



SE MINNESOTA
DISASTER HEALTH COALITION
Enhancing Regional Preparedness, Response and Recovery

Multiyear Training and Exercise Plan (MYTEP)

Approved December 17, 2019

July 1, 2020 – June 30, 2023

SOUTHEAST MINNESOTA DISASTER HEALTH COALITION MULTIYEAR TRAINING
AND EXERCISE PLAN

Southeast Minnesota Disaster Health Coalition Multiyear Training and Exercise Plan

Version 1.0

Contents

Point of Contacts.....	4
Purpose	5
Health Care Coalition Training and Exercise Priorities	6
Training Schedule.....	6
Exercise Schedule.....	10
Appendix A: HPP and Ebola Exercise Guidance	14
HPP Exercise Grant Requirements.....	14
HPP Capabilities, Objectives, and Activities.....	14
APPENDIX B: Evaluation and Improvement Planning	17
Appendix C: Acronyms	18

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Purpose

The Multiyear Training and Exercise Plan (MYTEP) is the roadmap for the Southeast Minnesota Disaster Health Coalition to accomplish the priorities described in the Assistant Secretary for Preparedness and Response (ASPR) Health Care Preparedness and Response Capabilities and the Minnesota Department of Health (MDH) Health Care Preparedness Program work plan. The Southeast Minnesota Disaster Health Coalition has pursued a coordinated strategy that combines enhanced planning, innovative training, and realistic exercises to strengthen Minnesota's health care response capabilities.

The roles of regional health care coalition disaster planning, response and recovery have increased significantly over the last decade. An all hazards based training and exercise program improves response and recovery plans and provides responders with the knowledge and experience required to be more effective in their roles. This three-year schedule of trainings and exercises will reflect detailed information for the first year and planning assumptions for the second and third year.

This MYTEP is composed of planned trainings and exercises identified and developed by the coordinated efforts of health care facilities and their respective health care coalition. It reflects previous and future progression of trainings and exercises using the Homeland Security Exercise and Evaluation Program (HSEEP) building-block approach. Assessments conducted over the last year will be used to identify the exercise needs of health care and public health partners and their expectations of local emergency response partners as well as private and volunteer-based organizations.

During these next three years, the Southeast Minnesota Disaster Health Coalition and MDH will build on the many discussion and operational exercises completed during previous years in planning the current period's exercise schedule. This schedule is developed to meet the identified gaps and will be updated annually at the beginning of each grant year.

Health Care Coalition Training and Exercise Priorities

The region decided upon its priorities, including requirements from the MDH Health Care Preparedness Program (HPP) work plan, by assessing regional Hazard Vulnerability Assessment (Risk Profile) results, past After-Action Reports (AAR's)/Improvement Plans (IP's) as well as a coalition survey, exercise planning and development workshop conducted on October 23, 2019. The SE MN DHC Advisory Committee reviewed this document in November, 2019. This revised TEP is aligned with HPP capabilities includes individual health care entity training and exercise needs. The following groups are represented as part of the SE MN Disaster Health Coalition:

- Home Health & Hospice
- Hospitals
- Local Public Health
- Emergency Management
- Emergency Medical Services Regulatory Board (EMSRB)
- South East Emergency Medical Services (SE EMS)
- Long Term Care Agencies
- Specialty Services such as (e.g. dialysis centers, hospice centers, American Red Cross)

Training Schedule

Trainings planned for three years out of this grant cycle, July 1, 2020 – June 30, 2023

Name of training course	Proposed date(s)	Proposed location(s)	Target audience	HPP Capability HPP Objective HPP Activity	Gaps addressed (from AAR/IPs, strategic planning, etc.)	Funding type (HPP, PHEP, other – please specify)
ARMER User Training	Per County Training Schedule	TBD by county	Responders using 800 MHz radios on the MN ARMER network	1/4/2	ARMER system knowledge, proper use of radios	Local

SOUTHEAST MINNESOTA DISASTER HEALTH COALITION MULTIYEAR TRAINING AND EXERCISE PLAN

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Business Continuity	As requested	TBD	All Coalition Members	3/2/1	Planning for recovery	Local
Closed POD Training	As requested	TBD	All Coalition Members	1/4/2	Planning for closed points of dispensing	Local
HCID Core Team Training	Three times a year (One quarter a drill)	Rochester, MN	HCID Critical Care Core Team	1/4/2	Familiarity with equipment (PAPR, ISOVAC CAPSUL) and procedures for HCID response.	HPP/Ebola Supplemental Grant
Long Term Care Agencies Evacuation and Receiving Training	As requested	TBD	All Coalition Members	1/4/2	Planning for evacuation and receiving	Local
MNTRAC Administrator Training	As requested	Online or TBD	All Coalition Members	1/4/2	Gap: Lack of frequent use of the system resulting in need for continues training to maintain competency.	Local
National Healthcare Coalition Conference	Dec 2020 Dec 2021 Dec 2022	Las Vegas, NV TBD TBD	Regional Healthcare Preparedness Coordinators, Hospital Emergency Manageme	1/4/6	Additional coalition development and expertise	HPP (One RHPC and up to two SE MN DHC Advisory members)

SOUTHEAST MINNESOTA DISASTER HEALTH COALITION MULTIYEAR TRAINING AND EXERCISE PLAN

Name of training course	Proposed date(s)	Proposed location(s)	Target audience	HPP Capability HPP Objective HPP Activity	Gaps addressed (from AAR/IPs, strategic planning, etc.)	Funding type (HPP, PHEP, other – please specify)
			nt Coordinato rs, Public Health Emergency Preparedne ss Consultant			
NIMS/ICS Training	As requested and per organizational training plan	Online or Rochester, MN	First Responders and all Coalition member disciplines	1/4/1	Continued need for NIMS training due to infrequent use and constant turnover in staff.	HPP
Infectious Disease/Pandemic Planning Training	2021 as requested	TBD	All Coalition Members	4/1/9	Planning for infectious disease/pandemic policy/procedure development	Local
Pediatric Surge Plan Rollout Education	Summer 2020 as requested	Regional	Multi-disciplinary	1/4/2	Pediatric MCI for statewide plan	State/Local
Psychological First Aid	As requested per member organizations	Rochester, MN	Anyone	1/4/2	Limited front line knowledge for supporting behavioral health of responders and victims.	Other

SOUTHEAST MINNESOTA DISASTER HEALTH COALITION MULTIYEAR TRAINING AND EXERCISE PLAN

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SEM N DHC Guidelines	Oct 2020 Oct 2021 Oct 2022	Rochester, MN	All Coalition Members	1/4/6	Need for continued awareness, knowledge and understanding of available guidelines to support organizational planning.	Other
SEM N MRC Conference	Spring 2021 Spring 2022 Spring 2023	Rochester, MN	Medical Reserve Corps (MRC)/ Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VIP), American Red Cross, and Community Emergency Response Teams (CERT) volunteers	1/4/6	Limited opportunities for training, exercises and real-events to engage volunteers resulting in lack of knowledge, understanding, and engagement.	Other

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			from MN, IA, WI			
Crisis Communications or Public Information Officer Training	2021	TBD	All Coalition members	1/4/2	Need for continued awareness, knowledge and understanding of crisis communications and public information duties during response.	HPP

Exercise Schedule

Name of exercise	Exercise Type	Proposed date(s)	Target audience	HPP Capability HPP Objectives HPP Activity	Gaps addressed (from AAR/IPs, strategic planning, etc.)	Funding type (HPP, PHEP, other – please specify)
Active Shooter Exercise	TTX, FE, FSE	TBD	LTC	1/4/2	Preparations for active shooter incidents	Local
EarthEx	TTX	Aug 2020 Aug 2021	All Coalition Members	1/4/3 3/7/2	Preparations for long-term power outages	Local
Evacuation and Receiving Exercise	TTX, FE, FSE	TBD	LTC	1/4/3 3/7/2	Preparations for evacuation and receiving incidents	Local

SOUTHEAST MINNESOTA DISASTER HEALTH COALITION MULTIYEAR TRAINING AND EXERCISE PLAN

Name of exercise	Exercise Type	Proposed date(s)	Target audience	HPP Capability HPP Objectives HPP Activity	Gaps addressed (from AAR/IPs, strategic planning, etc.)	Funding type (HPP, PHEP, other – please specify)
HazMat/Dec on	TTX/FE/FE	TBD	Hospitals , EMS, EM, Fire, LE, HMAACC, CAT	1/4/3 3/5/2 4/2/5	Assess the ability of coalition members to assist during a large-scale HazMat incident	Local
MCI- as grant requirements influence topic: Peds, Burn, Radiation, etc.	TTX	2020 2021 2022 2023	Hospitals , EMS, EM, Fire, LE, HMAACC, CAT	1/4/3 4/2/7	Assess the ability of coalition members to assist during a mass casualty incident to include burn surge, pediatric surge, radiological or as the grant requirements influence topic consideration	Local/statewide
NDMS Activation	Drill	Summer 2020 Summer 2021 Summer 2022	NDMS Hospital	1/4/3 4/2/5	Improve emergency operations coordination between FCC and NDMS hospitals	Mayo Clinic
Prairie Island Nuclear Power Plant Radiological Emergency Preparedness (REP) Drill & Exercise	FE, FSE	June 2020, TBD 2022 July 2020, TBD 2022	HMAACC Public Health, EM, VOAD	1/4/3 4/2/5	Assess the ability to respond to evacuation of the area surrounding Prairie Island Nuclear Power Plant	Various

SOUTHEAST MINNESOTA DISASTER HEALTH COALITION MULTIYEAR TRAINING AND EXERCISE PLAN

Name of exercise	Exercise Type	Proposed date(s)	Target audience	HPP Capability HPP Objectives HPP Activity	Gaps addressed (from AAR/IPs, strategic planning, etc.)	Funding type (HPP, PHEP, other – please specify)
RITN	TTX	Summer 2020 Summer 2021 Summer 2022	RITN Hospital	1/4/3 4/2/5	Improve medical surge capabilities of healthcare organizations.	RITN/ Mayo Clinic
SE MN DHC Pandemic Exercise	TTX, FE, FSE	TBD	LTC	1/4/3 3/7/2	Preparations for pandemic incidents	Local
SEMN Healthcare-Multiagency Communication Coordination (HMACC) Activation	Drill	Various, Monthly 2020-2023	Hospitals, SEMN EMSRB, EMS, LTC and Home Health & Hospice agencies	1/4/3 2/3/1&2 3/3/1&2	Clarify communication processes for the region. Each partner determines the response gap they want to test when initiating the drill.	HPP
SE MN DHC Regional Surge Test	TTX, FE (Functional Ex)	Spring 2021, Spring 2022 Spring 2023	Coalition Partners	1/4/3 2/3/1&2 3/6/1&2	Mandatory exercise	HPP
SE MN DHC Communication	Drill	Fall 2020 Spring/Fal	Coalition Partners	1/4/3 2/2/2	Clarify communication processes for the region (including use of MNTrac)	HPP

SOUTHEAST MINNESOTA DISASTER HEALTH COALITION MULTIYEAR TRAINING AND EXERCISE PLAN

Name of exercise	Exercise Type	Proposed date(s)	Target audience	HPP Capability HPP Objectives HPP Activity	Gaps addressed (from AAR/IPs, strategic planning, etc.)	Funding type (HPP, PHEP, other – please specify)
ons Exercise		1 2021 Spring/Fal 1 2022 Spring 2023			May be in conjunction with HMAACC drill.	

Appendix A: HPP and Ebola Exercise Guidance

HPP Exercise Grant Requirements

The Health Care Preparedness Program multiyear training and exercise planning is based on the 2017-2022 Health Care Preparedness and Response Capabilities (HCPRCs), as well as the overarching requirements, improvement plan corrective actions and other capabilities outlined in the Minnesota FY 2017-2022 Hospital Preparedness Program (HPP)-Public Health Emergency Preparedness (PHEP) Cooperative Agreement Application.

HPP-PHEP sub-awardees may use funds to support the cost of health and medical worker participation in training centered on: cross-cutting capability development; preparing workers with the necessary knowledge, skills, and abilities to perform/enhance the capability; and to participate in exercises on those capabilities or related systems.

The Southeast Minnesota Disaster Health Coalition will:

- **Show evidence** in the HPP Budget work plans, budget justification, and technical assistance plans that all training is purposefully designed to close operational gaps and sustain jurisdictionally required capabilities.
- **Conduct** a Health Care Coalition training and exercise planning **workshop** (T&EPW).
- **Develop** a Health Care Coalition three-year **MYTEP** based on the HPP Capabilities and identified gaps.
- **Conduct an annual Coalition Surge Test** to assess overall health care system response, inclusive of all HCC hospitals (low/no-notice exercise to test ability of HCCs to transition quickly into “disaster mode”). Coalition Surge Test information is located at the following link: <http://www.phe.gov/Preparedness/planning/hpp/Pages/coalition-tool.aspx>.
- **Conduct at least two HCC-level redundant communication** drills annually to test the effectiveness of the systems and platforms (e.g., bed/resource tracking systems, amateur and commercial radio, satellite phones, etc.).
- **Consider** other HCC-level functional or full-scale HSEEP based exercises as able to test HPP Capabilities, Performance Measures and other identified HCC All-Hazards Plan gaps.
- **Consider** the access and functional needs of at-risk individuals and engage these populations in health care coalition-based exercises.
- **Complete and submit after-action reports and improvement plans (AAR/IPs)** for all responses to real incidents and for exercises conducted during the next three calendar years to demonstrate compliance with HPP and PHEP program requirements. HCC and PHEP awardees should provide an AAR/IPs for each qualifying exercise within 90 days.

HPP Capabilities, Objectives, and Activities

Capability 1: Foundation for Health Care and Medical Readiness

- Objective 1: Establish and Operationalize a Health Care Coalition
 - Activity 1: Activity 1. Define Health Care Coalition Boundaries
 - Activity 2. Identify Health Care Coalition Members
 - Activity 3. Establish Health Care Coalition Governance
- Objective 2: Identify Risk and Needs

SOUTHEAST MINNESOTA DISASTER HEALTH COALITION MULTIYEAR TRAINING
AND EXERCISE PLAN

- Activity 1. Assess Hazard Vulnerabilities and Risks
- Activity 2. Assess Regional Health Care Resources
- Activity 3. Prioritize Resource Gaps and Mitigation Strategies
- Activity 4. Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs
- Activity 5. Assess and Identify Regulatory Compliance Requirements
- Objective 3: Develop a Health Care Coalition Preparedness Plan
- Objective 4: Train and Prepare the Health Care and Medical Workforce
 - Activity 1. Promote Role-Appropriate National Incident Management System Implementation
 - Activity 2. Educate and Train on Identified Preparedness and Response Gaps
 - Activity 3. Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations
 - Activity 4. Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements
 - Activity 5. Evaluate Exercises and Responses to Emergencies
 - Activity 6. Share Leading Practices and Lessons Learned
- Objective 5: Ensure Preparedness is Sustainable
 - Activity 1. Promote the Value of Health Care and Medical Readiness
 - Activity 2. Engage Health Care Executives
 - Activity 3. Engage Clinicians
 - Activity 4. Engage Community Leaders.
 - Activity 5. Promote Sustainability of Health Care Coalitions

Capability 2: Health Care and Medical Response Coordination

- Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans
 - Activity 1. Develop a Health Care Organization Emergency Operations Plan
 - Activity 2. Develop a Health Care Coalition Response Plan
- Objective 2: Utilize Information Sharing Procedures and Platforms
 - Activity 1. Develop Information Sharing Procedures
 - Activity 2. Identify Information Access and Data Protection Procedures
 - Activity 3. Utilize Communications Systems and Platforms
- Objective 3: Coordinate Response Strategy, Resources, and communications
 - Activity 1. Identify and Coordinate Resource Needs during an Emergency
 - Activity 2. Coordinate Incident Action Planning During an Emergency
 - Activity 3. Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency
 - Activity 4. Communicate with the Public during an Emergency

Capability 3: Continuity of Health Care Service Delivery

- Objective 1: Identify Essential Functions for Health Care Delivery
- Objective 2: Plan for Continuity of Operations
 - Activity 1. Develop a Health Care Organization Continuity of Operations Plan

SOUTHEAST MINNESOTA DISASTER HEALTH COALITION MULTIYEAR TRAINING
AND EXERCISE PLAN

- Activity 2. Develop a Health Care Coalition Continuity of Operations Plan
- Activity 3. Continue Administrative and Finance Functions
- Activity 4. Plan for Health Care Organization Sheltering-in-Place
- Objective 3: Maintain Access to Non-Personnel Resources during an Emergency
 - Activity 1. Assess Supply Chain Integrity
 - Activity 2. Assess and Address Equipment, Supply, and Pharmaceutical Requirements
- Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks
- Objective 5: Protect Responders' Safety and Health
 - Activity 1. Distribute Resources Required to Protect the Health Care Workforce
 - Activity 2. Train and Exercise to Promote Responders' Safety and Health
 - Activity 3. Develop Health Care Worker Resilience
- Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation
 - Activity 1: Develop and Implement Evacuation and Relocation Plans
 - Activity 2. Develop and Implement Evacuation Transportation Plans
- Objective 7: Coordinate Health Care Delivery System Recovery
 - Activity 1. Plan for Health Care Delivery System Recovery
 - Activity 2. Assess Health Care Delivery System Recovery after an Emergency
 - Activity 3. Facilitate Recovery Assistance and Implementation

Capability 4: Medical Surge

- Objective 1: Plan for a Medical Surge
 - Activity 1. Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan
 - Activity 2. Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan
 - Activity 3. Incorporate Medical Surge into a Health Care Coalition Response Plan
- Objective 2: Respond to a Medical Surge
 - Activity 1. Implement Emergency Department and Inpatient Medical Surge Response
 - Activity 2. Implement Out-of-Hospital Medical Surge Response
 - Activity 3. Develop an Alternate Care System
 - Activity 4. Provide Pediatric Care during a Medical Surge Response
 - Activity 5. Provide Surge Management during a Chemical or Radiation Emergency Event
 - Activity 6. Provide Burn Care during a Medical Surge Response
 - Activity 7. Provide Trauma Care during a Medical Surge Response
 - Activity 8. Respond to Behavioral Health Needs during a Medical Surge Response
 - Activity 9. Enhance Infectious Disease Preparedness and Surge Response
 - Activity 10. Distribute Medical Countermeasures during Medical Surge Response
 - Activity 11. Manage Mass Fatalities.

APPENDIX B: Evaluation and Improvement Planning

Exercise Evaluation

Evaluation is an important component of all training and exercise activities. The purpose of conducting an exercise is to validate strengths and identify gaps in planning or procedures as well as opportunities for improvement in addition to providing response experience to the participants. This can be accomplished using exercise documentation and HSEEP Exercise Evaluation Guide (EEGs) customized to the specific exercise goals and objectives. These tools are used by trained evaluators to provide their observations to the exercise design team.

After Action Reports (AARs)

Exercise and incident response information and participant observations are collected and analyzed for the After Action Report. Participant feedback is acquired through hot washes following the exercise or incident that solicit what worked well, what did not work well and recommendations for improvement. Participant feedback forms may also be collected. Areas for improvement and corrective actions are identified. In a joint exercise with multiple disciplines and organizations, all participants contribute to an after action report identifying the achievement of their exercise or real incident objectives. This is completed by a designated individual or an exercise design team member using the standard HSEEP format.

Improvement Plans (IPs)

Recommendations from the After Action Report are entered into the Improvement Plan matrix which is an appendix to each after action report. Recommendations are reviewed by the appropriate healthcare agency. Corrective actions are identified, assignment made to the position that would accomplish the corrective action with a due date to be tracked to ensure completion. When resources are not available to take action, it is important to identify short-term and long-term goals that lead to full implementation of the corrective action. The IP provides a workable and systematic process to initiate and document improvements to plans, policies, and procedures. It also identifies training, equipment and other resource needs. A system to track progress and completion of corrective actions is the responsibility of each healthcare agency.

The AAR/IP is shared with the governance teams and the leadership of the division, office or program responsible for the exercise or particular response capabilities. Exercise and incident response participants are interested in learning more about the outcomes of the exercise or response and should receive feedback. The feedback needs to be generalized, but can provide enough specific information to help participants identify additional training they may need or more areas for future exercises.

Lessons Learned

Ideas, issues, and improvements that are applicable to the response activities for others in the same discipline or in other jurisdictions should be appropriately written (redacted when necessary) then shared with participating organizations and regional groups.

Appendix C: Acronyms

Acronym	Description
AAR	After-Action Report
ASPR	Assistant Secretary for Preparedness and Response
EEG	Exercise Evaluation Guide
FE	Functional Exercise
FSE	Full Scale Exercise
HCC	Health Care Coalition
HSEEP	Homeland Security Exercise and Evaluation Program
HPP	Health Care Preparedness Program
HVA	Hazard Vulnerability Analysis
IP	Improvement Plan
MDH	Minnesota Department of Health
POC	Point of Contact
PPE	Personal Protective Equipment
TCL	Target Capabilities List
MYTEP	Multiyear Training and Exercise Plan
TTX	Tabletop Exercise