Minnesota Management & Budget

STATE AGENCY GUIDE FOR SERVICE DISRUPTION EVENTS AFFECTING EMPLOYEES

I. PURPOSE OF GUIDE

The State of Minnesota is subject to major disasters and emergencies that can pose a threat to public safety and/or health of our state employees. The four general types of such events are:

- 1. Natural disasters
- 2. Technological hazards
- 3. Civil Emergencies, and
- 4. National Security Events

Specific hazards include, floods, tornadoes, blizzards, releases of hazardous materials, high level radioactive waste transportation accidents, emergency levee/dam failures, pipeline leaks, explosions, terrorism, critical infrastructure failures, forest fires, public health threats, and civil disturbances.

An emergency plan and procedure manual is needed to enable government to continue to operate and to alert the affected state agency and its employees to take the appropriate action, based on the situation.

Administrative Procedure 5.4 specifies that the Commissioner of Minnesota Management & Budget has the authority to declare an emergency situation, close agencies, and authorize payment to employees who do not report to work or are sent home from work after the emergency has been declared. The Commissioner may authorize certain essential staffing requirements to be maintained during emergency situations. However, agencies have the authority to close an office, send employees home, activate their continuity plans, and/or continue to operate at alternate facilities if the situation warrants the decisions.

This document will outline strategies agencies should consider when responding to an emergency event within their agency or facility that affects their employees.

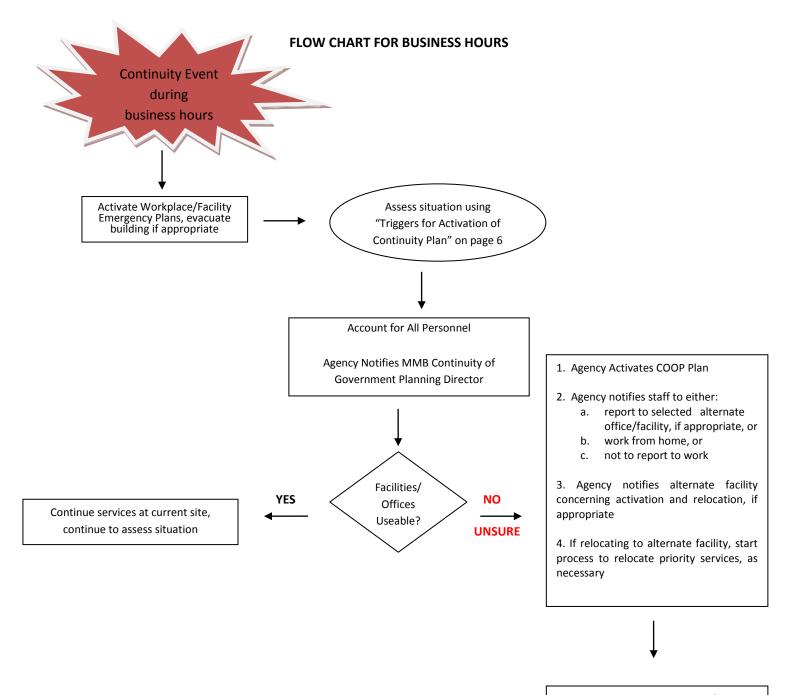
	Decision Matrix for Continuity Plan Implementation			
	Business Hours	Non-Business Hours		
Event With Warning	 Assess situation and impact on personnel, facility, and priority services. Determine the status of the office/facility for continued access/use. Implement Continuity Plan if impact on personnel, facility, and/or delivery of priority services is compromised. Notify Continuity of Government Planning Director at MMB of event. 	 Gather information and assess the situation. Determine the impact of the event on the office/ facility for continued access/use. Assess the impact on personnel and the delivery of priority services. Implement Continuity Plan if impact on personnel, facility, and/or delivery of priority services is compromised Contact the Duty Officer with status information of event. 		
Event Without Warning	Assess situation and impact on personnel, facility, and priority services. Determine the status of the office/facility for continued access/use. Implement Continuity Plan if impact on personnel, facility, and/or delivery of priority services is compromised. Notify Continuity of Government Planning Director at MMB of event	 Gather information and assess the situation. Determine the impact of the event on the office/ facility for continued access/use. Assess the impact on personnel and the delivery of priority services. Implement Continuity Plan if impact on personnel, facility, and/or delivery of priority services is compromised. Contact the Duty Officer with status information of event. 		

Depending upon the situation, activation tasks and actions during **business hours** may include:

- Activate occupant emergency plans, if applicable.
- Assess the impact on the facility/staff offices and personnel.
- Notify MMB if the facility/staff offices are deemed unusable and priority services cannot be supported at the existing facility/office.
- Redeployment of staff to an available secondary continuity facility, or authorization of appropriate personnel to work via remote access from home office.
- Notification of all Division Personnel of the activation of the continuity plan and providing additional guidance.
- Taking appropriate measures to ensure security of the facilities and equipment or records remaining in the vacated building.

Depending upon the situation, activation tasks and actions during **non-business hours** may include:

- Notification to the Minnesota Duty Officer that an emergency requiring COOP activation is anticipated or underway.
- An assessment of impacts on the facility, staff offices, personnel and the ability to continue performing priority services.
- If the situation is confirmed or area is considered unusable or damaged, activate the COOP plan.
- If the facility and/or offices are deemed unusable, Minnesota Duty Officer is notified.
- Notification of employees to either report to work at the continuity facility/office or remote access from home
 office.



Resume agency operations from alternate facility/offices

FLOW CHART FOR NON-BUSINESS HOURS **Continuity Event** during non-business hours Assess situation using "Triggers for Activation of Continuity Plan" on page 6 **Duty officer informs MMB** Facilities/ **UNSURE** Agency Notifies Duty Officer MMB contacts agency for Offices further guidance if Useable? necessary Yes 1. Agency Activates COOP Plan Continue services at current site, continue to assess situation 2. Agency notifies staff to either: a. report to selected alternate office/facility, if appropriate, or work from home, or Resume agency operations from not to report to work alternate facility/offices 3. Agency notifies alternate facility 24 hour contact concerning activation and relocation, if appropriate

4. If relocating to alternate facility, start process to relocate priority services, as

necessary

TRIGGERS FOR ACTIVATION OF CONTINUITY PLANS

EVENT	TRIGGER	CONSIDERATIONS	TIME FRAME FOR ACTION
Facility Access/availability Facility evacuation Facility condition Re-entry time	Immediate threat to safety of employees Public Safety requirement Command Team decision	Is this an immediate life- safety issue? Why does facility need to be evacuated? Does entire facility need to be evacuated? Is building accessible to anyone? What services will be impacted? How long until re-entry? What services can continue to operate elsewhere? Who do we need to notify?	Immediate action
Physical Damage Fire Water Loss of electrical service Loss of telephone service Loss of air quality (AC/Heat)	Danger to life or health, smoke damage, loss of access System failure, no potable water, no toilet facilities When Uninterrupted Power Supply (UPS) and generator run out, approx XX hours Customers cannot call in, employees cannot call out Staff inability to work, health risk, system failure	Is this an immediate life- safety issue? Does facility need to be evacuated? Does entire facility need to be evacuated? Is building accessible to anyone? What services will be impacted? If evacuated, how long until re-entry? How long until resumption of utilities? What services can continue to operate elsewhere? Who do we need to notify?	Immediate action if life-safety threat Assess, take action within XX hours or directed by Public Safety Official
Loss of: Key People Large amount of personnel	Loss off: (list position and person) Cannot contact Command Team members in emergency Cannot be handled by Human Resources staff Delivery of Priority Services being jeopardized When directed by MMB to assist another agency with personnel	How long will people be gone? What is our Line of Succession? Who can make decisions? What services are impacted? Why did we lose key or large amounts of people? Do we need additional assistance? Who do we need to notify?	Assess, take action within XX hours Take action when directed by MMB if assistance to another agency needed
Loss/damage to computer systems Internal systems External systems Computer virus	Loss of system availability, integrity, control Loss of system availability, integrity control IT department observation, decision	How long will the system be down? What services are impacted? Who do we need to notify?	Assess, take action within XX hours, or directed by IT personnel

State Agency Emergency Event Questionnaire

Na	me of Agency:			Date:	
Age	ency Contact Name	and Phone Numbe	r:		
			County:		
1. Is situation immediate life threatening to employees?					
	YES	NO			
2.	2. Is the situation weather related?				
	YES	NO			
3.	Was the situation a	anticipated?			
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	YES	NO			
4.	4. Is the building accessible?				
	YES	NO			
5.	Is building habitable	le?			
	_				
	YES	NO			
6.	Are there environn	nental issues?			
	Odors present?	If so, what type?			
	Has the proper lo	ocal authority (fire, la	w enforcement, utility, etc)	been called?	
	No heat/No AC	How long is this exp	pected to be out?		
	No power	How long is this exp	pected to be out?		
	Other? List				
7.	How many employ	ees are impacted b	ov this event?		
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8.	Has anything been	done to remedy th	ne situation?		
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9.	Does the agency no	eed any outside ass	sistance to continue ope	rations?	

Minnesota Duty Officer State Agency Emergency Event Questionnaire

Na	ame of Agency:		Date:	
Ag	gency Contact Name and Phone	Number:		
Ag	gency/Facility Affected:	County:	Time:	
1.	Is situation immediate life thro	eatening to employees?		
	YES—direct agency to evacua	te building and call 9-1-1. Duty Of	ficer to contact MMB immediately.	
2.	Is the situation weather relate	ed?		
	YES—gather information on s	ituation. DO to contact MMB after	collecting pertinent information.	
	NO—gather further informati	ion on situation. DO to contact MM	IB after collecting pertinent information	
3.	Was the situation anticipated?	?		
	YES- if agency needs outside a	assistance, DO to contact MMB afte	er collecting pertinent information.	
	NOgather further information	on on situation. DO to contact MN	B.	
4.	Is the building accessible?			
	NO- DO to contact MMB imm	ediately.		
5.	Is building habitable?			
	NO- DO to contact MMB imm	ediately.		
6.	Are there environmental issue	es?		
	Odors present? If so, what	type?		
	Has the proper local authority	y (fire, law enforcement, utility, etc) been called?	
	No heat/No AC How long is	s this expected to be out?		
	No power How long is	this expected to be out?		
	Other? List			
7.	How many employees are imp	pacted by this event?		

8. Has anything been done to remedy the situation?

9. Does the agency need any outside assistance to continue operations?

State Agency Emergency Paid Leave Request Form

Agency Name:	Name of person completing Form:		
Phone number:	email:	Date:	
Date of Event/Emergency:	Duration o	f Event/Emergency:	
Type of Event/Emergency:	_ Weather related Non-W	eather related	
Location/Address of Emergen	cy:# of	f Employee Affected:	
Bargaining Unit of Employees	affected: (please list):		
Explain event/emergency:			
Other comments:			
MMB USE ONLY:			
Reviewed By:	Date of F	Review:	
Approved Denie	ed Special Comment	s:	

CONTACT LIST

BUSINESS HOURS

Cathy Hockert, MMB Continuity of Government Planning Director 651-336-8297 (cell)—call first

<u>Cathy.hockert@state.mn.us</u> 651-259-3763 (office)

Barb Holmes, Assistant Commissioner/State Negotiator 651-259-3740 (office)

<u>Barbara.Holmes@state.mn.us</u> 651-917-1986 (cell)

NON-BUSINESS HOURS

Minnesota State DUTY OFFICER: 1-800-422-0798 or

651-649-5451