

DRAFT

Otter Tail County Public Health Disasters

Annex _____

I. Purpose

To provide an overview of how the public health care needs of the Otter Tail County residents would be met in case of a major public health disaster.

II. Primary Responsibilities

A. Hospitals and Clinics

Local hospitals, clinics, and public health officials will notify the Minnesota Department of Health (MDH) when they observe a pattern of unusual symptoms and/or lab results consistent with the list of reportable communicable diseases, or a pattern of symptoms not explained by diagnosis. These symptoms may be a disease condition, or the result of chemical or biological weapon exposure.

B. First Response, First Aid

If notification of a public health event comes via 9-1-1, the nearest available first response/rescue department will provide immediate care and first aid to public health disaster victims. First aid/response may also be initiated by Otter Tail County Public Health officials or the Minnesota Department of Health (MDH). Communities with First Responder Squads include:

- Battle Lake
- Dalton
- Deer Creek
- Dent
- Elizabeth
- New York Mills
- Ottertail
- Underwood
- Vergas
- Vining

C. Ambulance Service

The following ambulance services will be used to transport public health disaster victims in the Otter Tail County area. Ambulances will be dispatched via the 9-1-1 emergency response system based upon the primary service area and the location of the disaster. Additional ambulance services may be used, depending on the size of the public health disaster.

- Ashby Ambulance
- Bertha Ambulance
- Henning Ambulance
- Parkers Prairie Ambulance
- Pelican Rapids Ambulance
- Perham Area EMS
- Ringdahl Ambulance
- Tri-County Ambulance

D. Hospitals

The following hospitals are used by jurisdictions in the Otter Tail County area:

- Douglas County Hospital-Alexandria
- Grant County Health Center-Elbow Lake
- Lake Region Health Care Corporation-Fergus Falls
- Perham Memorial Hospital & Homes-Perham
- St. Mary's Regional Health Center-Detroit Lakes
- Tri-County Hospital-Wadena

The following hospitals would be used if needed:

- Fargo area hospitals

If quarantine of large numbers of people is needed, gymnasiums, schools, armories, etc. may be used. (For more information, see the Congregate Care Annex of the Otter Tail County Plan.

E. Emergency Mortuary Operations

The purpose of emergency mortuary service is to identify the deceased and determine the cause of death. The County Medical Examiner (ME) or coroner will perform emergency mortuary operations. (See the Mortuary Annex of the Otter Tail County Plan.)

F. Decontamination

Otter Tail County Public Health officials will be responsible for decontamination of large numbers of people. This will be done in consultation with MDH and the National Guard.

III. Coordination

If a serious public health disaster resulting in multiple casualties occurs in the Otter Tail County area, overall management of the various health/medical organizations response to the public health disaster will take place at the Otter Tail County Emergency Operations Center (EOC).

All hospitals and ambulance services used by the Otter Tail County jurisdictions are equipped with radio communications equipment and can therefore communicate both among themselves and with the EOC. Otter Tail County EOC can communicate with the others via telephone and radio.

IV. Local Supporting Plans and Personnel

- A. All hospitals in the Otter Tail County area maintain a disaster plan.
- B. All hospitals in the Otter Tail County area maintain a chemical emergency plan.
- C. All hospitals and ambulance services in the Otter Tail County area have established procedures regarding transportation protocols.
- D. Otter Tail County area ambulance and first responder services have entered into mutual aid agreements.
- E. The Otter Tail County Resource Directory contains lists of pharmacies, sources of medical supplies, doctors, hospitals, ambulance services, and other health support services.
- F. Otter Tail County Public Health has an Outbreak Response plan.

V. State Supporting Level

- A. Support is available from the Minnesota Department of Health in responding to public health incidents.
- B. Support is available from Minnesota Duty Officer to report spill and environmental emergencies.

Otter Tail County Public Health Disasters Standard Operating Procedures

Annex_____

Emergency Response Management

The Public Health Disaster Standard Operating Procedures identifies who makes up the initial response team and what the role of the team is in identification of the action threat. This team is also responsible for initiating the Public Health Disaster Plan.

A. Initial Response

1. Initial Response Team

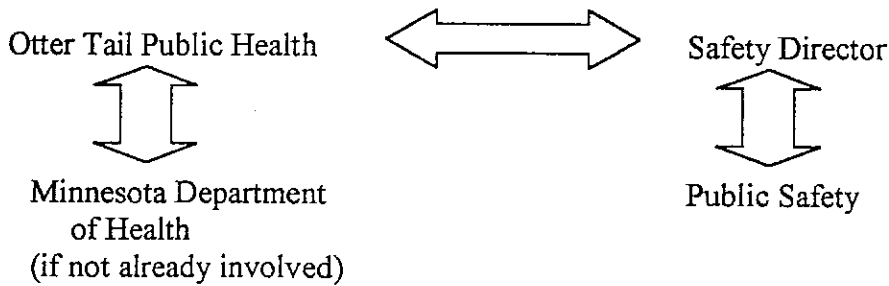
A contact person and an alternate will be identified from each of these agencies/departments. These persons will make up the initial response action team in a potential public health disaster:

- Otter Tail County Public Health Director
- Oter Tail County Safety/Emergency Services Director
- Otter Tail County Sheriff's Chief Deputy
- Mnnesota Department of Health-
 - Disease Prevention and Control-Field Epidemiology
 - Environmental Health Services-Field Staff

(See Attachment A)

2. Line of Command:

Public Health and the Safety/Emergency Services will be the initial contact for the county when there is a potential public health emergency situation. These two units will be responsible for assuring the other response team members are notified of the issue and initiating the first meeting. See the line of command below.



3. Initial Meeting:

Public Health and Safety/Emergency Services will initiate a meeting involving

the identified response team at the site of the Emergency Operations Center. This meeting would focus on addressing the following items:

- a. Public health emergency may include disease outbreak, bioterroristic event, or Pandemic Influenza.
- b. Determination of the extent of persons affected
- c. Identification of populations at risk
- d. Assessment of potentially vulnerable locations
- e. Determination of the need to initiate the Public Health Disaster Plan

If this team determines the need to initiate the Public Health Disaster Plan, the Disaster Response Action Team (DRAT) will be activated. The DRAT will include:

- all the initial members of the original response team
- County Coordinator & City Administrator/Clerk
- Chair of the Board of Commissioner's & Mayor of City where the disaster is occurring
- CHS Medical Consultant
- Minnesota Department of Health representative(s)
- and other team members who may need to be included in this core team based on the initial assessment of the disaster.

4. Ongoing meetings of DRAT:

This team is responsible for implementation of the public health disaster plan. Along with the previous issues identified by the initial team, the DRAT will need to address the issues listed below.

a. Identification of other factors related to the crisis

- who will need information before release of information to the public
- what is the anticipated community response to information
- what resources will be needed to respond to the emergency
- identification of factors and key persons who will terminate the plan

b. Identification of other parties to be involved

- other county/city departments
 - Solid Waste
 - Land & Resource
 - Highway
- law enforcement
- physicians/clinics
- hospitals/emergency services
- infection control practitioners
- primary/secondary schools
- post secondary schools (universities, colleges)

- pharmacies
- other public health departments
- mental health specialist
- other health professionals
 - dentists
 - chiropractors
 - veterinarians
 - home care services
 - handicap service providers
 - medical equipment/supply providers
- industries/occupational health nurses
- ministerial representatives
- area labs
- daycares/preschools
- community organizations
 - Red Cross
 - Salvation Army
- medical examiners/coroner's office
- media
- Department of Transportation
- Minnesota Board of Nursing
- Department of Military Affairs
- Utilities companies
 - Otter Tail Power
 - Lake Region Electric
 - Other

c. Develop a specific emergency response plan if indicated that addresses each of the plan components.:

- communication plan
- disease investigation plan
- prevention plan
- public safety plan
- mass care/shelter plan
- clean up plan
- food commodities/utilities plan
- re-entry plan
- evaluation plan
- recovery plan

d. Develop a plan for the joint coordination of possible supply needs

e. Identify ongoing plan for monitoring of the disaster

B. Communication

The DRAT needs to identify those key persons who not only will need to be included in the message development but also in the distribution of the message (e.g. Minnesota Department of Health representatives, county commissioners, county administrator/coordinator, medical consultants). Identification of this response group needs to be considered a priority, particularly in the instance where the public health disaster can or has caused panic or hysteria reactions. Communication to the persons affected needs to be accurate but delivered in a timely manner.

1. 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
- Target communications
 - 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?
- See the **Public Information Annex**

b. Identify media access controls.

- Who will be media contact representative?
- Will all communications be run through the Minnesota Department of Health?

c. Outline ongoing briefings

Assignments for ongoing briefings will be determined according to how the disaster proceeds but will occur at least daily at the Emergency Operations Center until otherwise determined by the 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.

C. Disease Investigation Plan for the Emergency

The purpose of this section is to identify the process that will be used to determine the cause and extent of the potential public health problem. This includes identifying the populations at risk so intervention and/or prevention programs can be put in place. Primary responsibility for conducting the investigation of a public health disaster will be that of the Minnesota Department of Health and Otter Tail County Public Health.

In the case of a bioterrorism event this investigation will need to be coordinated with the criminal justice system. 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 the DRAT.

1. Assessment of the Emergency

a. Detection of Exposure: If a public health emergency that will require the initiation of a disease investigation occurs, the Minnesota Department of Health will take the lead in the coordination of the investigation. Minnesota Department of Health and Otter Tail County Public Health will determine the need for active surveillance and collection of specimens.

b. If active surveillance is needed: Otter Tail County Public Health will facilitate notifying area physicians/clinics, hospitals, nursing homes or other agencies affected of the surveillance details including the need to report disease, collect samples and specimens for laboratory analysis to be evaluated by the appropriate state agencies.

c. Assessment of Potential Exposure: The Minnesota Department of Health and Otter Tail County Public Health will determine the protocols for active surveillance. Otter Tail County Public Health will implement and coordinate active surveillance with local health care providers, including collection of samples and specimens for identification by MDH laboratory.

d. If environmental contaminants are identified: Minnesota Department of Health and Otter Tail County Public Health will coordinate active surveillance and monitoring with the MDH Division of Environmental Health to identify environmental contaminants, including contamination of groundwater and drinking water supplies. Potential indoor air problems related to lead, asbestos, carbon monoxide, mold, formaldehyde, and radiation exposures will be evaluated and assessed. The Minnesota Department of Health will be responsible for providing the protocols for active surveillance.

2. Conducting the Investigation

a. Epidemiologic Investigations: Minnesota Department of Health Division of Disease Prevention and Control will have primary responsibility for coordinating the investigation efforts.

i. Otter Tail County Public Health will coordinate with the Minnesota Department of Health, area providers/clinics, hospitals and other affected agencies when conducting epidemiologic investigations to determine the source and spread, populations at risk and

develop a prevention plan. This may include providing staff, phone banks, cell phones

ii. Otter Tail County Public Health will have primary responsibility for coordination of logistics of the investigation, including communications with emergency operations planning staff at the local level.

b. Environmental Health:

i. Licensed Food, Beverage, and Lodging Program:

Minnesota Department of Health Environmental Services will have primary responsibility to conduct inspections and provide recommendations to prevent transmission of disease in restaurants, campgrounds, mobile home parks, swimming pools, camps, mass feeding sites, and other mass gatherings. The Food, Beverage and Lodging program at the Minnesota Department of Health will assure samples collected for laboratory analysis are sent to the designated laboratory.

ii. Private Well Management Program:

Otter Tail County Public Health and Emergency Management at the local level will work with the Minnesota Department of Health Well Management Program and the public to mitigate threats to wells. Local officials will be key personnel to include in these interventions.

iii. Indoor Air, Lead and Asbestos Mitigation:

Otter Tail County Departments of Public Health and Solid Waste in conjunction with the Minnesota Department of Health and the Minnesota Pollution Control Agency will be responsible for identifying plans for the mitigation of contaminated buildings. This will be done in conjunction with local emergency management.

iv. Public Water Supply Program:

If public water supplies are involved in a public health emergency, Otter Tail County Public Health will coordinate efforts with emergency management, city and town officials, public water system operators, and with the Minnesota Department of Health to ensure safe drinking water.

v. Radiation Program:

Otter Tail County Public Health will work with the Minnesota Department of Health and local emergency management regarding cleanup and disposal of contaminated materials. See the Radiological Protection Annex

D. Prevention Plan

The purpose of this section is to outline the process that will be 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 to Chemical or Infectious Agents

Otter Tail County Public Health will assign staff to work with local emergency management, the Minnesota Department of Health and other agencies as identified by the DRAT to implement prevention strategies to reduce or eliminate exposure to chemical or infectious agents. The Minnesota Department of Health 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, Beverage and Lodging

Minnesota Department of Health will be responsible to ensure food safety at licensed and regulated facilities. This may include regular inspections and education. Efforts will be coordinated with the appropriate agencies responsible for the grocery stores and meat packing plants such as Minnesota Department of Agriculture and the United States Department of Agriculture.

b. Safe Drinking Water

Otter Tail County Public Health, local emergency management, and local public water operators will work with MDH regarding operation of public water supplies

2. Provision of Health Services

Otter Tail County Public Health and the Minnesota Department of Health will establish necessary clinics and screening sites for treatment and prophylaxis. The planning of these clinics will be done in coordination with other area medical providers, law enforcement and other community resources. Alternate health care sites will be established as necessary. This is coordinated with private health care providers, the Minnesota Department of Health, the Centers for Disease Control and other agencies as needed. Coordination of scene security and traffic control will be the responsibility of local law enforcement. (See **Health and Medical Annex**)

3. Spill and Hazardous Substance Exposure Plan

Otter Tail County Public Health and local emergency management, along with area 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.

4. Food Contamination Recall Plan

Otter Tail County Public Health will coordinate with MDH, USDA, and Food and Drug Administration for recalls.

5. Removal of Biologic, Chemical, Radioactive, Other Hazardous Materials and Human Remains from buildings (Including Health Care Facilities) and the Environment.

In the event of a criminal investigation, the removal of these materials would 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 investigation.

a. Removal and Disposal of Human Remains

Otter Tail County Public Health will coordinate with MDH and emergency operations on the removal and disposal of human remains. In instances where infectious agents have been involved, protocols for removal/disposal may need to be developed. Lead responsibility for these protocols would be the Minnesota Department of Health or the Centers for Disease Control. (See **Mortuary Annex**)

b. Removal of Wastes and Hazardous Waste

Otter Tail County Public Health and emergency management will coordinate the removal and disposal of hazardous wastes at the local level. This will be done in conjunction with the area Hazmat teams according to their clean-up and removal procedure. (See **Radiological Protection Annex**)

c. Removal of Biologic Waste

Otter Tail County Public Health will work with emergency management and the Minnesota Department of Health regarding removal of biologic waste. In instances where city sewage/treatment is involved, city officials and public water system operators will be included in the discussions.

d. Animal waste removal:

Otter Tail County Solid Waste Department will take responsibility for assuring animal waste is removed safely. This will be done using the Minnesota Department of Health, Otter Tail County Public Health and the Minnesota Board of Animal Health as resources. (See **Animal Control Annex**)

6. Evacuation Plans/Quarantine

Local emergency management will be responsible for the coordination of the evacuation procedures. Otter Tail County Public Health and the Minnesota Department of Health will advise related to infectious disease, infection control procedures, and quarantine based on the development of the prevention plan.

7. Patient Health Care Services

Local emergency management along with, local physicians and clinics, hospitals, the American Red Cross and Salvation Army will assist in establishing alternate health care sites for system overflow or overload. Services may include but not be limited to items such as basic first aid, mental health issues, and medical emergent needs.

8. Infrastructure Needs of Agencies Involved in the Response

Otter Tail County Public Health will be responsible for coordinating a plan to ensure an adequate public health work force is available to assist. Public Health will work with the Minnesota Department of Health-Community Health Services Division in requesting volunteers, sanitarians, and nursing personnel to assist in staffing the crisis. The DRAT will be responsible for

designating a coordinator who would be responsible for assuring other volunteer resources are available such as RSVP and other volunteer organizations. (See **Volunteer Resource Management Annex**)

9. Safety of Individuals Participating in the Response

The DRAT, with the assistance of Otter Tail County Public Health and local emergency management, local law enforcement and the Minnesota Department of Health will ensure local staff have adequate safety training and equipment based on protocols developed from the Minnesota Department of Health or the Centers for Disease Control. The DRAT would be responsible for exploring potential mutual aid assistance based on Minnesota Statute.

E. PUBLIC SAFETY

Evacuation by the Minnesota Department of Health will take place upon the direction of local officials. If local jurisdictions need additional assistance or resource in order to carry out an evacuation, the Minnesota Duty Office (MDO) may be contacted to locate that assistance.

The Disaster Response Action Team (DRAT) will serve in an advisory capacity to the local government and state agencies regarding the health and safety of the evacuated public and emergency responders. (i.e., if the evacuation was driven by a communicable disease, Disease Prevention and Control will serve in this capacity; likewise, for an indoor air contaminant, the Site Assessment and Consultation and/or Indoor Air Units will serve in an advisory capacity).

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

The Emergency Medical Services Regulatory Board (EMSRB) will coordinate the evacuation of health/medical facilities located in the area to be evacuated.

Transportation of the mobility impaired out of the area to be evacuated is a local government responsibility (for specific arrangements, see city and county emergency plans. (See **Transportation Annex**).

1. Traffic Control in Emergency Area

The DRAT will provide advice regarding the health care exposure of emergency workers at traffic control points. Local Law Enforcement will coordinate traffic control efforts in their jurisdictions, based on plans outlined in the County/City Emergency Operations Plan. (See **Annex Evacuation and Traffic Control**). The State Patrol will coordinate the state and local governments' traffic control efforts in all evacuations involving the use of interstate and intrastate highways in Minnesota. In the affected area, the State Patrol, in conjunction with local law enforcement, will:

- provide control access to evacuated areas for the 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 the MDH and the evacuation of personnel during periods of declared emergencies.

2. Controlling Access to the Disaster Site

The County Sheriff or his/her designee may be requested by the DRAT team to acquire county or city law enforcement personnel, highway department personnel, and vehicles (with radios) to support the following functions in order to expedite efforts towards recovery:

- Assisting in the establishment of roadway check points;
- Assisting with road blocks to cordon off a community, community neighborhoods, or individual buildings affected by a public health emergency.

3. Security

The DRAT will work in coordination with law enforcement officials with regard to the perimeter of the scene to lower the risk of the potential hazard. Depending on the nature and the scope of the hazard, the County Sheriff may request the governor to activate the National Guard and/or the assistance of the Minnesota State Patrol.

The State Patrol will:

- provide security as needed and as requested, for the MDH and other state facilities; and
- provide an escort for emergency response (including vaccination supplies and biologic) equipment dispatched to the emergency site, when requested by the Minnesota State Patrol and/or other state, local and federal agencies.

Local Law Enforcement will:

- provide scene security at vaccine distribution clinics, family assistance centers, and vaccine storage facilities; and
- provide scene security at mass care sites.

4. 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 the American Red Cross and Salvation Army.

a. Notification

The DRAT will notify the Red Cross and Salvation Army of mass care needs in the event of a public health disaster. The Red Cross and the Salvation Army will coordinate their efforts for mass care service delivery.

b. Lines of Authority:

A Job Director will be appointed by the Red Cross 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 Red Cross Chapter, state leader, or national disaster leadership, depending upon the level and type of disaster relief operation necessary. A Red Cross Government Liaison will be appointed to work at the Emergency Operation Center who will inform the Red Cross and the Government of respective activities.

c. Activation:

i. Red Cross Job Director and Red Cross Mass Care Specialist/Technician 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.

ii. 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.

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

iv. A Red Cross Mass Care Specialist/Technician will maintain close contact with the Job Director and the Salvation Army, keeping them apprised of the status of Mass Care affairs, working in concert to solve problems or answer questions that might occur regarding service delivery.

d. Financial Authority

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

ii. 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 Red Cross Unit leadership. Functional area supervisors and workers must have all expenses approved by the operation Job Director or by Red Cross Chapter Leadership.

e. Resources for operating the mass care function:

i. A listing of Red Cross Chapter mass care personnel available for assignment to disaster relief operations is contained in Annex B of the complete Red Cross disaster plan. If additional mass care personnel become necessary, the Mass Care Specialist/Technician will coordinate the request with the operation Job Director.

ii. Initial supplies and necessary forms are pre-packaged in a mass care "go kit" which is located in the Red Cross 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.

iii. 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.

f. Food & Beverages:

- i. No food will be accepted that is not prepared in an approved facility
- ii. Bottled water should be made available at the disaster site, shelters, and operations centers as soon as possible.
- iii. Provisions for Pets: (The American Red Cross will be responsible for arranging pets.)

5. Clean-up

The purpose of this section is to provide a guide to abate a known contamination of a biological or chemical agent. DRAT will coordinate with the Local Fire Department 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 would 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.

a. Limiting Site Accessibility –Minnesota Department of Health will coordinate with law enforcement agencies to limit access to a site to prevent the spread of the contamination.

b. Site Assessment – Minesota Department of Health will consult with the local fire department's chemical assessment team to determine the best course of action to initiate containment and cleanup. Local fire departments will contact and coordinate with commercial abatement contractors for site clean-up.

c. Contaminant and Disposal - Otter Tail County Public Health will assist the local fire department's chemical assessment team and abatement contractor with planning for:

i. **Removal and Disposal of Human Remains:** Minnesota Department of Health and emergency operations will coordinate the removal and disposal of human remains. In instances where infectious agents have been involved, protocols for removal/disposal may need to be developed. Lead responsibility for these protocols would be the Minnesota Department of Health or the Centers for Disease Control. **(See Mortuary Annex)**

ii. **Removal of Wastes and Hazardous Wastes:** Otter Tail County Solid Waste and emergency management will coordinate the removal and disposal of hazardous wastes at the local level.

This will be done in conjunction with the area Hazmat teams according to their clean-up and removal procedures. (See **Radiological Protection Annex**)

iii. **Removal of Biologic Waste:** Otter Tail County Public Health will work with emergency management and the Minnesota Department of Health regarding removal of biologic waste. In instances where city sewage/treatment is involved, city officials and public water system operators will be included in the discussions.

iv. **Animal waste removal:** Otter Tail County Solid Waste will take responsibility for assuring animal waste is removed safely. This will be done using the Minnesota Department of Health, Otter Tail County Public Health and the Minnesota Board of Animal Health as resources. (See **Animal Control Annex**)

d. **Site Monitoring and Assessment After Cleanup –** Otter Tail County Public Health will assist the local fire department's chemical assessment team with continued monitoring and assessment before allowing re-entry into the site.

E. Re-entry

The purpose of this section is to outline responsibilities for authorizing the re-entry into previously vacated areas or systems. The DRAT will identify those key individuals who will coordinate the re-entry plan.

1. The Minnesota Department of Health will be responsible for coordinating the re-establishment of services that have been interrupted because of contamination related to a public health disaster. Otter Tail County Public Health will be assisting in the development of the re-entry plans. Protocols will be followed or developed as issues arise. The development of new protocols will be the responsibility of the re-entry team and the Minnesota Department of Health.

VII. Food Commodities/Utilities

Minnesota Department of Health and local city/town officials will be responsible for coordinating the safety of area food and water. The DRAT will act in consultation to these two entities. Other resources may be used to assure the safety of these resources such as the Minnesota Pollution Control Agency and the Department of Agriculture.

A. Minnesota Department of Health and other responsible agencies (city 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.

B. The Minnesota Department of Health or other governing agency (USDA) will be responsible for public notification of the contaminated utilities and the work plan for resolution of the problem.

C. Minnesota Department of Health will be responsible for directing the inspection, clean-up and reinstatement of those previously unsafe utilities.

D. Protocols for clean-up will be developed and provided to the facility by Minnesota Department of Health. Once a commodity/utility is safe, the Minnesota Department of Health or other governing agency will be responsible for notifying the public.

VIII. Public Health Emergency Response Evaluation

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

A Once immediate phase of emergency is over, but before internal recovery phase is initiated, the Incident Commander and the DRAT. Team will lead and prepare the final evaluation to review the situation and effectiveness of plan.

B. As many of the persons involved in the planning and implementation of the components will participate in the evaluation process. The evaluation will include:

- review of each of the components of the response plan.
- identified needs or gaps
- implications for recover
- recommended plan changes (if needed)
- development of long-term prevention plans
- provide written summary of activities and evaluation to Local Board of Health, community agencies, Directors, and the public.

IX. Recovery Plan

The 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.

1. Short-term:

a. Community: How will these community based services be reintroduced, reactivated or normalized within the next 6-12 months?

- communication
- child care
- transportation
- food supplies
- housing
- medical services
- social services

- safety
- damage assessments and recovery
- decontamination mitigation
- state and Federal disaster aid

b. Agency: How will these agency activities be reintroduced, reactivated or normalized within the next 6-12 month ?

- communication
- child care
- staffing
- personnel issues
- mental health
- resumption of programs
- safety

2. Long-term

a. Community: How will these community based services be reintroduced, reactivated, or normalized within the next 1-5 years?

- communication
- child care
- training/staffing
- medical services
- mental health
- new job skills
- safety
- damage recovery
- State and Federal disaster aid

b. Agency: How will these agency activities be reintroduced, reactivated or normalized within the next 1-5 years.

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

Disaster Plan Worksheet-Attachment A

Initial Response Team

Position	Name	Office	Home	Pager/Cell/email
Public Health Director	Diane Thorson	218-739-2528	218-583-2458	800-804-1532 dthorson@co.ottertail.mn.us
Safety Emergency Response Director	Tiny Holm	218-739-2271		
Sheriff's Chief Deputy	Mark Morris	218-736-5421		Mmorris@co.ottertail.mn.us
MDH- Field Epidemiology	Joe Mariotti	218-739-7585	218-736-7606	
MDH- Field Environmental Health	Glenn Donnay	218-739-7585	218-739-2936	Glenn.donnay@health.state.mn.us

Initial Meeting

Date:

Persons attending the meeting:

Issue to be addressed:	Response
Type of public health emergency: a. disease outbreak b. bioterroristic event c. Pandemic Influenza d. other	
Extent of persons affected	
Populations At Risk	
Potentially Vulnerable Locations	
Determination to initiate Public Health Disaster Plan.	

Disaster Response Action Team (DRAT)

Position	Name	Office	Home	Pager/Cell/email
Public Health Director	Diane Thorson	218-739-2528	218-583-2458	800-804-1532 dthorson@co.ottertail.mn.us
Safety Emergency Response Director		218-739-2271		
Sheriff's Chief Deputy	Mark Morris	218-736-5421		Mmorris@co.ottertail.mn.us
MDH- Field Epidemiology	Joe Mariotti	218-739-7585	218-736-7606	
MDH- Field Environmental Health	Glenn Donnay	218-739-7585	218-739-2936	Glenn.donnay@health.state.mn.us
County Coordinator	Larry Krohn	218-739-2271	218-739-5485	Lkrohn@co.ottertail.mn.us
County Attorney	David Hauser	218-739-2271	218-739-	Dhauser@co.ottertail.mn.us
CHS Medical Consultant	Dr. David Sanderson Jr. M.D.	218-739-2221	218-736-2616	
City Administrator/ City Clerk				
County Board Chairperson	Roger Froemming		218-338-9283	

Disaster Response Action Team (DRAT) Ongoing Meetings

Date:

Persons present:

Identification of other factors related to the crisis:

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

Identification of other parties to be involved

Position/Agency	Person	Phone Number
Other county/city departments <ul style="list-style-type: none"> ➤ Solid Waste Department ➤ Land & Resource Department ➤ County Highway Engineer ➤ City Water ➤ Fire Department ➤ 		
Law Enforcement <ul style="list-style-type: none"> ➤ City police ➤ County sheriff's dept ➤ State patrol ➤ National Guard ➤ 		
Physicians/Clinics		
Hospital/Emergency Services		
Infection Control Practitioners		
Elementary/High Schools		
Fergus Falls Community College		
Pharmacies		
Other Public Health Departs.		
Mental Health Specialists		
Other Health Professionals <ul style="list-style-type: none"> ➤ Dentists ➤ Chiropractors ➤ Veterinarians ➤ Home care services ➤ Handicapped service providers ➤ Medical Equipment/Supply 		

Position/Agency	Person	Phone Number
Industrial/Occupational Health Nurses		
Ministerial		
Area Laboratories		
Day Cares/Preschools		
Community Based Organizations ➤ American Red Cross ➤ Salvation Army		
Medical Examiner/Coroner		
Media		
Department of Transportation		
Minnesota Board of Nursing		
Department of Military Affairs		
Utility Companies ➤ Otter Tail Power ➤ Lake Region Electric ➤ Other ➤		

OTTER TAIL COUNTY DISEASE OUTBREAK RESPONSE PLAN

I. Purpose:

To respond to a community outbreak situation in a rapidly effective and organized manner.

II. General Information:

An epidemic is defined as an excess over the expected occurrence of disease or illness within a geographic area (hospital, city, county etc.) However, one case of an unusual disease may constitute an epidemic. An epidemic could cause a crisis situation within the community. It is, therefore, important that a community plan be initiated before a crisis develops. Outbreak: synonymous with epidemic but does not evoke the same fear response as the term "epidemic". Therefore, the term OUTBREAK will be used in a community situation.

III. Objectives:

- Prevent further illness/death
- Prevent disruption within the community
- Bring together and define the roles of agencies and supporters
- Establish and maintain an optimum relationship among the response team by communicating in an accurate, honest, consistent and timely manner.
- Provide education to the healthcare providers and the community
- Provide accurate, timely and planned responses to the media
- Assure the safety and well being of the healthcare workers during the outbreak situation

IV. Public Health Responsibilities:

1. Information regarding an outbreak will be given to the Otter Tail County Public Health Director, Assistant Director and Coordinator of Disease Prevention and Control, and CHS Medical Consultant.
2. Minnesota Department of Health District Epidemiologist or state Epidemiologist will be notified by the Director of Public Health. This may have already been done.
3. The appropriate hospital Infection Control Coordinator will be notified by the Coordinator of Disease Prevention and Control
4. The Outbreak Response Team will be notified by Associate Director under the direction of the Minnesota Department of Health.
5. Otter Tail County Physicians and clinic personnel will be notified by the Associate Director under the direction of the Minnesota Department of Health.

IV. Organizational Involvement

A. Required

Minnesota Department of Health Epidemiologist – Dr. Harry Hull
After hours and weekends 612-623-5414.

Minnesota Department of Health Epidemiologist – Joe Mariotti
8:00 a.m. – 4:30 p.m. M-F 218-739-7585

Otter Tail County Public Health – Diane Thorson, Public Health Director
8:00 a.m. – 5:00 p.m. M-F 218-739-7117

Otter Tail County Public Health – Phyllis Knutson, Public Health DP&C Coordinator
8:00 a.m. – 5:00 p.m. M-F 218-739-7103

Otter Tail County Public Health – Sue Ewy, Public Health Associate Director
8:00 a.m. – 5:00 p.m. M-F 218-739-7111

Physician and Hospital Personnel from the community involved

- #### B. Other Organizations with possible involvement under the direction of Minnesota Department of Health, in conjunction with Otter Tail County Public Health and local health care providers:

Otter Tail County Commissioners

City Administrator/Mayor

Superintendents of schools

Otter Tail County Safety Control Office

Otter Tail County Sheriff

Fergus Falls Safety Office
Nursing Homes
Fergus Falls Regional Treatment Center and hospital and clinics with the county
Media
Pharmacies
Psychologists and/or Mental Health Specialists

V. Outbreak Response Team Members:

1. **Minnesota Department of Health**
State Epidemiologist
District Epidemiologist
2. **Otter Tail County Public Health**
CHS Consultant
Director
Associate Director
Coordinator of Disease Prevention and Control
Administrative Assistant
3. **Local Health Care Facility**
Infection Control Physician
Infection Control Coordinator
CEO
CFO
Microbiology
Director of Nurses

VI. Planning Meeting Agenda :

Public Health Administrative Assistant will take minutes and distribute within 1 hour of every outbreak response team meeting to prevent misinterpretation of the decisions.

Public Health Director will chair the meeting.

1. Determination of extent of human contact.
2. Identification of persons affected and potentially affected
3. Identification of other factors related to the outbreak including environmental.
4. Creation of education and media messages to be delivered to the public. Materials will at all times be prepared in consultation with the Minnesota Department of Health.
5. Identification of other parties to be involved or notified.
6. Tracking of employment, supplies, etc. to get money back from Federal Government
7. Final determination and agreement on the roles of each required team member.

Minnesota Department of Health

- ◆ Technical assistance in handling outbreak

Otter Tail County Public Health Department

- ◆ Facilitate communications to those potentially affected
- ◆ Provide communication linkages to resources within the community
- ◆ Assure initiation of local and regional media calls to provide credible contact (Director or Minnesota Department of Health may be named spokesperson)
- ◆ Make preparations for mass immunizations when appropriate including possible locations, staffing, standing orders and supplies. (DP&C Coordinator & Staff Nurse)
- ◆ Assure establishment of a telephone hotline (Associate Director)
- ◆ Assist in conducting individual interviews as part of the contact investigation when appropriate (Staff Nurse)
- ◆ Coordinate staffing for hotline, clinics, outbreak investigation (Associate Director)
- ◆ Obtain supplies for mass clinics (Fiscal Manager)

Hospitals and Clinics

- ◆ May provide staffing for hotline.
- ◆ Assist in conducting individual interviews as part of the contact investigation, when appropriate
- ◆ Assist in providing nursing and other staff supplies

Media

- ◆ Refer to IV C

Other Organizations

- ◆ Community leaders and other city and county officials and their roles to be outlined as necessary. (law enforcement, buses, port-a-potty, schools, nursing homes, motels, Red Cross, Salvation Army)
- ◆ Declare a disaster on county level to be able to use building and truck etc.
- ◆ Only the County Sheriff can ask to use the National Guard Armory.
- ◆ Red Cross gets contracts from schools to use their buildings.

VII. Major Components of the Otter Tail County Outbreak Response Plan

A. Surveillance

1. Support routine surveillance for reportable diseases per the Common Activities Framework
2. Assist in identifying sentinel sites and laboratories for surveillance.
3. Assure that all health care providers are aware of recommendations for detecting reportable diseases.
4. Arrange for staffing for further contact investigations to determine the extent of the outbreak.

B. Educate community effectively

1. Open forums at workplaces, schools, etc.
2. Memos, newsletters, phone calls, media, etc.
3. Consider age groups, target audiences, levels of communication

C. Hotlines set up at Otter Tail County Public Health Office

1. Must keep hotline staff up to date with most current information
2. Must keep hotline staff in direct line with Outbreak Response Team
3. Administrative Assistant arranges for set up and an incoming 800 line.
4. Comfortable setting, food, toilet facilities, etc. for hotline staff

D. Media

1. Designate one spokesperson or filter person- Minnesota Department of Health.
2. Which Media?

<u>Name</u>	<u>Telephone</u>
KBRF	218-736-7596
KJJK	218-736-7596
Lake Region Television	218-739-1027
KVRL Television	
Star Tribune	
Fargo Forum	
The Fergus Falls Daily Journal	218-736-7511

3. Setup Media Room... Where?
Contact City Hall in affected community to set up a media room.
4. The media must be responsible for publishing correct information. The crisis cannot get out of hand and the public needs to know the facts as they really are.
5. Assign the DC&C Coordinator to critique all media publications and correct inaccuracies as soon as possible.
6. Regular, frequent news updates (at least daily) to the public. This keeps fears down.
7. Daily briefings with key officials at the site.
8. Confidentiality – patients right are imperative. This includes the health team answers to the media.

E. Funding

1. Many agencies in the community may donate time, money and supplies.
2. Minnesota Department of Health may help with government funding.
3. Salaries, serum, etc.
4. Log all expenses

F. Immunization sites

1. Standing orders
2. Locations and clinic flow
3. Materials, serum, etc.
4. Staffing of nurses, registration personnel, etc.

G. Evaluation

1. Minnesota Department of Health Epidemiologist continuously monitors the effectiveness of the Response Plan, makes revisions as necessary and conducts a final debriefing session.
2. Documents results of debriefing and distributes to Outbreak Response Team Members (PH Administrative Assistant).
3. Recognize all volunteer efforts, donors, supplies, money, etc. (PH Administrative Assistant).
4. Revise Outbreak Response Plan accordingly.