

The Minnesota Department of Health

ALL-HAZARDS

Response and Recovery Base Plan

Version 2011



This page intentionally left blank.

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 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 citizens across the state. In addition, the department also responds to public health and healthcare impacts resulting from a variety of incidents or events. To meet the department's mission, MDH has planned for its response and recovery, as well as the continuation of priority services, no matter the incident or event. This plan captures the efforts MDH has completed and the steps the department will take to maintain its priority services to respond to all types of incidents and events.

The Minnesota Department of Health (MDH) received a cooperative grant from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and from the Office of the Assistant Secretary for Preparedness and Response to upgrade and integrate state preparedness for and response to terrorism and other public health emergencies. 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, visit the MN Homeland Security and Emergency Management Division website:

http://www.hsem.state.mn.us/Hsem_Category_Home.asp?catid=10

Table of Contents

Part One – Base Plan

Preface	ii
Table of Contents	iii
Verification of Plan Approval	vi
Record of Revision	viii
Authorities and References.....	1
Determination of Data Privacy	1
Plan Purpose	2
Organization of the Plan	3
Assumptions and Considerations	5
Department Readiness Roles.....	6
Threat Assessment	8
Initial Assessment of Threat Warning Information	8
Considerations to Apply to Threat Warning Information	8
Notification	10
Department Preparedness	11
Plan Activation	12
Activation Levels	12
Department Response	14
Department Activity Prioritization	14
Department Incident Management	14
Staff Response Roles and Responsibilities	15
Response Coordination.....	15
Local Emergency Operations Centers	15
Regional Multi-Agency Coordination	16
MDH Department Operations Center (DOC)	16
State Emergency Operation Center (SEOC)	17
Communications Plan	17
Department Recovery Management	17
Demobilization and Reconstitution	17
Debriefing	18
Plan Assessment	18
Plan Maintenance	19
Part Two - Functional Annexes.....	20
Record of Revision	21
OPERATIONS	21
Care of the Deceased	21

Communications & Education Delivery	21
Health Alert Network	21
Hotline.....	21
Just-In-Time Training	21
MDH Workspace	21
MDH Internal/External Web	21
Partner/MDH Communications	21
Public Education & Outreach	21
Disease Investigation	21
Laboratory	21
Public Health Interventions	21
Drinking Water Protection	21
Environmental Hazard Remediation	21
Food Safety.....	21
Sanitation	21
Vector Control	21
PLANNING & INTELLIGENCE	21
Communications Management	21
Demobilization Unit	21
Documentation Unit	21
Resources Unit	21
Situation Unit.....	21
Long-Term Surveillance Protocol Development.....	21
Special Populations	21
Technical Specialists Units:	21
Clinical Management.....	21
Clinical Care Guidance	21
Infection Control.....	21
Isolation & Quarantine.....	21
Mass Prophylaxis.....	21
Patient Care Coordination.....	21
Victims'/Population Behavioral Health.....	21
LOGISTICS	21
Communications Unit.....	21
DOC Communications	21
Hardware & Systems Support.....	21
Tactical Communications	21
Videoconferencing	22
Food Unit	22
Medical Unit	22
Behavioral Health for Response Staff	22
Health & Safety	22
Facilities Unit.....	22
Facilities	22
Security.....	22
Ground Unit.....	22
Personnel Transportation.....	22

Supplies & Equipment Transportation.....	22
Supply Unit.....	22
Supplies & Equipment.....	22
MN Responds Medical Reserve Corps	22
Staffing/Human Resources	22
FINANCE & ADMINISTRATION	22
Compensation/Claims Unit.....	22
Cost/Time Unit	22
Procurement Unit	22
Regulatory Compliance Unit	22
Part Three - Support Annexes.....	23
Record of Revision	24
MDH Continuity of Operations Support Annex	24
MDH DOC Operations Manual Support Annex	24
MDH Multi-Agency Coordination Support Annex	24
MDH Pandemic Influenza Support Annex	24
MDH Regional All-Hazards Response & Recovery	24
Support Annexes:	24
Central	24
Metro.....	24
North East	24
North West	24
South Central	24
South East	24
South West	24
West Central	24
MDH Resource Management and Medical Countermeasures Support Annex	24
Part Four - Appendices.....	25
Record of Revision	26
Contact Information, Border States:	26
Iowa	26
North Dakota.....	26
South Dakota	26
Wisconsin.....	26
Contact Information, Provincial:	26
Manitoba	26
Ontario	26
Forms	27
MDH INITIAL CHECKLIST FOR RESPONSE	28
ICS Forms	31
Glossary	32
List of Acronyms	37

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.)

Jane Braun
Acting Director of Emergency Preparedness

Date

Ruth Lynfield, M.D.
State Epidemiologist

Date

Joanne Bartkus
Director, Public Health Laboratory Division

Date

Kristen Ehresmann
Director, Infectious Disease Epidemiology, Prevention and Control Division

Date

Margaret Diebel
Director, Community and Family Health Division

Date

John Stieger
Director, Communications Office

Date

Linda Bruemmer
Director, Environmental Health Division

Date

David Orren
Director, Legal Unit, Executive Office

Date

José L. González
Director, Office of Minority and Multicultural Health

Date

David Wulff
Business Continuity Coordinator

Date

Jody O'Malley
Director, Human Resources Management

Date

Barb Juelich
Director, Facilities & Finance Management; and Chief Financial Officer, Executive Office

Date

Darcy Miner
Director, Compliance Monitoring

Date

Mary Manning
Director, Health Promotion and Chronic Disease

Date

Barb Wills
Assistant Director, Health Policy

Date

John Paulson
Director, Information Systems & Technology Management

Date

Judy Marchetti
Supervisor, Healthcare System Preparedness Program

Date

Craig Acomb
Assistant Commissioner, Administrative Services

Date

Aggie Leitheiser
Assistant Commissioner, Health Protection Bureau

Date

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

Dr. Edward Ehlinger, MD, MSPH
Commissioner of Health, Minnesota Department of Health

Date

Part One - Base Plan

Record of Revision

SECTION	DATE OF REVISION	REVISION NUMBER
Cover Page	12-01-10	8
Preface	12-01-10	3
Table of Contents	12-01-10	6
Verification of Plan Approval	12-01-10	6
Record of Revision	12-01-10	7
Authorities & References	12-01-10	3
Determination of Data Privacy	12-01-10	
Plan Purpose	12-01-10	5
Fig. 1 Organization of MDH All-Hazards R&R Plan	12-21-10	6
Assumptions and Considerations	12-01-10	3
Department Readiness Roles	12-01-10	5
Fig. 2 MDH Organizational Chart	12-21-10	5
Threat Assessment	12-01-10	4
Fig. 3 MDH Internal Threat Assessment & Notification	12-01-10	4
Notification	12-01-10	6
Fig. 4 MDH Internal Notification Chart	12-01-10	6
Department Preparedness	12-01-10	5
Plan Activation	12-01-10	3
Department Response	12-01-10	3
Response Coordination	12-01-10	1
Fig. 5 Response Coordination and Information Flow	12-21-10	
Communications Plan	12-01-10	3
Department Recovery Management	12-01-10	3

Plan Assessment

12-01-10

3

Glossary

12-21-10

5

List of Acronyms

12-21-10

5

Authorities and References

Minnesota Statutes grant the 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 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 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 11-03 "*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. The Office of Enterprise Technology (OET) and Minnesota Management and Budget (MMB) have state agency wide responsibilities in the area of business and service continuity planning.

The Minnesota Department of Health (MDH) is given primary responsibility for many public health issues related to a disaster or emergency, key laboratory duties, and support functions for other public and private sector response efforts, as well as maintaining priority services. These health-related responsibilities are outlined in Executive Order 11-03 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 the Minnesota Department of Health (MDH) has determined that the emergency plans, including this Base Plan is 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 "Security information." Staff related data gathered for these plans are "personnel data" within the meaning of Minnesota Statutes, Section 13.37. 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 instances where business operations are disrupted 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) along with the unmitigated risks that remain.
- 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 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.

Plan Purpose

The Minnesota Department of Health 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 that will be implemented 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; and
- 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.

Organization of the Plan

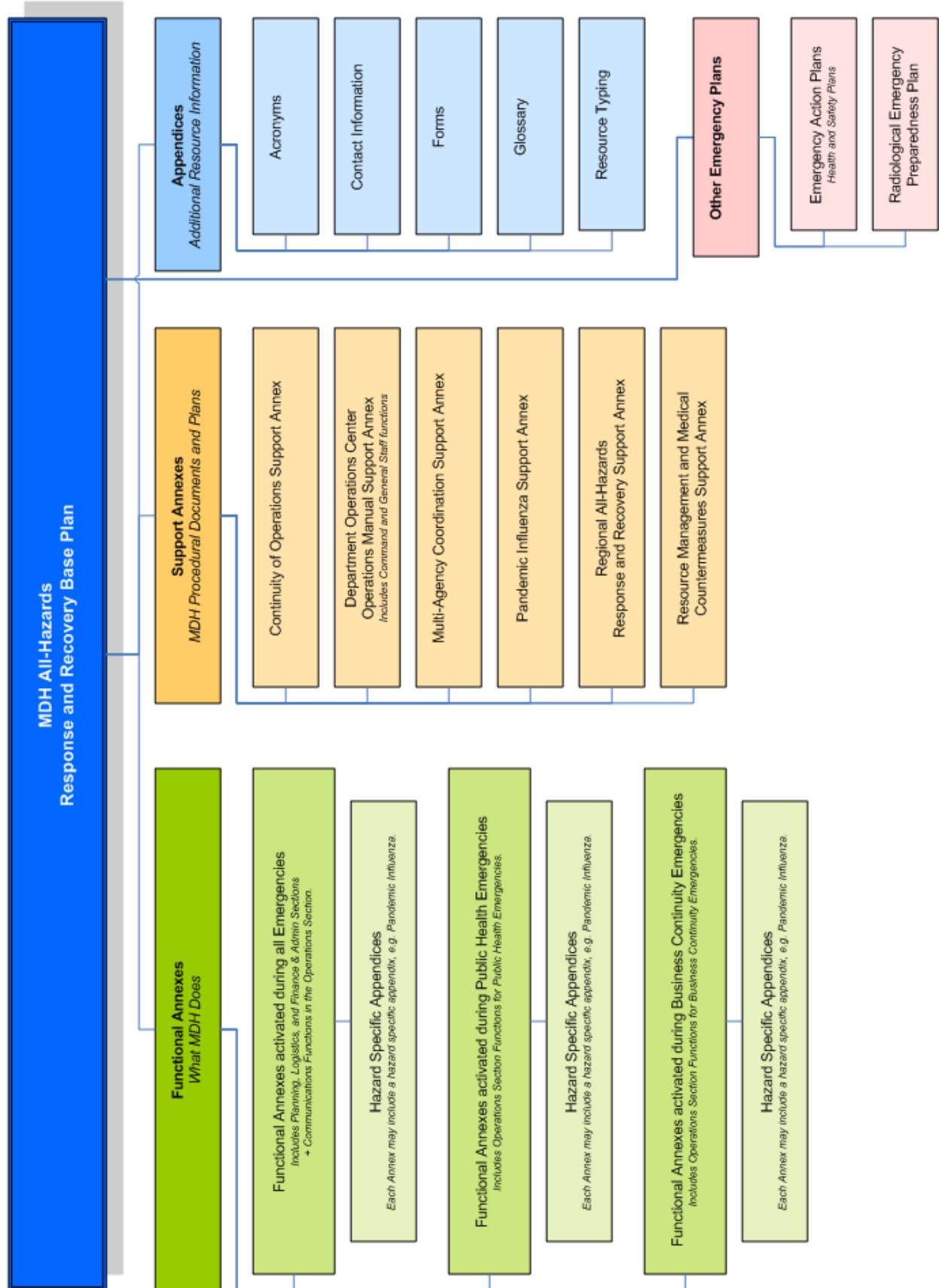
The Plan consists of four major parts: (See Figure 1 on the next page for a graphic of plan organization.)

1. The **Base Plan** (Part One) 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 planning and operations.
2. **Functional Annexes** (Part Two) provide additional detailed information organized around the performance of a broad task. Each annex focuses on the emergency functions and priority services that MDH will perform in response to an incident. Many functional annexes will include hazard specific appendices.

Hazards Specific Appendices describe the strategies for managing responses for a specific hazard. Attached to the end of a functional annex, they explain the procedures that are unique to that annex for a hazard type.

3. **Support Annexes** (Part Three) are more detailed MDH procedural documents and plans that enhance and build off of the MDH All-Hazards Response and Recovery Plan such as the
 - a. MDH Continuity of Operations Support Annex,
 - b. MDH Department Operations Center (DOC) Operations Manual Support Annex,
 - c. MDH Multi-Agency Coordination Support Annex,
 - d. MDH Pandemic Influenza Support Annex,
 - e. MDH Regional All-Hazards Support Annexes,
 - f. MDH Resource Management and Medical Countermeasures Support Annex.
4. **Appendices** (Part Four) contain additional resource information such as resource typing, glossaries, forms, contact information from bordering states and provinces, and maps.

Figure 1. Organization of MDH All-Hazards Response & Recovery Plan



Assumptions and Considerations

MDH will use the National Incident Management System (NIMS) as a basis for supporting, responding to, and managing Plan activities.

Incidents and events are managed at the lowest possible geographic, organizational, and jurisdictional level using the Incident Management System. 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 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 the incident or event dictates.

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, prepared for, and will respond to emergencies regionally using the eight public health districts in the state.
- MDH District Office staff will work as liaisons with local 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.

The degree of MDH involvement to 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.

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. The following personnel and groups have critical responsibilities in department readiness:

Commissioner of the Minnesota Department of Health: As the lead health official for the State of Minnesota and department head, the Commissioner (or their designee) authorizes activation of the MDH All-Hazards Response and Recovery Plan. Authority for activation of the Plan may be delegated to the Deputy Commissioner, Assistant Commissioners, or the Director of Emergency Preparedness.

The Commissioner of Health has the following responsibilities, following the activation of the Plan:

- Liaison to the Governor's Office
- Request opening of the Department Operations Center (DOC) and the State Emergency Operations Center (SEOC), as necessary
- Attend Governor's Homeland Security Sub-Cabinet Briefings
- Spokesperson for MDH in coordination with Communications Office and subject matter experts
- Approve overall MDH response and recovery goals

Director of Emergency Preparedness (DEP): A management position which provides overall leadership in setting direction for and the performance of all MDH emergency readiness efforts.

The following groups have critical responsibilities in readiness activities at MDH:

Executive Team: Includes the Commissioner of Health, Deputy Commissioner, Assistant Commissioners, Chief Financial Officer, Legal Unit Director, and the Communications Office Director. This team has overall responsibility of the entire health department and communicates with the Governor's Office.

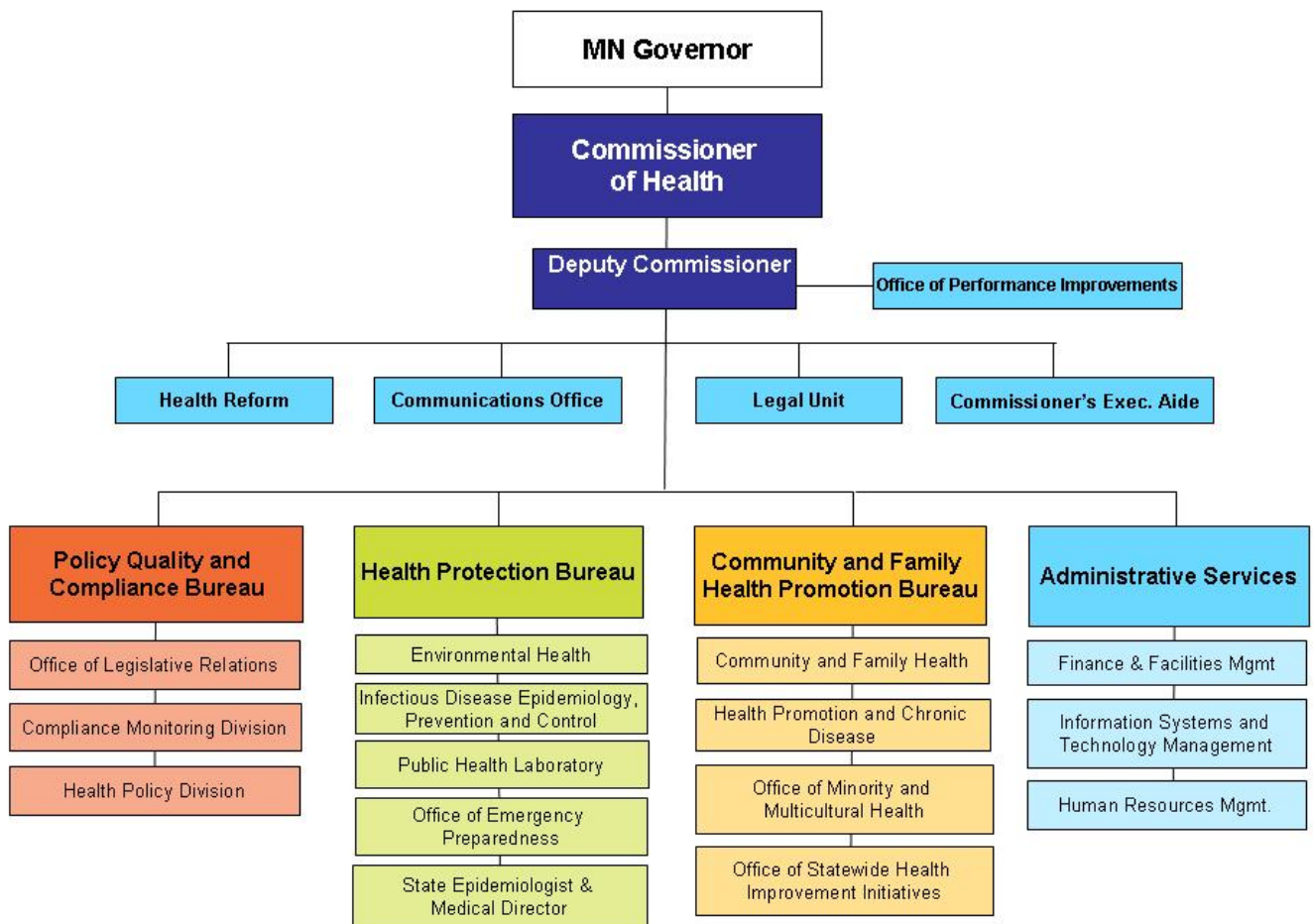
Readiness Steering Team (RST): Provides overall coordination of readiness activities in the Department by approving policies and procedures, coordinating and prioritizing significant

readiness investments, and making strategic decisions on the development of readiness efforts to assure selected activities improve the Department's ability to respond effectively, maintain the Department's ability to deliver critical priority services, protect employees and resources, and to protect the public's health.

Readiness Coordinating Team (RCT): Provides a forum for developing, discussing, and evaluating department-wide activities related to public health and business continuity emergencies. The focus of the Readiness Coordinating Team is to advise the Readiness Steering Team on policy and procedures, management and funding issues necessary to manage readiness issues on behalf of the Department. In addition, the Readiness Coordinating Team will establish methods of communication and processes to ensure close working relationships and sharing of best practices between and across Department divisions.

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

Figure 2. Minnesota Department of Health Organizational Chart



Lead management in these offices and divisions comprise Executive Team, Readiness Steering Team and Readiness Coordinating Team membership.

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 agencies or other external sources;
- Results from surveillance systems or suspicious results from 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

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.

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 Office of Emergency Preparedness on-call number; MDH Facilities Management; Human Resources Management; the assistant commissioner or state epidemiologist.

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:

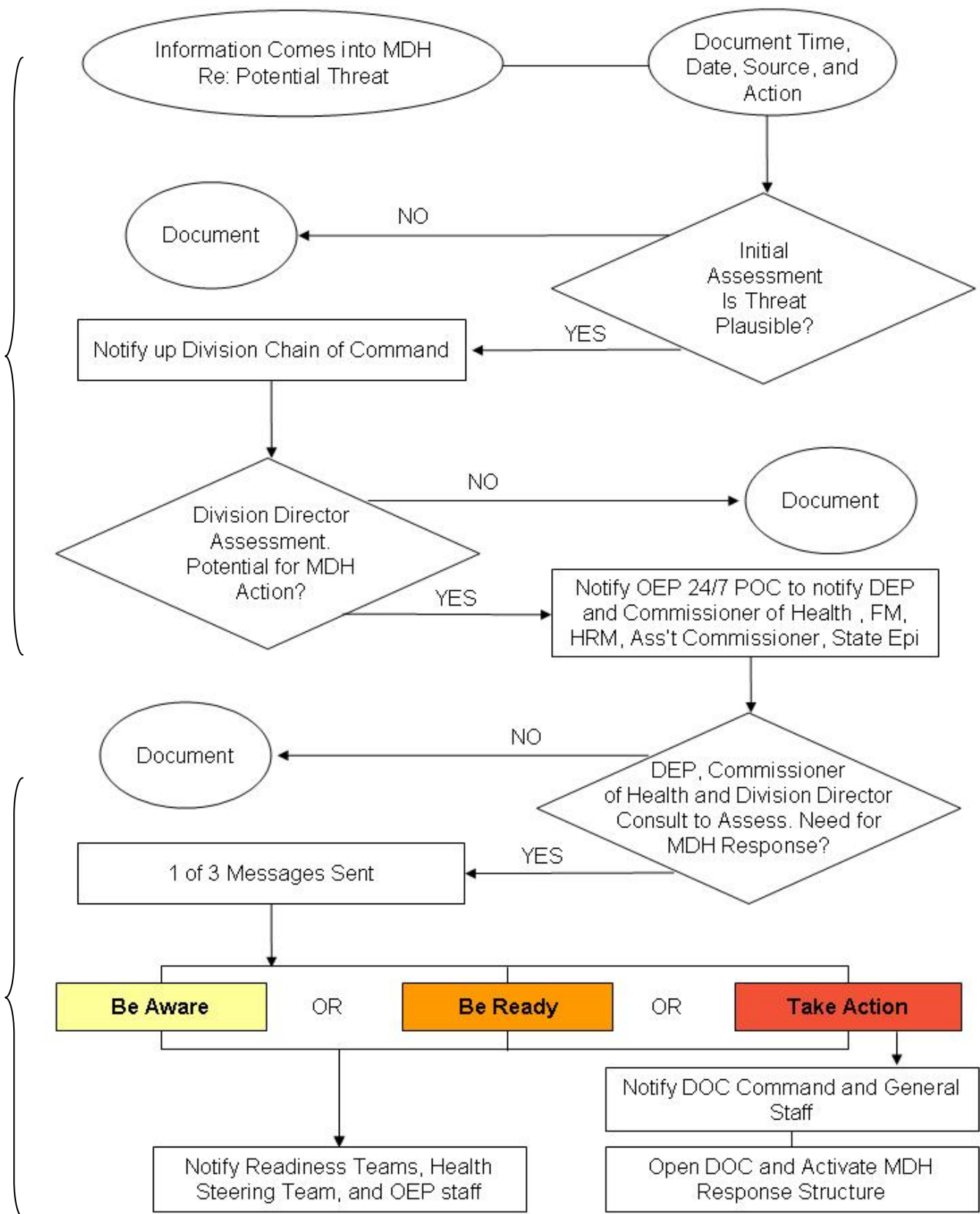
- Source of the information;
- Quality and quantity of the information;
- Severity, magnitude, and timelines regarding the potential or actual health threat or threat of business interruption;
- Regarding public health threats, the level and competency of prior testing done to generate the information;
- Other intelligence/information to corroborate or support the information; and
- Anticipated need to provide information to MDH staff, the public or others.

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

Threat Assessment

Notification

Figure 3. MDH Internal Threat Assessment & Notification



See page 11 for MDH Internal Notification Chart.

Notification

The MDH Internal Notification Process describes how MDH staff are to notify management following the detection or receipt of information that indicates the occurrence of an unusual public health incident(s) or a business interruption, as well as how any additional notifications will be made. See Figure 3 on previous page for a quick reference guide.

The director or designee, that conducts the initial assessment of the threat warning information will contact the Office of Emergency Preparedness (OEP) 24/7 on-call point-of-contact to alert the Director of Emergency Preparedness (DEP), the Commissioner of Health. The division director or designee, the DEP and Commissioner of Health will assess the situation and determine:

- A 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.

After the assessment and consultation among the division director, Commissioner of Health and the DEP, the director will provide the following information to the OEP point-of-contact to be sent out in an auto-call/auto-fax message to the staff identified in Figure 4. MDH Internal Notification Chart on next page:

- A brief description of the situation;
- Notification level determined;
- Instructions for action, if any;
- Information regarding further briefings or updates.

If the Commissioner determines no plan activation is necessary, informational meetings about the situation may be called by the Readiness Steering Team or the division director 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 division director or other department officials.

If the Notification Level is **Be Ready (orange) or Take Action (red)**, additional outcomes from the assessment and consultation among the division director, Commissioner of Health and the DEP will be:

- 1) Determination to activate the Plan, and at what level;
- 2) Formulation and documentation of the initial response goals and objectives;
- 3) Assignment of the Incident Manager;
- 4) Decision of whether to open the MDH Department Operations Center (DOC);
- 5) Assignment of the Command and General Staff;
- 6) Determination of whether to request the opening of the State Emergency Operations Center, if not already opened;
- 7) Establishment of 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.	N/A	No Action Needed. Business as Usual.
Yellow	Credible but unsubstantiated threat, developing situation or significant concern that does not immediately impact MDH or Minnesota.	Readiness Coordinating Team (RCT), Readiness Steering Team (RST), Health Steering Team, Command and General Staff, OEP staff, OEP 24/7 Contact	Be Aware.
Orange	Potential threat that may affect MDH or Minnesota.	RCT RST Health Steering Team, Command and General Staff, OEP staff OEP 24/7 Contact	Be Ready.
Red	Confirmed threat to MDH or Minnesota.	RCT RST Health Steering Team, Command and General Staff, OEP staff OEP 24/7 Contact	Take Action. Activate MDH All-Hazards Plan.

As the internal notification of MDH staff proceeds, notifications from MDH staff will 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 general message will be sent to the groups notified above to return to business as usual.

Department Preparedness

If the Commissioner of Health decides to activate the Plan at Level 1 (see the following section, “Plan Activation” for definition of activation levels), the affected division directors will establish working plans and goals to manage the incident. The Director of Emergency Preparedness will inform the RST and RCT via email during regular business hours or by an auto-call if after business hours. The division directors will continue to keep the DEP 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 DEP will direct the OEP point-of-contact to send auto-call messages to:

1. OEP staff to ensure the set up of the DOC for operations.
2. RST, RCT and the Health Steering Team 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 DOC.

Upon arriving at the MDH DOC, the assigned Incident Manager will hold the initial briefing with the Command and General staff assigned to the response. The Commissioner of Health and the Director of Emergency Preparedness 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 goals and objectives for the response as previously determined by the reporting division director, the DEP or the Commissioner of Health.
- Development of the Incident Action Plan.
- Determination of the Plan functions to be activated.
- Assignment of deputies and support for Command Staff and Section Chiefs.
- Identification of initial employee and public communication messages and timing of communication.
- Formulation of additional auto-call or email message to the Health Steering Team, RST and RCT with instructions for further response actions.
- Assignment of MDH representatives to the SEOC, if activated.
- Activation of partner communications and internal communications to MDH staff.
- Determination of the time and place of the next briefing.

Plan Activation

The MDH Plan may be implemented in varying degrees ranging from only a few functional 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. However, the Plan can be activated at any level. Plan activation can be triggered by causes other than strained resources, such as requests for assistance by others.

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. While 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, the need for more comprehensive coordination of activities and broader information sharing also arise. 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:

(Note that when the needs related to an incident or request are being managed through day-to-day activities or normal level of staff involvement, the Plan is not considered to be activated.)

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 of RST and RCT. Tracking and documentation on all applicable forms occurs at this level. Activation of the incident management system may 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 Director of Emergency Preparedness and RST. Activation of the MDH Department Operations Center and use of the incident management system 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 State Emergency Operations Center (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 (MAC) centers, if activated, will help coordinate information and resources between local health departments, health care and the department of health by utilizing the public health preparedness consultants located in the public health regions across the state.

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

Staffing and coordination with MAC centers, 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 their 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 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 the decision to stand up resources is made. 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.

Department Response

Department Activity Prioritization

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

Department Incident Management

The Commissioner of Health, or their 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 the MDH 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.

For details on MDH staff assigned to specific incident management roles for types of incidents, see the MDH Department Operations Center Operations Manual in the Support Annexes section of this plan.

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 that work in a response capacity to an emergency 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.

Response Coordination

Local Emergency Operations Centers

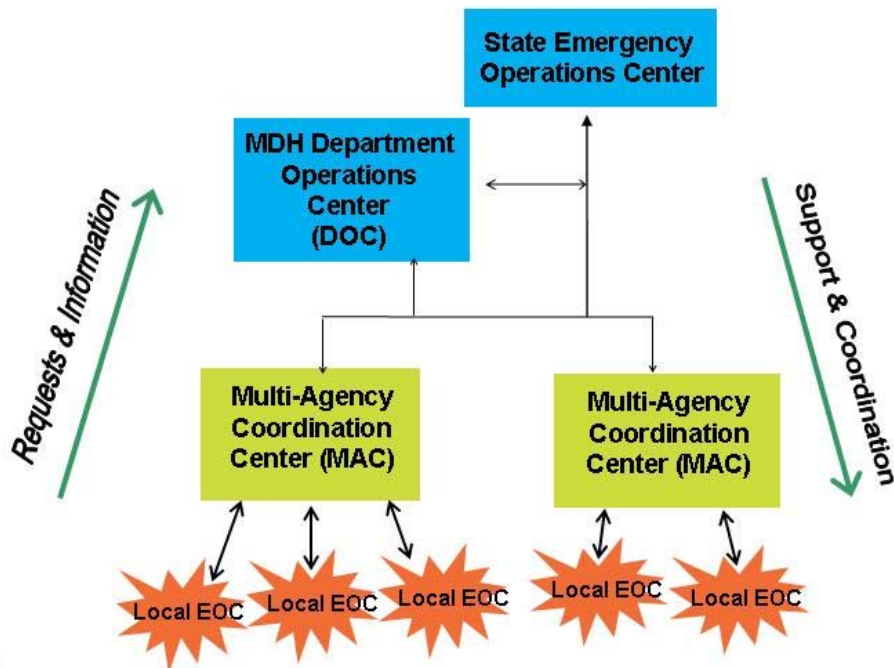
In any emergency or disaster, local jurisdictions serve as the “first line of defense” and have the primary responsibility for addressing the immediate health and safety needs of the public. In the event of a multi-agency response to a major emergency or disaster, a local jurisdiction’s emergency operations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

Regional Multi-Agency Coordination

The purpose of multi-agency coordination is to facilitate health-related policy coordination among multiple entities from multiple jurisdictions. Multi-agency coordination systems are needed in incidents or events that affect multiple jurisdictions and require higher-level resource management or information management. Coordination between public health agencies within a region is outlined in the MDH Multi-Agency Coordination (MAC) Support Annex, which provides the structure for the procedural and communications response efforts of multiple health-related entities within a public health region. MDH has designated a Liaison Officer position in the MDH Department Operations Center as a point of contact for multi-agency coordination teams to report the health needs of the region. See the Support Annexes section for more information on the MDH MAC Plan.

Figure 5. Response Coordination and Information Flow



-  - Local Incident occurs in County. Local Emergency Operations Center is activated.
- MAC**- Support and coordination of information from a health region takes place here and is communicated to point-of-contact at MDH.
- MDH DOC**- Technical /operational health-related decisions, based on information from MAC, take place here.
- SEOC**- Requests for resources are submitted here. Coordination and support of multiple agencies' plans also takes place here.

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. The MDH has primary and back-up locations for the DOC. Office of Emergency Preparedness staff coordinate the set-up and ongoing maintenance of the DOC facilities and equipment with assistance from Facilities Management and Information Systems and Technology Management divisions. For more information on the DOC and its operation, see the MDH Department Operations Center Support Annex.

State Emergency Operation Center (SEOC)

The SEOC serves as the coordination center for a statewide emergency response. Activation of the SEOC will be determined by Homeland Security and Emergency Management (HSEM) division of the 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. For more information on the interaction between the MDH DOC and the SEOC, see the MDH Department Operations Center Support Annex.

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 MDH Department Operations Center (DOC) has been activated, the DOC PIO will assume primary responsibility for public communication associated with an emergency or incident.

For more information on department communications, see the Communications Management Annex.

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 will operate. 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.

Demobilization and Reconstitution

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 and reconstitution plan will be created by the Demobilization Unit within the Planning section and then approved by the Incident Manager. The Demobilization Unit must:

- Provide an executable plan for transitioning back to efficient normal operational status from plan activation status once a threat, disruption or emergency has passed.
- Coordinate and preplan options for department demobilization and reconstitution regardless of the level of disruption that originally prompted MDH to implement its plan. These options must include moving operations from alternate or remote locations to either the original operating facility or, if necessary, to a new operating facility if the original was damaged or destroyed during the emergency.
- Outline the necessary procedures for conducting a smooth transition from the relocation site to a new facility if the original operating facility was damaged or destroyed during the emergency.

The Incident Manager will assign appropriate individuals to ensure the following are completed in a demobilization and reconstitution 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 - either at the normal operating facility or a move to another temporary facility or to a new permanent operating facility – and informing our partners of our plans.
- 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.
- If provided for in the response, ensure basic human needs (i.e. toilet services and food services, etc.) 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 health and human services agencies, etc., for post-incident planning.
- Ensuring the Planning section of the response will receive all records, situation reports and other data collected during the response to share with appropriate response agencies for review and improvement planning.
- Receiving calls from the public inquiring for help or information after the incident to refer callers to needed information or services.

Debriefing

Post-incident debriefings are held following the incident deactivation and reconstitution. 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 the Office of Emergency Preparedness. 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 deactivation.

Plan Assessment

Assessment of this Plan is the responsibility of the Office of Emergency Preparedness. 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. The improvement plan will be reviewed by the MDH's Readiness Coordinating Team and Readiness Steering Team, where improvement recommendations will be selected and assigned to the appropriate MDH organizations or staff. The Office of Emergency Preparedness will track the completion of improvement activities and document any changes in this Plan. The Office of Emergency Preparedness will inform the Readiness Coordinating Team and Readiness Steering Team on improvement progress and annex changes.

The Office of Emergency Preparedness may make changes to this Plan due to information or recommendations received from state or federal partners. The Readiness Coordinating Team and Readiness Steering Team will be informed of such changes at the next available team meeting following the receipt and integration of such information.

Plan Maintenance

The maintenance of this Plan is the responsibility of the Office of Emergency Preparedness. The Plan will be reviewed on an annual basis. The Plan will also be subject to modification following an exercise or other evaluation as needed. Any changes to the Plan will be reviewed and approved by the MDH Readiness Steering Team. Changes may also be made to this Plan due to information received from state, federal, or other partners. The Readiness Coordinating Team and Readiness Steering Team will be informed of such changes at the next available team meeting following the receipt and integration of such information. The Office of Emergency Preparedness will track and document any changes to this plan.

A general message notification via the MDH Workspace will be sent to appropriate staff and partners notifying them of Plan updates and changes and providing them a link to view the newly updated Plan.

Part Two - Functional Annexes

The Functional annexes are located on the password-protected MDH Workspace (www.health.state.mn.us/workspace) under MDH Staff Response Tools>Plans>MDH All-Hazards Plan>Functional Annexes

Part Two - Functional Annexes

Record of Revision

SECTION	DATE OF REVISION	REVISION NUMBER
OPERATIONS		
Care of the Deceased	11/2007	1
Communications & Education Delivery	12/2007	1
Health Alert Network	10/2008	2
Hotline		
Just-In-Time Training	10/2008	2
MDH Workspace	10/2008	1
MDH Internal/External Web		
Partner/MDH Communications		
Public Education & Outreach		
Disease Investigation	8/2007	1
Laboratory	6/2008	2
Public Health Interventions	12/2007	1
Drinking Water Protection	12/2007	1
Environmental Hazard Remediation		
Food Safety	12/2007	1
Sanitation	12/2007	1
Vector Control	12/2007	1
PLANNING & INTELLIGENCE		
Communications Management	9/2007	1
Demobilization Unit	12/2007	1
Documentation Unit	12/2007	1
Resources Unit	12/2007	1
Situation Unit	9/2007	1
Long-Term Surveillance Protocol Development	5/2007	1
Special Populations	5/2008	1
Technical Specialists Units:	12/2007	1
Clinical Management	6/2008	1
Clinical Care Guidance	6/2008	1
Infection Control	8/2009	2
Isolation & Quarantine	6/2008	1
Mass Prophylaxis	6/2007	1
Patient Care Coordination	6/2008	1
Victims'/Population Behavioral Health	6/2008	1
LOGISTICS		
Communications Unit	11/2007	1
DOC Communications	5/2007	1
Hardware & Systems Support		
Tactical Communications	5/2007	1

SECTION	DATE OF REVISION	REVISION NUMBER
Videoconferencing	5/2007	1
Food Unit	5/2007	
Medical Unit	11/2007	
Behavioral Health for Response Staff	6/2008	1
Health & Safety	6/2007	1
Facilities Unit	11/2007	
Facilities	5/2008	2
Security	5/2008	2
Ground Unit	11/2007	
Personnel Transportation	5/2008	2
Supplies & Equipment Transportation	5/2008	2
Supply Unit	11/2007	
Supplies & Equipment	11/2009	1
MN Responds Medical Reserve Corps	6/2008	1
Staffing/Human Resources		
FINANCE & ADMINISTRATION		
Compensation/Claims Unit		
Cost/Time Unit		
Procurement Unit		
Regulatory Compliance Unit	7/2008	1

Part Three - Support Annexes

The Support Annexes are located on the password-protected MDH Workspace (www.health.state.mn.us/workspace) under MDH Staff Response Tools>Plans>MDH All-Hazards Plan>Support Annexes

Part Three - Support Annexes

Record of Revision

SECTION	DATE OF REVISION	REVISION NUMBER
MDH Continuity of Operations Support Annex	1/2011	
MDH DOC Operations Manual Support Annex	3/2009	4
MDH Multi-Agency Coordination Support Annex	3/2009	4
MDH Pandemic Influenza Support Annex	4/2006	2
MDH Regional All-Hazards Response & Recovery Support Annexes:		
Central	5/2009	4
Metro	2/2011	4
North East	11/2010	5
North West		
South Central	8/2009	4
South East	8/2009	5
South West	9/2009	4
West Central	7/2009	4
MDH Resource Management and Medical Countermeasures Support Annex	12/2010	4

Part Four - Appendices

Contact information of neighboring response partners is routinely updated and maintained by the Office of Emergency Preparedness.

Part Four - Appendices

Record of Revision

SECTION	DATE OF REVISION	REVISION NUMBER
Contact Information, Border States:		
Iowa		
North Dakota		
South Dakota		
Wisconsin		
Contact Information, Provincial:		
Manitoba		
Ontario		
Forms		
MDH Initial Checklist for Response	12/2010	3
ICS Forms	5/2008	2
Glossary	12/2010	5
List of Acronyms	12/2010	5

Forms

Any activation level of the Plan may require response staff to document response and recovery. MDH will maintain a log of communications and actions taken throughout the incident that describe activities among all entities involved in the response.

MDH INITIAL CHECKLIST FOR RESPONSE

Name of incident:	
Date and time: Incident: Notification received:	Person completing form:
Source of information:	
Description/assessment of the incident (location, problem, number of people involved, initial actions taken, requests for assistance from MDH, etc):	
Office of Emergency Preparedness on-call notified: Date/time: 651-201-5735 (24/7 on-call)	
Lead Division: Division Director or Asst. Div. Dir. notified: Date/time Division contact person and number:	
Commissioner/Executive Office notified:	name: Date/time:
Notification level: <input type="checkbox"/> No follow-up expected Date/time: <input type="checkbox"/> Be Aware <input type="checkbox"/> Be Ready <input type="checkbox"/> Take Action	
Notification method: <input type="checkbox"/> E-mail <input type="checkbox"/> Workspace General Message (Note: for afterhours or for Be Ready or Take Action) <input type="checkbox"/> Autocall Other _____	
Be Aware or Higher: Send Notification to: OEP Staff; HST; Readiness Steering, Coordinating, Budget, and Grant Teams; Command and General Staff; IS&TM contact. Note: include MDH managers/supervisors for incidents that may affect staff in the field.	
Commissioner approves All-Hazards Response and Recovery Plan at activation level: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Determination that DOC is needed: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Not at this time	
Date/time of decision:	Date/time to open DOC:
Notice to DOC Staff:	Date/time:
<input type="checkbox"/> Incident Manager _____	<input type="checkbox"/> PIO _____
<input type="checkbox"/> Safety Officer _____	<input type="checkbox"/> Liaison Officer(s) _____
<input type="checkbox"/> Operations Chief _____	<input type="checkbox"/> Planning Chief _____

___ Logistics Chief _____ ___ Finance/Admin Chief _____ ___ Documentation Unit _____ ___ Situation Unit _____
Time and place for initial briefing:
MDH person assigned to contact affected local partners: LHD agency(ies) to contact: Tribes to contact: Healthcare regions to contact: District office to contact: Date/time completed:
MDH person assigned to contact state and federal partners: Duty Officer (1-800-422-0798 or 651-649-5451) HSEM/SEOC: Poison control: (1-800-222-1222) Other state agencies: Federal contacts: Date/time completed:
HAN sent ___ Statewide ___ Partial (where): Authored by: Date/time sent:
Other:
STAND DOWN MESSAGE: to all persons notified if determination no further action is needed. Time/Date completed:

Notification Levels: Notification to MDH senior staff and response staff of potential health threats following initial or ongoing assessments of the situation.

- No follow-up needed:** Initial assessment does not warrant further notification.
- Be Aware:** Credible but unsubstantiated threat, developing situation, or significant concern that does not immediately impact Minnesota.
- Be Ready:** Potential health threat somewhere in Minnesota.
- Take Action:** Confirmed health threat somewhere in Minnesota.

Response and Recovery Activation Levels: Implementation of the MDH All-Hazards Response Plan. Initial activation may begin at any level depending upon the needs at the time the event is recognized or the decision to stand up resources is made. The Levels may increase or decrease as the situation unfolds.

- Level 0:** Response is managed using normal business procedures and processes. (Plan not activated.)
- Level 1:** Response requires activation of resources outside a single division, program area or usual working relationship.
- Level 2:** Response requires activation of department resources from several program areas. Some department staff and resources may be redirected at this level of activation, but most routine services will be maintained.

- Level 3:** Response requires extraordinary activation of department resources and/or requests for significant resources from outside of MDH. Some normal activities of MDH **may be suspended** until the situation stabilizes and the need for additional resources diminishes.
- Level 4:** Need for resources and support from neighboring states and/or federal resources. Some MDH non-essential public health services **will be suspended** for a period of time.

12-14-10

ICS Forms

Incident Command System (ICS) forms will be used by MDH staff responding to an incident. ICS forms can be located on the MDH Workspace at:

www.health.state.mn.us/workspace

After logging in, click on “MDH Staff Response Tools,” then click on “NIMS Forms.”

Completed forms used in a response will be forwarded to the Documentation Unit and stored on the X: drive.

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 Incident Commander and 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 organization that provides form and structure to interstate mutual aid.

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, non-emergency activity.

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.

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

Health Steering Team. A team that provides overall leadership for the agency. Membership consists of Commissioner of Health, Deputy Commissioner, Assistant Commissioners, Directors, Director of the Legal Unit, State Epidemiologist, Directors of the Office of Emergency Preparedness, Minority and Multicultural Health, Statewide Health Improvement Initiatives, Legislative Relations and Communications.

Incident. An occurrence or event, natural or human caused, that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

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.

Multi-agency Coordination Center (MAC). An interagency coordination center that allows for span of control in an incident that is geographically dispersed and crosses multiple jurisdictions. The MAC serves as the focal point for interagency planning and coordination.

Multi-agency Coordination System. Provides the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The components of multi-agency coordination systems include facilities, equipment, EOCs, specific multi-agency coordination entities, staff, procedures, and communications. The systems assist agencies and organizations to fully integrate the subsystems of NIMS.

National Incident Management System (NIMS). A system mandated by 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, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. HSPD-5 identifies these as the ICS; multi-agency coordination systems; training; identification and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking, and reporting of incident information and incident resources.

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.

Prevention. Actions taken to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions taken to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

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 Health. Protection, safety, improvement, and interconnections of health and disease prevention among people, domestic animals and wildlife.

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.

Reconstitution. The return of priority services to either the original physical location or to a new location following a worst-case scenario; such as the destruction of an MDH facility.

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.

List of Acronyms

AAR	After Action Report
DEP	Director of Emergency Preparedness
DOC	Department Operations Center
EMAC	Emergency Management Assistance Compact
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ET	Executive Team
HSEM	Homeland Security and Emergency Management
IP	Improvement Plan
HST	Health Steering Team
IC	Incident Command
ICP	Incident Command Post
ICS	Incident Command System
IM	Incident Manager
IMS	Incident Management System
MAC	Multi-agency Coordination Center
MDH	Minnesota Department of Health
MEOP	Minnesota Emergency Operations Plan
MMB	Minnesota Management and Budget
NIMS	National Incident Management System
OEP	Office of Emergency Preparedness
OET	Office of Enterprise Technology
PIO	Public Information Officer
POC	Point of Contact
RCT	Readiness Coordinating Team
RST	Readiness Steering Team
SEOC	State Emergency Operations Center
SOG	Standard Operating Guideline