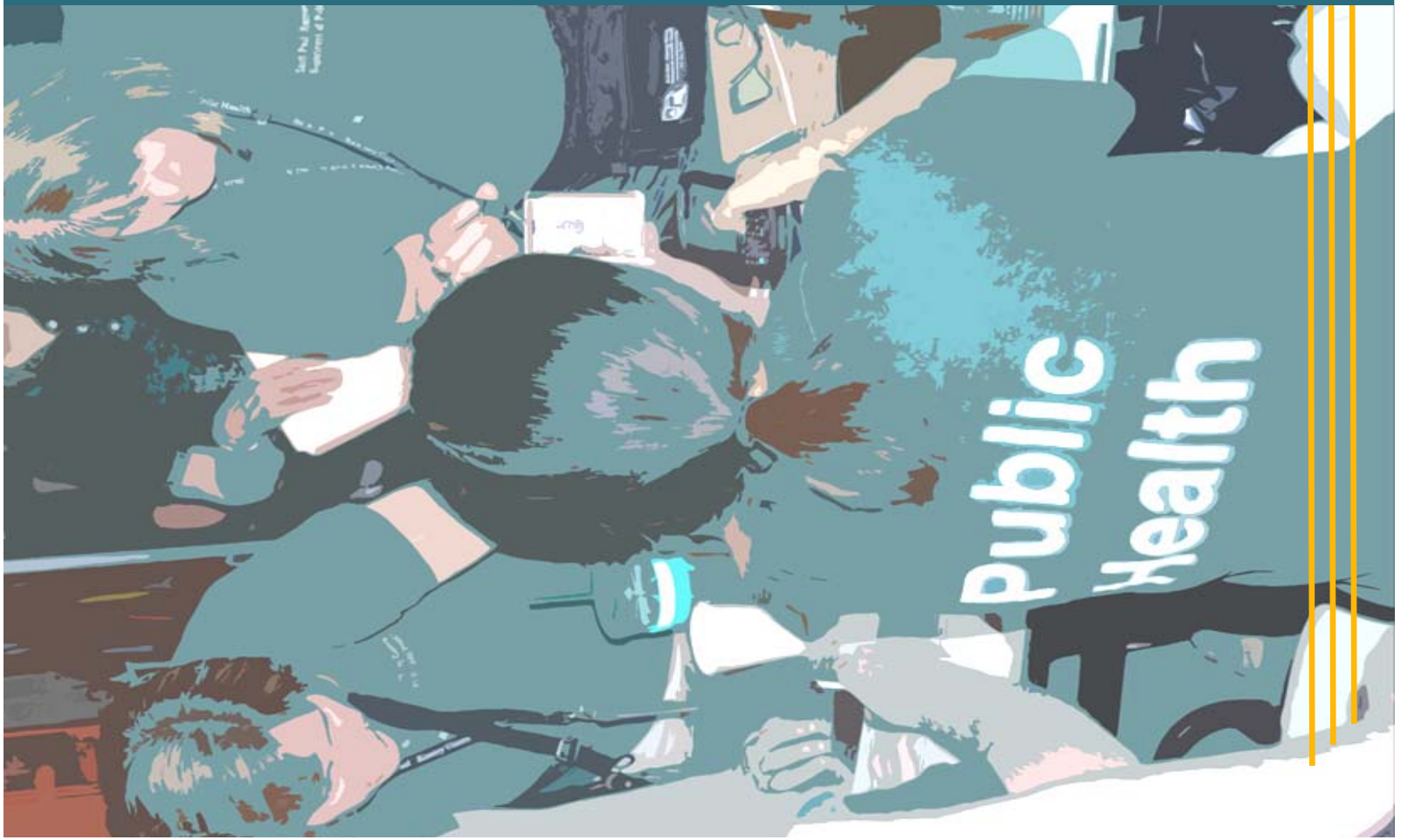
2015 Metro Public Health Emergency Coordinators Annual Report



LETTER FROM 2015 CHAIR

Public Health emergency preparedness work in the Minneapolis-St. Paul–Bloomington MN-WI Metropolitan Statistical Area continues to make strides in planning for response efforts.

Our work depends on the partnerships we have developed over the last 12 years of Public Health Emergency Preparedness (PHEP) funding. In the last year, a considerable amount of time has been spent on the development of the Metro Health & Medical Preparedness Coalition. The Coalition strives to create "A comprehensive regional intersection between public health, emergency medical services, healthcare, and public safety to ensure operational sustainability of healthcare services during a crisis or emergency." We are thankful for our partners who continue to come to the table and work with us every day. Our accomplishments are a direct reflection of these partnerships and the hard work we do during all stages of planning and response.

In 2015, we operationalized our plans and partnerships and carried out a regional full scale medical countermeasure exercise in the Cities Readiness Initiative (CRI) counties. This report highlights this incredible task and other success stories. It also outlines the preparedness capabilities, strategic plan, and 2015 accomplishments by Public Health Emergency Coordinators (PHEC) and the Metro Public PHEP region.

Alexa V Rundquist

Alexa V Rundquist
Public Health Emergency Coordinators, 2015 Chair
Metro Health & Medical Preparedness Coalition, 2015-2016 Co-Chair
Scott County Public Health Emergency Preparedness Coordinator

Get a kit.
Everybody Ready.
Make a plan.
Stay informed.
In your community
Bloomington Public Health Division

BRIEFING

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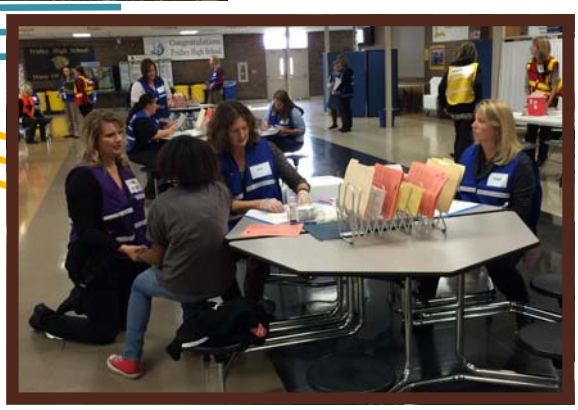
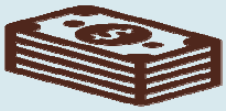




$612 Million—Annual PHEP Funds award to 62 Jurisdictions nation-wide in 2015.

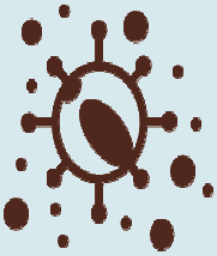
1,992 Additionally Trained—Federal, state, territorial, and local emergency responders trained on Strategic National Stockpile (SNS) assets and capability

128 Field Staff—CDC Field Staff assigned to 50 different PHEP awardee locations.

1,960 CHEMPACKs— Strategically placed in approximately 1,340 locations in all states, territories, island jurisdictions, and the District of Columbia.

Ready Wrigley, the preparedness pup, is building capacity in children's preparedness by inspiring youth readiness and promoting individual resilience.

Social Media—CDC has 1,712,132 Twitter Followers; 77,529 Fans on Facebook; 12,738 LinkedIn Group Members; and 42,896 GovD Email Followers.



Nationally, the five capabilities awardees most frequently funded during 2014 were: Public Health Surveillance and Epidemiological Investigation, Public Health Laboratory Testing , Community Preparedness, Information Sharing, & Emergency Operations Coordination.

PURPOSE

The purpose of the Public Health Emergency Coordinators (PHEC) is to provide leadership and to assure a coordinated approach to prepare for, mitigate, respond to and recover from an all-hazard event or incident with public health implications in the Twin Cities metropolitan region.

VISION

The vision of PHEC is to sustain our regionally coordinated system for an all-hazard event/incident with public health implications. The components of the system include the following:

- Member agencies and community partners are prepared;
- Minnesota Department of Health (MDH) and Local Public Health (LPH) roles and responsibilities are clearly defined;
- Public health staff and volunteers are ready to respond;
- Public health emergency preparedness duties are integrated into member agencies' core functions and are sustainable; and
- Member agencies demonstrate capability to respond.

RELATIONSHIP WITH METRO LOCAL PUBLIC HEALTH ASSOCIATION (MLPHA)

Each PHEC representative also has a representative in MLPHA. MLPHA makes decisions of policy, strategic direction, and financial commitments. PHEC makes recommendations to MLPHA, PHEC implements and operationalizes MLPHA decisions relative to preparedness.

PHEC WORK GROUPS

Metro Health Alert Network (HAN) Coordinators
(Chair: Karen Stanley, Bloomington Public Health)

Metro Medical Countermeasures Dispensing
(Chair: Jill Best, Hennepin County)

Metro Medical Reserve Corps (MRC) Coordinator
(Chair: Alexa Rundquist, Scott County & Kathy Berlin, University of Minnesota)

Metro Public Information Officers
(Chris Burns, St. Paul Ramsey County)

Regional Distribution Node (RDN)
(in partnership with the Metropolitan Airports Commission)
(Chair: Art McIntyre, St. Paul-Ramsey County)

METRO HEALTH & MEDICAL PREPAREDNESS COALITION

Within parameters, the Coalition will support public health and medical response and recovery to include, but not limited to:

- Provide regional coordination of planning, training and exercising for metro health and medical entities;
- Provide health and medical situational information to support a regionally coordinated response;
- Facilitate resource sharing through multi-agency coordination;
- Address the appropriate capability targets as defined by Emergency Management, Public Health and Healthcare

Members represent each of the seven metro counties and the cities of Bloomington, Edina, Minneapolis and Richfield. Each agency designates two staff members to PHEC, a primary representative and an alternate. Members include:

Anoka County Community Health and Environment Services

CINDY TRANDY

Public Health Alliance of Bloomington, Edina, & Richfield

AMANDA JEFFEY

Carver County Health & Human Services - Public Health

SHARON HEATH

Dakota County Public Health Department

SANDRA HANSON

Hennepin County Human Services and Public Health Department

MARCEE SHAUGHNESSY

City of Minneapolis Health Department

PAM BLIXT

Scott County Public Health Department

ALEXA RUNDQUIST

Saint Paul– Ramsey County Public Health

ROBERT EINWECK

Washington County Public Health and Environment

ANGELA EASTMAN

Minnesota Department of Health

(Ex officio)

CRI COORDINATOR

PUBLIC HEALTH PREPAREDNESS CONSULTANT

SNS COORDINATOR

CDC's *Public Health Preparedness Capabilities: National Standards for State and Local Planning* provides a guide that the state and each local jurisdictions use to identify gaps, focus their work, and plan their priorities. The capabilities also help ensure that federal preparedness funds are directed to priority areas as laid out in the MDH grant duties.

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Fatality Management
- Information Sharing
- Mass Care
- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Non-Pharmaceutical Interventions
- Medical Surge
- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation
- Responder Safety and Health
- Volunteer Management

The Metro Region Public Health Emergency Preparedness five-year strategic direction focus areas and goals are:

Medical Countermeasures Management (MCM)

Goal: There will be a regionally coordinated system to dispense and distribute medical countermeasures.

Enhanced Response Capacity

Goal: The capacity of metro public health will be increased to allow adequate response to multi-jurisdictional events and coordinate jurisdictional medical surge operations.

Communication

Goal: Effective public information materials will be produced and improvements will be made to coordinate public information and communication plans, responses, and strategies among PHEC jurisdictions, MDH and regional hospital/health care partners.

Long-Term Response and Community Recovery

Goal: The region will collaborate with community partners to ensure a plan for the rebuilding of public health, medical and behavioral health systems to pre-incident levels.

Integration & Alignment

Goal: There will be a regionally aligned, integrated and coordinated regional health response and recovery system (emergency and recovery-based support functions) for all hazards, community disaster preparedness, mitigation, response and recovery.

Sustainability and Succession

Goal: There will be a prepared local public health workforce in the metro area ready to respond to any incident with public health implications.

Medical Countermeasures Management (MCM)

- Coordinated planning, training, conducting and evaluation of full scale regional CRI exercise that included three Open Points of Distribution (POD) and a Closed POD. (See Page 14)
- MCM Workgroup completed a regional Close POD template
- MCM Workgroup held a regional Closed POD planning meeting with a metrowide hospital system
- Provided staffing to the State MCM work group
- Assisted MDH with interviews to hire the CRI Coordinator
- Provided leadership and direction to the Metro Regional Distribution Node Work Group, and supported ongoing collaboration with the Metropolitan Airports Commission

Enhanced Response Capacity

- Completed and disseminated MRC regional and local planning assumptions
- Participated in Regional Healthcare Preparedness Program (HPP) Plan Review
- Participated in Regional HPP Exercise, “Metro Mayhem”
- Participated in the Metro Region Healthcare Preparedness Coalition through representation and PHEC Chair served as Co–Chair
- Metro MRC Coordinators workgroup shared regional training opportunities

Communication

- Updated PIO and public information contacts
- Shared local, regional, and national training opportunities and made training accessible across the metro region

Long-Term Response and Community Recovery

- Participated in the MDH-led MCM Regional discussion on challenges and opportunities, and requested State guidance on implementation of the subsequent 50-day antibiotic regimen in the event of an anthrax release

Integration & Alignment

- Improved workgroup processes for affiliated workgroups through creation of job aids, scope & direction, and reporting documents to help facilitate quality and focused work as well as aid in the mid and end of year reporting
- Updated and tested in real event the Mutual Aid Request documents
- Completed Regional Resource Spreadsheet updates
- Conducted a PHEC planning retreat to develop regional work plan goals and outcomes in June
- Hosted a Metro Region PHEP meeting to complete development of Budget Period 4 work plan in November
- Updated the multi-jurisdictional RDN staffing roster
- Supported and conducted the MLPHA redundant communications drill using 800 MHz radios
- Participated in planning a Regional Training and Exercise Plan Workshop
- MLPHA Chair signed Letter of Intent with the Metro Region Healthcare Preparedness Coalition
- MCM staffing discussion with MDH Staff
- Shared info on preparing for an infectious disease response
- Representation of PHEC on Metro Emergency Management Association (MEMA)
- Represented the metro region on the MDH State Community Health Services Advisory Committee Emergency Preparedness Advisory Group to provide effective feedback on Budget Period 4 PHEP and CRI grant duties, assessment of the implementation of the new funding formula, and initial feedback on the Budget Period 5 PHEP and CRI grant duties

Sustainability and Succession

- Participation at the Preparedness Practicum
- Participation at the Behavioral Health Conference
- Participation at the Preparedness Summit
- Participated in State Community Health Services Advisory Committee funding formula allocation discussions for Public Health Emergency Preparedness

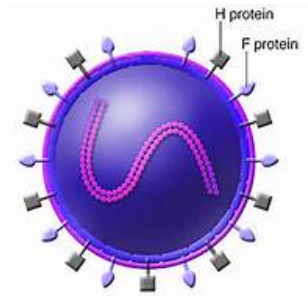
Dakota County Measles Response

A Dakota County resident was exposed to measles in the spring of 2015. The exposed resident was a young child who was susceptible to measles and voluntary quarantine was recommended. The Incident Command System was established by Dakota County Public Health Department (DCPHD) which assisted in a coordinated response from the Disease Prevention and Control unit, the Emergency Preparedness and Response unit and external partners.

During this quarantine response, DCPHD conducted symptom monitoring and ensured that services needs of the family were met. No essential services needs were identified; however the family needed interpreter services and childcare.

DCPHD reached out to numerous contacts and partners to find childcare services. The childcare provider needed to be Somali-speaking, have immunity to measles, be available to provide in-home daycare and have appropriate background checks in place. DCPHD was not able to identify County resources that could meet this need.

A Mutual Aid request was sent to metro area MRC to request a Somali - speaking volunteer to assist with childcare. The plan was for the MRC volunteer to provide childcare at the home with a Dakota County staff member present during the entire visit. Most jurisdictions in the metro area indicated they could not assist with this request. The main reasons that resources were not available were twofold: 1) there were only a limited number of MRC units that had pre-identified Somali speaking volunteers, and 2) there were liability issues with providing MRC staff for childcare services.



Measles virus

A childcare resource to fit the complicated needs of this situation was not identified through DCPHD internal sources or through mutual aid. DCPHD staff worked with the MDH Somali Health Worker to provide the needed childcare. DCPHD is currently exploring childcare resources for future responses.

The quarantine ended without the development of any secondary measles cases.

Operation Ground Hog—CRI Full Scale Exercise

In June of 2015, Saint Paul Ramsey County Public Health conducted a full scale mass dispensing exercise as part of the Cities Readiness Initiative (CRI) Full Scale Exercise. The exercise was a successful partnership among Public Health, the City of White Bear Lake Public Safety Department, White Bear Lake Fire Department, White Bear Lake South High School, Ramsey County Medical Reserve Corps, and Ramsey County Emergency Management. More than 300 community volunteers, public health staff, and emergency response partners participated.

Part one of the exercise, "Operation Eyes Wide Open," took place one day earlier with the assembly of the department's Incident Command Team, and the simulated opening of a Department Operations Center, or DOC, and a Joint Information Center (JIC) at the Health Department. "A big thank you to all department staff who participated in the exercises," said Health Protection Division Manager Robert Einweck.

Part two of the exercise was held at White Bear Lake Area High School's South Campus, tested plans and procedures to improve overall preparedness for a public health emergency and demonstrated the ability to coordinate the dispensing of antibiotics using the open POD model to the general public, in response to an inhalation anthrax exposure, within 12 hours of notification. Emergency Preparedness staff from the department's Health Protection Division led planning for the exercise. Community volunteers role-played receiving pills from public health staff after going through a mock registration and screening process.

CRI partners in St. Croix County, WI and Wright County also participated in the exercise by opening public points of distribution in their jurisdictions. Bloomington Public Health exercised their Closed POD plan with their mission critical personnel. All CRI jurisdictions in Minnesota supported a jurisdiction that was opening a Public or Closed POD, in the planning, demonstration, control, and evaluation of the exercise.

Impact of MRC Volunteers in Scott County

In 2015 Scott County Medical Reserve Corps (SCMRC) was a honored as a top performer in Region 5 which includes Minnesota, Wisconsin, Michigan, Illinois, Indiana and Ohio . SCMRC volunteered in 179 activities which are then categorized by the impacts on the public health community. Of the 179 activities, 151 strengthen public health, 78 served vulnerable population, and 117 supported non-emergency community events (Immunization Clinic, Mobile Clinic, Project Community Connect, Flu Clinics, Etc.). A total of 591 total hours were contributed by SCMRC. This is a $14,436.45 economic impact on Scott County and Public Health Department.

SCMRC was a top performer in not only Region 5 but locally within the State of MN and at the national level. The average number of activities reported by state units in MN was 22; in Region 5 was 15; in the Nation was 17. SCMRC 20% of the states reported activities, 4.5% of the regions reported activities, and contributed 1% of the national activities reported by all 998 units.

Carver County Vaccinates in Schools

Carver County conducted an exercise to provide influenza vaccinations in the school setting. Children under the age of 18 have the highest risk of becoming sick with influenza and are at increased risk of pandemic influenza. The flu clinic exercises demonstrated Carver County Public Health (CCPH) Department's ability to collaborate with school administrators, school nurses, and parents to rapidly vaccinate a defined population if necessary to mitigate a health emergency. Planning with the school administrators and the school nurse helped identify best ways to contact parents and allowed for the permission forms to be completed in advance of the exercise.

CCPH staff were assigned to participate in this exercise. Their duties included facility setup, management of flow of students, vaccinating students, collecting throughput information and evaluate the capabilities regarding medical countermeasures. Staff were able to set up each facility in 25 minutes, which was less than the estimated time of 30 minutes. Additionally, average throughput was 8 minutes with a total number of 138 students vaccinated at the sites included in this exercise.

Minneapolis Committed to Training and Exercising

During 2015, Minneapolis Health Department leaders made a committed effort to ensure training and exercising were a priority . In 2015, 36 new Health Department staff completed 540 hours of required preparedness orientation and training, culminating in a new employee participation rate of 100%. To ensure their readiness to respond, 113 out of 116 (97%) department staff participated in a variety of training, exercises and drills for a total of 1,762 hours.

One of the new exercises implemented was to have staff create habits so that when an event occurs they are able to quickly initiate a response. Initially conceived as a result of the Health Commissioner reading "The Power of Habit," by Richard Duhigg. “Operation Developing Habits” was a series of functional exercises conducted in City buildings. The intent was to provide staff on the Health Department’s Incident Management Team repeated opportunities to do the same tasks that occur in the initial chaos of a variety of emergencies. The scenarios selected were Medical Countermeasure Dispensing, Family Assistance Center, and Mass Care Shelter. Each scenario required similar areas or stations to be set up that were separate from the actual operation. The exercises required staff to use equipment and supplies from the department’s go-kits to set up the following areas for each exercise:

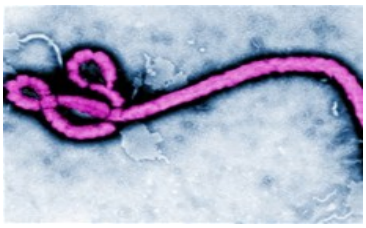
- Screening
- Registration
- Support Services, including Triage, First Aid and Support Services (ADA assistance, interpreters)
- Staff Operations, including Check-In and Badging, Break and Debriefing, and Just-In-Time Training
- Site Management

Ebola Response 2014-2015

In Hennepin County

- Hennepin County Human Services and Public Health stood up a virtual incident command system from 10/8/14 – 12/31/14 to manage and lead community engagement and monitoring work.
- Hennepin County Public Health staff monitored 361 travelers arriving from Ebola-affected countries between 11/5/14 – 5/22/15, with the majority of travelers coming from Liberia.
- The response was overseen by a team of three epidemiologists and one emergency preparedness staff who served in the role of "Group Supervisor". This position oversaw daily operations, reviewed traveler information, and prepared daily summaries of activities. This role was staffed by one of the four team members for a week at a time.
- Daily monitoring telephone calls were performed by a team of four Monitors. Monitors worked in this role for one week at a time and rotated from a group of eight staff. Many of these staff were from the Multicultural Services area or worked as Social Workers in Human Services.
- Each traveler was monitored for 21 days following their departure from an Ebola-affected country (the longest possible incubation period for Ebola).
- Travelers were called and interviewed about temperature and symptoms each day, seven days a week.

In St. Paul—Ramsey County



Ramsey County Public Health staff and management also monitored more than 60 travelers arriving from Ebola-infected countries during the same time frame. The travelers also arrived primarily from Liberia. The monitoring initiative provided a teachable moment to these travelers on the active role of public health in their community, and ensured a 24/7 connection to hospital a response if the individual began to develop symptoms during the 21-day monitoring period.

Free Mass Vaccination Clinics In Washington County

Washington County held three free mass vaccination clinics during the flu season in the fall of 2015 to exercise the County's POD plans. The primary focus of the clinic operations was to gather metrics for dispensing throughput and personnel needs based on the number of clients served. The secondary focus was to pilot and evaluate an alternate model of providing select immunization services in at-risk communities. The goal was to improve immunization rates by "pushing" clinics out into vulnerable communities rather than pulling individuals into clinics to receive select services. The locations of the clinics were selected based on lower immunization rates and greater numbers of vulnerable populations, as compared to other areas of the county.

Anoka County Operation Flu Free

Anoka County Community Health and Environmental Services conducted a mass vaccination clinic/exercise and provided influenza vaccination free of cost to children while exercising mass vaccination plans. Through rigorous planning and coordination efforts, Fridley High School was opened as a Flu Vaccine Clinic on October 27th, 2015. The clinic/exercise was staffed by Anoka County Community Health and Environmental Services staff, Anoka County Social Services – Long Term Services and Supports and Waiver Management Public Health Nurses, Anoka County Disaster Behavioral Health Team members, Anoka County Medical Reserve Corps volunteers, Fridley High School staff and Fridley Police Department School Resource Officers.

Clinic staff and volunteers were provided hands-on experience participating in dispensing site setup and operations while providing 93 children influenza vaccination. Clinics and exercises like this provide an opportunity for us to put our mission into action, to protect the health and safety of the community, promote healthy lifestyles and prevent diseases and disabilities which adversely affect the current and future health of our community. It also provided an opportunity to strengthen community partnerships as well as refine strategies and plans to be executed during exercises and real public health events.

2015

Public Health

Prevent. Promote. Protect.