

Guidance & Planning Document:

*Patient Care Coordination
Roles and Responsibilities*

Minnesota Department of Health
Office of Emergency Preparedness





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**Minnesota Department of Health
Office of Emergency Preparedness**

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Introduction

Purpose

This guidance document is a planning tool for developing an integrative approach to patient care coordination during a mass casualty incident or all hazards event in the State of Minnesota. Since the size, scope and nature of an event will determine the response, some roles and responsibilities may not be included here. Our goal is to describe a framework for an integrative system that provides the most appropriate care, in the appropriate location, by the appropriate staff. Care may be provided at a physician's office/outpatient clinic, an off-site care facility, or at a hospital. We recommend that hospital and public health administrators and key planners become familiar with this guidance and adapt it to their facility, department, institution, county or region, as applicable.

Although this document lists primary and contributing entities' roles and responsibilities, the Minnesota Department of Health recognizes that the infrastructure to support these planning efforts is also evolving and may not yet be in place.

Patient Care Coordination: Roles & Responsibilities

The Patient Care Coordination document is divided into two primary functions: (1) Pre-Hospital Care and (2) Medical Care. Each of these functions has several sub-functions. Both have defined roles and responsibilities at the local, regional and state level.

Background

The Patient Care Coordination Task Force was convened in May of 2003 to address gaps in patient care coordination

that were observed during the Metro Region Biological Table Top exercise held on December 11, 2002 (Snowball I). An interagency, interdisciplinary group met approximately six times and developed the planning guidance document. In July 2004, Regional Hospital Resource Center Coordinators, Public Health Preparedness Consultants, and Emergency Medical System representatives reviewed the document and made further recommendations. In September 2004, the Task Force reviewed these revisions and approved final recommendations. The Task Force recommends that this document be used throughout the State as a planning document to guide the patient care coordination function of surge capacity planning. See Appendix E for a listing of the Patient Care Coordination Task Force members.

Vision

To facilitate patient care coordination during a mass casualty incident, a Multi-Agency Coordination (MAC) entity is an integral component of a health emergency response. In most areas of the state, this system is in the initial stages of planning and is not fully developed at this time. At a minimum, a MAC entity would include regional hospitals, Emergency Medical Services (EMS), public health and emergency management representation. It is anticipated that a MAC entity, would serve a coordination function, without resource management authority.

The continuum of patient care coordination is a complex strategy and is illustrated on page 3.

How to Use this Guide

This document was designed to assist the user in understanding patient care coordination. Corresponding tabs and consistent colors distinguish each function. Local, Regional, and State roles and responsibilities are individually identified. Local roles are listed first and State roles last. Throughout the document the roles and responsibilities are indicated and cross-referenced by a shape and color.

Local: Red, Square

Regional: Yellow, Circle

State: Green, Triangle

Reference tools are available in the appendixes. Please note acronyms are used extensively throughout the document. A listing can be found in Appendix A.

Format

At the beginning of each function is a listing of the sub-functions, a descriptive overview, and reference to the pages which Local, Regional, and State roles and responsibilities are described.

Each page in which the Local, Regional, and State roles and responsibilities are described is formatted the same. The page has four columns.

Column 1: Topic - highlights the specific topic of the role and responsibility

Column 2: Roles and Responsibilities - identifies the roles and responsibilities for the specific level and cross-references to the two other levels

Column 3: Coordinating Entity - See next paragraph

Column 4: Explanation - additional information that may be needed to clarify the roles and responsibilities

Coordinating Entity

There are many individuals, groups and organizations involved in patient care coordination. Coordinating entities have been identified to clarify the responsible party(s).

Primary Coordinating Entity: Person(s) or group(s) responsible for assuring the completion of the assigned role.

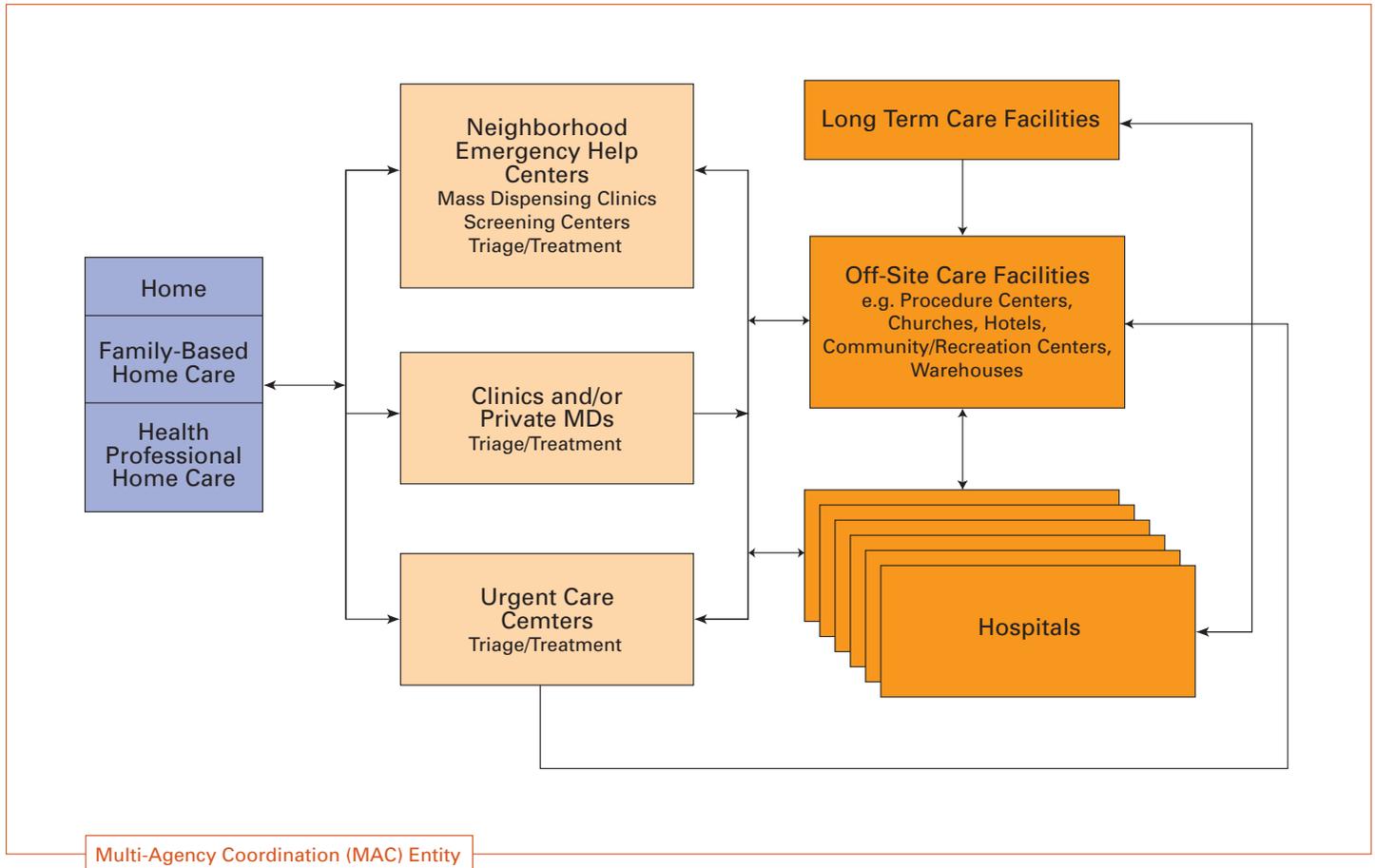
Contributor Coordinating Entity: Person(s) or group(s) responsible for assisting the primary coordinating entity to assure a comprehensive approach in completing the assigned role.

Example

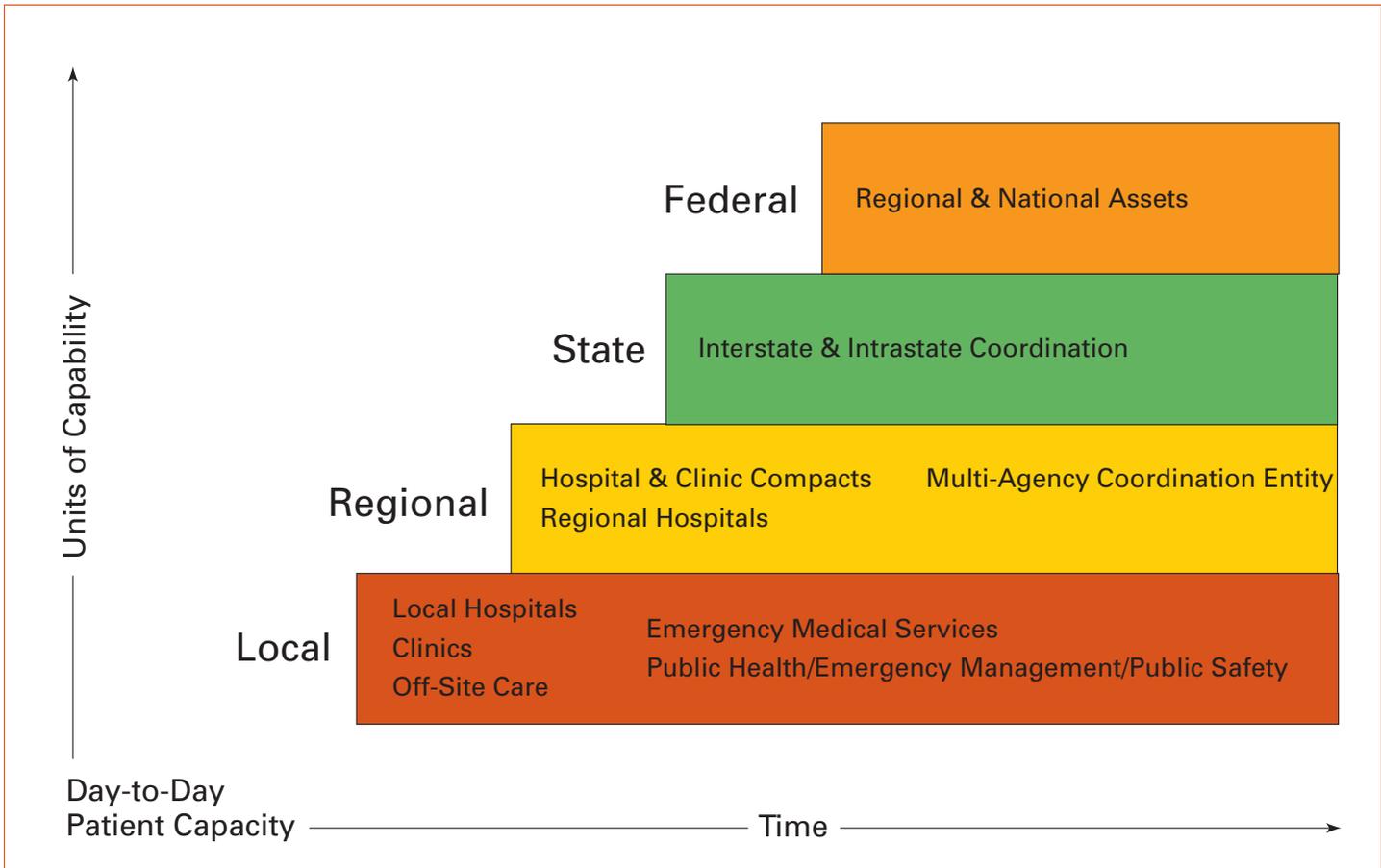
If you work at the Local level, as you isolate your roles and responsibilities, you will see a cross-reference (if applicable) to the corresponding Regional and/or State roles and responsibilities that directly intersect with the role and responsibility that has been identified for you.

Continuum of Patient Care Coordination

(Tommet, 2004)



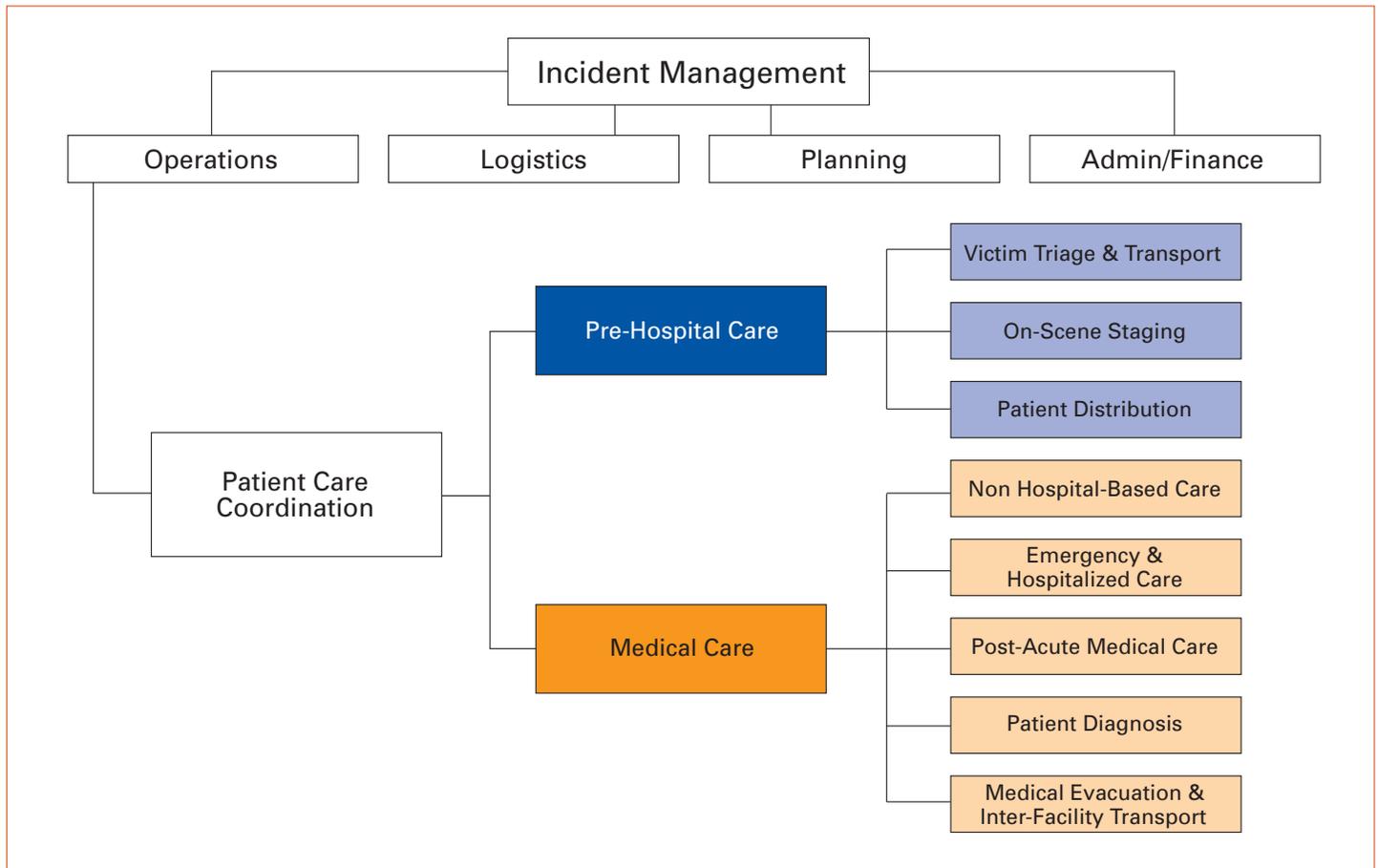
Tiers of Response: Patient Care Coordination

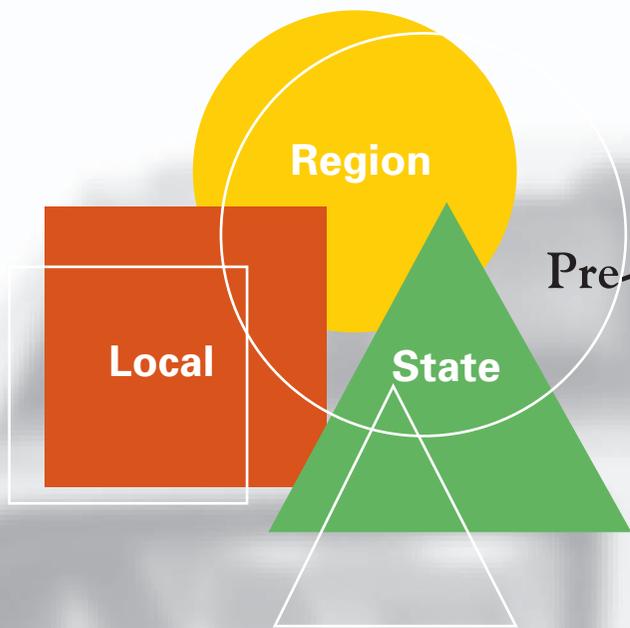


Framework

This framework identifies the location of Patient Care Coordination within the Minnesota Department of Health (MDH) All Hazards Incident Response and Recovery Plan. Patient Care Coordination is only one of the functions

of the MDH Incident Management System (IMS). For more information on the MDH All Hazards Response and Recovery Plan, please contact the Office of Emergency Preparedness at oepp@health.state.mn.us or 651-201-5700.





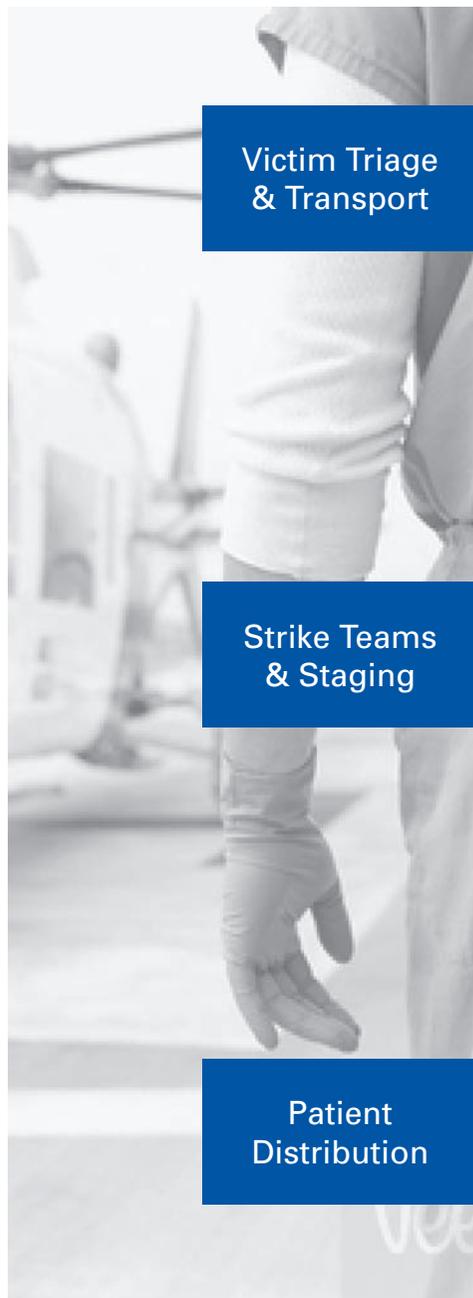
Region

Local

State

Pre-Hospital Care Function

Pre-Hospital Care Function

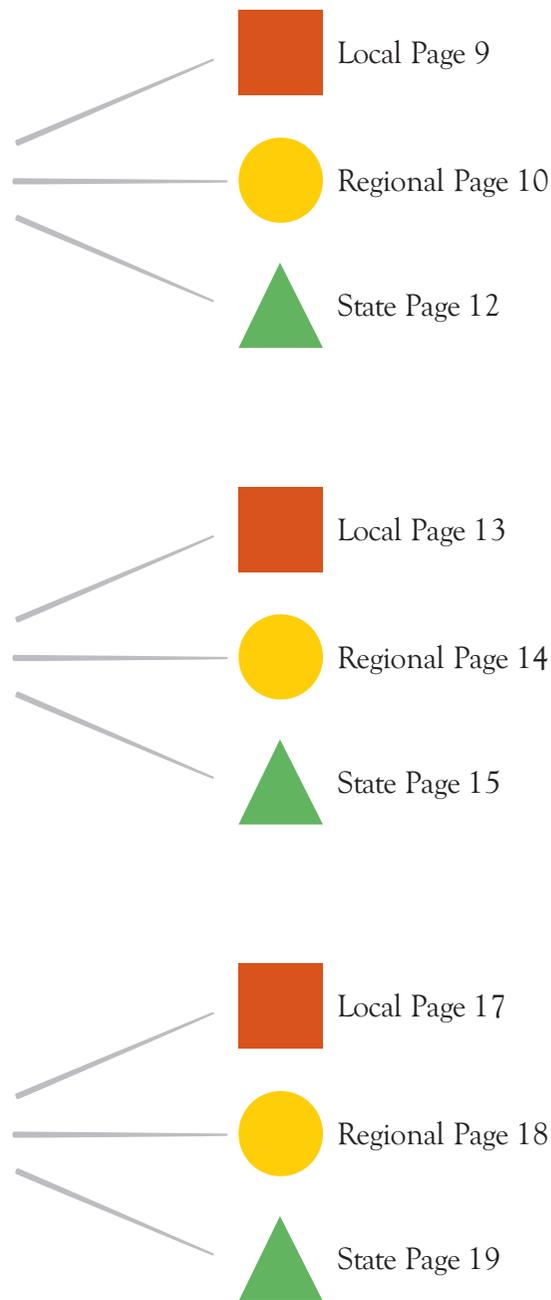


Overview: This section addresses the responsibilities for appropriate victim triage and transport in a mass casualty incident. It also addresses the education, training and safety of pre-hospital personnel and providers.

Overview: This section addresses the plans for the development and activation of regional Strike Teams to be used for a regional or statewide response.

Overview: This section addresses hospital bed availability, tracking, and facilitates patient distribution across regional, state, and international borders. It also assures the coordinated transfer of victims with specialty care requirements assuring that medical facilities are adequately prepared.

Roles & Responsibilities



Victim Triage and Transport

LOCAL

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Triage & Transport</i>	Utilize and drill the regional triage and transport protocol. ● Regional Page 10 ▲ State Page 12	Primary Local EMS Local EMS Medical Director Contributor Regional BHPP EMS Committee EMSRB Field Staff MRCC	
<i>Infection Control</i>	Understand infection control guidance and the impact it has on EMS providers. ● Regional Page 10 ▲ State Page 12	Primary Local EMS Local EMS Medical Director Contributor LPH Healthcare Providers MDH IDEPC	EMS services should have infection control guidelines in place and understand MDH IDEPC is a 24/7 resource.
<i>Self Protection</i>	Understand local self-protection guidelines to be used in a CBRNE event. ● Regional Page 10 ▲ State Page 12	Primary Local EMS Local EMS Medical Director Contributor LPH Healthcare Providers	
<i>Health Alert</i>	Receive Health Alerts and distribute to EMS providers. ● Regional Page 10 ▲ State Page 12	Primary LPH EMSRB Field Staff PHPC MDH District Team Contributor RHRC Coordinator	
<i>Communication</i>	Provide health care personnel, including EMS, with early and regularly updated information about an evolving incident (e.g., nature and location of the event) via pre-established alert systems. ● Regional Page 11	Primary LPH MRCC MDH OEP HAN Contributor RHRC Coordinator	LPH will provide updated information to healthcare providers on evolving incidents with their already established communication system. This can be designated but LPH still retains primary responsibility.

See Appendix A, Acronyms

Victim Triage and Transport REGIONAL

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Triage & Transport</i>	<p>Identify and/or select a regional victim triage and transport protocol for use during an all hazards event. Implement victim triage and treatment guidelines, with recognition and explanation provided for jurisdictional-based variances in practice within a region.</p> <p>  Local Page 9  State Page 12 </p>	<p>Primary RHRC Coordinator EMSRB Field Staff</p> <p>Contributor PHPC</p>	<p>RHRC will coordinate with local EMS and local Medical Directors to assure existence of regional triage and treatment guidelines.</p>
<i>Infection Control</i>	<p>Review, develop, and adapt infection control guidance, and infection control education/training(s) to meet regional needs. Distribute guidance to local EMS providers.</p> <p>  Local Page 9  State Page 12 </p>	<p>Primary Regional BHPP EMS Committee RHRC PHPC Regional Epi</p> <p>Contributor Regional BHPP Infection Control Committee Regional BHPP Education and Training Committee</p>	
<i>Self Protection</i>	<p>Review, develop and provide guidelines for self-protection of EMS providers specific to PPE. Distribute the guidelines to local EMS providers.</p> <p>  Local Page 9  State Page 12 </p>	<p>Primary EMS Regional Program RHRC PHPC Regional Epi</p> <p>Contributor Regional BHPP Infection Control Committee</p>	
<i>Health Alert</i>	<p>Receive Health Alerts and assure distribution to EMS providers.</p> <p>  Local Page 9  State Page 12 </p>	<p>Primary LPH EMSRB Field Staff PHPC MDH District Team</p> <p>Contributor RHRC Coordinator</p>	

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Incident Management System</i>	Develop/implement an established pre-hospital command system for coordinating pre-hospital medical response.	Primary EMS Regional Program Regional BHPP EMS Committee EMSRB Staff MAC Contributor RHRC	Assure an appropriate designated pre-hospital Incident Management/Command System is in place.
<i>Communication</i>	Provide hospitals in each region with early and regularly updated information about an evolving incident (e.g., nature and location of the event) via pre-established alert/communication function.  Local Page 9	Primary RHRC Coordinator MAC and/or MRCC	RHRC will take responsibility for providing updated information to hospitals on an evolving incident with their already established communication system. This can be delegated but the RHRC still retains primary responsibility.



Victim Triage & Transport

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Triage & Transport</i>	<p>Assure each region has identified victim triage and transport protocols for use during an all hazard event.</p> <p> ■ Local Page 9 ● Regional Page 10 </p>	<p>Primary BHPP EMS Planner</p> <p>Contributor Regional BHPP EMS Committee</p>	<p>BHPP EMS Planner will continue to coordinate with the BHPP Regional Teams to assure the development or identification of victim triage and transport protocols. 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.</p>
<i>Infection Control</i>	<p>Assure the development of infection control guidance, education and training for EMS providers.</p> <p> ■ Local Page 9 ● Regional Page 10 </p>	<p>Primary MDH IDEPC BHPP Health Educator</p> <p>Contributor BHPP EMS Planner</p>	<p>Determine policies and procedures for the safety of EMS providers working with infectious diseases. Develop a template and guidance for possible and expected education and training for EMS providers.</p>
<i>Self Protection</i>	<p>Assure the development or availability of self-protection guidelines for EMS providers to use in event of a chemical, biological, radiological, nuclear, explosive (CBRNE) event.</p> <p> ■ Local Page 9 ● Regional Page 10 </p>	<p>Primary BHPP EMS Planner BHPP Health Educator</p> <p>Contributor MDH OEP Education & Training Team</p>	
<i>Health Alert</i>	<p>Assure distribution of Health Alerts to healthcare personnel.</p> <p> ■ Local Page 9 ● Regional Page 10 </p>	<p>Primary MDH OEP HAN Team</p> <p>Contributor LPH</p>	

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Development</i>	<p>Staff and/or volunteer will participate as members of the strike teams if developed in the region. Attend education and training recommended by regions.</p> <p>● Regional Page 14 ▲ State Page 15</p>	<p>Primary Local EMS Local EMS Medical Director</p> <p>Contributor EMSRB Staff RHRC</p>	Local EMS should determine their ability to participate in a Strike Team.
<i>Regional Staging</i>	<p>Operationalize regional staging areas.</p> <p>● Regional Page 14 ▲ State Page 15</p>	<p>Primary Local EMS Local EMS Medical Director</p> <p>Contributor EMSRB Staff RHRC</p>	Local participants and partners will need to assure the functionality of the regional staging areas in their local communities.

Strike Teams & Staging REGIONAL

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Development</i>	<p>Develop regional Strike Teams.</p> <p>  Local Page 13  State Page 15 </p>	<p>Primary</p> <p>EMS Regional Program RHRC MAC</p> <p>Contributor</p> <p>HSEM EMSRB Staff</p>	Regions will determine who will be responsible for their regional Strike Teams, e.g., who will take responsibility for ongoing training, and/or maintenance of the Strike Teams.
<i>Guidance</i>	<p>Determine the applicability of the Strike Team plan in the region. If applicable, operationalize regional Strike Teams.</p> <p>  State Page 15 </p>	<p>Primary</p> <p>EMS Regional Program RHRC MAC</p> <p>Contributor</p> <p>HSEM EMSRB Staff</p>	
<i>Regional Staging</i>	<p>Identify locations for regional staging areas.</p> <p>  Local Page 13  State Page 15 </p>	<p>Primary</p> <p>EMS Regional Program RHRC MAC</p> <p>Contributor</p> <p>HSEM EMSRB Staff</p>	BHPP EMS Planner will provide guidance for identification of the staging areas.

Strike Teams & Staging

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Development</i>	<p>Provide education and training to regional and local persons about the development of Strike Teams.</p> <p>■ Local Page 13 ● Regional Page 14</p>	<p>Primary BHPP EMS Planner</p> <p>Contributor EMSRB Staff HSEM RHRC Coordinator</p>	<p>The state will provide an education session using a train-the-trainer format.</p>
<i>Regional Staging</i>	<p>Provide regions with recommendations for the development of regional staging areas.</p> <p>■ Local Page 13 ● Regional Page 14</p>	<p>Primary BHPP EMS Planner</p> <p>Contributor EMSRB Staff HSEM RHRC Coordinator</p>	<p>BHPP EMS Planner will assure each region has staging areas to receive Strike Teams.</p>
<i>Guidance</i>	<p>Develop guidance for the make-up of regional EMS Strike Teams.</p> <p>● Regional Page 14</p>	<p>Primary BHPP EMS Planner</p> <p>Contributor RHRC Coordinator</p>	<p>BHPP EMS Planner will assure the development of EMS Strike Teams with consistency statewide and in conjunction with regional stakeholders.</p>
<i>Guidance</i>	<p>Develop guidance for utilization of regional EMS Strike Teams to be shared inter-regionally during a disaster.</p> <p>● Regional Page 14</p>	<p>Primary BHPP EMS Planner</p> <p>Contributor: RHRC Coordinator</p>	<p>BHPP EMS Planner will assure the development of EMS Strike Teams, assuring that each team can be shared statewide.</p>

Patient Distribution LOCAL

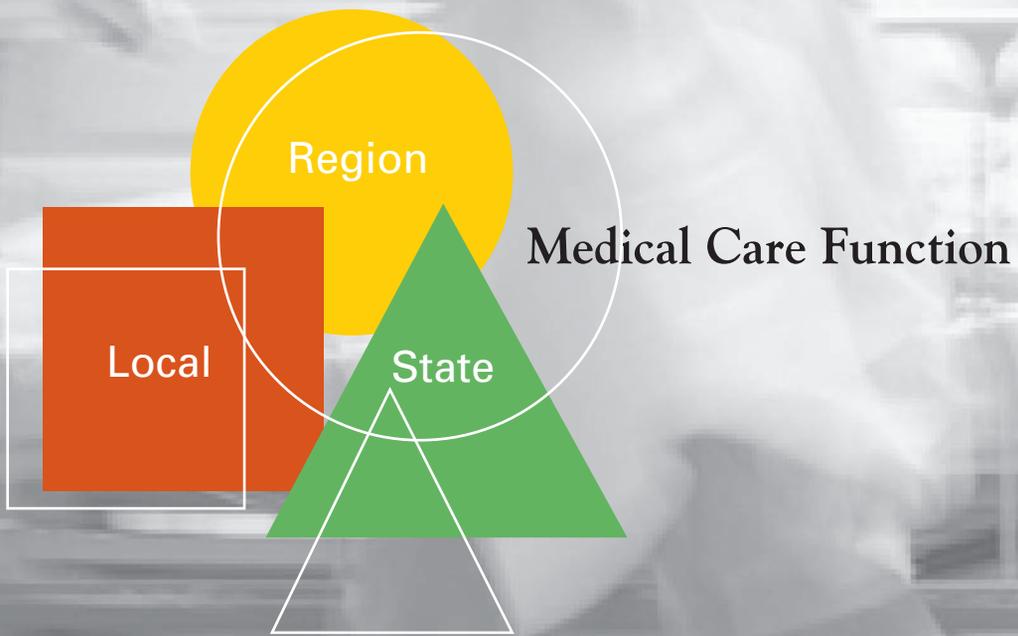
	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Hospital Beds</i>	Provide current and accurate hospital bed status reports.  Regional Page 18  State Page 19	Primary MRCC and/or Healthcare Providers	Utilize the Minnesota Tracking Resources Alerts and Communications (MN TRAC)
<i>Transport</i>	Transport victims with specialty care requirements (CBRNE) to adequately prepared and protected medical facilities according to local protocols.  Regional Page 18  State Page 19	Primary Local EMS Local Medical Director Contributor RHRC and/or MRCC	

Patient Distribution REGIONAL

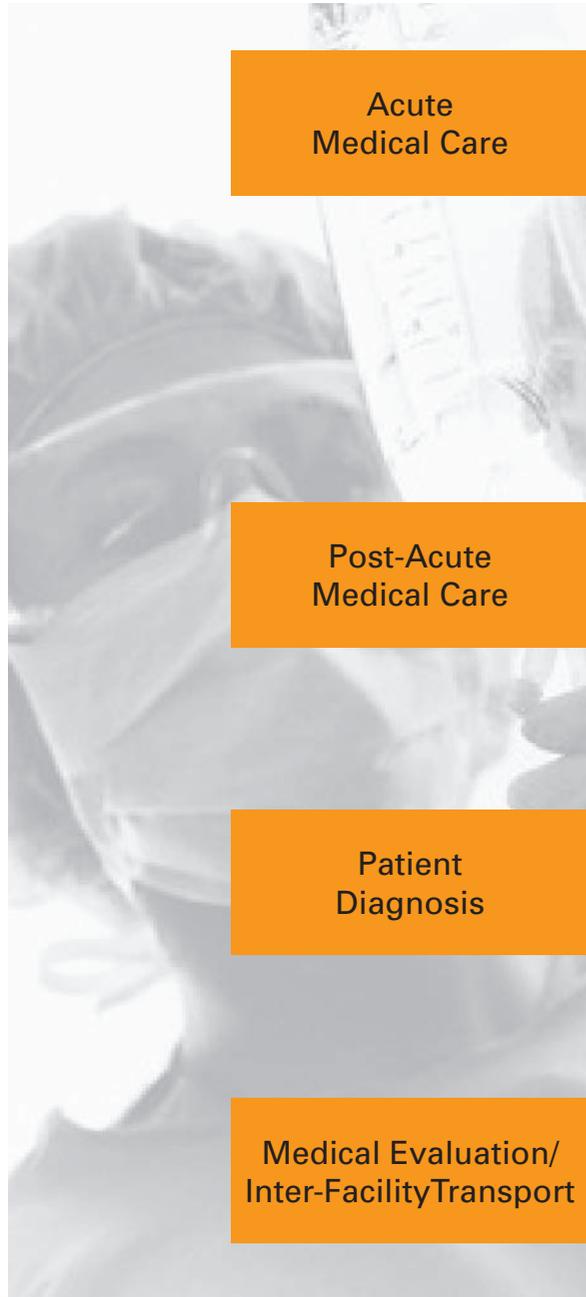
	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Hospital Beds</i>	<p>Collect and distribute on-going hospital bed status reports.</p> <p>■ Local Page 17 ▲ State Page 19</p>	<p>Primary RHRC MAC and/or MRCC Local/Regional Medical Control</p> <p>Contributor Local EOC Local EMS</p>	<p>RHRC is responsible for collection and distribution of hospital bed status reports to Local EOC and Local EMS for planning purposes during an event.</p>
<i>Coordination</i>	<p>Coordinate and/or assign destination to ambulances with patients from Mass Casualty Incident per local protocols.</p> <p>▲ State Page 19</p>	<p>Primary Local/Regional Medical Control</p>	
<i>Coordination</i>	<p>Develop regional mutual aid agreements for the coordination of patient transport, transfers, and tracking during an all hazards event.</p> <p>▲ State Page 19</p>	<p>Primary RHRC Coordinator MAC</p> <p>Contributor Healthcare Providers EMSRB Staff PHPC</p>	<p>RHRC Coordinator assures that the regional Mutual Aid Agreements are in place and functional.</p>
<i>Transport</i>	<p>Coordinate transport of victims with specialty care requirements (CBRNE) to adequately prepared and protected medical facilities.</p> <p>■ Local Page 17 ▲ State Page 19</p>	<p>Primary MDH OEP BHPP RHRC MDH ECC EMSRB</p> <p>Contributor MAC and/or MRCC SEOC</p>	<p>Local protocols will direct transfer and transport unless the scope of the event requires state involvement.</p>
<i>Resource Availability</i>	<p>Update regional EMS resource availability to the SEOC/MDH ECC when requested.</p>	<p>Primary MAC</p> <p>Contributor EMSRB Staff</p>	

Patient Distribution STATE

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Hospital Beds</i>	<p>Develop or provide a system for tracking hospital bed availability.</p> <p> ■ Local Page 17 ● Regional Page 18 </p>	<p>Primary MDH OEP BHPP</p> <p>Contributor BHPP EMS Planner</p>	
<i>Coordination</i>	<p>Coordinate patient distribution across regions, state/ international borders, and the National Disaster Medical System (NDMS) to available appropriate beds. Develop state wide mutual aid agreements.</p> <p> ● Regional Page 18 </p>	<p>Primary MDH OEP BHPP MDH ECC</p> <p>Contributor RHRC MAC SEOC</p>	
<i>Transport</i>	<p>Coordinate the transfer of victims with specialty care requirements to adequately prepared and protected medical facilities.</p> <p> ■ Local Page 17 ● Regional Page 18 </p>	<p>Primary MDH OEP BHPP MDH ECC</p> <p>Contributor RHRC MAC SEOC</p>	



Medical Care Function



Non Hospital-
Based Care

Overview: This section provides guidance for the coordination of patient flow in the non hospital-based setting such as clinics, off-site care facilities, and other types of non-hospital facilities.

- Local Page 23
- Regional Page 26
- State Page 28

Emergency &
Hospitalized Care

Overview: This section provides guidance for the coordination of patient care in the hospital setting including emergency departments and inpatient units.

- Local Page 31
- Regional Page 34
- State Page 37

Overview: This section addresses the needs and issues pertaining to patients following their stay in an acute medical facility.

- Local Page 39
- Regional Page 40
- State Page 41

Patient
Diagnosis

Overview: This section provides guidance to identify patient diagnostic criteria along with the appropriate methods for diagnosis.

- Local Page 43
- Regional Page 45
- State Page 46

Medical Evaluation/
Inter-Facility Transport

Overview: This section addresses the safe and expeditious transport of patients from one healthcare facility to another. It also assures appropriate policies and procedures are in place prior to transport.

- Local Page 49
- Regional Page 50
- State Page 51

Roles & Responsibilities

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Planning</i>	Participate in regional clinic planning group. ● Regional Page 26 ▲ State Page 28	Primary Healthcare Providers LPH	
<i>Operational Planning</i>	Develop operational plan to provide for continuation of ambulatory and outpatient services to increase surge capacity, in conjunction with a regional plan. ● Regional Page 27 ▲ State Page 29	Primary Healthcare Providers Contributor LPH BHPP Regional Team	Facility Emergency Operation Plans (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.
<i>Standard of Care</i>	Prepare to adjust the standard of care during an all hazards event that overwhelms local resources. ● Regional Page 26 ▲ State Page 28	Primary Healthcare Providers BHPP Regional Teams Contributor 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.
<i>Triage & Transport</i>	Assure that your facility has policies in place to appropriately triage and transport patients with infectious diseases or who have been exposed to infectious diseases. ● Regional Page 26 ▲ State Page 28	Primary Healthcare Providers Contributor LPH	Local facilities will assure that they have policies in place to safely and appropriately transport patients exposed to infectious disease.
<i>Exposed Personnel</i>	Create a process for pre-hospital exposure notification and tracking of responding personnel. ● Regional Page 27 ▲ State Page 29	Primary LPH Contributor MDH OEP BHPP MDH IDEPC MDH EH Poison Control MDH Regional Epi	LPH will assure a process for pre-hospital notification of exposed personnel.
<i>Exposed Personnel</i>	Assure that your facility has policies in place to appropriately notify exposed responding personnel. ● Regional Page 27 ▲ State Page 29	Primary LPH Healthcare Providers Contributor RHRC Coordinator	

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Laws & Policy</i>	<p>Understand the state rules and local ordinances that might need to be suspended during a declared emergency.</p> <p>● Regional Page 26 ▲ State Page 28</p>	<p>Primary Healthcare Providers LPH</p> <p>Contributor RHRC Coordinator</p>	
<i>Laws & Policy</i>	<p>Provide guidance and policy support for ambulatory care during a public health emergency.</p> <p>● Regional Page 26 ▲ State Page 28</p>	<p>Primary LPH MDH District Team</p> <p>Contributor Local Clinics MDH OEP BHPP</p>	
<i>Communication</i>	<p>Develop effective communication plans internal to the healthcare facility.</p> <p>● Regional Page 27</p>	<p>Primary Healthcare Providers</p> <p>Contributor LPH</p>	Local facilities will develop effective communication plans for internal operations.
<i>Communication</i>	<p>Develop effective communication plans external to the healthcare facility</p> <p>● Regional Page 27</p>	<p>Primary RHRC BHPP Regional Team Healthcare Providers</p> <p>Contributor Local EOC LPH MDH District Team Community Partners</p>	Primary entities will work with contributing partners to develop an effective communication plan external to individual healthcare facilities. These same groups will also assure the communication plan is implemented.
<i>Mutual Aid</i>	<p>Participate in mutual aid planning.</p> <p>● Regional Page 27</p>	<p>Primary BHPP Regional Team RHRC Coordinator Healthcare Providers</p> <p>Contributor LPH</p>	<p>Mutual aid agreements should be:</p> <ul style="list-style-type: none"> a) reviewed by legal counsel; b) signed by a responsible official; c) define liability and d) detail funding and cost arrangements for sharing equipment, services, and paid staff

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Isolation & Quarantine</i>	<p>Develop plans for ensuring essential services and monitoring of people in isolation and quarantine.</p> <p>● Regional Page 27 ▲ State Page 29</p>	<p>Primary LPH Isolation and Quarantine Contacts</p>	
<i>Isolation & Quarantine</i>	<p>Identify locations and develop plans for quarantine of people who cannot be quarantined at home.</p> <p>● Regional Page 27 ▲ State Page 29-30</p>	<p>Primary LPH Isolation and Quarantine Contacts</p>	

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Planning</i>	Bring together and coordinate a regional clinic planning group.  Local Page 23  State Page 28	Primary RHRC Coordinator LPH PHPC Contributor Healthcare Providers	
<i>Standard of Care</i>	Understand the adjusted standard of care during a public health emergency. Communicate to hospitals and healthcare facilities.  Local Page 23  State Page 28	Primary RHRC Coordinator Healthcare Providers Contributor LPH MDH OEP	Facilities should plan for security and behavioral health needs associated with triage of resources.
<i>Triage & Transport</i>	Define and communicate a process for triaging symptomatic patients prior to care at mass dispensing sites.  Local Page 23  State Page 28	Primary MDH IDEPC MDH EH Poison Control MDH Regional Epi Contributor Local Clinics LPH	A plan for appropriate triage of symptomatic patients at mass dispensing sites will be defined and communicated to necessary partners.
<i>Triage & Transport</i>	Assure MDH guidance for disease specific triage/ advice system is communicated in the regional setting.  Local Page 23  State Page 28	Primary MDH Regional Epi PHPC RHRC Coordinator Healthcare Providers Contributor MDH IDEPC MDH EH Poison Control	
<i>Laws & Policy</i>	Review identified state rules and local ordinances that might need to be suspended during a declared emergency and understand the impact it may have on a response.  Local Page 24  State Page 28	Primary RHRC Coordinator Healthcare Providers MAC Contributor LPH	

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Exposed Personnel</i>	<p>Develop and communicate a plan or process for appropriately notifying personnel exposed to CBRNE events.</p> <p>■ Local Page 23 ▲ State Page 29</p>	<p>Primary RHRC Coordinator BHPP Regional Teams LPH Healthcare Providers</p> <p>Contributor: MDH IDEPC MDH EH Poison Control MDH OEP</p>	
<i>Operational Planning</i>	<p>Develop and coordinate operational planning and response for off-site care facilities to increase surge capacity as applicable.</p> <p>■ Local Page 23 ▲ State Page 29</p>	<p>Primary BHPP Regional Teams RHRC Coordinator</p> <p>Contributor MDH OEP BHPP MRC Coordinators MAC Healthcare Providers</p>	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.
<i>Communication</i>	<p>Assure that effective communications occur to the healthcare facility.</p> <p>■ Local Page 24</p>	<p>Primary RHRC Coordinator MDH District Team</p> <p>Contributor Healthcare Providers BHPP Regional Team</p>	Primary entities will work with contributing partners to develop an effective communication plan external to healthcare providers, LPH, and EMS. These same groups will also assure the communication plan is implemented.
<i>Mutual Aid</i>	<p>Develop effective clinic and hospital mutual aid plans to support one another during times of crises: communication, assistance, transportation, financial reimbursement and liability.</p> <p>■ Local Page 24</p>	<p>Primary BHPP Regional Teams RHRC Coordinator</p> <p>Contributor MDH OEP BHPP MDH Legal Unit</p>	<p>Mutual aid agreements should be:</p> <ul style="list-style-type: none"> a) reviewed by legal counsel; b) signed by a responsible official; c) define liability and d) detail funding and cost arrangements for sharing equipment, services, and paid staff
<i>Isolation & Quarantine</i>	<p>Assist local public health in developing plans for ensuring essential services and monitoring of people in isolation and quarantine.</p> <p>■ Local Page 25 ▲ State Page 29-30</p>	<p>Primary PHPC MDH Regional Epi</p>	MDH Regional Epi's role is to assist with infection control guidance.



Acute Medical Care - Non Hospital Based Care

STATE

	Roles and Responsibilities	Coordinating Entity	Explanation
Planning	Engage Healthcare Providers, including clinics, in discussions about emergency response planning.  Local Page 23  Regional Page 26	Primary MDH OEP BHPP Contributor BHPP Regional Teams 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.
Standards of Care	Lead the policy/planning efforts for adjusting the standards of care during a public health emergency when required by the incident in conjunction with the Governor’s office and SEOC.  Local Page 23  Regional Page 26	Primary MDH OEP Contributor MDH Legal Unit Science Advisory Team	The MDH will clearly articulate adjustments to standards of care during an actual event.
Triage & Transport	Develop guidance for agent (CBRNE) specific triage/advice system for appropriate settings.  Local Page 23  Regional Page 26	Primary MDH IDEPC MDH EH Poison Control HSEM Contributor MDH OEP	Primary entities are event dependent and/or agent specific, and will be in accordance with the MDH All Hazards Response and Recovery Plan.
Laws & Policy	Identify state rules that might need to be suspended during a declared emergency.  Local Page 24  Regional Page 26	Primary MDH Legal Unit Contributor MDH OEP	

Acute Medical Care - Non Hospital Based Care

	Roles and Responsibilities	Coordinating Entity	Explanation
Exposed Personnel	Assure that a plan will be developed to appropriately notify personnel exposed to CBRNE events. ■ Local Page 23 ● Regional Page 27	Primary MDH IDEPC MDH EH Poison Control Contributor LPH Healthcare Providers	MDH will assure that a plan to notify exposed personnel will be developed according to the All Hazards Response and Recovery Plan. They will work closely with LPH and the Healthcare Provider to assure appropriate notification.
Operational Planning	Provide guidance for off-site care facility planning. Assure the development of an off-site care facility in each region if appropriate. ■ Local Page 23 ● Regional Page 27	Primary MDH OEP BHPP Contributor BHPP Regional Teams RHRC Coordinator MAC Healthcare Providers	
Isolation & Quarantine	Develop statewide protocols for isolation and quarantine. ■ Local Page 25 ● Regional Page 27	Primary MDH IDEPC MDH Legal Unit MDH OEP	
Isolation & Quarantine	Develop statewide tracking system for isolation and quarantine for use by MDH and LPH. ■ Local Page 25 ● Regional Page 27	Primary MDH IDEPC	
Isolation & Quarantine	Develop plans for working with hospitals and clinics on discharging patients to isolation or quarantine including instructions for family members. ■ Local Page 25 ● Regional Page 27	Primary MDH IDEPC	
Isolation & Quarantine	Identify locations and develop plans for isolation of people who cannot be isolated at home. ■ Local Page 25 ● Regional Page 27	Primary MDH OEP MDH IDEPC	



Acute Medical Care - Non Hospital Based Care

STATE

	Roles and Responsibilities	Coordinating Entity	Explanation
Isolation & Quarantine	<p>Provide infection control guidance and recommendations to people, including peace officers, who may be exposed to disease.</p> <p> ■ Local Page 25 ● Regional Page 27 </p>	<p>Primary MDH IDEPC</p>	

	Roles and Responsibilities	Coordinating Entity	Explanation
Planning	Participate in regional hospital planning group. ● Regional Page 34 ▲ State Page 37	Primary Healthcare Providers LPH	
Operational Planning	Develop operational plan to provide for continuation of ambulatory and inpatient services and to increase surge capacity, in conjunction with a regional plan. ● Regional Page 35 ▲ State Page 38	Primary Healthcare Providers Contributor LPH BHPP Regional Team	Facility Emergency Operation Plans (EOPs) in conjunction with the regional response plans will be developed prevent 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.
Operational Planning	Develop operational plan for alternative areas of adequate care, e.g., post-anesthesia care units, clinical procedural areas to increase surge capacity. ● Regional Page 35 ▲ State Page 38	Primary Healthcare Providers BHPP Regional Teams	Individual healthcare facilities will develop a plan to operationalize alternative areas of care to meet the surge capacity needs.
Standard of Care	Prepare to adjust the standard of care during an all hazards event that overwhelms local resources. ● Regional Page 34 ▲ State Page 37	Primary Healthcare Providers BHPP Regional Teams Contributor LPH	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.
Triage & Transport	Assure that your facility has policies in place to appropriately transport patients with infectious diseases or who have been exposed to infectious diseases. ● Regional Page 34 ▲ State Page 37	Primary Healthcare Providers Contributor LPH EMS	
Exposed Personnel	Create a process for notifying pre-hospital personnel of a potential exposure. ● Regional Page 35 ▲ State Page 37	Primary LPH Healthcare Providers Contributor MDH OEP BHPP MDH IDEPC MDH EH Poison Control MDH Regional Epi	

	Roles and Responsibilities	Coordinating Entity	Explanation
Exposed Personnel	Assure that your facility has policies in place to appropriately notify potentially exposed personnel. ● Regional Page 35 ▲ State Page 37	Primary Healthcare Providers Contributor RHRC Coordinator LPH	
Laws & Policy	Understand the state rules and local ordinances that might need to be suspended during a declared emergency. ● Regional Page 34 ▲ State Page 37	Primary Healthcare Providers LPH Contributor RHRC Coordinator	
Laws & Policy	Provide guidance and policy support for care during a public health emergency. ● Regional Page 34 ▲ State Page 37	Primary LPH MDH District Team Contributor Healthcare Providers MDH OEP BHPP	
Surge Capacity	Establish protocols for limited horizontal, vertical and complete facility evacuation and transport to new facilities. ● Regional Page 35 ▲ State Page 38	Primary Healthcare Providers Contributor EMS Local Transportation Services	Individual healthcare facilities will establish protocols for evacuation and transport to facilities with the assistance of contributing partners if necessary.
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. ● Regional Page 35 ▲ State Page 38	Primary Healthcare Providers Contributor ARC BHPP Regional Teams LPH MRC Minnesota Responds! Coordinator	
Surge Capacity	Develop protocols for supply management, e.g., needs vs. availability, reserve maintenance, coordination with Hospital Resource Tracking Systems and vendor-managed inventories. ● Regional Page 35 ▲ State Page 38	Primary Healthcare Providers BHPP Regional Teams Contributor MDH OEP BHPP LPH	The responsible entity of the healthcare facility will develop protocols for supply management with the assistance of the primary and contributing partners if necessary.

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Communication</i>	Develop effective communications plan internal to the healthcare facility. ● Regional Page 35	Primary Healthcare Providers Contributor LPH	Local facilities will develop effective communication plans for internal operations.
<i>Communication</i>	Develop effective communications external to the healthcare facility. ● Regional Page 35	Primary RHRC Coordinator BHPP Regional Team Healthcare Providers Contributor Local EOC LPH MDH District Team Community Partners	Primary entities will work with contributing partners to develop an effective communication plan external to individual healthcare facilities. These same groups will also assure the implementation of the communication plan.
<i>Mutual Aid Plans</i>	Participate in mutual aid planning. ● Regional Page 36	Primary BHPP Regional Teams RHRC Coordinator Healthcare Providers Contributor LPH	Mutual aid agreements should be: a) reviewed by legal counsel; b) signed by a responsible official; c) define liability and d) detail funding and cost arrangements for sharing equipment, services, and paid staff
<i>Decontamination</i>	Develop a plan to provide adequate decontamination of patients prior to entry to facility. ● Regional Page 36	Primary Local Fire Local HAZMAT Teams Healthcare Providers Contributor LPH Local EMS	
<i>Financial Impact</i>	Establish system for tracking financial impact, cost recovery, continuity of operations and regulations/variances (supported by the Finance/Administration Functional Area).	Primary Healthcare Providers Contributor LPH Local EM	Individual healthcare facilities will be responsible for tracking the financial aspects in their own institution.
<i>Family Members</i>	Establish capacity to support needs of family members of personnel requested to work during response, e.g., day care, and transportation.	Primary Healthcare Providers Contributor LPH	Individual healthcare facilities should establish plans to support personnel from their institutions.

	Roles and Responsibilities	Coordinating Entity	Explanation
Planning	Bring together and coordinate a regional hospital planning group.  Local Page 31  State Page 37	Primary RHRC Coordinator LPH Contributor Healthcare Providers	
Standard of Care	Understand the adjusted standard of care during a public health emergency.  Local Page 31  State Page 37	Primary RHRC Coordinator Healthcare Providers Contributor LPH MDH OEP	
Triage & Transport	Define and communicate a process for triaging symptomatic patients at mass dispensing sites.  Local Page 31  State Page 37	Primary MDH IDEPC MDH EH Poison Control MDH Regional Epi Contributor 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.
Triage & Transport	Assure MDH guidance for disease specific triage/advice system is communicated in the regional setting.  Local Page 31  State Page 37	Primary MDH Regional Epi PHPC Healthcare Providers Contributor MDH IDEPC MDH EH Poison Control EMS LPH	Primary entities will assure the guidance developed by the MDH will be understood in the regional setting.
Laws & Policy	Review identified state rules and local ordinances that might need to be suspended during a declared emergency and understand the impact it may have on a response.  Local Page 32  State Page 37	Primary RHRC Coordinator Healthcare Providers Contributor LPH	

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Exposed Personnel</i>	<p>Develop and communicate a plan or process for appropriately notifying personnel exposed to CBRNE events.</p> <p>■ Local Page 31-32 ▲ State Page 37</p>	<p>Primary RHRC Coordinator BHPP Regional Teams LPH Healthcare Providers MAC</p> <p>Contributor MDH IDEPC MDH EH Poison Control</p>	
<i>Surge Capacity</i>	<p>Develop and test patient care surge capacity protocols, patient, tracking systems, morgue services, and discharge services at the regional and state levels.</p> <p>■ Local Page 32 ▲ State Page 38</p>	<p>Primary Healthcare Providers BHPP Regional Teams</p> <p>Contributor MDH OEP BHPP LPH</p>	Individual healthcare facilities will develop and test their own surge capacity availability, capability, and protocols as well as testing for the region. LPH may be involved with Isolation and Quarantine.
<i>Operational Planning</i>	<p>Develop and coordinate operational planning and response for off-site care facilities to increase surge capacity, if applicable.</p> <p>■ Local Page 31 ▲ State Page 38</p>	<p>Primary BHPP Regional Teams RHRC Coordinator</p> <p>Contributor MDH OEP BHPP MAC Healthcare Providers LPH</p>	BHPP Regional Teams will develop and coordinate Off-Site Care Facilities in the region. They will work with MDH OEP BHPP to achieve the necessary criteria.
<i>Communication</i>	<p>Assure that effective communications occur to the healthcare facility.</p> <p>■ Local Page 33</p>	<p>Primary RHRC Coordinator MDH District Team</p> <p>Contributor Healthcare Providers BHPP Regional Team</p>	Primary entities will work with contributing partners to develop an effective communication plan external to individual healthcare facilities. These same groups will also assure the implementation of the communication plan.

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Decontamination</i>	<p>Assure the development of a plan to adequately decontaminate patients prior to entry to facility.</p> <p>Local Page 33</p>	<p>Primary RHRC Coordinator BHPP Regional Team</p> <p>Contributor LPH Local EMS Local Fire Local HAZMAT Teams Healthcare Providers</p>	
<i>Mutual Aid</i>	<p>Develop effective clinic and hospital mutual aid plans to support one another during times of crises: communication, assistance, transportation, financial reimbursement and liability.</p> <p>Local Page 33</p>	<p>Primary BHPP Regional Teams RHRC Coordinator</p> <p>Contributor MDH OEP BHPP MDH Legal Unit Local Clinics</p>	<p>Mutual aid agreements should be:</p> <ol style="list-style-type: none"> reviewed by legal counsel; signed by a responsible official; define liability and detail funding and cost arrangements for sharing equipment, services, and paid staff



Acute Medical Care - Emergency & Hospitalized Care

	Roles and Responsibilities	Coordinating Entity	Explanation
Planning	Engage healthcare providers including hospitals in discussions about emergency response planning.  Local Page 31  Regional Page 34	Primary MDH OEP BHPP Contributor BHPP Regional Teams 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 effort for adjusting the standard of care during a public health emergency when required by the incident in conjunction with the Governor's office and SEOC.  Local Page 31  Regional Page 34	Primary MDH OEP Contributor MDH Legal Unit Science Advisory Team	The MDH will also clearly articulate adjustments to standards of care during an actual event.
Triage & Transport	Develop guidance for an inpatient and disease-specific triage/advice system.  Local Page 31  Regional Page 34	Primary MDH IDEPC MDH EH Poison Control Contributor MDH OEP BHPP	
Laws & Policy	Identify state rules that might need to be suspended during a declared emergency.  Local Page 32  Regional Page 34	Primary MDH Legal Unit MDH IDEPC Contributor MDH OEP	
Exposed Personnel	Assure that a plan will be developed to appropriately notify exposed responding personnel.  Local Page 31-32  Regional Page 35	Primary MDH IDEPC MDH EH Poison Control Contributor LPH Healthcare Providers	MDH will assure that a plan to notify exposed personnel will be developed. They will work closely with LPH and the Healthcare Providers to assure appropriate notification.



Acute Medical Care - Emergency & Hospitalized Care

STATE

	Roles and Responsibilities	Coordinating Entity	Explanation
Surge Capacity	<p>Provide guidance for surge capacity planning.</p> <p> ■ Local Page 32 ● Regional Page 35 </p>	<p>Primary MDH OEP BHPP</p> <p>Contributor BHPP Regional Teams RHRC Coordinator MAC Healthcare Providers</p>	
Operational Planning	<p>Provide planning guidance for off-site care facility planning. Assure the development of an off-site care facility in each region if appropriate.</p> <p> ■ Local Page 31 ● Regional Page 35 </p>	<p>Primary MDH OEP BHPP</p> <p>Contributor BHPP Regional Teams RHRC Coordinator MAC Healthcare Providers</p>	

Post - Acute Medical Care

LOCAL

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Supplies</i>	<p>Assure the distribution of supplies to individuals (i.e. family members) who are providing in-home care.</p> <p>● Regional Page 40 ▲ State Page 41</p>	<p>Primary LPH</p> <p>Contributor Community Partners Healthcare Providers</p>	
<i>Home Care</i>	<p>Provide continued health support to the extent that resources are available for medically frail populations, including home health, meal delivery and assistance with activities of daily living.</p> <p>● Regional Page 40 ▲ State Page 41</p>	<p>Primary LPH</p> <p>Contributor Healthcare Providers</p>	<p>Local agencies will assure a continuum of care of home care services for the medically frail populations.</p>

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Supplies</i>	<p>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, persons already at home.</p> <p> ■ Local Page 39 ▲ State Page 41 </p>	<p>Primary LPH</p> <p>Contributor ARC BHPP Regional Teams MDH District Team Home Care Agencies</p>	Regions will develop a plan for the distribution of medical supply kits.
<i>Home Care</i>	<p>Develop a plan to assure a continuum of home care services.</p> <p> ■ Local Page 39 ▲ State Page 41 </p>	<p>Primary LPH</p> <p>Contributor Healthcare Providers MDH District Team</p>	Local agencies will assure a continuum of care for home care services.
<i>Home Care</i>	<p>Facilitate the planning for triage of homecare agency resources when appropriate, e.g., discontinue drop-in day care visits, if necessary, to enhance capacity.</p> <p> ■ Local Page 39 ▲ State Page 41 </p>	<p>Primary LPH</p> <p>Contributor Healthcare Providers Home Care Agencies</p>	

Post - Acute Medical Care

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Patient Care Registry</i>	Create a patient care registry for tracking long-term health effects, changes in treatment recommendations, and additional aftercare follow-up.	Primary MDH Contributor LPH	
<i>Supplies</i>	Define appropriate supplies to provide medical supply kits in the home environment. <div style="display: flex; align-items: center; gap: 20px;"> ■ Local Page 39 ● Regional Page 40 </div>	Primary MDH OEP BHPP Contributor 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 shelter-in-place situations.
<i>Home Care</i>	Lead efforts to address the role of long-term care facilities and home care agencies in emergency response planning. <div style="display: flex; align-items: center; gap: 20px;"> ■ Local Page 39 ● Regional Page 40 </div>	Primary MDH OEP BHPP Contributor MDH HPICM LPH PHPC	MDH will begin discussion on the role of the long-term care facility in emergency preparedness planning.

	Roles and Responsibilities	Coordinating Entity	Explanation
Case Definitions	<p>Circulate clinical case definitions and assist with case finding and epidemiology when required/requested.</p> <p>▲ State Page 46</p>	<p>Primary LPH</p> <p>Contributor MDH Regional Epi MDH IDEPC MDH EH Poison Control</p>	
Intervention Requests	<p>Implement (rapid diagnostic/treatment criteria) protocols to mitigate excessive requests.</p> <p>▲ State Page 46</p>	<p>Primary Healthcare Providers</p> <p>Contributor RHRC MDH IDEPC MDH EH Poison Control</p>	
Specimen Collection	<p>Disseminate instructions provided by the MDH-PHL to additional clinical healthcare workers (as needed) for specimen collection, handling, labeling, storage, and transport.</p> <p>▲ State Page 46</p>	<p>Primary MLS Laboratories RHRC Healthcare Providers</p> <p>Contributor MDH-PHL/MLS</p>	MDH-PHL through the MLS Lab Alert system will provide instructions for specimen collection, etc. during an emergency event.
Emergency Specimens	<p>Implement plan provided by the MDH-PHL to transport emergency specimens from all affected laboratories, to the MDH-PHL LRN Reference laboratory.</p> <p>● Regional Page 45 ▲ State Page 46</p>	<p>Primary MLS Laboratories Healthcare Providers</p> <p>Contributor MDH-PHL Transport Coordinator Public/private couriers Public safety</p>	The MDH-PHL Transport Coordinator will assure hospitals have a mechanism to transport clinical samples quickly.
Diagnostic Testing	<p>Provide laboratory capacity for diagnostic testing of potential agents of bioterrorism or other public health threats.</p> <p>▲ State Page 46</p>	<p>Primary MLS LRN Sentinel Labs</p> <p>Contributor MDH-PHL LRN/CDC</p>	LRN Sentinel Laboratories will perform Level A LRN protocols and then refer any isolates that need further confirmation to MDH-PHL.

	Roles and Responsibilities	Coordinating Entity	Explanation
Surge Capacity	<p>Develop and implement a surge capacity plan for routine/emergency diagnostic laboratory testing.</p> <p>● Regional Page 45 ▲ State Page 47</p>	<p>Primary MLS Laboratories</p> <p>Contributor RHRC Healthcare Providers HRSA Lab Advisory Group Rep. MDH-PHL</p>	<p>Clinical laboratories should have plans to coordinate with other clinical laboratories within each region for surge capacity.</p>
Preserving Evidence	<p>Use appropriate techniques for preserving possible evidence, in accordance with LRN standardized protocols and in coordination with the FBI.</p> <p>▲ State Page 47</p>	<p>Primary MLS LRN Sentinel Labs</p> <p>Contributor MDH PHL LRN/CDC FBI</p>	<p>Standardized LRN protocols for preservation of evidence are followed by the MDH-PHL, and are in accordance with FBI requirements.</p>
Suspicious Agents	<p>Obtain training, education, and resources on proper protocols for rule-out and referral of suspicious agents of bioterrorism including proper packaging and shipping, as well as chain of custody, to the MDH-PHL LRN Reference laboratory.</p> <p>▲ State Page 47</p>	<p>Primary MLS LRN Sentinel Labs</p> <p>Contributor MDH PHL LRN/CDC</p>	<p>LRN Sentinel laboratories must ensure their presence at the training events provided by MDH-PHL.</p>
Lab Information	<p>Obtain laboratory information during a bioterrorism event.</p> <p>▲ State Page 47</p>	<p>Primary MLS Laboratories</p> <p>Contributor MDH PHL MDH HAN</p>	<p>MDH PHL will communicate with clinical labs through the MLS Lab Alert System.</p>
Reporting	<p>Coordinate report mechanism with a Patient Surveillance and Tracking System (PSAT) so that significant test results can be linked and reported directly to patient's location.</p> <p>● Regional Page 45</p>	<p>Primary MDH Regional Epi Healthcare Providers</p>	

Patient Diagnosis REGIONAL

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Emergency Specimens</i>	<p>Implement plan provided by the MDH-PHL LRN Reference laboratory to transport emergency specimens from LRN Sentinel laboratories to the MDH-PHL LRN Reference laboratory.</p> <p>■ Local Page 43 ▲ State Page 46</p>	<p>Primary MLS Laboratories RHRC Healthcare Providers</p> <p>Contributor MDH-PHL Transport Coordinator Public/private couriers Public safety</p>	<p>In an emergency event, hospitals will transport clinical samples quickly to MDH-PHL for testing, which may need to be coordinated regionally. The MDH-PHL Transport Coordinator will assist in coordinating this effort.</p>
<i>Surge Capacity</i>	<p>Develop and implement a surge capacity plan for routine/emergency diagnostic laboratory testing.</p> <p>■ Local Page 44 ▲ State Page 47</p>	<p>Primary HRSA Lab Advisory Group Rep. RHRC</p> <p>Contributor MLS Laboratories MDH-PHL Healthcare Providers</p>	<p>Clinical laboratories should have plans to coordinate with other clinical laboratories within each region for surge capacity.</p>
<i>Reporting</i>	<p>Coordinate report mechanism with a Patient Surveillance and Tracking System (PSAT) so that significant test results can be linked and reported directly to patient's location.</p> <p>■ Local Page 44</p>	<p>Primary MDH Regional Epi Healthcare Providers</p>	

	Roles and Responsibilities	Coordinating Entity	Explanation
Case Definitions	<p>State and circulate clinical case definitions and a reliable patient evaluation protocol that considers risk based upon the patient’s history, physical findings, diagnostic testing and symptom course to aid in making or ruling out a diagnosis.</p> <p>■ Local Page 43</p>	<p>Primary MDH IDEPC MDH EH Poison Control</p>	
Intervention Requests	<p>Provide guidelines/policies to manage and prioritize diagnostic/interventional requests in the face of excessive requests.</p> <p>■ Local Page 43</p>	<p>Primary MDH IDEPC MDH EH Poison Control</p>	
Specimen Collection	<p>Provide and disseminate clear instructions to clinical laboratorians for specimen collection, handling, labeling, storage, and transport.</p> <p>■ Local Page 43</p>	<p>Primary MDH PHL Contributor LRN/CDC</p>	Through the MLS Lab Alert system, MDH-PHL will provide instructions for specimen collection, etc.
Emergency Specimens	<p>Develop plan to transport emergency specimens from LRN Sentinel laboratories and other clinical labs to the MDH-PHL LRN Reference laboratory, as well as from the MDH-PHL LRN Reference laboratory to CDC, as needed.</p> <p>■ Local Page 43 ● Regional Page 45</p>	<p>Primary MDH PHL Contributor Private couriers Commercial couriers Public Safety</p>	The MDH-PHL Transport Coordinator will assure hospitals have a mechanism to transport clinical samples quickly.
Diagnostic Testing	<p>Provide laboratory capacity for diagnostic testing of potential agents of bioterrorism or other public health threats.</p> <p>■ Local Page 43</p>	<p>Primary MDH PHL Contributor LRN/CDC</p>	As the designated Laboratory Response Network (LRN) Reference Laboratory in MN, MDH-PHL will provide or assure testing and confirmation of clinical samples in accordance with standardized LRN protocols.
Interpret LRN Test	<p>Provide guidance for interpretation of LRN test results (i.e. positive versus suspicious test findings), according to standardized LRN protocols.</p>	<p>Primary MDH PHL Contributor LRN/CDC</p>	

	Roles and Responsibilities	Coordinating Entity	Explanation
Surge Capacity	<p>Develop plan for surge capacity testing of routine/emergency specimens to ensure the capacity of the MDH-PHL LRN Reference laboratory.</p> <p>■ Local Page 44 ● Regional Page 45</p>	<p>Primary MDH PHL</p> <p>Contributor MN MLS Labs</p>	
Preserving Evidence	<p>Use appropriate techniques for preserving possible evidence, in accordance with LRN standardized protocols and in coordination with the FBI.</p> <p>■ Local Page 44</p>	<p>Primary MDH PHL</p> <p>Contributor LRN/CDC FBI</p>	Standardized LRN protocols for preservation of evidence are followed by the MDH-PHL, and are in accordance with FBI requirements.
Suspicious Agents	<p>Provide training, education, and resources to the LRN Sentinel laboratories on rule-out and referral of suspicious agents of bioterrorism including proper packaging and shipping, as well as chain of custody, to the MDH-PHL LRN Reference laboratory.</p> <p>■ Local Page 44</p>	<p>Primary MDH PHL</p> <p>Contributor MLS LRN Sentinel Labs LRN/CDC</p>	
Lab Information	<p>Function as the central contact point for laboratory information during a bioterrorism event.</p> <p>■ Local Page 44</p>	<p>Primary MDH PHL</p> <p>Contributor MDH HAN</p>	MDH PHL will communicate with clinical labs through the MLS Lab Alert System.
All Hazards Plan	<p>Utilize the MDH All Hazards Response and Recovery Plan for isolation and quarantine responsibilities (MDH).</p>	<p>Primary MDH OEP MDH IDEPC</p>	
Communication	<p>Provide updated information during an event to LPH, RHRC, hospitals/clinics and EMS on a regular basis.</p>	<p>Primary MDH OEP HAN Risk Communication Specialist</p>	

	Roles and Responsibilities	Coordinating Entity	Explanation
Patient Transport	Develop protocols for the notification and acceptance of patient(s) by the receiving facility. ● Regional Page 50 ▲ State Page 51	Primary Healthcare Providers RHRC Contributor LPH	
Patient Transport	Develop a plan to transfer patients from one treatment location to another safely and expeditiously. ● Regional Page 50 ▲ State Page 51	Primary Healthcare Providers EMS Contributor RHRC	
Patient Transport	Develop a plan to document patient numbers, types and demographic information. ● Regional Page 50 ▲ State Page 51	Primary Healthcare Providers EMS Contributor RHRC ARC	
Patient Transport	Develop a plan to use cross-contamination prevention procedures if the patient cannot be fully decontaminated. (e.g., organophosphate ingestion) ● Regional Page 50 ▲ State Page 51	Primary Healthcare Providers EMS LPH	
Patient Transport	Develop a plan for the use of safe, reliable transportation vehicles with adequate medical support systems. ● Regional Page 50 ▲ State Page 51	Primary Healthcare Providers EMS	
Patient Transport	Develop a plan to report events during transport. ● Regional Page 50 ▲ State Page 51	Primary EMS	EMS will need to develop a plan to report details on events occurring during transport as necessary (e.g., change in condition).

Medical **Evacuation/Inter-Facility Transport**

	Roles and Responsibilities	Coordinating Entity	Explanation
<i>Patient Transport</i>	<p>Identify receiving facilities for patients due to capacity overload, lack of specialty care, or because of hazard impact on the facility itself (including staff).</p> <p> ■ Local Page 49 ▲ State Page 51 </p>	<p>Primary RHRC EMS LPH BHPP Regional Teams</p> <p>Contributor MDH OEP BHPP</p>	



Medical Evacuation/Inter-Facility Transport

	Roles and Responsibilities	Coordinating Entity	Explanation
Patient Transport	<p>Assure development of plans to safely and expeditiously transfer patients from one healthcare location to another.</p> <p> ■ Local Page 49 ● Regional Page 50 </p>	<p>Primary BHPP EMS Planner</p> <p>Contributor EMSRB</p>	<p>BHPP EMS Planner will assure that a transport plan is developed in each region.</p>

Appendix A - Acronyms

ARC	American Red Cross	HPICM	Health Policy Information Compliance Monitoring
BHPP	Bioterrorism Hospital Preparedness Program	HRSA	Health Resources and Services Administration
BT	Bioterrorism	HRTS	Hospital Resource Tracking System
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosive	HSEM	Homeland Security and Emergency Management
CDC	Centers for Disease Control and Prevention	HVA	Hazard Vulnerability Analysis
Decon	Decontamination	IC	Incident Commander or Infection Control
ECC	Emergency Coordination Center	IDEPC	Infectious Disease Epidemiology, Prevention and Control
ED	Emergency Department	IMS	Incident Management System
EH	Environmental Health	JCAHO	Joint Commission on Accreditation of Healthcare Organizations
EM	Emergency Management	JPIC	Joint Public Information Center
EMS	Emergency Medical Services	LPH	Local Public Health
EMSRB	Emergency Medical Services Regulatory Board	LRN	Laboratory Response Network
EOC	Emergency Operations Center	MAC	Multi-Agency Coordination
EP	Emergency Preparedness	MCHP	Minnesota Council of Health Plans
Epi	Epidemiologist	MCI	Mass Casualty Incident
ESAR-VHP	Emergency System for the Advanced Registration of Volunteer Health Professionals	MDH	Minnesota Department of Health
FEMA	Federal Emergency Management Agency	MHA	Minnesota Hospital Association
HAN	Health Alert Network	MIMS	Minnesota Incident Management System
HEICS	Hospital Emergency Incident Command System		

Acronyms

MLS	Minnesota Laboratory System
MRC	Medical Reserve Corps
MRCC	Medical Resource Control Center
NIMS	National Incident Management System
NRP	National Response Plan
OEP	Office of Emergency Preparedness
OSHA	Occupational Safety and Health Administration
PAPR	Powered Air Purifying Respirators
PCC	Patient Care Coordination
PHL	Public Health Laboratory
PHNC	Public Health Nurse Consultant
PHPC	Public Health Preparedness Consultant
PIO	Public Information Officer
PPE	Personal Protective Equipment
PSAT	Patient Surveillance and Tracking
RHRC	Regional Hospital Resource Center
SEOC	State Emergency Operations Center
SNS	Strategic National Stockpile
VMI	Vendor Managed Inventory
WMD	Weapons of Mass Destruction

Appendix B - Glossary

All Hazards: Encompasses any biological, natural, man-made, technological, chemical, nuclear, radiological or terrorist incident. The all-hazard preparedness concept maintains that there are commonalities in how you prepare for all hazards; the all-hazards approach recognizes those commonalities and uses them as the basis for all-hazard planning.

Bioterrorism Hospital Preparedness Program (BHPP): A program that began in 2002 to increase the capacity of the Minnesota health care system to respond to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. The prime focus is to develop, implement and intensify regional terrorism preparedness plans and protocols for hospitals, their emergency departments, outpatient centers, the EMS system, poison control system and other collaborating health care entities for responding to incidents requiring mass immunization or prophylaxis, medical diagnosis and treatment, isolation and quarantine, aftermath of bioterrorism or outbreaks of infectious disease, including behavior health assessments and treatment. Coordinated by the Minnesota Department of Health, Office of Emergency Preparedness.

BHPP Regional Teams: See page 58

Community/Local Partners: Individuals, agencies, groups, tribes, or organizations in any given community that collaborates to accomplish various outcomes, goals and objectives. They work cooperatively to strengthening the intended program or project.

EMS Regional Programs: Established to develop, maintain and operate an emergency medical services network throughout an identified region. Provides information to the public and serves all medical service entities, organizations, and individuals who provide medical services or services related to EMS.

MDH District Team: Teams located in each region consisting of the regional Epidemiologist, regional Environmental Health Specialist (if applicable), Public Health Nurse Consultant and Public Health Preparedness Consultant.

Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP): A national system of state-based health professional volunteer databases. Each state will develop, implement, and maintain its own electronic system, but will coordinate at a regional and national level to allow for interoperability and portability of system information across jurisdictions. In Minnesota, this system is Minnesota Responds!.

Healthcare Providers: Includes clinics, health care organizations, hospitals, and other health related organizations that work toward improving the individual and population's health.

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome. (NRP, NIMS)

Laboratory Response Network (LRN): The LRN is an integrated network of state and local public health, federal, military, and international laboratories that can respond to both biological and chemical terrorism. The LRN links state and local public health laboratories, veterinary, agriculture, military, and water- and food-testing laboratories around the country. In the State of Minnesota, the MDH-PHL is identified as the "LRN Reference Laboratory" in this three-tiered system of Sentinel, Reference and National laboratories.

Local/Regional Medical Control: An agency or individual who utilizes a standardized approach to protocols for local and regional EMS agencies determined by the EMS Medical Director.

Glossary

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 (NIMS, 2004).

Multi-Agency Coordination (MAC) Systems: Provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The components of multi-agency coordination system includes 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 (NIMS, 2004).

MDH OEP Education and Training Team: A team of MDH employees charged with leading and assuring the development, implementation and evaluation of the Education and Training components of both the Bioterrorism Hospital Preparedness and the Public Health Preparedness Grants.

Minnesota Laboratory System: A statewide voluntary network established by the Minnesota Department of Health – Public Health Laboratory to facilitate inter-laboratory communication, collaboration, and cooperation. Its members (approximately 160 laboratories) include public health and private clinical laboratories, as well as veterinary and agriculture laboratories, which serve Minnesota residents. A vital component of this system is electronic connectivity (fax and email) among all the members. In addition to providing a laboratory network essential for statewide emergency preparedness and response, the Minnesota Laboratory System also plays a key role in detecting and investigating common and emerging infectious disease outbreaks, monitoring trends in antibiotic resistance, providing

continuing education and training, establishing safe transport of specimens, and assuring quality laboratory practice.

Minnesota Responds!: A statewide program for the advanced registration of volunteer health professionals who want to volunteer during a public health emergency. These volunteers may be used to augment staff at hospitals, off-site care facilities, outpatient clinics, mass dispensing sites, SNS distribution nodes, etc. Minnesota Responds! is centrally located at the Minnesota Department of Health and is accessed by local or regional public health staff, who will screen, orient, train, credential, exercise, and deploy the volunteers. See ESAR-VHP and MRC for more information.

Medical Reserve Corps (MRC): The Medical Reserve Corps (MRC) is a community-based healthcare volunteer program. MRC volunteers may deliver necessary public health services during a crisis, assist emergency response teams with patients, and provide care directly to those with less serious injuries and other health-related issues. MRC volunteers may also serve a vital role by assisting their communities with ongoing public health needs (e.g., immunizations, screenings, health and nutrition education, and volunteering in community health centers and local hospitals).

Medical Resource Control Center (MRCC): Located in the East and West Metro areas; monitors local, regional, statewide and National EMS radio frequencies. Acts as a 24/7/365 EMS System information and coordination resource.

Patient: An ill or injured person.

Glossary

Patient Care Coordination (PCC): The ability to triage, treat, transport and provide medical care to extraordinary numbers of ill or injured patients using a systematically, integrated continuum of services that is tiered, scalable and flexible, and provides care in the most appropriate setting (Tommet).

Science Advisory Teams: Groups of medical professionals united to advise the MDH on various Emergency Preparedness and Response topics, such as SNS procedures and adjusted standards of care.

Standard of Care: Level of care expected to be provided to a patient with a presenting illness or injury based upon the resources available.

Strike Teams: Designated pre-trained regional response teams consisting of Advanced Life Support (ALS) and Basic Life Support (BLS) trained personnel responding. These teams will be available for regional and statewide response during any All Hazard event.

Surge Capacity: The ability to manage increased patient care volume that otherwise would severely challenge or exceed the existing medical infrastructure.

Surge Capability: The ability to manage patients requiring unusual or very specialized medical evaluation and intervention, often for uncommon medical conditions, e.g. burn, chemical contamination, smallpox.

Appendix C - BHPP Regions

The State of Minnesota is divided into eight Bioterrorism Hospital Preparedness Program (BHPP) Regions. These regions are the same as the public health regions and EMS regions (with the exception of two counties). See Page 59 for a breakdown of the regions.

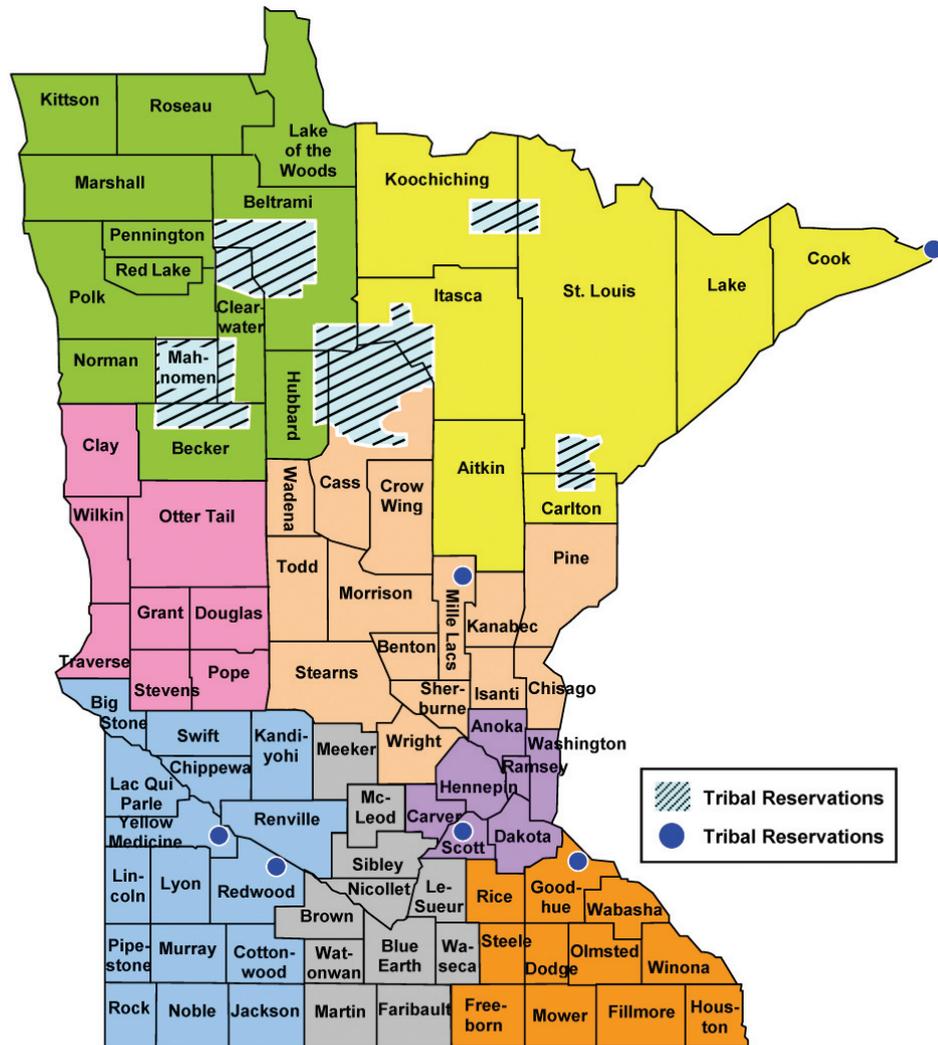
Each of the eight BHPP regions has at least one Regional Hospital Resource Center (RHRC) and a coordinator(s) for each region. Within a region the RHRC coordinator(s) work to collaborate with the Public Health Preparedness Consultant (PHPC). The PHPC is an employee of the MDH Community and Family Health Division. Each region has one PHPC.

Each region has a **BHPP Regional Team** that is lead by the RHRC coordinator. Each region may structure their **BHPP Regional Team** differently; however, at a minimum, these regional teams consist of:

- a. Pediatric and/or Adult Hospitals
(one representative each per facility)
- b. Infection Control Professional
(one representative)
- c. Local Emergency Medical Services Provider
(one representative)
- d. Regional Emergency Medical Services Program Coordinator/
Director (one representative)
- e. Emergency Medical Services Regulatory Board (one representative)
- f. Local Emergency Management
(one representative)
- g. Regional Program Coordinator, Homeland Security and Emergency
Management
(one representative)

- h. Clinics (one representative per facility)
*May be an independent group and chose to meet out side the BHPP meeting.
- i. Behavioral Health (one representative)
- j. Laboratorians (one representative)
- k. Local Public Health (two representatives)
- l. Regional Public Health Preparedness Consultants, Public Health
- m. Health Care Professional Organizations
(one representative, if applicable)
- n. Federal Health Care Facilities [e.g., Indian
Health Service, Veteran's Administration]
(one representative per facility)

Appendix D - Regional Map



Appendix E - Patient Care Coordination Task Force, June 2005

Susan Carolan	Anoka County	Local Public Health Agency
Jo-Ann Champagne	Minnesota Department of Health Emergency Medical Services Regulatory Board	Office of Emergency Preparedness
Debra Ehret	Minnesota Department of Health	Metro Region Public Health Preparedness Consultant
Robert Einweck	Minnesota Department of Health	Office of Emergency Preparedness
Jennifer Fleming	Scott County	Local Public Health Agency
Pete Giesen	Olmsted County	Local Public Health Agency
Jayne Griffith	Minnesota Department of Health	Infectious Disease, Epidemiology, Prevention & Control
Tim Held	Minnesota Department of Health	State Trauma Coordinator
John Hick	Minnesota Department of Health	Office of Emergency Preparedness
Karen Jacobson	Emergency Medical Services Regulatory Board	Metro Region Emergency Medical Services Regulatory Board
Lowell Johnson	Washington County	Local Public Health Agency/Emergency Management
Marla Kendig	Mayo Clinic, Rochester	South East Regional Hospital—Resource Center Coordinator
Emily Litt	Minnesota Department of Health	Office of Emergency Preparedness
Becky McIntosh	City of Minneapolis	Local Public Health Agency
Ralph Morris	Minnesota Department of Health	Northwest Region Public Health—Preparedness Consultant
Jane Norbin	St. Paul/Ramsey County	Local Public Health Agency
Mary Orban	Minnesota Department of Health	Southeast Region Public Health Nurse Consultant
Susan Palchick	Hennepin County	Local Public Health
Paula Snippes	Minnesota Department of Health	Public Health Lab
Pat Tommet	Minnesota Department of Health	Office of Emergency Preparedness
Eric Weller	Immanuel St. Joseph's Hospital	South Central Regional Hospital—Resource Center Coordinator
Amy Westbrook	Minnesota Department of Health	Northeast Region Field Services Epidemiologist

Appendix F - Resources

1. Medical and Health Incident Management (MaHIM) System:

<http://www.gwu.edu/~icdrm/publications/MaHIM%20V2%20final%20report%20sec%202.pdf>

2. Neighborhood Emergency Help Centers (NEHC):

http://bioterrorism.slu.edu/bt/key_ref/DOD/nehc_green_book.pdf

3. Acute Care Center (ACC):

http://mipt.org/pdf/acc_blue_book.pdf

4. Modular Emergency Medical System (MEMS):

<http://www.nnemrs.org/documents/Modular%20Emergency%20Medical%20System%20-%20Expanding%20Local%20Healthcare%20Structure%20In%20a%20Mass%20Casualty%20Terrorism%20Incident.pdf>

5. Medical Surge Capacity and Capability:

A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies. August 2004. Published by the CNA Corporation: Alexandria, VA. http://www.hhs.gov/ophep/mscc_sept2004.pdf

6. National Incident Management System (NIMS):

http://www.fema.gov/nims/nims_compliance.shtm

Contact Information

The Minnesota Department of Health: Office of Emergency Preparedness, Bioterrorism Hospital Preparedness Program at oepp@health.state.mn.us or 651-201-5700.



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