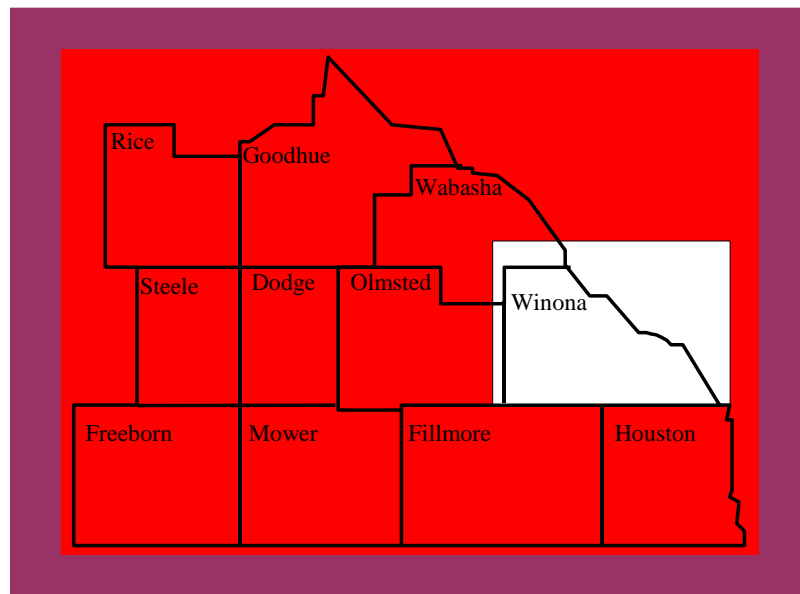




Winona County, Minnesota

PUBLIC HEALTH EMERGENCY RESPONSE PLAN



STRATEGIC NATIONAL STOCKPILE

Developed by:
Winona County Community Health Services

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**PUBLIC HEALTH EMERGENCY
RESPONSE PLAN**

(06/22/2010)

**Developed by:
Winona County Community Health Services**

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Winona County CHB PLAN APPROVAL

This plan was developed by Winona County Community Health Services with consultation by the Winona County Community Health Advisory Committee and the Winona County Emergency Coordinating Council.

The CHS Administrator was asked to approve this working draft of the plan on behalf of their Community Health Board and the CHB has approved the final plan as first submitted to MDH in 2004. The revised plan will be submitted to the CHB, pending MDH review.

Community Health Board

Winona

Date of Approval

June 24, 2004

GLOSSARY OF ACRONYMS USED IN THIS PLAN

CDC	Centers for Disease Control and Prevention	MDH	Minnesota Department of Health
CHS	Community Health Services	MN	Minnesota
DN	Distribution Node	NOAA	National Oceanic and Atmospheric Administration
ECHO	Emergency and Community Health Outreach	OEP	Office of Emergency Preparedness
EMS	Emergency Medical Services	PHN	Public Health Nurse
EOC	Emergency Operations Center	PHP	Public Health Preparedness
FRP	Federal Response Plan	PIO	Public Information Officer
HAM	Amateur (ham) Radio	RCC	Regional Coordination Center
HAN	Health Alert Network	RSS	Receiving Staging Storage
HRSA	Health Resource Services Administration	SDO	State Duty Officer
HSEM	Division of Homeland Security and Emergency Management	SNS	Strategic National Stockpile
ICS	Incident Command System	SE MN	Southeast Minnesota
IT	Information Technology	TARU	Technical Assistance Response Unit
LPH	Local Public Health		
MAC	Multi-Agency Coordination	VMI	Vendor Managed Inventory
MDS	Mass Dispensing Site		

PART 1: INTRODUCTION

Background

The Centers for Disease Control’s (CDC) Strategic National Stockpile (SNS) program was developed in 1999 to assist states and communities in response to public health emergencies and those resulting from a terrorist attack. The SNS program ensures the availability of medications, antidotes, medical supplies, and medical equipment necessary to counter the effects of biological pathogens, chemical, and nerve agents. The SNS program stands ready for deployment and will arrive within 12 hours to any location across the nation to augment local medical resources. In the event of an ill-defined threat in the early hours of a public health emergency, SNS can provide a broad spectrum of support known as a 12-hour “push package.” The 12-hour push package contains 50 tons of medical material and will arrive in seven or eight tractor-trailers to Minnesota’s predetermined Receipt, Storage, and Staging (RSS) site(s). When a specific threat agent is known or additional supplies are needed to supplement the 12-hour push package, Vendor Managed Inventory (VMI) will be shipped directly to specified sites. VMI consist of larger quantities of items contained in the 12-hour push package. The 12-hour push package is accompanied by a six-twelve member Technical Assistance Response Unit (TARU) to help the states and communities manage the SNS material.

Purpose

The purpose of this plan is to enumerate state/local responsibilities with regard to receipt, storage, and dispensing the SNS. This document provides guidance to Winona County.

About Winona County

Winona County (pop. 49,985) is made up of nineteen townships and twelve cities. Following is a list of the cities and their populations (from the 2000 US Census, Minnesota Department of Administration):

<u>Community</u>	<u>Population</u>
Altura	417
Dakota	329
Elba	214
Goodview	3,373
Lewiston	1,484
Minneiska	116
Minnesota City	235
Rollingstone	697
St.Charles	3,295
Stockton	682
Utica	230
Winona	27,069
Rural Townships	11,844

According to the U.S. Census Bureau, Winona County has a total area of 642 square miles. Water makes up 2.38% of the area (15 sq. mi.) and 1,622 sq. mi. is land. The Mississippi River makes the eastern border of the county (between Minnesota and Wisconsin) and the Whitewater River cuts through the northern portion of the county.

A map of the Winona County can be found in Appendix A-1. Winona County borders Wisconsin to the east and the Minnesota counties of Houston, Fillmore, Olmsted and Wabasha (see map Appendix A-2). The county is intersected by two US Highways (61 and 14), one interstate highway (I-90) and Minnesota Highways 43, 74, 76, and 248. Several rail lines also pass through the county.

Concept of Operations

If a major natural disaster, terrorist attack using weapons of mass destruction (chemical, biological, blast), or a technological accident occurs; state and local jurisdictions will rapidly deplete any supplies of pharmaceuticals and other medical supplies. The SNS 12-hour push package can be deployed to assist the community in the preservation of life.

The decision to deploy the push package will be a collaborative effort between local, state, and federal officials. It will start at the local level when officials identify a potential or actual problem that they believe will threaten the health of their communities. Local officials will contact the Minnesota Department of Health (MDH), Office of Emergency Preparedness (OEP), which will notify the Governor if the problem is serious enough to require resources beyond state/local capability. If the governor supports that conclusion, he/she will formally request the SNS directly from the CDC, or include the request as part of the formal request for federal assistance through the national emergency response system. The CDC director will quickly evaluate the request and if concurs that local resources will be insufficient; he/she will deploy the SNS 12-hour push package to the state's designated receiving, staging and storage (RSS) facility.

Responsibilities

The MDH will be responsible for receiving, staging, and storing (RSS) the SNS material. This will include:

- Selection of locations for the RSS warehouse;
- Providing security for the RSS warehouse;
- Providing needed resources and services for SNS-Technical Advisory Response Unit;
- Accepting custody of SNS material by the state from CDC;
- Storing SNS material in the RSS warehouse;
- Managing controlled substances at RSS warehouse;
- Maintaining an inventory management system at RSS warehouse;
- Repackaging SNS materials to distribute to Regional Distribution Nodes (DN);
- Staging SNS material for delivery to DNs;
- Transport of requested materials to a designated site for each DN;
- Working with SE MN to recover unused SNS materials and assets;
- Conducting tabletop and operational exercises.

Winona County will be responsible for:

- Receiving and compiling requests for SNS materials from local entities;
- Submitting requests for SNS materials to the state RSS;
- Receiving requested SNS inventory at a Winona County designated site(s);
- Repackaging SNS materials for delivery to the Winona County mass dispensing sites (including hospitals, shelters, correctional facilities);
- Transportation of SNS materials from the regional distribution nodes (DN) to dispensing sites and hospitals;
- Security of SNS materials from Winona County DN to mass dispensing sites;
- Selecting mass dispensing sites (MDS);
- Managing controlled substances delivered to DN;
- Maintaining an inventory management system;
- Sending unused SNS materials and assets back to state RSS warehouse;

- Activating a Regional Coordination Center as necessary (discussions are continuing on how the RCC will be established and function in Winona County if needed);
- Conducting tabletop and operational exercises.

Local jurisdictions will be responsible for:

- Maintaining essential local public health services as identified by the county;
- Managing and assuring the staffing of the mass dispensing sites;
- Determining which personnel will be essential to the public health emergency response, i.e., public health, first responders, government officials, health care representatives and local volunteers;
- Establishing an incident management system to include defining roles and responsibilities;
- Establishing procedures for managing controlled substances;
- Assisting in the selection of mass dispensing sites;
- Establishing protocols at the MDS to direct symptomatic individuals to appropriate medical resources for treatment;
- Establishing security to provide protection to SNS assets and personnel and handle traffic and crowd control issues;
- Maintaining communications with the DN, RCC, law enforcement, and transportation functions;
- Conducting tabletop and operational exercises.

PART 2: ACTIVATION AND NOTIFICATION OF WINONA COUNTY AND THE REGION

Justification for Requesting SNS Assets

There are a number of events that could justify the need to request SNS assets. Table 1 lists the types of health events and resource issues that would justify a state request. If health officials in any state, regional, or local jurisdiction suspect or identify a possible problem, such as those listed below, this would justify initiation of the requesting process. Evidence of a credible biological or chemical threat to the region may also be reason to initiate an SNS request.

Table 1. Justification for Requesting the Strategic National Stockpile*

Claim of release by intelligence or law enforcement
Overt release of a chemical or biological agent
Indication from intelligence or law enforcement of a likely attack
Clinical or epidemiological indications
Large number of ill persons with similar disease or syndrome
Large number of unexplained disease, syndrome, or deaths
Unusual illness in a population
Higher than normal morbidity and mortality from a common disease or syndrome
Failure of a common disease to respond to usual therapy
Single case of disease from an uncommon agent
Multiple unusual or unexplained disease entities in the same patient
Disease with unusual geographic or seasonal distribution
Multiple atypical presentations of disease agents
Similar genetic type in agents isolated from temporally or spatially distinct sources
Unusual, genetically engineered, or antiquated strain of the agent
Endemic disease or unexplained increase in incidence
Simultaneous clusters of similar illness in non-contiguous areas
Atypical aerosol, food, water transmission
3 people presenting the same symptoms near the same time
Deaths or illness among animals that precedes or accompanies human death
Illnesses in people not exposed to common ventilation systems
Laboratory results
Unexplainable increase in emergency medical service requests
Unexplained increase in antibiotic prescriptions or over-the-counter medication use
Incident projected to outstrip resources

* This table was developed by CDC and has not been modified. Any suspicious situation (e.g. any chemical, biological, radiological, nuclear, explosive, or natural event) that may constitute the threat of a public health emergency should be forwarded to the appropriate contacts.

Process for Requesting SNS Assets

Requests for the SNS may follow a pattern similar to other emergencies: identification on the local level, notification of appropriate state agency, and consultation with the appropriate agencies. Additionally, there are a number of different ways an incident could be identified at the local level, i.e., at hospitals, medical clinics or by physicians, through lab diagnoses or examinations. For this reason, it is important that the Winona County have a sound system in place for requesting the SNS and implementing notification and activation of this plan.

If a possible threat or incident occurs, Winona County Community Health Services, Winona Health (Community Memorial Hospital and Winona Clinic), Family Medicine of Winona, or other entity will contact the MDH and/or the State Duty Officer. MDH will contact the Winona County CHS if one of the other entities has not already done so. Conversely, if Winona County CHS is made aware of a possible incident, they will contact MDH.

This contact should be made to one of the following:

- For a biological threat or disease outbreak, call the Minnesota Department of Health 24/7 Epidemiology Hotline (612-676-5414 or 1-877-676-5414).
- If unavailable, call the Minnesota State Duty Officer (651-649-5451 or 1-800-422-0798).
- For a chemical or radiological disaster or event, call the Minnesota State Duty Officer (651-649-5451 or 1-800-422-0798) and the Poison Control Center (800-222-1222).
- In all situations, request the State Duty Officer inform MDH.

In all cases, the request/notification from a local jurisdiction will initiate the MDH notification and activation system. This will include the issuance of a Health Alert to all public health agencies. If the event is expected to significantly impact hospitals, they may receive a Health Alert directly from MDH.

Regardless of how the request is made, the decision to activate the SNS will go to the Minnesota Commissioner of Health (or designee), then to the Governor of Minnesota, who in turn contacts the CDC. The Director of CDC will consult with the MDH and then with other federal officials at the Department of Homeland Security and the Department of Health and Human Services. The CDC does not have to wait for the president to activate the Federal Response Plan (FRP) to deploy the SNS. Additional state and federal resources may also be requested, as the scope and scale of the incident becomes better identified.

In the event of a national or international disease outbreak or terrorist event, the federal government may initiate the implementation of SNS plans. In this situation, the regional SNS plan will be activated.

Alerting and Notifying Winona County

It is expected that once the SNS request has been made by Minnesota, the Health Alert Network (HAN) will be used to convey certain relevant and timely communication and information statewide. Other systems (in addition to and redundant to the HAN) will be identified for emergency communications within Winona County's public health agency. The Winona County HAN and redundant systems will be tested routinely.

Once the SNS request has been made and the MDH PHP Consultant has been notified, the Notification and Activation Plan will be initiated. Winona County will continue to develop and refine a SNS notification and activation process. At a minimum, this process will assure:

- An expedited communication process for rapidly informing local and state officials of an actual or potential health emergency.
- A local Health Alert System and testing protocol (following MDH HAN standards)
- Process for activating the MDH Health Alert Network System
- Key contact lists for SNS Activation, (includes regional, county and city public health, emergency management, hospitals, clinics).
- A system for contacting the Regional DN Site Managers and the Regional Mass Dispensing Site (MDS) Managers.
- Procedures for the DN and MDS managers to begin assembling the staff for each site.
- Notification of all LPH Directors/CHS Administrators to initiate set-up for prophylaxis and communication with essential personnel.
- Three deep redundancies of communication systems, with testing protocols.

The MDH PHP Consultant, Distribution Node and MDS Site Managers, county public health and emergency operations staff will maintain telephone, cellular phone, satellite, pager, and email information for individuals and organizations that will be utilized when the SNS is deployed. This will include:

- State and County EOCs
- Regional Hospital Resource Center and Coordinators
- Hospitals and health care organizations – ICS station
- Emergency Medical Services (EMS)
- Key cross-state border contacts
- Other key partners as identified

A comprehensive list for Winona County Community Health Services Emergency Contact Lists, including the Southeast Minnesota BT and Emergency Preparedness Public Health Contact List and the Southeast Minnesota Hospital Contact List can be found in Appendix B.

PART 3: REGIONAL COORDINATION

Southeast Minnesota Regional Coordinating Center

Depending on the size, extent, and geographical location of the public health emergency, it may be necessary to establish a Regional Coordination Center (RCC) to provide support in a coordinated way to the Southeast region. Regional coordination may be especially important in major emergencies where resources are stretched at all levels of government and across wide geographical areas (like pandemic flu or multiple terrorism events). This type of scenario will further emphasize the need for very close coordination of scarce public and private health resources across multiple jurisdictions. The primary functions of the RCC may include:

- Coordination of communication among the MDH Emergency Coordination Center, local public health agencies, local Emergency Operations Centers (EOCs).
- Coordination of SNS activities (including regional Cache) within the region and between regions.
- Coordination of patient care (including EMS) within the region and between regions.
- Coordination of workforce within the region and between regions.

The SE MN region has significant work to do to more clearly define the role and functions of the RCC. To assist with this planning, the region has established a RCC design team. This team will begin meeting in the near future and includes members representing county public health and emergency management, state public health, emergency management and emergency medical services, the regional hospital resource center and local hospitals. A proposed list of design team members can be found in Appendix C.

The RCC Design Team is addressing the following issues:

- What is the role of the RCC and each county's EOC?
- How will communication be coordinated between the county EOC and the State Emergency Operations Center (SEOC)?
- Which agencies will be represented at the RCC?
- Under which scenarios and at what threshold/trigger points will the RCC be activated?
- Will the RCC have a specified location?
- What decisions will be made at the RCC vs. county EOC vs. MDH Emergency Coordination Center vs. State EOC?
- How will the RCC function during an emergency?
- What communications will the RCC need to have in place?

Due to the numerous questions that remain regarding the RCC, the plan will be updated as this issue is clarified. In addition, the design team will forward suggestions for guidance and support needed from the state regarding the development and refinement of the Southeast Regional Coordination Center.

PART 4: RECEIVING THE SNS ASSETS REGIONALLY

Regional Pharmaceutical Cache

The Southeast region has secured a regional pharmaceutical cache to protect the essential personnel/frontline workers and household members before the SNS arrives. Some hospitals in the region have stockpiled medications within their facilities to assure protection of their staff (Appendix X : Pharmaceutical Cache Plan)

The region will continue to address the following questions in planning for the regional cache:

- Who can access the cache?
- How is the cache activated?
- How will the cache be transported?
- What is contained in the cache?

Distribution Nodes (DN)

One distribution node will be activated in the Southeast region in the event the SNS is deployed. A back up node has also been identified for the SE region. The SE distribution nodes are within approximately 1 hour from all eleven counties in the SE region.

Locations

1. Primary Node Site
Mayo Civic Center Warehouse- Olmsted County
30 Civic Center Drive SE, Rochester, MN 55904
See Appendix D for Floor Plans of the site

2. Secondary Node Site
Graham Arena North-Olmsted County Fairgrounds
200 16th Street SE, Rochester, MN 55904
See Appendix D for Floor Plans of the site

Functions

During an emergency necessitating the SNS, the Distribution Node (DN) will be activated. The DN will be in direct communication with its supporting RSS and coordinate its activity with the RCC. The DN will be responsible for coordinating SNS requests from counties within the region and the delivery of SNS assets back to the counties and/or hospitals/treatment sites. Activation of the DN will be at the direction of the MDH in coordination with the RCC.

Operations

Seven staff will be assigned to the distribution node; six staff from the SE region and one from MDH. The SE region is awaiting job action sheets that will be used as a guidance to further develop the operational plans for the DN sites.

Transportation of Material

In the event the SNS is activated due to a major public health or other emergency, there will be several needs for security and transportation. The Transportation and Security subgroup conducted an assessment to identify the security and transportation resources needed for worse case scenario – vaccinating (or distributing antibiotics) to the entire population of the region in 5 days (operating 24 hrs/day using 2-12 hour shifts). The results of this assessment can be found in Appendix E.

The DN will be in direct communication with its supporting RSS and coordinate its activity with the RCC. The DN will be responsible for coordinating SNS requests from counties within the region and the delivery of SNS assets back to the counties and/or hospitals. Activation of the DN will be at the direction of the MDH in coordination with the RCC.

The region has discussed the depot concept, where local public health (or a pre-identified organization) would pick up supplies for identified special populations and work at a county level to provide training and education for facilities to administer their own SNS assets to the staff and clients. This is a work in progress.

Discussions are currently taking place to identify who will pick up the supplies for the hospitals and how they will be distributed in the facilities. The larger hospitals in the SE region have discussed administering the SNS assets to an identified number of their staff and then routing the remainder of their staff to the MDS clinics. These institutions are also discussing how they could assist with staffing the MDS clinics. Planning for this is under development.

As planning for transportation and security needs moves forward, the following assumptions will be considered:

- Winona County should establish “park and ride” parking lots for the public to be bussed to the mass dispensing site(s) – reducing the concerns with traffic and other issues at the mass dispensing site(s).
- The bus ride would be a good opportunity for the MDS forms (and possibly education) to be completed.
- Winona County has identified the transportation system to get the supplies from the node .

The final outcome of this transportation matrix will be regional and local maps of transportation routes/distances, parking lots, MDS locations, etc.

Security of Material and Sites

Security will be provided at the DN and mass dispensing sites. Planning for security includes use of local police, county sheriff, State Patrol, DNR Conservation Officers, Private Security, and National Guard. Security needs for the SNS are being coordinated with the county sheriff and/or local law enforcement agencies. As noted above, a transportation resource assessment was conducted (see Appendix E).

PART 5: MASS DISPENSING

Public Health Mass Dispensing Sites

Winona County identified sites for mass dispensing using population density maps, local public health staff knowledge and experiences, resources from CDC and MDH, and the Cornell Weill computer staffing model for mass clinics. Each MDS will be under the direction of local public health with help from other supporting agencies.

Winona County has identified potential secondary sites for mass dispensing. The location and contact information for secondary MDH sites is located in Appendix G. The secondary sites will be used in the event a primary site cannot be used. Discussions are taking place to determine when and how to use the secondary sites and criteria to determine order of reassignment.

Each MDS clinic site will use the Metro Mass Dispensing Incident Command Structure Organization Chart (see Appendix H) as a guide to assign staff from each local health department to the mass dispensing sites. This will assist the local health department to identify their capacity to staff specific MDS functions and identify staffing gaps. Refer to Appendix H for specific information on clinic coverage and throughput information.

Refer to Appendix I for Proposed Staging of MDH and Regional MDS Flowchart. It is recommended that each mass dispensing site use this as guidance for making decisions at the regional clinics. Each MDS will develop a plan to distribute SNS assets to at least 700-800 persons/hour.

Winona County will consider the following issues as it proceeds with planning:

- Clinic flow coverage at MDS;
- Impact of 5-10% of the population from the county being essential personnel;
- Possible shifting parts of county populations to a nearby clinic not in the specific county where they reside; and
- Using the last name of the head of household starting to determine how the people will present to the clinic.

Each mass dispensing site will maintain its own operation plan that will be included in Appendix J – Operational Plans for Primary Mass Dispensing Sites and on the MDH Workspace. Currently, Appendix J includes forms that each mass dispensing site will be using for guidance in developing the operations of the clinics. This includes templates for a Personnel Resource List and Public Health Emergency Supply List. As work is completed in this area it will be updated in the plan.

Appendix J-1 Winona County MDS*

* Floor plans available.

Essential Personnel / Frontline Workers

Winona County has identified essential personnel in the following disciplines:

- Fire Service
- Law Enforcement
- Hazardous Material
- Emergency Medical Services
- Emergency Management
- Government Administrative
- Transportation and Public Works
- Public Safety Communication
- Health Care
- Public Health
- SNS team members and volunteers who support SNS functions
- Household members of essential personnel/frontline workers

Each local public health agency, with the help of emergency management, will maintain a list of essential personnel/frontline workers in the event the SNS is deployed. These essential personnel (and their households) will receive vaccination or medication before the general population. Winona County multiplied by 2.5 for each essential worker to determine number of vaccinations or medications that would be needed to cover their household members.

Table 2 provides a summary of essential personnel/frontline workers for each county. It should be noted that this information does not provide a comprehensive overview of the region's essential personnel due to inconsistencies in reporting of this information. While the currently available information on essential personnel in each county is included in Appendix K, the region will continue to more clearly enumerate essential personnel/frontline workers in a consistent format. These refinements will be included in updates to the plan.

Table 2. Summary of Essential for Winona County

Entity	Essential Personnel*	Notes
Winona County	1779	
Total for all Winona County	1779	

* These estimates include essential personnel only; the totals do not reflect household members.

Prioritization of Essential Personnel

Notification, prioritization, and training of the essential personnel will be critical piece of the regional plan. Procedures will need to be established to ensure annual updates of the essential personnel lists are completed. Guidance for the prioritization of essential personnel will be developed by the MDH. The SE regional plan will be refined based on this guidance.

Hospital Treatment Sites

Hospitals may be among the first to identify a public health emergency. It is their responsibility to contact the MDH, local public health and emergency management so plans can be activated.

Winona Health (Community Memorial Hospital), the only hospital in Winona County, will be responsible for providing local public health with 24/7 contact name and contact information, the number of hospital personnel and their household members that will need to receive SNS assets, and the location of the hospital dispensing site. They must also indicate if they are able to dispense to this population themselves or if they will need assistance.

Winona Health is responsible for developing their own dispensing plans in coordination with local public health, including notification, safety, security and communications. Hospitals are encouraged to work together whenever possible to expedite their efforts. Refer to Appendix B for the Southeast Minnesota Hospital Contact List.

Other Treatment Sites

Plans to identify and establish treatment sites are under development. Winona County CHS, Winona Health, American Red Cross, Winona County Emergency Management and others will work on this section.

Clinics

The medical clinics in Winona County first met in May of 2004 to discuss treatment needs and have continued to meet in various capacities. Winona County CHS and Emergency Management have continued to provide support and resources as needed to the medical clinics and hospital to assist with the development of protocols and systems to help the medical community better prepare for emergency preparedness responses in their geographic locations.

Special Needs Populations

It is vital that the populations within Winona County with special needs have access to prophylactic medicines in a timely and efficient manner. Special populations include: immobile patients, residents of retirement communities and nursing homes, inmates in correctional institutions, persons living in group facilities, patients in hospitals, homebound persons, the homeless, and non-English speaking residents.

Winona County has established a set of *guiding principles* for developing plans to vaccinate or provide prophylaxis to special populations:

- Winona County CHS will be responsible for developing a plan to dispense SNS assets to their special populations.
- Winona County CHS may consider assigning a lower priority for immunizing those individuals who live in institutions or who are homebound depending on the level of risk for those populations.
- Winona County CHS will be requesting enough vaccine for their essential employees and for their estimated special population.
- Winona County CHS will work directly with the nursing homes, assisted living centers, board and lodge facilities and other residential facilities to finalize a plan for immunizing their residents (i.e., giving vaccine directly to nursing facilities, assigning a “vaccine team” to go to other facilities).

Winona County CHS is also considering the following to help identify and address the needs of the homebound:

- Develop a registry of known homebound residents.
- Set-up a hotline for homebound residents to notify Winona County CHS about their homebound status.

As details of the Winona County SNS plan are refined, the plan for the protection of special populations will be incorporated into the county plan. These plans will have the flexibility to accommodate multiple public health emergencies and address the unique aspects of the event.

Winona County has conducted an assessment of the special needs populations. Following is a summary of this assessment. A more detailed breakdown of special needs populations can be found in Appendix L.

Table 3: Winona County Special Needs Populations*

Estimated Total Special Needs Pop.**	Estimated Staff Serving Populations	Total Special Needs Pop. and Staff	Primary Priority Needs	Primary Implementation Strategies
20,429	4608	25,037	Immobilization, transportation, and language	Onsite or transport to MDS

* The data in this assessment includes some inconsistencies in reporting among counties. This information will change frequently due to the nature of these facilities. Current information will be included in subsequent updates the plan).

**Most, but not all, counties included residents and staff of the following in their assessment of special needs populations – schools, colleges, nursing homes, assisted living, residential facilities, jails/correctional facilities, hospitals, homebound, and special populations (e.g. Amish, homeless, non-English speaking).

Workforce for SNS Deployment

Identifying and having access to adequate numbers of trained personnel will be a challenge in the southeast region. Workforce will be identified to function in each of the roles identified in the southeast regional SNS plan. Broadly, staff are needed to support specific roles in the following areas: regional coordination center, distribution node, mass dispensing sites, local public health agencies (maintaining essential services), supportive services (transportation, security, IT), treatment sites (hospitals, clinics, other) in addition to their role in their county incident management system.

As functions and staff required to support those functions are more clearly defined, the region will identify the number of staff needed. As much as possible, staff will be drawn from local public health agencies, other government agencies, and health care in the region.

As appropriate, Winona County will also be utilizing the MN Responds volunteer registry to assure adequate workforce for SNS deployment. As the MN Responds volunteer registry is more fully developed, the region will review the role of the region and local public health in accessing and using the registry. This may include:

Region

- Assure local counties work with others in region on cooperating and sharing resources
- Coordinate with other county agencies on training and exercises
- In emergency, work with county-level agencies to deploy credentialed, trained volunteers where needed in region

County

- Identify registrants that live in jurisdiction through download of Registry data, query, or through personal contact.
- Determine volunteers' qualifications.
- Verify licensure and credential health care volunteers.
- Train volunteers
- Exercise volunteers and plans for using volunteers
- Deploy volunteers in an emergency
- Work with other counties in region for coordination of resources and information
- Work with State on coordinating county data bases with Registry

The number, identification, and training of the SNS workforce will be further defined in subsequent updates of this plan.

PART 6: COMMUNICATION

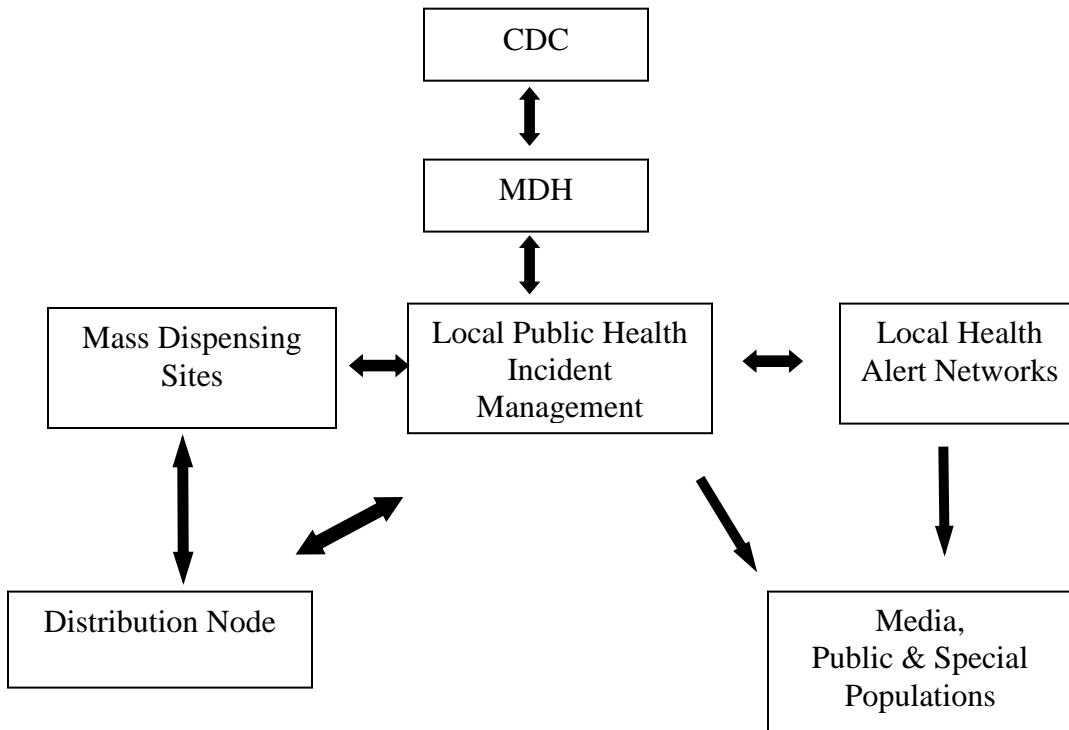
Purpose of Communication Plan

Effective communications between local public health departments during a regional public health emergency are critical to the continual and timely flow of information and material to distribution node(s), mass dispensing sites, hospitals and the public.

Communications Support Enables

- A regional operations function which includes the oversight of the distribution node and mass dispensing sites
- Coordination of regional staffing needs at the distribution node and mass dispensing sites
- Open communications between local public health agencies, MDH and local health alert network contacts
- Provision of timely status reports
- Orders from mass dispensing sites for material
- Driver reports of deliveries and en route problems
- Coordination with law enforcement for security and traffic/crowd control
- Accurate communications with special needs populations
- Periodic media updates to inform the public with timely and accurate information

Communication Flow During a Public Health Emergency



Communications Security

Consideration for security of information being communicated across agencies should be discussed during public health emergency for the purpose of concealing sensitive information that may interfere with operations.

Role of the Regional Coordination Center In Communication Coordination

While the role of the SE region RCC is still being developed (see Part 3: Regional Coordination), it is anticipated that the RCC will have a significant role in coordinating communication within the region. Following are a number of possible roles for the RCC in coordinating communication:

- Coordinate briefings and updates within the region.
- Develop or disseminate regional talking points based on MDH templates and resources. The talking points shall be shared across the region prior to meeting with media to give accurate and consistent messages uniform amongst regional and local county incident management systems.
- Serve as the liaison between the region and the MDH and State EOC Public Information Officers (PIOs) as appropriate.
- Serve as the liaison between the region and local county EOC PIOs as appropriate.
- Coordinate and facilitate regional communications (Regional HAN) with or without assistance of MDH HAN coordination.

Public Health Communication

Effective communication between local public health, assisting agencies, and mass dispensing sites will be essential during a public health emergency. Much of the communication will be conducted between agencies by the Incident Commander or a designated Public Information Officer as part of a Regional Health Coordination Center. In 2004, all county public health agencies in the region received Risk Communication for Public Health training. This training has continued as offered.

Public Information Officers are responsible for maintaining communications with the public, dispelling rumors and advising the public on health and precautionary actions. PIOs may also develop communications to deliver to local public health staff working in the public health emergency to keep them informed of updates, dispensing status, and planning/implementation efforts. Public Information Officers are assigned for each county and it will be expected that the PIOs will communicate between each other for consistent information delivered to staff and the public. See Appendix B for the Southeast Minnesota Public Health Emergency Contact Lists.

Lines of Communication Within the Region

Communication within the region will occur between local public health and the following:

- Local units of government (i.e. county boards, county administrator, city councils, mayor)
- Local emergency managers
- Treatment and dispensing centers for case count information to make SNS material allocation decisions if the supply of material is temporarily unable to satisfy all demands
- Distribution node(s)
- Operations management at the state, regional and local level for operational status distribution system, and/or problems that may arise
- Operations management to provide inventory status, including replenishments, allocations, and possible shortages
- Regional and local hospitals and clinics to coordinate consistent messages and instructions to public and hospital staff
- Law enforcement and other departments
- MDH SNS staff and technical advisors

- Emergency operation centers
- Staff members and volunteers who will work in the function
- Delivery locations for ordering material
- Public works for repair and fuel
- Drivers to report their locations, problems, and delivery status
- Dispensing and treatment locations for delivery directions
- Special Need Population Organizations such as schools, nursing homes, etc as appropriate

Primary and Secondary Methods of Communication

The primary methods of communication within the region will be email, phone (Work, Home, Cell), and fax. Amateur Radio (HAM operators) and satellite phones may be used in the event that primary communications are down between Mass Dispensing Site, Regional Node, and Incident Management. HAM operators will be contacted in the event that phone and email communications are down or that additional communications are needed. A list of HAM operators within the region is being developed.

Health Alert Network (HAN)

State level public health emergency information will be distributed through statewide HAN to local health departments. It is at the discretion of the local health departments to activate their local health alert networks. Local health alert networks will be used to inform key members of the public health emergency of timely and accurate information. These key members may include but are not limited to: hospitals, clinics, epidemiologists, veterinarians, pharmacies, law enforcement, fire departments, EMS personnel, Red Cross, volunteer coordination groups, and local decision/policy makers. It is the responsibility of each local health department within the Southeast region to update, maintain and test their local health alert networks to establish efficiency in communications.

To initiate a regional HAN message, a message should be sent to workspace@health.state.mn.us or call after business hours (651) 775-6499. HAN policies specify that any health alert must be approved by a MDH section manager or a higher level of authority in the content area of the alert. (Example: if an alert refers to an environmental threat, a section manager in environmental health at MDH would need to approve it.) Winona County HAN list of personnel includes PH and ES staff as required.

24/7 Emergency Contacts

There may be a time when 24/7 contact information will be needed to communicate between local public health agencies and local health alert networks. 24/7 local public health contacts are assigned for each county. See Appendix B for the Southeast Minnesota Public Health Emergency Contact Lists.

Communicating with Distribution Node/Mass Dispensing Sites

Primary communication between the Distribution Node and Mass Dispensing Sites are email, telephone and fax. Each distribution node and mass dispensing site will be equipped with telephone, fax, and email capabilities. In the event that primary communications are down, secondary communications will include amateur radio (HAM) and repeaters. If the distribution node(s) is a considerable distance from delivery points, we may need to establish a series of radio repeater stations to ensure reliable communications among drivers, distribution dispatchers, dispensing sites, and treatment centers. For radio communications, we will need to know the frequencies for reaching specific parties. Every distribution vehicle and the distribution dispatcher should have a cell phone to communicate with Node and delivery destination. Secondary means of communication will be satellite phones, as available. The Distribution Node will communicate regularly with RCC and the multiple Mass Dispensing Sites.

Provider Hotline

It may be necessary to implement a health provider hotline to assist EMS staff, local public health agencies working at mass dispensing sites and medical/health providers. MDH may implement and staff a provider hotline. Winona County CHS would be responsible for communicating the provider hotline phone number to their local HAN contacts that may be in need of this resource.

Communicating with Media and Public

Communication with the media to relay accurate health information and mass dispensing site instructions to the public will be vital in a public health emergency. The Minnesota Department of Health, along with CDC will develop templates and drug/disease information for risk communication purposes. Local communications will use the developed templates for communicating with the public.

Media Communications

TV, radio, and newspaper will serve as primary means of local and regional communication with the public. See Appendix M for the Southeast Region Media List. Plans for working with the media include:

- Regular news briefings will be the primary tool to communicate with the media and public. These will coincide with any MDH briefings. A regional news conference may be considered.
- Providing frequent, accurate, information in “sound bite” form.
- Providing a Public Information Officer to serve as spokesperson for the emergency.
- Coordinating messages with State and local PIO’s to give clear and consistent messages across the region.
- ECHO

Public Communications

The media will serve as a primary means of communicating with the public. This communication will be developed in a format consistent with risk communication concepts:

- Clear and concise message is the single-most important contributing factor in determining the success of the mass dispensing operation.
- Consider the age, cultural background and average educational level of your population.
- Use simple non-medical terminology.
- Provide empathy and compassion during the incident as well as communicating health information or instructions.
- Be forthright and prompt in dissemination information to help prevent or offset criticism from the media, political or labor sources.
- Send a consistent message.
- Correct errors and misperceptions; even from the other sources.

Other Methods of Communicating with the Public

- **The Emergency Alert System:** The Emergency Alert System will also serve as a primary means of communication at the local level. This will be activated with the assistance of local emergency managers by direction of the local or regional incident manager. Local public health agencies will communicate with emergency managers and the incident manager of the emergency to activate this alert system. This system should be in coordination with areas such as La Crosse, Wisconsin and Mason City, Iowa to give proper messages covering the entire southeast Minnesota region and surrounding areas. The National Weather Service’s NOAA alert radios can also be used to disseminate warnings for hazards other than weather. The activation for Winona County is from

the La Crosse (WI) Weather Service. Winona County CHS will communicate with Emergency Management to coordinate these efforts.

- **Non-English Speaking Populations:** Communication will be developed in multiple languages. The Southeast Region is primarily comprised of Hispanic, Somali, Lao, Vietnamese, Cambodian, Sudanese/Arabic, Bosnian, Hmong. Some populations have their own TV and radio programs and newspapers. (See Part 3: Mass Dispensing – Special Populations Section)
- **ECHO Project (Emergency and Community Health Outreach):** ECHO is a partnership between public television and radio stations in Minnesota for the purpose of broadening existing emergency broadcast infrastructure by catering to ethnic populations. Emergency warnings and information will be developed in six languages: Cambodian (Khmer), Lao, Hmong, Somali, Spanish, and Vietnamese. ECHO intends to implement monthly broadcasts featuring a health related theme. These will be repeated in the various languages in 20 minutes segments with a goal having these populations become accustomed to these communication methods for accessing accurate health information during a public health emergency. Translated scripts from each TV health segment can be provided to print journalists for distribution by ethnic newspapers serving local communities. ECHO will be used in the event of a public health emergency.
- **Public Hotline:** During a public health emergency it may be necessary to implement a phone hotline for the public. MDH will implement and coordinate a statewide public hotline number. Regional public health staff will assist the MDH hotline as requested. Winona County CHS will be responsible for distributing and communicating the hotline number to the Southeast Minnesota region hotline with the assistance of local media.
- **Postal Service:** Postal carriers may deliver flyers/handouts created in multiple languages explaining the public health emergency and mass dispensing site information. Local public health agencies will communicate with the United States Postal Service to activate this method of communication if needed.
- **Other Media:** Posters, signs, flyers and word of mouth may be used to communicate with public in the event that these resources are not available.
- **CityWatch:** The CityWatch system is a computer-based calling structure that will allow a recorded message to go out to a specified calling list or a geographic area. Winona County has contracted with CityWatch to provide this service and additional “outgoing” telephone lines to complete maximum calls in minimum time.

Considerations in Developing Messages

Regardless of the methods used, the following should be included when developing SNS communication messages for the region:

- The rationale of the dispensing strategy and what is being provided at mass dispensing sites
- Assurance that disease containment measures are effective
- All possible measures are being taken to prevent the further spread of the disease
- Hotline numbers
- Detailed information about the “head of household” policy. What information must be brought to pick up medications for other household members? For children: weight, age, health information, drug allergies and current medications. For adults: health information, drug allergies, and current medications.
- Determination of when persons should go to a dispensing site so there is not a backlog (e.g. 1) last names beginning with letters A-D from 8-9 am on Friday morning; or 2) use of neighborhood designations, worksite designations, or school districts, etc.)

- Treatment recommendations
- Contraindications or limitations
- Information regarding adverse reactions and instructions on what to do if experiencing adverse reaction
- Provide information on who should seek prophylaxis at dispensing site and who should seek treatment at treatment centers
- The number of sites in the community, their location and their schedule
- The estimated vaccine or medication supply to reassure public that enough vaccine is available for all of population
- The best way to get to the site (walk, bus, car) and parking/staging locations (see Part 4: Receiving The SNS Assets Regionally)
- The location of public parking and the listing of collection areas where people will be picked up by buses (see Part 4: Receiving The SNS Assets Regionally)
- What to wear or bring to the site (bring identification or wear loose fitting sleeves)
- The type of personnel available at the site and a description of the dispensing process
- Estimated time the site process will take
- Estimated “wait-times” for dispensing sites
- Listing of normal activities that have been suspended
- What forms of identification are needed?
- How to receive medication/vaccination if unable to go to dispensing site (see Part 5: Mass Dispensing)
- Vaccine information
- Medication information the public will receive at the dispensing site:
 - Reasons for using specific drugs or changing drug regiments
 - Importance of taking all medications
 - Danger of over medicating
 - 24-hour information phone number for medication questions- MDH hotline
 - Medications are not intended for pets

PART 7: TRAINING AND EXERCISE PLAN

Purpose

The purpose of training and exercising the Winona County's SNS plan is to make sure that individuals know how to do their jobs, that they know how to work with others in their functional group, and that functional groups know how to work together. SNS is just one part of Winona County's preparedness and education program for state and local health care providers, first responders, governments (to include county board and board of health, city officials, emergency management, etc.), and other community participants. Training to receive and distribute the SNS needs to be an ongoing activity. Individuals who have been part of the plan for some time will need refresher training periodically to ensure that they do not forget what they are expected to do. Those who are new will need to understand what the SNS plan is and their role in it. To accomplish those goals a variety of methods will be used including: videos, written training manuals, classroom instruction, on-the-job training, videoconferencing, and webcasting.

Objectives

To assure effective and rapid distribution of the SNS, the Winona County SNS team members will be able to:

- Demonstrate an understanding of the SNS – its mission, contents, and methods of operation
- Identify the different scenarios that would justify the need for the SNS
- Demonstrate an understanding of the Winona County plan in order to request, receive, distribute, and dispense the SNS
- Demonstrate the knowledge and skills needed to perform SNS tasks effectively and efficiently in the assigned functional area as well as in other functions of the SNS plan. (See Core Competencies for Bioterrorism and Emergency Readiness below.)
- Identify the performance standards and measures necessary for successfully activating and operating all SNS functions.

Core Competencies for Bioterrorism and Emergency Readiness

In accordance with recommendations from Columbia University's School of Nursing Center for Health Policy and CDC, SNS trainings and exercises will cultivate public health worker competencies for public health emergencies. All public health workers must be confident in and able to:

1. Describe the public health role in emergency response in a range of emergencies that might arise.
2. Describe the chain of command in an emergency response
3. Identify and locate the agency emergency response plan
4. Describe individual's functional role(s) and responsibilities in an emergency response and demonstrate role(s) in regular drills
5. Demonstrate correct use of all communication equipment used for emergency communication (e.g., phone, fax, radio, HAN, etc.)
6. Describe communication role(s) in emergency response:
 - a. Within the agency using established communication systems
 - b. With the media
 - c. With the general public, family and neighbors
7. Identify limits to one's own knowledge, skills and authority, and identify key system resources for referring matters that exceed these limits.
8. Apply creative problem solving and flexible thinking to unusual challenges within individual/s functional responsibilities and evaluate effectiveness of all actions taken.
9. Recognize deviations from the norm that might indicate an emergency, and describe appropriate action (e.g., communicate clearly within the chain of command).

Since these core competencies apply to any public health emergency response, including activation of the SNS, training in these areas will be ongoing and incorporated into the orientation, individual, and functional training strategies. Evaluation of the SNS members' competencies in these areas will be included in all tabletop, functional, and operational exercises. Additional training strategies may need to be developed if specific competency needs are identified, either through exercise evaluations or other surveys, such as the Bioterrorism and Public Health Competency-Based Learning Needs Assessment developed by the University of Minnesota and MDH.

SNS Training

The following section outlines multiple training methods to prepare the Southeast region for implementation of the SNS plan and to assure effective and rapid distribution of SNS asset within the region.

SNS Orientation Training

Orientation training will provide participants responding to an emergency with the basic understanding of why the state/community will need the SNS and how it is to be requested, received, distributed, and dispensed. Local health departments will assure that lead members of the SNS team receive orientation training during the next 18 months, either locally, regionally, or in conjunction with State-wide offerings. Methods used may include: MDH Power Point Slide presentations, CDC's SNS video, regional plans, or other methods of choice including audio conferences, CD-Rom, workshops, conferences, webcasts, web-ex, videoconferencing, videotapes, satellite broadcasts, and printed or electronic educational materials.

The audience for orientation training should include the following:

- Local government leaders
- Emergency management planners
- Members of regional/local jurisdiction command and control structure
- Essential emergency response personnel, including first responders and personnel from the medical infrastructure (hospitals, health clinics, professional associations)
- All SNS team members
- Public information and/or health education specialists.
- Private-sector firms and organizations such as the American Red Cross

Individual Training

Individual training will ensure that individuals will be knowledgeable and capable of performing the tasks that the Winona County SNS plan assigns, as well as able to work with others in their functional group. For some individuals, such as warehouse workers, transportation dispatchers, truck drivers, inventory managers, and pharmacists, the tasks that the plan assigns are the same as those they routinely perform. Staff from volunteer organizations working in dispensing sites will need basic familiarization and specific task training before they can perform effectively. Winona County CHS will assure that job action sheets (which have been developed by Minnesota's metro region) are reviewed with staff and participants involved with the SNS plan. "Train-the-trainer" options will be made available for local SNS partners who can then educate their workers and increase competencies.

Examples of job actions may include:

- How to get prophylactic medicines for essential personnel / frontline workers protection
- Donning personal protective equipment
- Interviewing or treating recipients at a mass dispensing site
- How to verify credentials
- Where and when to report for duty

A “Just In Time” training packet will be developed over the next 12 months in conjunction with the Minnesota Department of Health and/or other regions of the state. This training packet will include job action sheets that local public health departments may utilize to train volunteers and other participants in the event of an emergency requiring additional resources, including volunteers.

In addition to assuring knowledge and capacity of individuals in performing the tasks of the SNS, training will also be conducted to address the mental health needs of the SNS team. Professionals will need to be able to recognize mental stress and assist SNS workers in the appropriate action during a public health disease outbreak or bioterrorism event.

Functional Group Training

The goal of this training is to teach individuals how to work as members of an SNS functional group (receiving, staging, distribution, dispensing) and to teach functional groups how to work smoothly together to get SNS materiel to those who need it during an emergency.

This training initially emphasizes the process, flow, and expectations of each functional area. Lead members of each functional group will be identified and trained on the duties of their group members. MDH will be responsible for the training of staff at the RSS, Southeastern Minnesota will be responsible for training the staff at the region’s identified node, and individual counties will train staff at the regional dispensing sites, as well as their own county sites. Once a functional group has been trained and works smoothly together, Southeastern Minnesota will bring all functional groups together for a SNS system-wide training so that individuals understand the entire SNS operational process. Group training will ensure that:

- All team members can function in their assigned jobs
- Functional group members understand how their job supports their functional area
- Functional teams are familiar with their work location, facilities, equipment, and function leadership
- All functional groups understand how they integrate into the overall SNS operational plan; and
- Everyone understands how to work safely.

Operational Exercises

Operational exercises in Southeastern Minnesota that test likely responses to probable events, including the activation of the SNS, will be conducted every two years. Such exercises will help to evaluate how well local and regional plans work and identify where improvements are needed. Some exercises may test only limited parts of the SNS plan such as the activation of mass dispensing sites. More comprehensive exercises may include an all hazards or bioterrorism response to a likely scenario in order to evaluate the command and control function, as well as the physical receipt, distribution, and dispensing of SNS training packages. Areas of the regional plan, which will need exercising, include:

- Pharmaceutical and medical caches
- Mass dispensing to workers and household members
- Process for requesting the SNS
- Alert and notification plans
- Activation of SNS functions

Within the next 12 months a planning group will be established to plan an operational exercise that evaluates the readiness of regional dispensing sites. This group will be comprised of:

- Fire and rescue department personnel
- Law enforcement personnel
- Personnel from state and local hazardous response teams
- Public health department personnel
- Local healthcare professionals and hospital administrators
- Representatives from state and local emergency management agencies
- Public information and health education specialists
- Mental health professionals
- Volunteer organizations

Evaluation

The purpose of any exercise is to evaluate:

- Individual competence
- The effective operation of a functional group
- The smooth interaction of all functional groups that deliver items from the SNS
- The accuracy, completeness, and quality of the SNS plan
- Areas that need improvement

The following questions will be answered for any exercises conducted as a region:

- Did the participants have the knowledge and skills that training was supposed to provide?
- Did the participants use their knowledge and skills properly?
- Did their knowledge and skills meet organizational objectives?
- Was the plan accurate, effective, and current?
- What were the lessons learned from the exercise/event?
- How will lessons learned be used to improve or change the regional/local SNS plan?

Data to Facilitate Evaluation

After an exercise or an actual emergency, it will be important to reconstruct what, when, and why events happened to improve the plan and future response. Comprehensive command and control logs that include the date and time of events as they occur, will provide a basic chronology of the emergency as well as the cost of the response. Items in the logs may include the: first reported case of a threat, request for the SNS, arrival of the SNS, activation of specific dispensing and treatment locations, and reporting of casualties from hospitals. Timed and dated situation reports from each SNS function to the SNS operations management function will identify problems and provide quantitative operational indicators such as the number of delivery trucks and drivers in service, number of trucks down for repair, and average time to deliver to each delivery location. Outcome data will provide information about the treatment or preventative measures administered during the event as well as the effect of those measures.

PART 8: PLAN ADMINISTRATION

Plan Revision and Maintenance

This section outlines the plan for the approval, revision and maintenance of the Winona County SNS plan. The plan is considered to be a working document and will require frequent updates and revisions. The plan will be revised on an ongoing basis to assure accurate and up-to-date information.

Plan Approval

The Winona County CHS Advisory Committee and the Community Health Board have reviewed the Winona County SNS plan. The Hospital Preparedness Advisory (HRSA) Group will also review this plan after submission to the MDH. The Winona County CHS Administrator and the County Board have approved the existing version of the plan. Revisions to this plan will also be presented for approval

Document Storage/Owner

Winona County CHS will maintain the official version of this plan. The MDH Public Health Preparedness Consultant for the Southeast Region and the Winona County Emergency Manager will maintain a copy of the plan.

Document Control/Change History

All changes to the plan will be clearly noted in each version. The plan will be structured in a way that allows for easy updates (e.g. consistent pagination, chapters, etc.)

Each local public health agency will be responsible for providing changes to contact information. Additionally, Winona County CHS will be responsible for assuring availability of the most current version of the plan.

Annual Plan Review

At a minimum, the Winona County SNS plan will be reviewed on an annual basis for accuracy of content and contact information.

Plan Distribution

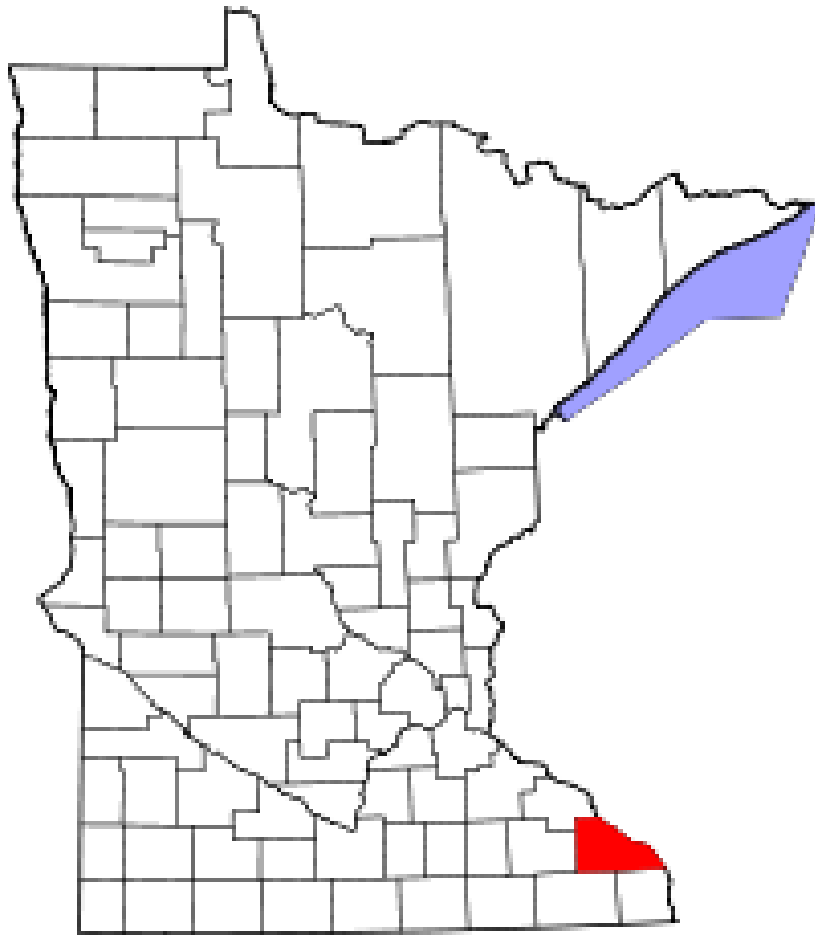
Each local agency named in the plan will be provided a copy of the plan. Subsequent updates to the plan will be sent to each agency.

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- Appendix A: Maps**
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A-2 Region surrounding Winona County
- Appendix B: Southeast Minnesota Public Health Emergency Contact Lists**
- Southeast Minnesota BT and Emergency Preparedness Public Health Contact List
- Southeast Minnesota Hospital Contact List
- Appendix C: Regional Coordination Center Design Team**
- Appendix D: Distribution Node Floor Plans**
- Appendix E: Regional Transportation/Security Matrix**
- Appendix F: Winona County Primary MDS Site**
- Appendix G: Winona County Secondary MDS Site**
- Appendix H: MDS Incident Command Structure Organization Chart**
- Appendix I: Proposed MDS Staging and Clinic Flow**
- Proposed Staging of Mass Dispensing Sites
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- Appendix M: Southeast Minnesota Region Media List**

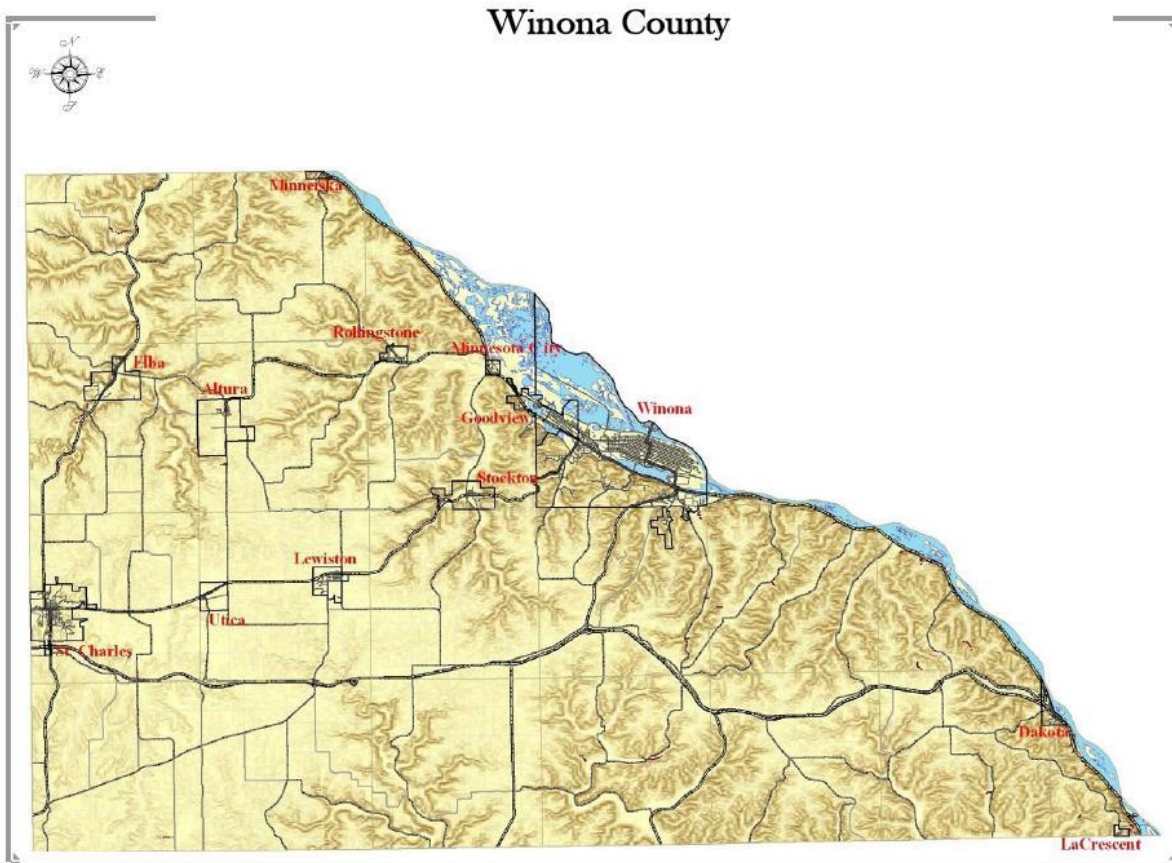
APPENDIX A:

Maps of Winona County, Minnesota



Winona County is located in Southeastern Minnesota

A-1 Winona County, Minnesota



A-2 Region surrounding Winona County



APPENDIX B:

Southeast Minnesota Public Health Emergency Contact Lists

APPENDIX C:

Regional Coordination Center Design Team

APPENDIX D:

Distribution Node Floor Plans

APPENDIX E:

Regional Transportation/Security Matrix

APPENDIX F:

Winona County Primary Mass Dispensing Site (MDS)

APPENDIX G:

Winona County Secondary Mass Dispensing Site (MDS)

APPENDIX H:

MDS Incident Command Structure Organization Chart

APPENDIX I:

Proposed MDS Staging and Clinic Flow

APPENDIX J:

Operational Plans for Primary Mass Dispensing Sites

J-1 Personnel Resource List

J-2 Public Health Emergency Supply List

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J- 4 Winona County

APPENDIX K:

Winona County Mission Critical Personnel

Critical Occupations & Personnel who Perform Mission Critical Functions

Winona County, Minnesota

Note: If people are in two or more categories, only count once (if possible). If there are no specialists in any of the critical occupation categories, please put in a zero (0).

Critical Occupations	Total Number (Approximate)	Mission Critical Staff (Number needed in first 24 hours of a response)
Emergency Medical Services	95	95
Law Enforcement	119	119
Public Safety	15	15
Fire Service	225	225
Hazardous Materials Response	0	0
Emergency Management	7	7
Health Care*	1200	600
County/City/Tribal Public Health	62	62
SNS Staff (if separate from public health)	0	0
Public Works/Utilities	158	50
Government Administration	248	50
Morticians	6	6
TOTAL	2,155	1,229

* Health Care includes Hospitals (submitting counts individually) plus clinics and doctors' offices (to be counted by local public health)

Submitted by _____ **phone number** 507-457-6400 **date** Dec. 22, 2008

APPENDIX L:

Winona County Special Needs Populations

Appendix M:

Southeast Minnesota Region Media List