



SE MINNESOTA  
DISASTER HEALTH COALITION

*Enhancing Regional Preparedness, Response and Recovery*

# All Hazards Guidelines

September 2014

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## INTRODUCTION

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A number of types of disasters could negatively impact a community's ability to provide effective health and medical services. A regional approach to health and medical capability-building is based on the belief that the medical needs of the citizenry will be best met if healthcare organizations, essential partners, and other partners cooperate with each other and coordinate preparedness and response efforts.

This document provides the framework for medical preparedness, response and recovery activities in southeast Minnesota. This plan is limited to medical preparedness, recovery and response.

This guidance does not replace or interfere with organizational emergency operations plans or jurisdictional plans for official command and control authorized by state and local emergency management agencies. It is recommended this document be included as an annex in healthcare organizational and jurisdictional emergency operations plans.

## ASSUMPTIONS

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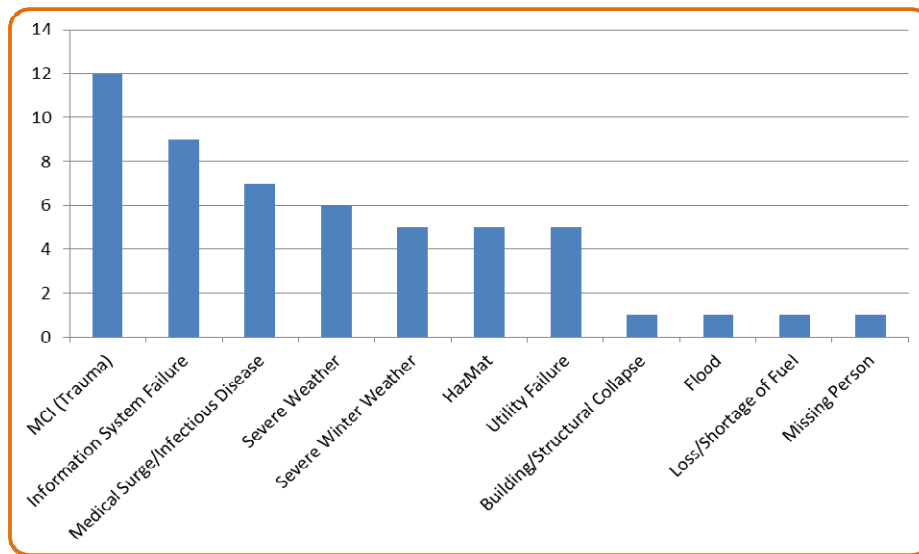
The following assumptions were used to develop this guideline.

- This guideline provides preparedness and operational guidance for an all-hazards planning approach to disaster management.
- All disasters should be managed at the most local level possible, supporting the whole community approach to preparedness and response.
- Planning should be flexible, scalable and adaptable. This document has been written for adoption by SEMN Disaster Health Coalition partners from various disciplines and demographic areas; as such, it remains flexible to support the unique geographic characteristics and membership within each region.
- The supporting "regional guidelines" provide more specific detail on technical operations during a variety of hazard-specific activations.
- Health and medical awareness, readiness or response is required for most disasters.
- This document is a supplement to organizational emergency operations plans. Hospitals should engage in planning and evaluation activities and develop an emergency operations plan (EOP) that includes, at a minimum (Joint Commission Resources, 2012):
  - implementation of an internal incident command system based on the principles of the National Incident Management System (NIMS)
  - management of patients and provisions for care in an incident
  - systems for communication during incidents
  - management of resources and assets during disasters, including maintenance of regional disaster assets
  - management of safety and security during incidents

- management of staff during an incident, including competency-based training
- management of volunteer licensed independent practitioners and other licensed, certified, or registered volunteers during an incident
- management of utilities during an incident
- Coalition partner hospitals are expected to maintain the capability to manage the consequences of emergencies, independent of support from the Coalition.
- Resource sharing amongst Coalition partners during a response will be managed in accordance with operating agreements, mutual aid agreements, etc. Therefore, Coalition partners are expected to be signatories on applicable, typically discipline-specific, operating/mutual aid agreements.

## HAZARDS

Natural hazards pose the greatest risk to Minnesota communities, historically. The relatively high vulnerability rating across facility types, depicted in Figures 1 through 3, reflect this fact. Some hazard vulnerability differences between hospitals and long-term care facilities result from the different mission/essential services of each type of facility. Refer to the SEMN Hazard Vulnerability Assessment Report for further information.



*Figure 1. Aggregate Top Hospital Vulnerabilities*

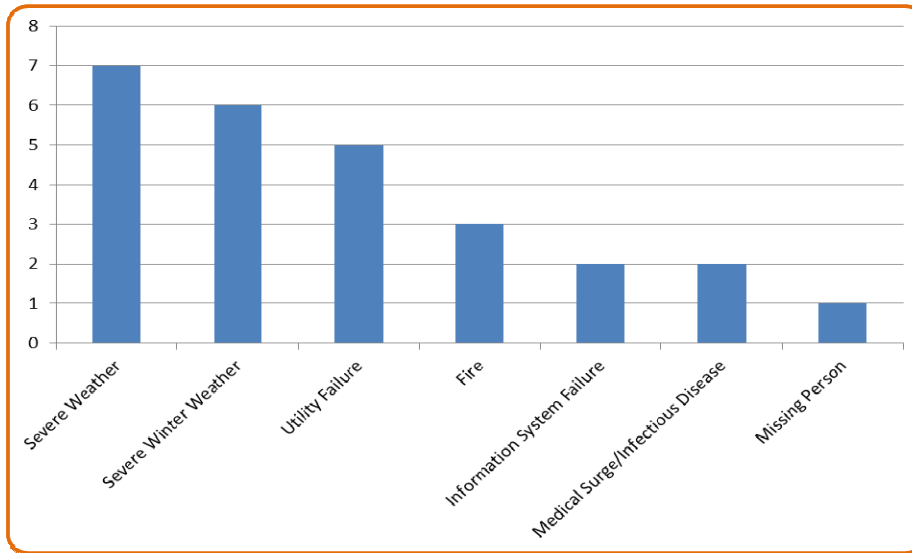


Figure 2. Aggregate Top Long-Term Care Facility Vulnerabilities

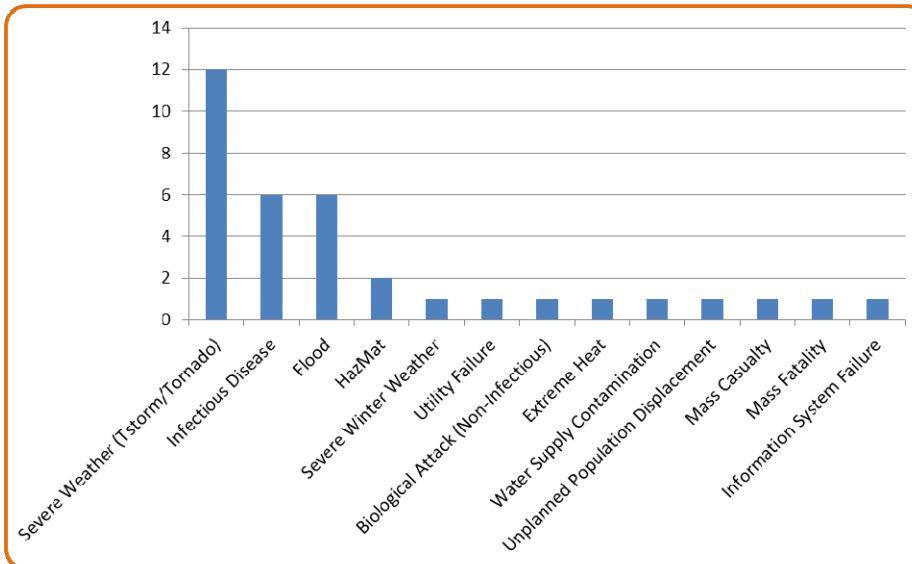


Figure 3. Aggregate Community Vulnerabilities Identified Through Local Public Health Hazard & Vulnerability Risk Assessment Process

## HEALTHCARE SYSTEM PREPAREDNESS

### Coalition Definition

Mizrahi, Terry and Beth B. Rosenthal (2001), in their article “Complexities of Coalition Building: Leaders’ Successes, Strategies, Struggles, and Solutions,” define coalition as, “an organization or organizations whose members commit to an agreed-on purpose and shared decision making to influence an external institution or target, while each member organization maintains its own autonomy.”

## Coalition Governance

The Coalition establishes and elects a multi-disciplinary Advisory (Executive) Committee to facilitate multidisciplinary preparedness and sharing good and best practices. The Advisory Committee provides guidance for emergency preparedness initiatives in the SE Minnesota Region and works on behalf of the SE Minnesota Disaster Health Coalition. The overall mission of the Advisory Committee is to serve as regional ambassadors of the SE Minnesota Disaster Health Coalition.

These disciplines will be represented on the Advisory Committee. The number after the workgroup name is the number of seats that discipline has on the Advisory Committee:

- Hospital Preparedness – 3 (1 - Mayo Clinic, 1 - Mayo Clinic Health System, 1- Non-Mayo Clinic Hospital)
- Local Public Health Emergency Preparedness – 2
- Long Term Care – 2 (1 - Skilled Nursing Facility; 1- Other)
- Region 1 Emergency Management Joint Powers Board – 2
- Southeast MN Emergency Medical Services – 2
- Southeastern MN VOAD (Volunteer Organizations Active in Disasters) - 1

Refer to the current SEMN Disaster Health Coalition Advisory Committee Charter for additional information.

Specific organization of the Coalition leverages existing disaster preparedness groups (Primary and Secondary Workgroups):

### Primary Workgroups

Through the Advisory Committee representative, these groups provide reports and recommendations to the Advisory Committee to drive health and medical preparedness improvements:

- Hospital Disaster Preparedness & Response Compact
- Local Public Health Emergency Preparedness Workgroup
- Long Term Care Disaster Preparedness Workgroup
- SE Emergency Medical Services Disaster Sub-Committee
- SMRTAC – Southern MN Regional Trauma Advisory Committee
- Region 1 Emergency Management Joint Powers Board
- Southern MN VOAD

### Secondary Workgroups

Representatives from Secondary Workgroups are invited to present to the Advisory Committee as deemed appropriate to facilitate collaboration for disaster preparedness or in order to request funding through available sources, if any.

- Interoperable Communications

- Exercise Planning Team
- Lab Response Network

### **Coalition Purpose**

The purpose of the SEMN Disaster Health Coalition is to facilitate preparedness to assist communities with building a Health and Medical Services (Emergency Support Function 8/ESF8) Capability to respond to and recover from disasters, especially those with regional impact.

### **Coalition Boundaries**

The SEMN Disaster Health Coalition supports health and medical preparedness across southeastern Minnesota, which includes the following counties: [Dodge](#), [Fillmore](#), [Freeborn](#), [Goodhue](#), [Houston](#), [Mower](#), [Olmsted](#), [Rice](#), [Steele](#), [Wabasha](#), and [Winona](#).

### **Coalition Partners**

The SEMN Disaster Health Coalition consists of organizations with responsibilities to mitigate the likelihood of a hazard negatively impacting the ability of a healthcare system to provide services and to prepare for, respond to, recover from consequences of a disaster.

The following groups are represented as part of the SEMN Disaster Health Coalition:

- Emergency Management (Region 1 Joint Powers Board)
- Emergency Medical Services Regulatory Board (EMSRB)
- Home Healthcare
- Hospitals
- South East Emergency Medical Services (SE EMS Joint Powers Board)
- Long Term Care Facilities
- Public Health
- Specialty Services such as(e.g. dialysis centers, hospice centers, medical examiner's offices, medical societies)
- Volunteer Organizations Active in Disasters (VOAD)

Refer to the SEMN Disaster Health Coalition website for a list of current partners. ([www.semndhc.org](http://www.semndhc.org))

### **Coalition Scope of Activities**

#### Preparedness Activities

With the varied health and medical capabilities in communities throughout southeast Minnesota, the Coalition helps to ensure effective health and medical response (ESF#8) functions exist across the region. Through cooperation and collaboration, the Coalition provides a forum to support communities in achieving an effective health and medical response function.

The overall goal of the SEMN Disaster Health Coalition is to build healthcare system resilience and capacity to better ensure seamless delivery of care during disasters by

providing resources and a communication platform for planning, response and recovery activities. Specific objectives to for the Advisory Committee, Primary Workgroups and Secondary Workgroups to support this goal include:

- Facilitate and organize planning, training and disaster exercising with Coalition partners
- Provide access to training opportunities
- Facilitate information sharing among Coalition partners
- Promote efficient interface of Coalition partners with jurisdictional authorities
- Provide a platform for networking with disaster preparedness and response partners across the state
- Provide a venue for Coalition partners to cross-reference preparedness grant deliverable criteria to identify opportunities to leverage activities and resources to maximize the impact of effort
- Facilitate MN Health System Preparedness Program funding distribution and utilization

The Coalition provides a forum for multi-disciplinary meetings three times annually, typically in October, February, and June. Primary and secondary workgroups meet according to each group's need, which may be monthly, bimonthly, or quarterly.

Regional guidelines, which include good/best practices, are developed to support organizational, community and regional preparedness, response and recovery activities. Coalition partners are encouraged to implement information available in regional guidelines into organizational and community operational plans, as appropriate.

A number of planning, training and exercise activities are typically be available; however, activities are driven by the Coalition membership. That is, organizations, through regional workgroups, define planning, training, exercise, equipment, etc. needs. Training and exercise information is included in the SEMN Disaster Health Coalition Training and Exercise Plan. Coalition partners are encouraged to participate in training and exercises as appropriate for their organization.

Resources and event information is provided on the SEMN Disaster Health Coalition website, [www.semndhc.org](http://www.semndhc.org).

#### Operational Activities

Operationally, Coalition partners carry out health and medical response and recovery activities within the parameters of statutory authority, jurisdictional Emergency Operations Plans and as defined in operational support compacts, mutual aid agreements, and memoranda of understanding or other operational agreements. Within the parameters of statutory requirements and jurisdictional Emergency Operations Plans, and as outlined in operational support compacts, mutual aid agreements, memoranda of understanding or other operational agreements, disciplines represented



by Primary Workgroups will carry out health and medical system/ESF8 response and recovery operations to include, but not limited to:

- Provide situational, and more specifically, health and medical situational information to support disaster response operations
- Facilitate resource sharing to ensure effective health and medical response operations
- Coordinate health and medical disaster response operations
- Support health and medical operational requests for support (materiel, personnel, etc.) from Coalition partners

Operational response and recovery can be supported through the SEMN Healthcare Multi-Agency Coordination Center (HMACC). The SEMN HMACC is a multi-disciplinary organizational model that allows healthcare entities a means to obtain additional support during disasters. The SEMN HMACC performs a “clearing house” function by collecting, processing, and disseminating data and information to Coalition partners, as applicable, during a disaster.

The Healthcare-MACC does not serve a command and control function for the region; however, it can support functions to improve a coordinated response, including:

- Facilitating information sharing and situational awareness among Coalition partners,
- Facilitating resource support and resource sharing among Coalition members, including supporting the request and receipt of assistance from local, State, and Federal authorities,
- Facilitating patient transfers during a disaster, and
- Supporting incident management policies and priorities.

Any Coalition member or partner or MDH may request SEMN Healthcare-MACC activation by contacting the Mayo Clinic Emergency Communications Center.

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## HEALTHCARE SYSTEM RECOVERY

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### Situation

Medical recovery operations are coordinated through the SEMN Healthcare Multi-Agency Coordination Center (HMACC). Healthcare system essential services have been identified. Specific business continuity/continuity of operations guidance is pending.

### Resources

The SEMN HMACC is supported through a 24/7 emergency dispatch center, Mayo Clinic’s Emergency Communication Center.

Medical disaster resources are outline in the SEMN Medical Disaster Resources Guidelines

Communication resources are outlined in the SEMN Communications Guidelines.

### **Concept of Operations**

Refer to the SEMN Essential Services Guidelines for details about healthcare system essential services.

Refer to the SEMN Healthcare Multi-Agency Coordination Center Guidelines and the Hospital Disaster Preparedness and Response Compact for information related to incident coordination processes. Specific activities associated with healthcare system recovery might include:

- Collect situational assessment/essential elements of information data from Coalition partners on their ability to provide patient care.
  - Healthcare Facility Status
  - Workforce status
  - Supply/Supply Chain Status
  - Medical Transportation Status
  - Communication/IT Systems Status
  - Critical Infrastructure Status
- Aggregate situational assessment data to generate a healthcare system situational report.
- Identify specific needs of healthcare organizations.
- Communicate needs to applicable partners (e.g., hospital compact, local EOC, MDH)
- Disseminate healthcare service delivery data/situation reports to applicable coalition partners.
- Assist coalition healthcare partners in providing mission critical services and with returning to full operational status.
- Inform coalition members about any available disaster assistance from federal, state and local authorities and private foundations.

Refer to the SEMN Healthcare System Recovery Guidelines for additional details.

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## **EMERGENCY OPERATIONS COORDINATION**

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### **Situation**

Medical response and recovery operations are coordinated through the SEMN Healthcare Multi-Agency Coordination Center (HMACC), which is a multi-disciplinary

organizational model that allows healthcare entities a means to obtain additional support during disasters. Refer to the SEMN Healthcare Multi-Agency Coordination Center (HMACC) Guidelines for further information.

### **Resources**

The SEMN HMACC is supported through a 24/7 emergency dispatch center, Mayo Clinic's Emergency Communication Center.

Refer to the SEMN Communications Guidelines for communication resources to support emergency operations coordination.

### **Concept of Operations**

The SEMN Healthcare-MACC performs a "clearing house" function by collecting, processing, and disseminating data and information to Coalition partners, as applicable, during a disaster. The Healthcare-MACC does not serve a command and control function for the region; however, it can support functions to improve a coordinated response, including:

- Facilitating information sharing and situational awareness among Coalition partners,
- Facilitating resource support and resource sharing among Coalition members, including supporting the request and receipt of assistance from local, State, and Federal authorities, and
- Facilitating patient transfers during a disaster.
- Supporting incident management policies and priorities.

Any Coalition member or partner or MDH may request SEMN Healthcare-MACC activation by contacting the Mayo Clinic Emergency Communications Center.

The Healthcare-MACC should only be activated when a disaster or an emergency has been declared by local or state authorities or when necessary to save lives or ensure critical patient care continuity in absence of a declared emergency or disaster. Any impacted healthcare entity may activate the Healthcare-MACC by contacting the Mayo Clinic Emergency Communications Center at 855.606.5458 or on ARMER SE Hospital Talkgroup.

Potential situational triggers for SEMN Healthcare-MACC activation include, but are not limited to:

- A request to open by a Coalition member or partner (local Emergency Management, EMS, Long Term Care, Hospital, Local Public Health)
- A request to open by Minnesota Department of Health
- Multi-jurisdictional incident or outbreak
- An incident in an area with few resources, such as a low population county or a county without a hospital (Dodge, Houston, Fillmore)
- An incident large enough to require resource sharing including:

- Strategic National Stockpile deployment
- Epidemiologic investigation
- Facility Evacuation
- Any substantive Health Alert Network message requiring action from public health and/or healthcare. Possible examples -
  - A natural disaster (e.g. widespread tornado or flooding)
  - A biological attack (e.g. anthrax dispersion)
  - A chemical attack or spill (e.g. train derailment that forces a community evacuation)
  - A biological disease outbreak (e.g. pandemic influenza)

Representatives from hospitals and EMSRB generally staff the H-MACC for acute incidents (e.g., MCI, hospital business continuity incident). For hospital representation, this would generally involve representatives from the Affected Hospital and the following Mayo Clinic entities: Emergency Communications Center, Admissions Coordination Office, Administration, and Mayo Clinic HICS.

The Healthcare-MACC helps improve disaster response coordination by ensuring Coalition partners have the information they need to adequately respond to major events. This information exchange builds consistency in response activities and in the public message. It also allows the healthcare partners from across the region to better interface with non-medical responders at the jurisdiction level by providing timely and accurate “snapshots,” or composite updates of local healthcare facilities operations and capabilities, including:

- Facility infrastructure status
- Bed availability
- Service availability
- Resource availability
  - Personnel
  - Supplies
  - Equipment
  - Pharmaceuticals
  - Organizational and Regional

Often, the Healthcare-MACC is “virtual;” participants engage via phone, MNTrac, email, etc. If Healthcare-MACC personnel need to locate geographically together, the primary Healthcare-MACC location is the Mayo Clinic Emergency Communications Center, which is located at Mayo Clinic Hospital – Rochester, Saint Marys Campus in Rochester, MN. Alternatively, if a local Emergency Operations Center is activated, the Healthcare-MACC could be located there.

## FATALITY MANAGEMENT

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### Situation

Unlike many communities and regions across the United States where the fatality management system has no capacity, the characteristics of the fatality management system in southeast Minnesota provide for a robust routinely available capacity across much of southeastern Minnesota, primarily due to the capacity and capability of the Southern Minnesota Regional Medical Examiner's Office.

### Resources

A significant amount of fatality surge resources are available to support hospitals through the Hospital Disaster Preparedness & Response Compact and [Southern Minnesota Regional Medical Examiner's Office](#).

Additional resources are outlined in the SEMN Disaster Health Coalition Medical Disaster Resources Guidelines, including state Disaster Mortuary Emergency Response Team (DMERT) and federal Disaster Mortuary Response Team (DMORT) resources.

### Concept of Operations

Fatality management operations will occur in accordance with local Emergency Operations Plans and contracts with the Office of the Medical Examiner/Coroner. Refer to the SEMN Fatality Management Guidelines for information related to hospital-based and long term care facility fatality management operations.

Refer to community Emergency Operations Plans for information related to management of mass fatality events.

Refer to the SEMN Healthcare Multi-Agency Coordination Center Guidelines for information related to incident coordination processes.

## INFORMATION SHARING/COMMUNICATIONS

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### Situation

The SEMN Healthcare-MACC is available 24/7 to support information sharing amongst Coalition partners, with specific emphasis on hospital and EMS operations.

### Resources

Mayo Clinic Emergency Communications Center, a 24/7 emergency dispatch entity, supports SEMN HMAACC operations.

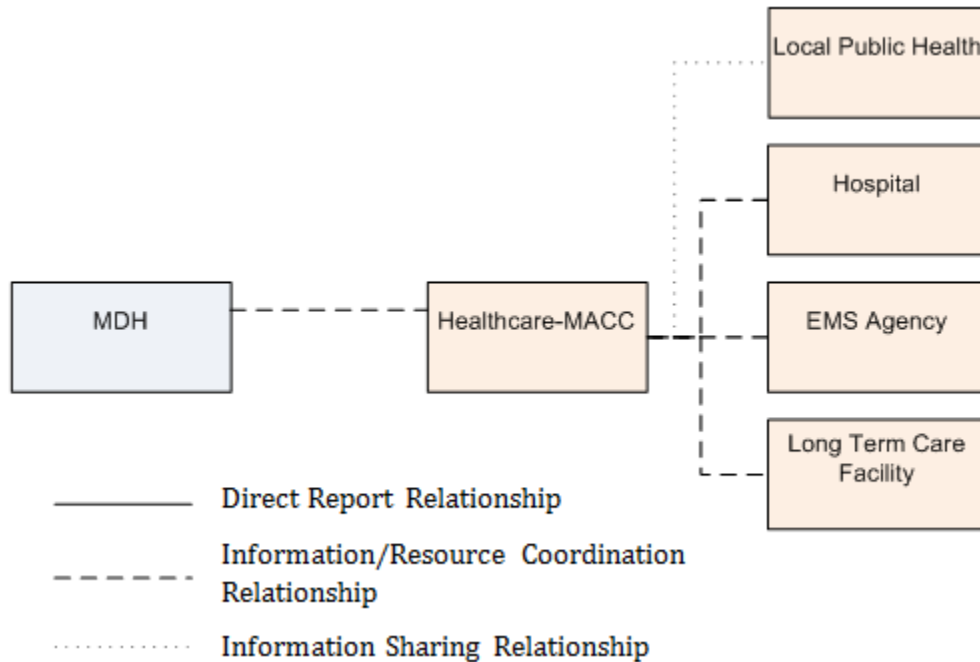
Refer to the SEMN Communications Guidelines for information about communication systems that support the Coalition's information sharing needs.

Refer to the ECHO Field Operations Guide for information about communication support to limited English proficiency citizens.

## Concept of Operations

### Activation without Local EOC Activation

In this type of activation, the incident is sufficient enough to require additional support from other healthcare organizations, but not large enough to require a jurisdictional Emergency Operations Center activation. The Healthcare-MACC will interface directly with organizations to obtain Essential Elements of Information and facilitate information sharing to create situational awareness.



### Activation with Local EOC Activation

In this type of activation, the incident is sufficient enough to require additional support from other healthcare organizations and activation of one or more jurisdictional Emergency Operations Centers (EOC). In this situation, the Healthcare-MACC supports one or more local EOCs by supporting pre-hospital and hospital response operations.

While the jurisdictional Emergency Operations Center is responsible for coordinating the overall disaster response, the Healthcare-MACC can be used as a support function of an EOC's "Operations" section, or ESF#8, or a fully separate "Medical Operations" section to help coordinate healthcare response and recovery activities. Through this structure, the Healthcare-MACC has access to multiple agencies (e.g., public health, VOAD groups) to support response operations if necessary. The local medical organizations may also be directly represented in jurisdictional Emergency Operations Centers.

The following table outlines the operating levels for the SEMN HMAACC.

| Operating Level          | Threat Level   | Associated Activities   |
|--------------------------|--|---|
| <b>Awareness / Alert</b> | Incident potential exists (e.g., flood watch/warning, tornado watch/warning, increased incident of a disease, CDC/WHO Pandemic Status)                   | <ul style="list-style-type: none"> <li>• SEMN Healthcare-MACC representatives are made aware of weather alerts through existing communication channels (e.g., TV, radio, NOAA radios, direct agency notification, phone applications, Health Alert Network notifications)</li> <li>• No specific action/activities are conducted. Primary Healthcare-MACC members should have a heightened awareness that Healthcare-MACC activation is a potential.</li> </ul>   |
| <b>Monitoring</b>        | An incident that can be managed at the organizational level or local level occurs; or, an incident that has the POTENTIAL for needing Coalition support. | <ul style="list-style-type: none"> <li>• SEMN Healthcare-MACC notified by affected organization via Mayo Clinic Emergency Communications Center.</li> <li>• SEMN Healthcare-MACC representatives will conference call with affected organization to gain situational awareness.</li> <li>• If no Coalition support is needed, a process for situational monitoring will be established; SEMN Healthcare-MACC representatives will be updated accordingly.</li> <li>• Determine if a MNTrac Alert should be sent to Coalition members or if a MNTrac Coordination Room should be established. Determine if the Hospital Compact should be activated. Determine if Healthcare-MACC Activation needs to be implemented.</li> <li>• If the incident expands, increased monitoring may be required. A process to meet situational monitoring needs will be established.</li> </ul> |
| <b>Activation</b>        | A request to activate the SEMN H-MACC has been made for an incident that impacts EMS, hospital or long term care facility operations. (e.g., MCI)        | <ul style="list-style-type: none"> <li>• SEMN Healthcare-MACC will notify Coalition members, MN State Duty Officer and MDH OEP the Healthcare-MACC has been activated.</li> <li>• Send a MNTrac Alert to Coalition members. Determine if a MNTrac Coordination Room should be established. Determine if the Hospital Compact should be activated.</li> <li>• SEMN Healthcare-MACC will support information management/situational awareness and resource and patient transfer requests in accordance with operational agreements and regional guidelines. (Refer to References Section.)</li> </ul>   |
| <b>Deactivation</b>      | Post event; organizations/ communities no longer   | <ul style="list-style-type: none"> <li>• Notify Coalition partners and MDH of Healthcare-MACC deactivation.</li> <li>• Finalize documentation and initiate after</li> </ul>   |

| Operating Level | Threat Level                             | Associated Activities  |
|-----------------|--|------------------------|
|                 | require SEMN Healthcare-MACC assistance. | action review process. |

Refer to the SEMN Healthcare Multi-Agency Coordination Center Guidelines for information sharing processes.

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## MEDICAL SURGE

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### Situation

Unlike many communities and regions across the United States where the healthcare system has no capacity, the characteristics of the healthcare system in southeast Minnesota provide for a robust routinely available surge capacity. SEMN Disaster Health Coalition hospitals have sufficient bed availability to support patient care for a 1918 influenza scenario. The region is characterized as having an abundance of capacity relative to many other regions in the country even before surge capacity actions are implemented.

Crisis standards of care guidance is pending.

### Resources

A vast amount of hospital-based surge resources are available to support hospitals through the Hospital Disaster Preparedness & Response Compact. Additional resources are outlined in the SEMN Disaster Health Coalition Medical Disaster Resources Guidelines. Resources are coordinated through the SEMN Healthcare Multi-Agency Coordination Center (HMACC), which is activated by contacting the Mayo Clinic Emergency Communications Center.

All hospitals in southeast Minnesota have sufficient equipment and supplies to decontaminate one ambulatory or non-ambulatory patient. Most have sufficient resources to wet decontaminate more than one patient. Refer to the SEMN Disaster Health Coalition Hospital-Based Decontamination Guidelines for general contaminated patient response processes in the hospital setting.

### Concept of Operations

The primary medical surge action for hospitals involves filling existing open beds at hospitals throughout the region. On a typical day, the regional bed capacity is over 600.

Secondary actions might include rapid discharge of patients to create additional bed space. On a typical day, the regional immediate bed availability is nearly 900. Refer to the SEMN Disaster Health Coalition Medical Surge: Rapid Discharge Guidelines for further information.



Eventually, hospitals could implement surge plans to further increase bed capacity. Doing so could provide over 2,000 bed spaces in the region without activating a community-based alternate care site. This type of surge action would typically only be implemented during contingency or crisis standards of care situations.

Refer to the Southern Minnesota Mass Casualty Incident Plan for EMS response actions.

Medical surge actions, including support for evacuation and specialty surge needs (e.g., burn surge and pediatric surge) are coordinated through the SEMN Healthcare Multi-Agency Coordination Center (HMACC). Refer to the SEMN Healthcare Multi-Agency Coordination Center (HMACC) Guidelines and Hospital Disaster Preparedness and Response Compact for additional process information.

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## **RESPONDER HEALTH & SAFETY**

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### **Situation**

Considering the regional hazard vulnerability assessment, the only top regional hazard that could necessitate additional supplies to support responder health and safety is a widespread moderate to severe infectious disease outbreak.

Hospitals maintain stockpiles of supplies to protect responders during a widespread infectious disease outbreak.

### **Resources**

Available resources are outlined in the SEMN Disaster Health Coalition Medical Disaster Resources Guidelines.

### **Concept of Operations**

For CHEMPACK, responders notify the local Public Safety Answering Point (PSAP), 911, to activate deployment protocols.

For other responder health and safety assets, refer to the SEMN Healthcare Multi-Agency Coordination Center (HMACC) Guidelines and Hospital Disaster Preparedness & Response Compact for coordination process information.

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## **VOLUNTEER MANAGEMENT**

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### **Situation**

Considering the regional hazard vulnerability assessment, the only top regional hazard that could necessitate additional medical personnel to support hospital or alternate care site operations is a widespread moderate to severe infectious disease outbreak.

### **Resources**

SEMN Disaster Health Coalition hospitals have staff to support patient care for a 1918 influenza scenario, including considerations for absent staff due to illness or death. If needs arise, hospitals can readily share staff under the Hospital Disaster Preparedness & Response Compact, as coordinated through the SEMN Healthcare Multi-Agency Coordination Center (HMACC), which is activated by contacting the Mayo Clinic Emergency Communications Center.

Additionally, hospitals accredited by The Joint Commission are required to have procedures for granting disaster privileges to volunteer licensed independent practitioners and for assigning volunteer practitioners who are not licensed independent practitioners who are not licensed, but who are required by law and regulation to have a license, certification, or registration to provide care services. These processes provide a method for using volunteer medical providers outside of the Compact itself.

Medical staffing support resources are further outlined in the SEMN Disaster Health Coalition Medical Disaster Resources Guidelines.

### **Concept of Operations**

Refer to the SEMN Disaster Health Coalition Volunteer Management Guidelines for information about volunteer management processes that support the Coalition's medical staffing needs.

## **SUPPORTING DOCUMENTS**

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[ECHO Field Operations Guide](#)

[SEMN Disaster Health Coalition Communications Guidelines](#)

[SEMN Disaster Health Coalition Essential Services for Pandemics Guidelines](#)

[SEMN Disaster Health Coalition Fatality Management Guidelines](#)

SEMN Healthcare System Recovery Guidelines

[SEMN Disaster Health Coalition Hospital-Based Decontamination Guidelines](#)

SEMN Disaster Health Coalition Medical Disaster Resources Guidelines

SEMN Disaster Health Coalition Medical Surge: Rapid Discharge Guidelines

[SEMN Disaster Health Coalition Training and Exercise Plan](#)

[SEMN Disaster Health Coalition Volunteer Management Guidelines](#)

SEMN Hazard Vulnerability Assessment

SEMN Healthcare Multi-Agency Coordination Center (HMACC) Guidelines

Southern Minnesota Mass Casualty Incident Plan

**OPERATING/MUTUAL AID AGREEMENTS & MEMORANDA OF  
UNDERSTANDING**

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[Hospital Disaster Preparedness & Response Compact](#)

Region 1 Joint Powers Board Memorandum of Understanding

SE EMS Joint Powers Board

SE EMS Agencies Mutual Aid Agreement