PUBLIC HEALTH AND HEALTH CARE PREPAREDNESS STRATEGIC PROGRAMMATIC PLAN, 2018 – 2022

m1 DEPARTMENT OF HEALTH

"Public Health and Health Care Preparedness Strategic Programmatic Plan, 2018 – 2022

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Contents

Introduction

The purpose of this document is to summarize the Public Health and Health Care Preparedness Strategic Programmatic Plan (2018-2022), prepared by the MDH Center for Emergency Preparedness and Response (CEPR). This document will provide Minnesota Department of Health (MDH) staff and partners with a high level, four year overview of our routine and ongoing work, as well as Health Care Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) grant objectives, priorities, and tasks.

In 2017, the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC) rolled out a new structure, requirements, and expectations for public health and health care emergency preparedness programs. We (CEPR) spent the past Year implementing the new approach and aligning it to our work in Minnesota.

We held strategic planning sessions with local and tribal health departments (LHD/THD) and health care coalitions (HCCs) to gather input on strengths and opportunities for growth for the new project period. This input, coupled with the joint HPP-PHEP and program-specific requirements, provided guidance to map out a path to complete the work at the state, regional, and local levels and to identify opportunities to further align the two programs.

Background

Dedicated emergency preparedness and response work has existed at MDH since 2002 with the introduction of funding from ASPR and CDC. Comprised of the HPP and PHEP programs, we facilitate coordination across MDH as well as at the local and regional levels across the state. Over the past 15 years, along with our partners, we have responded to infectious disease outbreaks like H1N1 and Ebola; natural disasters ranging from floods to tornadoes; an interstate bridge collapse and several government shutdowns.

Emergency responses in Minnesota have identified gaps in preparedness planning at all levels. Experience gained from responses has also helped guide the work of the previous five-year project period, with each HCCs and LHDs/THDs emphasizing jurisdictional priorities. A cohesive, coordinated plan for moving forward was identified as a priority and the result is the strategic programmatic plan for 2018-2022.

Vision

Our vision is that all Minnesota communities are resilient and prepared to rapidly respond to and recover from emergencies that threaten the health of the public.

Mission

Our mission is to coordinate public health and health care preparedness and response work across the state of Minnesota in order to achieve our vision of resilient communities. CEPR

coordination with partners at the state, regional, and local levels provides support and the big picture perspective needed to shift people, supplies, and equipment to areas of highest need.

MDH delivers critical state level services needed to quickly detect and mitigate threats to the public's health (e.g., surveillance, public health laboratory testing). In addition, MDH provides local partners with critical tools needed to respond effectively (e.g., talking points, press releases).

Problem statement

The strategic programmatic plan identifies priority areas for MDH, health care coalitions and local and tribal health departments that target and focus our collective efforts. With the increasing complexity and frequency of public health and health care emergencies, this plan provides a roadmap that helps us adjust programmatic direction quickly and efficiently. A deliberate approach improves our ability to examine critical concerns, such as assuring that we address the access and functional needs of at-risk individuals. This plan is flexible, and can accommodate changes in federal direction, responses that may occur or advances in technology, or approaches to response and recovery while maintaining a clear focus on the desired end state.

Strengths and Gaps Analysis

PHEP

Leading up to the strategic planning sessions, internal staff and external partners were engaged to discuss strengths, weaknesses, opportunities, and threats (SWOT). There was common agreement that a strategic plan would improve coordination among partners and increase the opportunities for alignment of activities. Partners expressed concern regarding the amount of work required given the limited funding available to support it. Reporting discussions occurred with requests to continue to explore how to balance the CDC and MDH requirements with the need to do the work. Partners also expressed appreciation for the support that regional preparedness staff provide, and acknowledged recent improvements to information sharing processes.

Specific opportunities for action identified:

- Addressing health equity issues in emergency preparedness;
- Increasing opportunities to exercise jointly with MDH;
- Clarifying state, regional, and local roles;
- Continued work on challenging communication issues;
- Identifying platforms for sharing materials and resources; and
- Increasing staff capacity for outreach, and working with cultural groups.

HPP

In 2016, ASPR released significant changes to the health care capabilities through the 2017-2022 Health Care Preparedness and Response Capabilities (HPP Capabilities). The HPP program conducted a gap assessment and tactics identification to inform health care aspects of the MDH CEPR strategic planning. In addition, during 2015-2016, HCCs hosted regional strategic planning sessions with their coalition partners addressing strengths, weaknesses and opportunities. This provided a foundation to the HCC strategic planning session hosted by MDH-EPR at the HPP Quarterly meeting in December 2016. Participating members included Regional Health Care Preparedness Coordinators (RHPCs), HCC advisory members, Public Health Preparedness Consultants (PHPCs), and MDH-EPR staff.

Specific opportunities for action:

- Explore statewide training opportunities for effective public information practices;
- Explore behavioral health opportunities;
- Increase and enhance partnership engagement between Emergency Medical Services (EMS) and HCCs;
- Explore opportunities for collaboration with long term care in light of CMS enhances regulations; and
- Increase partnership engagement and enhancement opportunities between the Homeland Security Emergency Management (HSEM) agency and HCCs.

Priority areas and projects

The CDC and ASPR organize the work of emergency preparedness and response according to six domains. Within each program area, the work is further defined by capabilities. There are four HPP capabilities and 15 PHEP capabilities (HPP Capabilities, PHEP Capabilities).

All CEPR activities fit within the domain areas outlined below. Minnesota's strengths and weaknesses are shared for each domain. To illustrate our future efforts in this area, only example activities are shared. Please see Appendix A for a full list of activities organized by program and Years 2, 3, 4.

Domain 1 Community Resilience

Preparing communities to withstand and recover from public health incidents.

This domain includes HPP Capabilities 1, 3, and 4 (see Domain 5) and PHEP Capabilities 1 and 2.

HPP Capability 1 Foundation for Health Care and Medical Readiness

The foundation for health care and medical readiness enables the health care delivery system and other organizations that contribute to responses to coordinate efforts before, during, and after emergencies; continue operations; and appropriately surge as necessary. This is primarily

accomplished through health care coalitions (HCCs) bringing diverse and often competitive health care organizations with differing priorities and objectives to work together.

HCCs collaborate with stakeholders to ensure the community has the necessary medical equipment and supplies, real-time information, communication systems, and trained health care personnel to respond to an emergency. These stakeholders include core HCC members: hospitals, EMS, emergency management organizations, and public health agencies. The goal of HPP Capability 1: The community's health care organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

HPP Capability 3 Continuity of Health Care Service Delivery

Optimal emergency medical care relies on intact infrastructure, functioning communications and information systems, and support services. Delivering health care services is interrupted when internal or external systems, e.g., utilities, electronic health records (EHRs), and supply chains are compromised. Disruptions occur during sudden and slow-onset emergencies or during daily operations. Historically, continuity of operations planning focused on business continuity and ensuring information technology (IT) redundancies. Health care organizations and health care coalitions (HCCs) address all risks that could compromise continuity of health care service delivery.

Continuity disruptions may range from an isolated cyberattack on a single hospital's IT system to a long-term, widespread infrastructure disruption affecting the entire community and all health care organizations. A safe, prepared, and healthy workforce and comprehensive recovery plans bolster the health care delivery system's ability to continue services during an emergency and return to normal operations more rapidly. The goal of Capability 3: Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well trained, well educated, and well equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or improved operations.

PHEP Capability 1 Community Preparedness

Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents. Public health engages and coordinates response and recovery efforts with emergency management, health care organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, and state, local, and tribal health departments. Public health's role in community preparedness is to support plans for recovery; increase awareness and planning for partners; promote awareness and access to medical and mental/behavioral health resources; engage partners representing at-risk individuals; engage partners representing cultural and socio-economic demographic components of the community in preparing for functional needs; and receive and/or integrate the health needs of populations displaced by incidents. This capability consists of the ability to perform the following functions:

- Function 1: Determine risks to the health of the jurisdiction

- Function 2: Build community partnerships to support health preparedness
- Function 3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks
- Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts

PHEP Capability 2 Community Recovery

Community recovery is the ability to collaborate with community partners to rebuild the public health, medical, and mental/behavioral health system to a level of functioning comparable or better than pre-incident levels. This capability supports national Health Security Strategy Objective 8: Incorporate Post-Incident Health Recovery into Planning and Response. Post-incident recovery of those systems is critical for health security and requires collaboration by public health for the restoration of services, providers, facilities, and infrastructure. Monitoring the public health, medical and mental/behavioral health infrastructure is an essential public health service. This capability consists of the ability to perform the following functions:

- Function 1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs
- Function 2: Coordinate community public health, medical, and mental/behavioral health system recovery operations
- Function 3: Implement corrective actions to mitigate damages from future incidents

Community resiliency strengths include established partnerships at the state and local levels. Gaps that exist include uniform preparedness for access and functional needs of many populations and building relationships with non-traditional partners. An example of a joint activity across all four years is identifying concrete steps to move preparedness planning forward to address the access and functional needs of at-risk individuals, while taking into consideration the cultural and socio-economic nuances of the community. PHEP example activities include conducting a series of exercises focused on MDH Continuity of Operations and addressing the needs of children in all-hazards planning. An HPP example activity is for HCCs to strengthen, build, and expand partnerships.

Domain 2 Incident Management

Coordinating and managing responses

This domain includes HPP capability 1 (*see Domain 1*) and 2 and PHEP capability 3.

HPP Capability 2 Health Care and Medical Response Coordination

Health care and medical response coordination enables the health care delivery system and other organizations to share information, manage and share resources, and integrate their activities with their jurisdictions lead agency at both the federal and state levels.

Private health care organizations and government agencies share authority and accountability for health care delivery system readiness. HCCs serve a communication and coordination role that ensures the integration of health care delivery into the community's incident planning

objectives and strategy development. It also ensures the rapid communication of resource needs to emergency operation centers (EOCs).

HCCs connect the elements of medical response and provide the coordination mechanism among health care organizations, including hospitals, EMS, emergency management organizations, and public health agencies. The goal for Capability 2: Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

PHEP Capability 3 Emergency Operations Coordination

Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System. This capability consists of the ability to perform the following functions:

- Function 1: Conduct preliminary assessment to determine need for public activation
- Function 2: Activate public health emergency operations
- Function 3: Develop incident response strategy
- Function 4: Manage and sustain the public health response
- Function 5: Demobilize and evaluate public health emergency operations

Incident Management strengths include established plans, incident responses and exercises conducted demonstrating state, regional, and local abilities to use the incident command system. Gaps that exist include training of new staff and staff in Branch, Group, and Unit response positions. Another gap is unknown status of administrative and fiscal preparedness planning at regional and local levels. An example of joint HPP and PHEP activities across the four years is the statewide exercise at the end of Year 3 or beginning of Year 4 and updates to all-hazards, chemical, burn, radiological, nuclear, and explosion plans. An HPP example in Year 4 is holding an MDH Health Care Recovery Plan exercise. A PHEP example in Year 3 is providing updates to the Governor's Executive Orders.

Domain 3 Information Management

Making sure people have information to take action.

This domain includes HPP capability 2 (*see Domain 2*) and PHEP capabilities 4 and 6.

PHEP Capability 4 Emergency Public Information and Warning

Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. This capability consists of the ability to perform the following functions:

- Function 1: Activate the emergency public information system
- Function 2: Determine the need for a joint public information system

- Function 3: Establish and participate in information system operations
- Function 4: Establish avenues for public interaction and information exchange
- Function 5: Issue public information, alerts, warnings, and notifications

PHEP Capability 6 Information Sharing

Information sharing is the ability to conduct exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance. This capability consists of the ability to perform the following functions:

- Function 1: Identify stakeholders to be incorporated into information flow
- Function 2: Identify and develop rules and data elements for sharing
- Function 3: Exchange information to determine a common operating picture

Minnesota has a number of strengths in Domain 4: strong partnership between MDH and local partners (HCCs and LHDs/THDs); experience working with diverse populations during responses; and an innovative approach to public information officer coordination using a virtual joint information center. Some areas for improvement in this domain include training for additional public information officers, spokespersons and others and communication message development and dissemination with limited English proficiency (LEP) populations.

An example of a joint HPP-PHEP activity in this domain is the HCC Information Sharing between Public Health and Health Care project that will get underway in Year 3. A PHEP example is the development of a Minnesota specific Crisis and Emergency Risk Communication (CERC) Training for LHDs in Year 2. In Year 5, HPP will conduct an Inter-coalition Communication Exercise.

Domain 4 Countermeasure and Mitigation

Protecting the public and responders

This domain includes HPP capability 3 (*see Domain 1*) and capability 4 (*see Domain 5*) and PHEP capabilities 8, 9, 11, and 14.

PHEP Capability 8 Medical Countermeasure Dispensing

Medical countermeasure dispensing is the ability to provide medical countermeasures, such as vaccines, antiviral drugs, antibiotics, antitoxins, in support of oral or vaccine treatment or prophylaxis to the identified population following public health guidelines. This capability consists of the ability to perform the following functions:

- Function 1: Identify and initiate medical countermeasure dispensing strategies
- Function 2: Receive medical countermeasures
- Function 3: Activate dispensing modalities
- Function 4: Dispense medical countermeasures to identified population
- Function 5: Report adverse events

PHEP Capability 9 Medical Materiel Management and Distribution

Medical materiel management and distribution is the ability to acquire, maintain (e.g., cold chain storage), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel after an incident. This capability consists of the ability to perform the following functions:

- Function 1: Direct and activate medical materiel management and distribution
- Function 2: Acquire medical materiel
- Function 3: Maintain updated inventory management and reporting system
- Function 4: Establish and maintain security
- Function 5: Distribute medical materiel
- Function 6: Recover medical materiel and demobilize distribution operations

PHEP Capability 11 Non-Pharmaceutical Interventions

Non-pharmaceutical interventions are the ability to recommend and implement strategies for disease, injury, and exposure control. Strategies include isolation and quarantine, restrictions on movement and travel advisory/warnings, social distancing, external decontamination, hygiene, and/or precautionary protective behaviors. This capability consists of the ability to perform the following functions:

- Function 1: Engage partners and identify factors that impact non-pharmaceutical interventions
- Function 2: Determine non-pharmaceutical interventions
- Function 3: Implement non-pharmaceutical interventions
- Function 4: Monitor non-pharmaceutical interventions

PHEP Capability 14 Responder Safety and Health

The responder safety and health capability describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel. This capability consists of the ability to perform the following functions:

- Function 1: Identify responder safety and health risks
- Function 2: Identify safety and personal protective needs
- Function 3: Coordinate with partners to facilitate risk-specific safety and health training
- Function 4: Monitor responder safety and health actions

Countermeasure and mitigation domain strengths in Minnesota include the existence of new plans and partnerships in place to receive, stage, and store medical supplies and to facilitate closed points of dispensing (CPOD) planning. Areas for improvement include operationalizing and exercising newly revised and updated plans, such as the medical materiel transportation plan.

An example of joint activities in Year 2 include conducting an inventory of ventilators. A PHEP example in Year 2 is for all LHDs/THDs to update their mass dispensing plans based on the new guidelines and in Year 3 to develop the Plague protocol and a CPOD for federal employees in

greater Minnesota. An HPP example is supply chain integrity with an assessment in Year 3, plan development in Year 4, and an exercise in Year 5.

Domain 5 Surge Management

Working together to sustain communities during extraordinary situations

This domain contains HPP capability 4 and PHEP capabilities 5, 7, 10, and 15.

HPP Capability 4 Medical Surge

Medical surge is the ability to evaluate and care for a markedly increased volume of patients that exceeds normal operating capacity. Developing health care coalitions (HCCs) is especially important to support the coordination of the medical response across health care organizations. Medical surge requires building capacity and capability to manage a sudden influx of patients. It is dependent on a well-functioning incident command system (ICS) and space, supplies, and staff. The surge requirements should include all aspects related to clinical services (e.g., laboratory studies, radiology exams, operating rooms).

Surge capability is the ability to manage patients requiring very specialized medical care. Surge requirements span a range of medical and health care services (e.g., expertise, information, procedures, or personnel) that are not normally available at the location where they are needed (e.g., pediatric care provided at non-pediatric facilities or burn care services at a non-burn center). Surge capability also includes special interventions in response to uncommon and resource intensive patient diagnoses (e.g., Ebola, radiation sickness) to protect medical providers, other patients, and the integrity of the medical care facility.

HCCs and their members that coordinate during a medical surge response are more likely to be able to manage the emergency without state or federal assets or employing crisis care strategies. However, it is not possible to plan for all worst-case scenarios. For times when the health care delivery system is stressed beyond its maximum surge capacity, crisis care strategies may be employed. Planning for medical surge should follow the Medical Surge Capacity and Capability (MSCC) tiered approach. The goal for Capability 4: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

PHEP Capability 5 Fatality Management

Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, health care, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/ behavioral health services to the family members, responders, and survivors of an incident. This capability consists of the ability to perform the following functions:

- Function 1: Determine role for public health in fatality management
- Function 2: Activate public health fatality management operations
- Function 3: Assist in the collection and dissemination of ante mortem data
- Function 4: Participate in survivor mental/behavioral health services
- Function 5: Participate in fatality processing and storage operations

PHEP Capability 7 Mass Care

Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/ behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves. This capability consists of the ability to perform the following functions:

- Function 1: Determine public health role in mass care operations
- Function 2: Determine mass care needs of the impacted population
- Function 3: Coordinate public health, medical, and mental/behavioral health services
- Function 4: Monitor mass care population health

PHEP Capability 10 Medical Surge

Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to survive a hazard impact and maintain or rapidly recover operations that were compromised. This capability consists of the ability to perform the following functions:

- Function 1: Assess the nature and scope of the incident
- Function 2: Support activation of medical surge
- Function 3: Support jurisdictional medical surge operations
- Function 4: Support demobilization of medical surge operations

PHEP Capability 15 Volunteer Management

Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance. This capability consists of the ability to perform the following functions:

- Function 1: Coordinate volunteers
- Function 2: Notify volunteers
- Function 3: Organize, assemble, and dispatch volunteers
- Function 4: Demobilize volunteers

Surge management domain strengths in our state include a robust roster of volunteers, including special units for behavior health and disaster mortuary responses. Areas for improvement continue to focus on defining public health's support roles in fatality management, mass care and medical surge. There are currently no identified joint activities. Examples of HPP work throughout the project period include continuing to train and exercise with burn centers and facilities, engaging communities to discuss the crises standards of care

plan and developing alternate care systems. PHEP examples include Disaster Mortuary Emergency Response Team (DMERT) exercises and identifying PHEP medical surge priorities for LHDs/THDs.

Domain 6 Biosurveillance

Constant surveillance, rapid detection and investigations

This domain includes HPP capability 4 (*see Domain 5*) and PHEP capabilities 12 and 13.

PHEP Capability 12 Public Health Laboratory Testing

Definition: Public health laboratory testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Hazards include chemical, radiological, and biological agents that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability supports routine surveillance, including pre-event or pre-incident and post-exposure activities. This capability consists of the ability to perform the following functions:

- Function 1: Manage laboratory activities
- Function 2: Perform sample management
- Function 3: Conduct testing and analysis for routine and surge capacity
- Function 4: Support public health investigations
- Function 5: Report results

PHEP Capability 13 Public Health Surveillance and Epidemiological Investigation

Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance. This capability consists of the ability to perform the following functions:

- Function 1: Conduct public health surveillance and detection
- Function 2: Conduct public health and epidemiological investigations
- Function 3: Recommend, monitor, and analyze mitigation actions
- Function 4: Improve public health surveillance and epidemiological investigation systems

Biosurveillance domain strengths include a strong and established public health laboratory and epidemiology surveillance and investigation programs. Areas for improvement for the public health laboratory include completing a continuity of operations plan. For epidemiology surveillance and reporting, additional incident command system (ICS) training and exercising, particularly of staff in Branch, Group, and Unit response positions would enhance response capacity.

There are no joint HPP and PHEP activities. There are no HPP activities in this domain. Examples of PHEP activities in Domain 6 include development or revision of infectious disease plans and exercises to test them, incident command training for staff in Branch, Group, and Unit response

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roles, completing the Public Health Laboratory COOP plan, and implementing Orchard, the new laboratory information management systems (LIMsi).

Evaluation

Evaluation is an important component of all public health work and emergency preparedness has several built-in evaluation processes. These include after action reports, improvement plans, and training evaluations. There are also reports from local and tribal health departments and health care coalitions to the state that are used to develop state aggregated reports to ASPR and CDC on progress and work completed. Much evaluation work in our field to date has focused on quantity (e.g., how many plans completed, how many and what types of exercises). However, our evaluation is increasingly shifting toward quality (e.g., are key elements included in plans? are exercises testing gaps?)

Performance measures are collected by ASPR and CDC, but are still in their infancy, with considerable revisions still occurring. State-level performance measures for local health departments have been collected in Minnesota since 2008, however due to changes in preparedness work, these measures are also undergoing revisions. New measures are expected to be finalized by 2019.

In addition to the federal and state performance measures, both PHEP and HPP use other feedback mechanisms to understand the impact, value, and success of their respective efforts.

Questions

If you have questions about the strategic planning priorities or direction, please contact:

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Appendix A: Multi-year work plan by domain

Domain 1: Community Resilience

Joint HPP-PHEP

Across all four Years

Joint
- Inclusive risk planning; guidance for EPR staff
- Partnerships; strengthening, building, expanding
- Statewide Full-Scale Exercise planning
- Multi-Year Training and Exercise Program (MYTEP)

HPP
- Exercising plans, including coalition surge test
- HCC maturation and sustainment

PHEP
- MDH Command & General staff training and exercises
- REP Exercises
- Operational Readiness Reviews (ORRs)
  - State (Year 2 and 4)
  - Local (Years 2, 3, 4, and 5)
  - Action Plans (every Year)

Year 2
- emPower: to meet needs of those who are electrically dependent
- MDH Continuity of Operations Business Impact Analysis
- COOP 201 for LHDs and THDs
- MDH Plan for Needs for Children in All Hazards Situations
- Peer to Peer Sharing Assessment

Year 3
- MDH Jurisdictional Risk Assessment

HPP

Year 2
- HCC Partners; strengthening, building, expanding partnerships

Year 3
- Access and Functional Needs Toolkit update

PHEP

Year 2
- MDH Continuity of Operations Exercises
- COOP Alternate Facility Functional Exercise

Year 3
- Access and Functional Needs Toolkit update

Year 4
- L/THD Plan for Needs of Children in All-Hazards Situations

Domain 2: Incident Management

Joint HPP-PHEP

Year 2
- MDH Administrative and Fiscal Preparedness Standard Operating Guidelines (SOGs) TTX
- Full-scale exercise planning
- MDH Plans review (All-Hazards, and inclusion of chemical, biological, radiological, nuclear and explosive (CBRNE) response actions)

Year 4
- Expedited procedures; assessment of L/THDs and HCCs to identify gaps
- All-Hazard Plans assessment/exploration of sharing (how/what) with HCCs
- All-Hazard Plan update

Year 5
- CPODs for First Responders and coordinate with HCCs for PPE purchasing, caching, and distribution
- All-Hazards Plan update

HPP
Year 2
- HCC Response Plans; support plan development
- HCC COOP plan assessment: power outages
- Statewide patient tracking strategy

Year 3
- MDH Plans review (All-Hazards)
- HCC Response Plans; support Health Care Power Outage Plan development
- Statewide patient tracking strategy

Year 4
- MDH Health Care Recovery Plan exercise
- Health Care CBRNE Plan; support plan development

Year 5
- MDH Health Care Recovery Plan assessment
- Health Care CBRNE Plan; support plan assessment

PHEP
Year 2
- Exercise webinar for LHDs/THDs
- AAR-IP Training for LHDs/THDs

Year 3
- HSEM's Governor's Executive Order updates
- Full-Scale Exercise (or Year 4)

Year 4
- Joint Full-Scale Exercise (if not completed in Year 3)

Domain 3 Information Management

Joint HPP-PHEP
Year 3
- HCC Information Sharing between Public Health and Health Care

HPP

Year 5
- Inter-coalition Communication Exercise

PHEP

Year 2
- MDH Virtual JIC (VJIC) – clarify purpose, intended use, update SharePoint platform
- Public Information & Warning Annex update
- CERC Training – MN specific - for LHDs

External Partnerships:
- Construct and verify 24/7 contact list for local, state and federal PIO partners
- Support Metro PIOs through establishment of regular meetings to share information, best practices, etc.
- Build a resource site and develop materials for Greater MN partners who have untrained and/or inexperienced PIOs.

Internal Capacity:
- Provide advanced skills training for MDH PIOs as funding is identified
- Develop and facilitate realistic drills to test PIO interactions with other MDH DOC and EOC roles.
- Provide training on public information and ICS to Executive Office and Division Directors.

Collaborative Tools:
- Evaluate full suite of existing collaborative tools used in DOC for exercises and response and determine future utility.

Skills Training:
- Provide advanced skills training for non-communications staff with spokesperson or outreach responsibilities within MDH Divisions
- Cross-train MDH Communications and Outreach staff on other ICS roles.

Year 3

External Partnerships:
- Establish annual regional meetings of identified Greater MN PIOs.
- Evaluate interest in regular meetings of identified Greater MN PIOs to share information, best practices, etc.
- Develop a high-quality training video describing a JIC.

Internal Capacity:
- Provide training to response staff across divisions on public information process and how to effectively engage with the PIO function in a response.

Collaborative Tools:
- Create durable message maps for significant potential threats/responses.
- Develop collaborative tools for access to message maps both internally and with external PIOs on an as-needed basis.

Skills Training:
- Drill PIO skills.

Year 4

External Partnerships:
- Establish on-going two-way communication tool with PIOs around the state to share case studies, lessons learned and resource recommendations.

Year 5
- Communications and Information Sharing (TBD)
- Call Center CONOPs

Domain 4 Countermeasures and Mitigation

Joint HPP-PHEP

Year 2
- Inventory of Ventilators
- MDH Responder Safety and Health

Year 3
- Full-Scale Exercise (or Year 4)
  - Dispensing
  - Distribution

Year 4
- Full-Scale Exercise (if not completed in Year 3)
  - Dispensing
  - Distribution

HPP

Year 3
- Supply Chain Integrity Assessment with HCCs

Year 4
- Supply Chain Integrity Plan development

Year 5
- Supply Chain Integrity Plan assessment

PHEP

Year 2
- MDH MCM Annex and Job Action Sheets
- Pharmacy Partnerships MOU, in partnership with MDH Vaccine Program
- MDH Responder Care Annex
- Mass Dispensing Guidelines implementation
- MDH Closed POD Exercise
- Tularemia Protocol
- Non-Pharmaceutical Interventions: MDH Annex and Template update
- Non-Pharmaceutical Interventions: MDH Community Mitigation and I&Q annex update
- IMATS training for RSS staff
- Add Essential Services resources to checklists for new LHD/THD directors and emergency preparedness coordinators
- Annually, provide an essential services article or highlight to the EPR newsletter

Year 3

- Guidance for MDH Provider hotline
- Update Pandemic Influenza Plan
- RSS Cold Chain Management Plan
- Implement Pharmacy Partnership Plan
- Plague Protocol
- Translation of MCM Products
- Federal Employee CPOD for Greater MN
- Annually, provide an Essential Services article or highlight to the EPR newsletter
- Develop an exercise in a box for use at LHD/THD to demonstrate activation of essential services within a jurisdiction (or Year 4)

Year 4
- Non-Pharmaceutical Interventions: Update template for plan elements
- Non-Pharmaceutical Interventions: Local updates
- Annually, provide an essential services article or highlight to the EPR newsletter
- Develop an exercise in a box for use at LHD/THD to demonstrate activation of essential services within a jurisdiction (may be completed in Year 3)
- If developed in Year 3, roll-out Essential Services 'exercise in a box', focused on activation of essential services within a jurisdiction (or Year 5).

Year 5
- State Agency CPODs
- Annually, include an Essential Services article in the EPR newsletter
- Essential Services 'exercise in a box' tabletop exercise (TTX), focused on activation of essential services within a jurisdiction (may be completed in Year 4).

Domain 5 Surge Management

Joint HPP-PHEP

Year 5
- Coordinate with HCCs and others on proper tracking, transport, handling and storage of human remains

HPP

Year 2
- Training and exercises for Burn Center / Surge facilities
- Alternate Care Systems planning and assessment with HCCs
- CSC Framework; rollout and engagement
- Ebola planning; development, refinement, and exercising
- Pediatric Surge; plan and curriculum rollout with HCCs

Year 3
- CSC Framework exercise with HCCs
- GLHP Ebola/HCID Transport Plan exercise
- MDH Pediatric Surge Plan exercise
- Alternate Care Systems planning and assessment with HCCs

Year 4
- HCC Surge Test

Year 5

- CSC Framework address gaps with HCCs
- Training and exercises for Burn Center / Surge facilities

PHEP

Year 2

- Identify PHEP medical surge priorities for LHDs
- Volunteer Management plans – required elements review
- DMERT TTX
- MDH Mass Fatality Annex update

Year 3

- DMERT Functional Exercise

Year 4

- DMERT Full-Scale Exercise
- LHD Implement of Medical Surge Tasks

Domain 6 Biosurveillance

Year 2

- Address gaps identified in Infectious Disease Epidemiology Prevention and Control (IDEPC) division-focused priority written plans (Functions 1 – 4) and revise, update, or develop written plan
- Assess IDEPC staff's priority training and skills status
- Add ICS training (based on the MDH Readiness Training Plan) to new IDEPC employee checklists as a required training for staff with response roles (all epidemiologists)
- Working with an MDH CEPR Master Exercise Practitioner, plan TTX for intentional food contamination response: MDH LHD (Minneapolis/Hennepin County), MDH, FBI, law enforcement, and first responders
- PHL will develop a comprehensive COOP plan, beginning with a gap analysis and then developing modules.
- PHL will undertake a number of quality initiatives. These include:
  - Developing a master list of equipment with SOPs and preventive maintenance plan and enhancing the current system.
  - Conduct formal risk assessments on all areas of the laboratory for safety issues.
  - Validate or verify all LRN assays.
- Develop transport SOP for samples to be received at MDH to include training for MDH staff (e.g., IDEPC) on how to get a sample to MDH.
- Develop, conduct, and evaluate the following PHL exercises:
  - Man down in BLS3 for SA program, collaborating with first responders.
  - Specimen Packaging and Shipping Exercise (SPASE) for LRN-C
  - Notification drill for MLS labs.
  - Emergency Response exercise for LRN-C
- PHL will collaborate with vendor to develop Orchard, the new LIMsi software system, and begin implementation.
- Gather LRNC LIMsi requirements.

Year 3

- Working with an MDH CEPR Master Exercise Practitioner, conduct IDEPC TTX exercise for intentional food contamination.
- Working with an MDH CEPR Master Exercise Practitioner, plan exercise for all IDEPC staff with response roles 'deeper' into ICS structure
- Orchard implementation
    - IDEPC and PHL coordination on Orchard implementation
- LRN-C LIMsi implementation
- PHL will draft all COOP modules and ensure they are integrated with MDH All-Hazards Plan.
- Exercise COOP plan during PHL building renovations and produce an AAR-IP.
- PHL will conduct audits of equipment, biosafety and CLIA work.
- PHL will continue to validate new assays for all specimen types.
- PHL will evaluate packages from samples received to see if submitters are following Federal Regulations.
- PHL will provide Package and Shipping training for sentinel labs.
- Develop, conduct, and evaluate the following PHL exercises:
    - Specimen Packaging and Shipping Exercise (SPASE) for LRN-C
    - Notification drill for MLS labs.
    - Emergency Response exercise for LRN-C
- Orchard implementation
- LRN-C LIMsi implementation

Year 4
- Working with an MDH CEPR Master Exercise Practitioner, conduct exercise for all IDEPC staff with response roles
- PHL will conduct an annual review of the COOP plan
- PHL will conduct audits of equipment, biosafety, and CLIA work
- Develop, conduct, and evaluate the following PHL exercises:
    - Specimen Packaging and Shipping Exercise (SPASE) for LRN-C
    - Notification drill for MLS labs.
    - Emergency Response exercise for LRN-C

Year 5
- PHL will conduct an annual review of the COOP plan
- PHL will conduct audits of equipment, biosafety, and CLIA work
- Develop, conduct, and evaluate the following PHL exercises:
    - Specimen Packaging and Shipping Exercise (SPASE) for LRN-C
    - Notification drill for MLS labs.
    - Emergency Response exercise for LRN-C