



Metro Health and Medical Preparedness Coalition: Health Care Support Framework

September 2021

A framework for integrated action among the health and medical systems of the Twin Cities Metropolitan Region before, during, and after major disasters

Metro Health and Medical Preparedness Coalition <http://www.metrohealthready.org/>

This document reflects ongoing work and refinement of area plans for emergency preparedness and disaster response. The document will be updated periodically to reflect continuous process improvement.

Table of Contents

VERIFICATION OF FRAMEWORK	4
Coordination.	4
Approval.....	4
Adoption.	4
Framework Maintenance.....	4
RECORD OF REVISION	5
RECORD OF DISTRIBUTION	7
BASIC OVERVIEW OF COALITION	8
PURPOSE	8
SCOPE.....	8
FRAMEWORK PURPOSE	8
BACKGROUND.....	9
DEFINITION OF A HEALTH CARE COALITION.....	9
COMPOSITION OF THE COALITION	9
CONTINUITY	10
FUNDING.....	11
PLANNING ASSUMPTIONS	11
LEGAL BASIS AND AUTHORITY	12
HEALTH CARE PREPAREDNESS CAPABILITIES.....	12
Capabilities Overview.....	13
Capability 1: Foundation for Health Care and Medical Readiness	13
Capability 2: Health Care and Medical Response Coordination	14
Capability 3: Continuity of Health Care Service Delivery	14
Capability 4: Medical Surge.....	14
APPROACH AND STRUCTURE	14
COALITION READINESS.....	14
GOVERNANCE	15
PROCEDURES.....	15
TRAINING AND EXERCISE	15
APPENDICES	17
I. Emergency Support Function (ESF) - Functional Annex (FA) Interface Chart Specific Hazard Overviews.....	17

II. Letters of Agreement / Memorandums of Understanding.....	17
III. Resources	17
REFERENCES.....	17
MN Emergency Operations Plan.....	17
Statewide EMS Plans.....	17
National Planning Frameworks.....	17
Statutes and Laws	17
Public Law	17
United States Code, Title 42, Public Health, Social Welfare and Civil Rights.....	17
Minnesota Statutes.....	18
FUNCTIONAL ANNEXES	19
Annex A. Indications, Alert and Warning.....	19
Annex B. Information Sharing & Communication.....	19
Annex C. Exercise & Training	19
ACKNOWLEDGEMENTS.....	20
Prepared By:.....	20
Senior Advisory Committee	20

Metro Health & Medical Preparedness Coalition Framework Verification

VERIFICATION OF FRAMEWORK

This framework, plans, policies, and procedures are developed by The Metro Health & Medical Preparedness Coalition. It is recommended this document is referenced in healthcare organizational and jurisdictional emergency operations plans.

Coordination

Before developing any revised or new framework, plan, policy, procedure, or amendment, the coalition Senior Advisory Committee (SAC) representatives will review framework and appendices amendments with their disciplines as appropriate. This is to ensure coalition continuity, minimize duplication of effort, and pursue best practices.

Approval

Following the coordination process, the draft for a framework plan, policy, procedure, or amendment will be submitted to the SAC for final *review*. The final draft for a framework, plan, policy, procedure, or proposed amendment will be presented to the Coalition Body for *approval*. This is to ensure that the framework, plan, policy, procedure, or amendment(s) comply with the overall coalition strategy and do not conflict with or replicate existing plans and implementation. The Coalition body may amend, further develop, or reject any draft of the framework, plan, policy, and procedure; and in that event, will contact the individual who made the proposal with an explanation.

Adoption

When the framework and annexes have been approved by the Coalition body, it will be adopted and implemented if the changes are minor or procedural. If the Coalition body recommends changes to the framework that are more than minor or procedural, the suggested changes will be XXYZZZ. Updated signatures for the Verification of Framework approval page will be requested on even number years.

Framework Maintenance

The framework will be reviewed annually by the senior advisory committee and the stakeholders listed within this document. The Metro Region Healthcare Preparedness Coordinator (RHPC) will provide a mechanism for the review. This review mechanism may include workgroups or comment period to provide a structure for comments on edits and changes since the last review, provide feedback on areas that may no longer be valid, or make observations of current planning gaps.

Coalition Chair, Date

Coalition Vice Chair, Date

RECORD OF REVISION

Page	Revision	Reason	Revised By	Date
Pages 8-9 Composition of the Coalition	Moved the order of the sentence and added statement about each discipline	To meet HPP grant guidance for the Preparedness Plan	Senior Advisory Committee	12/20/17
Page 9 Funding	Information about SAC members being volunteers and about funds being used to meet the work plan	To meet HPP grant guidance for the Preparedness Plan	Senior Advisory Committee	12/20/17
Page 10 Risks and Vulnerabilities	Added	To meet HPP grant guidance for the Preparedness Plan	Senior Advisory Committee	12/20/17
Page 17 Annexes	Added a footnote	To explain that the Annexes are being updated	Senior Advisory Committee	12/20/17
Page 9	Added Multi-Agency Coordination	SAC agreed that it belonged in Framework not Information Sharing	Senior Advisory Committee	March 2018
Page 10	Further defined Funding	To meet HPP grant guidance for the Preparedness Plan		March 2018
Page 11	Further defined Risk & Vulnerabilities	To clarify the HVA process		March 2018
Page 11	Added Gaps	The Gaps were identified as missing in the document		March 2018
Page 14	Added Maintenance & Sustainability	To meet the HPP grant guidance for the Preparedness Plan		March 2018
Page 9	Added more healthcare type agencies	Updated new members	Chair & Vice Chair	January 2020

Page 9	Changed “MACS” to multi-disciplinary coordinating group	Changed to term that better align with our work	Chair & Vice Chair	January 2020
Page 14	Removed the work “underdevelopment” from the By Laws statement	By laws are complete	Chair & Vice Chair	January 2020
Page 17	Added LTC Compact to List Update HVA link	LTC Compact is new HVA link was old	Chair & Vice Chair	January 2020
Page 4	Added clarity to the “Adoption” section	Outlined process for major changes	Chair & Vice Chair	September 2021
Page 8	Expanded disaster types	Defined a wider scope for response	Chair & Vice Chair	September 2021

RECORD OF DISTRIBUTION

Group	Agency/Department	Title of Recipient	Form of Distribution
Senior Advisory Committee	EMS, Public Health, Emergency Management, Healthcare	Members within their primary contacts	Email distribution in August 2018
Senior Advisory Committee	EMS, Public Health, Emergency Management, Healthcare	Members within their primary contacts	Email distribution 12/29/17 Posting on Web Site 12/29/17
Senior Advisory Committee	EMS, Public Health, Emergency Management, Healthcare	Members within their primary contacts	Email distribution 6/22/18 Posting on Web Site 6/22/18

BASIC OVERVIEW OF COALITION

Coalition partners recognize that there is a shared responsibility for the healthcare delivery system readiness that rests with healthcare entities, government agencies, private organizations, and Emergency Support Function 8 lead agencies.

The Metro Health & Medical Preparedness Coalition (hereafter referred to as the Coalition) aims to maintain a regional intersection between public health, emergency medical services, healthcare, emergency management, and public safety. The Coalition is a collaborative of seven counties and partners serving in and around the Minneapolis-St. Paul Twin Cities metro region. The goal of the Coalition is to ensure operational sustainability of healthcare services as well as coordinate healthcare, public health, EMS, and emergency management in integrated planning, response, and recovery activities critical to an effective response to an event or emergency with public health and medical implications in the metro area. Enhanced communication, coordination, and capacity within healthcare and medical systems support preparation, response, and recovery from major disasters. Disaster types include natural hazards, natural events, public health emergencies, biological events, mass casualty, industrial incidents, and terrorist attacks. Significant events that exceed the capability of this region may require additional resources, coordination of support, and additional continuity to assure public safety, health, and rapid recovery.

PURPOSE

The role of the Coalition is to communicate and facilitate more effective, efficient, and timely situational awareness as well as support the coordination of resources resulting in an overall improved response and recovery. The Coalition will support public health and medical response and recovery to include all hazard approach, but not limited to:

1. Provide regional coordination of planning, training, and exercising for metro health and medical entities;
2. Provide health and medical situational information to support a regionally coordinated response;
3. Facilitate health and medical resource sharing through multi-agency coordination;
4. Address the appropriate capability targets as defined by Emergency Management, Public Health, and Health care.

SCOPE

The Coalition will not replace or interfere with official command and control structure authorized by state and local emergency management. Within the parameters of statutory requirements and jurisdictional Emergency Operations Plans, and as outlined in operational support compacts, mutual aid agreements, memoranda of understanding, or other operational agreements or letters of intent.

FRAMEWORK PURPOSE

The Coalition framework describes the roles, responsibilities, key functions, structures, and processes to support the health and medical systems in the Twin Cities Metropolitan region. It is a guide to support regional public health, health care, EMS, and emergency management in working together on regional coordination of health and medical resource coordination and information sharing. It builds on the regional hospital and healthcare coordination work already done by the Hospital Compact and other

Hospital Preparedness Program (HPP) funding initiatives. The health and medical sectors are important parts of the whole community response to disaster. This Coalition framework will help to leverage all the assets and resources of the regional health and medical communities for a more effective and timely response.

This framework is limited to planning, response, recovery, and mitigation support. It aligns with the Minnesota Emergency Operations Plan (MEOP) and participating county and municipal emergency operations plans. It does not replace or interfere with organizational emergency operations plans or jurisdictional plans for official command and control authorized by state and local emergency management agencies.

BACKGROUND

The Coalition was formed in part to address the US Department of Health and Human Services requirements through the Healthcare Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) grants.

The development and refinement of health care coalitions was the primary focus for the 5year project period that began July 1, 2012.

- June of 2013 was the first planning meeting for the Metro Health & Medical Preparedness Coalition. At that point there was one representative from these disciplines represented: Local Public Health, EMS, Healthcare and Metropolitan Local Public Health Association (MLPHA). It was agreed to create a Steering Committee for the development of the Coalition.
- August of 2015 each discipline had signed a letter of agreement for the Metro Health & Medical Preparedness Coalition.
- January 2016 the Steering Committee invited the Northwest Health Care Resource Network to assist us with the development of the Coalition strategy.
- October 2016 the Steering Committee transitioned to a Senior Advisory Committee.
- November 2016 the Senior Advisory Committee met for the first time.
- On-going: The Senior Advisory Committee convenes through face-to-face meetings and calls at regular intervals to standardize and strengthen Coalition processes.

DEFINITION OF A HEALTHCARE COALITION

A Coalition is defined as a “collaborative network of healthcare organizations and their respective public and private sector response partners. . . . that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to health care organization disaster operations” (U.S. Department of Health and Human Services, 2012, p.56).

COMPOSITION OF THE COALITION

The Metro Health & Medical Preparedness Coalition is comprised of, but not limited to, hospitals, healthcare entities and skilled nursing facilities, local public health departments, Minnesota Department of Health, EMS agencies, University of Minnesota, and Emergency Management agencies throughout the Metro Region as defined by the participating disciplines.

The primary disciplines represented within the Coalition are:

- Healthcare (including Hospitals, Affiliated clinics, Independent Clinics, Long Term Care facilities, Home Care, Hospice, Assisted Living , and other CMS provider types)
- Public Health
- Emergency Medical Services
- Emergency Management

These primary disciplines each have a coordinating body that is comprised of their leaders and executives. All individuals are invited to attend the Coalition meetings.

MULTIAGENCY COORDINATION

During the response to an emergency, responders from many jurisdictions will participate in coordination efforts with their colleagues of their discipline. They convene periodically to brief each other on status of the response in their respective jurisdiction, and coordinate policy decisions.

A Metro multi-discipline coordinating group may be needed but not limited to:

- When resource requests exceed availability or scarce resources allocation decision making coordination is needed.
- When an emergency exceeds local agency or hospital capacities.
- When an emergency extends beyond two or more jurisdictions or institutions.
- When a national, state-wide, or region-wide emergency occurs, such as an viral pandemic.
- When a regional partner needs assistance from other regional entities.
- When multiagency coordination is needed to facilitate policy coordination.

There are 8 Minnesota Healthcare coalition regions across the state. The Twin Cities Metro region is defined as the following listed counties and include those cities, reservations, special jurisdictions, and other territories located within their boundaries.

- Anoka
- Carver
- Dakota
- Hennepin
- Ramsey
- Scott
- Washington

The Coalition recognizes the benefits to having a strong membership therefore the Coalition seeks to engage members and stakeholders. Various trainings, workshops, conferences, and exercises are offered to members and stakeholders in the Metro Region. The Coalition [web site](#) offers tools and resources to support and foster preparedness for our members and stakeholders. The Coalition partners with the Minnesota Hospital Association, a reputable agency that has a strong relationship with Senior Executives in the Metro Region. The Coalition also partners with Emergency Managers and Public Health to engage Community Leaders as needed.

CONTINUITY

As all Senior Advisory Committee members are acting as decision-making representatives on behalf of their respective disciplines for the purposes of Coalition initiatives, primary and alternate members were nominated by their respective disciplines to serve on the Senior Advisory Committee.

FUNDING

Each of the primary members of the Coalition receives Federal funding. Each of the primary members are encouraged to share budget information with SAC.

Currently the Coalition operates primarily on funds from the Healthcare Preparedness Program (HPP) which is funded by the U.S. Department of Human Services (HHS), Office of the Assistant Secretary for Preparedness and Recovery (ASPR) through Minnesota Department of Health. Funding is used to meet the program needs as designated through the HPP work plan with a focus to improve surge capacity and enhance community and hospital preparedness for public health emergencies. All Senior Advisory Committee members are volunteers and the RHPC's support the Senior Advisory Committee and the Coalition at large.

PLANNING ASSUMPTIONS

The following planning assumptions were used to develop this guidance.

- This guidance provides operational guidance for an all-hazards planning approach.
- All disasters should be managed at the local level when possible, supporting the whole community approach to preparedness and response.
- Planning should be flexible, scalable, and adaptable. This framework has been written for adoption by Coalition members for incidents of varying magnitude; as such, it remains flexible to support the unique geographic characteristics and membership within each region.
- The functional annexes provide more specific detail on technical operations during a variety of hazard-specific activations.
- Health and medical awareness, readiness, or response is required for most disasters.
- This document is a supplement to organizational emergency operations plans. Healthcare entities should engage in planning and evaluation activities and develop an Emergency Operations Plan that includes, at a minimum (Joint Commission Resources, 2012):
 - Implementation of an internal incident command system based on the principles of the National Incident Management System (NIMS) and/or Hospital Incident Command System (HICS)
 - Management of patients and provisions for care in an incident
 - Systems for communication during incidents
 - Management of resources and assets during disasters, including maintenance of regional disaster assets
 - Management of safety and security during incidents
 - Management of staff during an incident, including competency-based training
 - Management of volunteer licensed independent practitioners and other licensed, certified, or registered volunteers during an incident
 - Management of utilities during an incident
- Supporting coordination of resources with Coalition partners during a response should be managed through existing plans and agreements.
- Leveraging existing partnerships, resources, and agreements:
 - Minnesota Hospital Association
 - Leading Age
 - Care Providers

- Minnesota Volunteer Agencies Active in Disasters

RISKS AND VULNERABILITIES

The Hazard Vulnerability Assessment (HVA) is compiled from Local Public Health, Long Term Care agencies, and Hospitals in the Metro area. Each of the agencies or facilities send their HVA to the RHPCs and PHPCs to be compiled into an HVA summary for Healthcare and an HVA summary for Local Public Health. The combined summary of the HVA for Healthcare and Public Health is an addendum to this document. The mitigation of the risks and vulnerabilities identified in the HVA are addressed in the Annexes.

GAPS

The HVA identifies regional gaps in our preparedness planning and directs the Coalition to reduce the gap through Information Sharing annex, and the Training and Exercise annex. The Coalition Multi-Year Training and Exercise plan is an addendum to this document.

LEGAL BASIS AND AUTHORITY

The Metro Health & Medical Preparedness Coalition has no specific legal authority. Each entity represented has discipline specific authority and will integrate that authority to coordinate and leverage planning and response.

- MN State Statute Chapter 12 – Emergency Management
- Minnesota Local Public Health Act (MN Stt. 145 A) outlines the shared public health responsibilities of the state and local governments in Minnesota
- Metropolitan Hospital Compact agreement outlines voluntary regional coordination among the Hospitals & Affiliated Clinics in the Metro Region.
- Voluntary agreements among Regional EMS providers for regional coordination for EMS activities
- County and City ordinances

Currently, the following agreements are established to support regional coordination.

- Coalition Letter of Intent
- Hospital Compact Agreement
- LPH Mutual Aid Agreement
- Public Health Emergency Preparedness (PHEP) Cooperative Agreement
- EMS Mutual Aid Agreement
- Joint Powers Agreement for Metropolitan Region Homeland Security Emergency Management
- Existing Statues

HEALTH CARE PREPAREDNESS CAPABILITIES

The Assistance Secretary of Preparedness and Response (ASPR) identified 4 Healthcare Preparedness Capabilities as a basis for healthcare delivery systems readiness.

The Federal Emergency Management Agency (FEMA) has five mission areas: prevention, protection, mitigation, response, and recovery. The primary focus in this portion of the framework is to consider factors that influence a response capability. Healthcare facilities and their partners should consider several healthcare capabilities when determining support management actions.

The Center for Disease Control (CDC) identified 15 public health preparedness capabilities as the basis for state and local public health preparedness.

Capabilities Overview

Healthcare Preparedness Capabilities (HPP)	FEMA Core Capabilities	CDC Public Health Emergency Preparedness Capabilities (PHEP)
Foundation for Healthcare and Medical Readiness	Community Resilience	Community Preparedness
Healthcare and Medical Response Coordination	Economic Recovery	Community Recovery
Continuity of Healthcare Service Delivery		
Healthcare and Medical Response Coordination	Operational Coordination	Emergency Operations Coordination
	Public Information and Warning	Emergency Public Information and Warning
	Fatality Management Services	Fatality Management
Healthcare and Medical Response Coordination	Intelligence and Information Sharing	Information Sharing
	Mass Care Services	Mass Care
	Public Health, Health care and Emergency Medical Services	Medical Countermeasure Dispensing
	Public Health, Health care and Emergency Medical Services	Medical Material Management and distribution
Medical Surge*	Public Health, Health care and Emergency Medical Services	Medical Surge
	Public Health, Health care and Emergency Medical Services	Non-Pharmaceutical Interventions
	Environmental Response/Health and Safety	
		Volunteer Management

*Medical Surge is EMS Capability

The four Healthcare Preparedness and Response Capabilities are:

Capability 1: Foundation for Healthcare and Medical Readiness

Goal of Capability 1: The community’s healthcare organizations and other stakeholders—coordinated through a sustainable Coalition—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Capability 2: Healthcare and Medical Response Coordination

Goal of Capability 2: Healthcare organizations, the Coalition, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Capability 3: Continuity of Healthcare Service Delivery

Goal of Capability 3: Healthcare organizations, with support from the Coalition and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled healthcare infrastructure. Healthcare workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Capability 4: Medical Surge

Goal of Capability 4: Healthcare organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The Coalition, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the Coalition’s collective resources, the Coalition supports the healthcare delivery system’s transition to contingency and crisis surge response, and promotes a timely return to conventional standards of care as soon as possible.

APPROACH AND STRUCTURE

COALITION READINESS

The Coalition and overall healthcare system preparedness “is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions” (HHS, 2012, pg.1). Healthcare system preparedness is the range of deliberate, critical tasks and activities necessary to build, sustain, and improve the capability to protect against, respond to, and recover from incidents. Preparedness is a continuous evolving process.

The Coalition’s role in regional health and medical preparedness requires coordination, collaboration, and communication among healthcare, emergency management, public health, and emergency medical services.

The following actions establish the Coalition organization and structure.

- Acknowledge regional boundaries of the Coalition.
- Define Coalition membership criteria and Coalition roles and responsibilities.
- Develop an organizational structure to establish and sustain the Coalition.
- Conduct a regional healthcare capacities and capabilities assessment.
- Review the regional threat assessments relevant to ESF-8, Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE), and Hazardous Materials.
- Strategically integrate the Coalition into the healthcare delivery system processes to include engagement of jurisdictional partners, healthcare system delivery executives, and clinical leaders.

- Develop systems for multi-organizational and multi-agency communication and coordination during response.

GOVERNANCE

The Letter of Intent serves as the agreement to facilitate integrated planning, response, and recovery activities critical to an effective response to an event or emergency with public health and medical implications in the metro area. This letter was signed in 2015 by each discipline: the Hospital Compact Chair, the Metro Local Public Health Association Chair, The Metro Region HSEM Joint Powers Agreement Representative, and the MN Metropolitan Emergency Services Board Metro Region EMS System, Executive Director.

“We agree, within the parameters of statutory requirements and jurisdictional Emergency Operations Plans, and as outlined in operational support compacts, mutual aid agreements, memoranda of understanding or other operational agreements, the Coalition will support public health and medical response and recovery to include, but not limited to:

- Provide regional coordination of planning, training, and exercising for metro health and medical entities;
- Provide health and medical situational information to support a regionally coordinated response;
- Facilitate health and medical resource sharing through multi-agency coordination;
- Address the appropriate capability targets as defined by Emergency Management, Public Health and Healthcare. “

The Senior Advisory Committee is an appointed group of representatives from each discipline that guides the development and direction of the Coalition. The Health & Medical Preparedness Coalition Senior Advisory Committee Charter outlines procedural rules and Senior Advisory Committee member roles and responsibilities.

PROCEDURES

The Coalition bylaws establish an administrative structure for operations.

MAINTENANCE AND SUSTAINABILITY

The Coalition recognizes the benefit of coordinated efforts for planning and response in our region with coalition partners and will work to build relationships that can support the ongoing efforts of the Coalition framework.

TRAINING AND EXERCISE

Routine activities of the Coalition consist of regular meetings, trainings, and events that aim to address the following:

- Planning and coordination of health and medical services
- Identification of gaps and vulnerabilities in the regional health and medical systems
- Promoting best practices for pandemics (infectious disease outbreaks) and disaster operations
- Leveraging technology to advance regional capabilities.
- Providing expertise and education to achieve coalition goals.
- Learning lessons from actual and exercise events.

- Conducting Coalition training and exercises to ensure compliance with HPP exercise requirements and HSEEP fundamentals.

APPENDICES

I. Emergency Support Function (ESF) - Functional Annex (FA) Interface Chart Specific Hazard Overviews

II. Letters of Agreement / Memorandums of Understanding

- [EMS](#)
- [Emergency Managers JPA](#)
- [Local Public Health](#)
- [Metro Hospital Compact](#)
- [Long Term Care Compact](#)

III. Resources

- SAC Charter
- Coalition HVA
- Multi-Year Training and Exercise Plan
- Coalition Bylaws

REFERENCES

MN Emergency Operations Plan

Statewide EMS Plans

National Planning Frameworks

- National Prevention Framework
- National Mitigation Framework
- National Response Framework
- National Disaster Recovery Framework

Statutes and Laws

Public Law

PL920, Federal Civil Defense Act of 1950, as amended

PL93-288, Disaster Relief Act of 1974, as amended

PL99-499, Title III, Superfund Amendment & Reauthorization Act of 1986 (SARA Title III), as amended.

PL100-707, Robert T. Stafford Disaster Relief & Emergency Assistance Act, as amended.

PL106-390, Disaster Mitigation Act of 2000

PL107-296, Homeland Security Act of 2002

PL109-295, Post-Katrina Emergency Management Reform Act of 2006

PL109-308, Pets Evacuation and Transportation Standards Act of 2006

PL109-417, Pandemic and All-Hazards Preparedness Act of 2006

PL113-5, Pandemic and All-Hazards Preparedness Reauthorization Act of 2013

United States Code, Title 42, Public Health, Social Welfare and Civil Rights

Chapter 68, Disaster Relief

Chapter 116, Emergency Planning & Community Right-to-Know Act

Minnesota Statutes

Chapter 12, Emergency Management

Chapter 144, Public Health Emergency

Chapter 229A, Minnesota Hazardous Materials Incident Response Act

Chapter 299F, Community Emergency Response to Hazardous Substances

Chapter 299J, Pipeline Safety

Chapter 299K, Hazardous Chemical Emergency Planning and Response

FUNCTIONAL ANNEXES ¹

Annex A. Indications, Alert and Warning (under development)

Annex B. [Information Sharing & Communication](#)

Annex C. Exercise & Training (under development)

¹ The Metro Health & Medical Preparedness Coalition Annexes are being revised at this time.

ACKNOWLEDGEMENTS

Prepared By:

The Metro Health & Medical Preparedness Coalition gratefully acknowledges and thanks the following subject matter experts for providing their expertise to the development and review of this Framework:

Senior Advisory Committee

Metro Health and Medical Preparedness Coalition <http://www.metrohealthready.org/>