

# All-Hazards Response and Recovery Plan

BASE PLAN

Revision Date: 09/01/2016

Minnesota Department of Health  
Emergency Preparedness and Response  
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## Preface

All levels of government, the private sector, and non-governmental organizations must work together to prepare for, prevent, respond to, and recover from major incidents or events including terrorist attacks, natural disasters, and other emergencies that exceed the capacity or capabilities of any single entity.

The Minnesota Department of Health (MDH) performs essential public health and health care related services on a day-to-day basis for residents across the state. In addition, the department also responds to public health and health care impacts resulting from a variety of incidents or events. To meet the department's mission, MDH has planned for its operational response and recovery, as well as the continuation of priority services, no matter the incident or event. This plan captures the steps MDH will take to maintain its priority services to respond to all types of incidents and events.

The Minnesota Department of Health (MDH) receives cooperative grants from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and the Office of the Assistant Secretary for Preparedness and Response to enhance the public health and healthcare system's ability to effectively respond to a range of public health threats. The MDH All-Hazards Response and Recovery Plan is one resulting outcome of the work from this grant funding.

**Special note:** The U.S. Nuclear Regulatory Commission (NRC) requires state governments and other entities to have a comprehensive radiological emergency preparedness program to ensure that the health and safety of the public is protected. The Minnesota Department of Health, along with other state agencies, has been assigned significant responsibilities in a radiological emergency. The MDH All-Hazards Response and Recovery Plan does not describe in detail these responsibilities, but addresses the general response operations MDH would undertake in any emergency. For more information on the Minnesota Radiological Emergency Preparedness Program, see the MN Homeland Security and Emergency Management Division website (<https://dps.mn.gov/divisions/hsem/radiological-emergency-preparedness/Pages/default.aspx>)

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### Verification of Plan Approval

The undersigned concur with the jurisdictional and departmental features of the following  
Minnesota Department of Health All-Hazards Response and Recovery Base Plan.

(Signatures have been obtained and are kept on file.)

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Paul Allwood  
Assistant Commissioner, Health Protection Bureau

Date

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Jeanne Ayers  
Assistant Commissioner, Health Improvement Bureau

Date

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Gil Acevedo  
Assistant Commissioner, Health Systems Bureau

Date

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Lee Ho  
Assistant Commissioner, Health Operations Bureau

Date

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Ruth Lynfield, M.D.  
State Epidemiologist and Medical Director

Date

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Michael Schommer  
Director, Communications Office

Date

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David Orren  
Director, Legal Unit

Date

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Dan Pollock  
Deputy Commissioner, Minnesota Department of Health

Date

The commissioner of Health has reviewed and authorizes final approval of the MDH All-Hazards Response and Recovery Plan.

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Edward P. Ehlinger, M.D., M.S.P.H.  
Commissioner of Health, Minnesota Department of Health

Date

**Record of Revision**

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## Authorities and References

Minnesota Statutes grant the commissioner of the Minnesota Department of Health (commissioner of Health) broad authority to protect, maintain, and improve the health of the public. Most of the commissioner's powers relevant to this Plan are set forth in Chapters 144, 145, 145A, and 157 of Minnesota Statutes. Minnesota Statutes, Section 12.13 gives additional responsibility to the commissioner of Health for emergency response planning for nuclear-generating power plant emergencies.

Minnesota Statute Chapter 12 also grants the Governor and the Department of Public Safety, Division of Homeland Security and Emergency Management (HSEM) the overall responsibility for preparing for and responding to emergencies and disasters. Chapter 12 directs HSEM to develop and maintain the comprehensive Minnesota Emergency Operations Plan (MEOP). Governor Mark Dayton issued Executive Order 15-13 "*Assigning Emergency Responsibilities to State Agencies*" under the Chapter 12 statutory authority. The Governor's Executive Order assigns to state agencies the responsibility for maintaining business continuity plans. MN.IT Services and Minnesota Management and Budget (MMB) have responsibilities in the area of business and service continuity planning for all state agencies.

The Minnesota Department of Health (MDH) is given primary responsibility for many public health issues related to a disaster or emergency, including key laboratory duties, support functions for other public and private sector response efforts, and maintaining priority services. These health-related responsibilities are outlined in Executive Order 15-13 and the MEOP. The MDH All-Hazards Response and Recovery Plan further describes the responsibilities of the health department regarding the actions, authorities, policies and standards cited above.

The Executive Order is available from the website of the Division of Homeland Security and Emergency Management. An updated version of the MEOP is provided annually to MDH.

## Determination of Data Privacy

The commissioner of Health has determined that the emergency plans, including this Base Plan, are public information with some exceptions. Data gathered for risk assessments, business impact analyses and continuity planning are "security information" within the meaning of Minnesota Statutes, Section 13.37 "General Nonpublic Data." Staff related data gathered for these plans are "personnel data" within the meaning of Minnesota Statutes, Section 13.43. Planning processes and the data contained in portions of the continuity plan could provide information to any individual or group wishing to take advantage of disruptions in business operations to further harm or disable the department's ability to continue to provide critical public health or health care services.

The data intended to be protected under this written determination include, but are not limited to, the following types of data:

- Data documenting threats and vulnerabilities facing MDH, the risks that are being mitigated (and in what way) and the unmitigated risks that remain.

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- Data regarding addresses of recovery locations and redundant sites of key systems.
- Procedures and processes detailing response and recovery from an incident.
- Data regarding key positions, functions and personal contact information required for response to or recovery from an incident.
- Data regarding the critical supply chain.
- Data regarding the cause of the incident and the department's response.

These data could be useful to those planning to tamper with or improperly use agency data or cause physical injury to property or persons. Access and use of such data either prior to, or in response to, an incident poses substantial risk to MDH information, staff and property as well as department customers and therefore are being classified as security information under Minnesota Statutes, Section 13.37 or as personnel information under Minnesota Statutes, Section 13.43.

## I. Plan Purpose

The Minnesota Department of Health (MDH) is the lead public health agency responsible for protecting and improving the public's health throughout the state. MDH will perform additional activities above and beyond its normal business efforts in times of crisis, such as a health emergency, disaster, or catastrophic incident. To continue to provide these services and meet the department's public health mission, MDH has also planned for the continuation of priority public health services in any incident or event.

The MDH All-Hazards Response and Recovery Base Plan (the Plan) establishes the organizational framework for the activation and management of department activities in response to incidents or events having public health, or health care implications, or that threaten the continuation of the department's services. The Plan also describes the capabilities and resources available to MDH to address various public health hazards that arise following emergency incidents and disasters, and also for threats to the department's business continuity.

The Plan describes:

- MDH roles and responsibilities in, and resulting from, an incident or event.
- The decision-making process to activate the Plan.
- The notification process to populate Plan functions and activities.
- The incident management structure that will be used by MDH.

This Plan provides a management structure and a concept of operations to guide MDH in responses to public health hazards, business interruptions, and threats that arise in any incident or event. MDH responses are not limited to incidents or events occurring within the state. Major disasters, catastrophic incidents, or other large events may result in Plan activation, particularly if they occur in neighboring states.

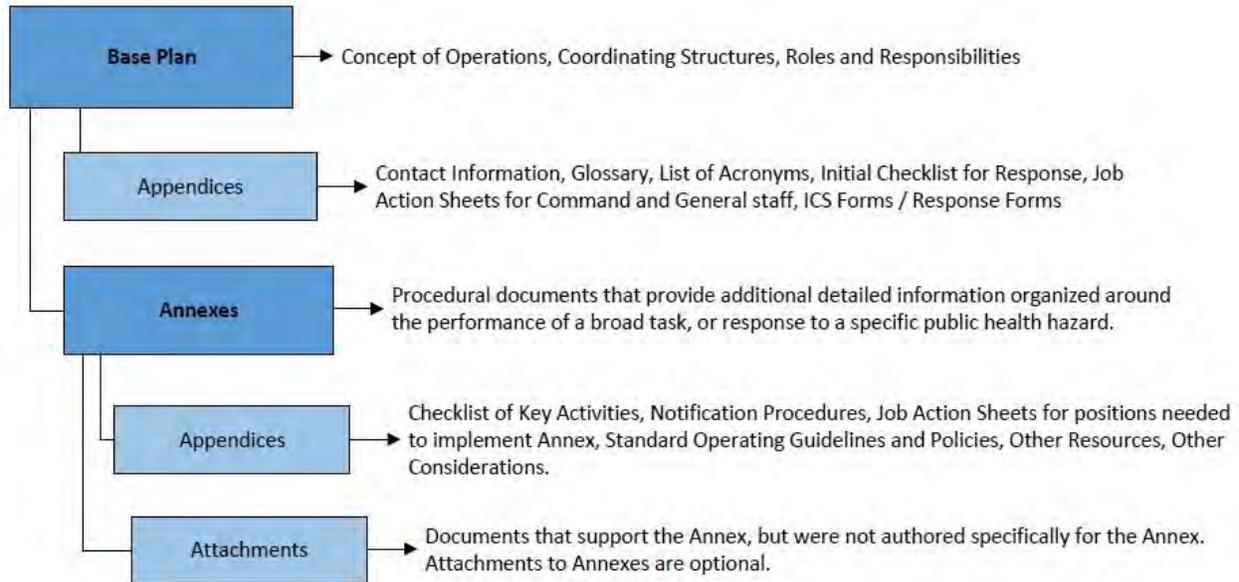
The Plan applies to all MDH divisions, programs and staff.

### A. Organization of the Plan

The Plan consists of two major parts: (See Figure 1 on the next page for a graphic of plan organization.)

1. The **Base Plan** is an overview of MDH response organization and policies. It cites the legal authority for emergency operations, explains the general concept of operations, and assigns the roles and responsibilities for MDH staff in emergency response and operations.
2. **Annexes** provide additional detailed information organized around the performance of a broad task, or response to a specific hazard. Each annex focuses on the emergency functions and priority services that MDH will perform in response to an incident. Annexes also include the roles and responsibilities of response partners.

**Figure 1. Organization of MDH All-Hazards Response and Recovery Plan (AHRRP)**



## II. Assumptions and Considerations

MDH will use the National Incident Management System (NIMS) as a basis for supporting, responding to, and managing Plan activities. The purpose of NIMS is to provide a common approach for managing incidents. Incidents and events are managed at the lowest possible geographic, organizational, and jurisdictional level using NIMS. A key element of NIMS is the Incident Command System (ICS). ICS is a fundamental standardized form of management that provides a common organizational structure. Here at MDH, we organize our responses to an incident or event using ICS. All responses by MDH may not necessitate opening of the department operations center, but will necessitate the use of ICS.

The degree of MDH involvement in a given incident or event will depend largely upon the impact on the public’s health, the department’s services or the applicability of MDH authorities or its jurisdictions. Other factors that may also affect the degree of MDH involvement include:

- Requests for assistance.
- The type or location of the incident or event.
- The severity and magnitude of the incident or event.
- The need to protect the public’s health, as well as department staff and assets.

An incident is an unplanned situation that can occur at any time with little or no warning and threatens the public’s health or to interrupt MDH’s priority services, such as a natural disaster, chemical spill or influenza pandemic. An event is a planned occasion that may have the potential to threaten the public’s health or to interrupt MDH’s priority services, such as a national convention or other large public occasion. Furthermore, both may:

- Require significant communications and information sharing across jurisdictions and between the public and private sectors.

- Involve single or multiple geographic areas.
- Involve multiple varied hazards or threats on a local, regional, state, or national level.
- Impact critical infrastructures and department services.
- Overwhelm the capacity and capabilities of local and tribal governments or state agencies.
- Require short-notice asset coordination and response timelines.
- Require prolonged, sustained incident management operations and support activities.

MDH may have to make provisions to continue response operations for an extended period of time as dictated by the incident or event.

This Plan reflects the additional assumptions and considerations below:

- The highest priorities of any incident management system are always life/safety for staff, responders, and public health and safety for the citizenry.
- MDH may need to reassign staff and resources to support time-critical and priority public health services during an emergency. Staff will not be reassigned without appropriate training (including safety training).
- MDH has planned for, prepared for, and will respond to emergencies regionally using the eight public health regions in the state. Each public health region has a Healthcare Coalition established for the purpose of health care emergency preparedness and response.
- MDH District Office staff will work as liaisons with local and tribal health departments, communicating local health needs to the state.
- Medical standards of care may be adjusted in a major incident or catastrophe, such as in an influenza pandemic.
- MDH may need to make recommendations regarding targeting and / or prioritizing populations for receiving prophylaxis, and will look to the federal government for guidance on such matters.
- MDH will support and work in partnership with local, tribal, state, and federal response efforts.
- MDH staff may be assigned to assist local government under the direction of a local incident management system, or may be assigned to various roles or tasks within a regional, state or federal level incident management system.

### **III. Department Readiness Roles**

All MDH staff have a role in supporting and participating in the department’s readiness efforts. Employee readiness roles for all hazards, including business interruptions, are defined in the MDH Employee Readiness Roles Policy ver. 905.03. The following personnel and groups have critical responsibilities in department readiness.

#### **A. Commissioner of the Minnesota Department of Health**

As the lead health official for the State of Minnesota and department head, the commissioner of Health is responsible for coordinating a response within the department in an emergency

and authorizes activation of the MDH All-Hazards Response and Recovery Plan. Authority to coordinate a response within the department during an emergency and for activation of the Plan may be delegated to the deputy commissioner, assistant commissioners, or the director of Emergency Preparedness and Response. If an incident management system is activated, the commissioner of Health delegates department response coordination to the incident manager.

The commissioner of Health has the following responsibilities upon activation of the Plan:

- Serving as liaison to the Governor's Office.
- Requesting the opening of the Department Operations Center (DOC) and the State Emergency Operations Center (SEOC), as necessary.
- Attending Governor's Homeland Security Sub-Cabinet Briefings.
- Speaking for MDH in coordination with the Communications Office and subject matter experts.
- Approving overall MDH response and recovery goals.

**B. Director of Emergency Preparedness and Response (DEPR)**

The director of Emergency Preparedness and Response (DEPR) provides overall leadership in setting direction for, and the performance of, all MDH emergency readiness efforts. Authority to coordinate a response within the department during an emergency and for activation of the Plan may be delegated to the DEPR by the commissioner of Health.

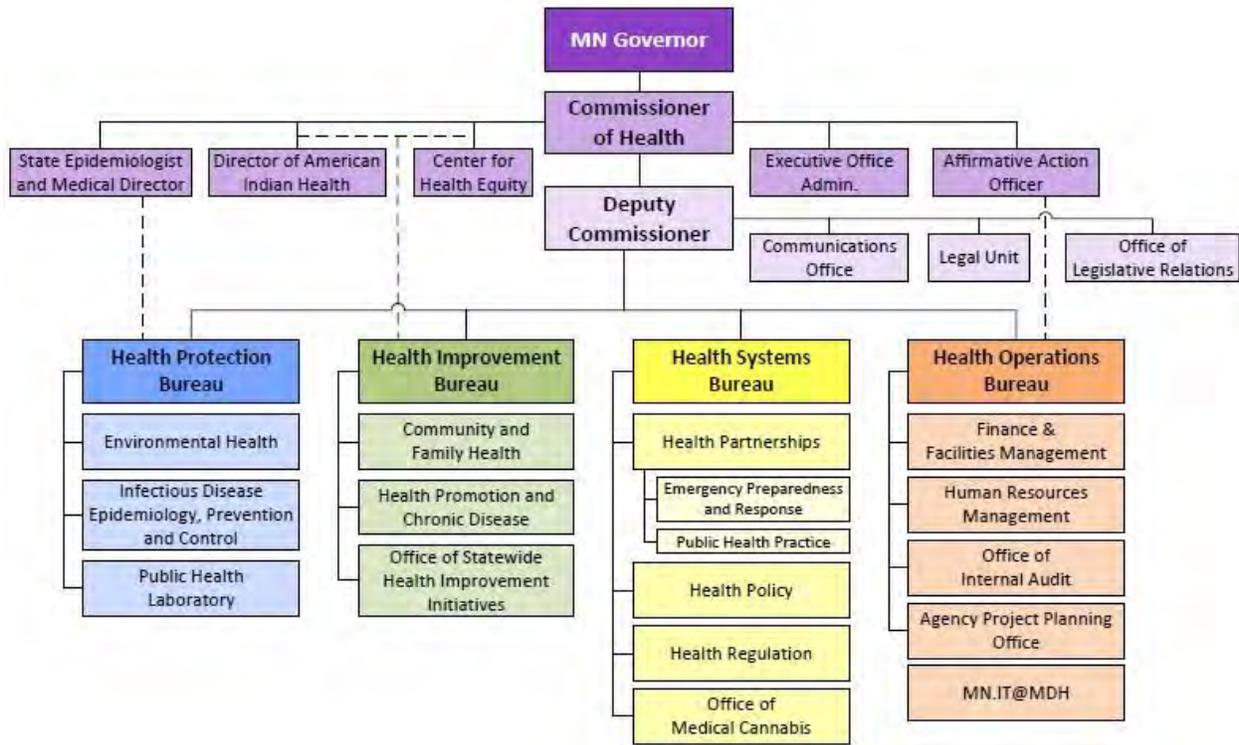
**C. MDH Health Directors Meeting (HDM) group**

The MDH Health Directors Meeting (HDM) group provides overall leadership for the agency. This includes developing strategic plans, guiding public policy on important health issues, and overseeing the overall operations of the department.

**D. MDH Division and Office Programs**

All organizational units of the department have response and/or recovery responsibilities. The units identified in the Annexes to this Plan will fulfill assigned roles in a response or recovery. (See Figure 2)

**Figure 2. Minnesota Department of Health Organizational Chart**



#### IV. Threat Assessment

MDH may receive information that suggests or indicates a potential public health threat or the threat of a potential business interruption from a variety of sources. Examples of how this information may come to the attention of MDH include:

- MDH staff observations and notification.
- The media.
- Reports, alerts, or requests for assistance from local or tribal agencies or other external sources.
- Results from surveillance systems or sample analyses.
- The Minnesota State Duty Officer.
- Centers for Disease Control and Prevention and other federal agencies.
- Homeland Security and Emergency Management and other state agencies.

##### A. Initial Assessment of Threat Warning Information

MDH staff that receives threat warning information must assess and report their findings according to the standard operating guidelines for their program or division. Figure 3.a. provides a quick reference guide as to the steps to be taken upon the receipt threat information; Figure 3.b. should be referenced if the information received pertains to a bio threat. Both of these figures are located on the MDH shared drive

(X:\Response\Plans\_Protocols\MDH-All Hazards Plan) and on portable USB flash drives in the possession of Emergency Preparedness and Response Section staff.

MDH staff, from a program that does not have standard operating guidelines for assessment of threat information, will immediately communicate the information up the chain-of-command to their director or designee.

Outside of normal business hours, MDH staff will immediately communicate the information to the appropriate 24/7 point-of-contact to alert their director or designee. The director is responsible for ensuring that an initial assessment is conducted and any further notifications are made including, but not limited to, the Emergency Preparedness and Response (EPR) on-call number, MDH Facilities Management, Human Resources Management, the assistant commissioners for the Health Protection Bureau and the Health Systems Bureau, and/or the state epidemiologist.

## **B. Considerations to Apply to Threat Warning Information**

The director, or designee, who receives the threat warning information will apply the following considerations to conduct the initial assessment:

- Source of the information.
- Quality and quantity of the information.
- Severity, magnitude, and timelines regarding the potential or actual health threat or threat of business interruption.
- Level and competency of prior testing done to generate the information for public health threats.
- Other intelligence/information to corroborate or support the information.
- Anticipated need to provide information to MDH staff, the public, media, or other response partners
- Are there multiple cases of a rare or novel illness, or illnesses with an unknown cause?
- Is the incident occurring in multiple jurisdictions?
- Is the incident causing or likely to cause serious morbidity or mortality?
- Is there an association with a large event?

As an incident is developing or being reported, the MDH Initial Checklist for Response form (see Appendix D) is used to characterize the nature of the incident, determine the scope of the impact, and ensure the designated staff and partners are notified and involved in decision making. The outcome of the initial process may be that no action is needed or it may trigger the notification and activation process.

## **V. Notification**

The MDH internal notification process describes how MDH staff are to notify management following the detection or receipt of information indicating the occurrence of an unusual public health incident(s) or a business interruption, as well as describing how any additional notifications will be made.

The director, or his/her designee, that conducts the initial assessment of the threat warning information will contact the EPR 24/7 on-call point-of-contact to alert the DEPR and the commissioner of Health. The division director or designee, the DEPR and commissioner of Health will assess the situation and determine if the incident command system will be used in any level of plan activation or response.

Other determinations that will be made at this time are:

- The notification level (“No Action Needed / Business as Usual”-white, “Be Aware”-yellow, “Be Ready” orange or “Take Action”-red).
- The need for an MDH response/what actions to take for situations at “Be Aware” level or higher.
- Time intervals for future briefings or updates from the division director/incident manager.

After the assessment and consultation among the division director, commissioner of Health and the DEPR, the division director/incident manager will provide the following information to the EPR point-of-contact to be sent out in an auto-call/auto-fax message to the staff identified in the MDH Internal Notification Chart (see Figure 4):

- A brief description of the situation.
- Notification level determined.
- The incident management structure implemented for this response, if any.
- Instructions for action, if any.
- Information regarding further briefings or updates.

If the commissioner of Health determines no plan activation is necessary, the incident command system will be used as needed and briefings regarding the situation will be provided by the division director/incident manager monitoring the situation.

If the notification level is “**Be Aware**” (yellow), additional information will be sent out as the situation changes and is assessed by the incident manager monitoring the situation.

If the Notification Level is “**Be Ready**” (orange) or “**Take Action**” (red), the following additional outcomes from the assessment and consultation among the incident manager, commissioner of Health and the DEPR must be decided:

- 1) Determine Plan activation, and at what level.
- 2) Formulate and document the initial response goals and objectives.
- 3) Expand or assign the command and general staff.
- 4) Decide whether to open the MDH Department Operations Center (DOC).
- 5) Determine whether to request the opening of the SEOC, if not already opened.
- 6) Establish the time and location for the initial briefing.

**Figure 4. MDH Internal Notification Chart**

Notification Level:	Indication:	Who to Notify:	MDH Status:
White	Initial assessment does not warrant further notification.	NA	No ACTION NEEDED. Business as Usual.
Yellow	Credible but unsubstantiated threat, developing situation or significant concern that does not immediately impact MDH or Minnesota.	<ul style="list-style-type: none"> <li>▪ Health Directors Meeting group</li> <li>▪ Command and General staff</li> <li>▪ EPR staff</li> </ul>	<p><b>BE AWARE.</b></p> <p>MDH may establish an incident management team for planning or response purposes.</p>
Orange	Potential threat that may affect MDH or Minnesota.	<ul style="list-style-type: none"> <li>▪ Health Directors Meeting group</li> <li>▪ Command and General staff</li> <li>▪ EPR staff</li> </ul>	<p><b>BE READY.</b></p> <p>MDH will establish an incident management team for planning and response purposes.</p>
Red	Confirmed threat to MDH or Minnesota.	<ul style="list-style-type: none"> <li>▪ Health Directors Meeting group</li> <li>▪ Command and General staff</li> <li>▪ EPR staff</li> </ul>	<p><b>TAKE ACTION.</b></p> <p>Implement response as per the MDH All-Hazards Response and Recovery Plan.</p> <p>An Incident management team will be activated.</p>

06/06/16

As the internal notification of MDH staff proceeds, notifications from MDH staff will also be sent to the affected local, tribal, state and federal agencies. When the threat does not materialize or the response is no longer needed, a Workspace general message to return to business as usual will be sent to all groups previously notified as part of the response.

## **VI. Plan Activation**

The MDH Plan may be activated at any level and can be implemented in varying degrees, ranging from only a few components being actively involved to a large-scale call up and redirection of many or all department staff. MDH's response and supporting structure will scale up or down based on recognized and projected needs. Plan activation can be triggered by various causes including strained resources and requests for assistance by others.

When the needs of an incident or request are able to be managed through day-to-day activities or normal level of staff involvement, then the Plan is not considered to be activated, but there will be an incident management structure implemented to manage the response, however small.

### **A. Activation Levels**

The description of activation levels below is provided to illustrate how the scope and magnitude of department activity may increase or decrease as an incident, or the understanding of it, progresses and needs emerge or change. Levels of activation are intended to reflect the increasing or decreasing need for resources to enable response and recovery actions. The activation levels will serve as triggers for certain management system decisions and implementation of some functions, tasks or other actions. Because of the infinite number of scenarios and potential responses, the Plan activation levels may or may not correspond directly with the MDH Internal Notification Chart. Activation levels 1 and 2 may call for a notification of a "Be Aware" or "Be Ready" sent to MDH staff whereas activation levels 3 and 4 will most likely call for a notification of "Be Ready" or "Take Action".

The distinctions between each activation level are based largely upon use of resources within department units. This follows the expectation that as an issue being handled by staff increases in urgency, complexity or importance, more staff resources are likely to become involved and as a consequence, there is a need for more comprehensive coordination of activities and broader sharing of information. However, depending on how rapidly an incident progresses or its complexity, the decision may be made to activate the Plan at any level for reasons other than the general cases described below.

Activation levels used in the Plan are:

**Level 1:** Activation of resources outside a single division, program area or usual working relationship.

This level is characterized by the exhaustion or loss of resources and support within a particular program area or MDH facility. This level of activation does not necessarily include operations that are normally done by more than one program area, but is characterized by a request for additional support to respond to an incident or to maintain a priority service. Activation at this level will automatically trigger notification to EPR and the HDM group. Tracking and documentation on all applicable forms occurs at this level. Activation of the incident management system will be employed at this level.

**Level 2:** Broad activation of resources within MDH that are needed for a larger department wide response.

This level is characterized by the exhaustion of resources and support activated at level 1. Activation at this level requires additional resources from several program areas within MDH and will require notification of the commissioner of Health, the DEPR and the HDM group. An incident management structure will be in operation, and activation of the MDH Department Operations Center is very likely to occur at this level. Tracking and documentation on all applicable ICS forms will be necessary at this level. Some department staff and resources may be redirected at this level of activation, and an assessment of MDH services to be maintained may occur. It is expected that priority services 1, 2 and 3 will be maintained. Resources may need to be moved from priority service level 4 to support higher priority services.

**Level 3:** Extraordinary activation of department resources or requests for significant resources from outside of MDH. In the event of a public health emergency or a widespread business interruption of one or more state agencies, the SEOC would likely be activated at this level.

Activation at this level occurs when MDH is in need of significant additional resources requiring redirection of department resources and/or assistance from others, such as state agencies, or first responders. Movement to this level will be initiated and approved by the commissioner of Health and will necessitate the use of the incident management system. Priority level 3 and 4 activities or services may be suspended until the situation stabilizes and the need for additional resources diminishes. Multi-agency coordination through regional healthcare coalitions, if activated, will help coordinate information and resources between local and tribal health departments, health care and the department of health by using the public health preparedness consultants located in the eight health regions across the state.

**Level 4:** Need for resources and support from neighboring states and/or federal resources.

Coordination with regional healthcare coalitions, the SEOC, other state agencies, or federal emergency operations centers as they are established will occur at this level of activation. The commissioner of Health, or his/her designee, in consultation with the incident manager will determine which priority level 1 and 2 services need additional resources. MDH will request Emergency Management Assistance Compact (EMAC) help from the Minnesota

Division of Homeland Security and Emergency Management to acquire state supported resources from neighboring states, states within the region, or states across the nation.

Activation levels can progress sequentially from level to level in increasing intensity as the demands of an incident increase. However, initial activation may begin at any level depending upon the needs at the time the incident is recognized or when the decision is made to stand up resources. For example, in an incident that progresses very rapidly, the department may skip over lower levels and initiate its response at Level 3 or 4 almost immediately.

As demands decrease, the activation level and attendant management decisions and activities may be scaled back to a lower level. For example, as an incident moves toward stabilization and recovery, the Plan activation levels will also be scaled back to lower levels. Plan activation level 1 may not require the support of the department operations center nor of the expanded incident management structure instituted at the height of the response, but will still require an incident management structure, albeit smaller.

## **VII. Department Activation**

If the commissioner of Health decides to activate the Plan at level 1 (see the previous section, “Plan Activation” for definition of activation levels), the affected division directors will use the incident command system and establish working plans and goals to manage the incident. The DEPR will inform the HDM group via email during regular business hours or by an auto-call if after business hours. The incident manager will continue to keep the DEPR apprised of the situation as it progresses or stabilizes.

If the commissioner of Health decides to activate the Plan at level 2, 3, or 4, the DEPR will direct the EPR point-of-contact to send auto-call messages to:

1. EPR staff to ensure the set-up of the department operations center (DOC) for operations.
2. HDM regarding MDH’s next steps.
3. The incident manager, and the command and general staff (as determined by the nature of the incident) to attend the initial briefing at the pre-determined location.

Upon arriving at the pre-determined location (which may be the MDH DOC), the assigned incident manager will hold the initial briefing by sharing the incident command system (ICS) form 201 Initial Briefing with the command and general staff assigned to the response. The commissioner of Health and the DEPR may also be present.

Outcomes of the initial briefing will include:

- Review of the threat warning information received and how it was assessed.
- Review of the overall goals and objectives for the response as previously determined by the reporting division director, the DEPR or the commissioner of Health.
- Initiate the development of the Incident Action Plan, which may include:
  - ICS 202 Incident Objectives
  - ICS 203 Organization Assignment List
  - ICS 204 Assignment List.
  - ICS 205a Communications List
  - ICS 205 Radio Communications Plan
  - ICS 207 Incident Organization Chart
  - ICS 206 Medical Plan
  - ICS 208 Safety Message Plan
- Determine the Plan functions to be activated.
- Assign deputies and support for command staff and section chiefs.
- Identify initial employee and public communication messages and timing of communication.
- Formulate additional auto-call or email message to the HDM group with instructions for further response actions.
- Assign MDH representatives to the SEOC, if activated.
- Activate partner communications and internal communications to MDH staff.
- Determine the time and location of the next briefing.

## **VIII. Department Response**

### **A. Department Incident Management**

The commissioner of Health, or his/her designee, makes the principal incident management responsibility assignments based on the nature of the incident, the availability of resources, and the needs of the response. A decision to fully activate the incident command structure will include the appointment of an incident manager and deputy, section chiefs and deputy chiefs to lead the operations, planning, logistics, and finance and administration functions. Section chiefs assign the branch director positions, and may assign division or group supervisors, and/or unit leaders. Authority for these position assignments may also be delegated to branch directors. New branches, divisions, or units are generally formed and additional assignments made when the span of control exceeds five to seven staff to any given manager.

The scale of the department response will dictate the need for partial or full activation of the department operations center (DOC). The department's incident management response may occur virtually through phone conference, video conference or a web application, such as MNTrac (Minnesota System for Tracking Resources, Alerts, and Communication). MNTrac is a database driven, password protected web application where emergency planning, communication, and alert notifications are supported in real-time.

For every level of response or plan activation called for by the department, the MDH incident manager will be responsible for the following:

- Using the MDH Initial Checklist for Response.
- Using the Threat Assessment and Notification matrix.
- Consulting with the commissioner of Health and the DEPR (or their designees) regarding the needed response actions and plan activation level.
- Using the incident management system.
- Using the ICS form 201 Incident Briefing.
- Determining the need for an Incident Action Plan and identifying which ICS forms to include in it.

Job action sheets for command and general staff and incident command forms for the MDH incident response staff are located on the MDH shared drive

(X:\Response\Resources\1\_Response Folder Set-up Instructions and Materials\Active Emergency Template) and on portable USB flash drives in the possession of EPR staff. EPR maintains a current list of MDH staff assigned to incident response roles and maintains records of appropriate incident management training for these staff through MN.TRAIN.

## **B. Department Activity Prioritization**

As defined in the Continuity of Operations (COOP) Annex, MDH must continue providing time critical public health and health care services. In a major disaster or catastrophe, there will be a need to decrease or suspend certain department programs and activities to redirect MDH staff to other areas in need of staff support and services. The commissioner of Health will refer to the priority services list as part of the COOP Annex and make the decision as to which programs and activities it may be necessary to suspend in cases of major disasters or catastrophes.

## **C. Staff Response Roles and Responsibilities**

MDH staff needed to work in a response capacity for an emergency will be notified by their supervisor or director during regular business hours. If the emergency occurs outside of regular business hours, MDH staff will be notified by one or more of the following methods:

- Calling tree.
- Workspace general message.
- Auto-call message system.
- The notification message will include the following information:
  - The nature of the emergency.
  - Where to report, including possible telecommuting.
  - When to report.

MDH staff working in a response capacity are encouraged to have a family preparedness plan to ensure their families are safe and cared for during an emergency.

Staff will learn their job assignment and hours of operation upon arrival and check-in. Staff assignments are made within the chain-of-command structure based on the required

minimum qualifications for the position, the knowledge, training, experience, and subject matter expertise of individual staff, and the resources available at the time. Staff from the program area that actually performs the function as a part of normal work will be prioritized for assignment to that function. Staff reassigned to work in a capacity that is other than their normal daily job will be given a job action sheet that informs them of their job responsibilities and to whom they report. Staff will not be given job assignments they are not able or trained to perform or without the appropriate safety training and equipment.

Staffing of functions will increase and decrease based on the needs of the incident or business interruption and in order to maintain span of control. The MDH Incident Manager will establish work hours based on the nature and severity of the emergency or incident.

## **IX. Response Coordination**

### **A. Local Emergency Operations Centers**

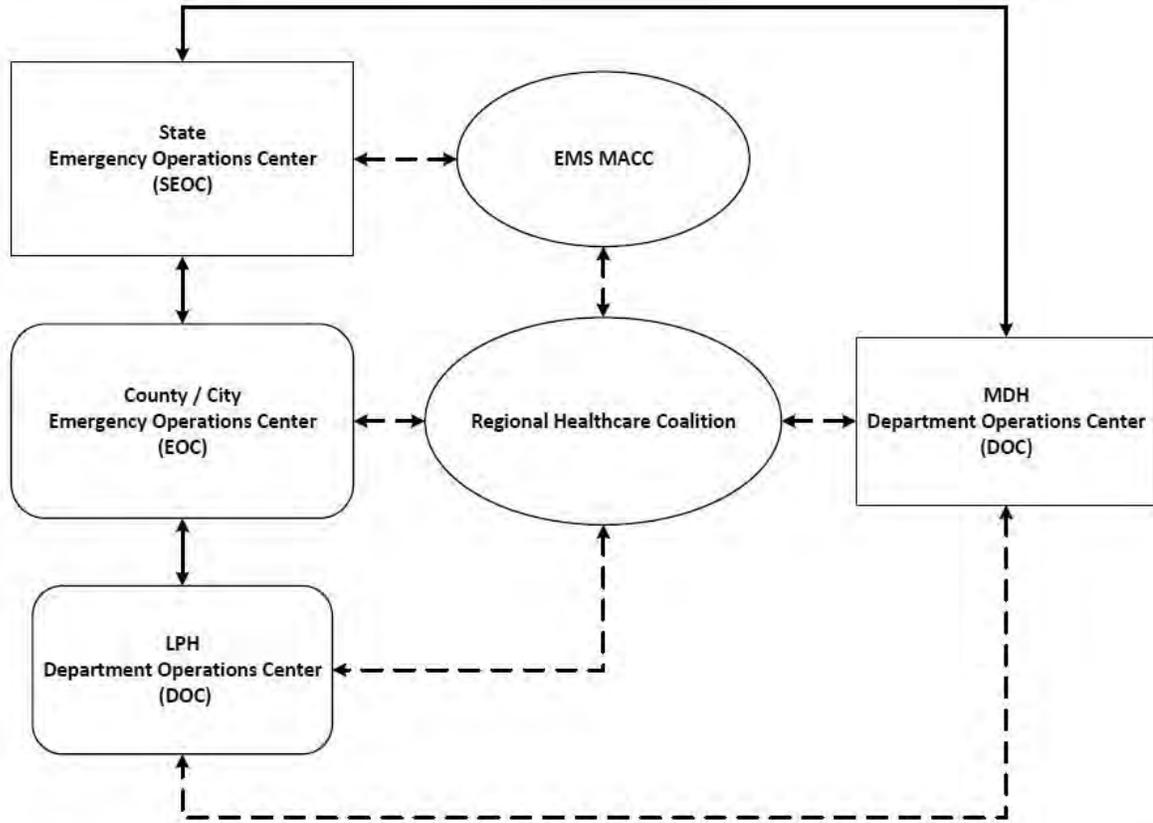
In any emergency or disaster, local jurisdictions serve as the “first line of defense” and have the primary responsibility for addressing the immediate health and safety needs of the public. In the event of a multi-agency response to a major emergency or disaster, a local jurisdiction’s emergency operations center (EOC) is activated according to local emergency operation planning protocol.

State agencies support local jurisdictions when local resources are exhausted or nonexistent. MDH has designated staff to act as regional liaisons with local emergency operations centers, if needed.

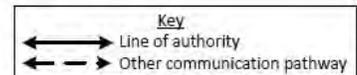
### **B. Regional Healthcare Coalitions**

Each of the eight public health regions in the state has a healthcare coalition established for the purpose of healthcare emergency planning, preparedness and response. Healthcare Coalition membership generally includes hospitals and other healthcare entities, jurisdiction emergency management, local public health and emergency medical services. The coalitions engage members through regular meetings, training opportunities, exercises and all-hazards planning. During responses, they focus on real time information sharing, resource management and distribution, public and partner messaging, and overall response and recovery activities in conjunction with local emergency managers. This important activity ensures a common operating picture for all local authorities. Coalition interface with the SEOC indirectly through the MDH DOC or jurisdictional EOCs during a response. Figure 5 provides an overview of the how healthcare coalitions would interface with agencies and facilities that may be activated during a response.

**Figure 5. Communication Pathways Between Healthcare Coalitions and Response Partners**



If a regional healthcare coalition multi-agency coordination response function is operationalized, information will be shared between agencies, facilities and local EOCs that have been activated. Healthcare Coalitions partners include local and tribal public health, hospitals and other health care facilities, EMS, and local emergency management.



**C. MDH Department Operations Center (DOC)**

The DOC is activated for the efficient coordination of information and resources to support MDH response and recovery activities. Activation of the DOC must be approved by the commissioner of Health, but a request may be initiated anywhere in the chain of command. MDH has the resources to conduct DOC functions in a physical location or through a virtual environment. EPR is responsible for coordinating the set-up and the ongoing maintenance of the DOC facilities, equipment, and virtual environment with assistance from Facilities Management and MN.IT Services.

**D. State Emergency Operations Center (SEOC)**

The SEOC serves as the coordination center for a statewide emergency response. Activation of the SEOC will be determined by the Division of Homeland Security and Emergency Management (HSEM) within the Minnesota Department of Public Safety or can be requested by another state agency. The commissioner of Health will formally request that HSEM activate the SEOC if the coordination of multiple state agencies is required to respond

to an incident with public health implications, business continuity implications, or to prevent or prepare for an impending incident or event.

## **X. Communications Plan**

As the state's lead public health agency, with primary responsibility for policy development and technical expertise regarding public health issues, MDH will be responsible for directing and coordinating health-related communications activities during an emergency or incident with public health implications.

When the SEOC is active, public/media communications will be directed and coordinated with and through the State Lead Public Information Officer (PIO), with the Lead Public Health PIO in the SEOC assuming primary responsibility for public health information and messages. When the SEOC is not active, but the Minnesota Department of Health has activated an incident response structure, the MDH PIO will assume primary responsibility for public communication associated with an emergency or incident.

For more information on department communications, see the MDH Public Information and Warning Annex.

## **XI. Department Recovery Management**

The incident manager approves deactivation of the MDH All-Hazards Response and Recovery Plan, individual Plan functions and the incident management structure under which MDH operates. The decision to roll back activation of the Plan is made when the remaining needs of the incident can be met by normal MDH business functions or after other alternatives have been established.

### **A. Demobilization**

The incident manager, in consultation with the commissioner of Health and other department officials will determine the need and the process for scaling back Plan activation and the process for demobilizing response efforts and returning the department to normal operations. A demobilization plan will be created by the Demobilization Unit within the Planning section and then approved by the incident manager. ICS Form 221, Demobilization Check-Out and its Attachment A will be used to aid in the process of demobilization. The Demobilization Unit must:

- Provide an executable plan for transitioning back to efficient normal operational status from plan activation status.
- Coordinate and preplan options for department demobilization regardless of the level of disruption that originally prompted MDH to implement its plan.
- The incident manager will assign appropriate individuals to ensure the following are completed in a demobilization effort:

- Informing all staff, the media, and the public, that the actual emergency or the threat of an emergency no longer exists and instructing MDH staff on how to resume normal operations.
- Supervising the orderly return to normal operations and informing MDH partners of the demobilization plan.
- Verifying that all systems, communications, and other required capabilities and resources are available and operational and that the department is fully capable of accomplishing all priority services and operations.
- Ensuring basic human needs (e.g. toilet services and food services), if provided for in the response, are last to demobilize so they can meet the needs of MDH staff, the affected population and the responders.
- Conducting follow-up with local response agencies, hospitals, public and tribal health and human services agencies, etc., for post-incident planning.
- Ensuring the Planning section of the response will receive all records, situation reports, ICS forms, and other data collected during the response to share with appropriate response agencies for review and improvement planning.
- Ensuring calls received from the public, who are inquiring for help or information after the incident, are referred to the appropriate resource or health and human service agency.

## **B. Debriefing**

Post-incident debriefings are held following the demobilization of response efforts. The coordination and facilitation of the debriefing as well as the development of the after action report and improvement plan (AAR/IP) will be a shared responsibility between the divisions of the impacted programs and EPR. Post incident debriefings, the draft AAR/IP, after action conference and the distribution of the final AAR/IP will be completed within 60 days of incident demobilization.

## **XII. Plan Assessment**

Assessment of this Plan is the responsibility of EPR. The Plan will be assessed by an exercise or other form of assessment on an annual basis. Following any exercise, event or other form of assessment, an improvement plan will be created based on information received through after action reports or other documentation or data. EPR will facilitate and coordinate improvement activities, but it is the responsibility of the assigned division to carry out the designated improvements. EPR will inform the HDM group on improvement progress and Plan changes.

### **A. Plan Maintenance**

The maintenance of this Plan is the responsibility of EPR. The Plan will be reviewed and approved by the MDH HDM group on an annual basis. The Plan will also be subject to modification following an exercise, response, or other evaluation as needed. Changes may also be made to this Plan due to information received from state, federal, or other partners.

BASE PLAN

The HDM group will be informed of any significant changes to this Plan at their next available meeting following the receipt and integration of such information. EPR will track and document any changes to this Plan.

## **Appendix A: Contact Information**

Contact information of response partners is routinely updated and maintained by EPR; 24/7 contact information is maintained in the Directory on the MDH Workspace at MDH Workspace at [www.health.state.mn.us/workspace](http://www.health.state.mn.us/workspace)

## **Appendix B: Job Action Sheets for Command and General Staff**

Job action sheets for the MDH incident response command and general staff are located on the MDH shared drive (X:\Response\Resources\1\_Response Folder Set-up Instructions and Materials\Active Emergency Template) and on portable USB flash drives in the possession of EPR staff.

### Appendix C: ICS Forms / Response Forms

MDH has access to and will use the following incident command system (ICS) forms when the response dictates. In the table below, the ICS Forms identified with an asterisk (\*) are typically included in an Incident Action Plan (IAP). Forms identified with two asterisks (\*\*) are additional forms that could be used in the IAP. The other ICS Forms listed are used in the ICS process for incident management activities, but are not typically included in the IAP.

Incident command forms for the MDH incident response staff are located on the MDH shared drive (X:\Response\ICS Forms) and on portable USB flash drives in the possession of EPR staff.

ICS Form and Title		Typically Prepared by:
<a href="#">ICS 201</a>	Incident Briefing	Initial Incident Commander
<a href="#">ICS 201.10</a>	Resource Tracking Form	Resources Unit Leader
<a href="#">*ICS 202</a>	Incident Objectives	Planning Section Chief
<a href="#">*ICS 203</a>	Organization Assignment List	Resources Unit Leader
<a href="#">*ICS 204</a>	Assignment List	Resources Unit Leader and Operations Section Chief
<a href="#">*ICS 205</a>	Incident Radio Communications Plan	Communications Unit Leader
<a href="#">**ICS 205A</a>	Communications List	Communications Unit Leader
<a href="#">*ICS 206</a>	Medical Plan	Medical Unit Leader (reviewed by Safety Officer)
<a href="#">ICS 207</a>	Incident Organization Chart	Resources Unit Leader
<a href="#">**ICS 208</a>	Safety Message/Plan	Safety Officer
<a href="#">ICS 211p</a>	Incident Check-In List	Resources Unit/Check-In Recorder
<a href="#">ICS 213</a>	General Message (3-part form)	Any Message Originator
<a href="#">ICS 213 RR</a>	Resource Request Message	Anyone requesting a resource
<a href="#">ICS 214</a>	Activity Log	All Sections and Units
<a href="#">ICS 215</a>	Operational Planning Worksheet	Operations Section Chief
<a href="#">ICS 215A</a>	Incident Action Plan Safety Analysis	Safety Officer
<a href="#">ICS 221</a>	Demobilization Check-Out	Demobilization Unit Leader
<a href="#">ICS 230</a>	Daily Meeting Schedule	Situation Unit Leader
<a href="#">ICS 231</a>	Meeting Summary	Any personnel assigned to take notes

### **Appendix D: MDH Initial Checklist for Response**

The “MDH Initial Checklist for Response” is located on the MDH shared drive (X:\Response\Resources) and on portable USB flash drives in the possession of EPR staff.

## Appendix E: Glossary

**Catastrophic Incident.** Any natural or manmade incident, including terrorism that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions. A catastrophic event could result in sustained national impacts over a prolonged period of time; almost immediately exceeds resources normally available to State, local, tribal, and private-sector authorities in the impacted area; and significantly interrupts governmental operations and emergency services to such an extent that national security could be threatened.

**Chain of Command.** A series of command, control, executive, or management positions in hierarchical order of authority.

**Command Staff.** In an incident management organization, the Command Staff consists of the special staff positions of Public Information Officer, Safety Officer, Liaison Officer, and other positions as required, who report directly to the Incident Commander. They may have an assistant or assistants, as needed.

**Debriefing.** An examination of the performance of the response.

**Department Operations Center.** A pre-determined location at which selected staff from a department can convene to launch an organized response to an emergency.

**Disaster.** As defined by MN Statute 12.03 subdivision 2, “A situation that creates an actual or imminent serious threat to the health and safety of persons, or a situation that has resulted or is likely to result in catastrophic loss to property or the environment, and for which traditional sources of relief and assistance within the affected area are unable to repair or prevent the injury or loss.”

**Emergency (federal definition).** As defined by the Stafford Act, an emergency is “any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.”

**Emergency (state definition).** As defined by MN Statute 12.03 subdivision 3, “An unforeseen combination of circumstances that calls for immediate action to prevent a disaster from developing or occurring.”

**Emergency Management Assistance Compact.** A congressionally ratified national disaster relief compact that offers assistance during governor-declared states of emergency to send personnel, equipment, and commodities to help disaster relief efforts in other states and U.S. territories.

**Emergency Operations Center (EOC).** The physical location at which the coordination of information and resources to support domestic incident management activities normally takes

place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, county, city, tribal), or by some combination thereof.

**Emergency Operations Plan (EOP).** The “steady-state” plan maintained by various jurisdictional levels for managing a wide variety of potential hazards.

**Event.** A planned occasion that may have the potential to threaten the public’s health or to interrupt MDH’s priority services, such as a national convention or other large public occasion.

**General Staff.** In an incident management organization, the General Staff consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief and the Finance and Administration Section Chief. These roles work on scene and behind the scene in support of response efforts to an incident or event.

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

**Health Directors Meeting (HDM) group.** A group that provides overall leadership for the agency. This includes developing short- and long-term strategic plans, guiding public policy on important health issues, and overseeing the overall operations of the department. Membership consists of the commissioner of Health, deputy commissioner, assistant commissioners, all directors and assistant directors for divisions and offices.

**Incident.** An unplanned situation that can occur at any time with little or no warning and threatens the public’s health or to interrupt MDH’s priority services, such as a natural disaster, chemical spill or influenza pandemic.

**Incident Action Plan.** An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.

**Incident Command System (ICS).** A standardized on scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, staff, procedures, and communications operating with a common organizational structure, designed to aid in the management of resources during incidents. ICS is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, or organized field-level incident management operations.

**Incident Management System.** A standardized management tool for meeting the demands of small or large emergency or non-emergency situations.

**Incident Manager.** Lead figure in the incident management system that provides overall leadership for the incident response, delegates authority to others, and takes general direction from agency administrator or official.

**Initial Briefing.** The first meeting of command and general staff where vital incident command and control information is captured and shared prior to the formal planning process for the response.

**Jurisdiction.** A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authorities. Jurisdictional authority at an incident can be political or geographical (e.g., city, county, tribal, State, or Federal boundary lines) or functional (e.g., law enforcement, public health).

**Major Disaster.** As defined by the Stafford Act, any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

**National Incident Management System (NIMS).** A system mandated by Homeland Security Presidential Directive 5 (HSPD-5) that provides a consistent, nationwide approach for Federal, State, local, and tribal governments; the private sector; and nongovernmental organizations to work effectively and efficiently together to prepare for, prevent, respond to, recover from and mitigate the effects of domestic incidents, regardless of cause, size, or complexity.

**Preparedness.** The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process involving efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources.

**Priority Service.** A designation assigned to state agency services which indicate a high need to continue that service in times of emergency or business disruption.

**Prophylaxis.** A measure taken for the prevention of a disease or condition.

**Public Information Officer (PIO).** A member of the command staff responsible for interfacing with the public and media or with other agencies with incident related information requirements.

**Recovery.** The development, coordination, and execution of service- and site-restoration plans for impacted communities and the reconstitution of government operations and services through individual, private-sector, nongovernmental, and public assistance programs that: identify needs and define resources; provide housing and promote restoration; address long-

term care and treatment of affected persons; implement additional measures for community restoration; incorporate mitigation measures and techniques, as feasible; evaluate the incident to identify lessons learned; and develop initiatives to mitigate the effects of future incidents.

**Resources.** Staff and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

**Response.** Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of incident mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include: applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into the nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

**Span of Control.** The number of individuals a supervisor is responsible for, usually expressed as the ratio of supervisors to individuals. (Under NIMS, an appropriate span of control is between 1:3 and 1:7.)

**Subject Matter Expert (SME).** An individual who is a technical expert in a specific area or in performing a specialized job, task, or skill.

**Terrorism.** Any activity that (1) involves an act that (a) is dangerous to human life or potentially destructive of critical infrastructure or key resources; and (b) is a violation of the criminal laws of the United States or of any State or other subdivision of the United States; and (2) appears to be intended (a) to intimidate or coerce a civilian population; (b) to influence the policy of a government by intimidation or coercion; or (c) to affect the conduct of a government by mass destruction, assassination, or kidnapping.

**Threat.** An indication of possible violence, harm, or danger.

**Tribal Government.** The governing body of any tribe, band, community, village, or group of Indians.

**Workspace.** A password protected website used by MDH staff, local health departments, and other emergency preparedness and health partners for planning and response collaboration.

## Appendix F: List of Acronyms

<b>Acronym</b>	<b>Definition</b>
<b>AAR</b>	After Action Report
<b>DEPR</b>	Director of Emergency Preparedness and Response
<b>DOC</b>	Department Operations Center
<b>EMAC</b>	Emergency Management Assistance Compact
<b>EOC</b>	Emergency Operations Center
<b>EOP</b>	Emergency Operations Plan
<b>EPR</b>	Emergency Preparedness and Response
<b>HDM</b>	MDH Health Directors Meeting group
<b>HSEM</b>	Homeland Security and Emergency Management
<b>ICS</b>	Incident Command System
<b>IP</b>	Improvement Plan
<b>MDH</b>	Minnesota Department of Health
<b>MEOP</b>	Minnesota Emergency Operations Plan
<b>MMB</b>	Minnesota Management and Budget
<b>MN.IT</b>	Minnesota Information Technology
<b>MNTrac</b>	Minnesota system for Tracking Resources, Alerts, and Communication
<b>NIMS</b>	National Incident Management System
<b>PIO</b>	Public Information Officer
<b>SEOC</b>	State Emergency Operations Center