



**Request for City Council Committee Action  
From the Department of Health & Family Support**

**Date:** April 13, 2009

**To:** HEALTH, ENERGY, AND ENVIRONMENT COMMITTEE

**Subject:** QUARTERLY UPDATE ON PUBLIC HEALTH EMERGENCY  
PREPAREDNESS

**Recommendation:** Receive and file.

**Previous Directives:** None

**Prepared or Submitted by:** Pam Blixt, Manager, Public Health Preparedness  
Phone: x3933

**Approved by:**

\_\_\_\_\_  
Gretchen Musicant, Commissioner of Health & Family Support

**Permanent Review Committee (PRC):** Approval \_\_\_\_ Not Applicable X  
**Policy Review Group (PRG)** Approval \_\_\_\_ Date of Approval \_\_\_\_ Not Applicable X

**Presenters in Committee:** Pam Blixt, Manager, Public Health Emergency Preparedness  
Susan Palchick, Ph.D., MPH, Manager-Epidemiology and  
Environmental Health, Hennepin County Public Health Protection

**Financial Impact (Check those that apply)**

X No financial impact (If checked, go directly to Background/Supporting Information).

**Background/Supporting Information Attached**

The Department is requesting to provide a quarterly update on progress in activities for our federal Public Health Emergency Preparedness and Cities Readiness Initiative. In addition, Susan Palchick from Hennepin County will present on the County's response to tuberculosis cases in the homeless shelters at the end of 2008. The presentation is timely given the recognition of the annual World TB Day on March 24. This day commemorates the day in 1882 that Dr. Robert Koch announced his discovery of the bacteria that causes tuberculosis. The primary purpose of the day is to raise awareness about the ongoing, devastating effects of the disease and the need for continued efforts to control it.

# **PUBLIC HEALTH EMERGENCY PREPAREDNESS**

Department of Health & Family Support (MDHFS)

**CITY COUNCIL UPDATE: FIRST QUARTER 2009**

## **Planning**

1. Staff completed a formal assessment of our department's capacity and capabilities related to emergency preparedness for the MN Department of Health (MDH). Using a tool developed by the State Community Health Services Advisory Committee (SCHSAC) and in coordination with our regional Public Health Preparedness Consultant, our analysis determined that we are at the comprehensive tier level (the highest of three levels). To be at the comprehensive level, departments must be able to perform comprehensive responsibilities within planning & preparedness, detection, response, recovery and long term recovery. Our capabilities depend on Hennepin County Public Health's ability to respond with and for the City of Minneapolis.
2. We met with staff from 3-1-1 to discuss how we can better work together so that in an emergency we all have tools to communicate with the community and to be equipped to fully utilize 3-1-1 capabilities.
3. We have been participating in the development of a regional template of an emergency plan for disaster behavioral health. The plan has been tested during a table-top exercise for the implementation of both a family assistance center and community outreach activities. Next steps will be to integrate the plan into the City Emergency Operations Plan and our department plans.
4. We are participating in a multi-disciplinary regional planning group which is working to develop plans to better respond to a radiation dispersion device event. This planning is a result of a table-top we participated in last summer at the University of Minnesota.

## **Training and Exercise**

1. Metropolitan public health is planning a large region-wide exercise this summer in conjunction with 5 additional surrounding counties and two Wisconsin counties. The region will conduct the exercise to test communication and coordination between 15 local health departments and two state health departments. At the local level our staff will be participating in a joint exercise with Hennepin County. In the City of Minneapolis, we will test the set up of mass dispensing sites at North and South High Schools. We will be working closely with Regulatory Services, Public Works and Minneapolis Public Schools for staffing. Hennepin County in the same exercise will be testing a Local Distribution Node (LDN).
2. During the first half of this grant year, our staff participated in six exercises. Three of the exercises were staff notification and activation using the City's Swift Reach tool, an automated notification system which is also used for Snow Emergencies.
3. Our department has participated in four 800 MHZ radio Metropolitan Local Public Health Association radio tests. The purpose of the test is to provide local public health leadership an opportunity to practice skills they do not use on a daily basis.
4. Our emergency preparedness team was chosen to share our activities in a poster session at the "Minneapolis Vision: Vibrant City, Engaged Employees" event for all employees. Our display focused on the work we have done in the community to promote preparedness efforts.
5. MDHFS continues the cycle of planning-training-exercising with a variety of emergency preparedness trainings. Our department in conjunction with Regulatory Services hosted a training session on Psychological First Aid attended by 33 staff from various city departments. MDHFS is increasing our redundancy of leadership by furthering the depth of additional knowledge in the Incident Command System.

6. MDHFS continues its leadership in the area of special populations, a focus that is being given greater priority by emergency management at the regional level.
  - a. We are participating in a regional work group to develop a plan template for Mass Care and for Alert and Notification.
  - b. In conjunction with Hennepin County staff led preparedness workshops for foods shelves and Meals on Wheels programs as part of the on-going project to assist agencies serving special needs populations to ensure their capacity to serve in the event of an emergency. There were follow-up focus groups for community based organizations who had previously attended training sessions to identify further needs, and Brown Bag sessions for further training will begin this month.
  - c. We have provided staff support to the Minneapolis Advisory Committee on People with Disabilities' Emergency Preparedness Subcommittee.
  - d. MDHFS is providing regional leadership to the Twin City Community Organizations Active in Disaster (TC-COAD) to develop a group of community organizations to serve special populations in an emergency. These agencies will be organized to train and exercise in disaster preparation, and the department will provide resources and support to Minneapolis agencies that are part of the critical infrastructure of our city.
  - e. We continue our work to develop relationships of trust and communication with community organizations by adding a Memorandum of Understanding with the Lao Assistance Center and creating a data base of 30 agencies who partner with us in emergency preparedness planning.
  - f. We tested our ability to receive notices from our community agencies through the City's 9-1-1 center. All the agencies who tried to get through the system were able to reach the on-call public health staff person.

### **Response and Recovery**

The identification of four cases of active tuberculosis among members of the Twin Cities homeless community triggered a large contact investigation by Hennepin County Public Health Protection at local homeless shelters and drop-in centers frequented by the infectious individuals. The four individuals were infected by the same unique TB genotype. This indicates transmission occurred among the four, likely while in close proximity to one another at local homeless shelters. The four cases are all receiving medical treatment and are no longer considered infectious.

In November and December, about ten MDHFS employees assisted Hennepin County with a stepped up investigation to identify homeless shelter participants who may have been exposed to four TB victims. The efforts included five evenings of testing at Harbor Light and Simpson Shelters in Minneapolis. Follow up is on going to track down other potentially exposed individuals.