# Appendix A.5.6 Integrated Preparedness Plan

## Table of Contents

[Purpose 1](#_Toc167347391)

[Healthcare Coalition Training and Exercise Priorities 2](#_Toc167347392)

[HPP and Ebola Exercise Guidance 22](#_Toc167347393)

[Evaluation and Improvement Planning 25](#_Toc167347394)

[Points of Contact 26](#_Toc167347395)

[Acronyms 27](#_Toc167347396)

 [Record of Changes 28](#_Toc167347397)

## Purpose

The Integrated Preparedness Plan (IPP) is the roadmap for the WCMHPC to accomplish the priorities described in the Assistant Secretary for Preparedness and Response (ASPR) Healthcare Preparedness and Response Capabilities and the Minnesota Department of Health (MDH) Healthcare Preparedness Program work plan. The WCMHPC has pursued a coordinated strategy that combines enhanced planning, innovative training, and realistic exercises to strengthen Minnesota’s healthcare response capabilities.

The roles of regional healthcare 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 IPP is composed of planned trainings and exercises identified and developed by the coordinated efforts of healthcare facilities and their respective healthcare 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 healthcare 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 WCMHPC 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.

## Healthcare Coalition Training and Exercise Priorities

The West Central Minnesota Healthcare Preparedness Coalition regional advisory committee met January 2024 and discussed the plan for the upcoming budget periods as well as plans for training and exercises for the next three years. The information identified is included in this IPP. The coalition determined its’ education, training, and exercise priorities based on past After Action Reports/Improvement Plans (AAR/IPs), education, training, and exercise participant feedback, requirements provided by the MDH HPP work plan and the coalitions annual Hazard Vulnerability Assessment (HVA) which is reviewed and updated annually in January. The coalition conducts a training and exercise workshop annually in the Spring of each year. During this workshop, the advisory committee and all coalition members and partners have the opportunity to review the workplan and discuss the exercise and education needs of the coalition. The TEP will be reviewed and revised annually or with any noteworthy events to assure alignment of HPP capabilities by the West Central Region Advisory Committee.

The training courses and exercises chosen for WCMHPC are based on HPP guidance, coalition member feedback and annual assessment of progress. Healthcare facilities are at differing levels of emergency preparedness due to the number of resources dedicated to facility emergency preparedness and staff turnover. WCMHPC works to offer varying levels of education, training, and exercises to meet the needs of many healthcare coalition members. WCMHPC will offer education, training and exercise opportunities that maintain knowledge and challenge coalition members. WCMHPC will continue to identify improvements and test corrective actions. As WCMHPC members participate in real events and exercises lessons learned and best practices gained will be shared with coalition partners.

The participation includes hospitals, clinics, long term care facilities, emergency medical services, emergency management departments, and local public health agencies and other healthcare providing services within the following counties:

|  |  |
| --- | --- |
| Traverse | Douglas |
| Grant | Otter Tail |
| Wilkin | Stevens |
| Pope | Clay |

Training and exercises will also include cross border partners in North and South Dakota as well as cross regional partners – Central MN Healthcare Preparedness Coalition and the Northwest MN Healthcare Preparedness Coalition & the MN Mobile Medical Team.

### Training Schedule

| **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)** |
| --- | --- | --- | --- | --- | --- | --- |
| Access & Functional Needs Updates | Annually in July TBD | Virtual | All coalition members | Capability 1Objective 4Activity 2 | Ongoing education to ensure coalition members have plans that incorporate the AFN population. | HPP |
| MNTrac Lunch-N-Learn | July (2nd Tuesday)12:00-13:00 | EP Virtual Academy | All Coalition Members | Capability 2Objective 2Activity 3 | This is your opportunity to gain experience the ins and outs of MNTrac and to get inexperienced users the required training to enable them to adequately utilize this resource. | HPP |
| Infectious & Emerging Disease Updates | Annually in September TBD | Virtual | All Coalition | Capability 3Objective 5Activity 2Capability 4Objective 2Activity 9 | Due to frequent changes in identification processes, prevention, and treatment measures; this annual update allows the regional epidemiologist the opportunity to focus on current and potential infectious disease issues.  | HPP  |
| Regional HVA Workshop & Updates | Annually in January  | Virtual | All Coalition Members | Capability 1Objective 2Activity 1 | Assessing regional hazards is needed annually to stay current on understanding and planning for regional risks to minimize gaps in planning and exercising. | HPP |
| Executive Engagement/ Coalition Overview & Review | Annually in October TBD | In-Person or Virtual (TBD) | Executive leadership | Capability 1 Objective 5Activity 2 | Identified as a gap within the region, there is a lack of engagement and understanding from Executives about the coalition. This platform will be used to update executive leaders about coalition activities and to provide a continued forum to discuss sustainability of the coalition. | HPP |
| HVA – A how to… | Oct 2024 (30th) 09:00-11:00 | EP Virtual Academy | All Coalition Members | Capability 1Objective 2Activity 1 | This course will review how a facility can conduct a hazard vulnerability analysis, the recommended requirements for follow up, and how to utilize the HVA in future emergency preparedness/continuity planning. | HPP |
| Exercise Planning/ Documentation/AAR/IP  | Oct 2025 (29th) 13:00-15:00 | EP Virtual Academy | All Coalition Members | Capability 1Objective 4Activity 2 | This course will review how to develop an exercise and training plan to meet the requirements of CMS. It will include a review of the documents/templates that can be used to create an exercise as well as discuss the required documents necessary for follow up after completion of the exercise. Exercises can be beneficial to highlight best practices as well as to identify gaps in planning. | HPP |
| E-TAGS/ TEMPLATES/MDH TOOLKIT Review/ EOP UPDATE | Oct 2026 (28th) 10:00-12:00 | EP Virtual Academy | All Coalition Members | Capability 1Objective 2Activity 5 | This course will review the current CMS requirements for the long-term care facility emergency operations plans – to include a review of the most frequent E-tag citations and a discussion about tools and resources available to assist facilities in maintaining their plans. | HPP |
| Burn Surge Planning Updates | Annually in November TBD | Virtual | Hospitals & EMS | Capability 4Objective 2Activity 6 | Managing a burn patients or multiple burn patients are identified as a substantial risk in the West Central Region. Due to the rural nature of the region, there is a lack of burn specialists and resources. In a surge event, the potential for caring for an increase in burn patients will provide a strain on the region. This training will introduce the regional burn plan and the State Burn Surge plan and identify areas and resources to assist healthcare facilities at the local level.  | HPP |
| Alternate Care Site Planning Updates | Annually in January TBD | Virtual | All Coalition | Capability 4Objective 2Activity 3 | Review the regional ACS plan and discuss the tools and resources available to ensure that the local healthcare partners (hospitals and long-term care) have functionable plans. Refer to COVID ACS issues in WC HPC. | HPP |
| MNTrac Lunch-N-Learn | January (2nd Tuesday) 12:00-13:00 | EP Virtual Academy | All Coalition Members | Capability 2Objective 2Activity 3 | This is your opportunity to gain experience the ins and outs of MNTrac and to get inexperienced users the required training to enable them to adequately utilize this resource. | HPP |
| E-TAGS/ TEMPLATES/MDH TOOLKIT Review/ EOP UPDATE | Feb 2025 (13th) 10:00-12:00 | EP Virtual Academy | All Coalition Members | Capability 1Objective 2Activity 5 | This course will review the current CMS requirements for the long-term care facility emergency operations plans – to include a review of the most frequent E-tag citations and a discussion about tools and resources available to assist facilities in maintaining their plans. | HPP |
| HVA – A how to… | Feb 2026 (12th)09:00-11:00 | EP Virtual Academy | All Coalition Members | Capability 1Objective 2Activity 1 | This course will review how a facility can conduct a hazard vulnerability analysis, the recommended requirements for follow up, and how to utilize the HVA in future emergency preparedness/continuity planning. | HPP |
| Exercise Planning/ Documentation/AAR/IP  | Feb 2027 (11th) 13:00-15:00 | EP Virtual Academy | All Coalition Members | Capability 1Objective 4Activity 2 | This course will review how to develop an exercise and training plan to meet the requirements of CMS. It will include a review of the documents/templates that can be used to create an exercise as well as discuss the required documents necessary for follow up after completion of the exercise. Exercises can be beneficial to highlight best practices as well as to identify gaps in planning. | HPP |
| Integrated Preparedness Plan Strategic Planning Workshop | Annually in March TBD | Virtual | All coalition | Capability 1Objective 2Activity 3 & 5Objective 4Activity 1 - 6 | This workshop will review lessons learned in real events, and gaps identified in exercises to develop and review the IPP for the upcoming budget period in order to update the IPP to address those gaps and needs. | HPP |
| Facilitator and Controller Training | Annually in April TBD | In-Person | All coalition | Capability 1Objective 4Activity 3 - 5 | The success of an exercise is dependent upon the evaluators and controller’s preparation towards the exercise. This training will provide essential information that will allow them to facilitate and evaluate the exercise in alignment with the coalition’s objectives. It has been identified that without training, exercises do not meet the desired objectives or outcomes. This training is offered multiple times throughout the year – provided one month prior to all of the scheduled exercises. | HPP  |
| Hands on PPE Training  | Annually in April TBD | In-Person | Hospitals & EMS | Capability 3Objective 5Activity 2Capability 4Objective 2Activity 5 | Facilities within the region have identified varied levels of ability to react to HCID & CBRNE events. Training will provide a baseline for inexperienced staff. | HPP |
| LTC/SNF Workshop | May 7th. 2024 | In-Person | All LTC, SNF, EM, & LPH | Capability 3Objective 6Activities 1 & 2 | Workshop to discuss and facilitate education and exercise around shelter-in-place and evacuation. | HPP |
| TEEX PER-211 | May 5th – 8th, 2025 | In-Person | All Coalition | Capability 4Objective 2Activity 5 | TEEX training regarding the care for a CBRNE patient in the medical setting. | HPP |
| Crisis Communication with Technology & Social Media Updates | Annually in May TBD | Virtual | All coalition | Capability 2Objective 2Activity 1 – 3 | Best practices and lessons learned indicate that social media can be a powerful communication tool during disasters. Past exercises have identified a gap in using the public information officer role within the ICS structure. This training will identify further, the roles and responsibility of the PIO as well as other support staff in monitoring, responding to, and creating media messaging.  | HPP |
| Communication Pathway & Systems Trainings | First Wed of every month | Virtual | All Coalition Members | Capability 1Objective 4Activity 1 – 6Capability 2Objective 2Activity 1-3 | Functional exercise to evaluate the coalition members ability to use a single mode of communications available to the coalition – including MNTrac, Email, 800 MHz radio, SitRep documents, and coalition website.Examine the notification and communication processes among local, regional, and state partners. | HPP |
| FEMA HERT Training | TBD as Needed | Virtual | All Coalition Members | Many | It is an OSHA requirement that hospital sites educate, train, and prepare for CBRNE events. | HPP |
| MNTrac Initial Trainings & Updates | As Needed | Facility Specific and WebEx | All Coalition Members | Capability 2Objective 2Activity 3 | Due to adding LTC other HC organizations and staff turnover, frequent offerings need to be done | HPP |

### Exercise Schedule

Exercise Description Template Instructions: Please provide the following information in the corresponding section on the Exercise Description Template Name of planned training

* Exercise Name (e.g., Region 1 Healthcare Coalition MCI/District 6 Public Health Region)
* Exercise Type (e.g., functional, or full-scale or those that lead to FE/FSE, Tabletop exercise TTX, drills, or workshops.
* Exercise Date (e.g., specific date, date range, quarter, etc.)
* Target audience: Partners who will participate in the exercise (e.g., coalition focused, hospital focused, LTC focused, etc.)
* HPP Capability, Objectives and Activities: List the corresponding HPP capabilities, objectives, and activities to be evaluated (Reference Appendix A for list of HPP Capabilities)
* Gaps addressed by the exercise.
* Funding type that supports the planning, implementation, and analysis of the training.

| **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)** |
| --- | --- | --- | --- | --- | --- | --- |
| WCMHPC Unknown Surge Exercise | TTX |  | All Coalition Partners | Capability 4Objective 2 Activity 1 - 11 | Annually we will assess and provide an exercise specific to a regional concern (e.g., Peds, Burn, CBRN, Infrastructure Failure, Weather) | HPP |
| WCMHPC Biannual Communications Exercise | Drill | Apr 2024Oct 2024Apr 2025Oct 2025Arp 2026Oct 2026Arp 2027 | All Coalition Partners | Capability 2Objective 2Activity 1-3Capability 1Objective 4Activity 1 – 6 | Functional exercise to evaluate the coalition members ability to use multiple modes of communications available to the coalition – including MNTrac, Email, 800 MHz radio, and website.Examine the notification and communication processes among local, regional, and state partners. | HPP |
| WCMHPC Patient Movement Exercise | FE (Functional Ex) | Annually in January | All Coalition Partners | Capability 1Objective 4Activity 1 – 6Capability 3Objective 6Activity 1 & 2Capability 4Objective 1Activity 1 – 3Capability 4Objective 2Activity 1 - 3, 11 | This functional exercise evaluates the ability of hospital staff to utilize the Regional Patient tracking plan and track the locations of patients utilizing the MNTrac patient tracking program. Also, to look at patient movement in general. | HPP |
| WCMHPCASPR MRSE | FE (Functional Ex) | Annually in March | All Coalition Partners | Capability 4Objective 2Activity 1 & 2 | Medical surge has been identified in AAR’s as a needed item to assess and train on as required by ASPR | HPP |

### Training Opportunities Supported and/or Facilitated by the HPC

| **Name of Training Course** | **Training Type** | **Target audience** | **HPP Capability HPP Objectives****HPP Activity** | **Course Overview** | **Funding type (HPP, PHEP, other – please specify)** |
| --- | --- | --- | --- | --- | --- |
| Advanced Burn Life Support (ABLS) | TBD | Healthcare Members Responsible for Burn Care | Capability 4Objective 2Activity 6 | Advanced Burn Life Support (ABLS) programs provide knowledge for immediate care of the burn patient up to the first 24-hours post injury. ABLS programs also support emergency preparedness and mass casualty incidents focusing on triage, burn survivability, prioritizing transport of patients, and patient treatment. ABLS is available for a wide range of burn care professionals. | TBD (FEE) |
| Comprehensive Advanced Life Support (CALS) | TBD | Healthcare Members Responsible for Advanced Trauma Care | Capability 4Objective 2Activity 7 | CALS is an acronym for Comprehensive Advanced Life Support, our exclusive curriculum addresses the broad educational needs of doctors, advanced practitioners, nurses, and paramedics working in rural, remote, and global emergency departments. | TBD (FEE) |
| Emergency Nursing Pediatric Course (ENPC) | TBD | Healthcare Members Responsible for Pediatric Trauma Care | Capability 4Objective 2Activity 4 | ENPC, 5th Edition, emphasizes the importance of accurately assessing a child with acute illness or injury. The course is designed to provide the core-level pediatric knowledge and skills needed to accurately assess and implement evidence-based interventions to improve outcomes for this high-risk patient population. | TBD (FEE) |
| Trauma Nursing Core Course (TNCC) | TBD | Healthcare Members Responsible for Trauma Care | Capability 4Objective 2Activity 7 | TNCC, 8th Edition, prepares emergency nurses for life-threatening trauma cases when every second counts. The course gives you the knowledge, critical thinking skills and training needed to provide high-quality trauma nursing care. | TBD (FEE) |
| Framework for Healthcare Emergency Management (FRAME AWR-900) | Resident In-Person (CDP) | Healthcare Command Staff & Emergency Preparedness Leaders | Capability 1Objective 4Activity 1 | Framework for Healthcare Emergency Management (FRAME) is a four-day course designed for personnel who are responsible for the development, implementation, maintenance, and administration of emergency management programs and plans for healthcare facilities and/or systems (e.g., hospitals, clinics, or community health centers). Functional areas addressed in this course include an overview of relevant standards, regulations, and organizations; integration with agencies and stakeholders; the Incident Command System (ICS) as it applies to healthcare; plans and the planning process; facility and personnel preparedness; exercises and training; and surge and related mass casualty issues (including patient care and/or ethics, evacuation, public affairs, and risk communications), recovery, and finances/reimbursement. | DHS |
| Medical Management of CBRNE Events (PER-211) | At your own facility (TEEX) | Coalition Members Exposed to CBRNE Events | Capability 4Objective 2Activity 5 | PER 211, Medical Management of Chemical, Biological, Radiological, Nuclear and Explosives, (CBRNE) Events answers these questions and more as you learn how to distinguish between different agents of concern that could be used in a major incident.  | DHS/ FEMA |
| Respiratory Protection: Program Development and Administration (RP PER-263) | Resident In-Person (CDP) | Respiratory Protection Program Administrators & Fit Test Staff | Capability 3Objective 5Activity 1 & 2 | Respiratory Protection: Program Development and Administration (RP) is a three-day course that provides essential information and the skills required to develop, implement, administer, and sustain a respiratory protection program that fully complies with the laws and regulations regarding emergency-response actions. | DHS |
| Instructor Training Course (ITC PER-266) | Resident In-Person (CDP) | All Instructors | Capability 1Objective 4Activity 1 - 6 | ITC is a 4-day training course that provides instruction on adult learning, instructor competencies, classroom strategies, communication skills, instructional delivery, use of technology in a classroom, and assessment of student learning outcomes. The course utilizes current training delivery strategies, which are supported by a series of facilitated discussion and practical exercises that require the participant to demonstrate advanced instructor skills. At the conclusion of this training program, the participant will demonstrate knowledge toprovide instruction to the adult learning audience. | DHS |
| Emergency Medical Operations for CBRNE Incidents (EMO PER-267) | Resident In-Person (CDP) | EMS | Capability 4Objective 2 Activity 5 | The Emergency Medical Operations for CBRNE Incidents (EMO) is a four-day course that prepares responders to effectively respond to a chemical, biological, radiological, nuclear, or explosive (CBRNE) or mass casualty incident. The four-day EMO course provides classroom lectures, extensive hands-on training, and culminates with a hands-on practical exercise that allows responders to implement the emergency-response knowledge and skills learned during the course. | DHS |
| Personal Protective Measures for Biological Events (PER-320) | At your own facility (TEEX) | Coalition Members Exposed to Biological Events | Capability 3Objective 5Activity 1 & 2 | Personal Protective Measures for Biological Events provides students with an overview of personal protective equipment (PPE) and includes an experiential learning activity (ELA) practicing donning and doffing PPE Level C. Additionally, there is a review of the diverse types of decontamination and an ELA practicing technical decontamination. | DHS/ FEMA |
| Barrier Precautions and Controls for Highly Infectious Disease (HID PER-321) | Resident In-Person (CDP) | Infectious Disease Staff and Team Members | Capability 3Objective 5Activity 1 - 2 | This course is a four-day training course designed to provide to provide emergency medical service, healthcare, and public health professionals with knowledge and practical experience in the barrier precautions and infection control guidelines and procedures for triaging, transporting, transferring, treating, and managing risk of transmission in persons with highly infectious diseases. This course provides realistic practical application in the handling and treatment of persons with a highly infectious disease, develops critical thinking ability with regard to the decisions that must be effectively made to prevent providers, other patients, and visitor infections when handling and treating persons with a highly infectious disease, and provides knowledge and experience that aids in assessing the risk and reducing the potential for infection of responders, healthcare providers, and other patients. Lastly, students conduct a series of patient management and treatment exercises in a realistic healthcare setting to include presentation at an emergency room, treatment in a hospital isolation ward, and non-clinical skills using best practice barrier precautions and infection control procedures. | DHS |
| Hospital Emergency Response Training for Mass Casualty Incidents (HERT PER-902) | Resident In-Person (CDP) | Hospital Staff | Capability 4Objective 2Activity 5 | The Hospital Emergency Response Training for Mass Casualty Incidents (HERT) course addresses healthcare response at the operations level for the facility and its personnel. This three-day course prepares healthcare responders to utilize the Hospital Incident Command System — integrating into the community emergency response network while operating an Emergency Treatment Area as hospital first responders during a mass casualty incident involving patient contamination. The healthcare responders will determine and use appropriate personal protective equipment and conduct triage followed by decontamination of ambulatory and non-ambulatory patients as members of a Hospital Emergency Response Team. | DHS |
| Senior Officials Workshop for All-Hazards Preparedness (MGT-312) | At your facility (TEEX) | Senior Leaders & Elected Officials | Capability 1Objective 5Activity 1 - 5 | This course provides a forum to discuss strategic and executive-level issues related to all-hazard disaster preparedness, to share proven strategies and best practices, and to enhance coordination among officials responsible for emergency response and recovery from a disaster. This workshop integrates a multimedia scenario and vignettes that highlight key issues and facilitates executive-level discussion of the United States’ National Strategy for Homeland Security. Additionally, the forum provides an opportunity to apply lessons learned from past local and national all-hazards disasters. | DHS/ FEMA |
| Enhanced All-Hazards Incident Management/ Unified Command (MGT-314) | Resident In-Person (TEEX) | Advanced Healthcare Command Staff & Emergency Preparedness Leaders | Capability 1Objective 4Activity 1 & 2 | The Enhanced Incident Management/Unified Command for All Hazards course focuses on incident management skills, staff responsibilities, and the related situational awareness skills using a computer-driven training simulation designed to create a challenging decision-making environment in an expanding complex incident. | DHS/ FEMA |
| Public Information in an All-Hazards Event (MGT-318) | At your facility (TEEX) | Senior Leaders, Elected Officials, & Information Sharing Individuals | Capability 2Objective 2Activity 1 – 3 | This course examines the role of public information in all-hazards incident management and provides practical training in crisis communication techniques. In a major incident, it is imperative that community leaders, incident managers, and Public Information Officers (PIOs) are prepared to communicate with the public through traditional and social media. The course consists of three modules. | DHS/ FEMA |
| Medical Countermeasures Awareness for Public Health Emergencies (MGT-319) | Resident In-Person (CDP) | All Coalition Partners | Capability 4Objective 2Activity 10 | This course is a guide for local health officials and their partners to coordinate plans to provide mass distribution of medical countermeasures in response to a large-scale public health incident. This course focuses on planning considerations, recommendation to achieve the Centers for Disease Control and Prevention’s (CDC’s) 48-hour standard for Mass Prophylaxis, and the local community’s Mass Prophylaxis and Point of Dispensing (POD) site preparedness. The course material is applicable to pandemic influenza, bioterrorism, and other public health emergencies. | DHS/ FEMA |
| Crisis Leadership & Decision Making (MGT-340) | At your facility (TEEX) | Senior Leaders & Elected Officials | Capability 1Objective 5Activity 1 – 5 | The Crisis Leadership and Decision-Making seminar is an executive-level presentation for the nation’s senior elected and appointed officials at the city, county, region, territory, tribal, and state levels. Seminar participants discuss the strategic and executive-level issues and challenges related to preparing for and responding to a catastrophic incident. The venue provides an excellent opportunity to share proven strategies and practices and apply lessons-learned from past natural and man-made disasters. | DHS/ FEMA |
| Incident Command System (ICS) Forms Review | At your facility (TEEX) | Healthcare Command Staff & Emergency Preparedness Leaders | Capability 1Objective 4Activity 1 | Learn about and use the most common Incident Command System (ICS) forms. The course will prepare you to work with the ICS Forms used in the Incident Command Planning process to assist in the development of an Incident Action Plan (IAP). | DHS/ FEMA |
| Disaster Preparedness for Healthcare Organizations within the Community Infrastructure (MGT-341) | At your facility (TEEX) | Healthcare Command Staff & Emergency Preparedness Leaders | Capability 1Objective 5Activity 2 & 4 | The Disaster Preparedness for Healthcare Organizations Within The Community Infrastructure course provides information specific to healthcare organizations vulnerability to a disaster. During this FEMA sponsored course, participants will be introduced to the various natural, technological, and civil hazards to which healthcare organizations may be vulnerable and the potential impacts of those hazards. |  |
| Incident Command: Capabilities, Planning, & Response Actions for All Hazards (IC MGT-360) | Resident In-Person (CDP) | All Command Staff & Emergency Preparedness Leaders | Capability 1Objective 4Activity 1 & 2 | Incident Command: Capabilities, Planning, and Response Actions for All Hazards (IC) is a three-day course that provides management-level responders working in supervisory positions with knowledge of how decisions made by responders from various disciplines can impact the handling of a chemical, biological, radiological, nuclear, or explosive (CBRNE) incident. The importance of planning and training for a CBRNE incident response is stressed to participants, thus the course incorporates preparedness planning considerations and incident management concepts to train participants to serve as members of an incident management team. Participants are immersed in a curriculum that will promote development of their abilities to evaluate the threat, identify and prioritize probable targets, measure required capabilities, and discuss the Incident Response Plan (IRP) and Incident Action Plan (IAP) processes. The course culminates with a real-time, scenario-driven tabletop exercise that requires participants to apply concepts learned during the course to plan for and manage emergency response resources. | DHS |
| Community Preparedness for Cyber Incidents (MGT-384) | At your facility (TEEX) | IS & IT Leaders and Staff | Capability 3Objective 4 | MGT 384, Community Preparedness for Cyber Incidents, is designed to provide organizations and communities with strategies and processes to increase cyber resilience. During this 12-hour course, participants will analyze cyber threats and initial and cascading impacts of cyber incidents, evaluate the process for developing a cyber preparedness program, examine the importance and challenges of cyber related information sharing and discover low to no-cost resources to help build cyber resilience. | DHS/ FEMA |
| Pediatric Disaster Response and Emergency Preparedness (MGT-439) | At your facility (TEEX) | All Coalition Partners with Pediatric Exposure | Capability 4Objective 2Activity 4 | This course prepares students to effectively, appropriately, and safely plan for and respond to a disaster incident involving children, addressing the specific needs of pediatric patients in the event of a community-based incident. Pediatric specific planning considerations include mass sheltering, pediatric-triage, reunification planning and pediatric decontamination considerations. This is not a hands-on technical course, but instead a management resource course for stakeholders like pediatric physicians, emergency managers, emergency planners, and members of public emergency departments like EMS, Fire, Police, Public Health, and Hospitals in field of disaster response and preparedness work. | DHS/ FEMA |
| Physical and Cybersecurity for Critical Infrastructure (MGT-452) | At your facility (TEEX) | IS & IT Leaders and Staff | Capability 3Objective 4 | The national and economic security of the United States depends on the reliable functioning of critical infrastructure. This course encourages collaboration efforts among individuals and organizations responsible for both physical and cybersecurity toward development of integrated risk management strategies that lead to enhanced capabilities necessary for the protection of our Nation’s critical infrastructure. | DHS/ FEMA |
| Recovering from Cybersecurity Incidents (MGT-465) | At your facility (TEEX) | IS & IT Leaders and Staff | Capability 3Objective 4 | This course is designed to provide guidance for the implementation of an effective cybersecurity incident recovery program from a pre-incident and post-incident perspective. The training focuses on connecting IT with emergency management and is intended for government, critical infrastructure, and private sector personnel who have the responsibility for recovering after a cyber incident. Short term tactical and long-term strategic activities are discussed culminating in the development of an action plan. | DHS/ FEMA |
| Healthcare Leadership for Mass Casualty Incidents (HCL MGT-901) | Resident In-Person (CDP) | All Coalition Partners | Capability 1Objective 4Activity 1 – 3 | Healthcare Leadership for Mass Casualty Incidents is a four-day course that addresses disaster preparedness at the facility and system level. Healthcare leaders must be prepared for any incident that results in multiple casualties, whether it is the result of a natural disaster; an accidental or intentional release of a chemical, biological, radiological, nuclear, or explosives (CBRNE) hazard; or a disease outbreak that results in an epidemic or pandemic. This course focuses on preparing healthcare leaders to make critical decisions in all-hazards disaster emergency preparedness activities. Responders learn essential disaster-planning response and recovery functions through lecture/ discussion format that are then applied in a tabletop exercise and a two-day functional exercise. | DHS |
| Managing Public Information for All Hazard Incidents (MPI MGT-902) | Resident In-Person (CDP) | Senior Leaders, Elected Officials, & Information Sharing Individuals | Capability 2Objective 2Activity 1 – 3 | Managing Public Information for All-Hazards Incidents (MPI) is a four-day course that provides students with the practical knowledge of the role of the Public Information Officer, the National Incident Management System, emergency communications methods, risk communication, and interpersonal skills. Students also learn message development and delivery, legal considerations, press conferences, the operation of a Joint Information Center, stress management, and strategic communication and planning. Additionally, students conduct various public information activities and exercises, to include writing messages and conducting press conferences. The course culminates with a practical exercise designed to plan, develop, integrate, and disseminate public information for an emergency, incident, or disaster as part of a Joint Information Center. | DHS |
| Evacuation Training (Med Sled, Slyde, or another device) | In-Person (At your own facility) | All Coalition Partners | Capability 3Objective 6Activity 1 | Patient movement can be challenging during normal business; however, during a crisis staff must be prepared and understand all of the equipment that is at their disposal. Planning, Education, and Training are essential to smooth operations during an event. | F-F-S |
| ARMER 800 MHz Radio Training & Guidance | In-Person (At your own facility) | Coalition Partners w/ 800 MHz portable radios | Capability 2Objective 2Activity 1 & 3 | ARMER participation requires education, training, and hands-on training for all end users annually | F-F-S |
| ICS 700, 100, 200, & 800 Training and/or Refresher | In-Person (At your own facility) | All Coalition Partners | Capability 1Objective 4Activity 1 | NIMS & ICS are the core components to successful planning, education, training, and response to an emergency or crisis. With proper preparation and training, real-life events can be managed no differently than day-to-day operations. Utilizing an ICS mindset daily, prepares the team for response to the unexpected. | F-F-S |
| Exercise, Planning, Coordination, Facilitation and/or Evaluation | In-Person (At your own facility) | All Coalition Partners | Capability 1Objective 4Activity 1 – 6 | Often an outside perspective is beneficial in giving a non-bias opinion to plans, training, and execution. Planning, Education, and Training are essential to smooth operations during an event. | F-F-S |

## HPP and Ebola Exercise Guidance

### HPP Exercise Grant Requirements

The Healthcare Preparedness Program IPP is based on the [2017-2022 Healthcare Preparedness and Response Capabilities (HCPRCs)](https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf), 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 WCMHPC 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 Healthcare Coalition training and exercise planning **workshop** (T&EPW).
* **Develop** a Healthcare Coalition three-year **IPP** based on the HPP Capabilities and identified gaps.
* **Conduct** **an annual Coalition Surge Test** to assess overall healthcare system response, inclusive of all HCC hospitals (low/no-notice exercise to evaluate 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/coaltion-tool.aspx>.
* **Conduct** **at least two HCC-level redundant communication** drills annually to evaluate 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 evaluate 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 healthcare 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 Healthcare and Medical Readiness

* Objective 1: Establish and Operationalize a Healthcare Coalition
	+ Activity 1: Activity 1. Define Healthcare Coalition Boundaries
	+ Activity 2. Identify Healthcare Coalition Members
	+ Activity 3. Establish Healthcare Coalition Governance
* Objective 2: Identify Risk and Needs
	+ Activity 1. Assess Hazard Vulnerabilities and Risks
	+ Activity 2. Assess Regional Healthcare 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 Healthcare Coalition Preparedness Plan
* Objective 4: Train and Prepare the Healthcare 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 Healthcare 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 Healthcare and Medical Readiness
* Activity 2. Engage Healthcare Executives
* Activity 3. Engage Clinicians
* Activity 4. Engage Community Leaders.
* Activity 5. Promote Sustainability of Healthcare Coalitions

#### Capability 2: Healthcare and Medical Response Coordination

* Objective 1: Develop and Coordinate Healthcare Organization and Healthcare Coalition Response Plans
	+ Activity 1. Develop a Healthcare Organization Emergency Operations Plan
	+ Activity 2. Develop a Healthcare 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 Healthcare Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency
	+ Activity 4. Communicate with the Public during an Emergency

#### Capability 3: Continuity of Healthcare Service Delivery

* Objective 1: Identify Essential Functions for Healthcare Delivery
* Objective 2: Plan for Continuity of Operations
* Activity 1. Develop a Healthcare Organization Continuity of Operations Plan
* Activity 2. Develop a Healthcare Coalition Continuity of Operations Plan
* Activity 3. Continue Administrative and Finance Functions
* Activity 4. Plan for Healthcare 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 Healthcare Information Systems and Networks
* Objective 5: Protect Responders’ Safety and Health
* Activity 1. Distribute Resources Required to Protect the Healthcare Workforce
* Activity 2. Train and Exercise to Promote Responders’ Safety and Health
* Activity 3. Develop Healthcare Worker Resilience
* Objective 6: Plan for and Coordinate Healthcare Evacuation and Relocation
* Activity 1: Develop and Implement Evacuation and Relocation Plans
* Activity 2. Develop and Implement Evacuation Transportation Plans
* Objective 7: Coordinate Healthcare Delivery System Recovery
	+ Activity 1. Plan for Healthcare Delivery System Recovery
	+ Activity 2. Assess Healthcare 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 Healthcare Organization Emergency Operations Plan
* Activity 2. Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan
* Activity 3. Incorporate Medical Surge into a Healthcare 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.

## Evaluation and Improvement Planning

### Exercise Evaluation

Evaluation is a critical 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.

## Points of Contact

**Minnesota State Administrative Agent:**

Erin McLachlin

Minnesota Department of Health, Emergency Preparedness & Response

Healthcare Preparedness Program Section Manager

625 North Robert Street

P.O. Box 64975

St. Paul, MN 55164-0975

Office: 651-201-5721

Fax: 651-201-5720

**WCMHPC: Regional Healthcare Preparedness Coordinator(s):**

Michelle Reents, RHPC

1406 6th Ave North

St. Cloud, MN 56303

(320) 424-0177

Shawn Stoen, Central & West Central MN HPC Manager

1406 6th Ave North

St. Cloud, MN 56303

(320) 760-3513

**Minnesota Department of Health: Public Health Preparedness Consultant:**

Public Health Preparedness Consultant

1505 Pebble Lake Road, Ste 300

Fergus Falls, MN 56537

## 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 | Healthcare Coalition |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| HPP | Healthcare Preparedness Program |
| HVA | Hazard Vulnerability Analysis |
| IP | Improvement Plan |
| MDH | Minnesota Department of Health |
| MMMT | Minnesota Mobile Medical Team |
| PHPC | Public Healthcare Preparedness Coordinator |
| POC | Point of Contact |
| PPE | Personal Protective Equipment |
| RHPC | Regional Healthcare Preparedness Coordinator |
| TCL | Target Capabilities List |
| IPP | Integrated Preparedness Plan |
| TTX | Tabletop Exercise |

# Record of Changes

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Revision** | **Change Made** | **Revision #** | **Initials** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |