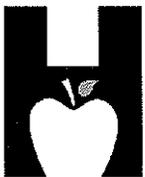


Oklahoma State Department of Health

Oklahoma Public Health & Medical System Emergency Response Plan

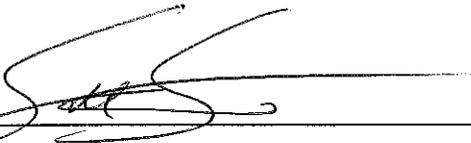


Oklahoma State
Department of Health
Creating a State of Health

May 2010

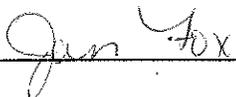
Plan Approval and Authorization

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



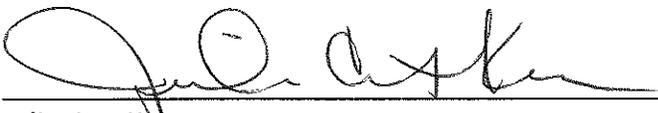
Scott Sproat
Chief, Emergency Preparedness and Response Service

5-12-10
Date



Jan Fox
Acting Deputy Commissioner, Prevention and Preparedness Services

5-13-10
Date



Julie Cox-Kain
Chief Operating Officer

6/11/2010
Date



Terry L. Cline, Ph.D.
Commissioner of Health

6-3-2010
Date

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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 would 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, 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 to State and local public health departments in Oklahoma. This ERP applies broadly to all OSDH services, program areas, 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

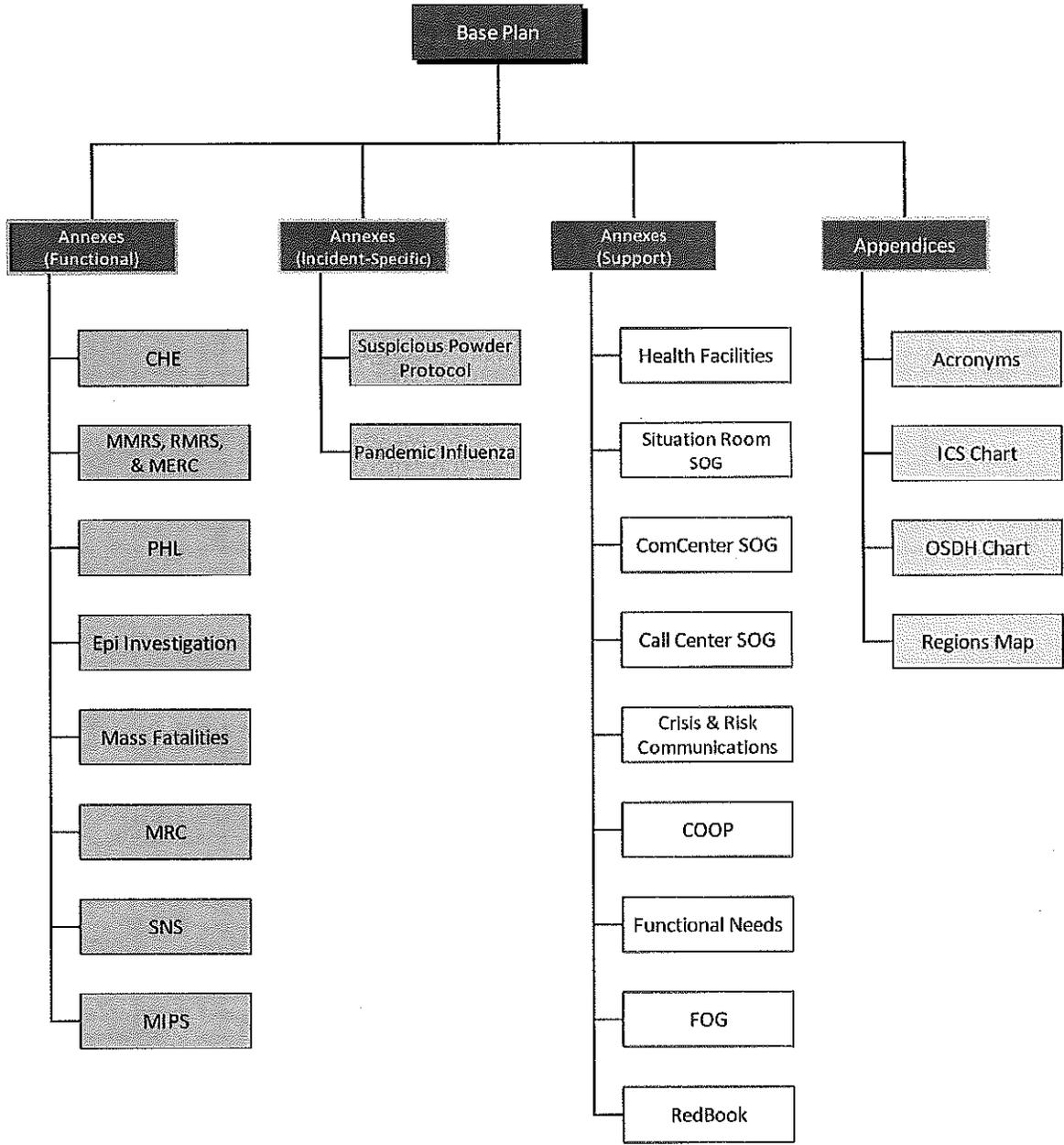
The ERP consists of five major sections:

1. The **ERP Base Plan** is an overview of agency response system 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 Situation Room Activation and Communications Center Standard Operating Guidance (SOG), and the OSDH Phone Bank SOG).
5. **ERP Appendices** contain additional specific resource information (such as forms, and contact information.)

Development and Maintenance

The Chief 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 annually, 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). A general message notification will be sent to preparedness partners notifying them of ERP updates and changes and providing them an electronic copy of the updated ERP or a link to view the newly updated plan.

ERP STRUCTURE MAP



REVISION 2010.05.28

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 2008 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 the 2006 census estimate, Oklahoma's population was 3,579,212. This represents an increase of 3.7% over the 2000 census. 78.5% of Oklahoma's population is made up of whites, 7.7% blacks and 6.8% Native Americans. 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 13.3%. Approximately 67.7% of Oklahomans live in areas defined as urban, with the remainder living in rural regions of the state. (Source: *2008 State Hazard Mitigation Plan*)

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 112,696 miles of highway (including 930 miles of the Federal interstate highway system). Interstates 40 and 44 are the principal eastward 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: 2008 State Hazard Mitigation Plan & 2007 State of Oklahoma Preparedness Report)

Economy

Oklahoma's Gross Domestic Product (GDP) totaled nearly \$107 billion in 2008 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.

Oklahoma is home for 5 U.S. military installations including: Fort Sill (Lawton), Tinker AFB (Oklahoma City), Altus AFB (Altus), Vance AFB (Enid), and the McAlester Army Ammunitions Depot (McAlester). (Source: 2008 State Hazard Mitigation Plan and U.S. Department of Commerce)

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 9 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. Oklahoma continues to have the distinction of being the site of more tornado events than any

other place in the world. In August 2008 several hundred people became ill, and one died, from E. coli O111 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 the 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.

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, 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, 2008 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.

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 (8) public health and medical systems regions. Each region is represented by its own Regional Medical Planning Group (RMPG) and a Regional Trauma Advisory Board (RTAB). Both organizations are empowered to develop medical system response plans and protocols as needed according to the Medical Surge Capacity and Capability (MSCC). 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.

Both the Oklahoma City and Tulsa metropolitan area medical system operations are coordinated using a Metropolitan Medical Response System (MMRS) established in 1996. The MMRS supports jurisdiction response capabilities during the first hours crucial to lifesaving and population protection until external assistance arrives. Based on the successful MMRS model, Regional Medical Response Systems (RMRS) were created starting in 2005 to coordinate rural regions 3 (southwest), 1 (northwest), and 5 (southeast). Each MMRS (2) and RMRS (3) has a Medical Emergency Response Center (MERC) designed to serve as the medical systems emergency operations center for the region during times of crisis. The regions without a MERC are coordinated either by a MERC outside that region, or through an OSDH Regional Hub or Area Command System.

Medical Response Tier I

Oklahoma's Tier I response focuses on the efforts of local EMS agencies, community hospitals, and the local health department. Planning efforts are communicated and coordinated across the region by the region's RMPG, RTAB, and MMRS/RMRS. Each healthcare organization (HCO) maintains a well-defined Incident Command System (ICS) to collect and process information, to develop incident plans, and to manage decisions essential to maximize MSCC. Robust processes exist that apply to both traditional hospital participants and to other healthcare organizations (HCOs) having "hands-on" patient care in an emergency.

Public health agencies are incorporated into the local ICS in many jurisdictions and also may respond to the scene. Incorporating public health personnel into the ICS structure early on allows time to anticipate and act on potential public health issues.

Local EMS agencies coordinate efforts with other first responders and may establish on-site triage, treatment operations, and move patients to the nearest hospital based on injuries and/or symptoms. If the number of injured or ill patients overwhelms local EMS, then mutual aid is used to request assistance of other EMS resources in the immediate vicinity. Patients are transported to the nearest hospital(s) based on the facility's ability to handle the surge. In most cases, initial responses involve general medical/surgical hospitals, but may extend to specialty hospitals, rehabilitation hospitals, Veteran's Administration (VA), and military hospitals. Hospitals can create additional capacity within the emergency department (ED), operating rooms (OR), and inpatient units by canceling elective surgeries, discharging stable patients, and by calling in off-duty staff and physicians.

Hospital planning and preparedness efforts reinforce the importance of keeping treatment centers fully open during emergency response operations. Depending on the incident, hospital infection control practitioners (ICP) utilize the Public Health Information and Disease Detection in Oklahoma (PHIDDO) system to report disease or exposure information directly to the Oklahoma State Department of Health (OSDH).

If it is determined that the available local resources are not sufficient to respond to the health and medical needs of the affected population, then the local emergency manager (EM) and county health department Annex H/ESF-8 will be notified. At this point, the response escalates to the Tier II (or Tier III) level and the regional MERC (Regions 1, 3, 5, 6/8, & 7) activates to coordinate patient movement and resource utilization. In this effort, each MERC has a full-time coordinator and is temporarily staffed during responses by representatives of local hospitals and EMS agencies.

Medical Response Tier II

The Oklahoma Tier II level response focuses on coordinating all public health and medical resources in a jurisdiction to effectively assist individual healthcare entities in managing medical surge. Resources include not only EMS, hospitals, and public health as mentioned above, but

also volunteers, physician offices and clinics, Federally Qualified Health Centers (FQHC), nursing homes, home health agencies, hospice providers, rehabilitation facilities, mental health facilities, pharmacies, mortuary services, alternative care centers, special needs shelters, and other entities. The State's Tier II response organizes all necessary entities into one cohesive unit designed to meet the immediate health and medical needs of the population.

In the two metropolitan areas (Regions 6/8 & 7), the local MMRS with the local EMS agency and/or public health official assumes the lead role to coordinate ESF-8 activities. The regional RMRS performs the same function as the MMRS in regions 1, 2, & 5. In regions of Oklahoma where a MERC (the EOC for a regional MMRS/RMRS) does not currently exist, the local public health administrator will establish an ICS designed to meet their needs.

The county health department administrator serves as, or designates the local ESF-8 coordinator under the county emergency operations plan (EOP) and is referred to as the county Health and Medical Coordinator (HMC). The HMC ensures effective coordination of all resources necessary to respond to the public health and medical needs of the jurisdiction. The HMC establishes a communication plan with all involved medical system entities and tracks critical information and requests.

In addition to phone and radio communications, responders utilize Oklahoma's web-based hospital reporting system (EMResource®) to monitor hospital status and capacity. If a MERC is present in the community, pertinent information will be compiled at the MERC and sent to the HMC. In turn, the HMC and/or MERC update the Oklahoma State Department of Health (OSDH) emergency operations center (Situation Room) on response activities. This standardized communication flow allows for sufficient state-level planning if the incident escalates.

Medical Response Tier III

A Tier III response is reached when the community and/or county emergency operations plan (EOP) is activated. The local emergency manager (EM) may establish a unified command (UC) system to manage the activities of various agencies involved in response operations. These agencies may include: emergency management, law enforcement, fire service, public works, public health, EMS, hospitals, other medical providers, schools, and any other agencies. An incident action plan (IAP) is created, routinely updated, and shared to set the overall strategy for community response operations.

A local Public Health and Medical Systems ICS is established to coordinate efforts and manage resources at the local level and support any Annex H/ESF-8 operations under the resulting jurisdictional UC. The HMC continues to ensure viable communications for the local public health and medical systems entities and to track critical information and requests.

Medical Response Tier IV

A Tier IV level response is reached when the State Emergency Operations Plan (EOP) and State Emergency Operations Center (SEOC) is activated. At the point that it becomes evident that the incident will exceed the capabilities of the local jurisdiction, the Oklahoma Department of Emergency Management (OEM) will stand up. Affected jurisdiction(s) are then assisted by providing State resources and coordinating with other affected States. The State will not assume overall command and control of the incident unless requested to do so by local jurisdiction(s).

The HMC continues to function as the local coordinator for public health and medical services. The OSDH Situation Room is also activated as a component of the SEOC and supports HMC response activities. A public health and medical systems ICS will be established to manage state-level activities. To address staffing needs, the Commissioner of Health or the local HMC may activate Oklahoma's Medical Reserve Corps (OKMRC) for their respective jurisdictions. Upon such activation, the OKMRC State Administrator becomes part of the ICS and coordinates the notification, staging, and deployment of volunteers.

The OSDH Situation Room establishes a communications plan and compiles critical information which is utilized by Command and General Staff to conduct state-level operations. Statewide hospital status and capacity including the status of the ED, bed capacity, specialist physicians, supplies, and equipment is monitored through EMResource®. Hospital infection control practitioners (ICP) transmit pertinent data directly to OSDH with the Oklahoma based National Electronic Disease Surveillance System (NEDSS), the Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) system. Alerts and critical information are quickly disseminated to first response agencies, clinics, and physician's offices via the Health Alert Network (HAN).

State and local jurisdictions may request mutual aid assistance under terms outlined in the Oklahoma Emergency Management Compact. Under the terms of this statute, all resources necessary to respond to an incident can be mobilized and deployed by OEM. This statute provides liability protection and financial coverage to entities that engage in response operations and eliminates the need for individual MOUs between agencies and organizations.

Medical Response Tier V

Tier V incorporates existing instruments, such as the Emergency Management Assistance Compact (EMAC), and other mutual aid concepts to address consistency in regional response and enhances information exchange between interstate jurisdictions. Agencies utilize the Emergency Management Aid Compact (EMAC) as the primary tool to request resources and support. Aid and assistance offered by other States will be managed using the EMAC as well.

The State of Oklahoma's Commissioner of Health ensures coordination of all state-level public health and medical service activities. The OSDH ESF-8 Liaison Officer reports to the SEOC and updates the Situation Room about response activities and reports pertinent information. The ESF-8 Liaison Officer also acts as the EMAC coordinator for public health and medical services, and as such, processes Oklahoma needs with other states using the EMAC system.

In preparation to execute mutual aid, Oklahoma collaborates with Region VI TALON (Texas, Arkansas, Louisiana, Oklahoma, and New Mexico) states. TALON states host regular conference calls to discuss EMAC and other preparedness initiatives. TALON can even use EMAC to deploy state liaison officers to threatened states to serve as that State's ESF-8 liaison.

Medical Response Tier VI

The highest level, Tier VI, is reached whenever federal public health and medical resources are required. The SEOC process these requests and integrates local and state response efforts with Federal partners. Effective management processes at both the State (Tier 4) and local/regional (Tier 3) levels help to facilitate the request, receipt, and integration of Federal resources.

Situation

This 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 agent 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, a chemical, a nuclear, a radiological, or an 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 health emergencies regionally using the eight public health and medical system regions in the state.
- 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 can 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, vaccination, 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 types of 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

Implementation

In the event of a statewide or regional emergency affecting the public's health, the Oklahoma Department of Emergency Management (OEM), acting on behalf of the Governor, may order the Commissioner of Public Health to implement all or a portion of this ERP. In accordance with Homeland Security Presidential Directive (HSPD)-5, 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, 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 seamlessly works with the National Response Framework (NRF) which provides the structure and mechanisms for national-level incident management.

Incident Management

In Oklahoma, when the Governor declares a "State of Emergency," the State Emergency Operations Center (SEOC) is 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 OSDH Situation Room (SITRM) to coordinate public health and medical system response operations. The Incident Command System (ICS), as a part of NIMS, is a standard, on-scene, all-hazard incident management concept and shall be used by public health and medical system responders during all incidents in the State of Oklahoma.

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 whether it is necessary for OSDH to be on a public health alert, whether a health emergency exists, and when to stand-up the Situation Room and implement ICS. 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;
- The EPRS Duty Officer;
- Centers for Disease Control and Prevention;
- Homeland Security; and,
- Emergency Management.

Upon alert, OSDH makes appropriate notifications for a potential or realized public health emergency, activates the basic OSDH ICS structure, and stands-up the Situation Room according to standardized activation levels.

The Incident Command System (ICS) serves as the operating protocol for all OSDH responses. In order to effectively carry out this ERP and related plans noted in its annexes, OSDH staff will maintain ICS proficiency as directed by the Commissioner of Health. The agency basic 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. Further, the letter in Appendix C outlines the level of ICS proficiency required for OSDH staff.

Activation Levels

In the event that the SEOC is activated or at the discretion of the Commissioner of Health for a realized or potential health emergency, support staff and subject matter experts (SME) may be placed on alert and required to report to the Situation Room to support the ESF-8 Liaison Officer. The Situation Room is activated (refer to Annex L) at one of the following four levels:

LEVEL 1: Monitoring

The normal operation mode for the Situation Room is Level 1. Notification of possible threats and related intelligence is typically made to the ESF-8 Liaison Officer and/or the Situation Room (SITRM) Duty Officer who will take action if needed as part of their routine responsibilities.

LEVEL 2: Partial Activation

Level 2 activation is a limited activation that takes place during a potential or confirmed emergency. Key personnel within EPRS are notified and assigned applicable duties.

LEVEL 3: Full-Scale Activation

Level 3 activation occurs during a confirmed emergency and requires notification of all Command and General staff as well as key support personnel. A 24-hour operational period is typically established and the Communications Center is fully staffed to process message traffic.

LEVEL 4: Full-Scale Activation with Federal Support

Level 4 activation occurs during a confirmed emergency and requires notification of all Command and General staff as well as key support personnel. Notifications and alerts may be extended to all OSDH agency personnel at the Incident Commander's discretion. A 24-hour operational period is established and the Communications Center is fully staffed to process message traffic.

The Commissioner of Health or Incident Commander notifies the entire agency of elevations and decreases in activation levels as they occur and posts the current incident ICS chart so that

agency employees always have adequate situational awareness to be responsive to Command and General staff needs.

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.

If the Commissioner of Health determines that ERP activation is not necessary, informational meetings about the situation may be called by the EPRS Chief or the Deputy Director monitoring the situation. If ERP activation is warranted, the Commissioner of Health, Chief Operating Officer, and EPRS Chief will assess the situation in detail and ensure the performance of these priority tasks:

- Determine the appropriate Situation Room activation 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.

Organizational Roles

OSDH is the agency responsible to ensure and provide essential public health and medical services during times of emergency. OSDH shall assign a minimum of three (3) qualified liaison officers to the State Emergency Operations Center (State EOC) 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 State EOC a 24-hour capability for extended periods.

OSDH Responsibilities

The OSDH Commissioner of Health is designated as the principal official responsible for leading Oklahoma's ESF-8 initiatives. 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 sanitation 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 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 and Situation Room. Authority for activation of the ERP and Situation Room is normally extended to the Chief of Emergency Preparedness and Response Service (EPRS). 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).

Chief of Emergency Preparedness and Response Service: As the lead emergency response coordinator for Oklahoma public health and medical systems preparedness activities, the Chief of EPRS manages six Regional Preparedness and Response Teams (Regions 1-6), maintains the agency emergency operations center and communications center, coordinates and executes the Strategic National Stockpile (SNS) and Mass Prophylaxis and Immunizations Strategy (MIPS) plans, and maintains and executes this ERP.

Executive Team: This group includes the Commissioner of Health, Deputy Commissioners, Chief Operating Officer, 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 can be stood up at any time and for any duration in order to meet any health threat. A guiding principle of ICS to keep in mind when setting up an ICS structure states 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. These teams are under the supervision of the ERPS Chief 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 other functional needs before, during, and after an incident. An ESF #8 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

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 intelligence and information gathering, data analysis, and dissemination of critical health information. The Situation Room coordinates up to the SEOC through the EFS-8 Liaison Officer and down to the five MERCs and any Area Commands that may be established. The Situation Room is outfitted with multiple audio, visual, and information systems to support the public health and medical system decision-making process. Critical OSDH 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 polices effecting 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 L.):

- Health Alert Network (HAN) securely communicates critical health information to key partners, quickly recall staff, and conduct surveys.
- EMResource® is a web-based information tool that enhances responses to emergencies.
- WebEOC by ESI Acquisition, Inc., is NIMS compliant incident management software that is implemented statewide.
- A Spirit Phone System provides the SITRM with 12 priority Southwestern Bell Communications lines and 12 priority Centrex lines.
- OSDH maintains a call center (refer to Annex M) accommodating up to 20 operators to handle a large volume of public inquires and support epidemiological investigations.
- 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 Communications Center has two base stations and nine handheld radios issued to Command and General staff.

- National Public Health Radio Network (NPHRN) is a Centers of Disease Control and Prevention (CDC) high frequency (HF) emergency radio system 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 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 the 800 MHz system.
- Hospital Emergency Administrative Radio (HEAR) System is a mandated hospital VHF radio system provides unsecured external voice communications with local hospitals and equipped EMS units.
- Satellite Phones have been distributed statewide to local County Health Departments, MERCs, and many Hospitals. All units have the unique capability to network using a Push-to-Talk (PTT) microphone.
- 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 is 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 Communication (CERC) Plan (refer to Annex N) details media actions for OSDH in the event of a bioterrorism, nuclear, chemical, 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 Annex D.) 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.

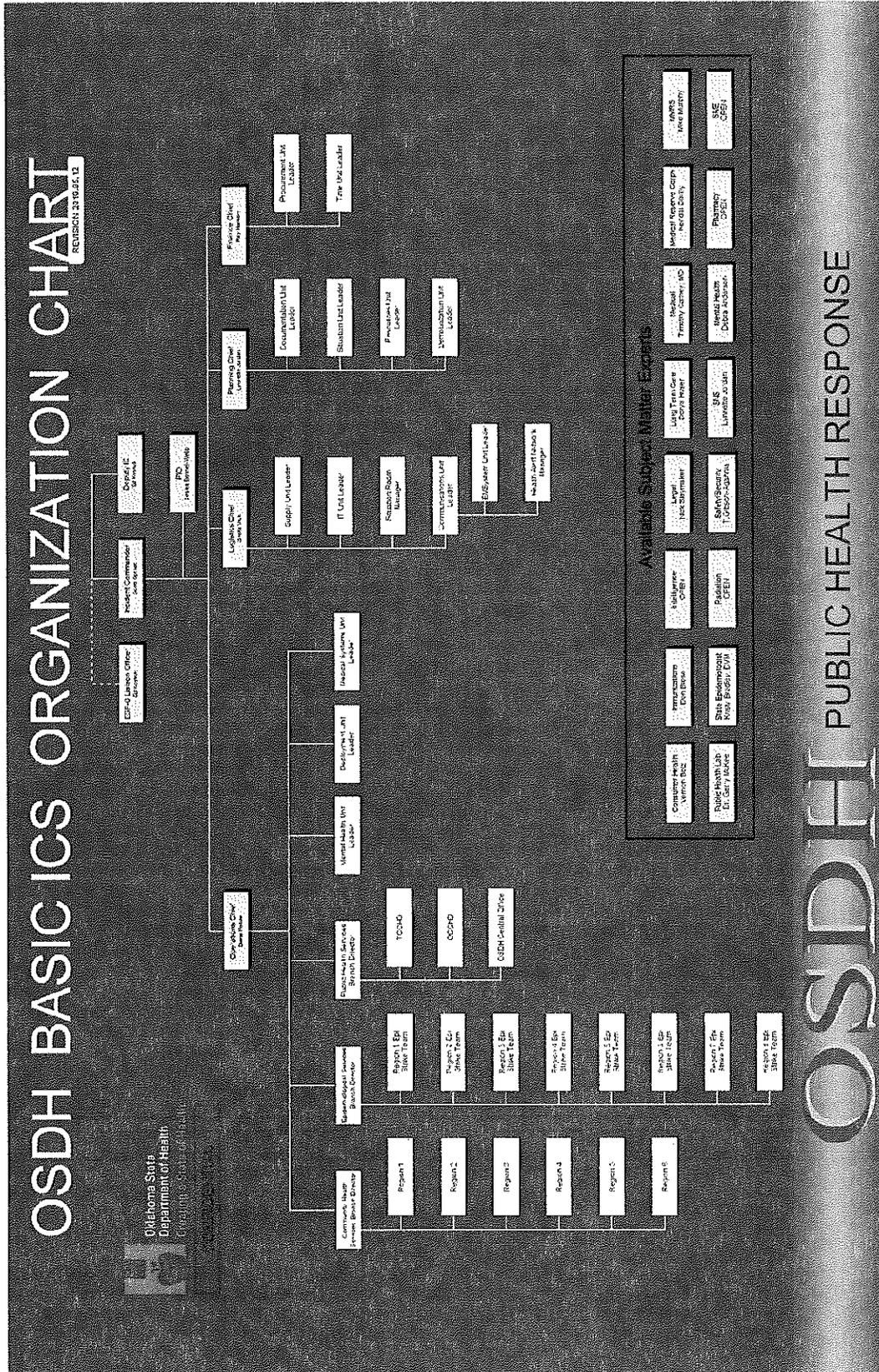
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Appendix A Acronyms

BB	Blackberry
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
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
ICP	Infection Control Practitioner
ICS	Incident Command System
IED	Improvised Explosive Device
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
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
WMD	Weapon of Mass Destruction
WPS	Wireless Priority Service

Appendix B Incident Command System (ICS) Organization Chart





Oklahoma State
Department of Health
Protecting & Promoting the Well-Being of the People

March 19, 2009

MEMORANDUM

TO: Deputy Commissioners
Service Chiefs
Division Directors
Administrators, County Health Departments

FROM: Rocky McIlvany, M.S.
Interim Commissioner of Health

A handwritten signature in black ink that reads "Rocky McIlvany".

SUBJECT: ICS Training

With the Oklahoma State Department of Health (OSDH) now having a leadership role in responding to manmade or natural incidents (all hazards), a substantial amount of our emergency planning activities at the central and local level are occurring with our partners and the first responder community, including the private sector. We are required by Law (Title 63 O.S. 2001, Section 683 Oklahoma Emergency Management Act of 2003) to follow the Incident Command System (ICS) (683.2 (e)) and guidelines by FEMA covering training of all personnel on the National Incident Management System as well as the Incident Command System. To maximize our ability to respond to any public health emergency, whether a terrorist event or a naturally occurring disease outbreak, we must be able to understand and work within the ICS structure.

ICS training is being conducted by staff in the Emergency Preparedness and Response Service and is currently underway in the counties. ICS is taught during the New Hire Orientation courses as well as on-going training at the regional levels. At a minimum all entry level personnel are required to have ICS-100a and IS-700a training. Advancement courses in ICS-200a, 300 and 400 as well as the 800b (National Response Framework) are dependent upon the individuals' position during an exercise and or real-world event (see ICS/IS training attachment).

Please ensure all personnel are in compliance with the ICS training at the designated level(s) for you and your staff by October 1, 2009. To enroll in a session or to obtain additional details about ICS training please contact Ed Kostuk, OCEM, Emergency Preparedness and Response Service, at (405) 271-6900.

Appendix C Agency Organization Chart

