Oklahoma Public Health and Medical System Emergency Response Plan

Base Plan

Updated: May 2022

OKLAHOMA

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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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1.0 Introduction

1.1 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 or designee 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.

1.2 Purpose

The purpose of this ERP is to provide an effective system to mitigate against, prepare for, respond to, and recover from all hazards (national security incidents, natural disasters, catastrophic health emergencies, and human-made 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. This 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.
- Assist other ESF's according to Appendix 2 in the State EOP.

The Oklahoma Public Health & Medical System Emergency Response Plan includes response strategies that support the public health and medical components of the 32 core capabilities specified in the National Preparedness Goal. This plan also 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, this ERP also describes the major capabilities and resources available to OSDH to address various health hazards.

OSDH responses are not limited to incidents/events occurring within the state. Major disasters, catastrophic incidents, or other large events occurring outside the state of Oklahoma may result in plan activation, particularly if they occur in neighboring states.

1.3 Scope

This ERP applies 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 this ERP and the State Public Health Emergency Operations Center (PHEOC) also known as the OSDH 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.

1.4 Structure

This ERP consists of three (3) major sections:

1. ERP Base Plan is an overview of agency response systems and policies. It cites the legal authority for emergency operations, explains the general concept of operations, and assigns roles and responsibilities for OSDH staff in emergency response operations.
2. ERP Appendices contain additional specific resource information.
3. 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

1.5 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 annually, or 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 Department of Emergency Management

Homeland Security (ODEMHS). OSDH response partners will be notified of important ERP updates and changes. EPRS will track and document any changes to this plan.

1.6 State Overview

Oklahoma has a population of approximately 4 million persons and covers an area of 69,903 square miles (28th U.S. State in population and 20th land area). It is organized into 77 counties with more than 1,900 cities and towns. The State's two largest metropolitan areas, Oklahoma City and Tulsa, account for over 65% of its population. Its economy is the 30th largest, with an annual GDP of about $200 Billion.

1.7 Access & Functional Needs Population

Numerous states have embraced the term "access and functional needs (AFN)" to include the following: people with disabilities, senior citizens, the deaf community, children, non-English speaking populations, and people without transportation. These groups represent a large and complex variety of specific concerns and challenges for emergency responders and planners and cover 50% or more of the nation's population. Source: Kailes Disaster Services and "Special Needs": Term of Art or Meaningless Term? (2005)

(http://www2.ku.edu/~rrtcpbs/findings/pdfs/SpecialsNeeds.pdf)

1.8 Key Health and Medical Infrastructure

- County Health Departments
- Independent City-County Health Departments
- Hospitals (including psych and rehab)
- Long Term Care Facilities
- Home Healthcare Agency Locations
- Dialysis Centers
- Indian Health Service Healthcare Facilities
- EMS

1.9 Hazards

Oklahoma faces a broad range of natural, technological, and human-made hazards and has experienced numerous incidents and Federally-declared disasters. Hazards assessment information is available in the Standard Hazard Mitigation Plan for the Great State of Oklahoma (ODEMHS, 2019) and the Oklahoma State Department of Health (OSDH) Statewide Jurisdictional Risk Assessment (OSDH, 2019).

1.10 Situation

This 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 the NIMS.

1.10.1 Catastrophic Health Emergencies

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

**Refer to current CHE plan addressing the functions identified in Oklahoma Title 63, Section 6105 and enacted through the Catastrophic Health Emergency Powers Act in Oklahoma Title 63, Section 6101.)

1.11 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.

- 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.

OSDH is committed to an inclusive approach to emergency preparedness, response, and recovery activities that ensures that needs of diverse populations are addressed. Public Health Officials should be trained and prepared to assist persons having of varied cultural backgrounds and those with AFN or similar considerations.

2.0 Concept of Operations

2.1 Activation

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 threatens Oklahoma's Health and Medical Lifelines, then OSDH will activate the Situation Room and initiate this ERP to coordinate public health and medical system response actions in order to stabilize the Health and Medical Lifelines.

In addition to a declared state of emergency involving health, the Commissioner of Health or designee may determine, based on information from a variety of possible sources, that it is necessary for OSDH to initiate this ERP. Decision-makers must be careful to differentiate between verified and unverified sources and seek additional verification for unverified sources.

The following items are possible intelligence sources:

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

This ERP is initiated by written or electronic notification at the discretion of the Commissioner of Health or designee per successions of order. In addition to a declared state of emergency, the Commissioner of Health or designee can

initiate this ERP in response to an event significantly impacting, or with the potential to significantly impact, the public's health.

2.1.1 Thresholds for ERP Activation

- 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;
- A major disaster such as a tornado, winter storm, wildfire, earthquake, 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.

2.2 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 (Annex K) 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 EUA and state-based pharmaceutical, prescribing, labeling, and other drug-related laws.

2.3 Incident Management

All agencies, departments, and organizations having responsibilities delineated in this ERP will use the 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 ICS serves as the operating protocol for all OSDH responses. In order to effectively carry out this ERP and the related plans, OSDH staff will maintain proficiency as directed by the Commissioner of Health or designee. 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.

2.4 Medical System Response Strategy

The Commissioner of Health or designee is responsible for coordination of all state health and medical services in response to human-made or natural emergencies. The Governor, the Director of the Oklahoma Department of Emergency Management and Homeland Security are kept informed of the status of health and medical services during emergency operations. The Regional Administrative Health Directors for each health district are responsible for monitoring and supporting medical system response activities within their assigned jurisdiction. The philosophy adopted by Oklahoma 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 12 public health districts and eight medical system regions. Each medical system region is represented by its own regional healthcare coalition (HCC). The HCC is empowered to develop medical system response plans and protocols, as needed, supporting the Medical Surge Capacity and Capability (MSCC) concept, and serves as the principal planning group for the HCC. 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 primary responsibility for medical system emergency response coordination to the Regional HCC during times of disaster.

The Regional HCC was created by OSDH starting in 2005 to develop and coordinate HCCs in each sub-state region of Oklahoma. HCC 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. The OSDH Situation Room monitors and supports medical system response activities in all regions of the state.

2.5 Oklahoma Medical Reserve Corps

The OKMRC is a statewide program managed by the OSDH with collaborative assistance from the Tulsa Health Department (THD); the Oklahoma City/County Health Department (OCCHD); the University of Oklahoma, College of Nursing; and the Choctaw Nation of Oklahoma. The vision of the OKMRC is to enhance emergency preparedness and response capabilities by supplementing existing response infrastructures in local communities across the State of Oklahoma. The MRC mission is to engage volunteers, strengthen public health, emergency response, and community resiliency.

The OKMRC provides support for incident response by augmenting medical and public health personnel when local resources are overwhelmed or exhausted. The OKMRC is comprised of specialty teams and county units operating under the authority of local county health departments. The Choctaw Nation MRC Unit operates under the sovereignty of the Choctaw Nation, and as an affiliate of the OKMRC. Activation of the OKMRC is driven by a request from a collaborative partner and depends upon the size, scope, and nature of an incident or event. OKMRC volunteers are utilized according to their training and capabilities. The OKMRC does not act as a freestanding medical resource and must be integrated into an established ICS. Self-deployment and the contacting of individual members by outside agencies are strictly prohibited and can negatively impact overall response.

2.6 Situation Updates and Reports

Defining the public health impact of an incident or event is a core Public Health and Healthcare Preparedness Capability and is critical to establishing situational awareness at the local, regional, state and federal level.

Within one (1) hour of becoming aware of any incident or event impacting a community, an initial assessment must be reported by a local health department emergency response staff with the Regional Administrative Director, Local Emergency Response Coordinator, Emergency Response Manager, Regional Health Care Coalition Director or designee, and the OSDH Situation Room. In order to rapidly communicate the scope, complexity and interdependent impacts of an incident or event, the initial situation report should include:

- General Location and Description of the Incident or Event
- Type of Public Health and/or Medical System Components directly and/or indirectly affected (e.g. None, Hospitals, EMS, Long Term Care Facilities, etc.).
- Status of Components (e.g. stable, damaged, destroyed, communications down, no water, no power, etc.).
- Scope of Impact (e.g. unable to treat/care for patients, understaffed, etc.).
- Actions Currently Being Taken (e.g. staff activation, moving vaccine, running of generator, closing facility early, bottled water distribution, etc.).
- Limiting Factors (e.g. lack of resources, roadways are blocked, policies/procedures, etc.)
- Estimated Time to Stabilization (e.g. 1 hour, 2300, unknown, etc.).
- Impacts on other Community Lifelines (i.e. Safety & Security, Sheltering, Energy, Communications, Transportation, and Hazardous Material).
- Resource/Support Requests

Initial situation reports/assessments can be submitted in several ways outlined below:

- Utilizing the ArcGIS Situation Report/Notification Application
- Emailing the OSDH Situation Room (sitrm@health.ok.gov)
- Phone Call (405-250-4124)

Upon receipt of the initial situation report, the OSDH Emergency Response Manager or Duty Officer will notify the OSDH EPRS Director by phone or text message. The OSDH Emergency Response Manager or Duty Officer will also notify applicable agency staff in Quality Assurance and Regulatory via phone and/or email 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 the OSDH Executive Leadership Team and other applicable agency staff.

When appropriate, routine updates must be generated by local health department emergency response staff that provides a detailed update of the impact to the Health Medical Lifeline in the affected community/area. Updates can be provided in several ways outlined below:

- Situational Awareness Map
- Replying to the existing Situation Report Email
- Phone Call and/or Radio.

At all times, the Regional Administrative Director, Local Emergency Response Coordinator, OSDH Emergency Response Manager, Medical Emergency Response Center Regional Health Care Coalition Director or designee, and the OSDH Situation Room must be notified on updates to ensure appropriate situational awareness and coordination. Providing updates on the Spatial Analysis Tool will ensure everyone has the most timely and accurate information at any point in time.

2.7 Public Health EOC (Situation Room) Activation Levels

In the event that the Public Health Emergency Operations Center (PHEOC) is activated (or at the discretion of the Commissioner of Health or designee, the State Epidemiologist or EPRS Director), support staff and subject matter experts (SME) may be placed on alert and required to report to the PHEOC. The plan may be activated at any level and can be implemented in varying degrees.

The PHEOC operates at one of five levels:

Activation Level	Indication	Who to Notify	OSDH Status
5	n/a	n/a	NO ACTION NEEDED
		• CHD Regional Director	

4	Potential threat to health and medical community lifeline	• LERC • OSDH Emergency Response Manager • Regional Health Care Coalition Director or designee • OSDH Situation Room	MONITORING • PHEOC is closely monitoring a potential threat & is taking steps to prepare equipment, staff, & resources. • OSDH may establish an incident management team for planning or response purposes.
3	Continued monitoring of the threat with deployment, physically/virtually, of the ESF-8 Liaison to the State EOC	• CHD Regional Director • LERC • OSDH Emergency Response Manager • Regional HCC Director or designee • OSDH Sit. Room • Command & General Staff	SUPPORT • Partial activation of the PHEOC due to a potential threat. • OSDH may establish an incident management team for planning or response purposes.
2	An emergency exists having a confirmed impact to the Health & Medical Community Lifeline	• CHD Regional Director • LERC • OSDH Emergency Response Manager • Regional HCC Director or designee • OSDH Sit. Room • Command & General Staff • Remaining key PHEOC staff • 2nd & 3rd tier C&G staff	FULL-SCALE ACTIVATION DUE TO IMMEDIATE THREAT OR INCIDENT • Confirmed impact on health and medical community lifeline. • Communication center established. • OSDH will establish an incident management team for planning and response purposes. • Longer operational period may be established.

			• Health facilities impacted should report their status to Regional HCC. • Health facilities NOT impacted should be ready to assist.
1	Major emergency exists with widespread and severe impact to Oklahoma's public health and medical lifeline	• CHD Regional Director • LERC • OSDH Emergency Response Manager • Regional HCC Director or designee • OSDH Sit. Room • ALL Command & General Staff • Remaining key PHEOC staff • OSDH Communications	FULL-SCALE ACTIVATION DUE TO MAJOR INCIDENT • Major emergency with widespread & severe impact to public health and medical system. • Staff will be on rotational status • Implement response per the OSDH Emergency Response Plan. • All health agencies, facilities, & partners should report their status to their regional HCC.

Image 2.1: Graphic Showing Activation Levels of the Public Health EOC

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

2.8 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 or designee 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 or designee, the State Epidemiologist, and the EPRS Director will assess the situation in detail and address these priority tasks:

- Determine the appropriate PHEOC operation level (1-5);
- 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 or designee, the State Epidemiologist, 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 PHEOC), time to report, and specific items to bring.

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

3.0 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 two (2) optimum being three (3) qualified liaison officers to the SEOC as required by the Director of ODEMHS 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.

3.1 OSDH Responsibilities

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

- Consult with local officials, hospitals, and other health and 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 and 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 microbiological and chemical analyses;

- Organize, operate, and supervise mass countermeasure distribution and dispensing to the general public or selected populations through the Oklahoma Medical Countermeasures (MCM) Distribution and Dispensing Base Annex;

- 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.

- Distribution of PPE and other surveillance materials as deemed appropriate by OSDH Commissioner of Health or Designee.

3.2 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:

3.2.1 Commissioner of Health or designee

As the lead health official for Oklahoma, the Commissioner (or designee) authorizes activation of this ERP. The Commissioner of Health or designee also serves as liaison to the Governor's Office; requests opening of the PHEOC, if necessary; acts as chief spokesperson for OSDH, unless otherwise delegated; has ultimate responsibility for overall OSDH response and recovery goals as identified in agency Incident Action Plans (IAP), and approves out-of-state deployments of agency staff, incident management teams, and OKMRC volunteers under Emergency Management Assistance Compact (EMAC).

3.2.2 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 coordinates agency preparedness and response activities with HCCs, activates and deploys the OKMRC at the state level, maintains and activates the Situation Room, coordinates and executes the SNS and Medical Countermeasures (MCM) Distribution and Dispensing Annex, coordinates and manages all out-of-state EMAC deployments of agency staff, incident management teams and OKMRC volunteers, and maintains and executes this ERP.

3.2.3 Executive Leadership Team

This group includes the Commissioner of Health, Chief of Staff, Deputy Commissioner of Community Health, Promotion, and Protection, Deputy Commissioner of Quality Assurance and Regulatory, Deputy Commissioner of Health Preparedness, Chief Strategy and Business Performance Officer, Chief Financial Officer, Chief Administrative Officer, and Chief Medical Officer. This team has overall responsibility of the entire health department and communicates with the Governor's Office as required. This group will serve as Policy Group during activation of the Situation Room.

3.2.3 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 PHEOC 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.

3.2.4 ESF-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:

- Agriculture safety and security
- All-hazard public health and medical consultation, technical assistance, and support
- Assessment of public health and medical needs
- Behavioral health care
- Blood and blood products
- Food safety and security

- Health surveillance
- Health/medical/veterinary equipment and supplies
- Mass fatality management, victim identification, and decontaminating remains
- Medical care personnel
- Patient care
- Patient evacuation
- Potable water/wastewater and solid waste disposal
- Public health and medical information
- Safety and security of drugs, biologics, and medical devices
- Vector control
- Veterinary medical support

3.2.5 OSDH Incident Support Team (IST)

The OSDH IST is designed to support jurisdictional response efforts. The purpose of the IST is to assist any jurisdiction confronted with an incident beyond its capabilities in either complexity or duration. The makeup of the IST will depend upon the size, scope, and nature of an incident or event. The IST will be composed of credentialed staff, and can also include Trainees who meet the minimum training requirements. The Director of EPRS will assemble, activate and deploy an IST at the request of the Commissioner of Health or designee, Senior Leadership Team member, or a Regional Health Director. The IST offers the following capabilities to an incident:

- A robust management framework to support the jurisdiction in bringing an incident to conclusion

- Planning and documentation to include assistance in development of Incident Action Plans, Site Safety Plans, etc.
- Logistical support and resource management
- Liaison Support
- Operational support and expertise

3.2.6 Technical Experts and Subject Matter Experts

Representatives from OSDH or other agencies may be designated as Technical Experts during activations and asked to report to the PHEOC in person, or when authorized, may participate in ICS meetings.

- Acute Disease Service
- Administrative Services
- Community Health Services
- Family Health Services
- Consumer Health Services
- Emergency Medical Systems
- Immunizations Service
- Enterprise Services
- Injury Prevention Service
- Long Term Care

- Medical Countermeasures Distribution & Dispensing
- Medical Director
- Mental Health
- Regional HCC
- Office of Minority Health
- Office of the State Epidemiologist
- Office of Tribal Liaisons
- Oklahoma Medical Reserve Corps
- Pharmacy
- Protective Health Services
- Public Health Laboratory
- Radiation Management (Dept. of Environmental Quality)
- Safety/Security
- Strategic National Stockpile (SNS)
- **Others as required by circumstances of the emergency**

4.0 Response Capabilities

4.1 Public Health Emergency Operations Center

The PHEOC functions as the state Public Health and Medical System EOC during times of emergency. During an incident, Command and General staff utilize the PHEOC for gathering intelligence and information, disseminating critical health information, analyzing data and the response, and acquiring, allocating, and disseminating critical health resources. The PHEOC coordinates with the SEOC through the ESF-8 Liaison Officer, local health departments, and regional Multi-Agency Coordination (MAC) systems if activated. The PHEOC 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.

4.2 Communications Interoperability

Effective communications allow 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 PHEOC employs the following communication systems:

- ArcGIS is monitored 24/7 by several stakeholders throughout the state. Although not mandatory; the Situation Room strongly advices staff and partners to utilize the system to ensure the most accurate and updated info is shared.

- Email, sitrm@health.ok.gov is monitored 24/7 by the PHEOC Duty Officer to ensure timely responses to all hazards.

- Cellular devices are issued to response staff and allow for both voice and email messages in the field, these responders also have access to FIRSTNET.

- EMResource® is a web-based information tool that enhances responses to emergencies.

- OSDH web site and/or social media posts important incident information for the public.

- 800 Mhz, dual band UHF/VHF Radios are available and currently distributed to the Communications Center and RSS.

- Satellite phones located at RSS.

- 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.

- The 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.

- The RedBook is an indexed red binder of emergency contacts provided to key responder staff.

- Oklahoma Health Alert Network (OK-HAN) securely communicates critical health information to key partners.

4.3 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. Crisis and Emergency Risk Communication Manual (CERC), Washington, D.C., 2018)

The Crisis and Emergency Risk Communications (CERC) Plan 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. In addition, the OSDH Office of Communications has procedures in place for translation services as required based upon the situation.

4.4 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 the current OSDH Epi Manual and Public Health Laboratory Incident Response Plan). 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.

4.5 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 limit the potential for exposure in those not yet exposed. While the health system generally deals with ill individuals, potential illness, and prevention of exposure within medical settings, the public health system typically focuses on prevention strategies within the community and addressing the health needs of the affected population.

4.6 Recovery Management

The incident commander approves deactivation of the OSDH ERP, individual plan functions, and the ICS structure under with OSDH operates. The decision to roll back activation of the plan is made when the remaining needs of the incident can be met by normal OSDH business functions or after other alternatives have been established.

4.7 Debriefing

Post-incident debriefings are held following the demobilization of response efforts. The coordination and facilitation of the debriefings as well as the development of the After-Action Report and Improvement Plan (AAR/IP) will

be a shared responsibility between the divisions of the impacted programs and ERP. Post-incident debriefings, the draft AAR/IP, after action conference, and the distribution of the final AAR/IP will be completed within 120 days of incident demobilization. At direction of OSDH Commissioner of Health or designee or Senior Leadership Team.

4.8 Demobilization

The Incident Commander, in consultation with the Commissioner of Health or designee and other department officials will determine the need and process for demobilization of response efforts and returning the department to normal operations. A demobilization plan will be created by the Planning Section and then approved by the Incident Commander. ICS Form 221 - Demobilization Check-Out will be used to aid in the process of demobilization.

4.8.1 The Responsibilities of the Demobilization Unit

- Provide an executable plan for transitioning from plan activation status to efficient normal operational status.
- Coordinate and preplan options for department demobilization.

4.8.2 Activities to be completed by staff assigned by the Incident Commander:

- Informing all staff, the media, and the public that the emergency or the threat of an emergency no longer exists.
- Supervising the orderly return to normal operations and informing OSDH partners of the demobilization plan.
- Verifying that all systems, communications, and other required capabilities and resources are available and operational and that the department is fully capable of accomplishing all priority services and operations.
- Ensuring basic human needs (e.g. toilet services and food services) are the last to demobilize in order to continue to meet the needs of OSDH staff, the affected population, and the responders.
- Conducting follow-up with local response agencies, hospitals, public and tribal health and human services agencies, etc., for post-incident planning.

- Ensuring the Planning section of the response receives all records, situation reports, ICS forms, and other data collected during the response to share with appropriate response agencies for review and improvement planning.

- Ensuring calls received from the public after the incident are referred to the appropriate resources.

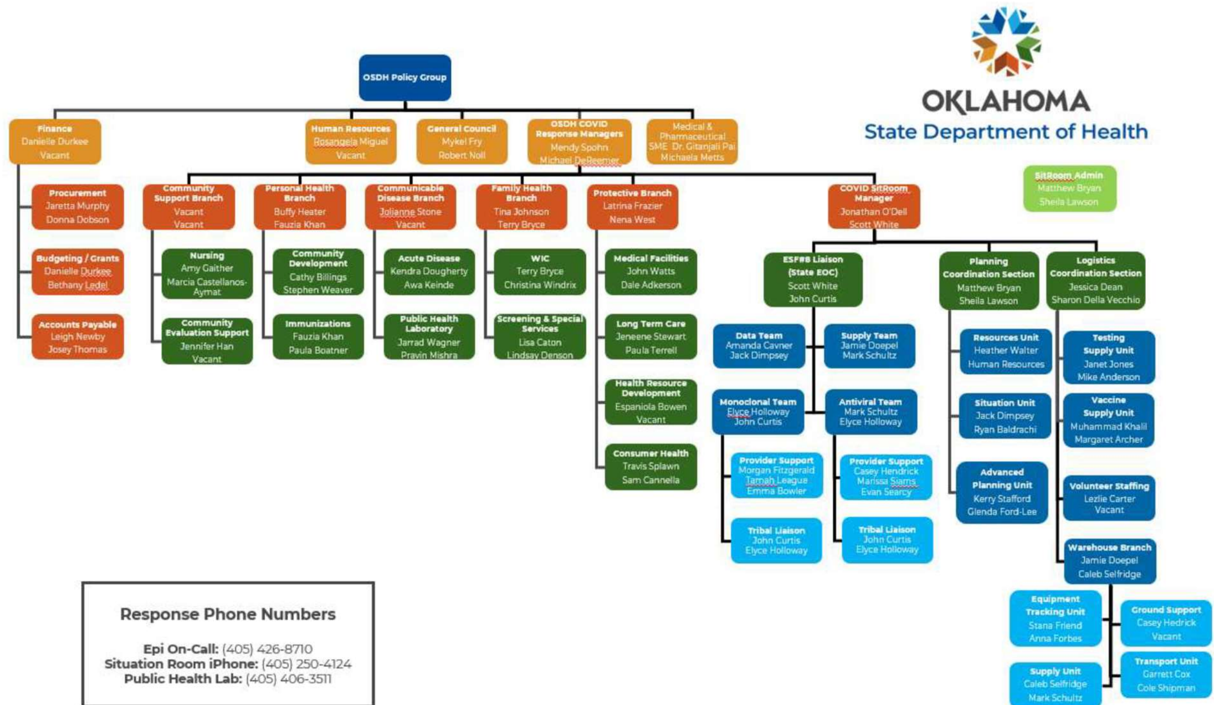
- This Emergency Response Plan (ERP), or its appropriate Annex or Appendix, will be modified as soon as practicable to include any change in response protocols or procedures that is identified as an area for improvement in a final AAR/IP.

Appendix A: Acronyms

AAR/IP	After Action Report and Improvement Plan
ADS	Acute Disease Service
AFB	Air Force Base
AFN	Access and Functional Needs
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
FQHC	Federally Qualified Health Centers
GDP	Gross Domestic Product
HAN	Health Alert Network
HCC	Healthcare Coalition
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
IP	Improvement Plan

IMT	Incident Management Team
LERC	Local Emergency Response Coordinator
MAC	Multi-Agency Coordination
MERC	Medical Emergency Response Center
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
ODEMHS	Oklahoma Department of Emergency Management and Homeland Security
OKMRC	Oklahoma Medical Reserve Corps
OR	Operating Rooms
OS	Oklahoma Statute
OSDH	Oklahoma State Department of Health
PHEOC	Public Health Emergency Operations Center
PHIDDO	Public Health Investigation and Disease Detection Oklahoma System
PHL	Public Health Laboratory
PTT	Push-to-Talk
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	Web Emergency Operations Center
WMD	Weapon of Mass Destruction

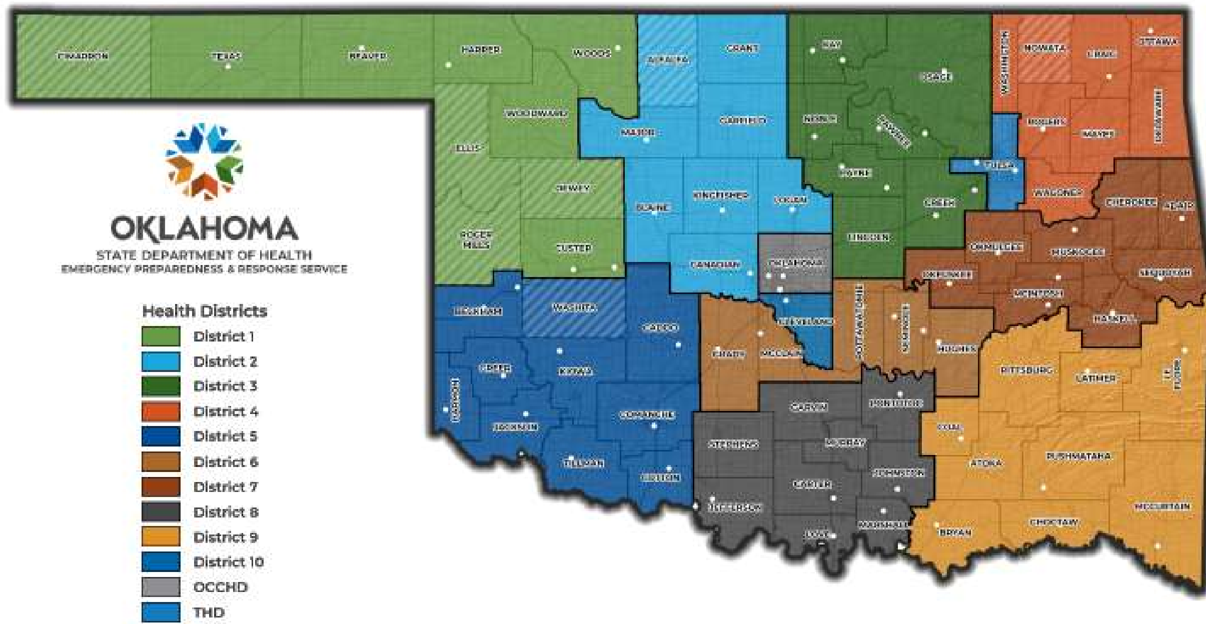
Appendix B: Incident Command System (ICS) Organization Chart – Under Consideration



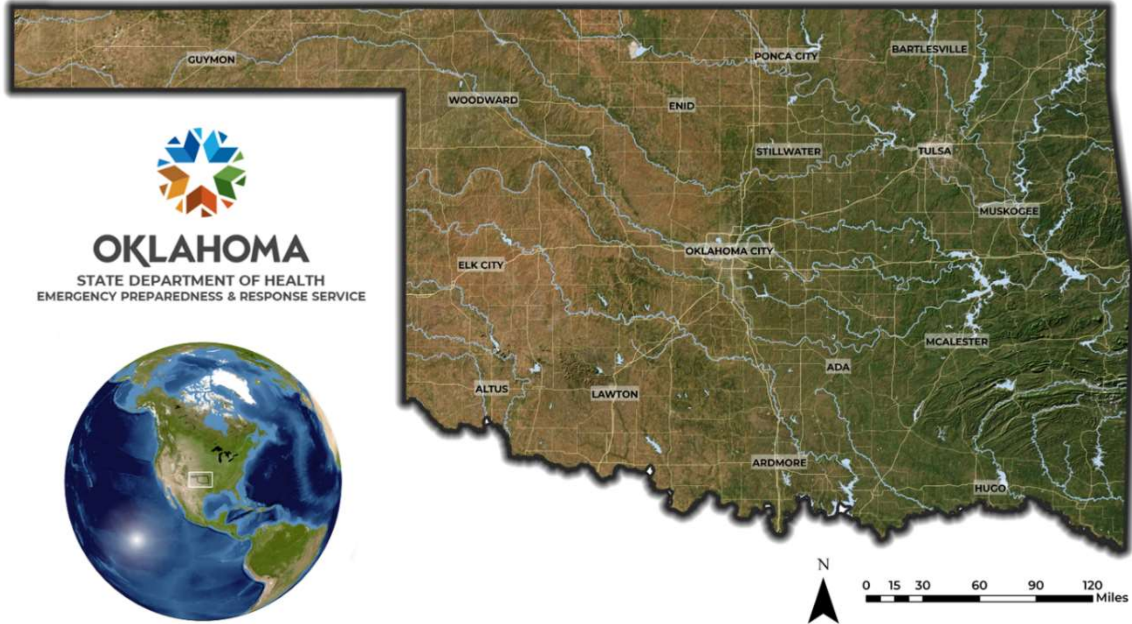
OSDH COVID-19 Response Organizational Chart

Appendix C: OSDH Health Districts

HEALTH DISTRICTS

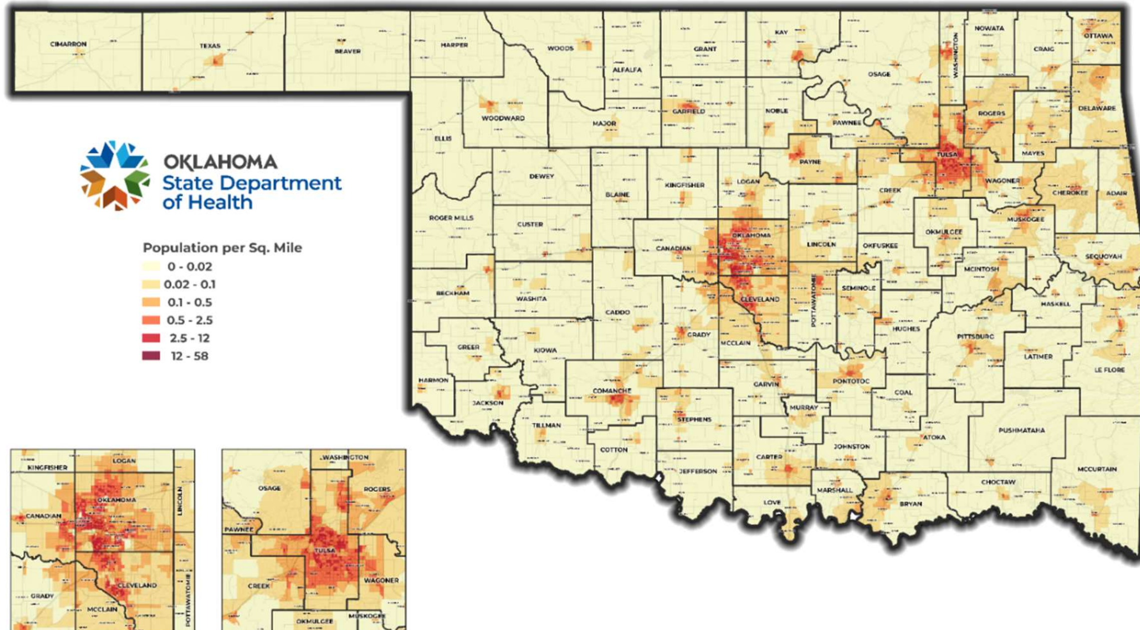


Appendix D: Oklahoma Geography



Appendix E: Oklahoma Population Distribution

OKLAHOMA POPULATION DISTRIBUTION



Appendix F: Record of Review & Changes (3 Years)

Record of Significant Additions, Deletions, and Changes	Date/Initials
MODIFIED SECTIONS: • Change all signatory authorities (p. i) • Changed Agency name to match new combination of OEM and OHS. Oklahoma Department of Emergency Management and Homeland Security (ODEMHS) (p. 3) • Updated geography information from 2019 Oklahoma Hazard Mitigation Plan (p. 4) • Updated population statistics to most recent 2019 numbers (p. 5) • Updated economy stats to most recent numbers from January 2021 Economy Report (p. 5) • Added sentence about COVID-19 (p.6) • Reorder hazards per Appendix 1 of the State EOP (p. 7) • Edit Medical System Response Strategy section to match restructuring of health districts. (p. 7-8) • Edit Situation Updates and Reports (p 14-15) • Add extra level of activation for PHEOC (p 15-16) • Updated org chart to match restructuring of ERP (p 3, 14) • OKMRC section reviewed and approved by state OKMRC coordinator (p9) • Removed regional preparedness team responsibilities (p 19) • Replaced training and exercise coordinator to training and exercise coordinators (p25)	07/21-/2021 J. O'Dell
MODIFIED SECTIONS: 1. Updated cover page with new photos, removed state seal, and replaced with OSDH logo. 2. Changed font to Monserrat medium	11/9/2021 K. Stafford
MODIFIED SECTIONS: 3. Added "all hazards" in purpose section (p1) 4. Added verbiage regarding plan could be activated for event outside the state of Oklahoma. (p2) 5. Added "legal authority" to structure base plan (p2) 6. Deleted example of phone bank from structure support annexes. (p3) 7. Added EPRS will track and document changes to development and maintenance (p6) 8. Added "or designee" to OSDH Commissioner of Health (entire document)	

9. Updated state overview including: Geography, Climate, Population, infrastructure, economy, & Hazards. 10. Added Access & Functional Needs Population to state overview. 11. Replaced term "man made" to "human made" (entire document) 12. Updated PHEOC with recommendations made by Jack Dimpsey. 13. Updated PHEOC communications with recommendations made by Jack Dimpsey. 14. Corrected Annexes in table of contents to match new layout. 15. Defined reasonable timeframe for situation update and reports to two (2) hours. 16. Added activation levels chart in place of written information. 17. Added updated maps from Technical Planning Coordinator. 18. Updated signature page with direction from EPRS Director. 19. Updated director of EPRS communications to include text messaging. 20. Updated signature page with input from EPRS director	Feb 2022 K. Stafford
MODIFIED SECTIONS: 1. Record of Review and Changes (Keep only 3 years in plan; archive the rest. Move to appendix (Back)). 2. Introduction, Purpose: Deleted item on guidance from Department. of Homeland Security. 3. Deleted "Emergency Response Plan Structure Chart." 4. Access and Functional Needs Population: Deleted paragraph 2, "terminology evolving" section. 5. Hazards: changed to referencing the State hazards mitigation plan and OSDH JRA. 6. Assumptions: AFN bullet point reworded. 7. Concept of Operations, Activation: Deleted first and last sentences of paragraph #1. 8. Paragraph #2: Added information on differentiating between verified and unverified sources. 9. Oklahoma Medical Reserve Corps: Deleted paragraph #1 of OKMRC history. 10. Situation Updates and Reports, "Initial Situation reports/assessments" paragraph: Deleted bullet point on "800 MHz/VHF Radio."	05/13/2022

11. Response Capabilities, Communications Interoperability: Deleted “Swift 911” bullet point. 12. Appendix: Deleted OSDH Organizations Chart. 13. Appendix: Deleted Social Vulnerability through Electrically-Dependent Infographics. 14. Appendix: Added Appendix for Record of Review and Changes and renumbered remaining Appendices.	