# **What is the MDH Crisis Standards of Care (CSC) Framework?**

Catastrophic disasters like the 2011 Joplin Tornado, or Hurricane Katrina have had the power to overwhelm communities regardless of their level of preparedness. Disasters like these have impacted day-to-day health care operations and the level of care to be delivered due to demand exceeding available resources. During a catastrophic disaster, health care services and resources may be altered and prioritized to bring about “the greatest good for the greatest number of people”. The MDH CSC Framework was developed to describe the systems, processes, and procedures that will be implemented to manage a catastrophic disaster our statewide healthcare systems.

# **MDH CSC Project Next Steps**

Today’s session provided an overview of the MDH CSC Framework, planning partners, roles and responsibilities, and the tools to begin internal discussions within your organizations. This initiative is long-term and multi-phased: Phase 1 - Designing and implementing the Framework; Phase 2 - Framework assists in developing individual organizational CSC plans; and Phase 3 - connects plans statewide through trainings and exercises.

## **What are MDH’s next steps?**

* Ongoing statewide roll out to various professional groups and settings.
* Conduct statewide Public Engagement sessions.
* Provide ongoing initiative updates through your regional Health Care Coalition leaders.

## **What are your next steps?**

We need your help in implementing the MDH CSC Framework across the Healthcare/EMS sectors:

* Planning questions to consider for your organizational debrief:
  + Who will lead this process?
  + Who needs to be involved?
  + Are there additional resources you need to successfully plan and develop your CSC plan?
  + What help do you need from MDH? Your coalition? Your healthcare system?
* Take a few minutes and answer the worksheet below

**What are the top 5 tasks that you will do as a follow-up from this informational session?**

**1)**

**2)**

**3)**

**4)**

**5)**

**Questions or issues that arose from today’s training to discuss with your Administrator?**

**1)**

**2)**

**3)**

Where can I get more information? Minnesota’s CSC Plan is available at:

<http://www.health.state.mn.us/oep/healthcare/crisis/index.html>

If you have questions, please contact:

Erin McLachlan, Healthcare System Preparedness

Erin.McLachlan@state.mn.us

**Questions for discussion in your agency:**

Resources:

1. Impacts on “space” capacity and capabilities during a crisis situation:
   1. Is a structured surge capacity plan in place?
   2. Are there alternate care site plans in place?
   3. Have evacuation and shelter-in-place plans been put in place?
   4. Are there alternate ambulatory or discharge holding areas identified?

Have specialized rooms been identified and are available for influx of patients (negative pressure rooms, critical care, pediatric beds, isolation rooms/plans, etc.)?

* 1. Are there continuity of operations plans for utility disruption? Who determines the relative safety of the facility when disruptions occur?
  2. Are disaster morgue locations

1. Impacts on “supplies” capacity and capabilities during a crisis situation:
   1. Have enough routine medical supplies (IV supplies, medications, ventilators, etc.) been identified and are on hand to handle a surge in patients? Are there plans for obtaining additional from coalition / emergency management partners?
   2. What is the plan/policy if there is a shortage of prescription medications, anti-viral supplies, pain medication, PPE, etc.?
   3. How would you prioritize resources?
   4. Has a plan been created to address a large number of people needing only palliative care resources during a catastrophic disaster?
2. Impacts on “staff” capacity and capabilities during a crisis situation:
   1. Is there a process for balancing the surge of medical needs with limited medical staff?
   2. Has a plan been created to ensure medical staff can address family safety/health first and then report to work?
   3. Are there plans in place to address leveraging ALL medical and non-clinical staff during a crisis response?
   4. How will you address the request of medical staff wanting to receive priority vaccinations/prophylaxis?
   5. Do you have enough staff who can perform functions to manage critically ill patients such as chest drainage, management of large excess numbers of ventilated patients, etc.?
   6. Do staff understand what their risk threshold is to protect themselves, rather than patients from harm? (e.g. during tornado, active shooter incidents)
   7. EMS: Do you have the capacity to accommodate a substantial call volume increase during a catastrophic disaster?

Communications:

1. How will you communicate with both internal and external partners during a mass casualty incident?
2. How will communication with all community members during a catastrophic disaster be ensured?
3. If there is a need to shelter-in-place, how do we educate and inform the community of this expectation?
4. Is there a plan in place to address family members whose loved ones are impacted by the disaster (e.g. family assistance center, isolation, education regarding spread of infection, etc.)?
5. How do you activate mutual aid agreements across jurisdictional boundaries (e.g. services, equipment, responders, providers, etc.)?