

Oklahoma Strategic National Stockpile Plan



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Version 3.3

Prepared by
Terrorism Preparedness & Response Service



Executive Summary

(This plan defines roles, responsibilities, and plans for requesting, receiving, organizing, repackaging, and distributing materials by the State of Oklahoma for the Strategic National Stockpile Program.)

In the event of a terrorist attack (chemical, biological, or blast) or a major natural disaster, it is likely that the State will rapidly deplete the supplies of pharmaceuticals and other medical items. Anticipating that likelihood, the federal government established the Strategic National Stockpile (SNS) to augment local supplies of critical medical items. Managed by the Centers for Disease Control and Prevention (CDC), the SNS contains large quantities of medicines, antidotes, and medical supplies needed to respond to a wide range of expected problems including nerve agents, biological agents, and natural disasters.

Once a decision has been reached to deploy the SNS, it will arrive in two phases: the first phase will arrive in 12 hours or less and the second phase, if requested, within 24-36 hours. CDC describes the first phase as a “12-hour Push Package” (PP). “12-hour . . .” because it will arrive in 12 hours or less and “...Push...” because the state only needs to request the SNS, not specific items, and CDC will ship/push material for a variety of expected threats. The first shipment will be packed in more than 100 specialized shipment containers, arrive in seven 48-foot tractor trailers or a wide-bodied jet (747 or 767), weigh approximately 50 tons and require a minimum of 5,000 square feet when offloaded and a minimum of 12,000 square feet when fully set-up. The second phase shipments are designated as managed inventory (MI) because manufacturers store, and will ship these materials for as long as needed to an affected area. While the PP contains over 90 products for a broad range response, the MI consists of large quantities of specific items to combat identified/specific threats. If the State were to identify the threat and know exactly what supplies to request, the PP would not be sent. Instead, MI would be sent. If at any time the threat is identified, MI may be sent instead of the PP to address the specific threat.

To address the large packages being transported into Oklahoma, the state will assemble and rely upon a large number of workers/volunteers to assist in receiving, organizing, repackaging, and distributing those supplies. The SNS plan includes volunteers from state and local (S/L) health organizations as well as Citizen Corps contingents such as the Oklahoma Medical Reserve Corps (OKMRC), Community Emergency Response Teams (CERT) and other credentialed volunteers, specifically the Oklahoma Volunteer Organizations Active in Disasters (OKVOAD).

The State of Oklahoma has adopted the strategy herein to ensure equal access to SNS assets. The Oklahoma State Department of Health’s Emergency Response Plan and the Oklahoma State Emergency Operations Plan (EOP), under Emergency Support Function (ESF) 8 - Public Health and Medical Services Annex, will employ the plan as specified and directed. The State EOP describes responsibilities of designated state departments, agencies, commissions, boards, and volunteer organizations in the event of a disaster. In addition, in accordance with the Oklahoma Catastrophic Health Emergency Powers Act (O.S. §63:6101), the Oklahoma Catastrophic Health Emergency Plan was developed as an addendum to ESF #8, which also incorporates the use of the Strategic National Stockpile plan. The Pandemic Flu Management Plan also incorporates the Strategic National Stockpile Plan and provides further guidance on antiviral dispensing and distribution.

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1. PLANNING

The Oklahoma State Department of Health (OSDH) is responsible for preparing and updating the Strategic National Stockpile (SNS) plan for Oklahoma. The plan is a component of the agency's Emergency Response Plan. The Emergency Response Plan is incorporated into the Oklahoma Emergency Operation Plan, Emergency Support Function (ESF) #8. In addition to the development of these response plans, the OSDH is responsible for activating incident command during any public health emergency as outlined in the Catastrophic Health Emergency Powers Act (O.S. §63:6101) and the Oklahoma Catastrophic Health Emergency (CHE) Plan.

1.1 Planning Partners

The OSDH works closely with the Oklahoma Department of Emergency Management (OEM) to coordinate the SNS Plan with other state agencies. The OEM is the liaison with state agencies involved in the plan. These agencies include the Department of Public Safety (DPS), Oklahoma Office of Homeland Security (OKOHS), Oklahoma Department of Transportation (ODOT) and Oklahoma Military Department (OMD) to include the National Guard. The OEM also coordinates activities of the Oklahoma Volunteer Organizations Active in Disaster (OKVOAD), which includes the American Red Cross (ARC), the Salvation Army, faith-based organizations, and also Citizen Corps groups. The Medical Reserve Corps (MRC) is coordinated by the OSDH in statewide or large-scale public health emergencies.

OSDH also coordinates efforts with local county health departments to create a cooperative statewide Mass Immunization/Prophylaxis Strategy (MIPS). Oklahoma City-County Health Department (OCCHD) represents Oklahoma County and Tulsa City-County Health Department (TCCHD) represents Tulsa County. Both are autonomous health departments and work in conjunction with the State thru contracts. The sixty-nine (69) county health departments represent the remaining seventy-five (75) counties in Oklahoma and operate as part of OSDH. Thirty-five (35) county health departments have been designated to coordinate MIPS plans for immunization and/or prophylaxis dispensing. Each MIPS area was strategically identified, by larger populations, to provide statewide coverage.

OSDH collaborates with other agencies and groups including the CDC/HRSA/Homeland Security Senior Advisory Committee (SAC), (which can be expanded or augmented as needed), Regional Medical Planning Groups (RMPGs), the Metropolitan Medical Response Systems (MMRS) and Regional Medical Response Systems (RMRS), the Oklahoma Medical Reserve Corps (OKMRC), the Oklahoma University Health Science Center (OUHSC) College of Public Health, OUHSC School of Pharmacy, OUHSC Southwest Center for Public Health Preparedness, Oklahoma State University Fire Service Training, hospitals, and emergency medical service providers.

1.2 Policy & Legal Issues

1.2.1 Requesting Assets

All requests for federal assets must go through a state agency. Local agencies, treatment centers and county health departments must request additional emergency medical assistance through the OSDH. All other assets such as food, water, security and non-medical items are to be requested through the Oklahoma Department of Emergency Management (OEM) when local assets are depleted.

1.2.2 Family Member Pickup

To expedite the delivery of mass antibiotics or prophylaxis, one person can receive doses for up to nine (9) additional family members. A common Name, Address, Phone & Health (NAPH) form will be completed to ensure appropriate documentation. Each MIPS has electronic copies of the master document to allow copies to be made in an emergency. Also, large-scale copy machines have been placed in each of the regions.

1.2.3 Unaccompanied Minor

O.S. §59-518, Emergency Care or Treatment, allows for licensed practitioners of a healing art, the ability to treat minors without parental consent if such treatment is performed under emergency conditions and in good faith. No licensed practitioner will be prosecuted under the criminal statutes of this state if these conditions are met. However, for children under the age of ten, special instruction and possibly the incorporation of a Department of Human Services (DHS) worker will be required to assist the child if it is found the child is without adult supervision at home.

1.2.4 Identification Requirements

The goal of the MIPS clinics is to treat people without prosecution. The OSDH will allow individuals to pick-up medication at a dispensing site without identification. As of Fall 2006, the OSDH is testing the use of scanning equipment to rapidly upload information from the State Driver's License; however, this equipment will only be used in express lines and people without the adequate identification will be directed to the other lines.

1.2.5 Credentialing

Each MIPS site is required to determine and incorporate credentialing processes as appropriate to individual counties and areas. OSDH employee badges, Oklahoma Medical Reserve Corps (OKMRC) identification badges, city, county, state & federal government employee badges as well as Community Emergency Response Training (CERT) team badges are recognized throughout the state. The OSDH has been working closely with the OKMRC to create a statewide public health volunteer force trained in basic MIPS procedures, credentialed statewide.

1.2.6 Rules of Engagement

The Catastrophic Health Emergency (CHE) Plan addresses rules of engagement for law enforcement. It requires the Commissioner of Health, during a public health emergency, to address the event and its scope to take into account the severity. The level of force to be used by law enforcement will be finalized with the help of the Department of Public Safety (DPS) and will only last for that single event.

1.2.7 Native Americans

Although Oklahoma has a rich history of Native Americans and thirty-eight (38) federally recognized tribes, there are not reservations in Oklahoma. Oklahoma provides for Native Americans as Oklahomans. Local cities and counties work with local tribal affiliates when planning for MIPS.

1.2.8 Military Installations

Oklahoma has five large military installations. The onsite populations are incorporated into the estimated MIPS response area. OSDH requests that local MIPS areas work with these military installations to identify estimated populations they can provide for onsite.

Altus Air Force Base – Altus MIPS

Tinker Air Force Base – Oklahoma City-County Health Department

Vance Air Force Base – Enid MIPS

Ft. Sill Army Post – Lawton MIPS

Camp Gruber Maneuver Training Camp – Muskogee MIPS

In July 2005, Ft. Sill Army Post exercised with the Comanche County Health Department during the statewide exercise, Operation Firework Fanfare. The base was an excellent example of military cooperation in setting up and operating a Point of Dispensing for members and families on base.

1.2.9 Standing Orders

The OSDH has standing public health nursing guidelines and orders (PHN-GAOs) for specific events that the Commissioner of Health, State Medical Officer or designee may activate. Once activated, pharmacists, physicians and nurses may dispense/issue these medications in ordinance of these PHN-GAOs when responding to a public health initiative. (Nurses may administer and treat patients as long as they follow by PHN-GAOs as discussed in the Oklahoma Nursing Practice Act O.S. §59.567.3.) Also, pharmacy interns and nursing students may issue these medications if overseen by a preceptor or instructor licensed in that profession. The OSDH maintains, and annually updates PHN-GAOs for anthrax, tularemia, plague, smallpox, brucellosis, and botulism. These PHN-GAOs are also signed and approved by each county health departments' medical directors.

(For a worse case scenario, some MIPS locations have been training & exercising non-medical volunteers in proper medication issuance in the event the Governor relaxes the license requirements.)

1.2.10 Waiver of State Licensing Requirements

In addition to Oklahoma licensed professionals, “the public health authority may waive any or all licensing requirements, permits, or fees . . .” as stated in O.S. §63.6602, which will allow out-of-state medical professionals to practice in times of emergency. Lastly, O.S. §59-635.1 allows retired physicians to volunteer with the issuance of a special volunteer medical license.

1.2.11 Private Property

The Catastrophic Health Emergency Powers Act addresses the Power of Governor (§63-6403), as well as the ability to use state funds (§63-6802) for the emergency. Lastly, the Catastrophic Health Emergency Plan allows for quick purchase of supplies.

1.2.12 Compensation and Liability

Volunteers will not be paid or compensated for time spent performing public health initiatives. Normal procedures allow state employees to either adjust workweeks or accrue compensatory time. The Commissioner also has the authority to authorize overtime pay if any is accrued for a declared emergency (as occurred during responses to Hurricanes Katrina & Rita).

State, city, and county employees assigned to work during a public health emergency, in lieu of normal duties, will be covered by workers compensation. Oklahoma Medical Reserve Corps volunteers as stated in O.S. §76-32, “shall not be liable for civil damages . . .” Also, volunteers working in an emergency management capacity (as outlined in Emergency Support Function (ESF) #8 as related to SNS) shall possess the same powers, duties, immunities and privileges if performing the same duties in which normally rendering services - §63-683.13. Lastly, OSDH workers compensation can currently cover up to 20 volunteers activated by the OSDH but also can increase those numbers based on an agreement with Comp Source.

1.3 Essential Personnel

In the event of a public health emergency or outbreak that requires mass dispensing or immunizations, several agencies and partners will be needed to help assist the public health departments. Below is a list of essential personnel that would be required to help with public health efforts to provide mass medications to the public.

1.3.1 State RSS Warehouse Efforts

Oklahoma State Department of Health
Department of Emergency Management (OEM)
Oklahoma Office of Homeland Security (OKOHS)
Department of Public Safety (DPS)
Oklahoma Department of Transportation (ODOT)
Oklahoma Military Department (OMD)
Metropolitan Medical Response Systems (MMRS)
Medical Emergency Response Centers (MERC)
Non-Governmental Organizations (NGOs)
Volunteers (OKMRC, OKVOAD, CERT)

1.3.2 Local/County MIPS Efforts

County Health Departments (CHDs)
Local Emergency Management (EM)
Local Law Enforcement
Fire
Hospitals

Emergency Medical Service Providers
NGOs
Volunteers

1.3.3 Others

FBI
Medical Examiner
Non-Governmental Organizations

(This list is limited to SNS and MIPS-only personnel and does not include other partners needed in the event of broader public health emergencies such as special needs shelters, wild fire, flood, tornado, and/or explosions.)

1.4 Confidentiality

Due to the nature of this issue and to ensure the safety of responders, assets and the citizens of Oklahoma, much of the information relating to the Strategic National Stockpile plan must be kept confidential. Locations of the Receiving, Staging, and Storing (RSS) warehouse will be kept confidential. In addition, mass-dispensing locations will be kept confidential until the time they are needed. During an emergency, the OSDH will conduct massive public information campaigns to assist and guide the public to the appropriate dispensing sites. Names and contact information for volunteers and partners will be kept as a separate attachment to protect the privacy and safety of those individuals.

2. COMMAND & CONTROL

The Oklahoma State Department of Health (OSDH) complies with the National Incident Management System (NIMS) and utilizes the Incident Command System (ICS). In a public health emergency, OSDH will participate in a Unified Command (UC) with other state and local agencies. OSDH will make final decisions regarding public health issues.

The State Emergency Operations Plan (EOP) will be utilized to coordinate agency responses. In Oklahoma, the Oklahoma Department of Emergency Management (OEM) Director is the Governor's Authorized Representative (GAR) during large emergencies that require the enactment of the State EOP. This designee works with the State Controlling Officer and Federal Controlling Officer (depending on State and Federal declarations). However, for purposes of the SNS plan, the OEM Director and the OSDH Commissioner determine the need for SNS assistance.

The OSDH will activate a generalized ICS structure during Strategic National Stockpile activation or other public health emergency. This structure may be scaled up or down, as the emergency requires. An overview of the OSDH ICS structure is included in an appendix as well as a more detailed ICS structure for the RSS warehouse. Local clinic ICS structures are included in each individual Mass Immunization Prophylaxis Strategy (MIPS) plan. All ICS structures are scalable to respond to different incidents.

During a declared public health emergency in Oklahoma, the Catastrophic Health Emergency Powers Act gives the Commissioner of Health authority over the emergency. The Commissioner of Health will provide a written delegation of authority that will identify an Incident Commander for the situation based on the event.

2.1 Apportionment & Inventory

Apportionment of SNS assets will be determined based on the outcome of an epidemiological investigation. The Planning Section will determine, based on Epi planning and MIPS planning, which areas need to activate MIPS plans accordingly. Upon arrival of SNS assets, oral antibiotics will be divided according to pre-determined population weights of each of the thirty-five (35) MIPS locations. An exception to this process would occur if one area is affected more severely, at which point the apportionment will be based on severity. The Planning Chief will specify if the normal apportionment plan should deviate in any way. In addition, delivery of assets will be determined by farthest distance unless the Planning Chief decides to prioritize by most severely affected.

The OSDH utilizes a Microsoft Access database that uploads the SNS inventory pipe delimited file. This database, the Oklahoma SNS Inventory Management System (OKSIMS) puts the information in a user friendly format and allows for the production of pick sheets based on location of the drug in containers. This database will serve as the primary inventory mechanism. A Microsoft Excel spreadsheet will be utilized to

download the information as a secondary mechanism. From this list, pick sheets can be created by hand, or use of a blank excel pick sheet form. If the primary mechanism cannot be accessed or goes off line and cannot be brought back up within ten (10) minutes, the secondary mechanism will be utilized. If there is no electricity to utilize computers then OSDH will request a hardcopy of the inventory file from the SNS Technical Assistance & Response Unit (TARU) team and carry out the tertiary mechanism. Instructions for all three mechanisms are included in the Oklahoma Inventory Power Point presentation.

2.2 Regional Planning

Region VI States and other states bordering Oklahoma include Texas, Louisiana, New Mexico, Colorado, Kansas, Arkansas, and Missouri. Region VI States are currently working together on multiple projects outlined in the TALON (Texas, Arkansas, Louisiana, Oklahoma, New Mexico) Conferences held in Arkansas in 2006 and Oklahoma in 2007. One particular project is the identification of common Point of Dispensing (POD) functions that border states could provide state employees to send during an Emergency Management Assistance Compact (EMAC) request.

In the event of a regional emergency located near one of the bordering states, Oklahoma will work with the affected states to provide pick-up points for Points of Dispensing (POD) or for hospitals. It will be the bordering state office's responsibility to contact the border PODs to activate and to send a transportation vehicle and adequate security when picking up supplies.

If the SNS assets were delivered to a border state and not to Oklahoma, the affected state would contact the OSDH and establish a coordinated effort. The OSDH will activate the necessary MIPS, including transportation and security plans, to retrieve the assets from another state.

2.3 Coordination of EOCs

The Oklahoma State Department of Health (OSDH) has an ESF8 Liaison Officer that will report to the State Emergency Operation Center (EOC) during a public health emergency. There is one primary liaison with a minimum of two back-ups. The Terrorism Preparedness and Response Service manages this role for the health department.

The OSDH Situation Room (Health EOC) will make direct contact with the liaison at the State EOC to make requests. The liaison will then submit the request to the appropriate agency within the state EOC. The state EOC offers each agency liaison a direct line and computer email account during emergencies. In addition, the state EOC makes available onsite fax machines if needed.

3. REQUESTING

Oklahoma's plan to request Strategic National Stockpile (SNS) assets is a collaborative effort between the Oklahoma State Department of Health (OSDH) and the Oklahoma Department of Emergency Management (OEM).

It is likely that a public health emergency will first be detected at the local level, either at a treatment center or public health facility. A notification may be called into the Epidemiological staff at a 24/7 contact line; the Public Health Lab; or the Terrorism Preparedness & Response Service. Each service or division is instructed to determine the validity and severity of the call and then contact the other groups if it is a serious threat. For any type of outbreak or suspicious lab result, the OSDH epidemiological services or lab services may be in contact with the Centers for Disease Control and Prevention (CDC) through the Director's Emergency Operations Center (DEOC) (the same operation center that will be utilized for the initial request of SNS assets).

Oklahoma will follow the evidence considerations listed below before requesting the SNS assets.

3.1 Evidence Considerations

1. Overt release of a chemical or biological agent.
2. Medical emergency caused by a natural disaster.
3. Claim of release with intelligence and/or law enforcement confirmation.
4. Indication from intelligence or law enforcement of likely attack.
5. Clinical, laboratory, or epidemiological indications, including:
 - a. A large number of ill persons with similar disease, syndrome or deaths
 - b. A large number of unexplained disease, syndrome, or deaths
 - c. Unusual illness in a population
 - d. Higher morbidity & mortality with a common disease or syndrome
 - e. Failure of a common disease to respond to usual therapy
 - f. Single case of disease caused by an uncommon agent
 - g. Multiple unusual or unexplained disease entities in the same patient without other explanation
 - h. Disease with unusual geographic/seasonal distribution
 - i. Multiple atypical presentations of disease agents
 - j. Similar genetic type in agents isolated from temporally/spatially distinct sources
 - k. Unusual, atypical, genetically engineered or antiquated strain of an agent
 - l. Endemic disease/unexplained increase in incidence
 - m. Simultaneous clusters of similar illness in non-contiguous areas
 - n. Atypical aerosol/food/water transmission

- o. Ill people presenting near the same time
- p. Deaths/illness among animals that precedes/accompanies human death
- q. No illness in people not exposed to common vent systems, but in those in proximity to the systems
- 6. Unexplainable increase in EMS requests.
- 7. Unexplainable increase in antibiotic prescriptions or over-the-counter medication use.

Upon determination of a public health threat, the Terrorism Preparedness & Response Service (TPRS) will contact the OEM and update them on the situation. It is OEM's responsibility to contact the Governor or designee regarding the situation. Once the Governor is in agreement that additional medical supplies are required, the OSDH and OEM operating as the Governor's Appointed Representative (GAR), will contact the Centers for Disease Control & Prevention (CDC) Director's Emergency Operations Center (DEOC) to request SNS assets.

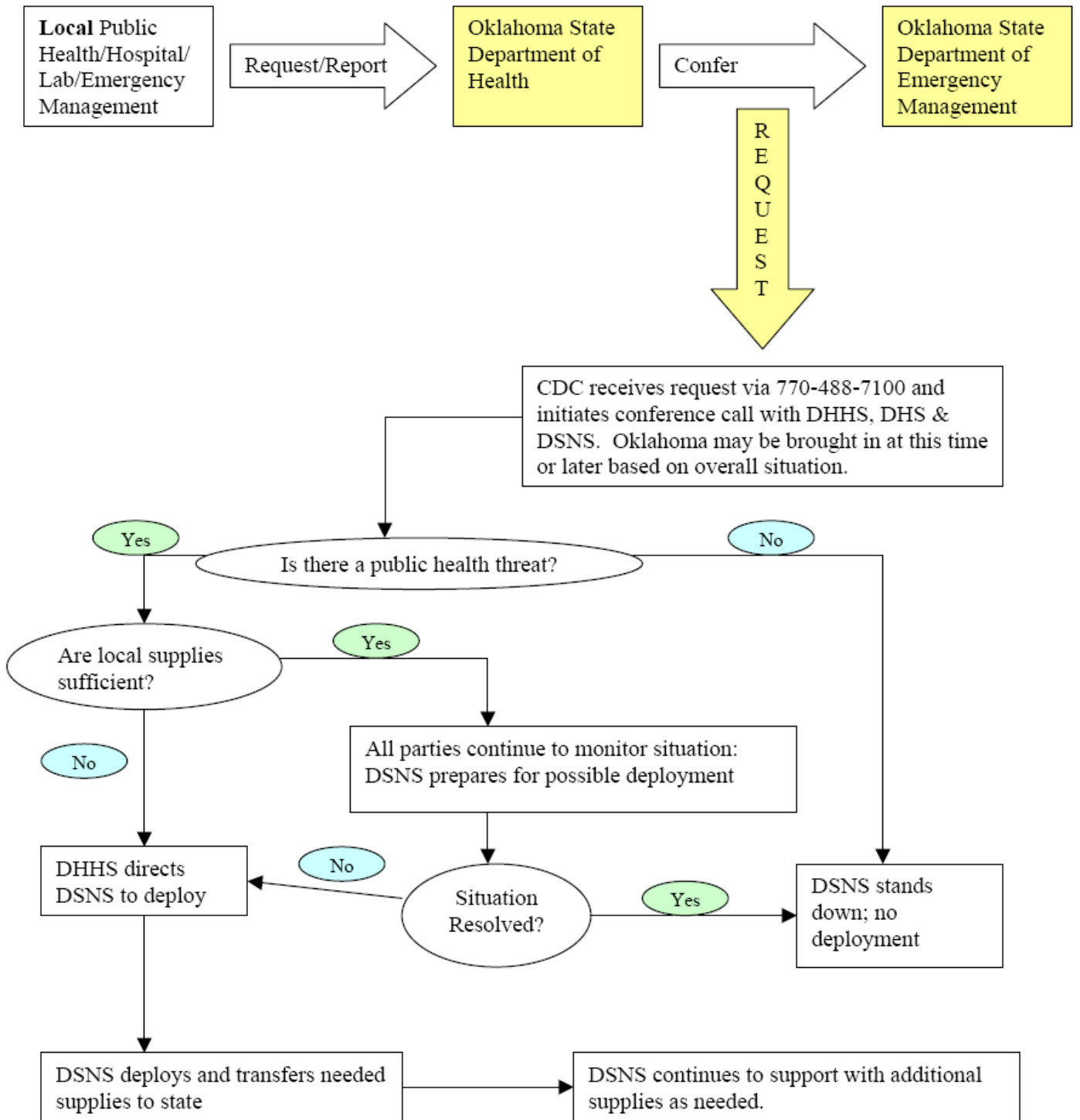
Those present on the phone call should include the OEM Director, Commissioner of Health, State Epidemiologist, TPRS Chief, SNS Coordinator and any other support required.

Information planned for the initial SNS asset request phone call will include:

- First Statement – "Oklahoma needs SNS assets/assistance"
- Suspect/actual problem
 - Lab or epi results
 - Changes in previously reported information
- Type of Disaster
 - Agent
 - Release/locations
 - Likelihood of a follow-on attack
- Severity of problem
 - Estimated number affected
 - Contagious
- Areas effected
 - Weather conditions
- What Oklahoma needs
 - Push Package (potpourri of supplies) and/or
 - Stockpile Managed Inventory (specific amounts) and/or
 - Non-stockpile items that must be ordered

Be prepared to give quantities of items requested. For future requests, an Action Request Form (ARF) must be completed and sent to the DEOC for SNS assets or to the Federal Emergency Management Agency (FEMA) Emergency Support Function #8 Office for any other request.

3.2 SNS Request Diagram



3.3 Additional Supply Requests

All requests for additional supplies will be filtered through the OSDH Situation Room. The SNS Subject Matter Expert (SME) will track the apportioned antibiotics sent to the local MIPS. The SNS SME will then work with the TARU Liaison to identify, based on epi population data and local population data, additional antibiotics needed. The Apportionment Worksheet (excel spreadsheet) helps to apportion and track estimated antibiotic quantities still needed at each MIPS location. Because these numbers are estimated on the 2000 population census and cannot predict where people will actually go for prophylaxis, local MIPS areas report patient thru-put numbers and current inventory on an hourly basis. If a local site identifies the need for additional antibiotics due to their expected thru-put, a request is made through the Situation Room. Depending on immediate stock, other local areas will be assessed for excess stock for transfer, or the request will be made up to CDC for additional supplies.

Hospital order forms (not including oral antibiotics) will be emailed to Regional Medical Emergency Response Centers (MERCs). Any supplies not available locally, or that cannot be fulfilled by the state, based on the order form, will be reported to the TARU Liaison to report back to the CDC's Director's Emergency Operation Center. Blank Action Request Forms are located in the Situation Room to submit supply requests if the public health emergency is deemed to be a federal emergency.

3.4 Local Request Procedures

Local request procedures for supplies must go through a state agency if local resources are exhausted. Any medical or pharmaceutical asset requests go through the Oklahoma State Department of Health. All other requests for supplies (i.e. toilet paper; transportation; security; forklifts; etc) go through the Oklahoma Department of Emergency Management once local emergency management resources are depleted.

3.4.1 MIPS Request Procedures

Local MIPS Area Commands will contact their Regional Emergency Preparedness and Response representative as a point of contact for additional antibiotics. In the event the representative cannot coordinate antibiotics in the region, the request will be forwarded to the OSDH Situation Room. The OSDH Situation Room has pre-identified population estimates that will also be used to quickly re-order necessary amounts of antibiotics to provide prophylaxis to the local populations.

3.4.2 Hospital Request Procedures

Hospitals will receive an order form of supplies that are expected upon receipt of an initial SNS deployment. For items not included on the list, hospitals will be instructed to create a separate supply request document. All supply requests will be filtered through the Regional Medical Emergency Response Centers (MERCs) to allow for a regional coordination effort. In the event resources cannot be found, the request for medical and hospital assets will be sent to the OSDH Situation Room.

Hospitals will coordinate oral antibiotic requests through the MERCs and local MIPS Area Commands. All oral antibiotics are apportioned by population and delivered to the thirty-five (35) MIPS County Warehouses. This allows local command the ability to prioritize all shipments of antibiotics in the area.

4. MANAGEMENT

The Terrorism Preparedness and Response Service (TPRS) oversees the Strategic National Stockpile (SNS) program at the Oklahoma State Department of Health (OSDH). Both the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) preparedness grants are managed in this office, allowing the SNS Coordinator to work closely on all aspects of preparedness efforts across the state.

Oklahoma has separated SNS planning into two major planning areas. The first area is related to state issues that include the Receiving, Staging & Storing (RSS) warehouse while the second area addresses local issues such as the Mass Immunization/Prophylaxis Strategy (MIPS). The SNS Executive Coordinator's focus overarches the entire plan including Treatment Centers. The TPRS Asset Coordinator focuses on the RSS warehouse. The Regional District Coordinators and three-person planning teams in Homeland Security Regions one (1) – six (6) coordinate the MIPS and dispensing functions. The three-person planning teams consist of two (2) Regional Public Health Preparedness Nurses (PHPNs) and one (1) Regional Public Health Response Planner (PHRP) that assist the communities in preparing MIPS plans and exercises. These teams function as local SNS Coordinators.

Tulsa City-County Health Department (TCCHD) and Oklahoma City-County Health Department (OCCHD) manage homeland Security Regions seven (7) and eight (8), respectively. They are autonomous health departments that work with OSDH to create a consistent statewide plan.

The SNS Executive Coordinator oversees all functions and is assisted by subject matter experts:

Communications: (Tactical) Emergency Management Planner, Situation Room Manager, SNS Logistics Coordinator; (IT) Information Technology Services – OSDH; (Public) OSDH Communications Division Director, BT PIO, and MIPS Coordinator

Security: Emergency Management Planner, SNS Logistics Coordinator, Oklahoma Department of Emergency Management (OEM) Liaison and Department of Public Safety (DPS) Liaison

RSS: SNS Logistics Coordinator, Emergency Management Planner, and Training & Education Coordinator

Distribution: SNS Logistics Coordinator, OEM Liaison, ODOT Liaison, OMD Liaison, DPS Liaison

Repackaging: SNS Logistics Coordinator, OSDH State Pharmacist, and MMRS Liaison

Dispensing Sites: Regional District Coordinators, Director of Public Health Response Division, Response and Preparedness Regional Teams, OSDH Nursing Services,

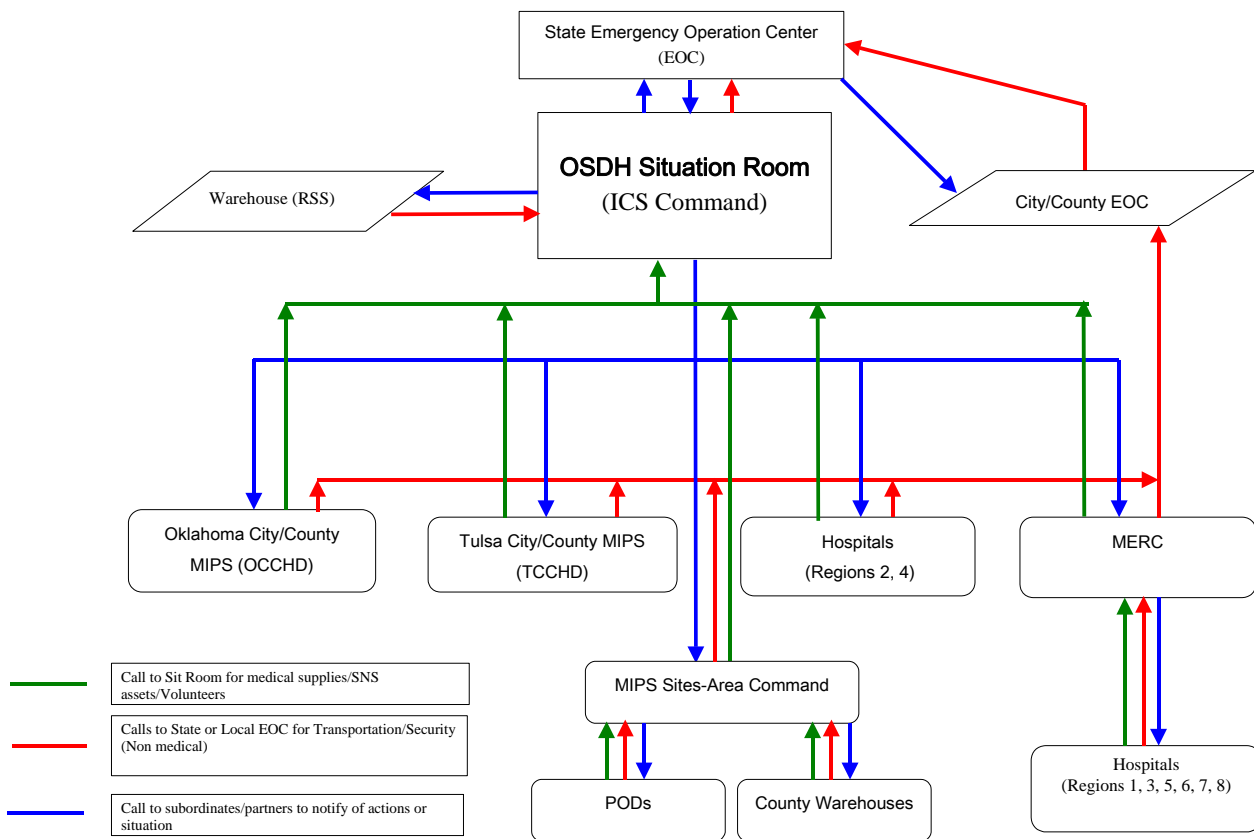
Treatment Centers: Clinical Services Coordinator, Director of Hospital and Public Health Preparedness, and MMRS Liaisons

Training/Exercise/Evaluation: Training & Education Coordinator, SNS Coordinator, TPRS Asset Coordinator, Emergency Management Planner, Drill & Exercise Coordinator, and Regional District Coordinators

Staffing/Volunteer Coordinator: Oklahoma Medical Reserve Corps (OKMRC) State Administrator, OKMRC Training Coordinator, and Regional District Coordinators

5. TACTICAL COMMUNICATIONS

The Oklahoma State Department of Health (OSDH) will utilize the Oklahoma Health Alert Network (HAN) to conduct a call down for OSDH responders in the event of a public health emergency. Quarterly exercises are conducted to ensure accuracy and effectiveness of the process. In the event electronic communication devices are unreliable, the Oklahoma Department of Emergency Management (OEM) Emergency Alert System (EAS) may be utilized to communicate activation of the Strategic National Stockpile (SNS) to volunteers via television and radio.



Revision 12/7/06

During a public health emergency, the OSDH will activate the Situation Room and all public health and medical concerns will be filtered through this site. If the Receiving, Staging & Storing (RSS) warehouse is activated, direct contact between the Situation Room and the RSS warehouse will be maintained. All medical supply and equipment requests will be filtered through the Situation Room before being forwarded to the RSS warehouse. The RSS warehouse will communicate solely with the Situation Room unless all redundant communication sources are down, in which case the RSS will attempt to contact the State Emergency Operations Center (EOC).

5.1 Communication Links

EOC: landline phones; cellular phones; satellite phones; Secure Telephone Unit (STU) lines; email; Ham Radios

Situation Room: landline phones; cellular phones; satellite phones; HAN; NEDDS; EMSystem®; STU lines; email; Government Emergency Telecommunications Service (GETS) cards; blackberry phones; Ham Radios; runner
A communications plan for the OSDH is kept on file in the Situation Room, which includes all necessary phone numbers. The SNS Activation Procedures document contains important contact information specific to SNS.

RSS Warehouse: landline phones; cellular phones; pagers; satellite phones; email; GETS cards; blackberry phones; FRS Radios; Ham Radios

Regional Preparedness and Response Team Members: landline phones; cellular phones; blackberry phones; satellite phones; email; GETS cards

Dispensing Sites: landline phones; cellular phones; Ham Radios; local EOC connections

Treatment Centers: landline phones; cellular phones; HAN; NEDDS; EMSystem®; satellite phones

In the event equipment at the RSS warehouse fails, contact will be made to the Situation Room to replace the equipment if a redundant system is not in place.

5.2 Warehouse Reports

To ensure the State of Oklahoma is aware of the operations at the warehouse, certain reports/notifications will be forwarded in a timely manner during the event.

Initial Activation: Notification from the RSS to the Situation Room when the Communication Unit is active and operational. This time is used to verify call back numbers for all sources of communication as well as email information. Both Situation Room and RSS contact sources should be verified.

Initial Inventory List: (OKSIMS.mdb) If the Situation Room receives the electronic inventory file prior to RSS activation then the Situation Room will forward to the RSS. If not, the RSS will email to the Situation Room upon receipt of SNS inventory from TARU. (The State expects that the CDC inventory file will be emailed upon SNS asset approval. The second method of the CDC inventory file receipt will be via TARU handoff upon their arrival at the RSS.)

Update Inventory Lists: (Product Summary Report) To be emailed from the RSS to the Situation Room after completion of MIPS Apportionment, Hospital Apportionment, every shift change, or sooner, as determined by the RSS Section Chief or by request of the Situation Room.

Arrival of TARU team: Estimated time of arrival will be phoned to the RSS from the Situation Room. The RSS will notify the Situation Room when the TARU team arrives on site.

Arrival of the CDC Delivery: Estimated time of arrival will be phoned to the RSS from the Situation Room. The RSS will phone the Situation Room when the initial push package or managed inventory delivery arrives. Also, notification for additional supply arrivals will be phoned into the Situation Room.

RSS Operational: To be phoned in by the RSS to notify the Situation Room when the push package is completely staged or managed inventory is staged.

Transport Departures: To be emailed or phoned in from the RSS to the Situation Room after each distribution vehicle departs carrying medical assets. These reports will include truck/driver information, order information and destination information.

Hospital Order Forms: The Situation Room will forward onto all affected hospitals and/or MMRS areas via the Medical Emergency Response Centers (MERCs). These forms are returned to the Situation Room for apportionment prior to forwarding to the RSS. Hospital apportionment orders will be sent to the RSS via email (fax will be used as secondary). This form will allow hospitals to order immediate in-stock supplies. All other supply requests will be on a separate request to the Situation Room. Hospitals will plan with local MIPS areas to arrange additional oral antibiotics if their cache on-hand is not adequate. It is the responsibility of the local MIPS area to pre-plan quantities and shipment times to nearby hospitals.

Other reporting factors include:
Problems or deviations from expected status
Shift changes/Manpower changes
Injury reporting
Resource problems
Physical conditions
Facility issues

6. PUBLIC INFORMATION

The Office of Communications at the Oklahoma State Department of Health (OSDH) handles all aspects of public information during a public health emergency. The OSDH Office of Communications meets regularly with the Public Information Officers from Tulsa City-County Health Department (TCCHD) and Oklahoma City-County Health Department (OCCHD) to ensure the delivery of a common message during an emergency. This office also works with the remaining local county health department employees or local designees selected as the local PIO for a Mass Immunization/Prophylaxis Strategy (MIPS) operation.

A Crisis and Emergency Risk Communication (CERC) Plan is kept on file and updated as needed by the Bioterrorism Communications Officer. This plan includes:

- Contact information for regional and state public information officers,
- Procedures and policies on the activation and operation of a Joint Information Center (JIC) during a public health emergency,
- Plans for mass reproduction of public handouts,
- Plans for communicating with special populations,
- Procedures for disseminating information to the public, and
- Procedures for the operation of a 24/7 Public Information Hotline.

In addition to the plan, the Communication Division has access to shelf kits for Threat Level A agents, which include handouts and media information.

7. SECURITY

The primary contact for state security issues is the Department of Public Safety (DPS). State security issues include security of Strategic National Stockpile (SNS) assets driven in from the state line, escort of SNS assets from the designated airport to the designated Receiving, Staging & Storing (RSS) warehouse, security of the RSS warehouse and escorting selected SNS assets from the RSS warehouse to the local County Warehouses. Because DPS is the identified authority for escort (or transportation) across the state, jurisdictional concerns across the state are not an issue.

In addition, DPS has the authority to tap into any state agency resource as well as coordinate issues with local public safety offices during activation of the State EOP. Security issues specific to each RSS warehouse are located in each facilities RSS warehouse plan. The incorporation of DPS into public health emergencies is addressed in the State Emergency Operations Plan as well as the Catastrophic Health Emergency Plan mandated by the Catastrophic Health Emergency Powers Act.

7.1 RSS Credentialing

RSS workers are either state employees or pre-identified volunteers that have had the appropriate background checks. If there is not a sufficient supply of volunteers available to fill warehouse positions, the OSDH will first contact the Medical Reserve Corps (MRC) followed by the OEM to coordinate Community Emergency Response Team (CERT) and Volunteer Organizations Active in Disaster (VOAD) resources. The above-mentioned volunteer organizations have had identical background checks through the OEM. If more volunteers are needed, any new volunteers reporting would be required to have a background check before being allowed at the RSS warehouse. OEM will conduct these background checks.

RSS volunteers are required to show a picture ID when checking into the RSS warehouse and must be confirmed on the pre-identified list. Volunteers will be bused to the selected RSS warehouse and will be asked to go through at least one other checklist to ensure security. In the event buses are not available, volunteers will be instructed at the staging area which RSS to report. Volunteers will be given color-coded badges or stickers to be worn at all times while at the warehouse. Different colors will be alternated for different days and shifts to add another level of security as well as avoid duplication.

7.2 Local Security

Each of the county health departments pre-selected as Mass Immunization/Prophylaxis Strategy (MIPS) sites is responsible for ensuring site security. They are also responsible for coordinating planning efforts of additional Points of Dispensing (POD) in different jurisdictions. At this time, local MIPS planning committees utilize county, city, tribal and private security agencies to secure MIPS facilities. Those facilities include any site that stores SNS apportioned assets, major dispensing or immunization sites, staging areas,

or smaller POD sites. In addition to facility security, each area is responsible for security escorts of select SNS apportioned assets from their regional or local distribution site (if different from their MIPS site) to MIPS sites or POD sites. All specifics of local planning efforts are included in each of the thirty-five (35) pre-selected MIPS plans.

7.3 US Marshal Coordination

Upon activation of SNS assets, the Oklahoma State Department of Health and Oklahoma Department of Emergency Management will acquire the contact information for the assigned US Marshal. This information will in turn be passed to the DPS Liaison acting in the emergency. The DPS Liaison will obtain the delivery route information and ensure an appropriate armed escort is ready to meet the delivery vehicles at the designated location (as determined from their initial contact).

Upon arrival of the Technical Assistance and Response Unit (TARU) team, the DPS Liaison will provide an update of the security situation to the arriving US Marshals. The TARU team and US Marshals will then be escorted to the designated RSS Warehouse.

8. RECEIPT/STAGE/STORE (RSS)

The receipt/stage/store (RSS) function relates specifically to the operation of the RSS warehouse. Oklahoma has selected primary and back-up RSS warehouses to receive Strategic National Stockpile (SNS) assets. Each selected facility will include a plan to receive the supplies, stage the containers or stockpile managed inventory, evacuate, distribute, control traffic and secure the facility.

Upon initial arrival of SNS assets, the Oklahoma State Department of Health (OSDH) will attempt to have a DEA licensed professional on site. (OSDH Employees with DEA licenses – Commissioner of Health, State Medical Officer, State Epidemiologist, State Veterinarian, BT Medical Director). If one of the designated persons is not available the RSS Manager, Repackaging Leader or Medical Leader will have authority to sign and provide the DEA information and obtain the signature at a later time. (At this time, 3-2006, OSDH is speaking with the state DEA licensing authority. Communications are in place to obtain a fee exempt state license that would then allow OSDH to acquire a fee exempt federal DEA license. This will allow a pharmacist, onsite at the RSS, to sign for CII-CV medications.)

Equipment available on site at each facility is located in each facility's RSS warehouse plan. If equipment is not on site, such as pallets, pallet wrap or forklifts, plans are in place to coordinate with the Oklahoma Department of Emergency Management (OEM) to locate and deliver supplies to that location. Because this is the normal function of the OEM and they are very familiar with the Oklahoma SNS plan, requests will be carried out swiftly.

Because warehouse operations may be physically exhausting, the warehouse will operate in three shifts of eight-ten hours each. Also, OSDH will coordinate with OEM to provide meals, drinks and any other personal items volunteers may need during operation.

8.1 RSS Communications

Oklahoma is prepared to set-up operations at any site. This may pose a problem if the designated warehouse is not in operation at the time of SNS deployment. It may require time for phone or Internet services to be activated if not already in operation. The Oklahoma State Department of Health is prepared to utilize generators and satellite communication equipment (fax, email), as well as Ham operators if needed, but this might cause problems for TARU redundant communications.

8.2 TARU

The Technical Assistance and Response Unit (TARU) team is dispatched to assist in the management of the 12-Hour Push Package and RSS facility. The team is designed to be as self-sufficient as possible. To set-up the mobile team as completely as possible, the state is aware of the following supplies needed at the RSS warehouse:

- Three analog lines with long distance calling capability, two for unsecured voice and one for secure voice;
- Electrical outlets (six plugs);
- Two or three two-way radios (depending on type and capabilities), at least one for the TARU Operation Center (TOC) and one for the U.S. marshals;
- LAN or high-speed Internet connection (cannot be wireless; not mandatory); and
- Window or door, preferably with outside access within 20 meters of the TOC. (This is for the satellite phone; the antenna for this device must face skyward in a southeasterly direction.)

In addition, the TARU team will be picked up by two fifteen (15) passenger vans and escorted to the designated RSS Warehouse. A Department of Public Safety official will be onsite to act as a liaison regarding site security and event specific information. The TARU Liaison(s) will then be escorted to the OSDH Situation Room (public health emergency operations center).

8.3 Antibiotic Dimensions

For local MIPS planning, boxes of antibiotics will arrive in the following dimensions:

Product	Pills Per Bottle	Bottles Per Case	Dimensions	Weight lbs.	Remarks
Cipro 500mg	20	100	12*8*8	7.8	
Cipro 500mg	20	400	14*14*14	29.7	No longer carried
Cipro 500mg	20	720	18*18*18	52.61	No longer carried
Doxy 100mg	20	100	12*8*8	5.1	
Doxy 100mg	20	400	14*14*14	18.9	No longer carried
Doxy 100mg	20	720	18*18*18	33.17	No longer carried
Doxy 100mg	50	720	18*18*18	45.41	
Amox 200mg	75	40	10*8*8		No longer carried
Amox 500mg	30	40	10*8*8	5	
Amox 500mg	30	80	14*10*10	9	
Amox 500mg	30	480	18*18*18	49	

Most antibiotics from the SNS Push Package will be in boxes of 100 bottles per case. About 47-52 boxes will fit on a single pallet stacked about four feet high. Antibiotics

received by Managed Inventory (bulk antibiotics) may have as many as 112 boxes – totaling 112,000 bottles.

9. INVENTORY

Oklahoma utilizes a Microsoft Access database as the primary system for Strategic National Stockpile (SNS) Push Package inventory management. The system is designed to upload container information and print user-friendly reports. Three computers will be connected to a portable server that will allow three separate inventory groups to prepare pick-sheets simultaneously. Oral antibiotics will be apportioned, as outlined in the Apportionment Standard Operating Procedures, to each of the activated MIPS areas based on pre-identified weighted populations.

In the event the database is not accessible, the RSS staff will be instructed to switch to the secondary inventory management system within ten minutes of the database failure. (This will be instructed only after the SNS pipe delimited file is received from the TARU team). The file will be downloaded into an Excel format and alphabetized by item name. Inventory teams will then utilize the pre-formatted Excel spreadsheet or handwrite the orders onto hardcopy picksheets.

If electricity is not available, the RSS warehouse will be instructed to request a hardcopy of the inventory from the TARU team. If a hardcopy is not available, this will require the inventory team to remove all container pouches to create an inventory log while working closely with pick teams. All orders will be handwritten on picksheets. Preprinted quadruplicate non-carbon paper (NCP) pick sheet forms are available for manual pick sheet creation.

Hospitals will receive apportioned material of all other supplies (not including oral antibiotics). A hospital order form will be created from the OKSIMS database or Excel inventory list. Order forms will be emailed to effected hospitals and/or Medical Emergency Response Centers. Each recipient will be instructed to order from the form and if additional supplies are needed, which are not included on the form, make another list of those supplies and submit them to the Situation Room. If communications are down, the Situation Room will identify effected hospitals and divide all SNS supplies received.

If a hospital requires oral antibiotics, local plans will include surrounding hospitals to pick up oral antibiotics. Oklahoma's current plan is to deliver hospital supplies (not including oral antibiotics) to all hospitals in an effected area that require medical supplies. However, in the event of a statewide public health threat, Oklahoma may not have sufficient resources to deliver to all hospitals. Hospital supplies will be delivered to one of the thirty-five (35) pre-identified MIPS locations. Hospitals will then be required to provide transportation and security to pick up their apportioned material at the local MIPS site.

10. REPACKAGING

The OSDH joined efforts with the Oklahoma City and Tulsa Metropolitan Medical Response Systems (MMRS) to create a Memorandum of Understanding (MOU) with an Oklahoma distributor to repackage Strategic National Stockpile (SNS) bulk material if needed. Upon receipt of SNS assets, the Repackaging Unit Leader will be responsible for coordinating security for transporting bulk material to the private contractor. The Oklahoma State Department of Health (OSDH) Preferred Guidelines and Orders (PHN-GAOs) will also be utilized to determine the dosing and directions unless the OSDH Commissioner or medical director determines otherwise.

If the private contractor is not available, the Medical Reserve Corps (MRC) will contact volunteers registered as pharmacists, pharmacy interns, and pharmacy technicians with a request to serve. As additional back up, students at the University of Oklahoma School of Pharmacy will also be utilized to assist in the manual count and pour of medications.

11. DISTRIBUTION

Distribution is the process of transporting the necessary supplies and SNS assets from the RSS warehouse to the MIPS sites or Treatment Centers. The Oklahoma Department of Emergency Management (OEM), Department of Public Safety (DPS), Department of Transportation (ODOT) and the Oklahoma Military Department (OMD) all assist with transportation of supplies by supplying vehicles, drivers and/or security. Antibiotics will be delivered to the thirty-five (35) pre-identified MIPS sites. Each local MIPS plan has procedures on how they plan to distribute it even further (if applicable). Treatment Centers will be required, during a statewide event, to pick up medical supplies from one of those thirty-five (35) pre-identified MIPS sites. However, if the event is localized and the state has enough transportation/security assets, supplies will be delivered directly to the hospital.

11.1 Driver Credentials

First line drivers will be state government employees with state badges. They will be required to show their badge upon arrival at the RSS warehouse. In addition, the OEM, who is coordinating transportation, will have a list of drivers' names that they will submit to the DPS liaison. The DPS liaison will then inform onsite security of expected arrivals. In the event FedEx is utilized, OEM has an account for the White Glove service, which checks all employees background for this service.

11.2 Vehicle Repair

The Department of Transportation has local offices situated around the state. In the event a truck breaks down and notifies the state Emergency Operations Center (EOC), ODOT will dispatch service from the nearest location.

11.3 Dispatch

RSS warehouse staff will be onsite at the warehouse to handle all driver needs. This person will ensure the driver has all necessary forms, receives medication and knows where they are traveling. They will also ensure all drivers are setup with escorting law enforcement to review routes and other pertinent information such as contact information.

11.3.1 Chain of Custody

A general bill-of-lading will be used for drivers to deliver supplies. The bill-of-lading will only report how many pallets or individual boxes the driver is to drop-off. In the event there is more than one delivery per truck, the packages will be marked with colored tape and the bill-of-lading forms will be annotated according to delivery color.

11.3.2 Routing Information

The RSS warehouse has a file that includes hardcopy, driving directions from the general Oklahoma City and Tulsa areas to each of the thirty-five MIPS County Warehouses. In addition, each MIPS plan includes driving directions in Attachment K1. All the

treatment centers in Oklahoma have been identified with addresses in the OKSIMS as well as the apportionment tool. However, physical location addresses need to be verified for a few and hardcopy driving direction files need to be created to include all hospitals.

Before leaving the warehouse, drivers will be instructed to coordinate routes with escorting law enforcement and document those routes with warehouse staff. The Oklahoma Department of Transportation will be utilized to identify any closed routes that may affect delivery.

11.3.3 Security/Communication/Tracking

Trucks will be escorted by law enforcement personnel that will be equipped with radios. Also, all drivers will be required to leave current contact information (cell phone) with warehouse staff before departing.

11.3.4 Material Handling Equipment

Only trained forklift drivers will be allowed to operate the appropriate material handling equipment as defined in OSHA regulation 1910.178.

11.3.5 Loading and Off-loading

Ideal warehouses will have docks and ramp levelers. If docks are not available, forklifts will be utilized to unload the CDC shipment. Local sites have been trained on the type of delivery each will receive. They have all planned for forklifts to be on-site or delivered to the site, or they have made plans to have extra personnel on-site to unload by hand.

11.3.6 Schedule and Frequency

Although the strategy could change based on the event, the plan is to deliver antibiotics to the affected MIPS areas first. The local MIPS areas can then prioritize first shipments to cover opened PODs or treatment centers without cache on hand. Shipping antibiotics first and foremost will essentially provide protection for the majority of the population. An apportionment tool has been created that tracks time/distance from both Oklahoma City and Tulsa (RSS Warehouse cities) and will be prioritized by farthest location first. The Planning Chief at the Situation Room can reorganize priority areas by hardest hit during an event if needed.

Hospital supplies, not including oral antibiotics will be shipped out after the MIPS deliveries in the case of a mass dispensing public health emergency. Priority deliveries will be determined in coordination with the Medical Emergency Response Centers and Planning Chief. In the event hospital orders have to be drop shipped to the thirty-five (35) MIPS County Warehouses, each hospital has been mapped to the closest MIPS warehouse.

Reorders will not be shipped until after all initial shipments have been made. Once initial shipments are complete, the state will work off a daily re-supply distribution plan, which can be scaled up or down if needed.

11.4 Vehicle Loads

(Regarding antibiotic cases with bottles of 100)

- State Highway Patrol Car (Crown Victoria) = 49 cases
- State Highway Patrol SUV = 80 cases

(Warning – these boxes are packed into the vehicles tightly and could possibly shift into the front seat without proper netting holding them back.)

- State Highway Patrol aircraft = 45 cases
- National Guard 2 ½ ton truck = 4 pallets loaded from the back end
- National Guard 2 ½ ton truck = 6 pallets if sides are removed and pallets loaded on the side

(National Guard 2 ½ ton trucks will not allow a forklift to drive into the back unless the tarps are taken down. However, regular pallet jacks can be used to load.)

12. DISPENSING

As mentioned throughout this plan, the Strategic National Stockpile (SNS) functions are divided into two main functions: state and local. Dispensing is the responsibility of the local thirty-five (35) pre-selected Mass Immunization/Prophylaxis Strategy (MIPS) sites. Each site has a dispensing plan, which is kept on file at the Oklahoma State Department of Health (OSDH).

The OSDH maintains a MIPS Guidance document that is reviewed and updated yearly by the Executive SNS Coordinator. In addition, the regional OSDH teams consisting of two (2) Regional Public Health Preparedness Nurses (PHPNs) and one (1) Regional Public Health Response Planner (PHRP) assist each of these communities in preparing, revising or updating any MIPS plan as well as preparing for drills and/or exercises.

At least six (6) of the thirty-five (35) pre-selected MIPS sites complete full-scale exercises each year. In addition, Oklahoma City-County Health Department (OCCHD) and Tulsa City-County Health Department (TCCHD) are required to complete full-scale exercises each year as stipulated through contract.

12.1 First Responders

There are multiple plans in place to provide for first responders (essential personnel listed under Planning).

12.1.1 State & RSS Warehouse Efforts

The OSDH will operate an Employee MIPS operation for central office employees, warehouse volunteers and immediate family members of those assisting in the emergency. Upon notification to the worker/volunteer, they will be told where to report to receive medication. State and local assets will be provided to those required to assist in the initial push of receiving and distributing the SNS assets. Depending on the severity of the event, workers and volunteers will be instructed to pick up medication for family members or will be able to arrange for family members to report and pick up medication at an alternate time and date.

Personnel not reporting first to the staging site, such as law enforcement, warehouse facility employees and distribution drivers, will be provided prophylaxis at the RSS warehouse. A pharmacist, nurse or physician will be on site to provide medications to these persons.

12.1.2 Local MIPS Efforts

Plans for first responders assisting with local MIPS efforts are documented in each of the thirty-five (35) pre-selected MIPS plans. Some communities have agreements with local pharmacies to provide medications to first responders prior to SNS arrival. Other communities are planning on treating first responders first prior to the public dispensing

or immunization clinics. In addition, some locations are also creating strike teams to deliver medications to selected first responding agencies.

12.1.3 Treatment Center Efforts

The Health Resources and Services Administration (HRSA) grant has purchased a pharmaceutical cache for participating hospitals around the state. These caches will provide initial doses for hospital workers and family members as well as local first responders in the area. Local MIPS plans will account for nearby hospitals requiring additional oral antibiotic regimens. Each MIPS area has identified nearby hospital employee counts and determined the amount of “family” regimens each employee may receive. Local MIPS areas have also identified caches on hand at each hospital to determine the amount of antibiotics to send to the hospitals, if any, and the time of the shipment.

13. TREATMENT CENTER COORDINATION

The Clinical Services Coordinator and the Hospital Preparedness Coordinator at the OSDH work closely with hospitals and provide education on the Strategic National Stockpile (SNS). The Oklahoma State Department of Health also works closely with hospital Infection Control Practitioners through the OSDH Acute Disease Service to conduct surveillance. This service is able to communicate with hospitals via the Health Alert Network and receives responses from an electronic reporting system. The epi division has a 24/7-phone number for practitioners to contact to report cases of possible outbreaks or public health emergencies. In addition to the epi group, the Oklahoma Public Health Lab (PHL) maintains contacts with hospital laboratories. The PHL also a 24/7-phone number for lab personnel to contact with questionable or confirmatory results of suspicious samples.

Oklahoma has three regions with Medical Emergency Response Systems (MERCs) or emergency operation centers to coordinate hospital responses. Two are located in the Metropolitan Medical Response System (MMRS) areas. The other is located in the Regional Medical Response System (RMRS) area, which is funded by the OSDH. Future endeavors include the creation of RMRS in each of Oklahoma's Homeland Security area to assist with coordination of hospital requests. The primary system utilized for communicating and drilling hospitals used by the Metropolitan and Regional MRS areas is EMSystem®. OSDH has purchased computers and licenses for EMSystem® for all hospitals participating in the hospital package plan. This internet-based system allows for a redundant communication and warning system but also is able to track supplies and types of professionals available. The current everyday use for the system is to track hospital emergency department capacity that helps dispatch EMS units as well as daily bed counts.

In addition to state coordination with hospitals receiving SNS apportioned material, locals plan with hospitals to treat symptomatic patients arriving at the MIPS sites or POD sites and to identify apportionment of oral antibiotics delivered to their County Warehouses.

14. TRAINING, EXERCISE & EVALUATION

14.1 Training

The Oklahoma State Department of Health employs a full-time Training and Education Coordinator to concentrate on public health response courses, which include the Strategic National Stockpile. All required or recommended trainings for staff, dispensing site volunteers or RSS warehouse volunteers are organized and/or coordinated by this position.

14.2 Exercise

A full-time Drill and Exercise Coordinator tracks all OSDH exercises carried out for each fiscal year. At least six (6) MIPS locations in addition to Oklahoma City-County Health Department (OCCHD) and Tulsa City-County Health Department (TCCHD) are exercised each year (full-scale).

14.3 Evaluation

The OSDH follows the Homeland Security Exercise & Evaluation Program (HSEEP) Guidelines when developing and evaluating preparedness exercises and drills.

14.4 Certified Stockpile Specialist Training

OSDH has created an in-depth warehouse-training program that allows employees specialty pay for completion. The plan requires each employee participating to not only complete lecture courses but also to participate in drills and exercises on a yearly basis to maintain their specialty pay.

15. CHEMPACK

CHEMPACK is a program within the Strategic National Stockpile. It is designed to forward place nerve agent antidote in a state that allows an immediate response to a chemical public health emergency. The Oklahoma State Department of Health (OSDH), the Oklahoma Department of Emergency Management (OEM), the Oklahoma Office of Homeland Security (OKOHS), the Metropolitan Medical Response System (MMRS) cities in Oklahoma City and Tulsa as well as the Regional Medical Response System (RMRS) in the southwest part of the state worked together to strategically place the supplies in Oklahoma.

The CHEMPACK assets remain federal government property but state and local authorities may access them almost immediately during an emergency. There are plans in place to breakdown the supplies and ship them to hospitals, alternate care sites or the site of an emergency.

16. PANDEMIC FLU PREPAREDNESS (Antivirals, Vaccines & Other Medical Supplies)

Specific to pandemic preparedness, the federal government has plans to procure antiviral drugs, personal protective equipment (PPE) (masks, respirators, face shields, gloves, and gowns), intravenous antibiotics (to be used for secondary respiratory infections), ventilators, and syringes, and store these assets in the Strategic National Stockpile (SNS). The Division of the Strategic National Stockpile (DSNS) is also responsible for ensuring that assets are delivered to the 62 Public Health Emergency Preparedness (PHEP) Project Areas during response to a pandemic influenza emergency. In the event a vaccine is found to be effective, the DSNS would also use their distribution plans to distribute to the PHEP Project Areas.

The Director of the Centers for Disease Control and Prevention (CDC) in consultation with the Secretary of HHS, or his/her designee, will determine when to activate the SNS to begin the distribution of critical medical material based on the World Health Organization (WHO) Phase characterization and the severity of the disease. The decision will likely not occur until after the WHO declares a Phase 4 of an influenza pandemic when there are confirmed small clusters of limited human-to-human transmission of a novel type A influenza virus with epidemiologic evidence of sustained spread.

In addition to the federally stockpiled antiviral drugs and other assets purchased to combat an influenza pandemic, through the Health & Human Services (HHS) Public Health Preparedness Cooperative Agreement, the 62 PHEP Project Areas have the opportunity to purchase Tamiflu® and Relenza® at federally negotiated contract prices with a 25% federal subsidy. Oklahoma's state allocation of the federally subsidized antiviral drugs is 368,155 courses. On December 22, 2006, the Oklahoma State Department of Health (OSDH) submitted a chronological purchase plan for a total of 139,368 treatment courses (114,318 Tamiflu® and 25,050 Relenza®). This purchase plan is inclusive of orders placed in behalf of other preparedness partners, including Tulsa City-County Health Department, the Department of Corrections, and five hospitals participating in the OSDH Hospital Package Plan. Shipment of the first order for the state antiviral stockpile is anticipated after June 1, 2007.

16.1 Warehousing Functions

The CDC requires states to have a plan for receiving SNS assets delivered for a pandemic, distribution, storage, security, monitoring, allocation and administration or dispensing of both SNS assets as well as state owned assets purchased for a public health response to an influenza pandemic. Oklahoma will utilize the same receiving, staging and storing procedures used for mass prophylaxis discussed in previous chapters, as well as similar distribution plans and partners. The exception to this may be distribution of small supplies of antiviral medications targeted for use by employees in hospitals, other state agencies, or facilities deemed vital for community infrastructure support. Those

distribution plans are further detailed in the Oklahoma Pandemic Influenza Management Plan.

16.1.1 Receipt of Assets

Any SNS assets shipped to Oklahoma will be received at one of the pre-approved Receiving, Staging and Storing (RSS) warehouse sites. The designated warehouse will activate the ICS structure and a pharmacist or DEA licensed professional will be available onsite to sign for the medications and/or supplies. In the event one of the above is not available to sign for the assets, the Warehouse Site Commander may sign for the assets and the necessary paperwork will be filled out before the end of the event by a DEA licensed professional.

16.1.2 Storage

Oklahoma State Department of Health (OSDH) assets will be stored at a confidential location that can later be mobilized using the SNS distribution plan, described below. Other assets purchased with federal funds such as Metropolitan Medical Response Systems (MMRS), are stored at the same confidential location as OSDH purchased assets and will be mobilized in the same fashion. SNS assets will be stored at a pre-approved RSS warehouse and shipped out to effected areas.

Hospitals opting to purchase federally subsidized antiviral medications through the OSDH will have the option of storing the medications at their facility as long as they meet storage and security requirements. A Memorandum of Understanding detailing the conditions of receipt, storage, and use will be executed prior to delivery of antiviral purchases to hospital storage locations.

16.1.3 Security

Any time the RSS warehouse is activated, the Oklahoma Department of Public Safety and the Oklahoma Department of Emergency Management in conjunction with the Oklahoma State Emergency Operations Plan will coordinate security of the site. In addition to securing the warehouse, all antiviral medications and/or vaccines to be utilized and distributed during a pandemic influenza will have a security escort.

16.1.4 Distribution

The same distribution plan will be utilized for all SNS and state assets to be used in a public health emergency, with the possible exception of some targeted delivery of antiviral drugs. The Oklahoma Department of Emergency Management will coordinate other state and private agencies to deliver to one of the thirty-five (35) pre-designated County Warehouses across the state. Depending on location and number of actual cases identified in the state, delivery of supplies may be made directly to a hospital or treatment center based on severity of the event. The local county health departments responsible for the receiving warehouses will activate local plans to distribute supplies in the area.

16.2 Dispensing

A Pandemic Influenza Team will be convened to determine allocation of antiviral medications. This team will be convened during the pre-pandemic period to ensure the

appropriate health facilities and institutions receive medications to achieve prioritized usage based on CDC's and the WHO's recommendations at the time. It must be understood though, due to the expected limited availability of antiviral medications, prophylaxis of the general public will likely be outweighed by the needs for treatment of those infected and prophylaxis of healthcare workers and other prioritized groups outlined in the Pandemic Influenza Management Plan. PPE will be utilized, as well as a public information campaign on proper universal procedures, to protect the public from the spread of disease. (More information on the allocation of antiviral medications can be found in the Oklahoma State Department of Health (OSDH) Pandemic Influenza Management Plan under Essential Element #4, Delivery of Antiviral Medications and under the Antiviral Distribution Plan.)

Given the uncertainties about antiviral drug use and supply, administration strategies must be flexible and will be readdressed as a pandemic unfolds. The convening Pandemic Influenza Team will determine the appropriate treatment and prophylaxis regimens based on current event information. Any information regarding the treatment and prophylaxis protocols will be disseminated to the appropriate treatment facilities and practitioners via Oklahoma's Health Alert Network (HAN) messages in compliance with the Public Health Information Network (PHIN). Again, a public information campaign will be utilized to notify the public using the Pandemic Influenza Shelf Kit in the Office of Communications at the OSDH.

(This chapter is in addition to the OSDH Pandemic Influenza Management Plan.)

17. FEDERAL MEDICAL STATIONS (FMS)

A Federal Medical Station (FMS) is a Department of Health and Human Services (DHHS) deployable asset. In addition to the deployment of antivirals and other countermeasures, the Division of the Strategic National Stockpile (DSNS) is responsible for the deployment of Federal Medical Stations (FMS), when directed by HHS. DHHS and CDC/DSNS are developing this federal medical capability to deploy to meet public health needs during a national emergency, operate with a federal staff, or hand-off to a state or local entity for operation. FMS's provide non-acute and special needs care or quarantine support capability anywhere in the United States. It is flexible, modular, scalable and designed for installation in buildings of opportunity. A prime benefit is its ability to augment local healthcare infrastructure in mass casualty incidents or potential public health threats. Deployment of a FMS will be directed by DHHS/OPHEP at the request of state officials.

The FMS Concept of Operations (CONOPS) is being developed to provide a total capability – materiel, staff, and support enablers. When fully operational, an FMS is designed to support 250 patients for three days. It may also be deployed in 50 bed increments or augmented with additional beds. Although a FMS can deploy with a federal clinical staff, it is not a standalone capability. States or federal host officials must identify suitable buildings or structures to house an FMS and plan to provide support staff and services.

Oklahoma has not yet designated or assigned structures capable of housing an FMS deployment. In the event an FMS is needed an Oklahoma, OSDH will make the request through the Oklahoma Department of Emergency Management up to the HHS Region VI Emergency Coordinator out of Dallas, TX.

ACRONYMS

C&C	Command and Control
CDC	Centers for Disease Control and Prevention
CERC	Crisis and Emergency Risk Communication plan
CERT	Community Emergency Response Teams
DEQ	Department of Environmental Quality
DHS	Department of Human Services
DOEd	Department of Education
DPS	Department of Public Safety
EAS	Emergency Alert System
EOC	Emergency Operation Center
EOP	Emergency Operation Plan
ETA	Estimated Time of Arrival
GETS	Government Emergency Telephone System
HAN	Health Alert Network
HRSA	Health Resources and Service Administration
HSEEP	Homeland Security Exercise & Evaluation Program
ICS	Incident Command System
LEPC	Local Emergency Planning Committee
MIPS	Mass Immunization & Prophylaxis Strategy
MERC	Medical Emergency Response Center
MI	Managed Inventory
MMRS	Metropolitan Medical Response System
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NAPH	Name, Address, Phone & Health
NEDDS	National Electronic Disease Data System
NIMS	National Incident Management System
NPS	National Pharmaceutical Stockpile (aka SNS)
OCCHD	Oklahoma City County Health Department
OEM	Oklahoma Department of Emergency Management
ODOT	Oklahoma Department of Transportation
OMD	Oklahoma Military Department
ONG	Oklahoma Natural Gas
OSDH	Oklahoma State Department of Health
OUHSC	Oklahoma University Health Science Center
PD	Police Department
PHPN	Public Health Preparedness Nurse
PHRP	Public Health Response Planner
PIO	Public Information Office or Officer

POD	Point of Dispensing
PP	Push Package
QA	Quality Assurance
RSS	Receiving, Storage and Staging
S/L	State &/or Local
SNS	Strategic National Stockpile
STD	Sexually Transmitted Disease
STU	Secure Telephone Unit
TARU	Technical Advisory and Response Unit
TCCHD	Tulsa City County Health Department
TPRS	Terrorism Preparedness & Response Service
VOAD	Voluntary Organizations Active in Disaster
WMD	Weapons of Mass Destruction

DEFINITIONS

CHEMPACK: A Division of the federal Strategic National Stockpile (DSNS) program that prepositions nerve agent antidotes and supporting equipment in self monitoring storage containers (caches) to enable state and local governments to provide appropriate response within two hours of accidental or intentional exposure to a nerve agent.

CHEMPACK Cache: CHEMPACK nerve agent pharmaceuticals include Mark I kits.

CHEMPACK Cache Locations: Facilities that house and assume custody of one or more CHEMPACK containers.

Dispensing: The process of providing medication or vaccinations to the public.

Distribution: The process of delivering/transporting SNS material from the OSDH RSS Warehouse to the Regional Distribution Center or from the Regional Distribution Center to MIPS and/or PODS. (Not to be confused with dispensing.)

Division of Strategic National Stockpile (DSNS): A program of the federal Centers for Disease Control and Prevention (CDC) assigned to supplementing and re-supplying state and local public health agencies within the United States or its territories in the event of a public health emergency, including biological or chemical terrorism incidents

MIPS - Mass Immunization/Prophylaxis Strategy: A strategy to mass medicate a large population of 50,000 or more persons. There are 37 sites pre-selected by the state to create MIPS plans. A MIPS site is usually a massive facility selected to provide smallpox immunizations or antibiotics to a single crowd of 50,000 or more people.

Regional Distribution Center; aka County Warehouse: This will be a delivery site for SNS apportioned supplies. These sites are part of the 35 sites pre-selected by the state. Some locals may choose to use their MIPS site as the Regional Distribution Center as well.

POD - Point of Dispensing: These sites are small dispensing sites that will report to the local MIPS site for SNS apportioned material, communication and local planning. These sites will require less people to man because they will rely on the ICS structure at the MIPS site. Site(s) within a community where the public receives prophylactic medicines intended for individuals who may have been exposed to a biological pathogen/infectious agent, but are not yet exhibiting symptoms of disease. Individuals who are exhibiting symptoms or appear to be ill should be directed to treatment centers to receive appropriate care.

Prophylactic: Preventive or protective; a drug, vaccine, regimen, or device designed to prevent, or provide protection against, a given disease or disorder.

Public Health Emergency : An occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability. Such illness or health condition includes, but is not limited to, an illness or health condition resulting from a national disaster

Smallpox Immunization Clinics: These sites are also known as MIPS sites.

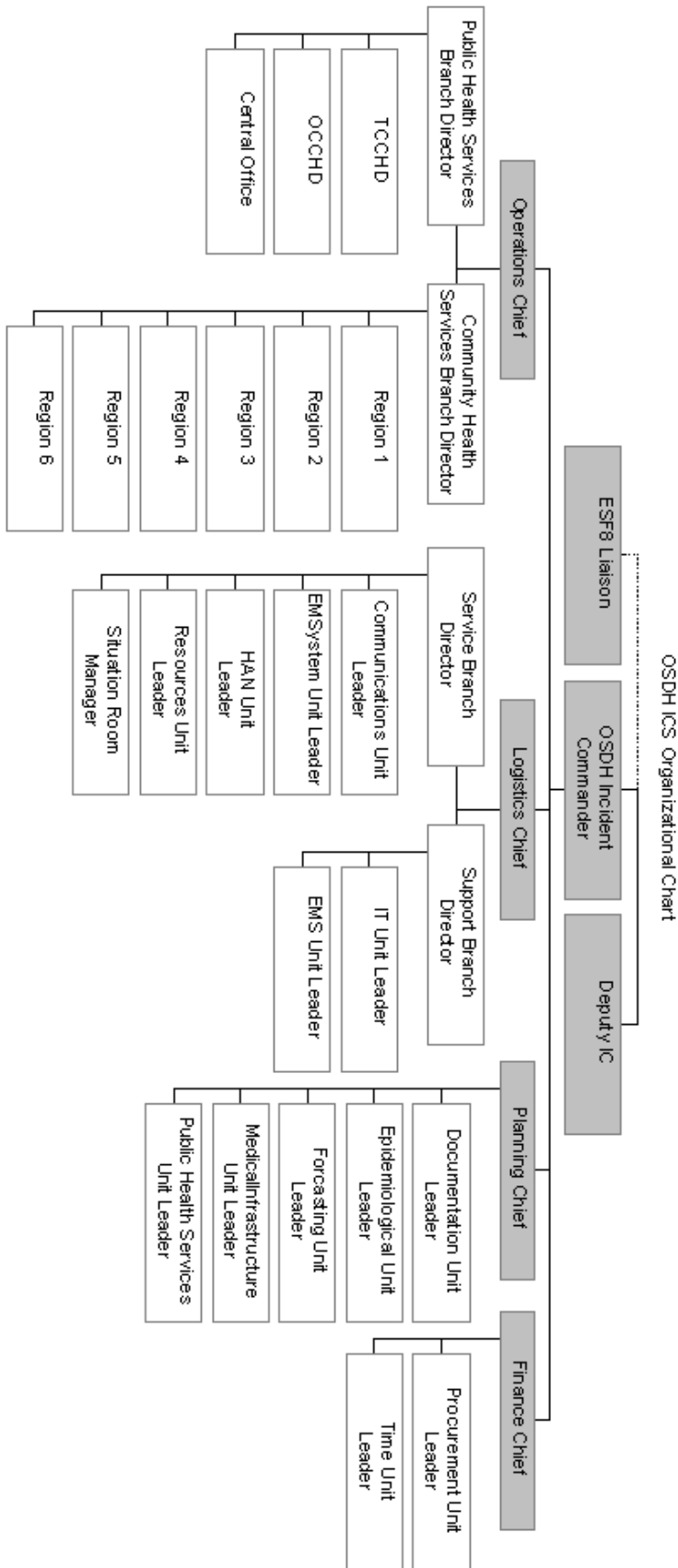
Spontaneous Volunteers: These are people who volunteer in the immediate aftermath of a disaster or an emergency. They may be skilled or unskilled and may be from the affected area or from outside the area. Channeling spontaneous volunteers-especially if they present in large numbers as they did in New York City following September 11-presents special management challenges.

Strategic National Stockpile: A national repository of antibiotics, chemical antidotes, antitoxins, life support medications, intravenous administration, and airway maintenance supplies, and medical or surgical material for use in a declared biological or terrorism incident or other major public health emergency.

Treatment Centers: Locations in the community where the sick receive treatment such as hospitals

OSDH BASIC ICS STRUCTURE

(May be scaled down or scaled up based on the emergency.)

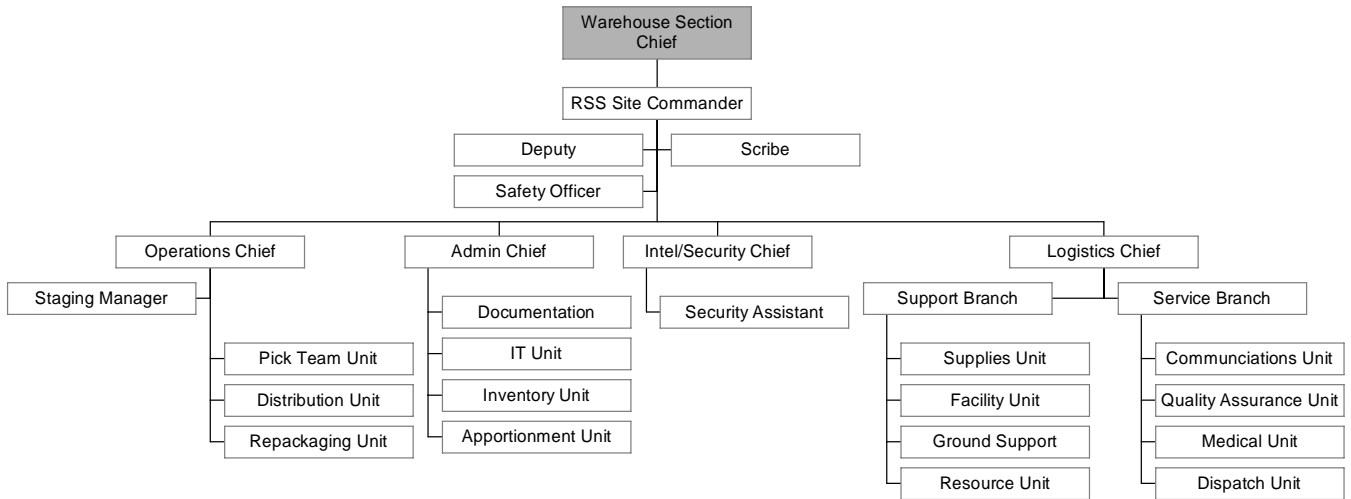


The following Subject Matter Experts may be plugged into this organization chart where needed.

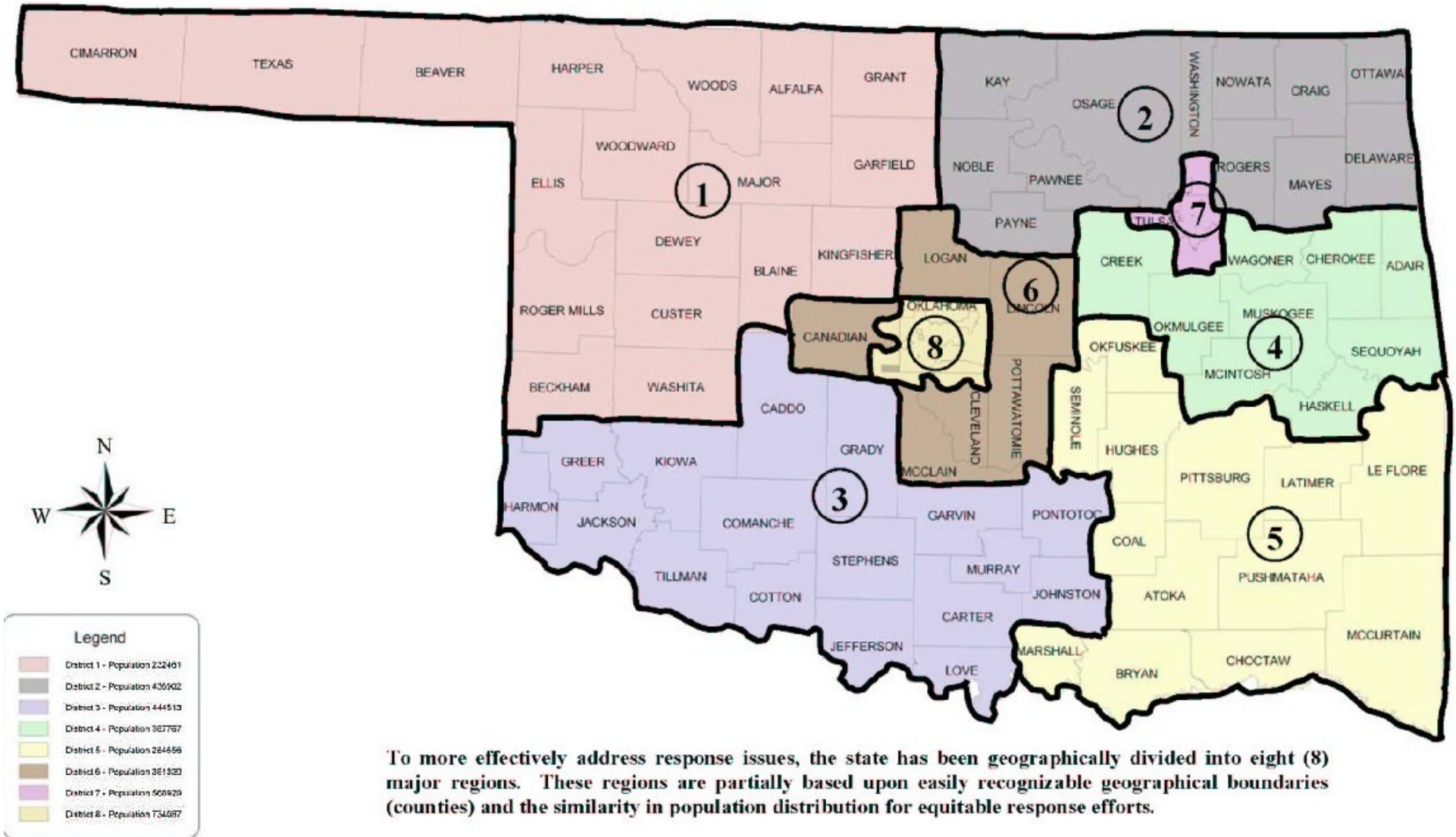
- Environmental Health
- Immunizations
- Intelligence Officer
- Legal
- Long Term Care
- Medical Director
- Medical Reserve Corps
- Pharmacy
- Public Health Lab
- Public Health Veterinarian
- Security
- SNS
- State Epidemiologist

RSS BASIC ICS

In addition to the four section chiefs, Operations, Finance, Logistics and Planning, OSDH also has a RSS Warehouse Section Chief due to the scope of the SNS plan. Below is the ICS that will be activated in addition to the Overall OSDH ICS in the event SNS assets are deployed to Oklahoma.



Regional Response Area Map



To more effectively address response issues, the state has been geographically divided into eight (8) major regions. These regions are partially based upon easily recognizable geographical boundaries (counties) and the similarity in population distribution for equitable response efforts.