

Oklahoma's 2008 Catastrophic Health Emergency (CHE) Plan



Submitted by James M. Crutcher, M.D., M.P.H., F.A.C.P.M.,
Secretary of Health on behalf of the Catastrophic Health Emergency Task Force– November 2008

**2008
Catastrophic
Health
Emergency
(CHE)
Plan**

**Executive
Summary**

**CHE
Plan**

**Recommended
Actions**

**Task Force
Members**

**Oklahoma's
Catastrophic
Health Emergency
Powers Act**



Executive Summary



Executive Summary



Oklahomans are uniquely familiar with disaster preparedness and response. This is aptly demonstrated by the recognized tradition of the “Oklahoma Standard” when others in our Nation refer to our ability to respond. In today’s changed world, where the unimaginable has been realized, emergency response planning assumes renewed urgency. The principal responsibility of government is to protect the health, safety and well being of its citizens. This responsibility must be exercised without unduly interfering with civil rights and liberties while allowing for the recognition of diverse cultural differences, norms and traditions. New threats and uncertainties - including acts of terrorism, resurgent infectious diseases and mass casualty incidents - pose serious and potential imminent threats to the population. These issues demand an integrated and coordinated planning effort in which response roles are realigned and new partnerships are forged.

The Catastrophic Health Emergency Powers Act (O.S. 63:6101) was enacted by Oklahoma’s leadership to secure Oklahoma, to protect the safety of Oklahomans and to ensure that our State is ready and able to provide a coordinated emergency response during disasters. The Act mandates a renewed focus on essential government functions pertaining to the prevention, detection, management, and containment of public health emergencies. The Act names the required membership of the Catastrophic Health Emergency (CHE) Task Force and details the thirteen functions to be included in the CHE Plan. The Act requires that the plan be distributed to responsible parties, that interested persons and the public be allowed to review and comment and that the plan undergo an annual review. The CHE Task Force and numerous stakeholders worked diligently to compile and update the Catastrophic Health Emergency Plan.

It is important to recognize the ultimate goal of terrorism – to disrupt our way of life by creating fear and chaos. Terrorist acts can erupt virtually anytime, anywhere. This requires a strong, coordinated, well-established, and practiced effort to prevent, detect, respond, and recover from disasters. While the methods of prevention, detection, and response to each type of terrorism have specific differences, the overall response structure remains the same. Many acts of terrorism may be obvious, immediately detected (chemical, radiological, nuclear, and explosive), and responded to by traditional first responders (fire, police, emergency medical services). Bioterrorist acts, however, may be covert with the detection being less immediate and the first responders being primarily the public health and health care workforce.

2008 Oklahoma Catastrophic Health Emergency (CHE) Plan

Though this plan began as a response to possible terrorist acts, not all catastrophic health emergencies result from intentional or human-caused events. Our world and our State also continually face the threat of nature in the form of emerging infectious diseases. Public health and all state agencies along with the partners in the business and private sectors must prepare for a statewide response to outbreaks of highly contagious diseases, more specifically pandemic influenza. In history, pandemic influenza has caused high morbidity and mortality leading to severe disruption of the healthcare system, economy, and daily lifestyle. By planning and preparing for an event of this magnitude, Oklahoma will take one step closer to be prepared for nearly any catastrophic health emergency.

Oklahoma has long recognized these differences and relied upon the Oklahoma Department of Emergency Management to develop, maintain and distribute the State Emergency Operations Plan (EOP). The State EOP serves as a framework to assign disaster-related responsibilities to a variety of State agencies, commissions, and boards as well as non-governmental organizations. The State EOP is a living document that promotes disaster-related mitigation, preparation, response, and recovery efforts using an “all hazards” approach.

The Catastrophic Health Emergency (CHE) Plan serves as an addendum to Emergency Support Function #8, Health and Medical Services Annex of the State EOP. Likewise, the CHE Plan references several other existing plans and projects. The Oklahoma State Department of Health’s (OSDH) Strategic National Stockpile and Mass Medication Plans, the Office of the Chief Medical Examiner’s Mass Fatality Plan, the Oklahoma Office of Homeland Security’s Strategic Plan, and the Oklahoma State Office of Finance requirements for disaster recovery and continuity-of-business plans are specifically referenced.

The CHE plan currently addresses thirteen functions identified in Title 63, Section 6105 by assigning responsibilities and framing standard operating guidelines. These thirteen functions are:

1. Notification and communication with the public
2. Central coordination of resources, manpower and services – State, Local, Tribal and Federal
3. Location, procurement, storage, transportation, maintenance and distribution of essential materials (medical supplies, drugs, vaccines, food, shelter, clothing and beds)
4. Role of Law Enforcement
5. Method of evacuating people and housing/feeding evacuees
6. Identification and training of healthcare providers to diagnose and treat those with infectious disease
7. Treatment of those infected or exposed
8. Safe disposal of contaminated wastes and human remains
9. Safe and effective control of persons treated
10. Tracking the source and outcomes of infected persons
11. Ensure that each city and county identifies:
 - a. sites where medical supplies, food and other essentials can be distributed
 - b. sites where public health and emergency workers can be housed and fed
 - c. routes and means of transporting people and materials
12. Recognition of cultural norms, values, religious principles and traditions
13. Other measures deemed necessary

Oklahoma's 2008 Catastrophic Health Emergency (CHE) Plan



CHE Function #1

Notification and communication with the public

RESPONSIBLE AGENCIES:

- A. Primary:** OK State Department of Health
- B. Supporting:** OK Department of Emergency Management
OK Office of Homeland Security
OK Department of Public Safety
OK Military Department
OK Department of Mental Health and Substance Abuse Services
OK Department of Agriculture, Food and Forestry
All OK State Agencies, Commissions and Boards

The OK Department of Emergency Management, upon declaration of a Catastrophic Health Emergency, will establish a Joint Information Center for the purpose of notifying and communicating with the public. The lead Public Information Officer (PIO) will be designated by the OK State Department of Health and supported by PIOs from the other required agencies. Official statements, notifications and instructions to the public will be made in accordance with the OSDH Crisis and Emergency Risk Communications (CERC) plan.

STANDARD OPERATING GUIDELINES:

The **OK State Department of Health** will notify the healthcare system through its Health Alert Network, EMSsystem® (web-based hospital notification tool) and an internal recall of Public Information Officers at Local county health departments. In coordination with all notified Public Information Officers, and in accordance with the CERC plan, OSDH will develop and establish mechanisms to rapidly receive and respond to public requests for information via the telephone information line, emergency response Web sites and email inquiries. In addition, OSDH will work with subject matter experts to create situation-specific fact sheets, frequently asked questions sheets, and situational updates for media release.

The **OK Department of Emergency Management** will establish and operate the Joint Information Center in a manner consistent with its *Duty Officer Policies and Procedures Manual*. In addition, the emergency notification system may be utilized to scroll information across television screens or broadcast information across the radio networks.

All supporting agencies, commissions and boards will send appropriate representatives to the Joint Information Center.

The **OK Office of Homeland Security** will activate its “Threat Alert System”, including the notification of critical infrastructure through the Federal Bureau of Investigation.

The **OK Department of Mental Health and Substance Abuse Services** will activate an enhanced hotline for persons needing behavioral health counseling, and assist with the creation/dissemination of appropriate behavioral health materials. Further information may be found in the State Emergency Operations Plan (Emergency Support Function #15).

CHE Function #2:

*Central coordination of resources, manpower and services –
State, Local, Tribal and Federal*

RESPONSIBLE AGENCIES:

- A. Primary:** OK Department of Emergency Management
- B. Supporting:** OK State Department of Health
OK Medical Reserve Corps
OK Volunteer Organizations Active in Disasters
All Local, State, Tribal and Federal agencies
Non-Governmental Organizations

In times of disaster, the central coordination of resources, manpower and services are the main objectives of the State Emergency Operations Center (EOC). In the event of a catastrophic health emergency declaration, such coordination of resources will likewise be accomplished through the activation of the State EOC pursuant to the provisions of the State Emergency Operations Plan (Emergency Support Function #5). The required State agency liaison officers will report to the EOC to coordinate representative agency activities. Tribal authorities will coordinate primarily with Local representatives in the area of the incident and will work with the State EOC as necessary. Federal authorities may coordinate through the State EOC and/or establish a Federal Disaster Field Office. Local jurisdictions may activate Local EOCs to facilitate and coordinate the incident at the Local level.

STANDARD OPERATING GUIDELINES:

The **OK Department of Emergency Management** will activate the State EOC as detailed in its *Duty Officer Policies and Procedures Manual* and call upon and coordinate the provision of Federal mass care resources (food, water, cots, tents, etc.), as required.

The **Oklahoma State Department of Health** will activate the Situation Room (Health EOC) to coordinate requests for medical assets pursuant to a catastrophic health emergency. Additionally, a liaison will be sent to the State EOC to coordinate requests of unmet needs from the Oklahoma State Department of Health as well as keep the State EOC informed on health and medical activities occurring at the Situation Room. Based on the assumption that a catastrophic health emergency will exhaust state resources, the OK State Department of Health, in coordination with the Office of the Governor and the OK Department of Emergency Management, will request Strategic National Stockpile assets.

The **OK Medical Reserve Corps** will be activated by the OK State Department of Health to provide coordination of volunteer resources.

The **OK Volunteer Organizations Active in Disaster (OKVOAD)** as well as various **non-governmental organizations** will provide and distribute prepared and shelf items (food/water) to displaced citizens and responders.

All supporting agencies will send appropriate representatives to the State EOC.

CHE Function #3

Location, procurement, storage, transportation, maintenance and distribution of essential materials (medical supplies, drugs, vaccines, food, shelter, clothing and beds) during a catastrophic health emergency

RESPONSIBLE AGENCIES:

A. Primary: OK Department of Emergency Management
OK State Department of Health

B. Supporting: OK Department of Public Safety
OK Department of Transportation
OK Military Department
OK Department of Central Services
All OK State Agencies
Non-Governmental Organizations

Upon declaration of a catastrophic health emergency or upon the discovery of the need to mass medicate (immunizations, antivirals, prophylactic antibiotics or nerve agent antidotes) the public, the OK Department of Emergency Management (OEM) and OK State Department of Health (OSDH) will institute procedures to obtain appropriate supplies. While the OEM coordinates logistics for all responses as described in CHE Function #2, during a catastrophic health emergency the OSDH will focus on medical equipment and medications either using internal stocks, requisitioning instate supplies or by requesting medical materiel from the Strategic National Stockpile (SNS). The SNS plan to request, receive, store, stage, inventory and distribute medication to dispensing sites is established, agreed upon by partner organizations and maintained as an operational plan pursuant to the State Emergency Operations Plan (Emergency Support Function #8).

The SNS is a Federal program that provides medical supply assistance in the event of a public health or medical emergency, regardless of the cause. The program is administered by the Centers for Disease Control and Prevention (CDC). The State of Oklahoma and CDC have entered into a Memorandum of Understanding regarding the SNS. Oklahoma's plan is assessed annually to ensure maintenance and improvement.

CHEMPACK is a subset of the SNS that strategically pre-positions medicines in locations that can be accessed when needed to treat nerve agent attacks. CHEMPACK assets are to be used as a secondary defense whereas existing State and Local assets are the primary defense. CHEMPACK containers are strategically stored across the state whereby medical and response agencies can access them quickly.

Local planners (County/City Emergency Managers and OK State Health Department Local staff) are continuing to identify pharmaceutical caches that may be utilized in the event the SNS is not received in a timely manner. Local partners are coordinating efforts with area hospitals,

pharmacies and medical suppliers. These efforts are being done in the event of a worse case scenario where Locals may have to wait for receipt of State or Federal assets.

STANDARD OPERATING GUIDELINES:

The **OK Department of Emergency Management** will coordinate requests for assistance, coordinate the provision and delivery of Federal mass care resources (water, food, cots, tents, etc.), provide mass feeding, mass sheltering, emergency first aid, disaster welfare inquiry, and bulk distribution of disaster relief supplies for disaster-displaced citizens and responders pursuant to the State Emergency Operations Plan (Emergency Support Functions #6, #7, #8 and the SNS plan) and its *Duty Officer Policies and Procedures Manual*

The **OK State Department of Health** will maintain and upgrade the Oklahoma Strategic National Stockpile Plan, continue to maintain internal stocks of medication (antibiotics and antivirals) and continue to maintain external partnerships to maximize stocks of vaccines, antivirals, antibiotics and nerve agent antidotes.

The **OK Department of Public Safety** will coordinate security in accordance with the State Emergency Operations Plan (Emergency Support Function #13) as well as provide transportation or security escorts of the medication (pursuant to the SNS plan).

The **OK Department of Transportation**, in accordance with the State Emergency Operations Plan (Emergency Support Function #1) and the SNS plan, will coordinate distribution, routes and means of transporting evacuees, materials and equipment with the assistance of identified support agencies.

The **OK Military Department** will provide transportation and security as coordinated by OK Department of Emergency Management in accordance with the State Emergency Operations Plan and the SNS Plan.

The **OK Department of Central Services** will provide emergency assistance to procure goods and services that are required in an expedited manner.

OK Volunteer Organizations Active in Disaster (OKVOAD) will provide support to responders and volunteers helping with mass care efforts in accordance with the State Emergency Operations Plan (Emergency Support Function #6).

All OK State Agencies may be required to provide support personnel for treatment areas, mass medication sites, and/or other first responder state agencies requiring support as ordered by the Governor through the declaration of a catastrophic health emergency.

CHE Function #4

Role of Law Enforcement

RESPONSIBLE AGENCIES:

- A. Primary:** OK Department of Public Safety
- B. Supporting:** OK Department of Emergency Management
OK State Bureau of Investigation
OK Office of Homeland Security
OK State Fire Marshal's Office
OK Military Department
OK Department of Transportation
OK Bureau of Narcotics and Dangerous Drugs
OK Alcoholic Beverage Laws Enforcement Commission
OK Department of Wildlife Conservation
OK Attorney General's Office
OK State Department of Health
OK Department of Mental Health & Substance Abuse Services
Local County Health Departments
Local Law Enforcement

The OK Department of Public Safety, upon the declaration of a catastrophic health emergency, will secure the delivery of medications and the state warehouse. Local Law Enforcement partners will secure Local county warehouses, delivery of medications, and mass medication sites, as well as ensure the safety of those providing and obtaining services at mass medication sites. In the event isolation or quarantine of individuals or groups is required, Law Enforcement will develop and initiate appropriate protocols, in cooperation with State Health Officials, in an attempt to control the inflow and outflow of all vehicular and pedestrian traffic of the isolated or quarantined area.

STANDARD OPERATING GUIDELINES:

The **OK Department of Public Safety**, upon declaration of a Catastrophic Health Emergency, will work with the Oklahoma State Department of Health to determine the appropriate level of security needed for the event. If a quarantine or isolation is identified, DPS will establish a Mobile Command Communications and Operations Center at the scene to coordinate perimeter control and help establish designated transportation routes to and from the area. The Department of Public Safety will also coordinate the establishment of roadblocks by Law Enforcement to control both vehicular inflow and outflow around an affected area if quarantine or isolation is imposed. If the Strategic National Stockpile (SNS) is requested, resources will be directed at escorting and securing the assets from the state level to the local level pursuant to the SNS Plan.

The Oklahoma Highway Patrol's Aircraft Division will provide support in areas of fugitive apprehension, damage assessment, perimeter control or any other legitimate request for service as needed or required. The Oklahoma Highway Patrol's Lake Patrol Division will provide waterway support as needed or required. The Department of Public Safety will also coordinate any emergency relays of equipment, personnel and/or evidence to and from an event as needed or required pursuant to the State Emergency Operations Plan (Emergency Support Function #13) and Title 63 Section 6404.

The **OK Department of Emergency Management** will assist in facilitating and coordinating resources and agencies in support of the incident. This includes the request of emergency federal law enforcement assistance or federal military assistance outlined in the Emergency Federal Law Enforcement Act (42 U.S.C. 10501).

The **Oklahoma State Bureau of Investigation** (OSBI), if a terrorist event, has been mandated by the Governor of Oklahoma to prepare an internal standard operating procedure that will identify how the OSBI will respond to a terrorist act within the State of Oklahoma. For this procedure, a terrorist act is defined as, "a violent act, or an act dangerous to human life, in violation of criminal laws of the United States or of the State of Oklahoma, designed to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives."

OSBI will be responsible for coordinating the Law Enforcement activities of the State. All other State Law Enforcement agencies including OK Department of Public Safety, OK State Fire Marshal's Office, OK Office of Homeland Security, OK Bureau of Narcotics and Dangerous Drugs, Alcoholic Beverage Laws Enforcement Commission, OK Department of Wildlife Conservation, County Sheriffs' Departments, Tribal Law Enforcement Agencies and Local Law Enforcement will assist the OSBI as needed or requested. The OK Military Department, the OK Department of Transportation and Oklahoma Attorney General's Office will also support Law Enforcement efforts as needed or required.

The **OK State Department of Health** will provide updated information about the delivery of medications and the exact location of mass medication distribution sites. Likewise, the OK State Department of Health will establish the terms, conditions, types, and methods of isolation or quarantine that may be necessary and coordinate a level of security necessary to maintain these conditions.

The **OK Department of Public Safety, the OK Department of Transportation and the OK Military Department** will provide security (under the direction of DPS), logistical, transport, and supply support for assets distributed from the warehouse to treatment areas and/or mass prophylaxis sites and provide for the utilization and assignment of military assets in support of the incident through the Director of Military Support.

The **OK Department of Mental Health and Substance Abuse Services** will provide, coordinate and/or facilitate training, education and consultation, as necessary, to involved Law Enforcement agencies regarding the effects of traumatic stress on personnel and the public and

coordinate provision of trained behavioral health personnel to assist in the response to and reduction of critical incidents during a catastrophic health emergency.

Local County Health Departments and **Local Law Enforcement** will partner to identify mass dispensing sites and conduct hazard vulnerability assessments on each site. In addition, security plans will be established for each site to address crowd control, traffic control, site security and escorts.

***This page left
blank intentionally.***

CHE Function #5

Method of evacuating people and housing/feeding evacuees

RESPONSIBLE AGENCIES:

- A. Primary:** OK Department of Emergency Management
- B. Supporting:** OK Volunteer Organizations Active in Disaster
OK Department of Transportation
OK State Department of Health
OK Department of Public Safety
OK Department of Mental Health and Substance Abuse Services

The OK Department of Emergency Management will coordinate mass care and emergency individual assistance with support from the supporting agencies listed in the State Emergency Operations Plan (Emergency Support Function #6). Local jurisdictions have Emergency Operations Plans that identify special populations that require assistance if an evacuation is ordered. The OK Department of Emergency Management will coordinate with Local jurisdictions on special populations and immediate needs for required medical or transportation support.

STANDARD OPERATING GUIDELINES:

The **OK Department of Emergency Management (OEM)** will ensure the establishment of the methods/routes of evacuation and the availability of shelters. Public information specific to the evacuation and available shelters will be coordinated by OEM and will be released over television and radio news broadcasts as well as the emergency notification system widely used for severe weather warnings.

The **OK Volunteer Organizations Active in Disasters** will provide mass feeding, mass sheltering, emergency first aid, disaster welfare inquiry, and bulk distribution of disaster relief supplies for displaced citizens and responders.

The **OK Department of Transportation**, with the assistance of the identified support agencies and in accordance with the State Emergency Operations Plan (Emergency Support Function #1), will coordinate routes and means of transporting evacuees, materials and equipment.

The **OK State Department of Health** will provide the updated information about the terms and conditions that require an evacuation due to a catastrophic health emergency. If public transportation is used for a mass evacuation, OSDH will provide public notices about proper distancing and other non-pharmaceutical interventions that may be required to help contain spread of a disease.

The **OK Department of Public Safety** will ensure the safety of the evacuees during the evacuation process and will coordinate security at the sheltering site(s).

The **OK Department of Mental Health and Substance Abuse Services** will provide and/or coordinate provision of behavioral health support to those in sheltering sites and assist in providing messages to Oklahomans.

CHE Function #6
Identification and training of healthcare providers to diagnose and treat those with infectious disease

RESPONSIBLE AGENCIES:

- A. Primary:** OK State Department of Health
- B. Supporting:** OK Office of Homeland Security
OK Department of Emergency Management
OK Medical Reserve Corps
OK State Board of Medical Licensure and Supervision
OK Osteopathic Examiners Association
OK Nurses Association
OK State Board of Nursing
OK State Board of Pharmacy
OK Board of Social Workers
OK Psychology Board
Statewide Medical Response Systems
Local County Health Departments

The OK State Department of Health continues to work with a broad range of public and private partners to offer current medical education to a variety of healthcare providers. The establishment of a coordinated, well trained, pre-identified and credentialed Medical Reserve Corps remains a priority of the OK State Department of Health, the OK Department of Emergency Management, the OK Office of Homeland Security, the OK Nurses Association and the Statewide Medical Response Systems. In addition to the medical support needed, community volunteers are an essential component during a catastrophic health emergency.

STANDARD OPERATING GUIDELINES:

The **OK State Department of Health** will communicate/coordinate medical response efforts with the OK Medical Reserve Corps and communicate/coordinate with other State agencies and associations, as needed, for identified support during a public health or medical emergency pursuant to the State Emergency Operations Plan (Emergency Support Function #8). In addition, OSDH will support the OK Medical Reserve Corps in day-to-day functions to ensure consistent statewide badging procedures and training opportunities.

Messages on current health situations will be sent to medical systems (hospitals, physician offices, EMS) across the state via the Oklahoma Health Alert Network, EMSsystems®, blast faxes or phone messages to ensure consistency in diagnosis and treatment.

The **OK Department of Emergency Management** will assist with volunteer coordination, other than OK Medical Reserve Corps, for support of warehouse operations, patient care sites and/or mass immunization/prophylaxis strategy (MIPS) sites.

The **Medical and Mental Health Professional Licensing Boards** (OK State Board of Medical Licensure and Supervision, OK State Board of Osteopathic Examiners, OK State Board of Nursing, OK State Board of Pharmacy, OK State Department of Health, OK Board of Social Workers, and the OK Psychology Board), Local County Health Departments, Oklahoma Nurses Association and the **Statewide Medical Response System** (Metropolitan Medical Response Systems, Regional Medical Response System, and Medical Emergency Response Centers) will assist in the volunteer recruitment and credentialing efforts and will assist to communicate/coordinate the staffing needs. They may also be used to forward OSDH communications to ensure wide coverage and receipt of current health issues, diagnosis and proper treatment.

The **OK Medical Reserve Corps** (OKMRC) will identify, organize, train, and sustain a cadre of medical, public health, and community volunteers in order to augment and assist local response personnel during catastrophic health emergency operations. In addition, the OKMRC will provide a database of pre-identified volunteers willing to respond by maintaining current and verifiable information regarding identity, training, and credentials based on the federal Electronic System for Advanced Registration of Voluntary Health Professionals (ESAR-VHP) Program. Each volunteer will undergo an Oklahoma State Bureau of Investigation criminal background check. OKMRC has developed a statewide curriculum that incorporates the Core Competencies Matrix developed by the National Office of the Civilian Volunteer Medical Reserve Corps. The curriculum is a multi-tiered structure with different levels of training: Tier I identifies four basic trainings which are appropriate for all volunteers and are required to complete within the first year of joining the OKMRC. After completion of OKMRC Orientation, medical credentials are verified and OKMRC volunteers are then issued an identification badge recognizable which will permit them to travel to or through a disaster as designated by local emergency personnel to carry out official duties when activated. OKMRC may also assist Local County Health departments in providing “Just-in-time” training for volunteers.

CHE Function #7

Treatment of those infected or exposed

RESPONSIBLE AGENCIES:

- A. Primary:** OK State Department of Health
- B. Supporting:** OK Hospital Association
OK Medical Professional Licensing Organizations
OK Department of Emergency Management
OK Department of Mental Health and Substance Abuse Services
OK Military Department
OK Department of Public Safety
OK Department of Transportation
OK Medical Reserve Corps
Local County Health Departments

The Oklahoma State Department of Health, as the public health authority, will have a primary role in the receipt and distribution of prophylactic medications and/or vaccinations to persons exposed to a biological agent, and the coordination of State medical services to ensure treatment of mass casualties that may result during a catastrophic health emergency.

STANDARD OPERATING GUIDELINES:

Various program areas at the **OK State Department of Health (OSDH)** are responsible for duties in the event of a catastrophic health emergency. These include (but are not limited to):

OSDH - Terrorism Preparedness and Response Service

1. Activate and staff the OSDH Situation Room pursuant to the *Situation Room Activation Procedures*.
2. Provide space and support for individuals responsible for the State Emergency Operations Plan (Emergency Support Function #8) activities in the Situation Room.
3. Communicate incident response information with the Medical Emergency Response Centers in Tulsa, Oklahoma City and Lawton. (As of the '08-'09 grant year, OSDH is supporting the establishment of additional Medical Emergency Response Centers in Enid and McAlester.)
4. Communicate, if needed, with coordinating centers at the Tulsa Health Department and the Oklahoma City/County Health Department.
5. Communicate and coordinate medical response efforts with the State Medical Response Systems (Metropolitan Medical Response Systems, Regional Medical Response Systems, Medical Emergency Response Centers).
6. Monitor and assess hospital capacity status statewide through EMSsystem®.

7. Communicate and coordinate medical response efforts with rural hospitals not represented by a Medical Response System.
8. Provide operational reports and briefings to senior OSDH staff.
9. Plan for anticipated and contingent needs and provide input to senior decision makers.
10. Communicate and coordinate with other State agencies as needed to support the care of patients statewide.
11. Coordinate medical and community volunteers' availability to support staffing shortages through the OK Medical Reserve Corps and other volunteer support organizations.
12. Provide clinical treatment suggestions/options based upon available professional input.
13. Monitor hospital equipment and supply status and coordinate requisition and distribution of supplies as needed using EMSsystems®.
14. Coordinate and oversee the assignment and utilization of OSDH clinical personnel used in treatment facilities.
15. Coordinate with the OK Department of Emergency Management to request the activation and deployment of National Disaster Management System personnel.
16. Coordinate with the OK Department of Emergency Management to request the activation and deployment of Commission Corps Response Force personnel.
17. Coordinate with the OK Department of Emergency Management to conduct the assessment, request, receipt, and distribution of the Strategic National Stockpile for needed medical equipment, supplies and medications.
18. Coordinate the location, structure, supply, and staffing of Mass Immunization and Prophylaxis sites should they become necessary.
19. Activate internal public health response teams.

OSDH - Acute Disease Service

1. Perform surveillance and epidemiological investigations to determine the actual and potential spread of the disease by both geography and patient population.
2. Determine the need for immunization or prophylaxis of the exposed population.
3. Determine the proper population to be immunized and direct prophylaxis based upon the causative agent and established Centers for Disease Control and Prevention (CDC) guidelines, when available.
4. Communicate disease and epidemiological information through the OK Health Alert Network (OK-HAN system) and Joint Information Center.
5. Coordinate with the CDC and county health departments to ensure an integrated epidemiological response.

OSDH - Public Health Laboratory

1. Provide laboratory testing, when available, of clinical and/or environmental samples to identify the agent(s) involved.
2. Facilitate receipt, processing and shipment of specimens to other regional or national laboratories for confirmatory testing or further characterization.
3. Assist in providing guidelines to first responder, laboratory and medical personnel to ensure safe specimen collection, handling, and transport.

OSDH - Emergency Medical Services (EMS) Division

1. Coordinate in-state EMS resources to ensure an adequate supply of both emergency and non-emergency transport units are available.
2. Coordinate and control out-of-state transport resources.
3. Provide authorization, guidance and coordination for the use of non-traditional modes of transport.

OSDH - Medical Facilities Service

1. Review and modify existing hospital regulations, or authorize emergency rules as needed to facilitate an effective response to the incident.
2. Authorize and provide regulatory guidance to the establishment of alternative care facilities.

The **Oklahoma Hospital Association**, during the declaration of a catastrophic health emergency, will:

1. Provide executive-level communications within the Oklahoma hospital system.
2. Provide public information about the hospital system's needs and response efforts to the Joint Information Center for appropriate dissemination.
3. Assist with providing information to the hospital system about issues surrounding the incident.
4. Assist with patient tracking and compliance with the Health Insurance Portability and Accountability Act.
5. Assist the hospitals in the State with the application for financial support and reimbursement documentation.
6. Perform frequent system assessments and relate issues and concerns to response agencies for resolutions.
7. Facilitate executive level decisions that will result in new or altered system policies and procedures.
8. Serve as the point of contact for hospitals and hospital systems outside of Oklahoma seeking information, offering assistance or requesting aid.

The Oklahoma Medical Professional Licensing Boards (**Oklahoma Board of Medical Licensure and Supervision, Oklahoma State Board of Osteopathic Examiners, OK State Board of Nursing, OK State Board of Pharmacy, OK State Department of Health, OK Board of Social Workers and the OK Psychology Board**), during the declaration of a catastrophic health emergency will:

1. Provide information and notification to the medical professionals represented by the organization.
2. Assist with credentialing issues for medical personnel responding to patient care needs.
3. Assist with liability questions for medical personnel responding to patient care needs.
4. Establish an after-action review process with each respective professional discipline and provide OSDH with a post-incident analysis and recommendations.

The **Oklahoma Department of Emergency Management** will:

1. Process appropriate State or Federal Disaster Declarations and requests for federal assistance as appropriate.
2. Act as a State-Federal interface for support actions to meet the needs of patient care.
3. Obtain, prioritize and distribute supplies and equipment requested by facilities and agencies providing patient care.
4. Assist with volunteer coordination for the support of patient care sites and/or mass immunization/prophylaxis sites.

The **OK Department of Mental Health and Substance Abuse Services**, during the declaration of a catastrophic health emergency, will:

1. Provide consultation and assessment of the behavioral health needs of the affected population and provide input to senior decision makers.
2. Coordinate and/or provide behavioral health services to meet the needs of patients, first responders and others affected by the disaster.
3. Coordinate provision of additional behavioral health personnel or training to address behavioral health needs of patients.
4. Coordinate, in cooperation with the OK Medical Reserve Corps, the recruitment, sustainment and utilization of volunteer and/or short-term contract behavioral health professionals.
5. Coordinate and/or provide short-term post-incident behavioral health support and transition to available local behavioral health providers for long-term follow-up.

The **OK Military Department**, the **OK Department of Public Safety** and the **OK Department of Transportation** will assist in activating the Strategic National Stockpile Plan pursuant to a catastrophic health emergency to ensure necessary treatment supplies are delivered in a timely fashion.

The **OK Medical Reserve Corps**, during the declaration of a catastrophic health emergency, will assist with the:

1. Coordination of volunteers upon request from the OSDH or Local County Health Department(s).
2. Processing of spontaneous volunteers following the OK Medical Reserve Corps procedures for background checks, orientation and badging.

Local County Health Departments, during the declaration of a catastrophic health emergency, will:

1. Activate local Mass Immunization/Prophylaxis Strategy plans to provide mass prophylaxis to first responders, partner agencies and the general public in the affected area.
2. Work with the OSDH Acute Disease Service to perform surveillance and epidemiological investigations.

CHE Function #8

The safe disposal of contaminated wastes and human remains during a catastrophic health emergency

RESPONSIBLE AGENCIES:

- A. Primary:** OK State Department of Health
- B. Supporting:** Office of Chief Medical Examiner
OK Department of Environmental Quality
OK Department of Emergency Management
OK Department of Mental Health & Substance Abuse
OK State Bureau of Investigation
Federal Bureau of Investigation
Disaster Mortuary Response Team (Federal)

The OK State Department of Health, upon declaration of a catastrophic health emergency, will contact the supporting agencies to develop and/or implement action plans. To the extent possible, attempts will be made to ensure that religious, cultural, family and individual beliefs of the deceased person or the family of the deceased person will be considered when disposing of any human remains. In addition, the OK Department of Mental Health & Substance Abuse Services will coordinate behavioral health services for families experiencing related bereavement issues.

All contaminated waste as defined in the Catastrophic Health Emergency Powers Act will be handled in accordance with Oklahoma Statutes Title 252, Chapter 515, Subchapter 23 - Regulated Medical Waste Management unless the provisions of Section 14 from the Catastrophic Health Emergency Powers Act are implemented.

All human remains will be handled as required by the Catastrophic Health Emergency Powers Act, Section 15 and the Office of the Chief Medical Examiner's Mass Fatality Plan. The OK State Department of Health will adopt and enforce measures to provide for the safe disposal of human remains. These measures may include, but are not limited to the embalming, burial, cremation, interment, disinterment, transportation, and disposal of human remains pursuant to the recommendations of the Office of the Chief Medical Examiner

In the event of a declared catastrophic health emergency, the Commissioner of Health (or his designee) will have the authority to activate the Mass Fatality plan in coordination with the Office of the State Medical Examiner.

It is likely that a catastrophic health emergency would be declared pursuant to a terrorist act. Under these conditions, the Federal Bureau of Investigation and the OK State Bureau of Investigation would coordinate with the OK State Department of Health and its partners to

discuss the methods of crime scene preservation related to the response and recovery efforts. This could delay the burial of remains.

STANDARD OPERATING GUIDELINES:

The **OK State Department of Health** will communicate and coordinate disposal efforts with the Chief Medical Examiner and the Oklahoma Department of Environmental Quality should there be a catastrophic health event. In addition, the Vital Records Division will implement a web-based death certificate submission, processing and tracking system in late 2008 which will assist the state in the process and secure tracking of deaths during a catastrophic health emergency.

The **OK Department of Emergency Management**, after consultation with the Chief Medical Examiner and the OK State Department of Health, will be responsible to request assistance from the Federal Disaster Mortuary Team (DMORT).

The **Oklahoma Department of Environmental Quality** will be responsible to ensure the proper disposal of all contaminated waste as defined in the Catastrophic Health Emergency Powers Act.

Other agencies/organizations that may be called upon for support include the Oklahoma Funeral Directors Association, Oklahoma Crematorium Directors Association, Civil Air Patrol, and Hazardous Waste Transport, Storage and Disposal Vendors.

The **Office of the Chief Medical Examiner** may activate the Mass Fatality Plan upon the declaration of a catastrophic health emergency. The Mass Fatality Plan details the examination and identification of human remains in such an event. Operational aspects of the Mass Fatalities Plan will be conducted through the Office of the Chief Medical Examiner. The following duties and responsibilities have been drafted to augment the Office of the Chief Medical Examiner's Mass Fatality Plan:

The **OK State Department of Health** will:

1. Work with the supporting agencies, as needed.
2. Provide documentation that regulations have been suspended, pursuant to the terms and conditions of a declared catastrophic health emergency.

The **Office of the Chief Medical Examiner** will:

1. Take possession or control of any human remains.
2. Order the disposal (through burial or cremation) of any human remains of a person who has died of a transmissible disease within hours after death, to the extent possible - considering religious, cultural, family, and individual beliefs.
 - a. Any human remains prior to disposal will be clearly tagged with all available information to identify the decedent and the circumstances of death.
 - b. Any human remains of a deceased person with a transmissible disease will have an external, clearly visible tag indicating that the human remains are infected and, if known, the transmissible disease.

- c. Every person in charge of disposing any human remains during a catastrophic health emergency will maintain a written or electronic record of the human remains and all available information to identify the decedent and the circumstances of death and disposal.
3. Follow the procedures in the most updated version of the Mass Fatality Plan.

The **OK Department of Environmental Quality** will:

1. Adopt and enforce measures to provide for the safe disposal of contaminated waste as may be reasonable and necessary to respond to the catastrophic health emergency. Such measures may include, but are not limited to the collection, storage, handling, destruction, treatment, transportation and disposal of contaminated waste.
2. Require any business or facility authorized to collect, store, handle, destroy, treat, transport, and dispose of contaminated waste under the laws of this State, and any landfill business or other such property, to accept contaminated waste, or provide services or the use of the business, facility, or property if such action is reasonable and necessary to respond to the catastrophic health emergency as a condition of licensure, authorization or ability to continue doing business in the State as such a business or facility.
3. Be responsible for ensuring all bags, boxes or other containers for contaminated waste are clearly identified as containing contaminated waste and the type of contaminated waste (if known).

The **Transportation, Storage and Disposal Vendors** will work in accordance with rules and procedures from the OK Department of Environmental Quality regarding the proper handling and disposal of contaminated waste.

The **Oklahoma Funeral Directors and Crematorium Directors** will work in conjunction with the Office of the Chief Medical Examiner for the proper burial or cremation of human remains released from the Office of the Medical Examiner.

The **OK Department of Mental Health & Substance Abuse Services** will coordinate behavioral health services with local providers to care for victims and families of the deceased.

The **Bureaus of Investigation** will coordinate all investigations relating to a terrorist incident and may require contaminated waste or human remains be held for investigative purposes prior to disposal.

***This page left
blank intentionally.***

CHE Function #9

Safe and effective control of persons treated

RESPONSIBLE AGENCIES:

- A. Primary:** OK State Department of Health
- B. Supporting:** Local County Health Departments
Local & State Law Enforcement Agencies
OK Department of Mental Health and Substance Abuse Services
OK Poison Control Center

The OK State Department of Health has developed a statewide plan and guidance document for mass medicating Oklahomans – Mass Immunization/Prophylaxis Strategy (MIPS). Rather than require a MIPS plan in each Local jurisdiction, the statewide MIPS plan employs a catchment area concept that no individual should drive more than 60 miles to seek medication. At the time of this update, thirty-four areas, coordinated by local county health departments, have been identified across the state to coordinate a MIPS response. The MIPS plans are a sub-section of the Oklahoma Strategic National Stockpile Plan. Each MIPS response requires a great number of medical professionals and volunteer staff as well as the inclusion of community/regional partners.

STANDARD OPERATING GUIDELINES:

The **OK State Department of Health** maintains and distributes a MIPS *Template* as well as guidance to MIPS sites. This document details requirements for transportation, security, quality control for dispensing and immunization, and an integrated Local incident command structure. This document is updated annually with the latest information and requirements of the CDC. Likewise, the OK State Department of Health is working with numerous stakeholders to coordinate a targeted, concise, and consistent public information campaign to address the proper way to take medication and to address mental health concerns, pursuant to its *Crisis and Emergency Risk Communication Plan*.

Local County Health Departments coordinate local planning efforts and implement their local MIPS plans. This requires the large coordination effort of all local first responders and planning partners in communities across the state to prepare for dispensing sites in their area. To ensure plans are operational, all thirty-four sites have conducted on a minimum one full-scale exercise which tested their command structure, partnerships, mass dispensing, volunteer coordination and logistics. To further local plans and expand on local mass dispensing points, local county health departments are working with other agencies and organizations to implement a Push Partner Plan.

Other agencies/organizations that may be called upon for support include, the Federal Executive Board, OK Department of Corrections, the OK Department of Human Services-Aging

Services, large private organizations, hospitals, nursing homes and assisted living centers. All these agencies are partnered with OK State Department of Health and Local County Health Departments to implement a Push Partner Plan which focuses on internal MIPS responses for employees, employees families and clients/patients.

Local Law Enforcement is included in MIPS planning to develop security plans that address crowd control, traffic control and medical asset security at mass dispensing and distribution sites.

The **OK Department of Mental Health and Substance Abuse Services** will coordinate and/or provide assistance to MIPS clinic workers/volunteers as well as to MIPS clinic patients in an effort to alleviate the anxiety that is certain during a catastrophic health emergency. Likewise, the OK Department of Mental Health and Substance Abuse Services shall coordinate with the OK State Department of Health to ensure proper behavioral health messages are developed and disseminated.

The **OK Poison Control Center** maintains a 24/7 call center that is manned by medical professionals (pharmacists, nurses). The Center has agreed to serve as the first point of contact for medical concerns arising from the administration of mass medications.

CHE Function #10

Tracking the source and outcomes of infected persons during a catastrophic health emergency

RESPONSIBLE AGENCIES:

- A. Primary:** OK State Department of Health
- B. Supporting:** OK Hospital Association
OK Department of Agriculture, Food and Forestry
OK Department of Environmental Quality
OK Department of Mental Health and Substance Abuse Services
OK Military Department
OK Poison Control Center

The OK State Department of Health will be responsible to coordinate staff and resources to direct and conduct epidemiologic investigations to determine the cause, source and persons at risk pursuant to a catastrophic health emergency.

STANDARD OPERATING GUIDELINES:

The **OK State Department of Health** assumes the following roles and responsibilities during a catastrophic health emergency:

1. Coordinate personnel and other agency resources to direct and conduct an epidemiologic investigation to determine the cause, source and persons at public health risk.
2. Develop an efficient and effective interagency system to identify persons exposed to a catastrophic health emergency agent and determine health outcomes at various stages of the incident.
3. Communicate disease and epidemiological information to private healthcare providers through the Health Alert Network, EMSsystem, and other available messaging systems.
4. Through the State Public Health Laboratory, provide appropriate testing or referral of clinical specimens from symptomatic individuals.
5. Coordinate data collection, retrieval and entry from various reporting sources and investigation teams, including hospitals, private healthcare providers, commercial reference laboratories, county health departments, other State health departments, and the Centers for Disease Control and Prevention (CDC).
6. Communicate summary epidemiologic findings with State executives, the CDC and other Federal agencies as needed, particularly if the CHE is a multi-state event.
7. Provide support and guidance that enables Local Health Departments to:
 - a. Augment personnel, logistics and communication support for the epidemiologic investigation.

- b. Regularly update the State Epidemiologist and OSDH Situation Room on epidemiologic investigation status and resource needs.
- c. Facilitate tracking of infected persons hospitalized in facilities within their public health jurisdictions.

The **OK Department of Agriculture, Food and Forestry** assumes the following roles and responsibilities during a catastrophic health emergency:

1. Direct and conduct investigation of possible catastrophic health emergency agent/source potentially associated with animals or food-borne (meat, dairy or eggs) source.
2. Ensure appropriate collection, handling and testing of samples to determine animal or food-borne source.
3. Report findings of source investigation and laboratory test results to collaborating agencies.

The **OK Department of Environmental Quality** assumes the following roles and responsibilities during a catastrophic health emergency:

1. Assist with investigations of possible catastrophic health emergency agent/source potentially associated with a public water supply or environmental source.
2. Ensure appropriate collection, handling and processing of environmental samples for laboratory testing.
3. Provide leadership and technical expertise relating to industrial wastes and chemical or radiological sources.
4. Report findings of source investigation and environmental testing to collaborating agencies.

The **OK Department of Mental Health and Substance Abuse Services** will provide and/or coordinate training and consultation as needed to applicable agencies regarding the behavioral effects of stress and traumatic stress that may be experienced by response workers and other persons impacted by the CHE.

The **OK Military Department** assumes the following roles and responsibilities during a catastrophic health emergency:

1. Assist with source investigation and collection of environmental samples.
2. Conduct rapid field-testing of specimens and forward to OK State Department of Health's Public Health Laboratory or other Laboratory Response Network certified-laboratory, as appropriate, for confirmatory testing.
3. Communicate findings to collaborating agencies.

The **OK Hospital Association** assumes the following roles and responsibilities during a catastrophic health emergency:

1. Provide information to the hospital system about the OK State Department of Health patient tracking mechanism and their respective roles and participation in reporting patient identifier data, symptomatology, laboratory findings, treatment, and discharge information to the public health authority.

2. Assist with patient tracking and Health Insurance Portability and Accountability Act compliance concerns.
3. Communicate issues, obstacles or resource needs to the OK State Department of Health for review and resolution.

***This page left
blank intentionally.***

CHE Function #11a

Ensure that each city and county identifies sites where medical supplies, food and other essentials can be distributed

RESPONSIBLE AGENCIES:

- A. Primary:** OK State Department of Health
- B. Supporting:** Local County Health Departments
Local Emergency Management
Federal Executive Board
OK Department of Corrections
OK Department Human Services –Aging Services
Local non-governmental agencies
OK Department of Emergency Management
Federal Health Resources
OK Volunteer Organizations Active in Disasters

The OK State Department of Health has developed a statewide plan and guidance document for mass medicating Oklahomans – Mass Immunization/Prophylaxis Strategy (MIPS) – as part of Oklahoma’s Strategic National Stockpile Plan. Rather than require a MIPS plan in each Local jurisdiction, the statewide MIPS plan employs a catchment area concept that no individual should drive more than 60 miles to seek medication. Thirty-four areas, coordinated by local county health departments, have been identified across the state to coordinate a MIPS response. The MIPS plans are a sub-section of the Oklahoma Strategic National Stockpile Plan. Each MIPS response requires a great number of medical professionals and volunteer staff as well as coordination relating to location, volunteers, security, transportation, logistics and medical assistance within the Local area.

STANDARD OPERATING GUIDELINES:

The **OK State Department of Health** will maintain Oklahoma’s stockpile of medical material and maintain the ability to request, receive, store and distribute mass medications pursuant to the Strategic National Stockpile requirements. The OK State Department of Health will maintain a regional team to assist Local areas to coordinate efforts with Local agencies within that area (county emergency management, city emergency management, Law Enforcement, Tribal, emergency medical services, hospitals, federal entities, prisons, schools, nursing homes and assisted living centers, and non-governmental organizations) for MIPS plans.

Local County Health Departments will coordinate planning efforts with Local agencies to not only identify logistical response issues but also to identify secure locations to receive, distribute and dispense these assets during an emergency. Each of the thirty-four response areas have identified receiving warehouses for medical assets as well as Point of Dispensing Sites (PODS) across the state to dispense/administer medical assets to the public.

Local Emergency Management plays a key role at coordinating local planning efforts and is the main coordinator for non-medical material (food and other essentials) in the area. Local Emergency Management will assist in maintaining agreements with partners to support the local distribution and dispensing sites.

Other agencies/organizations that may be called upon for support include, the **Federal Executive Board, OK Department of Corrections, the OK Department of Human Services-Aging Services**, large private organizations, hospitals, nursing homes and assisted living centers. All these agencies are partnered with OK State Department of Health and Local County Health Departments to implement a Push Partner Plan will identify secure locations to receive and dispense these assets through an internal MIPS response for employees, employee families and clients/patients.

The **OK Department of Emergency Management** will coordinate requests in accordance with the State Emergency Operations Plan (Emergency Support Function #7). The OK Department of Emergency Management has the ability to request the deployment of **Federal Health Resources** such as Disaster Medical Assistance Teams (DMAT), National Pharmacy Response Teams (NPRT), Veterinary Medical Assistance Teams (DVAT), and National Nurse Response Teams (NNRT).

OK Volunteer Organizations Active in Disaster will coordinate the feeding of volunteers/workers involved in this responsibility in accordance with the State Emergency Operations Plan (Emergency Support Function #7). In addition, OK Volunteer Organizations Active in Disaster has experience in warehousing and may identify and man locations to distribute these assets.

CHE Function #11b

Ensure that each city and county identifies sites where public health and emergency workers can be housed and fed

RESPONSIBLE AGENCIES:

- A. Primary:** OK Department of Emergency Management
- B. Supporting:** OK Volunteer Organizations Active in Disaster
OK Department of Transportation
OK Department of Mental Health and Substance Abuse Services
Local Emergency Management

The OK Department of Emergency Management will coordinate support efforts (care and feeding) for public health and emergency workers during a catastrophic health emergency. The Oklahoma Volunteer Organizations Active in Disaster (OKVOAD) in accordance with the State Emergency Operations Plan (Emergency Support Function #6) will be incremental in supplying that support.

STANDARD OPERATING GUIDELINES:

The **OK Department of Emergency Management** will activate the State Emergency Operations Center pursuant to its *Duty Officer Policies and Procedures Manual*.

The **OK Volunteer Organizations Active in Disasters** (OKVOAD) will provide mass feeding, mass sheltering, emergency first aid, disaster welfare inquiry and bulk distribution of disaster relief supplies for disaster responders.

The **OK Department of Transportation**, in accordance with the State Emergency Operations Plan (Emergency Support Function #1), will coordinate routes and means of transporting evacuees, materials and equipment with the assistance of identified support agencies.

The **OK Department of Mental Health and Substance Abuse Services** will coordinate and/or provide trained mental health personnel and consultation as needed to staging centers and housing sites for provision of appropriate behavioral health services to affected public health and emergency workers.

Local Emergency Management will coordinate onsite resources for housing volunteers transferred from other areas. In addition, in coordination with the OK Department of Emergency Management and OK Volunteer Organizations Active in Disasters, Local Emergency Management will plan meals for onsite workers during shifts, and all meals for volunteers transferred outside of their living area (if necessary).

***This page left
blank intentionally.***

CHE Function #11c

Ensure that each city and county identifies routes and means of transportation of people and materials

RESPONSIBLE AGENCIES:

- A. Primary:** OK Department of Transportation
- B. Supporting:** OK Department of Emergency Management
OK State Department of Health
OK Department of Public Safety
OK Volunteer Organizations Active in Disaster

The OK Department of Transportation, upon the declaration of a catastrophic health emergency, will coordinate with the partner organizations to establish routes and means for transporting evacuees, materials and equipment.

STANDARD OPERATING GUIDELINES:

The **OK Department of Transportation** will work in accordance with the State Emergency Operations Plan (Emergency Support Function #1 – Appendix on Evacuation) and the partner organizations to determine the appropriate routes, means and methods to evacuate an affected population.

The **OK Department of Emergency Management** will coordinate requests for information and assistance related to the evacuation.

The **OK State Department of Health** will provide information to the partner agencies regarding the terms of the evacuation and the boundaries of the affected area that may be subject to evacuation. The OK State Department of Health will activate the Strategic National Stockpile plan and coordinate transport of medical materials with the OK Department of Emergency Management, OK Department of Transportation, OK Department of Public Safety, OK Military Department and OK Department of Corrections.

The **OK Department of Public Safety** will provide traffic control as required to safely evacuate an affected area and provide security escorts or transport for medical material (transport will only occur in instances where assets fit in highway patrol vehicles). In coordination with Local Law Enforcement to ensure open routes, OK Department of Public Safety will escort or deliver these assets to the local distribution sites.

The **OK Volunteer Organizations Active in Disaster** (OKVOAD) will establish shelters for the evacuees.

***This page left
blank intentionally.***

CHE Function #12
Recognition of cultural norms, values, religious principles and traditions

RESPONSIBLE AGENCIES:

- A. Primary:** OK State Department of Health
- B. Supporting:** OK Office of Faith-Based and Community Initiatives
OK Department of Mental Health and Substance Abuse Services
OK Department of Human Services
Tribal Nations (residing in Oklahoma)
OK Volunteer Organizations Active in Disaster
Federal Office of Minority Health (Washington DC; Dallas, TX)

The OK State Department of Health will work with the partners to ensure that messages, treatment options, treatment regimens and diagnostic processes/procedures account for individual's rights, cultural norms, values, religious principles and traditions to the extent practical.

STANDARD OPERATING GUIDELINES:

The **OK State Department of Health** has established medical orders under which mass medications are dispensed at Mass Immunization/Prophylaxis Strategy (MIPS) sites statewide. These medical orders can be changed, pursuant to cultural norms, values, religious principles and traditions, to the extent practical. Likewise, special language services can be provided in numerous locations.

The **OK Office of Faith-Based and Community Initiatives** will provide guidance and information on religious beliefs and values of special needs populations as they respond to disaster relief situations and related services and may provide assistance in identifying community religious leaders where appropriate.

The **OK Department of Mental Health and Substance Abuse Services** will assist in identification of behavioral health service groups and help ensure the disaster response is appropriate to the cultural needs of affected populations.

The **OK Department of Human Services** (Division on Aging) will assist in the identification and services specific to the aging population.

The **Tribal Nations** residing in Oklahoma will provide guidance, information and training on cultural beliefs and values for Native Americans as they respond to disaster relief situations and related services.

The **OK Volunteer Organizations Active in Disasters** (OKVOAD) will provide religious monitors/consultants for the mass medication sites.

The **Federal Office of Minority Health** will provide general guidance on emergency preparedness plans impacting special populations with emphasis on cultural issues.

CHE Function #13
Other measures deemed necessary

RESPONSIBLE AGENCIES:

- A. Primary:** OK Department of Emergency Management
- B. Supporting:** OK Office of State Finance
OK State Department of Health
OK Department of Public Safety
OK Department of Mental Health and Substance Abuse Services
OK Office of Homeland Security
OK Attorney General's Office
All OK State Agencies, Commissions and Boards

Oklahoma has had experience in working many types of emergencies, either through real world experience or exercise. Each event may provide new challenges which will allow the OK Department of Emergency Management to coordinate known resources to best address new measures deemed necessary. For a catastrophic health emergency, this will require the participation of all state agencies to conduct an assessment and create a Continuity of Operations Plan.

STANDARD OPERATING GUIDELINES:

The **OK Department of Emergency Management** will coordinate special requests and initiate appropriate consultations when other measures are deemed necessary to protect the citizens of Oklahoma pursuant to the conditions caused by a declared catastrophic health event.

The **OK Office of State Finance** will work with all State agencies, commissions and boards to ensure that the continuity of State government operations is maintained. This includes, but is not limited to, the protection of information systems as required by the policies, procedures and guidelines issued pursuant to O.S. 62:41.5a.

The **OK State Department of Health** will provide information to the partner agencies regarding the terms and conditions that require extraordinary containment and health measures.

The **OK Department of Public Safety** will provide such actions necessary to protect the public safety.

The **OK Department of Mental Health and Substance Abuse Services** will coordinate behavioral health services to those affected by the catastrophic health emergency.

The **OK Office of Homeland Security** will provide and share information as necessary.

The **OK Attorney General's Office** will coordinate requests for legal interpretation, information and assistance related to the required extraordinary measures.

All OK State Agencies, Commissions and Boards should ensure continuity of operations and ensure the maintenance of updated staff records and contact information in the event that a catastrophic health declaration requires the alteration of normal State business and/or the shifting of State employees.

Recommended Actions

Proposed by the 2008 CHE Powers Task Force



Recommended Actions

The Catastrophic Health Emergency Powers Act (O.S. 63:6101) was enacted by Oklahoma's leaders to secure Oklahoma, to protect the safety of Oklahomans and to ensure that our State is ready and able to provide a coordinated emergency response during disasters. This Act mandates a renewed focus on essential government functions pertaining to the prevention, detection, management and containment of public health emergencies.

The Catastrophic Health Emergency Powers Task Force and its stakeholders recommend the following action items for 2008. These recommendations are presented in conjunction with the updated Catastrophic Health Emergency (CHE) Plan to Governor Brad Henry and members of the Oklahoma Legislature to improve the provision of disaster-related services to Oklahomans. These recommended actions include universal issues and specific changes to particular elements of the plan. Some of them are being carried over from the previous recommendations from the 2004 Task Force.

CONTINUITY OF OPERATIONS PLANNING

Issue #1: Although continuity of business is discussed in the Catastrophic Health Emergency Plan, the overall Continuity of Operations Planning (COOP) will require much more detail.

Recommendation: Add an additional CHE function specific to COOP. Include partners from the Office of Personnel Management and the State Office of Finance to coordinate statewide COOP.

Issue #2: Identifying essential services is imperative in responding to a catastrophic health emergency, especially one such as pandemic influenza which could affect 30% or more of an agency's workforce. Though the CHE Plan expresses that all state agencies will ensure continuity of operations, there is not a minimum requirement for a plan and few of the plans are shared and coordinated for a statewide response.

Recommendation: To better ensure the State's continuity of government the CHE Task Force requests that an Executive Order be issued directing each state agency to complete a continuity of operations plan that encompasses all hazards. In addition, a Statewide Continuity Coordinator should be responsible for coordination, development and implementation of state continuity policies. (Proposed Executive Order attached.)

Recommendation: To help contain the spread of a contagious disease, OPM leave policies should review and incorporate policies for tele-working from home during certain catastrophic health emergencies like pandemic influenza and worker health screening. Each agencies plan should then incorporate those policies into their continuity of operations plan.

Issue #3: In the event the first responder workforce is partially incapacitated, additional personnel who traditionally do not consider themselves "emergency responders" may be needed to assist. At this time, many state agencies do not hold response duties and don't expect involvement even though the CHE Powers Act states the Governor may "utilize all available resources of state government . . ."

Recommendation: During completion of continuity of operations plans, first responding agencies should identify personnel who can perform certain global duties likely needed

throughout an emergency response, such as answering phones, typing, data entry, dispensing material, or other duties that can easily be filled with minimal training. Non-responding agencies should then be assigned as a backup agency to the first responding agency. Training should be provided on a semi-annual or annual basis to familiarize workers with possible response assignments. By orienting or training ahead of time, employees would realize the important role they play and whether or not they could physically accomplish the role(s). In addition, a Performance Management Process accountability should be included in all state employees' job descriptions to report to work during catastrophic health emergencies.

EDUCATIONAL & CHILD CARE FACILITIES CLOSURE

Issue #4: It has been demonstrated in past outbreaks that children have a high likelihood of spreading contagious diseases. It has also been shown that the lifespan of an outbreak may be shortened, or the rate of disease transmission may be slowed to better allow containment of the outbreak by decreasing the socialization between kids. During the coordination of the 2008 Pandemic Influenza Operations Plan, a gap for a common authority to close educational facilities and child care facilities was identified.

Recommendation: Support statutory and/or regulatory changes that are requested by the Oklahoma State Department of Health and/or Oklahoma State Department of Education, pursuant to the Attorney General's opinion.

PLANNING

Issue #5: Many of the partners included on the CHE Task Force are also members of the Public Health Preparedness Senior Advisory Committee that was organized under the direction of the Oklahoma State Department of Health. Much of the information sharing and updates are the same, or would benefit both groups.

Recommendation: Combine the Senior Advisory Committee meeting dates with future Catastrophic Health Emergency annual review meetings to provide all partners with the same public health updates and create a time-efficient setting for optimal coordination and collaboration.

ALTERED STANDARDS OF CARE

Issue #6: An outbreak of a novel and very virulent influenza virus, or another serious emerging infectious agent, will pose many ethical dilemmas pertaining to delivery of care and distribution of limited resources. These ethical issues will arise in catastrophic health emergencies because critical decisions will inevitably challenge cultural norms and strongly held beliefs about personal autonomy, civil liberties, and limitations on care.

Recommendations: Invite a bioethicist to participate on the CHE Planning Task Force to help provide ethical solutions to the challenges that may be faced during a catastrophic health emergency.

Issue #7: As seen in catastrophic health emergencies like Hurricane Katrina, the same level of care may not be available due to limited resources and countless patients. Medical personnel working in these conditions of course will use every means possible to provide the best level of care possible at the time, but realistically they will not be able to follow everyday

standards of care. Furthermore, state practice acts for the various medical professions do not currently contain caveats for standard of care during a catastrophic health emergency.

Recommendations: Support statutory and/or regulatory changes that provide qualified immunity legislation for health care workers who provide triage of care (altered standards of care) during a catastrophic health emergency.

PREPAREDNESS FUNDS & VOLUNTEER BACKGROUND CHECKS

Issue #8: Oklahoma State Department of Health supports the Oklahoma Medical Reserve Corps to ensure a capable and ready volunteer force for any catastrophic health emergency. As such, to ensure an accurate account of who a volunteer is, the OSDH requires a simple Oklahoma State Bureau of Investigation background check be run on all volunteers. Currently, a \$15 charge is being assessed on all background checks, which are submitted electronically by the Oklahoma Medical Reserve Corps.

Recommendation: Because the Oklahoma Medical Reserve Corps is conducting all checks without the aid of the Oklahoma State Bureau of Investigation and because it is in the best interest of the state to ensure volunteers' backgrounds considering the type of response, OSDH will work with the Oklahoma Medical Reserve Corps to request an Attorney General's Opinion to waive the \$15 background check charge.

The following actions are being carried forward from previous recommendations that may still need to be addressed. Outcomes have been included.

PREPAREDNESS FUNDS

Issue #9: Oklahoma State government procurement requirements (74 O.S. Section 85.1-85.44C) and policies have proven to be an impediment to the expedited use of Federal preparedness funds (US Department of Homeland Security and the US Department of Health and Human Services). These funds are greatly scrutinized by the Federal government. States continue to be under pressure to expedite the utilization of these funds.

Recommendation: Allow preparedness funds to be exempt from State purchasing requirements and provide for easier granting of funds to Local governments, universities, or government trusts.

Outcome: The Oklahoma Office of Homeland Security was able to get a temporary waiver due to a short turn-around time from federal grant awards; however, all state purchasing requirements are still being followed. This can still cause state programs to lapse grant funds.

EMERGENCY MANAGEMENT INFRASTRUCTURE

Issue #10: In many Oklahoma counties, emergency management positions are occupied on a voluntary and/or part-time basis. This is particularly prevalent in the non-urban communities. The problem arises because disasters, whether natural or manmade, can occur anywhere in Oklahoma. In addition, coordination of regional planning efforts is impeded without a strong and consistent emergency management presence in each county.

Recommendation: Require and fund full-time paid emergency management positions in each county. In addition, support education of local officials on the importance of local emergency management.

Outcome: Though a few of the more populous counties continue to receive funding, enough funds have not been made available to reach all counties.

VOLUNTEER LIABILITY

Issue #11: Volunteers are a vital component to our preparedness and response efforts, from the planning phase through the exercise/drill phase to the response phase. Many areas have been impeded by concerns about liability coverage for volunteers during actual events as well as during drills and exercises. Currently, O.S. §76-32 covers liability for only a few identified professions. Many important medical professionals were not addressed such as mental health specialists, respiratory therapists and veterinarians.

Recommendation: Coordinate a multi-agency bill to update this statute and make liability coverage more comprehensive for all Oklahoma Medical Reserve Corps volunteers.

Outcome: As of August 2008, liability and worker's compensation for volunteers has not been adequately addressed. A bill was proposed during the 2008 legislative session but did not pass. This remains an unsolved and vital component in being able to protect those who courageously respond to take care of the citizens of Oklahoma.

WORKER'S COMPENSATION

Issue #12: Volunteers are a vital component to our preparedness and response efforts, from the planning phase through the exercise/drill phase to the response phase. Many areas have been impeded by concerns about worker's compensation coverage for volunteers during actual events as well as during drills and exercises. Some government agencies have the ability to cover a few volunteers, however, with the expectation that hundreds of volunteers will be needed to respond to a catastrophic health emergency the ability to cover all is not addressed.

Recommendation: Coordinate a multi-agency bill to make it easier and more economical to provide workers compensation for volunteers activated for a catastrophic health emergency.

Outcome: As of August 2008, liability and worker's compensation for volunteers has not been adequately addressed. A bill was proposed during the 2008 legislative session but did not pass. This remains an unsolved and vital component in being able to protect those who courageously respond to take care of the citizens of Oklahoma.

BADGING

Issue #13: Homeland Security Presidential Directive 5 (HSPD-5) was issued by President George W. Bush on February 28, 2003. HSPD-5 mandated that the US Department of Homeland Security develop and administer the National Incident Management System (NIMS). One component of NIMS is the "...identification and management of resources (including the systems for classifying types of resources); qualifications and certification [of responders]..." A nationwide system has yet to be developed. However, Oklahoma must move forward to develop a standard, statewide badging system to ensure that a competent, trained and credentialed force of first responders and volunteers is made ready in Oklahoma. The Oklahoma Office of Homeland Security has explored the possibility of using the existing Oklahoma driver's license issuance infrastructure supported initially by the existing badging

agencies/groups (Medical Reserve Corps grantees, Citizens Corps and professional licensing organizations). Identified barriers may include the need for statutory changes related to using the driver's license issuance infrastructure and the need to create a single entry point for first responders and volunteers. This will help to ensure that a competent, trained and credentialed force of first responders is available in Oklahoma.

Recommendation: Support and fund the Oklahoma Office of Homeland Security's efforts in the upcoming Legislative Sessions to develop a statewide credentialing system that builds upon a single registration point for first responders and volunteers in Oklahoma. This will require the cooperation of the existing agencies/groups relative to data sharing and developing standardized, discipline-specific training for first responders.

Outcome: Oklahoma has made significant progress on development of a statewide credentialing system for medical system and public health volunteers by consolidating its Medical Reserve Corps and Electronic System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) program efforts. However, establishing a uniform credentialing system that covers the entire public health and medical system responder community remains an ongoing effort that is currently being lead at the federal level, but will require additional work in order to implement at the state level.

The following recommendations are from previous annual updates addressed and completed over the last few years. Outcomes have been included to address the issues and identify achieved solutions or progress.

ISOLATION/QUARANTINE

Issue #1: Law enforcement officials protect the peace and public safety based on rules and a force continuum. However, the enforcement of isolation or quarantine orders during a declared catastrophic health emergency lacks clarity. The Oklahoma Department of Public Safety plans to request an Attorney General's opinion on this issue before the 2005 Legislative Session commences.

Recommendation: Support statutory and/or regulatory changes that are requested by the Oklahoma Department of Public Safety or the Oklahoma State Department of Health, pursuant to the Attorney General's opinion.

Outcome: Initially an Attorney General's opinion was requested, but it was suggested the issue be brought forth for each catastrophic health emergency because a more informed decision could be made on an event-by-event basis. No singular event decision would be carried over to other catastrophic health emergencies.

To help define this issue, circumstances under which the Commissioner of Health may issue orders of isolation and quarantine under the current authority provided pursuant to Title 63 O.S. §1-106 were clarified to apply to any communicable disease constituting a biologic public health threat in a revision to Oklahoma Administrative Code 310: Chapter 521. The new subchapter seven better outlines the procedures the Oklahoma State Department of Health undertakes when implementing isolation and quarantine, including ordering of treatment, determining suitable locations, providing for administrative hearings, monitoring health status, and determining cessation of quarantine or isolation.

Additionally, Senate Bill 1918 passed in 2008 (effective November 1, 2008) which expanded the health department's ability to impose isolation and quarantine on those with, or suspected to have any communicable disease of public health concern.

INTRASTATE MUTUAL AID COMPACT

Issue #2: Currently, written mutual aid agreements must be in place for all responding agencies to secure FEMA reimbursement for declared disasters. This requires each jurisdiction to negotiate and sign mutual aid agreements with all disciplines in the same and neighboring jurisdictions. These required documents have proven to demand extraordinary time and effort.

Recommendation: The Oklahoma Department of Emergency Management will seek a legislative amendment in the 2005 Legislative Session that mandates an Oklahoma Intrastate Mutual Aid Compact. Passage of these provisions may alleviate the need for jurisdiction and discipline-specific mutual aid agreements and would ensure that jurisdictions can maintain eligibility for disaster reimbursements. The CHE Task Force recommends passage of provisions that facilitate mutual aid.

Outcome: In May 2006, legislation was passed to enact O.S. §63-695, "Oklahoma Intrastate Mutual Aid Compact." This enactment creates a system of mutual aid between participating jurisdictions in the state.

PREPAREDNESS FUNDS

Issue #3: Federal preparedness funds have allowed Oklahoma to build a better preparedness and response infrastructure. However, these funds are beginning to wane. Funds will be required to maintain and replace critical components including the statewide interoperable communications system, emergency response center, response equipment, preparedness/response personnel and continued training.

Recommendation: Develop a mechanism of continued funding, whether through a tax or the utilization of other funding to develop a dedicated funding stream. Particular attention and close collaboration are required to ensure that interoperable communications, including computer networks, can be maintained, secured and protected.

Outcome: With the federal government's requirement for states to match part of their grant funds, the Oklahoma legislature approved a 5% match of funds in the 2008 legislative session to begin July 1, 2008.

EMERGENCY MANAGEMENT INFRASTRUCTURE

Issue #4: The State Emergency Operations Center at the Oklahoma Department of Emergency Management is in critical need of update and repair. The project has been approved by FEMA and the architectural drawings have been developed. However, funds associated with asbestos removal, temporary relocation and the obligatory 25% State cash match have not been made available to the Oklahoma Department of Emergency Management. This project must be completed by January 2007 and is estimated to take eighteen months for completion.

Recommendation: Award the required funds (\$653,098) to the Oklahoma Department of Emergency Management to complete the update to the State Emergency Operations Center which will benefit all State agencies.

Outcome: The Oklahoma Department of Emergency Management received funds to update the State Emergency Operations Center. The ribbon cutting for the new facility was on April 2, 2008.

CHE Powers Task Force

Members and Advisors



Catastrophic Health Emergency Planning Task Force - 2008

Name/Title	Agency	Phone	Email
Advisor			
Alexander, Maria Eastern District Coordinator	Oklahoma State Department of Health	405-271-0900	mariaA@health.ok.gov
Advisor			
Arbeitman, Brook	Oklahoma Office of Homeland Security	405-425-7293	barbeitm@dps.state.ok.us
Advisor			
Baker, Sheri Administrative Assistant	Oklahoma State Department of Health	405-271-0900	Sherib@health.ok.gov
Advisor			
Bennett-Webb, Leslea Director, Office of Communications	Oklahoma State Department of Health	405-271-5601	Leslea@health.ok.gov
Advisor			
Bloss, Kevin, PE	Oklahoma Department of Transportation	405-249-6701	kbloss@odot.org
Advisor			
Bradley, Kristy, DVM, MPH State Epidemiologist	Oklahoma State Department of Health	405-271-4060	Kristyb@health.ok.gov
Advisor			
Buck, Steven Deputy Commissioner, Comm. & Prevention	Department of Mental Health & Substance Abuse Services	405-522-3879	Sbuck@odmhsas.org

Name/Title	Agency	Phone	Email
Advisor			
Chalmers, Jeff	Oklahoma Department of Emergency Management	405-521-2481	jeff.chalmers@oem.ok.gov
Advisor			
Clinkenbeard, Leslie OCAITHB/SPIEC Epi. Center Director	Oklahoma City Area Inter-Tribal Health Board	405-951-6003	leslie.clinkenbeard@ihs.gov
Named Member			
Cox, Dave Emergency Preparedness Division Director	Tulsa City-County Health Department	918-595-4440	dcox@tulsa-health.org
Advisor			
Cox-Kain, Julie Deputy Commissioner	Oklahoma State Department of Health	405-271-3272	Juliek@health.ok.gov
Named Member			
Crain, Brian Senator	Oklahoma State Senate	405-521-5620	crain@oksenate.gov
Named Member			
Crutcher, James, MD, MPH Sec. of Health & Commissioner of Health	Oklahoma State Department of Health	405-271-4200	mikec@health.ok.gov
Advisor			
Dancy, Wanda Contract Manager	Oklahoma State Department of Health	405-271-0900	wandad@health.ok.gov
Advisor			
Darby, Kendal State Administrator	Oklahoma Medical Reserve Corps	405-297-7056	darbyk@emsa.net

Name/Title	Agency	Phone	Email
Named Member			
Doke, Robert Oklahoma State Fire Marshal	Oklahoma State Fire Marshal's Office	405-522-5011	robert.doke@fire.state.ok.us
Named Member			
Dungan, Paul, DVM, MPH Director, Oklahoma City-County Health Dept.	Oklahoma City-County Health Department	405-425-4332	paul_dungan@occhd.org
Alternate			
Elder, Monty	Oklahoma Department of Environment Quality	405-702-1000	monty.elder@deq.state.ok.us
Named Member			
Gann, Dennis Major	Department of Public Safety	405-425-7743	dgann@dps.state.ok.us
Advisor			
Gofton, Jeffery, MD Chief Medical Examiner	Office of the Chief Medical Examiner	405-239-2430	medical_examiner@ocmeokc.state.ok.us
Advisor			
Hamilton, Jeff	Oklahoma City Interfaith Alliance	405-525-6551	Hamilton.j@fccokc.org
Advisor			
Harder, Allan Executive Director	Oklahoma City Area Inter-Tribal Health Board	405-951-6003	allan.harder@ihs.gov
Named Member			
Jones, Craig	Oklahoma Hospital Association	405-427-9537	jones@okoha.com

Name/Title	Agency	Phone	Email
Advisor			
Jordan, Lynnette, MPH Executive Coordinator, SNS	Oklahoma State Department of Health	405-271-0900	Lynnette@health.ok.gov
Advisor			
Kelsey, Lyle Executive Director	Oklahoma State Board of Medical Licensure and Supervision	405-767-1414	lkelsey@okmedicalboard.org
Advisor			
Kerr, Craig, LTC Antiterrorism Coordinator	Oklahoma Military Department	405-228-5587	craig.kerr@us.army.mil
Advisor			
Kirk, Nelda Deputy Chief of Staff for Administration	Office of the Governor	405-522-8880	nelda.kirk@gov.ok.gov
Alternate			
Liebe, Fred Asst. Director	Oklahoma Department of Emergency Management	405-521-2481	fred.liebe@oem.ok.gov
Named Member			
Magnin, Dale	Oklahoma Department of Emergency Management	405-521-2481	dale.magnin@oem.ok.gov
Alternate			
McKelvey, Bonnie	Oklahoma Department of Emergency Management	405-521-2481	bonnie.mckelvey@oem.ok.gov
Named Member			
McWaters-Khalousi, Shawna, AgenMS Terrorism Prep. & Response Service Chief	Oklahoma State Department of Health	405-271-0900	shawnam@health.ok.gov

Name/Title	Agency	Phone	Email
Advisor			
Murphy, Michael Director	Metropolitan Medical Response System	405-297-7059	murphym@ems.net
Named Member			
Nelson, Jane, CAE Executive Director	Oklahoma Nurses Association	405-840-3476	ona.ed@oklahomanurses.org
Named Member			
Paddack, Susan Senator	Oklahoma State Capitol	405-521-5541	paddack@oksenate.gov
Advisor			
Pettingill, Kerry Director	Oklahoma Office of Homeland Security	405-425-7296	kpetting@dps.state.ok.us
Named Member			
Pickens, Allison Administrative Office of the Courts	Administrative Office of the Courts	405-522-7870	allison.pickens@OSCN.net
Meeting Notice			
Pipes, Kevin Chief of Staff	Oklahoma State Department of Health	405-271-4200	Kevinp@health.ok.gov
Named Member			
Powitzky, Robert, Ph.D Chief Mental Health Officer	Oklahoma Psychological Association	405-962-6138	robert.powitzky@doc.state.ok.us
Named Member			
Rinehart, Sandy Senior Assistant Attorney General	State Attorney General's Office	405-522-4392	sandy.rinehart@oag.ok.gov

Name/Title	Agency	Phone	Email
Named Member			
Roan, Paul House Representative	Oklahoma House of Representatives	405-557-7308	paulroan@okhouse.gov
Advisor			
Robertson, Lance Director	Oklahoma Department of Human Services	405-521-2281	lance.robertson@okdhs.org
Advisor			
Ronck, Stephen Deputy Commissioner	Oklahoma State Department of Health	405-271-5585	SteveR@health.ok.gov
Advisor			
Schultz, Mark Western District Coordinator	Oklahoma State Department of Health	405-271-0900	marks@health.ok.gov
Named Member			
Schwartz, Colby House Representative	Oklahoma House of Representatives	405-557-7352	colby.schwartz@okhouse.gov
Alternate			
Sellars, Joanna	Oklahoma State Fire Marshal's Office	405-522-5014	joanna.sellars@fire.state.ok.us
Advisor			
Smith, Richard Veterans Health Administration	Veteran's Administration	405-456-3308	richard.smith11@va.gov
Named Member			
Smith, Floy Office of the Governor	Office of the Governor	405-522-8825	Floy.smith@gov.ok.gov

Name/Title	Agency	Phone	Email
Advisor			
Smithee, Lauri Chief for Acute Disease	Oklahoma State Department of Health	405-271-4050	Lauris@health.ok.gov
Advisor			
Soos-Davis, Linda	Oklahoma Department of Emergency Management	405-521-2481	linda.soos-davis@oem.ok.gov
Advisor			
Sproat, Scott, MS, CHE Deputy Service Chief	Oklahoma State Department of Health	405-271-0900	ScottS@health.ok.gov
Alternate			
Stein, Loren, RNC, MSN Director	Oklahoma Nurses Association	405-840-3476	director@oklahomanurses.org
Advisor			
Stromberg, Stan	Oklahoma Department of Agriculture, Food & Forestry	405-521-3864	stan.stromberg@oda.state.ok.us
Advisor			
Taliaferro, Nicole Administrative Assistant	Oklahoma State Department of Health	405-271-0900	nicolej@health.ok.gov
Named Member			
Thompson, Steve Executive Director	Oklahoma Department of Environmental Quality	405-702-1000	steve.thompson@deq.state.ok.us
Advisor			
Thomson, Thomas, M.Ed., LPC Disaster Planning & Response Prog. Mgr.	Department of Mental Health & Substance Abuse Services	405-522-8310	Tthomson@odmhsas.org

Name/Title	Agency	Phone	Email
Named Member			
Varghese, Reji Comptroller	Oklahoma State Board of Medical Licensure and Supervision	405-767-1418	Varghese@okmedicalboard.org
Advisor			
Wadley, Tom	Oklahoma Department of Transportation	405-249-6701	twadley@odot.org

Catastrophic Health Emergency Powers Act

Title §63-6101



Catastrophic Health Emergency Powers Act

§63-6101. Short title.

This act may be cited as the “Catastrophic Health Emergency Powers Act”.
Added by Laws 2003, c. 473, § 1.

§63-6102. Legislative findings.

The Oklahoma Legislature finds that:

1. The government must do more to protect the health, safety, and general well-being of its citizens during a catastrophic health emergency;
2. New and emerging dangers, including emergent and resurgent infectious diseases and incidents of civilian mass casualties, pose serious and immediate threats during a catastrophic health emergency;
3. A renewed focus on the prevention, detection, management, and containment of catastrophic health emergencies is needed;
4. Catastrophic health emergency threats, including those caused by nuclear, biological or chemical events, may require the exercise of extraordinary government powers and functions;
5. This state must have the ability to respond, rapidly and effectively, to potential or actual catastrophic health emergencies;
6. The exercise of catastrophic health emergency powers must promote the common good;
7. Catastrophic emergency health powers must be grounded in a thorough scientific understanding of public health threats and disease transmission;
8. Guided by principles of justice and antidiscrimination, it is the duty of this state to act with fairness and tolerance towards individuals and groups during catastrophic health emergencies;
9. The rights of people to liberty, bodily integrity, and privacy must be respected to the fullest extent possible consistent with maintaining and preserving the health and security of the public during a catastrophic health emergency;
10. This act is necessary to protect the health and safety of the citizens of this state during a catastrophic health emergency; and
11. The provisions of Sections 9 through 25 of this act shall only be activated upon the occurrence of a catastrophic health emergency.

Added by Laws 2003, c. 473, § 2.

§63-6103. Purposes.

The purposes of the Catastrophic Health Emergency Powers Act are:

1. To require the development of a comprehensive plan to provide for a coordinated, appropriate response in the event of a catastrophic health emergency;
2. To authorize the reporting and collection of data and records, the management of property, the protection of persons, and access to communications during a catastrophic health emergency;
3. To facilitate the early detection of a catastrophic health emergency, and allow for immediate investigation of such a catastrophic health emergency by granting access to health information of individuals under specified circumstances;
4. To grant state and local officials the authority during a catastrophic health emergency to provide care, treatment, and vaccination to persons who are ill or who have been exposed to

transmissible diseases, and to separate affected individuals from the population at large to interrupt disease transmission;

5. To ensure during a catastrophic health emergency that the needs of infected or exposed persons are properly addressed to the fullest extent possible, given the primary goal of controlling serious health threats; and

6. To provide, during a catastrophic health emergency, state and local officials with the ability to prevent, detect, manage, and contain health threats without unduly interfering with civil rights and liberties.

Added by Laws 2003, c. 473, § 3.

§63-6104. Definitions.

As used in the Catastrophic Health Emergency Powers Act:

1. “Bioterrorism” means the intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product, to cause death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population;

2. “Catastrophic health emergency” means an occurrence of imminent threat of an illness or health condition that:

- a. is believed to be caused by any of the following:
 - (1) a nuclear attack,
 - (2) bioterrorism, or
 - (3) a chemical attack, and
- b. poses a high probability of any of the following harms:
 - (1) a large number of deaths in the affected population,
 - (2) a large number of serious or long-term disabilities in the affected population, or
 - (3) widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population;

3. “Chain of custody” means the methodology of tracking specimens for the purpose of maintaining control and accountability from initial collection to final disposition of the specimens and providing for accountability at each stage of collecting, handling, testing, storing, and transporting the specimens and reporting test results;

4. “Contaminated waste” means:

- a. “biological waste”, which includes blood and blood products, excretions, exudates, secretions, suctioning and other body fluids, and waste materials saturated with blood or body fluids,
- b. “cultures and stocks”, which includes etiologic agents and associated biologicals, including specimen cultures and dishes and devices used to transfer, inoculate, and mix cultures, wastes from production of biologicals and serums, and discarded live and attenuated vaccines,
- c. “pathological waste”, which includes biopsy materials and all human tissues, anatomical parts that emanate from surgery, obstetrical procedures, necropsy or autopsy and laboratory procedures, and animal carcasses

exposed to pathogens in research and the bedding and other waste from such animals, but does not include teeth or formaldehyde or other preservative agents, and

- d. “sharps”, which includes needles, intravenous (IV) tubing with needles attached, scalpel blades, lancets, breakable glass tubes, and syringes that have been removed from their original sterile containers;

5. “Health care facility” means any nonfederal institution, building, or agency or portion thereof, whether public or private or for profit or nonprofit, that is used, operated, or designed to provide health services, medical treatment, or nursing, rehabilitative, or preventive care to any person or persons. This includes, but is not limited to: ambulatory surgical facilities, hospitals, infirmaries, intermediate care facilities, kidney dialysis centers, long-term care facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, residential treatments facilities, skilled nursing facilities, special care facilities, medical laboratories, and adult day-care centers. This also includes, but is not limited to, the following related property when used for or in connection with the foregoing: laboratories; research facilities; pharmacies; laundry facilities; health personnel training and lodging facilities; patient, guest, and health personnel food service facilities; and offices and office buildings for persons engaged in health care professions or services;

6. “Health care provider” means any person or entity who provides health care services including, but not limited to, physicians, pharmacists, dentists, physician assistants, nurse practitioners, registered and other nurses, paramedics, emergency medical or laboratory technicians, and ambulance and emergency medical workers;

7. “Infectious disease” means a disease caused by a living organism or other pathogen, including a fungus, bacillus, parasite, protozoan, or virus. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person;

8. “Isolation” means the physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected with a transmissible or possibly transmissible disease from nonisolated individuals, to prevent or limit the transmission of the disease to nonisolated individuals;

9. “Mental health support personnel” means, but is not limited to, psychiatrists, psychologists, social workers, and volunteer crisis counseling groups;

10. “Protected health information” means any information, whether oral, written, electronic, visual, or any other form, that relates to the past, present, or future physical or mental health status, condition, treatment, service, products purchased, or provision of care of an individual, and that reveals the identity of the individual whose health care is the subject of the information, or where there is a reasonable basis to believe such information could be utilized either alone or with other information that is, or should reasonably be known to be, available to predictable recipients of such information to reveal the identity of that individual;

11. “Public health authority” means the Oklahoma State Commissioner of Health; or local health department that acts principally to protect or preserve the health of the public; or any person directly authorized to act on behalf of the Oklahoma State Commissioner of Health or local health department;

12. “Public safety authority” means the Commissioner of Public Safety; or any local government agency that acts principally to protect or preserve the public safety; or any person directly authorized to act on behalf of the Commissioner of Public Safety or local agency;

13. "Quarantine" means the physical separation and confinement of an individual or groups of individuals, who are or may have been exposed to a transmissible or possibly transmissible disease and who do not show signs or symptoms of a transmissible disease, from nonquarantined individuals, to prevent or limit the transmission of the disease to nonquarantined individuals;

14. "Specimens" means, but is not limited to, blood, sputum, urine, stool, other bodily fluids, wastes, tissues, and cultures necessary to perform required tests;

15. "Tests" means, but is not limited to, any diagnostic or investigative analyses necessary to prevent the spread of disease or protect the health, safety, and welfare of the public;

16. "Transmissible disease" means an infectious disease that can be transmitted from person to person; and

17. "Trial court" means the district court for the area in which isolation or quarantine is to occur, a court designated by the Public Health Emergency Plan under the Catastrophic Health Emergency Powers Act, or to the district court for the area in which a catastrophic health emergency has been declared.

Added by Laws 2003, c. 473, § 4.

§63-6105. Oklahoma Catastrophic Health Emergency Planning Task Force.

A. There is hereby created the Oklahoma Catastrophic Health Emergency Planning Task Force. The purpose of the task force is to prepare a plan for responding to a catastrophic health emergency.

B. The task force shall be comprised as follows:

1. The cabinet secretary with responsibilities for health and human services who shall serve as chair of the task force;

2. The State Commissioner of Health or a designee;

3. The Director of the Department of Public Safety or a designee;

4. The State Attorney General or a designee;

5. The Administrative Director of the Courts or a designee;

6. The Director of Civil Emergency Management or a designee;

7. Two members of the State Senate to be appointed by the President Pro Tempore of the Senate;

8. Two members of the Oklahoma House of Representatives to be appointed by the Speaker of the House of Representatives;

9. The Director of the Tulsa City-County Health Department or a designee;

10. The Director of the Oklahoma City-County Health Department or a designee;

11. The State Fire Marshal;

12. A representative of the Oklahoma State Board of Medical Licensure and Supervision to be appointed by the State Board of Medical Licensure and Supervision;

13. A representative of the State Board of Osteopathic Examiners to be appointed by the State Board of Osteopathic Examiners;

14. A representative of the Governor to be appointed by the Governor;

15. A person appointed by the Governor representing a statewide organization representing hospitals;

16. A representative of the Oklahoma Nurses Association to be appointed by the Oklahoma Nurses Association; and

17. A representative of the Oklahoma Psychological Association to be appointed by the Oklahoma Psychological Association.

C. Appointees shall serve at the pleasure of the appointing authority.

D. No later than December 31, 2004, the task force shall deliver a plan for responding to a catastrophic health emergency to the Governor, the President Pro Tempore of the State Senate, and the Speaker of the Oklahoma House of Representatives. The plan shall include provisions or guidelines for the following:

1. Notification of and communication with the population during a catastrophic health emergency;
 2. Central coordination of resources, manpower, and services, including coordination of responses by state, local, tribal, and federal agencies during a catastrophic health emergency;
 3. The location, procurement, storage, transportation, maintenance, and distribution of essential materials including, but not limited to, medical supplies, drugs, vaccines, food, shelter, clothing, and beds during a catastrophic health emergency;
 4. The role of law enforcement agencies in response to a catastrophic health emergency;
 5. The method of evacuating populations and housing and feeding evacuated populations during a catastrophic health emergency;
 6. The identification and training of health care providers to diagnose and treat persons with infectious disease during a catastrophic health emergency;
 7. The treatment of persons who have been exposed to or who are infected with diseases or health conditions that may be the cause of a catastrophic health emergency;
 8. The safe disposal of contaminated wastes and human remains during a catastrophic health emergency;
 9. The safe and effective control of persons treated during a catastrophic health emergency;
 10. Tracking the source and outcomes of infected persons during a catastrophic health emergency;
 11. Ensuring that during a catastrophic health emergency each city and county within the state identifies the following:
 - a. sites where medical supplies, food, and other essentials can be distributed to the population,
 - b. sites where public health and emergency workers can be housed and fed, and
 - c. routes and means of transportation of people and materials;
 12. The recognition of cultural norms, values, religious principles, and traditions that may be relevant during a catastrophic health emergency; and
 13. Other measures necessary to carry out the purposes of this act.
- E. The task force shall distribute this plan to those who will be responsible for its implementation, other interested persons and the public and seek their review and comments.
- F. The task force shall annually review its plan for responding to a catastrophic health emergency.
- G. Staff assistance for the task force shall be provided upon request by the chair of the task force by the agency or agencies determined to be appropriate by the chair.
- H. Members of the task force shall receive no compensation for serving on the task force, but shall receive travel reimbursement as follows:

1. Legislative members of the task force shall be reimbursed for their necessary travel expenses incurred in the performance of their duties in accordance with Section 456 of Title 74 of the Oklahoma Statutes; and

2. Nonlegislative members of the task force shall be reimbursed pursuant to the Oklahoma Travel Reimbursement Act by their employing or appointing agencies.
Added by Laws 2003, c. 473, § 5.

§63-6301. Reports required from health care providers, coroners, medical examiners, or pharmacists.

A. A health care provider, coroner, or medical examiner shall report all cases of persons who harbor any illness or health condition that may be potential cause of a catastrophic health emergency. Reportable illnesses and health conditions include, but are not limited to, the diseases caused by the biological agents listed in 42 C.F.R., Section 72, app. A (2000) and any illnesses or health conditions identified by the public health authority.

B. In addition to the foregoing requirements for health care providers, a pharmacist shall report any unusual or increased prescription rates, unusual types of prescriptions, or unusual trends in pharmacy visits that may be potential causes of a catastrophic health emergency.

Prescription-related events that require a report include, but are not limited to:

1. An unusual increase in the number of prescriptions or over-the-counter pharmaceuticals to treat conditions that the public health authority identifies through regulations;

2. An unusual increase in the number of prescriptions for antibiotics; and

3. Any prescription that treats a disease that is relatively uncommon or may be associated with bioterrorism.

C. The report shall be made electronically or in writing within twenty-four (24) hours to the public health authority. The report shall include as much of the following information as is available: the specific illness or health condition that is the subject of the report; the name of the patient, date of birth, sex, race, occupation, and current home and work addresses, including city and county; the name and address of the health care provider, coroner, or medical examiner and of the reporting individual, if different; and any other information needed to locate the patient for follow-up. For cases related to animal or insect bites, the suspected locating information of the biting animal or insect, and the name and address of any known owner, shall be reported.

D. Any animal case of a zoonotic disease that is suspected to be a bioterrorism event or associated with an outbreak shall be reported to the State Veterinarian. Appropriate clinical specimens will be required to be rapidly submitted for laboratory confirmation. The State Veterinarian or State Veterinary Diagnostic Laboratory Director or a designee will immediately report by telephone confirmed veterinary cases of public health importance to the State Department of Health.

E. For the purposes of this section, "health care provider" shall include out-of-state medical laboratories, provided that the out-of-state laboratories have agreed to the reporting requirements of this state. Results must be reported by the laboratory that performs the test, but an in-state laboratory that sends specimens to an out-of-state laboratory is also responsible for reporting results.

F. The public health authority may enforce the provisions of this section in accordance with existing enforcement rules.

Added by Laws 2003, c. 473, § 6.

§63-6302. Investigations – Identification of exposed individuals – Closing, evacuation, or decontamination of facilities – Decontamination or destruction of materials – Enforcement powers.

A. The public health authority shall ascertain the existence of cases of an illness or health condition that may be potential causes of a catastrophic health emergency; investigate all such cases for sources of infection or contamination and to ensure that they are subject to proper control measures; and define the distribution of the illness or health condition. To fulfill these duties, the public health authority shall identify exposed individuals as follows:

1. Acting on information developed in accordance with Section 6 of this act, or other reliable information, the public health authority shall identify all individuals thought to have been exposed to an illness or health condition that may be a potential cause of a catastrophic health emergency; and

2. The public health authority shall counsel and interview such individuals where needed to assist in the positive identification of exposed individuals and develop information relating to the source and spread of the illness or health condition. Such information includes the name and address, including city and county, of any person from whom the illness or health condition may have been contracted and to whom the illness or health condition may have spread.

B. The public health authority, for examination purposes, shall close, evacuate, or decontaminate any facility or decontaminate or destroy any material when the authority reasonably suspects that such facility or material may endanger the public health.

C. The public health authority may enforce the provisions of this section in accordance with existing enforcement rules. An order of the public health authority given to effectuate the purposes of this section shall be enforceable immediately by the public safety authority.

Added by Laws 2003, c. 473, § 7.

§63-6303. Reportable illnesses, health conditions, unusual clusters, or suspicious events – Duty to notify public health authorities – Sharing of information.

A. Whenever the public safety authority or other state or local government agency learns of a case of a reportable illness or health condition, an unusual cluster, or a suspicious event that may be the cause of a catastrophic health emergency, it shall immediately notify the public health authority.

B. Whenever the public health authority learns of a case of a reportable illness or health condition, an unusual cluster, or a suspicious event that it reasonably believes has the potential to be caused by terrorism, it shall immediately notify the public safety authority, tribal authorities, and federal health and public safety authorities.

C. Sharing of information on reportable illnesses, health conditions, unusual clusters, or suspicious events between public health and safety authorities shall be restricted to the information necessary for the treatment, control, investigation, and prevention of a catastrophic health emergency.

Added by Laws 2003, c. 473, § 8.

§63-6401. Governor's declaration.

A state of catastrophic health emergency may be declared by the Governor upon the occurrence of a "catastrophic health emergency" as defined in paragraph 2 of Section 4 of this act. Prior to such a declaration, the Governor shall consult with the public health authority and may consult with any additional public health or other experts as needed.

Added by Laws 2003, c. 473, § 9.

§63-6402. Executive order.

A state of catastrophic health emergency shall be declared by an executive order that specifies:

1. The nature of the catastrophic health emergency;
2. The political subdivisions or geographic areas subject to the declaration;
3. The conditions that have brought about the catastrophic health emergency;
4. The duration of the state of the catastrophic health emergency, if less than thirty (30) days; and
5. The primary public health authority responding to the catastrophic health emergency.

Added by Laws 2003, c. 473, § 10.

§63-6403. Activation of disaster response and recovery aspects of emergency plans – Powers of Governor.

A. The declaration of a state of catastrophic health emergency shall activate the disaster response and recovery aspects of the state, local, and inter-jurisdictional disaster emergency plans in the affected political subdivisions or geographic areas. Such declaration authorizes the deployment and use of any forces to which the plans apply and the use or distribution of any supplies, equipment, and materials and facilities assembled, stockpiled, or available pursuant to this act.

B. During a state of catastrophic health emergency, the Governor may:

1. Suspend the provisions of any regulatory statute prescribing procedures for conducting state business, or the orders and rules of any state agency, to the extent that strict compliance with the same would prevent, hinder, or delay necessary action (including emergency purchases) by the public health authority to respond to the catastrophic health emergency, or increase the health threat to the population;
2. Utilize all available resources of the state government and its political subdivisions, as reasonably necessary to respond to the catastrophic health emergency;
3. Transfer the direction, personnel, or functions of state departments and agencies in order to perform or facilitate response and recovery programs regarding the catastrophic health emergency;
4. Mobilize all or any part of the National Guard into service of the state. An order directing the National Guard to report for active duty shall state the purpose for which it is mobilized and the objectives to be accomplished;
5. Provide aid to and seek aid from other states during the catastrophic health emergency in accordance with any interstate emergency compact made with this state; and
6. Seek aid from the federal government for the catastrophic health emergency in accordance with federal programs or requirements.

C. The public health authority shall coordinate all matters pertaining to the catastrophic health emergency response of the state. The public health authority shall have primary jurisdiction, responsibility, and authority for:

1. Planning and executing catastrophic health emergency assessment, mitigation, preparedness response, and recovery for the state;
2. Coordinating catastrophic health emergency response between state and local authorities during a catastrophic health emergency;

3. Collaborating with relevant federal government authorities, elected officials of other states, private organizations or companies during a catastrophic health emergency;
4. Coordinating recovery operations and mitigation initiatives subsequent to catastrophic health emergencies; and
5. Organizing public information activities regarding catastrophic health emergency response operations.

D. After the declaration of a state of catastrophic health emergency, special identification for all public health personnel working during the catastrophic health emergency shall be issued as soon as possible. The identification shall indicate the authority of the bearer to exercise public health functions and emergency powers during the state of catastrophic health emergency. Public health personnel shall wear the identification in plain view.

Added by Laws 2003, c. 473, § 11.

§63-6404. Enforcement of public health authority orders – Assistance from public safety authority.

During a state of catastrophic health emergency, the public health authority may request assistance in enforcing orders pursuant to this act from the public safety authority. The public safety authority may request assistance from the National Guard in enforcing the orders of the public health authority.

Added by Laws 2003, c. 473, § 12.

§63-6405. Termination of declaration of emergency by executive order – Special Session of State Legislature.

A. The Governor shall terminate the declaration of a state of catastrophic health emergency by executive order upon finding that the occurrence of the condition that caused the catastrophic health emergency no longer poses a high probability of a large number of deaths in the affected population, a large number of incidents of serious permanent or long-term disability in the affected population, or a significant risk of substantial future harm to a large number of people in the affected population.

B. Notwithstanding any other provision of the Catastrophic Health Emergency Powers Act, the declaration of a state of catastrophic health emergency shall be terminated automatically after thirty (30) days unless renewed by the Governor under the same standards and procedures set forth in this act. Any such renewal shall also be terminated automatically after thirty (30) days unless renewed by the Governor under the same standards and procedures set forth in the Catastrophic Health Emergency Powers Act.

C. If the Governor declares a catastrophic health emergency, the State Legislature shall automatically be called into Special Session at 8:00 a.m. on the morning of the second day following the date of such declaration for the purpose of concurring with or terminating the catastrophic health emergency. The State Legislature by concurrent resolution may terminate a state of catastrophic health emergency at any time. Thereupon, the Governor shall by appropriate action end the state of catastrophic health emergency. Such termination by the State Legislature shall override any renewal by the Governor.

D. All orders or legislative actions terminating the declaration of a state of catastrophic health emergency shall indicate the nature of the emergency, the area or areas threatened, and the conditions that make possible the termination of the declaration.

Added by Laws 2003, c. 473, § 13.

§63-6501. Safe disposal of contaminated waste – Powers of public health authority.

A. The public health authority may exercise, for such period as the state of catastrophic health emergency exists, the following powers regarding the safe disposal of contaminated waste:

1. To adopt and enforce measures to provide for the safe disposal of contaminated waste as may be reasonable and necessary to respond to the catastrophic health emergency. Such measures may include, but are not limited to, the collection, storage, handling, destruction, treatment, transportation, and disposal of contaminated waste; and

2. To require any business or facility authorized to collect, store, handle, destroy, treat, transport, and dispose of contaminated waste under the laws of this state, and any landfill business or other such property, to accept contaminated waste, or provide services or the use of the business, facility, or property if such action is reasonable and necessary to respond to the catastrophic health emergency as a condition of licensure, authorization, or the ability to continue doing business in the state as such a business or facility. The use of the business, facility, or property may include transferring the management and supervision of such business, facility, or property to the public health authority for a period of time, which shall not exceed the termination of the declaration of a state of catastrophic health emergency.

B. All bags, boxes, or other containers for contaminated waste shall be clearly identified as containing contaminated waste and, if known, the type of contaminated waste.
Added by Laws 2003, c. 473, § 14.

§63-6502. Safe disposal of human remains – Powers of public health authority – Identification and written record.

A. The public health authority may exercise, for such period as the state of catastrophic health emergency exists, the following powers regarding the safe disposal of human remains:

1. To adopt and enforce measures to provide for the safe disposal of human remains as may be reasonable and necessary to respond to the catastrophic health emergency. Such measures may include, but are not limited to, the embalming, burial, cremation, interment, disinterment, transportation, and disposal of human remains;

2. To take possession or control of any human remains; and

3. To order the disposal of any human remains of a person who has died of a transmissible disease through burial or cremation within twenty-four (24) hours after death. To the extent possible, religious, cultural, family, and individual beliefs of the deceased person or the family of the deceased person shall be considered when disposing of any human remains.

B. Any human remains prior to disposal shall be clearly labeled with all available information to identify the decedent and the circumstances of death. Any human remains of a deceased person with a transmissible disease shall have an external, clearly visible tag indicating that the human remains are infected and, if known, the transmissible disease.

C. Every person in charge of disposing of any human remains during a catastrophic health emergency shall maintain a written or electronic record of the human remains and all available information to identify the decedent and the circumstances of death and disposal. If human remains cannot be identified prior to disposal, a qualified person shall, to the extent possible, take fingerprints and photographs of the human remains, obtain identifying dental information, and collect a DNA specimen. All information gathered under this subsection shall be promptly forwarded to the public health authority.

Added by Laws 2003, c. 473, § 15.

§63-6503. Pharmaceutical agents and medical supplies – Purchase and distribution by public health authority - Regulation of use, sale, dispensing, distribution or transportation – Hoarding.

A. The public health authority may purchase and distribute antitoxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies that it deems advisable in the interest of preparing for or controlling a catastrophic health emergency, without any additional legislative authorization.

B. If a catastrophic health emergency results in a statewide or regional shortage or threatened shortage of any product under subsection A of this section, whether or not such product has been purchased by the public health authority, the public health authority may control, restrict, and regulate by rationing and using quotas, prohibitions on shipments, allocation, or other means, the use, sale, dispensing, distribution, or transportation of the relevant product necessary to protect the public health, safety, and welfare of the people of the state during the catastrophic health emergency.

C. In making rationing or other supply and distribution decisions, the public health authority may give preference to health care providers, disaster response personnel, and mortuary staff.

D. During a state of catastrophic health emergency, the public health authority may procure, store, or distribute any antitoxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies located within the state as may be reasonable and necessary to respond to the catastrophic health emergency, with the right to take immediate possession thereof. If a catastrophic health emergency simultaneously affects more than one state, nothing in this section shall be construed to allow the public health authority to obtain antitoxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies for the primary purpose of hoarding such items or preventing fair and equitable distribution among affected states.

Added by Laws 2003, c. 473, § 16.

§63-6504. Civil proceedings relating to destruction of property.

To the extent practicable consistent with the protection of public health, prior to the destruction of any property under the Catastrophic Health Emergency Powers Act, the public health authority shall institute appropriate civil proceedings against the property to be destroyed in accordance with the existing laws and rules of the courts of this state or any such rules that may be developed by the courts for use during a state of catastrophic health emergency. Any property acquired by the public health authority through such proceedings shall, after entry of the decree, be disposed of by destruction as the court may direct.

Added by Laws 2003, c. 473, § 17.

§63-6601. Prevention of utilization of nuclear, biological or chemical agents – Proper control and treatment of transmissible diseases – Duty of public health authority.

During a state of catastrophic health emergency, the public health authority shall use every available means to prevent the utilization of nuclear, biological, or chemical agents, and to otherwise ensure that all cases of transmissible disease are subject to proper control and treatment.

Added by Laws 2003, c. 473, § 18.

§63-6602. Licensing and appointment of health personnel – Emergency powers of public health authority.

The public health authority, for the period the state of catastrophic health emergency exists, may exercise the following emergency powers regarding licensing and appointment of health personnel:

1. To require in-state health care providers to assist in the performance of treatment or examination of any individual as a condition of licensure, authorization, or the ability to continue to function as a health care provider in this state;

2. To appoint and prescribe the duties of such out-of-state emergency health care providers as may be reasonable and necessary to respond to the catastrophic health emergency.

a. The appointment of out-of-state emergency health care providers may be for a limited or unlimited time, but shall not exceed the termination of the declaration of a state of catastrophic health emergency. The public health authority may terminate the out-of-state appointments at any time or for any reason provided that any such termination will not jeopardize the health, safety, and welfare of the people of this state.

b. The public health authority may waive any or all licensing requirements, permits, or fees required by the state and applicable orders or rules for health care providers from other jurisdictions to practice in this state; and

3. To authorize the medical examiner or coroner to appoint and prescribe the duties of emergency assistant medical examiners or coroners as may be required for the proper performance of the duties of the office.

a. The appointment of emergency assistant medical examiners or coroners may be for a limited or unlimited time, but shall not exceed the termination of the declaration of a state of catastrophic health emergency. The medical examiner or coroner may terminate such emergency appointments at any time or for any reason, provided that any such termination will not impede the performance of the duties of the office.

b. The medical examiner or coroner may waive licensing requirements, permits, or fees required by the state code and applicable orders or rules for the performance of these duties.

Added by Laws 2003, c. 473, § 19.

§63-6701. Provision of information to general public.

A. The public health authority shall inform the people of the state when a state of catastrophic health emergency has been declared or terminated, how to protect themselves during a state of catastrophic health emergency, and what actions are being taken to control the catastrophic health emergency.

B. The public health authority shall provide information by all available and reasonable means calculated to bring the information promptly to the attention of the general public.

C. If the public health authority has reason to believe there are large numbers of people of the state who lack sufficient skills in English to understand the information, the public health authority shall make reasonable efforts to provide the information in the primary languages of those people as well as in English.

D. The provision of information shall be made in a manner accessible to individuals with disabilities.

Added by Laws 2003, c. 473, §20.

§63-6702. Provision of information about and referrals to mental health support personnel.

During and after the declaration of a state of catastrophic health emergency, the public health authority shall provide information about and referrals to mental health support personnel to address psychological responses to the catastrophic health emergency.

Added by Laws 2003, c. 473, § 21.

§63-6801. Enforcement of provisions of act – Rules – Fines and penalties – Orders and other remedies.

The public health authority and other affected agencies are authorized to promulgate and implement rules as are reasonable and necessary to implement and effectuate the provisions of the Catastrophic Health Emergency Powers Act. The public health authority and other affected agencies shall have the power to enforce the provisions of the Catastrophic Health Emergency Powers Act through the imposition of fines and penalties, the issuance of orders, and any other remedies as are provided by law, but nothing in this section shall be construed to limit specific enforcement powers enumerated in the Catastrophic Health Emergency Powers Act.

Added by Laws 2003, c. 473, § 22.

§63-6802. Transfer of monies from state funds – Conditions.

A. During a catastrophic health emergency, the Governor may transfer from any fund available to the Governor in the State Treasury sums of money as may be necessary during a state of catastrophic health emergency.

B. Monies so transferred shall be repaid to the fund from which they were transferred when monies become available for that purpose, by legislative appropriation or otherwise.

C. A transfer of funds by the Governor under the provisions of this section may be made only when one or more of the following conditions exist:

1. No appropriation or other authorization is available to meet the catastrophic health emergency;
2. An appropriation is insufficient to meet the catastrophic health emergency; or
3. Federal monies available for such a catastrophic health emergency require the use of state or other public monies.

D. All expenses incurred by the state during a state of catastrophic health emergency shall be subject to the following limitations:

1. No expense shall be incurred against the monies authorized under this section, without the general approval of the Governor;
2. The aggregate amount of all expenses incurred pursuant to this section shall not exceed Fifty Million Dollars (\$50,000,000.00) for any fiscal year; and
3. Monies authorized for a state of catastrophic health emergency in prior fiscal years may be used in subsequent fiscal years only for the catastrophic health emergency for which they were authorized. Monies authorized for a catastrophic health emergency in prior fiscal years, and expended in subsequent fiscal years for the catastrophic health emergency for which they were authorized, apply toward the fifty-million-dollar expense limit for the fiscal year in which they were authorized.

Added by Laws 2003, c. 473, § 23.

§63-6803. Preemption.

The Catastrophic Health Emergency Powers Act does not explicitly preempt other laws or rules that preserve to a greater degree the powers of the Governor or public health authority, provided the laws or rules are consistent, and do not otherwise restrict or interfere, with the operation or enforcement of the provisions of the Catastrophic Health Emergency Powers Act.

Added by Laws 2003, c. 473, § 24.

§63-6804. Compliance with federal law and regulations – Conflict of laws – Predesignation of hospitals.

A. The Catastrophic Health Emergency Powers Act does not restrict any person from complying with federal law or regulations. Any disclosure by a health care provider or other covered entity of information or data which is protected health information under the provisions of the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”), Public Law 104-191, and which disclosure is occasioned or otherwise caused by the exercise of any emergency powers pursuant to the Catastrophic Health Emergency Powers Act, shall be deemed a disclosure for “Uses and Disclosures Required by Law”, as defined by 45 C.F.R., Section 164.512(a), and for “Uses and Disclosures for Public Health Activities”, as defined by 45 C.F.R., Section 164.512(b).

B. During a catastrophic health emergency, in the event of a conflict between the Catastrophic Health Emergency Powers Act and other state or local laws or rules concerning public health powers, the provisions of the Catastrophic Health Emergency Powers Act apply.

C. Nothing in the Catastrophic Health Emergency Powers Act shall imply the predesignation of hospitals.

Added by Laws 2003, c. 473, § 25.