Local Health Disaster Plan Guidance

For the Health and Medical Annex

To The Local Emergency Operations Plan

February 2015

Prepared by: The Local Public Health Preparedness Review Group
Of the State Community Health Services Advisory Committee
# TABLE OF CONTENTS

I. Preparedness: Purpose, Scope and Objectives .............................................. 4  
   A. Purpose .................................................................................. 4  
   B. Scope .................................................................................. 4  
   C. Objectives ............................................................................ 4-5  
   D. Assumptions & Considerations .................................................. 5-6  

II. Pre-Event Planning Activities ................................................................. 6  
    A. Pre-Event Response Team: Public Health Emergency ................... 6  

III. Emergency Response Management ...................................................... 6  
    A. Administration of the Response .................................................. 6-10  
    B. Notification and Communication Plan ......................................... 10-13  
    C. Disease/Health Threat Investigation ........................................... 13-15  
    D. Prevention/Mitigation ............................................................... 15-18  
    E. Public Safety .......................................................................... 18-19  
    F. Mass Care/Shelter and Mass Clinics ........................................... 19-20  
    G. Clean Up .............................................................................. 20-22  
    H. Re-Entry ................................................................................ 22  
    I. Emergency Response Evaluation ............................................... 22-23  

IV. Recovery .................................................................................... 23  
    A. Short-Term Recovery ................................................................ 23-24  
    B. Long-Term Recovery ................................................................ 24  

Attachments .................................................................................... 25  
   A. Acronyms ................................................................................ 25  
   B. MIMS-Roles and Responsibilities ................................................ 26-27  
   C. Trigger Points .......................................................................... 28  
   D. How the Health Alert Network Works ...................................... 29  
   E. Pandemic Influenza Surveillance ................................................. 30-31  
   F. Tri-County Mass Care/Shelter Plan ........................................... 33  
   G. Removal and Care of Human Remains ....................................... 34  

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[Signature]

Meeker-McLeod-Sibley Community Health Board, 2015

This document will be reviewed annually at a MMS CHS Board Meeting.

Reviewed:

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I. Preparedness: Purpose, Scope and Objectives

A. Purpose

Communities in Minnesota are subject to emergencies that can pose a significant risk to the public’s health. Examples include large outbreaks such as meningococcal meningitis; vaccine preventable disease outbreaks, including pandemic influenza; and civil emergencies such as a terrorist attack, flooding, tornadoes, and other natural disasters. A public health and medical annex in the county emergency operations plan enables communities to continue to operate; to carry out functions to protect the public’s health, and, in some cases the environment; and to prevent the occurrence and transmission of disease.

This guidance document is designed to help local public health departments and emergency management plan and prepare a health and medical annex that will enable the community to respond efficiently and effectively to an emergency involving a public health response. The completed health and medical annex will be one part of an all-hazard county emergency operations plan.

The guidelines are adaptable to situations where the local health department is the lead agency in the response (such as disease outbreaks) and where the local public health department plays a supportive role to emergency management (such as floods or tornadoes).

For the purpose of this document, the local public health department services are those functions provided by local community health boards, which may include environmental health, public health nursing, and disease prevention and control activities.

B. Scope

When confronted with a small-scale public health emergency, local public health departments, with the support of the Minnesota Department of Health (MDH), respond independently of other state and local agencies. In the event of a large-scale emergency/disaster, the actions of the local public health department must be closely coordinated with local emergency management to respond effectively. This agency coordination extends to other local, state, federal and non-governmental agencies, as necessary. The health and medical annex should describe relationships and responsibilities for conducting a coordinated public health emergency response effort.

The level of response activities will vary by the size of the emergency. This planning guidance does not differentiate between small and large-scale disasters. Individual plans should be written to accommodate the variations in response activities.

C. Objectives of the Health and Medical Annex

The objectives of the Health and Medical Annex to the county emergency response plan include the following:
1. To maximize the protection of lives and properties.
2. To ensure local public health and local emergency management organize a response effort based on the Minnesota Incident Management System (MIMS).
3. To delineate roles and responsibilities for other local, state, federal agencies and non-governmental agencies participating in the emergency response.
4. Develop a health and medical annex for the county emergency operations plan that is consistent among all local jurisdictions.

D. Assumptions and Considerations

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

Incidents are managed at the lowest possible geographic, organizational, and jurisdictional level using the Incident Management System. Furthermore, incidents may:
- Occur at any time with little or no warning.
- 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.
- Overwhelm the capabilities of local and tribal governments.
- Require short-notice asset coordination and response timelines.
- Require prolonged, sustained incident management operations and support activities.

LPH may have to make provisions to continue response operations for an extended period of time in cases of a major disaster or catastrophic incident.

This Plan reflects the additional assumptions and considerations below:
- The highest priorities of any incident management system are always life/safety for responders, and public health and safety for the citizenry.
- LPH has planned, prepared for, and will respond to health emergencies locally/regionally.
- District Office Emergency Response Teams will work as liaisons with local public health, communicating local health needs to the state.
- The standards of care for the public may be adjusted in a major incident or catastrophe, such as in an influenza pandemic.
- LPH will follow MDH guidelines regarding prioritizing who receives prophylaxis.
- LPH will support and work in partnership with local response efforts.
- Plan Functions and LPH personnel 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, a State or a Federal level incident management system.

The degree of LPH involvement in a response to a given incident will depend largely upon the applicability of specific LPH authorities or its jurisdictions. Other factors that
may also affect the degree of LPH involvement include:
- Requests for assistance.
- The type or location of the incident.
- The severity and magnitude of the incident.
- The need to protect the public’s health and welfare.

II. Pre-Event Planning Activities

A. Pre-Event Response Team: Public Health Emergency

The purpose of this section is to identify a response team that will perform a variety of functions during an emergency that may affect the public’s health. This team will have a role in identification of the threat and is responsible for providing expertise regarding the response to the emergency. Throughout this guidance document the team will be referred to as the public health response team.

It is important that prior to a public health emergency the local public health department and local emergency management identify members of this public health response team. A contact person and an alternate may be identified from each of the following agencies/departments and is not limited to this list.

- Local Public Health Department-Director/Supervisor
- DP&C/Emergency Preparedness Coordinator/Supervisor
- Local Emergency Management Director
- Environmental Health/Environmental Services Director
- The MDH district office staff – Public Health Preparedness Consultant, Epidemiology Field Services, District Nurse Consultant, and a Consulting Sanitarian if feasible.
- Sheriff’s Department/Law Enforcement
- Local Policy makers-County and City Officials

A Public Health emergency will be coordinated through the collaboration of the Local Public Health Director/Supervisor, the Local Public Health Emergency Preparedness Coordinator and the Local Emergency Manager.

III. Emergency Response Management

The following guidelines will assist local, state, federal and non-governmental agencies define their roles and responsibilities during an emergency affecting the public’s health. The emergency response recommendations in this guidance document pertain to incidents that impact the public health of the community.

A. Administration of the Response

1. Trigger Points to Activate the Plan

See Attachment C
2. **Initial Notification of an Emergency**

Either the local public health department or emergency management may be the initial contact for the county or city when there is an emergency with potential public health implications. These two agencies will be responsible for assuring the other public health emergency response team members are notified in order to initiate the first meeting of the response team.

After hours McLeod and Sibley County Public Health will be paged thru the individual County Sheriff’s office dispatcher. The on-call nurse will contact the Agency Director/Coordinator or her designated alternate. In Meeker County, the County Sheriff’s office dispatcher will directly contact the Public Health Director via cell phone.

Administration of the response is based on an incident command system in Minnesota known as the National Incident Management System (NIMS). Command and control of the response is coordinated through the incident commander. Please see description and diagram of the MIMS Incident Command System in [Attachment B](#).

The National Incident Management System is applicable for public health and other related emergency incidents. The local incident commander will designate the local health department as either lead response agency or as supporting role to local emergency management. A diagram of the NIMS system used is in the County Emergency Operations Plan (EOP) in Section 3 Direction and Control.

Local health department staff that will carry out preparedness and response activities should receive NIMS training. This can be arranged through local emergency management staff in cooperation with other local, state, and federal agencies.

2. **Initial Meeting of the Public Health Emergency Response Team**

In response to an emergency involving public health, the local public health department and emergency management will initiate a planning meeting of the public health emergency response team at a pre-designated site. At this first meeting the county may want to focus on the following items:

a. Characterization of the emergency (e.g. disease outbreak, biological/chemical/radiological or terroristic event), or natural disaster.

b. Assessment of the number of persons (e.g. dead, injured, exposed) and extent of area affected

c. Identification of populations at risk

d. Determination of the need to implement the county emergency operations plan

3. **Initial Emergency Operations Center Activation**

If the public health emergency response team determines that it is necessary to implement the county emergency response plan, a local Emergency Operations Center (EOC) may be activated.
a. EOC Staff Composition

When the EOC is activated, the following individuals may be considered for staffing the EOC:

- Members of the public health response team
- Public Safety/Sheriff’s Department (essential liaison to State Homeland Security and Emergency Management (HSEM) and the Governor)
- County Coordinator/Administrator;
- Chair of the County Board of Commissioners;
- Other city and county officials; and
- Other members who may need to be included based on the initial assessment of the disaster.

After activation of the EOC the incident commander will assign roles and responsibilities as identified in MIMS. These job duties are detailed in Attachment B.

Local public health departments must determine who, within their departments, will lead and/or participate in the response as well as other staff (by name or job description). These job descriptions should be consistent with those already existing in NIMS. Please see the NIMS Attachment B for full job descriptions and role of public health within the NIMS structure.

4. Ongoing Meetings of the Public Health Emergency Response Team

The emergency manager, in collaboration with local public health, is responsible for coordination and implementation of the county emergency operations plan during an emergency. Along with the issues that initiated the activation of the county plan, the public health response team may address the issues listed below.

a. Issues to Consider

- Who will need information about the emergency before release of information to the public?
- What is the anticipated community response to information about the emergency?
- What resources will be needed to respond to the emergency?
- Identification of factors and person who will terminate the plan.

b. Identification of other parties to be involved

Depending on the threat and scope of the emergency, the following individuals and/or organizations may need to be involved in the response. Identification of other key persons to be involved in the emergency response and possible roles for each of these key persons should be developed by the county or by the public health response team and based on the resources available. Contact information should also be part of the public health department’s local Health Alert Network.

- Other county/city departments
- Law enforcement
• Firefighters
• Utilities
• Public Works
• County medical consultant
• Physicians/clinics
• Hospitals/emergency medical services
• Infection control practitioners
• Medical association
• Clinical laboratories/environmental laboratories
• Primary/secondary schools
• Post secondary schools (universities, colleges)
• Pharmacies
• Other public health departments
• Other health professionals:
  o Mental health specialist
  o Epidemiologists
  o Public Health Nurses
  o Sanitarians
  o Health Educators
• Office Staff
• Dentists
• Chiropractors
• Veterinarians
• Home care services
• Handicap service providers
• Industries/occupational health nurses
• Clergy
• Transportation
• Long-term care facilities/group homes
• Daycares/preschools
• Community organizations:
  o American Red Cross
  o Salvation Army
  o Private home care agencies
  o Medical examiner’s/coroner’s office
  o Media
  o Department of Military Affairs-National Guard
  o Minnesota Department of Transportation
  o Minnesota Board of Nursing
  o Minnesota Duty Officer

Notification of impending and actual public health emergencies from the MDH to local health departments will occur through the HAN. Correspondingly, local public health departments must maintain their local HAN to notify local individuals and agencies, which will be part of the public health response to the emergency. At the state level, this is coordinated with the Duty Officer at the MN Dept of Public Safety Division of Homeland Security and Emergency
Management (HSEM). At the local level, this is coordinated with county emergency management. See Attachment D.

c. The public health emergency response team should develop strategies specific to an emergency that impacts the public’s health in each of the following components of the county emergency operations plan:

- Notification and Communication Plan-in the Public Information Annex
- Disease Health Threat Investigation-in the Hazardous Materials Annex
- Prevention and Mitigation-in the Evacuation, Traffic Control and Security Annex
- Public Safety
- Mass Care/Shelter and Clinics-in the Public Health Mass Dispensing Site Plan
- Clean-up-in the Hazardous Materials Annex
- Re-Entry
- Emergency Response Evaluation

* Guidance on each of the above components are included in the remaining sections of the guidance document

B. Notification and Communication Plan

The emergency manager with the assistance of the local public health department will identify those key persons who not only need to be included in the message development but also in the distribution of the message (e.g., emergency spokesperson, MDH representatives, county commissioners, county administrator/coordinator, medical consultants). Identification of this response group is particularly important where the public health emergency can or has caused social disruption. Communication to the persons affected must be accurate but also delivered in a timely manner.

The following guidance may comprise a local communication plan for professionals and the public. It is recommended that the local health department coordinate with emergency management and the risk communication staff at MDH prior to an emergency in order to prepare a communication plan that will meet the potential communication challenges that will be faced at the local level.

The county will also involve the Information Technology Department of the county. (See Notification and Warning Annex or other appropriate annex in the county emergency operations plan.)

1. Professional Notification Including Information, Guidelines, and Recommendations

a. Professional Message Plan Development

- Maintain a 24-hour, seven days a week, notification plan (24/7 plan) that establishes a process to notify local officials to the emergency after hours, on weekends, and on holidays. This is coordinated with emergency management and the local sheriff’s
office.

- Minnesota’s Health Alert Network (HAN) enables public health staff, tribal governments, health care providers, emergency workers, and others working to protect the public to exchange information during a disease outbreak, environmental threat, natural disaster, or act of terrorism.

- MMS CHS will maintain 24/7 access to support services in emergencies through use of the chain of command. This would include outreach to emergency services via 911, assistance at the regional level, with requests routed appropriately to the Duty Officer.

- MMS CHS will maintain a mutual aid agreement with HSEM regions 4 and 5 to assure adequate resources in a surge capacity response. The intent of the agreement is to make equipment, personnel and other resources available to each party who is included in the agreement upon its request to the other parties.

- Disseminate communication messages to professionals that include but are not limited to the following content:
  o Description of the health threat;
  o Recommendations for action;
  o Public health contact information;
  o Information about how and when updates will be communicated (i.e., informational hotlines, fax, Web);
  o Instructions about how to communicate information relevant to this threat to the public health department; and
  o Links to Web-based resources, as appropriate, with alternate access for those without Web access

- Identify which professional groups within and outside the public health agency should receive the health alert message (consider any of the listed parties identified by the public health emergency response team) in addition to the following:
  o Other public health staff not directly involved in responding to the threat; and
  o The MDH HAN, which can notify other public health agencies in the state, the Minnesota Duty Officer at the Minnesota Department of Public Safety Division of Homeland Security and Emergency Management, and other state and national agencies as needed. Activate HAN by sending the developed message to the targeted groups (copy all health alert messages to: healthalert@health.state.mn.us. Send updates, as indicated by events, via local HAN to health professionals and others responding to the health threat.

b. Emergency Response Professionals-Ongoing Briefings

Regular briefings for response professionals may be held at the Emergency Operations Center (EOC). These briefings ensure that emergency response professionals work together in a consistent and efficient manner. In addition to ongoing briefings information will also be distributed through HAN.
2. Public Information and Media Communications

Organization of media spokespersons is accomplished through the establishment of a Joint Public Information Center (JPIC). The purpose of JPIC is to coordinate messages and information to the media and the public from all spokespersons from all of the agencies, and organizations involved in the response.

Communication during an emergency includes two distinct audiences: 1) information updates, guidelines and recommendations needed by health care professionals, and others responding to the emergency; and 2) information disseminated to the public. Also for online information on developing a message plan please refer to: www.health.state.mn.us/oep/riskcommunications.htm

a. Public Message Plan Development

- Identify extent of public health issue
- Identify the message(s) that need to be developed and prioritize those messages
- Who needs to be notified?
- What communication medium(s) should be used?
  - Newspaper
  - Radio
  - Door to door
  - Broadcast faxing
  - TV
  - TDD
  - News releases
  - Community meetings
- How quickly does the message need to be delivered to those targeted populations?
- What is the message?
- Who will be delivering the messages?
- Are the messages effective and reaching the desired populations? Consider messages in multiple languages. (See Public Information Annex)

b. Identify Media Access Controls

- Who will be media contact representative/emergency spokesperson?
- Who will coordinate communications with MDH?

c. Outline Ongoing Briefings

Ongoing briefing assignments will be based upon how the public health emergency proceeds. The EOC members and other identified officials will assist with the development and implementation of the communication messages. The content of the messages to the public must be consistent, accurate and coordinated.
3. **Informational Hotlines**

The local emergency manager will determine if informational hotlines need to be established. It may be necessary to establish separate hotlines for health care professionals, other emergency responders, and for the general public.

If staffing is an issue for hotline maintenance, local emergency management and local public health may need to coordinate with MDH and HSEM. The MDH can establish a hotline to address specific threats. The HSEM can establish a public information hotline. Either (or both) of these could be used depending on the situation but must be coordinated at the state level. This allows local health department staff who are directly involved in the emergency to concentrate on the response effort.

C. **Disease/Health Threat Investigation**

The purpose of this section is to identify the process used to determine the cause and extent of the potential public health problem. This includes identifying the populations at risk in order to put in place an intervention and/or prevention programs. Primary responsibility for conducting the investigation of a public health disaster rests with the local public health departments, local environmental health services and MDH.

In the case of a terrorism event, the criminal investigation will be coordinated with law enforcement agencies. The FBI, county sheriff or a designated law enforcement official will act as the liaison between public health and the officials conducting the criminal investigations.

Investigating disease clusters of any kind is the mission of the regional/state epidemiologists (scientists who study the frequency, distribution, causes and control of diseases in populations). The investigation conducted by the epidemiologist must show that the number of observed cases is significantly greater than what they would expect. The epidemiologist will communicate findings of a cluster to LPH and the all hazard plan will be activated as indicated. Listed below are the minimum elements that comprise a disease investigation.

1. **Assessment of the Emergency**

   a. **Detection of Exposure**

      If an emergency requiring the initiation of a disease investigation occurs, the local health department will take the lead in the coordination of the investigation unless the local health department does not have the capabilities and resources to coordinate the investigation, in which case the investigation will be lead by the MDH.

      The MDH and the local public health department will determine the need for active surveillance and collection of specimens.

   b. **Assessment of Potential Exposure**

      **Protocols**

      The MDH and the local public health department will determine the protocols for active
surveillance.

Notification
If active surveillance is needed, the local public health department will notify (using the local HAN) area physicians/clinics, hospitals, nursing homes, or other agencies affected of the surveillance details including the need to report disease, and instructions about the collection and transport of samples and specimens for laboratory analysis to be evaluated by the appropriate state agencies.

Implementation and Coordination
Local public health will implement and coordinate active surveillance with local health care providers, including collection of samples and specimens for identification by the MDH Laboratory.

c. Environmental Health Assessment

Sample Collection and Analysis
If environmental contaminants are suspected, the MDH and local public health departments (through local environmental health programs if the agency has such a program) will coordinate sample collection and analysis with the MDH Environmental Health Division to identify environmental contaminants, including contamination of groundwater, drinking water supplies, and food and beverages (local hazardous materials resources may be available).

Depending on the environmental medium, environmental health staff of the MDH or local agencies' public health staff may be responsible for sample collection and analysis, or a contractor may collect the samples and analyze them. The MPCA and/or MN DOT will be involved if they regulate the contaminant source. The MDA will be involved if there's contamination of grocery stores, farm animals, or crops.

Protocol for Indoor Monitoring
Potential indoor problems related to lead, asbestos, carbon monoxide, formaldehyde, and radiation exposures will be evaluated and assessed. The local environmental health services or depending on the local jurisdiction the MDH Environmental Health Division will be responsible for providing the protocols for continuing environmental monitoring, as needed.

2. Conducting the Investigation

The epidemiological investigation will characterize the outbreak/emergency, including source and spread of illness/disease. This includes identifying the agent and the at risk population. Based on this investigation, as well as available assessment data, recommendations will be made regarding prevention/mitigation plans, including treatment and prophylaxis of at risk populations.

a. Epidemiological Investigations

The MDH Division of Infectious Disease Epidemiology Prevention and Control (IDEPC)
will have primary responsibility for coordinating the investigation efforts.

The local public health department will coordinate with MDH, area providers/clinics, hospitals and other affected agencies when conducting epidemiological investigations to determine the source and spread, populations at risk and to develop a prevention plan. This may include providing staff, phone banks, cell phones, and other assistance, as needed.

The local public health department will have primary responsibility for coordination of investigation logistics, including communications with emergency operations planning staff at the local level. See Attachment E. Pandemic Influenza Surveillance.

b. Environmental Health Investigations

Food and Water
The local public health and local environmental health/environmental services will work with the MDH IDEPC Division and EH Division to investigate food and water-borne outbreaks. This includes an environmental investigation of the food facility or water source suspected of causing the outbreak. For outbreaks occurring at food processing facilities, grocery stores and meat packing plants, this will be coordinated with the Minnesota Department of Agriculture (MDA) and the United States Department of Agriculture (USDA), as appropriate.

Private Well Management
Local public health, emergency management and local officials will work with the MDH Well Management Program and the public to mitigate threats to wells.

Public Water Supply
If public water supplies are involved in a public health emergency, the local public health department will coordinate efforts with emergency management, local officials, public water system operators, and with the MDH to ensure safe drinking water.

Indoor/Outdoor Air
Environmental health and the local public health department in conjunction with the MDH and the Minnesota Pollution Control Agency (MPCA) will be responsible for investigating illness related to indoor and outdoor air quality. This will be done in conjunction with local emergency management.

Radiation
The local public health department will work with MDH and local emergency management regarding detection and disposal of contaminated materials.

D. Prevention/Mitigation

The purpose of this section is to outline the elements of a prevention plan to limit exposure and mitigate contamination related to a public health emergency. Information collected during the investigation phase of the response including assessment data and epidemiological data will be used to outline the prevention plan. The teams responsible for implementing the
investigation plan may also be responsible for carrying out the activities of the prevention plan.

1. **Prevent, Reduce, or Eliminate Exposure**

   The local public health will assemble a team of appropriate staff to work with local emergency management, the MDH and other agencies, to reduce or eliminate exposure to chemical, radioactive, or infectious biological agents.

2. **Prevention Plan**

   The MDH and the local public health department in coordination with emergency management will have lead responsibilities for directing the development of a prevention plan. Once the prevention plan is identified, responsibilities will be as follows:

   a. **Food Safety**

      Describe how the local public health department and environmental health will work with the MDH to ensure food safety. This may include regular inspection of food service establishments and education of food service staff. The local public health department and environmental health will coordinate these efforts with the appropriate agencies responsible for the grocery stores and meat packing plants such as the Minnesota Department of Agriculture (MDA) and the U.S. Department of Agriculture (USDA).

   b. **Safe Drinking Water**

      Explain how the local public health department, environmental health, local emergency management, and local public water operators and the public will work with the MDH regarding operation of public water supplies and the safety of private wells.

   c. **Contaminated Buildings**

      Explain how local environmental health and the local public health department, in conjunction with the MDH and the MPCA, will be responsible for identifying plans for the mitigation of contaminated buildings. This will be done in conjunction with emergency management and perhaps OSHA and other regulatory agencies.

   d. **Public Health Clinics**

      Refer to the Mass Dispensing Site Plan that details how the local public health department and the MDH will establish necessary clinics and screening sites for immunizations, and prophylaxis.

      The planning of these clinics will be done in coordination with other area medical providers, law enforcement and other community resources. This is coordinated with private health care providers, the MDH, the Strategic National Stockpile (SNS), the Centers for Disease Control and Prevention (CDC), and other agencies, as needed.

      Coordination of scene security and traffic control will be the responsibility of local law enforcement.

e. Spill and Hazardous Substance Exposure Plan

The county emergency operations plan will contain an annex that describes procedures and protocols that local emergency management, along with area HAZMAT Teams, will perform in coordination with the MDH and the MPCA for removal of contaminated materials.

Local hospital emergency departments, emergency medical services (EMS), and fire/rescue decontamination procedures will be followed. This relates to health and medical exposures; other spills and hazardous material exposures are handled in the Hazardous Materials Annex.

f. Food Contamination Recall Plan

The local public health department will coordinate with MDH, MDA, USDA, and the Food and Drug Administration (FDA) for recalls.

g. Removal of Biologic, Chemical, Radioactive, other Hazardous Materials and Human Remains

This will be addressed in “Section G. CLEANUP.” This addresses the removal of biologic, chemical, radioactive, human remains and other hazardous materials.

h. Evacuation Plans/Quarantine

Local emergency management will be responsible for the coordination of the evacuation procedures. The local public health department and the MDH will advise the incident commander on matters related to infectious disease, infection control procedures, and quarantine based on the prevention plan.

i. Patient Health Care Services

Local emergency management with support from the local public health department will work with local physicians, clinics, and hospitals in establishing alternate health care sites for system overflow or overload. Services may include, but not be limited to, items such as medical emergencies, basic first aid, and mental health issues. Other resources may include such agencies as the American Red Cross and the Salvation Army.

3. Infrastructure Needs of Agencies Involved in the Response

a. Workforce Plan

The local public health department will be responsible for developing a plan that provides for an adequate public health work force, which is available to assist in activities such as, mass vaccination clinics, and mass prophylaxis against a public
health threat. We will use Minnesota Responds to assist us in finding personnel.

b. Multi-Agency Cooperation Plan

- The local public health department will designate a public health liaison responsible for coordinating assistance from other agencies during a public health emergency.
- The liaison will identify public health needs such as; equipment, supplies or personnel that cannot be obtained locally.
- The public health liaison will communicate these resource needs to the EOC or the onsite incident commander.
- The incident commander will coordinate additional resources by contacting the Division of Emergency Management’s Minnesota State Duty Officer. This individual is responsible for obtaining assistance from government and non-governmental agencies.

4. Safety of Individuals Participating in the Response

a. Training

The responding agency will ensure emergency responders have adequate training and equipment to respond to a public health emergency. The training and equipment will be based on protocols developed from federal and state agencies and the CDC. It is recommended that local public health departments assess the training needs of their staff to determine if they are prepared to respond to potential health emergencies.

E. Public Safety

For issues related to evacuation, local on-scene personnel are likely to make the recommendation on the necessity for evacuation when a biological, chemical or radiological agent is involved in the emergency. Protection and safety during the response, including crowd control and safety during mass evacuation, is the responsibility of local jurisdictions. If local jurisdictions need additional assistance or resources in order to carry out an evacuation, the Minnesota Duty Officer may be contacted to obtain that assistance. Local officials or building owners may restrict entry to a building due to unsafe conditions.

1. Evacuation of Health Care Facilities

a. Local Facility Plans

Evacuation of health care facilities (e.g., hospitals and long-term care facilities) will be accomplished through the required evacuation plan of each facility. These plans, which are part of the existing county emergency response plan, detail the evacuation procedures based on disaster contingencies including where patients/clients will be evacuated to, the circumstances requiring evacuation, and how this will be coordinated. Local Public Health will be aware of evacuation plans to insure that issues related to public health such as, the evacuation of individuals under an isolation order for infectious disease or individuals that are believed to be infectious are adequate to protect the
health of the local community Assistance for evacuation will generally be coordinated with local law enforcement.

2. **Traffic Control and Security in an Emergency Area**

   a. **Local Traffic Control**

      Local law enforcement will coordinate traffic control efforts in their jurisdictions, based on plans outlined in the county/city Emergency Operations Plan (*See Evacuation, Traffic Control and Security Annex*).

   b. **Law Enforcement Personnel**

      Local law enforcement may be requested by the local emergency manager in coordination with the incident commander to provide county or city law enforcement personnel, highway department personnel, and vehicles (with radios) to support the following functions in order to expedite efforts in:
      - Assisting in the establishment of roadway check points; and
      - Assisting with road blocks to cordon off a community, community neighborhoods, or individual buildings affected by a public health emergency.
      - To assist local public health agencies if the need arises.

   c. **State Patrol**

      The State Patrol will coordinate with local government’s traffic control efforts in all evacuations involving the use of interstate and intrastate highways in Minnesota.

      In the affected area, the Minnesota State Patrol, in conjunction with local law enforcement, will:
      - Provide control access to evacuated areas for MDH and other agencies;
      - Provide any highway clearances and waivers required in order to expedite the transportation of high priority materials, equipment, or supplies for MDH and local public health; and
      - Provide for the evacuation of personnel during periods of declared emergencies.

   d. **Security**

      The local emergency manager and the incident commander work in coordination with local law enforcement officials with regard to the perimeter of the scene to lower the risk of the potential hazard. Local law enforcement will provide:
      - Scene security at vaccine/biologics distribution clinics, family assistance centers, and vaccine/biologics storage facilities;
      - Scene security at mass care site; and
      - Security for evacuated areas, public buildings, and other areas, as requested.
      - See the Local Public Health Mass Clinic Guidance Document.

F. **Mass Care/Shelter and Mass Clinics**

Local Public Health Disaster Plan Guidance 19

12/1/2003
Revised 7/22/2005, 2/2015
1. Mass Care
This function provides congregate shelter facilities and fixed and mobile food services to disaster victims and emergency workers in a disaster area. Mass care provides bulk distribution of supplies and commodities to people affected by the disaster.

a. Mass Care Shelters

The shelters will be operated in conjunction with the MDH, the local public health department, local human services, environmental services, and non-profit voluntary organizations active in disasters (See Congregate Care Annex).

In a public health emergency the local public health department may be consulted to help prevent the spread of infectious disease and to insure that the shelters provide safe food and water to individuals using mass care facilities. The establishment of mass care/shelters is addressed in the Congregate Care Annex. The plan will allow for the notification of the American Red Cross, the Salvation Army and other human service agencies of mass care needs in the event of a public health disaster.

An example of a Mass Care/Shelter Plan is contained in Attachment F: Tri-County Mass Care/Shelter Plan. This plan is an example only and individual jurisdictions will need to develop their own plan, which should be included in their county Congregate Care Annex. It is also important to involve local/county human services and non-profit organizations in any Mass Care/Shelter Plan since they have resources and responsibilities in this area.

2. Mass Clinics
Provide prophylaxis treatment and vaccination to the local population. Detailed information about mass clinics is contained in the MDH Clinic Guidance for Local Public Health and will be supplied by the MDH. Local Public Health will coordinate Mass Dispensing Site and Mass Shelter sites to ensure that sites are not being used for both activities.

G. Clean Up

The purpose of this section is to provide a guide to abate a known contamination of a biological or chemical agent. The local emergency manager and the local incident commander will coordinate with the Minnesota Duty Officer at HSEM, the HAZMAT Team, MDH, MDA, MPCA and federal agencies to determine the appropriate course of action dependent upon the type of contamination. In the event of a criminal investigation, the removal of these materials will be coordinated with the investigating agency. The county sheriff or a designated law enforcement official will act as the liaison between public health and the criminal justice system officials conducting the investigations.

1. Limiting Site Accessibility

Local emergency management, environmental health, and the local public health department will coordinate with law enforcement agencies to limit access to a site to prevent the spread of
the contamination. (See **Hazardous Material Annex**)

The involvement of the local public health department, after consultation with MDH, may be to advise local agencies on how to prevent the spread of the infectious agent to the community.

### 2. Site Assessment

Local emergency management, environmental health, and the local public health department will consult with the HAZMAT Team to determine the best course of action to pursue containment and clean-up. (Refer to the **Hazardous Materials Annex** for site abatement information.)

The local public health department, after consultation with MDH, may be asked by the HAZMAT Team for information on how to prevent exposure to biological agents of team members and the local community.

### 3. Contaminant Disposal

Local emergency management, environmental health, and the local public health department will work with state and federal agencies for disposal of contaminants.

The involvement of the local public health department, after consultation with MDH, will be to insure that the contaminant disposal of biological agent materials or sharps containers does not cause the spread of the hazardous material to the local community.

#### a. Removal and Care of Human Remains

The local public health department will coordinate with MDH, local coroner/medical examiner, and emergency operations on the removal and care of human remains. In instances where infectious agents have been involved, protocols for removal/care may need to be developed. Lead responsibility for these protocols would be MDH or CDC (See Attachment G).

#### b. Removal of Wastes

The local public health department and emergency management will coordinate the removal and disposal of hazardous wastes and biologic waste at the local level. This will be done in conjunction with the area HAZMAT Teams according to their clean-up and removal procedures. In instances where city sewage/treatment is involved, local officials and public waste water system operators will be included in the discussions. (See **Hazardous Materials Annex**). The involvement of local public health department will be to prevent the spread of infectious agents to the local community.

#### c. Animal Waste Removal

The local public health department will work with the Minnesota Board of Animal Health for assuring animal waste is removed safely. This will be done in consultation with MDH (for animal disease concerns) and coordinated with the District Veterinarian from the...
Minnesota Board of Animal Health. This is the primary resource for animal waste disposal. The involvement of local public health should be to prevent the spread of infectious agents from animals to humans.

Local public health and/or emergency management should contact their District Veterinarian through the Minnesota Board of Animal Health (651-296-2942) for procedures and requirements for safe animal disposal. We will access identified individuals at the local level who will assist in this.

4. **Site Monitoring and Assessment After Clean-Up**

Local public health will assist with continued monitoring and assessment before allowing entry into the site.

H. **Re-Entry**

The local emergency manager coordinates with the local incident commander to establish a re-entry team that will outline the responsibilities for authorizing the re-entry into previously vacated areas or systems. The emergency manager will identify those individuals to be included on a Re-Entry Team that will coordinate the re-entry plan. This Re-Entry Team will be responsible for food and water safety and ensuring utilities restoration.

I. **Emergency Response Evaluation**

This section outlines how the response to the emergency will be evaluated. It will be the responsibility of the EOC and the local incident commander to organize and summarize the disaster evaluation process.

1. **Factors of Determination of AAR Completion**

   A. Whenever the department pulls 2 or more staff from regular work to respond to an incident for more than 8 working hours an AAR will be written.

   B. The decision to write and AAR will be decided by the Incident Command Team and is incident specific. The team will consider the following questions to make their decision:

   - Did our department activate our ICS?
   - Did we have to reassign staff to do other work in response?
   - Were sections of our All Hazards Plan activated in response? If so what plans?
   - Were we in a lead response role or supporting role?
   - Were PHEP funds used during response?
   - Will be eligible for any federal reimbursement?

2. **Coordinating the Evaluation**

Although evaluation is ongoing during the crisis, once the emergency is over, the incident commander will direct the EOC Team to prepare the final evaluation in order to review the
effectiveness of plan in responding to a public health emergency.

3. Conducting the Evaluation

Persons involved in the planning and implementation of the public health emergency response should participate in the evaluation process. The evaluation may include:

- Review of each of the components of the response plan;
- Identified needs or gaps;
- Implications for recovery;
- Recommended plan changes (if needed);
- Development of long-term prevention plans; and
- Written summary of activities.

IV. Recovery

The local emergency manager in coordination with the local incident commander will be responsible for the recovery plan. A recovery plan team may be identified to address the development of the short-term and long-term recovery plan. Items will be reviewed for their impact on the community. Agencies affected by the public health disaster will be encouraged to address the following items within their own agencies.

A. Short-Term Recovery

1. Community

How will these community-based services be reintroduced, reactivated, or normalized within the next 6 months?

- Communication
- Childcare
- Transportation
- Food supplies
- Housing
- Medical services
- Mental health
- Social services
- Safety
- Damage and assessment and recovery
- Decontamination mitigation
- Schools
- State and federal disaster aid
- Infrastructure/governmental services (e.g., roads, bridges, electricity, communications, sewer, drinking water, natural gas, gasoline and oil, financial heat

2. Agency

How will these agency activities be reintroduced, reactivated or normalized within the next 6 months?
B. **Long-Term Recovery**

1. **Community**

How will these community-based services be reintroduced, reactivated or normalized within the next 6 months to 5 years?

- Communication
- Childcare
- Training/staffing
- Medical services
- Mental health
- New job skills
- Safety
- Damage recovery
- State and federal disaster aid
- Infrastructure/governmental services (e.g., roads, bridges, electricity, communications, sewer, drinking water, natural gas, gasoline and oil, financial heat

2. **Agency**

How will these agency activities be reintroduced, reactivated or normalized within the next 6 months to 5 years?

- Communication
- Safety
- Staffing
- Personnel issues
- Mental health
- Infrastructure/governmental services (e.g., roads, bridges, electricity, communications, water, natural gas, sewer, drinking gasoline and oil, financial heat
- Resumption of program
# Attachment A

## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATSDR</td>
<td>Agency for Toxic Substances and Disease Registry</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CHS</td>
<td>Community Health Services (title of MN local Public Health Agencies)</td>
</tr>
<tr>
<td>DHS</td>
<td>Minnesota Department of Human Services</td>
</tr>
<tr>
<td>DHHS</td>
<td>US Department of Health and Human Services</td>
</tr>
<tr>
<td>DMORT</td>
<td>Disaster Mortuary Response Team</td>
</tr>
<tr>
<td>EH</td>
<td>Environmental Health Programs at State or Local Level</td>
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<tr>
<td>EOC</td>
<td>Emergency Operations Center</td>
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<tr>
<td>EOP</td>
<td>Emergency Operation Plans</td>
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<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
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<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<tr>
<td>HAN</td>
<td>Health Alert Network</td>
</tr>
<tr>
<td>HSEM</td>
<td>Homeland Security and Emergency Management at the Minnesota Department of Public Safety</td>
</tr>
<tr>
<td>IC</td>
<td>Incident Command</td>
</tr>
<tr>
<td>IDEPC</td>
<td>Division of Infectious Disease Epidemiology Prevention and Control at the Minnesota Department of Health</td>
</tr>
<tr>
<td>JPIC</td>
<td>Joint Public Information Center</td>
</tr>
<tr>
<td>MIMS</td>
<td>Minnesota Incident Management System</td>
</tr>
<tr>
<td>NIMS</td>
<td>National Incident Management System</td>
</tr>
<tr>
<td>MDA</td>
<td>Minnesota Department of Agriculture</td>
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<tr>
<td>MDH</td>
<td>Minnesota Department of Health</td>
</tr>
<tr>
<td>MDH-PHL</td>
<td>Minnesota Department of Health Public Health Laboratory</td>
</tr>
<tr>
<td>MDO</td>
<td>Minnesota Duty Office</td>
</tr>
<tr>
<td>MDPS</td>
<td>Minnesota Department of Public Safety</td>
</tr>
<tr>
<td>MPCA</td>
<td>Minnesota Pollution Control Agency</td>
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<tr>
<td>OEP</td>
<td>Office of Emergency Preparedness at Minnesota Department of Health</td>
</tr>
<tr>
<td>PHERT</td>
<td>Public Health Emergency Response Team</td>
</tr>
<tr>
<td>PHN</td>
<td>Public Health Nurse</td>
</tr>
<tr>
<td>PIO</td>
<td>Public Information Officer</td>
</tr>
<tr>
<td>USDA</td>
<td>United States Department of Agriculture</td>
</tr>
</tbody>
</table>
Attachment B

NIMS-Roles and Responsibilities

The essential elements of command, planning, operations, finance and logistics must be described in the local public health annex. Listed below is a brief description of each functional role and the potential public health duties that the individual may need to perform in a public health emergency in accordance with the Minnesota Incident Management System.

1. **Command**: this individual(s) determines the flow of decision-making and communication in disaster and emergency response. The command structure includes an Incident Commander and as needed special staff comprised of a Safety Officer, Liaison Officer and a Public Information Officer.

   **Public Health Role**: this individual(s) in certain situations involving a disease outbreak, or bioterrorism event a public health professional may need to be the Incident Commander or serve in the Unified Command, if used. May also serve in Safety, Liaison, or PIO advisory role.

2. **Operations**: this individual(s) is responsible for coordinating the efforts of law enforcement, fire control and the emergency medical system.

   **Public Health Role**: in the event that mass clinics need to be implemented, the local public health department must assign someone or persons to the incident commander to inform them of issues related to the public health emergency. Normally, a public health person will be in operations for mass clinics and either that person or the public health planners for clinics will request needed assistance for other groups using the channels established for incident command.

3. **Planning**: this individual(s) assists the Incident Commander with the development of plans for projected situations and long-range objectives.

   **Public Health Role**: this public health individual(s) must do their part to assess (investigate) the ever-evolving situation from the public health perspective and to add information and suggestions to the planning process.

4. **Logistics**: this individual(s) takes care of needs such as providing facilities, services and materials for the incident.

   **Public Health Role**: this individual(s) might be responsible for:
   - Identifying mass clinic sites
   - Recruitment of additional health care staff
   - Identifying supplies and resources needed to operate the public health response

5. **Finance/Administration**: this individual(s) takes care of tracking of all incident costs and evaluating the financial considerations of the incident.

   **Public Health Role**: this individual(s) needs to track their own incident costs, such as the costs of vaccine and additional staff. The costs to the public health agency should be considered as the emergency management director evaluates the overall costs of the public health emergency.
## Attachment C

### Trigger Points that may activate the plan (Adopted from the Sibley County Emergency Operations Plan; Chapter 1: Basic Plan)

<table>
<thead>
<tr>
<th>Disaster Crisis</th>
<th>Trigger Points to Implement the Plan or Activate EOC</th>
<th>Authorization to Implement/Activate</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tornado</td>
<td>Injuries/possible search &amp; rescue, evacuation, shelter requirements, property damage, major medical needs, loss of utilities</td>
<td>Emergency Management Director</td>
<td>Based on severity or magnitude</td>
</tr>
<tr>
<td>Winter Storm</td>
<td>Search &amp; rescue, sheltering requirements, loss of utilities</td>
<td>Emergency Management Director</td>
<td>Based on severity or magnitude</td>
</tr>
<tr>
<td>Flood</td>
<td>Search &amp; rescue, sheltering requirement, flood control volunteer</td>
<td>Emergency Management Director</td>
<td>Based on severity or magnitude</td>
</tr>
<tr>
<td>Health Issue</td>
<td>Potential pandemic or actual countywide major health issue, epidemic, mass health care, inoculation, shelter or evacuation needs</td>
<td>Public Health Director/ Supervisor along with the MDH and/or CDC</td>
<td>Swine Flu, Avian Influenza, possible activation of COOP</td>
</tr>
<tr>
<td>Law Enforcement Issue</td>
<td>Crisis requires additional support beyond Sheriff’s department capabilities</td>
<td>County Sheriff</td>
<td>Terrorism incident/School violence/hostage situation, etc.</td>
</tr>
<tr>
<td>Agricultural Incident</td>
<td>Disease outbreak e.g. Hoof and Mouth, Anthrax, Avian Flu, Swine Flu, etc.</td>
<td>MN Dept of Ag, CDC, Local Veterinarians’, Emergency Management, Public Health, Law Enforcement</td>
<td>Major issues: disposal of dead animals, Quarantine of farm sites, Transportation control, i.e. movement of animals, feed, etc. Clean up of contaminated sites.</td>
</tr>
<tr>
<td>HAZMAT Spill</td>
<td>Need for hazmat teams, evacuation, sheltering, medical issues, major clean up issues.</td>
<td>Emergency Management Director along with Fire Chief of affected area</td>
<td>Rail spill, Pipeline rupture/highway chemical spill, plan chemical release, etc.</td>
</tr>
</tbody>
</table>
Attachment D

How the Health Alert Network Works

A health threat is suspected or identified.
First notice of a possible health threat might come from CDC, local public health, health care providers, emergency management, or MDH.

MDH epidemiologists and managers activate the Health Alert Network and decide:
- Who needs the information?
- What information?
- What action should MDH recommend?
- What is the level of alert: time sensitive or urgent?

The decision to issue a health alert is not taken lightly. An approval process involving MDH division management and the state or assistant state epidemiologist is always used.

Local public health agencies:
- use the information to respond to the health threat, and
- pass on the alert to those in their communities who need to know by activating their local health alert networks.

To maintain the effectiveness of the system, non-responding public health agencies are contacted to ensure they received the message and to verify contact information.

Updates are made as indicated by unfolding events.
When the event has resolved, the health alert information is archived on the Web site and remains available for reference.

After Web-based resources are developed, a health alert e-mail is sent to local public health agencies and others as indicated referring them to the MDH HAN Web page.

HAN relies upon collaboration between Minnesota’s county and city public health agencies and MDH. Local public health agencies monitor e-mails for alert messages and maintain their local health alert networks. MDH HAN maintains up-to-date e-mail lists and the Web site and manages HAN based on established policies and procedures.
Attachment E

Pandemic Influenza Surveillance

Surveillance is primarily a public health activity, local public health will be asked to assist in disease surveillance.

1. **Pre-pandemic**
   - Support routine influenza surveillance.
   - Assist in identifying sentinel sites and laboratories for surveillance.

2. **Novel virus** identified in a single human case
   - Assure that all health care providers within the jurisdiction are aware of the recommendation to culture patients with influenza-like illness (ILI) (especially those with recent travel history to an affected area).
   - Assure that a mechanism is in place to notify

3. **Human-to-human transmission confirmed**
   - Assure that all health care providers within the jurisdiction are aware of the recommendation to culture patients with ILI (especially those with recent travel history to an affected area).
   - Confirmation of onset of pandemic, regional and multi-regional epidemics
     a. International Circulation:
        - Assure that all health care providers within the jurisdiction are aware of the recommendation to culture patients with ILI (especially those with recent travel history to an affected area).
     b. North American Circulation:
        - Assure that all health care providers within the jurisdiction are aware of the recommendation to culture patients with ILI (especially those with recent travel history to an affected area).
        - Assist sentinel sites with specimen collection and/or data collection as appropriate.
        - Assure that clinics complete the Pandemic with ILI Enhanced Disease Report Card and Laboratory Submission form; provide assistance as needed.

4. **Second or later waves**
   - Assist sentinel sites with specimen collection and/or data collection as appropriate.
   - Assure that clinic completes the Pandemic with ILI Enhanced Disease Report Card and Laboratory Submission form; provide assistance as needed.

5. **Post-pandemic**
   - Assist MDH in data collection for retrospective characterization of the pandemic providers of a novel virus identification (fax, email, phone lists).
Prevention/Mitigation
Pandemic Influenza Vaccine
Obtaining vaccine, distribution to regional centers, administration supplies (i.e., needles, syringes), and identification of priority vaccination groups is a state responsibility. Local agencies will be responsible for identifying persons in priority groups and administering vaccine.

1. Pre-pandemic
   - Develop contingency plans for mass and small vaccination clinics (reminder: MDH distribution system uses National Guard Armories).
   - Develop a system to identify the number of persons in priority groups for vaccination in your jurisdiction (reminder: coordinate with local emergency management).
   - Identify the number of persons in priority groups for vaccination based on job description (job title reminder: no more than 25% in administrative positions).
   - Develop prototype standing orders (sample in state document).
   - Improve current influenza vaccination efforts (MDH Immunization Hotline 1-800-657-3970 for more information regarding improving vaccination efforts).
   - Improve current pneumococcal vaccination efforts (MDH Immunization Hotline 1-800-657-3970 for more information in regard to improving vaccination efforts).

2. Novel virus identified in a single human case
   - Assure that all providers are aware of pneumococcal vaccine recommendations.
   - Assure that a mechanism is in place to notify providers (fax, email, phone lists.)
   - Encourage providers to administer pneumococcal vaccine to ACIP recommended groups.

3. Human-to-human transmission confirmed/Confirmation of onset of pandemic, regional and multi-regional epidemics
   - Before vaccine is available:
     - Identify individuals (actual people) in priority groups for vaccination as defined by the State Health and Medical Management Team.
     - Develop standing orders (modify prototype as needed and have medical director sign).
     - Identify sites to administer vaccine.
     - Identify staff who can assess patients for eligibility.
     - Identify staff who can administer vaccine (determine the need for volunteers).
   - When vaccine is available:
     - Coordinate transportation and security with local emergency management.
     - Use MDH developed database or paper system to track clinic participation.
     - Use VAERS to track adverse vaccine reactions.

4. Second and later waves
   - Continue vaccination efforts as above.

5. Post-pandemic
   - Summarize pandemic influenza vaccination response.
   - Summarize lessons learned from vaccination efforts.
Attachment F

Mass Care/Shelter Plan

The Mass Care Function provides congregate shelter facilities and fixed and mobile food services to disaster victims and emergency workers in a disaster area. Mass care provides bulk distribution of supplies and commodities to people affected by the disaster. Mass care shelters will be operated in conjunction with the Minnesota Department of Health (MDH), local public health, and environmental services/environmental health at the state and local level.

1. Notification

The Public Health Emergency Response Team (PHERT) will notify the American Red Cross (ARC) and the Salvation Army of mass care needs in the event of a public health disaster. ARC and the Salvation Army will coordinate their efforts for mass care service delivery.

2. Lines of Authority

A Job Director will be appointed by an ARC Chapter to oversee the entire disaster relief operation. On some smaller operations, a Worker-in-Charge may be appointed to fill this position. The job director (or worker-in-charge) reports directly to the ARC Chapter, state lead or national disaster leadership, depending upon the level and type of disaster relief operation necessary. An ARC Government Liaison will be appointed to work at the Emergency Operation Center who will inform ARC and PHERT of respective activities.

3. Activation

a. ARC Job Director determines the appropriate mass care response, given the disaster situation, needs of disaster victims, and requests of emergency managers and other voluntary agencies such as the Salvation Army.

b. Mass Care Specialist/Technician will initiate the mass care response according to publication ARC 3041. Appropriate numbers of mass care workers will be recruited for the relief operation and will be requested through the job director. Two or three shifts of workers may be necessary for round-the-clock coverage.

c. The Salvation Army will assist in providing meals for the shelters and mobile feeding sites. ARC will notify the Salvation Army about locations of shelters and their needs.

d. ARC Mass Care Specialist/Technician will maintain close contact with the job director and the Salvation Army, keeping them apprized of the status of mass care affairs, working in concert to solve problems or answer questions that may occur regarding service delivery.

4. Financial Authority

a. There is no limit on the amount of money spent on providing direct disaster assistance to disaster victims provided that ARC guidance is strictly followed and an approved
price guide is utilized.

b. The operation job director is permitted to authorize the expenditure of $500 (total), to cover start-up costs of an operation, without receiving prior approval from ARC Unit leadership. Functional area supervisors and workers must have all expenses approved by the operation job director or by ARC Chapter leadership.

5. **Resources for Operating the Mass Care Function**

a. A listing of ARC Chapter mass care personnel available for assignment of disaster relief operations is contained in Annex B of the complete ARC disaster plan. If additional mass care personnel become necessary, the mass care specialist/technician will coordinate the request with the operation job director.

b. Initial supplies and necessary forms are pre-packaged in a mass care “go kit” which is located in the ARC Chapter Office supply area. The mass care specialist/technician in charge orders additional supplies and equipment through the job director. A general listing of necessary forms and equipment is included in Annex 19 of the chapter’s complete disaster plan.

c. Changes or problems with facilities selected to be used for the relief operation or additional requests for facilities should be coordinated by the mass care specialist/technician through the operation job director.

6. **Food and Beverages**

a. No food will be accepted that is not prepared in an approved facility.

b. Bottled water should be made available at the disaster site, shelters, and operation centers, as soon as possible.

7. **Provisions for Pets**

The ARC will be responsible for arranging accommodations for pets.
Attachment G

Removal and Care of Human Remains

Local health departments and emergency management should develop a Mortuary Annex to determine procedures at the local level for removal and care of human remains. Primary contacts at the local level are the county the medical examiner and local morticians. These individuals will be able to assist in developing these procedures in conjunction with the MDH, Division of Health Policy and Systems Compliance (HPSC), Section of Mortuary Science.

This Section has a Mortuary Science Team, which has 250 volunteer morticians available to respond to a mass casualty incident involving an unusually large number of deaths. The "Team" also includes mortuary supply companies’ document/information staff, linen services, casket companies, refrigeration services, etc. In addition, there is a large hangar at the Minneapolis/St. Paul Airport designated as an emergency morgue. This is available for disasters occurring within a 70-mile radius of the Twin Cities. This morgue is equipped with four autopsy stations and eight embalming stations. It is large enough to house more than 1,000 bodies awaiting transportation to their hometown funeral homes. Cremation services can be arranged when needed. Transportation from hospitals to the emergency morgue would be handled by 25 Twin City hearses, which are on immediate stand by. Local agencies outside the metro area may need to develop some of these resources locally. The National Guard could assist in transportation of remains. Also, local suppliers can produce up to 250 caskets per day. The Mortuary Science Section has developed a Mortuary Science Disaster Plan for Emergency Response. This Plan should help in developing the local Mortuary Annex. Contact Mortuary Science at 651-282-3829 to receive a copy. Calling the State Duty Officer at 1-800-422-0798 can activate the Mortuary Science Section Emergency Response Team.