



Practical Strategies for Emergency Preparedness and Response in Healthcare Facilities

Resource Guide

November 2024

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Introduction

This Resource Guide serves as a supplemental guide for the *Plan, Prepare, Act: Practical Strategies for Emergency Preparedness and Response in Healthcare Facilities* workshop delivered from September - November 2024.

This guide provides resources aligned with the content presented in each module of the workshop.

This project was supported by the Minnesota Department of Health, with contributions from:

- Central Health Care System Preparedness Coalition
- Metro Health and Medical Preparedness Coalition
- Northeast Health Care Preparedness Coalition
- Northwest Health Services Coalition
- South Central Health Care Coalition
- Southeast Minnesota Disaster Health Coalition
- Southwest Healthcare Preparedness Coalition
- West Central Health Care System Preparedness Coalition



Disclaimer: This Resource Guide serves as a descriptive reference tool. Organizations using this document to enhance their emergency preparedness planning should consult their internal leadership for tailored guidance. This guide offers suggestions and best practices for consideration and adaptation into local plans. The references included or linked within this guide are based on the best available information at the time of publication. External resources are cited for informational purposes only and should not be interpreted as endorsements of specific products. Readers are also encouraged to consider the publication dates of the referenced resources.

Module 2: Emergency Preparedness (EP) as a Program

Resources for Your Core Plans

The resources listed here may be useful as you review your core plans.

1. **Emergency Operations Plan (EOP) templates:**
 - a. For Clinics: [Health Center Emergency Operations Plan Template](#) from Nurse-Led Care Consortium (2022)
 - b. For Hospitals: [University of Toledo Medical Center Emergency Operations Plan \(EOP\)](#) (2024)
 - c. For LTC: [Minnesota Department of Health's Long-term care preparedness toolkit](#) (2023)
2. **Communication Plan templates:**
 - a. For Clinics: Health Center Communications Plan Template from the [Nurse-Led Care Consortium](#) (2022)
 - b. For LTC: [Communications from MDH Long-Term Care Toolkit \(Appendix C\)](#) from the Minnesota Department of Health (2023)
3. **Continuity of Operations (COOP) Plan:**
 - a. [COOP Toolkit and Trainings](#) from the Minnesota Department of Health (2024). The tools and resources on this page were developed to support COOP for health care and long-term care. This includes hospitals, long-term facilities, clinics, outpatient services, and other health care facilities. The resources on this page are intended for those in charge of developing, updating, and maintaining continuity of operations and/or business continuity at their facility or organization.
4. **Checklists to review your plans:**
 - a. [Hospital Emergency Management Program Checklist](#) from California Hospital Association (2019)
 - b. Developing and Maintaining Emergency Operations Plans [Comprehensive Preparedness Guide Compilation of Checklists](#) from FEMA (2021)
 - c. [Hospital emergency response checklist: An all-hazards tool for hospital administrators and emergency managers](#) from the World Health Organization (WHO) (2011)

Managing an EP Program

The resources listed here are applicable to managing your EP program, including reviewing and updating your plans with a committee or working group.

1. A list of participants for your Emergency Preparedness (EP) Committee is provided in the [FAQ on composition of an Emergency Management Committee](#) from The Joint Commission.
2. [Preparedness and Partnerships: lessons learned from the Missouri disasters of 2011 \(A focus on Joplin\)](#) from the Missouri Hospital Association (2012) contains lessons and other insights you may wish to consider in your planning.

Module 2: Emergency Preparedness (EP) as a Program

3. **Incident Planning Guides (IPGs)** are designed to use with a planning group to prepare for specific hazards. The IPG is used to identify issues that should be considered when planning for emergencies that may impact your facility.
 - a. For LTC: The [All-Hazards Incident Planning Guide](#) provides a series of questions to prompt discussion and review of your plans.
 - b. For Hospitals: [HICS Incident Planning Guides \(IPGs\)](#) provide a scenario and a series of questions to prompt discussion and review of your plans. There are IPGs for provided for a variety of hazards, including Utility Failure, Active Shooter, Staff Shortage, Mass Casualty, and more.

Best Practices for Managing Your EP Program

Emergency Preparedness is everyone's job

- Learn the roles and priorities of all departments to deepen understanding and gain buy-in.
- Use a team approach; delegate tasks using models like RACI (Responsible, Accountable, Consulted, Informed).

Plan for the long-term

- Treat EP program development as a marathon, not a sprint. Start small - it can take years to build integrated response capabilities.
- Reflect, document, and revise after exercises and real-world incidents. This is the core of your process improvement cycle.
- Engagement in EP activities can be a growth opportunity and contribute to staff satisfaction and retention.
- Build depth through training and opportunities to take on new roles in an incident.

You are not alone

- Don't reinvent the wheel. Network to understand your resources and leverage others plans.
- Shadow trainings or exercises.
- Engage with your Health Care Coalition.

Get buy-in

- Involve leadership and all departments; translate the preparedness activity into goals they understand and benefit from.
- Write your plans from the perspective of the people using it in an emergency.
- Activate often, using non-emergency events such as special events, moves for construction, and Electronic Health Record (EHR) system upgrades.
- Every interaction is an opportunity to build your EP Program brand or to lose credibility. Long emails, poorly organized meetings, and chaotic training can limit or slow buy-in.
- Don't rely on fear or technical jargon to get people's attention.

Sample Charter for Your Emergency Preparedness Committee

This sample charter is based on the Institute for Health Improvement (IHI) and the Mass League of Community Health Centers [IMPACT program](#) for health center performance improvement.

Massachusetts League
of Community Health Centers

Charter: Focus Area: <u>Emergency Preparedness</u>		SAMPLE CHARTER											
Initiative: <u>Emergency Management Program Committee</u>													
Initiative Objective Continually improve the ability to maintain a safe environment for employees, patients and visitors before, during and after emergencies.		Sponsor Executive: Chief Operating Officer (COO)											
Success Measure(s) <ul style="list-style-type: none"> • Conduct 1 full scale exercise per year with participation of 90% or higher among key staff. • Complete a comprehensive review and update of the Communications plan within 6 months. 		Milestones (2024 - ?) Dependencies (prior to/concurrent): <ul style="list-style-type: none"> • Annual review of the all-hazards risk assessment 											
Key Projects (Timing) <ul style="list-style-type: none"> • (Major buckets of work to accomplish the initiative) • • • • 		<table border="1"> <thead> <tr> <th>Start</th> <th>M1</th> <th>M2</th> <th>M3</th> <th>Stop</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Start	M1	M2	M3	Stop					
Start	M1	M2	M3	Stop									
Team Leader: Members: Support:		Out of Scope (Specify as required) <ul style="list-style-type: none"> • Routine maintenance and day to day operations. 											
Resources (High Level) Tech / Software \$ _____ (FTE) _____ (Capital/equip) _____													

Risk Assessments

1. Risk assessment tools:

- a. [Evaluation of HVA Tools](#) from ASPR TRACIE (2024)
- b. [RISC Toolkit 2.0](#) from ASPR
- c. [Kaiser Permanente HVA Tool](#) from MDH website, with helpful narrative
- d. [Hazard Vulnerability Assessment \(HVA\) Tool](#) from American Society for Health Care Engineering (ASHE). Fill out form for free download.
- e. [Additional HVA Tools](#) from the California Hospital Association

2. Data sources:

By carefully selecting and analyzing diverse and inclusive data sources, you can ensure that your risk assessments account for the social determinants of health and other factors that may disproportionately impact certain communities, leading to more equitable and effective emergency preparedness and response strategies. Some data sources include:

- a. [Social Vulnerability Index](#) from the CDC: A place-based index, database, and mapping application designed to identify and quantify communities experiencing social vulnerability. Assists with community profiles and risk assessment.
- b. [Heat & Health Tracker](#) from the CDC: Provides an interactive dashboard to explore your community's heat exposure, related health outcomes, and assets that can protect people during heat events.
- c. [Resilience Analysis and Planning Tool \(RAPT\)](#) from FEMA: A GIS planning tool to inform strategies for emergency preparedness, response, and recovery.
- d. [Emergency Management Data Tools](#) from the U.S. Census Bureau
- e. [American Community Survey \(ACS\)](#) from the U.S. Census Bureau: Helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.
- f. [Community Resilience Estimates](#) from the U.S. Census Bureau: The Community Resilience Estimates (CRE) provide an easily understood metric for how socially vulnerable every neighborhood in the United States is to the impacts of disasters, including COVID-19.
- g. [HHS emPOWER Map](#) from the U.S. Department of Health and Human Services: The map is updated monthly and displays the total number of Medicare beneficiaries who have had an administrative claim for one or more types of electricity-dependent durable medical and assistive equipment (DME) and devices, as well as at-risk combinations data for those who rely on a certain essential health care service(s) and any electricity-dependent DME and devices.

Module 3: Initiating Your Response

Initial Assessment & Action Planning

When an incident occurs, you can follow these steps, and continually iterate around them in a loop until the incident is over.

1. Assess the situation

- What is known about the current situation?
- What is the potential impact on patients/residents, operations, access, and security?

2. Plan the response

- Determine initial notifications
- Establish initial incident objectives
- Initiate incident action planning

3. Execute the plan

- Identify your team and assign responsibilities
- Deploy resources
- Monitor and evaluate

Assess the Situation

Getting a clear and accurate understanding of the situation during the first hours of an incident can be tough, yet it is critical to gather accurate information as quickly as possible to make the best decisions on how to proceed. Using a standardized process can help streamline the initial assessment.

What is known about the current situation?

Gather information on the current effects of the incident from credible sources.

1. **Incident Nature:**
 - Is the incident internal or external?
 - What is the incident type (e.g., power failure, HazMat spill, mass casualty, pandemic)?
2. **Incident Scope:**
 - What is the geographical area currently affected?
 - How is your facility and the surrounding areas currently affected?
 - What do public safety responders know about the incident?

What is the potential impact of the incident?

Determine the potential impact on patients/residents, operations, access, and security.

1. **Impact on Patients and Staff**
 - Are there potential impacts that are dangerous to the health and safety of patients and staff?
2. **Impact on Clinical Operations**
 - Immediate Impact:
 1. How will current clinical operations be immediately impacted?
 2. Which departments or units will be directly impacted?
 3. Are there patient care services that are not available due to the incident impacts?
 - Delayed Impact:
 1. Will there be any delayed effects on hospital operations?
 2. What are the potential long-term impacts on patient care and hospital services?
3. **Impact on Business Operations**
 - Will business operations (e.g. administrative functions, billing, and supply chain management) be disrupted?
 - How will you track expenses to estimate the potential financial losses due to the incident?
4. **Impact on Access and Security**
 - Will the incident limit hospital or campus access?
 - What security threats are posed by the incident?
5. **Incident Duration**
 - What is the estimated duration of the incident? Consider both short-term and long-term scenarios.
 - How much time will be required for the hospital to recover and return to normal operations?

Tools to Operationalize Your Plans

Use tools such as those listed below to help put your emergency plans into action during an incident, supporting a rapid and efficient response.

1. Incident Action Plan (IAP) Quick Start:

The IAP Quick Start form provides a quick approach to developing the IAP by combining ICS forms 201, 202, 203, 204, and 215A. Two versions of this form are available, which can be adapted for use at any healthcare facility:

- a. For Hospitals: [HICS version](#)
- b. For Nursing Homes: [NHICS version](#)

2. Job Action Sheets (JAS):

JAS provide position-specific guidance for each member of your Incident Management Team (IMT) by describing their individual responsibilities, reporting relationships, needed forms, and potential action steps based on consecutive response time periods.

- a. For Hospitals: [HICS Job Action Sheets](#), including editable versions
- b. For Nursing Homes: [NHICS Job Action Sheets](#), including editable versions

3. Incident Response Guides (IRGs):

IRG resources are covered in Module 4, and are a great way to provide a rapid checklist for your Incident Management Team (IMT).

4. Activation checklist:

- a. [Hospital Activation of the Emergency Operations Plan Checklist](#) from California Hospital Association (2018)

All-Hazards Incident Commander Initial Response Checklist

This checklist is designed to provide Incident Commanders with a quick and efficient reference for the initial stages of an all-hazards emergency response.

- ☐ **Assume command**
Establish yourself as the Incident Commander (IC) and communicate this clearly.

Observe/ Orient

- ☐ **Assess the situation**
Conduct a rapid initial assessment: Type, scope, and impact.
- ☐ **Ensure scene safety**
Evaluate risks and secure the scene for responders and the public.

Decide

- ☐ **Activate ICS**
Implement the Incident Command System.
- ☐ **Determine initial notifications**
Early notifications may include response activation, operational impact, and notices to the public.
- ☐ **Set initial objectives**
Define clear, immediate objectives focused on life safety, incident stabilization, and property preservation.
- ☐ **Initiate incident action planning**
Start developing an Incident Action Plan (IAP) for short-term and long-term response.

Act

- ☐ **Assign key roles**
Identify your team and assign responsibilities.
- ☐ **Communicate with stakeholders**
Establish and maintain communication with local authorities and agencies.
Provide an initial situation report.
- ☐ **Deploy resources**
Mobilize personnel and equipment to meet immediate needs.
- ☐ **Monitor and evaluate**
Continuously assess the situation and adapt actions as necessary.
- ☐ **Document actions**
Keep accurate records of decisions, actions, and resources.



Developed with Mitigant Risk, www.mitigantrisk.com

Module 4: Activating for Incident Response

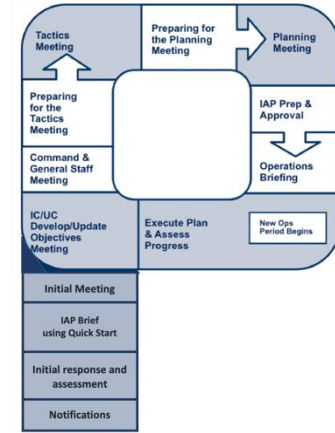
Incident Management

1. Developing incident objectives:

Incident objectives are the focal point for conducting response and recovery activities. They represent the Incident Commander's intent for the conduct of the incident.

The [FEMA incident action planning guide](#) (2015) is intended to promote the effectiveness of incident operations by standardizing the incident action process.

- The “**Planning P**” is described on page 8 and throughout the document.
- Appendix A (Pg. 50) describes how to develop incident objectives.



2. Incident Command System (ICS):

ICS is a standardized, flexible framework used to manage emergencies by organizing staff, resources, and communication effectively across all levels of response. For healthcare facilities, using ICS helps to maintain focus on patient safety and operational continuity.

- The web page for the [Hospital Command System \(HICS\)](#) and [Nursing Home Incident Command System \(NHICS\)](#) each provide a full guidebook, and many other resources to help implement ICS at your facility.
- The HICS [Potential Candidates for HICS Command and General Staff Positions](#) provides suggestions for administrative positions commonly found in hospitals, mapped to their potential assigned roles within the ICS organizational structure.

3. Incident Response Guides (IRG)s:

IRGs provide standardized, step-by-step guidance to the incident management team in your facility. IRGs identify actions that may be undertaken in the *Immediate*, *Intermediate*, *Extended*, and *Demobilization/System Recovery* phases of an event.

- IRGs are meant to be customized, including adding facility-specific actions. Editable IRGs for a variety of hazards are available for hospitals on the [HICS web page](#), and for long term care on the [NHICS web page](#).

The first two pages of the IRG for “Utility Failure” for HICS and NHICS are included on the following pages.

Incident Response Guide - Utility Failure (Hospital ICS) (Page 1 of 12)

Incident Response Guide: Utility Failure

Mission

To safely manage patient care through effective and efficient hospital operations during the loss of a major utility within the hospital.

Directions

Read this entire response guide and review the Hospital Incident Management Team Activation chart. Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- ☐ Identify extent of outage and consider evacuation
- ☐ Maintain patient care capabilities
- ☐ Minimize impact on hospital operations and clinical services
- ☐ Communicate the situation status to patients, staff, and the public

Incident Response Guide - Utility Failure (Hospital ICS) (Page 2 of 12)

Immediate Response (0 – 2 hours)				
Section	Officer	Time	Action	Initials
Command	Incident Commander		Activate the hospital Emergency Operations Plan, Utility Failure Plan, the Hospital Command Center and appropriate Hospital Incident Management Team positions.	
			Establish operational periods, objectives, and regular briefing schedule. Consider using the Incident Action Plan Quick Start for initial documentation of the incident.	
			Determine the need for shelter-in-place or evacuation and activate appropriate incident response plans.	
			Consider limiting nonessential services.	
			Notify the hospital Chief Executive Officer, Board of Directors, and other appropriate internal and external officials of situation status.	
	Public Information Officer		Activate the Risk Communication Plan and media staging area.	
			Prepare a media release to inform the community about the utility outage.	
			Maintain communication with patients, staff, and families regarding the current situation and what is being done to address it.	
			Conduct a hospital census and identify possible discharges, transfers and surgery or procedure cancellations.	
			Update internet, intranet, and social media to disseminate information about hospital status and alteration in services to patients, staff, families, and stakeholders.	
			Monitor media outlets for updates on the incident and possible impacts on the hospital. Communicate information via regular briefings to Section Chiefs and the Incident Commander.	

Incident Response Guide - Utility Failure (Nursing Home ICS) (Page 1 of 10)

INCIDENT RESPONSE GUIDE
UTILITY FAILURE

UTILITY FAILURE

MISSION	
To safely manage resident care through effective and efficient nursing home operations during the loss of a major utility with the facility.	
DIRECTIONS	
Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility. <i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i>	
OBJECTIVES	
<input type="checkbox"/>	Identify extent of outage and consider evacuation.
<input type="checkbox"/>	Maintain resident care capabilities.
<input type="checkbox"/>	Minimize impact on nursing home operations and clinical services.
<input type="checkbox"/>	Communicate the situation status to residents, staff, and the public.

RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Call 9-1-1 if the power outage causes or threatens a medical emergency (e.g., power is lost to a ventilator).
<input type="checkbox"/>	If the utility outage poses a risk to the safety of residents, staff or visitors, take actions to reduce/eliminate the threat without jeopardizing the safety of staff.
<input type="checkbox"/>	Report the outage to the appropriate utility company or repair vendor.
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Activate back-up power and/or emergency lighting if necessary.
<input type="checkbox"/>	Comfort and assess residents for signs of distress.
<input type="checkbox"/>	Account for all residents.
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	To the extent possible, mobilize emergency back-up power generators and necessary fuel for operation. Check with maintenance and security to ensure generators are operational.
<input type="checkbox"/>	Take all reasonable steps to protect food and water supplies and maintain a safe environment of care for residents and staff.

NHICS Revised 2017

Incident Response Guide - Utility Failure (Nursing Home ICS) (Page 2 of 10)

INCIDENT RESPONSE GUIDE
UTILITY FAILURE

RAPID RESPONSE CHECKLIST

- | | |
|--------------------------|--|
| <input type="checkbox"/> | If the decision is considered to shelter-in-place or evacuate the facility, see SHELTER-IN-PLACE or the EVACUATION IRG . Consult other IRGs as appropriate to the situation causing the utility outage, e.g., flood. |
| <input type="checkbox"/> | Add other response actions here consistent with the EOP Incident-Specific Annex. |

Immediate Response (0 – 2 hours)

IMT Position	Action	Initials
Incident Commander	Activate the nursing home emergency operations plan, utility failure procedures, the Nursing Home Command Center and appropriate Incident Management Team positions.	
	Establish operational periods, objectives, and regular briefing schedule. Consider using the NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
	Determine the need for shelter-in-place or evacuation and activate appropriate procedures.	
	Consider limiting nonessential services.	
	Communicate with other health care facilities to determine situation status, ability to accept residents if transfer, nursing home abandonment, or evacuation is ordered.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
Liaison/PIO	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	
	Prepare a media release to inform the community about the utility outage.	
	Maintain communication with residents, staff, and families regarding the current situation and what is being done to address it.	
	Update internet and social media to disseminate information about nursing home status and alteration in services to residents, staff, families, and stakeholders.	
	Monitor media outlets for updates on the incident and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and the Incident Commander.	

NHICS Revised 2017

Module 5: Effective Response through Integrated Planning

Training and Exercises

1. [Exercise Development Tool Kit](#) from the Metro Health & Medical Preparedness Coalition (2018, click to download ZIP file)
2. [Exercise/Drill Materials](#) from Northwest Health Services Coalition
3. [Exercise Starter Kits \(ESKs\)](#) from FEMA: Provide a set of sample materials and templates that can be customized to create a discussion-based exercise
4. [Homeland Security Exercise and Evaluation Program \(HSEEP\) resources](#) from FEMA
5. [IS-120.C: An Introduction to Exercises online course](#) from FEMA

Multi-year planning

1. [Integrated Preparedness Schedule Template](#) for integrated preparedness planning from the Colorado Division of Homeland Security and Emergency Management.

An excerpt is shown here:

Integrated Preparedness Schedule					
Quarter:					
Year:					
	Activity	Preparedness Priority 1	Preparedness Priority 2	Preparedness Priority 3	
January	Planning				
	Organizing				
	Equipping				
	Training				
	Exercises				
February	Planning				
	Organizing				
	Equipping				
	Training				

Centers for Medicare & Medicaid Services (CMS) Testing Requirements Overview

The table below provides a high-level summary of the CMS testing requirements for healthcare facilities. It's important to note that CMS periodically updates these requirements, so facilities should always refer to the current CMS guidance for the most up-to-date and specific information for their facility type.

Facility Type	Testing Requirements
Inpatient providers	<p>Must conduct <u>two</u> testing exercises annually.</p> <ul style="list-style-type: none"> One must be a community-based full-scale exercise (unless exempt) <ul style="list-style-type: none"> If a facility experiences an actual emergency that requires activation of its emergency plan, it is exempt from this requirement for 1 year following the onset of the actual emergency The other can be an "exercise of choice"
Outpatient providers	<p>Must conduct <u>one</u> testing exercise annually.</p> <ul style="list-style-type: none"> Every 2 years: one community-based full-scale exercise, if available, or an individual facility-based functional exercise <ul style="list-style-type: none"> If a facility experiences an actual emergency that requires activation of your emergency plan, it is exempt from engaging in its next required community-based or individual, facility-based functional exercise. In alternate years, conduct an "exercise of choice"
All Providers	<ul style="list-style-type: none"> Types of "exercise of choice" include: <ul style="list-style-type: none"> A community-based full-scale exercise (if available) An individual facility-based functional exercise A drill A tabletop exercise A workshop that includes a group discussion led by a facilitator. *For LTC: Also includes unannounced staff drills using the emergency procedures When selecting a community-based full-scale exercise, facilities must ensure that participation in the exercise would adequately test the facility's emergency program (specifically its policies and procedures and communication plan).

Adapted from CMS [Appendix Z](#) of the Emergency Preparedness Rule (2021) and [slide presentation](#) (2019).

Module 6: Local and Regional Response

Mutual Aid

1. Learn about [Emergency Management Assistance Compact \(EMAC\)](#) from Minnesota Homeland Security and Emergency Management

Key Local and Regional Contacts

Remember, when in doubt ask your Regional Healthcare Preparedness Coordinators (RPHCs) for help connecting to local and regional partners!

Minnesota Department of Health
Emergency Preparedness and Response Minnesota
Department of Health
PO Box 64975 St. Paul, MN 55164-0975
651-201-5700
health.epr@state.mn.us
<https://www.health.state.mn.us/communities/ep/>



Regional Healthcare Coalitions

Minnesota has eight established Health Care Coalitions (HCCs), which are led by a Regional Health Care Preparedness Coordinator (RHPC) and an established advisory committee. Although they function and are governed independently, they collaborate inter-regionally across the state for planning and response purposes.

<https://www.health.state.mn.us/communities/ep/coalitions/rhpc.html>



Public Health Preparedness Consultants (PHPCs)

The Minnesota Department of Health (MDH) assigns public health preparedness consultants (“PHPCs”) to each of its eight geographic districts. PHPCs provide consultation, planning and technical assistance to the managers and staff of Minnesota’s tribal, local public health departments and health care systems to develop local and regional plans for emergencies, capacity for emergency response, and serve as the liaison with partners in emergency preparedness.

<https://www.health.state.mn.us/about/org/epr/phpc/index.html>



County Emergency Managers

View this interactive map to find the name and contact information for your county Emergency Management office.

<https://dps.mn.gov/divisions/hsem/contact/Pages/county-emergency-managers.aspx>



Local Public Health Departments

Contact information for Minnesota's local health departments and community health boards, and for the tribal nations that share geography with Minnesota.

<https://www.health.state.mn.us/communities/practice/connect/findlph.html>



Module 7: Complex Incidents

Role of Federal Partners

1. **ASPR [Hospital Preparedness Program](#):** The primary source of federal funding for health care system preparedness and response and, in collaboration with state and local health departments, prepares health care delivery systems to save lives through the development of health care coalitions (HCCs).
2. **HRSA Health Center Program's [Emergency Preparedness, Response, and Recovery page](#)** summarizes the critical role of health centers in emergencies.

Minnesota Department of Health – Key Plans

1. **[Inter-Coalition Communication Guidance](#)** (2022) aims to establish a communication framework for all eight Minnesota Health Care Coalitions (HCC) to implement when resources exceed capacity or incident exceeds HCC boundaries.
2. **The [All-Hazards Response and Recovery Base Plan](#)** (2019) captures the steps MDH will take to maintain priority services while also performing operational response and recovery activities for any public health or health care related emergency.

Emergency Declarations and Related Information

1. **Minnesota [Statutes & Rules on EP, Disease Outbreaks, and Volunteer Protections](#)** (2018) provides explanations and links to Minnesota statutes relevant to Emergency Preparedness and Response.
2. **1135 Waivers**
 - a. [1135 Waiver - At A Glance](#) from CMS provides a summary of 1135 waivers with examples and a contact for questions.
 - b. [1135 Waiver Request Communication Method - Best Practice](#) from CMS provides guidance on how to make a waiver request.
3. **FEMA provides the following primers on Federal disaster declarations:**
 - a. [How a Disaster Gets Declared](#)
 - b. [Fact Sheet: Disaster Declaration Process](#)
 - c. [Assistance for Governments and Private Non-Profits After a Disaster](#)

Additional Available Resources

1. [Minnesota Responds](#)
2. [Strategic National Stockpile](#)

Module 8: Demobilizing and Ready for the Next One

Demobilization and Recovery

1. [Recovery Checklist for Hospitals after a Disaster](#) from the Greater New York Hospital Association Demobilization plan

After Action Reports and Improvement Plans (AAR/IP)

Simple AAR (After Action Report) Template

A simple After Action Report template can be used to help facilitate an after action review session with those involved in the incident response, and to document your findings in an actionable After Action Report (AAR).

The template includes discussion questions to better understand 1) what was expected to happen, 2) what actually happened, 3) what went well, and why, 4) what can be improved, and how, and 5) what you are going to do next. Below is an example of a simple After Action Report Template.

The full template can be found in the [Workshop Google Drive](#) which will be active through December 2024.

Simple After-Action Report Template

Report Date: _____
Completed By: _____

Incident Name: _____ Incident Date: _____

Participants

Name	Title

Incident Review: What was expected to happen?

Recommended Discussion Questions	Observations
What was expected to occur?	
Were there previous plans or strategies intended for events like this?	
What resources were available to you before the event?	
Who was expected to respond during this kind of event?	

Incident Analysis: What actually happened?

Recommended Discussion Questions	Observations
What was the timeline of the incident?	
Who responded? What did they do?	
What resources did you need?	
Who did you communicate with and what were they told?	

Strengths: What went well, and why?

Recommended Discussion Questions	Observations
What were the most helpful plans or strategies?	
What resources helped with the response?	
What new/in-the-moment actions were effective?	
What technology was the most helpful?	

Simple After-Action Report Template


Report Date: _____
Completed By: _____

Areas for Improvement: What can be improved, and how?


Recommended Discussion Questions	Observations
Were there processes that did not work as intended during the incident?	
What resources were the least helpful?	
What new/in-the-moment actions did not help or made things worse?	
What technology failed when you needed it?	


Action Plan: What are you going to do?

Action Item	Lead Staff	Due Date




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Rolling IP (Improvement Plan)

Some action items can be implemented immediately while others may take some time to build out. You can use a continuous or “rolling” improvement plan after an incident or exercise to keep track of action items in one centralized location. This type of “rolling” plan can be used to capture improvement items across multiple incidents and exercises. Sort and filter the columns as needed to analyze your improvements over time.

A Rolling IP should be evaluated and updated continuously to make sure the recommendations are still relevant. For some incidents, you'll draft a full After Action Report (AAR). You can save your strengths and areas for improvement first in your Rolling IP, and then copy that data into your After Action Report. The example template provides a format to document your observations and then to list the corresponding action items.

The full template can be found in the [Workshop Google Drive](#) which will be active through December 2024.

Incident Details

The first five (5) columns of the template should be used to enter information about the incident or the exercise. This information only needs to be entered once and does not need to be updated.

Rolling Improvement Plan Template

DATE(S) OF INCIDENT	INCIDENT NAME/TYPE	STRENGTH OR AREA FOR IMPROVEMENT	WHAT HAPPENED? (OBSERVATIONS)	WHY DID IT HAPPEN? (ANALYSIS)

Action Items

The remaining seven (7) columns can be used to track your action items. The information entered into these columns should be used to track progress on implementing your action items and evaluated regularly as part of your continuous improvement plan.

Rolling Improvement Plan Template

NEXT STEPS (ACTION ITEMS)	WHO WILL IMPLEMENT THE NEXT STEPS	WHEN SHOULD THE ACTION ITEM BE STARTED?	WHEN SHOULD THE ACTION ITEM BE COMPLETED?	PRIORITY	STATUS	NOTES/COMMENTS

Additional Resources

Training and Information Repositories

1. [Center for Domestic Preparedness](#) In Person and Web-Based Training, including:
 - o [Health Sector Emergency Preparedness](#) (AWR-336-W, web-based)
 - o [Framework for Healthcare Emergency Management](#) (FRAME AWR-900, in person)
2. [ASPR Technical Resources, Assistance Center, and Information Exchange](#) (TRACIE)
3. California Association of Health Facilities (CAHF) [Disaster Preparedness Program](#)
4. Health Center Resource Clearinghouse, including [resources for Emergency Management](#)

Incident Command System

1. [Hospital Incident Command System](#)
2. [Nursing Home Incident Command System](#)

Full Toolkits

1. **For Clinics:**
[CMS Emergency Preparedness Rule: Rural Health Clinic / Federally Qualified Health Center](#) - from Wisconsin Department of Health Services (2020)
2. **For Hospitals:**
[CMS EP Rule Toolkit & Workbook for Hospitals](#) from Wisconsin Department of Health Services (2020)
3. **For LTC:**
[Long-Term Care Emergency Preparedness](#) - Resources and Toolkit from MDH (2023)
4. **For everyone:**
[Utility Failures in Health Care Toolkit](#) from ASPR TRACIE

CMS Emergency Preparedness Rule

1. **For Clinics:** [Rural Emergency Hospitals Requirements CMS Emergency Preparedness Final Rule](#) from ASPR TRACIE (2023)
2. **Hospitals:** [Hospital Emergency Preparedness Survey Readiness Checklist and Crosswalk from ASHE](#) (2022, free download after filling out form)
3. **For LTC:** [Appendix A.1: CMS Emergency Preparedness Checklist](#) from MDH, included in Long Term Care Toolkit (2022)
4. **For Everyone:**
 - a. [CMS emergency preparedness final rule guidance](#) from the Colorado Department of Public Health & Environment, including Summaries of Conditions of Participation (CoP) by facility type
 - b. [Appendix Z](#) from CMS, providing interpretive guidelines and survey procedures

Other Topics

1. **For Clinics:** [Federal Tort Claims Act \(FTCA\) Emergency Management Guide](#) from HRSA (2024): Describing concepts of liability to avoid lawsuits, understanding legal liability, and working within general scope of authority.
2. **For Clinics:** [Emergency Information Kit: Key Resources for Health Centers](#) from HRSA (n.d.)
3. **Regarding HIPAA:** [HIPAA Privacy Rule: Disclosures for Emergency Preparedness - A Decision Tool](#) from US HHS (2022)

Acronym List

Acronym	Definition
AAR	After Action Report (<i>Often confused with "After Action Review"</i>)
ARC	American Red Cross
ASPR	Administration for Strategic Preparedness and Response
BSL	Biosafety Level
CAH	Critical Access Hospital
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive
CEMP	Comprehensive Emergency Management Plan
COOP	Continuity of Operations Plan
Decon	Decontamination
DMAT	Disaster Medical Assistance Team
EM	Emergency Management -or- Emergency Manager
EMA	Emergency Management Agency
EMAC	Emergency Management Assistance Compact
EMTALA	Emergency Medical Treatment and Active Labor Act
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EP	Emergency Preparedness
ESF	Emergency Support Function
FSE	Full Scale Exercise
FQHC	Federally Qualified Health Center
HCC	Hospital Command Center (<i>often referred to as the hospital EOC</i>)
HCC	Health Care Coalition
HCF	Healthcare Facility
HPP	Hospital Preparedness Program
HICS	Hospital Incident Command System
HSEEP	Homeland Security Exercise and Evaluation Program
HVA	Hazard Vulnerability Analysis
IC	Incident Commander
ICS	Incident Command System
IMT	Incident Management Team
IPG	Incident Planning Guide
IP	Improvement Plan
IRG	Incident Response Guide
JAS	Job Action Sheets
JIS/JIC	Joint Information System/Center
JOC	Joint Operations Center
LEPC	Local Emergency Planning Committee
LTC	Long Term Care
MAA	Mutual Aid Agreement
MCI	Mass Casualty Incident
MOC	Medical Operations Center
MOU	Memorandum of Understanding

Acronym	Definition
NDMS	National Disaster Medical System
NHCC	Nursing Home Command Center
NHICS	Nursing Home Incident Command System
NIMS	National Incident Management System
NRF	National Response Framework
PAPR	Powered Air-Purifying Respirator
PIO	Public Information Officer
SITREP or SitRep	Situation Report
SOP	Standard Operating Procedure
TTX	TableTop Exercise
UCC	Unified Command Center
WMD	Weapons of Mass Destruction

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