, and public information and messaging

These discussions reviewed existing plans; identified gaps for additional planning; and increased awareness across the department.

Each year, OEP applies for Emergency Preparedness grant funds from the Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary for Preparedness Response (ASPR), which are then distributed to Community Health Boards, tribes, and regional healthcare systems across the state.

Special project grants were sought by OEP to improve the preparedness and response in Minnesota, and focus on the effectiveness of training offered to MDH staff working in the DOC.

## **Public Health Emergency Preparedness Grants**

OEP awarded \$4,741,473 in grant money to Community Health Boards (CHB) across the state for 2009. The grant amounts to each CHB were determined by population. An additional \$180,000 was distributed to ten of Minnesota's eleven tribal Nations. Over \$825,000 in Cities Readiness Initiative grant money was also distributed to sixteen Community Health Boards.

## **Healthcare System Grants**

MDH awarded \$6,149,904 to health care regions for exercising and improving preparedness plans for all-hazards; increasing ability to provide needed beds; use interoperable communication systems; track bed and resource availability; develop health volunteer systems; protect healthcare workers with proper equipment; decontaminate patients; enable partnerships/coalitions; train healthcare workers; enhance fatality management and evacuation/shelter in place plans; and coordinate regional exercises.

## **Special Project Grants**

### **Public Health Emergency Response Funds**

\$12,600,000 was awarded to local health departments and tribes for H1N1 preparedness and response; including vaccination, public information, and antiviral distribution.

### **Pandemic Influenza Healthcare Preparedness Improvements for States**

\$1,527,068 from HHS to improve the healthcare system's ability to develop and implement activities within two priority areas, in preparation for a pandemic influenza incident: (1) Healthcare Workforce Protection and (2) Comprehensive Coalition Strategy for Optimization of health Care.

### **Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Programs**

\$60,000 from HHS to develop, refine, and maintain existing systems that provide verifiable, up-to-date information regarding a volunteer's identity and license, credentials, and privileges to hospitals or other medical facilities that require a volunteer's services.

### **Emergency Medical Care Surge/Mobile Field Medical Teams**

\$100,000 from Homeland Security and Emergency Management to develop acute and primary care teams to provide a range of clinical services in a mobile environment locally, and through the Emergency Management Assistance Compact.

### **U-SEEE Grant**

The University of Minnesota School of Public Health and OEP received a grant "to enhance the usefulness of training" for our command and general staff in the Department Operations Center (DOC). The project, titled *University of Minnesota: Simulations and Exercises for Educational Effectiveness (U-SEEE) –Creating High Reliability Teams for Public Health Preparedness* is funded by the CDC Preparedness and Emergency Response Research Centers.

### **Competitive Pan Flu Grant**

OEP was awarded an \$872,249 one-year *Collaborative Grant for Delivery of Essential Healthcare Services during a widespread Pandemic Influenza*. Products of the grant: (1) COOP tools, (2) Essential Services/ Staffing/ Supplies planning tool for Healthcare, (3) Flu Centers, (4) MN FluLine and (5) influenza resource materials.

## OEP Programs

Sometimes it's easier to highlight new and exciting programs and projects, but in the long run, it's the solid infrastructure that makes the difference when responding to emergencies. These programs contributed mightily to OEP's work this year.

### **Minnesota Responds**

2009 was an exciting year for Minnesota Responds Medical Reserve Corps (MRC) program.

- As a result of spring floods and fall H1N1, over 1,000 new people registered in the program. By the end of 2009, the program had 8,000 registered persons.
- A new on-line MRC orientation training, developed by the University of Minnesota, was implemented and is being used by many local programs.
- Three people were trained to serve as backup to lead the program.
- Two new state programs are being added to Minnesota Responds: one to allow better communication and coordination for the state Behavioral Health team, and one for the Mobile Field Medical Teams.
- Fifty volunteers assisted with the CRI federal postal pilot project that plans to use the postal carriers for mass dispensing of certain medications.

### **Health Alert Network**

Minnesota's Health Alert Network had quite a workout this year. The system offers a quick way to get critical information to health professionals and others across the state. It's usually used to alert partners of disease outbreaks, vaccine shortages, health-related terrorism, and public health aspects of state-wide disasters.

Typically about 25 alerts are sent each year. At this rate, the system gets sufficiently exercised to keep contacts current, but the arrival of a Health Alert remains an unusual event.

During 2009, 65 alerts were sent; 48 were related to H1N1 influenza. This was quite a busy event for the public health and healthcare community!

### **Public Health Preparedness Consultants and Multi-Agency Coordination Systems**

The 2009 Red River Valley floods, St. Charles fire, and fall and spring waves of H1N1 required multiple agencies and disciplines work together for health and medical responses. This occurred through the Multi-Agency Coordination System (MACS) which provided the structure for collaboration of information sharing, informed decision-making and resource coordination.

Public Health Preparedness Consultants (PHPCs) work in the MDH Office of Emergency Preparedness. During these incidents, they assisted their regional MACS to:

- Develop multiagency and multidisciplinary regional situation reports
- Facilitate teleconference calls for public health and between disciplines
- Provide leadership of MACS activities at a physical location.

The PHPCs also served as a liaison between the Minnesota Department of Health, local health departments and other response partners (e.g., emergency medical services and healthcare). They communicated with their stakeholders throughout the incidents and provided current information in fluid situations that created a "Common Operating Picture" within their regions.

PHPCs continue to work in their regions with preparedness, response and recovery partners.

### MNTrac

The Minnesota Department of Health's MNTrac system has proven to be an invaluable tool since its implementation in 2007. MNTrac (Minnesota system for Tracking Resources, Alerts, and Communication) is a database-driven, password protected web application. The application has been designed specifically to track bed capacity, pharmaceuticals and resources (e.g., ventilators, personal protective and decontamination equipment) from all hospitals within the state to support surge capacity needs. Hospital diversion status, emergency event planning, emergency communication, and alert notifications are supported in real time.

The MNTrac system continually evolves for product improvement; the latest system enhancements include Patient Tracking and Resource Request modules. All of the MNTrac modules have assisted in improving collaboration and response times during incidents, bringing together the appropriate partners (e.g., hospitals, EMS, local public health, and emergency management). In addition, tracking of available beds automates the process for obtaining National Disaster Medical System bed counts requested by the Department of Homeland Security.

The system is scalable to conform to local, regional and state needs. MNTrac has been a champion for communication in the healthcare preparedness and response setting in multiple incidents in Minnesota, including:

- **2007**
  - I-35W Bridge Collapse
  - South East Floods
- **2008**
  - Hugo Tornado
  - Republican National Convention
- **2009**
  - Red River Flood and Healthcare Facility Evacuations
  - H1N1 Response
  - Christmas Winter storm
- Multiple exercises (e.g., Radiological and EMS drills, Communications exercises).

### MN.TRAIN

MN.TRAIN got quite a boost in usage in 2009! Due to Minnesota's response to the novel H1N1 influenza virus, health professionals received training via MN.TRAIN on vaccine administration, vaccine storage, mass dispensing operations, and more. Many of the MN.TRAIN vaccine-related trainings were provided by the University of Minnesota, the Centers for Disease Control and Prevention, the Minnesota Department of Health and local health department agency-specific trainings.

In August, the *MDH Readiness Training Plan* was rolled out to MDH employees. The plan required some trainings found on MN.TRAIN, including a web archive format and live classroom settings. MDH has approximately 1,400 employees; the total number of MN.TRAIN "users" in the state increased to approximately 3,400 users.

KMi, the technical creators of the TRAIN learning management system, came to Minnesota in October to provide a two-day, in-depth training for 13 MDH staff. These staff are now considered MDH "divisional administrators" and can help other MDH staff with MN.TRAIN issues.

Over 500 courses have been offered throughout Minnesota by local or Minnesota-based course providers and over 3,800 courses have been offered nationwide through the national TRAIN network.

### **CHEMPACK**

CHEMPACK, part of the Strategic National Stockpile (SNS) system allows states to create a cache of nerve agent antidotes so they are ready to respond quickly to terrorist attacks.

Minnesota completed the sustainment process of CHEMPACK assets during July 2009 in coordination with the CDC. This process involved removing assets that were near their expiration date from the CHEMPACK containers and returning them to CDC. The near expiration assets were then replaced with either current production assets or with Shelf Life Extended Program (SLEP) assets. SLEP allows the CDC to work with the Food and Drug Administration (FDA) to extend the expiration date of assets that have been both laboratory tested and have had documented storage conditions to assure full potency before the asset is re-assigned a new lot number and expiration date under FDA supervision. SLEP greatly enhances the program's ability to maintain and sustain robust response assets at the state level.

### **Ready to Respond Newsletter**

OEP coordinates the MDH Preparedness Newsletter, a quarterly publication that covers emergency preparedness topics. Members of the Editorial Board, with representatives from each division that receives preparedness funds, contribute articles to the newsletter.

#### **Examples of 2009 articles:**

- Responding to H1N1 novel influenza
- Stories about 2009 Red River Valley Floods
- How anthrax is detected in the mail
- Regional partners participate in Operation South Central SnaFLU
- Public Health Laboratory conducts state-wide chemical exposure exercise

Archives of the newsletter can be found at <http://www.health.state.mn.us/oep/news/index.html>

### **Psychological First Aid**

Psychological First Aid is a set of skills that helps first responders and other community responders care for their clients, co-workers, families, friends and neighbors. Most of the time people do just fine on their own when confronted with an uncommon and highly stressful situation, but often people simply need a caring person to listen and to assist them.

During 2009, the Psychological First Aid Program:

- Developed a 10 minute Just-in-Time Psychological First Aid (PFA) training Video DVD in collaboration with the City of Minneapolis Media Department and the Metro Region Behavioral Health Workgroup.
- Provided training for over 5,000 local/regional emergency and healthcare responders in MN including:
  - Mandatory PFA training for MN National Guard Leadership, and the MN National Guard Red Bull Brigade
  - MN state agency staff from Departments of Revenue, Public Safety, Homeland Security and Emergency Management, MN Management & Budget, Education, MN Zoo, Corrections, Department of Economic & Employment Development, MN State Retirement System, Pollution Control and the Legislature.
  - Mental health staff from Sun Country Health, Saskatchewan, Canada

## **Radios/Tactical Communications**

The radio program continued to expand its capacity and capabilities in 2009.

OEP purchased more 800 MHz radios, which will be programmed and then distributed to district offices around the state over the next few months. When in place, they will provide connection between cities, emergency management and first responders throughout the state.

Old Global Star Satellite phones are being replaced with new Iridium satellite phones. The old Global Star phones only worked about 50% of the time. The new Iridium phones work all of the time.

Staff in all locations are being trained to use this equipment.

If all else fails (landline phones, cell phones, and the internet), OEP has an amateur radio program ready to spring into action.

Several people in OEP are now licensed to work with the amateur radios directly as well as a large number of licensed volunteer amateur radio operators around the state. They participate in weekly and monthly drills and tests to assure that MDH's radio equipment is operational. This includes weekly tests of the National Public Health Radio Network (NPHRN) between the communications center at the Freeman building in St Paul MN and the Centers for Disease Control and Prevention (CDC) in Atlanta, GA. They also participate in monthly tests with both metro and rural hospitals around the state that have installed VHF and UHF amateur radio equipment.

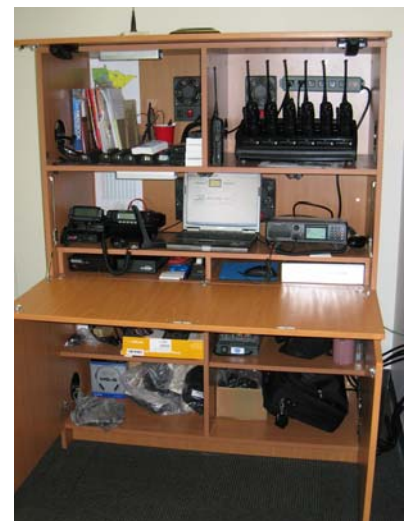
OEP is also currently building a backup communications center in St Cloud that will have the same capabilities as the Freeman building in St Paul.

## **Workspace Version 2**

Emergency preparedness is a group project. MDH works closely with partners in local public health, tribes, clinics, healthcare, other state and federal agencies, and more. To facilitate this collaboration, OEP maintains the MDH Workspace, a password protected website that is used to share documents among various members of this community.

The workspace also houses a messaging system that stores contact information by a person's role. In this way, mass e-mails or phone calls can be sent to all immunization contacts at local public health, or all tribal health directors. For example, this same system is used for the Health Alert Network.

In the past few years, OEP has been designing and building a new system to house the Workspace. However, all Workspace staff also have significant response roles, so work on the new version was stopped early in 2009 when the flood arrived in Minnesota, followed by the first cases of H1N1, the summer planning process for H1N1, and finally the fall H1N1 response. Work on the new Workspace resumed in early 2010.



Radio equipment at MDH's Freeman building

## 2009 Accomplishments

Some projects were unique to 2009.

### **New MDH DOC**

Responding to staff complaints about the awkwardly-shaped, stuffy room used for the MDH Department Operations Center (DOC) in the Freeman building, a new location was chosen and set up in time for the fall H1N1 Response. The new space, just across the hall from the old space, is actually slightly smaller, but the square room with two doors allows for easier egress and air flow.

Work stations were set up on all edges of the room, leaving the center table for meetings and the Incident Commander. New computers, provided by Information Systems Technology Management (ISTM), operated at lightning speed compared to the surplus Dell D600-series computers in use before. A flat-screen TV, provided by Facilities Management, projected rotating images relevant to the response. Although more space would have been nice, staff indicated that they prefer to have the DOC near at hand even if that meant a smaller space.

### **MDH Readiness Training**

The 2009 *Readiness Training Plan for MDH Staff* identified trainings that MDH leadership believes all MDH employees need to allow a coordinated, comprehensive approach to emergencies or disasters.

Training is being offered to various groups, such as all MDH staff, Command and General staff and others. Some courses can be taken online; others will be offered in a classroom setting. Via MN.TRAIN, staff can download the Course Description, register for the class and after completion, the transcript will appear on their account.

Examples of classes:

- IS-100a *Introduction to the Incident Command System*
- IS-546.a *Continuity of Operations Awareness*
- ICS- 300 *Intermediate Incident Command*

### **Local Mass Dispensing Plan Review**

In 2008, local public health agencies and tribes submitted their Mass Dispensing plans to be reviewed by OEP's Resource Management and Tracking Unit (RMTU). The plan reviews were based on the standards found in the Local Technical Assistance Review (LTAR) tool, which is also used to review the CRI plans. The tool was modified to include resources and guidance with each of the questions. Findings were sent to the counties in March 2009. The scores range from 3.0 to 20.5 out of a possible 25 points. The average score was 10.64 points. RTMU staff traveled to regions throughout the year to offer guidance, training and technical assistance where needed. Counties have also been offered individual technical assistance visits. H1N1 has helped public health test components of their mass dispensing plans. Additional guidance has been developed along with training recommendations around mass dispensing. Plans were recollected in October 2009 in part to assess the counties and tribes level of preparedness to respond to the H1N1 vaccine campaign.

### **Ready to Respond Conference**

The *Ready to Respond: Sharing Minnesota's Promising Practices* conference was scheduled for Tuesday, May 5, 2009 at the U of M Continuing Education Center in St. Paul.

While planning this conference, many of the speakers were still participating with the exhausting activities with the Red River Flood. At the same time, the potential H1N1 novel influenza pandemic was threatening to emerge.

On Wednesday, April 29, 2009, one probable case of H1N1 was identified in Minnesota, with more cases anticipated. Out of respect for local public health and healthcare staff who would be working this potential pandemic influenza, the Ready to Respond Conference was cancelled.

### **The Postal Plan**

On February 18, 2004, the Secretary of Health and Human Services, the Secretary of Homeland Security, and the Postmaster General signed a Memorandum of Agreement (MOA) to make resources of the United States Postal Service (USPS) available to help dispense oral antibiotics in response to a biological terrorism incident or widespread anthrax exposure. The offer of USPS assistance is called the "Postal Plan."

The Postal Plan describes the distribution procedures for the delivery of oral antibiotics during an anthrax incident. The MOA outlines the framework for delivery of antibiotics from the Strategic National Stockpile (SNS) to the general population. The Postal Plan is one method of antibiotic delivery intended to reach the general population within 48 hours of notification to do so. Achieving the 48 hour goal is critical to save lives.

In conjunction with local emergency response plans, the Postal Plan will augment, not replace, the dispensing of oral antibiotics via Mass Dispensing Sites also known as Points of Distribution (PODS). Mass Dispensing Sites involve the distribution of medicine to the public.

The Minnesota Department of Health, in conjunction with local public health, local law enforcement, and the USPS has completed strategic and operation level postal planning. Minnesota is the first state in the nation to have completed the implementation of the Postal Plan.

In early spring, OEP staff worked with other MDH staff, local public health and the USPS to recruit postal carrier volunteers for the Postal Plan. The postal volunteers were medically screened by a team of volunteers that included MDH staff, local public health staff, and Medical Reserve Corps volunteers. The screening took place over five nights. Household Antibiotic Kits (HAKs) authorized

under an Emergency Use Authorization (EUA) for the Postal Plan were assembled for each

USPS volunteer. Approximately 400 volunteers are part of the program.

In October 2009 the HAKs were distributed to each volunteer. In 2010 we will be following up on the current volunteers and recruiting additional volunteers.



Packets ready to distribute

## OEP Staff

### OEP Staff

Many thanks to the OEP staff who did such good work in 2009:

Aggie Leitheiser  
Bill Schmidt  
Bonnie Holz  
Cheryl Petersen-Kroeber  
Cynthia Borgen  
Dan O'Laughlin (Medical Consultant)  
Dawn Ginzl  
Deb Radi  
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Elisabeth Atherly  
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Janice Maine  
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Judy Marchetti  
Karen Moser  
Kevin Sell (Pharmaceutical Consultant)  
Kim Vicars  
Kirsti Taipale  
Kristin McIntosh  
Mandie Smith  
Marcia Robert  
Marie Hauser  
Marilyn Cluka  
Mark Doerr  
Mary Burfeind  
Megan Thompson  
Michelle Larson  
Michelle Moritz  
Mickey Scullard  
Mike Ring  
Myrlah Olson  
Nancy Carlson  
Pat Tommet  
Rob Carlson  
Samantha Herrington  
Sarah Henderson  
Steve Shakman  
Steven Dwine  
Tammy Peterson  
Tina Firkus  
Toby McAdams  
Virginia Strand

### OEP Presentations

Each year, many OEP staff give presentations to local, regional, state and national audiences. Here is a list of some of those presentations and speakers. Note the range of topics.

- Coordination of the Public Health and Healthcare Systems in Responding to Health Emergencies in MN
- EUA Issues and the Postal Module
- H1N1 Novel Influenza Vaccination Delivery
- H1N1 presentation to high school civics teachers
- Hamline Dialogue Series: Emergency Preparedness
- Health Alert Network: Ten Years Later
- Here a Plan, There a Plan, Everywhere a Plan, Plan
- Medical Executive Course, Public Health Role in Disasters
- Medical Surge and Mass Prophylaxis for Pandemic Influenza Response
- Military Psychological First Aid
- MNTrac training
- National Health Care Preparedness Evaluation and Improvement Conference
- Novel H1N1 Influenza Preparedness and Response
- Pan Flu MAC Temporary Morgue
- Pan Flu Mass Fatality Planning/D-MERT
- Pharmacist Update: Working Together in a Disaster
- The Postal Plan
- Practicum panel on H1N1
- Psychological First Aid
- Setting Up and Utilizing NIMS in a Family Assistance Center
- SNS Update

Aggie Leitheiser, Director of Emergency Preparedness would like to thank the Annual Report team of Jacob Owens, Dawn Ginzl, Kirsti Taipale, Toby McAdams, Marcia Robert and especially Tina Firkus, without whose persistence and initiative, this report would not be possible.