



SE MINNESOTA

DISASTER HEALTH COALITION

Enhancing Regional Preparedness, Response and Recovery

Healthcare – Multi Agency Coordination Center (H-MACC) Monthly Activation Drills

EXERCISE PLAN

2020 - 2023

Approved December 17, 2019

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Introduction

A. Purpose

The Exercise Plan (EXPLAN) gives participants the information necessary to plan and to participate in the SEMN Disaster Health Coalition activation exercise program.

The EXPLAN is provided to familiarize participants with the Coalition's intent to conduct regular drills to reinforce desired behaviors and test current activation protocols.

B. Background

The current Department of Homeland Security (DHS) and Department of Health and Human Services, Assistant Secretary for Preparedness and Response (ASPR) grants require communities to conduct exercises to improve disaster response operations capabilities. Additionally, the Joint Commission requires hospitals and ambulatory care facilities to conduct exercises periodically.

This exercise is part of Participating Hospitals, Emergency Medical Service (EMS), and local Emergency Management Agency exercise plans and regional exercise plans.

C. Scope

Hospital Drills. The scope of play for the exercise involves a Participating Hospital activating the Compact via request to the Mayo Clinic Emergency Communications (EC). The exercise will involve notification of Participating Hospitals, updating MNTrac bed data, responding to MNTrac alerts, and accessing a MNTrac Coordination Room and may involve using a number of communication devices to share Compact information/coordination activities. Communication pathways as listed in the Southeast Minnesota Disaster Health Coalition Communication Guidelines will also be tested.

EMS Drills. The scope of play for the exercise involves an EMS agency activating the support via request to the Mayo Clinic Emergency Communications (EC). The exercise may involve notification of disaster asset host agencies/strike teams.

D. Target Capabilities

The National Planning Scenarios and the establishment of the National Preparedness Priorities have steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on planning under uncertainty, since the next danger or disaster can never be forecast with complete accuracy.

The capabilities listed below have been selected by the exercise planning team. These capabilities provide the foundation for development of the exercise objectives and scenario:

- DHS Core Capability: Operational Communications; Healthcare Preparedness Capability 6 – Information Sharing; Public Health Preparedness Capability 6 – Information Sharing

E. Hospital Exercise Objectives

Exercise design objectives are focused on improving understanding of current Compact and Healthcare Coalition activation procedures and Participating Hospitals' ability to perform basic support tasks as described in the Hospital Disaster Preparedness & Response Compact document. Specific objectives include:

1. Each Participating Hospital will demonstrate the ability to activate the H-MACC/Compact in accordance with existing procedures.
2. Participating Hospitals will demonstrate the ability to receive and respond to MissionMode alerts.
3. Upon receiving notification via MissionMode, Participating Hospitals will demonstrate the ability to join a Hospital Compact Conference Call.
4. Participating Hospitals will demonstrate the ability to respond to a MNTrac alert within 30 minutes.
5. Within three hours of receiving a request, each Assisting Hospital will demonstrate the ability to update bed availability in MNTrac.
6. Within 24-hours upon request, each Assisting Hospital will demonstrate the ability to submit status of available resources (personnel and material) to the H-MACC.
7. Each Participating Hospital will demonstrate the ability to communicate via the primary, secondary and tertiary methods identified in the Southeast Minnesota Disaster Health Coalition including the Minnesota ARMER radio system.

F. Hospital Exercise Process

On a rotating basis by month, each hospital will contact the Mayo Clinic EC to request activation of the Hospital Compact.

- Refer to Attachment A for exercise schedule.
- Refer to Attachment B for Compact activation procedure.
- Refer to Attachment C for optional situational scripts for use during drills.

The Regional Healthcare Preparedness Coordinator (RHPC) will send out an email at least one day prior to a scheduled drill to the “Affected Hospital” as a reminder. The email will be sent to the primary and secondary hospital point of contact on record.

Mayo Clinic EC will implement notification protocols for the Healthcare Multi-Agency Coordination Center.

The SEMN Healthcare Multi-Agency Coordination Center (H-MACC) will implement SEMN Disaster Health Coalition H-MACC Guidelines.

G. EMS Exercise Objectives

Exercise design objectives are focused on improving understanding of current EMS support activation procedures and applicable EMS agencies’ ability to perform basic support tasks. Specific objectives include:

1. Participating EMS agencies demonstrate the ability to activate support through the Mayo Clinic Emergency Communication’s.
2. Within 15 minutes of receiving a support request, Mayo Clinic Emergency Communications will notify EMS disaster asset host agencies/strike team members.
3. Within 15 minutes of receiving a support request to the Mayo Clinic Emergency Communications, EMS disaster asset host agencies/task force members acknowledge receipt of the request.
4. Within 15 minutes of receiving a resource request, H-MACC coordinates activation of applicable resources.

H. EMS Exercise Process

On a rotating basis by month, each hospital will contact the Mayo Clinic EC to request activation of the Hospital Compact.

- Refer to Attachment D for exercise schedule.
- Refer to Attachment E for EMS activation procedure.
- Refer to Attachment F for optional situational scripts for use during drills.

EMSRB will send out an email at least one day prior to a scheduled drill to the “Activating EMS Agency” as a reminder. The email will be sent to the primary and secondary point of contact on record.

Mayo Clinic EC will implement protocols, which will include processes for activating EMS disaster assets.

EMS disaster asset “host” agencies will not actually deploy disaster assets.

I. Exercise Implementation and Rules.

Real emergency actions take priority over exercise actions.

All Player radio communications and telephone conversations made during the exercise will include the words, **“This is an exercise.”**

J. Exercise Evaluation and Process Improvement:

The focus of the exercise is to enable participants to assess current capabilities, identify strengths and weaknesses, gain confidence in use of communication modalities, and identify future planning and training needs.

Participants may be asked to complete an incident/Exercise Feedback Form via Survey Monkey:

<http://www.surveymonkey.com/s/HDPRCompactActivationDrill>

The RHPC will consider this information for reports to the Compact, SE MN Disaster Health Coalition Advisory Committee, SEMN EMS Disaster Subcommittee and HSPP Steering Committee.

The RHPC will track and report performance to the Hospital Disaster Preparedness & Response Compact group, SEMN EMS Disaster Subcommittee, SE MN Disaster Health Coalition Advisory Committee and SE MN HSPP Steering Committee.

- Organizations will take action to improve capabilities/processes as applicable and as identified through performance data.

Attachment A: Hospital-Based Activation Drill Schedule, 2020-2023

Exercise Initiator (e.g., the hospital making the initial call to the Mayo Clinic EC)	Exercise Date	Exercise Day of Week	Initial Activation Start Time (e.g., the time the hospital contacts the Mayo Clinic EC)
MCHS-Cannon Falls	1/22/20	Wednesday	1600
MCHS-Lake City	2/20/20	Thursday	1700
MCHS-Red Wing	3/20/20	Friday	1800
Olmsted Medical	4/19/20	Sunday	1900
Owatonna Hospital	5/18/20	Monday	2000
Saint Elizabeth's Medical	6/17/20	Wednesday	1000
Winona Health	7/22/20	Wednesday	1300
District One Hospital	8/27/20	Thursday	1500
Mayo Clinic (SMH & RMH)	9/25/20	Friday	0600
MCHS-Albert Lea	10/24/20	Saturday	0700
MCHS-Austin	11/16/20	Monday	0800
MCHS-Cannon Falls	12/29/20	Tuesday	1700
MCHS-Lake City	01/08/21	Friday	2000
MCHS-Red Wing	02/10/21	Wednesday	2100
Olmsted Medical	03/11/21	Thursday	1500
Owatonna Hospital	04/02/21	Friday	0600
Saint Elizabeth's Medical	05/01/21	Saturday	0700
Winona Health	06/06/21	Sunday	1800
District One Hospital	07/06/21	Tuesday	1900
Mayo Clinic (SMH & RMH)	08/05/21	Thursday	2000
MCHS-Albert Lea	09/08/21	Wednesday	0900
MCHS-Austin	10/07/21	Thursday	1600
MCHS-Cannon Falls	11/05/21	Friday	2100
MCHS-Lake City	12/04/21	Saturday	2200
MCHS-Red Wing	01/09/22	Sunday	1800
Olmsted Medical	02/07/22	Monday	1900
Owatonna Hospital	03/08/22	Tuesday	2000
Saint Elizabeth's Medical	04/06/22	Wednesday	2100
Winona Health	05/05/22	Thursday	1300
District One Hospital	06/03/22	Friday	1500
Mayo Clinic (SMH & RMH)	07/09/22	Saturday	0600
MCHS-Albert Lea	08/14/22	Sunday	0700
MCHS-Austin	09/05/22	Monday	0800
MCHS-Cannon Falls	10/11/22	Tuesday	1700
MCHS-Lake City	11/09/22	Wednesday	2000
MCHS-Red Wing	12/15/22	Thursday	2100
Olmsted Medical	1/20/23	Friday	2100
Owatonna Hospital	2/11/23	Saturday	0700
Saint Elizabeth's Medical	3/19/23	Sunday	0800
Winona Health	4/10/23	Monday	1700
District One Hospital	5/23/23	Tuesday	1800
Mayo Clinic (SMH & RMH)	6/21/23	Wednesday	1900

Exercise Initiator (e.g., the hospital making the initial call to the Mayo Clinic EC)	Exercise Date	Exercise Day of Week	Initial Activation Start Time (e.g., the time the hospital contacts the Mayo Clinic EC)
MCHS-Albert Lea	7/20/23	Thursday	2000
MCHS-Austin	8/18/23	Friday	2100
MCHS-Cannon Falls	9/09/23	Saturday	2100
MCHS-Lake City	10/08/23	Sunday	2200
MCHS-Red Wing	11/13/23	Monday	1800
Olmsted Medical	12/12/23	Tuesday	1900

Attachment B: H-MACC Activation Procedure

Only a Participating Hospital facility administrator or individual designated by a Participating Hospital administrator of an Affected Hospital (the facility requesting Compact support) has the authority to initiate a request for assistance from Participating Hospitals by activating the Hospital Disaster Preparedness & Response Compact through the Mayo Clinic Emergency Communications .

Prior to activating Compact support, identify the following information:

- Incident Location
- Incident Type
- What support you need:
 - Patient Evacuation/Transfer Support
 - Reference: Mayo Clinic Patient Intake Form
 - Supply/Equipment Support
 - Reference: SE Region Supply/Equipment Request Form
 - Personnel/Staffing Support
 - Type, Quantity

To activate Compact support:

1. Notify the Mayo Clinic Emergency Communications (EC) at:
 - a. Primary phone number 855.606.5458, or
 - b. Backup phone number 507.255.2808, or
 - c. Backup radio on MN ARMER “SE Hospital” Talkgroup
 - i. Example radio script to contact Mayo Clinic EC: “Mayo Clinic EC this is [Your Hospital/LTC facility Name] on SE Hospital.”
2. Provide this information to the Mayo Clinic Emergency Communications.

Note: If this notification is part of an exercise, preface communications with, “This is an exercise.”

- a. “This is [Your hospital name] requesting H-MACC activation.”
- b. As able, provide basic situational awareness to the Mayo Clinic EC:
 - i. Who, What, Where, When, Why
 - ii. Current “external” (community) situation
 - iii. Current “internal” (hospital) situation
 - iv. Anticipated or actual support needs (patient transfer/evacuation, supplies/equipment, personnel, etc.)
 - v. A hospital contact and contact information to allow for follow up during Healthcare Coalition activation and support

Attachment C: Optional Scenario Script Information (Hospitals)

The following scenario scripts are provided as tools to create baseline information used during the Hospital Compact/Regional Coalition activation process. The scripts are optional. The scripts may be modified or the “activating” organization may use custom scripts or information that results as part of an organization or community exercise.

The scripts provide options that would result in situations where activation of the Hospital Compact/Regional Healthcare Coalition may be helpful: Affected Facility Requires Resources, including personnel; Affected Facility requires resources, but not personnel; Affected Facility requires evacuation/transfer of patients from its facility.

Option 1. (Resource Need w/ Personnel)

Scenario 1.1. Large-scale mass casualty incident involving hazardous materials.

Initial: Transport accident involving a liquid hazardous chemical that results in significant casualties. The hospital is preparing for patient decontamination, but additional resources are anticipated; will need within the next couple of hours.

Support Needs: Need the following to support patient care operations and employee safety:

- Staff trained to perform decon operations (x 10)
- Personal Protective Equipment to support the staff

Intermediate/Extended: The impact of the incident is a tremendous emotional burden to staff. Behavioral health support needs are anticipated.

Support Needs: Request regional behavioral health support team support.

Scenario 1.2. IT outage situation.

Initial: Over the past couple of weeks, the hospital IT network has been negatively impacted by a virus. Earlier today, the network crashed. IT staff expect extended outage until the issue can be resolved.

Intermediate: Implementing backup plans has required a significant increase in staffing to facilitate care in an IT outage environment.

Support Needs: Need the following to support patient care operations and employee safety:

- LPN/RN (x5)

Option 2. (Material Resource Need)

Scenario 2.1. Organophosphate Poisoning Patient.

Initial: Patient arrives via EMS to Emergency Department; suspect suicide attempt by ingestion of an organophosphate. Variable 1: If patient can be admitted and cared for at the hospital, then additional pharmaceutical support will be needed. (Refer to Support Needs below.) Variable 2: If hospital does not admit this type of patient, then patient needs to be stabilized prior to transport. (Refer to Support Needs below.)

Support Needs: Need the following to support patient care:

- Atropine
- Pralidoxime
- Diazepam

Note: These items are available in the CHEMPACK cache.

Scenario 2.2.

Extended: HxNy influenza has become widespread throughout the nation. There is considerable media coverage as deaths become more common as the number of infected individuals rise. The population at large is frightened because of the reports, especially due to the media attention to deaths in children and college age young adults. Some schools have begun closing due to school board actions; others have had to close as families keep their children home out of fear.

Emergency Department is seeing twice as many patients as usual. All operational ventilators are in use. Hospital surge plans have been implemented; the facility is near capacity.

Support Needs: Need the following supplies to support patient care operations and employee safety:

- Exam Gloves (non-latex): Qty: 25,000 small; 50,000 medium; 25,000 large
- Isolation Gowns: Qty: 25,000
- N-95 Masks: Qty: 1,000 small; 2,500 medium; 1,000 large
- Surgical Mask: Qty: 30,000
- Ventilator: 10

Option 3. (Patient Evacuation/Transfer Need)

Scenario 3.1. Power Loss during Extreme Hot/Cold that results in the need to evacuate patients.

Initial: A fire destroyed several transponders within the service provider's main power plant causing a broad failure across a 30 mile area. Power loss throughout facility. Emergency generators activated.

Intermediate (4-8 Hours after Power Failure). Time Power officials fear the damage to be extensive. A fire destroyed several transponders within the city's main power plant

causing a broad failure across a 30 mile area. Power officials fear the damage to be extensive.

Extended (24 Hours after Power Failure). Facilities reports that emergency generators are working at capacity and using a greater amount of fuel than anticipated. There are challenges with maintaining temperature in parts of the facility. Power provider indicates days before power can be restored to the area.

Extended (48 Hours after Power Failure). Emergency generator fails. Unable to control temperature in patient care areas. Patients that could be discharged have been; decision to evacuate/transfer remaining patients to other facility is made.

Support Needs: Need transport support to move patients. Need assistance to identify facilities to take patients. *Note: Use the number of current inpatients as a basis for identifying the number of patients requiring evacuation/transfer.*

Scenario 3.2. Water main break resulting in facility flooding and the need to evacuate patients.

Initial: There is a construction project in process at your facility. Upon digging ruptured the operator ruptures the hospital water main, causing your facility's basement to flood.

Intermediate (2-4 Hours After Water Main Break). The power to the building has been interrupted. Generators are in a flood section of the basement and have been rendered unusable. Pharmacy services and the lab have been affected by the flooding. Several supply areas were damaged by the water, rendering equipment unusable.

Support Needs: Need transport support to move patients. Need assistance to identify facilities to take patients. *Note: Use the number of current inpatients as a basis for identifying the number of patients requiring evacuation/transfer.*

Scenario 3.3. Major fire resulting in the need to evacuate patients.

Initial: A major fire due to unknown cause has occurred in the facility. Occupants have been evacuated to a safe area to another part of the facility (or outside the facility).

Support Needs: Need transport support to move critical patients to care facility. Need assistance to identify facilities to take patients. *Note: Use the number of current critical inpatients as a basis for identifying the number of patients requiring evacuation/transfer.*

Intermediate (2-4 Hours After Fire). The power to the building has been interrupted. A large portion of the facility cannot be occupied. Recovery will likely take weeks; patients are not able to return to the facility for care.

Support Needs: Need transport support to move remainder of patients to care facility. Need assistance to identify facilities to take patients. *Note: Use the*

number of current critical inpatients as a basis for identifying the number of patients requiring evacuation/transfer.

Scenario 3.4. Hazardous situation resulting in the need to evacuate patients.

Initial: An explosion due to unknown cause has occurred near the hospital. The local Incident Command had recommended evacuation of the facility as radiation has been detected in the area and the winds are blowing toward your facility.

Support Needs: Need transport support to move patients not able to be discharged to a care facility. Need assistance to identify facilities to take patients. *Note: Use the number of current inpatients minus those awaiting discharge as a basis for identifying the number of patients requiring evacuation/transfer.* Identify other potential needs such as family reunification, staff debriefing location etc.

Scenario 3.5. Explosion and Fire at local building creates multiple burn victims.

Initial: An explosion due to unknown cause has occurred in a local building. Multiple burn victims are being brought to your facility by local citizens. The number of victims has exceeded the capacity of the Burn s (e.g., HCMC, Regions) in the metro area. Request activation of the SEMN Regional Burn Surge Plan via the SEMN H-MACC.

Support Needs:

Need transport support to move multiple burn patients currently in the ED/ER. [insert #]* patients <20% total body surface area; [insert #] patients >20% total body surface area

**Insert a number of patients that would overtax local hospital care capabilities as well as challenge the Burn Surge Facility.*

Need additional supplies to care for patients waiting for transfer to the Burn Surge Facility (Mayo Clinic Hospital – Rochester):

Quantity*	Item
1	8 cm x18 cm (3 x 7 inch) sheets petroleum-impregnated gauze (e.g., Adaptic)
1	10 cm (4 inch) rolls of stretchable roller gauze (e.g., Kerlix); variety of sizes suggested
1	120g (4oz) tube bacitracin
3	opioid analgesic tablets

*Multiply quantity by number of patients needed to be care for at sending facility until transport to Burn Surge Facility or Burn Center can be made. (Assumes sending facility will not hold burn patient beyond six hours.)

Attachment D: EMS-Based Activation Drill Schedule, 2020-2023

Exercise Initiator (e.g., the EMS agency making the initial call to Mayo Clinic EC)	Exercise Date	Exercise Day of Week	Initial Activation Start Time (e.g., the time the EMS agency contacts Mayo Clinic EC)
Mayo Ambulance - Albert Lea	1/31/20	Friday	2000
Mayo Ambulance – Owatonna	2/22/20	Saturday	0800
Mayo Ambulance – Rochester	3/30/20	Monday	1000
Grand Meadow	4/28/20	Tuesday	1200
Harmony	5/27/20	Wednesday	1400
Hayfield	6/25/20	Thursday	1600
Houston	7/25/20	Saturday	1800
Lake City	8/15/20	Saturday	2000
Lanesboro	9/27/20	Sunday	0700
Leroy Area	10/26/20	Monday	0900
Lewiston	11/17/20	Tuesday	1100
Mabel	12/16/20	Wednesday	1300
North Memorial - Faribault	01/14/21	Thursday	0700
Mayo Ambulance - Plainview	02/19/21	Friday	0900
Preston	03/20/21	Saturday	1100
Red Wing	04/18/21	Sunday	1300
Rushford	05/17/21	Monday	1500
Spring Grove	06/22/21	Tuesday	1700
Spring Valley	07/21/21	Wednesday	1900
St. Charles	08/19/21	Thursday	2100
Tri-State	09/17/21	Friday	0700
Wabasha	10/23/21	Saturday	0800
West Concord	11/14/21	Sunday	0900
Winona	12/13/21	Monday	1100
Zumbrota Area	01/11/22	Tuesday	0700
Adams Area	02/9/22	Wednesday	0900
Altura	03/10/22	Thursday	1100
Blooming Prairie	04/8/22	Friday	1300
Caledonia	05/14/22	Saturday	1500
Cannon Falls	06/12/22	Sunday	1700
Chatfield	07/18/22	Monday	1900
Dodge	08/16/22	Tuesday	2100
Elgin	09/21/22	Wednesday	0700
Ellendale	10/20/22	Thursday	0800
Eyota	11/18/22	Friday	0900
Freeborn	12/10/22	Saturday	1100
Mayo Ambulance - Austin	1/29/23	Sunday	1100
Mayo Ambulance - Albert Lea	2/27/23	Monday	1300

Exercise Initiator (e.g., the EMS agency making the initial call to Mayo Clinic EC)	Exercise Date	Exercise Day of Week	Initial Activation Start Time (e.g., the time the EMS agency contacts Mayo Clinic EC)
Mayo Ambulance – Owatonna	3/28/23	Tuesday	1500
Mayo Ambulance – Rochester	4/26/23	Wednesday	1700
Grand Meadow	5/18/23	Thursday	1900
Harmony	6/16/23	Friday	2100
Hayfield	7/15/23	Saturday	0800
Houston	8/13/23	Sunday	1000
Lake City	9/18/23	Monday	1200
Lanesboro	10/24/23	Tuesday	1400
Leroy Area	11/15/23	Wednesday	1600
Lewiston	12/14/23	Thursday	1800

Attachment E: EMS Disaster Support Activation Procedure

All EMS agencies have the authority to initiate a request for assistance from the Mayo Clinic Emergency Communications.

Prior to activating support, identify the following information:

- Incident Location
- Incident Type
- What support you need:
 - Patient Evacuation/Transfer Support
 - Supply/Equipment Support
 - Reference: SE Region Supply/Equipment Request Form
 - Personnel/Staffing Support
 - Type, Quantity

To activate support:

1. Notify the Mayo Clinic Emergency Communications (EC) at:
 - a. Primary phone number 855.606.5458, or
 - b. Backup phone number 507.255.2808, or
 - c. Backup radio on MN ARMER “SE Hospital” (Primary) or “EMSSMH” (Secondary) Talkgroup
 - i. Example radio script to contact Mayo Clinic EC: “Mayo Clinic EC this is [Your EMS Agency] on [SE Hospital or EMSSMH].”
2. Provide this information to the Mayo Clinic Emergency Communications.

Note: If this notification is part of an exercise, preface communications with, “This is an exercise.”

- a. “This is [Your EMS Agency] requesting [Select: Mutual Aid, EMS Strike Team, and/or EMS Disaster Trailer].”
- b. As able, provide basic situational awareness to the Mayo Clinic EC:
 - i. Who, What, Where, When, Why
 - ii. Current situation
 - iii. Anticipated or actual support needs (patient transfer/evacuation, supplies/equipment, personnel, etc.)
 - iv. Contact information to allow for follow

Attachment F: Optional Scenario Script Information (EMS)

The following scenario scripts are provided as tools to create baseline information used during the support activation process. The scripts are optional. The scripts may be modified or the “activating” organization may use custom scripts or information that results as part of an organization or community exercise.

The scripts provide options that would result in situations where EMS support activation may be helpful.

Scenario 1.

At approximately _____, _____ ambulance was paged to a fire that broke out at _____ nursing home. The nursing home has 120 residents, and 25 staff members, the fire department is also requiring rehab. There are two wings of the nursing home, east and west, with the fire being at the east. It's a two floor facility, on the side of a major highway. It's an urban area, and the only open space is at the high school about 3 blocks away.

- Support Needs: Ambulances to transport 30 BLS and 12 ALS patients.
- Alternate Transportation being handled by school district
- Staging located at:
- Radio Communications will be on SEEMS 1

Scenario 2.

At approximately _____, _____ ambulance was paged to a School Bus collision with 2 cars, taking down a power pole, with the bus rolled over and there are approximately 35 patients that require triage and some transport.

- Support Needs: Ambulances to transport unknown number of patients.
- Alternate Transportation being handled by school district
- Staging located at:
- Radio Communications will be on SEEMS 1

Scenario 3.

At approximately _____, _____ (town name) was hit by a tornado. The EMS garage was destroyed, along with homes of many personnel and the school, where a basketball game was taking place. There are some personnel acting as first responders, need ambulances at staging and triage assistance at the school.

- Support Needs: Disaster Trailer and Ambulance Task Force

- Behavioral Health Support team needed, as many crew member homes have been destroyed.
- Staging located at:
- Radio Communications will be on SEEMS 1

Scenario 4.

At approximately _____, _____ ambulance was paged to an industrial fire in _____(city). Fire has been burning for about 1 hour. When HAZMAT arrived on scene it was determined the, nursing home and special needs population will require evacuation, along with all homes in a 1 miles radius of the facility.

- Support Needs: Ambulance Task Force and mutual aid services
- Alternate Transportation being handled by school district
- Staging located at:
- Radio Communications will be on SEEMS 1

Scenario 5.

At approximately _____, _____ ambulance was paged to a multicar pile up - 30 cars. There are two local ambulances available, fire responding, two mutual aid services are unavailable to respond, as they are out on other calls.

- Support Needs: 4-6 Ambulances to transport unknown number of patients and triage.
- Staging located at:
- Radio Communications will be on SEEMS 1

Scenario 6.

At approximately _____, _____ ambulance was paged to a school shooting at _____ (high school name) in the school cafeteria. Multiple casualties are reported along with multiple shrapnel wounds requiring treatment. About 35 students needing transport.

- Support Needs: Ambulance Task Force and Mutual Aid Services
- Behavioral Health Support (CISM for next day)
- Staging located at:
- Radio Communications will be on SEEMS 1

Scenario 7.

Radiological Incident (There will be an exercise in June and a Drill in July). This is a State driven exercise and FEMA evaluated, we will activate the H-MACC at this time. This will be Red Wing Fire/Ambulance or I activating the H-MACC. We coordinate the entire response; it typically also requires Medical Task Force activation from EC, which we will call in for as well.

- Support Needs: This will be determined at the time of the incident and additional information will be available by Red Wing Fire and EMSRB
- Staging located at:
- Radio Communications will be on SEEMS 1

Appendix G: Communication Platform Matrix

MNHAN = MN Health Alert Network

ARMER = Allied Radio Matrix for Emergency Response; MN 800 MHz Radio System

ARES = Amateur Radio Emergency Services (HAM Radio Operators)

JIC = Joint Information

GETS = Government Emergency Telecommunications System calling card

Primary Mode
Secondary
Tertiary

	Mayo Clinic EC	Hospital Incident Mgmt Team	Local Public Health	State Public Health	Regional H-MACC	Emergency Management	EMS
Hospital Incident Management Team	Phone	Phone/Email/Fax MissionMode Alert – receive only	Phone/Email/Fax Health Alert Network – receive only	Phone/Email/Fax MNTrac Alert MNHAN	Phone/Email/ Fax MissionMode/ MNTrac Alert – receive only	Phone/Email/ Fax	
	ARMER Phone (GETS)	MNTrac Coordination ; Cell Phone/ Phone (GETS)	MNTrac Coordination ; Cell Phone/ Phone (GETS)	MNTrac Coordination ; Cell Phone/ Phone (GETS)	MNTrac Coordination ; Cell Phone/ Phone (GETS)	MNTrac Coordination ; MN ARMER Cell Phone/ Phone (GETS)	
		ARMER ARES/MED-ARES	ARMER ARES/MED-ARES	ARMER ARES/MED-ARES	ARMER ARES/MED-ARES	ARMER ARES/MED-ARES	ARES/MED-ARES
Hospital Emergency Department	Phone				Phone/Fax		ARMER/VHF Radio; Cell Phone
	MN ARMER; Phone (GETS)						
Hospital Public Information Officer	Phone	Phone/Email/ Fax	Phone/Email/Fax	Phone/Email/Fax	Phone/Email/Fax	Phone/Email/ Fax	Phone/Email/ Fax
	Cell Phone/ Phone (GETS Card)	Cell Phone/ Phone (GETS); In Person (JIC)	Cell Phone/Phone (GETS Card); In Person (JIC)			Cell Phone/ Phone (GETS); In Person (JIC)	Cell Phone/ Phone (GETS); In Person (JIC)
		ARMER	ARMER			ARMER	ARMER
Hospital Patient Transfer Office/ Admissions Office	Phone/Fax/ Cell Phone	Phone/Fax			Phone/Email/Fax		
	Phone (GETS) ARMER				MNTrac BED Report		