



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

Coalition Regional Response Plan for Supporting Healthcare Planning, Training, and Supplies

Approved May 27, 2020

Southeast Minnesota Disaster Health Coalition Regional Response Plan for Supporting Healthcare Planning, Training, and Supplies

Purpose

Through collaboration, the purpose of this plan is to support facilities by providing tools and resources to ensure healthcare facilities/agencies have plans, training, and resources to safely provide continued care for patients/residents.

Background

On May 7, 2020 Governor Walz announced his 5-Point Battle Plan to address the burden COVID-19 places on the residents and staff of long-term care (LTC) facilities. The 5-Point Battle Plan includes expanded testing for residents and workers in long-term care facilities; testing support and troubleshooting to clear barriers; provision of needed personal protective equipment; ensuring adequate staffing levels where COVID presence is identified; and, leveraging partnerships to tap into available skills and talents. The SE MN Disaster Health Coalition (SEMNDHC) has begun the process of creating plans to address each of these needs identified for long term care. At the foundation of all plans will be using best practices for the residents/patients related to personal protective equipment (PPE) and safe working environments for the staff.

This plan addresses key areas identified as areas of need in long term care facilities. The unique and challenging events brought about by COVID-19 have created opportunities for added support through training, education, and logistics.

Long term care facilities need to have plans in place that ensure adequate supplies of PPE through conservation measures and advance planning. Additionally LTC facilities need to train their staff on which PPE is appropriate for a given situation to protect them and how to correctly use the equipment. Facilities also need to ensure that there are continuity of care plans that allow residents to safely stay in place if confronted with a positive COVID case.

Operational Definitions

This document will cover the continuum of care, from conventional care, transitioning to contingency care and finally crisis care. For more detail on this concept of operations see [MDH Crisis Standards of Care CONOPS \(PDF\)](#).

Response Stages Defined:

The impacts of COVID positive diagnosis within a facility and the support assets available in each county vary. This plan is written in stages with each stage being a description of the situation at a given facility. Because of the variability of impact on a facility, stages are defined by the effect on operations and not in terms of a specific number of COVID positive individuals. For example, two COVID positive staff out of a staff total of fifteen has significantly greater impact on operations than two out of fifty.

Conventional – Pre-Outbreak

- Facility does not have a confirmed COVID case amongst either staff or patients/residents. Actions taken are pro-active in nature.

Contingency – Low level Outbreak

- Facility has a 'small' number of confirmed COVID19 cases amongst staff and/or patients/residents which creates a situation which can be managed with internal resources with some assistance from outside resources.

Crisis – Medium to Large Scale Outbreak

- Facility has significant number of confirmed COVID19 cases amongst staff and/or patients/residents which the CCF is unable maintain current operations without significant outside assistance.

Overview of Response/Coordination Actions**Request for Assistance Process**

- Long Term Care facility (LTC), upon determining a need for assistance, contacts Local Public Health (LPH) to communicate their need including key timelines / deadlines.
- LPH notifies County Emergency Management (EM) to identify local resources available to meet the need.
- LPH & EM, through appropriate channels, submit the request for assistance to the identified asset.
- LPH notifies the requesting LTC of assessment result and next steps.
- If no local resource is available to meet the need, the request is escalated to the Southeast Minnesota Disaster Health Coalition (SEMN DHC). If the situation may impact the facility's ability to maintain patient/resident care in the near term this need may be escalated through the Healthcare Multi-Agency Coordination Center (HMACC) process.

Responsibilities / Areas of Operations:

Facilities remain in charge of their respective facilities at all times including decisions to accept / deny recommended assistance options, and next steps their facilities will take. It is understood that these decisions will be made after thoughtful communications and consultation with local public health, emergency management, and local/regional healthcare experts.

LPH in coordination with City / County EM will coordinate local support.

SEMN DHC is the point of contact for coordination of assets:

- coming into the region via other MN Counties outside of the region;
- coming into the region via State EOC or other State Agency;
- coming into the region via EMC (in coordination with regional HSEM);

DETAILED RESPONSE ACTIONS / ACTIVITIES:

Facility Response:

Conventional - Before the crisis, the facility will take proactive steps to minimize the risk of having to move into crisis response including:

Planning:

- Review current plans regarding PPE usage, infection prevention and control and staffing contingency plan. (See regional staffing support plan for details.) For assistance with this review submit a request from LPH which will coordinate assistance.
 - Resources which may assist include:
 - MDH COVID-19 Toolkit for Long-Term Care Facilities (www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf)
 - MDH COVID-19 Action Plan for Congregate Settings (www.health.state.mn.us/diseases/coronavirus/hcp/icpaction.pdf)
 - Identify existing gaps and engage local/regional support to address needs
- Develop and review existing mutual aid agreements with other LTC facilities, sister sites, or other entities in order to confirm if the previously identified support is still available.

Training:

- Assess status of training and staff understanding of continuity plans, PPE use, infection prevention and control procedures. Assessments should include:
 - Staff knowledge of appropriate PPE
 - Staff proficiency in PPE donning, doffing, and conservation of PPE using current CDC/MDH guidelines.
 - Resources which may assist include:
 - MDH COVID-19 Action Plan for Congregate Settings (www.health.state.mn.us/diseases/coronavirus/hcp/icpaction.pdf)
 - MDH COVID-19 Toolkit for Long-Term Care Facilities (www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf)
 - Staff understanding of current plans and procedures on infection prevention and control
 - If the facility does aerosolizing procedures, staff availability and training on FIT Testing
- Identify training needs within their facilities, which can be possibly provided or supported by outside resources. Contact LPH for assistance as needed. (See Attachment 1.)
- Work with and support other LTC facilities on training plans and best practices if resources are available without compromising care of current patients/residents.
 - Use existing partnerships with local hospitals, EMS, or training companies for educational needs.
- Participate in county and regional coalition meetings to gather lessons learned, best practices and develop contacts with other partners.

Supplies:

- Establish and use a PPE supply management program, which tracks supply on hand and consumption rates to project when supplies on hand reach critical levels.
 - Resources which may assist include:
 - CDC PPE Burn Rate Calculator (www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html)
 - MDH Patient Care – Strategies for Scare Resource Situations (www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf)
 - Note – it is crucial that facilities recognize the need for PPE supplies prior to reaching crisis levels as identifying a source for supplies and arranging transportation may take at least 24-48 hours at a minimum.
- Use existing PPE and supply requesting processes.
- Identify PPE conservation measures implement when there are anticipated PPE shortages.
 - Resources which may assist include:
 - CDC Strategies for Optimizing Supply <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Support other LTC facilities that may be in contingency or crisis situations by sharing contact information for your suppliers and temporarily loaning supplies, if practical.

Contingency -**Training:**

- Notify LPH of any immediate training needs in direct response to the identification of COVID-19 among either staff or patients/residents. (See Attachment 1.)
- Training requests will include indication of urgency and known deadlines.

Supplies:

- Notify LPH of any immediate supply needs in direct response to the identification of COVID-19 among either staff or patients/residents. (See Attachment 1.)
- Supply requests should include :
 - The quantity and exact type of requested items.
 - An estimate of how quickly the requested items are needed.
 - Time period for which reusable supplies or equipment will be needed.
 - Location to which, and to whom, the items should be delivered.
 - Transportation method
- Initiate conservation measures and reach out to all applicable vendors with an urgent requisition using existing supply requesting processes.
- If supplies may become critical within three days, send a request to the SEMN DHC. (See [Attachment 1.](#))
- Request resources from the State of Minnesota.:
<https://redcap.health.state.mn.us/redcap/surveys/?s=LXR9JMRYEJ>

Crisis – If the patient/resident care will be impacted without assistance within 8 hours the facility will:

- Contact LPH or EM either by phone or through the local dispatch.

- If no response is received and/or additional assistance is needed, activate the SEMN DHC HMAcc by calling Mayo Clinic Emergency Communications (EC) at 855.606.5458 as stated in the SE MN DHC H-MAcc Guidelines document.

Local City/County Response:

Conventional - Before the crisis: LPH and EM will coordinate the following:

Planning:

- Review current plans regarding support for LTC facilities needs for PPE, logistic support, LTC plan review assistance, and training plans expertise.
- Review existing mutual aid agreements with other counties within the SEMN Region in order to confirm if the previously identified support is still possible during this pandemic.
- Coordinate with LTC facilities to provide assistance as requested.

Training and Supplies:

- Review of all requests for training assistance in order to ensure the appropriate resource is tasked.
 - LPH, EM, EMS, and other local organizations/individuals who have volunteered to serve as training resource will review the appropriate LTC guidance in order to ensure any technical expertise / training they provide is appropriately adjusted for LTC facility settings. (see Resources in “Facility Response”)
 - Entities tasked to provide training will coordinate all logistic arrangements directly with the requesting LTC facility. The training entity will report back to LPH/EM upon completion of the training.
- Review all supply requests for assistance in order to ensure the appropriate resource is provided.
- Forward requests for assistance to SEMN DHC if the resource is not available within the county jurisdictional boundaries. (See [Attachment 1.](#))
- Notify LTC facilities on the status of their request, to include decisions made, resource tasked to assist, and identified timelines.

Contingency - Local government will be on standby to provide assistance as available.

- LPH will acknowledge receipt of assistance requests **within 24 hours** of receipt, and clarify with the requesting facility any information that may be missing or incomplete.
- Resource requests LPH/EM cannot fill through their existing processes and contacts will be forwarded to the SEMN DHC.
- LPH/EM will notify LTC facilities on the status of their request, to include decisions made, actions taken, and identified timelines **within 48 hours** of assistance request.

Crisis – Local Government will:

- Respond immediately to the requestor. If local resources are not available to meet the need, escalate the request to the SEMN DHC HMAcc.

Regional SEMNDHC Response:**Conventional** - Before the crisis, SEMNDHC will

Planning:

- Review current plans regarding support to LTC facilities.
- Review existing regional compact
- Review any mutual aid agreements with other Regions to confirm if the previously identified support is still possible during this pandemic.

Training:

- Maintain an up-to-date listing of MDH, CDC and other applicable web-based training links and resources.
- Establish networks and identify assets available to meet the LTC facility needs.
- Notify requestors on the status of their request, to include decisions made, resources requested, and identified timelines.

Supplies:

- Maintain the SEMNDHC stockpile and serve as the point of contact for PPE requests and resource distribution.
- Use existing networks and assets available in order to identify supply resources to meet the LTC facility needs.
- Notify requestors on the status of the request, to include decisions made, resources requested, and identified timelines.

Contingency – SEMNDHC will:

- Notify Requestor **within 24 hours** on the status of their request, to include decisions made, resources requested, and identified timelines.

Crisis – SEMNDHC will:

- Respond immediately to the HMAACC activation.
- If local regional resources are not available to meet the need, reach out to neighboring coalitions.
- If the need is still not met, ask for state resources by contacting the *State Healthcare Call Center. (651-201-3970.)

Note: Assistance offered in this document is dependent on availability of resources.

Attachment 1 SEMN DHC - Supporting Healthcare in Planning, Training and Supplies
SEMN H-MACC Resource Request form

Requesting Facility Name:

Request Date:

Requesting Facility Point of Contact

Emergency Manager/ EOC Contact

Name:					
Address:					
City:					
County:		State:	MN	Zip:	
Phone:		Fax:			
Cell:		Email:			

EM Name:	
EM Phone:	
EM Email:	
EOC Phone:	
Other Information:	

Have you exhausted local supplies? Yes No

Have your local/vendor contingency supplies been exhausted? Yes No

Please explain the request if no.

Name and/or Description of Supply Being Requested	QTY	Comments (include days of supply on hand)	For SE
			Region Use QTY APPROVED

Signature:

Date:

Time:

Submit This Request Form to ALL LISTED BELOW:

- SEMN Healthcare MACC – HospitalDisasterCompact@mayo.edu and ksailer@cemainc.com Phone 651-707-7174
- Mayo Clinic HICS SEMN Healthcare MACC – HospitalDisasterCompact@mayo.edu and ksailer@cemainc.com Phone 651-707-7174
- Mayo Clinic HICS Liaison rsthicsliaison@mayo.edu Phone 507-255-9869
- Local Emergency Manager/

Delivery and Logistical Notes:

Important Information: a facility that receives stock out of the SEMN DHC cache will be expected to replace the supplies taken with new requisitioned material to replenish the regional cache. This may occur after the facility's supplies have been replenished and the facility is in a sustainable supply position.