

All-Hazards Response and Recovery Plan

MEDICAL COUNTERMEASURE (MCM) ANNEX

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MDH All-Hazards Response and Recovery Plan Annex

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I. Introduction

A. Purpose

In the event of a terrorist attack or a major natural disaster, supplies of critical medical items in the state will be rapidly depleted. Terrorism scenarios include attacks using explosive or dirty bombs and biological agents, such as anthrax, plague, and tularemia. Natural disasters may include events resulting in mass casualties such as tornadoes, floods or pandemic influenza epidemics.

To augment critical medical supplies in the event of such a public health emergency, the Assistant Secretary for Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services (HHS) maintains the Strategic National Stockpile (SNS). The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. Depending on the need, options include a generic 12-hour push package (a pre-determined set of assets staged in various cache sites around the country, which can be delivered within 12 hours of a request) and managed inventory (other assets that ASPR either maintains or contracts with vendors for service). In a public health emergency in which a disease is the major threat, the medicines and medical supplies that are used to prevent, mitigate, or treat the adverse health effects are referred to as medical countermeasures (MCM).

Once requested by the Minnesota Department of Health (MDH), SNS assets are sent to MDH's warehouse, called a Receive, Stage, Store (RSS) site. MDH is responsible for distributing MCM assets to affected community health boards and tribal health departments (CHBs/THDs), which dispense them to the affected population via points of dispensing (PODs). MDH and CHBs/THDs may choose to activate closed PODs (CPODs), which are dispensing locations operated by individual organizations for their employees and their families and/or clients/members they serve. MDH also coordinates with Health Care Coalitions (HCCs) to deliver any treatment supplies directly to health care facilities. Speed and efficiency are critical components of MCM operations. This plan establishes a framework for the state to request SNS assets from HHS and efficiently and securely receive, manage, and distribute them to CHBs/THDs.

B. Authorities and References

The Base Plan portion of the MDH All-Hazards Response and Recovery Plan (AHRRP) establishes the organizational framework for the activation and management of department activities in response to incidents or events having public health, or health care implications, or that threaten the continuation of the department's services. The AHRRP Annexes operate within the framework of the AHRRP Base Plan, and assign specific areas of responsibility during a response.

C. Scope

This plan covers all stages of distribution operations for an MCM response:

- **Requesting Assets:** Appendix B covers the specific procedures required to request the SNS.
- **Receiving and Storing Assets:** The first shipment from the SNS will take 10 hours to arrive at the RSS. The number of shipments needed will depend on the size and scope of the incident. Detailed processes for receiving assets can be found in the RSS Field Operations Guide (FOG). Additional procedures specific to inventory management can be found in the MCM Distribution FOG.
- **Transporting Assets:** MDH will use available information to determine the initial allotment of SNS assets among PODs. MDH is responsible for coordinating with transportation partners, including UPS and/or supporting state agencies, and CHBs/THDs to ensure quick delivery. See the MCM Distribution FOG for additional details.
- **Long Term Operations:** If additional rounds of medication dispensing are required (for example, in an anthrax scenario, 10-day regimens of antibiotics would be dispensed first, followed by 50-day regimens of antibiotics and multiple doses of vaccine), these shipments would begin arriving immediately after the first round is received. See the MCM Distribution FOG for additional details.
- **Demobilization:** Certain assets may need to be returned to the federal government at the conclusion of an MCM response. See the MCM Distribution FOG for additional details.

Though it is part of the federal SNS program, this plan does not cover the use of CHEMPACK for accidental or purposeful releases of nerve agents. For information on a CHEMPACK response, see the MDH CHEMPACK Annex.

This plan addresses the request and distribution of treatment supplies, but it does not cover all aspects of treating a large population following a major epidemic or bioterrorist attack. More details on treatment response are available in the [Metro Region Anthrax Medical Treatment Concept of Operations](#)

(Q:\EPR\EPR_PHEP_Programs\Medical_Countermeasures\Disease_Protocols\Anthrax\Anthrax_Treatment_2018) and the Health Care Surge Annex.

MCM dispensing operations are not included in this annex because CHBs/THDs have primary responsibility. The MCM Distribution FOG contains information on how MDH provides guidance and support for CHB/THD dispensing operations and how MDH supports a limited number of state-level CPODs. The MDH Closed POD Plan addresses how MDH dispenses medication to all staff working in the Freeman and Golden Rule buildings.

II. Direction, Coordination, and Support

A. Lead Division, Section, Unit or Office

- Center for Emergency Preparedness and Response

B. Internal Support Division(s), Section(s), Unit(s) or Office(s)

- Infectious Disease Epidemiology, Prevention & Control Division (IDEPC)
- Public Health Laboratory (PHL)
- Communications Office

C. External Support

▪ [REDACTED]

▪ [REDACTED]

▪ [REDACTED]

▪ [REDACTED]

- Minnesota Department of Natural Resources (DNR)/Minnesota Incident Command System (MNICS)*
- United Parcel Service (UPS)
- Department of Public Safety (DPS) Minnesota State Patrol* and Homeland Security and Emergency Management (HSEM)
- Minnesota Department of Transportation (MNDOT)*
- Minnesota Department of Military Affairs (MNDMA)*
- Minnesota Department of Corrections*
- Minnesota Department of Administration
- Minnesota IT Services (MNIT)
- U.S. Marshals Service (USMS)
- U.S. Centers for Disease Control and Prevention (CDC)
- U.S. Assistant Secretary for Preparedness and Response (ASPR)
- U.S. Food and Drug Administration (FDA)
- Community Health Boards and Tribal Health Departments (CHBs/THDs)

* Indicates an agency with an MCM-related responsibility designated in the Minnesota Emergency Operations Plan (MEOP).

A list of duties and responsibilities of each partner agency listed above is located in Appendix F.

Appendices

- A. Key Activities - General
- B. Notification Procedures for Activation
- C. Job Action Sheets
- D. Standard Operating Guidelines
- E. Additional Resources: Policies / Web Resources / Guidance Documents
- F. Roles and Responsibilities of Partnering Agencies
- G. Considerations for a Pandemic Event

Appendix A: Key Activities - General

When executing the functions, activities or services covered by this Annex, it is recommended that this Appendix be printed and used as a checklist of the response, recovery / post-incident actions that will either be needed or are not applicable to the incident at hand.

Response / Incident Actions

| Needed | N/A | General Response / Incident Actions |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Confirm the occurrence of a triggering event (see Appendix B). If triggered by BioWatch, activate BioWatch plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | Determine activation level (see MDH All-Hazards Response and Recovery Plan), MCM needs, and whether to activate the primary or back-up RSS sites. |
| <input type="checkbox"/> | <input type="checkbox"/> | Request that the Governor or designee formally request medication, medical materiel, and/or subject matter expert (SME) staff support from ASPR as needed (see Appendix B). |
| <input type="checkbox"/> | <input type="checkbox"/> | Request that the Governor declare an emergency. Consult with the Governor regarding a request for a federal emergency declaration (see Appendix B). |
| <input type="checkbox"/> | <input type="checkbox"/> | Activate MNTrac rooms to facilitate coordination with CHBs/THDs and health care partners. An Adobe Connect room created through HSIN could be used as a back-up system if needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with affected CHBs/THDs to provide situational updates and collect a list of POD sites they will be opening via SharePoint. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with HCCs to identify needed medications and supplies for treatment and request them from the SNS. Coordinate the implementation of a treatment plan, if applicable. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with border states as needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate public communications through a Joint Information Center (JIC). |
| <input type="checkbox"/> | <input type="checkbox"/> | Determine initial allocation of assets among POD sites and notify CHBs/THDs. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ensure that MDH Medical Director or other designated MDH-employed MD has signed the appropriate medical protocol and disseminate all relevant guidance to CHBs/THDs and CPOD partners. |

| Needed | N/A | General Response / Incident Actions |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with MNICS, UPS, and ██████████ for RSS and transportation activation. |
| <input type="checkbox"/> | <input type="checkbox"/> | If needed, notify state-level CPOD partners and/or activate MDH Closed POD Plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | Prepare, staff, and maintain security of a Receipt, Staging, and Storage site (RSS). |
| <input type="checkbox"/> | <input type="checkbox"/> | Check with RSS site to see if they have enough pallets on hand to meet shipping needs. If not, order more. |
| <input type="checkbox"/> | <input type="checkbox"/> | If needed, order appropriate storage and handling supplies for vaccine. |
| <input type="checkbox"/> | <input type="checkbox"/> | Receive medication/medical materiel at the RSS warehouse. Ensure MDH staff is present to sign for delivery. |
| <input type="checkbox"/> | <input type="checkbox"/> | Store controlled and/or non-controlled substances in designated areas of the warehouse, in refrigerator/freezer storage if needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Monitor temperature of any substances stored in refrigerators or freezers. |
| <input type="checkbox"/> | <input type="checkbox"/> | Repackage inventory into shipments for local distribution. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with local public health, transportation, and security partners to ship inventory to distribution nodes and/or PODs; and/or to stage inventory for pickup by local jurisdictions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with state-level CPODs as needed for the direct delivery of their assets. Coordinate with health care facilities for the direct delivery of medication and supplies for treatment. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with CHBs/THDs to populate MDH's POD Locator website with POD locations as they open. |
| <input type="checkbox"/> | <input type="checkbox"/> | Maintain up-to-date tracking of inventory entering and exiting RSS. |
| <input type="checkbox"/> | <input type="checkbox"/> | Respond to requests for resupply and coordinate the redistribution of assets among PODs as needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Support CHBs/THDs in the implementation of MDH mass dispensing guidelines and protocols to dispense medications and/or administer vaccines. |

| Needed | N/A | General Response / Incident Actions |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with MNIT to anticipate increased web traffic and promote POD PreCheck, POD Locator, and additional threat-specific information on the MDH homepage. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with ASPR and all MCM dispensing partners for long-term dispensing and vaccine administration as needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff and operate a provider hotline to provide support for prescribing prophylaxis and treatment and to take reports of unusual or severe adverse reactions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with IDEPC and law enforcement partners regarding any ongoing investigations. |
| <input type="checkbox"/> | <input type="checkbox"/> | Maintain a log of all MDH responders. |

Recovery / Post-Incident Actions

| Needed | N/A | General Response: Recovery / Post-Incident Actions |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Gather medical materiel to be returned to ASPR at RSS and ship back as requested. |
| <input type="checkbox"/> | <input type="checkbox"/> | Make arrangements for unused medications (e.g. create a cache or give to health care facilities). |
| <input type="checkbox"/> | <input type="checkbox"/> | Track the long-term physical and behavioral health of responders and provide support as needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Conduct a hotwash and draft an after action report. |

Appendix B: Notification Procedures for Activation

Part I below is the 24/7 contact (three persons deep) for this annex. These are the primary people MDH response staff will call in the case of an emergency. Part II is the process for activating staff and partners to execute this plan.

Part I.

Primary Contact: Deb Radi, PHEP Manager

Back-up Contact: Emily Ward, SNS Coordinator

Back-up Contact: Rachel Schulman, CRI/MCM Planner

Part II.

While all requests for SNS assets must go through MDH, the decision to request the SNS will be a collaborative effort between local, state, and federal officials. The process may begin at either the local or state level, when officials identify a potential or actual problem that they believe will overwhelm available resources:

Path A: Requests from local public health and/or health care indicating a need for assets that exceeds local and regional availability.

- Before requesting the SNS, the local jurisdiction will first use local partnerships and agreements to attempt to meet the demand for medications and/or medical materiel. There are no known caches available at the local level. If demand exceeds supply, a designated local official or Regional Health Care Preparedness Coordinator (RHPC) will contact the Minnesota Department of Health (MDH) via the 24/7 emergency number (651-201-5735) to request additional resources. The caller will provide a description of the situation, a description of the need, and a description of local efforts already undertaken to fill the request.

Path B: Triggers identified at the state level.

- MDH will decide whether to activate emergency response operations using the processes in the MDH All-Hazards Response and Recovery Base Plan, Section IV: Threat Assessment. Triggers for an MCM response may include:
 - A positive BioWatch result (see Biothreat Protocol in MDH All-Hazards Response and Recovery Plan)
 - Known or suspected release of a chemical or biological agent
 - Clinical or epidemiological indications, such as:
 - Large number of ill persons with similar, unusual, and/or unexplained disease or syndrome
 - A common disease or syndrome causing higher than normal morbidity or mortality or failing to respond to usual therapy

- Disease with unusual geographic or seasonal distribution
- Disease with atypical aerosol, food, or water transmission
- Deaths or illness among animals that precedes or accompanies human death
- Laboratory results, including unusual, genetically engineered, or antiquated strains of an agent
- Unexplainable increase in emergency medical service requests, antibiotic prescriptions, or over-the-counter medication use

Whether the need for MCMs is identified via Path A or Path B, MDH will attempt to locate sources of medication by reaching out to vendors with which the agency has pre-existing contracts or relationships that have not already been contacted by local or tribal public health (there is no state cache for the public). [REDACTED] would be contacted first, followed by any additional distributors already registered as vendors in SWIFT. Assets can be purchased quickly using the expedited procurement procedures in Section III of the MDH Administrative and Fiscal Preparedness Plan. A notice to Minnesota's federal MCM Specialist shall be made at this time, to provide advance warning that the SNS may need to be deployed.

If MDH cannot procure the needed supplies in the required quantities or timeframe, MDH or HSEM will notify the Governor. The Governor has the authority to request SNS assets and has also delegated that authority to the following state officials (see Appendix E):

- Commissioner of Health
- Deputy Commissioner of Health
- Director, MDH Emergency Preparedness and Response
- Director, Homeland Security and Emergency Management, Department of Public Safety

In the absence of an emergency declaration, or for a suspected, isolated, individual, time-critical or small-scale incident, the SNS will be requested by calling CDC's Emergency Operations Center (EOC) at [REDACTED]. The request may also be made through the HHS ASPR regional emergency coordinator (REC).

During presidentially declared emergencies or major disasters, the Governor will work with HSEM to make the request through the Federal Emergency Management Agency (FEMA) per the established mission assignment request process.

When making the request, MDH will provide as much information as possible about the infectious agent and the incident size and scope to determine which assets to request for prophylaxis, erring on the side of requesting too many assets to ensure complete coverage of the affected population. MDH will also confirm which of the three RSS sites will be activated. The Health Care Surge Team will communicate with HCCs to determine the type and quantity of medications and supplies needed for treatment. When requesting assets, MDH will specifically request federal SME support, including requesting the Region 5 MCM Specialist by name.

Upon requesting SNS assets, MDH may request that the Governor declare an emergency pursuant to Minnesota Statutes Section 12.31 if one has not yet been declared. In addition, MDH will consult with Governor's staff with regards to requesting the President of the United States declare an emergency or major disaster pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, or requesting the Secretary of the United States Department of Health and Human Services declare a public health emergency pursuant to Section 319 of the Public Health Services Act. Emergency declarations may be required for providing additional liability protections as well as other extraordinary legal measures.

Activating MDH and RSS Staff: Staff are activated with PartnerLink messages via [MIR3 \(https://in.mir3.com/jsp/security/showLogin.jsp\)](https://in.mir3.com/jsp/security/showLogin.jsp). For instructions, see "[Sending Notifications](#)" (Q:\EPR\EPR_Comm_PublicInfo\Alerting\Documentation) or the MDH Department Operations Center role binders). There is a MIR3 group entitled "group RSS activation" for MCM incidents that includes 24/7 contacts at [REDACTED] (and associated security partners), MNICs, UPS, HSEM, Minnesota State Patrol, USMS, and ASPR/CDC. MNICs must be formally activated by a separate call to the State Duty Officer (651-649-5451 or 800-422-0798), even though lead MNICs staff are on the MIR3 call-down roster. MDH MCM staff conduct quarterly call-down drills of all core RSS staff and partners. Contact information is updated in MIR3 as needed after each call-down and when staff at partner organizations change. Staff download contact information for the group after each call-down to serve as a backup in the event that MIR3 is unavailable and save it to the Q drive in the [Distribution Folder](#) (Q:\EPR\EPR_PHEP_Programs\Medical_Countermeasures\Distribution\RSS_Activation_CallDown). Additionally:

- MNIT must be notified to be on call in case of technological issues (651-201-5555 or after hours 651-297-1111).
- The MDH Medical Director or State Epidemiologist must be notified to approve and sign the appropriate medical protocol for emergency dispensing and/or administration of MCMs. Ruth Lynfield can be reached at 651-201-5422 or [REDACTED].
- The IDEPC Division Director (Kris Ehresmann - 651-201-5507) or Medical Director (Raj Mody – 651-[REDACTED]) must be notified to activate staff for the provider hotline. See the MCM Distribution Field Operations Guide (FOG) for additional information on hotline setup.

Activating CHBs/THDs and HCCs: Affected CHBs/THDs will be notified via a PartnerLink message to their 24/7 contacts (see instructions above). Public Health Preparedness Consultants (PHPCs) and Regional Health Care Preparedness Coordinators (RHPCs) for the affected CHBs/THDs will be included. The notification will include information for dialing into a teleconference or WebEx. See the MCM Distribution FOG for additional details on conducting this first conference call.

A statewide PartnerLink message to CHB/THD leadership will be sent out separately to provide situational awareness statewide (instructions same as above). All CHBs/THDs will also receive a HAN to forward to health care and other partners, which will include information about the using the provider hotline for prescription assistance and adverse event reporting (see

[“SendingHealthAlerts”](#) (Q:\EPR\EPR_Comm_PublicInfo\Alerting\Documentation). For more information on activating and coordinating with CHBs/THDs, see the MCM Distribution FOG.

The MDH Health Care Surge Team will activate the regional HCCs using the procedures in the Health Care Surge Annex.

Activating State-Level Closed PODs: Based on the geography, size, and scope of the incident, the MDH CEPR Director will determine whether it is appropriate to activate any of MDH’s state-level CPOD partners. The Local and Transportation MCM Coordinator will use the contact information in the [“State Level CPODs” spreadsheet](#) (Q:\EPR\EPR_PHEP_Programs\Medical_Countermeasures\Closed_PODs\State_Level_CPOD_Plans) to activate CPOD partners. For more information on coordinating with state-level CPODs, see the MCM Distribution Field Operations Guide.

Based on the geography, size, and scope of the incident, the MDH CEPR Director will determine if it is appropriate to activate the MDH Closed POD to serve MDH staff and their families. Processes for activating and operating the MDH Closed POD are in the [MDH Closed POD Plan](#) (Q:\EPR\EPR_PHEP_Programs\Medical_Countermeasures\Closed_PODs\State_Level_CPOD_Plans\MDH_Closed_POD).

Appendix C: Job Action Sheets

See the MCM Distribution FOG for Job Action Sheets specific to an MCM response.

Appendix D: Standard Operating Guidelines and Policies

Standard Operating Guidelines

The following chart contains a list of standard operating guidelines (SOGs) by which the duties of this annex are carried out.

| Document Title | Document Date | Document Location |
|--|-----------------------|---|
| MDH All-Hazards Response and Recovery Plan - Base Plan | See document for date | https://mn365.sharepoint.com/sites/MDH/oep/mdh/plans/Current%20AHRRP%20Documents%20General%20Access/Forms/Category%20View.aspx |
| RSS Field Operations Guide – Primary RSS | See document for date | Q:\EPR\EPR_PHEP_Programs\Medical_Co untermeasures\Distribution\Metro_RSS\Metro_RSS_FOG |
| MCM Distribution Field Operations Guide | See document for date | Q:\EPR\EPR_PHEP_Programs\Medical_Co untermeasures\MDH_Internal_Response_Planning\MCM_Annex_and_Supporting_Docs |
| MDH Closed POD Plan | See document for date | Q:\EPR\EPR_PHEP_Programs\Medical_Co untermeasures\Closed_PODs\State_Level_CPOD_Plans\MDH_Closed_POD |
| MDH Administrative and Fiscal Preparedness Plan | MM/DD/YYYY | CHECH EPR [LINK] |
| State of Minnesota Emergency Operations Plan | 07/01/2018 | Contact Riley Slimmer, MEOP Planning Coordinator, riley.slimmer@state.mn.us |
| Governor’s Executive Order | 07/01/2015 | Q:\EPR\EPR_Resources_(cc_NoRetention)\Governors_Exec_Orders |

Policies

The chart below contains a listing of all of the policies that impact the implementation of this annex.

| Policy Number | Policy Title | Policy Date | Responsible Manager |
|--|---|--------------------|---|
| MDH 905.04 | MDH Employee Readiness Roles Policy | 12/29/2016 | Cheryl Petersen-Kroeber, Director of Emergency Preparedness and Response |
| Minnesota State Statute §144.4198 | Mass Dispensing Under Authority of Commissioner of Health | 2009 | |
| Minnesota State Statute §144.4197 | Emergency Vaccine Administration; Legend Drug | 2015 | |
| Minnesota State Statute §151.37, Subd. 2(b) and 10 | Legend Drugs, Who May Prescribe, Dispense | 2016 | |

Appendix E: Additional Resources

Web Resources

Internet resources that support this annex are listed below.

- [MDH SharePoint EPR Home Page](https://mn365.sharepoint.com/sites/MDH/oeP/SitePages/Home.aspx) (<https://mn365.sharepoint.com/sites/MDH/oeP/SitePages/Home.aspx>) [requires SharePoint access]
- [MIR3](https://in.mir3.com/jsp/security/showLogin.jsp) (<https://in.mir3.com/jsp/security/showLogin.jsp>) [requires an account]
- [IMATS](https://imats.cdc.gov/) (<https://imats.cdc.gov/>) [requires SAMS access]
- [Medical Countermeasures: EPR - Minnesota Department of Health](http://www.health.state.mn.us/oeP/responsesystems/mcm/index.html) (<http://www.health.state.mn.us/oeP/responsesystems/mcm/index.html>) [public]
- [MDH POD Locator Admin Page](https://podlocator.web.health.state.mn.us/admin) (<https://podlocator.web.health.state.mn.us/admin>) [can be accessed by any MDH personnel using their computer credentials]
- [Anthrax Basics - Minnesota Department of Health](http://www.health.state.mn.us/divs/idepc/diseases/anthrax/basics.html) (<http://www.health.state.mn.us/divs/idepc/diseases/anthrax/basics.html>) [public]
- [ASPR - Strategic National Stockpile](https://www.phe.gov/about/sns/) (<https://www.phe.gov/about/sns/>) [public]
- [FDA - Medical Countermeasures Initiative \(MCMi\)](https://www.fda.gov/emergencypreparedness/counterterrorism/medicalcountermeasures) (<https://www.fda.gov/emergencypreparedness/counterterrorism/medicalcountermeasures>) [public]

MDH Guidance Documents and Agreements with Partner Agencies

The table below lists guidance documents or agreements that are related to the contents of this annex that MDH has created, entered into, and/or provided to partners or third parties regarding the performance of response or recovery activities.

| Document Name or Agreement Type | Document Date | Document Location |
|------------------------------------|---------------|---|
| Governor’s Delegation of Authority | 3/26/2019 | Q:\EPR\EPR_PHEP_Programs\Medical_Countermeasures\MDH_Internal_Response_Planning\MCM_Annex_and_Supporting_Docs |
| | | |

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| Document Name or Agreement Type | Document Date | Document Location |
|---------------------------------|---------------|--|
| [REDACTED] | [REDACTED] | [REDACTED] |
| MNICS Agreement | 9/27/2016 | Q:\EPR\EPR_PHEP_Programs\Medical_Countermeasures\Distribution\MNICS |
| UPS Contract | 8/16/2017 | Q:\EPR\EPR_PHEP_Programs\Medical_Countermeasures\Distribution\Transportation\UPS (original maintained by Minnesota Department of Administration) |
| Mass Dispensing Guidelines | 8/20/2018 | Q:\EPR\EPR_PHEP_Programs\Medical_Countermeasures\Local_Public_Health\Mass_Dispensing_Guidelines |
| Anthrax Protocol | 9/12/2018 | Q:\EPR\EPR_PHEP_Programs\Medical_Countermeasures\Disease_Protocols\Anthrax |

Appendix F: Roles and Responsibilities of Partnering Agencies

Outlined below are the activities for which Federal, state, local, tribal or regional partners or other third parties (e.g., contractors, suppliers, and vendors) are responsible.

| Agency Name | Role and Responsibility | Contact Information |
|---|--|--|
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] ([REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| Minnesota Department of Natural Resources (DNR)/Minnesota Incident Command System (MNICS) | Provide staff to conduct warehousing operations at RSS. | [REDACTED] |
| Minnesota Department of Natural Resources (DNR) | Provide support for transportation security as needed. | TBD |
| United Parcel Service (UPS) | Transport MCM assets from RSS to PODs and Local Distribution Nodes (primary) | [REDACTED] |
| Department of Public Safety (DPS) Minnesota State Patrol | Provide the security coordinating function statewide. Provide transportation security for MCM assets or recommendations as needed. | [REDACTED] |
| Department of Public Safety (DPS) Homeland | Provide overall incident response coordination and support through | Kevin Reed, [REDACTED]; Kevin Leuer, [REDACTED] |

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| Agency Name | Role and Responsibility | Contact Information |
|---|---|--|
| Security and Emergency Management | the State Emergency Operations Center. | |
| Minnesota Department of Transportation (MNDOT) | Secure roads and routes for transportation of the Stockpile and provide transportation resources and expertise to support the response as needed. | [REDACTED] |
| Minnesota Department of Military Affairs (MNDMA) | Provide personnel and equipment to support transportation of MCM assets as needed. | [REDACTED] |
| Minnesota Department of Corrections | Provide transportation assets, if needed. Provide correctional officers to augment security, if needed. | TBD |
| Minnesota Department of Administration | Provide contracting or related administrative support for emergency procurement. | [REDACTED] |
| Minnesota IT Services (MNIT) | Provide support for use of MDH electronic systems required for MCM response. | [REDACTED] |
| U.S. Assistant Secretary for Preparedness and Response (ASPR)/U.S. Centers for Disease Control and Prevention (CDC) | Coordinate the delivery of assets from the SNS to MDH. Provide technical and subject matter expertise for MCM distribution and dispensing operations. | [REDACTED] |
| U.S. Food and Drug Administration | Issue guidance to allow for the emergency use of MCMs. | TBD |
| U.S. Marshals Service (USMS) | Ensure the secure delivery of medical countermeasures from the SNS to MDH. | [REDACTED] |
| Community Health Boards and Tribal Health Departments | Coordinate with MDH for receipt or pickup of MCM assets. | See 24/7 contacts in MIR3: https://in.mir3.com/jsp/security/showLogin.jsp ; Jackie Dionne, Tribal Liaison, 651-201-3521 |

Appendix G: Considerations for a Pandemic Event

If a pandemic event occurs, it is recommended that this Appendix be printed and used as a checklist of the response, recovery / post-incident actions that will either be needed or are not applicable to the incident at hand.

Response / Incident Actions – See Pandemic Flu Plans for Additional Detail

| Needed | N/A | Pandemic Specific Response / Incident Actions |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with MDH IDEPC SMEs to issue guidance on infection control, including donning and doffing PPE if needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Procure any additional medical materiel for vaccination and hazardous waste disposal through SNS requests and/or MDH contracted vendors. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with medication dispensing/vaccine administration partners to implement prioritization guidance, including the vaccination of mission critical workers. |
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with IDEPC to ensure that MIIC can be used to document vaccinations. |
| <input type="checkbox"/> | <input type="checkbox"/> | Depending on disease source and transmission pathways, coordinate with the Minnesota Department of Agriculture and Board of Animal Health as needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Activate MDH Continuity of Operations Plan as needed. |

Recovery / Post-Incident Actions– See Pandemic Flu Plans for Additional Detail

| Needed | N/A | Pandemic Specific Recovery / Post-Incident Actions |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Track the long-term physical and behavioral health of responders and provide support as needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide guidance on the safe disposal of medical waste, if necessary. |