

## **Attachment B: Glossary**

**All-hazards:** Encompasses any biological, natural, man-made, technological, chemical, nuclear, radiological or terrorist incident. The all-hazard preparedness concept maintains that there are commonalities in how you prepare for all-hazards; the all-hazards approach recognizes those commonalities and uses them as the basis for all-hazard planning.

**Bioterrorism Hospital Preparedness Program (BHPP):** A program that began in 2002 to upgrade the capacity of the Minnesota healthcare system to respond to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. The prime focus is to continue to develop, implement and intensify regional terrorism preparedness plans and protocols for hospitals, their emergency departments, outpatient centers, the EMS system, poison control system and other collaborating healthcare entities for responding to incidents requiring mass immunization or prophylaxis, medical diagnosis and treatment, isolation and quarantine, aftermath of bioterrorism or outbreaks of infectious disease, including behavior health assessments and treatment. Coordinated by the Minnesota Department of Health, Office of Emergency Preparedness.

**Community-based measures to increase social distance:** Include measures applied to whole neighborhoods, towns, or cities (e.g., snow days, establishment of fever clinics, and community-wide quarantine).

**Community/Local Partners:** Individuals, agencies, groups, tribes, or organizations in any given community that collaborates to accomplish various outcomes, goals and objectives. They work cooperatively to strengthening the intended program or project.

**Containment measures that apply to use of specific sites or buildings:** Include cancellation of public events (e.g., concerts, sports events, movies and plays), closure of office buildings, apartment complexes, or schools; and closure of subways or bus lines. These measures may also involve restricting entrance to buildings or other sites (e.g., requiring fever screening or use of face masks before entry to schools, worksites, or airplanes).

**Contributor Coordinating Entity:** Person(s) or group(s) responsible for assisting the primary coordinating entity to assure a comprehensive approach in completing the assigned role.

**Cordon Sanitaire:** See Widespread or community-wide quarantine.

**District Response Team (MDH):** Teams located in each region consisting of the regional Epidemiologist, regional Environmental Health Specialist (if applicable), Public Health Nurse Consultant and Public Health Preparedness Consultant.

**EMTALA:** A Federal statutory-regulatory complex, consisting of statutes (laws passed by Congress) and regulations (rules adopted by the Centers for Medicare and Medicaid Services (CMS), a division of the Department of Health and Human Services), to enforce and further define the EMTALA statute (<http://www.emtala.com/law/index.html>).

**Focused measures to increase social distance (or decrease social contact):** Includes measures applied to groups rather than individuals or whole communities (e.g., quarantine of groups of exposed persons and measures that apply to the use of specific sites or buildings).

**Healthcare Providers:** Includes clinics, healthcare organizations, hospitals, and other health related organizations that work toward improving the individual and population's health.

**Hazard:** Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

**Individual-level containment measures:** Include isolation of patients and management of their close contacts.

**Influenza-like-illness:** defined by the CDC as a fever of  $\geq 100.2^{\circ}\text{F}$  AND a cough and/or sore throat (in the absence of a known cause).

**Isolation:** The separation and restriction and movement or activities of ill infected persons (patients) who have a contagious disease, for the purpose of preventing transmission to others.

**Laboratory Response Network (LRN):** The LRN is an integrated network of state and LPH, federal, military, and international laboratories that can respond to both bioterrorism and chemical terrorism. The LRN links state and LPH laboratories, veterinary, agriculture, military, and water- and food-testing laboratories around the country. In the State of Minnesota, the MDH PHL is identified as the “LRN Reference Laboratory” in this three-tiered system of Sentinel, Reference and National laboratories.

**MIR3:** The brand name of an electronic communication system that utilizes the directory of internal and external partners maintained on the MDH Workspace portal to send urgent and after hours alerts and activations via computer generated phone messages, email, and fax.

**Multi-Agency Coordination (MAC) Entity:** Functions within a broader multi-agency coordination system. It may establish the priorities among incidents and associated resource allocations, deconflict agency policies, and provide strategic guidance and direction to support incident management activities (NIMS, 2004).

**Multi-Agency Coordination (MAC) Systems:** Provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The components of multi-agency coordination system includes facilities, equipment, emergency operation centers (EOCs), specific multi-agency coordination entities, personnel, procedures, and communications. These systems assist agencies and organizations to fully integrate the subsystems of the NIMS (NIMS, 2004).

**Minnesota Laboratory System (MLS):** A statewide voluntary network established by the Minnesota Department of Health – Public Health Laboratory to facilitate inter-laboratory communication, collaboration, and cooperation. Its members (approximately 160 laboratories) include public health and private clinical laboratories, as well as veterinary and agriculture laboratories, which serve Minnesota residents. A vital component of this system is electronic connectivity (fax and email) among all the members. In addition to providing a laboratory network essential for statewide emergency preparedness and response, the Minnesota Laboratory System also plays a key role in detecting and investigating common and emerging infectious disease outbreaks, monitoring trends in antibiotic resistance, providing continuing education and training, establishing safe transport of specimens, and assuring quality laboratory practice.

**Minnesota Responds Medical Reserve Corps:** A statewide program for the advanced registration of volunteer health professionals who want to volunteer during a public health emergency. These volunteers may be used to augment staff at hospitals, off-site care facilities, outpatient clinics, mass dispensing sites, SNS distribution nodes, etc. Minnesota Responds Medical Reserve Corps is centrally located at the Minnesota Department of Health and is accessed by local or regional public health staff, who will screen, orient, train, credential, exercise, and deploy the volunteers. See ESAR-VHP for more information.

**Patient:** An ill or injured person.

**Patient Care Coordination (PCC):** The ability to triage, treat, transport and provide medical care to extraordinary numbers of ill or injured patients using a systematically, integrated continuum of services that is tiered, scalable and flexible, and provides care in the most appropriate setting (Tommet).

**Primary Coordinating Entity:** Person(s) or group(s) responsible for assuring the completion of the assigned role.

**Quarantine:** The separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of disease. Individuals may be quarantined at home or in designated facilities; healthcare providers and other response workers may be subject to quarantine when they are off duty.

**Quarantine of close contacts:** Refers to the quarantine of individuals exposed to patients with communicable diseases (e.g., family members, work or school mates, healthcare workers).

**Quarantine of groups of exposed persons:** Refers to quarantine of people who have been exposed to the same source of illness (e.g., a case of influenza at a public gathering, on an airline, train, or cruise ship, at a school or workplace or apartment complex, or at a recently visited store or office).

**Self-shielding:** Refers to self-imposed exclusion from infected persons or those perceived to be infected (e.g., by staying home from work or school during an epidemic).

**Snow days:** Days on which offices, schools, transportation systems are closed or cancelled, as if there were a major snowstorm.

**Standard of Care:** Level of care expected to be provided to a patient with a presenting illness or injury based upon the resources available.

**Surge Capacity:** The ability to manage increased patient care volume that otherwise would severely challenge or exceed the existing medical infrastructure.

**Surge Capability:** The ability to manage patients requiring unusual or very specialized medical evaluation and intervention, often for uncommon medical conditions, e.g. burn, chemical contamination, smallpox.

**Widespread or community-wide quarantine:** Refers to the closing of community borders or the erection of a real or virtual barrier around a geographic area (a *cordon sanitaire*) with prohibition of travel into or out of the area.

**Work Quarantine:** Under “work quarantine,” employees are permitted to work, but must strictly observe activity restrictions (quarantine) while off-duty. Monitoring for influenza-like illness before reporting for work may be required. Work quarantine would apply to people for whom quarantine is indicated, but who provide essential services (e.g. healthcare workers).