*Oklahoma State Department of Health*

# Oklahoma Public Health & Medical System Emergency Response Plan

Oklahoma State
Department of Health
Creating a State of Health

**2015**

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# Plan Approval and Authorization

The undersigned concur with the jurisdictional and departmental features of the following OSDH Public Health and Medical System Emergency Response Plan (ERP).

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3/25/15
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# Record of Review & Changes

| Description: Record of Significant Additions, Deletions, and Changes | Date/Initials |
|---|---|
| MODIFIED SECTIONS:<br>• Overview, Population - Statistics Updated<br>• Overview, Hazards - 2011 Responses Added<br>• Medical Response Strategy - MAC Added<br>• Incident Management & Authority - Additional Detail on Activation Added<br>• Notifications, Alerts, and Recalls (section renamed – previously Notifications and Alerts) - Staff Recall Information and Technical Experts Added<br>• Response Capabilities, Situation Room - Updated based on AAR Feedback<br>• Annex O, Communications SOG - Revised to Better Identify Priority of Technology Use based on AAR Feedback<br>• Annex U - Contacts Updated<br>• Appendix C - Updated<br>• Appendix D - Updated<br>NEW/INCORPORATED:<br>• Infection Control Manual (Annex J) Added<br>• Chemical Response (Annex M) Added | 6/28-7/15/2011 (L. Jordan) |
| MODIFIED SECTIONS:<br>• ERP Structure Map – Updated to Reflect New Annexes<br>• Medical Response Strategy – Revised and Consolidated<br>• Incident Management - Section Renamed (previously Incident Management and Authority), Language on ERP Activation Updated<br>• Activation - Section Renamed (previously Implementation), Clarification Between ERP and Situation Room Activation Added<br>NEW/INCORPORATED:<br>• County Health Department ERPs (Annex B) Added<br>• MERC ERPs (Annex C) Added | 8/1-8/5/2011 (S. Sproat) |
| MODIFIED SECTIONS:<br>• Scope - Modified language related to applicability.<br>• Medical Response Strategy – Revised to better clarify the roles of MMRS, RMRS, RMPG and OSDH in medical system response.<br>NEW/INCORPORATED:<br>• Situation Updates and Reports Added<br>• After Action Report Development Added | 6/18-7/5/2012 (S. Sproat, S. Ames, M. Shultz) |
| MODIFIED SECTIONS:<br>• Communications Interoperability – Modified 800 MHz and SATCOM capability<br>• Cover Graphics | 7/6/2012 (S. Cannella) |

| | |
|---|---|
| MODIFIED SECTIONS:<br>• Appendix B – updated org structure<br>• Appendix D – updated map<br>• Situation Updates and Reports – incorporated medical system into updates/reports (comments received from R/MMRS partners) | 8/16/2012<br>(L. Jordan) |
| MODIFIED SECTIONS:<br>• Situation Room Activation Levels – Modified Level 2 activation to include reference to SEOC activation at Level 2. | 8/16/2012<br>(S. Sproat) |
| MODIFIED SECTIONS:<br>• Overview – Updated statistics.<br>• Medical Response Strategy – Updated to reflect current status of Region 2 and 4 Medical Emergency Response Centers.<br>• Communications Interoperability – Modified SATCOM capability; modified Spirit Phone capability. | 7/26/2013<br>(S.C. Cannella) |
| MODIFIED SECTIONS:<br>• Activation – Included reference to local health department ERP activation. | 8/8/2013<br>(S. Sproat) |
| MODIFIED SECTIONS:<br>• Appendix A – Added new acronyms. | 8/29/13<br>(S.C. Cannella) |
| MODIFIED SECTIONS:<br>• Situation Room Activation Levels – Added the Deputy Commissioner of Prevention and Preparedness Services to the list of positions with authority to activate the OSDH EOC. | 12/03/13<br>(T. Frioux) |
| MODIFIED SECTIONS:<br>• Situation Room Activation Levels – modified levels to align with Emergency Management and also provided a clear description for the purpose of each level and the differences between them. | 5/18/14<br>(S.C. Cannella) |
| MODIFIED SECTIONS:<br>• Added Administrative Preparedness<br>• ERP Structure Map; changed Chemical to CBRNE<br>• Updated OSDH Responsibilities to include initiatives assigned by the Oklahoma Department of Emergency Management in the State of Oklahoma Emergency Operations Plan. | 1/27/2015<br>(S. Sproat) |
| MODIFIED Sections:<br>• Updated ICS Organizational Chart.<br>• Updated OSDH Organizational Chart.<br>• Updated County Health Districts & Homeland Security Regions Map.<br>• Changed cover page.<br>• Updated population percentages.<br>• Changed Chief Operating Officer position title to Senior Deputy Commissioner. | 1/27/2015<br>(A. Hill) |

# Introduction

## Authority

The Oklahoma State Department of Health (OSDH) is the lead agency for public health initiatives, including public health and medical systems emergency preparedness and response activities. Oklahoma statutes grant the Commissioner of Health broad authority to maintain, protect, and improve public health. Per state statute (63 O.S. 2001, Section 683.2 D), OSDH shall have written plans and procedures in place to support their responsibilities in the State Emergency Operations Plan (EOP). This Emergency Response Plan (ERP) identifies these OSDH responsibilities and supports the public health and medical care component, Emergency Support Function (ESF) #8, as required in the State EOP.

## Purpose

The purpose of the OSDH ERP is to provide an effective system to mitigate against, prepare for, respond to, and recover from the effects of national security incidents, natural disasters, catastrophic health emergencies, and manmade hazards affecting Oklahoma. Such hazards could potentially cause severe illness, injury, and/or fatalities on a scale sufficient to overwhelm local public health or medical service capabilities. Cooperation with local and federal government, tribes, private entities, and volunteer service organizations is vital to execute portions of this plan. The OSDH ERP also supports the following objectives from the State EOP:

- Assign responsibility to identified state agencies/departments and volunteer service organizations.
- Define the roles of federal, state, regional, and local government entities in providing disaster relief and assistance.
- Accept guidance from the Department of Homeland Security/Emergency Preparedness and Response/Federal Emergency Management Agency (DHS/EPR/FEMA), Region VI, Denton, Texas.
- Assist other ESF's according to Appendix 2 in the State EOP.

This plan establishes the organizational framework for the activation and management system for key OSDH activities implemented in response to hazards as described above. It is compatible with federal and state emergency response plans, promotes the coordination of an efficient and effective statewide response, utilizes the National Incident Management System (NIMS), and establishes common goals, strategies, and terminology with regional and local plans. Further, the ERP also describes the major capabilities and resources available to OSDH to address various health hazards.

**Scope**

This ERP applies broadly to all OSDH services, program areas, response partners and staff that may be involved in Oklahoma response and recovery activities. Key OSDH responders are expected to have a basic understanding of the following items:

- OSDH roles and responsibilities in, and resulting from, an incident or disaster;
- The decision-making process used to activate the ERP and Situation Room;
- The incident management structure used by OSDH; and,
- The alert and notification process used to provide situational awareness, give instructions, and recall staff.

**Structure**

The ERP consists of five major sections:

1. **ERP Base Plan** is an overview of agency response systems and policies. It cites the authority for emergency operations, explains the general concept of operations, and assigns roles and responsibilities for OSDH.

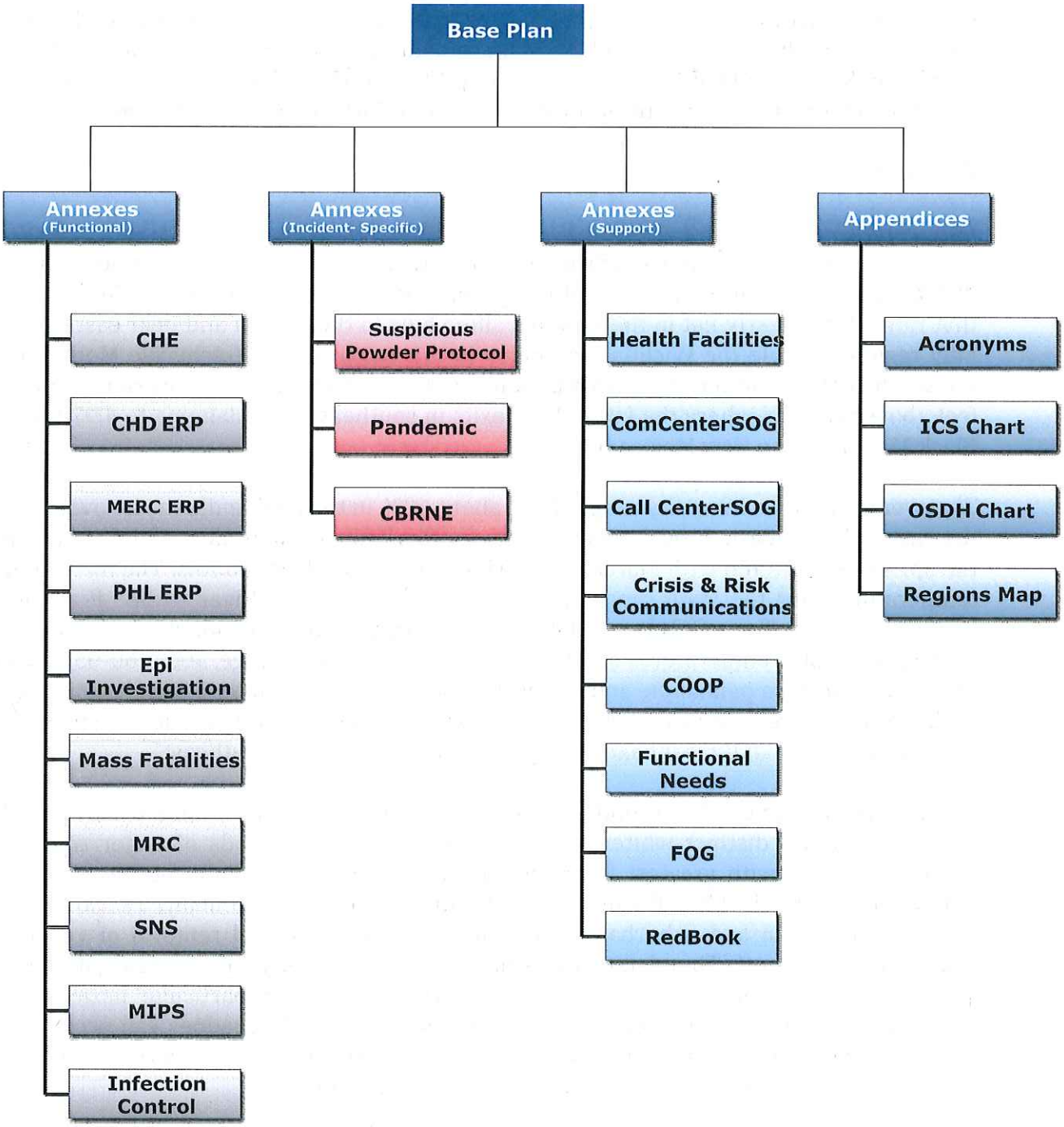
2. **ERP Functional Annexes** provide detailed information organized around the performance of a broad function. Each annex focuses on one critical emergency function that OSDH may perform in response to an incident.

3. **ERP Incident-Specific Annexes** provide hazard-specific information containing details applicable to a particular type of response (such as Pandemic Influenza and Suspicious Powder Protocol.)

4. **ERP Support Annexes** are procedural documents and plans that enhance the ERP and may be used when responding to different types of hazards, (such as the OSDH Communications Center Standard Operating Guidance (SOG) and the OSDH Call Center SOG).

5. **ERP Appendices** contain additional specific resource information (such as organizational charts and contact information.)

# EMERGENCY RESPONSE PLAN STRUCTURE MAP



## Development and Maintenance

The Director of the Emergency Preparedness and Response Service (EPRS) serves as the OSDH Emergency Response Coordinator, and is responsible for reviewing and updating this base plan as necessary, and for compiling its annexes and appendices. This ERP along with associated annexes and appendices will be maintained for purposes of correcting deficiencies identified through actual emergency response operations, exercises, and changes in structure and technology. Changes to this plan may also stem from information received from the National Incident Management System (NIMS), Oklahoma Office of Homeland Security (OKOHS), or Oklahoma Department of Emergency Management (OEM). OSDH response partners will be notified of important ERP updates and changes.

## Overview

### *Geography*

Oklahoma is a large and climatically diverse state that spans 69,903 square miles and ranks 20th largest in the nation in terms of geographic size. Its terrain is predominately plains that range from nearly flat in the west to rolling hills in the central and near east. Various hilly regions include the Wichita Mountains in the southwest, the Arbuckle Mountains in the south central, and the Ouachita Mountains in the southeast. Elevations range from 287 feet above sea level where the Little River exits in southeastern Oklahoma to 4,973 feet on Black Mesa near the New Mexico border.

The average relative humidity ranges from about 60% in the panhandle to just over 70% in the east and southeast. Prevailing winds are southerly throughout most of the state during the spring and autumn with March and April being the windiest months. The mean annual temperature over the state ranges from 62° F along the Red River to 58° F along the northern border. Temperatures of 32° F or less occur, on average, about 60 days per year in the southeast. Temperatures of 90° F or greater occur, on average, about 60-65 days per year in the western panhandle and the northeast corner of the state. Precipitation is quite variable on a year-to-year basis. The average annual precipitation ranges from approximately 17" in the panhandle to approximately 56" in the southeast.

Snowfall remaining on the ground more than a few days is an uncommon occurrence, but freezing rain is a distinct wintertime hazard in Oklahoma. Floods of major rivers and tributaries occur with greatest frequency during spring and autumn months associated with greatest rainfall. Flash flooding of creeks and minor streams remains a serious threat, especially in urban and suburban areas, where development and removal of vegetation have increased runoff. Thunderstorms occur about 55 days per year in the east, decreasing to about 45 days per year in the southwest. Tornadoes are a particular hazard as the frequency of occurrence is among the greatest in the world. Tornadoes can occur at any time of year, but are the most frequent during springtime. (*Source: Oklahoma Climatological Survey and 2011 State Hazard Mitigation Plan*)

### *Population*

Oklahoma is organized into 77 counties and contains over 1,900 communities. Oklahoma's primary population centers include Oklahoma City, Tulsa, and Lawton. According to a 2014 census estimate, Oklahoma's population is 3,878,051. Approximately 75.4% of Oklahoma's population is made up of whites, 7.7% blacks, and 9% American Indians. In fact, Oklahoma has the nation's 4th largest population of American Indians. The percent of the population aged 65 years or older is estimated to be 14.3%. (*Source: U.S. Census Bureau*)

### *Infrastructure*

Oklahoma is the 6th largest crude oil producing state and has the largest oil pipeline gathering facility in the United States. In addition, Oklahoma is the 2nd largest producer of natural gas in the country. There are over 3,237 miles of railroad track in the state and 13,085 miles of highway (including 930 miles of the Federal interstate highway system). Interstates 40 and 44 are the principal east-west routes and Interstate 35 bisects the state going north-south. Two primary commercial airports are located in Oklahoma City and Tulsa and there are 3 ports located along the 445-mile long McClellan-Kerr Arkansas River Navigation System. Many large dams use the Arkansas and Red River systems as a source of energy. Almost all of the state's electricity is generated in plants burning coal or natural gas and the remainder comes from hydroelectric facilities. (*Sources: 2011 State Hazard Mitigation Plan & 2007 State of Oklahoma Preparedness Report*)

### *Economy*

Oklahoma's Gross Domestic Product (GDP) totaled nearly $134.2 billion in 2011 according to estimates. Oklahoma City, Tulsa, and Lawton account for roughly 75% of the total state GDP. Trade, transportation, and utilities sectors make up the largest portion of Oklahoma's economic output, followed by government, financial activities, and manufacturing. Wheat is the leading cash crop, with other significant crops being hay, peanuts, sorghum, and soybeans. The cattle industry is the largest agricultural industry.

In addition, the state mines large deposits of gypsum, iodine, coal, granite, and limestone. Pipelines, used to transport petroleum and natural gas, crisscross the state underground with a major pipeline crossroad in the center part of the state. Grain elevators and stockyards are located in both urban and rural areas of the state. (*Sources: 2011 State Hazard Mitigation Plan and Oklahoma Economic Indicators 2014)*

Oklahoma is also home to five U.S. military installations including: Fort Sill (Lawton), Tinker AFB (Oklahoma City), Altus AFB (Altus), Vance AFB (Enid), and the McAlester Army Ammunition Depot (McAlester).

### *Hazards*

The State's geography and economy alone as described above provide a catalyst for both natural and man-made disasters. Oklahomans experience disasters on a regular basis that test the response capabilities at the local, regional, and state level. In 2006 Oklahoma suffered through months of destructive and deadly wildfires resulting in more than 450,000 acres burned and 872 homes damaged. In 2007 alone, there were nine

Presidential disaster declarations for Oklahoma, more than any other state that year. In January and December of that year, the state was pounded by ice culminating in the worst power outage in state history. In August 2008 several hundred people became ill, and one died, from E. coli 0111 after eating at a restaurant in a rural area of northeastern Oklahoma. In May 2009 a novel swine-origin H1N1 virus was identified in Oklahoma resulting in a year long, statewide response to that pandemic. In December 2009, on Christmas Eve, central Oklahoma was visited with one of the largest snowfalls on record for the state, a blizzard that virtually shut down Oklahoma City and froze much of the emergency response community in place. In January 2010 a major ice storm blanketed most of Oklahoma's Region 3 and parts of Region 6/8 causing widespread power outages, damage and injury. In February 2011, central and northeastern Oklahoma were hit with two major winter storms resulting in numerous transportation challenges affecting medical system staff and patients. In 2012, Oklahoma was impacted by drought and numerous wildfires impacting several communities across the state. Oklahoma continues to have the distinction of being the site of more tornado events than any other place in the world. In May 2013, central Oklahoma was ravaged by two EF-5 tornadoes resulting in a large number of deaths and injuries. The second EF-5 set a record for the widest tornado ever recorded.

Oklahoma is also not a stranger to terrorist attacks. On April 19, 1995 Oklahoma, and the country as a whole, changed forever when the Alfred P. Murrah Federal Building in downtown Oklahoma City was destroyed by a truck bomb that took the lives of 168 people. In 2005, though the exact intent may never be known, a college student was killed when an Improvised Explosive Device (IED) detonated only steps away from a college football stadium filled with more than 85,000 people. Federal, state, and local authorities remain concerned about a number of groups located and doing business in Oklahoma that include extremist fringe groups fighting in the name of Islam, eco-terrorists, white supremacists, and militias.

The Oklahoma Department of Emergency Management (OEM) maintains a state-level Hazard Analysis as Appendix 1 to the state Emergency Operations Plan (EOP). This analysis lists natural disasters associated with severe thunderstorms (tornadoes, floods, hail, and strong winds) as having the greatest damage potential and highest probability of occurrence. The other hazards identified in the analysis include:

- Highway Hazardous Material Incidents
- Railway Hazardous Material Incidents
- Stationary Hazardous Material Incidents
- Pipeline Hazardous Material Incidents
- River Hazardous Material Incidents
- Severe Winter Storms
- Urban Fires
- Power Outages
- Wildfires
- Dam Failures

- Urban Droughts
- Air Transport Accidents
- Droughts
- Civil Disorders
- Subsidences/Sink Holes
- Gas Well Blowouts
- Foreign Animal Disease
- Medical Emergencies/Epidemics
- Acts of Terrorism
- Earthquakes
- Radioactive Fallout

(*Source: 2007 State of Oklahoma Preparedness Report, 2009 State of Oklahoma Emergency Operations Plan, 2011 State Hazard Mitigation Plan*)

**Medical Response Strategy**

The Commissioner of Health is responsible for coordination of all state health and medical services in response to man-made or natural emergencies. The Governor, the Director of Emergency Management, and the Director of the Oklahoma Office of Homeland Security are kept informed of the status of medical and health services during emergency operations. County Health Department Administrators are responsible for monitoring and supporting medical system response activities within their assigned jurisdiction.

The philosophy adopted by the State is that each community, regardless of size, should have a basic capability to respond to any type of disaster. To facilitate public health and medical system planning and coordination, Oklahoma is divided into eight public health and medical systems regions. Each region is represented by its own Regional Medical Planning Group (RMPG). The RMPG is empowered to develop medical system response plans and protocols as needed supporting the Medical Surge Capacity and Capability (MSCC) concept. The MSCC methodology is based on valid principles of emergency management according to the National Incident Management System (NIMS) and serves as the basis for all public health and medical response for Oklahoma. The MSCC provides a management system that maximizes the ability to provide medical evaluation and care during incidents that exceed the normal medical capacity and capability of an affected community. The ability to provide adequate medical care under such circumstances is called *medical surge*. Medical surge is largely determined by the medical system's *surge capacity* (the ability to respond to a markedly increased number of patients) and *surge capability* (the ability to address unusual or very specialized medical needs). Oklahoma strategies to enhance medical surge are rooted in interdisciplinary coordination and based at the local level.

OSDH assigns medical system coordination in the Oklahoma City (region 6/8) and Tulsa (region 7) metropolitan areas to the Metropolitan Medical Response System (MMRS). MMRS is a locally developed, owned and operated mass casualty response system designed to support jurisdictional response efforts until state or federal resources are mobilized. Based on the successful MMRS models in regions 7 and 6/8, a Regional Medical Response

System (RMRS) was created by OSDH starting in 2005 to coordinate rural regions 3 (southwest), 1 (northwest), and 5 (southeast). Each MMRS (2) and RMRS (3) operates a Medical Emergency Response Center (MERC) designed to serve as the medical system emergency operations center for the region during times of crisis. The MERC functions as a component of the regional Multi-Agency Coordinating (MAC) system during emergencies that necessitate response coordination across multiple jurisdictions or counties within a sub-state region. Medical system response in rural region 2 (northeast) and 4 (east central) is coordinated by the OSDH Emergency Preparedness and Response Service. The OSDH Situation Room monitors and supports medical system response activities in all regions of the state.

**Situation**

The OSDH ERP highlights the pivotal role of the public health and medical systems in emergency preparedness and response. A major statewide emergency that may cause numerous fatalities, severe illness, and/or injuries, disruption of normal life systems and possibly property loss will have a powerful impact on Oklahoma's economic, physical, and social infrastructures. To prepare for and respond to an emergency of great severity and magnitude will require rapid response surveillance, dependable communication systems, a trained and available workforce, and volunteers to help perform essential tasks. All these efforts must be anticipated and coordinated according to NIMS protocols.

Oklahoma recognizes a Catastrophic Health Emergency (CHE) as an occurrence of imminent threat of an illness or health condition that:

1) Is believed to be caused by any of the following:
   - Nuclear attack,
   - Bioterrorism,
   - Chemical attack, or
   - Novel or previously controlled or eradicated infectious agents or biological toxins, and

2) Poses a high probability of any of the following harms:
   - Large numbers of deaths in the affected population,
   - Large numbers of serious or long-term disabilities in the affected population, or
   - 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.
     [As defined in O.S. § 63.6104]

**Assumptions**

- A major statewide emergency that may cause numerous fatalities, debilitating illnesses or injuries, property loss, and disruption of normal life support systems and possible health care property loss will have a large negative impact on the statewide economic, physical, and social infrastructures.
- The all-hazards approach to planning and implementing response efforts has the greatest chance of providing a successful outcome.

- Release of a biological, chemical, nuclear, radiological, or incendiary agent will result in public health hazards.
- Resources in a local or regional affected area will be inadequate to respond to a large-scale emergency; state assistance will be required.
- OSDH has planned, prepared for, and will respond to any emergency adversely impacting the public's health in any part of Oklahoma.
- Disruption of sanitation services, loss of power, and massing of people in shelters will increase risk of disease and injury.
- Primary medical treatment facilities may be damaged or inoperable; statewide coordination will be required.
- An intentional release/attack using infectious or chemical agents may not be recognized as a Weapons of Mass Destruction (WMD) or terrorist event. The first indications of such an attack may be upon manifestation and recognition of the first medical symptoms occurring hours to days later.
- A natural emergence and spread of a virulent infectious disease agent would create a public health emergency similar in impact to that caused by a WMD.
- It is of the utmost importance to ensure the healthcare system is alerted to potential or realized threats in a rapid and timely manner. Only then can providers take appropriate action to promptly recognize and treat exposed and ill individuals and limit the potential for others to be affected. Required actions may include decontamination, medical treatment, medical countermeasure prophylaxis (antibiotics, antivirals, vaccines, antidotes, or chelating agents), and isolation.
- Resources from governmental agencies (local, state, and federal) and private organizations will be made available upon request.
- Terrorist incidents may involve damage or disruption to computer networks, telecommunication systems, or internet systems. In addition, disruption of vital community networks for utilities, transportation, and/or communication could endanger the health and safety of the population.
- Extensive media interest in a terrorist event will necessitate media management operations and resources beyond those needed for most other emergency management operations.
- Medical standards of care may be adjusted in a major incident or catastrophe.
- OSDH may make recommendations regarding prioritizing who receives prophylaxis or treatment, and will look to the federal government for guidance on such matters.
- The degree of OSDH involvement in a response to a given incident will depend largely upon the applicability of specific OSDH authorities and its jurisdiction.

# Concept of Operations

**Activation**

In the event of a statewide or local emergency affecting the public's health, the Oklahoma Department of Emergency Management (OEM), acting on behalf of the Governor, may order the Commissioner of Health to implement all or a portion of this ERP. When the Governor declares a "State of Emergency," the State Emergency Operations Center (SEOC) is typically activated and all needed ESF Liaison Officers and appropriate personnel quickly report to the SEOC. If the emergency involves a threat to public health, then OSDH will in turn activate the Situation Room and initiate the ERP to coordinate public health and medical system response operations. When the ERP is activated at the state level, the impacted local health department staff and local health department ERP is automatically activated.

In addition to a declared state of emergency involving health, the Commissioner of Health may determine, based on information from a variety of possible sources, that it is necessary for OSDH to initiate the ERP.

The following items are possible intelligence sources:

- Suspicious results from Public Health Lab (PHL) sample analyses;
- Results from surveillance systems;
- Alerts or requests for assistance from local agencies or other external sources;
- OSDH staff observations;
- Media reports;
- EPRS Duty Officer;
- Centers for Disease Control and Prevention;
- Office of Homeland Security; and
- Oklahoma Office of Emergency Management

The ERP is initiated by written or electronic notification at the discretion of the Commissioner of Health. In addition to a declared state of emergency, the Commissioner of Health can initiate the ERP in response to an event significantly impacting, or with the potential to significantly impact, the public's health.

Thresholds for EPR activation may include:

- A public health threat that exceeds, or is predicted to exceed, the capacity of an individual OSDH service;
- A public health threat that requires the engagement and coordination of multiple services from across the agency;
- A public health threat that requires the engagement and coordination of other state agencies and/or non-governmental entities;
- A mass casualty incident that exceeds local capacity (generally defined as 10 or more injuries);

- A major disaster such as a tornado, winter storm, wildfire, or flood that damages community infrastructure (hospitals, transportation system, utilities, etc.) causing major public health impacts, environmental disease, or injury;
- A bioterrorism incident – suspicion, alert or actual occurrence of any size;
- An event that has a worsening prognosis, potential for rapid growth, and/or major impact on the public's health and safety; and
- An event that has, or has the potential to have high public, media or political interest.

**Administrative Preparedness**

Administrative preparedness is the process of ensuring that fiscal and administrative authorities and practices that govern funding, procurement, contracting, hiring, and legal capabilities necessary to mitigate, respond, and recover from public health threats and emergencies can be accelerated, modified, streamlined, and accountably managed. The goal of administrative preparedness is advance planning to remove administrative barriers that prevent timely distribution and utilization of funds during a public health emergency for the purpose for which they are intended, that being to save lives, reduce morbidity and minimize disruption of the public health and medical system. These processes include emergency procurement, contracting, and hiring processes.

OSDH has implemented an administrative preparedness plan that employs a number of authorities and mechanisms that enable the agency to expedite operational, logistical and fiscal processes in order to effectively respond to public health threats. Under existing authorities, OSDH is able to receive and distribute federal emergency funds and can implement expedited processes to meet shortened application timelines with or without an official emergency declaration. OSDH has established processes that allow for authorization of emergency funds to local health departments, as well as reporting and monitoring methods to ensure accountability.

In addition, Oklahoma has the ability to reduce the standard time cycle to award contracts and purchase goods and services during times of emergency. OSDH also has a process in place designed to reduce the time cycle for hiring and/or immediate reassignment of existing staff in order to effectively deal with emergency situations.

OSDH works with the Oklahoma State Board of Pharmacy to reduce legal conflicts to implementing emergency use authorizations (EUAs) designed to minimize potential conflicts between emergency use authorizations (EUA) and state-based pharmaceutical, prescribing, labeling, and other drug-related laws.

**Incident Management**

All agencies, departments, and organizations having responsibilities delineated in this ERP will use the National Incident Management System (NIMS). NIMS provides a systematic, proactive approach to governmental departments and agencies, nongovernmental organizations, tribes, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size,

location, or complexity, in order to reduce the loss of life and property and harm to the environment. NIMS works with the National Response Framework (NRF) which provides the structure and mechanisms for national-level incident management.

The Incident Command System (ICS) serves as the operating protocol for all OSDH responses. In order to effectively carry out this ERP and the related plans noted in its annexes, OSDH staff will maintain ICS proficiency as directed by the Commissioner of Health. The agency ICS organizational structure, when implemented (refer to Appendix B), is scaled appropriately to meet the needs of an incident. 'Scaling' refers to the notion that as an incident evolves, the level of activation, the type and number of staff, and the type and number of resources will be appropriately adjusted in order to effectively manage the incident.

An authority memo and/or delegation of authority, if applicable, will be posted by the Situation Room and shall include the following elements:

- Who initiated the activation/recall;
- The initial level of activation;
- The time of activation;
- Brief description for activation;
- Identify initial ICS elements to fill; and,
- Identify subject matter experts (SMEs) required, if known

Upon activation, OSDH makes appropriate notifications for a potential or realized public health threat, implements an ICS structure, and stands-up the EOC's Situation Room and Communications Center according to standardized activation levels.

**Situation Updates and Reports**

Defining the public health impact of an event or incident is a core Public Health and Healthcare Preparedness Capability and is critical to establishing situational awareness at the local, regional, state and federal level. In order to effectively achieve this capability, it is critical that information regarding the scope and impact of an event or incident is assessed and reported in a timely manner.

- Within 30 minutes of any event or incident impacting a community, an initial assessment must be filed by local health department emergency response staff with the County Health Department Director, Local Emergency Response Coordinator, Regional EPRS Team/District Coordinator, jurisdictional Medical Emergency Response Center, and OSDH Situation Room. This report should provide a general overview of the impact of the event on the public health and medical infrastructure of the community affected. In developing this report, local public health responders will likely need to communicate with local medical system partners, local emergency management, and OSDH regional response team members. At a minimum, the initial situation report should include:

  - Scope of impact to public health
  - Scope of impact to the medical system (hospitals, EMS, nursing homes, etc.)
  - ESF-8 (Annex H at the local level) activation status
  - Resource/support requests
- Upon receipt of the initial situation report, the OSDH Emergency Manager or Duty Officer will notify the OSDH EPRS Director by phone and/or forward a copy of the report. The OSDH Emergency Manager or Duty Officer will also notify applicable agency staff in Protective Health Services if any hospitals, medical specialty facilities, nursing homes or long term care facilities are impacted. The EPRS Director is responsible for assessing the information contained in the report and notifying OSDH senior leadership and other applicable agency staff.
- Within one hour of filing the initial situation report, a routine situation report must be generated by local health department emergency response staff that provides a detailed update of the impact to the public health and medical system in the affected community/area. When appropriate, WebEOC should be utilized to share situation reports and event information. At all times, the County Health Department Director, Local Emergency Response Coordinator, Regional Response Teams/District Coordinator, Medical Emergency Response Center, and the OSDH Situation Room must be copied on event specific email traffic to ensure appropriate situational awareness and coordination.
- Subsequent situation reports should be filed as needed at both the local and state level, depending on the scope of the event and ongoing impact to the public health and/or medical system in the affected jurisdiction(s). A final situation report must be labeled as such, and should be filed at the point that ESF-8 activities are concluded at the local and state level.

**Situation Room Activation Levels**

In the event that the SEOC is activated (or at the discretion of the Commissioner of Health, the Senior Deputy Commissioner, the Deputy Commissioner of Prevention and Preparedness Services or the EPRS Director), support staff and subject matter experts (SME) may be placed on alert and required to report to the Situation Room. The Situation Room operates at one of four levels:

LEVEL 4: No immediate threats to the health and medical system

Level 4 is the normal operation mode for the Situation Room. Monitoring of weather, media, and other intelligence sources for potential threats to Oklahoma's Public Health & Medical System is a standard task. Possible threats or intelligence with a potential health or medical system impact should be immediately reported to the Situation Room Duty Officer or EPRS Director who will take action if needed.

LEVEL 3: Partial Activation of the EOC due to a potential threat

Level 3 indicates that the EOC is closely monitoring a potential threat and is taking steps to prepare equipment, staff, and resources. Key personnel within EPRS and ICS staff are notified and assigned any applicable tasks. Common tasks at Level 3 include verifying inventory,

checking staff availability, and performing equipment and go-bag checks. Health and medical agencies, facilities, and partners should be on alert.

LEVEL 2: Full-Scale Activation of the EOC due to an immediate threat or incident
Level 2 indicates an emergency exists having a confirmed impact to public health & medical systems. Command & General staff as well as key EOC support personnel are activated. A 24-hour operational period may be established and the Communications Center is staffed accordingly. An ESF-8 liaison officer will deploy to the SEOC as necessary. Health agencies, facilities, and partners that are impacted should perform communications checks and report their status to the MERC utilizing WebEOC or another method. Agencies, facilities, and partners that are not directly impacted should be ready to receive notifications and provide assistance.

LEVEL 1: Full-Scale Activation of the EOC due to a major incident
Level 1 indicates a major emergency exists with widespread and severe impact to Oklahoma's public health & medical system. All Command & General staff as well as key EOC support personnel are recalled for duty. A 24-hour operational period is established and the Communications Center is staffed accordingly. All health agencies, facilities, and partners should perform communications checks and report their status to their MERC utilizing WebEOC or another method.

As an event evolves, the activation level, the type and number of ICS and EOC staff, and the type and number of resources will change in order to effectively manage the event.

**Notifications, Alerts, and Recalls**
Upon notification of a potential or realized threat, a determination on ERP activation will be made by the Commissioner of Health or designee. The designated Incident Commander (IC) will issue posting orders regarding elevations and decreases in activation levels as they occur. The ICS organization structure will also be included so agency employees have adequate situation awareness to be responsive to Command and General staff needs.

If the Commissioner of Health determines ERP activation is not necessary, informational meetings about the situation may be called by the EPRS Director or an individual monitoring the situation. If ERP activation is warranted, the Commissioner of Health, the Senior Deputy Commissioner, the Deputy Commissioner of Prevention and Preparedness Services, and the EPRS Director will assess the situation in detail and address these priority tasks:

- Determine the appropriate Situation Room operation level (1-4);
- Create and post a Delegation of Authority letter for the incident;
- Appropriately scale the basic ICS chart and send out recall notifications;
- Set time intervals for future briefings or updates for executive staff.

The Commissioner of Health, the Senior Deputy Commissioner, the Deputy Commissioner of Prevention and Preparedness Services, or the EPRS Director typically initiates a recall.

All ICS staff, subject matter experts, and other key staff are subject to practice recalls to ensure the effectiveness of OSDH recall procedures and equipment. Staff will 'listen to' or 'read' recall notifications carefully since the notification may provide additional instructions such as a specific number to call, location to report (usually the Situation Room), time to report, and specific items to bring.

Transportation to and from the EOC, or designated duty station, is the responsibility of each individual. If inclement weather or other conditions hinder reporting to assigned duty stations, the EOC and ICS supervisor must be notified of delays. Options may allow the person to report by conference call or arrangements may be made for transportation to pick up the individual.

# Organizational Roles

OSDH is the agency responsible to ensure and provide essential public health and medical services during times of emergency. OSDH shall identify a minimum of three (3) qualified liaison officers to the State Emergency Operations Center (SEOC) as required by the Director of the Department of Emergency Management (OEM) acting on behalf of the Governor of Oklahoma. Further, OSDH will ensure that it has sufficient trained personnel, with routine decision-making authority, to provide the SEOC with a 24-hour capability for extended periods.

**OSDH Responsibilities**

The Commissioner of Health is designated as the principal official responsible for leading Oklahoma's ESF-8 initiatives as assigned by the Oklahoma Department of Emergency Management in the State of Oklahoma Emergency Operations Plan. Responsibilities include the following items:

- Consult with local officials, hospitals, and other health/medical facilities as appropriate to determine the magnitude and extent of public health/medical problems associated with a catastrophic disaster and assist local public health officials in developing appropriate strategies to address such problems;
- Define the types and amounts of public health and medical assistance required by state, local, and private health/medical organizations, developing specific requests for assistance through ESF-8, including medical personnel, equipment, and supplies;
- Determine resources needed to move patients to definitive care facilities that are part of the National Disaster Medical System (NDMS) network;
- Assist public health and environmental efforts through the use of state laboratories for micro-bacteriological and chemical analyses;
- Organize, operate, and supervise mass countermeasure distribution and dispensing to the general public or selected populations through the Oklahoma Strategic National Stockpile (SNS) plan and Mass Immunization and Prophylaxis Strategy (MIPS) plans;
- Conduct and oversee public health investigations including surveillance, epidemiologic and environmental investigations in collaboration with federal, state agency, local public health, hospitals, and medical provider partners; and

- Coordinate and ensure public health intervention including antibiotics or other medical preventive treatment, vaccination, isolation, quarantine, and advice to the public regarding personal protection in collaboration with local public health, hospital, medical provider, and federal partners.

**Key Responders**

The following OSDH positions are those staff primarily responsible for the execution of this ERP and will perform critical functions in a public health and/or medical systems response:

Commissioner of Health: As the lead health official for Oklahoma, the Commissioner (or designee) authorizes activation of the OSDH ERP. Authority for activation of the ERP is normally extended to the Senior Deputy Commissioner. The Commissioner of Health also serves as liaison to the Governor's Office; requests opening of the SEOC, if necessary; acts as chief spokesperson for OSDH, unless otherwise delegated; and has ultimate responsibility for overall OSDH response and recovery goals as identified in agency Incident Action Plans (IAP).

Director of Emergency Preparedness and Response Service: As the lead emergency response coordinator for Oklahoma public health and medical systems preparedness activities, the Director of EPRS manages six Regional Response Teams (Regions 1 - 6), coordinates agency preparedness and response activities with M/RMRS agencies and systems, maintains and activates the Situation Room and Communications Center, coordinates and executes the Strategic National Stockpile (SNS) and Mass Immunization and Prophylaxis Strategy (MIPS) plans, and maintains and executes this ERP.

Executive Team: This group includes the Commissioner of Health, Senior Deputy Commissioner, Deputy Commissioners, and General Counsel. This team has overall responsibility of the entire health department and communicates with the Governor's Office as required. Members of this group may or may not be active within the current Incident Command System structure.

Command and General Staff: The Command and General staff operate using the principles of the Incident Command System to achieve the goals and objectives outlined in approved agency Incident Action Plans. Qualified individuals are pre-identified to fulfill key ICS positions three or more deep to ensure the Situation Room may be activated at any time and for any duration in order to meet any health threat. A guiding principle of ICS emphasizes when setting up an ICS structure that the correct person to fulfill an ICS position is the most qualified for the critical task on hand and not necessarily the highest ranking.

Regional Preparedness and Response Teams: Public Health and Medical System Regions (1-6) operations, coordination, planning, and exercises are the primary responsibility of Regional Preparedness and Response Teams. Regional Preparedness and Response Team members will typically comprise the primary staff of regional MACs when activated. These teams are under the supervision of the ERPS Director and are comprised of Emergency Response Planners and Nurses.

EFS-8 Liaison Officer: The Public Health and Medical Services liaison officer (ESF-8) provides the mechanism for coordinated federal assistance to supplement state, tribal, and local resources. This function considers how to best service a population whose members may have medical and/or public health needs before, during, and after an incident. An ESF-8 liaison provides coordinating assistance to state, tribal, and local governments in the following core areas:

- Assessment of public health/medical needs
- Health surveillance
- Medical care personnel
- Health/medical/veterinary equipment and supplies
- Patient evacuation
- Patient care
- Safety and security of drugs, biologics, and medical devices
- Blood and blood products
- Food safety and security
- Agriculture safety and security
- All-hazard public health and medical consultation, technical assistance, and support
- Behavioral health care
- Public health and medical information
- Vector control
- Potable water/wastewater and solid waste disposal
- Mass fatality management, victim identification, and decontaminating remains
- Veterinary medical support

Technical Experts: Representatives from the following areas may be designated as Technical Experts during activations and asked to report to the Situation Room in person, or when authorized, may participate in ICS meetings by conference call.

- Community and Family Health
- Prevention and Preparedness
- Protective Health
- Acute Disease
- Emergency Medical Systems
- Environmental Health
- Immunizations
- Injury Prevention
- Information Technology
- Long Term Care
- Medical Director
- MMRS/RMRS
- Oklahoma Medical Reserve Corps
- Pharmacy

- Public Health Lab
- Radiation (Dept. of Environmental Quality)
- Others as required by circumstances of the emergency

# Response Capabilities

**Situation Room**

The OSDH Situation Room (SITRM) functions as the state Public Health and Medical System EOC during times of emergency. During an incident, Command and General staff utilize the Situation Room for gathering intelligence and information, disseminating critical health information, analyzing data and the response, and acquiring, allocating, and disseminating critical health resources. The Situation Room coordinates with the SEOC through the EFS-8 Liaison Officer, local health departments, and regional Multi-Agency Coordination (MAC) systems if activated. The Situation Room is outfitted with multiple audio, visual, and information systems to support the public health and medical system decision-making process. Critical communication is provided and available at all times through multiple redundant communications systems as described below.

**Communications Interoperability**

Effective communications allows for an accurate and "common operating picture" of an incident to be created and shared by collating and gathering pertinent information to support decision-making. A standardized message form and log are utilized for prioritizing and tracking resource requests and dissemination of decisions and policies affecting the execution of the IAP. Successful communication is reasonably ensured when systems are interoperable, reliable, scalable, portable, resilient, and redundant. In this endeavor, the Situation Room employs the following communication systems (refer to Annex O):

- Oklahoma Health Alert Network (OK-HAN) securely communicates critical health information to key partners, quickly recalls staff, and conducts surveys.
- EMResource® is a web-based information tool that enhances responses to emergencies.
- WebEOC by ESi Acquisition, Inc., is a NIMS compliant incident management software that is implemented statewide.
- A Spirit Phone System provides the SITRM with six priority Southwestern Bell Communications lines and nine priority Centrex lines.
- OSDH maintains a call center (refer to Annex P) accommodating up to 20 operators to handle a large volume of public inquiries and support epidemiological investigations.
- Government Emergency Telecommunications Service (GETS) is a nationwide priority telecommunications service intended for use in a crisis, disaster or other emergency when the probability of completing a landline call has significantly decreased.
- BlackBerry (BB) devices are issued to response staff and allow for both voice and email messages in the field. Similar to the GETS system detailed above, these responders have access to the Wireless Priority Service (WPS).

- Three fax machines directly serve the Situation Room; one in the OSDH Communications Center, one in the Logistics Section office, and one within the EOC.
- OSDH web site posts important incident information for the public.
- An 800 MHz radio system serves as the primary communication system for Command and General staff. The OSDH Communications Center has two base stations, 1 mobile unit, and 24 handheld radios to support 800 MHz.
- National Public Health Radio Network (NPHRN) is a Centers for Disease Control and Prevention (CDC) high frequency (HF) emergency radio system that allows unsecured external voice and data communications with the CDC and other key health entities.
- HF/UHF/VHF Amateur Radio System provides unsecured communications on all common amateur radio bands. Two dual-band mobile radios provide back up and ten dual-band handheld radios are available for field (tactical) communications.
- Commercial VHF radio serves as back up to the State 800 MHz system and also can provide emergency communications to many areas not served by an 800 MHz system.
- Hospital Emergency Administrative Radio (HEAR) System is a mandated hospital VHF radio system that provides unsecured external voice communications with local hospitals and equipped EMS units.
- Email is monitored 24/7 by the Situation Room Duty Officer to ensure timely responses to any health threat.
- RedBook is an indexed red binder of emergency contacts provided to key responder staff. This contact book is verified, updated, and distributed by the OSDH Communications Center twice each year.

**Risk Communications**

The tragedies of September 11, 2001 and the continuing threat of terrorism reemphasized the need for public officials to communicate effectively with the public and the media to deliver messages that inform without frightening, and educate without provoking alarm. Risk Communication addresses this issue and is defined as the exchange of information and opinion among individuals, groups, and institutions. It often involves multiple messages about the nature of risk or expressing concerns, opinions, or reactions to risk messages, or to legal and institutional arrangements for risk management (*Source:* U.S. Department of Health and Human Services. Communicating in a Crisis: Risk Communication Guidelines for Public Officials, Washington, D.C., 2002)

The Crisis and Emergency Risk Communications (CERC) Plan (refer to Annex Q) details media actions for OSDH in the event of a bioterrorism, nuclear, chemical, pandemic, or other health emergency. Timely, consistent, and accurate communications positively impact how the media, general public, and clinical health care communities react to an incident. This ERP presumes that it is in the agency's best interest to take a pro-active approach to public relations in an emergency situation and the preferred strategy will be one of forthcoming disclosure of confirmed information as soon as it becomes available. By doing such, the agency will minimize speculation and inaccurate reporting, and instead foster trust and support for agency efforts.

**Investigations**
The goal of public health investigation in an emergency is to gather information to drive public health intervention and communication. Tools of public health investigation include these items: surveillance, epidemiological and laboratory investigation, environmental investigation, and communication with other investigative partners and persons who may have been exposed (refer to Annexes D and E). Depending on the nature and extent of an incident, a number of investigative strike-teams may deploy throughout the state and coordinate with the OSDH Situation Room.

**Interventions**
The overall goal of public health intervention is to minimize morbidity and mortality during a health emergency. Medical methods (treatment, prophylaxis, and vaccination) and physical separation methods (isolation, quarantine, social distancing, and personal protection) are used to prevent disease in those exposed and/or to limit the potential for exposure in those not yet exposed. While the medical care system generally deals with ill individuals, potential illness, and prevention of exposure within medical settings, the public health system typically focuses on prevention strategies and addressing the overall health needs of the affected population.

**After Action Report Development**
Evaluation of a response is the fundamental basis for improvement planning because it assesses an entity's performance in an exercise/event/incident and identifies strengths and areas for improvement. After Action Reports/Improvement Plans (AAR/IPs) provide concrete steps that an entity can take to remedy deficiencies or shortcomings observed. Understanding the importance of this process, OSDH completes AAR/IPs for all responses that meet one of the following triggers:

- Activation of the OSDH Emergency Response Plan in response to any public health emergency including disease outbreaks, environmental public health hazards, natural disasters, terrorist attacks or other public health threats including, but not limited to:
    - Disease outbreaks that require coordinated efforts of multiple OSDH service areas outside of the OSDH Acute Disease Service (ADS), or exceed the day-to-day capacity of ADS.
    - Environmental health hazards that require coordinated engagement of multiple OSDH service areas.
    - Response efforts that require activation of the OSDH Phone Bank.
    - Response efforts in support of federal, state, tribal, and/or local partners.
    - Upon issuance of a Delegation of Authority by the Commissioner of Health.
    - Upon activation request by the Director of the Oklahoma Department of Emergency Management (OEM).
    - Upon issuance of a Disaster Declaration by the Governor.
- Multi-jurisdictional responses within the state, or within FEMA Region VI (Texas – Arkansas – Louisiana – Oklahoma – New Mexico).

- Events that require activation of a Medical Emergency Response Center (MERC) at Level 2 or higher.
- Events that require deployment of public health emergency cache assets.

Incident Command will debrief the responders following a response. This facilitated discussion, referred to as a hotwash, will allow responders to engage in a self-assessment of their response involvement and provide a general assessment of how the entity performed. The hotwash allows staff tasked with developing the AAR the opportunity to clarify points or collect any missing information. The AAR will capture observations of an exercise/incident and provide recommendations for post-response improvements. An Improvement Plan (IP) is developed to identify specific corrective actions, assign these actions to responsible parties, and establish target dates for action completion. The IP articulates specific corrective actions by addressing issues identified in the AAR; provides completion dates by which the corrective action should be completed, and assigns a responsible person(s) and agency(s).

Once deactivation has occurred the following post-response timeline is initiated:

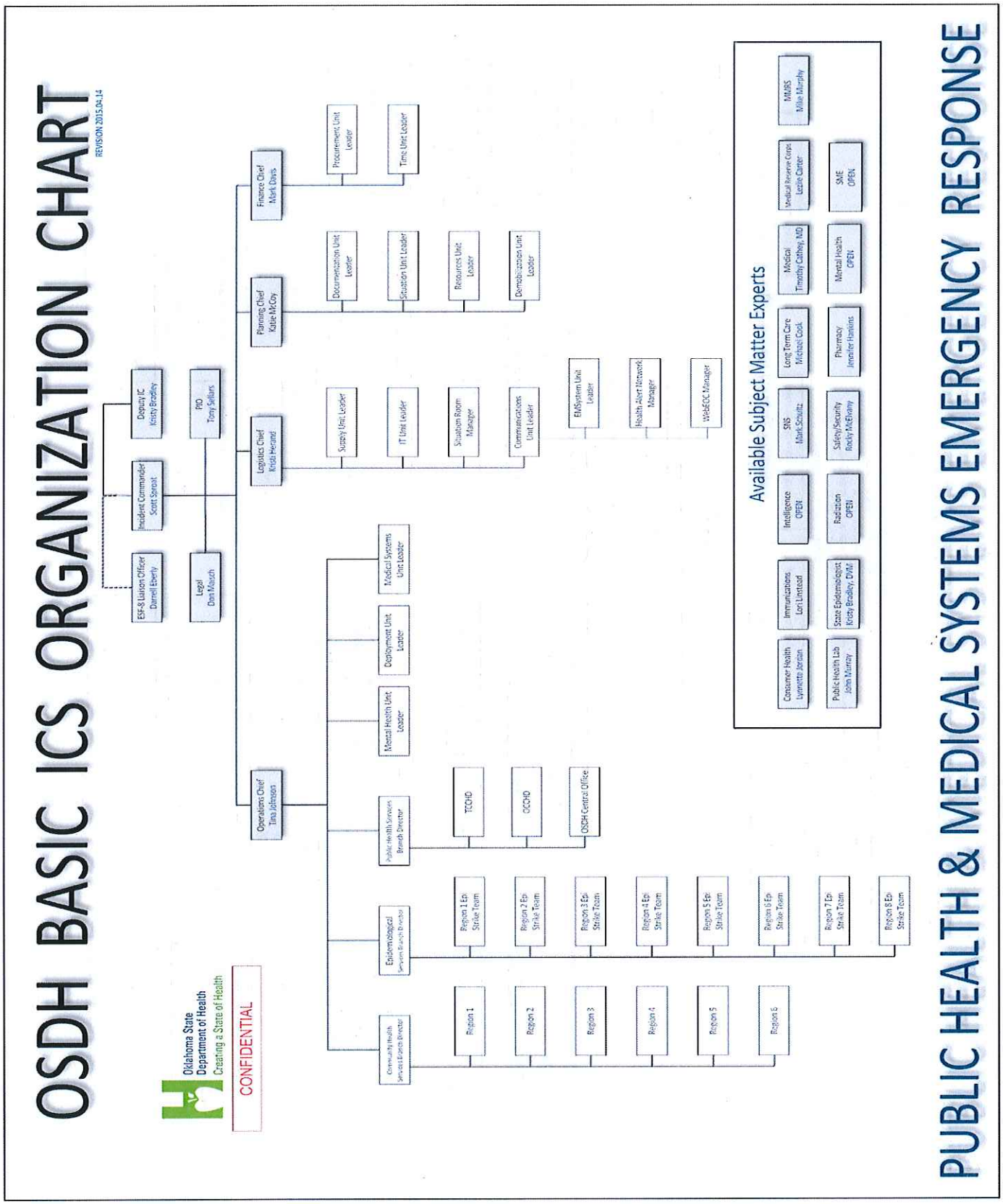
- Upon deactivation conduct response hotwash.
- Draft AAR/IP submitted for review within 30 days of deactivation.
- Conduct AAR Conference to develop IP within 35 days of deactivation.
- Final AAR/IP published within 60 days of deactivation.

## Acronyms

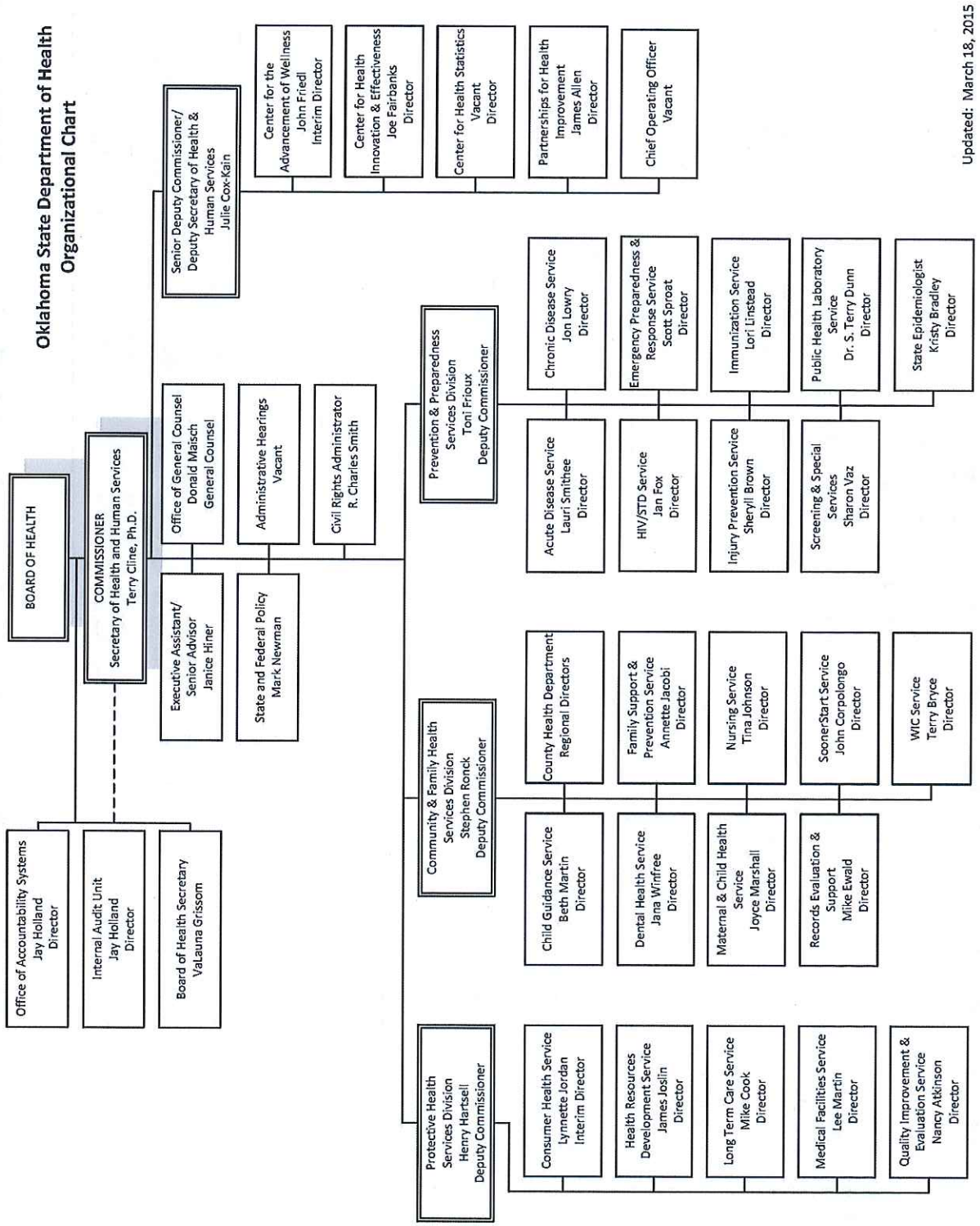
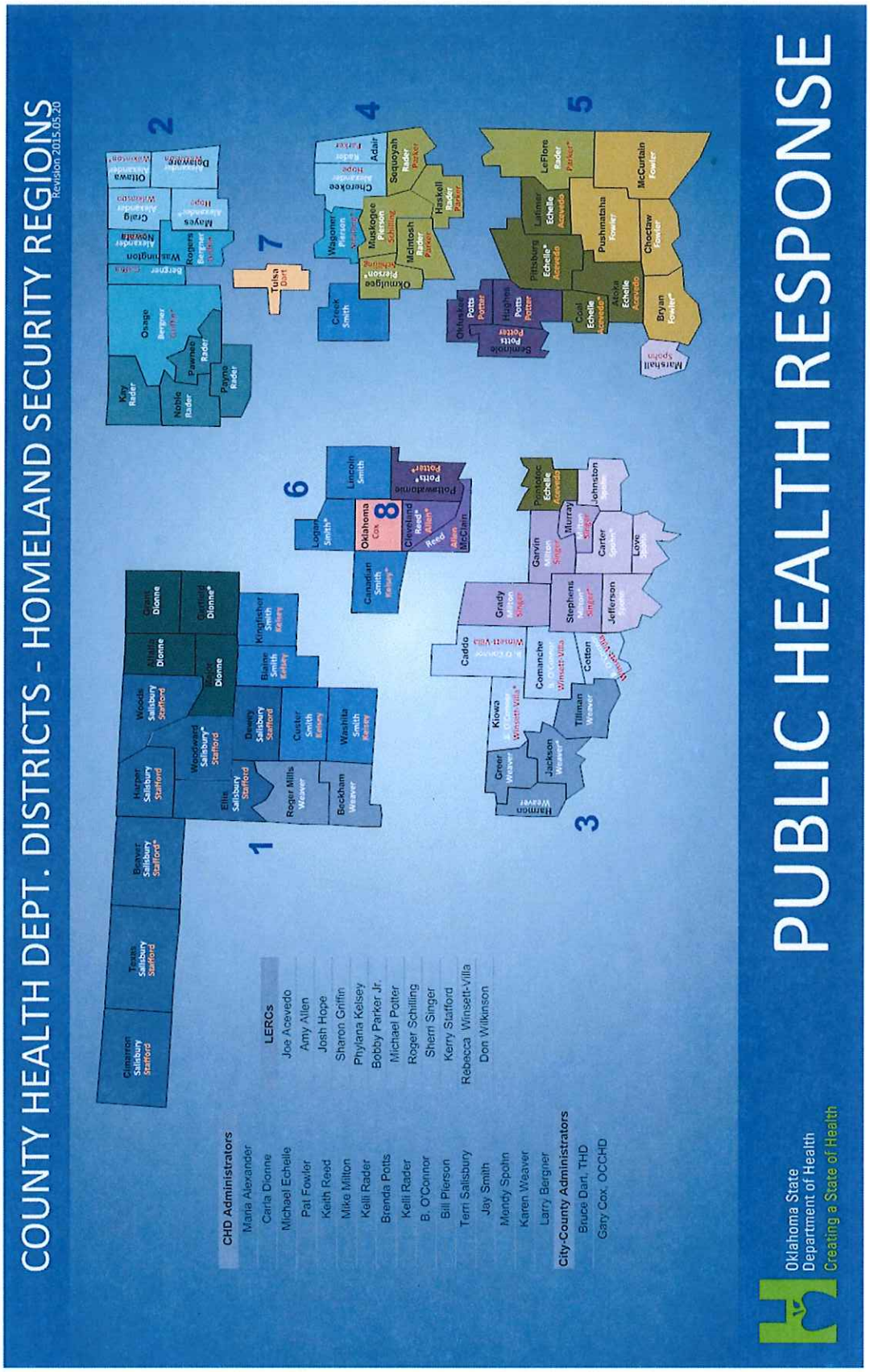
| | |
|---|---|
| AAR/IP | After Action Report and Improvement Plan |
| ADS | Acute Disease Service |
| AFB | Air Force Base |
| BB | BlackBerry |
| CBRNE | Chemical Biological Radiological Nuclear Explosive |
| CDC | Centers for Disease Control and Prevention |
| CERC | Crisis and Emergency Risk Communication |
| CHE | Catastrophic Health Emergency |
| COOP | Continuity of Operations Plan |
| DHS | Department of Homeland Security |
| ED | Emergency Department |
| EM | Emergency Management/Manager |
| EMS | Emergency Medical Services |
| EMAC | Emergency Management Assistance Compact |
| EOP | Emergency Operations Plan |
| EPR | Emergency Preparedness and Response (Federal) |
| EPRS | Emergency Preparedness and Response Service (OSDH) |
| ERP | Emergency Response Plan |
| FEMA | Federal Emergency Management Agency |
| FOG | Field Operations Guide |
| FQHC | Federally Qualified Health Centers |
| GDP | Gross Domestic Product |
| GETS | Government Emergency Telecommunications System |
| HAN | Health Alert Network |
| HCO | Healthcare Organization |
| HEAR | Hospital Emergency Administrative Radio |
| HF | High Frequency |
| HMC | Health and Medical Coordinator |
| HSPD | Homeland Security Presidential Directive |
| IAP | Incident Action Plan |
| IC | Incident Commander |
| ICP | Infection Control Practitioner |
| ICS | Incident Command System |
| IED | Improvised Explosive Device |
| MAC | Multi-Agency Coordination |
| MERC | Medical Emergency Response Center |
| MIPS | Mass Immunization and Prophylaxis Strategy |
| MMRS | Metropolitan Medical Response System |
| MRC | Medical Reserve Corps |
| MSCC | Medical Surge Capacity and Capability |
| NDMS | National Disaster Medical System |
| NEDSS | National Electronic Disease Surveillance System |

| | |
|---|---|
| NIMS | National Incident Management System |
| NPHRN | National Public Health Radio Network |
| NRF | National Response Framework |
| OEM | Oklahoma Department of Emergency Management |
| OKMRC | Oklahoma Medical Reserve Corps |
| OKOHS | Oklahoma Office of Homeland Security |
| OR | Operating Rooms |
| OS | Oklahoma Statute |
| OSDH | Oklahoma State Department of Health |
| PHIDDO | Public Health Information and Disease Detection System |
| PHL | Public Health Lab |
| PTT | Push-to-Talk |
| RMPG | Regional Medical Planning Group |
| RMRS | Regional Medical Response System |
| RTAB | Regional Trauma Advisory Board |
| SEOC | State Emergency Operations Center |
| SITRM | Situation Room |
| SME | Subject Matter Expert |
| SNS | Strategic National Stockpile |
| SOG | Standard Operating Guidelines |
| TALON | Texas, Arkansas, Louisiana, Oklahoma, New Mexico (Region VI) |
| UC | Unified Command |
| VA | Veterans Administration |
| WebEOC | This is an Internet accessed 'virtual EOC' communications tool. |
| WMD | Weapon of Mass Destruction |
| WPS | Wireless Priority Service |

## Incident Command System (ICS) Organization Chart



# OSDH Organization Chart



## County Health Districts & Homeland Security Regions Map