



# **Southeast Minnesota Disaster Health Coalition Emergency Preparedness Plan**

**2018-2022**

**Developed:** December 19, 2017  
**Approved:** Jan 22, 2018

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**Revised:** \_\_\_\_\_ May 21, 2019 \_\_\_\_\_

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## Executive Summary

The SEMN DHC Emergency Preparedness Plan provides direction for enhancing the region's capability and capacity to prepare, protect, respond to, recover from, and mitigate any number of hazards faced by the region.

The plan identifies collective aspirations of what the Southeast Minnesota Disaster Health Coalition ("Coalition") aspires to achieve over the period of January 2018 through June 2022. It is designed to guide Coalition partners by providing the Coalition's goals, objectives, and action steps in one document that can be used to track success. While striving to attain each and every performance objective, the Coalition is determined to provide partners with meaningful value. The pages that follow present our refreshed set of goals, objectives, action steps and initiatives. It starts by offering the Coalition's mission statement, a key component that communicates our guiding principles.

This strategic plan summarizes the outcomes found while participating in strategic planning sessions with the strategic planning committee during the fall of 2017. In recent years, significant steps have been taken to improve prevention, protection, mitigation, response, and recovery; however, the Coalition recognizes improvement can always be made. This plan will help guide the work that has yet to be completed. It will provide guidance to local, regional, and state organizations, and includes steps which can be taken to improve the region's resources, response, and planning. The Coalition will continue to monitor progress through the different survey data results compiled each year.

Finally, the SEMN DHC Emergency Preparedness Plan will serve as the foundation of future efforts within the region and provide the guidance necessary to prioritize the most essential actions. As priorities and essential actions evolve, so too will this plan be amended over time and as threats and vulnerabilities change.

## **Coalition Mission**

Build healthcare system resilience and capacity in Southeastern Minnesota to better ensure seamless delivery of care during disasters by providing resources and a communication platform for planning, response, and recovery activities.

## Strategic Planning Team

We would like to thank the following colleagues and partnering organizations who participated in and contributed to the development of this document as members of the SEMN DHC Strategic Planning Team. Annual review of this plan will involve the current members of the SEMN DHC Advisory Committee listed in Appendix B.

Name	Organization
Amanda Woodward	Mayo Clinic Health System
Amy Roggenbuck	Steele County Public Health
Brad Niebuhr	Mayo Clinic Health System
Brenda Tomlinson	Wabasha County Emergency Management
Byron Callies	Mayo Clinic
Carol Immermann	Mayo Clinic (Level 1 Trauma Center)
Dave Kohs	Elgin Ambulance
Diane Richter Biber	Goodhue County Emergency Management
Don Hauge	Southeast EMS
Eric Weller	South Central Health Coalition
Geri Maki	Minnesota Department of Health
Glenn Mattson	Mayo Clinic Health System
Holly Jacobs	EMS Regulatory Board
Jay Johnson	Mayo Clinic
Jennifer Rho, MD	Community Health Systems, Inc.
Jo Witt	Mayo Clinic
Julie Vettleison	Tealwood Senior Living Mabel
Katie Mortenson	Mayo Clinic
Ken Jones	City of Rochester Emergency Management
Kyla Berg	Samaritan Bethany
Mike Peterson	MN HSEM
Pritish Tosh, MD	Mayo Clinic
Rich Hall	Freeborn County Emergency Management
Scott Reiten	CEMA
Tammy Fiedler	Wabasha County Public Health
Terri Elsbernd	Mayo Clinic (Level 1 Pediatric Trauma Center)
Tom Beniak	Mayo Clinic AmbulanceMayo Clinic Ambulance
Tom Graham	Olmsted Medical Center
Tres Brooke	CEMA

*Table 1. Initial Strategic Planning Team*

## Methodology

The SEMN DHC Emergency Preparedness Plan has been developed based on a variety of inputs that serve as the foundation and basis for the coalition's strategic plan. Throughout the process of developing this plan, content of the plan was targeted to respond to multiple key questions, as follows:

1. What threats and hazards are of highest priority to the region?
2. What would the expected potential impact of disasters resulting from such threats and hazards look like, in this region?
3. What are the capabilities that the region must possess in order to effectively respond to and recover from such disasters?

These questions compelled the coalition to revisit historical data and develop updated planning documents including but not limited to a SEMN DHC Risk Profile, Capabilities Assessment, Hazards & Threats Context, and Synchronized Capabilities.

# Goals, Objectives, and Action Steps

## Disaster Planning

**Goal #1** SEMN DHC will provide the resources (guidelines, templates, etc.) that encourage the development of preparedness plans by coalition partners.

### Objectives

- 1.1. The Regional Preparedness/Strategic Plan is developed and updated.
- 1.2. The Regional Operations Plan is developed and updated.
- 1.3. Regional Guidelines, including considerations for access/functional needs, are developed and updated.
- 1.4. Regional assets and systems are integrated within facility- and community-level plans.
- 1.5. Processes to monitor and remediate chemical hazards during incidents are developed and updated.
- 1.6. Processes to monitor and remediate radiological hazards during incidents are developed and updated.
- 1.7. Recovery strategies are integrated within facility and community level plans.
- 1.8. Support agreements (e.g., MOU/MAA, compacts) are developed and updated.
- 1.9. Sharing of plans and guidance regarding communications disruption to facilitate coordination of coalition.
- 1.10. Monitor and report regulations and accreditation standards.

### Action Steps

<i>Action Step</i>	<i>Owners</i>	<i>Target</i>
<ul style="list-style-type: none"> <li>• Incorporate regulatory and accreditation standards into the Coalition’s operational planning process.</li> <li>• Plans and processes are developed, updated, and shared to address the following:</li> </ul>	all partners	annually
	<i>Plans &amp; Processes</i>	<i>Target</i>
○ Mass Prophylaxis	LPH	once per 5-yr planning cycle
○ HCID	hospitals	once per 5-yr planning cycle
○ Category A Waste Management	hospitals	once per 5-yr planning cycle
○ Infection Prevention & Control	Hospitals, LTC	once per 5-yr planning cycle

## Multi-year SEMN DHC Emergency Preparedness Plan

○ Epidemiology	Hospitals	once per 5-yr planning cycle
○ Social Distancing	LPH	once per 5-yr planning cycle
○ Decontamination	hospitals, EM	once per 5-yr planning cycle
○ Regional JIS/JIC	all partners	once per 5-yr planning cycle
○ Availability of Medical Staffing	hospitals, LTC LPH, VOAD	once per 5-yr planning cycle
○ Fatality Management	EM, ME, hospitals	once per 5-yr planning cycle
○ Mass Care	EM, VOAD	once per 5-yr planning cycle
○ Community/Family Support Resources	EM, ME, hospitals	once per 5-yr planning cycle
○ MCI	SMRTAC, EM, EMS, hospitals	once per 5-yr planning cycle
○ Facility-level Evacuation and Shelter-in-Place <i>(integrated with regional processes)</i>	hospitals, clinics, LTC	once per 5-yr planning cycle
○ Regional Processes to Support Facility-level Evacuation and Shelter-in-Place	AC	ongoing
○ COOP/BIA/BCP/Recovery Planning	all partners	once per 5-yr planning cycle
○ Communications	all partners	annually
○ Regional Emergency Preparedness Plan	AC	annually
○ H-MACC Operating Guidelines	AC	annually
○ Regional Guidelines and Templates	AC	TBD
○ Mutual Aid Agreements/Compacts	LTC hospitals EMS	2018-2019 2020 annually

### *Response Teams and Resources*

**Goal 2** SEMN DHC will maintain and create disaster teams, structures, and needed resources.

#### **Objectives**

- 2.1.** Coalition organizations' 24/7 contacts are identified, and their contact information is updated by June of each year.



- 2.2.** Redundant and interoperable information sharing platforms are available and reviewed for any needed improvements.
- 2.3.** Human resources, facilities, and materiel to support response and recovery are identified.
- 2.4.** Medical countermeasures, PPE, and resources are available and maintained.
- 2.5.** Resources to support responder well-being are available and maintained.

**Action Steps**

<i>Action Step</i>	<i>Owners</i>	<i>Target</i>
• Incorporate additional partners into coalition activities from among CMS’ list of 17 types of providers and suppliers.	AC	ongoing
• Coalition organizations’ 24/7 contacts are identified, and their contact information is updated.	AC local entities	ongoing ongoing
• Redundant and interoperable information sharing platforms are available and reviewed for any needed improvements.	AC local entities	annually annually
• Resource lists of medical countermeasures, PPE, and other resources are available and maintained.	AC local entities	annually annually
• Resource lists of isolation devices, vaccine/med caches, and other preventative resources are available and maintained.	AC local entities	annually annually
• Resource lists of personnel, facilities, and materiel to support response and recovery are identified.	AC local entities	annually annually
• Resource lists of materiel to support responder well-being are available and maintained.	AC local entities	annually annually

**Regional Training**

**Goal 3** SEMN DHC will continue training to further develop and maintain key knowledge and skills in preparedness.

**Objectives**

**3.1** Identify and/or provide training opportunities to support regional healthcare preparedness.

**Action Steps**

- SEMN DHC surveys partnering organizations annually to identify training needs.  
*Owners:* AC. *Target:* annually.
- The SEMN DHC Multiyear Training and Exercise Plan (MYTEP) is updated.  
*Owners:* AC. *Target:* 2020.
- SEMN DHC facilitates access to training resources and events based on the needs identified in its annual survey efforts and the MYTEP. *Owners:* AC. *Target:* ongoing.

## Regional Exercises

**Goal 4** SEMN DHC will conduct exercises to validate strengths and identify areas of improvement.

### Objectives

- 4.1 Identify and/or provide exercise opportunities to support regional healthcare preparedness.
- 4.2 Progress on Improvement Plans from exercises is tracked/reviewed.

### Action Steps

- SEMN DHC surveys partnering organizations annually to identify exercise needs.  
*Owners: AC. Target: annually.*
- The SEMN DHC Multiyear Training and Exercise Plan (MYTEP) is updated.  
*Owners: AC. Target: 2020.*
- SEMN DHC facilitates participation in exercise events based on the needs identified in its annual survey efforts and the MYTEP. *Owners: AC. Target: ongoing.*
- A coalition surge test is conducted. *Owners: AC. Target: annually.*
- An H-MACC communications drill is conducted. *Owners: AC. Target: monthly.*

## Risks and Capabilities

**Goal 5:** SEMN DHC will evaluate risks and capabilities, and update plans to address emergency preparedness needs throughout the region.

### Objectives:

- 5.1 Regional Risk Assessments are conducted and/or reviewed.
- 5.2 Regional Capability Assessments are conducted and/or reviewed.

### Action Steps:

- Regional Risk Assessments are conducted and/or reviewed annually.  
*Owners: AC. Target: annually.*
- Regional Capability Assessments are conducted and/or reviewed annually.  
*Owners: AC. Target: annually*

## Appendix A: Acronyms

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<b>AC</b>	Advisory Committee
<b>BCP</b>	Business Continuity Planning
<b>BIA</b>	Business Impact Analysis
<b>COOP</b>	Continuity of Operations
<b>DHC</b>	Disaster Health Coalition
<b>EM</b>	Emergency Management
<b>EMS</b>	Emergency Medical Services
<b>HCID</b>	High Consequence Infectious Disease
<b>H-MACC</b>	Health Multi-Agency Coordination Center
<b>JIC</b>	Joint Information Center
<b>JIS</b>	Joint Information System
<b>LPH</b>	Local Public Health
<b>LTC</b>	Long-Term Care
<b>MAA</b>	Mutual Aid Agreement
<b>MCI</b>	Mass-Casualty Incident
<b>ME</b>	Medical Examiner
<b>MOU</b>	Memorandum of Understanding
<b>MYTEP</b>	Multiyear Training and Exercise Plan
<b>PPE</b>	Personal Protective Equipment
<b>RHPC</b>	Regional Healthcare Preparedness Coordinator
<b>SEMN</b>	Southeast Minnesota
<b>SMRTAC</b>	Southern Minnesota Regional Trauma Advisory Committee
<b>SOAR</b>	Strengths, Opportunities, Aspirations, and Results
<b>TBD</b>	To Be Determined
<b>VOAD</b>	Voluntary Organizations Active in Disaster

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*Table 2. Acronyms*

## Appendix B: SEMN Disaster Health Coalition Partners

Coalition partners as of May 2019. For the most up to date list of coalition partners, please visit our website at <https://www.semndhc.org>

### *2019 SE MN DHC Advisory Committee Members:*

Name	Organization
Adam Petersen	SE MN VOAD
Andrew Teska	Winona Area Ambulance
Brad Niebuhr	Mayo Clinic Health System
Brenda Pohlman	Fillmore County
Byron Callies	Mayo Clinic
Chris Gilmore	International Quality Homecare
Dave Kohs	Elgin Ambulance
Deb Teske	Mayo Clinic
Don Hauge	Southeast EMS
Geri Maki	Minnesota Department of Health
Glenn Mattson	Mayo Clinic Health System
Holly Jacobs	EMS Regulatory Board
Jay Johnson	Mayo Clinic
Jennifer Rho, MD	Community Health Systems, Inc.
Jessica Erickson	Fillmore County Public Health
Jo Witt	Mayo Clinic
Josh Klecker	Owatonna Hospital & District One Hospital
Katie Mortenson	Mayo Clinic
Kayla Brotzler	Elgin Ambulance
Ken Jones	City of Rochester Emergency Management
Kristen Sailer	CEMA
Kyla Berg	Samaritan Bethany
Mike Peterson	MN HSEM
Nicole Schmidt	Mayo Clinic Health System
Nikki Gruis Diekmann	Seasons Hospice
Pritish Tosh, MD	Mayo Clinic
Schylar Martin	Prairie Island Indian Community

<b>Name</b>	<b>Organization</b>
Sue Torkelson	Adams Health Care Center
Tammy Fiedler	Wabasha County Public Health
Tisha Bergner	Wabasha County Public Health
Tom Graham	Olmsted Medical Center

*Table 3. 2019 SE MN DHC Advisory Committee Members*

## *Emergency Management*

Southeast Minnesota Homeland Security and Emergency Management Region 1 is a Coalition partner representing the following Emergency Management Agencies:

- Blue Earth County\*
- City of Rochester
- Dodge County
- Faribault County\*
- Fillmore County
- Freeborn County
- Goodhue County
  - City of Red Wing
- Houston County
- Le Sueur County\*
- Mower County
- Nicollet County\*
- Olmsted County
- Prairie Island Indian Community
- Rice County
  - City of Faribault
- Steele County
- Wabasha County
  - City of Lake City
  - City of Kellogg
- Waseca County\*
- Winona County

*\* Region 1 Joint Powers Board members located outside of the geographical boundaries of the SEMN Disaster Health Coalition*

## *Emergency Medical Services*

SE Minnesota Emergency Medical Services (EMS) agencies are Coalition partners through a Joint Powers Board organization, Southeastern Minnesota Emergency Medical Services, which includes the following agencies:

- Adams Area Ambulance
- Altura Ambulance
- Blooming Prairie Ambulance
- Caledonia Ambulance
- Cannon Falls Ambulance
- Chatfield Ambulance
- Lanesboro Ambulance
- Le Roy Area Ambulance
- Lewiston Ambulance\*
- Mabel Ambulance
- Mayo One
- North Memorial Faribault

## Multi-year SEMN DHC Emergency Preparedness Plan

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- Dodge Center Ambulance
- Elgin Ambulance
- Ellendale Ambulance
- Eyota Ambulance
- Freeborn Fire Department & Ambulance
- Mayo Clinic Ambulance Albert Lea
- Mayo Clinic Ambulance Austin
- Mayo Clinic Ambulance Owatonna
- Mayo Clinic Ambulance Rochester
- Grand Meadow Area Ambulance
- Harmony Volunteer Ambulance
- Hayfield Community Ambulance
- Houston Community Ambulance
- Lake City Ambulance
- Northfield Fire Rescue
- Plainview EMS
- Preston Emergency Service
- Red Wing Fire Department
- Rushford Community Ambulance
- Spring Grove Ambulance
- Spring Valley Area Ambulance
- St. Charles Ambulance
- Tri-State Ambulance
- Wabasha Ambulance
- West Concord Fire Dept. Ambulance
- Winona Area Ambulance
- Zumbrota Area Ambulance

*\* As fiscal agent for EMS agencies, Lewiston Ambulance is a direct Coalition partner signatory.*

### Home Health Care & Hospice

Current home health care & hospice partners include the following:

- Accra Home Health
- Albert Lea and Austin Hospice
- Hiawatha Home Care
- Heartland Hospice
- Heartland Rural Services
- International Quality Home Care
- Seasons Hospice
- Stanley Jones & Associates/Volunteers of America
- Mayo ECH Home Care
- Mayo Clinic Hospice
- Moments Hospice of Rochester
- Southeast Minnesota Hospice
- Volunteers of America Home Health of Southeastern Minnesota

### Hospitals

Current SEMN Disaster Health Coalition hospital partners include the following:

- District One Hospital
- Mayo Clinic Health System in Albert Lea & Austin
- Mayo Clinic Health System in Cannon Falls
- Mayo Clinic Health System in Lake City
- Mayo Clinic Health System in Red Wing

- Mayo Clinic Hospital – Rochester, Saint Marys Campus, Methodist Campus
- Olmsted Medical Center
- Owatonna Hospital
- Saint Elizabeth’s Medical Center
- Winona Health

### *Long-Term Care Facilities*

Current Long-Term Care partners include the following:

- Accra Care
- Adams Health Care Center
- Charter House
- Chosen Valley Care Center
- Community Memorial Hospital
- Eden Brook of Rochester
- Ecumen Long Term Care
- Fairview Care Center
- Field Crest Care Center
- Fountain Centers
- Good Samaritan Comforcare
- Good Samaritan Society
- Good Shepherd Lutheran Services of Rushford
- Great River Homes
- Green Lea Senior Living (Tealwood Care Centers)
- Hiawatha Homes
- Homestead at Rochester
- Kenyon Sunset Home
- La Crescent Health Services
- Lake Winona Manor- Winona Senior Services
- Laura Baker Services Association
- Madonna Towers of Rochester
- Mayo Clinic Health System
- Northfield Retirement Community
- Ostrander Care and Rehabilitation
- Pine Haven Community
- Pleasant Manor Nursing Home
- Prairie Manor
- Prairie Meadows
- Madonna Towers of Rochester Senior Living Community
- Red Wing Hospice
- REM River Bluffs
- Rochester East Health Services
- Rochester West Health Services



- Sacred Heart Care Center
- Saint Anne of Winona
- Saint Elizabeth Health Care Center and Nursing Home
- Samaritan Bethany
- St. John's of Albert Lea
- St. Mark's Living
- Sauer Health Care
- Seasons Hospice
- St. Crispin Living Community
- Stewartville Nursing Home
- Three Links Care Center
- Tinta Wita Lodge Prairie Island Indian Community
- Valley View Healthcare and Rehabilitation
- Volunteers of America Home Health of Southeastern Minnesota
- Whitewater Health Services
- Willows & Waters Senior Living
- Zumbro Valley Health Center

### *Public Health*

The following public health departments are Coalition partners:

- Dodge County
- Fillmore County
- Freeborn County
- Goodhue County
- Houston County
- Mower County
- Olmsted County
- Rice County
- Steele County
- Wabasha County
- Winona County

### *Specialty Services*

Current Coalition partners providing special services include the following:

- Community Health Service Inc.
- SMRTAC\*
- Southern Minnesota Medical Examiner's Office
- Zumbro Valley Medical Society

*\* Southern Minnesota Regional Trauma Advisory Committee (SMRTAC), which is a collaborative effort of the Southeastern and South Central EMS regions' trauma providers organized from the statewide trauma system, is a Coalition partner.*

### *VOAD*

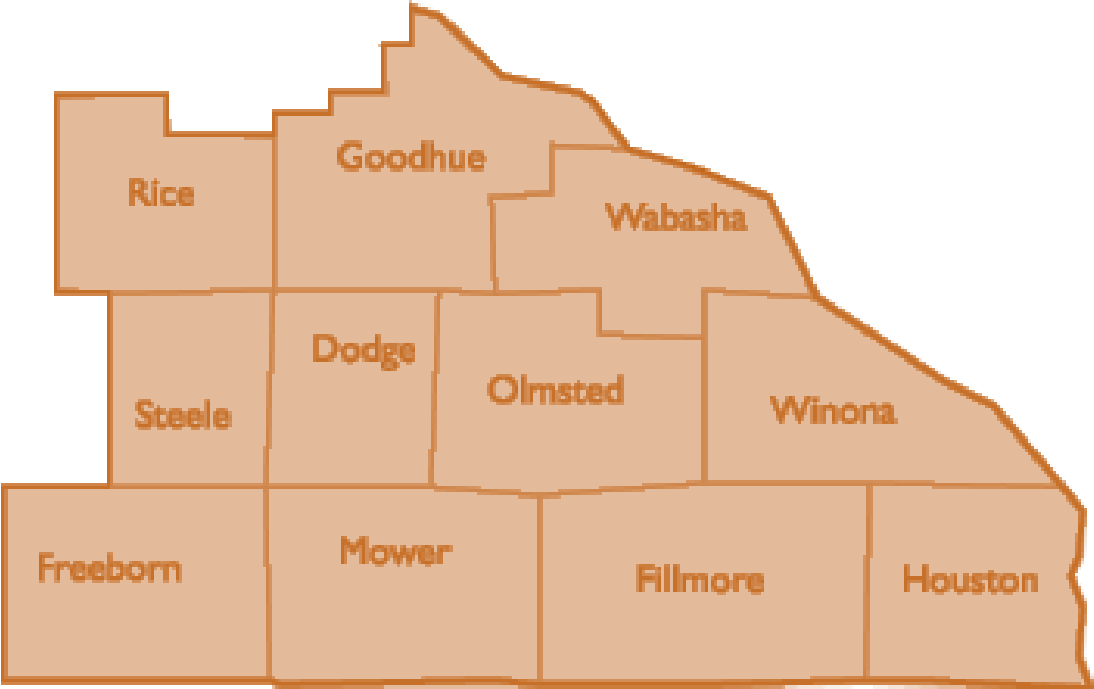
Current Volunteer Organizations Active in Disasters (VOAD) partners includes the following:

- Southeastern Minnesota VOAD

# Appendix C: Minnesota Health Coalitions Regional Map



# Appendix D: SEMN Disaster Health Coalition Map



## Appendix E: SOAR Analysis Results

Disciplines that participated in the 2017 SOAR Survey:

- Public Health
- LTC/SNF
- Hospital
- Emergency Management Agency
- Community Health
- EMS

Q2 What are the Coalition's greatest strengths?

- Diverse representation of organizations
- Strong collaboration and communications
- Lack of competition regarding asset and resource sharing
- High level of information sharing

Q4 What is the Coalition's preferred future?

- Primary information source
- Subject matter experts
- Successfully collaborate before, during and after an event regarding:
  - Roles
  - Resources
  - Information
  - Appropriate healthcare for all members of our community

Q3 What are the Coalition's best opportunities?

- Continue planning, drilling, and exercising
- Increase group think, avoid silos
- Higher focus on special needs and behavioral health
- Broader communications
- Increased community engagement

Q5 What are the measurable results that will tell us we've achieved that vision of the future?

- Ability to communicate and solve problems with coalition partners efficiently
- Effective training, exercises and plans
- Increased cross disciplinary interactions

## Appendix F: Capabilities Assessment Summary

The information below was excerpted from the SEMN DHC’s “Regional Capabilities” document. The full report provides a detailed assessment of current capabilities of the coalition. The latest versions of these documents are located here: <https://www.semndhc.org/our-resources/regional-guidelines/>

### *Regional Capabilities Status Overview*

Capability	Capability Elements Status					
	Planning	People	Organization	Supplies/ Equipment	Training	Exercises
<b>Foundation for Health Care and Medical Readiness</b>	Yellow	Green	Green	Green	Green	Green
<b>Health Care and Medical Response Coordination</b>	Yellow	Green	Green	Green	Green	Green
<b>Continuity of Health Care Service Delivery</b>	Yellow	Yellow	Yellow	Red	Red	Red
<b>Plan-Respond to Medical Surge</b>	Yellow	Green	Green	Yellow	Yellow	Green
<b>Implement Emergency Department and Inpatient Medical Surge</b>	Green	Yellow	Green	Yellow	Yellow	Green
▪ Implement Out-of-Hospital Medical Surge Response	Yellow	Red	Red	Yellow	Red	Red
▪ Develop an Alternate Care System	Yellow	Red	Yellow	Yellow	Red	Red
▪ Provide Pediatric Care during a Medical Surge Response	Yellow	Green	Green	Yellow	Yellow	Red
▪ Provide Surge Management during a Chemical or Radiation Emergency	Yellow	Yellow	Green	Green	Yellow	Red
▪ Provide Burn Care during a Medical Surge Response	Yellow	Green	Green	Yellow	Red	Red
▪ Trauma Care Capability Status	Yellow	Green	Green	Green	Green	Yellow
▪ Respond to Behavioral Health Needs during a Medical Surge	Yellow	Red	Yellow	Yellow	Yellow	Red
▪ Infectious Disease Preparedness and Surge Response	Yellow	Green	Green	Yellow	Green	Green
▪ Distribute Medical Countermeasures	Yellow	Red	Yellow	Yellow	Yellow	Yellow
▪ Fatalities Management	Green	Green	Green	Green	Green	Green

## Appendix G: Contextualized Risk Scenarios Summary

The information below was excerpted from the SEMN DHC's "Hazards & Threats Context" document. The full report provides a detailed description of the planning scenarios as developed for hazards and threats of top concern to the region. The latest versions of these documents are located here: <https://www.semndhc.org/our-resources/regional-guidelines/>

### *Hazards & Threats Context*

Establishing context for the hazards and threats that exist within Southeastern Minnesota is important to understanding the type and level of capabilities needed to assure adequate response and recovery to incidents. While some hazards are more likely to occur and impact the regional healthcare system, many of these hazards have facility-level impact. While some of these hazards might result in the need for regional partners to engage and support response and recovery, the following hazards pose broader threat that would more likely require regional coordination and communication to achieve an effective and efficient response and recovery. These include four natural hazard scenarios, two technological scenarios, and one human-caused scenario.

1. An outbreak of EF-1 to EF-4 tornadoes impact the region
2. Multiple days of a severe ice storm throughout the region
3. A global novel influenza hits SEMN disproportionately hard across the region
4. Major widespread long-term power outage across the region
5. Ransomware cyberattack incident impacting healthcare organizations across the region
6. Persistent rains result in major flooding
7. Prairie Island Nuclear Plant event resulting in mass evacuation
8. Explosion of unknown origin at a Level 1 Trauma Center

## Appendix H: Supporting Documents

The following is a list of supporting documents that provided the foundation for the SEMN DHC's Emergency Preparedness Plan. The latest versions of these documents are located here: <https://www.semndhc.org/our-resources/regional-guidelines/>

- Assessments
  - ASPR Healthcare Coalition Resource and Gap Analysis
  - Burn Surge Report - Available upon request
  - Business Continuity Maturity Index Report - Available upon request
  - Business Continuity Maturity Model Report - Available upon request
  - Cache Management Report - Available upon request
  - Center for Health Security Coalition Collaboration Report - Available upon request
  - Coalition Assessment Report - Available upon request
  - Fatality Management Capability Report - Available upon request
  - MCI Management Capability Report - Available upon request
  - Mayo Clinic Pandemic Supply Needs Report - Available upon request
  - Medical Surge Report - Available upon request
  - Medical Volunteer Needs Report - Available upon request
  - Multi-State Disaster Behavioral Health Needs Report - Available upon request
  - Regional Risk Profile
  - SEMN DHC Annual Coalition Assessment Report - Available upon request
- After Action Reports - Available upon request
- EMS Mutual Aid Agreements - Available upon request
- Hazards and Threats Context
- Hospital Disaster Preparedness & Response Compact
- SEMN DHC Charter
- SEMN DHC Advisory Committee Charter
- SEMN DHC Hazards & Threats Context
- SEMN DHC Multi-year Training & Exercise Plan (MYTEP)
- SEMN DHC Partner Resolution/Agreement
- SEMN DHC SOAR Results - Available upon request
- SEMN DHC Sustainability Plan
- SEMN DHC Synchronized Capabilities
- Region 1 Joint Powers Board Agreement
- Regional Capabilities
- Regional Guidelines



- All Hazards
- Communications
- Fatality Management
- H-MACC
- Healthcare System Recovery Guidelines
- Hospital-Based Patient Decontamination
- Joint Information System
- Medical Disaster Resources
- Medical Surge-Rapid Discharge
- SMRTAC Mass Casualty Incident
  - Burn Surge
- Volunteer Management

## Appendix I: Plan Revisions

April 23, 2019

Revised the following:

Plan review by SE MN DHC Advisory Committee – the committee requested coordinator to send out to entire Advisory Committee members with track changes. Page 1 – paragraph 3, last sentence added language “The Coalition will continue to monitor progress through the different survey data results compiled each year.”

Page 3 – at the top of the page added language “Annually review of this plan will involve the current members of the SEMN DHC Advisory Committee.”

Pages 14- 17 – at the top of the page added language “Coalition partners as of May 2019. For the most up to date list of coalition partners, please visit our website at <https://www.semndhc.org> “. Added new planning team members and added new partners to each listing.

Page 22-25 - at the top of the page added language “The latest versions of these documents are located here: <https://www.semndhc.org/our-resources/regional-guidelines/>”