

Medicine and Medical Supplies

A natural disaster or a terrorism incident could rapidly strain or deplete medical and pharmaceutical supplies. To address this, CDC developed a resource called The Strategic National Stockpile Program. It can reach any location in the U.S. within 12 hours of a request. Some state and local stockpiles are also in place.

Local and Tribal health departments have developed and tested detailed plans to dispense medication very quickly to every Minnesotan. These Mass Dispensing plans rely on partners, volunteers and the media to aid in providing medicine to the public.

Laboratory Testing:

The Public Health Laboratory (PHL) collaborates with a variety of program partners to detect, investigate, prevent, and control public health threats. These threats include rare or unusual infectious diseases, such as "invasive" bacterial infections; outbreaks of illness from consuming contaminated food or water; terrorism events; chemical hazards; and environmental emergencies.



Mobile Medical Teams:

Minnesota has two Mobile Medical Teams (MMTs), groups of volunteer medical and support professionals who have received training and practice in providing acute medical care in a mobile field environment. The MMTs can deploy either with the equipment needed to establish a range of clinical services or without equipment to support staffing needs in existing care facilities.



When Resources Become Scarce:

Patient Care Strategies for Scarce Resource Situations is a standardized framework to assist Minnesota hospitals, clinics or primary care settings in determining how to extend resources when the need for equipment and supplies exceeds availability during a health emergency.

Core strategies were developed to use during a scarce resource situation, or in anticipation of one, for oxygen, staffing, nutritional support, medication administration, hemodynamic support and IV fluids, mechanical ventilation and blood products. In addition, resource reference cards designed to provide incident-specific tactics and planning information were developed for renal replacement therapy, burn therapy, pediatrics and palliative care.

Ready to Respond:

When a public health emergency occurs, MDH has four teams of staff trained and ready to respond. These teams maintain their readiness by conducting emergency simulation exercises several times a year.

To assist with response, MDH also has a Department Operations Center that serves as the command center to coordinate information and activities during a response.

If communication systems are compromised, MDH has back-up cellular and satellite phones plus 800 MHz radios that are part of the statewide ARMER system. These tactical communication assets are stored at MDH and each of the seven district offices.

Public Health & Health Care Emergency Preparedness in Minnesota: Creating and Sustaining Public Health and Health Care Emergency Preparedness, Response, and Recovery Systems



For more information:
Emergency Preparedness & Response,
Minnesota Department of Health
Phone: 651-201-5700
health.oep@state.mn.us
www.health.state.mn.us/oep/contact/

Working Together

Since 1872, Minnesota has invested in maintaining healthy individuals, families and communities; this tradition was strengthened in 1976 with the Community Health Services Act which consolidated public health services. In recent years, there has been a new emphasis on response and recovery planning for terrorism and natural disasters among state, local, tribal and health care partners:

- Minnesota Department of Health: Office of Emergency Preparedness, Public Health Laboratory, Mortuary Science, Environmental Health, Infectious Disease, Epidemiology, Prevention and Control, the Communications Office, and others
- Community Health Boards (County and City Health Departments) and Tribal Health Departments
- Hospitals and Health Care Facilities through eight regional coalitions
- State and Local Partners: Emergency Management, Law Enforcement, Education, Emergency Medical Services, private businesses, voluntary agencies, and others.

All Emergencies are Local

A key role of local health departments and health care partners in planning and response is to consider the impacts to people in a community when public health, health care and behavioral health systems are compromised or unavailable during and after a disaster.

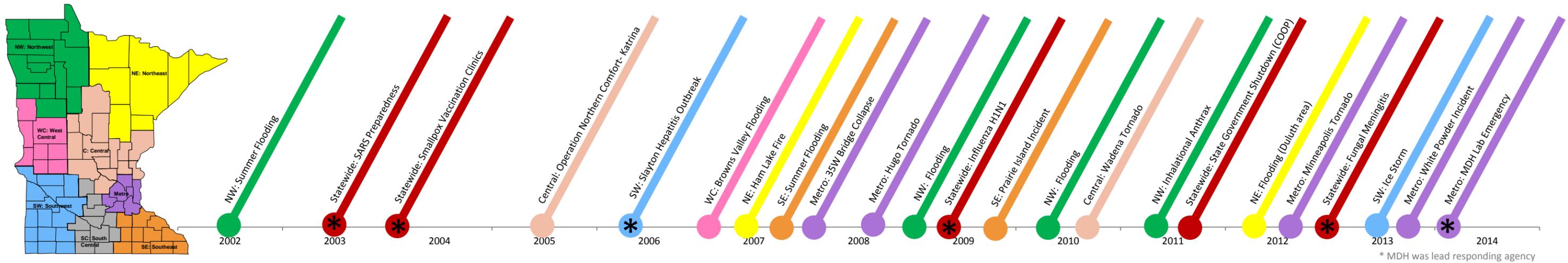
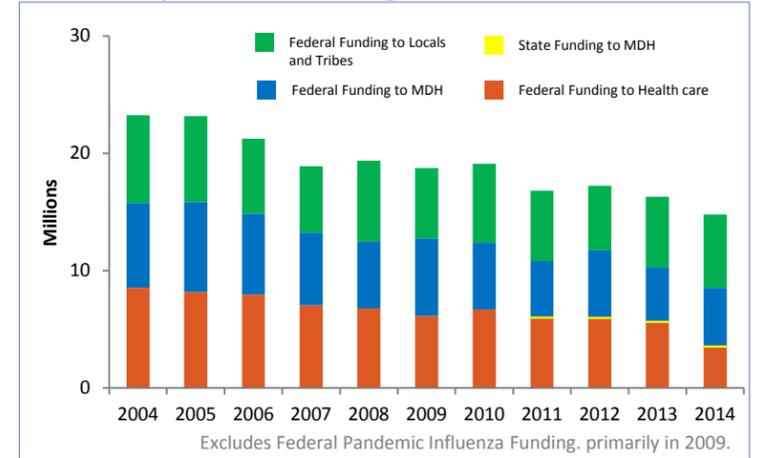
- Through federal funding since 2002, local, tribal and state officials have planned, trained, and practiced emergency response and recovery activities in conjunction with health care and other partners.
- With systems, structures, and wisdom growing every year, public health and health care has assisted with disaster responses throughout the state as depicted below

Looking Ahead

Challenges lie ahead as federal funding dwindles. We are focusing our efforts on:

1. The sustainability of our systems and programs
2. The continuous expansion and maintenance of partnerships and coalitions
3. Resilience and flexibility to meet all kinds of emergencies

Health Preparedness Funding



Disease Surveillance:

From Flu to Smallpox, the MDH Infectious Disease Division (IDEPC) monitors the occurrence of infectious diseases, develops strategies for preventing and controlling disease, and works to put those strategies into action.

Health Alert Network:

Alerts about developing situations or disease outbreaks are sent to local and tribal health departments who distribute them on to hospitals, clinics and others via email, phone, & fax.

Continuity of Operations (COOP):

If MDH's own facilities, staff or technology are compromised by a storm, power outage, or an act of sabotage, the public will still be counting on the agency to perform its critical functions. MDH has been developing COOP plans to be ready for any contingency.

Health Coalitions

Health Coalitions are a collaborative network of health care organizations and their respective public and private sector response partners. They facilitate resource sharing/coordination, information sharing, and coordination of incident response actions among member organizations.

Hotlines, Websites, News Releases & Nurse Triage Lines:

MDH can quickly distribute information for the public and the medical community via news releases, hotlines and interactive websites. During the H1N1 Flu pandemic, the MN FluLine received over 27,000 calls in six months, thus decreasing the burden on physicians and hospitals.

Behavioral Health:

A range of mental health and chemical abuse (behavioral health) problems may surface at any stage in response or recovery among the public and among professionals who respond to an incident. Addressing these concerns improves the emergency response and the health of the whole community.

Volunteer Systems:

In early 2004, MDH developed a registry for health professionals interested in volunteering during a public health emergency. As of Fall, 2013, there are 10,000 skilled and trained individuals enrolled in the on-line registry!



Hospital Tracking:

The Minnesota System for Tracking Resources, Alerts and Communication (MNTrac) provides tracking for:

- Hospital Diversion status
- Patient status
- Hospital bed availability
- Pharmaceuticals & Resources

MNTrac also features emergency alert & advisory notifications and online conferencing during emergencies.



Fatality Management:

Federal funding enabled MDH to purchase a Disaster Portable Morgue Unit and to help fund staffing for a Disaster Mortuary Emergency Response Team that will be available to help in local emergencies.

Exercises & Training:

Statewide, regional, and local exercises are conducted regularly and systematically so all aspects of emergency planning can be tested and refined.