



Public Health
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Meeker McLeod Sibley
Community Health Services

MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD

McLeod County Solid Waste Large Conference Room
1065 5th Avenue SE, Hutchinson MN 55350

April 13th, 2017

1pm to 3pm

Agenda

1. Meeting called to order
2. Welcome and Introductions
3. Presentation: Minnesota's aging population- Ellen Wolter, MPH, MPA
Research Scientist, Minnesota Compass | Wilder Research
4. Additions to the Agenda
5. Approval of February 2017 meeting minutes*
6. *How MMS Is Meeting the Requirements of the Local Public Health Act*
7. Administrative Services Summary*
8. SCHSAC Update
9. Fiscal Officers Report
10. Administrative Items
 - a) Meeker-McLeod-Sibley Mass Fatality Plan*
 - b) Public Health Emergency Preparedness contract amendment for additional funding of \$8,987 for the time period of 12/22/2016-6/30/2017
 - c) Time only extension for Healthy Homes grant until 9/30/17

Adjourn

Attachments:

- February 2017 Meeting minutes
- MMS CHS Mass Fatality Plan
- Administrative Services Summary
- Fiscal officers report

2017 Meeting Dates

May 25th, 9-11

July 13th 9-11

October 12th 9-11

Large Conference Room
McLeod Solid Waste Bldg



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1805 Ford Avenue, Suite 200
Glencoe, Minnesota 55336

Direct Line (507) 766-3531
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MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD Meeting Minutes Thursday, February 23rd, 2017 McLeod County Household Hazardous Waste Building, Hutchinson

Board Members

Beth Oberg.....present	Joe Tacheny.....absent	Ron Shimanski.....present
Joe Nagel.....present	Bill Pinske.....present	Bobbie Harder.....present
Mike Housman.....present	Doug Krueger.....absent	Joy Cohrs.....absent

Staff Present

Diane Winter.....present	Jennifer Hauser.....present	Allie Freidrichs.....present
John Glisczinski ...present	Rachel Fruhwirth.....present	Colleen Robeck....absent
Kerry Ward.....present		

Guests: Scott Lepak -Attorney at Law, Paul Viring Meeker County Administrator, Roxy Traxler Sibley County Administrator.

1. **Meeting called to order**
2. **Welcome and Introductions**
3. **Additions to the Agenda** Motion made by Ron Shimanski to approve the February 23, 2017 agenda, seconded by Beth Oberg, motion passed.
4. **Approval of January 12th 2017 meeting minutes*** Motion made by Beth Oberg to approve the January 12th, 2017 CHB meeting minutes, seconded by Ron Shimanski, motion passed.
5. **Administrative Items** Brief explanation was provided on both administrative items. The first grant agreement (Letter A) is to host a Growing Great Kids home visiting workshop for staff. The second grant agreement (Letter B) is an agreement to offer the Project Harmony program which, includes home visiting, case management, Licensed Alcohol and Drug Counselor (LADC) and Recovery Coach services. This program is for women pregnant or with children up to age 10 with a substance use disorder.
 - a. Minnesota Department of Health contract agreement to host Growing Great Kids training in the amount of \$2,500 for the time period of 2/1/17-6/30/17
 - b. Minnesota Department of Human Services contract agreement for Project Harmony grant for \$150,000 each year for the time period of 11/1/16-6/30/19.
 Motion made by Ron Shimanski to approve both grant agreements as presented, seconded by Bill Pinkse, motion passed.
6. **Resignation of Emergency Preparedness Coordinator** The MMS CHS Emergency Preparedness Coordinator has resigned effective March 17th. After a brief discussion on the amount of the grant, salary, and required job duties, a motion was made by Bill Pinske to replace the full time MMS Emergency Preparedness Coordinator, seconded by Beth Oberg, motion passed.



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7. **Delegation Discussion – Scott M. Lepak, Attorney at Law** – Proposal prepared by Scott Lepak was reviewed. Distinction was made between CHS Administrative services and delivery of programs and services.

Motion made by Joe Nagel and seconded by Beth Oberg to build the infrastructure framework for administrative services of the CHS, with the following components:

- a. Development of classification and compensation plans
- b. Develop an agreement for a MMS CHS Medical Consultant. (*McLeod County Medical Consultant is considering being the CHS Medical Director*)
- c. Research health insurance options
- d. Obtain EIN number
- e. Research IT, HR and payroll services.
- f. Research office locations for CHS employees that will create a central location and assist with a separate identify for MMS CHS.
- g. Develop personnel policies for the CHS. (*Can reference policies from Supporting Hands Nurse Family Partnership organization.*)

Motion passed

8. **Adjourn** Motion made by Ron Shimanski to adjourn the meeting, seconded by Bill Pinske, motion passed.

Attachments:

- January 12th 2017 Meeting minutes
- MMS CHS Administrative Services Grid
- Keystone Proposal
- Springsted Proposal
- CDS Proposal
- Paychex Proposal

2017 Meeting Dates

April 13th 9-11:
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McLeod Solid Waste Bldg

Mike Housman, Secretary

**MEEKER - MCLEOD - SIBLEY COMMUNITY HEALTH SERVICES
2017 STATEMENT OF RECEIPTS AND DISBURSEMENTS**

Grant Programs	Balance Forward as of 1/1/2017	2017 Receipts			2017 Disbursements					Balance on Hand as of 3/31/2017
		Grant Dollars	Other Dollars	Total Revenue	Vendors	Meeker County	McLeod County	Sibley County	Total Expenses	
848 WIC Peer	(2,364.79)	7,196.00	0.00	7,196.00	5,843.82	228.00	3,855.00	748.00	10,674.82	(5,843.61)
849 Immunization Grant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
851 PHEP Ebola Grant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
852 Project Harmony	(5,309.36)	16,027.00	0.00	16,027.00	6,888.49	4,651.68	6,405.04	1,796.57	19,741.78	(9,024.14)
853 Local Public Health Grant	182,029.32	89,139.33	0.00	89,139.33	52,912.65	20,601.39	24,093.20	15,456.55	113,063.79	158,104.86
854 WIC	(20,976.41)	247,673.00	0.00	247,673.00	29,675.79	89,422.22	77,044.93	52,829.85	248,972.79	(22,276.20)
856 FPSP	(7,042.48)	20,720.84	0.00	20,720.84	2,583.40	5,915.22	5,111.24	2,651.90	16,261.76	(2,583.40)
857 Healthy Homes	(423.29)	13,193.83	0.00	13,193.83	0.00	7,199.98	4,147.06	1,423.50	12,770.54	0.00
858 Early Hearing Detection & Intervention	0.00	550.00	0.00	550.00	0.00	550.00	0.00	0.00	550.00	0.00
859 Healthy Communities Activities	21,529.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,529.71
862 SHIP	(9,012.02)	60,157.21	0.00	60,157.21	8,525.69	13,496.97	9,123.77	26,564.45	57,710.88	(6,565.69)
863 Fetal Alcohol Spectrum Disorder	0.00			0.00					0.00	0.00
866 Emergency Preparedness	(22,900.75)	16,368.30	0.00	16,368.30	24,764.07	0.00	0.00	0.00	24,764.07	(31,296.52)
872 Child & Teen Checkups (C&TC)	0.00	23,385.78	0.00	23,385.78	22.95	15,946.00	17,720.71	-10,280.93	23,408.73	(22.95)
Total	135,529.93	494,411.29	0.00	494,411.29	131,216.86	158,011.46	147,500.95	91,189.89	527,919.16	102,022.06

WIC - Women Infants Children Grant

FPSP - Family Planning Special Project

SHIP - Statewide Health Improvement Program

Administrative Services Summary

2017

On February 23rd, 2017 the Meeker-McLeod-Sibley Community Health Board passed a motion to build an administrative services framework for MMS CHS as a separate entity. The motion included several components including development of policy and procedures and researching viable options for administrative functions. Specifically the components included: development of classification and compensation plans, personnel policies, obtain an Employer Identification Number, and develop an agreement for a medical consultant. In addition the motion included researching health insurance options, central office locations, IT, HR, and payroll services. To make this a manageable task the components of these services have been put into a timeframe, with the goal of completion for all tasks being January 1st, 2018.

Employer Identification Number (EIN)

January 1st, 2018

Currently MMS CHS uses McLeod County's EIN number. In order to become a separate identity MMS CHS needs to obtain their own number. But MMS CHS needs to have their own health insurance provider in place first. Due to the timing of open enrollment and changing of health insurance providers, MMS CHS will obtain an EIN by January 1st 2018.

Medical Consultant

May 25th, 2017

MMS CHS needs to have a medical consultant per Minnesota Statute 145A. At this time Dr. Catherine McGinnis has verbally stated interest to serve in this capacity. She is currently the McLeod County's Medical Consultant. The role and responsibilities of a MMS CHS Medical Consultant are not clear yet and each county will still retain their individual medical consultants until a more streamlined process can be developed. The MMS Board will need to approve the contract at the May board meeting.

Develop Classification and Compensation Plan**May- July 2017**

It has been identified that current employees of the MMS CHS utilize McLeod County's classification and compensation plan. McLeod County recently contracted with Keystone to update their plans. The specific CHS employees were not included in the study. In order to truly be a separate identity it is necessary for MMS CHS to develop a classification and compensation plan. Quotes for a study have already been obtained from Keystone and Springsted. The MMS board will need to decide if more quotes are necessary and make a decision.

Develop Personnel Policies**October 2017**

MMS CHS is lacking personnel policies in order to identify as a separate organizations. In 2014 the MMS Board approved a personnel policy that was largely based on McLeod County's personnel policy. This has caused confusion among McLeod County staff and CHS staff. In addition there is a need for additional personnel policies that have since been developed. To start this process, research can be done with existing policies such as those developed by Supporting Hands Nurse Family Partnership (SHNFP). This organization went through a similar process when becoming a separate joint powers organization. Drafted policies will need to be reviewed and approved by the board. Also a process will need to be identified to maintain and develop any additional policies in future years.

Health Insurance**October 2017**

Insurance for the MMS CHS employees are currently being provided through McLeod-Sibley-Trailblazer joint powers organization. MMS CHS is unable to join this organization as a separate entity. Health Insurance options will need to be explored and a timely decision will need to be in order to make changes during the open enrollment period, with insurance starting January 2018.

Central Office Location

May-July 2017

Through the strategic planning process, staff in each of the public health departments and CHS staff, have identified a need for a central office location. This will create stability and a sense of a separate organization and also address the numerous challenges for mobile workers, telecommuting policies and supervision issues. Options need to be researched including actual town location, cost of rent, and meeting space capabilities. At this time only four offices are needed. There is strong potential for office space at the McLeod County Household Hazardous Waste Building (HHW). This is a central location and is used on a regular basis for team meetings. If the number of CHS staff increases, other options may need to be explored in the future. McLeod County will need to calculate a cost and an agreement of terms will need to be negotiated. The MMS board will need to approve the agreement once it's finalized.

Information Technology (IT)

July, 2017

There are several components for IT services including: email, website, central file storage, hardware, software, and PH.Doc. CHS employees all use a McLeod County email address and have access to county servers. McLeod County also provides the purchasing services for hardware and software as well as provides the day to day IT assistance. The CHS website and file storage is currently provided by Vivid Image and Dropbox. McLeod County hosts the PH.Doc server. Meeker and Sibley Counties pay McLeod County a portion of the hosting and technical assistance for Ph.Doc. There are numerous challenges with IT services regarding emails, hardware and software including staff capacity, security, and policies. To address these challenges it is necessary to explore a third party vendor service that can provide IT services related to emails, day to day IT issues, hardware, software, etc. While doing this research it will be important to consider website and file storage services as well. Lastly, research for Ph.Doc server hosting is not critical at this time, but should be considered in the future.

Payroll Services

January 2018

In order to clearly delineate CHS employees as separate employees a third party payroll services would be helpful. Two quotes have already been obtained from Paychex and Conway, Deuth and Schmiesing (CDS). In order for the CHS to truly be a separate entity an EIN will need to be obtained.

Human Resource Services

July 2017

Although there are only five employees for the CHS, there is a need for human resource services. The CHS Administrator does not have the capacity to development of policies, create a performance evaluation process, address general HR issues, and employee issues. McLeod County does not have the staff capacity as well. Different options need to be researched. The current options include contracting for part time HR services, or utilizing a third party vendor service (if available). Additional options need to be identified and explored.

Time Frame	Service
May 2017	Approve Medical Consultant Contract Decision made on central office locations Decision made for classification and compensation study
July	Decision made for IT Services Decision made for HR services
October	Approval of personnel policies Decision made on health insurance Obtain EIN Decision made for payroll services

**Meeker-McLeod-Sibley
Mass Fatality Plan**



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Community Mass Fatality Planning Committee
March 2017

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Record of Changes

Version	Date Approved	Brief Description
1.0	May 31, 2016	Initial release
2.0	March 7, 2017	Updated responsibility table. Revisions for clarification in the following sections; situations, assumptions. Added personal effects and public information/media sections.

I. Introduction

A mass fatality incident can be defined most simply as an incident where more deaths occur than can be handled by local resources. Local resources available in Meeker, McLeod and Sibley Counties are limited and it would take few fatalities to exhaust these resources. Four or more fatalities could overwhelm the trauma care system; however, the deputy coroner/medical examiner is expected to handle up to six to ten fatalities locally before requesting state assistance. Mass casualty and mass fatality incidents can be very complex and very intense incidents requiring coordination and communications across multiple agencies.

II. Purpose

The Meeker, McLeod, Sibley Mass Casualty/Fatality plan provides guidance for mass casualty and/or mass fatality incidents that go beyond the scope of daily operations and resource availability.

III. Scope

The Coroner, ME or assigned death investigators will investigate those deaths occurring in Meeker, McLeod, and Sibley Counties that are due to emergencies, disaster, or catastrophes in accordance with Minnesota Statute Article 8 Section 390.

IV. Legal Authorities

The U.S. Department of Homeland Security's National Response Framework states that the primary management of an incident should occur at the lowest possible geographic, organizational, and jurisdictional level.

Regardless of the size of the mass fatalities incident, the Medical Examiner is the legal authority to conduct victim identification (or augment the lead investigative agencies complete victim identification), determine the cause and manner of death; manage death certification, and notification of the next of kin. Medical examiners operate under MN State 2013 Statue Chapter 390, Article 8 Coroners and Medical Examiners.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191 covers the requirement to maintain confidentiality of all missing person/victim records in mass fatalities response. Medical and dental providers of suspected victims are relieved of confidentiality restraints by the Health Insurance Portability and Accountability Act (HIPAA) Exemption for Medical Examiners (CFR 164.512).

V. Situation and Assumptions

a. Situation

Meeker, McLeod and Sibley (MMS) have completed a threat and Hazard Identification and Risk Assessment (THIRA) to identify a number of hazards that have the potential to cause a mass fatalities incident.

- i. In some cases mass casualty/mass fatality response activities may be underway before the Plan is officially activated due to the severity of a disaster.
- ii. Meeker, McLeod, Sibley County Public Health Departments, and Meeker-McLeod-Sibley Emergency Preparedness Coordinators may be activated early in the response due to the working relationship and integrated functions of the MMS Public Health Departments.
- iii. If Meeker, McLeod and/or Sibley Counties are affected, the Meeker-McLeod-Sibley Mass Fatality Plan may also be activated due to MMS Public Health Departments working relationship and integrated functions.
- iv. The Midwest Medical Examiner's Office (MMEO) will investigate deaths that have occurred in Meeker, McLeod and/or Sibley Counties due to emergencies, disasters, or catastrophes in accordance with Minnesota Statute Article 8 Section 390. MMEO will participate in Incident Command/Unified Command within a leadership role for the coordination of the mass fatality response; however, they will not take overall authority and responsibility for a mass fatality incident. Within Unified Command, MMEO staff will serve as the Medical Examiner Incident Commander for coroner and death investigator functions, and responsibilities that fall in their jurisdiction identified in the contract with Meeker, McLeod and/or Sibley Counties.
- v. The Midwest Medical Examiners Mass Fatality Master Plan may be activated as an assisting plan during a mass fatality response.

b. Assumptions

- i. Both mass fatality and mass casualty events put tremendous strain on responders and the community.
- ii. A mass fatality response may not begin until all mass casualty response operations are completed.
- iii. Some mass casualty victims may die due to their injuries. These victims will be tracked as a deceased mass casualty victim and be included in the mass fatality response.
- iv. Mass fatality and mass casualty events generate a lot of media attention.
- v. Well-meaning people and family members will come directly to the scene and family members will seek information on those unaccounted and loved ones. The need for a Family Assistance Center (FAC) should be considered immediately.

- vi. Mass fatality and mass casualty events are frequently crime scenes. On-scene security and chain of custody for evidence and artifacts will be considered and maintained as needed.
- vii. Mass fatality and mass casualty incidents due to chemical, biological, radiological, or nuclear factors will present an added difficult dimension to the response, recovery, identification, and final disposition of deceased victims.
- viii. An event that produces mass fatalities and mass casualties would occur on top of the “normal case load” of hospitals, mortuaries, law enforcement, etc. in the county.
- ix. Most mass fatality and mass casualty incidents will require resources and assistance from local, regional, state, and federal partners.
- x. Emergency responders may not report to or be fit for duty if they or their family members have been injured or killed.
- xi. If fatalities or casualties are widespread, infrastructure may be damaged. This may pose a risk to responders. When this is the case, it will take longer to perform critical tasks.
- xii. In the event of pandemic influenza or similarly contagious diseases, external resources may not be available and some services will need to be delivered in such a way to minimize the spread of disease.
- xiii. Post-incident mental health services may be needed for responders, families, and community members depending on the duration, extent, and magnitude of the event.
- xiv. Management of the dead is one of the most difficult aspects of disaster response. The way victims of the disaster are treated has profound and long-lasting effects on the mental health of survivors and communities. In addition, correct identification of the dead has legal significance for inheritance and insurance that can impact families and relatives for many years after a disaster.

VI. Concept of Operations

Mass casualty and mass fatality events will be managed using the National Incident Management System or NIMS. Other plans to be activated or incorporated into a Mass Fatality response may include but are not limited to the following: Emergency Operations Plan, Communications Plan, Volunteer Management Plan, Family Assistance/Victim Identification Plan, All Hazards and Pandemic Plan.

VII. Activation

Activation of this plan will occur when a mass casualty or fatality-producing event exceeds local response capabilities. The threshold is approximately 4-6 casualties and/or deaths depending on the circumstances surrounding the cause of injury or death and the resources available. In a mass fatality response Midwest Medical Examiner's Office threshold is larger and could withstand a greater number of fatalities before exceeding their resources.

The mass casualty and mass fatality response will be managed using the National Incident Management System (NIMS). Incident Command/Unified Command will be established at the time of Plan activation if not established already. The Emergency Operations Center (EOC) and Joint Information Center (JIC) may be opened to assist with the incident coordination, resource management, and release of information to internal and external stakeholders, news media, and the public.

Depending on the type, extent, duration, and magnitude of the casualty or fatality-producing incident, a Unified Command Structure will be established and the Emergency Operations Center activated. See Section VI. Responsibilities for the list of which resources may needed to be called out.

VIII. Support to Tactical and On-Scene Operations

Tactical and on-scene support will be provided through the Incident Command Structure. The Incident Commander(s) will be responsible for overseeing an organization that provides for incident logistics, finance, plans, operations, communications, and information management.

On-scene operations will work first to contain and stabilize a disaster scene. Functions that may be necessary will include; scene control and security, communications with Incident Command and within the scene, setting up triage, providing initial treatment on-scene, and conducting/coordinating transportation, among others.

Based upon severity of injuries and the judgment of the responder(s) on scene, casualties will be sent to the nearest appropriate medical facility able to handle victims. The local hospital closest to the event will serve as the emergency treatment center and mass casualty collection point for mass casualty events. All hospitals within MMS counties utilize the MNTrac database. MNTrac (Minnesota system for Tracking Resources, Alerts and Communication) is a database-driven, password-protected web application designed to track bed capacity including National Disaster Medical System (NDMS) responses and pharmaceuticals and resources from all hospitals within the state to support surge capacity needs. Additionally, hospital

diversion status, emergency incident planning, emergency communication, and emergency alert notifications are supported in real time. Once capacity has been reached the hospitals will activate their individual surge capacity plans.

IX. Support to Morgue Operations

MMS has limited capacity for refrigerated storage of human remains and would need to utilize additional resources outside of the three counties. At any given time, some or all of the capacity may be in use due to natural mortalities unrelated to any mass fatality incident. The responsibility of morgue operations will be the Medical Examiner.

If the numbers of dead exceed local capacity, incident management will support the ME with the following tasks.

- Establish a temporary morgue on-scene (using refrigeration as needed),
- Establish a temporary morgue at an identified location or
- Transportation of decedents
- Request state assistance for Disaster Mortuary Emergency Response Team (D-MERT) services.
- Request federal assistance for Disaster Mortuary Operational Response Team (DMORT)--in situations with fatalities that exceed local and state capabilities

Management of human remains involves coordination and collaboration to address: infectious disease risks, body recovery, storage of human remains, identification of human remains, long-term storage and disposal of human remains, support to families and relatives and communication efforts.

X. Family Assistance Center

The Family Assistance Center (FAC) is a secure facility established to serve as a centralized location to provide information and assistance about missing or unaccounted for persons and deceased, and supports the reunification of the missing or deceased with their loved ones. It provides information, gathering ante mortem information for decedent identification; sharing information with the families and developing a notification procedure.

The FAC will be established as soon as possible after a mass fatalities incident. The location of the FAC will be determined through the unified command structure. The coordination and implementation of the FAC will be a collaborative effort using identified partners. For further details please see FAC plan.

XI. Victim Identification Center

The Victim Identification Center (VIC) will be identified through the unified command structure under the direction of the ME.

MMEO will be responsible for the examination of the remains, determining the need for an autopsy, and determining the disposition of the remains. The MMEO facility in Ramsey, MN will act as the VIC and collect information to identify remains. The VIC will coordinate with MMEO staff assisting with victim identification operations from the Family Assistance Center, and the EOC as needed.

XII. Personal Effects

Personal effects include items that may have monetary value or aid in the identification process such as; financial papers, computers, purses, wallets, jewelry, eyeglasses, dentures, orthopedic appliances, clothing, photographs, luggage, electronic equipment, etc. Associated personal effects are personal items found on or attached to the remains. These items will be transported with the remains to the MMEO, and will be released to next of kin by MMEO staff with the assistance from the local law enforcement agency as needed.

Unassociated personal effects are personal items not found on or attached to the remains and found loose at the site. These items will be collected and documented upon approval of the on-scene MMEO Staff and law enforcement. Operations for collecting, securing, examining, decontaminating, and inventorying unassociated personal effects may exhaust local resources depending on the size and scope of the disaster. Items will be returned to the next of kin of the deceased in their current condition. Cleaning and repairs of these items may be provided if requested. Unwanted or unclaimed items will be stored for a period of time to give survivors and families an opportunity to claim the belongings. After the period of time has lapsed, the items will be disposed of appropriately.

XIII. Records Management (Accounting and Finance)

Expenses that may be reimbursable include personnel time and purchases of equipment and supplies requested and approved through the Incident Command. Detailed documentation should be maintained and will be required for reimbursement.

XIV. Death Registration and Certification

MMEO and local funeral homes will be responsible for death registration and completing the certification of death. MMEO will also be responsible for releasing the

remains and coordinating with funeral homes in order to provide transportation of the remains and mortuary services for next of kin.

XV. Confidentiality

All staff shall respect the privacy rights of survivors, family members, and staff. Private information from survivors, family members and staff shall not be solicited unless it is essential to providing services. Once private information is shared, standards of confidentiality apply.

All staff shall protect the confidentiality of survivors, victims, family members, and staff when responding to requests from representatives of the media. Before a disclosure is made, when feasible, staff should inform; survivors, family members, and staff members, to the extent possible, about the disclosure of confidential information and the potential consequences. This applies whether the confidential information is disclosed on the basis of a legal requirement or with the individual's consent.

Staff shall not discuss confidential information in any setting. Pictures, social media postings and any discussion with media are strictly prohibited. All inquiries should be routed through the Public Information Officer. See MMS MRC Volunteer handbook for further details.

XVI. Public Information/Media

Information released to external stakeholders, media, and the public will be coordinated through the Public Information Officer (PIO) and will be released through the JIC if established. MMS may prohibit the unauthorized use of cameras, video, and audio equipment within the Family Assistance Center if deemed necessary.

Reporters affiliated with various media providers may begin to congregate at an established Family Assistance Center, disaster site, or MMEO looking for any information. If this happens, reporters will be provided with PIO contact information, the location for the JIC, and times of media releases (if known).

XVII. Responsibilities

Discipline	Entity	Role
Animal Care	Humane Society County Veterinarians Minnesota Veterinary Medical Corps (MNVMRC) Minnesota Board of Animal Health US Fish and Wildlife	<ul style="list-style-type: none"> • <i>Shelter</i>: Assists in arranging temporary care for pets whose owners have been injured or killed • Assists in re-unification of people and their pets • <i>Vets</i>: Provides technical assistance on domestic animal diseases, Treats and/or euthanizes domestic animals involved incidents as requested by owners • <i>MNVMRC</i>: Can be requested through the State Duty Officer. Would assist with sheltering operations, re-unification of people and their pets, provide veterinary care to animals, euthanasia, and assist local vet offices with continuity of operations, etc. • <i>Minnesota Board of Animal Health</i>: Provide technical assistance on animal diseases • Provide guidance and assist with recovery and disposes of animal carcasses • <i>US Fish</i>: Provides technical assistance on animal diseases
Emergency Management	County City HSEM Federal	<ul style="list-style-type: none"> • Coordinates overall disaster response • Secures additional resources through state and federal agencies • Coordinates with and supports requests from field • Disseminates emergency information to the public through use of PIO/JIC plans • Works with IC to designate temporary morgue sites if needed • Identify locations and activates FAC/VIC plans • Arranges for delivery of refrigerated trucks, body bags, and other resources to hospital or other facilities • Assists in identification of staging areas • Obtains post-incident stress management

		<p>services as needed</p> <ul style="list-style-type: none"> • Facilitates After Action Review • Provides DMERT team as requested (State) • Provides DMORT team as requested (Federal)
EMS	Emergency Medical Services Ambulance/Rescue	<ul style="list-style-type: none"> • Provides triage, aid, and treatment • Provides transportation of injured • Maintains or re-establishes capacity to respond to other simultaneous incidents
Environmental (Hazmat)		<ul style="list-style-type: none"> • Provides technical assistance for environmental concerns
Fire	Local fire departments	<ul style="list-style-type: none"> • Provides aid to viable patients including rescue, triage, treatment • Conducts on-site decontamination of remains, if necessary
Funeral Homes	Private Mortuaries	<ul style="list-style-type: none"> • Provides for storage of human remains • Assist Coroner/ME duties as assigned • Certification/registration of death • Follow established procedures for releasing names of deceased • Provide transportation of deceased to MMEO if necessary • Representative at FAC if necessary
Hospital	Meeker Memorial Hutchinson Health Glencoe Regional Health Services Ridgeview Medical Center-Sibley	<ul style="list-style-type: none"> • Utilization of MNTrac • Establishes and utilizes HICS as needed • Provides medical care • Stabilizes and prepares patients who need advanced critical care for transport to regional hospitals • Provides support for decontamination • Establishes point-of-contact for incident and public information • Locks down facility as needed to focus on response • Requests additional supplies and resources through Incident Command • Holds decedents until transportation to morgue is arranged • Assists in obtaining post-incident stress

		management services
Law Enforcement	County City State	<ul style="list-style-type: none"> • Dispatch notifies Emergency Management • Perimeter control and scene security • Notifies Medical examiner • Provides security/access control at hospital if requested • Assists with documentation, reconstruction, investigation • Assists with management and identification of human remains • Assists with notification of next of kin • Assists in traffic control and re-routing • Requests wrecker services as needed
ME/Death Investigators	Midwest Medical Examiner's Office Death Investigators Medical Examiners	<ul style="list-style-type: none"> • Participates in IC/unified command structure • Performs coroner functions • Certification/registration of death • Assists in identification of alternate transportation routes • Documents anti-mortem information, collects evidence, reconstructs, and investigates as appropriate • Oversees identification and management of human remains • Releases deceased when no longer needed for investigation • Performs search as needed • Establishes procedures for releasing names of deceased • Notifies next of kin • Coordinates security and returning the personal property and possessions of decedents to next of kin
Mental Health	Mental Health	<ul style="list-style-type: none"> • Provide mental health support at FAC/VIC • Support services of MDH Mental Health Strike Team • Provide mental health support to responder staff • Provisions for long term monitoring of responders and family members mental

		health
Public Health	Meeker-McLeod-Sibley Community Health Services	<ul style="list-style-type: none"> • Maintain HAN communication • Assists in obtaining post-incident stress management services • Contact MDH Mental Health Strike Team as needed • Provide support services with Family Assistance Center (FAC), Victim Identification Center (VIC) • Participate in the unified command structure
Public Works/ Highway	City County MNDOT	<ul style="list-style-type: none"> • Assists in identification of alternate transportation routes • Provides sanders, plows/graders to open and maintain access • Provides equipment and operators for debris removal • Provides support for road closures and re-routing of traffic (signs, barriers, messages on road report lines, etc.) • Provides equipment and operators for removal of debris on roads.
School District	Meeker, McLeod, Sibley County Schools	<ul style="list-style-type: none"> • Contacts parents if/when school children are involved • Provides buses for transportation as requested • Provides use of their facilities for FAC if necessary • Counseling
Social Services		<ul style="list-style-type: none"> • Initiate and operate shelter and shelter services as directed by Incident Command • Provide community resources for families and survivor's • Assists in obtaining post-incident stress management services • Participate in the unified command structure • Provide support services with Family Assistance Center, Victim Identification Center
Volunteer	American Red Cross	<ul style="list-style-type: none"> • Provides basic First Aid

Agencies	Ministerial Associations Salvation Army MRC	<ul style="list-style-type: none"> • Assists in re-unification efforts • Assists in hospitals and infirmaries • Assists/collaborates with finding transportation for families to hospitals or morgues • Assist in operating FAC/VIC • Assists with emergency sheltering • Distributes comfort kits • Assists with coordinating spiritual care teams • <i>Ministerial Associations:</i> Assist with providing counseling and mental health support if needed. • <i>Churches:</i> Provides use of their facilities for FAC if necessary
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XVIII. Planning, Training and Exercises

Share information related to mass fatality training opportunities with our community partners and stakeholders as they arise.

Identified partners have the responsibility to maintain performance proficiency within their identified roles to respond to a MFI.

Conduct After Action Reviews following any mass casualty/mass fatality incident in the county.

Work at a local and regional level to participate in upcoming trainings and exercises with appropriate local partners.

XIX. Direction and Control

The incident will be managed using the National Incident Management System or NIMS. Depending on the specific incident, an Incident Command or Unified Command will be established. Likely functional areas participating in the Unified Command will include Coroner/Medical Examiner, Law Enforcement, Fire/EMS, Emergency Management, Local Hospitals and Health Centers, and the affected school districts and other departments as indicated by incident or Emergency Manager.

The dispatch center operated by the County Sheriff will be heavily impacted and the Emergency Operations Center may need to be activated.

The Incident Command organization will coordinate and direct the overall response in communication with the commander on scene, establishing an Incident Command Post close to the scene, and ordering and supplying resources as needed.

XX. Multicultural Considerations

While there are numerous religious and cultural rituals for handling the dead, a mass fatalities incident often presents difficulties in acknowledging and complying with these rituals. Although responders to these incidents would like to perform all the correct rituals, in reality it may be impossible to do so. It is unlikely that the search and recovery and Victim Identification Center operations staff will be able to easily discern the religion or culture of the victims, and thus not necessarily handle the victims in accordance with appropriate ritual. Instead, all fatality management operations should make a serious effort at maintaining the personal identity of the victims and consider the concerns of their families. Handling the victims with respect, maintaining their identities, and showing compassion for the religious concerns of the families will deflect many concerns. Releasing the remains to the families as quickly as possible will also allow them to perform their rituals soon after death, which is important in most cultures and religions.

The chart below provides general summary information related to cultural and religious preferences regarding care of the deceased. Attempts should be made to care for the deceased consistent with these preferences. However, public health considerations and guidelines provided by regulatory bodies will also be considered. In the event there is conflict between public health considerations and cultural or religious preferences, public health considerations will take precedence.

Religion/Culture	Preference	Other Comments
Afghanistan / Islam	Rapid Burial	
Amish / Mennonites	No Restrictions	
Arab Cultures / Islam	Rapid Burial	
Buddhist	No Restrictions	
Chinese / Hindu	Cremation	Burial
Christian Scientist	No Restrictions	Cremation
Cuban / Roman Catholic	Burial	
Eastern Orthodox	Burial	
Filipino / Roman Catholic	Burial	
Guatemalan / Roman Catholic	Burial	
Hispanic/Latino (other)/ Roman Catholic	Burial (Generally)	

Religion/Culture	Preference	Other Comments
Indian / Hindu	Cremation	
Japanese / Buddhist	No Restrictions	
Jewish	Rapid Burial	
Korean	Burial	
LDS	Burial	
Mexican / Roman Catholic	Burial	
Native American	Burial	
Pakistani	Rapid Burial	No coffin
Polynesian	Burial	
Puerto Rican / Roman Catholic	Burial	
Rastafarian	Don't believe in burial	Ask for Preference
Sri Lanka / Buddhist	No Restrictions	

XXI. Document Maintenance

Maintenance of this document is the responsibility of Meeker, McLeod and Sibley Counties Public Health and Emergency Managers. Changes to this annex will be documented in the Record of Changes found at the beginning of the plan.