



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

Date: June 9, 2005
To: HEALTH & HUMAN SERVICES COMMITTEE
Subject: QUARTERLY UPDATE ON PUBLIC HEALTH
EMERGENCY PREPAREDNESS

Recommendation

Receive and file.

Previous Directives

None

Prepared or Submitted by: Pam Blixt, Emergency Preparedness Coordinator
Phone: x3933

Approved by:

Gretchen Musicant, Commissioner of Health & Family Support

Presenters in Committee: Pam Blixt, Public Health Emergency Preparedness Coordinator
Janet Howard, Maternal Child Health Coordinator
Kristin O'Connor and Jenny Schmitz, Neighborhood Health Care
Network

Financial Impact (Check those that apply)

No financial impact - or - Action is within current department budget.
(If checked, go directly to Background/Supporting Information)

Background/Supporting Information Attached

The Department is requesting to provide a quarterly update on planning activities under our federal Public Health Emergency Preparedness grant. Included in the presentation will be information on regional preparedness planning in the health care system at the clinic level. Staff from the Neighborhood Health Care Network will report on the program funded by the City to increase preparedness of the community clinics.

PUBLIC HEALTH EMERGENCY PREPAREDNESS PLANNING
Department of Health & Family Support (MDHFS)

CITY COUNCIL UPDATE: SECOND QUARTER 2005

1. Minnesota continues to lead the way across the nation in many areas of public health emergency preparedness due to our collaborative efforts. While much work remains to be completed, visitors to the state from Federal agencies and national groups continue to complement us on our efforts. Areas of planning that have been specifically complemented are mass dispensing, isolation and quarantine, hospital surge capacity, and mental health.
2. A city wide task force has been meeting to create an Extreme Weather Emergency Annex (with a particular focus on heat) to be included as part of the City's Emergency Operations Plan. At the same time a joint group (Super HOT) has been created with the City of St. Paul, and Ramsey and Hennepin Counties to plan together on the specific issues of notification, coordinated public information and communication plans, triggers for the emergency declaration, and base expectations for local response. There is also work being started on establishing criteria for the health care system to determine reportable conditions for heat related death or contributing causes. Such coordinated reporting may help to provide indications to initiate an early response to problems.
3. Work has been started on drafting a revision of the departmental emergency response plan which matches the suggested content recently released by the Minnesota Department of Human Services. This plan expands on the information outlined in the Health Annex of the City Emergency Operations Plan.
4. Two MDHFS staff completed Weapons of Mass Destruction Train the Trainer course. In order to continue to receive the federal Urban Area Security Initiative grant, all City staff in the 10 designated emergency responder disciplines must receive this training. This training will be rolled out to appropriate City staff this fall. In addition, all the same staff must receive certification in the National Incident Management System (NIMS).
5. The Centers for Disease Control and Prevention (CDC) is making available approximately \$15 million in funds to the state of Minnesota for the next CDC Public Health Emergency Preparedness Grant - a slight reduction from last year. The Cities Readiness Initiative (CRI) portion of the grant will increase slightly over last year. However, the scope of CRI has been expanded to include the entire Metropolitan Statistical Area (includes 10 counties). The guidance is significantly different from previous years' guidance and is built around nine preparedness goals, critical tasks, and performance measures.
6. Governor Pawlenty has recently signed into law two important pieces of legislation related to public health emergency preparedness:
 - The first action continues the powers of the state health commissioner to control dangerous communicable diseases through isolation of those already ill and quarantine of those exposed but still well ("I/Q" is shorthand to cover both types of restrictions.) The bill improves I/Q powers that go back to territorial days by establishing rights of patients subject to such an order, assuring the least restriction necessary on their activities, and guaranteeing speedy judicial review of both need for and conditions of I/Q. Provisions added this year include the right to appointed counsel, job protection while subject to I/Q, and clarification of peace officers' roles. Unrelated to quarantine, but also important to protecting the public in an outbreak, is a new section on vaccination and drug dispensing in an emergency. Section 6 would facilitate mass clinics needed to get medicines quickly to large numbers of threatened persons by allowing the state health

commissioner to authorized additional persons, with training and supervision, to administer vaccinations and dispense drugs.

- The All Hazard Emergency Response bill strengthens the response to a variety of disasters. Minnesota Statutes Chapter 12, the Emergency Management Act, provides the framework for state government to respond to an emergency event. It authorizes rapid action, requires coordination of effort, and includes checks and balances to assure that powers are used appropriately. Changes made by the 2005 legislature specifically addressed issues that might arise during an infectious disease outbreak. They include: clarifying that liability and workers compensation protections for registered volunteers to state or local government working under appropriate supervision during an emergency are the same as those for employees; authorizing professionals licensed in Canada and Washington, D.C. to assist in a Minnesota emergency; and extending liability protections to all responders in worst-case situations where the capacity of the health care system has been exceeded and temporary care facilities are needed. These changes are important to many kinds of disasters and the bill continues and applies them to all types of hazards.
7. MDHFS led the development of a Special Populations Alert and Response Communications (SPARC) Plan for the City of Minneapolis. The plan was completed by a task force comprised of staff members from the following departments: Civil Rights, Health, Emergency Management, Emergency Communications, Fire, Multicultural Services and Police. In addition, citizen members of the City's Disabilities and Public Health Advisory Committees participated in the planning process.
 8. Local health departments have been asked by MDH to complete two communication assessments. MDHFS has completed the assessment for Populations with Special Communication Needs, and the Public Communications Planning Inventory is being finalized. These assessments help state and local public health departments analyze their current capacity and identify areas for improvement.
 9. MDH provided a two day conference last month for all mass dispensing planners from across the state that was attended by MDHFS staff. Minnesota is one of the leaders nationwide in mass dispensing planning, including plans for the prophylaxis of special needs populations.
 10. Plans are being developed for the prophylaxis of essential personnel, whenever it is deemed appropriate. The term "essential personnel" refers to those persons whose jobs are critical to emergency response and/or maintaining infrastructure and social order in an emergency event. First responders are a subset of essential personnel, which includes those who specifically respond to an incident by providing services such as law enforcement, patient stabilization/transport, and direct patient care. To meet the needs of first responders a group lead by metro region Emergency Medical Services (EMS) is working with public health to develop a regional plan to prophylaxis EMS, law enforcement, public safety communications and fire service staff and their households.