



Community Protest: Protection and Response

Situation Manual

September 30, 2021

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

EXERCISE OVERVIEW

Exercise Name	Community Protest: Protection and Response
Exercise Dates	September 30, 2021, from 1300 to 1500
Scope	This exercise is a facilitated, functional, community-wide exercise. The exercise is planned for 2 hours and is to be conducted at the player's facility in collaboration with virtual scenario updates and injects from the RHRC. Players will include participation from the Metro Health and Medical Coalition members, local law enforcement and local fire department. Exercise play is limited to exercise participants. There will be no role players/actors during this exercise. Any staff or patient/client/resident movement will be simulated only.
Mission Area(s)	Protection, Mitigation, and Response
Core Capabilities	<ul style="list-style-type: none"> • HPP Capability 2: Health Care and Medical Response Coordination • HPP Capability 3: Continuity of Health Care Delivery
Objectives	<ol style="list-style-type: none"> 1. Utilize crisis communication and information sharing plans and platforms to provide critical information to employees, clients, patients, residents, families, and response partners (vendors, Law Enforcement, EMS, Fire, etc.) in a timely manner. 2. Examine business continuity plans and procedures leading up to, during, and following an escalating community protest event. 3. Identify processes and procedures for ensuring the health and safety of clients/residents and staff during an escalating community protest event.
Threat or Hazard	Community Protest: Building or resident access, staff safety, patient/resident/client safety, property protection, and potential facility evacuation or sheltering in place.
Scenario	Yesterday, the news reported a death of a civilian from an officer involved shooting. An organized protest in response to the shooting is scheduled to take place over the weekend, blocks from the player's facility/in their service area. There will be four stages to the exercise scenario as the event(s) escalates over time. Facilities will have to respond to multifaceted impacts to their facility, patients/residents/clients, staff, and vendors.

Exercise Name	Community Protest: Protection and Response
Sponsor	Metro Health and Medical Coalition/Regional Healthcare Preparedness Coordinator - Healthcare Preparedness Program (HPP) grant
Participating Organizations	<p>Participants will be from the public and private sector. Participating facilities include Long-term Care, Assisted Living, Home Care, Hospice, Clinics, Law Enforcement, Fire Department, and the Regional Hospital Preparedness Coordinators.</p> <ul style="list-style-type: none">• Anticipated total number of participating organizations: 275• Number of Regional Exercise Controller: 1• Number of Regional Exercise Director: 1
Point of Contact	<p>Venue/Regional Controller: Emily Moilanen, Metro Regional Healthcare Preparedness Coordinator, Emily.Moilanen@hcmcd.org</p> <p>Regional Exercise Director: Kris Kaus, Metro Regional Healthcare Preparedness Coordinator, kris.kaus@outlook.com</p>

GENERAL INFORMATION

Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by HPP grant and selected by the Exercise Planning Team.

Exercise Objectives	Core Capability
Utilize Information Sharing Procedures and Platforms	HPP Capability 2: Health Care and Medical Response Coordination
Plan for Continuity of Operations	HPP Capability 3: Continuity of Health Care Delivery
Maintain access to non-personnel resources during an emergency	HPP Capability 3: Continuity of Health Care Delivery
Protect client, staff, and responders' safety and health	HPP Capability 3: Continuity of Health Care Delivery
Plan for and coordinate healthcare shelter in place or evacuation and relocations	HPP Capability 3: Continuity of Health Care Delivery

Table 1. Exercise Objectives and Associated Core Capabilities

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players:** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Controllers:** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.

- **Observers:** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **Facilitators:** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.
- **Evaluators:** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.

Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in the following **four** modules:

- Module 1: Incident Notification – Officer Involved Shooting
- Module 2: The Protest
- Module 3: Protest Escalation
- Module 4: Curfew and Road Closures

Each module begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in functional actions and decision making of appropriate mitigation, protection, and response issues and response strategies. For this exercise, the functional groups are as follows:

- Law Enforcement
- Fire Department
- Healthcare Facilities/Services:
 - Long Term Care
 - Assisted Living
 - Home Health
 - Hospice
 - Clinics
- Regional Healthcare Resource Center/Regional Healthcare Preparedness Coordinator

Following each module, participants will be alerted to attend a virtual conference to obtain situation updates and other key messages from the lead exercise controller. After the exercise is completed, participants will be requested to attend a 30-minute Hot Wash discussion. The discussion will be moderated by the Exercise Director and facilities will present a brief synopsis of their group's actions and learnings based on the scenario.

Exercise Guidelines

- This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training and experience.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve mitigation, protection, and response efforts. Problem-solving efforts should be the focus.

Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- The timeline of events will be accelerated to allow for event escalation throughout the exercise. All players will respond accordingly.
- All players receive information at the same time.
- Exercise communication and coordination is limited to participating exercise organizations and venues.
- Participating agencies may need to balance exercise play with real-world emergencies. **Real-world emergencies take priority.**

Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete a participant feedback form upon completion of the exercise. These documents, coupled with site facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

MODULE 1: INCIDENT NOTIFICATION – OFFICER INVOLVED SHOOTING

Scenario

September 23, 2021 (Thursday): 11:00 am

Yesterday, the news reported a death of a civilian from an officer involved shooting. An organized protest is scheduled to take place over the weekend, blocks from your facility/in your service area. By all accounts it is expected to be a peaceful demonstration, but the event has caught the attention of some opposing groups on various online platforms, including opposing groups that have been known to incite or enact violence to further their own agendas.

This morning there has been a significant uptick in the number of individuals who have begun posting alarming comments about the protest online and on social media. Several of the posts call for individuals to rally on the day the protest is scheduled, to ‘counter’ the planned protest with several commenters stating they would show up armed.

Key Issues

- Gathering credible threat information.
- Receiving and disseminating accurate, timely, and vetted information.
- Communication mechanisms.

Questions

Based on the information provided, address the issues raised in Module 1. Identify critical issues, decisions, requirements, plan activations, or questions that should be addressed at this time.

The following questions are provided as suggested subjects to address. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Healthcare Facilities/Services

1. How does your organization expect to receive information of a possible or credible threat? How do you vet the information you receive?
2. What actions steps does your organization take when receiving a possible or confirmed incident notification?
3. Who is responsible for drafting, coordinating, and disseminating incident communications for your organization? How quickly can this be done?
4. What is the key message you want to communicate to your key stakeholders at this time?

5. How does your agency communicate with staff? Patients, residents/clients, resident's family?
6. How does your agency communicate and coordinate with other response partners?

Regional Healthcare Resource Center/Regional Healthcare Preparedness Coordinator

1. What is the key message you want to communicate?
2. What method of incident notification do you use?
3. Who is the message or alert sent to?

MODULE 2: THE PROTEST

Scenario

September 24, 2021 (Friday): 3:00 pm

Your facility is engaged in its usual daily operations. Local law enforcement is closely monitoring the protest and counter-protest. In the early afternoon, it was reported that the activity between the two groups is escalating. The exchange between the two groups begins as shouting and chanting matches, one group trying to top the other. After many minutes, and as tensions continue to rise, the two groups become physical with one another with open fighting taking place. Soon thereafter law enforcement deploys crowd control tactics such as tear gas and rubber bullets in an attempt to disperse the crowds.

Key Issues

- Communication strategy – what, when, to whom
- Staff and facility protection – physical and environmental (tear gas)
- Plan(s) activation

Based on the information provided, address the issues raised in Module 2. Identify critical issues, decisions, requirements, plan activations, or questions that should be addressed at this time.

The following questions are provided as suggested subjects to address. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Law Enforcement

1. Conduct a brief presentation outlining the actions of law enforcement up to this point.
2. How do you share critical information with community partners?
3. What support can healthcare facilities/services in the area expect from law enforcement now and as the event progresses?

Healthcare Facilities/Services

1. Has your response to the incident changed at this point?
2. What protocols are in place at your office/facility/service area to alert employees of an emergency? Has your message to employees changed at this point?
3. What is the message that is sent to clients/residents/patients, family members of residents?
4. What are your triggers for reaching out to your external partners to provide situational awareness or request resources?

Regional Healthcare Resource Center/Regional Healthcare Preparedness Coordinator

1. Has the message changed to the coalition?
2. How do you identify frequency of communications? Triggers?

MODULE 3: PROTEST ESCALATION

Scenario

September 24 (Friday), 2021: 5:00 pm

Law enforcement is continuing to deploy crowd dispersal techniques which has caused some of the crowd to scatter. There are reports of property damage including broken windows, small fires, and vandalism of buildings. A portion of the crowd has broken off and is moving away from the original location, marching, and chanting with law enforcement closely monitoring the group. It appears that the group will pass by your facility/through your service area. There are concerns about ongoing property destruction and use of tear gas and projectiles by law enforcement. The news is reporting property destruction and violence in other parts of the Metro.

Key Issues

- Staff safety
- Shelter in place processes
- Property preservation/fortification

Based on the information provided, address the issues raised in Module 3. Identify critical issues, decisions, requirements, plan activations, or questions that should be addressed at this time.

The following questions are provided as suggested subjects to address. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Fire Department

1. Conduct a brief presentation outlining the actions of the Fire Department up to this point.
2. How do you share critical information with community partners?
3. What support can healthcare facilities/services in the area expect from the Fire Department now and as the event progresses?

Healthcare Facilities/Services

1. Has your communication to staff/residents changed at this point? What key message or instructions are you relaying?
2. What steps would you take to protect the personnel and property?
3. What are the triggers to activate your Shelter in Place plan? Who can activate it?

4. How will you communicate with vendors/contractors who may be scheduled to visit your facility (DME providers, visiting physicians, medication deliveries, food vendors)?
5. How do you communicate with family members who are scheduled to visit a resident?
6. *Home Care/Hospice*: Do you communicate with the residents/facilities you serve in the area that are expecting a visit? If so how and to who? Do you coordinate the message with your facility?
7. Do you need to inventory your supplies and medications?
8. **(optional)** What is the trigger for your evacuation plan activation? Describe your plan.
9. **(optional)** What external partners need to be communicated with if you are going to need to evacuate (due to fire, utility outage, or damage to building)?
10. **(optional)** How will you transport your residents/clients to another facility if you need to evacuate?
11. **(optional)** How are you going to assess your resident's vulnerability to evacuation?

Regional Healthcare Resource Center/Regional Healthcare Preparedness Coordinator

1. Has the message changed to the coalition? What is the message we are sending?
2. Does the frequency of communication change?
3. Are you communicating with any external response partners?
4. Are you preparing for potential evacuations at this point?

MODULE 4: CURFEW AND ROAD CLOSURES

Scenario

September 24 (Friday), 2021: 7:00 pm

The crowds of protestors have moved past your building/out of service area and gathered at a shopping center parking lot a mile away. Law enforcement continues to monitor the situation with continuing reports of fights breaking out, property destruction, and vandalism. The Mayor has issued a curfew for the city and Law Enforcement has blocked some major roadways to discourage more protestors from entering the city. Social media indicates the protests will continue through the weekend.

Key Issues

- Staffing shortages
- Fear and distress of staff/residents/clients/family
- Escalating and prolonged event planning

Based on the information provided, address the issues raised in Module 4. Identify any critical issues, decisions, requirements, plan activations, or questions that should be addressed at this time.

The following questions are provided as suggested subjects to address. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Healthcare Facilities/Services

1. How will you communicate with staff about the road closures?
2. How will you respond to staff who do not want to report to work due to safety concerns?
3. What is your staffing plan to manage a potential staffing shortage due to staff not reporting to work due to concerns, fear, or joining the protest?
4. What supports will you offer staff/clients/residents who may be experiencing distress or fear related to the situation?
5. How will you address the activities over the weekend? Does your approach change?

Regional Healthcare Resource Center/Regional Healthcare Preparedness Coordinator

1. How are you managing 24/7 coverage of the RHRC?
2. How will you meet the need for resource requests from the healthcare facilities?
3. How are you ensuring you maintain situational awareness through the evening and night hours?

APPENDIX A: MASTER SCHEDULE OF EVENTS LIST (MSEL)

Note: Because this information is updated throughout the exercise planning process, appendices may be developed as a stand-alone document rather than part of the SitMan.

For this exercise, a stand-alone MSEL was developed and will be distributed to each facility's exercise controller prior to the exercise.

The illustration below is only an example of a portion of the MSEL used for this exercise.

Community Protest: Protection and Response MASTER SCENARIO EVENTS LIST (MSEL) September 30, 2021

The Master Scenario Events List is a chronological timeline of expected actions and scripted events to be injected into exercise play by facilitators/controllers to generate or prompt player activity. It ensures necessary events happen so that all exercise objectives can be met. This template should be utilized to track each of the individual events within the scenario and those expected actions of personnel and the learning points associated with those actions.					
No.	Timeline	Player(s)	Inject	Expected Outcome	Learning Points
0.	<i>Injects can be addressed during the given exercise timeframe.</i>	<i>Injects can be addressed during the given exercise timeframe.</i>	<i>Specific scenario events or messages within the scenario that prompt players to implement the plans, policies, and/or procedures that require testing during the exercise. It is not always necessary to follow an inject with questions, however, they can be useful to foster valuable dialogue or help reach expected outcomes.</i>	<i>Represents a desired response or actions to the questions or messages proposed during the delivery of injects. Expected outcomes should come directly from the plan being tested, as well as previous training staff may have received.</i>	<i>Pieces of information or actions that personnel will learn or take away from the proposed inject and associated expected outcomes. These learning points often represent key pieces of the emergency operations plan that personnel should understand, or be aware of.</i>
	August 26	RHRC/ Facilities	Exercise Basics Training	Discuss exercise definitions, structure, and processes for conducting an exercise.	Gain baseline knowledge and understanding for carrying out an exercise at your facility.
	September 23 & 24	RHRC/ Facilities	Controller/Evaluator (CE) Training	Review exercise roles and identify any remaining gaps in exercise plan.	Ready teams for exercise day.
	1300	Exercise Begins – September 30			
1.	1300	RHRC/ Facilities	RHRC sends email and MNTrac message to join Zoom call regarding planned protest.	Participants receive MNTrac alert and/or email notification.	Gained awareness of and access to critical notification processes.
2.	1305	RHRC/ Facilities	Hold Zoom call for introduction of scenario and further instruction. (Stage 1)	<ul style="list-style-type: none"> Players able to join the call and receive current event information (stage 1 of scenario). Next meeting time is set for 1330. 	Successful communication platform to disseminate critical information to key stakeholders.
3.	1310	Facilities	Assess your organization's process to gather and disseminate credible threat information in a timely manner.	<ul style="list-style-type: none"> Identify how your organization receives critical information and <u>vet</u>s information received. Identify how your organization disseminates vetted information to staff, residents, families, and response partners in a timely fashion. 	<ul style="list-style-type: none"> Identified a formal process for critical internal and external information flow. Identify who is responsible for coordinating communication within your organization and how.
4.	1325	RHRC/ Facilities	Hold Zoom call for scenario update and further instruction. (Stage 2)	<ul style="list-style-type: none"> Players able to join the call and receive current event information (stage 2 of scenario). Next meeting time is set for 1400. 	Successful communication platform to disseminate critical information and gain situational awareness of the region's status.

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Regional/State
Regional Healthcare Preparedness Coordinators/Regional Healthcare Resource Center
St. Louis Law Enforcement - Deputy Police Chief Bryan Kruelle
St. Louis Park Fire Department - Chief Steve Koering
Minnesota Department of Human Services
Minnesota Department Veterans Affairs
Long Term Care
Aicota Health Care Center
Andrew Residence
Auburn Homes and Services
Augustana Mercy Care Center LLC d/b/a Moose Lake Village
Benedictine Living of Regina
Benedictine New Brighton
Birchwood Care Home
Birchwood Health Care Center
Brookview a Villa Center
Bywood East Health Care
Carondelet Village
Cassia, Plymouth
Cassia Park View Care Center
Catholic Eldercare, Inc.
Cerenity Senior Care - Marian
Chapel View
Courage Kenny Rehabilitation Institute - TRP
Cuyuna Regional Medical Center
Ebenezer, Minneapolis
Eden Senior Care
Episcopal Homes
Essentia Health, Graceville
Folkestone- a Presbyterian Homes Community
Galtier a Villa Center
Good Samaritan Society Ambassador, New Hope
Good Samaritan Society Waconia
Harmony River Living Center- Presbyterian Homes and Services
Hastings Senior Health & Life
Haven Homes
Hayes Residence

Participating Organizations
Long Term Care continued...
Highland Chateau
Johanna Shores
Jones-Harrison
Lake Minnetonka Care Center
Lake Ridge Senior Health and Living
Lakeside Care Center in Dassel MN
Langton Shores
Little Sisters of the Poor
Martin Luther Campus/Ebenezer
Milaca Elim Home
Minneapolis Veterans Home
Minnesota Masonic Home
Monarch Healthcare Management, Excelsior/Minneapolis/St Paul
New Brighton A Villa Center
New Harmony Care Center
Norris Square
Northfield Hospital Long Term Care Center
Park Health, A Villa Center
Presbyterian Homes & Services, Bloomington/Brooklyn Center/Eden Prairie/Fridley/Oak Park Heights/Roseville/St Paul
Ramsey County Care Center
Redeemer Healthcare Center
Robbinsdale A Villa Center
Rose of Sharon a Villa Center
Sacred Heart Care Center, Inc.
Shakopee Friendship Manor
Shirley Chapman Sholom Home East
Sholom Home, St Louis Park
St. Anthony Health and Rehab
The Homestead of Anoka
The Lutheran Home
Villa at Richfield/Bryn Mawr/Crystal/Osseo/Lincolnwood/Roseville/St. Louis Park
VOA Maplewood Care Center
Woodbury Senior Living
Assisting Living
24 – Seven Home Care
Alcordia Care LLC
All Saints Senior Living

Participating Organizations
Assisting Living continued...
Ally Group Homes LLC
AMA Group Home
Amran Home Health Care LLC
Arbor Oaks Senior Living
Arms Home Health Care
Arthur's Senior Care, St Paul/Roseville
Auburn Courts and Auburn Meadows
Augustana Apts of Mpls
Augustana Regent at Burnsville
Autumn Glen Senior Living
Avinity/Presbyterian Homes
Belong Health Care
Birchwood Cottages
Bridges MN
Brookside Senior Living
Calm Home Health Care
Capital Home Healthcare
Carelink Healthcare Agency LLC
Careservices, LLC, Minneapolis/Maplewood
Cassia, Moose Lake, Minnetonka, Shakopee
Cedar Creek Senior Living
Center Light Care
Chandler Place Assisted Living
Chaska Heights Senior Living
Cokato Senior Care
Comfort Residence Assisted Living & Memory Care
Compassionate Hearts LLC
Copperfield Hill
Cornerstone Assisted Living
Croixdale
Ecumen Abiitan Mill City
Elder Homestead
EstheraCare, Brooklyn Park, St Michael
Evergreen Place
Fairway Pines Senior Living
First Mercy Homes
Founders Ridge
Gentle Haven

Participating Organizations
Assisting Living continued...
Goldstar Residential Services, Inc.
Good Samaritan Society
Hands at the Cross Care Home
Harrison Bay Senior Living
Hastings Senior Health & Living
Havenwood, Maple Grove/Minnetonka
Hayes Management
Hayes Residence
Heritage House LLC
Highland Chateau
IHLC of Eagan d.b.a The Commons on Marice
Inspire Care
Kingfisher Health LLC
Lake Ridge Assisted Living
Life Sprk, Farmington/Chaska
Life Sprk – Boulder Ponds Senior Living
Lifesprk Senior Living, St Louis Park
Long Lake Assisted Living
Medford Senior Care
Melkezedek Care LLC
Mercy Care Home LLC
Midwest Group Living
Milaca Elim Meadows Assisted Living
Mill City Senior Living
Minnehaha Senior Living
Najma Group Home
Noah Assisting Living
Oak Meadows
Okalee of Medina
Park Terrace
Parks Place Memory Care
Polar Ridge Senior Living
Pope Bucknell, LLC
Praha Village - Cassia
Presbyterian Homes and Services, Andover/Apple Valley/Bloomington/Burnsville/Inver Grove Heights/Minnetonka/Roseville/Spring Park/Prior Lake
Prosper Home Health
River Bend

Participating Organizations
Assisting Living continued...
Second Horizon Living
Seed Home Healthcare LLC
Sholom Roitenberg Family Assisted Living
Sholom Shaller East Bentson Family Assisted Living Facility
Stonecrest Living
Stoney River Assisted Living and Memory Care
Sugar Loaf Senior Living
Sunlight Services
SynergyCare LLC
Tealwood, Fairbault/Sherburn/North St Paul
Tealwood Senior Living
The Homestead at Anoka
The Lakes at Stillwater
The Landmark of Fridley
The Legacy of Morris/Delano/St Anthony
The Lutheran Home Association
The Pines Senior and Assisted Living
The Wellstead of Rogers
Vikings Home Health Care
Volunteers of America The Homestead at Maplewood
Walker Methodist, Burnsville/Minneapolis/Lakeville/Rush City
Walker Methodist Care Suites
Walker Methodist Levande
Walker Methodist Place
Walker Methodist Plaza
Walker Methodist Westwood Ridge
Walker Methodist-Eastwood Senior Living
Waters of Excelsior
Waters of Plymouth
Yorkshire of Edina Senior Living
Home Health/Hospice
Able Care Connect
Accra Home Health
Adara Home Health
Allina Home and Community Services, Minneapolis
Brighton Hospice
CareMate Home Health
Comfort Home Health

Participating Organizations
Home Health/Hospice continued...
Divine Healthcare Network
Grace Hospice
Guardian Angels Elim Home Care
HealthPartners Hospice, Bloomington
Hennepin Healthcare Hospice
Hiawatha HomeCare
Intrepid Hospice
Kindred at Home, Edina
Kindred Home Care, Roseville
Lakeview Homecare, Stillwater
Lakeview Homecare and Hospice, Oak Park Heights/Hudson
Lifesprk Home Health, St. Louis Park
Lores Consulting, LLC
Minnesota Hospice, Lakeville
Our Lady of Peace Home
Park Nicollet Home Care
Park Nicollet Methodist Hospice
Pediatric Home Service
Pillars Hospice House
Presbyterian Homes and Services, Roseville/Oakdale
Regency Home Healthcare
Ridgeview Home Health Services
River Valley Home Care Inc.
Sholom Community Alliance
St. Croix Hospice, Sartell/Oakdale
Group Home
ACR Homes
Henry Hagen Residence
Mt. Olivet Rolling Acres
The Phoenix Residence, Inc.
Clinics
Allina Health, Minneapolis
Davita Kidney Care, Eagan/St Paul/Stillwater
Davita, Burnsville/Cottage Grove/Maple Grove/Minneapolis/Robbinsdale/West St Paul/St Paul
Davita Dialysis, Arden Hills/Blaine/Hastings/Minneapolis/St. Louis Park/Wyoming
LifeSpk Health, Carver
Minnesota Eye Consultants
Northfield Hospital & Clinics

Participating Organizations	
Other	
Hennepin Healthcare – Burn Center	
Cassia, Edina	
Touchstone Mental Health	
Friendship Village of Bloomington	
Midwest Medical Services	
Minnesota Eye Consultants	
Minnesota Sex Offender Program, Moose Lake/St. Paul	

APPENDIX C: RELEVANT PLANS

Below is a list of plans that may be used during this exercise. This list is not a definitive list and healthcare facilities/services may activate or implement other plans as needed.

1. Emergency Operations Plan
2. Crisis Communication Plan
3. Crisis Staffing Plan
4. Vendor Contact List
5. Staff Contact List
6. Shelter in Place Procedure
7. Evacuation Procedure
8. Communication Templates
9. City Maps
10. Facility Maps

APPENDIX D: ACRONYMS

Acronym	Term
AL	Assisted Living
FD	Fire Department
HSEEP	Homeland Security Exercise Evaluation Program
LE	Law Enforcement
LTC	Long Term Care
MSEL	Master Scenario Events List
RHPC	Regional Healthcare Preparedness Coordinator
RHRC	Regional Healthcare Resource Center
SitMan	Situation Manual
SME	Subject Matter Expert