Cass County Health, Human, and Veterans Services

All Hazards Response and Recovery Plan

Public Health
Prevent. Promote. Protect.
Cass County Public Health

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PART 1 BASE PLAN

I. PLAN PURPOSE

The Cass County Health, Human and Veterans Services All-Hazard Response and Recovery Plan (CCHHVSAHRRP) has organized the structure for activation and management of response activities for incidents having public health and/or medical implications including home care.

In Minnesota, responsibility for protecting and improving the public's health throughout the state is shared between the Minnesota Department of Health (MDH) and Local Public Health (LPH) agencies. This responsibility is amplified in times of crisis, such as health emergencies, disasters, or catastrophic incidents.

Per CMS (Centers for Medicare & Medicaid) Home Care agencies are required to establish and maintain an emergency preparedness plan. As an integrated agency this plan will serve as the plan for Cass County Home Care Services.

The CCHHVSAHRRP is intended to provider further clarification that fall underneath organizational structure of the Cass County Emergency Operations Plan as intended in the Public Health Annex.

The Plan includes:

- A quick start guide for local activation for the plan
- A county overview
- Roles and Responsibilities of state, regional, and local agencies and institutions in incidents, outbreaks, or disasters
- The decision-making processes to activate the Plan
- The notification process to populate Plan functions and activities
- The incident management structure
- The concept of operations

Organization of the Plan

The plan consists of five major parts:

1. The **Base Plan** is an overview of regional 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 public health and health care staff in emergency planning and operations.

2. **Functional Annexes** provide additional detailed information organized around the performance of broad tasks. Each annex focuses on one of the critical emergency functions that public health agencies and health care institutions will perform in response to an incident.

3. **Incident-Specific Annexes** are hazard specific information containing details applicable to the performance of a particular function in the face of a particular hazard.

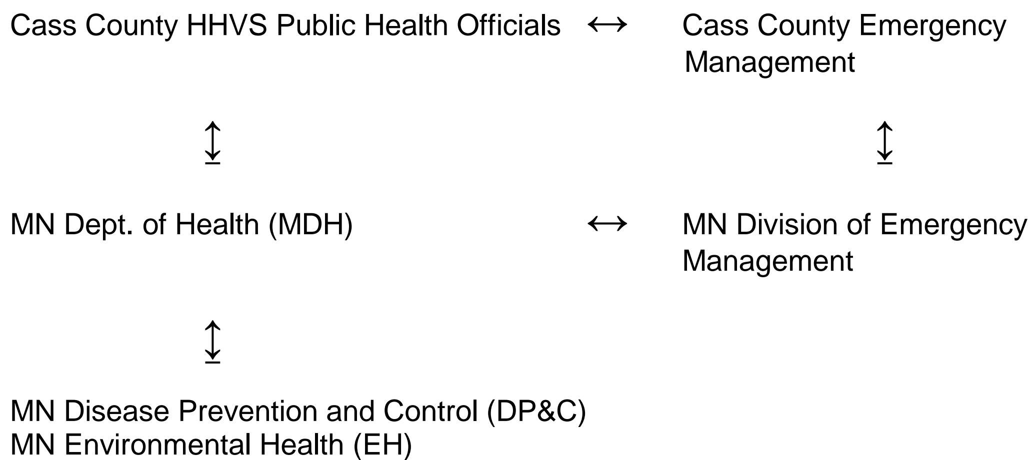
4. **Attachments** contain additional resource information.

II. LOCAL ACTIVATION QUICK START

A. Initial Notification of an Emergency

CCHHVS, Public Health and Cass County Emergency Manager (CCEM) will be the initial contact for the county when there is an emergency with potential public health implications. The CCHHVS Director makes the decision that there is a potential public health emergency after receiving information regarding trigger events (for example, increased ambulance runs, contact from CCEM, MDH, Medical Director, and/or Epidemiologists). CCHHVS and CCEM will be responsible for assuring the other team members are notified in order to initiate the first meeting of the Public Health Emergency Response Team (PHERT). Administration of the response is based on the National Incident Management System (NIMS). See line of command below:

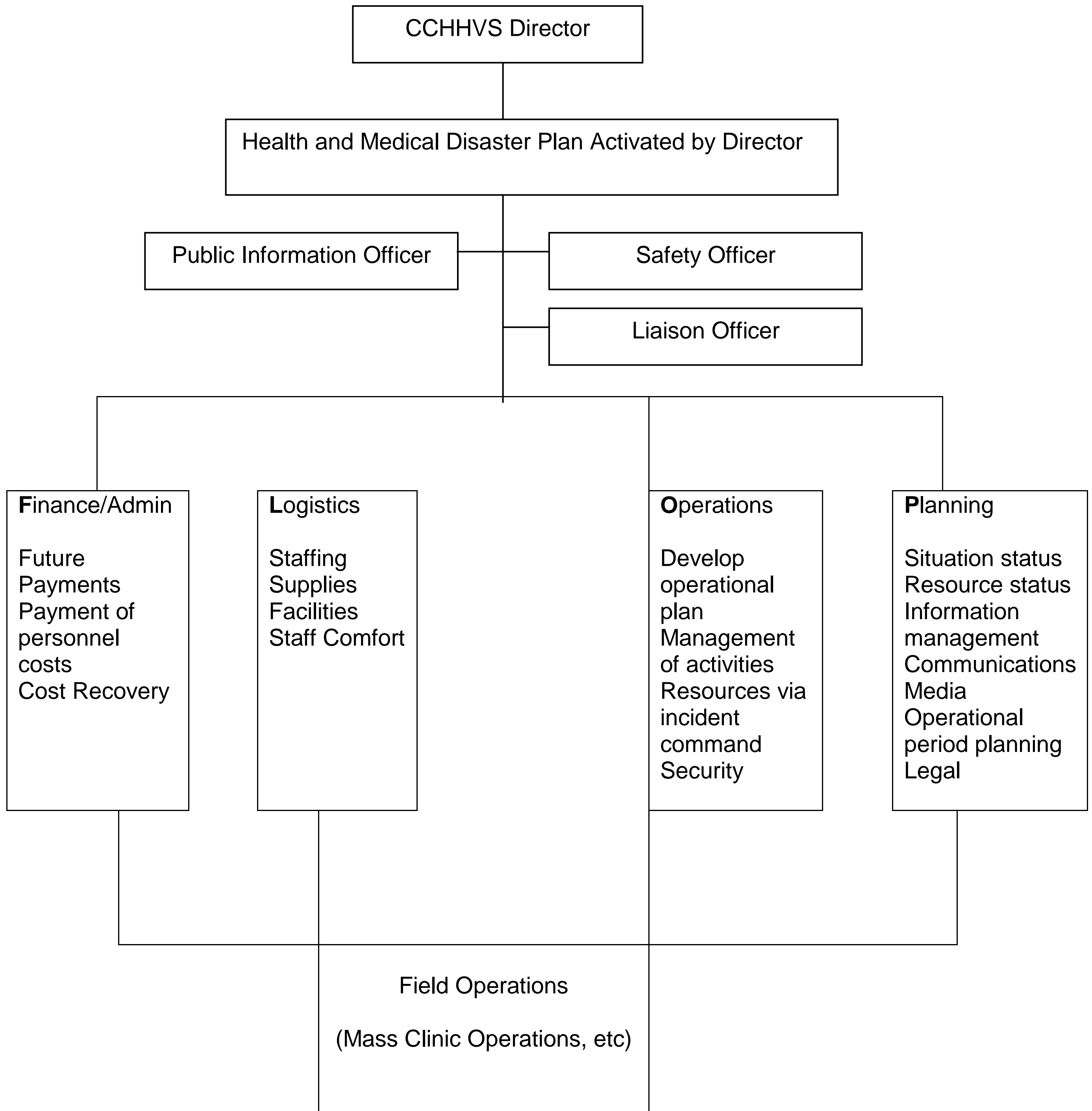
B. Emergency Operations Overview and Line of Command



PHERT will utilize the ICS INCIDENT ACTION PLAN (IAP) QUICK START FORMS in Attachment B for documentation of initial response.

C. Next Page

C. Public Health Emergency Management Organization Chart



D. Public Health Emergency Response Team and Responsibilities

The Public Health Emergency Response Team (PHERT) will have a role and responsibility in identification of the threat and is responsible for providing expertise regarding the response to the emergency.
The PHERT will also have the role and responsibility in identification of the threat and is responsible for providing expertise regarding the response to an emergency effecting Home Care Services.

All Local Public Health and home care staff will be receive base NIMS training (IC100.b) upon hire and further training as identified by specific roles and according to CDC guidelines for Public Health Preparedness Capabilities – Emergency Operations Coordination: Function 1, S1.

The PHERT is responsible for attending and participate in the Public Health Emergency Response Team meetings. Making decisions: 1) Activation of the Public Health Annex/Disaster Plans) Types and numbers of Field Operations (mass clinics, etc), 3) Incident Command Staff and positions identified, 4) Attend debriefing meeting after field operations are completed.

The following tables list suggested names and positions of the Public Health Emergency Response – Incident Command Staff "FLOP". **"FLOP" = F**inance, **L**ogistics, **O**perations, and **P**lanning. The primary assigned positions are listed along with back up positions as needed.

PHERT: Position Person/ Title	Responsibility
<u>Incident Commander</u> 1. HHVS Director 2. County Team Leader - PHEP 3. HHVS Deputy Director	• Command Staff • All command staff report directly to IC. • Manage Public Health Emergency Response Team meetings. • Responsible for the Incident Command. • Keeps County Board up-to-date. • Close communication with MDH. • Authorizes releases to media. • Ensure clear authority of PHER, priorities objectives and strategies, approval of Incident Action Plan, approves resources. • Orders demobilization, incident after action reports, and holds a debriefing meeting after incident is completed. • Establish back-up IC.
<u>Safety Officer</u> 1. PHN or designee 2. Support Services Supervisor 3.	• Command Staff • Deputy to IC • Overall safety issues for Cass County Staff • Form 2-15A
<u>Liaison Officer</u> 1. County Team Leader – Purple Team 2. County Team Leader - Red Team	• Command Staff • Deputy to IC • Outreach Coordination

3. PH Designee	• Communicates with health providers, primary and community clinics, Red Cross, National Guard, etc.
PHEPT: Position Person/ Title	Responsibility
<u>Public Information Officer</u> 1. PHN or designee 2. Designated Office Support Staff	• Command Staff • Deputy to IC • Determine how to handle media interviews and who will do the interviews. • Create and/or obtain prepared media materials with EOC. • Deal with media as needed: Distribute approved public information materials as requested, maintain communication with the EOC, MDH, etc. to obtain current information and media updates; write press releases as requested. • The Incident Commander and/or EOC should approve all information generated on site prior to release.
<u>**F**inance</u> 1. HHVS Deputy Director 2. Fiscal Supervisor 3. Fiscal Designee	• General Staff • Compensation issues • Budget issues • Supply payment/invoice issues • Complete forms required for fiscal reimbursement
<u>**L**ogistics Chief</u> 1. PHN or designee 2. PH Designee 3.	• General Staff • General Logistics • Facilities • Security Coordination • Staffing • Staff Comfort • Personnel Issues • Internal communication coordination • Supplies
<u>**O**perations Chief</u> 1. County Team Lead 2. PHN or Designee 3.	• General Staff • Develop operation plan for field operations (mass clinics) • Management of activities • Resources via IC • Epidemiology – Surveillance • Security
<u>**P**lanning Chief</u> 1. County Team Leader 2. PHN or Designee	• General Staff • Situation Status • Resource Status • Information Management • Media (assist PIO)

	• Ongoing planning for period of field operation (looking forward) • Legal
PHEPT: Position Person/ Title	Responsibility
HHVS Medical Consultant	• Provide Medical Consultation to IC • Standing Orders for Field Operations (mass clinics) • Close communication with MDH • Provide information to PIO and Planning for public messages.
Cass County Emergency Manager	• Provide assistance, consultation and direction in event of public health emergency in areas of emergency management.
MDH State Epidemiologist/ Delegate	• Provide assistance, consultation and direction in event of public health emergency in areas of epidemiology.
Public Communications Coordinator 1. Support Services Supervisor 2. Office Support Specialist 3.	• Assist PIO in communication efforts, technology, and resources as pertaining to communications. • HAN/Broadcast & fax
Communications Consultant 1. MIS Supervisor 2. MIS staff 3. MIS staff	• Provide communications consultation with assistance in technology and communications needs as identified by PIO.
Legal Consultant CC Attorney	• Provide legal consultation services to IC and PHERT as needed.
Other Members 1. CC Sheriff 2. CC Administrator 3. Chair of Cass County Board of Commissioner's- Rotating 4. Veterans Services Officer	• Provide assistance in areas of expertise and local county government.

E. Initiating Operations

CCHVS Director and CCEM Emergency Manager will initiate the public health disaster plan. The director will activate PHERT, and a meeting will be held to focus on the following items:

i. Characterization of the emergency (e.g. disease outbreak, biological/chemical/radiological or terrorist event), or natural disaster.
ii. Assessment of the number of persons (e.g. dead, injured, and exposed) and extent of area affected
iii. Identification of populations at risk
iv. Assessment of potentially vulnerable locations

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

vi. Determination of the assigned incident command system personnel (see Public Health Emergency Management Organizational Chart page 7-9

At this point the Public Health Response will be organized according to the established incident command system identified in NIMS. At this meeting, the responsibilities for the NIMS organizational functions of command, planning, operations, finance and logistics will be established.

F. Initial Emergency Operations Center Activation

If PHERT determines that it is necessary to implement the Public Health Annex, depending on the nature of the emergency, a local Emergency Operations Center (EOC) may be activated.

After activation of the EOC the incident commander and PHERT will assign roles and responsibilities as identified in NIMS. Other members may need to be included based on initial assessment of the disaster.

G. Ongoing Meetings of the Public Health Emergency Response Team

PHERT is responsible for the implementation of this disaster plan. They will address the issues listed below. Identification of other key persons to be involved in the ongoing planning, implementation and evaluation of the disaster will be the responsibility of PHERT.

1. Issues to Consider / Identification of other factors related to the crisis:
   a) Who will need information about the emergency before release of information to the public?
   b) What is the anticipated community response to information about the emergency?
   c) What resources will be needed to respond to the emergency?
   d) Identification of factors and person who will terminate the plan.
2. 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.

Government

- Other county/city departments/townships
- Law enforcement
- Other public health departments
- Transportation / Highway Department
- Minnesota Department of Transportation
- Minnesota Board of Nursing

Health Care

- Physicians/clinics
- Hospitals/emergency medical services
- Infection control practitioners
- Medical Association
- Clinical laboratories/environmental laboratories
- Other health professionals:
  - Mental Health specialist
  - Dentists
  - Chiropractors
  - Veterinarians

Home Care Services
- Long-term care facilities/group homes
- Private home care agencies

Educational
- Primary/secondary schools
- Post secondary schools
- Daycares/preschools

Non-profit Service
- Clergy
- Handicap service providers
- Industries/occupational health nurses
- Community organizations:
  - American Red Cross
  - Salvation Army
- Utilities

Other
- Pharmacies
- Media
  - Medical examiner/coroner's office
  - Commercial Business

III. SITUATION AND ASSUMPTIONS

A. COUNTY GEOGRAPHIC & DEMOGRAPHIC INFORMATION

County Characteristics: Cass County is a rural county, with no metropolitan areas. The county seat and largest city is Walker, with 934 residents. Land area is 2,018 square miles, with a total population of 28,895. Persons per square mile is 13.5 based on the 2010 US Census.

Boundaries
International: None
Other states: None
Other regions: Northwest and Northeast Regions
Other counties: Beltrami, Itasca, Aitkin, Crow Wing, Morrison, Todd, Wadena, Hubbard
Other: Leech Lake Reservation

Land uses
Recreation
Commercial/Residential Development
Wetlands
Agriculture

Size
2018 square miles land, 397 square miles water
Rank: 5 / 87

Government Jurisdictions

Government:

Cass County Commissioners: (2016)

District 1: Neal Gaalswyk
District 2: Robert Kangas
District 3: Jeff Peterson
District 4: Scot Bruns
District 5: Dick Downham

Townships: Ansel, Barclay, Becker, Beulah, Birch Lake, Blind Lake, Boy Lake, Boy River, Bull Moose, Bungo, Byron, Crooked Lake, Deerfield, Fairview, Gould, Hiram, Homebrook, Inguadona, Kego, Leech Lake, Lima, Loon Lake, Maple, May, McKinley, Meadowbrook, Moose Lake, Otter Tail Peninsula, Pike Bay, Pine Lake, Pine River, Ponto Lake, Poplar, Powers, Remer, Rogers, Salem, Shingobee, Slater, Smoky Hollow, Sylvan, Thunder Lake, Torrey, Trelipe, Turtle Lake, Wabedo, Walden, Wilkinson, Wilson, Woodrow.

Tribes: Leech Lake Chippewa Tribe

Cities in Cass County: (2016)
Backus, pop. 244
Bena, pop. 118
Boy River, pop. 47
Cass Lake, pop. 750

Cities in Cass County:
Chickamaw Beach, pop. 112
East Gull Lake, pop. 1008
Federal Dam, pop. 111
Hackensack, pop. 316
Lake Shore, pop. 1050
Longville, pop. 159
Pillager, pop. 470
Pine River, pop. 939
Remer, pop. 403
Walker, pop. 934

Population

Total residents 28,993 (2016 estimate)
Rank 37 / 87
Total households 12,206 (2016 estimate)

Special Populations: (2015 estimate)

- # and % over 65: 6181, 24.5%
- # and % under 5: 1681, 6%
- # and % non-institutionalized with disability: 4,493, 15.9%
- # and % Non-English speakers: limited
- # and % nursing home residents: 70, <1%
- # and % in adult foster care: 164, <1%
- # and % incarcerated: 25, <1%

B. REGIONAL AND COUNTY HAZARDS AND VULNERABILITIES

Based on location and hazards vulnerability assessments, the following situations might prove to be potential hazards:

- Pandemic Influenza
- Tornado/Straight line Winds
- Major power failure
- Thunderstorm, including Lightning and/or Hail
- Blizzard, including Ice Storm, Extreme Cold, Sleet, and/or Heavy Snow
- Heat Alert
- Flooding, Flash Flooding
- Drought
- Wild Fire
- Transportation Accident
- Hazmat Exposure
- CBRN (Chemical, Biological, Radiological, and Nuclear) Incidents
- School violence
- Dam Failure
- Groundwater Contamination and Depletion
- Terrorism, Civil Disorder, and other Human-Caused Hazards

Following are regional vulnerabilities that might prove to be response liabilities:

- Staff shortages
  - -lack of depth
  - -volunteer program status
- Travel problems (distances, one road situations, weather conditions)
- Training deficiencies
- Communications problems
- Equipment deficiencies
- Funding shortfalls
- Lack of community trust/understanding

C. COUNTY PUBLIC HEALTH, HOSPITAL, AND EMS (EMERGENCY RESPONSE SERVICES) RESOURCES

Local Public Health Staff

Agency	Nurses	Health Educa-tors	Environ-mental Health	HHA	Total
Cass County Health, Human, and Veterans Services including Home Care	12	0	0	4	16
Cass County Environmental Services			2		2
TOTALS	**12**	**0**	**2**	**4**	**18**

(see Annex A for Local Public Health contact information)

Regional Hospital Resources

Hospital	Normal Beds	Surge Beds	Doctors	Nurses	Other Staff
Cass Lake Indian Health Services	13				
(Works with the Central Region for Emergency Preparedness)					
TOTALS	**13**				

(see Attachments for contact information for Hospital resources)

Regional Primary Care Clinic Resources

Clinic Name	Community	Doctors	Nurses
Essentia Clinic - Walker	Walker	3 MD (rotating)	2
Sanford Clinic - Walker	Walker	1 MD 2 NP 1 PA	5
Sanford Clinic – Cass Lake	Cass Lake	1 MD 1 PA	3
Longville Lakes Clinic	Longville	1 MD 1 NP	4
Pine River Family Clinic	Pine River	2 MD 2 NP	6
Lakewood Health Clinic	Pillager	1 up to 5 rotating	7
Pillager Family Clinic - Essentia	Pillager	3 MD 1 NP	3
Remer Clinic - Essentia	Remer	1 MD	2
Hackensack Family Clinic - Essentia	Hackensack	1 NP	2
TOTALS		**13 MD** **9 PA/NP**	**31**

Regional EMS Resources

Cass County is served by 4 ambulance services and 8 First Responder Services located in 7 communities. See Attachments for contact information on Ambulance and First Responder services.

Other Regional Resources

The Central Region has a Behavioral Emergency Response Team consisting of 10 mental health professionals.

Volunteer Organizations

Cass County is also served by several volunteer organizations including

- American Red Cross: North Star Chapter, 401 Paul Bunyan Dr. SE, Bemidji, MN 56601
- Salvation Army: Brainerd Lakes, 208 S. 5th St., PO Box 385, Brainerd, MN 56401

- Faith In Action: Hackensack, MN, PO Box 512 201 State 371 South, Hackensack, MN 56482; 218-675-5435
- MN Responds- Medical Reserve Corps volunteers

D. ASSUMPTIONS & CONSIDERATIONS

MDH, Cass County, and regional response and recovery systems will operate using the National Incident Management System (NIMS).

Incidents will be managed at the lowest possible geographic, organizational, and jurisdictional level using the Incident Management System.

Incidents may:

- Require significant communications and information sharing across jurisdictions
- Require coordination across local, regional, state and national levels
- Require significant communications and information sharing between public and private sectors
- Require coordination between public health, hospitals (and clinics), emergency medical services, and emergency management
- Require resource coordination—from medications to supplies and equipment
- Require short-notice asset coordination and response timelines
- Require prolonged, sustained operations activities.

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.
- The standards of care for the public may be adjusted in a major incident or catastrophe, such as in an influenza pandemic.
- Cass County and it's regional partners will look to Minnesota Department of Health (MDH) and Centers of Disease Control and Prevention (CDC) for guidelines and prioritization on prophylaxis, treatment, and other operations considerations.
- Cass County and it's regional partners will operate under the assumption of "You're On Your Own" (YOYO) regarding federal and state assistance in a major catastrophe, such as an influenza pandemic
- Cass County and it's regional partners will operate under the assumption of "We're All In This Together" (WAITT) regarding cross-county and cross-tribal cooperation in a major catastrophe.

IV. CONCEPT OF OPERATIONS

The Cass County All-Hazards Response and Recovery Plan will be activated:

- When an emergency exceeds local agency or hospital capacities.
- When an emergency extends beyond two or more jurisdictions or institutions.
- When a national, state-wide, or region-wide emergency occurs, such as an influenza pandemic.
- When a regional partner needs assistance from other regional entities.

Regional agencies and institutions will be notified that the CCAHRRP is being implemented via:

- Health Alert Network (assisted by MDH OEP)

- Telephones and/or Faxes
- Internet – email
- Radios 800 mgHz

The regional and local response will organize according to NIMS. Depending on the emergency, advice from Homeland Security and Emergency Management, and regional considerations, the regional response will organize either as a Multi-Agency Coordination system (MAC) or as an Area Command (AC).

Response operations will be based on specific needs of the emergency and thus will be organized as described in Functional Annexes or Incident Specific Annexes.

V. DIRECTION AND CONTROL

County organization response and recovery structures, like national, state, and local structures, will be based on NIMS. Regional plans include coordination between local public health via county and/or tribal Emergency Operations Centers (EOCs) and the MDH Department Operations Center (DOC), which is also coordinating with the State Emergency Operations Center (SEOC). Regional activities will occur under one or both of two structures—Multi-Agency Coordination (MAC) and/or Area Command (AC). All five of these entities are briefly described below.

Local Emergency Operation Centers (EOC)

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

Cass County Health, Human, and Veterans Services (CCHHVS) will provide an adequate number of staff to the EOC; CCHHVS may also organize Department Operation Centers, or may direct field operations under the EOC umbrella. Local Clinics will organize under their parent health systems. Cass County will work to coordinate with our local clinics.

MDH will work in partnership with local emergency operation centers, with hospitals, and with local public health to address and support the health needs of the public. Plans to coordinate health-related responses are being developed locally, regionally, statewide and across health-related disciplines.

MDH Department Operations Center (DOC)

The DOC is activated for the efficient coordination of information and resources to support MDH response and recovery activities and the MDH Incident Management System.

The DOC will obtain information on the health needs of the affected area through one of the following channels:

- Local health departments,
- District Office Emergency Response Team member,
- MDH liaison in a local EOC or at an Incident Command Post,

- A regional multi-agency coordination center,
- The State Emergency Operations Center.

The DOC Incident Manager will establish an Incident Action Plan (IAP) and distribute the IAP to all MDH staff in the DOC and the MDH representatives assigned to the SEOC. The IAP will also be communicated to regional centers such as the MAC, the MDH District Office, and/or the Area Command.

State Emergency Operation Center (SEOC)

The SEOC serves as the coordination center for a statewide emergency response. Activation of the SEOC will be determined by Homeland Security and Emergency Management (HSEM) or can be requested by another state agency. The MDH Commissioner of Health will formally request that HSEM activate the SEOC if the coordination of multiple state agencies is required to respond to an incident with public health implications or to prevent or prepare for an impending incident.

All state agencies with emergency response authorities and responsibilities are required to provide a minimal level of staffing to ensure coordination among agencies. Among potential health staff needed at the SEOC are:

- Decision-maker
- Technical Specialist (Planning Section)
- Documentation specialist/scribe
- Public Information Officer

In a specifically health-related incident, MDH would need to also send a representative with decision-making authority to act in the capacity of the Incident Manager or Deputy Incident Manager.

The MDH representative at the SEOC will always stay in contact with the Incident Manager at the MDH DOC through briefings and phone calls. There will be coordination between the DOC and the MDH representative at the SEOC. Any SEOC planning developments, in addition to what already has been established in the MDH DOC Incident Action Plan, will be communicated immediately to the DOC Incident Manager to ensure consistency in response efforts by MDH and other state agencies

Multi-Agency Coordination (MAC) & District Offices

The purpose of multi-agency coordination is to facilitate health-related policy coordination among multiple entities from multiple jurisdictions for the rapid, safe and coordinated response to an emergency. A Multi-Agency Coordination system would be needed in events that affect multiple jurisdictions and require higher-level resource management or information management.

Multi-agency coordination will *not* supersede the municipal, county or state emergency operation plans or institutional plans, nor will it direct local agency efforts. Rather, this regional approach enhances the health-related response strategies to include assets from multiple municipal and institutional resources and facilities to coordinate a regional response. Multi-agency coordination provides regional coordination, which is consistent with NIMS and the Incident Command System concept of “manageable span of control.” Regional coordination is necessary to alleviate overburdening the state’s response to supporting local and tribal

governments that are in need. A MAC center augments the state's response and provides a span of control by gathering information from, and coordinating resources for, numerous counties affected with an emergency and in need of state-coordinated resources.
Possible responsibilities of a MAC include

- Coordination of Resources
  - equipment
  - transportation of medication and supplies
  - auxiliary staffing
  - off-site care
  - mass dispensing
- Coordination of Information
- Communications Facilitation

MDH District Offices are located in eight geographic regions around the state, including the metro area. These district offices function as field extensions of the MDH programs that are headquartered in St. Paul. Each District Office has an Emergency Operations Plan that calls for district staff to coordinate MDH response activities within the region the office resides. See Section XII for more information on the MDH MAC Plan.

Area Command
On a regional basis, an Area Command is an organization to:

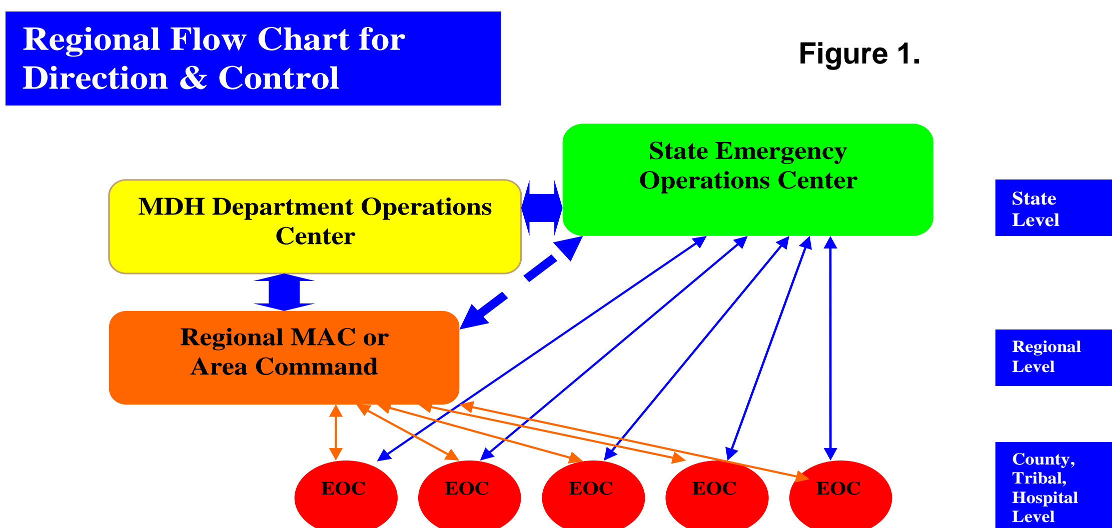
- Oversee the management of multiple incidents that are each being managed by an ICS organization
- Oversee the management of large incidents that cross jurisdictional boundaries.

Possible responsibilities of the Area Command include:

- Setting overall strategies and priorities
- Allocating critical resources according to the priorities
- Ensuring that incidents are properly managed
- Ensuring that objectives are met
- Ensuring that strategies are followed.

An Area Command is organized similarly to an ICS structure but, because operations are conducted on-scene, there is no Operations Section.

Figure 1. Schematic representation of Direction and Control for a region-wide situation.



VI. ACTIVATION AND NOTIFICATION

A. State Activation Levels

The MDH is using an Activation Level system to prioritize resources based on the scope and magnitude of an emergency. Activation Level 1 involves an expansion of a response beyond a single program area; it will involve two or more program areas and may trigger the initialization of the departments Incident Management protocols. Activation Level 2 describes the broad activation of resources for a department-wide response. Thus it can be seen that regional staff may be involved in a Level 1 situation; and would certainly be involved in a Level 2 situation.

Level 3 is described as "Extraordinary activation of department resources and/or requests for significant resources from outside of MDH." The SEOC would be operational, as would the regional MACs. Level 4 requires resources and support from neighboring states and/or federal resources.

These activation levels can progress sequentially in increasing intensity as the demands of an incident increase. However, initial activation may begin at any level. Also, as a situation progresses, if demands decrease, the activation level and attendant activities may be scaled back.

B. Regional Activation

With emergencies occurring on a regional basis, activation would be determined by team members who have been working on the MAC: staff from Homeland Security Emergency Management, MDH, the Emergency Medical Services Regulatory Board (EMSRB), and Regional Hospital Resource Center (RHRC) Coordinator(s) from the region-wide hospital coalition. The determination can be made at the request of any one of these entities; it can be made via teleconference or at an initial assembly with as many of the partners as possible.

If a regional response is decided upon, the following alerts will take place:

- Public Health Preparedness Consultant (PHPC) or equivalent will alert the Regional & Local Liaison Officer and all county, city, and tribal public health agencies.
- The designated Regional Hospital Resource Center (RHRC) Coordinator(s) will notify the MDH Medical Surge Director and all hospitals and medical clinics in the region
- The EMSRB field staff will notify the on-call EMSRB staff and the EMS Regional Program Director. EMS agencies in the region will also be notified.
- The HSEM Regional Program Coordinator (RPC) will notify the State Duty Officer and all EOCs that are open with the region.

C. County Activation

With an emergency occurring on a local or county basis, activation would be determined by the Cass County Health, Human and Veterans Services (CCHHVS) Director and the Cass County Emergency Manager. CCHVS Director and CCEM Emergency Manager will initiate the public health disaster plan. The director will activate the Public Health Emergency Response Team (PHERT), and a meeting will be held to focus on the following items:

a. Characterization of the emergency (e.g. disease outbreak, biological/chemical/radiological or terrorist event), or natural disaster.
b. Assessment of the number of persons (e.g. dead, injured, and exposed) and extent of area affected
c. Identification of populations at risk

d. Assessment of potentially vulnerable locations
e. Determination of the need to implement the county emergency operations plan
f. Determination of the assigned incident command system personnel

At this point the Public Health Response will be organized according to the established incident command system identified in NIMS. At this meeting, the responsibilities for the NIMS organizational functions of command, planning, operations, finance and logistics need to be established.

See Page 6-9 for assigned roles and IC structure.

VII. CONTINUITY OF OPERATIONS

Regional Continuity of Operations Plans (COOPs) have not been developed; the regional response would take on a level of complexity that would totally supersede any regular regional activities. Since these include team and subcommittee meetings, typically to deal with emerging issues or regional projects, it is to be assumed that most non-emergency related activities would be postponed until the emergency operation was concluded.

MDH District Office Disaster Plans, which are supplements to the MDH All-Hazards Response and Recovery Base Plan, will be used as guidelines for continuity of operations.

Cass County has developed a COOP plan. Depending on the scope and magnitude of the emergency, local Incident Command and section chiefs may need to develop a prioritization scheme to allocate and conserve both staff and financial resources, and thus divert normal activities into emergency response.

VIII. LEGAL AUTHORITY

The Cass County All-Hazards Response and Recovery Plan implements public health and health care responsibilities under these planning documents and under the statutes cited below including all Minnesota Statues and Rules on emergency Preparedness, Disease Outbreaks, and Volunteer Protections.

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

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

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

Centers for Medicare and Medicaid, Conditions of Participation 484.22 for Home Health Agencies set forth rules for Emergency Preparedness stating that The Home Health Agency (HHA) must comply with all applicable Federal, State, and local emergency preparedness requirements. The HHA must establish and maintain an emergency preparedness program that meets the requirements of this section. The Cass County Health, Human and Veterans Services All-Hazard Response and Recovery Plan including annexes meet or exceeds this rule.

County systems including Home Care described in this plan, its annexes and supplements reflect the National Incident Management system, which is mandated by: Homeland Security Presidential Directive (HSPD) – 5 requires federal departments, agencies and any State, tribal, and local organizations receiving federal preparedness money, to adopt the national Incident Management system (NIMS) as a condition for federal preparedness assistance in fiscal year 2005.

According to HSPD-5
"The National Incident Management System (NIMS) will provide a consistent nationwide approach for Federal, State, and local governments to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size or complexity. To provide for interoperability and compatibility among Federal, State, and local capabilities, the NIMS will include a core set of concepts, principles, terminology, and technologies covering the incident command system; multi-agency coordination systems; unified command; training; identification and management of resources (including systems for classifying types of resources); qualifications and certification; and the collections, tracking, and reporting of incident information.

IX. TRAINING AND EXERCISE OF PLAN

County and Regional training has been ongoing since the beginning of the Bioterrorism Programs in 2002. Particular aspects of county and regional work such as Mass Dispensing, Communications, Command and Control have given rise to national and state-administered training sessions. Video broadcasts, state-wide and regional workshops, and web-based training sessions have taken place on many aspects of plan components.

Exercising county and regional plans have increased every year. Regions have been encouraged to develop a comprehensive exercise program based on the following principles:

- Walk, run, crawl progressions—sequential in order of complexity over time
    - orientations or seminars
    - drills involving one or two functions
    - tabletop exercises
    - functional exercises
    - full-scale exercises
- Scope and Magnitude progressions

- one agency or institution exercises
- county, city, or tribal exercises
- regional exercises
- state-wide exercises.

Since exercises are designed to determine planning gaps or deficiencies, a comprehensive exercise program must also follow this design and implementation schedule:

- Exercise planning and design
- Exercise
- Exercise evaluation
- After Action Reports

In a comprehensive program, the next exercise builds on the previous one.

As of 2006, all exercises must be evaluated and reported using the Homeland Security Exercise Evaluation Program (HSEEP) format.

X. DEMOBILIZATION OF A PLAN

The incident manager, in consultation with other department officials will determine the need and the process for scaling back Plan activation and the process for demobilizing response efforts and returning the department to normal operations.
A demobilization plan will be created by the PHERT utilizing ICS Form 221, Demobilization Check-Out and will be used to aid in the process of demobilization. Those responsible for demobilization must:

- Provide an executable plan for transitioning back to efficient normal operational status from plan activation status.
- Coordinate and preplan options for department demobilization regardless of the level of disruption that originally prompted a response.

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

XI. PLAN ADMINISTRATION AND MAINTENANCE

The CCAHRRP will be reviewed on an annual basis. The plan will also be subject to modification following an exercise and/or a post-incident evaluation. An Improvement Plan will be created based on information received through after action reports.

Both functional annexes and hazard specific annexes and supplements will be modified based on federal and state guidelines reflecting changes in science-based recommendations, resources, and lessons learned from disasters in other parts of the state, nation, and world.

Record of Revisions

Section	Approved	Date of Revision	Revision Number
Cass County Health, Human and Veterans Services All Hazard Response and Recovery Plan	10/7/08 9/23/13	11/15/17	4
Annex A: Risk Communication Plan	11/15/05	10/6/16	5
Annex B: Isolation and Quarantine Plan	6/6/06	10/28/14	2
Annex C: Shelter Plan	11/24/14	11/24/14	1
Annex D: COOP Essential Functions/Personnel	10/3/06	5/13/16	2
Annex E: Pandemic Influenza Plan (DRAFT)		6/11/07	2
Annex F: Mass Dispensing Plan – in revision	11/15/05	3/27/07	3
Annex G: Disaster Behavioral Health (Central Region)	6/12/15		1
Annex H: Central Region HealthCare Preparedness Coalition By-Laws & MOU	11/24/14	10/25/17	2
Annex I: Vulnerable Populations	NA	9/15/15	

Attachment A

ACRONYMS- EMERGENCY PREPAREDNESS

AC	Area Command
ATSDR	Agency for Toxic Substances and Disease Registry
CCHVS	Cass County Health, Human, and Veterans Services
CCEM	Cass County Emergency Management
CCHHVSAHRRP	Cass County Health Human & Veterans Services All-Hazards Response and Recovery Plan
CDC	Centers for Disease Control and Prevention
CHS	Community Health Services (title of local health departments in Minnesota)
DEM	Division of Emergency Management at the Minnesota Department of Public Safety
DHS	Minnesota Department of Human Services
DHHS	US Department of Health and Human Services
DMORT	Disaster Mortuary Response Team
DRAT	Disaster Response Action Team
EH	Environmental Health Programs at State or Local Level
EMS	Emergency Medical Services
EMSRB	Emergency Medical Services Regulatory Board
EOC	Emergency Operations Center
EOP	Emergency Operation Plans
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
HAN	Health Alert Network
IC	Incident Command
DP&C	Division of Disease Prevention and Control at the Minnesota Department of Health
JPIC	Joint Public Information Center
MAC	Multi-Agency Coordination
MDA	Minnesota Department of Agriculture
MDH	Minnesota Department of Health
MDH-DOC	Minnesota Department of Health – Department Operations Center
MDH-PHL	Minnesota Department of Health Public Health Laboratory
MDO	Minnesota Duty Office
MDPS	Minnesota Department of Public Safety
MPCA	Minnesota Pollution Control Agency
NIMS	National Incident Management System
OEP	Office of Emergency Preparedness
OSHA	Occupational Safety and Hazard Administration
PHERT	Public Health Emergency Response Team
PHN	Public Health Nurse
PIO	Public Information Officer
SEOC	State Emergency Operations Center
USDA	United States Department of Agriculture

Attachment B

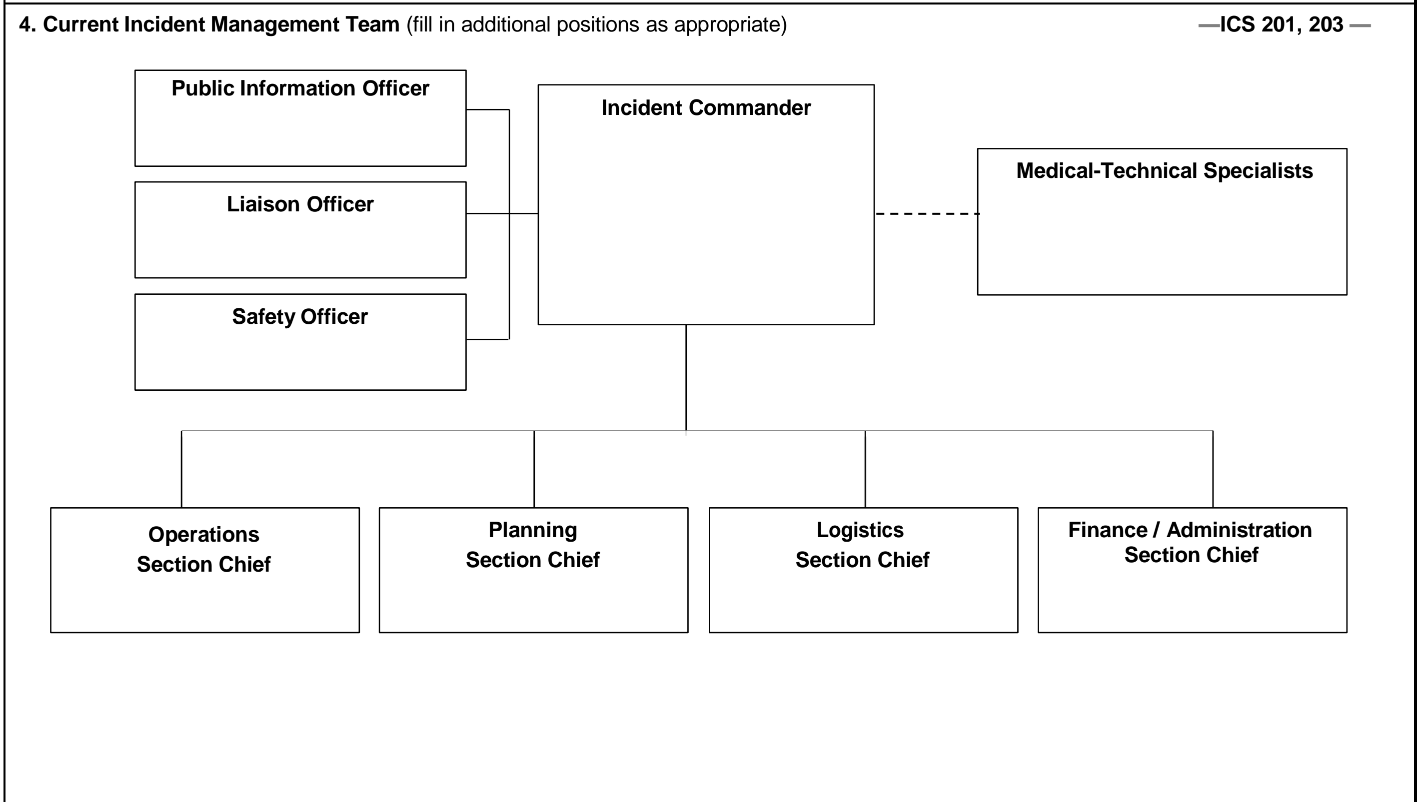
ICS INCIDENT ACTION PLAN (IAP) QUICK START

(COMBINED HICS 201—202—203—204—215A)

1. Incident Name	**2. Operational Period** (#) DATE: FROM: ________ TO: ________ TIME: FROM: ________ TO: ________

3. Situation Summary —ICS 201 —

4. Current Incident Management Team (fill in additional positions as appropriate) —ICS 201, 203 —



5. Health and Safety Briefing Identify potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. **—ICS 202, 215A —**

6. Incident Objectives **—ICS 202, 204 —**

6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO

7. Prepared by

PRINT NAME:______________________ SIGNATURE: ______________________

DATE/TIME:______________________ FACILITY: ______________________

PURPOSE: The Incident Action Plan (IAP) Quick Start is a short form combining ICS Forms 201, 202, 203, 204 and 215A. It can be used in place of the full forms to document initial actions taken or during a short incident. Incident management can expand to the full forms as needed.

ORIGINATION: Prepared by the Incident Commander or Planning Section Chief.

COPIES TO: Duplicated and distributed to Command and General staff positions activated. All completed original forms must be given to the Documentation Unit Leader.

NOTES: If additional pages are needed for any form page, use a blank ICS IAP Quick Start and replicate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period**	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	**Situation Summary**	Enter brief situation summary.
4	**Current Hospital Incident Management Team**	Enter the names of the individuals assigned to each position on the Public Health and/or Home Care Incident Management Team (IMT) chart. Modify the chart as necessary, and add any lines/spaces needed for Command staff assistants, agency representatives, and the organization of each of the General staff sections.
5	**Health and Safety Briefing**	Summary of health and safety issues and instructions.
6	**Incident Objectives**	
	6a. Objectives	Enter each objective separately. Adjust objectives for each operational period as needed.
	6b. Strategies / Tactics	For each objective, document the strategy/tactic to accomplish that objective.
	6c. Resources Required	For each strategy/tactic, document the resources required to accomplish that objective.
	6d. Assigned to	For each strategy/tactic, document the Branch or Unit assigned to that strategy/tactic.
7	**Prepared by**	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

ICS 2017