

The Minnesota Department of Health

MULTI-AGENCY COORDINATION PLAN

ALL-HAZARDS RESPONSE AND RECOVERY PLAN
SUPPORT ANNEX

DRAFT

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MDH MULTI-AGENCY COORDINATION PLAN

Support Annex to the MDH All-Hazards Response & Recovery Plan

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INTRODUCTION.....	3
AUTHORITY & REFERENCES	3
PURPOSE	4
SCOPE	4
SITUATION & ASSUMPTIONS.....	5
CONCEPT OF OPERATIONS.....	5
ORGANIZATIONAL STRUCTURE OF MULTIPLE AGENCY COORDINATION.....	6
AGENCY REPRESENTATIVES.....	6
ACTIVATION & NOTIFICATION	6
Personnel.....	7
Facilities.....	8
Equipment.....	9
Communications	10
Procedures.....	10
RECORDKEEPING	11
DEMOBILIZATION	12
GLOSSARY OF TERMS	13
GLOSSARY OF ACRONYMS	14
REFERENCES.....	15
MDH MAC PLAN SUBCOMMITTEE	15

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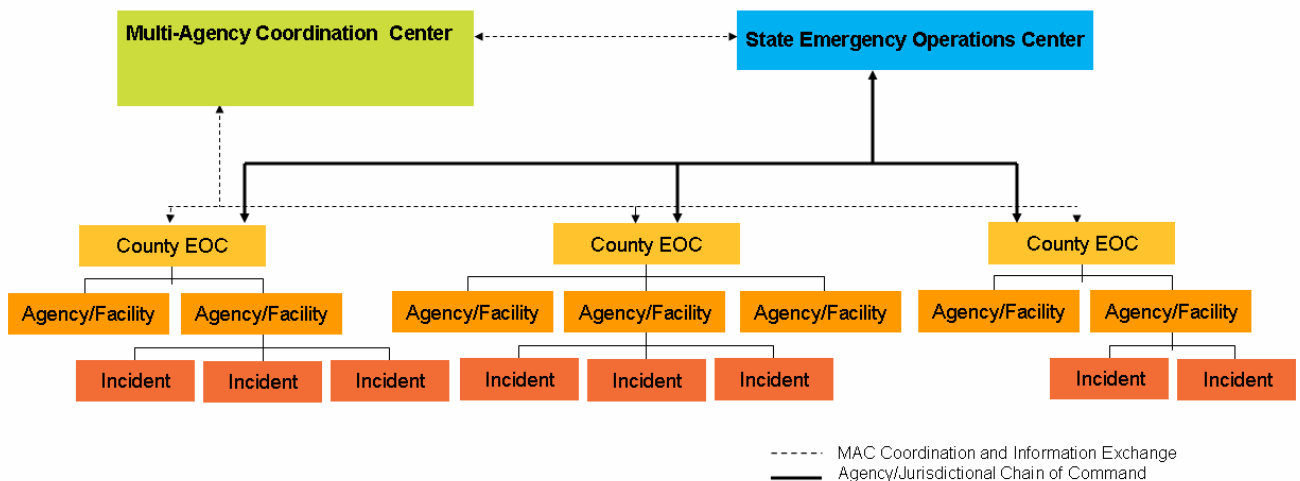
Introduction

The Incident Command System (ICS) and an associated Multi-Agency Coordination (MAC) System capability were developed during the 1970s to overcome some very serious interagency and interjurisdictional coordination problems. The Minnesota Department of Health (MDH) has a strong commitment to moving this effort forward with our community partners.

The words “multi-agency coordination” are self-descriptive and mean just what they say; agencies working together toward a common goal. Multi-agency coordination takes place by bringing together representatives from various agencies and facilities, relevant to the nature of the incident, to coordinate in an interjurisdictional regional setting. The need for this coordination is due to the complexity, long-term nature, and potential gaps in local resources to address the needs of incidents, broader legal authorities, and the increasing number of interjurisdictional situations.

In any emergency, local governments, responding agencies and facilities manage the response effort. The activation of a multi-agency coordination system would be necessary in an incident that is too large in scale for a single jurisdiction or grows beyond the capabilities of the local response efforts. Multi-agency coordination utilizes the National Incident Management System principles regarding span of control and organizational structure. (See Figure 1 below.)

Figure 1. A Multi-Agency Coordination Center is established to aid in multi-jurisdictional coordination.



Authority & References

Homeland Security Presidential Directive (HSPD) –5 requires federal departments, agencies and any State, tribal, and local organizations receiving federal preparedness money, to adopt the National Incident Management System (NIMS) as a condition for federal preparedness assistance in fiscal year 2005.

According to HSPD-5:

“The National Incident Management System (NIMS) will provide a consistent nationwide approach for Federal, State, and local governments to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, and local capabilities, the NIMS will include a core set of concepts, principles, terminology, and technologies covering the incident command system; **multi-agency coordination systems**; unified command; training; identification and management of resources (including systems for classifying types of resources); qualifications and certification; and the collections, tracking, and reporting of incident information and incident resources.”

Multi-agency coordination systems are consistent with the National Response Plan in that they allow for a regional coordination hub where federal agencies can build into an already established MAC, as can other state agencies, when and if necessary.

Purpose

The purpose of multi-agency coordination is to facilitate health-related policy coordination and resource allocation decisions (e.g. sites for vaccination or dispensing medicine) among multiple entities from multiple jurisdictions for the rapid, safe and coordinated response to an emergency. The primary functions of a MAC system are to:

- Support incident management policies and priorities in a health-related emergency,
- Facilitate health-related logistics support and resource tracking,
- Communicate health-related resource allocation decisions using incident management priorities,
- Coordinate emergency health-related information, and
- Coordinate interagency and intergovernmental issues regarding regional health-related incident management policies, priorities and strategies.

Scope

Preparedness is the responsibility of individual jurisdictions; this responsibility includes coordinating preparedness and response activities among all appropriate agencies within a jurisdiction, as well as across jurisdictions and with private organizations. A multi-agency coordination system would be needed in incidents that affect multiple jurisdictions and require higher-level resource management or information management.

Multi-agency coordination will *not* supercede the municipal, county or state emergency operation plans or institutional plans, nor will it direct local agency efforts. Rather, this regional approach enhances health-related response strategies by including assets from multiple municipal and institutional resources and facilities in coordinating a regional response. It is distinct from an ‘Area Command’ in that jurisdictional resources are NOT under the direction of the MAC, but remain under the direction of the jurisdiction (i.e. the township, city, or county) to which they belong.

Situation & Assumptions

Multi-agency coordination provides regional coordination, which is consistent with NIMS and the Incident Command System concept of “manageable span of control.” Regional coordination is necessary to alleviate overburdening the state’s response in supporting multiple local and tribal governments that are in need. MAC provides a span of control by gathering information from, and coordinating regional or state resources for, numerous counties, agencies and facilities affected with an emergency and in need of state-coordinated resources. Multi-agency coordination will occur within and correspond to the pre-designated geographic boundaries of the health regions established by the MDH.

Concept of Operations

Multi-agency coordination is a *system* that can be utilized as a conduit for communication and information flow between several areas or jurisdictions affected by an incident and a state’s response.

A multi-agency coordination *center* denotes a place or physical location where representatives from multiple agencies and facilities gather to coordinate information, regional resource needs, and response efforts on a regional level and to relay state-supported resources and information. For the purposes of this MDH MAC Plan, the primary disciplines represented in a MAC center are:

- State Public Health
- State and regional Emergency Medical Services (EMS)
- Health Care
- Homeland Security and Emergency Management (HSEM)

Regardless of the form or structure, MAC center representatives will be responsible for:

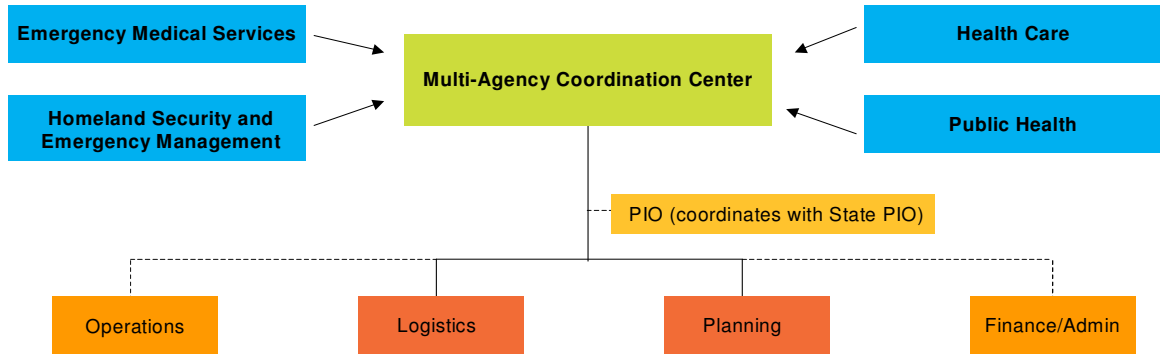
- Operating within a Unified Command structure in a collaborative effort among the representing agencies in the MAC.
- Ensuring that other MAC representatives are provided with situation and resource status information from their own discipline’s perspective.
- Establishing health-related priorities across jurisdictions in concerted effort with the existing Incident Command or Unified Command of area jurisdiction’s Emergency Operation Centers (EOCs).
- Coordinating and identifying future health-related resource requirements.
- Coordinating and resolving differing health-related policy issues that may exist between agencies or facilities within a region or between regions themselves.
- Providing strategic coordination of health-related resources.

The personnel staffing the MAC center will base their decision-making and coordinating strategies upon information received from local area jurisdictions’ requests for needed resources and information supplied to them from the State. MAC center personnel may also have to resolve conflicting policies among agencies, facilities, or jurisdictions within their region. MDH may provide guidance to the MAC center in their decision-making or may set forth statewide policy resolutions in some instances (e.g. establishing priority groups to receive medications, issuing public summoning protocol to mass dispensing sites, or determining a change in standards of care in a pandemic).

Organizational Structure of Multiple Agency Coordination

Multi-agency coordination systems are a combination of facilities, equipment, personnel, procedures, and communications integrated into a common system with responsibility for coordinating and supporting domestic incident management activities.

Figure 2. MAC center representatives coordinate information and focus primarily on logistical and planning issues related to the needs within the affected regions.



Agency Representatives

Multi-agency coordination typically consists of principals (or their designees) from organizations and agencies with direct incident management responsibility or with significant incident management support or resource responsibilities. These principals provide strategic coordination and communicate with one another to provide uniform and consistent guidance to incident management personnel. (See Figure 2 above.)

Activation & Notification

The multi-agency coordination system is operationalized to help facilitate management of:

- Multiple concurrent health-related incidents.
- Incidents that are typically non-site specific, such as biological terrorist incidents and epidemics.
- Incidents that are geographically dispersed.
- Incidents that evolve over long time periods (days to weeks) that involve multiple communities and have similar health implications (e.g. flooding with water supply contamination issues across a large region).

A MAC center is activated when a regional health-related emergency situation threatens, significantly impacts or involves multiple agencies, facilities and /or political subdivisions and requires interagency, interjurisdictional coordination. Any one of the four primary representatives (state public health, health care, EMS, or HSEM) of a MAC can confer with one or more of the other representatives to activate the MAC center. These agency and facility representatives will assemble together at a predetermined location (or teleconference) and brief each other on their status and the current situation.

The decision to activate a MAC center will occur by an agency, facility or jurisdictional representative when requests exceed, or will soon exceed, available critical resources and/or there is an obvious regional interagency need to coordinate health-related policies and procedures. The following is a list, though not exhaustive, of examples under which a MAC center would be needed:

- A natural disaster (e.g. multi-county tornado or flooding)
- A biological attack (e.g. anthrax dispersion)
- A chemical attack or spill (e.g. train derailment that forces a community evacuation)
- A biological disease outbreak (e.g. pandemic influenza)

The MDH Public Health Preparedness Consultant (PHPC) within the health region of the affected jurisdictions will notify the MDH Regional & Local Liaison Supervisor, local public health agencies and tribal communities within their region that a MAC center is being activated.

The designated Regional Hospital Resource Center (RHRC) Coordinator(s) within the health region of the affected jurisdictions will notify the MDH Medical Surge Branch Director, other hospitals and medical clinics in their region that a MAC center is being activated.

The Emergency Medical Services Regulatory Board (EMSRB) field staff representing their emergency medical services region will notify the on-call EMSRB staff and the EMS Regional Program Director that a MAC center is being activated. The on-call EMSRB staff will use their database of EMS agency contacts to notify the EMS agencies in the affected region, and or neighboring regions bordering the affected region, that a MAC center is being activated.

The HSEM Regional Program Coordinator (RPC) within the region of the affected jurisdictions will notify the State Duty Officer, and all EOCs that are open within their region, that a MAC center has been activated.

Personnel

MAC personnel consist of agency and facility representatives who are authorized or able to gain authorization to commit agency/facility resources. For example, based on information gathered from the affected region's counties, hospitals, medical clinics, and other sources, the MAC personnel may determine that County X, Hospital X, or area X will receive the first allotment of state resources dispatched. Subsequent shipments of resources will be allocated based on need as determined by the situation.

MAC personnel will resolve interagency and interfacility policy and procedural conflicts, prioritize incidents, and allocate critical state-supplied resources to agencies and facilities for their use in incidents. Local EOCs that are activated will provide the MAC personnel with much or all of the information needed for analysis and decision-making.

At a minimum, personnel from the following disciplines will staff a MAC center: Public Health, Health Care, Emergency Medical Services, and Homeland Security and Emergency Management. Additional levels of government, tribal representatives,

agencies or disciplines (such as law enforcement, fire, behavioral health, etc.) may be incorporated into the MAC, as needed, based on the nature and severity of the incident.

Public Health

The PHPC, located within each health region of the state, will represent the needs of local public health and act as the liaison from the health region to the state health department. Depending on the nature and severity of the incident, other members of the District Office Emergency Response Team, such as the MDH District Epidemiologist, the Public Health Nurse Consultant, or regional Environmental Health staff also located within the health district office, may also represent the public health needs of their region in the MAC center. Local or regional medical reserve corps staff may also be present at the MAC.

Health Care

The RHRC Coordinator(s), located within each health region of the state, will represent the needs of the hospitals and medical clinics and act as the liaison from their health region to the state health department. Depending on the nature and severity of the incident, the RHRC Coordinator may enlist the aid of a medical practitioner and/or other support staff to represent the health needs of their region in the MAC center.

Emergency Medical Services

The Emergency Medical Services Regulatory Board (EMSRB) field staff assigned within a health region will represent the health transportation needs and act as the liaison from the region they cover to the state health department and the MN State Regulatory Board. Depending on the nature and severity of the incident, the MAC region may enlist the aid of the EMS Regional Program Director or other EMS representatives with whom the region is accustomed to working.

Homeland Security and Emergency Management

The HSEM Regional Program Coordinator assigned to the HSEM region affected will act as the liaison from the region to the State Division of HSEM. If there is no available Regional Program Coordinator to represent a specific health region, the central HSEM office will appoint an HSEM representative.

Facilities

The need for a location to house a MAC center will depend on the anticipated functions the MAC is expected to perform. At city and county levels, the MAC functions are typically part of the jurisdiction's EOC functions.

At a regional level, the MAC center may be established at a predetermined facility such as a Red Cross Center, a state facility or in a facility within a political subdivision, such as a city or county. The size of the facility should be determined after first identifying the functions to be performed, as well as the staffing levels, equipment needs, communications support needs, and the potential need for future expansion. Primary and secondary locations for the MAC center should be pre-determined.

The State EOC (SEOC) may not be activated if adequate interjurisdictional coordination is occurring through a regional MAC center. In select situations (e.g. in the Metro region), the MAC may be located at the SEOC.

Equipment

MAC personnel choosing to assemble at a specific location for coordination of regional response activities will need to have access and use of specific equipment. As an incident evolves and more state and federal resources are needed, the MAC center should be ready to accept other state agency and federal representatives and to also meet the communication methods and needs that will be in demand to allow for a coordinated and efficient response.

At a minimum, the MAC facility should have the following equipment:

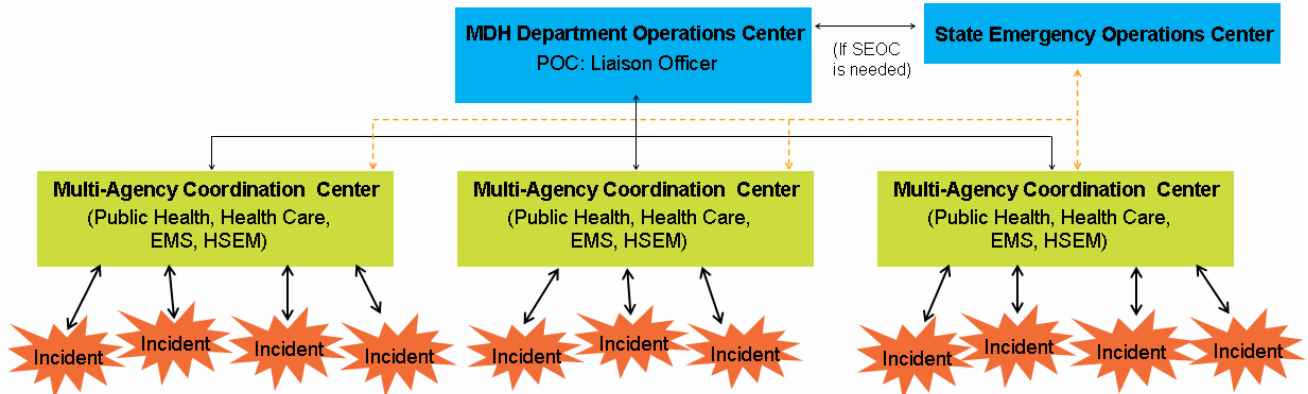
- One designated incoming fax line.
- One designated outgoing fax line.
- One incoming phone line for general use.
- One outgoing phone line for each representative in the MAC.
- A computer and Internet access for each MAC representative.
- A photocopier.
- A printer.
- A map of the region or state.
- Dry erase Situation Status Board with markers and eraser.
- Generator access

Other common office supplies such as information contact lists, paper, writing utensils, staplers, tape, Information Technology staff and administrative support staff should be added to the MAC Center when activated.

It is also recommended that the following equipment be available to access in worsening scenarios and also to accommodate other state and federal response partners, if necessary:

- 9-12 land phone lines
- 2 satellite phones; one designated incoming, one designated outgoing
- An external antennae for satellite phones for use in inclement weather
- Radio (800mhz and UHF and VHF)
- Amateur radio link

Figure 3. Multiple Agency Coordination “health” communication flow in a health-related incident.



MAC- Coordination of health information from a health region takes place here and is communicated to point-of-contact at MDH.

MDH DOC- Technical /operational health-related decisions, based on information from MAC, take place here.

SEOC- Coordination and support of multiple agencies' plans takes place here.

Local Incident occurs in County.

Homeland Security & Emergency Management chain of command.

Communications

MAC Center representatives will receive incident status information from agencies, facilities and local EOCs that have been activated. (See Figure 3 above.)

The MAC center public health representative will communicate with the MDH Emergency Coordination Center (ECC) via the Regional & Local Liaison Supervisor to relay and request health needs and issues of the affected region.

The RHRC Coordinator will communicate with area hospitals within the affected region(s) and, if necessary, with other area RHRC's and relay the information obtained to the Medical Surge Branch Director in the MDH ECC.

The EMS representative in the MAC will communicate with area EMS agencies and hospitals to obtain information and relay the information to the EMSRB representative in the SEOC, if opened. If the SEOC is not opened, the EMS representative will communicate with the EMSRB on-call staff.

The HSEM Regional Program Coordinator will obtain information from area EOCs that are opened and communicate with and relay the information to the SEOC.

Procedures

The Incident Management System will be utilized in a MAC Center setting. The primary responding entities within the health region (cited above in Personnel section) will operate within a unified command structure.

MAC Center Representatives will:

- Ensure that the collective situation status is provided and current, by agency.
- Develop a regional incident action plan (based on issues identified by local entities) and communicate this plan to regional partners and state liaisons.
- Prioritize incidents and resource requests, if necessary.
- Determine specific resource requirements, by agency or facility.

- Determine resource availability by agency or facility (available for out-of-jurisdiction assignments) and the need for gathering resources in a mobilization center.
- Allocate scarce or limited state resources to incidents based on priorities.
- Determine the need for and designate staging, mobilization and demobilization centers.
- Anticipate future conditions and resource needs.
- Review agency or facility policies and agreements for resource allocations.
- Review the need for other agencies' involvement.
- Provide necessary liaison with out-of-area facilities and agencies as appropriate (Regional Distribution Node, mass dispensing site, local EOC, etc).
- Critique and recommend improvements.
- Identify fiscal issues or concerns.
- Perform other regional functions as needed.

Each MAC center representative, operating in unified command, will implement the following procedures to fulfill their functions:

Briefing:

- Provide current situation update, probable future.
- Describe current issues.
- Introduce new issues.
- Address questions and offer clarification.

Decisions:

- Review identified and new issues.
- Review criteria to establish priorities.
- Prioritize incidents, if necessary.
- Allocate resources, if necessary.
- Discuss how to resolve media issue and VIP interface issues.
- Assure representation of involved agencies and facilities at Joint Information Center, if one is opened in the region.
- Consider implementation strategies.

MAC Meeting Outputs:

- Incident Action Plan for operational period developed.
- Decisions/priorities determined and communicated to affected parties.
- Plan in place for media interfacing.
- Plan for implementation identified.

Documentation:

- Meeting notes and decisions will be recorded and communicated to appropriate internal staff and external partners.

Recordkeeping

MAC center staff will maintain a log of communications and actions taken throughout the day that describe activities among all entities involved in the response. A morning and afternoon MAC Center Situation Report will be written and communicated to the MDH Emergency

Communications Center after each briefing and at the end of each day the MAC Center is in operation.

The following Incident Command System (ICS) forms will be utilized for the following purposes:

ICS Form	Title:	Purpose:
ICS 201	Incident Briefing	Provides establishment of current ICS organization; map of area affected; resources identified, ordered and assigned, and summary of current actions.
ICS 202	Incident Objectives	Provides establishment of incident objectives for operational period.
ICS 203	Organization Assignment List	Provides establishment of staff assigned to various positions within the ICS for the incident.
ICS 214	Unit Log	Provides a record of personnel roster and activities undertaken during the operational period.
ICS 213	General Message	Provides a standard template to be used for communication between ICS staff at various locations.
ICS 221	Demobilization Checkout	Provides an official record of section and unit personnel demobilized.

The above forms are available at:

http://www.nimsonline.com/download_center/index.htm#forms

Demobilization

It is important for all agencies involved in a response to an incident to have a demobilization plan in place prior to the final stages of meeting the health needs of the affected communities.

- Upon choosing a closing date for operations, frequently notify response staff, media, and the public affected by the incident of the closing date.
- Ensure basic human needs (i.e. toilet services and food services, etc.,) are last to demobilize so they can meet the needs of the affected population and of the responders.
- Each representing agency providing response services should be responsible for the removal of their own equipment and resources from the facility being used for MAC operations.
- Pre-assign specific response staff (usually Operations and /or Planning staff) to aid in demobilization activities.
- Inform staff from responding agencies that are not directly involved with the response efforts of demobilization plans so they can be prepared to do ongoing care and /or follow-up with survivors.

- Follow up with other local response agencies, hospitals, medical clinics, public health and human services agencies, etc., for post-incident planning and to inform these entities of your demobilization plans so they can be prepared to receive and meet the ongoing and/or future needs of the survivors.
- Provide the Planning cell of the response with records, situation reports and other data collected during the response for recordkeeping and to share with appropriate response agencies for review and improvement planning.
- Assign a point person to receive calls from the public inquiring for help or information after the incident and to refer callers to needed services.

Glossary of Terms

Area Command

An Area Command Team is an interagency organization that oversees the management of multiple incidents that are each being handled by an incident management team (IMT) organization; or (2) oversees the management of a very large incident that has multiple IMTs assigned to it. Area Command has the responsibility to set overall strategy and priorities, allocate critical resources based on priorities, ensure incidents are properly managed, and that objectives are met and strategies followed.

Emergency Coordination Center

The Minnesota Department of Health's coordination and communication center where health-related planning and support services are coordinated for affected areas and agencies.

Emergency Operations Center

A place where those responsible (who have jurisdictional authority) for managing an incident can coordinate, direct and control response efforts. EOCs are used in varying ways and at all levels of government and within private industries.

Generators

Diesel-fueled engine generators are used to support electrical requirements at facilities of various sizes such as hospitals, housing, plants, and commercial stores. Units are usually mounted on tow behind or trailer mobilized equipment. Deployment and set up can be accomplished within hours. (U.S. Department of Homeland Security, Federal Emergency Management Agency, July 2005)

Incident Action Plan

A written plan containing general objectives reflecting the overall strategy for managing an incident. It may include identification of operational resources, assignments and attachments that provide direction and important information for management of the incident during one or more operational periods.

Incident Command System

A standardized on-scene incident management concept specifically designed to allow responders to adopt an integrated organizational structure equal to the complexity and demands of any single incident or multiple incidents without being hindered by jurisdictional boundaries. (National Response Plan, 2004)

Jurisdiction

The limits or territory within which authority may be exercised.

Multi-Agency Coordination (MAC) Entity

Functions within a broader multi-agency coordination system. It may establish the priorities among incidents and associated resource allocations, deconflict agency policies, and provide strategic guidance and direction to support incident management activities (National Incident Management System, 2004).

Multi-Agency Coordination (MAC) Systems

Provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. Components of a multi-agency coordination system include facilities, equipment, emergency operation centers (EOCs), specific multi-agency coordination entities, personnel, procedures, and communications. These systems assist agencies and organizations to fully integrate the subsystems of the NIMS (National Incident Management System, 2004).

Unified Command

An application of ICS used when there is more than one agency with incident jurisdiction. Agencies work together through their designated Incident Commanders to establish a common set of objectives and strategies and a single Incident Action Plan. (National Response Plan, 2004)

Glossary of Acronyms

ECC- Emergency Coordination Center.

EMSRB- Emergency Medical Services Regulatory Board. MN state agency responsible for licensing ambulance services and certifying emergency medical services personnel.

HEPACT- Health Emergency Preparedness Action Team. MN Department of Health senior management team that provides leadership in setting direction for and the performance of all MDH emergency preparedness, response and recovery efforts.

HSEM- Homeland Security and Emergency Management. A division of the MN Department of Public Safety.

ICS- Incident Command System

MDH- Minnesota Department of Health

PHPC- Public Health Preparedness Consultant. MN Department of Health staff member providing emergency preparedness consultation and technical assistance to local public health agencies.

POC- Point of Contact

RHRC- Regional Hospital Resource Center Coordinator. Lead hospital coordinator in a geographic area responsible for coordinating emergency preparedness activities and programs with other area hospitals within that region of MN.

RPC- Regional Program Coordinator. Staff member of the MN Division of Homeland Security and Emergency Management responsible for assisting County and local jurisdictions' emergency management programs in a geographic area.

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