

PUBLIC HEALTH DISASTER RESPONSE GUIDELINES RICE COUNTY, MINNESOTA

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TABLE OF CONTENTS

- I. PREPAREDNESS: PURPOSE AND SCOPE**
 - A. Purpose
 - B. Scope
 - C. Objectives of the Plan

- II. EMERGENCY RESPONSE MANAGEMENT**
 - A. Organization/Administration of the Response
 - B. Communication
 - C. Disease Investigation
 - D. Prevention/Mitigation
 - E. Public Safety
 - F. Mass Care/Shelter
 - G. Clean-Up
 - H. Re-Entry
 - I. Food Commodities/Utilities
 - J. Public Health Emergency Response Evaluation

- III. RECOVERY**
 - A. Short-Term Recovery
 - B. Long-Term Recovery

- IV. ATTACHMENTS**
 - A. Acronyms
 - B. Health Alert Network

I. PREPAREDNESS: PURPOSE AND SCOPE

A. PURPOSE

Communities in Minnesota are subject to emergencies that can pose a significant risk to the health of the public. Examples include large disease outbreaks such as meningococcal meningitis; vaccine-preventable disease outbreaks, including pandemic influenza; and civil emergencies such as a bioterrorist attack, flooding, tornadoes, and other natural disasters. A public health emergency plan enables communities to continue to operate and to carry out functions to protect the health of the public, including but not limited to preventing the occurrence and transmission of disease.

This Annex to the Rice County Emergency Operations Plan describes the coordinated response of the Rice County Public Health Nursing Service and the local emergency management agency to a public health emergency. It provides a set of suggested guidelines for a response to a crisis in which there is a threat to the health of the public. The guidelines are adaptable to emergencies where Rice County Public Health is the lead agency in the response (such as disease outbreaks), where public health plays a supportive role to emergency management (such as floods or tornadoes), and situations involving a unified command structure.

B. SCOPE

When confronted with a small-scale public health emergency, local public health agencies, 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, however, 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, and federal agencies, as necessary. This Annex describes the relationships and responsibilities for conducting a coordinated public health emergency response effort. A Supplement to this plan, added in January 2007, describes the public health response to pandemic influenza in Rice County.

C. OBJECTIVES OF THE PLAN

1. To protect public health
2. To ensure that local public health and local emergency management organize a coordinated response effort based on the Minnesota National Incident Management System (MnNIMS)
3. To describe the issues and activities that need to be included in the preparedness and response plan
4. To delineate roles and responsibilities for other local, state, and federal agencies participating in the emergency response
5. To develop an emergency operation plan that is consistent with plans of other local jurisdictions

II. EMERGENCY RESPONSE MANAGEMENT

These public health disaster response guidelines identify potential members of the initial response team and the role of the team in identifying the actual threat. This team is also responsible for initiating this public health disaster plan.

A. ADMINISTRATION OF THE RESPONSE

1. Line of Command

The local public health officials and emergency management will be the initial contact for Rice County when there is a potential public health emergency situation. These two agencies will be responsible for assuring that the other response team members are notified and for initiating the first meeting.

2. A contact person and alternate(s) will be identified from each of the following agencies/ departments. These persons will make up the initial response team in a potential public health disaster:

- Rice County Public Health;
- Rice County Emergency Management;
- Rice County Sheriff's Department;
- the MDH, Disease Prevention and Control (DP&C) Division, Epidemiology Field Services Section, or Acute Disease Epidemiology Section
- Rice County Administrator/Rice County Board of Commissioners (also function as the Community Health Board)
- Others, depending upon the nature of the emergency

3. Meeting Initiation

Public health and emergency management will initiate a meeting involving the identified response team at the site of the Emergency Operations Center (EOC) or other agreed-upon location. This meeting focuses on addressing the following items:

- a. characterization of the public health emergency (e.g. outbreak, bioterrorism event);
- b. determination of the extent of the public affected;
- c. identification of populations at risk;
- d. identification of immediately available resources;
- e. assessment of potentially vulnerable locations; and
- f. determination of the need to initiate the public health disaster plan.

If this team determines the need to initiate the public health disaster plan, a Disaster Response Action Team (DRAT) will be activated. DRAT may include all the initial members of the original response team as well as the following, depending upon the situation:

- Other local officials, e.g. police, fire, city/township officials
- MDH representative(s); and
- Other team members who may need to be included, based on the initial assessment of the disaster, e.g. representatives from education, health, Red Cross, public utilities, mental health, environmental health, etc.

At this point, DRAT will be organized in a way that is based on the established incident command system as identified in MnNIMS. At this meeting the responsibilities for MnNIMS organization functions of command, planning, operations, finance, and logistics need to be established. A Public Information Officer needs to be appointed at this time, also.

4. Ongoing meetings of DRAT

DRAT is responsible for the initiation and implementation of this disaster plan. Along with the issues identified by the initial team, DRAT 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 DRAT.

a. Identification of other factors related to the crisis:

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

b. Identification of other parties to be involved (contact information should be part of the public health agency's local Health Alert Network (HAN):

- other county/city departments
- American Red Cross
- law enforcement
- Rice County CHS Medical Consultant
- physicians/clinics
- hospitals/emergency medical services
- infection control practitioners
- clinical laboratories/environmental laboratories
- primary/secondary schools
- post secondary schools (universities, colleges)
- pharmacies
- other public health departments
- other health professionals:
 - mental health specialist
 - crisis response team
 - dentists
 - chiropractors
 - veterinarians
 - home care services
 - disability service providers
 - industries/occupational health nurses
 - clergy
 - transportation
 - long-term care facilities/group homes
 - daycares/preschools
 - community organizations:
 - *Welcome Centers (Faribault and Northfield)
 - *Senior centers
 - *Northfield Community Action Center
- Office of the Rice County Coroner
- Media
- Minnesota Department of Transportation
- Minnesota Board of Nursing
- Minnesota Department of Public Safety Division of Homeland Security and Emergency Management
- Utilities
- Others as needed

- c. Development of a specific emergency response strategy, if indicated, that addresses each of the strategy components:
 - notification and communication
 - response management
 - investigation
 - prevention
 - public safety
 - mass care
 - mortuary
 - clean-up
 - utilities
 - re-entry
 - recovery
- d. Development of a plan for the joint coordination of possible supply needs
- e. Identification of ongoing plan for monitoring of the disaster

B. COMMUNICATION

DRAT 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., MDH representatives, county commissioners, county administrator, medical consultants). Identification of this response group is particularly important where the public health disaster can or has caused panic or severe emotional reactions. Communication to the persons affected must be accurate but also delivered in a timely manner.

1. Professional notification including information, guidelines, and recommendations
 - a. Action Plan Development
 - Develop a 24-hour, seven day a week, notification plan (24/7 plan) to establish a process to notify local officials of the emergency after hours, on weekends, and on holidays. This is coordinated with Rice County Emergency Management and the Rice County Sheriff's Department. The MDH will notify local health departments of public health emergencies through the statewide Health Alert Network (**See Attachment B**);
 - Develop message to professionals including:
 - description of health threat;
 - recommendations for actions;
 - public health contact information;
 - information about how updates will be communicated (i.e., informational hotlines, fax, Web);
 - instructions about how to communicate information relevant to this threat to the public health agency; and
 - links to Web-based resources, as appropriate, with alternate access for those without Web access

- Target communication:
 - Identify which professional groups within and outside the public health agency should receive the health alert message, in addition to the following:
 - * other public health staff not directly involved in responding to the threat; and
 - * the MDH Health Alert Network (HAN) 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 parties, 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. Outline Ongoing Briefings

Ongoing briefings and operational decisions for response activities will be determined according to how the emergency proceeds. Daily meetings will be held at the Emergency Operations Center (EOC), as determined by the DRAT. This assures a consistent response effort among responsible agencies. Additional information will be distributed through HAN.

2. Public Information and Media Communications

a. Action Plan Development

- identify extent of public health issue
- identify the message(s) that need to be developed and prioritize those messages
- Coordinate communication efforts with those communication plans already in place, e.g. Northfield and Faribault city plans, using already established avenues of communication whenever feasible
- target communications:
 - who needs to be notified
 - what communication media should be used;
 - * newspaper
 - * radio
 - * door to door
 - * broadcast faxing
 - * TV
 - * TDD
 - * News releases
 - * Community meetings
 - * Rice County website
 - How quickly does the message need to be delivered to those targeted populations?
 - What is the message?
 - Who will be delivering the message?
 - Are the messages effective and reaching the desired populations? Consider message in multiple languages (**See Public Information Annex and Communication Plan developed by Rice County Public Health**)

b. Identify Media Access Controls

Who will be media contact representative? Coordinate communications with MDH.

c. Outline Ongoing Briefings

Ongoing briefing assignments will be based upon how the disaster proceeds, but will occur at least daily at the EOC until otherwise determined by DRAT. This is to assure that messages to the public are consistent and coordinated. Briefings will include the DRAT members and other identified officials assisting with the development and implementation of the communication messages.

3. Informational Hotlines

DRAT will determine if informational hotlines need to be established. It may be necessary to establish separate hotlines for health care professionals, other responders, and for the general public. If staffing is an issue for hotline maintenance, coordinate with MDH. This can be achieved through use of a site with a toll free number outside the disaster/crisis area. The MDH and other local health department staff not involved in the emergency can operate this hotline. The Division of Homeland Security and Emergency Management (DHSEM) has a hotline set up in place in St. Paul and the MDH has one set up in the Minneapolis MDH Office. Either (or both) of these could be used depending on the situation, and need. 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 intervention and/or prevention programs. Primary responsibility for conducting the investigation of a public health disaster rests with MDH, local public health, and, in selected instances, local environmental health/services. In the case of a bioterrorism event, this investigation will be coordinated with the criminal justice system, including the FBI. 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. Core teams to coordinate the investigation and prevention plan will be identified by DRAT.

1. Assessment of the Emergency

a. Detection of Exposure

If a public health emergency requiring the initiation of a disease investigation occurs, MDH will take the lead in the coordination of the investigation unless Rice County Public Health has the capabilities and resources to coordinate the investigation. The MDH and Rice County Public Health will determine the need for active surveillance and collection of specimens.

b. Assessment of Potential Exposure

The MDH and Rice County Public Health will determine the protocols for active surveillance. If active surveillance is needed, Rice County Public Health 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. Rice County Public Health will coordinate active surveillance with local health care providers, including collection of samples and specimens for identification by the MDH Laboratory.

- c. If environmental contaminants are suspected, the MDH Division of DP&C and local public health agencies (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. Potential indoor problems related to lead, asbestos, carbon monoxide, formaldehyde, and radiation exposures will be evaluated and assessed. The MDH Environmental Health Division will be responsible for providing the protocols for continuing environmental monitoring, as needed. **(See Hazardous Materials Annex).**

2. Conducting the Investigation

a. Epidemiologic Investigations

The MDH Division of Disease Prevention and Control will have primary responsibility for coordinating the investigation efforts unless the local health department has the capability and resources to conduct the epidemiologic investigation.

- (1) Rice County Public Health will coordinate with MDH, area providers/clinics, hospitals and other affected agencies when conducting epidemiologic 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.
- (2) Rice County Public Health will have primary responsibility for coordination of investigation logistics within Rice County, including communications with emergency operations planning staff at the local level.

b. Environmental Health Investigations

(1) Food and Water

Rice County Public Health and the Environmental Health Unit of Rice County Planning and Zoning, to the extent possible, will work with the MDH Divisions of Disease Prevention and Control (DP&C) and Environmental Health (EH) to investigate food-and water-borne outbreaks. This includes an environmental evaluation of the food facility or water source suspected of causing the outbreak. For outbreaks occurring at 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.

(2) Private Well Management Program

As resources and staff expertise allow, the Environmental Health Unit of Rice County Planning and Zoning, and Rice County Emergency Management will work with the MDH Well Management Program and the public to mitigate threats to wells. Local officials will be key personnel to include in these interventions.

(3) Public Water Supply Program

If public water supplies are involved in a public health emergency, Rice County Public Health will coordinate efforts with state and local emergency management, local officials, public water system operators, and with MDH to ensure safe drinking water.

(4) Indoor Air Program

Rice County public health and environmental health will assist MDH and the Minnesota Pollution Control Agency (MPCA) to investigate illness related to indoor and outdoor air quality. This will be done in conjunction with Rice County Emergency Management.

(5) Radiation Program

Rice County Public Health will work with MDH and Rice County Emergency Management regarding detection and disposal of contaminated materials (**See Hazardous Materials Annex**).

D. PREVENTION/MITIGATION

The purpose of this section is to outline the process used to create 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 epidemiologic data will be used to outline the prevention plan. The teams responsible for identifying the investigation plan will also be responsible for outlining the prevention plan.

1. Prevent, Reduce, or Eliminate Exposure

Rice County Public Health will assign staff to work with Rice County Emergency Management, the MDH and other agencies as identified by the DRAT to implement prevention strategies to reduce or eliminate exposure to chemical or infectious agents. The MDH and local health department will have lead responsibilities for directing the development of the prevention plan. Once the prevention plan is identified, responsibilities will be as follows:

a. Food and Water

Rice County public health and environmental health will work with the MDH to ensure food and water safety. Rice County public health 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

Rice County public and environmental health, Rice County Emergency Management, and local public water operators will work with the MDH regarding operation of public water supplies.

c. Indoor Air, Lead, and Asbestos Mitigation

Local environmental health and local public health, in conjunction with MDH and MPCA, will be responsible for identifying plans for the mitigation of contaminated buildings. This will be done in conjunction with emergency management and perhaps the Occupational Safety and Health Administration (OSHA) and other regulatory agencies.

d. Public Health Clinics

Rice County Public Health and the MDH will establish necessary clinics and screening sites for immunizations, treatment, 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 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 (**See Evacuation and Traffic Control Annex**).

e. Spill and Hazardous Substance Exposure Plan

Rice County Public Health and Rice County Emergency Management, along with area Hazardous Materials (HAZMAT) Teams, will coordinate with MDH and MPCA for removal of contaminated materials. Local hospital emergency departments, emergency medical services (EMS), and fire/rescue decontamination procedures will be followed.

f. Food Contamination Recall Plan

Rice County Public Health 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

(See **Section G. CLEANUP** regarding removal of hazardous/biologic materials).

h. Evacuation Plans/Quarantine

Rice County Emergency Management will be responsible for the coordination of the evacuation procedures.

Rice County Public Health will work with the Minnesota Department of Health, in accordance with Minnesota Statutes Chapter 144, Chapter 12, and other applicable statutes, laws, rules, and ordinances, to implement isolation and/or quarantine orders. Rice County Public Health is responsible for providing essential services in the following areas for persons in isolation or quarantine in Rice County: food, clothing, shelter, means of communication with the outside community, medication, competent medical care, thermometers, infection control supplies, and means of transportation to medical care. Rice County Public Health has prepared written guidelines to assist in carrying out this responsibility.

i. Patient Health Care Services

Rice County Public Health and Rice County Emergency Management will work with local physicians, clinics, and hospitals in establishing alternate health care sites for system overflow or overload. Services may include, but are not limited to, medical emergency care, basic first aid, and mental health crisis response. Other resources may include such agencies as the American Red Cross and the Salvation Army.

2. Infrastructure Needs of Agencies Involved in the Response

Rice County Public Health will be responsible for coordinating a plan to ensure that an adequate public health work force is available to assist. If indicated, the Public Health Director will work with the Rice County Administrator to activate the Rice County reserve nurse unit and will also utilize the Minnesota Responds Medical Reserve Corps. If local resources are inadequate to respond to the emergency, local public health will work through the Minnesota Duty Officer in requesting public health staff, such as sanitarians and nursing personnel, to assist in staffing the crisis. DRAT will be responsible for designating a coordinator who will be responsible for assuring that other volunteer resources such as the American Red Cross are available. The Division of Homeland Security and Emergency Management (DHSEM) has a person responsible for coordinating volunteer agencies. The DRAT coordinator will need to work with the DHSEM staff person.

3. Safety of Individuals Participating in the Response

DRAT, with the assistance of local public health, local emergency management, local law enforcement, and MDH, will ensure responders have adequate training and equipment based on applicable protocols/guidelines. DRAT will be responsible for exploring potential mutual aid assistance based on Minnesota Statutes. This includes provision of immunizations and prophylaxis.

E. PUBLIC SAFETY

For issues related to evacuation, MDH will make recommendations on the necessity for evacuation when a biologic 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 locate that assistance.

Local officials or building owners may restrict entry to a building due to unsafe conditions.

1. Evacuation of Health Care Facilities

Evacuation of health care facilities (e.g., hospitals and long-term facilities) will be accomplished through the required plan of each facility. These plans 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. (Assistance for evacuation will generally be coordinated with local law enforcement).

2. Traffic Control and Security in Emergency Area

a. 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 and Traffic Control and Security Annex**). 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; and
- Provide any highway clearances and waivers required in order to expedite the transportation of high priority materials, equipment, or supplies for MDH and the evacuation of personnel during periods of declared emergencies.

Local law enforcement may be requested by DRAT 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.

b. Security

DRAT will 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;
- as needed, security during transport of biologics/medications and other supplies and equipment to and within Rice County;
- scene security at mass care site; and
- security for evacuated areas, public buildings, and other areas, as requested.

F. MASS CARE/SHELTER

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 MDH, local public health, local human services, and environmental services (**See Congregate Care Annex**).

G. CLEAN-UP

The purpose of this section is to provide a guide to abating a known contamination of a biological or chemical agent. DRAT will coordinate with the Minnesota Duty Officer at DHSEM, 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 Rice County Sheriff or designated law enforcement official will act as a liaison between public health and the criminal justice system officials conducting the investigations.

1. Limiting Site Accessibility

Rice County Emergency Management, environmental health, and Rice County Public Health will coordinate with law enforcement agencies to limit access to a site to prevent the spread of the contamination.

2. Site Assessment

Rice County Emergency Management, environmental health, and Rice County Public Health will consult with the HAZMAT Team to determine the best course of action to pursue containment and clean-up. (Refer to the **HAZMAT Annex** for site abatement information).

3. Contaminant Disposal

Rice County emergency management, environmental health, and public health will work with state and federal agencies for disposal of contaminants.

a. Removal and Care of Human Remains

Rice County Public Health 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 State DMORT Plan**)

b. Removal of Wastes

Rice County public health 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 Radiological Protection/Hazardous Materials Annex**).

c. Animal Waste Removal

Rice County public health, planning and zoning/environmental health, and emergency management 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

4. Site Monitoring and Assessment After Clean-Up

Rice County Public Health will assist local and state agencies with continued monitoring and assessment before allowing entry into the site.

H. RE-ENTRY

The DRAT should establish a re-entry team to outline responsibility for authorizing the re-entry into previous vacated areas or systems. DRAT will identify those individuals to be included on a Re-Entry Team that will coordinate the re-entry plan.

I. FOOD COMMODITY FACILITY/PUBLIC UTILITY

MDH EH, in conjunction with local officials and local Environmental Health, will be responsible for coordinating the safety of area food and water. DRAT will act in consultation to these entries. Other resources may be used to assure the safety of these resources such as MPCA and MDA.

1. MDH EH and other responsible agencies (local water treatment facilities) will establish which water supplies and food supplies have been affected by this disaster and are considered unsafe. Once a water or food supply has been listed as unsafe, the supply will no longer be considered useable until approved for use.
2. The MDH or other governing agency will be responsible for public notification of the contaminated utilities and the work plan for resolution of the problem.
3. Protocols for clean-up will be developed and provided to the food commodity facility or the public utility by the MDH Environmental Health Division. After a commodity facility/utility is determined to be safe, the public can be notified.

J. PUBLIC HEALTH EMERGENCY RESPONSE EVALUATION

This section outlines how the response to the public health disaster will be evaluated. It will be the responsibility of DRAT to organize and summarize the disaster evaluation process.

1. Although evaluation is ongoing during the crisis, once the emergency is over, the incident commander and DRAT Team will lead and prepare the final evaluation to review the situation and effectiveness of plan.
2. As many of the persons involved in the planning and implementation of the components may 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.

III. RECOVERY

DRAT will be responsible for coordination of the Recovery Plan. A Recovery Plan Team will 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

1. Community

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

- ✓ communication
- ✓ food supplies
- ✓ mental health
- ✓ disaster aid
- ✓ social services damage assessment and recovery
- ✓ state and federal disaster aid
- ✓ child care
- ✓ housing
- ✓ safety
- ✓ infrastructure
- ✓ transportation
- ✓ medical services
- ✓ schools
- ✓ decontamination mitigation

2. Agency

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

- ✓ communication
- ✓ personnel issues
- ✓ schools
- ✓ child care
- ✓ mental health
- ✓ infrastructure/governmental services
- ✓ staffing
- ✓ safety

B. Long-Term

1. Community

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

- ✓ communication
- ✓ medical services
- ✓ safety
- ✓ state and federal disaster aid
- ✓ child care
- ✓ mental health
- ✓ damage recovery
- ✓ training/staffing
- ✓ new job skills
- ✓ infrastructure

2. Agency

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

- ✓ communication
- ✓ personnel issues
- ✓ infrastructure
- ✓ safety
- ✓ mental health
- ✓ staffing
- ✓ resumption of programs

** This documented was adapted from the Stearns County, Benton County, and Sherburne County – Tri-County Public Health Disaster Plan and from materials provided by the Minnesota Department of Health. 01/01/04*

IV. ATTACHMENTS

ATTACHMENT A ACRONYMS

CDC	Centers for Disease Control and Prevention
CHS	Community Health Services (title of local health departments in Minnesota)
DHSEM	Division of Homeland Security and Emergency Management of the Minnesota Department of Public Safety
DP&C	Division of Disease Prevention and Control of the Minnesota Department of Health
DRAT	Disaster Response Action Team
DMORT	Disaster Mortuary Operations Rescue Team
EH	State or local Environmental Health Programs
EOC	Emergency Operations Center
EOP	Emergency Operation Plans
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
HAN	Health Alert Network
HAZMAT	Hazardous Materials
HHS	Health and Human Services
IC	Incident Commander
JPIC	Joint Public Information Center
MDA	Minnesota Department of Agriculture
MDH	Minnesota Department of Health
MDH-PHL	Minnesota Department of Health Public Health Laboratory
MDO	Minnesota Duty Officer
MDPS	Minnesota Department of Public Safety
MnNIMS	Minnesota National Incident Management System
MPCA	Minnesota Pollution Control Agency
OSHA	Occupational Safety and Health Administration
USDA	United States Department of Agriculture