



## **Executive Summary**

Over the last few years there have been a number of Mass Casualty Incidents (MCIs) across the nation. After action reports demonstrate that one of the biggest challenges is tracking patients and reunifying patients and victims with their families after the incident. Due to the number of large events that the Twin Cities has hosted recently, there have been many opportunities for pre-planning for MCIs. Throughout the planning process, gaps have been identified in the reunification and patient tracking process. As a result, a small work group was developed to identify how the processes can be improved. This document demonstrates the beginning of the work in this area and identifies the areas for improvement and what the next steps can be.

On August 27, 2019, the Metro Health & Medical Preparedness Coalition convened a group of subject matter experts to discuss the process of reunification after an MCI in the metro area. During the four hour workshop, staff from emergency management, local public health, hospitals, the Metro Health & Medical Preparedness Coalition Regional Hospital Resource Center (RHRC), emergency medical services, law enforcement, the Medical Resource Control Center (MRCC), and the Minnesota Department of Health (MDH) discussed current systems that are in place for reunification, gaps in the process, and next steps to improve the overall response and tracking of patients during and after an MCI.

### **Goals of the Day:**

1. Identify common language around reunification, MCIs, and patient tracking
2. Understand partner roles during a response which include law enforcement, emergency medical services, hospitals, and local public health
3. Have a facilitated discussion about the agency roles, communication, and incident response
4. Identify what is working in the metro for the reunification process and identify gaps in the reunification process
5. Determine next steps and identify who can spearhead the work

### **Expected Outcomes:**

The workshop was designed to highlight what processes are working well in the metro area in reunification and patient tracking. In addition, the workshop wanted to identify gaps in the process and suggest areas of improvement. It is the intention of the planning team that sharing this document with stakeholders and partners at the Minnesota Department of Health and Minnesota Homeland Security and Emergency Management may further these reunification discussions, open up opportunities for funding (including establishing grant deliverables to work towards a better reunification and patient tracking process), and identify who can lead this effort in the Twin Cities metro area.

### **Planning Team:**

Pam Blixt, Preparedness Manager, City of Minneapolis Public Health

Chris Chell, Regional Hospital Preparedness Coordinator, Hennepin Healthcare

Angela Eastman, Emergency Preparedness Coordinator, Washington County Public Health & Environment

Sean Young-Stephens, Emergency Preparedness Office Specialist, Washington County Public Health & Environment

## Facilitated Discussion Vision for August 27

Have a collaborative discussion with partners and subject matter experts about the reunification process following a mass fatality incident by reviewing systems that are in place and gaps in the reunification process in the metro area. Discuss communication platforms and information sharing during and after an MCI incident.

### Participants

#### *Emergency Management*

- Doug Berglund (Washington County)
- Jim Iliff (Dakota County)

#### *Emergency Medical Services (EMS)*

- Jeff Lanenberg (Allina)
- Rob Robinson (Metro EMS)

#### *Facilitators*

- Jess Collin-Pilarski (Washington County)
- Maureen Hoffman (Washington County)
- Sean Young-Stephens (Washington County)

#### *Hospitals*

- Dan Johnson Powers (Allina)
- Pam Schultz (Fairview)
- Steve Joswiak (Fairview)

#### *Law Enforcement*

- Eric Roeske (State Patrol)
- Gwen Martin (Cottage Grove)
- Scott Haas (Scott County)

#### *Metro Health & Medical Preparedness Coalition*

- Chris Chell
- Emily Moilanen

#### *MRCC*

- Dan Klawitter (Hennepin County)
- Wade Johnson (Hennepin County)

#### *Public Health*

- Angela Eastman (Washington County)
- Ayianna Kennerly (Minneapolis)
- Lia Roberts (Dakota County)
- Pam Blixt (Minneapolis)

#### *Subject Matter Experts*

- Burt Osborne (Minneapolis)
- Greg Wocken (MDH)



### **Strengths Identified by Workshop Participants**

- There are some metro jurisdictions that have reunification and family assistance center plans.
- First responders facilitate small-scale reunification on a daily basis and are confident in tactical response to an incident.
- Mass notification systems vary by jurisdiction and some are stronger than others. The Integrated Public Alert and Warning System (IPAWS) is always an option for geographic notification.
- There are many strong relationships in the metro due to the large number of events and responses in the region.
- EMS and interagency communication works well on a daily basis but hasn't been tested in an MCI.

	Gaps	Steps to Address Gaps
Planning	Many jurisdictions don't have a reunification and family assistance center plan in place, or may not have identified the staff responsible for lead planning efforts	<ul style="list-style-type: none"> <li>Each jurisdiction should identify the agency/individual responsible for reunification planning.</li> <li>Each jurisdiction should establish a reunification and family assistance center plan. Those without plans in place can seek guidance from local partners and metro resources. Schools can use materials and plans from <a href="#">The "I Love U Guys" Foundation</a> and <a href="#">Sandy Hook Promise</a>. (Note: It is recommended that jurisdiction plans be as consistent in the metro as possible to facilitate Mutual Aid in the region)</li> </ul>
	It is currently unclear who is responsible for deciding to open a reunification center	<ul style="list-style-type: none"> <li>Establish best practices for supporting vulnerable populations/people with access and functional needs and integrate those procedures into local plans.</li> <li>Work with subject matter experts like schools, hospitals, and law enforcement for minor reunification.</li> </ul>
Notification	There is a lack of confidence in reunification systems (i.e. how can we be certain that a child is being reunified with the correct adult?)	
	Planners need to focus on supporting vulnerable populations/people with access and functional needs throughout the reunification process	
	Notification to local partners, especially public health and emergency management, varies widely by jurisdiction	<ul style="list-style-type: none"> <li>Set expectations for notification between reunification partners to promote coordination and consistency. Support implementation by communicating expectations and providing necessary training.</li> <li>Clarify the difference between notification and formal activation.</li> <li>Do not hesitate to notify local partners. It is better to contact partners multiple times than to risk missing an essential partner.</li> <li>Establish and maintain backup contacts for notification.</li> <li>Ensure drills and exercises are documented.</li> </ul>

	Gaps	Steps to Address Gaps
Information Sharing	<p>There is a perception that partners cannot legally share reunification information (e.g. between hospitals and public health)</p> <p>There is not a clear understanding of which agency has ownership of patient tracking information and who it can be shared with</p>	<ul style="list-style-type: none"> <li>Establish plans/systems that detail information sharing workflow between partners in a reunification incident. Streamline processes to make information sharing between reunification partners as simple and quick as possible.</li> <li>Distribute reunification information with partners when possible. Share information necessary for reunification while ensuring victim privacy. Obtain input from legal subject matter expert as needed.</li> <li>Ensure that hospital staff understand the policies related to the release of victim names in a reunification incident. Provide training as necessary.</li> </ul>
	<p>Many jurisdictions are not operationally ready to handle the significant increase in communications demands for an incident that requires reunification</p> <p>Plans for public information are not established</p>	<ul style="list-style-type: none"> <li>Determine which agency has ownership of the incident for public information purposes.</li> <li>Provide reunification-specific training and resources to jurisdiction Public Information Officer (PIO). Include PIOs in exercises.</li> <li>Plan alternatives to 911 for public inquiries. Consider creating plans to establish an incident hotline.</li> <li>Identify or create a metro-level resource to act as the coordinating communication hub and call line for reunification incidents.</li> <li>Jurisdictions and/or agencies should create a Crises Emergency Response Communications plan (CERC)</li> </ul>

## Gaps

There is not a clear definition of what triggers an MCI in MNTrac (the MCI designation in MNTrac automatically allows a greater degree of access to patient tracking information for metro reunification partners)

There is a lack of consistency between MNTrac users (between hospitals and between east/west metro regions)

Many response partners are initially focused on saving lives and don't have the time and resources to prioritize reunification planning

## Steps to Address Gaps

- Clearly define what triggers an MCI designation in MNTrac.
- Establish best practices for the consistent use of MNTrac fields for patient tracking.
- Update guidance and train all necessary partners and staff in established MNTrac best practices. (RHRC is a potential training resource.)
- Establish a back-up to MNTrac for patient tracking.
- Test the use of MNTrac for patient tracking during exercises.



## Workshop Take-Aways

Overall, the tactical response to the scenario was strong but a plan for reunification was far less established. In the 0-2 hour range of the facilitated discussion, no agency mentioned reunification as an immediate planning need.

### Planning Challenges and Considerations

- There are currently few partners focused on reunification
- Schools are largely unprepared for reunification
- Many response partners are initially focused on saving lives and don't have the time and resources to prioritize reunification planning
- Some patient tracking information is regularly collected on scene for various reasons, but not for reunification purposes
- Names are not entered into MNTrac on a daily basis, but are expected to be entered in the event of a large-scale reunification incident
- Public health has not been instructed or trained to plan for notification and activation for mass casualty events but typically has been tapped to assist or lead reunification and response

### Moving Forward

- What is the best way to include all reunification partners in the planning process?
- How can reunification be prioritized among other vital responsibilities for response and planning partners?
- ***A Reunification Planning Toolkit*** was created so jurisdictions can assess their readiness. It will be distributed at the Metro Health & Medical Preparedness Coalition meeting on December 10, 2019.

### Next Steps

The workshop was designed to highlight what processes are working well in the metro area in reunification and patient tracking. In addition, the workshop wanted to identify gaps in the process and suggest areas of improvement. It is the intention of the planning team that sharing this document with stakeholders and partners at the Minnesota Department of Health and Minnesota Homeland Security and Emergency Management may further these reunification discussions, open up opportunities for funding (including establishing grant deliverables to work towards a better reunification and patient tracking process), and identify who can lead this effort in the Twin Cities metro area.





## Resources Available through Metro Health & Medical Preparedness Coalition

- MNTrac Patient Tracking Protocol for the Metropolitan Region
- Metro Region EMS Patient Tracking Flowchart
- Metro Region Medical Surge Annex
- Metro Health & Medical Preparedness Coalition Response Plan

## Terms/Acronyms List

The *Metro Health & Medical Preparedness Coalition* comprises hospitals, clinics, and long term care facilities; public health and emergency medical services; Homeland Security and Emergency Management, and emergency management agencies serving the seven-county Twin Cities metro area.

AAR	After Action Report
AFN	Access and Functional Needs
CDC	Centers for Disease Control and Prevention
COOP	Continuity of Operations
DMORT	Disaster Mortuary Operational Response Team
DOC	Department Operations Center
DPS	Minnesota Department of Public Safety
EM	Emergency Manager
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FAC	Family Assistance Center
FEMA	Federal Emergency Management Agency
FSE	Full-Scale Exercise
HAN	Health Alert Network
HAZMAT	Hazardous Materials
HHS	U.S. Department of Health & Human Services
HIPAA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
HSEM	Homeland Security and Emergency Management
IAP	Incident Action Plan

ICS	Incident Command System
IPAWS	Integrated Public Alert and Warning System
JAS	Job Action Sheet
JIC	Joint Information Center
LTC	Long-Term Care
MACC	Multi-Agency Coordination Center
MCI	Mass Casualty Incident
MDH	Minnesota Department of Health
MEMA	Metropolitan Emergency Managers Association
ME	Medical Examiner
MHC	Metropolitan Area Hospital Compact
MNTrac	Minnesota system for Tracking Resources, Alerts and Communication
MRC	Medical Reserve Corps
MRCC	Medical Resource Control Center
NIMS	National Incident Management System
PFA	Psychological First Aid
PHEC	Public Health Emergency Coordinators
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
PSAP	Public Safety Answering Point
RHPC	Regional Hospital Preparedness Coordinator
RHRC	Regional Hospital Resource Center
SAC	Senior Advisory Committee
TTX	Tabletop Exercise
VOAD	Voluntary Organization Active in Disaster
VOST	Virtual Operations Support Team

