

Emergency Preparedness Plan

for

CareMate Home Health Care, Inc.

2236 Marshall Avenue

Saint Paul, MN 55104

DATE PREPARED: 12/18/2020

CareMate Home Health Care, Inc. (CHHCI) recognizes that our people drive our business. As our most critical resource, employees are safeguarded through training, provision of appropriate work surroundings, and procedures that foster protection of health and safety. No duty, no matter what its perceived result, is more important than employee health and safety. This Emergency Action Plan is reviewed and updated annually.

General Guidelines in an Emergency

Stay calm and think through your actions. Know important emergency numbers:

Be aware of your surroundings:

- Do not hesitate to call or alert others if you believe that an emergency is occurring.

EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

DESIGNATED RESPONSIBLE OFFICIAL AND EMERGENCY COORDINATOR

Tim Koran 651-775-2612

Backup Coordinator

Richard Aderinkomi 651-434-9665

AREA / FLOOR MONITORS:

Area / Floor: Downstairs Tim Koran 651-775-2612

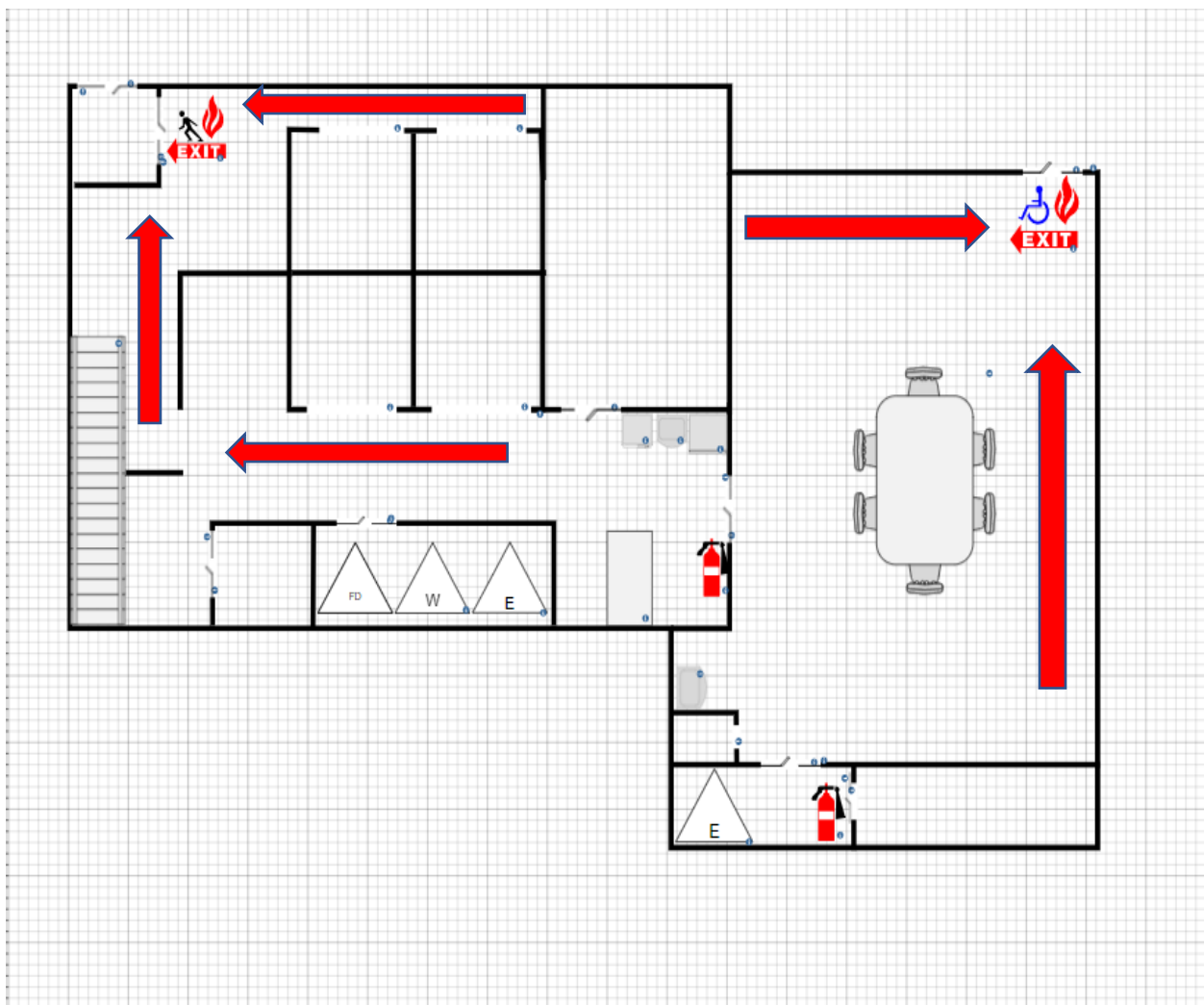
Area / Floor: Upstairs Kay Benschop 651-775-2607

EVACUATION ROUTES

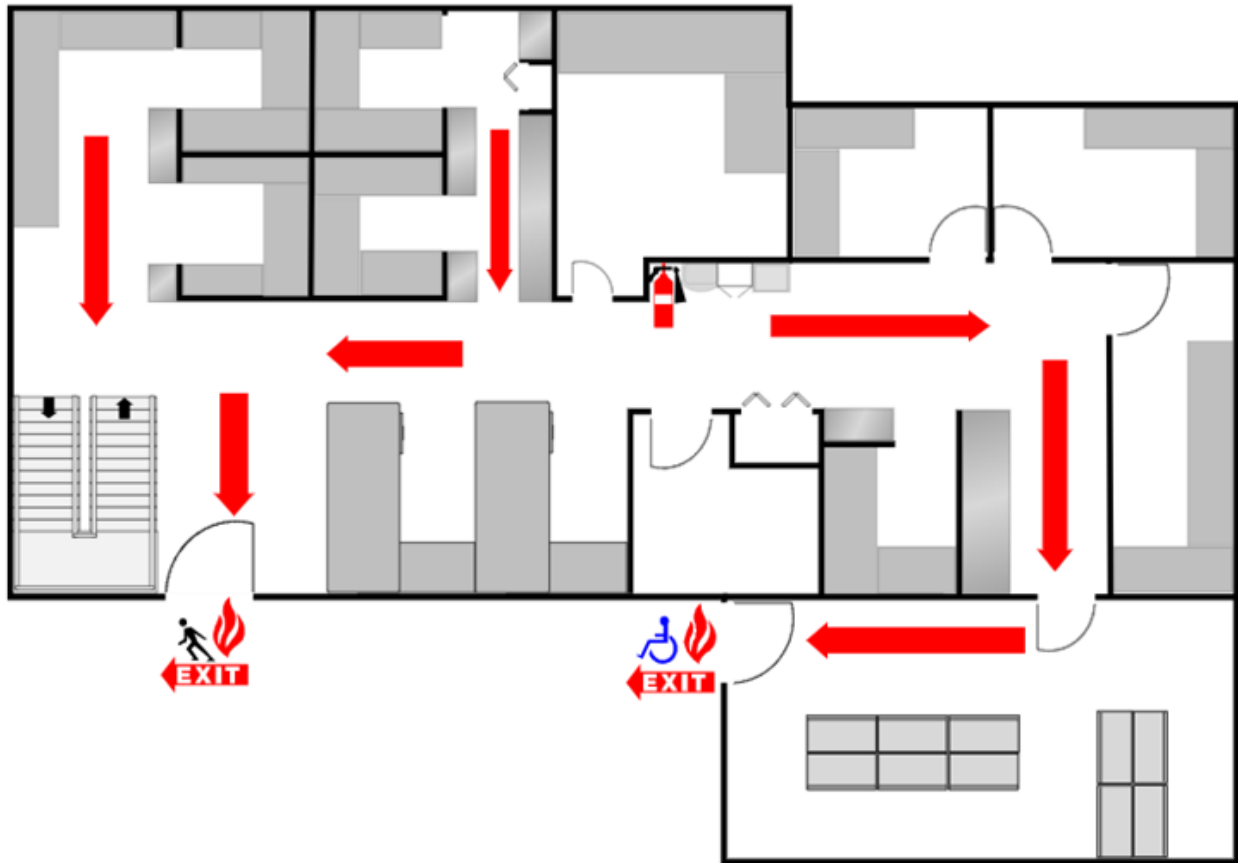
- Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps:
 1. Emergency exits
 2. Primary and secondary evacuation routes
 3. Locations of fire extinguishers
 4. Fire alarm pull stations' location
 - a. Assembly points
- Site personnel should know at least two evacuation routes.

Point of Assembly

Map for Lower level floor



Map for Upper Level floor



Point of Assembly

EMERGENCY PHONE NUMBERS

FIRE DEPARTMENT: 911 or 651-224-7811

PARAMEDICS: 911 or 651-224-7811

AMBULANCE: 911 or 651-224-7811

POLICE: 911 or 651-291-1111

FEDERAL PROTECTIVE SERVICE <https://www.dhs.gov/topic/federal-protective-service>

SECURITY Electro Watchman 651-310-1257

BUILDING MANAGER: Tim Koran 651-775-2612

UTILITY COMPANY EMERGENCY CONTACTS

ELECTRIC: Xcel Energy, 1-800-481-4700, Customer Service

WATER: Saint Paul Regional Water Services, 651-266-6350, Customer Service

GAS: Xcel Energy, 1-800-481-4700, Customer Service

TELEPHONE COMPANY: Allstream, 888-889-8088, Customer Service

Emergency and Disaster Plans

Minnesota has a variety of weather activities and facilities should have the following emergency and disaster plans in place, in addition to standard emergency procedures:

- Medical
- Fires
- Tornadoes
- Extreme winter weather
- Heat Exhaustion and Heat Stroke
- Loss of Power
- Cyber Attacks
- Gas Outage
- Flooding
- Water Shortage
- Chemical Spill
- Bomb Threat
- Workplace violence

MEDICAL EMERGENCY

Use of Emergency Services / When to Call 911

Examples of events or circumstances which warrant notification of 911 include when staff:

- Has trouble breathing or has stopped breathing
- Has no pulse
- Is bleeding severely
- Is having chest, neck, jaw, or arm pain
- Is unconscious or is losing consciousness
- Has a suspected fracture
- Has been badly burned
- Is unable to move one or more limbs
- Is having a seizure
- Is suffering from:
 - Hypothermia - below normal body temperature
 - Hyperthermia - well above normal body temperature
- Has been poisoned
- Is having a diabetic emergency
- Has suffered a stroke
- Is choking

➤ **PAY ATTENTION – If there is any doubt regarding the seriousness of the condition, call 911.**

How to use 911

1. Dial 911 from the nearest phone
2. Stay calm and give the 911 dispatcher the following information:
 - State “This is a medical emergency”
 - Give your name and the name of your facility
 - Give the address
 - Give the name of the staff
 - Describe the problem and how it happened, if known; Otherwise just relate the facts and what has been observed
3. Follow directions of the 911 dispatcher
4. Hang up only when the dispatcher says you can
5. Following a 911 call, staff will get a copy of the information sheet (sometimes called the Face Sheet), and a list of current medications to be given to the 911 responder
6. After the staff is safely on the way with the emergency crew
 - Fill out incident report
 - Call and update Emergency Coordinator

Procedure:

Upon discovering a medical emergency, call 911.

- Do not move victim unless absolutely necessary.
- Stay with the ill or injured person, being careful not to come into contact with any body fluids unless properly trained and protected.
- Call the following personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help: Kay Benschop at 651-775-2607 or Mary Aderinkomi at 651-417-9385
- If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:
 1. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
 2. Clear the air passages using the Heimlich Maneuver in case of choking.
- In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified.
- Send one person to alert Emergency Coordinator so they can notify family members of the ill or injured person.
- Employees in the immediate vicinity of the emergency, but not involved in the emergency effort, should leave the area.

Date 12/18/2020

Fire Emergency

In the event of a fire, RACE:

R – RESCUE: Remove all staff from danger. All should be evacuated to safest exit or behind the nearest exit away from fire / smoke.

A – ALERT: Call 911. Tell them who, what, when, where. If system is sounding, fire department will be on the way, but a call to 911 should still be made. Sprinklers will activate if necessary.

C – CONFINE: Close all doors leading towards the fire. Check all rooms and then CLOSE DOORS as you are evacuating the area.

E – EXTINGUISH: Extinguish the fire – only if safe to do so and you have followed all other steps in this procedure.

When the fire alarm is triggered, staff need to immediately evacuate the building using the closest exit —do not delay evacuation to gather personal belongings, finish a phone call or wait for friends.

The fire department will dispatch immediately. The system is wired directly to the fire station. Once they arrive, staff will take orders and direction from them. They are in charge.

All known fires must be reported to the fire department for investigation.

Alarm is Sounding – No Apparent Fire

Remain calm. Designate Floor Monitors will search facility for smoke or fire. The fire department needs to come and shut off the alarm. If no one comes to give you further directions, and the alarm is off, you may continue operations.

Fight the fire ONLY if:

- The Fire Department has been notified.
- The fire is small and is not spreading to other areas.
- Escaping the area is possible by backing up to the nearest exit.
- The fire extinguisher is in working condition and personnel are trained to use it.
- If you have been trained to use a fire extinguisher, follow the P.A.S.S. instructions:
 - Pull the safety pin.
 - Aim the nozzle at the base of the fire.
 - Squeeze the operating lever.
 - Sweep side to side, covering the base of the fire.
- When using a fire extinguisher, always stay between the fire and an exit—never feel that

using a fire extinguisher is required, and if the fire is too hot, too smoky or you are frightened, evacuate immediately.

Types of Fires

- Class A – Combustible material such as paper and wood
- Class B – Fires involving flammable liquids such as gasoline, paint, diesel fuel or solvents
- Class C – Fires started in electrical equipment by arching or overheating
- Class D – Fires involving combustible metal powders, flakes or shavings

Smart Safety Rules

- Stand 6 to 8 feet away from the fire
- Use an extinguisher ONLY if you have been trained to use it.
- Fire Extinguishers are for small fires in the early stages.
- Know where fire extinguishers are located
- Never place a pressurized fire extinguisher upright unless you are holding it - if it falls over the nozzle can break off
- All fire extinguishers should have an inspection tag and a trigger seal and a pin
- After use, do not put a fire extinguisher back on its mounting – it must be refilled before being returned to its location

SEVERE WEATHER AND NATURAL DISASTERS

In the event severe weather conditions occur at a time when you have not yet reported to work and you are able to do so safely, you should report to work as usual unless otherwise notified.

Severe Weather / Tornado Procedures

You should be aware of weather conditions when skies are dark, heavy winds are blowing, etc. This type of weather can bring tornadoes; if severe weather develops take evacuation steps, if necessary.

Definitions:

Tornado Watch: Weather conditions are ideal for development of tornadoes – stay tuned

Tornado Warning: A tornado has been identified – evacuate to designated location and prepare for tornado.

Tornado Watch Procedure:

1. Account for all staff.
2. Remain calm and explain the situation to all staff.
3. Turn on Weather Radio.
4. Close all windows and blinds in all common areas and rooms
5. Get out emergency flashlights. Make sure they are in workable condition
6. Keep flashlight with you at all times, as well as a portable phone

Severe Weather / Tornado Warning (Sirens are Going Off) Procedure:

1. Instruct staff to take cover in interior hallways, bathrooms, storerooms or other designated safe areas. If an interior safe area is not available, instruct staff to go to a corner of their room, away from windows
2. No one should be in a room with windows, when possible. Use arms to protect head and neck.
3. Reassure staff and remain sheltered until the tornado threat is announced to be over.

If injuries or building damage has occurred following severe weather:

1. Call 911 for assistance with injuries and /or transportation to the ER
2. Take count of all staff
3. Notify family members as needed

Recommended Emergency Kit Items:

- First Aid Kit
- Flashlights and extra batteries
- Battery operated radios and extra batteries
- Portable phone or, if unavailable, allow staff to use personal cell phones for emergency-related communication only

Winter Storm Warning

It is the responsibility of CHHCI, to the best of its ability, to provide safety precautions to staff during a winter storm which may include blizzard, heavy snow, freezing rain, ice storms or sleet.

PROCEDURE:

1. Emergency Coordinator is responsible for identification of possible winter storms. He will keep posted on all-weather bulletins and relay these to staff.
2. Make sure all emergency equipment and supplies are on hand or can be readily obtained.
3. Make sure emergency food supplies and food service equipment are on hand.
4. Make sure emergency supply of water is available.
5. Make sure heating system is operable, if problems observed call Emergency Coordinator immediately.
6. Use extra blankets / quilts, etc. that the staff have available and keep staff as warm as possible.
7. Keep flashlights handy and extra batteries available, as needed.

Blizzard:

If indoors:

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Stay indoors!
- If there is no heat:
 - Close off unneeded rooms or areas.
 - Stuff towels or rags in cracks under doors.
 - Cover windows at night.
- Eat and drink. Food provides the body with energy and heat. Fluids prevent dehydration.
- Wear layers of loose-fitting, light-weight, warm clothing, if available.

If outdoors:

- Find a dry shelter. Cover all exposed parts of the body.
- If shelter is not available:
 - Prepare a lean-to, wind break, or snow cave for protection from the wind.
 - Build a fire for heat and to attract attention. Place rocks around the fire to absorb and reflect heat.
 - Do not eat snow. It will lower your body temperature. Melt it first.

If stranded in a car or truck:

- Stay in the vehicle!
- Run the motor about ten minutes each hour. Open the windows a little for fresh air to avoid carbon monoxide poisoning. Make sure the exhaust pipe is not blocked.
- Make yourself visible to rescuers.
 - Turn on the dome light at night when running the engine.
 - Tie a colored cloth to your antenna or door.
 - Raise the hood after the snow stops falling.
- Exercise to keep blood circulating and to keep warm.

Heat Exhaustion and Heat Stroke

Risk Factors for Heat Exhaustion:

Heat exhaustion is strongly related to the heat index, which is a measurement of how hot you feel when the effects of relative humidity and air temperature are combined. A relative humidity of 60% or more hampers sweat evaporation, which hinders your body's ability to cool itself.

The risk of heat-related illness dramatically increases when the heat index climbs to 90 degrees Fahrenheit or more. So, it is important – especially during heat waves – to pay attention to the reported heat index, and to remember that the heat index is even higher when you are standing in full sunshine.

PROCEDURE:

1. Inform staff when temperature and humidity reach a high level, normally reported on the local news channel and on smartphone-based weather applications (apps).
2. Consider putting a sign by entry / exit doors, reminding staff who go outside of the dangers of being outside too long during expected high heat index periods.
3. Staff should draw all shades, blinds and curtains in rooms when exposed to direct sunlight.
4. Staff will be encouraged to drink fluids
 - a. Water, popsicles, and juice are ideal
 - b. Avoid fluids with caffeine when possible, as caffeinated beverages do not help hydrate, and can cause thirst, rather than quench thirst.

Symptoms of Heat Exhaustion

The most common signs and symptoms of heat exhaustion include:

- Confusion
- Dark-colored urine (a sign of dehydration)
- Dizziness
- Fainting
- Fatigue
- Headache
- Muscle or abdominal cramps
- Nausea, vomiting, or diarrhea
- Pale skin
- Profuse sweating
- Rapid heartbeat

Treatment for Heat Exhaustion

If you, or anyone else, has symptoms of heat exhaustion, it is essential to get out of the heat immediately and rest, preferably in an air-conditioned room. If you cannot get inside, try to find the nearest cool and shady place.

Other recommended strategies include:

- Drink plenty of fluid (avoid caffeine and alcohol)
- Remove any tight or unnecessary clothing
- Take a cool shower, bath, or sponge bath
- Apply other cooling measures, such as fans or ice towels
- If such measures fail to provide relief within 15 minutes, seek emergency medical help, because untreated heat exhaustion can progress to heat stroke, which is more serious

Heat Stroke

Heat stroke is the most serious form of heat injury, and is considered a **medical emergency**.

If you suspect that someone has heat stroke -- also known as sunstroke -- call 911 immediately and give first aid until paramedics arrive.

Heat stroke can kill or cause damage to the brain and other internal organs. Although heat stroke mainly affects people over age 50, it can also occur in others, including healthy, young athletes.

Heat stroke often occurs as a progression from milder heat-related illnesses, such as heat cramps, heat syncope (fainting), and heat exhaustion. However, it can strike even if there are no previous signs of heat injury.

Heat stroke results from prolonged exposure to high temperatures -- usually in combination with dehydration -- which leads to failure of the body's temperature control system. The medical definition of heat stroke is a core body temperature greater than 105 degrees Fahrenheit, with complications involving the central nervous system that occur after exposure to high temperatures. Other common symptoms include nausea, seizures, confusion, disorientation, and sometimes loss of consciousness or coma.

Symptoms of Heat Stroke

The trademark symptom of heat stroke is a core body temperature above **104 degrees** Fahrenheit. Fainting, however, may be the first sign of heat stroke.

Other symptoms may include:

- Throbbing headache
- Dizziness and light-headedness
- Lack of sweating, despite high heat
- Red, hot, and dry skin
- Muscle weakness or cramps
- Nausea and vomiting
- Rapid heartbeat, which may be either strong or weak
- Rapid, shallow breathing
- Behavioral changes, such as confusion, disorientation, or staggering
- Seizures
- Unconsciousness

First Aid for Heat Stroke

If you suspect that someone has a heat stroke:

1. Immediately call 911 or transport the person to a hospital
2. Any delay seeking medical help can be fatal
3. While waiting for the paramedics to arrive, initiate first aid
 - a. Move the person to an air-conditioned environment -- or at least a cool, shady area -- and remove any unnecessary clothing
4. If possible, use a thermometer to take the person's core body temperature and initiate first aid to cool it to 101 to 102 degrees Fahrenheit. (If no thermometers are available, don't hesitate to initiate first aid.)

Try these cooling strategies:

- Fan air over staff while wetting his or her skin with water from a sponge
- Apply ice packs to the staff's armpits, groin, neck, and back. Because these areas are rich with blood vessels close to the skin, cooling them may reduce body temperature
- If emergency response is delayed, call the hospital emergency room for additional instructions

Risk Factors for Heat Stroke

Heat stroke is most likely to affect older people who live in apartments or homes lacking air conditioning or good airflow. Other high-risk groups include people of any age who don't drink enough water, have chronic diseases, or who drink excessive amounts of alcohol.

Heat stroke is strongly related to the heat index, which is a measurement of how hot you feel when the effects of relative humidity and air temperature are combined. A relative humidity of 60% or more hampers sweat evaporation, which hinders your body's ability to cool itself.

The risk of heat-related illness dramatically increases when the heat index climbs to 90 degrees or more. So, it's important -- especially during heat waves -- to pay attention to the reported heat index, and to remember that exposure to full sunshine can increase the reported heat index by 15 degrees.

If you live in an urban area, you may be especially prone to develop heat stroke during a prolonged heat wave, particularly if there are stagnant atmospheric conditions and poor air quality. In what is known as the "heat island effect," asphalt and concrete store heat during the day and only gradually release it at night, resulting in higher nighttime temperatures.

Loss of Power

In the event of extended power loss to CHHCI., certain precautionary measures should be taken:

1. Call your supervisor to alert them of the power loss.
2. Unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge causing damage to electronics and effecting sensitive equipment.
3. Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry.
4. If freezing temperatures, keep all windows and doors closed to conserve heat. You should turn off and drain the following lines in the event of a long-term power loss.
 - Fire sprinkler system
 - Standpipes
 - Potable water lines
 - Toilets
5. Fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored to the facility and water turned back on.
6. Add propylene-glycol to drains to prevent traps from freezing
7. Equipment that contain fluids that may freeze due to long term exposure to freezing temperatures should be moved to heated areas, drained of liquids, or provided with auxiliary heat sources.
8. Retrieve the emergency kit; it should contain multiple flashlights, extra batteries, and a battery-powered radio.

Date 12/18/2020

Cyber Attacks

In the event of cyber attacks to CHHCIs computer system, certain precautionary measures should be taken. This cyber security policy is for our employees, vendors and partners to refer to when they need advice and guidelines related to cyber law and cyber crime. Having this cyber security policy we are trying to protect CHHCI's data and technology infrastructure.

This policy applies to all of CHHCI's employees, contractors, volunteers, vendors and anyone else who may have any type of access to CHHCI's systems, software and hardware.

Some of the common examples of confidential data include: 1) Classified financial information; 2) Customer data; 3) Data about partners; and 4) Data about vendors.

Device Security- Using personal devices

Logging in to any of CHHCI's accounts from personal devices such as mobile phones, tablets or laptops, can put our company's data at risk. CHHCI does not recommend accessing any company's data from personal devices. If so is inevitable, employees are obligated to keep their devices in a safe place, not exposed to anyone else.

We recommend employees to follow these best practices: 1) Keep all electronic devices' password secured and protected; 2) Logging into company's accounts should be done only through safe networks; 3) Install security updates on a regular basis; 4) Upgrade antivirus software on a regular basis; 5) Don't ever leave your devices unprotected and exposed; and 6) Lock your computers when leaving the desk

Email Security

Emails can carry scams or malevolent software (for example worms, bugs etc.). In order to avoid virus infection or data theft, our policy is always to inform employees to: 1) Abstain from opening attachments or clicking any links in the situations when its content is not well explained; 2) Make sure to always check email addresses and names of senders; 3) Search for inconsistencies; and 4) Be careful with clickbait titles (for example offering prizes, advice, etc.)

We also have malware / virus protection through our antivirus software that scans all incoming emails for potential threats and will prohibit opening files if it detects potential threats to the computer system.

In case that an employee is not sure if the email received, or any type of data is safe, they can always contact our IT specialist.

Managing Passwords

To ensure avoiding that your company account password gets hacked, use these best practices for setting up passwords: 1) At least 8 characters (must contain capital and lower-case letters,

numbers and symbols); 2) Do not write down password and leave it unprotected; 3) Do not exchange credentials when not requested or approved by supervisor; and 4) Change passwords every month

Transferring Data

Data transfer is one of the most common ways cybercrimes happen. Follow these best practices when transferring data: 1) Avoid transferring personal data such as customer and employee confidential data; 2) Adhere to personal data protection law; and 3) Data can only be shared over company's network

Working Remotely

Even when working remotely, all the cybersecurity policies and procedures must be followed.

Additional layers of security will be used when working remotely including:

1. Personal log in keys
2. Secondary passwords

Disciplinary Action

When best practices and company's policy are not followed, disciplinary actions take place.

Some of the examples of disciplinary actions include: 1) In case of breaches that are intentional or repeated, and are harmful to our company, CHHCI will take serious actions including termination; 2) Depending on how serious the breach is, there will be three warnings; 3) Each incident will be evaluated; 4) Each case and incidence will be assessed on a case-by-case basis; and 5) Everyone who disregards company's policies will face progressive discipline

Gas Outage

In the event of a gas outage to the office of CHHCI., certain precautionary measures should be taken:

- **Ensure your building is safe to occupy**—Initially allow only essential, critical-operations staff into restricted areas. Ask your local or State health department for guidance on determining the safety of your building.
- **Contact your fuel supplier**—If you rely on fuel supplies for your business, vehicles, generators, and other equipment, contact your fuel supplier to confirm contractual arrangements during an emergency. Can your fuel supplier access your facility? Can it operate without power? You may need to contact a backup or out-of-region supplier if your normal supplier is unavailable due to the emergency.
- **Stay informed**—Use cell phones, laptops, and other mobile devices to communicate with your utility companies, and to [help you stay up to date](#) on restoration efforts, weather forecasts, and other important information. Stay tuned also to local media reports, and for information from State and local government sources.

Flooding

The following guidelines may be used by healthcare facilities and providers to answer questions regarding expectations of the Minnesota Department of Health (MDH) Health Regulations during flooding or other similar natural disaster.

General Protocol:

1. Your first and foremost priority is to your staff. Use common sense!
 2. Flooding and other natural disasters may affect water supplies.
 - a. Facilities may need to reduce bedside water and regular bathing.
 - b. Hydration and hygiene needs must be met, but usual procedures can be modified.
 3. Staffing may also be difficult if there is a disaster in your community.
 - a. Do your best to keep staffing at appropriate levels.
- Depending on where you are, the potential impact, and the warning time given for flooding, go to the safe location that you have identified. If you are not able to shelter in place or with family or friends and must go to a public shelter,
 - If told to evacuate, do so immediately. Never drive around barricades. Local responders use them to safely direct traffic out of flooded areas.
 - If you are [sick and need medical attention](#), contact your healthcare provider for further care instructions and shelter in place, if possible. If you are experiencing a medical emergency, call 911. If staying at a shelter or public facility, alert shelter staff immediately so they can call a local hospital or clinic.

- Listen to EAS, NOAA Weather Radio or local alerting systems for current emergency information and instructions regarding flooding.
- Do not walk, swim or drive through flood waters. Turn Around. Don't Drown!
- Stay off bridges over fast-moving water. Fast-moving water can wash bridges away without warning.
- If your car is trapped in rapidly moving water stay inside. If water is rising inside the car get on the roof.
- If trapped in a building go to its highest level. Do not climb into a closed attic. You may become trapped by rising floodwater. Only get on the roof if necessary and once there signal for help.

Water Shortage

PROCEDURE:

The facility, to the best of its ability, will have adequate water supply on hand to supply staff with water for necessities.

1. If there is a known shortage of water, notify the Emergency Coordinator immediately.
2. All attempts will be made to determine the cause for water disruption and the probable length of the shutdown.
3. If necessary, water will be brought in and dispensed as needed. This water supply is only for necessary circumstances and should be used conservatively.
4. If it becomes apparent that a water shortage will last for an undetermined length of time, the Emergency Coordinator will take appropriate emergency measures to ensure proper care for those whose care has been disrupted by lack of water supply.

CHEMICAL SPILL

The following are general guidelines to be followed for a chemical spill. More detailed procedures are detailed further below.

PROCEDURE:

- Immediately alert area occupants and emergency coordinator and evacuate the area, if necessary.
- If there is a fire or medical attention is needed, call 911.
- Attend to any people who may be contaminated. Contaminated clothing must be removed immediately and the skin flushed with water for no less than fifteen minutes. Clothing must be laundered before reuse.

- If a volatile, flammable material is spilled, immediately warn everyone, control sources of ignition and ventilate the area.

The following are the locations of Spill Containment and Security Equipment:

Upper Level Supply room

Spill containment and security equipment:

- Mop
- Broom and dustpan
- Towels
- Trash bags
- Bucket
- Baking soda

Personal Protective Equipment (PPE):

- Gloves
- Face mask
- Face shield
- Gowns
- Goggles

When a Large Chemical Spill has occurred:

- Immediately notify the designated official and Emergency Coordinator.
- Contain the spill with available equipment (e.g., pads, brooms, absorbent powder, etc.).
- Secure the area and alert other site personnel.
- Do not attempt to clean the spill unless trained to do so.
- Attend to injured personnel and call the medical emergency number, if required.
- Call a local spill cleanup company or the Fire Department (if arrangement has been made) to perform a large chemical (e.g., mercury) spill cleanup.

Name of Spill Cleanup Company: Bay West Environmental

Phone Number: 800-279-0456

- Evacuate building as necessary

When a Small Chemical Spill has occurred:

- Notify the Emergency Coordinator and /or supervisor (select one).
- If toxic fumes are present, secure the area (with caution tapes or cones) to prevent other personnel from entering.
- Deal with the spill in accordance with the instructions described in the MSDS.
- Small spills must be handled in a safe manner, while wearing the proper PPE.
- Review the general chemical spill cleanup procedures.

TELEPHONE BOMB THREAT CHECKLIST

INSTRUCTIONS: BE CALM, BE COURTEOUS. LISTEN. DO NOT INTERRUPT THE CALLER.

YOUR NAME: _____ TIME: _____ DATE: _____

CALLER'S IDENTITY SEX: Male _____ Female _____ Adult _____ Juvenile _____

APPROXIMATE AGE: _____

ORIGIN OF CALL: Local _____ Long Distance _____ Cell Phone _____

VOICE CHARACTERISTICS

___ Loud ___ Soft
 ___ High Pitch ___ Deep
 ___ Raspy ___ Pleasant
 ___ Intoxicated ___ Other

SPEECH

___ Fast ___ Slow
 ___ Distinct ___ Distorted
 ___ Stutter ___ Nasal
 ___ Slurred ___ Other

LANGUAGE

___ Excellent ___ Good
 ___ Fair ___ Poor
 ___ Foul ___ Other

ACCENT

___ Local ___ Not Local
 ___ Foreign ___ Region
 ___ Race

MANNER

___ Calm ___ Angry
 ___ Rational ___ Irrational
 ___ Coherent ___ Incoherent
 ___ Deliberate ___ Emotional
 ___ Righteous ___ Laughing

BACKGROUND NOISES

___ Factory ___ Trains
 ___ Machines ___ Animals
 ___ Music ___ Quiet
 ___ Office ___ Voices
 ___ Machines ___ Airplanes
 ___ Street ___ Party
 ___ Traffic ___ Atmosphere

BOMB FACTS

PRETEND DIFFICULTY HEARING - KEEP CALLER TALKING - IF CALLER SEEMS AGREEABLE TO FURTHER CONVERSATION, ASK QUESTIONS LIKE:

When will it go off? Certain Hour _____ Time Remaining _____

Where is it located? Building _____ Area _____

What kind of bomb? _____

What kind of package? _____

How do you know so much about the bomb? _____

What is your name and address? _____

If building is occupied, inform caller that detonation could cause injury or death.

Activate malicious call trace: Hang up phone and do not answer another line. Choose same line and dial *57 (if your phone system has this capability). Listen for the confirmation announcement and hang up.

Call Emergency Coordinator at 651-775-2612 and relay information about the call.

Did the caller appear familiar with plant or building (by his / her description of the bomb location)? Write out the message in its entirety and any other comments on a separate sheet of paper and attach to this checklist.

Notify your supervisor immediately.

Workplace Violence:

- Any employee who feels that he or she has been threatened should immediately report the incident to their supervisor and Administrator.
- If you observe anyone exhibiting threatening behavior or making threatening statements, warn others in the area and immediately notify Administrator — stay away from the person exhibiting the threatening behavior.
- Depending upon the level of concern, 911 may be called immediately.
- Never attempt to confront any person exhibiting threatening behavior.
- If you have reason to believe that events in your personal life could result in acts of violence occurring at work, you are strongly urged to confidentially discuss the issue with Administrator so that a prevention plan can be developed.

Business Operations

CHHCI operates as a Medicare Home Health Care agency. We are in business to serve humanity. We provide skilled and non-skilled services to patients throughout the seven-county metro area. All of our employees are essential employees since they care for vulnerable adults in their home.

CHHCI has field staff and office employees. Our office employees are essential employees since they support the staff who care for the patients in their homes. CHHCI specifically states the following are essential office employees. The Administrator leads CHHCI and is in charge that all employees follow Federal and State guidelines regarding home health care. The Administrator also is responsible for all human resource duties including payroll. The Director of Nursing (DON) supervises all clinical personnel and is responsible that each clinician is following Federal and State health care statutes. The DON also is responsible all patients are treated in a respectable and safe manner. The Staffing Coordinator is responsible to ensure all patients receive the proper services according to what is authorized by Federal, State or private insurance companies. The Billing Manager is responsible for all billing of the services that our clinicians have provided. If CHHCI was not paid for its services it rendered, then we would not be able to continue to operate. The Medical Data Entry Clerk is responsible to ensure all medical data is sent to the physicians who authorize services for our patients.

CHHCI has field staff employees who are essential employees. These include, Registered Nurse (RN), Physical Therapist (PT), Home Health Aide (HHA), Personal Care Assistant (PCA) and Homemakers (HMKR). The RN provides skilled services to the patients to keep them in their homes. The PT provides therapy for the patients in their home. Lastly the HHA, PCA and HMKR all provide needed services to patients to help them be able to stay in their homes instead of being sent to long term care facilities. Both the office and field staff are essential personnel and complete essential functions.

CHHCI contracts with Allstream for its phone and intranet services. Allstream has a cloud-based phone system with the main server located in Vancouver, WA. Allstream also has 13 back up servers located throughout the United States in Canada. These servers are geographically located in case severe weather or other emergency disasters may occur and their service will not be interrupted. All data and back-ups from CHHCI are on the company server. CHHCI has a firewall to protect against cyber attacks. This server is back up on both temporary portable backups that are replaced bi-weekly so the longest data may not be backed up is 2 days. The server is backed up daily on the cloud-based server with Allstream. CHHCI can access data backups at any time through our server from a laptop computer. The Management Team has laptop computers that can access backups in case of an emergency. The Management Team can print hard copies or demonstrate the capability to reproduce contact access of any data during emergencies.

CHHCI office business operations are located at 2236 Marshall in Saint Paul. However, with technology advancements, operations could be completed at individual employee's residences in case of emergencies. Our server could be accessed and employees could work at home just like they were in the office. The phone system has a feature that the phone could roll over into the

employee's cell phone or landline. Therefore, they could continue to complete their duties away from the office. As such, depending on the location of the emergency and its severity, this will determine if CHHCI can still render services to the patient. If there is a medical emergency, then 911 would be called and emergency personnel would determine if the patient could remain in the home or be transferred to a hospital. If a fire emergency occurred, it would depend on the location of the fire. If the fire was at the patient's residence, then fire personnel would decide if the patient remain in their residence or be transferred to other housing arrangements. If the fire occurred at CHHHC office, there would not be a break in service to the patient due to the ability to work from home. CHHCI would follow the same scenario as the fire emergency with other similar emergencies. These include severe weather such as tornados, or blizzards, loss of power, gas outages, flooding, water shortages, workplace violence and bomb threats. For heat exhaustion and heat strokes, CHHCI would follow the procedure as medical emergency follows. If the emergency is region wide and CHHCI is unable to provide service to its patients, CHHCI will communicate the required information to local, tribal, State and Federal officials as outlined in the Communication Plan located later in this Emergency Procedure Plan.

CHHCI licensed personnel monitor the needs of the vulnerable adults (our patients) we care for. Licensed personnel are in contact with the patient's physician to make sure the care the patient is receiving is what the physician prescribes. Licensed personnel will also review the assessment completed by the Public Health Nurse and develop a care plan for each patient. The licensed personnel will then educate the unlicensed personnel to follow the patient's care plan in order to provide quality care for all our CHHCI's patients.

CHHCI has vital records for each patient we take care of. Each patient's clinical record are considered vital and include: Admission Agreement, Service Agreement, Patient's Bill of Rights, Authorization for Release of Medical Information, List of Professional Staff, Advance Directives, Physician Orders, Home Health Certification and Plan of Treatment (Form 485), Medical Update and Patient Information, Confirmation of Verbal Orders, Home Do-Not-Resuscitate Form, Emergency Procedure Plan, Nurse Visit Schedule, Nursing Admission Database, Assessment for Patient Vulnerability to Abuse / Neglect, Nursing Care Plan, Authorization to Release Medical Records, Skilled Nurse Visit Notes, MA Assessment, OASIS Assessment, Home Health Aide Care Plan and Therapy Calendar.

CHHCI follows all Health Insurance Portability and Accountability Act (HIPPA) regulations regarding protective health information. CHHCI has software to protect its server from people who try to cyber attack our system to disrupt our operations. All computers including our servers are protected by passwords that only the individual user knows and does not share their passwords. CareFacts software also has an additional password required to enter into their software. This is where the medical data of all of our clients is located. CHHCI ensures all data is protected and there have been zero breaches in the data since we began operations in 1999.

CHHCI's critical resources are its patients and staff. CHHCI tries its best to keep these resources as protected as possible. CHHCI staff need to wear Personal Protective Equipment (PPE) when working with their patients. Other critical resources would include the computer system including all desk computers, laptops, servers and back up storage devices. These resources are

used to best care for the patients and to be in compliance with Federal and State laws regarding home health care. They are also used for paying our employees and billing for the services rendered so we can be a viable company. Our building at 2236 Marshal is another critical resource for CHHCI. Inside the building are file cabinets that contain patient and personnel files that are critical to CHHCI's operations.

CHHCI's financial resources are monitored by Harrington, Langer and Associates. CHHCI banks with Wells Fargo Bank. The financial resources are needed to continue making CHHCI a company to continue operations.

Succession Planning

CareMate Home Health Care, Inc. will continue business operations in the absence of the Administrator. If the Administrator is unavailable, the Director of Nursing will assume the responsibilities of the Administrator. If the Director of Nursing is unavailable, the President will assume the responsibilities. If the President is unavailable, the CEO will assume the responsibilities.

If the Director of Nursing is unavailable, the Administrator will assume the responsibilities of the Director of Nursing. If the Administrator is unavailable, the President will assume the responsibilities. If the President is unavailable, the CEO will assume the responsibilities.

Communication Plan

CareMate Home Health Care, Inc. (CHHCI) has a process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedness officials to maintain an integrated response during a disaster or emergency situation. CHHCI has the contact information for the Federal, State, tribal, regional and local emergency preparedness staff. It is listed under Addendum D: Metro Region Public Health Emergency Coordinators (PHEC), at the end of this Emergency Preparedness Plan. We have primary and alternative means of communicating with staff, Federal, State, regional and local emergency management agencies. Our primary way of communicating would be through our phone service. If the phone system is shut down, then we would use company cell phones. Lastly, we would use our computer system and through the email system to communicate if the primary system was unavailable.

CHHCI engages in collaborative planning for an integrated emergency response with Metro Health & Medical Preparedness Coalition.

CHHCI's method for sharing information and medical documentation for patients under the facilities care, as necessary, with other health care providers to maintain continuity of care is through our computer software program CareFacts. Information on CareFacts includes the patient name, age, DOB, allergies, current medications, medical diagnoses, current reason for admission, blood type, advance directives and next of kin / emergency contacts. We are able to generate a report with the required information from CareFacts and send it to the appropriate local, tribal, State and Federal emergency preparedness officials. We have the patient's signed

release of information if the emergency arises and we need to send the protected information in compliance with HIPAA. CHHCI is in compliance with HIPAA regulations regarding protected health information.

CHHCI will provide information about our needs and ability to provide assistance to the authority having jurisdiction. This could be to local and State emergency management agencies and state and public health departments, the Incident Command Center, the Emergency Operations Center or designee. This information includes CHHCI's occupancy, which is the number of patients currently receiving services from CHHCI. This information is generated from a report on CHHCI's CareFacts software. CHHCI will also notify the authorities of our needs relating to the shortage of provisions such as food and water as well as the need for medical assistance with evacuation and transfers. CHHCI will have this list available to authorities as well. Lastly CHHCI will provide their ability to provide assistance by documenting our available staff who may volunteer at other agencies if a disaster occurs.

CHHCI's coordinates patient care by providing the needed services that is approved by the State or Federal government as well as private insurance companies. If CHHCI cannot care for our patients due to an emergency, we will coordinate patient care with other regional healthcare providers listed at the end of this plan. CHHCI will also notify state and local public health departments whose contact information is listed under Addendum D: Metro Region Public Health Emergency Coordinators (PHEC), located at the end of this plan.

Each patient has an Individualized Emergency Plan which details what they should do when an Emergency occurs. The admitting RN reviewed the plan with the patient at the time of admission.

CHHCI will inform state and local emergency preparedness officials about clients in need of evacuation from their residences at any time due to an emergency situation based on the client's medical and psychiatric condition and home environment. CHHCI will first call the emergency officials the information. Then CHHCI will email the required information to the emergency official. This information will include the clinical care needed for these patient's need for evacuation and transportation. It also includes the following; 1) if the patient is mobile; 2) what type of life-saving equipment does the patient require; 3) is the life-saving equipment able to be transported; 4) does the patient have special needs; 5) communication challenges; 6) language barriers; 7) intellectual disabilities; and 8) special dietary needs. At the end of this Emergency Preparedness Plan lists the regional health care providers in which CHHCI have arranged to send our patients to. If CHHCI contact any of these providers it would try the next provider on the list. If there were no available providers that could accept our patients, we would notify the local, tribal, regional, State or Federal emergency preparedness officials listed below to inform them of the patient needing services.

CHHCI would call State and local officials of any on-duty staff or patients that we are unable to contact, in the event that there is an interruption in services or due to an emergency. If CHHCI could not reach them by phone, we would send an email with the information

CHHCI does not employ the use of volunteers at this time. However, in the event that an emergency caused our staff to not be able to provide services to our patients, CHHCI would have no other option except to use volunteers. CHHCI would contact State and Federal designated health care professionals to address surge needs during an emergency. If they deemed that we were in need, we would use volunteers in an emergency or for other staffing strategies, include the process and role for integration. CHHCI would use volunteers based on their qualifications and volunteering healthcare professionals would be able to perform services within their scope of practice and training. CHHCI would check the state websites for the necessary credentialing. This would be for the positions of RN, Physical Therapist or nursing assistant. CHHCI would also check with the Office of Investigator General (OIG) to make sure the individual would be able to care for Medicare patients. Lastly CHHCI would process a Minnesota Department of Human Services background check to guarantee the volunteer is free from crimes that would prohibit them to work in health care. Non-medical volunteers would perform non-medical tasks such as homemaker, companion care or respite care duties. CHHCI will utilize volunteers during an emergency as long as utilization is in accordance with State law and State scope of practice rules. CHHCI will integrate State-established volunteer registries and where possible based Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VZHP). CHHCI will call and / or email off-duty staff during emergency to see what other possibilities these staff could work in the event on-duty staff are not able to report.

In the event of an emergency, CHHCI will communicate to emergency preparedness officials the names and contact information for the following: 1) Staff; 2) Entities providing services under arrangement; 3) Patient's physicians 4) Other (hospitals); 5) Volunteers. This will be communicated through email and the list will be generated by our CareFacts software.

Training and Testing

Staff will be trained during orientation and annually regarding the disaster and emergency preparedness plan. Documentation of training will be reviewed and updated on at least an annual basis. The training and testing program reflects the risks identified in the facility's risk assessment and is included at the end of the emergency action plan. The training includes how the facility will communicate the closure to required individuals and agencies, testing patient tracking systems and testing transportation procedures for safely moving patients to other facilities. The training provides instruction to staff to ensure all individuals are aware of the emergency preparedness program. Testing includes conducting drills and / or examples to test the emergency plan to identify gaps and areas of improvement.

CHHC provides initial training in emergency preparedness policies and procedures consistent with their roles to all new and existing staff, individuals providing services under arrangement and volunteers.

Annual training should be modified each year, incorporating lessons learned from the most recent exercises, real-life emergencies that occurred in the last year and the annual review of the facility's emergency program.

CHHCI participates on an annual basis to conduct exercises to test the emergency plan. This will be with Metro Health and Medical Preparedness Coalition. One year disaster training is a full-scale exercise and the second year will be either a functional exercise, a mock disaster drill, a tabletop exercise or workshop. CHHCI will maintain documentation of all drills, tabletop exercises, and emergency events and revise CHHCI's emergency plan, as needed.

CHHCI documents their compliance following their tabletop exercises and real-life emergencies. CHHCI completes an after action review process to help us develop an actionable after action report (AAAR). The AAAR determines 1) what was supposed to happen; 2) what occurred; 3) what went well; 4) what the facility can do differently or improve on; and a plan with timelines for incorporating necessary improvement. This information will help in improving the Emergency Preparedness Plan for the next emergency.

The following personnel have been trained to ensure a safe and orderly emergency evacuation of other employees:

Name	Title	Responsibility	Date
Tim Koran	Administrator	Emergency Coordinator	12/9/2020
Kay Benschop	DON	Emergency Coordinator	12/9/2020
Richard Aderinkomi	CEO	Emergency Coordinator	12/9/2020

Additional Emergency Preparedness Activities

Emergency Item Scavenger Hunt

Have employees complete a facility hunt to locate fire extinguishers, fire panel, and fire doors, weather evacuation areas, emergency kit, weather radio, and emergency outlets to be used in event of a power loss.

Fire Extinguisher Practice:

Use a portable fire pit outside away from any buildings. Have participants put out a small fire, using a fire extinguisher.

YouTube Video: How to use a fire extinguisher:

<https://www.youtube.com/watch?v=2Z2C13gJh-g>

YouTube Video: Weather, Sheltering in Place, Heat and Humidity

This YouTube Video starts with severe weather, loss of power, followed by excess heat. The facility ends up evacuating the staff. The setting is more like a skilled environment but shows the importance of emergency preparedness in any healthcare setting.

<https://www.youtube.com/watch?v=vD7u4n0OdJI>

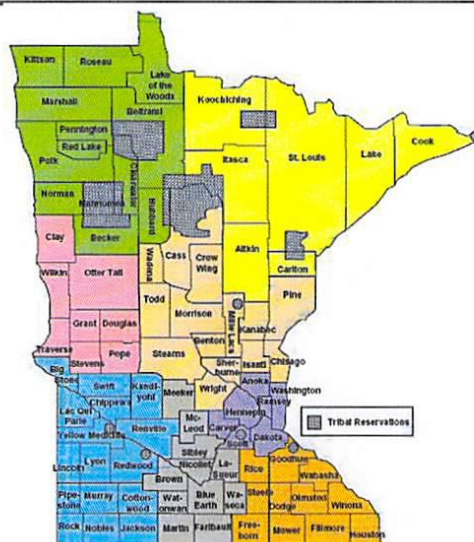
Metro Region Fact Sheet Regional Healthcare Resource Center (RHRC)

What is the RHRC?

- Hennepin County Medical Center has been designated as the Regional Healthcare Resource Center (RHRC) to administer and coordinate the grant and planning process.
- During emergencies, RHRC Response Team members from the area hospitals will be responsible for managing the redistribution of resources and patients and for managing hospital requests.
- The RHRC Response Team members will also work coordinate with EMS, public health and emergency management. This multi-agency coordination will provide regional coordination during emergencies and acts as a health, medical and resource coordination center.

What does the RHRC help with?

- Resource Requests
- Patient Tracking
- Pharmaceutical Caches
- Hospital/Skilled Nursing Facility Evacuation
- Interoperable Communications
- Bed and Resource Tracking System
- Mass Casualty Incidents
- Alternate Care Sites
- National Disaster Management System (NDMS) Patient Reception



How do I reach the RHRC?

- The RHRC has a 24/7 on call process. Please call 612-873-9911 to reach someone immediately.
- Security Operations Center (SOC) is the backup phone for the RHRC 612-873-3232. If you call the SOC please tell them you need them to page/call the RHRC.
- You may also call one of the Regional Healthcare Preparedness Coordinators directly:
 - Mark Lappe – RHPC Administrator
(612) 873-3869
mark.lappe@hcmcd.org
 - Seth Jones
(612) 873-7520
seth.jones@hcmcd.org
 - Christine Chell
(612) 873-3360
christine.chell@hcmcd.org

Addendum C - Emergency Managers

County	Director	Phone	Email
Anoka	Terry Stoltzman	763-323-5761	terry.stoltzman@co.anoka.mn.us https://www.anokacounty.us/1048/Emergency-Management
Carver	Deb Paige	952-361-1212	dpaige@co.carver.mn.us https://www.co.carver.mn.us/departments/county-sheriff/emergency-management-and-communication-services
Dakota	BJ Battig	651-438-4703	bj.battig@co.dakota.mn.us https://www.co.dakota.mn.us/HealthFamily/HandlingEmergencies/Planning/Pages/emergency-operations-plan.aspx
Hennepin	Eric Waage	612-596-0250	eric.waage@hennepin.us http://www.hennepin.us/residents/emergencies/emergency-management
Ramsey	Judson Freed	651-266-1020	judd.freed@co.ramsey.mn.us https://www.ramseycounty.us/your-government/departments/safety-and-justice/emergency-management-homeland-security
Scott	Scott Haas	952-445-1411	shaas@co.scott.mn.us https://www.scottcountymn.gov/1549/Emergency-Management-Homeland-Security
Washington	Doug Berglund	651-430-7938	douglas.berglund@co.washington.mn.us https://www.co.washington.mn.us/936/Emergency-Management
City of Minneapolis	Barret Lane	612-673-3747	barret.lane@minneapolismn.gov http://www.ci.minneapolis.mn.us/emergency/
City of Saint Paul	Rick Larkin	651-266-5494	Rick.Larkin@ci.stpaul.mn.us https://www.stpaul.gov/departments/emergency-management

ADDENDUM D - METRO REGION: PUBLIC HEALTH EMERGENCY COORDINATORS (PHEC)

Name	Agency	Title	Address	Phone / Fax	E-mail
*Cindy Tranby	Anoka County	Emergency Preparedness Coordinator	Anoka County Community Health & Environmental Services Department Emergency Preparedness 2100 Third Avenue Anoka, MN 55303-2264	763-274-4621 (WC) 763-323-6127 (W) 763-422-6957 (F)	cindy.tranby@co.anoka.mn.us
Desiree Holmquist (alternate)	Anoka County	Disease Prevention and Control Supervisor	Anoka County Community Health & Environmental Services Department Disease Prevention and Control 2100 Third Avenue Anoka, MN 55303-2264	763-422-7033 (W) 763-422-6957 (F)	Desiree.holmquist@co.anoka.mn.us
*Amanda Jeffy	City of Bloomington	Public Health Specialist – Emergency Preparedness	Public Health Department 1900 West Old Shakopee Road Bloomington, MN 55431-3095	612-210-1875 (W) 952-563-8997 (F)	ajeffy@BloomingtonMN.gov
Nick Kelley (alternate)	City of Bloomington	Assistant Public Health Administrator	Public Health Department 1900 West Old Shakopee Road Bloomington, MN 55431-3095	952-563-4962 (W) 952-563-8997 (F)	nkelley@bloomingtonmn.gov
*Sharon Heath	Carver County	Public Health Program Specialist	Carver County Public Health Government Center 600 East 4 th Street Chaska, MN 55381	952-361-1346 (W) 952-361-1360 (F)	sheath@co.carver.mn.us
Samantha Downs (alternate)	Carver County	Public Health Program Specialist	Carver County Public Health Government Center 600 East 4 th Street Chaska, MN 55381	952-361-1359 (W) 952-361-1360 (F)	sdowns@co.carver.mn.us
Amalia (Lia) Roberts	Dakota County	Public Health Preparedness Coordinator	Dakota County Public Health Department Western Service Center 14955 Galaxie Avenue West Apple Valley, MN 55124	952-891-7512 (W) 952-891-7581 (F)	Amalia.Roberts@CO.DAKOTA.MN.US

ADDENDUM D - METRO REGION: PUBLIC HEALTH EMERGENCY COORDINATORS (PHEC)

Christine Lees (alternate)	Dakota County	Public Health Preparedness & DPC Supervisor	Dakota County Public Health Dept. Western Service Center 14955 Galaxie Ave. Apple Valley, MN 55124	952-891-7149 (W) 952-891-7581 (F)	christine.lees@co.dakota.mn.us
*Marcee Shaughnessy	Hennepin County	Emergency Preparedness Supervisor	Hennepin County Human Services and Public Health Department 300 South Sixth Street, MC-W770 Minneapolis, MN 55487	612-596-7064 (W) 952-351-5222 (F)	marcee.shaughnessy@hennepin.us
Courtney Wetternach (alternate)	Hennepin County	Emergency Preparedness Principal Planner	Hennepin County Human Services and Public Health Department 300 South Sixth Street, MC-W770 Minneapolis, MN 55487	612-348-4463 (W) 952-351-5222 (F)	courtney.wetternach@hennepin.us
*Pam Blixt	City of Minneapolis	Preparedness Manager	Minneapolis Health Department 250 South 4 th Street – Room 510 Minneapolis, MN 55415-1372	612-673-3933 (W) 612-673-3866 (F)	pam.blixt@minneapolismn.gov
Toni Hauser (alternate)	City of Minneapolis	Emergency Preparedness Specialist	Minneapolis Health Department 250 South 4 th Street – Room 510 Minneapolis, MN 55415-1372	612-673-3165 (W) 612-673-3866 (F)	toni.hauser@minneapolismn.gov
*Laura Andersen	Ramsey County	Health Protection Division Manager	Emergency Preparedness St. Paul-Ramsey County Public Health 90 West Plato Blvd., Ste. 200 St. Paul, MN. 55107	651-266-2592 (W) 651-266-2593 (F)	laura.andersen@co.ramsey.mn.us
Art McIntyre (alternate)	Ramsey County	Public Health Preparedness Planner	Emergency Preparedness St. Paul-Ramsey County Public Health 90 West Plato Blvd., Ste. 200 St. Paul, MN. 55107	651-266-2435 (W) 651-266-2593 (F)	arthur.mcintyre@co.ramsey.mn.us
*Alexa Rundquist	Scott County	Emergency Preparedness Coordinator	Scott County Public Health Marschall Road Transit Station 1615 Weston Court Shakopee, MN 55379	952-496-8530 (W) 952-496-8072 (F)	arundquist@co.scott.mn.us
Lisa Brodsky	Scott County	Public Health Director	Scott County Public Health Marschall Road Transit Station 1615 Weston Court Shakopee, MN 55379	952-496-8520 (W) 952-496-8072 (F)	lbrodsky@co.scott.mn.us
*Angela Mens Eastman	Washington County	Emergency Preparedness	Washington County Department of Public Health & Environment	651-430-6673 (W) 651-430-6730 (F)	angela.eastman@co.washington.mn.us

ADDENDUM D - METRO REGION: PUBLIC HEALTH EMERGENCY COORDINATORS (PHEC)

		Coordinator	14949 62nd St N Stillwater MN 55082		
Dave Brummel (alternate)	Washington County	Deputy Director	Public Health & Environment 14949 62nd Street North Stillwater, MN 55082-0006	651-430-6662 (W) 651.430.6730 (F)	David.Brummel@co.washington.mn.us
Jeff Brown	MLPHA Chair	Edina Public Health Director	City of Edina	952-826-0466 (W)	jbrown@edinamn.gov
Alexandra Bambrick	Minnesota Department of Health	Metro Public Health Preparedness Consultant – Metro (PHPC)	Minnesota Department of Health Emergency Preparedness and Response 625 N. Robert St. P.O. Box 64975 St. Paul, MN 55164-0975	651-201-5713 (W) 651-207-7166 (WC)	Alexandra.bambrick@state.mn.us
Sandra Hanson	Minnesota Department of Health	Public Health Preparedness Supervisor	Minnesota Department of Health Emergency Preparedness and Response 625 N. Robert St. P.O. Box 64975 St. Paul, MN 55164-0975	651.201.3619	Sandra.hanson@state.mn.us
Rachel Schulman	Minnesota Department of Health	CRI/MCM Planner	Minnesota Department of Health Emergency Preparedness and Response 625 N. Robert St. P.O. Box 64975 St. Paul, MN 55164-0975	651-201-5703 (W) 651-319-1329 (WC)	Rachel.Schulman@state.mn.us
Emily Ward	Minnesota Department of Health	Strategic National Stockpile Coordinator	Minnesota Department of Health Emergency Preparedness and Response 625 N. Robert St. P.O. Box 64975 St. Paul, MN 55164-0975	651-201-5747 (W) 651-319-1564 (WC)	emily.ward@state.mn.us
Cynthia Hickman	MDH, District Epidemiologist		Minnesota Department of Health 625 Robert St. N. P.O. Box 64975 St. Paul, MN 55164-0975	651-201-5663	Cynthia.Hickman@state.mn.us
Jill DeBoer	University of Minnesota Academic		C315 Mayo Memorial Building MMC 263 420 Delaware Street SE	612-625-3958 612-626-6783 (F)	jdeboer@umn.edu

Addendum D listed above are the Metro Region Public Health Emergency Coordinators for the seven-county metro area. It includes local and regional contacts.

For County and Tribal Emergency Preparedness Information Directory

Go to <https://mn.gov/dhs/general-public/about-dhs/contact-us/counties-and-regional-offices/>

This lists the whole State of Minnesota Counties and Tribal Directory. Below are the Metro area Tribal contacts.

Mille Lacs Band of Ojibwe

Urban Office

Department of Labor

1404 E. Franklin Avenue

Minneapolis, MN 55404

Main Line 612-746-4800

Toll Free 866-746-4888

Telefax Phone Number 612-870-3631

Red Lake Nation Embassy

Urban Office – Minneapolis

2929 Bloomington Avenue

Minneapolis, MN 55407

Main Line 612-874-9588

Telefax Phone Number 612-874-9594

Shakopee Mdewakanton Sioux Community

2330 Sioux Trail N.W.

Prior Lake, MN 55372

Main Line 952-445-8900

Federal Tribal Affairs

Troy Christensen

312-408-5286

Troy.Christensen@fema.dhs.gov

Federal Emergency Management Agency (FEMA)

For Minnesota

312-408-5500

Other Regional Health Care Providers in Metro Area

Assured Home Health Care, Inc.

740 York Avenue, Saint Paul, MN 55106

612-440-6767

<https://assuredhomehealthcare.org/>

TLC Home Care

1919 University Ave W Suite 130, Saint Paul, MN 55104

651-647-0017

<https://www.tlchomecare.net/>

A Chance To Grow

1800 NE 2nd St., Minneapolis, MN 55418
612-789-1236

<https://www.actg.org/>

CareBuilders at Home

250 Prairie Center Drive, Suite 317
Eden Prairie, MN 55344
612-260-2273

<https://carebuildersathomemn.com/>

G.R.A.M.S

21897 South Diamond Lake Road
Rogers, MN 55374
763-257-5723

Periscope Home Care

1505 1st Street North
Stillwater, MN 55082
651-491-8813

Regional Health Care Preparedness Coordinators (RHPCs)

Minnesota has eight established Health Care Coalitions (HCCs), which are led by a Regional Health Care Preparedness Coordinator (RHPC) and an established advisory committee. Although they function and are governed independently, they collaborate inter-regionally across the state for planning and response purposes. The contacts for our counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington is:

Metro Health and Medical Preparedness Coalition

Chris Chell, christine.chell@hcmcd.org

Seth Jones, seth.jones@hcmcd.org

Emily Moilanen, emily.moilanen@hcmcd.org

**Northwest Health
Services Coalition**
<https://www.nw>

*Amy Card
Sanford Bemidji
Medical Center
amy.card@sanfordhealth.org

**Northeast
Healthcare
Preparedness
Coalition**

*Jo Thompson
Arrowhead EMS
jo.thompson@arrowheadems.com
Adam Shadiow
Arrowhead EMS
adam.shadiow@arrowheadems.com

Caitlin Korpi
Arrowhead EMS
caitlin.korpi@arrowheadems.com

**West Central
Health System
Preparedness
Coalition**

<http://www.cwhealthcarecoalitions.org/>

*Rachel Mockros,
RHPC St. Cloud Hospital
rachek.mockros@centracare.com

Shawn Stoen
St. Cloud Hospital
Shawn.stoen@centracare.com

**Central
Healthcare
System
Preparedness
Coalition**

<http://www.cwhealthcarecoalitions.org/>

*Rachel Mockros St. Cloud Hospital
rachek.mockros@centracare.com

Don Sheldrew
St. Cloud Hospital
donald.sheldrew@centracare.com

**Metro Health
and Medical
Preparedness
Coalition**

<http://www.metrohealthready.org/>

* Chris Chell,
RHPC Hennepin County Medical Center
christine.chell@hcmcd.org
Seth Jones,
RHPC Hennepin County Medical Center
seth.jones@hcmcd.org
Emily Moilanen,
RHPC Hennepin County Medical Center
emily.moilanen@hcmcd.org

**Southwest
Healthcare
Preparedness
Coalition**

<http://www.swhealthcarecoalition.com/>

*John Maatz
SW MN EMS Corporation
swhpp@frontier.com

Brad Hanson
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The Minnesota Department of Health (MDH) assigns public health preparedness consultants (“PHPCs”) to each of its eight geographic districts. As professionals, we are experienced in public health management, program planning and evaluation, and have expertise in emergency preparedness and response. We provide consultation, planning and technical assistance to the managers and staff of Minnesota’s tribal, local public health departments and health care systems to develop local and regional plans for emergencies, capacity for emergency response, and serve as the liaison with partners in emergency preparedness.

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