All-Hazards Response and Recovery Plan

BASE PLAN

11/22/2024

DEPARTMENT OF HEALTH

Minnesota Department of Health All-Hazards Response and Recovery Plan

Minnesota Department of Health
Division of Emergency Preparedness and Response
PO Box 64975
St. Paul, MN 55164-0975
651-201-5700
health.epr@state.mn.us
www.health.state.mn.us

To obtain this information in a different format, call: 651-201-5700.

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Preface

All levels of government, the private sector, and non-governmental organizations must work together to prepare for, prevent, protect, respond to, and recover from major incidents or events such as terrorist attacks, natural & manmade disasters, and other emergencies that exceed the capacity or capabilities of any single response 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 responds to public health and health care emergencies. To meet the department's mission, the MDH All-Hazards Response and Recovery Plan captures the steps how MDH will maintain priority services when performing operational response and recovery activities for public health emergencies or incidents.

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 Administration for Strategic Preparedness and Response to enhance the public health and health care system's ability to effectively respond to a range of public health threats. The MDH All-Hazards Response and Recovery Plan is one outcome of the work from this grant funding.

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.)

10/31/2024

Cheryl Petersen - Kroeber
Director of Emergency Preparedness and Response, Health Operations Bureau

Date

Mel Gresczyk
Operations Bureau Assistant Commissioner

Date 10/31/2024

Wendy Underwood
Deputy Commissioner

Date 11/22/2024

Brooke Cunningham, M.D.
Commissioner of Health

Date 11/22/2024

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Legal Bases 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.

> **Special note:** The Federal Emergency Management Agency (FEMA) 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 from offsite effects of a radiological emergency. The MDH All-Hazards Response and Recovery Plan does not describe these responsibilities. Information on the Minnesota Radiological Emergency Preparedness Program can be found on the Minnesota Department of Public Safety, Homeland Security and Emergency Management Division website (https://dps.mn.gov/divisions/hsem/radiological-emergency-preparedness/Pages/default.aspx).

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. Minnesota Statute Chapter 12 directs HSEM to develop and maintain the comprehensive Minnesota Emergency Operations Plan (MEOP). Governor Tim Walz issued Executive Order 23-13 "*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 and all hazard emergency operations 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 23-13 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 Minnesota Department of Health (MDH) All Hazard Plan is in conjunction with the Minnesota Emergency Operations Plan (MEOP). The Office of Governor, Tim Walz and Lt. Governor Peggy Flanagan hold the executive orders.

Determination of Data Privacy

The Commissioner of Health has determined that the emergency plans, including this Base Plan, are public information with some exceptions. Personal identification information referenced in this Base Plan, or any of its Annexes, is "personnel data" within the meaning of Minnesota Statues, Section 13.43. Portions of this Base Plan and its Annexes are for official use only and may be shared with other agencies, federal, state, tribal, or local enforcement officials, provided a specific need-to-know has been established and the information is shared in support of coordinated and official governmental activity.

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. 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/events having public health, or health care implications, or that threaten the continuation of the department's services. The Plan also provides tools to establish the level of Plan activation and to determine the resources needed to respond effectively to the incident/event.

Mission

Protecting, maintaining, and improving the health of all Minnesotans.

The Plan describes:

- MDH roles and responsibilities during an incident/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.

MDH responses are not limited to incidents/events occurring within the state. Major disasters, catastrophic incidents, or other large events occurring outside the state of Minnesota may result in Plan activation, particularly if they occur in neighboring states.

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

Health Equity

MDH's mission is to protect, maintain and improve the health of all Minnesotans. The MDH vision is for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy. MDH's commitment to health equity applies during all phases of an incident/event, without exception: in preparedness planning, response, recovery, and evaluation/after-action reporting. The All-Hazards Response and Recovery Base Plan will: 1) define health equity; 2) provide a health equity statement for use in All Hazards Base Plan Annexes; and 3) identify strategies to effectively incorporate health equity into division annexes.

Definition

The Minnesota Health Equity Network defines health equity as follows: "Health equity is the concept that everyone has what they need to be healthy and that no unjust or unfair barriers prevent anyone from being healthy." (Minnesota Health Equity Network, 2024) Health equity is advanced through work to remove unfair and unjust barriers. This work happens at the systems level of policies, practices, norms, values, and structures, as well as in the creation of social and physical environments designed to promote good health for all people and communities. The All-Hazards Base Plan and Annexes play an important role in advancing health equity by

preparing MDH to respond in ways that contribute to the health, safety, and survival of people during incidents and events.

Health Equity Statement

The following Health Equity Statement can be used in Annexes and should be supplemented by specific health equity strategies for each incident or event described in the Annex:

MDH is committed to health equity in emergency preparedness and response planning. Health equity saves lives and strengthens resilience. MDH's response plans must consider the role of disparities that affect a person or community's readiness for emergencies. MDH's response plans must therefore be inclusive of race, gender identity and sexual orientation, socioeconomic status, language, disability, national origin, tribal membership, geography, and other dimensions of diversity. These factors must be addressed in preparedness to reduce disparities in response. As part of MDH's goal of continuous improvement, post-response evaluations will include health equity as an area of focus. This information will inform future planning efforts that enhance strategies and capacity to uphold health equity as a core part of MDH's mission and vision.

Strategies

The following strategies are designed to be used when writing health equity into annexes:

- Language Access: Annexes should be written in plain language and be available in languages other than English and other formats (such as Braille) upon request.
- Identify and engage trusted community partners: Trusted community partners can be leaders, media, organizations, or institutions that are deeply trusted by the communities that they serve or represent. Trusted community partners should be identified and written into annexes under the "External Support" section; in the "Response / Incident Actions" and "Response / Post-Incident Actions;" in Job Action Sheets; in the Additional Resources appendix; and in other appendices as needed. Divisions should engage these trusted community partners and build relationships before an incident or event happens. This proactive engagement will facilitate communication and readiness between MDH and communities during a response. Compensation for community members who contribute time and expertise can also be considered.
- Culturally Appropriate Messaging, Education and Technical Assistance: Notifications to communities should be in the language and communication preferences that the community uses and be adaptable to specific cultural contexts. Avoid "one size fits" all approaches to messaging before, during and after an incident or event. Education and technical assistance for specific hazards should be culturally appropriate (i.e., in images that are used) and relevant to the community being served.

Organization of the Plan

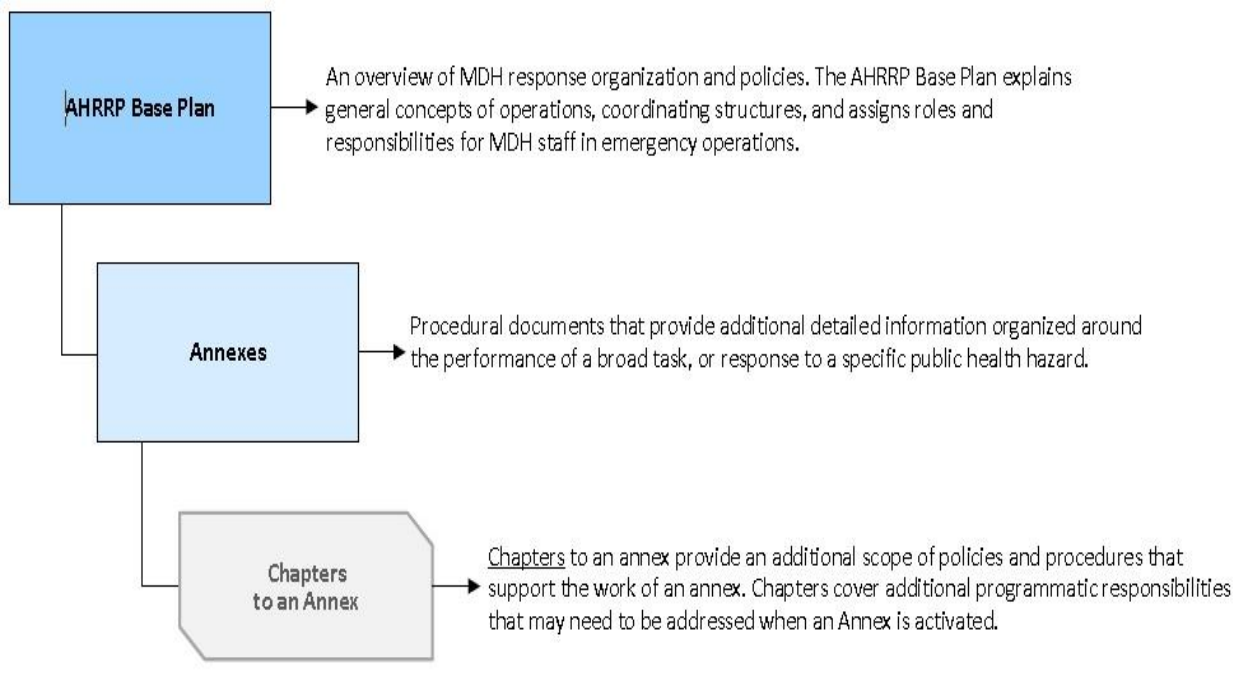
The Plan consists of the following parts: (See Figure 1 on the next page for a graphic of plan organization.)

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.

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. Annexes will capture response plans for individuals with access and functional needs that may have increased vulnerability during an incident/event.

Chapters to an annex, if they exist, provide an additional scope of policies and procedures that support the work of an annex.

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



Currently Plan documents are available to MDH staff on the MDH Emergency Response and Recovery Plans SharePoint site.

II. Assumptions and Considerations

An "incident" is an unplanned situation that can occur at any time with little or no warning and threatens the public's health or that may interrupt MDH's priority services. An example of an incident would be a natural disaster such as a flood, a chemical spill, or an influenza pandemic.

An "event" is a planned occasion that may have the potential to threaten or pose unique risks to the public's health or that may interrupt MDH's priority services. An example of an event would be a national convention or other large public occasion.

Furthermore, an incident or an event may:

- Require significant communication 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.
- Require prolonged, sustained incident management operations and support activities.

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/events. A key element of NIMS is that incidents/events are managed at the lowest possible geographic, organizational, and jurisdictional level using the

Incident Command System (ICS). ICS is a fundamental, standardized form of management that provides a common organizational structure. At MDH all responses will be organized using ICS but may not necessitate opening of the Department Operations Center (DOC).

The degree of MDH involvement in an incident will depend largely upon the impact on the public's health or the department's services, contingent upon the applicability of MDH authorities. Other factors that may also affect the degree of MDH involvement include:

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

MDH may make provisions to continue response operations for an extended period as dictated by the incident/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 the public.
- 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 using the eight public health regions in the state. Each public health region has a health care 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 MDH.
- Medical standards of care may be adjusted in a major incident or catastrophe, such as during an influenza pandemic.
- MDH may need to make recommendations regarding which populations to prioritize or target for prophylaxis and/or treatment, and will look to the federal government for guidance, if available.
- 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 regional, state, or federal-level incident management systems.

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 Standard ST107.02. 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 of Health is responsible for coordinating the department response in an emergency and authorizing 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 the Incident Command System (ICS) 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/or the State Emergency Operations Center (SEOC), as necessary.
- Attending the 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.

Director of Emergency Preparedness and Response (DEPR)

The Director of Emergency Preparedness and Response (DEPR) provides overall leadership in setting direction for, and ensuring the performance of, all MDH emergency readiness and response 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.

MDH Executive Office (EO)

The MDH Executive Office (EO) provides overall leadership for the agency and includes the Commissioner of Health, Deputy Commissioner, and Assistant Commissioners. The EO works in conjunction with MDH Divisional Leadership to develop strategic plans, guide public policy on important health issues, and oversee the overall operations of the department.

MDH Divisional Leadership

This includes all Directors and Assistant Directors for the department's divisions and offices. Divisional leadership works in conjunction with the MDH Executive Office to develop strategic plans, guide public policy on important health issues, and oversee the overall operations of the department.

MDH Division and Office Programs

The MDH Org Chart (PDF) outlines all organizational units of the department. Each Annex to this Plan will identify which organizational units of the department will fulfill assigned roles in a response or recovery.

IV. Threat Assessment

MDH may receive information that suggests or indicates a potential or actual public health threat or business interruption from a variety of sources including:

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

Initial Assessment of Threat Warning Information

MDH staff that receive threat warning information must assess and report their findings according to the standard operating guidelines for their program or division. If a program does not have standard operating guidelines for assessment of threat information, then the information should be immediately communicated up the chain-of-command to the program 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 conducting an initial assessment and making any further notifications including, but not limited to, calling the Emergency Preparedness and Response (EPR) on-call number (651-201-5735).

Considerations to Apply to Threat Warning Information

The director, or designee, who receives the threat warning information, will conduct the initial threat assessment using the "Initial Threat Assessment and Incident Classification" in Appendix A. As an incident is developing or being reported, the MDH checklists captured in Appendix A will be 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 (for additional notification information see Appendix B and Appendix C).

V. Notification

The MDH internal notification process describes how MDH staff are to notify management following the receipt of information indicating the occurrence of a public health incident(s) or a business interruption.

The director (or 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 the Commissioner of Health will use the "Initial Threat Assessment and Incident Classification" in Appendix A to assess the situation and determine:

- If the Incident Command System will be used.
- The notification level:
  - White - No Action Needed / Business as Usual
  - Yellow - Be Aware
  - Orange - Be Ready
  - Red - Take Action
- What actions to take for situations at "Be Aware" level or higher.
- Battle rhythm for future briefings or updates from the Division Director/Incident Manager.

After the assessment and consultation between the Division Director, Commissioner of Health, and the DEPR, the Division Director (or designee) will provide the following information to EPR to send an auto-message to appropriate staff (see MDH Internal Notification Chart, Figure 3):

- A brief description of the situation.
- Notification level.
- If the Incident Management Structure will be activated for the response.
- Instructions for action, if any.
- Information regarding further briefings or updates.

If the Commissioner of Health determines the notification level is **"No Action Needed/Business As Usual" (white)**, situational updates will be provided by the Division Director or Incident Commander as needed. Use of ICS at this level is up to the discretion of the Division Director.

If the notification level is "**Be Aware" (yellow)**, situational updates will be sent out as directed by the Division Director or designee or, if ICS is activated, the Incident Commander.

If the Notification Level is "**Be Ready" (orange) or "Take Action" (red)**, the Incident Commander, Commissioner of Health, and the DEPR must do the following:

1. Determine if the Plan should be activated, and at what level.
2. Formulate and document the initial response goals and objectives.
3. 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.
6. Establish the time and location for the Initial Briefing.

As the internal notification of MDH staff proceeds, MDH EPR staff will send notifications to appropriate local, tribal, state, and federal agencies. Response partners maintain their contact information in the MDH PartnerLink system. PartnerLink is a messaging system utilized by the MDH to send general messages and Health Alert Network (HAN) messages to response partners. A PartnerLink multi-device general message to return to business as usual will be sent to all previously notified groups if a threat does not materialize or the response is no longer needed.

Table 2. 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.	• MDH Executive Office and Divisional Leadership • Command and General staff • EPR staff	**BE AWARE.** MDH may establish an incident management team for planning or response purposes.
Orange	Potential threat that may affect MDH or Minnesota.	• MDH Executive Office and Divisional Leadership • Command and General staff • EPR staff	**BE READY.** MDH will establish an incident management team for planning and response purposes.
Red	Confirmed threat to MDH or Minnesota.	• MDH Executive Office and Divisional Leadership • Command and General staff • EPR staff	**TAKE ACTION.** Implement response per the MDH All-Hazards Response and Recovery Plan. An incident management team will be activated.

VI. Plan Activation

The MDH Plan may be activated at any level and can be implemented in varying degrees. Plan activation can be triggered by various causes including strained resources and requests for assistance by others. MDH's response and supporting structure will scale up or down based on recognized and projected needs.

When the needs of an incident or request can be accomplished through day-to-day activities or normal staff involvement, then the Plan is not considered to be activated, however an incident management structure may still be implemented to manage the response.

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 may progress and needs emerge or change. Levels of activation reflect the increasing or decreasing need for resources to perform 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. The Plan activation levels may not necessarily correspond directly with the MDH Internal Notification Chart.

The distinctions between each activation level are based largely upon the use of resources within department units. As a response increases in urgency, complexity, or importance, more staff resources are likely to become involved and consequently, there is a need for a more comprehensive coordination of activities and broader sharing of information. However, depending on the incident complexity or how rapidly an incident progresses, the decision may be made to activate the Plan at any level for reasons other than described below. Furthermore, initial activation may begin at any level depending upon the needs at the time the incident is recognized, or 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 immediately.

Activation levels used in the Plan are as follows:

Level 1

Activation of resources outside a single division, program area, or usual working relationship. This level is characterized by the significant shortage of resources within a particular program area or MDH facility resulting in a request for additional support to respond to an incident or to maintain a priority service. This could also include incidents or situations that require cross-agency and multiple MDH Divisions coordination and communication. Activation at this level automatically warrants notification to the DEPR and the Executive Office. The incident management system will be in operation and tracking and documentation on all applicable ICS forms will occur at this level.

Level 2

Broad activation of resources within MDH for a larger department-wide response.

This level is characterized by a significant shortage of the resources activated at level 1. Activation at this level requires additional resources from several program areas within MDH and requires notification to the Commissioner of Health, the DEPR, and the Executive Office. The incident management system will be in operation and the MDH Department Operations Center is likely to be activated. Tracking and documentation on all applicable ICS forms will occur at this level. Some department staff and resources may be redirected 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 resources from outside of MDH.

Activation at this level occurs when MDH needs significant additional resources requiring redirection of existing department resources and/or assistance from outside entities, such as other state agencies or first responders. Movement to this level will be initiated and approved by the Commissioner of Health in consultation with the Incident Manager. 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. The incident management system will be in operation and tracking and documentation on all applicable ICS forms will occur at this level. Priority level 3 and 4 activities and services may be suspended until the situation stabilizes and the need for additional resources diminishes. Public health preparedness consultants located in eight health regions across the states will work with regional healthcare coalitions, if activated, to coordinate information and resources between the Department of Health, health care, and local and tribal health departments.

Level 4

Need for resources and support from other states and/or federal entities.

Movement to this level will be initiated and approved by the Commissioner of Health in consultation with the Incident Manager. Coordination with regional health care coalitions, the SEOC, other state agencies, and federal emergency operations centers as they are established will occur at this level of activation. The incident management system will be in operation and tracking and documentation on all applicable ICS forms will occur at this level. 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 and which priority level 3 and 4 services will be suspended. 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 other states.

VII. Department Activation Activities

Level 1

If the Commissioner of Health decides to activate the Plan at Level 1 (see *Section VI. Plan Activation* for definition of activation levels), the affected Division Directors will use the incident management system and establish working plans and goals to manage the incident. The DEPR will inform the Executive Office and Divisional Leadership via email during regular business hours or by an auto-call after business hours. The Incident Manager will continue to keep the DEPR apprised of the situation.

Level 2, 3, or 4

If the Commissioner of Health decides to activate the Plan at levels 2, 3, or 4, the DEPR will direct EPR staff to send auto-call messages to:

- EPR staff to set-up the department operations center (DOC).
- MDH Executive Office and Divisional Leadership regarding MDH's next steps.
- The Incident Manager, and the command and general staff with instructions to attend the Initial Briefing at the pre-determined location.

Upon arriving at the pre-determined location (e.g., the MDH DOC), the Incident Manager will hold the Initial Briefing with the command and general staff using *ICS Form 201: Initial Briefing*. The Commissioner of Health and the DEPR may also be present.

Items in the initial briefing will include:

- Review of the threat warning information.
- Review of the incident goals and objectives as determined by the reporting Division Director, the DEPR, or the Commissioner of Health.
- 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*
  - *ICS 214: Activity Log*
- Determine which Plan functions to activate.
- Assign deputies and support for command staff and section chiefs.
- Identify initial employee and public communication messages and timing.
- Formulate additional auto-call or email messages with further response actions.
- Assign MDH representatives to the SEOC, if necessary.
- Activate internal and external partner communications.
- Determine the time and location of the next briefing.

VIII. Department Response

Department Incident Management

The Commissioner of Health, or their designee, assigns the principal incident management responsibilities 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 system will include the appointment of an Incident Manager, Deputy Incident Manager, Section Chiefs, and Deputy Section Chiefs for 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. When the span of control exceeds five to seven staff per any given supervisor, new branches, divisions, or units are formed and additional assignments are made.

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 also occur virtually through phone conference, video conference or a web application, such as MNTrac (Minnesota System for Tracking Resources, Alerts, and Communication).

For every level of response, the MDH Incident Manager will be responsible for the following:

- Using the MDH Incident Command System Role Activation Checklist (Appendix C) to assign staff to the necessary ICS roles.
- Using the Internal and External Partner Notification Checklist (Appendix B) to determine who should be notified regarding incident/event details.
- 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.

Job action sheets and incident command forms for the MDH incident response staff are located on the MDH shared drive, or on the MDH Emergency Response and Recovery Plans SharePoint site on the limited-access site page titled, "JAS, ICS, C&G". For assistance gaining access to this page, contact the site manager or the site administrator.

Department Activity Prioritization

As defined in the Continuity of Operations (COOP) Annex, MDH must continue providing priority public health and health care services. In a major incident or event, there will be a need to decrease or suspend certain department programs and activities to redirect MDH staff to other areas in need. The Commissioner of Health will refer to the priority services list maintained by EPR Staff on the EPR SharePoint Site and make decisions about which programs and activities to suspend in these circumstances.

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 if the notification occurs during regular business hours. If the notification must occur outside of regular business hours, MDH staff will be notified by one or more of the following methods:

- Calling tree.
- PartnerLink general message.
- Auto-call message system.

The message will include the following information:

- The nature of the emergency.
- Where to report, including possible telecommuting.
- When to report.

Staff will learn their job assignment and hours of operation upon arrival and check-in. Staff assignments are made within the incident command structure based on the position's required minimum qualifications in conjunction with the individual's knowledge, training, experience, and subject matter expertise and the resources available at the time. Staff from the program area that performs a function as a part of their normal work will be prioritized for assignment to that function during a response. Staff reassigned to work in a capacity outside their normal work will be given a job action sheet that informs them of their response assignment responsibilities and to whom they report. Staff will not be given response job assignments they are not able or trained to perform or without the appropriate safety training and equipment. EPR maintains a current list of MDH staff assigned to incident response roles and records of appropriate incident management training for these staff on the MN.TRAIN learning management system.

Staffing will increase and decrease based on the needs of the incident. The MDH Incident Manager will establish work hours based on incident demands. 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.

IX. Response Coordination

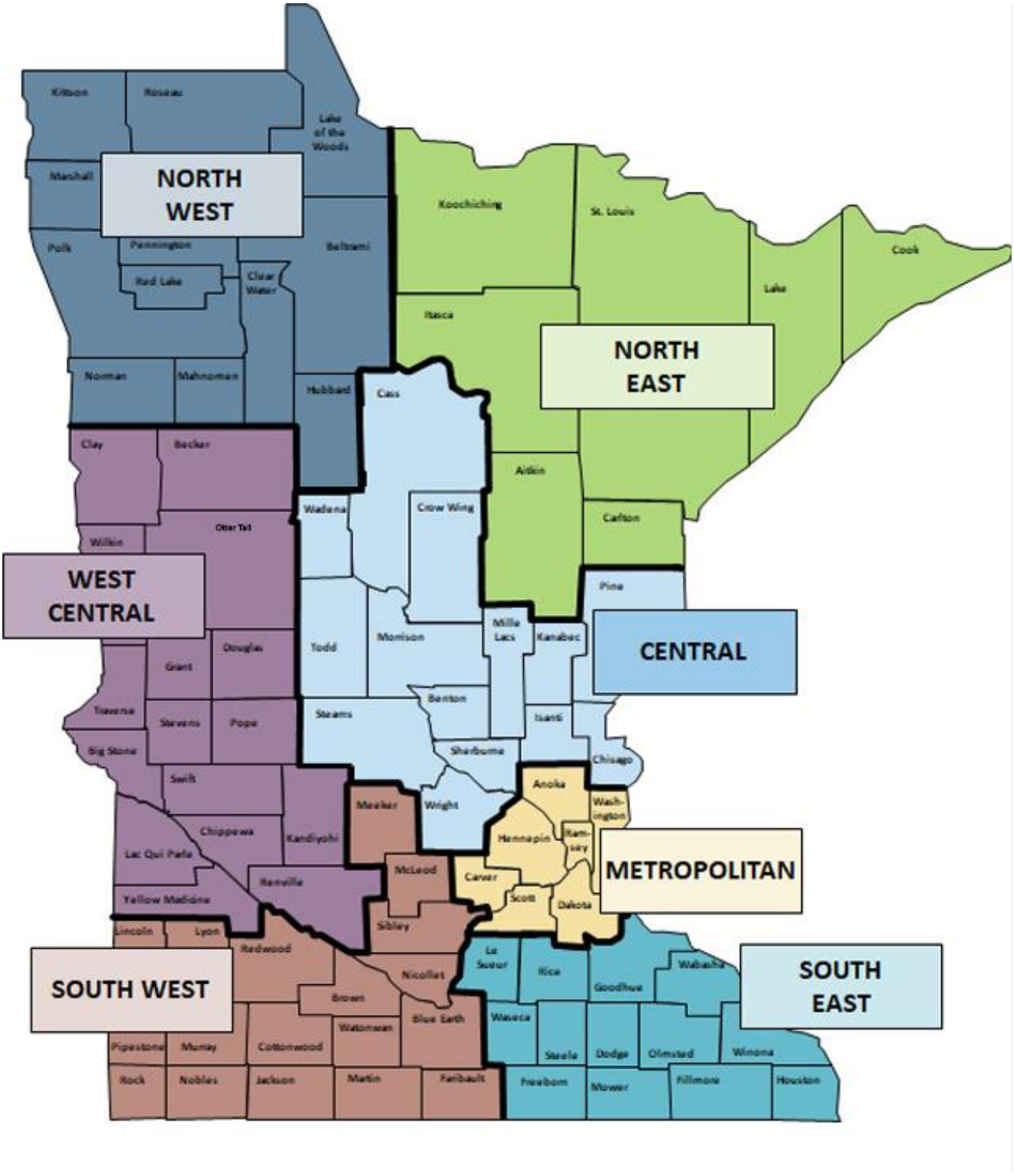
Figure 4 provides an overview of the various response agencies throughout the state would interface with each other during an event/incident response.

Local Emergency Operations Centers

In any incident or event, 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 incident or event, a local jurisdiction's emergency operations center (EOC) is activated according to their local emergency operation planning protocol.

State agencies support local jurisdictions at each jurisdiction's request when local resources are exhausted or nonexistent or when multi-jurisdictional coordination is needed. MDH also has designated staff assigned to each of the eight public health regions identified in the map below to act as regional liaisons with local emergency operations centers.

Public Health Regions



Health Care Coalitions

Each of the eight public health regions in the state has a health care coalition established for the purpose of health care emergency planning, preparedness, and response. Health care coalition membership generally includes area hospitals and other health care 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 work in coordination with local emergency managers to focus on real time information sharing, resource management and distribution, public and

partner messaging, and overall response and recovery activities. Coalitions interface with the SEOC through the MDH DOC or jurisdictional EOCs during a response.

MDH Department Operations Center

The MDH Department Operations Center (DOC) is activated for the efficient coordination of information and resources to support MDH response and recovery activities. 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 ongoing maintenance of the DOC facilities, equipment, and virtual environment with assistance from Facilities Management and MN.IT Services. EPR will consider the access and functional needs of staff assigned to the DOC.

State Emergency Operations Center

The State Emergency Operations Center (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 and can be requested by any state agency. The Commissioner of Health will formally request that HSEM activate the SEOC if the coordination of multiple state agencies is required to prevent, prepare, or respond to an incident with public health or MDH business continuity implications.

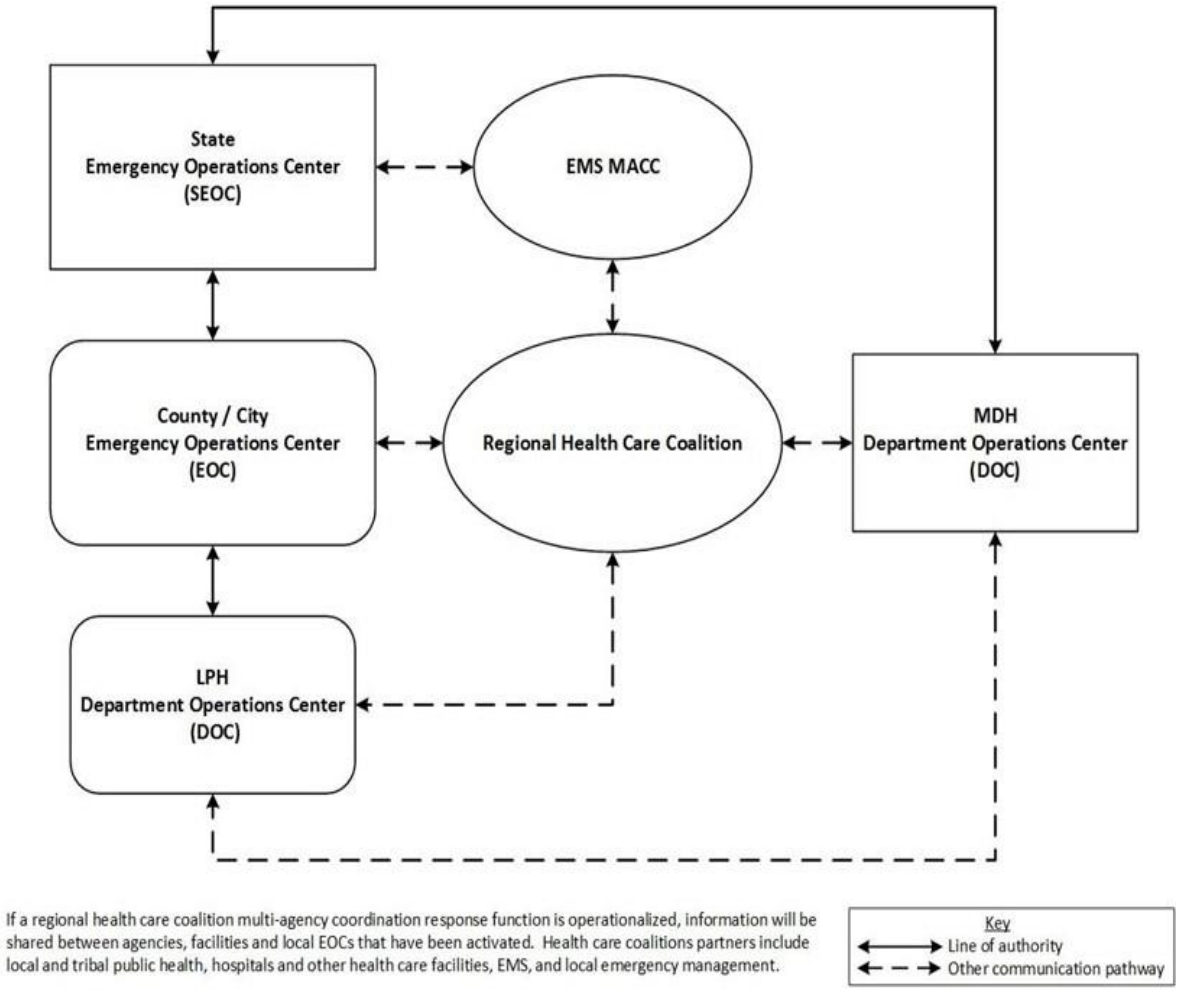
X. Communications Plan

As the state's lead public health agency, MDH will be responsible for directing and coordinating health-related communications activities during an incident/event with public health implications.

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

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

Figure 4. Communications Pathways between Minnesota Response Partners



XI. Department Recovery Management

Demobilization

The Incident Manager, in consultation with the Commissioner of Health and other department officials will determine the need and process for demobilization of 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 from plan activation status to efficient normal operational status.
- Coordinate and preplan options for department demobilization.

- Work with the Incident Manager to assign appropriate individuals to ensure the following are completed in a demobilization effort:
- Informing all staff, the media, and the public that the emergency or the threat of an emergency no longer exists.
- 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) of MDH staff, the affected population, and the responders are met.
- 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 receives 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 after the incident are referred to the appropriate resources.

Debriefing

Post-incident debriefings are held following the demobilization of response efforts. The coordination and facilitation of the debriefings 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. AAR/IPs may be shared with external partners, including community-led organizations, that were involved in the response as appropriate. AAR/IPs will also have a section about health equity in the response.

XII. Plan Exercise & Maintenance

Assessment of this Plan is the responsibility of EPR. The Plan will be assessed on an annual basis by either an exercise or other form of assessment and following any major incident or event. Following the assessment, an improvement plan will be created based on information from after action reports or other types of documentation. EPR will facilitate and coordinate improvement activities, and it is the responsibility of the assigned division to carry out the designated improvements. EPR will inform the Executive Office and Divisional Leadership on improvement progress and Plan changes.

Plan Maintenance

The maintenance of this Plan is the responsibility of EPR. The Plan will be reviewed and approved by the MDH Executive Office and Divisional Leadership 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 based on information received from state, federal, or other partners. This may include modifications based on the annual State Agency Emergency Planning Audit conducted by the Minnesota Department of Public Safety, Division of Homeland Security and Emergency Management (HSEM). Feedback on the Plan may also be sought from the HSEM Emergency Preparedness & Response Coordinators group. A redacted version of this Plan will be posted on the MDH external website. Contact information is available on page 2 of this Plan, should any member of the public have questions or concerns. The Executive Office and Divisional Leadership 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: Initial Threat Assessment and Incident Classification

This document is to be used to characterize the nature of an incident, determine the scope of the impact, and ensure designated staff are involved in decision-making around activation of the All-Hazards Response and Recovery Plan. For additional information on MDH staff and partner notifications see Appendix B.

Complete this form to the best of your ability with the information that you have at this time, if an item is not known, please fill in N/A (not available).

Incident Details

Date/time of incident:	Date/time of incident notification:
Incident location/affected area:	Incident information public at this time? ☐ Yes ☐ No

Initial Threat Notification: Use to notify individuals of the potential threat and to determine who should attend the initial assessment meeting.

Notification Methods: Type in the table below: "1" for telephone, "2" for email, "3" for multi-device notification/alert, "4" for other. Please specify other.

Notification	**Notified By** (Employee Name)	**Method** (#)	**Date**	**Time**	**Meeting Attendee** (Y/N)
☐ MDH Commissioner (REQUIRED) Name:					Required Attendee
☐ Lead Division Director/Designee (REQUIRED) Name:					Required Attendee
☐ Director of EPR (REQUIRED) Name:					Required Attendee
☐ Lead Division Point of Contact Name:					
☐ EPR 24/7					
☐ Health Operations Bureau Asst Commissioner Name:					
☐ State Epidemiologist Name:					
☐ Public Health Lab Director/Asst Director Name:					
☐ Facilities Management					

Notification	**Notified By** (Employee Name)	**Method** (#)	**Date**	**Time**	**Meeting Attendee** (Y/N)
☐ HRM Director/Asst Director Name:					
☐ Other (Title): Name:					

Considerations to apply to available incident information:

Threat Warning Source:	Quality/Quantity of Information (including reliability of any test results):
Timeline: i.e., (Tuesday, 2/28/2024 at 1300 or 1 p.m.)	Anticipated Need for MDH to Provide Additional Information:
Corroborating Information:	Potential for Additional/Follow-on Events:

Appendix B: Internal and External Partner Notification Checklist

Please check needed or N/A (not applicable) when filling out the box.

Notification Methods: Type in the table below: "1" for telephone, "2" for email, "3" for multi-device notification/alert, "4" for other. Please specify other.

	Needed	N/A	Notification	Notified By (Employee Name)	Method (#)	Date	Time
Partners (Local, Tribal, Other)	☐	☐	Local Health Departments List LHDs:				
	☐	☐	Tribal Health Departments List THDs:				
	☐	☐	Health Care Coalitions List Regions:				
	☐	☐	Poison Control				
State Agencies	☐	☐	Capitol Security)				
	☐	☐	MDH Division Directors				
	☐	☐	EPR Employees				
	☐	☐	MDH Employees				
	☐	☐	MDH Managers / Supervisors				
	☐	☐	Human Resources / Safety Officer				
	☐	☐	MDH District Offices List Offices:				
	☐	☐	MNIT				
	☐	☐	Duty Officer - (800-422-0798)				
	☐	☐	Homeland Security and Emergency Management				
	☐	☐	EMS Regulatory Board				
	☐	☐	Department of Administration				
	☐	☐	DHS Human Services (HHS)				
	☐	☐	Mn Fusion Center				
	☐	☐	Minnesota Management and Budget				
Federal Agencies	☐	☐	ASPR				
	☐	☐	CDC				
	☐	☐	FBI				
	☐	☐	Regional HHS				

Appendix C: Incident Command System Role Activation

** Position always activated in a response*

Initial Briefing Details:

Location:	Date:	Time:

Notification Methods: Type in the table below: "1" for telephone, "2" for email, "3" for multi-device notification/alert, "4" for other. Please specify other.

Needed	N/A	Role	Employee Assigned	Notified By (Employee Name)	Method (#)	Date	Time
☐	☐	* Incident Commander					
☐	☐	* Public Information Officer					
☐	☐	* Safety Officer					
☐	☐	Liaison Officer					
☐	☐	* Equity Strategist					
☐	☐	COOP					
☐	☐	Medical Advisor					
☐	☐	* Operations Chief					
☐	☐	Health Care Surge Group Supervisor					
☐	☐	Local Public Health Group Supervisor					
☐	☐	* Planning Chief					
☐	☐	Documentation Unit					
☐	☐	Situation Unit					
☐	☐	Resources Unit					
☐	☐	* Logistics Chief					
☐	☐	* Finance and Admin Chief					
☐	☐	Other (list role)					
☐	☐	Other (list role)					

Appendix D: 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), and on the MDH Emergency Response and Recovery Plans SharePoint site on the limited-access site page titled, "Job Action Sheets C&G". For assistance gaining access to this page, contact the site manager or the site administrator (owner) listed on the MDH Emergency Response and Recovery Plans landing page.

Appendix E: ICS Forms / Response Forms

MDH has access to and will use the following incident command system (ICS) forms as dictated by the response. 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).

Figure 5: ICS Forms Used by MDH

ICS Form and Title	Typically Prepared by:
ICS 201 Incident Briefing	Initial Incident Commander
ICS 201.10 Resource Tracking Form	Resources Unit Leader
*ICS 202 Incident Objectives	Planning Section Chief
*ICS 203 Organization Assignment List	Resources Unit Leader
*ICS 204 Assignment List	Resources Unit Leader and Operations Section Chief
*ICS 205 Incident Radio Communications Plan	Communications Unit Leader
**ICS 205A Communications List	Communications Unit Leader
*ICS 206 Medical Plan	Medical Unit Leader (reviewed by Safety Officer)
ICS 207 Incident Organization Chart	Resources Unit Leader
**ICS 208 Safety Message/Plan	Safety Officer
ICS 211p Incident Check-In List	Resources Unit/Check-In Recorder
ICS 213 General Message *(3-part form)*	Any Message Originator
ICS 213 RR Resource Request Message	Anyone requesting a resource
ICS 214 Activity Log	All Sections and Units
ICS 215 Operational Planning Worksheet	Operations Section Chief
ICS 215A Incident Action Plan Safety Analysis	Safety Officer

ICS Form and Title		Typically Prepared by:
ICS 221	Demobilization Check-Out	Demobilization Unit Leader
ICS 230	Daily Meeting Schedule	Situation Unit Leader
ICS 231	Meeting Summary	Any personnel assigned to take notes

Appendix F: 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; 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 scenes 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.

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 Manager or Commander. 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.

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

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.

MNTrac. A database driven, password protected web application that supports emergency planning, communication, and alert notifications in real-time.

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.

PartnerLink. PartnerLink is a messaging system utilized by the State to send general messages and Health Alert Network (HAN) messages.

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 that have a high need to continue 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.

Appendix G: List of Acronyms

Table 3: List of Acronyms

Acronym	Definition
AAR	After Action Report
AHRRP	MDH All-Hazards Response and Recovery Plan
CDC	Centers for Disease Control
COOP	Continuity of Operations
DEPR	Director of Emergency Preparedness and Response
DOC	Department Operations Center
DHS	U.S. Department of Homeland Security
EMAC	Emergency Management Assistance Compact
EO **EOC**	Executive Office Emergency Operations Center
EOP	Emergency Operations Plan
EMS MACC	Emergency Medical Services Multi-Agency Coordination Center
EPR	Emergency Preparedness and Response
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
FM	Facilities Management
HPP	Health Care Preparedness Program
HRM	Human Resources Management
HSEM	Minnesota Department of Public Safety, Division of Homeland Security and Emergency Management
ICS	Incident Command System

Acronym	Definition
ICP	Infection Control Practitioner
IDEPC	Infectious Disease Epidemiology, Prevention, and Control Division
IP	Improvement plan
LHD	Local health departments
LRN	Laboratory Response Network
MDH	Minnesota Department of Health
MEOP	Minnesota Emergency Operations Plan
MMB	Minnesota Management and Budget
MN.IT	Minnesota Information Technology
MNTrac	Minnesota system for Tracking Resources, Alerts, and Communication
NIMS	National Incident Management System
PHEP	Public Health Emergency Preparedness
PHL	Public Health Laboratory Division
PHPC	Public Health Preparedness Consultant
PIO	Public Information Officer
POC	Point of contact
RHPC	Regional Health Care Preparedness Coordinator
RSS	Receipt / Store / Stage
SEOC	State Emergency Operations Center
SNS	Strategic National Stockpile
THD	Tribal health departments