

**ASCOG Area Agency on Aging**  
**Emergency Operations Plan**

**Caddo, Comanche, Cotton, Grady, Jefferson,  
McClain, Stephens, Tillman Counties  
District 9  
March 31, 2015**

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### **EMERGENCY OPERATIONS PLAN INFORMATION**

The Older Americans Act Section 306 (a)(17) requires that each area plan shall include information detailing how the area agency on aging (AAA) will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery. The Emergency Operations Plan (EOP) will be followed in the event of tornado, fire, bomb threat, hostage situation or other emergency occurrence. The EOP includes a Continuing Operations Plan, which is designed to cover from hour **12 to day 30** of an emergency.

The following template provides an easy way to record and maintain all the information needed by your local facility to respond to and recover from an emergency. The following steps will help you get started:

- **Since the template is read-only, save it to your local server before entering your emergency information. This will be your master copy.**
- **The AAA Director or designee responsible for the Emergency Operations Plan should designate one or more staff who will update the Emergency Operations Plan document.**
- **We strongly encourage you to *continuously* update your plan as personnel and contact numbers change. It is important that names of those requiring assistance be updated as changes occur, to include their helper/assistants.**
- **Be sure the revision date on the title page is changed each time the plan is changed.**
- **To be prepared for potential server outage, keep a printed copy of the plan on file in the office and at a user's residence at all times, and make new print copies with each update.**

#### **Mandatory Backup/Off Site Storage:**

It is imperative that all critical server/computer data is backed up. The AAA Director is responsible for making sure that the last good full backup tape/CD is taken offsite weekly. They will decide where the tape/CD is to be stored, and make sure that their designated Disaster Recovery personnel have access to emergency phone numbers. When a potential server/computer outage occurs, the most recent tapes/back-up CDs need to be available to ensure a successful recovery of the server/computer data.

For any questions about this process, contact: Josiah Criswell

**EMERGENCY NUMBERS**

Name	Title	Work	Cell	Pager	Home
Emergency Command Center Hotline	OKDHS State Office Emergency Hotline (no longer 24hrs)	800-789-0752			
Molly Green	Security & Emergency Mgmt. Administrator	405-522-0541	405-343-1064	none	405-701-8945

**Other State Emergency Contacts**

Name	Title	Work	Cell	Pager	Pin	Home
Oklahoma State Emergency Management		1-800-800-2481				

**County/District Emergency Numbers**

**"WHO ARE THE EMERGENCY LEADERS IN YOUR COMMUNITY?"**

(For additional entries you must copy and paste the cell)

City	Emergency Operations Center	Phone Number
Comanche County Emergency Management	Michael Merritt	580.355.0535
Lawton Emergency Management	Darrell Morgan	580.581.3301
Elgin Emergency Management	Mike Baker	580.492.6727
Caddo County Emergency Management	Larry McDuffey	405.933.1600
Anadarko Emergency Management	Carey Wilkerson	405.247.2481
Hinton Emergency Management	C.D. Ferguson	405.542.3253
Cotton County Emergency Management	Shawn Strange	580.875.3031
Walters Emergency Management	Monty Powers	580.875.2060
Grady County Emergency Management	Dale Thompson	405.222.2339
Chickasha Emergency Management	Steve Chapman	405.222.6000
Tuttle Emergency Management	Sean Douglas	405.381.4464
Jefferson County Emergency Management	Jimmy Gallaher	580.606.0301
Waurika Emergency Management	Chuck Brown	580.228.2713
McClain County Emergency Management	Ed Cravens	405.704.7660
Purcell Emergency Management	Kevin Rhoads	405.388.4366
Newcastle Emergency	Kevin Self	405.387.4427

<b>Management</b>		
<b>Blanchard Emergency Management</b>	<b>Charlie Largent</b>	<b>405.740.7660</b>
<b>Stephens County Emergency Management</b>	<b>Gary Ball</b>	<b>580.255.3411</b>
<b>Duncan Emergency Management</b>	<b>Gary Ball</b>	<b>580.255.3411</b>
<b>Tillman County Emergency Management</b>	<b>Jeff Rector</b>	<b>580.335.7549</b>
<b>Grandfield Emergency Management</b>	<b>Henry Koranda</b>	<b>580.479.5215</b>

<b>City</b>	<b>Name of County/District Ambulance Services</b>	<b>Phone Number</b>
Lawton	<b>Comanche County Memorial Hospital Ambulance Service</b>	580.585.5555
Lawton	<b>Kirk's Ambulance Service</b>	580.355.6500
Walters	<b>Walters Volunteer Ambulance Service</b>	580.875.2400
Anadarko	<b>Anadarko Fire &amp; EMS Services</b>	405.247.3871
Chickasha	<b>Chickasha Fire &amp; EMS Services</b>	580.222.6030
Hinton	<b>MEDICWest EMS</b>	405.542.3777
Tuttle	<b>Tuttle EMS</b>	405.381.4464
Purcell	<b>Wadley's EMS</b>	405.527.5555
Blanchard	<b>McClain/Grady County EMS</b>	405.485.2000
Duncan	<b>American Medical Response</b>	580.252.4513
Frederick	<b>Tillman County District Ambulance Emergency</b>	580.335.5877
Waurika	<b>Waurika Ambulance Service</b>	580.228.2323

<b>City</b>	<b>Name of County/District Fire Departments</b>	<b>Phone Number</b>
Lawton	<b>Comanche/Lawton Fire Department #1</b>	580.581.3300
Lawton	<b>Comanche/Lawton Fire Department #2</b>	580.581.3292
Lawton	<b>Comanche/Lawton Fire Department #3</b>	580.581.3293
Lawton	<b>Comanche/Lawton Fire Department #4</b>	580.581.3294
Lawton	<b>Comanche/Lawton Fire Department #5</b>	580.581.3295
Lawton	<b>Comanche/Lawton Fire Department #6</b>	580.581.3296
Lawton	<b>Comanche/Lawton Fire Department #7</b>	580.581.3297
Cache	<b>Comanche/Cache Fire Department</b>	<b>580.429.3354</b>
Elgin	<b>Comanche/Elgin Fire Department</b>	580.492.4141
Geronimo	<b>Comanche/Geronimo Fire Department</b>	<b>580.248.8827</b>
Fletcher	<b>Comanche/Fletcher Fire Department</b>	<b>580.549.6555</b>
Sterling	<b>Comanche/Sterling Fire Department</b>	580.365.4221
Chattanooga	<b>Comanche/Chattanooga Fire Department</b>	580.597.3390
Medicine Park	<b>Comanche/Medicine Park Volunteer Fire Department</b>	580.529.2825
Indiahoma	<b>Comanche/Indiahoma Volunteer Fire Department</b>	<b>580.246.3355</b>
Anadarko	<b>Caddo/Anadarko Fire Department</b>	405.247.3871
Hinton	<b>Caddo/Hinton Fire Department</b>	<b>405.542.3253</b>
Carnegie	<b>Caddo/Carnegie Volunteer Fire Department</b>	<b>405.654.1027</b>
Apache	<b>Caddo/Apache Fire Department</b>	<b>580.588.3309</b>
Cyril	<b>Caddo/Cyril Volunteer Fire Department</b>	<b>580.464.3026</b>

Hydro	<b>Caddo/Hydro Volunteer Fire Department</b>	405.663.2222
Binger	<b>Caddo/Binger Fire Department</b>	405.656.2233
Fort Cobb	<b>Caddo/Fort Cobb Fire Department</b>	405.643.2231
Eakly	<b>Caddo/Eakly Fire Department</b>	580.797.3252
Gracemont	<b>Caddo/Gracemont Fire Department</b>	405.966.2201
Lookeba	<b>Caddo/Lookeba Fire Department</b>	405.457.6744
Walters	<b>Cotton/Walter Volunteer Fire Department</b>	580.875.2060
Temple	<b>Cotton/Temple Volunteer Fire Department</b>	580.342.5111
Randlett	<b>Cotton/Randlett Volunteer Fire Department</b>	580.281.3833
Devol	<b>Cotton/Devol Volunteer Fire Department</b>	580.299.3222
Chickasha	<b>Grady/Chickasha Fire Department #1</b>	405.222.6033
Chickasha	<b>Grady/Chickasha Fire Department #2</b>	405.222.6040
Tuttle	<b>Grady/Tuttle Fire Department</b>	405.381.4465
Minco	<b>Grady/Minco Fire Department</b>	405.352.5233
Rush Springs	<b>Grady/Rush Springs Fire Department</b>	405.476.3774
Ninnekah	<b>Grady/Ninnekah Volunteer Fire Department</b>	405.222.0882
Alex	<b>Grady/Alex Volunteer Fire Department</b>	405.785.2393
Verden	<b>Grady/Verden Volunteer Fire Department</b>	405.453.7171
Amber	<b>Grady/Amber Volunteer Fire Department</b>	405.222.2684
Bridgecreek	<b>Grady/Bridgecreek Volunteer Fire Department</b>	405.392.2212
Pocasset	<b>Grady/Pocasset Volunteer Fire Department</b>	405.453.7171
Bradley	<b>Grady/Bradley Volunteer Fire Department</b>	405.222.2339
Waurika	<b>Jefferson/Waurika Fire Department</b>	580.228.2838
Waurika	<b>Jefferson/Jefferson County Fire Department</b>	580.313.0965
Waurika	<b>Jefferson/Claypool Volunteer Fire Department</b>	580.228.2674
Ringling	<b>Jefferson/Ringling Volunteer Fire Department</b>	580.662.2323
Ryan	<b>Jefferson/Ryan Volunteer Fire Department</b>	580.757.2279
Terral	<b>Jefferson/Terral Volunteer Fire Department</b>	580.437.2337
Hastings	<b>Jefferson/Hastings Volunteer Fire Department</b>	580.963.3911
Addington	<b>Jefferson/Addington Volunteer Fire Department</b>	580.439.5381
Blanchard	<b>McClain/Blanchard Fire Department</b>	405.485.3939
Byars	<b>McClain/Byars Volunteer Fire Department</b>	405.469.4394
Purcell	<b>McClain/Purcell Fire Department</b>	405.527.4640
Washington	<b>McClain/Cole Volunteer Fire Department</b>	405.485.3911
Dibble	<b>McClain/Dibble Volunteer Fire Department</b>	405.344.9330
Goldsby	<b>McClain/Goldsby Volunteer Fire Department</b>	405.288.6675
Newcastle	<b>McClain/Newcastle Fire Department</b>	405.387.5823
Byars	<b>McClain/Rosedale Volunteer Fire Department</b>	405.469.9011
Washington	<b>McClain/Washington Volunteer Fire Department</b>	405.288.0733
Wayne	<b>McClain/Wayne Volunteer Fire Department</b>	405.449.7721
Duncan	<b>Stephens/Duncan Fire Department</b>	580.251.7728
Marlow	<b>Stephens/Marlow Fire Department</b>	580.658.2121
Comanche	<b>Stephens/Comanche Fire Department</b>	580.439.5252
Marlow	<b>Stephens/Bray Volunteer Fire Department</b>	580.721.0245
Marlow	<b>Stephens/Central High Volunteer Fire Department</b>	580.255.1663
Duncan	<b>Stephens/Empire City Volunteer Fire Department</b>	580.467.5049
Velma	<b>Stephens/Velma Volunteer Fire Department</b>	580.444.3393
Loco	<b>Stephens/Loco Volunteer Fire Department</b>	580.467.4690

Frederick	<b>Tillman/Frederick Fire Department</b>	580.335.2172
Grandfield	<b>Tillman/Grandfield Volunteer Fire Department</b>	580.479.5215
Frederick	<b>Tillman/Hammsville Volunteer Fire Department</b>	580.335.2892
Hollister	<b>Tillman/Hollister Volunteer Firefighters Association</b>	580.335.5593
Davidson	<b>Tillman/Davidson Volunteer Fire Department</b>	580.568.2600
Manitou	<b>Tillman/Manitou Volunteer Fire Department</b>	580.305.3891
Frederick	<b>Tillman/Tillman County Fire Department</b>	580.335.3421
Tipton	<b>Tillman/Tipton Volunteer Fire Department</b>	580.471.7853

<b>City</b>	<b>Name of County/District Sheriff &amp; Police Departments</b>	<b>Phone Number</b>
Lawton	<b>Comanche/Comanche County Sheriff Department</b>	580.353.4280
Lawton	<b>Comanche/Lawton Police Department</b>	580.581.3271
Cache	<b>Comanche/Cache Police Department</b>	580.429.3381
Elgin	<b>Comanche/Elgin Police Department</b>	580.492.4141
Geronimo	<b>Comanche/Geronimo Police Department</b>	580.353.5511
Fletcher	<b>Comanche/Fletcher Police Department</b>	580.549.4242
Anadarko	<b>Caddo/Caddo County Sheriff Department</b>	405.247.6666
Anadarko	<b>Caddo/Anadarko Police Department</b>	405.247.2411
Hinton	<b>Caddo/Hinton Police Department</b>	405.542.3244
Carnegie	<b>Caddo/Carnegie Police Department</b>	405.654.1444
Apache	<b>Caddo/Apache Police Department</b>	405.588.3309
Cyril	<b>Caddo/Cyril Police Department</b>	405.464.2411
Walters	<b>Cotton/Cotton County Sheriff Department</b>	405.875.3383
Walters	<b>Cotton/Walters Police Department</b>	405.875.3343
Temple	<b>Cotton/Temple Police Department</b>	405.342.5120
Randlett	<b>Cotton/Randlett Police Department</b>	405.281.3895
Chickasha	<b>Grady/Grady County Sheriff Department</b>	405.224.0984
Chickasha	<b>Grady/Chickasha Police Department</b>	405.222.6050
Tuttle	<b>Grady/Tuttle Police Department</b>	405.381.4467
Minco	<b>Grady/Minco Police Department</b>	405.352.4274
Rush Springs	<b>Grady/Rush Springs Police Department</b>	405.476.2214
Purcell	<b>McClain/McClain County Sheriff Department</b>	405.527.2141
Newcastle	<b>McClain/Newcastle Police Department</b>	405.387.5525
Blanchard	<b>McClain/Blanchard Police Department</b>	405.485.9391
Purcell	<b>McClain/Purcell Police Department</b>	405.527.4600
Dibble	<b>McClain/Dibble Police Department</b>	405.344.6653
Waurika	<b>Jefferson/Jefferson County Sheriff Department</b>	405.228.2375
Waurika	<b>Jefferson/Waurika Police Department</b>	405.228.2324
Ringling	<b>Jefferson/Ringling Police Department</b>	405.662.2342
Ryan	<b>Jefferson/Ryan Police Department</b>	405.757.2725
Duncan	<b>Stephens/Stephens County Sheriff Department</b>	580.255.3131
Duncan	<b>Stephens/Duncan Police Department</b>	580.255.6608
Marlow	<b>Stephens/Marlow Police Department</b>	580.658.2122
Comanche	<b>Stephens/Comanche Police Department</b>	580.439.2211
Frederick	<b>Tillman/Tillman County Sheriff Department</b>	580.335.3013
Frederick	<b>Tillman/Frederick Police Department</b>	580.335.7503
Grandfield	<b>Tillman/Grandfield Police Department</b>	580.479.3133

Tipton	<b>Tillman/Tipton Police Department</b>	580.667.5625
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<b>City</b>	<b>Name of County/District Hospitals &amp; Clinics</b>	<b>Phone Number</b>
Lawton	<b>Comanche/Comanche County Memorial Hospital</b>	580.355.8620
Lawton	<b>Comanche/Southwestern Medical Center</b>	580.531.4700
Lawton	<b>Comanche/Veterans Center</b>	580.351.6511
Lawton	<b>Comanche/Lawton Indian Hospital</b>	580.354.5000
Lawton	<b>Comanche/Indian Health Services</b>	580.354.5000
Lawton	<b>Comanche/Memorial Silver Linings Mental Health</b>	580.357.7827
Fort Sill	<b>Comanche/Reynolds Army Hospital</b>	580.458.2800
Lawton	<b>Comanche/Taliaferro Community Mental Health Center</b>	580.248.5780
Lawton	<b>Comanche/Reflections Mental Health Program</b>	580.536.6302
Anadarko	<b>Caddo/The Physicians Hospital in Anadarko</b>	580.247.2551
Anadarko	<b>Caddo/Indian Health Center</b>	580.247.2458
Anadarko	<b>Caddo/Southwest Youth &amp; Family Counseling Services</b>	580.247.5437
Carnegie	<b>Caddo/Carnegie Hospital</b>	580.654.1125
Apache	<b>Caddo/Apache Medical Clinic</b>	580.588.3257
Hinton	<b>Caddo/Hinton Family Clinic</b>	405.542.6131
Walters	<b>Cotton/Cotton County Family Medical</b>	580.875.2800
Chickasha	<b>Grady/Grady County Memorial Hospital</b>	405.224.2300
Chickasha	<b>Grady/Five Oak Medical Center</b>	405.224.2100
Chickasha	<b>Grady/Southern Plains Medical Center</b>	405.224.8111
Chickasha	<b>Grady/Red Rock Mental Health Center</b>	405.222-0622
Waurika	<b>Jefferson/Jefferson County Hospital</b>	580.228.2344
Waurika	<b>Jefferson/Waurika Medical Center</b>	580.228.3669
Ringling	<b>Jefferson/Family Health Clinic of Ringling</b>	580.662.2316
Ryan	<b>Jefferson/Ryan Health Clinic</b>	580.757.2451
Purcell	<b>McClain/Purcell Municipal Hospital</b>	580.527.6524
Duncan	<b>Stephens/Duncan Regional Hospital</b>	580.252.5300
Duncan	<b>Stephens/Christian Family Counseling</b>	580.255.2458
Duncan	<b>Stephens/Horizons Inpatient Center</b>	580.251.6630
Frederick	<b>Tillman/Tillman County Memorial Hospital and Physicians Group</b>	580.335.7565
Frederick	<b>Tillman/Tillman County Family Clinic</b>	580.335.7545

<b>City</b>	<b>Name of Electrical Services</b>	<b>Phone Number</b>
Lawton	<b>Public Service Company of Oklahoma/AEP</b>	888.216.3523
Rural Areas throughout region	<b>Cotton Electric Co-op</b>	800.522.3520
Anadarko	<b>Anadarko Public Works Authority</b>	405.247.2481
Hinton	<b>PSO</b>	888.216.3523
Walters	<b>Walters Public Works</b>	580.875.3337
Temple	<b>PSO</b>	888.216.3523
Chickasha	<b>AEP/PSO</b>	888.216.3523
Tuttle	<b>PSO &amp; OEC</b>	866.562.7219
Waurika	<b>AEP/PSO</b>	888.216.3523
Purcell	<b>Purcell Electric Company</b>	405.527.6561



Newcastle	<b>OEC</b>	866.562.7219
Blanchard	<b>AEP</b>	866.216.3523
Duncan	<b>Duncan Public Utilities Authority</b>	580.251.7690
Marlow	<b>City of Marlow</b>	580.658.5401
Frederick	<b>City of Frederick Electric</b>	580.335.7551

<b>City</b>	<b>Name of Gas Companies</b>	<b>Phone Number</b>
Lawton	<b>Oklahoma Natural Gas</b>	800.664.5463
Lawton/Elgin	<b>Centerpoint Energy</b>	800.275.5265
Anadarko	<b>ONG</b>	800.664.5463
Hinton	<b>Centerpoint Energy</b>	800.275.5265
Walters	<b>ONG</b>	800.664.5463
Chickasha	<b>Centerpoint Energy</b>	800.275.6252
Tuttle	<b>OEC</b>	405.321.2024
Waurika	<b>ONG</b>	800.664.5463
Purcell	<b>ONG</b>	800.664.5463
Newcastle	<b>ONG</b>	800.664.5463
Blanchard	<b>ONG</b>	800.664.5463
Duncan	<b>Centerpoint Energy</b>	800.275.6252
Marlow	<b>ONG</b>	800.664.5463
Frederick	<b>ONG</b>	800.664.5463

<b>City</b>	<b>Name of Water Departments</b>	<b>Phone Number</b>
Lawton	<b>City of Lawton</b>	580.581.3308
Elgin	<b>City of Elgin</b>	580-492-4800
Duncan	<b>City of Duncan</b>	580-252-0250
Marlow	<b>City of Marlow</b>	580-658-2211
Anadarko	<b>Anadarko Public Works Authority</b>	405-247-2481
Walters	<b>Walters Public Works</b>	580-875-3337
Temple	<b>Temple Utility Authority</b>	580-342-5027
Chickasha	<b>Chickasha Water Department</b>	405-222-6015
Tuttle	<b>Tuttle Public Works Authority</b>	405-381-5902
Waurika	<b>Waurika Public Works Authority</b>	580-228-2713
Purcell	<b>Purcell Public Works Authority</b>	405-527-6561
Newcastle	<b>Newcastle City Water Department</b>	405-387-4427
Blanchard	<b>Blanchard City Water Department</b>	405-485-9392
Duncan	<b>Duncan Public Utility Authority</b>	580-252-0250
Marlow	<b>Marlow Municipal Authority</b>	580-658-2211
Velma	<b>Stephens County District # 1 Rural Water</b>	580-444-2277
Frederick	<b>Frederick Public Works</b>	580-335-7551

<b>City</b>	<b>Name of Propane Companies</b>	<b>Phone Number</b>
Lawton	<b>Lawton LP Gas Company</b>	580-353-8753
Lawton	<b>Mangum Oil &amp; Gas</b>	580-353-7109
Elgin	<b>Elgin Propane</b>	580-492-5555
Duncan	<b>MFA Propane</b>	580-470-8841
Duncan	<b>Pat Anderson Propane</b>	580-255-2890
Duncan/Marlow	<b>Foster Martin Fuel Service Inc.</b>	580-255-0722/658-6921
Grandfield	<b>McClurkan Butane Equipment</b>	580-492-5611
Walters	<b>Lawton LP Gas Company</b>	580-875-3222

<b>City</b>	<b>Name of Community Resources</b>	<b>Phone Number</b>
Anadarko	<b>Caddo County DHS</b>	405-247-4000
Lawton	<b>Comanche County DHS</b>	580-250-3600
Walters	<b>Cotton County DHS</b>	580-875-4000
Chickasha	<b>Grady County DHS</b>	405-574-7400
Waurika	<b>Jefferson County DHS</b>	580-228-3581
Purcell	<b>McClain County DHS</b>	405-527-6511
Duncan	<b>Stephens County DHS</b>	580-251-8300
Frederick	<b>Tillman County DHS</b>	580-335-6800
Anadarko	<b>Caddo County Health Department</b>	405-247-2507
Lawton	<b>Comanche County Health Department</b>	580-248-5890
Walters	<b>Cotton County Health Department</b>	580-875-6121
Chickasha	<b>Grady County Health Department</b>	405-224-2022
Waurika	<b>Jefferson County Health Department</b>	580-228-2313
Purcell	<b>McClain County Health Department</b>	405-527-6541
Blanchard	<b>McClain County Health Department</b>	405-485-3319
Duncan	<b>Stephens County Health Department</b>	580-252-0270
Frederick	<b>Tillman County Health Department</b>	580-335-2163
Lawton	<b>American Red Cross/Great Plains Chapter</b>	580-355-2480
Lawton	<b>Civil Defense/Emergency Management</b>	580-355-0535
Lawton	<b>Great Plains Improvement Foundation</b>	580-353-2364
Lawton	<b>Lawton Food Bank</b>	580-353-7994
Lawton	<b>Salvation Army Corps Community Center</b>	580-355-1802
Lawton	<b>Center for Creative Living</b>	580-248-0471
Lawton	<b>Legal Aid Services of Oklahoma</b>	888-534-5243/or 580-248-4675
Lawton	<b>Lawton Housing Authority</b>	580-353-7392
Lawton	<b>Comanche Nation Housing Authority</b>	580-357-4956
Lawton	<b>Catholic Charities</b>	580-353-1811
Lawton	<b>City of Lawton Home Repair Program</b>	580-581-3347
Lawton	<b>Habitat for Humanity</b>	580-250-1700
Lawton	<b>Comanche Nation Senior Center</b>	580-355-2330
Lawton	<b>Lawton North Senior Nutrition Center</b>	580-581-3481
Lawton	<b>Lawton South Senior Nutrition Center</b>	580-355-5660
Lawton	<b>Lawton Eastside Nutrition Center</b>	580-581-3485
Anadarko	<b>Anadarko Housing Authority</b>	405-247-3110
Anadarko	<b>Anadarko Senior Nutrition Center</b>	405-247-4857
Anadarko	<b>Apache Tribe Housing Authority</b>	405-247-7305
Anadarko	<b>Kiowa Tribe Housing Authority</b>	405-247-8856
Gracemont	<b>Caddo Tribe Housing Authority</b>	405-966-2203
Anadarko	<b>Anadarko Adult Learning Center</b>	405-247-2839
Anadarko	<b>US Government Bureau of Indian Affairs</b>	405-247-6673
Anadarko	<b>Apache Tribe Food Distribution</b>	405-247-5883
Temple	<b>Temple Housing Authority</b>	580-342-5013
Temple	<b>Temple Senior Nutrition Center</b>	580-342-6944
Walters	<b>Walters Senior Nutrition Center</b>	580-875-2211
Walters	<b>Walters Housing Authority</b>	580-875-2310
Temple	<b>Community Action Dev. Corp./Salvation Army</b>	580-342-6967
Chickasha	<b>Women's Service &amp; Family Resource Center</b>	405-224-8256

Chickasha	<b>American Red Cross/ serving Caddo &amp; Grady Co.</b>	405-228-9500
Chickasha	<b>Emergency Management, Dale Thompson</b>	405-222-2339
Lawton	<b>Nora O'Neal Adult Day Care Center</b>	580-351-0207
Chickasha	<b>Ministerial Alliance of Chickasha</b>	405-224-4817
Rush Springs	<b>Ministerial Alliance of Rush Springs</b>	580-476-3243
Tuttle	<b>Ministerial Alliance of Tuttle</b>	405-381-9517
Chickasha	<b>Salvation Army</b>	405-224-5647
Chickasha	<b>Washita Valley Community Action</b>	405-224-5831
Lawton	<b>Marie Detty Youth &amp; Family Counseling Services</b>	580-250-1123
Chickasha	<b>Red Rock Counseling &amp; Mental Health Center</b>	405-222-0622
Lawton	<b>Social Security Office</b>	580-355-8700
Chickasha	<b>Social Security Office</b>	405-224-0521
Chickasha	<b>Washita Valley Transit System</b>	405-222-3438
Frederick	<b>Red River Public Transportation Service</b>	580-335-5588
Newcastle/Wayne/Purcell	<b>Delta Public Transit</b>	405-756-1100
Medicaid appointments	<b>SoonerRide (reserve 3 days before appt)</b>	877-404-4500
Chickasha	<b>Chickasha Senior Nutrition Center</b>	405-224-4315
Rush Springs	<b>Rush Springs Senior Nutrition Center</b>	580-476-3168
Waurika	<b>Emergency Management Director, Chuck Brown</b>	580-228-2713
Waurika	<b>Emergency Management</b>	580-313-0391
Waurika	<b>Waurika Senior Nutrition Center</b>	580-228-2087
Ringling	<b>Ringling Senior Nutrition Center</b>	580-662-2362
Ryan	<b>Ryan Senior Nutrition Center</b>	580-757-2412
Waurika	<b>Waurika Housing Authority</b>	580-228-2976
Norman	<b>American red Cross/ Heart of Oklahoma</b>	405-321-0591
Purcell	<b>Delta Community Action Foundation</b>	405-527-6537
McClain County	<b>Civil Defense/ Emergency Mgt Ed Cravens</b>	405-206-4464
Norman	<b>NAIC Center (drug and alcohol counseling)</b>	405-321-0022
Pauls Valley	<b>Foster Grandparent Program</b>	800-238-4700
Purcell	<b>Purcell Senior Nutrition Center</b>	405-527-9462
Blanchard	<b>Blanchard Senior Nutrition center</b>	405-485-9260
Wayne	<b>Wayne Senior Nutrition Center</b>	405-449-3079
Duncan	<b>ASCOG</b>	580-252-0595
Duncan	<b>Women's Haven</b>	580-252-5324
Duncan	<b>Civil Defense/Emergency Mgt. Gary Ball</b>	580-255-3411
Duncan	<b>Christians Concerned</b>	580-252-9120
Duncan	<b>Delta Community Action Foundation</b>	580-255-3222
Marlow	<b>Marlow Samaritans</b>	580-658-5771
Duncan	<b>United Way of Stephens County</b>	580-255-3648
Duncan	<b>Compassion Clinic</b>	580-255-2650
Duncan	<b>Delta Nutrition Project</b>	580-255-3967
Duncan	<b>Duncan North Senior Nutrition Center</b>	580-252-1174
Duncan	<b>Duncan South Senior Nutrition Center</b>	580-255-3967
Marlow	<b>Marlow Senior Nutrition Center</b>	580-658-5773
Duncan	<b>Youth Services for Stephens County</b>	580-255-8800
Duncan	<b>Duncan Rescue Mission</b>	580-255-4679
Frederick	<b>Civil Defense/ Emergency Mgt. Jeff Rector</b>	580-335-1010
Frederick	<b>Red River Community Action</b>	580-335-5588
Frederick	<b>Frederick Senior Nutrition Center</b>	580-335-7026
Tipton	<b>Tipton Senior Nutrition Center</b>	580-667-4158

Grandfield	<b>Grandfield Senior Center</b>	580-479-3320
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\*This refers to anyone that you have a contract with for your equipment such as copiers, pagers, cell phones that you might need a contact number for service or repair problems.

<b>Equipment Vendors &amp; Services Contracts</b>		
<b>City</b>	<b>Vendor Name</b>	<b>Phone Number</b>
Oklahoma City	<b>A T &amp; T Mobility</b>	800-331-0500

<b>Council of Government Management Personnel</b>				
<b>Team Position</b>	<b>Name</b>	<b>Home</b>	<b>Work</b>	<b>Other</b>
Executive Director	Ronnie Ward	580.255.7332	580.739.7970	580.467.7332
Administrative Assistant	Nancy English	580.252.5593	580.736.7019	

<b>Disaster Team Members</b>				
<b>Team Position</b>	<b>Name</b>	<b>Home</b>	<b>Work</b>	<b>Other</b>
Team Coordinator	Cathy Crockett		580.736.7978	940.453.7068
Alternate Coordinator	Ken Jones	580.463.9709	580.736.7972	580.475.6959
Alternate Coordinator	Ruben Sotelo	580.536.2677	580.736.7975	580.284.2612

<b>Safety Roles (These positions may be the same as above.)</b>				
<b>Team Position</b>	<b>Name</b>	<b>Home</b>	<b>Work</b>	<b>Other</b>
Safety Officer	Perry Brinegar	580.255.5950	580.736.7023	580.574.2132
Alternate Safety Officer				
Alternate Safety Officer				

<b>Employees/Clients Needing Special Assistance &amp; Their Helpers</b>		
<b>Name of Person needing Assistance</b>	<b>Name of Helper</b>	<b>Name of Alternate Helper</b>

\*Distribution list = who will need a Hard Copy of this plan?

\*Location = A minimum of one copy will be maintained in the employees residence

<b>Distribution List For AAA Personnel</b>		
<b>Team Position</b>	<b>Name</b>	<b>Location</b>
Leader	Cathy Crockett	ASCOG & Other
Alternate Leader # 1	Ken Jones	ASCOG & Home
Public Safety Director	Perry Brinegar	ASCOG & Home
I & A Specialist	Bethany Sullivan	ASCOG
Advantage Care Coordinator	Peggy Rush	ASCOG

<b>County/District Ham Operators</b>		
Emergencies and Storm Spotting Three contacts will be sufficient.		
<b>Name</b>	<b>Cell Phone</b>	<b>Call Sign</b>

## Homeland Security

OKDHS has built a Homeland Security link on the OKDHS InfoNet. The button for the Homeland Security link is in the bottom center of the OKDHS InfoNet Web Page. All persons are encouraged to familiarize themselves with OKDHS' Homeland Security Web page for your site's emergency precautions so that you will be prepared in the event a response is warranted.

### Emergency Evacuation Procedures/Situations

#### Emergency

These sections on Emergency Evacuation procedures and situations can be reproduced and maintained at your workstation, in your home, school or other locations as required. It provides a useful document for your personal safety and has application in and out of the workplace.

#### Fire Evacuation

An emergency buzzer or announcement will signal the fire alarm.

- Before leaving your area turn off electrical equipment and close (Don't lock) doors against the fire.
- Follow established evacuation route (see below) to nearest safe exit.
- Take visitors with you and be responsible for their safety.
- Do not backtrack or re-enter the building after exiting.
- Assemble in your designated area so that all persons may be accounted for.
- Remain in your assembly area until local authorities give the "all clear" to return.

**(Enter AAA Name) employees are to exit (enter specific instructions for evacuation and re-assembly for your office).**

#### Tornado Safety

The City maintains a citywide civil defense warning siren that will be sounded in the event of a tornado warning. If severe weather is imminent and you are outdoors, move indoors as quickly as possible.

1. Lock/secure all file cabinets.
2. Turn off electrical machinery and equipment.
3. Close hallway doors as you leave to shield the corridors from flying debris.
4. Move to any of the designated shelters in each building. **(Enter AAA name) Employees are to (enter specific instruction for tornado evacuation for you office.)**
5. In buildings without designated shelters, move to a small room on the lower levels, an interior hallway, or basement.
6. Avoid upper floors, large glassed areas, auditoriums, and windows.
7. Stay out of parking lots exterior walkways.
8. Stay away from electrical appliances.
9. Use the telephone for emergency calls ONLY.
10. STAY CALM AND ALERT.
11. Call 911 to report damage.
12. Remain in your designated area until your local authorities give the "all clear".

#### Lightning Safety

All thunderstorms produce lightning that can strike as far as 10 miles away from any rainfall. On average, 20 percent of strike victims die; 70 percent of survivors suffer serious long-term effects. Lightning kills more people than tornadoes do.

1. If you hear thunder, go to a safe shelter immediately. Avoid standing in water.
2. Sturdy buildings are the safest place to be. Avoid sheds, picnic shelters, baseball dugouts, and bleachers. If no sturdy building is nearby get in a hardtop vehicle with windows closed. The steel frame of the vehicle provides some protection if you are not touching metal.
3. If you can't get to a shelter; crouch in the open, keeping twice as far away from a tree as it is tall.
4. Avoid metal! Drop metal backpacks, golf clubs, fishing rods, or tools. Avoid fences and electrically conductive objects.

5. Never seek shelter under trees. Don't huddle in a group.

**WHAT TO DO IF SOMEONE IS STRUCK BY LIGHTNING:**

1. Call 911 immediately. Get medical attention as quickly as possible.
2. Give first aid. If the victim has stopped breathing, begin rescue breathing. If the heart has stopped beating, a trained person should give CPR. If the person has a pulse and is breathing, address any other injuries.
3. People struck by lightning carry no electrical charge that can shock other people. You can attend to them without risk of shock.

**Bomb Threat**

The AAA Director is responsible for insuring that all employees become familiar with the Bomb Threat Procedures. When a Bomb Threat is received the information listed below outlines the Department's Bomb Threat Aid - **Form ADM-121. A copy of this form should be next to each telephone in the building.**

- Remain as calm as possible.
- Write down the exact wording of the threat.
- Ask the caller to repeat the message, if possible.
- DO NOT HANG UP - Leave the telephone off the hook
- Questions to ask the caller.
  - When is the bomb going to explode?
  - Where is it right now?
  - What does it look like?
  - What kind of bomb is it?
  - What will cause it to explode?
  - Did you place the bomb?
  - Why?
  - Where are you?
  - What is your name?
- Listen to the caller's voice characteristics:
  - Male or Female
  - Calm, Angry, Excited, Slow
  - Rapid, Soft, Loud, Laughing
  - Crying, Normal, Distinct, Slurred
  - Nasal, Stutter, Lisp, Raspy
  - Deep, Ragged, Clearing throat, Deep Breathing
  - Cracking voice, Disguised, Foreign, Familiar
- Listen for background sounds:
  - Street (Cars, Busses, etc.), Airplanes
  - Voices, PS System, Music
  - House (Dishes, TV, etc.), Animal noises
  - Motor (Fan, Air Conditioner, etc.)
  - Office machinery, Factory machinery
  - Clear, Static, Local call
  - Long Distance call, Phone booth

After completion of the Bomb Threat call (Remember to leave the telephone off the hook - do not hang up), the employee should immediately notify the AAA Director or other administrator. **DO NOT** discuss the call with other employees.

The AAA Director or administrator will immediately notify the following and provide all information regarding the call.

**Local emergency responder 911**

Unless there is indication of immediate danger the decision to evacuate the building will be made at the direction of the Police authorities, or the AAA Director or their designee(s). In the event an evacuation is ordered, employees

should visually inspect their work area, report any unfamiliar or suspicious objects to their supervisor and/or local law enforcement authorities, and leave the area as directed.

**Under no circumstances should any employee move or touch any suspicious items/objects.**

When the decision to evacuate the building is made, the Safety Officer or their designee will coordinate the evacuation of the building using the most expedient manner of notification available (the fire alarm system will not be used).

**Hostage Procedures: General Guidelines**

- Don't be a hero, accept your situation and be prepared to wait.
- The first (15 to 45) minutes are the most dangerous for all concerned. Follow the instructions of your captor. The longer you are together, the less likely the captor will hurt you.
- Don't speak unless spoken to and only if necessary, try to be friendly if possible, but not phony.
- Try to get rest, sit if you can, if the situation goes for a long period of time, try to sleep if you can.
- Don't make suggestions to the hostage-taker; if your suggestion goes wrong, he may think you planned it that way.
- Don't try to escape unless you are absolutely sure you can make it, and even then rethink it before you try.
- If anyone needs special medication, inform your captors.
- Be observant of everything you see and hear, try to memorize the number of captors, their description and conversation, weapons carried, etc. Also the number and identities of other hostages. You may be released and your information will help the police.
- If you are permitted to speak on the phone, be prepared to answer "yes" or "no" to questions asked by the police.
- Don't be argumentative to captors or other hostages, put forth a cooperative attitude.
- Don't turn your back on your captors unless directed to do so, but don't stare at them either, eye contact can be good. People are less likely to harm someone they are looking at.
- Be patient, even though the police may appear to be doing nothing, they are engaged in a complete program designed to rescue you unharmed as soon as possible.
- If you believe a rescue is taking place, or you hear a noise or shooting, hit the floor and stay down. Keep your hands on your head, do not make any fast moves.

**Explosion – Earthquake – Severe Building Damage**

**IN THE EVENT OF AN EARTHQUAKE OR EXPLOSION, TAKE THE FOLLOWING ACTIONS:**

**IF OUTDOORS:**

1. IF YOU ARE OUTSIDE, STAY OUTSIDE. Move away from trees, signs, buildings, electrical poles and wires. Protect your head with your arms from falling bricks, glass, plaster, and other debris.
2. Move away from fire and smoke, and at least 300 feet away from the affected building.
3. Follow the same assembly procedures as outlined in the **Fire Evacuation** section.
4. Check for injuries and give or seek first aid.
5. Be alert to safety hazards (fires, electrical, gas leaks, etc.).
6. Do not use telephone or use roadways unless absolutely necessary.
7. Be prepared for aftershocks.
8. Cooperate with emergency response personnel, keep informed, and remain calm.

**IF INDOORS:**

1. Immediately take cover under tables, desks or other such objects for protection against flying glass and debris.
2. If you are not near a sturdy object, make yourself as small as possible and cover your head and neck.
3. In an earthquake, if you stand in a doorway, brace yourself against the frame and watch out for swinging doors or other people.
4. Avoid overhead fixtures, windows, tall furniture, bookcases and heavy objects that could fall or shatter.
5. After the effects have subsided, evacuate the immediate area.
6. Seek and assist injured and disabled persons in evacuating the building.
7. Do not light matches and DO NOT turn lights on or off.
8. Exit via the stairway.
9. DO NOT USE ELEVATORS.

10. Keep roadways and walkways clear for emergency vehicles. Wait for further instructions from the Police or other properly identified emergency personnel. DO NOT RE-ENTER the building until instructed to do so.

### **Utility Failure – Gas Leak – Persons Stranded In Elevator**

#### **POWER OUTAGE:**

1. Notify your supervisor who will contact the appropriate utility company. Telephones are answered 24 hours a day.
2. If evacuation of the building is required use the **Fire Evacuation** plans as outlined previously.
3. Do not perform procedures using hazardous materials until power is restored.

#### **FLOODING:**

1. If flooding occurs because of a plumbing failure or other problem, stop using all electrical devices.
2. Report the specific location of the flooding to the supervisor.
3. As necessary, evacuate the area or building. See the **Fire Evacuation** section of this document.

#### **GAS LEAK:**

1. Cease all operations immediately and evacuate the area in accordance with **Fire Evacuation** procedures as soon as possible, notifying others as you leave.
2. Do not switch light on or off. Do not take time to open windows or close doors.
3. **Leave the area to report the gas leak.** In the event of a severe leak, contact the Fire Department by calling 911.
4. DO NOT re-enter the building until cleared to do so by the Fire Department or other proper authorities.

#### **PEOPLE TRAPPED IN AN ELEVATOR:**

1. If you are trapped, push the alarm button and wait for help.
2. If you discover trapped persons, talk to the trapped people to keep them calm until help arrives.

### **Emergency Evacuation Of Persons With Limited Mobility/Special Needs**

#### **IF YOUR MOBILITY IS LIMITED:**

**Pre-planning** is essential for a safe evacuation. If you are a person who has special needs, know your limitation and consider what you would do in an emergency. If you need to evacuate, help yourself and your rescuers by providing them with the information they need about the best ways they can assist you since people may not be aware of your circumstances or how to help. Consider having a primary person to assist, but have a back-up person just in case the primary person may not be available in an emergency.

#### **OFFERING ASSISTANCE TO OTHER:**

#### **VISUALLY IMPAIRED PERSONS:**

In an emergency, tell the person the nature of the emergency and offer to guide him/her to the nearest emergency exit. Have the person take your arm as you escort him/her out. This is the preferred method when acting as a "sighted guide."

#### **HEARING IMPAIRED PERSONS:**

1. Write a note telling what the emergency is and the nearest evacuation route. For example: "Fire - go out rear door to the right, and down, NOW".
2. Turn light switch off and on to gain the person's attention and then use gestures to show what to do.

#### **AMBULATORY PERSONS USING CRUTCHES, CANES, OR WALKERS:**

Carrying options include a two-person locked arm position or having the person sit in a sturdy chair, preferably one with arms. If time permits call for assistance.

#### **NON-AMBULATORY PERSONS (e.g., wheelchairs):**

Move to an area of refuge such as a stairwell, if possible. There are many considerations when moving someone who is in a wheelchair. For example, wheelchairs have moveable parts and some are not designed to withstand the stress of lifting a person. You may have to remove chair batteries. Life support



equipment may also be attached. Because lifting a person with minimal ability to move may be dangerous to them, pre-planning for individual needs is best.

**WHEN LIFTING A PERSON, REMEMBER TO USE PROPER LIFTING TECHNIQUES:**

1. Never try to lift someone alone. Always get two persons to help lift a person.
2. Place one foot a little ahead of the other with toes pointed out slightly.
3. Place your feet about shoulder width apart.
4. Bend at your knees and lift yourself and the person with your legs, keeping your back straight.

**First Aid**

**EXPOSURE TO BLOOD (or other potentially infectious material):** Take the following actions immediately, then report the exposure on the (enter name of appropriate form) as soon as possible. See the section of **INJURY REPORTING**. Always report all exposures to blood to your supervisor immediately.

1. **PERCUTANEOUS EXPOSURE:** If you are stuck with any sharp object that is contaminated with human blood or other potentially infectious material, wash the area thoroughly with water and soap. Proceed to a healthcare facility for care within 1 to 2 hours of the exposure.
2. **SPLASH TO THE EYES, FACE, MUCOUS MEMBRANES, OR BROKEN SKIN:** Flush the area with water and proceed to a healthcare facility for care within 1 to 2 hours of exposure.

**HEAD/SPINE INJURY:**

1. Never move a person who may have a spine injury unless they are in life-threatening/immediate danger.
2. All head or spine injuries can be very serious. Seek medical attention.

**UNCONSCIOUS PERSON:**

1. Check for breathing and pulse, summon help
2. If you are trained, perform CPR if needed.
3. Place the victim on his/her side, unless there is the possibility of fall or other injury.

**BLEEDING:**

1. For control of minimal bleeding, use disposable gloves and apply direct pressure using a clean, dry dressing.
2. For control of spurting blood, use disposable gloves, a gown, a mask and protective eyewear and apply direct pressure using a clean, dry dressing.
3. Watch for shock and seek medical attention as needed.

**SHOCK:**

1. Make sure the victim is breathing, get help.
2. Stop any life-threatening bleeding by applying direct pressure to the wound.
3. Lay the victim down and elevate the legs 6-8 inches.
4. Cover the victim to keep warm.
5. Continue to monitor the victim until help arrives.

**SEIZURE/CONVULSION:**

1. Do not restrain the patient.
2. Place victim on side and protect the head and limbs.
3. Do not force anything into the mouth.
4. Seek medical attention.

**CLOSED FRACTURE:**

1. Do not move victim unless there is danger of fire, explosion or other life-threatening emergency.
2. Do not try to set a fracture or straighten an injured limb.
3. Stabilize the injured area.
4. Seek medical attention.

**SMALL OBJECT IN EYE(S):**

1. Wash gently with normal saline or flush with water.
2. Do not rub your eye(s) and seek medical attention.

**ELECTRICAL INJURIES:**

1. Never touch the victim before turning off the power.
2. Seek medical attention immediately.

**DISLOCATION:**

1. Immobilize joint in the position found and do not attempt to straighten.
2. Seek medical attention.

**FROSTNIP/FROSTBITE:**

1. Remove jewelry if possible.
2. Warm affected area with lukewarm water (never hot) only until thawing is complete.
3. Dry heat is not recommended.

4. Do not rub the affected area.
5. Seek medical attention, especially if blisters occur.

**HEAT STRESS:**

1. Get the person into the shade or a cool area.
2. Loosen restrictive clothing.
3. Cool the person using cool water, not ice.
4. Give sips of cool water to drink, but not ice water, only if the person is conscious.
5. If Heat Stroke is suspected, seek medical attention immediately (this is a life threatening condition).

**PERSONAL DECONTAMINATION:**

Flush contaminated skin thoroughly with water, then wash repeatedly with mild soap and warm water.

### **Injury Reporting**

#### **SLIPS, TRIPS AND FALLS**

Spilled liquids and wet floors are one of the major causes of slips, trips and falls. If you spill something, please clean it up immediately. If you discover a spill or wet floor and need assistance, please contact the appropriate personnel. Report all other trip and fall hazards (malfunctioning elevators, holes in the sidewalk, loose carpet, etc.).

#### **RESPONDING TO INJURIES TO VISITORS AND EMPLOYEES**

**If any situation appears to be a medical emergency, contact 911 to get help immediately.**

**VISITORS:** If any visitor is injured, or if you see a visitor who is injured, do the following:

1. Immediately report the incident to your supervisor.
2. The employee reporting the incident – NOT the injured visitor – must fill out the Accident/Incident Report form.
3. Send the original completed form to (enter name or position) keeping a copy.
4. Do not take documents, estimates, or other paperwork from claimant. The claimant must contact the (enter name or position) at (phone number).
5. DO NOT suggest, recommend, or insist that the claimant go to a doctor, call an ambulance, or suggest the AAA will pay for it.
6. The Accident/Incident Report forms are available (list location of form). If you have any questions about reporting an accident/incident or injury involving a visitor, call (enter phone number).

**EMPLOYEES:** In the event of an accident involving injury or illness suffered on-the-job by any employee, the following procedures must be followed:

1. If life-threatening, seek emergency medical treatment.
2. Employees must notify their immediate supervisor as quickly as possible of any on-the-job injury or illness. If not an emergency, the supervisor should be notified BEFORE the employee seeks medical treatment.
3. The supervisor is responsible for recording the details of the incident for the assigned investigator of the claim.

## Emergency Operations Continuity of Operations Plan (COOP)

### Overview

The Continuity of Operations Plan (COOP) provides a structure and process to recover and/or restore services caused by any unplanned business interruption, such as loss of utility service, building evacuation, or catastrophic event such as a major fire, ice storm, or tornado.

The COOP is developed to supplement any existing emergency response plans and daily operating procedures. It will provide the outline of steps to be followed to recover from any major or minor disaster for the unit. This plan will also include availability of equipment and personnel for both automated and manual critical functions. Federal guidelines suggest that COOP is designed to cover from hour 12 of the emergency to day 30.

### Objectives

- Design preparations and procedures capable of responding to a disaster of any size within the organization.
  - Ensure the plan is well understood by the staff
  - Ensure the plan can be activated and functioning on short notice.
  - Ensure the plan is monitored and maintained on a constant and systematic basis.
- (Providing disaster recovery team with changes as they occur)

### Assumptions

The following assumptions were made in developing the COOP:

- Surface transportation will be available
- A regional emergency could delay the restoration of required services (i.e. water, electricity or telecommunications)
- Key personnel or alternates are available for the recovery effort.
- Multiple locations may be interrupted
- Records and files required for recovery are backed up and stored off-site.
- Computer files are backed up and a rotation policy is in place.
- Off-site storage facilities and materials are available.
- All information necessary to notify required internal and external contacts is documented and maintained in the COOP.
- The AAA Director and staff are familiar with the AAA COOP.
- The affected facility will be operational as soon as possible

### Definition

A disaster is defined as any disruption of services.

### Notification

Notification is essential in all disaster situations (any outage of computer processing capability or essential services to the AAA). Notification of the disaster all of the way up to the AAA Director or designee is required in order to establish the severity and impact of the disaster and the extent of the disaster recovery effort required to resolve the incident. **Initial contact should be made with (list name or position) and they will notify appropriate personnel.** This will reduce the amount of contact required at your level.

### Category (Major or Minor)

The AAA Director will determine the category of disaster (major/minor) based on the information derived from the initial assessment of the damage. Example: How many users are affected; the anticipated time to recover, and criticality of services delivered at location.

**Major Disasters**

Can occur at the AAA office.

- Fire within the building.
- Environmental outages (electricity, air conditioning, etc.).
- Computer equipment failure (Host CPU, Network, Servers, Terminals).
- Application system processing failure.
- Computer viruses.
- Weather related (Snow, Ice, Water, Wind, Heat)

**Minor Disasters**

Can also occur at the AAA office.

- Failure of terminal, printer or Computer.
- Application failure impacting local office(s) segments.
- Program product system failure.
- Production processing failures (incorrect, incomplete, etc.)
- Water Leak/Flooding
- Internal Gas Leak/Odor or Chemical smell

**Continuity of Operations Plan Implementation****Part 1 AAA Information****Section 1 AAA Name**

List your AAA Name

**ASCOG****Section 2 Name and Phone Numbers for Office Team Members**

List the names and phone numbers of key team members in your Office. Make sure to routinely update.

(Primary = the first person in your office who will be notified in case of an emergency/disaster, Alternate = the person who will be notified if the first person cannot be reached, Team members = key individuals)

	Name	Home	Work	Pager/ Pin #	Cell #
Primary	Cathy Crockett		580.736.7978		940.453.7068
Alternate	Ken Jones	580.463.9709	580.736.7972		580.475.6959
Team Member	Peggy Rush		580.736.7984		580.467.2190
Team Member	Ruben Sotelo		580.736.7975		580.284.2612
Team Member	Bethany Sullivan		580.736.7036		580.595.0278
Team Member	Marsha Bess		580.736.7976		580.658.1658

**Section 3 Office Staff Responsibilities**

Fill in each team member's daily job responsibility, job classification & working title

Name	Job Classification	Working Title	(1-2 sentence description) Specific Job Responsibility
Ken Jones	Director	ASCOG/AAA Director	Oversees the Area Agency on Aging
Marsha Bess		Deputy Director	Oversees the ADvantage program and the Area Agency on Aging
Peggy Rush	Managed Care Case Manager	ADvantage Case Manager	Manages an ADvantage caseload
Ruben Sotelo		Ombudsman	Monitors all nursing homes in 8 county area
Darin Terry		Ombudsman	Monitors all nursing homes in 8 county area
Bethany Sullivan		I&A Specialist	Provides information and assistance for ASCOG services
Cathy Crockett		AAA Planner	Monitor and asses Title III programs

**Section 4 The Preliminary Assessment**

[Name of AAA Staff Responsible] or designee will conduct the preliminary assessment of the damage in this office with the assistance of other office personnel.

**Part 2 Office Requirement Needs (From 12 Hours to 30 Days)**

**Section 1 Office Space**

Agencies must identify and prepare alternate locations. Personnel must be prepared for the possibility of relocation. Listed below are basic considerations for identifying an alternate location:

- Sufficient space and equipment to sustain the relocating office.
- Capability to perform essential functions rapidly.
- Reliable logistical support, services, and infrastructure systems.
- Consideration for the health, safety, security, and emotional well being of the relocated employees.
- Computer equipment, software, and other automated data processing equipment.
- Proximity to the former facility.
- Facility infrastructure.(Restrooms/shower/ communications)
- Safety and security of the relocated personnel.
- Maintain maximum accessibility for the clients/customers.

Maximum use should be made of existing community facilities. Care must be taken to ensure that shared facilities are not over-committed during a COOP situation. Examples:

- Local Fairgrounds
- Adjacent county offices
- Other government facilities
- Local schools out of session
- College campus (Already have computer connectivity)
- Hotel/Motel rooms (Also many have computer connectivity)
- Local Vo-Techs
- Any others that meet your local needs
- Virtual office (Work from home)

Once an alternate facility is identified, a signed Memorandum of Agreement/Understanding (MOA) should be completed. These MOA's should include:

- Time period from notification of requirement to availability of facility for occupancy
- Space and services to be provided
- Sole use of allocated space during the period of occupancy

Name of Alternate Facility	Physical Location of Alternate Facility	AAA Individual responsible for coordination	Date MOA signed
See Below*			

**\*In the event an alternate facility is indicated for the ASCOG site at 802 W. Main, Duncan, OK., 73534; three other ASCOG organizational locations are available and ready to be chosen from at the Executive Directors discretion, all with sufficient space and equipment to sustain relocating parts of the dismantled office at command. Also, ASCOG key personnel are equipped to perform key aspects of their jobs from their home computers if the need arise.**

**The Comanche County ASCOG Office is located at 1702 SW 11<sup>th</sup> Street, Lawton, OK., 73501-7327, office number 580-248-0000. The Grady County ASCOG Office is located at 301 S. 2<sup>nd</sup> Street, Chickasha, OK., 73018-3611, office number 405-224-3310. The Stephens County alternate ASCOG Office is located at 1927 W. Elk Avenue, Duncan, OK.,73533-1639, office number 580-252-8159.**

**Section 2 Equipment / Furniture**

In the event of a disaster, in order to get back to functionality: What equipment is required?

**Equipment**

<b>Personal Computer</b>	<b>Qty.</b>
For Example: Normally your office has X number of PC's and X number of Laptops – How many would you need to run bare minimum? Specify the differences in number of Laptops vs. Desktops	
Number of PC's (Desktops) Required?	<b>N/A</b>
Number of Laptops Required?	<b>N/A</b>
<b>Fax</b>	
How many Fax machines would you need bare minimum?	<b>N/A</b>
<b>Network (Server)</b>	
Do you have a local Network Server? Do you Keep the backup tapes/CDs onsite or offsite?	<b>Yes. Onsite and Offsite</b>
<b>Printer</b>	
How many Printers would you need access to?	<b>N/a</b>
Do you need a special type of Printer (DOT MATRIX – LASER – INKJET)	<b>Laser Jet/Ink Jet</b>
<b>Other</b>	

**Furniture**

What furnishings are required? (i.e., tables, chairs, etc.) Calculate the **minimum** requirements for the office (From a 12 Hour to 30 day Period)

<b>Description</b>	<b>Qty.</b>

**Section 3 Essential Supplies**

What supplies are required, other than the basics (pens, paper, etc.)?  
List the supplier.

**Essential Supplies**

What Supplies would you need from outside vendors?

<b>Supplier</b>	<b>Description</b>	<b>Qty.</b>
OOSI	Copies	1

**Section 4 Specialized Software**

List special software that you use to perform critical tasks that is not a part of the Standard Desktop Image loaded on your p.c.

Name of Software	Location of original CD
MicroSoft 2	ASCOG

**Section 5 Data and Master Files backup procedures**

List the names of backup jobs that you perform or that are automatically done on a regular basis. Give a detailed description of where the server tapes/CDs are located and how to gain access to this location.

Backup Job	Back Up Frequency	Rotation Frequency	Type of Media Used	Storage Location (Onsite Or Offsite)	Procedures Location (Written procedures on how to perform the backup, rotate tapes etc.)
Automatic					
CENA Bal. sheets	Weekly	N/A	Thumb drive	Accountant II residence	Located in folder titled CENA in My Documents on desktop
Flow sheet Qtrly Report					Documents
Mason Reports Bal Sheet	Weekly	N/A	Thumb drive	Accountant II residence	Located in folder titled MASON in My Documents
Area Plan/Mgmt Plan/Fin Mgmt Plan	Yearly or as revisions occur	N/A	Thumb drive	Accountant II residence	Located in folder titled Area Plan in My documents on desktop

**Section 6 Physical Files**

List the names of sensitive documents that should be secured or removed during a disaster. This should include the lists of priority clients (Case Management, Ombudsman, I&A) to know names and their locations at all times

Name of Document	Where Stored	Responsible Party
Ombudsman	ASCOG	Ombudsman Supervisors
Ex. Advantage waiver/NH Clients	LTCA/ Nursing Homes	Case manager or Nursing home

**Part 3 Processes / Functions**

**Section 1 Critical Daily Processes**

List the **minimum** processes the AAA is responsible for each day that will allow for continuity. List in order of priority.

Name of Process	Description	Responsible Personnel
Ex. Screen Applicants for Services	Present Applicants with paper based forms to check for eligibility for services	John Smith
Screen Masonic Applications Priority MODERATE	Prepare, present paper applications to committee for review one time per month	I & A Specialist
Check requests for Mason/CENA/vendors, etc Priority HIGH	Review & Prepare all invoices, statements, etc, for Masons & CENA Program	Accountant II
Nursing Home Complaints Priority HIGH	Follow-up on all complaints, contact family members, make visit to location of complaint	Ombudsman Supervisors
Information & Referral Priority HIGH	Screen all phone calls and provide information for resources	I & A Specialist (primary) Aging Info Specialist (backup)



Screen Masonic Applications Priority MODERATE	Prepare, present paper applications to committee for review one time per month	I & A Specialist
--	--	------------------

**Section 2 Other Critical Services**

List any other critical service that may support the Critical Daily Processes that would need to be done immediately if you had a disaster. List in order of priority.

Name of Service	Description	Responsible Personnel

**Section 3 Written Documentation/Procedures**

This section refers to those procedures that are beyond those of the standard policies.

Name	Backup Copy Storage Location
ASCOG Policy Procedure manual	ASCOG office—fire king cabinet
Mason Tracking spreadsheets	Accountant thumb drive

**Part 4 Damage Assessment Log**

The assessment will be completed by the AAA Director/designee when practical after a disaster has occurred.

Damage Assessment Log							
Component	Operational		Repairable		Estimated Timeframe To		Comments
	Yes	No	Yes	No	Repair	Replace	

**Part 5 Miscellaneous**

**Section 1: Critical Skills Bank**

This section is designed to allow for the identification of personnel within the organization that possess certain skills that could provide immediate assistance in the event of a disaster. (Examples: Licensed electrician, plumber, CPR/First Aid trained, CERT, Counselor etc)

NAME	CRITICAL SKILLS/SPECIALITY

**Section 2: Line of Succession**

A line of succession for essential positions under COOP must be established, published and maintained to support AAA services. The line of succession should be of sufficient depth to ensure the AAA has the ability to continue to perform essential AAA services if an incident causes a major disruption to the AAA. If the incident renders any individual incapacitated, the next in line will assume the responsibilities. The COOP line of succession is not required to follow normal organizational charts, but should be constructed to allow the most effective personnel to function to regain normal operations. (There could be a situation where an individual has physical/emotional limitations that would not allow for stressful and continued operations. In this case another individual should be considered for that particular function.) The line of succession is for COOP purposes only and in no way indicates future position assignments.

Essential Position	Successor	Responsibilities	Condition
What is the job function?	Who is next in line?	What are the functions of the position?	What situation would cause a succession? Incapacitation/absence
AAA Director	Deputy Director	Overseeing the entire operations of AAA	Absence due to physical inability
Planner	I & A Specialist	Monitor and assess Title III programs	Absence due to physical inability
I & A Specialist	ADvantage intake Coordinator/Heartline	Information & Referral	Absence due to physical inability
Ombudsman Supervisor	Second Ombudsman	Nursing home complaints	Absence due to physical inability

### Part 6 Communication Plan

There must be a clear procedure for communicating internally and externally in the event of COOP implementation. Internal communications will be achieved by local calling trees (see below) and must be reviewed and updated continuously. All local means (land line telephone, cell phone, e-mail, and messenger) will be used to the maximum extent possible. Any media requests should be directed to (enter name and phone number) for response. All other requests should be forwarded through the (name and phone number.)

**The Call Tree is critical.** It details who calls whom in the event of an emergency. It identifies who activates the call tree and provides contact information for each person on the call tree. **If the first person on your list is not contacted, proceed to the next on the list.** Call cells will be no larger than 8 people. There will be one AAA staff or responsible party for each 8 employees. Develop local plans to keep the call tree moving in the event someone is not available. The call tree should be tested in the months of January and July.

Person to be called	Home Address/Phone Number	Cell Number	Alternate Contact Number (Relative, Neighbor)
<b>Initiator (AAA Director)</b> Ken Jones	2191 West Walnut, Duncan, OK 580.463.9709	580.475.6959	
<b>Supervisor 1 Alternate</b> Deputy Director - Marsha Bess	512 West Chickasaw, Marlow, OK	580.641.1658	
<b>Work Unit 1 Team Members</b>			
Cathy Crockett	713 West Cherokee Marlow, OK	940.453.7068	
I&A Specialist – Bethany Sullivan		580.595.0278	
Ombudsman – Ruben Sotelo	614 SW 64 <sup>th</sup> Street, Lawton, OK	580.284.2612	

### **Part 7 Plan Maintenance/Testing**

Maintenance: A copy of this plan will be maintained on the computer as primary location. AAA Director and those designated will maintain a paper copy of this plan in several key and easily accessible locations, including his/her office and home. When maintained in your residence, the individual must secure its status of private/nonpublic data at all times.

**This plan must be reviewed annually in the month of July and reviews annotated on the front page. (The updated plan will be submitted annually as an attachment to the AAA/ASD contract.)**

Testing: The AAA will exercise the EOP/COOP using any of the following types of exercises:

- a. Announced Exercise: Employees are prepared in advance for the exercise. The exercise objectives and scenarios are defined. Employees understand it is an exercise.
- b. Unannounced Exercise: Exercise objectives and scenarios are explained at the initiation of the exercise.
- c. Actual Operations Exercise: Performed at a backup site, with assigned personnel executing their responsibilities without gaining access to the primary site

Upon the conclusion of any exercise, debriefings must be conducted with all involved personnel to review the COOP procedures and revise, if necessary.

# STEPHENS COUNTY



## Pandemic Influenza Plan

Updated June 3, 2013



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## Signature Approvals

This **STEPHENS COUNTY** Pandemic Influenza Plan is hereby incorporated as an addendum to Annex H/ESF 8 of the **STEPHENS COUNTY** Emergency Operations Plan.

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**Gary Ball**  
**Stephens County** Emergency Manager

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Date

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**Mike Milton, Administrator**  
**Stephens County** Health Department

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Date

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## I. Introduction

Influenza viruses have the ability to cause sudden, widespread illness in all age groups on a global scale. With influenza being highly transmissible, prone to rapid genetic changes, and harbored in animal reservoirs, it poses an unpredictable pandemic threat. A pandemic occurs when an influenza virus undergoes a shift in one or both of its surface proteins to create a new or “novel” virus to which the general population does not have any immunity. The initial appearance of a novel virus that is easily spread in humans is the first step toward a pandemic. The current trivalent (three virus) vaccine would have no effect on the novel influenza strain and a specific monovalent (single virus) vaccine could take up to six months to be developed and reproduced.

The **STEPHENS COUNTY** Health Department developed this strategy to prepare for and reduce the effects of an influenza pandemic in **STEPHENS COUNTY**.

### A. Purpose

The purpose of the **STEPHENS COUNTY** Pandemic Influenza Plan is to provide the framework for identifying and responding to an influenza pandemic. This plan is scaleable and flexible, but must necessarily prepare for the “worst case” scenario. This plan is designed to assist in the development of continuity of operations plans throughout the county enabling the citizens of this county to continue to receive necessary services in the event of a pandemic. The plan defines preparedness and response activities that will enhance the effectiveness of response measures during a pandemic. This plan is intended to be used in conjunction with and follows the guidance and direction of the *Oklahoma Pandemic Response Plan*. This plan is an addendum to the **STEPHENS COUNTY** Emergency Operations Plan, Annex H/ESF 8: Health and Medical. All response measures will be conducted in accordance with the National Response Plan (NRP), State of Oklahoma Emergency Operations Plan, *Oklahoma Pandemic Response Plan*, National Incident Management System (NIMS) doctrine, and all applicable response plans.

### B. Scope

This plan identifies the roles, responsibilities, and activities of the **STEPHENS COUNTY** Health Department and its partners. It also addresses policy issues and provides leadership during a response to a pandemic influenza. It addresses specific responsibilities of key response partners and assists community leaders in preparing and responding by highlighting coordination between multiple agencies during a pandemic. It is expected that healthcare facilities and professionals, essential service providers, local government officials, school systems, and business leaders develop and incorporate plans and procedures to address influenza preparedness and response into their emergency response plans. State and local entities should have credible pandemic preparedness plans in place to address and outline strategies to assist response efforts of a pandemic. This plan is a continuously evolving document. The **STEPHENS COUNTY** Health Department will review and revise this plan as needed, but at least annually.

## Planning Assumptions

The following assumptions were made when discussing and developing this plan:

- Pandemics (especially influenza) are expected, but unpredictable and arrive with very little warning. However, it is highly unlikely that a novel strain of influenza would appear in **STEPHENS COUNTY** first.
- Outbreaks will occur simultaneously throughout the Nation and the world. The **STEPHENS COUNTY** partners, both public and private, must strive to develop coordinated plan to sustain essential functions for at least 72 hours without relying on outside resources...

- Effects of influenza on the individual communities will be relatively prolonged (several waves of weeks to months at a time) as compared to other types of disasters.
- Numbers of ill people requiring outpatient medical care and hospitalization will overwhelm the local healthcare systems.
- Risks of exposure and illness in healthcare workers and other first responders will be higher than the general population, therefore, creating more strain on the already overwhelmed healthcare system.
- Disruptions of national and community infrastructures including commerce, utilities, and public safety as the spread of infection will be worldwide.
- Shortages (from mild to severe) of personnel in sectors that provide critical public safety services will result from widespread illness in the community.
- Strategies for stopping the spread of disease (once a pandemic strain has been identified) include personal protection, isolation, antiviral medications, and vaccination. Vaccines may not be available for several months after the pandemic strain is identified.
- Numbers of persons affected will be significant because pandemic influenza will be highly infectious and could result in high levels of morbidity and mortality. People may be asymptomatic while infectious.

### III. Concept of Operations

The broad depth, scope and duration of a pandemic will require close coordination of partners at all levels of government (federal, state, regional, county, local and tribal).

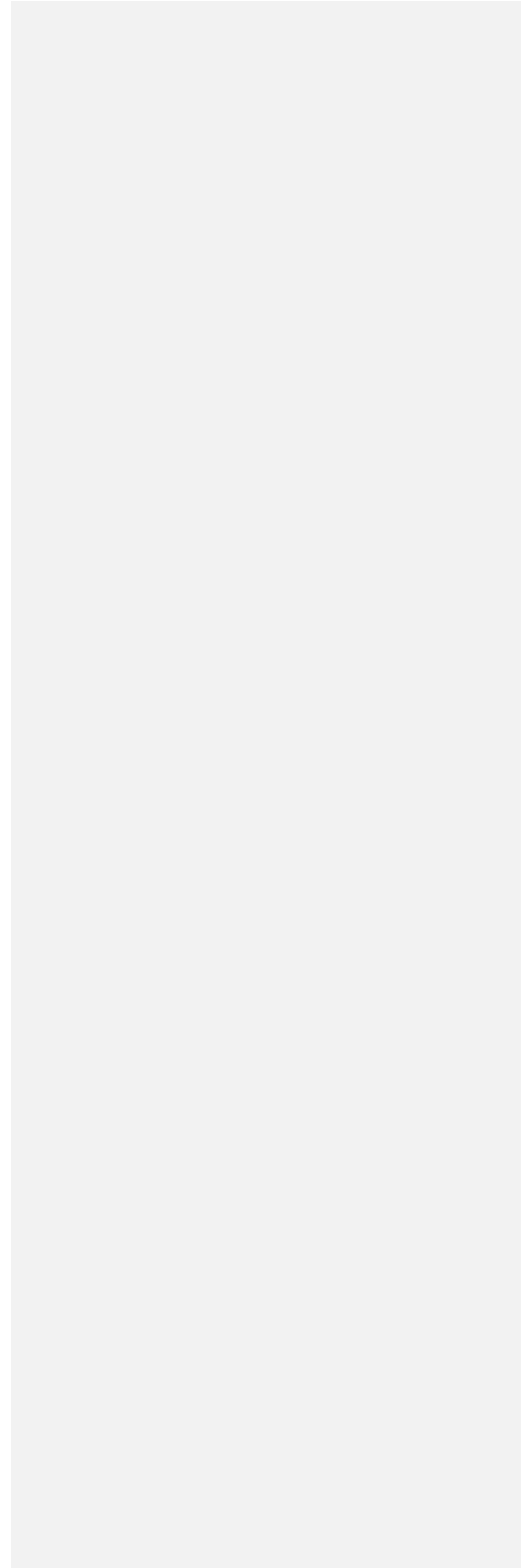
The Oklahoma State Department of Health (OSDH) fulfills the following roles/responsibilities:

- The OSDH is responsible for the development, annual review, and implementation of the [Oklahoma Pandemic Response Plan](#) by an internal workgroup with established timelines.
- The OSDH Laboratory is integral in surveillance activities by providing viral isolation, antigen detection, and strain identification of influenza viruses.
- The Commissioner of Health and the State Health Officer have the primary authority for direction and supervision of the implementation of the plan components.
- The OSDH Emergency Preparedness and Response Service along with OSDH Community and Family Health Services will collaborate with partners and stakeholders to develop, gain approval of, and distribute a guidance of local and state responsibilities.
- The OSDH Emergency Preparedness and Response Service along with The Community Health Services will ensure that the plan includes a grid of operational responsibilities of state, local, tribal and regional jurisdictions.

**STEPHENS COUNTY** strives to fulfill its responsibilities by developing this **STEPHENS COUNTY** Pandemic Influenza Plan that addresses the ten essential components of the county response to an influenza pandemic.

Command, Control, and Management  
 Surveillance and Laboratory Diagnosis  
 Delivery of Vaccine  
 Acquisition and Delivery of Antiviral Medications  
 Health Systems and Emergency Response  
 Community Disease Control and Prevention  
 Infection Control

Clinical Guidelines  
Risk Communication  
Workforce Development



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## A. Command, Control, and Management

The **STEPHENS COUNTY** Health Department will be the lead agency in coordinating the local public health and medical system response to a pandemic in **STEPHENS COUNTY**. The **STEPHENS COUNTY** Health Department will coordinate response efforts with the OSDH and local/county emergency response organizations. Due to the scope and widespread impact of an influenza pandemic, it is anticipated that there will be a scarcity of resources throughout the state and nation. In order to effectively manage the public health and medical system response effort, it is required that all resource requests be coordinated under the provisions of the existing county and State Emergency Operations Plan (EOP) using a National Incident Management Systems (NIMS) compliant structure. It is essential that a well-defined communication system be established to coordinate resource requests at the community, county, and state level. Local public health officials will coordinate resource requests with the OSDH Situation Room and the **STEPHENS COUNTY** Emergency Manager to ensure effective resource allocation, and to allow for timely requests for Federal assistance.

### 1. Local Response

The **STEPHENS COUNTY** response will be in accordance with this plan and the *Oklahoma Pandemic Response Plan*. Municipalities in **STEPHENS COUNTY** may enact their own plans, and must work with the **STEPHENS COUNTY** Health Department and the appropriate (city and or/county) emergency management agencies to coordinate resources and implement policies needed to provide for the safety of their citizens and continuity of operations for key facilities and critical infrastructure. (See Tab 4)

### 2. Human Resources

Primary assets consisting of people, communications, and physical infrastructure support all organizations. It is critical that organizations anticipate the impact a pandemic will have on the agencies/organizations ability to continue essential functions. Agencies, businesses and organizations need to ensure reasonable measures are in place to protect the health of personnel during a pandemic. Suggested implementation plans for continuation of essential functions include:

- Limit social contacts to individuals and families by remaining in their households. This should reduce transmission rates within communities and provide protection to households where infection has yet to occur.
- Implement staggered work shift policies for all businesses (government and private) to the extent possible. This allows fewer individuals to be in the workplace at the same time; thereby reducing opportunities for exposure to pandemic influenza.
- Implement policies that allow telecommuting. Agency heads should explore available authorities to implement a work from home plan allowing work to be accomplished without exposure to employee or others in the office that may be ill and/or asymptomatic. Computer systems should be evaluated ahead of time to ensure data and information is secure and protected to the extent required for each business.
- Conduct business by e-mail or telephone as opposed to face-to-face meetings.

### 3. Employee Health

Provision of essential services during a pandemic, both in the government and private sectors, is contingent upon the presence of a healthy workforce. Promoting good employee health, both at home and at work, are essential to the protection of an adequate workforce. Some suggestions include:

- Implement hygiene plans to include mandatory hand washing and frequent cleaning of common areas of the establishment.
- Promote and encourage social distancing by decreasing or canceling unnecessary events or restricting site access.
- Perform temperature checks of employees as they report for duty daily and maintain logs of the data.
- Promote the use of tissues to cover mouths when sneezing or coughing occurs and proper disposal of tissues.
- Use the most appropriate, available masks and gloves for persons who have frequent contact with the public.

### 4. Community/ Business

Business and community leaders look to the **STEPHENS COUNTY** Health Department for assistance in pandemic flu planning to ensure essential services and governmental functions are sustainable during a pandemic.

- Local partners (business and government) will develop pandemic influenza plans in collaboration with the **STEPHENS COUNTY** Health Department and local Chambers of Commerce to facilitate continuity of services for the citizens of **STEPHENS COUNTY**.
- Military Installations and Military Treatment Facilities (if applicable) should determine and develop a work plan for civilian personnel.
- Law enforcement officials (County Sheriff's office as well as local law enforcement) should develop plans to protect the force and a continuity of operations plan to ensure necessary public safety is maintained.
- Public Works department should develop plans to maintain essential functions and operations of utilities.
- Emergency Medical Service (EMS) agencies, physician offices and other healthcare organizations (Indian Health Service facilities, Federally Qualified Health Centers, nursing homes, hospice providers, home health agencies, etc.) are encouraged to develop plans for continued operations and protection of employees.
- School Boards of each school system are encouraged to develop a plan addressing closure of schools, cancellation of public events/programs, and other necessary elements.
- Daycare centers are encouraged to develop a plan addressing closure and cancellation of events.



- Institutes of Higher Education should work with the Board of Regents to develop plans addressing cancellation of classes and events.
- **STEPHENS COUNTY** Health Department should encourage business to review and distribute pandemic influenza information as widely as possible.

## Individual, Family, and Community Response to Pandemic Flu\*

Table 1

Res	Individuals and Families	At School	At Work	Faith-Based, Community and Social Gatherings
Be Prepared	Review Individuals and Families Planning Checklists <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a>	Review School Planning Checklists <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a>	Review Business Planning Checklist <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a>	Review Faith-Based and Community Organizations Preparedness Checklists <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a>
Be Prepared	Identify trusted sources for information; stay informed about availability/use of antiviral medications/vaccine	Review school pandemic plan; follow pandemic communication to students, faculty, and families	Review business pandemic plan; follow pandemic communication to employees and families	Stay abreast of community public health guidance on availability of large public gatherings and travel
Don't Pass it On	If you are ill...stay home; practice hand hygiene/ cough etiquette; model behavior for your children; consider voluntary home quarantine if anyone ill in household	If you are ill...stay home; practice hand hygiene/ cough etiquette; ensure sufficient infection control supplies	If you are ill...stay home; practice hand hygiene/ cough etiquette; ensure sufficient infection control supplies	If you are ill...stay home; practice hand hygiene/ cough etiquette; modify rites and religious practices that might be facilitate influenza spread
Keep your Distance	Avoid crowded social environments; limit non-essential travel	Prepare for possible school closures; plan home learning activities and exercises; consider childcare needs	Modify face-to-face contact; flexible worksite (telework); flexible work hours (stagger shifts); snow days	Cancel or modify activities, services, or rituals; follow community health social distancing recommendations
Help Your Community	Volunteer with local groups to prepare and assist with emergency response; get involved with your community as it prepares	Contribute to the local health department's operational plan for surge capacity of healthcare (if schools designated as contingency hospitals)	Identify assets and services your business could contribute to the community response to a pandemic	Provide social support services and help spread useful information, provide comfort, and encourage calm

\*Adapted from National Strategy for Pandemic Influenza Implementation.

### 5. County Health Department

The **STEPHENS COUNTY** Health Department will:

- a. Develop a Pandemic Preparedness Coordinating Committee representing relevant stakeholders within **STEPHENS COUNTY**. This committee will be representative of those persons accountable for decision-making within their agency. It is strongly encouraged to build upon existing motivated committees within the community. Examples of agencies and committees to be considered for this committee may include but not limited to the following: City/County Government, Tribal Government, Military Installations, School Systems, Healthcare Facilities, Local Emergency Planning Committees (LEPC), Turning Point Initiative partners, local business community, public works, representatives from Higher Education, American Red Cross, Salvation Army, any other volunteer agencies and faith-based organizations. Committee will meet periodically, annually at a minimum, to revise and review plan.

- b. Prioritize public health services at the **STEPHENS COUNTY** Health Department. These services are prioritized to most effectively address the health and safety of the public. The highest priority is to direct efforts towards the emergency response. Efforts should also be directed towards other essential services, which include the control of high-risk communicable diseases, WIC food vouchers, the prevention of pregnancies, and the prevention of high-risk newborn metabolic disorders. See Tab 1 for a guideline of priorities for the continuation of essential services in a pandemic influenza response effort. Note that these are general guidelines and that some priorities may change given the circumstances, staff availability, and the evolution of the event.
- c. Conduct necessary planning and exercises in coordination with the Training, Exercise and Evaluation Program Manager at the OSDH. Exercises must be approved in advance of event.
- d. Assist in the education of governmental officials and other response partners about an influenza pandemic.
- e. Coordinate planning for and implementation of disease containment strategies and authorities.
- f. Support the healthcare system's planning and response efforts to include augmentation of medical surge capacity during mass casualty and mass fatality incidents.

#### **B. Surveillance and Laboratory Diagnostics**

The OSDH Acute Disease Service (ADS) is responsible for conducting routine surveillance for influenza.

1. The **STEPHENS COUNTY** health department communicable disease nurse will work with ADS to investigate initial case(s) of suspected novel influenza. Communicable Disease Nurses will also assist in contact tracing and active or passive monitoring of contacts to determine if contacts develop symptoms during the observation period.
2. The **STEPHENS COUNTY** health department will work with the ADS and Public Health Laboratory in conducting outbreak investigations of influenza. Outbreak investigation activities may include working with local healthcare facilities in collecting patient visit and laboratory testing information as well as working with school nurses, tribal health, or occupational health nurses in collecting absentee information from affected institutions (schools, childcare centers, nursing homes, large businesses, etc.). The **STEPHENS COUNTY** public health nurses will collaborate with healthcare providers in collecting specimens during a respiratory disease outbreak investigation for virus identification, typing and sub-typing.
3. Rapid reporting of final Public Health Lab (PHL) results to providers will occur through faxing to partner agencies and organizations.
4. Healthcare facilities will use EMSystem® to track bed status daily, or more frequently if necessary or indicated, and report to Medical Emergency Response Center (MERC) on a daily basis. The **STEPHENS COUNTY** Health Department will also monitor information submitted on EMSystem® on a daily basis for situational awareness.

5. Coordinate Influenza-like illness surveillance with entities such as private enterprise, church groups that travel overseas or host international travelers or returning military personnel, especially among personnel returning from areas where a novel influenza virus has been identified.
6. Request hospital(s) to inform OSDH of the number of deaths due to pneumonia and influenza.
7. Consider monitoring community impact of absenteeism at major employers.
8. Statewide courier service to make approximately 1500 stops, not on regularly scheduled routes, to pick-up specimens for influenza testing and to deliver Viral Transport Media (VTM).
9. Other surveillance and laboratory functions will be conducted at the state level in accordance with the [Oklahoma Pandemic Response Plan](#).

#### **C. Delivery of Vaccine**

Vaccine serves as the most effective preventive method against influenza outbreaks, include pandemics. However, the dissemination of an effective influenza vaccine faces many challenges due mostly to the strain of the virus.

- There will be a significant period of time from the spread of the pandemic and the time it will take to develop an effective vaccine.
- A moderate or severe shortage will likely exist, with the time it will take to develop the vaccine. It is possible that there will not be any vaccine available at all.
- Vaccine will be distributed to populations as per the priority group recommendations. (See Tab 2: Table 1)
- Vaccine delivery will be accordance with county Mass Immunization and Prophylaxis Strategy (MIPS) plan as well as the [Oklahoma Pandemic Response Plan](#) . MIPS plans will be reviewed and updated on an annual basis.

#### **D. Acquisition and Delivery of Antiviral Medications**

Antiviral medications such as Oseltamivir (Tamiflu®) and Zanamivir (Relenza®) may be useful in controlling and preventing influenza prior to the availability of vaccine. However, the supply of these antiviral medications is limited. Therefore, recommendations are that the antiviral medications be used for treatment measures rather than as a method of prophylaxis. (See Tab 2: Table 2)

Pandemic influenza will have a severe impact on critical infrastructure, and protection of essential personnel must be reflected in priority groups targeted for these antiviral medications and vaccines. The identification of potential target groups will be made in accordance with the [Oklahoma Pandemic Response Plan](#) and under the guidance of the Health and Human Services Pandemic Influenza Plan.

The **STEPHENS COUNTY** Health Department will:

1. Meet and work with appropriate healthcare facility partners and city/county stakeholders to develop an antiviral allocation and distribution plan.
2. Survey agencies (county, state, & federal) and businesses that provide critical infrastructure and enumerate the number of employees whose duties are critical to maintaining essential services such as food and water safety, utility services, law enforcement, etc. (Refer to C: Recommendations for Identifying Essential Personnel in the [Oklahoma Pandemic Response Plan](#) ).
3. Distribute guidelines for medical providers regarding the use of antiviral medications.
4. Activate a NIMS-compliant Incident Command Structure under the established MIPS plan.
5. Facilitate appropriate use of antiviral medications by healthcare professionals.
6. Monitor adverse reactions to antiviral medications.
7. Work with OSDH on acquisition of antiviral medications.
8. Refer to the [Oklahoma Pandemic Response Plan](#) for more detailed information.

#### **E. Health Systems and Emergency Response**

Because pandemic influenza is expected to drain the resources of both the public health and medical systems, it is critical that **STEPHENS COUNTY** partners enhance existing collaboration to ensure continuity of essential services.

##### **1. Coordinated Response Efforts**

The **STEPHENS COUNTY** Health Department, in collaboration with regional public health and medical system partners (Metropolitan Medical Response System (MMRS), Regional Medical Response System (RMRS), Regional Medical Planning Group (RMPG), Medical Emergency Response Center (MERC), and Oklahoma Medical Reserve Corps (MRC) will:

- Educate healthcare providers about a pandemic influenza and help involve them in planning the community's response.
- Provide technical assistance to hospitals and healthcare facilities to develop organizational plans for responding to an influenza pandemic, addressing staffing issues, medical surge capacity, triage, and infection control within their facilities.
- Work with healthcare providers to develop plans for expanding staffing, through the use of the MRC.
- Mobilize any available volunteer health professionals, through utilization of the MRC, to supplement public health and medical system staffing in the community.

An influenza pandemic is expected to significantly increase the demand for medical services, and it is anticipated to result in medical surge that will overwhelm the healthcare system. Additionally, increased absences and illness of the healthcare workers may necessitate implementation of alternate strategies to manage the demand on the health system.

Effective use of local medical resources will be essential in order to adequately manage the medical surge. Hospitals, EMS agencies, physician offices, clinics, and other healthcare facilities will not be able to operate "as usual" due to this increased demand for service and shortages of staff. It may be necessary to implement strategies designed to suspend non-essential services, use staff in non-traditional ways, forecast increasing demand on services, and build capacity for required equipment and supplies. It is possible that the hospital(s) may not be able to provide anything but austere care and the ill persons will need to be cared for in the home or in alternative care sites.

Community, public health, and medical services providers must work together to plan for and coordinate the local health and medical system response. Local communities should consider developing a health system coalition to discuss, prepare, and plan for the challenges the community will face during an influenza pandemic.

## **2. Surge Management**

Surge management strategies are designed to manage patient flow by coordinating the use of all available resources within the community with the intent to not overwhelm the local medical infrastructure.

During a pandemic, all efforts must be employed to sustain the functionality of the healthcare system, while maintaining an acceptable level of medical care. Hospitals will need to:

- Take steps to increase bed capacity.
- Use volunteer health professionals, as appropriate and available to address critical staffing shortfalls.
- Implement pandemic-specific triage, treatment and patient management procedures.
- Consider alternative mechanisms to treat patients with non-urgent healthcare needs.

## **3. Staffing Considerations**

Staffing will be a major challenge for the healthcare system during a pandemic for the following reasons:

- Many healthcare workers will likely become ill.
- Some healthcare workers will choose to stay home and care for sick family members, or care for children/dependents whose normal daycare provider is unavailable.
- Volunteer resources may be in short supply since there are very few healthcare workers who are not currently employed, and use of retired healthcare professionals may be limited during a pandemic.

To address these challenges, the local community should:

- Work with local healthcare professional training programs (i.e. medicine, nursing, allied health, pharmacy, etc.) regarding the use of students in pandemic response efforts.
- Include language in all new health department job announcements, the position requires possible response to a public health emergency...
- Work with county medical society to develop plans for implementation of “house calls” for home bound patients.
- Work with the hospital(s) to develop “just in time” training materials necessary to cross train staff, healthcare personnel that do not normally work in the hospital clinical setting, retired licensed providers returning to the workforce, and volunteers.
- Work with the MRC to determine current number of volunteers residing in the community, and develop local plans for activation and deployment.

#### **4. Alternative Care Sites**

**STEPHENS COUNTY** (through collaboration with local partners) must identify potential alternative care sites prior to a pandemic. During a pandemic, alternative care sites may be activated to better manage the medical surge affecting hospitals, clinics, and physician offices. These sites would provide supportive care for non-acute patients, and could serve as triage facilities to relieve the burden on hospital emergency departments. The benefits of alternative care sites include:

- Assist individuals who are unable to care for themselves at home.
- Offer transitional care for patients who are stable and transferred from an acute care hospital but are unable to care for themselves at home.
- Offer support to the medical system as deemed necessary.

#### **5. Supplies and Equipment**

Due to the anticipated medical surge, availability of supplies will be limited. Healthcare facilities should:

- Consider increasing stock levels of supplies and equipment needed for pandemic response.
- Determine triggers for ordering additional supplies and equipment.
- Develop strategies for acquiring additional supplies and equipment.
- Develop a process to request additional supplies and equipment through the MERC or OSDH Situation Room if there is not a functional MERC in region.

#### **6. Continuation of Essential Medical Services**

Plans to ensure continuation of essential medical services in healthcare facilities must be developed. Examples of essential services include, but are not limited to:

- Trauma
- Acute medical conditions (such as acute coronary syndrome, stroke, internal bleeding, respiratory failure, etc.)
- Obstetrics and neonatal
- Continuation of treatment for chronic medical conditions, such as hemodialysis and infusion centers for chemotherapy.

Healthcare facilities should develop plans for how essential services will continue to be staffed and supplied. In addition, healthcare facilities should distribute educational materials encouraging in-home care of affected family members.

#### **7. Public Health Services**

During a pandemic, the **STEPHENS COUNTY** Health Department may suspend normal health department operations to provide assistance for alternative care sites and healthcare facilities. The **STEPHENS COUNTY** Health Administrator will assess the need to reprioritize department functions and will coordinate mobilization efforts to meet emerging needs of the pandemic within the community. The **STEPHENS COUNTY** Health Department will:

- Identify which health department services can be delayed or suspended during a pandemic.
- Determine the need to suspend routine operations in order to reassign staff to critical duties.
- Set up MIPS sites as needed in accordance with plans already in place. MIPS sites will be needed only if adequate supplies are available.

#### **F. Community Disease Control and Prevention**

Guided by the latest evaluation of surveillance, laboratory, epidemiologic, and clinical data, the OSDH will identify, recommend and work with **STEPHENS COUNTY** health department to implement appropriate measures at each phase of the pandemic to minimize disease transmission and minimize impact on individuals.

##### **1. Containment**

The goal of containment strategies is to limit transmission of a novel influenza virus as much as possible. The ability of containment strategies (isolation, voluntary quarantine, and social distancing) to significantly slow the spread of pandemic influenza may be limited by the short incubation period for influenza, the mode of transmission, the large proportion of asymptomatic infections, and the non-specific nature of clinical illness from influenza infection.

OSDH and the **STEPHENS COUNTY** health department will conduct contact tracing and management of contacts on a case-by-case basis. Decisions will be based on the likelihood that the suspected case is infected with a novel influenza strain, the likelihood that the virus is or may become transmitted from person-to-person, and the feasibility of contact tracing.



OSDH and the **STEPHENS COUNTY** health department will evaluate and manage ill travelers from affected regions and will provide information to travelers about the symptoms and risk factors associated with the novel influenza virus, instructions for self-monitoring, instructions for isolation should symptoms develop, and mechanism for notifying public health officials in the event of illness.

## **2. Social Distancing**

In the event of a pandemic influenza outbreak, county and city officials may need to implement a number of actions to reduce the potential for transmission of the virus. The **STEPHENS COUNTY** Health Administrator will assess the risk to public health based on the current knowledge of the virus and the impact of an influenza pandemic on the population and the anticipated benefits of available containment measures. The **STEPHENS COUNTY** Health Administrator will make recommendations to key government officials and school system superintendents about actions that should be taken to control the spread of the disease. The situation will be reviewed daily and recommendations to public officials about containment measures will be made.

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. These strategies could include:

- Closing public and private schools, colleges, and universities.
- Suspending non-essential business and government functions, at least temporarily.
- Implementing emergency staffing plans for the public and private sector by considering increased telecommuting and flex scheduling.
- Closing public gathering places such as stadiums, theaters, churches, community centers, and other facilities.
- Utilizing alternate care facilities to minimize the number of individuals reporting to emergency departments.

Implementation of social distancing may create social disruption and significant, long-term economic impacts. It is unknown how the public will respond to these measures. However, these measures will be necessary for containment of the disease.

Specific social distancing strategies that city/county leaders (upon guidance issued by the Commissioner of Health or other state agency department heads) may implement are:

- Directing government agencies and private sector to implement emergency staffing plans to maintain critical business functions.
- Suspending public events where large numbers of people congregate, including sporting events, concerts, and parades.
- Closing churches, theaters, community centers, and other places where large groups gather.
- Closing public and private schools, colleges, and universities.

**STEPHENS COUNTY** health department will work with large business during pre-pandemic planning to develop methods for implementing adult social distancing measures while maintaining business continuity.

**STEPHENS COUNTY** health department will work toward meeting with local school officials (superintendents, principals and school nurses) during pre-pandemic planning to encourage development of methods for continuing essential nutrition programs (free/reduced breakfast and lunch programs) and education if child social distancing measures are implemented.

OSDH and **STEPHENS COUNTY** health department will implement community-based activity restrictions on an as-needed basis. Social distancing may include measures such as: closing schools, canceling large public gatherings, curtailing public transportation and other community activity restrictions may be recommended. OSDH and **STEPHENS COUNTY** health department will consider and make recommendations for their use on a case-by-case basis using current epidemiologic, laboratory and clinical data.

## **G. Infection Control**

Infection control strategies have been developed by the United States Department of Health and Human Services (HHS). The information contained is broad and applicable to all jurisdictions. The discussion includes transmission methods, personal protection equipment (PPE), infectious patient management, hygiene, waste disposal, environmental cleaning and disinfections, and issues specific to healthcare settings. Refer to the [Oklahoma Pandemic Response Plan](#) for specific infection control measures.

The **STEPHENS COUNTY** Health Department will advise local businesses, schools, and critical infrastructure about infection control, prevention measures and operating with partial staffing through the establishment of working groups. The **STEPHENS COUNTY** Health Department will also educate the public about influenza pandemics and steps that can be taken to reduce exposure and infection during a pandemic. Educational materials will be distributed that will discuss infection control practices, including respiratory etiquette ("Cover Your Cough"), hand-washing, when to stay home, and when to use a mask and the appropriate use of a mask.

The following personal measures are encouraged to promote infection control:

### **1. Public Preparation**

The most important thing anyone can do in preparation for pandemic influenza is to learn about and practice effective infection control. The transmission of the influenza virus is spread from person-to-person through coughs and sneezes. This can happen when droplets from the cough or sneeze of an infected person travel through the air and reach the mouth or nose of people nearby. Influenza can be spread when a person touched droplets, nose drainage or saliva from an infected person, or solid object, and then touches one's own (or someone else's) nose or mouth before washing their hands.

### **2. Recognizing Symptoms and When to Stay Home**

Symptoms of influenza include fever (usually high), headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches, nausea, vomiting, and diarrhea also can occur, and are more common among children than adults. It is important to stay home when experiencing any symptoms of influenza. School and childcare personnel should observe closely, all infants and children for symptoms of illness. Notify the parent if a child develops a fever, chills, cough, sore throat, headache, or muscle aches. Send the child home, if possible, and advise the parent to contact the

child's doctor. An ill child should be separated from the general population of the school or childcare facility.

### **3. Hand washing**

Use soap and water to wash hands when they are visibly soiled, or an alcohol-based hand rub when soap and water is not available. Wash hands as soon as possible after sneezing or coughing. Wash hands to the extent possible between contacts with infants and children, such as before meals or feedings, after wiping a child's nose or mouth, after touching objects such as tissues or surfaces soiled with saliva or nose drainage, after diaper changes, and after assisting a child with using the toilet. Wash the hands of infants and toddlers when the hands become soiled. Teach children to wash hands when their hands have become soiled. Teach children to wash hands for 10-20 seconds.

### **4. Practice good respiratory hygiene and cough etiquette**

Anyone with signs or symptoms of a respiratory infection should:

- Cover the nose and mouth when coughing or sneezing.
- Use tissues once to contain respiratory secretions and immediately dispose of them in the nearest receptacle after use.
- Avoid use of handkerchiefs.
- Wash hands after having any contact with respiratory secretions and contaminated objects/materials.
- Avoid contact with individuals at risk until respiratory symptoms have resolved.
- Avoid contact with secretions of people who have respiratory illness.

## **H. Clinical Guidelines**

This section serves as a guide for healthcare providers, with the understanding that the management of influenza is based primarily on sound clinical judgment regarding the individual patient as well as an assessment of locally available resources, such as rapid diagnostics, antiviral drugs, and hospital beds. Early antiviral therapy shortens the duration of illness due to seasonal influenza and would be expected to have similar effects on illness due to novel or pandemic influenza viruses.

Refer to the [Oklahoma Pandemic Response Plan](#) for specific details. The [Oklahoma Pandemic Response Plan](#) adopted the HHS Pandemic Influenza Supplement on Clinical Guidelines.

## **I. Risk Communication**

Dissemination and sharing of timely and accurate information with the general public will be one of the most important facets of the response to a pandemic. Advising the public of actions they can take to minimize their risk of exposure, or actions to take if they have been exposed, will reduce the spread of the pandemic and may also serve to reduce the anxiety and unnecessary demands on health services.

The **STEPHENS COUNTY** Health Department will encourage the development of and participate in Joint Information Systems (JIS). There should be a minimum of one trained Public Information Officer (PIO) (ideally there should be three persons trained) within the health department available to be a part of the JIS and potentially a Joint Information Center (JIC). The goals of the JIS are to provide accurate, consistent, and timely information to the public.

The **STEPHENS COUNTY** Health Department will:

- Provide education to the public, including local business owners and school systems about influenza pandemics and steps that can be taken to reduce exposure and infection during a pandemic.
- Educate public officials and first responders about influenza pandemics and steps that being taken to plan for outbreaks.
- Provide appropriate updates on the pandemic and coordinate with the OSDH Office of Communications regarding messaging.
- Provide information to the public about steps that should be taken to protect against infection, alternate care options, the status of the spread in the community, and containment strategies being implemented.
- Provide information in alternative formats for people with disabilities about what steps should be taken to protect against infection, alternate care options, status of the spread of infection in the community, and containment strategies being implemented for the public. The alternative formats include large print, Braille, American Sign Language (ASL), languages other than English, and voice relay for public education on pandemic influenza.
- Establish a call center to answer citizens' questions and provide education about the pandemic. Use of local 211 systems is encouraged, where available.

Provide information in ASL by video relay for those persons who are deaf that call into the call center for questions and education on the pandemic.

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**Tab 1: Continuation of Services Priority Grid**

Local County Health Department Service	1 (Function cannot be delayed)	2 (Function can be delayed but should be resumed as soon as possible)	3 (Function can be delayed until normal business operations resume)
<b>Disease and Prevention Services</b>			
Pandemic Influenza Response	X		
Other Communicable Disease Containment	X		
TB Active Case Tx. and investigation and PT	X		
Immunization		X	
HIV/STD Contact Investigation/Tx	X		
Routine HIV/STD Clinic		X	
<b>Family Health Services</b>			
WIC Voucher Pickup	X		
WIC Certification-Non Breastfeeding Newborn	X		
WIC Certification-Pregnant		X	
WIC Certification-1-5 years of Age			X
WIC Recertifications*		X	
Family Planning Supply Pickup /Early Start/EC	X		
Family Planning Initial Exam**		X	
Family Planning Annual**			X
Children First		X	
Lead Screening			X
Routine Newborn Metabolic Screening***			X
SoonerStart (EI)		X	
<b>Protective Health Services</b>			
Routine Food Protection		X	
<b>The Community Health Services</b>			
Health Promotion/Education			X
Turning Point			X

\*Voucher issuance should continue until such time that the WIC clinic operations can reasonably resume.

\*\*Family planning initial appointments may be delayed and contraception initiated under Early Start and then continued until clinics can reasonably resume. Family planning annual appointments should be delayed and additional contraception issued until such time the clinic schedule can resume. A PHN Standing Order will need to be in place to continue contraception, other than condoms, beyond the initial Early Start protocol and annual exam timeframe.

\*\*\*Unless notified by OSDH that immediate follow-up on abnormal metabolic screening is needed.

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**Tab 2: Priority Group Recommendations**

Table 1: Vaccine Priority Group Recommendations

Tier	Subtier	Population	Rationale
1	A	Vaccine and antiviral manufacturers and other essential to manufacturing and critical support	Need to assure maximum production of vaccine and antiviral drugs
		Medical workers and public health workers who are involved with direct patient contact, other support services essential for direct patient care, and vaccinators (OK 117,000)	Healthcare workers are required for quality medical care (studies show outcome is associated with staff-to-patient ratios). There is little surge capacity among healthcare sector personnel to meet increased demand
		Immediate family members of those involved in direct patient care or supply and distribution of vaccine	A sick family member may increase workforce absenteeism thereby creating disruption in the provision of vaccines or care
1	B	Persons ≥ 65 yrs with 1 or more influenza high-risk conditions, not including essential hypertension (OK 455,000)	Those groups are at high risk of hospitalization and death. Excludes elderly in nursing home and those who are immunocompromised and would not likely be protected by vaccinations.
		Persons 6 mo to 65 yrs with 2 or more influenza high-risk conditions, not including essential hypertension (OK 89,700).	
		Persons 6 mo or older with history of hospitalization for pneumonia or influenza or other influenza high-risk conditions in the post year (OK 95,000).	
1	C	Pregnant women (OK 39,000)	In past pandemics and annual influenza, pregnant women have been at high risk; vaccination will also protect the infant who cannot receive the vaccination



1	C	Household contacts of severely immunocompromised person who would not be vaccinated due to the likely poor response to vaccine (OK 25,000).	Vaccination of household contacts of immunocompromised and young infants will decrease risk of exposure and infection among those who cannot be directly protected by vaccination.
		Household contacts of children $\leq$ 6 mo old (OK 65,000)	
1	D	Public Health emergency response workers critical to pandemic response (OK 3,500)	Critical to implement pandemic response such as providing vaccinations and managing/monitoring response activities.
		Key government leaders.	Preserve decision-making capacity critical for managing and implementing a response.
2	A	Healthy persons 65 yrs and older (OK 230,000).	Groups that are also at increased risk, but not as high risk as population Tier 1 B
		Persons 6 mo to 65 yrs with 1 high-risk condition (OK 465,000).	
		Persons 6-23 mo old, healthy (OK 728,000).	
2	B	Other public health emergency responders	Includes critical infrastructure groups that have impact on maintaining health (e.g. public safety, transportation of medical supplies and food); implementing a pandemic response; and on maintaining societal functions
		Public safety workers, including police, fire, 911 dispatchers, and corrections facility staff	
		Utility workers essential for maintenance of power, water and sewage system functioning	
		Transportation workers transporting fuel, water, food, medical supplies; as well as public ground transportation	
		Telecommunication/IT for essential network operations and maintenance	
3	A	Other key government health decision-makers.	Other important societal groups for a pandemic response but of lower priority
4	A	Healthy persons 2-64 yrs not included in above categories.	All persons not included in other groups based on objective to vaccinate all those who want protection.

**Table 2: Antiviral Drug Priority Group Recommendations\***

<b>Group</b>	<b>Est. Oklahoma population</b>	<b>Strategy**</b>	<b>Rationale</b>
1. Patients admitted to hospital.***	130,000	T	Consistent with medical practice and ethics to treat those with serious illness and who are most likely to die.
2. Healthcare workers with direct patient contact and emergency medical service providers.	119,600	T	Healthcare workers are required for quality medical care. There is little surge capacity among healthcare sector personnel to meet increased demand.
3. Highest risk outpatient immunocompromised persons and pregnant women.	32,500	T	Groups at greatest risk of hospitalization and death; immunocompromised cannot be protected by vaccine.
4. Pandemic health responders (public health, vaccinators, vaccine and antiviral manufacturers), public safety (police, fire, corrections), and government decision makers.	429,000	T	Groups are critical for an effective public health response to a pandemic.
5. Increased risk outpatients; young children 12-23 mo old, persons ≥ 65 yrs old, and persons with underlying medical conditions.	1.1 million	T	Groups are at high risk for hospitalization and death.
6. Outbreak response in nursing homes and other residential settings.	N/A	PEP	Treatment of patients and prophylaxis of contacts is effective in stopping outbreaks; vaccination priorities do not include nursing home residents.
7. Healthcare workers in emergency departments, ICU's, dialysis centers, and emergency medical service providers.	156,000	P	These groups are most critical to an effective healthcare response and have limited surge capacity. Prophylaxis will be best to prevent absenteeism.
8. Pandemic societal responders (e.g. critical infrastructure groups as defined in the vaccine priorities) and healthcare workers without direct patient contact.	132,600	T	Infrastructure groups that have impact on maintaining health, implementing a pandemic response, and maintaining societal functions.
9. Other outpatients.	2.3 million	T	Include others who develop influenza and do not fall within the above groups.
10. Highest risk outpatients.	325,000	P	Prevents illness in the highest risk groups for hospitalization and death.
11. Other healthcare workers with direct patient contact.	104,000	P	Prevention would best reduce absenteeism and preserve optimal functions.

\* The committee focused its deliberations on the domestic U.S. civilian population. NVAC recognizes that the Department of Defense (DOD) needs should be highly prioritized. A separate DOD antiviral stockpile has been established to meet those needs. Other groups also were not explicitly considered in deliberations on prioritization. These include American citizens living overseas, non-citizens in the U.S., and other groups providing national security services such as the Border patrol and U.S. Customs Service.

\*\*Strategy: Treatment (T) requires a total of ten (10) capsules and is defined as one (1) course. Post-exposure prophylaxis (PEP) also requires a single course. Prophylaxis (P) is assumed to require forty (40) capsules (4 courses through more may be needed if community outbreaks last for a longer period).

\*\*\*There is no data on the effectiveness of treatment at hospitalization. If stockpiled antiviral drug supplies are very limited, the priority of this group could be reconsidered based on the epidemiology of the pandemic and any additional data on effectiveness in this population.

(This document was adapted from the HHS Pandemic Influenza Plan and estimated population modified for Oklahoma.)

## Tab 3: Containment Measures

### Containment Measures for Individuals\*

#### I. Patient Isolation

Isolation is the separation of infected persons from other persons for the period of communicability to prevent transmission. A patient with a suspected or confirmed case of pandemic influenza should be separated from persons who are well, using infection control measures. Strict isolation is confinement of the individual to a room with a separate bed, and direct contact only with person(s) providing care to the infected individual. Ideally, persons who meet the criteria for novel influenza and do not require hospitalization should be isolated in their homes. If home isolation is not feasible, alternative facilities may be needed for isolation of influenza patients.

#### II. Management of Contacts

Contact tracing, contact monitoring and quarantine of close contacts may be effective during the earliest stages of a pandemic. Because the usefulness and feasibility of these measures will be limited once the pandemic has started to spread, community-based measures that reduce disease transmission by increasing social distance are needed.

#### Community-based Containment Measures

##### I. Quarantine of Groups of Exposed Persons

Quarantine is the limitation of freedom of movement by persons or animals that have been exposed to a communicable disease for a period of time equal to the longest usual incubation period of the disease in order to prevent contact with those individuals not exposed. The purpose of quarantine is to reduce influenza transmission by separating exposed persons from others, monitoring exposed persons for symptoms, providing medical care and infection control precautions as soon as symptoms are detected. Groups that might be quarantined include:

- Family members who have been exposed to influenza.
- Groups of individuals at public gatherings where an exposure has been identified.
- Persons on an airplane, cruise ship or enclosed conveyance.
- School students, teachers and school personnel who have been exposed.
- Healthcare providers who are treating influenza cases.

Workplace quarantine allows exposed employees to work, but employees must observe activity restrictions while off duty. Monitoring for signs and symptoms before reporting to work and the use of personal protective equipment (PPE) while at work are required. This strategy is applicable for persons who provide essential services while minimizing the adverse impact of essential services provision.

##### II. Focused Measures to Increase Social Distance

It may be necessary to cancel events, close buildings or restrict access to certain sites or buildings in order limit exposure to influenza cases. Depending on the situation, examples of cancellations or building closures might include:

- Cancellation of public events (concerts, sports events, movies, plays, school events).
- Closure of recreational facilities (community swimming pools, youth clubs, gymnasiums, fitness centers).

### **III. Community-wide Infection Control Measures**

Community-wide infection control measures may decrease the overall magnitude of the outbreak. Persons with signs and symptoms of a respiratory infection, regardless of presumed cause, will be encouraged to:

- Cover the nose/mouth when coughing or sneezing.
- Use tissues to contain respiratory secretions.
- Dispose of tissues in the nearest waste receptacle.
- Perform hand-washing hygiene after contact with respiratory secretions and contaminated objects.

Persons at high risk for complications of influenza will be advised to avoid public gatherings. Disposable surgical-type masks will be used to take care of ill patients to prevent potentially infectious material from reaching the mucous membranes of the healthcare worker's nose or mouth. Mask use may be most important for persons who are at high risk for complications of influenza, those who are unable to avoid contact with infected individuals and for those traveling to seek medical care. The general public should avoid close contact with ill individuals.

### **IV. Implementation of "Snow Days"**

Implementation of "snow days" involves the community in a positive way, is acceptable to most people and is relatively easy to implement. Implementation involves:

- Asking non-essential personnel to stay home.
- Recommend the public acquire and store provisions.

### **V. Closure of Office Building, Shopping Malls, Schools, and Public Transportation**

Closure of buildings, schools and public transportation could have a significant impact on the community and workforce. School closings may be effective in decreasing the spread of influenza and may significantly decrease morbidity and mortality among children. These voluntary measures can effectively reduce transmission without explicitly restricting activities.

### **VI. Widespread of Community Quarantine**

Community-wide quarantine is the most stringent and restrictive containment measure. It involves asking everyone to stay home and restricts travel into or out of an area, except by authorized persons such as public healthcare workers. The quarantine may be applicable to all members of a group of people or community to prevent the further spread of the influenza.

### **VII. Scaling Back Community Containment Measures**

The decision to scale back or discontinue community containment measures will be based on:

- Consistent decrease in the number of confirmed cases.

- Reduction in the number of probable and known cases.
- Verifying effective protective countermeasures are in place.

\*Adapted from the U.S. Department of Health and Human Services (HHS) Pandemic Influenza Plan, U.S. Department of Health and Human Services, November 2005.

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**World Health Organization Pandemic Phases**

<b>Level of Influenza Activity</b>	<b>Response</b>	<b>Rationale</b>
Phases 1-2 No novel influenza strains of public health concern in global circulation in humans.	Preparedness planning.	Use recommended response actions for interpandemic influenza prevention and control.
<i>Phases 3-4</i> Limited novel influenza virus transmission abroad; all local cases (e.g., in Oklahoma or the United States) are either imported or have clear epidemiologic links to other cases.	Consider quarantine of close contacts.	Although individual containment measures may have limited impact in preventing the transmission of pandemic influenza (given the likely characteristics of a novel influenza virus), they may have great effectiveness with a less efficiently transmitted virus and may slow disease spread and buy time for vaccine development.
<i>Phase 5</i> Limited novel influenza virus transmission in the area (e.g., within Oklahoma or the United States) with either a small number of cases without clear epidemiologic links to other cases or with increased occurrence of influenza among their close contacts.	Quarantine of close contacts.	Same as above.
Phase 6 Sustained novel influenza virus transmission in Oklahoma, with a large number of cases without clear epidemiologic links to other cases. Disease control measures aimed at individuals and groups appear effective.	Focused measures to increase social distance; consider community-based measures.	Selective use of group quarantine (focused measures) early in a pandemic when the scope of the outbreak is focal and limited; may slow the geographic spread and buy time for vaccine development.
Phase 6 Sustained novel influenza activity in Oklahoma, with a large number of cases in persons without an identifiable epidemiologic link at the time of initial evaluation; individual control measures are believed to be ineffective.	Community-level measures to increase social distance; consider coordinated community, business closures, and community wide quarantine.	When disease transmission is occurring in communities around the United State, individual quarantine is much less likely to have an impact and likely would not be feasible to implement. Rather, community measures and emphasizing what individuals can do to reduce their risk of infection may be more effective disease control tools.
Phase 6 Decreases in the number of new cases, unlinked (or “unexpected”) cases, and generations of transmission.	Consider quarantine of contacts.	



Post Pandemic Period Transmission of pandemic influenza has been controlled or eliminated, no new cases.	Active monitoring in high risk populations; continue for 2-3 incubation periods after control or elimination of transmission.	
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\*Adapted from: HHS Pandemic Influenza Plan; U.S. Department of Health and Human Services, November 2005.

#### **Tab 4: Continuity of Operations Plan**

Continuity of Operations (COOP) is a plan that details how essential functions of agencies will be handled during any emergency or disaster situation that may disrupt normal operations. In a pandemic influenza outbreak, agencies will see a dramatic reduction in the number of staff that will report to work. **STEPHENS COUNTY** Health Department will work in conjunction with the OSDH to develop a COOP Plan that ensures the following objectives:

Ensure the continuous performance of **STEPHENS COUNTY** Health Department essential functions during a Pandemic.

Ensure continuous delivery of essential services to **STEPHENS COUNTY** residents (See Tab 1: Continuation of Services Priority Grid)

Establish Delegations of Authority

Establish Orders of Succession

Identify a trained Public Information Officer (PIO) to provide information to the public as necessary.

Notify all public health staff during a pandemic influenza outbreak, they are considered essential personnel for **STEPHENS COUNTY** Health Department.

Currently, OSDH is in the process of COOP Plan development. Emergency Preparedness and Response Services (EPRS) along with Community and Family Health Services will assist with COOP Plan development for **STEPHENS COUNTY** Health Department.

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### Tab 5: Workforce Psychosocial Support

The response to an influenza pandemic will pose substantial physical, personal, social and emotional challenges to healthcare providers, public health officials and other emergency responders and essential service workers. The emotional challenges include responding to:

- Illness and death among colleagues and family members;
- Fear of contagion and/or of transmitting disease to others;
- Shock, numbness, confusion or disbelief;
- Extreme sadness, grief, anger, guilt, exhaustion or frustration;
- Sense of ineffectiveness and powerlessness;
- Difficulty maintaining self-care activities (e.g. getting sufficient rest);
- Prolonged separation from family;
- Concern about children and other family members;
- Constant stress and pressure to continue performing;
- Domestic pressures caused by school closures, disruption in day care or family illness;
- Stress of working with sick or agitated persons and their families and/or with communities under quarantine restrictions; and
- Concern about receiving vaccines and/or antiviral drugs before other persons.

During an influenza pandemic the occupational stresses experienced by healthcare providers and other responders are likely to differ from those faced by relief workers in the aftermath of a natural disaster. Medical and public health responders and their families will be at personal risk for as long as the pandemic continues in their community. Therefore, the state of Oklahoma and **STEPHENS COUNTY** will need to undergo special planning to develop a network of local psychosocial supports to ensure adequate services are in place for public health responders and other occupational work groups involved during the pandemic period during both interpandemic phases and pandemic alert periods.

**STEPHENS COUNTY** will address the psychosocial needs among the following first responder groups:

- Healthcare workers who provide medical care to ill persons;
- Emergency field workers and other public health personnel who help control the spread of infection;
- First-responder and non-governmental organizations whose employees assist affected groups (e.g., persons in quarantine or isolation);
- Essential service workers whose activities maintain normal functions in the community and minimize social disruption; and
- Family members of all of these groups stated above.

The **STEPHENS COUNTY** Health Department will work with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and local mental health partners in the county to include but not limited to:

1. Licensed Mental Health Professionals
  - a. Licensed Behavioral Practitioners
  - b. Licensed Marital and Family Therapists
  - c. Licensed Professional Counselors
  - d. Licensed Social Workers
  - e. Psychiatrists
  - f. Psychologists
2. Other Professionals

- a. American Sign Language Interpreters (IV-V Certification)
- b. Behavioral Health Staff
- c. Community Leaders
- d. Faith Leaders
- e. Foreign Language Interpreters
- f. School Counselors
- g. Social Workers
- h. Staff of Cultural and Faith Based Organizations (FBO's)

The OSDH in collaboration with the ODMHSAS and **STEPHENS COUNTY** will ensure that **STEPHENS COUNTY** Health administrators, managers and supervisors are familiar with and actively encourage the use of tools and techniques for supporting staff and their families during times of crisis. The ODMHSAS will provide Critical Incident Stress Debriefing before and after a pandemic influenza event.

### Tab 6: Volunteer Management

Recent disasters have greatly increased the national attention given to public health emergency preparedness. These events underscored the need for an emergency “surge” or supplemental health care workforce that can be mobilized to respond immediately to a mass casualty event.

The experiences of New York City hospitals in the aftermath of the World Trade Center destruction were instructive about the issues confronting the use of health care professional volunteers in an emergency or mass casualty event. According to reports, hospital administrators involved in responding to the World Trade Center tragedy reported that they were unable to use medical volunteers when they were unable to verify the volunteer’s basic identity, licensing, credentials and employment. In effect, this precious, needed health workforce surge capacity could not be used.

Congress recognized the need to make optimum use of volunteer health personnel in an emergency and authorized the development of the Medical Reserve Corps and the Emergency System for Advance Registration of Health Professions Volunteers (ESAR-VHP) programs. Health Resources and Services Administration (HRSA) was delegated the responsibility for carrying out the legislation authorizing both of these programs and is assisting each State (and Territory) in establishing a standardized, volunteer registration system. These state-based systems include readily available, verifiable, up-to-date information regarding the volunteer’s identity, licensing, credentialing, accreditation, and privileging in hospitals or other medical facilities.

Oklahoma has consolidated the MRC and ESAR-VHP programs into the Oklahoma Medical Reserve Corps (OKMRC). The OKMRC provides a state level infrastructure designed to provide the ability for local OKMRC volunteer coordinators to quickly identify and better utilize health professional volunteers in emergencies and disasters. In addition, the OKMRC will, ultimately, enable the sharing of these pre-registered and credentialed health care professionals across state lines and even nationally.

The primary role of the OKMRC is to coordinate the skills of practicing and retired physicians, nurses and other health professionals as well as other citizens interested in health issues, who are eager to volunteer to address their community’s ongoing public health needs and to help their community during large-scale emergency situations. The OKMRC is coordinated by local and state public health officials under Emergency Support Function #8 (or Annex H/ESF 8) during times of emergency. During an influenza pandemic it will be critical for local health officials to have a sufficient pool of credentialed volunteers who are able to be rapidly activated to assist with public health and medical system activities. As a result, local health department must identify a local volunteer coordinator who will work with the OKMRC State Administrator toward the development of a county chapter to function as part of the OKMRC.

The **STEPHENS COUNTY** MRC volunteer unit coordinator is Sherri Singer.  
The MRC contact information is as follows:

Cellular telephone number	580-467-3735
Home telephone number	BB: 580-606-3837
Work telephone number	580-252-0270
Email address:	sherriqs@health.ok.gov

### **Tab 7: Alternative Care Site Planning**

The following Alternative Care Sites (ACS) have been identified in **STEPHENS COUNTY** to provide healthcare outside the hospital setting. Duncan Regional Hospital is the only hospital in Stephens County.

**City:** Duncan

1. Simmons Center (MOU signed)
2. Elk Avenue Church of Christ (MOU signed)
3. Western Shelter System (available through Oklahoma State Department of Health).

The following community partners have been identified as ACS primary support:

#### **Stephens County**

##### **Personnel**

1. Medical Reserve Corps
2. Student Nurses from OU Nursing Program & Red River Technology
3. Stephens County CERT team.
4. Volunteer Fire Departments
5. Volunteers from local churches and civic groups.

##### **Supplies and Equipment**

1. Medical Emergency Resource Center (MERC)
2. Strategic National Stockpile
3. Advanced Medical Supply
4. Local Pharmacies: Bakers Express Pharmacy, Comanche Pharmacy, Homeland Pharmacy, Marlow Medicine, Newberry Express Pharmacy, R & S Healthmart Pharmacies, Star Medical Center Pharmacy, Thompson's Pharmacy, and Walgreen Pharmacy.

##### **Support Services**

1. Stephens County Emergency Operations Center
2. City of Duncan
3. Stephens County Ministerial Alliance
4. Duncan Regional Hospital Auxiliary Group
5. Department of Human Services
6. Stephens County Chapter of the American Medical Association
7. Red Cross
8. Baptist Mens Association

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**Tab 8: Functional Needs Populations**

Pandemic influenza may adversely impact persons who have functional needs or live in institutions such as, assisted-living facilities, long term-care facilities, residential care homes, and jails. Additional planning efforts by these institutions will be necessary. The characteristics of the influenza outbreak may also require additional preparedness and response actions for certain segments of the population. These issues will be considered as the epidemiology of the pandemic is clarified.

The following functional needs populations have been identified: long term-care facilities, assisted living facilities, residential care facilities, incarcerated, medical functional needs, home health care clients, non-English speaking populations, homeless people, people with disabilities, people who are deaf, senior persons, and socioeconomic disadvantaged. The following **STEPHENS COUNTY** health department and partners will help identify functional needs populations.

- List agencies and contact person(s)
  - Example – Meals on Wheels; Jo D Messina @ 580-555-1234
  - Assisted Living facilities
  - Department of Human Services (DHS)
  - Durable medical suppliers
  - Faith Based Organization (FBO)(s)
  - Food Pantries
  - Home Health Care agencies
  - Homeless Shelters
  - Long Term Care facilities
  - Non-English speaking community centers
  - Residential facilities
  - Senior Persons Homes

Agency Name and Address	Function(s) of Agency	Contact Person(s)	Telephone Number
Adult Protective Services, P. O. Box 1367, Duncan, OK	Dept of Human Services Division dedicated to elderly and adults with functional needs	Catrina Teague: <a href="mailto:Catrina.Teague@okdhs.org">Catrina.Teague@okdhs.org</a> Latawyna Matthews (251-8366)	580-251-8362
Child Welfare P.O. Box 1367 Duncan, OK	Dept of Human Services; division for child protective services	Dustin Sorrels: <a href="mailto:dustin.sorrels@okdhs.org">dustin.sorrels@okdhs.org</a> Lori Brewer (580-251-8346) Cecil Boydston (251-8335)	580-251-8381
Compassion Care Center, 802 North 10 <sup>th</sup> , Duncan, OK	Free Medical Clinic; Food Pantry	Rhea Harris Charrel Wessel	580-255-2650 580-786-0218 580-467-8668 580-255-1403
Duncan Group Homes 1301 West Main Duncan, OK	Residential Care Setting	Robin Arter	580-252-8000
ASCOG Area on Aging 802 W. Main,	Referral source dedicated to assisting elderly	Jim Vanzant	580-252-0595

PO Box 1647 Duncan, OK 73534			
ASCOG Managed Care Service 802 Main, PO Box 1647 Duncan, OK 73534		Marsha Bess	580-252-0595
Chickasaw Nation			
Duncan Regional Home Health Care	Home Health		580-251-8752
Indian Territory Home Health and Hospice	Home Health	Sherry Newton	580-931-6843 580-641-1566
Duncan Senior Citizens 1110 North 7 <sup>th</sup> Street, Duncan, OK	Nutrition Site Sr. Citizens Mtg Place		580-255-6902
Velma Sr. Citizens	Nutrition Site Sr. Citizens Mtg Place		580-444-3772
Douglas East Side Nutrition Site 702 South 2 <sup>nd</sup> Place, Duncan, OK	Nutrition Site Sr. Citizens Mtg Place		580-255-9579
Marlow Sr. Citizens Center	Sr. Citizens Mtg Place		580-5628
Delta Nutrition Center 201 Elm, Marlow,OK	Nutrition Center		580-658-5773
Gregston Nursing Home 711 South Broadway, Marlow, OK	Nursing Home	Jeff Gregston Tina Shults	580-658-5468 580-467-8167
Marlow Manor 709 South 9 <sup>th</sup> Marlow, OK	Nursing Home	Jean Patterson Celeste Linam	580-658-5468 580-641-1974
West Wind Assisted Living 111 North 9 <sup>th</sup> Marlow, OK 73055	Assisted Living	Jack Gregston Bonnie Blankenship	580-658-1200 580-467-4122
Chisholm Trail Assisted Living	Assisted Living	Dustin Cox Carolyn Airington	580-470-8700 580-467-2076

Sterling House 912 West Plato Duncan, OK	Assisted Living	Jenna Jeffords jjeffords@brookdaleliving.com	580-252-8300 580-277-9859
Heartland Plaza 415 North 28 <sup>th</sup> Duncan, OK	Assisted Living	Keith Welsh Lorena Afable	580-252-3337
Wilkins Nursing Home 1205 South 4 <sup>th</sup> Duncan, OK 73533	Nursing Home	Tony Wilkins Mary Shelton	580-252-3955
Country Club Care 1904 Highway 81 North Duncan, OK 73533	Nursing Home	Casey Ethridge	580-255-4600 580-467-5276
Duncan Community Residence 1510 West Main Duncan, OK	Residential Care	Brian Wolfe Michelle Fuller	580-255-3926 580-467-6213
Meridian Nursing Home PO Box 126 Comanche, OK 73529	Nursing Home	Gentrie Morrison Stacy Stevenson	580-439-2398 580-467-8538
Advanced Medical Supply 1503 North Highway 81 Duncan, OK 73533	Medical Supply		580-252-4700
Med-Tech Corp 1206 North Highway 81	Medical Supply		888-270-8164

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**Tab 9: Sheltering of Animals**

Pets are a great comfort to people and many pet owners are reluctant to leave their home if they cannot be assured that their pet will receive care. The impact of this on emergency planning was well illustrated during the Hurricane Katrina disaster response. Subsequent federal legislation contained within the Post-Katrina Emergency Management Reform Act (PKEMRA) of 2006 and the Pets Evacuation and Transportation Standards (PETS) Act of 2006 has now mandated that federal, state, tribal, and local authorities include planning for animals in their Mass Evacuation Incident Plans. Presently, Red Cross shelters "DO NOT" allow animals in the shelter facility with the exception of service animals that are trained to assist people with disabilities and people who are deaf.

With particular reference to pandemic influenza preparedness and response planning, accommodation of pet sheltering and care may be needed to ensure workforce support and to assist individuals who must be placed in an alternate care site. Persons may need to enter an alternate care site because they are ill, or because their primary caretaker is ill and unable to care for their functional needs. To begin planning for accommodating pet transportation, sheltering, and care, the **STEPHENS COUNTY** will:

- Collaborate with local veterinarians, municipal animal shelters, and volunteer animal welfare organizations to identify animal shelter locations that may be available during a natural disaster or pandemic.
- Consider criteria for what types of animals (dogs and miniature horses) will be permissible in the main animal sheltering locations, and what alternate resources may be needed to handle other types of "companion animals" such as birds, cats, snakes, monkeys, or other exotic pets.
- There are only two questions a person can ask a client in a facility concerning their animal by The Americans with Disabilities Act (ADA).
  - Is this animal a service animal required because of a disability?
  - What tasks or work has this animal been trained to perform?

Begin exploring community resources for animal transportation, tracking, embarkation, care, feeding, and veterinary medical care. Follow the federal guidelines on care of animals during a disaster(s) contained in the PETS Act. The following internet site will provide guidance for care of animals in disaster shelter environments: [www.avma.org/disaster/default.asp](http://www.avma.org/disaster/default.asp).

Veterinary Clinic(s) Name & Address	Veterinarian Name	Telephone Number
Minson Veterinary Hospital, 1411 W. Main Duncan, OK 73533	John Minson Lance Minson Mary Newman	580-252-3250
Marlow Veterinary Clinic 2501 N. Highway 81 Marlow, OK 73055		580-658-5478
Osage Animal Clinic 1500 West Osage Duncan, OK 73533		580-255-4200

Municipal Animal Shelter Name & Address	Director's Name	Telephone Number
City of Duncan Animal Shelter 800 Fair Park Blvd Duncan, OK 73533		580-252-6608
Stephens County Human Society		580-252-7387
Friends of Humane Society	Robin Emerson	580-467-8734

**Tab 10: Acronyms**

ACS-Alternative Care Site  
ADA-Americans with Disabilities Act  
ADS-Acute Disease Services  
ASL-American Sign Language  
COOP-Continuity of Operations  
DHS-Department of Human Services  
DOD-Department of Defense  
EMS-Emergency Medical Services  
EOP-Emergency Operating Plan  
EPRS-Emergency Preparedness and Response Service  
ESAR-VHP-Emergency Systems for Advance Registration of Health Professionals Volunteers  
ESF-8-Emergency Support Function 8  
FBO's- Faith Based Organizations  
HHS-Health and Human Services  
HIV-Human Immunodeficiency Virus  
HRSA-Health Resources and Services Administration  
ICU-Intensive Care Unit  
IT-Information Technology  
JIC-Joint Information Center  
JIS-Joint Information System  
LEPC-Local Emergency Planning Committee  
MERC-Medical Emergency Response Center  
MIPS- Mass Immunizations Prophylaxis Strategy  
MMRS- Metropolitan Medical Response System  
MRC- Medical Reserve Corps  
NIMS-National Incident Management Systems  
NPR-National Response Plan  
NVAC-National Vaccine Advisory Committee  
ODMHSAS-Oklahoma Department of Mental Health and Substance Abuse Services  
OK-Oklahoma  
OKMRC-Oklahoma Medical Reserve Corps  
OSDH-Oklahoma State Department of Health  
P-Prophylaxis  
PEP-Post-Exposure Prophylaxis  
PETS-Pet Evacuation and Transportation Standards Act

PHL-Public Health Laboratory  
PHN- Public Health Nurse  
PIO-Public Information Officer  
PKEMRA-Post Katrina Emergency Management Reform Act  
PPE-Personal Protection Equipment  
PT-Physical Therapy  
QAST-Quality Assurance Screening Test  
RMPG-Regional Medical Planning Group  
RMRS-Regional Medical Response System  
STD-Sexual Transmitted Disease  
T-Treatment  
Tx-Treatment  
TB-Tuberculosis  
VTM-Viral Transport Media  
WIC-Women, Infants, Children



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STEPHENS

Mass  
Immunization/Prophylaxis  
Strategy Plan

10/01/2012

## **PURPOSE**

This document describes procedures needed to provide mass medication (immunization or prophylaxis) to Oklahoma citizens living within and surrounding the STEPHENS County jurisdiction. It details the current concepts, plans, and capabilities required for a mass medication response in STEPHENS County including the identification and coordination of key local emergency responders, critical decisions, and the integration of public and private sector resources for an effective public health response.

## **SITUATION AND ASSUMPTIONS**

### **Situation**

1. The possibility of biological, chemical, or radiological terrorism as well as emerging infectious diseases requires preparations for a mass medication response.
2. The Oklahoma State Department of Health's (OSDH) Mass Immunization/Prophylaxis Strategy (MIPS) is scalable. It includes the 35 sites required for mass smallpox immunization to an ever-increasing number of sites that would be available for antibiotic dispensing. The sites serve the population in the catchment's area. Sites were selected based on population, coverage of the state, and site requirements for the specific type of medication to be issued.
3. Each local area is responsible to set-up and staff the mass medication sites.
4. Upon the order of the Commissioner of Health, STEPHENS County will establish a delivery location for medical materiel.
5. Upon the order of the Commissioner of Health, mass immunizations or mass prophylaxis will be conducted in the STEPHENS MIPS jurisdiction to serve residents in the affected area(s).
6. Pre-event preparations require deliberate planning, maximizing readiness for all designated locations, and developing a tiered response (i.e. the identification, planning, and exercise for the use of local, state, and federal assets to include the Strategic National Stockpile) for a mass medication event.

### **Assumptions**

1. This procedure is based upon the requirements to request and utilize assets from the Strategic National Stockpile (SNS).
2. The clinic operations are based upon the need to medicate 50,000 citizens in the timeframe established by OSDH, based upon the etiology. Because the timeframes range from 48 hours to 10 days, based upon the biological agent involved, the response must be scalable.
  - i. Clinics will activate and be ready for patients within six hours notice from the Oklahoma State Department of Health's Situation Room.
3. The success of a mass medication site relies on a coordinated public information campaign to minimize perceived risk and to thwart mass hysteria. This would allow a somewhat controlled response of the victims in being treated for the event.
4. All resources identified and listed will be available and serviceable for the use in supporting this event.

**RECORD OF CHANGES**

<b>STEPHENS County MIPS</b>	
(This plan is reviewed and updated after exercises and assessments identify improvements needed.)	
Section	Date
Grammar – Section 9 pg 13 “Reminder”	7/25/06
Updates to reflect newest CDC SNS Local Assistance Review Tool 9/06 <u>NEW</u> : Section 1.1.3; Section 1.1.13; Sections 6.5, 6.6 & 6.7; Section 8.1.1; Sections 10.5, 10.6 & 10.7; Attachment O; Attachment P; Attachment Q <u>MODIFIED</u> : Section 3; Section 4.1; Section 6; Section 8; Section 10.1; Attachment A; Attachment K	11/17/06 – 12/08/06
Attachment N – Security Plan Template	12/11/06
<u>NEW</u> : Attachment R – Local Inventory Workbook <u>MODIFIED</u> : Attachment Q - wording	12/14/06
Section 5 Communication flow chart (copy & paste updated chart); <u>NEW</u> : Section 10.8; Attachment S <u>MODIFIED</u> : 8.1	12/27/06
Sections 4.3; 11	5/29/07
Section 10.7	7/5/07
Assumption 2i	7/10/07
10.1 (grammar)	9/10/07
<u>MODIFIED</u> 8.2 – deleted equipment table due to redundancy (information collected in Attachment K)	10/15/07
Section 10.2	10/16/07
<u>MODIFIED</u> : Section 1.1; 1.1.5; 3; 5; 6; 8.2; 8.3; 9	10/23/07
Due to Oct 07 TART release: Modified Section 1; 1.1.5; 1.1.13; 4.1; 10.1; 12; Attachment F3 – JAS; Att Q1; <u>NEW</u> 5.1.1; 8.5	11/07/07 – 11/28/07
<u>MODIFIED</u> : Section 1.1.1; 8.1.1	2/19/08
New Template Update	03/10/08 CC
<u>MODIFIED</u> : Attachment N under “staffing Levels and Shifts” and “Access Control & Credentialing” for Warehouse, Area Command and POD tabs;	3/17/08

MODIFIED: Sections 1.1.13; 6.7; NEW: Section 7.2	
Update	3/28/08 ss
Updated – added Motorola radios to POD communications	03-31-08
Update: Care and Feed	04-17-2008 ss
NEW: Attachment T1 – Push Partner	06/23/08
NEW: Section 5.2	7/9/08
MODIFIED: Section 7.1	07/14/08
NEW: Section 7.2 (3/17/08); Attachment T (6/23/08); Section 5.2 (7/9/08) MODIFIED: Sections 1.1.1 & 8.1.1 (2/19/08); Attachment N and Sections 1.1.13 & 6.7 (3/17/08); Section 7.1 (7/14/08) Initial assessment start date - LJ	9/18/08 LJ
Page 13 changed XXX to Stephens	03/17/2009 SS
Page 14 changed XXX to Stephens and changed from pending to yes on MOUs	03/17/2009 SS
Page 17 added a comma and hyphen to last line on the page and removed the word “photo” under Section 7.1 Credentialing	03/17/2009 SS
Developed letter and agenda for meeting	03/24 & 3/25/09 SS
Preparation for Community Partnership Mtg	04/17/09 SS
Community Partnership Meeting	04/21/09 SS
Updating contacts	04/23/09 SS
MIPS plan workday	05/20/09 SS & regional staff
Obtaining MOU signatures in the field	05/21/09 SS
Preparation for Push Partner Meeting	06/04 & 06/05/09 SS
MOUs	06/09/09 ss
MIPS work day	06/10/09 SS & regional planner
Attachment K update; MOUs; contacting and updating push partners	06/11/09 SS
TAR Assessment with regional planners	June 12, 2009 ss
MOU Signatures	06-15-2009 ss
Update email and cell phones in Attachment K	06-17-2009
Push Partner Meeting	06-22-2009
February 16, 2010	MIPS work day with M. Martin

Template update; MODIFIED (based on reviews by M. Martin & R. Nutter-Klepper): Sections 1.1.1; 1.1.6; 1.2; 3; 4.1; 4.3; 5; 5.1; 6; 6.7; 7.1; 8; 8.1.1; 8.3; 8.5; 9; 10; 10.1; 10.2; 10.4; 10.7; 10.8; 11; 12; Attachment A (contact tables); Attachment K (deleted staffing tables/worksheet);	2/22/2010 MM
Update Attachment N & K	MIPS Work day with M. Martin & C. Gluck & S. Singer
Update warehouse security plan	S. Singer 04/15/2010
Update organizational chart	S. Singer 4/19/2010
Community Partnership mtg.	04/20/2010 updating planning partners ss
Updating base plan on p. 1 & 5	S/04/22/2010.Singer
TAR Review	S. Singer & M. Martin 02-16-2010
Revised Annex H/Attachment C	S. Singer 03/17/2010
Gathering info on first responders	S. Singer 03/19/2010
Updating Att. K & base plan	S. Singer 04/24/2010
Updating Attachment K	SS 01/26 & 27/2011 01/31/2011
MODIFIED: Pg I – Situations & Assumptions; Sections 1; 1.1.1; 1.1.5; 1.1.8/ 1.1.9; 1.1.13; 1.2; 2.1; 4.1; 4.3; 5; 5.1; 5.1.1; 5.2; 6; 6.1; 6.2; 6.5; 6.7; 7; 8; 8.1; 8.1.1; 8.3; 8.5; 9; 10.1; 10.2; 10.3; 10.5; 10.7; 11; 12.1; 12.2; 12.3 NEW: Attachment U – Communications Templates; Attachment V – Distribution Plan	2/8/2011 LJ/MM
REMOVED Attachment U – Communications MODIFIED: Sections 1.1.3; 5 NEW: Attachment U – Care & Feed Plan	2/8/2011 LJ/MM
Updated Attachment P	SS 2/8/2011
Update verbiage on page 1,5	SS 2/14/2011
Modified language page 5	SS 03/11/2011
Updated 4.1 & 4.2	SS 03/17/2011
Updates Section 6.1 Handouts	3/23/2011 MM
MODIFIED: Sections 5 (including flow chart); 5.1	5/3/11 LJ
Updated recall roster	09/06/2011 SS
MODIFIED: Attachment K – included functional needs section; Section 6.6 –	10/17/2011 LJ

renamed and added reference to Attachment K	
Updated recall roster	10/21/2011 SS
<b>Attachment T</b> MODIFIED: LANGUAGE FOR PRIORITIZATION (PG 3); <b>Attachment T</b> NEW: added section 2.2.1 Functional Needs Populations (pg 4) Att A Section 2.1 Functional Needs Planning (pg A2)	10/24/11 LJ
NEW: Just-In-Time Training Checkpoints for Drivers (Attachment Q1)	10/24/11 LJ
MODIFIED: Section 7 (per CDC DSNS assessment comments); Sections 5.1 & 5.1.1 (notes per updated LTAR tool)	10/24/11 LJ
Updated recall roster	11/04/2011 SS
Updated recall roster	11/29/2011 SS
Updated Attachment N	12/30/2011 SS 03/01/2012 SS
Updated Pharmacy Contacts, Printer Contacts	03/28/2012 SS
Updated Recall roster	7/31/2012 SS
MODIFIED: Attachment B; Attachment K (new tab to track refrigeration capabilities); Sections 1.1.1; 1.1.10; 4.1; 8; 8.5; 9 NEW: Section 12.1.1	08/30/12 SS
Revised first responder numbers to reflect information from 2010 Census	09/17/2012 SS
Updated recall roster	09/27/2012 SS
Updated recall roster	10/9/2012 SS
Updated recall roster	2/15/2013 SS





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## 1. DEVELOPING A PLAN

**STEPHENS** County has been identified as one of the thirty-five Mass Immunization/Prophylaxis Strategy (MIPS) Sites. All contact information for planning partners and workers are located in Attachment A. The County Health Administrator is responsible for ensuring the creation and coordination of the plan in the catchment's area identified in Attachment B. Regional teams are available to assist in the planning and training processes. This plan encompasses a population of roughly **50,000** people.

The following planning groups and/or agencies have been utilized to create a local MIPS Plan that is incorporated into the local Emergency Operations Plan (EOP) under Annex H – Public Health and Medical. (A sample of the **STEPHENS** County Annex H is located in Attachment C.) These agencies assist the **STEPHENS** County Health Department in All Hazards planning as well as SNS planning elements (Tactical Communications/IT Support, Security, Distribution, Dispensing, Inventory, Hospital/Medical Systems, Public Information, Volunteer Coordination, and Safety).

- Stephens County Emergency Management (Tactical Communications)
- City of Duncan Emergency Management (Tactical Communications)
- Duncan Police Department (Security, Distribution)
- Ham Radio Club (Tactical Communications)
- Stephens County Sheriff's Office (Security/Distribution)
- Red River Technology (Inventory, Distribution, IT/Support)
- Duncan Fire Department (Medical Systems)
- Duncan Regional Hospital (Medical Systems)
- Halliburton Energy Services (Dispensing)
- Stephens County Commissioners (Distribution)
- Local Pharmacies (Dispensing, Medical Systems)
- Marlow Fire Department (Dispensing)
- Duncan Chamber of Commerce (Volunteer Coordination)
- LEPC (Volunteer Coordination)
- Cert Teams (Security, Volunteer Coordination)
- City of Duncan (Dispensing, Security,)
- EMS (Medical Systems)
- American Red Cross (Volunteer Coordination)
- Medical Reserve Corp (Hospital/Medical System/Dispensing)
- Medical Emergency Resource Center (Hospital/Medical Systems)
- Duncan Group Homes (Dispensing)
- Duncan Community Residence (Dispensing)
- Nursing Homes and Assisted Living Centers (Dispensing)
- Stephens County Fairgrounds and Expo Center (Dispensing, Communication)
- Volunteer Fire Departments (Dispensing)
- Marlow Police Department (Security)

## **1.1 State Policy & Legal Issues**

### *1.1.1 Requesting Assets*

All requests for federal assets must go through a state agency. Local agencies and county health departments will request additional emergency medical assistance through the OSDH. Local treatment centers will request emergency medical assistance through a regional Medical Emergency Response Center (MERC) which is part of a Regional Multi-Agency Coordination (MAC) system. The MERC will forward any hospital request for emergency medical assistance to OSDH. All other assets such as food, water, security, and non-medical items will be requested through the local emergency management channels up to the Oklahoma Department of Emergency Management (OEM) when local assets are depleted. (More details are listed on the request process in the Requesting Assets section.)

### *1.1.2 Family Member Pickup*

To expedite the delivery of mass antibiotics or prophylaxis, one person can receive doses for up to nine (9) additional family members. A common Name, Address, Phone & Health (NAPH) form (Attachment S) will be completed to ensure appropriate documentation.

### *1.1.3 Unaccompanied Minor*

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

### *1.1.4 Identification Requirements*

The goal of the MIPS clinics is to treat people without prosecution. The **STEPHENS** MIPS plan will allow individuals to pick-up medication at a dispensing site without identification.

### *1.1.5 Badging*

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

### *1.1.6 Rules of Engagement*

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

#### *1.1.7 Native Americans*

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

#### *1.1.8 Military Installations*

Oklahoma has a very strong military presence. There are federal military installations across the state: three air force bases, one army post, and one maneuver training camp. In addition, the Oklahoma State Department of Health is working with the Oklahoma Military Department who is planning for the coverage of National Guard members. There are six base cities identified around the state.

The STEPHENS County MIPS Plan does not encompass a federal military installation or National Guard post.

#### *1.1.9 Standing Orders*

The OSDH has standing public health nursing guidelines and orders (PHN-GAOs) for specific events that the Commissioner of Health, State Medical Officer, or designee may activate. Once activated, pharmacists, physicians, and nurses may dispense/issue these medications in ordinance of these PHN-GAOs. (Nurses may administer and treat patients as long as they follow by PHN-GAO's as discussed in the Oklahoma Nursing Practice Act O.S. §59.567.3a.) Also, pharmacy interns and nursing students may issue these medications if overseen by a preceptor or instructor licensed in that profession. The OSDH maintains and annually updates PHN-GAO's for anthrax, tularemia, plague, smallpox, brucellosis, and botulism (Attachment D). For a worst case scenario, non-medical volunteers who have had proper medication issuance training may handout medication only in the event the Governor relaxes the license requirements.

#### *1.1.10 Waiver of State Licensing Requirements*

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

#### *1.1.11 Private Property*

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

#### *1.1.12 Compensation and Liability*

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

State, city, and county employees assigned to work during a public health emergency, in lieu of normal duties, will be covered by workers compensation. Oklahoma Medical Reserve Corps volunteers as stated in O.S. §76-32, "shall not be liable for civil damages . . ." Also, volunteers working in an emergency management capacity (as outlined in Emergency Support Function (ESF) #8 as related to SNS) shall possess the same powers,

duties, immunities and privileges if performing the same duties in which normally rendering services - §63-683.13. Lastly, OSDH workers compensation can currently cover up to 20 volunteers activated by the OSDH central office but also can increase those numbers based on an agreement with Comp Source.

*1.1.13 Care/feed Plan*

Because sites associated with this plan are in different jurisdictions, site-specific care-feed contacts for each are identified in Attachment U. Beverages, snacks, and meals will be coordinated by the identified partner(s).

Positions will be staffed by personnel within driving distance to the facilities. Because of this, lodging will not be provided. Workers will be sent home after shifts. If volunteers arrive from long distance due to the request to the state for additional personnel, the STEPHENS County Emergency Management will coordinate lodging resources in the local jurisdiction. These volunteers will receive lodging information at the staging location upon the end of their shift.

**1.2 First Responders**

During a public health emergency that requires the prophylaxis or vaccination of the population, first responders and their family members will be medicated in most instances before the general public. This will allow first responders to report to duty, instead of waiting in line. Providing medication to their family will also allow the first responders to report to duty knowing that their family is being provided for.

Local caches are listed in Section 4. These local caches will be used to treat first responders vital in a public health emergency.

The following is a list of first responders and the estimated doses required to prophylax first responders and their immediate family. Immediate family members are considered those residing in the same household as the first responder or whom the first responder has direct responsibility for his or her well-being.

If local caches are unavailable, the first responders will be advised of the estimated delivery time of state and/or SNS assets. Prophylaxis of first responders and/or their family members will depend on the availability of medications and scope of the public health emergency. In some instances, such as pandemic influenza, the Centers for Disease Control and Prevention (CDC) may identify targeted populations. The local Area or Unified Command will determine the priority and apportionment of countermeasure medication to partners assisting in a public health response and will take into consideration federal and state directives.

Agency	Est # Employees	X3 (to account for family)	Dispense at MIPS or Take Back to Agency	Signed acknowledgment or Push Partner Plan in place
Stephens County Health Department	1	54	dispense at Health Dept.	X

Duncan Regional Hospital	1100	3300	<input type="checkbox"/> POD <input checked="" type="checkbox"/> Take Back	<input checked="" type="checkbox"/>
American Medical Response Ambulance Service	64	192	<input checked="" type="checkbox"/> POD <input type="checkbox"/> Take Back	<input type="checkbox"/>
Warehouse Staff	14	42	<input checked="" type="checkbox"/> POD <input type="checkbox"/> Take Back	<input type="checkbox"/>
Stephens County Emergency Management (Includes Cert Teams)	12	36	<input checked="" type="checkbox"/> POD <input type="checkbox"/> Take Back	<input type="checkbox"/>
Stephens County Sherriff's Department	21	63	<input checked="" type="checkbox"/> POD <input type="checkbox"/> Take Back	<input type="checkbox"/>
Duncan Police Department	52	156	<input checked="" type="checkbox"/> POD <input type="checkbox"/> Take Back	<input checked="" type="checkbox"/>
Duncan Fire Department	42	126	<input checked="" type="checkbox"/> POD <input type="checkbox"/> Take Back	<input checked="" type="checkbox"/>
MIPS volunteers	100	300	<input checked="" type="checkbox"/> POD <input type="checkbox"/> Take Back	<input type="checkbox"/>
Marlow Fire Department	19	57	<input checked="" type="checkbox"/> POD <input type="checkbox"/> Take Back	<input type="checkbox"/>
Marlow Police Department	15	45	<input checked="" type="checkbox"/> POD <input type="checkbox"/> Take Back	<input type="checkbox"/>
Volunteer Fire Departments of Stephens County	120	360	<input checked="" type="checkbox"/> POD <input type="checkbox"/> Take Back	<input type="checkbox"/>
Stephens County Commissioners & their district employees	51	153	<input checked="" type="checkbox"/> POD <input type="checkbox"/> Take Back	<input type="checkbox"/>

## 2. COMMAND AND CONTROL

The **STEPHENS** County Health Department complies with the National Incident Management System (NIMS) and utilizes the Incident Command System (ICS). The responsibility for local mass medication lies with the **STEPHENS** County Health Department. The **STEPHENS** County Health Administrator will use the Unified Command approach to facilitate MIPS management due to issues of multi-jurisdictional and multi-agency involvement. This enables a collaborative process to establish incident objectives and designate priorities to meet the objectives. The **STEPHENS** County Health Administrator in conjunction with the **STEPHENS County Emergency Management Director** will serve as the lead official to develop, update, and implement this procedure.

### 2.1 Unified Command System

The following common responsibilities for leaders, directors, and supervisors are provided as a reference for positions within the Unified Command System as applicable. (Basic ICS structures are utilized by the **STEPHENS** County Health Department to



respond to public health emergencies. These ICS structure(s) are located in Attachment E):

1. **Command Staff:** Site commander assigns responsibility for the key staff positions, which may include Public Information Officer, Safety Officer, Liaison Officer, in addition to various others as needed.
2. **Operations Section:** Responsible for all activities focused on the functional aspects of the event to reduce the immediate hazard, save lives and property, establish situational control, and restore normal operations.
  - a. The Operations Section Chief manages all incident tactical activities and implements the Incident Action Plan (IAP).
  - b. The Operations Section Chief may have one or more deputies (preferably from another agency). Deputies will be qualified to a similar level as the Operations Section Chief.
  - c. An Operations Section Chief will be designated for each of the operational periods and have direct involvement in the preparation of the Incident Action Plan (IAP) for the period of responsibility.
  - d. Major elements include: Branches, Divisions, Groups, Strike Teams, and Single Resources.
3. **Logistics Section:** Tasked with meeting all the support needs of the event, to include ordering additional needed resources not on hand through appropriate procurement authorities. It also provides facilities and transportation, supplies, equipment and fueling, food service, communications, and medical services for incident personnel.
  - a. The Logistics Section Chief manages the activities of the section and reports to the Site Commander.
  - b. Major elements include: Traffic Management and Crowd Control, Communications, Security, Transportation, Clerical Staff, Supply, and Food for Workers.
4. **Planning Section:** Tasked with collecting, evaluating, and disseminating tactical information pertaining to the incident. This section maintains information and intelligence on the current and forecasted situation, as well as the status of the resources assigned to the incident.
  - a. The Planning Section prepares and documents the Incident Action Plan and incident maps as well as disseminating information and intelligence critical to the incident. The Planning Section is led by the Planning Section Chief, and has four primary units and may include a number of technical specialists to assist in evaluating and forecasting requirements for additional personnel and equipment.
  - b. Major elements include: Resource Unit, Situation Unit, Documentation unit, Demobilization Unit and Technical Specialists.
5. **Finance/Administration Section:** Tasked with the financial tracking and cost analysis aspects of the event.
  - a. This section is led by the Finance/Administration Chief and has functional units for compensation, procurement and records management. In some of the functional areas (e.g., procurement), an actual unit need not be established if it would consist of only one person. In such a case, a

- procurement technical specialist would be assigned in the Planning Section instead.
- b. Major elements include: Compensation/Claims Unit, Procurement Unit, Cost Unit, and Time Unit.
6. **Intelligence Section:** Tasked with the analysis and sharing of information and intelligence are important elements of ICS. In this context, intelligence includes not only national security or other types of classified information but also other operation information, such as risk assessments, medical intelligence (i.e., surveillance), weather information, geo-spatial data, structural designs, toxic contaminant levels and utilities, and public works data that may come from a variety of different sources.
- a. Traditionally, information and intelligence functions are located in the Planning Section. However, in exceptional situations, the Incident Commander (IC) may need to assign the information and intelligence functions to other parts of the ICS organization. In any case, information and intelligence must be appropriately analyzed and shared with personnel, designated by the IC, who have proper clearance and a “need-to-know” to ensure that they support decision-making.
  - b. The intelligence function can be accomplished and assigned to an ICS organizational structure in one of the following ways:
    - i. Command Staff - Add an Intelligence Officer position reporting directly to the Incident Commander.
    - ii. Planning Section - Used when planning a tactical intelligence but Law Enforcement is not part of the ICS and/or Unified Command (UC) Structure (such as the use of Epi Intelligence).
    - iii. Operations Section Branch – This option is used when classified intelligence from a tactical need is accessed for a specific incident. (Law Enforcement is within the ICS/UC element).
    - iv. Intelligence Section (a separate General Staff Section) - This option may be most appropriate when an incident is heavily influenced by intelligence factors or when there is a need to manage and/or analyze a large volume of classified or highly sensitive intelligence or information. This option is particularly relevant to a terrorism incident, for which intelligence plays a crucial role throughout the incident life cycle.
    - v. The information and intelligence function is also responsible for developing, conducting, and managing information-related security plans and operations as directed by the IC. The information and intelligence function also has the responsibility for coordinating information- and operational-security matters with public awareness activities that fall under the responsibility of the PIO, particularly where such public awareness activities may affect information or operations security.
7. **Common Responsibilities (for all ICS members):** The following is a checklist applicable to all personnel in an ICS organization.

<b>Common Responsibilities</b>	<b>Completed</b>	<b>Time</b>
Receive job assignment from your agency, including: Job assignment (e.g., Strike team, Triage, etc.) Reporting location Reporting time Travel instructions Any special communications instructions (e.g., radio frequency)		
Upon arrival, check-in at the designated check-in location		
Check-in with immediate supervisor and receive briefing		
Acquire work materials		
Know your assigned radio frequency for your area of responsibility and ensure that communication equipment is operating properly		
Use clear text and ICS terminology (no codes) in all radio communications		
Supervisors shall maintain accountability for their assigned personnel with regard as to exact location(s) and personal safety and welfare at all times		
Organize and brief subordinates		
Complete forms and reports required of the assigned position and send through the supervisor to the Documentation Unit		

8. **Common Responsibilities (for ICS leadership):** The following is a checklist applicable to all Unit Leaders, Division and Branch Directors, and Group and Team Supervisors. This checklist details duties in addition to those applicable to all positions.

<b>Common Responsibilities for Leaders, Directors, &amp; Supervisors</b>	<b>Completed</b>	<b>Time</b>
Review Common Responsibilities		
Upon check-in, receive briefing from supervisor		
Participate in incident planning meetings, as required		
Review Incident Action Plan (IAP) for your assigned area (ICS)		
Determine status of unit activities		
Order additional staff as appropriate		
Determine resources needs		
Confirm staff, supply requests, and time of arrival		
Assign specific duties to staff; supervise staff		
Develop and implement accountability, safety, and security measures for personnel and resources		
Provide Supply Unit with a list of supplies to be replenished		
Maintain unit records, including Unit/Activity Log (ICS 214)		

Job Action Sheets for a Prophylaxis response and a Vaccination response are located in Attachment F.

Common ICS forms are included in Attachment G.

### **3. MANAGING OPERATIONS**

The **STEPHENS** County Health Administrator works closely with the local Emergency Management agencies to ensure a coordinated planning effort. A regional preparedness team is also available to help promote local participation, train partners, and organize exercise planning.

A basic activation checklist is included as Attachment H to assist the **STEPHENS** County Health Administrator in activating a Mass Immunization/Prophylaxis Strategy plan.

Each Point of Dispensing Site (POD) activated will have a Site Manager in charge. The Site Manager or their Branch Directors onsite will approve any site-specific decisions or changes at the location. For example, in the event a bottleneck is identified in the line flow, the Operations Chief will have the authority to change the flow pattern to try and alleviate any backups.

### **4. IDENTIFYING & REQUESTING ADDITIONAL MEDICAL SUPPLIES**

Although well-established plans offer an assurance that medical assets from the Strategic National Stockpile will be made available to Oklahoma upon request, there may be circumstances in which prophylaxis or immunization using locally available stockpiles are efficacious.

The **STEPHENS** MIPS plan includes the following to accomplish mass medication of the citizens and responders if assets are not available from SNS or during the time from request of assets to actual receipt.

#### **4.1 Request for Regional/State/SNS Assets**

- The **STEPHENS** County Health Administrator or local Emergency Management Director will contact the Emergency Preparedness & Response Service at (405) 271-0900. This line is answered 24/7.
- The **STEPHENS** County Health Administrator will review the SNS Request Justification Guidelines (Attachment I) and assist the OSDH in the epidemiological investigation.
- The **STEPHENS** County Health Administrator will identify assets in local health department jurisdictions and available hospital supplies on hand (in coordination with local MERCs) before requesting additional supplies.
- The **STEPHENS** MIPS Area/Unified Command will update the Situation Room with throughput and inventory numbers on an operational basis (unless otherwise requested from OSDH). At any time a shortage of medical countermeasures is identified, a request will be made to the Situation Room following the proper chain of communication.
- The **STEPHENS** MIPS Area/Unified Command will pre-apportion supplies to each of the POD sites based on estimated population numbers in their service area. Each POD site will report throughput and inventory back up to their EOC. Anytime the local POD identifies a shortage in supply, a request will be made to the **STEPHENS** MIPS Area/Unified Command.

#### **4.2 Local Assets Available**

The following local sources of pharmaceuticals are known and/or have agreed to participate in a public health emergency.

<b>Name of Facility</b>	<b>Pharmaceuticals Stocked</b>	<b>Contact Information</b>
Stephens County Pharmacies See below	Ciprofloxacin 500 mg Doxycyclene 100 mg	See below
R & S #3 580-252-0140 1507 Highway 81 North Duncan, OK 73533	Cipro 500 tablets Doxy 500 tablets Amoxicillin: 500 tablets	Joe Pierce Work#580-255-6292 Home#580-255-8430 Cell#580-467-2013
R & S #2 580-255-9648 101 E. Main Duncan, OK 73533	Cipro 5000 tablets Doxy 500 tablets Amoxicillin: 500 tablets	Shawn Lockstone Work#580-255-6292 Cell: 580-467-4655
R & S #1 580-255-6292 821 W. Main Duncan, OK 73533	Cipro 500 tablets Doxy 500 tablets Amoxicillin: 500 tablets	
Newberry's Pharmacy 801 South Broadway Marlow, OK 73055	Cipro 400 tablets Doxy 2000 tablets Amoxicillin: 200 tablets	Gary Newberry W#580-658-3784 H#580-658-5372 Cell#580-721-0432 Shelly Mitchell H#580-658-5576 Cell#580-641-2097 Email: newberrydrug@cableone.net
Homeland Pharmacy 1401 W Beech Duncan, OK 73533	Cipro 500 tablets Doxy 750 tablets Amoxicillin: 500 tablets	Caron Morris Work: 580-255-0228 Home: 580-255-0661 Cell: 580-656-6174 Sherri MiddickCell: 580-467-3335
Walgreens Drug Store 1100 N HWY 81	Cipro: 500 tablets Doxy: 500 tablets Amoxicillin: 500 tablets	Sheri Mendenhall 580-252-2375 District: 405-842-8492
Baker Express Pharmacy 1842 N HWY 81 Duncan, OK	Cipro: 350 tablets Doxy: 500 tablets Amoxicillin: 500 tablets	Chad Scott Work#580-255-3784 Home: 580-255-4012 Cell: 580-467-7302 Email: cscott73533@sbcglobal.net
Star Discount Pharmacy 1206 N HWY 81 #42 Duncan, OK 73533	Cipro: 200 Doxy: 200 Amoxicillin: 500 tablets	Tom Sparks Work: 580-255-2937 Home: 580-658-9916 Cell: 580-251-0107 Bob Hall

		Cell: 580-251-1508 Email: pharmduncan@sbcglobal.net
Star Medical Center Pharmacy 2120 W Elk Ave #10 Duncan, OK 73533	Cipro: 500 tablets Doxy: 500 tablets Amoxicillin: 500 tablets	Brian Bobrovicz Work #580-255-7165 Home#580-266-6222 Cell#580-475-5054 Email: <a href="mailto:starmed@cablone.net">starmed@cablone.net</a> Barbara Head Cell#580-467-5778
Comanche Pharmacy 211 Oak Main Ave Comanche, OK 73529	Cipro: 100 tablets Doxy: 500 tablets Amoxicillin: 500 tablets	Cipro: 100 tablets Doxy: 500 tablets Amoxicillin: 500 tablets

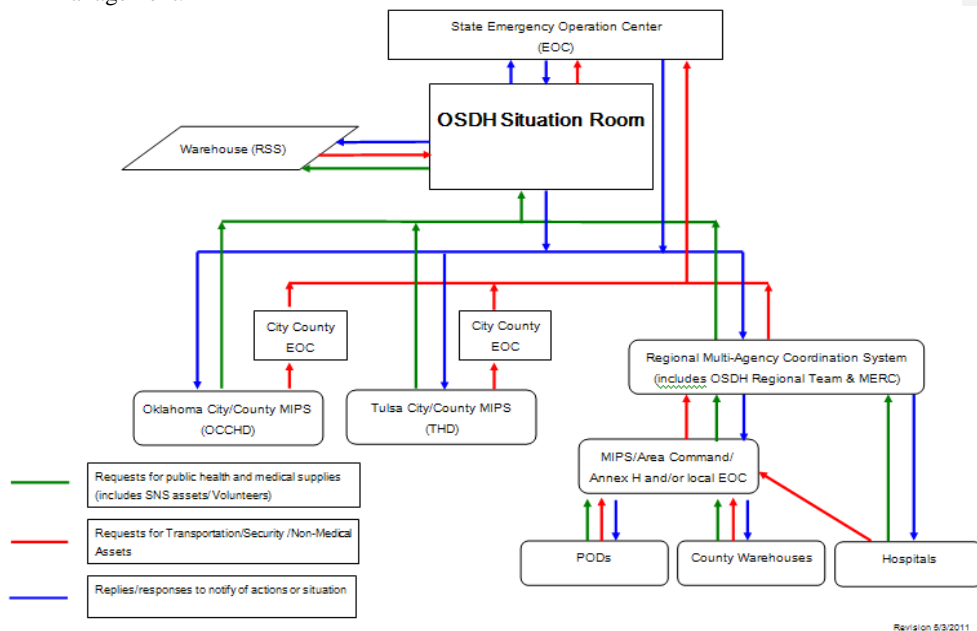
#### 4.3 Hospital Cache

The Oklahoma State Department of Health (OSDH) purchased antibiotics for hospitals participating in the Hospital Package Plan in 2005. As of 2009, all medications cached with these funds have expired due to restrictions not allowing hospitals to rotate the medications when possible.

Although a state cache is no longer in place, the local Area/Unified Command will work with Regional MERCs to identify current hospital countermeasure inventories to ensure local resources are depleted before requesting assistance. The privately owned inventory will be used for that hospitals first line of response but will be followed-up with additional local, state, or federal assets if needed for all employees, family members, and patients.

### 5. TACTICAL COMMUNICATIONS

In a public health emergency, all requests for medical supplies will go through the OSDH. Any additional supply requests will go through the **STEPHENS** County Emergency Management, and if needed, up to the Oklahoma Department of Emergency Management.



The MIPS communication flow will start at the local POD and go up to the MIPS Area/Unified Command. Each MIPS Area/Unified Command will report to a regional Multi-Agency Coordination (MAC) group manned by EPRS regional team members focusing on public health requests. The regional MAC goal is to identify regional coordination capabilities prior to pushing the request up to the Situation Room while keeping the span of control manageable. The MAC is not a decision maker, just a coordinator and liaison. The Communications Plan is included in the STEPHENS Emergency Response Plan. Each local jurisdiction is responsible for identifying, and capturing in a Communications plan, the available communications devices and levels they will be activating and ensuring they coincide with the OSDH Communications Plan.

#### 5.1 Communication Links

Below is a list of available communications equipment at each level of a public health response. Detailed communications plans identifying tier levels and more detailed flow specific to the jurisdiction can be found in the STEPHENS County Emergency Response Plan, Communications Annex.

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

**Situation Room:** landline phones; cellular phones; WebEOC; 800 mgHz; (*OSDH is currently researching replacement possibilities*); OKHAN; NEDDS; EMSsystem®; STU lines; email; Government Emergency Telecommunications Service (GETS) cards; Wireless Priority Service (WPS); blackberry phones; Ham Radios; runner

A communications plan for the OSDH is kept on file in the Situation Room, which includes all necessary phone numbers and order of communication device.

**Regional Preparedness & Response Team Members (as part of a MAC system):** landline phones; WebEOC; cellular phones; blackberry phones; (*OSDH is currently researching replacement possibilities*); email; GETS cards; Wireless Priority Service (WPS) (Contact information for all planners is included in Attachment A.)

**Local Area/Unified Command or EOC:** landline phones; WebEOC; blackberries/smart phones; Midland GXT860VP4 hand held radios (estimated range is 38 miles), Ham radios; email; runners. More detailed tier levels and location checks may be found in the STEPHENS Emergency Response Plan, Communications Annex.

**Point of Dispensing Sites:** landline phone; cellular phones/smart phones (blackberry and android phones) Midland GXT860VP4 hand held radios; email; WebEOC Internal Communications: see hand held radio listed above; colored flags have been used in the past to alert security or mental health workers of potential issues that may be evolving. (This is a visual communication tool and all staff are briefed on the tool).

In the event a communication system goes down, the local EOC will notify other areas by a redundant system. A runner will be used as a last resort. If equipment is damaged, a request will be made to the local EOC to replace.

#### 5.1.1 Communication System Checks

- Landline phones, cell-phones, email, and faxes are utilized on a day-to-day basis.
- Oklahoma State Emergency Management conducts weekly call checks for the VHF radio and 800 MHz with city and county EOCs.
- OSDH or MERC coordinators conduct routine checks with Hospital Emergency Administrative Radios (HEAR).

#### 5.2 Contact Verification and Recall Drills

Because communication is usually the first thing to fail it is important to constantly verify and test communications capabilities with personnel helping in a response. To do this, the STEPHENS County MIPS jurisdiction conducts quarterly updates and call-down drills for Command and General (C&G) Staff and other key partners and staff. All phone numbers are tracked on a recall roster and provided to the EPRS Training and Exercise Coordinator who utilizes the Oklahoma Health Alert Network (OK-HAN) to conduct call-down drills. A report is generated identifying who was called and if their response was confirmed or failed. Once the report is received, the STEPHENS county health



department reviews the report and contacts those with a failed response to verify contact information.

In addition to quarterly call-down drills for Command and General Staff or other leaders in the ICS structure, an annual call-down is conducted for all other personnel associated with the response. Because OSDH and the STEPHENS County MIPS jurisdiction uses the Oklahoma Medical Reserve Corps (OKMRC), call-downs for OKMRC volunteers are conducted through their system. The OKMRC uses email notifications, mail-outs (to remind volunteers to update contact information), and a call-down system similar to the OK-HAN. Email and the phone system, as well as media releases, have been utilized successfully in reaching volunteers in numerous past responses and public health initiatives.

**6. PUBLIC INFORMATION**

Communicating effectively during a crisis is key to generating an appropriate response from the general public. A Public Information Officer (PIO) is part of every Command staff in ICS. If PIOs from more than one agency or organization are involved, a Joint Information Center (JIC) or Joint Information System (JIS) may be formed. Representatives of the STEPHENS County Health Department and STEPHENS County emergency services as available will staff the JIC. If the event is a statewide event, the local media center will be named “STEPHENS County – Joint Information Center” to avoid confusion with the state location.

Each POD Site Commander, or designee, will act as a Public Information Liaison onsite and will direct any media questions to the PIO or the STEPHENS County Public Information Center (JIC) operated under their local Area/Unified Command. A POD Site Commander may designate another command member to direct media to act in this role at the time of emergency. In instances where media are sent by the STEPHENS County JIC to a specific POD to gain video footage, the Public Information Officer, or designees, will escort the media to that site. The Area/Unified Command will coordinate all planned media visits to a POD site prior to the visit.

The OSDH Office of Communications will provide guidance to local PIO’s and will provide templates easily modified for the local situation. Once the agent involved and the threat to the public have been identified, the Public Information campaign will be further enhanced to improve public confidence and compliance. The risk communication information will be revised as needed to address changes in the local community so all citizens can be well informed.

**6.1 Handouts**

For a mass medication effort, thousands of copies will be required. Copiers at the local county health departments in the area will be utilized to initiate the response for public handouts. Other facilities and agencies in the area available to help include:

<b>MOU (Y/N)</b>	<b>Name &amp; Address of Copy Place</b>	<b>Contact Information</b>
<b>Yes</b>	<b>Woolsey’s Office Products</b>	<b>Harold Kaspereit Work: 580-255-7805</b>
<b>Not Needed</b>	<b>Stephens County Health Department</b>	<b>Retha Frank: 580-252-0270</b>


Handouts and other forms requiring mass reproduction include the state Name, Address Phone & Health (NAPH) forms, disease specific information and a side effect page. If more epidemiological data is needed, a basic signs and symptoms page can be added for the patient to fill out. The **STEPHENS** County Health Administrator has copies of each form electronically, but can also request additional copies from the Regional Preparedness Teams.

The Oklahoma State Department of Health DocuTech center will be available to print handouts in bulk as well. In the event local printers are not available, a request will be made to the Situation Room to send hardcopies. The copies will be delivered with the medical countermeasures from the Receiving, Staging & Storing (RSS) warehouse operated at the state level.

**6.2 Translation (English as a Second Language)**

The primary language(s) spoken in the area include:

- English
- Spanish**
- Language Line ([www.language.com](http://www.language.com)) Telephone translation service.
- Oklahoma Department of Rehabilitation Services has a registry of Certified Interpreters for the deaf population listed for the Stephens County jurisdiction.

Disease specific forms are printed from the CDC’s 48 Language CD, so these forms can be translated. The NAPH forms are available in both English and Spanish. In addition to written materials, translators will be available at each of the Points of Dispensing (PODs) to assist with further translation. Additional bi-lingual volunteers may be activated through the local Oklahoma Medical Reserve Corps (OKMRC) unit or by request to the OSDH Situation Room.

In addition to non-English speakers, other communication barriers have been identified: persons with hearing impairments, with blindness, or who are illiterate. Although it is easiest to allow a family member to help those with any communication barriers, float staff and translators will be available to assist those in need.

**6.3 Local Media Sources**

The following are contacts for local media resources that may be used during an emergency.

Type of Media	Name of Media	Contact Information
Print	The Duncan Banner	Kevin Hook, Publisher Work: 580-255-5354 Ron Booth, Editor
Print	Comanche Times	580-439-6500
Print	Marlow Review	• John Ruby

		<ul style="list-style-type: none"> <li>• Work: 580-658-6657</li> <li>• Cell: 580-251-5944</li> <li>• Email: john@marlowreview.com</li> </ul>
Radio	KKHEN Radio; KDDQ 1053 FM; KPNS	Joy Chapman Work: 580-255-1350 580-255-4560 580-252-9710
Radio	Foxy 92	Jennifer 580-658-9384

#### 6.4 POD Information

Dispensing sites will be made public at the time of the emergency. It is important that the public not respond to a designated site if the site has been compromised. Also, not all PODs may be activated for each emergency so it will be important for the public to recognize which PODs are activated. To ensure the public moves swiftly through the PODs, since they will be fairly new to the public, signs have been made to direct people. Signs specific to each POD site are stored either electronically and/or pre-made at the responding county health agency.

(Specific POD information is listed in Attachment K. Layout, flow, and aerial diagrams are also available from the Mass Architect contract.)

#### 6.5 Electrical Outages

In the event electrical power is out, radio broadcasts will be used. In addition, roadside signs used for directing traffic will be utilized. The OSDH Shelf-kits have leaflets that can be printed and forwarded to disperse among the public and post at local public places.

#### 6.6 Reaching Functional Needs Populations

The Oklahoma State Department of Health, Office of Communications has conducted a special population survey.

In STEPHENS MIPS Planning area, the following has been identified and plans to address:

- ❑ Non-English speaking, Hispanic – Translators and translated documents will be onsite;
- ❑ Sheltered in Place or Incarcerated individuals – Attachment K lists nursing homes and assisted living centers within the Stephens County MIPS jurisdiction. Wayne McKinney is the point of contact for the Stephens County jail. Danny Ford, Chief, Duncan Police Department is point of contact for the City of Duncan Police Department jail.
- ❑ Homeless – no population identified. There are several faith based organizations, civic groups and agencies such as the Marlow Samaritans, Chisholm Trail Compassion Clinic, Women’s Haven, Stephens County United Way, Smart Start, Assumption Catholic Church, Gabriel House that assist under-privileged families

- Homebound or Elderly –There are several home health care agencies within the county which serve this population. Nutrition Centers and senior citizen centers are located in Duncan, Marlow, Comanche, Bray and Velma, some of these sites have transportation vans, in addition to Red River transportation.
- Hearing, Vision or Reading Impaired – Those who report to a POD site under the STEPHENS MIPS Plan will be provided with a runner or support staff that can direct them through the POD clinic with written messages, verbal messages or if available, sign language interpreters. A list of interpreters for this jurisdiction exists on the Oklahoma Department of Rehabilitation (DRS) registry.

To ensure functional needs at each POD site, Attachment K lists specific resources needed to ensure complete accessibility to the general public. A Functional Needs Resource Guide for Stephens County is also available.

#### **6.7 State and Local Message Coordination**

Because the county health departments fall under the jurisdiction of OSDH, all messaging will originate at the central office. The Oklahoma State Department of Health (OSDH) Office of Communications will take the lead on message development. The Office of Communications has shelf kits for each Threat A Agent as well as Pandemic Flu. An OSDH Public Information Officer (PIO) will identify the needed messages and forward to the activated Area/Unified Commands.

Each Area/Unified Command PIO will then be responsible for inserting site specific information that includes:

- Location and directions to sites;
- Alternative dispensing methods;
- Flow of the POD clinic and what to expect at the site;
- Exit information; and
- Medication compliance information.

In addition to state and local public health coordination during an event, the OSDH also coordinates messages prior to the event with other state partners. A pamphlet, called “Plan, Prepare, Be Aware” was created in coordination with OSDH, OEM, and the Oklahoma Office of Homeland Security. It was designed to provide some basic preparedness information and resources to the public.

Lastly, every March, OEM heads-up a major weather preparedness campaign. Many McDonald’s around the state have partnered up with the state and local emergency managers to provide this information. The emergency manager(s) in this STEPHENS MIPS jurisdiction work to help further provide health department response messages by including the above mentioned pamphlet on display at the participating McDonald’s. (Verify and delete if this is not correct with your county EM’s.)

#### **7. SECURITY**

Mass Architects has conducted site survey assessments on the identified MIPS & POD sites. In addition local law enforcement has been engaged to carry out crowd control and traffic control plans. Because PODs are in multiple jurisdictions, specific security information for each site is included in the POD information listed in Attachment N.

Security will be used for internal and external security at the MIPS locations, PODs, and warehouse that receives medical assets. Security will also be used to escort antibiotics as well as strike teams, if the situation calls for it.

It's important to ensure security plans can be picked up by another agency and read quickly in times of emergency. The expectation is the Mass Architect drawings create a starting point for each POD site to create detailed posting orders while the Attachment N template provides space to include enough narrative description space to detail out specifics to the site security plans.

#### **7.1 Badging**

During staging, each worker/volunteer will be required to show two state/government forms of identification. This includes a driver's license, military ID, or passport, along with a government issued employee badge or Oklahoma Medical Reserve Corps badge. For event specific badging to identify onsite personnel easily, a basic Access database will be utilized to create event specific badges. The same badging plan will be utilized for all areas under the **STEPHENS** MIPS area, which includes all MIPS, PODs and the STEPHENS Warehouse.

#### **7.2 Spontaneous Unaffiliated Volunteers**

The Oklahoma Medical Reserve Corps is the primary source of public health response volunteers although, as in the past, there has always been a large influx of last minute volunteers. These volunteers are also known as spontaneous unaffiliated volunteers or SUVs. In the event of a large scale disaster the public information campaign will direct these people, through television and radio, to sign up for the Oklahoma Medical Reserve Corps. OSDH works closely with the OKMRC and Oklahoma State Department of Emergency Management to quickly process background checks and credential checks. (This process has been used in the past during Hurricanes Katrina and Rita evacuations to Camp Gruber and during the 2007 January ice storms.)

Once completed, the volunteers will be ready for the second or third shift. Each site receiving these SUVs onsite will be expected to provide Just-in-Time training. At the beginning of each shift request, the OKMRC will provide the list of volunteers at each site. In addition, if a badge cannot be provided to the volunteer immediately, the receiving site will need to verify the volunteers to the list along with two sources of identification. (Volunteers without badges will be instructed by the OKMRC to bring along two sources of verification prior to arriving onsite.)

### **8. DISTRIBUTION**

The distribution sites (primary and backup local warehouses) for SNS assets or other state assets are identified in Attachment K. These sites may or may not be the same as a location POD site. The local county warehouse will receive all medical countermeasures for the general population in their catchment area. In the event of a statewide emergency, if there are not enough delivery vehicles, hospital supplies may also be delivered to the distribution site. Hospitals will be responsible for picking up the apportioned supplies. (The local distribution sites will not be responsible for breaking down or inventorying hospital or treatment facility supplies.)

The local MIPS warehouse will be operational prior to arrival of SNS assets. Personnel will be onsite at least one hour prior to arrival of SNS assets to ensure a quick offload. The distribution site will remain partially staffed until additional supplies are expected, at which time staff will be contacted to report back to the warehouse. The State will use WebEOC to document the time each delivery leaves the RSS warehouse and where the trucks are stopping. Area/Unified Command will monitor WebEOC for departure times in preparation for activating personnel to the local MIPS warehouse.

Depending on the severity of the event, and expectation of delivery of supplies, the warehouse will operate in two 12-hour shifts or three 8-hour shifts. If deliveries are slow, or unexpected, the option of closing down for the night will be decided upon by the Area/Unified Command. (Any time SNS assets are housed in the distribution site, the building/grounds will be completely secure.)

#### **8.1 Chain of Custody**

Upon receipt of the State or SNS assets, the driver will have a Bill of Lading form. The SNS Receiving/Distribution Supervisor or designee will sign. The form will only show how many pallets or individual loose boxes are being dropped off.

Because most PODs will be sending a vehicle and driver to pick up supplies, a chain of custody form will not be used. However, the driver will sign at the distribution site to identify who picked up the supplies. All drivers will be pre-identified before they are allowed onsite to pick up supplies.

##### *8.1.1 Control Substances*

Although it is a possibility hospital supplies containing controlled drugs are dropped off at the **STEPHENS** MIPS Warehouse, all supplies will be pre-packaged. The hospital will be responsible for inventorying and finalizing any DEA paperwork. All hospital supplies delivered to the **STEPHENS** MIPS Warehouse will be secured as long as it remains onsite. The hospital pharmacy director or their designee (other hospital pharmacist) will fill out the final paperwork for controlled and narcotic substances. Their contact information will be kept on file at the MERC and with the local MIPS plan.

#### **8.2 Material Handling Equipment**

A list of supplies available at the warehouse and POD sites is included in Attachment K. In the event the appropriate material handling equipment is not available, volunteers will be staged at the distribution site to unload the contents by hand. Any equipment required onsite at the time of an event is also listed in Attachment K.

#### **8.3 Distribution Vehicles**

Distribution partners and available assets are outlined in Attachment K with a more detailed plan in Attachment V. All communication of distribution vehicles will be coordinated through the Area/Unified Command and relayed to the local MIPS warehouse and the vehicle/security escort. In the event a vehicle breaks down with material loaded, the local emergency management will be contacted to dispatch another vehicle.

#### **8.4 Antibiotic Dimensions**

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

Product	Pills Per Bottle	Bottles Per Case	Dimensions	Weight lbs.
<b>Cipro 500mg</b>	20	100	12*8*8	7.8
<b>Doxy 100mg</b>	20	100	12*8*8	5.1
<b>Doxy 100mg</b>	50	720	18*18*18	45.41
<b>Amox 500mg</b>	30	40	10*8*8	5
<b>Amox 500mg</b>	30	80	14*10*10	9
<b>Amox 500mg</b>	30	480	18*18*18	49

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

(Regarding antibiotic cases with bottles of 100)

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

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

#### 8.5 Distribution Schedule

The detailed plan for each site is listed in Attachment V, whether they will pick up supplies from the **STEPHENS** MIPS Warehouse, or whether a strike team or distribution team will deliver supplies to them. Orders for key first responders and hospitals without first line cache will be filled first. Points of Dispensing (PODs) will be filled in order of farthest distance to closest distance. Push Partners picking up at the POD will be filled directly after their POD pick up location is completed. This will allow one transport from the **STEPHENS** MIPS Warehouse to the outlying POD.

The **STEPHENS** MIPS Warehouse will not keep supplies on hand. Each order will be filled as soon as assets are received from the RSS Warehouse. If a POD or Push Partner site needs additional medications, the Area/Unified Command will identify another location for pick-up. These antibiotic transfers will be conducted as needed.

#### 9. INVENTORY

The **STEPHENS** County Health Administrator or Area/Unified Command will monitor WebEOC to obtain an electronic copy of the supplies being delivered prior to arrival. If files are not uploaded into WebEOC, a request will be made to the MAC up to the Situation Room.

Based on the number of PODs in the area and estimated thru-put, the assets will be apportioned. A basic excel spreadsheet or hardcopy system will be utilized to track the supplies to the appropriate POD (see Attachments P and R).

(Reminder: The vaccine vials (expiration and lot numbers) will be tracked to the correct immunization station.)

The PODs will request additional medical supplies through the Area/Unified Command. The Area/Unified Command will review warehouse inventory, followed by other POD inventory, before making a request back to the MAC or OSDH Situation Room. If supplies are to be shipped between two PODs, transportation will be coordinated by the Area/Unified Command.

In the event hospital supplies are delivered to the local MIPS warehouse, inventory will not be tracked. The hospital will be responsible for picking up the apportioned material (already identified and marked at the state RSS warehouse) and tracking of inventory.

### **9.1 Inventory System Tracking**

The local inventory system has the capability to be utilized electronically or by hardcopy. With the electronic capability at the warehouse sites and POD sites, the manual method is typically the first line of inventory.

#### *9.1.1 State to Local Tracking*

The first notice of supplies will be from the State Situation Room to the Area Command using email. This list will identify the product description, product size, unit-of-use and expected quantity to receive. Command staff will apportion materials utilizing Attachment P (Local Apportionment Tool) first but can also fall-back on manual calculations utilizing the pre-identified estimated populations. The Area Command will notify the designated MIPS warehouse of the apportioned quantities of each of the medical countermeasures using email, fax, phone, or runner.

Once the State RSS has completed the inventory pick-sheets, a scanned copy will be uploaded on WebEOC, emailed, or faxed. The State RSS pick-sheets track product description, product size, unit-of-use, National Drug Code (or Item Number on the sheet), lot number, expiration date, and quantity all being shipped to the designated warehouse.

#### *9.1.2 Local Warehouse to POD Tracking*

The MIPS warehouse will utilize Attachment R to track to each POD and Push Partner (or other Closed POD partner). With quick turn-around requirements, this form will be printed in triplicate to allow for hand-writing the order. A copy will stay at the warehouse for later data entry in Excel for electronic tracking if time permits. If the response is less urgent then the warehouse may utilize time to type in Excel and print out.

This form tracks the product description (“Item Description”), product size (“CS or Bottle”), unit of use (“Item Description”), NDC #, lot number (“Lot #”), expiration date (“Exp. Date”) and quantity shipped to each location.

#### *9.1.3 POD to Patient Tracking*

Once the POD receives the supplies from the warehouse, they either use a paper system or Attachment R1 to record incoming supplies (quantities) and track which station in the POD the supplies were delivered to. This part of the system strictly tracks the quantities and product description to help identify throughput needs. However, the NAPH form is the last part of the system to track product description, unit-of-use, NDC#, lot number and expiration date down to the patient.



It is anticipated the unit-of-use bottles will contain removable stickers with the prescription number, product description, NDC#, lot number and expiration date which will be affixed to the NAPH form. However, the form also allows the dispenser to handwrite the same information if a sticker is not available.

The NAPH forms will be used to complete data entry. If vaccine is used, then OSIIS or OSIIS Lite will be used. For all oral medical countermeasures Excel will be used to capture the data electronically and then forwarded to the State. Depending on the severity of the event and number of available workers, Area/Unified Command will make the determination to activate a data entry group during or after POD operations.

### **9.2 Inventory System Functions**

The local inventory system utilizes a process to gather information and track inventory. From the start, the Area Command apportions using Excel or hardcopy. Orders are then forwarded to the warehouse to create pick lists from these orders. Before the orders are sent out, a basic bill-of-lading in triplicate form is created to designate the receiving site and the general description of the order (i.e. number of pallets, cases, boxes, bags only). The bill-of-lading does not designate what is in the order, instead – the pick list is included.

The Area Command is also used as the main point to track the orders and inventory levels. Each site confirms receipt of the assets and notifies the Area Command who then utilizes WebEOC to designate order received. The PODs also call in routine updates on throughput and inventory levels which are input into WebEOC at least once during each operational period.

### **10. DISPENSING**

The **STEPHENS** County Health Administrator will be responsible for the activation of the MIPS warehouse and PODs. A basic equipment and supply list is included as Attachment L. Specific site information for each of the designated PODs is included in Attachment K.

Each POD will have a triage area. If a person is symptomatic they will be screened from the rest of the population. They will be given medication but will also be instructed to seek medical attention. If a person is able to drive to the POD, it is assumed that they will also be able to drive themselves to the hospital or alternate care site (if identified).

EMS will be available for those individuals experiencing severe symptoms. A basic preventative therapy algorithm that allows licensed medical staff to screen for contraindications to medication is included as Attachment M.

### **10.1 Strike Teams**

The need to immunize or dispense medical countermeasures to functional needs populations is a critical element in the success of the overall initial activation of a MIPS. Strike Teams need to be identified to treat the members and the member's families that will be supporting this event. Strike team leaders need to assemble in pre-designated locations with a common secure communication link to branch directors. They also must review operational objectives and ensure resources available will support the tasking. If specialized resources are needed, the request must be made through the strike team

leader. Strike teams at a minimum need to consist of two vaccinators and one uniformed staff member to ensure the security of medical countermeasures. The strike teams need to have a Point of Contact (POC) at each receiving destination that can assume responsibility of drugs and ideally be able to administer to their employees, clients, and family members. These are pre-identified in Attachment K.

In addition to health department sponsored strike teams, partnering agencies (i.e. Meals-on-Wheels, local agencies on aging and similar type agencies) have agreed to assist in delivering medication. Information specific to these partners can be found in Attachment K or through Push Partner plans identifying contact information and number of regimens needed.

#### **10.2 Push Partners**

Plans are in place to provide mass medications to partners that can operate closed PODs such as: large business with medical staff available, first responders, nursing homes, correctional facilities, tribal partners, group homes, hospitals, and other sheltered-in populations. These facilities are listed by name and address with specific 24/7-contact information for a representative of the facility or organization in Attachment K and/or T.

Push Partners will either be instructed to pick up supplies from the distribution site or a strike team will visit the site and the medications will be dispensed to their residents, employees, and employees' immediate household contacts. These partner facilities will have more information included in Push Partner plans.

#### **10.3 Mental Health**

It is important to account not only for the physical well-being at a mass medication site but also the mental well-being. Mental health will be available at all sites. If additional mental support is needed, a request will be made through the OSDH for additional Oklahoma Medical Reserve Corps volunteers and/or the Oklahoma Department of Mental Health and Substance Abuse Services staff.

#### **10.4 Pediatric Doses**

Directions will be given to parents or caregivers with children who cannot take medication in the form or dosage available. Handouts for parents and caregivers detailing instructions for compounding doxycycline and ciprofloxacin are available in Attachment S.

Pharmacists will be utilized to compound other medications, such as amoxicillin, for clients that have contraindications to doxycyclines or ciprofloxacin and are unable to take the drug in its standard form or dose.

#### **10.5 Rapid Dispensing Options**

The STEPHENS County MIPS plan may utilize drive-thru or express lane dispensing options. Depending on the urgency, amount of staff available, weather conditions, and location availability a drive-thru may be set-up at pre-identified POD sites to allow people to stay in their cars.

When possible, NAPH forms will be printed in local newspapers and available on the OSDH website. Patients will be instructed to download the files and fill-out before arriving at the clinic. All patients with completed forms and no drug allergies may be

directed to the express line. IF these are not being used and you have other alternatives, include them in this section (delete this last sentence).

### **10.6 Supplying POD Sites**

#### *10.6.1 Fact Sheets & NAPH Forms*

Appropriate forms will be copied utilizing identified partners included in Section 6.1 if the County Health Department does not have the capacity to meet the need at the time of an identified public health emergency. The CDC's 48 language CD and the OSDH media shelf kits will be used to ensure a common message across the state is used. All copies will be distributed to the STEPHENS MIPS Warehouse who will then breakdown and distribute with assets received from the RSS Warehouse.

#### *10.6.2 Supplies*

Each POD will be responsible for storing needed supplies at the specific site. Any additional supplies that cannot be acquired by the local area will be requested of the Area/Unified Command. The Area/Unified Command will then have the supplies delivered to the STEPHENS MIPS Warehouse or directly to the POD.

#### *10.6.3 Equipment*

Each POD will be responsible for storing needed equipment at the specific site or identifying the equipment and contact personnel to have it delivered at the time of a public health emergency. Any additional supplies that cannot be acquired by the local area will be requested of the Area/Unified Command. The Area/Unified Command will then have the supplies delivered to the STEPHENS MIPS Warehouse or directly to the POD.

### **10.7 Operating Hours**

Depending on the severity of the event, a decision will be made by the Area/Unified Command on the number of hours to operate. This can be a 24-hour operation or a normal business 8-hour operation. Special weeknight or weekend clinics may also be scheduled. In addition, all PODs activated will be instructed to open initially at the same time. A decision may be made to close some PODs and keep a minimal amount of PODs open 24 hours. Local media will be notified of hours of operations for all sites. STEPHENS MIPS jurisdiction plans on fully activating and standing-up all necessary PODs within six hours of notice from the Situation Room. This plan is to stay consistent with all other PODs in the state to ensure the prevention of population drift to PODs opening first.

In addition to PODs operating under the STEPHENS MIPS Plan, coordination, through Regional Team members, with bordering MIPS jurisdictions will occur to determine their hours of operation.

Based on the number of volunteers and number of clinic hours, staff shifts will be set at either eight or twelve hour shifts, but may be subject to change. Oncoming shifts will check-in at staging and then report to their duty station. The outgoing shifts will provide any information, such as tips and observations that have helped the flow of the clinic before leaving. Outgoing shifts will then checkout at staging and will verify their next schedule.

### **10.8 Monitoring Adverse Events**

Reactions to antibiotics do not always exhibit themselves immediately. However, emergency medical services will be available onsite to handle any immediate concerns, whether they are a reaction from the medication or vaccination administered or other medical problem that arises. In addition, the Public Health Nurse Guidelines & Orders (PHN-GAOs) also include reactions to look for when administering antibiotics for the biological threat A agents.

Patients will be provided with a symptomatic tool (Attachment S) to read over and self-monitor for symptoms of illness from the agent while at home. Any person experiencing symptomatic illness or adverse reactions are instructed to contact their primary care physician or report to the nearest hospital.

In the event the medication is defective, lot numbers are tracked by patient who can then later be contacted by phone. Anytime a medication is identified as defective, a Health Alert Network will be sent to Treatment Centers followed shortly by a public announcement.

### **11. TREATMENT CENTER COORDINATION (HOSPITALS)**

As discussed previously, if medical supplies are delivered to the local MIPS warehouse, they will not be inventoried. The hospitals will be required to provide transportation to pick-up, deliver, and inventory.

Hospitals will be provided oral prophylactic antibiotics or vaccine from the MIPS shipments received from the state to either supplement their hospital cache or provide a first round treatment. If the hospital has a cache, they will be instructed to pick up additional antibiotics after the second push of antibiotics is received from the state SNS apportionment. Hospitals without a cache will be issued a small apportionment to begin treatment of their first line medical staff. The remainder of the prophylaxis will be issued after the second push of antibiotics is received from the state SNS apportionment.

Additional medical supplies and orders to the treatment centers will be handled by OSDH following the proper chain of communication. Hospitals will send in order requests and reports to their regional Medical Emergency Response Centers (MERCs) who will coordinate and communicate the need for additional resources.

### **12. TRAINING, EXERCISING AND EVALUATION**

The Oklahoma State Department of Health has a Training and Exercise Coordinator to oversee statewide training and exercises. The state also coordinates CDC's mobile SNS training. In addition, the regional district coordinators and regional team members play an integral role in carrying out all training and assisting local planners with exercise preparation. All exercises performed by public health follow the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines. The OSDH Training and Exercise Coordinator ensures evaluator teams are in place and also completes the After Action Reports (AAR) and Corrective Action Plans.

#### **12.1 Training**

All personnel identified to respond to a public health emergency have been trained or are in the process of being trained in ICS 100, 200, and 700 per NIMS requirements.

Regional Preparedness Team members track compliance and are available to provide training upon request.

Regional Preparedness Team members also provide smallpox vaccination training, NAPH form and dispensing training and assist with general MIPS training. Just in Time training is utilized for mass dispensing and smallpox vaccinations.

#### *12.1.1 Available MIPS Training*

The State SNS Coordinator has created and/or compiled training to address the majority of SNS elements as outlined in the Local Technical Assistance Review tool (TAR 12.6). Development and review of training at the state level allows consistency across the state and the ability to utilize response personnel in other planning jurisdictions. Below are the trainings available to local MIPS jurisdictions and the elements they meet.

- Annual Stakeholder Workshops – the annual meeting of public health stakeholders that review and provide input on preparedness plans, including the MIPS plan. (*SNS Element Coverage: Overall SNS Planning Elements; Management; other trainings that may be offered during this meeting time such as security or communications plan review*)
- County Warehouse Workshop – 3-4 hour lecture and hands-on course offered by regional staff; educates local warehouse workers on expected assets and SNS warehouse positions but also provides hands-on for warehouse setup and picking procedures (includes onsite communications and warehouse inventory). (*SNS Element Coverage: RDS/Warehouse; Distribution; Inventory*)
- Apportionment Training – 1-2 hour course offered by regional staff; educates key public health officials on use of the apportionment tool created by the State as well as needs to prioritize and types of partners to include. (*SNS Element Coverage: Management; Inventory*)
- Labeling Training – 1 hour course offered by regional staff; basic overview of federal and state labeling requirements. (*SNS Element Coverage: Dispensing*)
- SNS Request Training – 1-2 hour training geared towards hospitals offered by MERC Coordinators or regional staff; educates medical systems on the processes for requesting state and SNS assets. (*SNS Element Coverage: Hospital Coordination*)
- Communications – During a Catastrophic Health Emergency (aka Redundant Communications Training) – this is a basic PowerPoint presentation that can be reviewed individually or in a group offered by regional staff. It is roughly 30 minutes and informs key personnel on the types and levels of equipment used by the State Department of Health and also allows regional staff to include local specific flow and equipment. (*SNS Element Coverage: Management; Local-State Requesting; POD-Local Requesting; Communications – Tactical*)
- MIPS Public Health Information Training – 4 hour lecture course offered by the OSDH All Hazards PIO in the Office of Communications; briefs key OSDH personnel and designated PIO's on agency policies and procedures for Crisis Emergency and Risk Communications. (*SNS Element Coverage: PIO*)
- POD Operations Training – 2-3 hour lecture and hands-on course that educates local POD workers on the functions, setup, and flow of a POD (includes onsite

communications and POD inventory). (*SNS Element Coverage: Dispensing; Inventory*)

- Security Training – 1 hour briefing on basic law enforcement SNS needs. (*SNS Element Coverage: Security*)

### **12.2 Exercising**

The OSDH drill and exercise strategy states that each MIPS site should participate in a full-scale exercise at least once in a four-year period.

The following minimum goals and objectives have been established for MIPS exercises. Any additional goals set forth by local partners will be added in as Goal 5.

**Goal 1:** Test and improve the OSDH's readiness and ability to provide a statewide mass immunization/prophylaxis response through Mass Immunization and Prophylaxis Strategy (MIPS) sites.

**Objective 1:** Demonstrate the ability to alert, activate, warehouse, distribute, and manage the Strategic National Stockpile (SNS) supplies.

**Objective 2:** Demonstrate the ability to alert, activate, and utilize communications systems (Health Alert Network, call trees, media alerts, redundant communications, etc).

**Objective 3:** Demonstrate the ability to collect data to enable epidemiological investigations.

**Objective 4:** Perform an exercise evaluation of MIPS components to identify needed modification to direct continuous improvement.

**Goal 2:** Test and improve a local health department's readiness and ability to operate a MIPS.

**Objective 1:** Demonstrate the ability to set-up and operate a MIPS within 6 hours notice.

**Objective 2:** Demonstrate adequacy of the local MIPS plan, including the partnerships, resources, personnel, supplies, clinic flow, and setup that are required, to meet MIPS guidance requirements.

**Objective 3:** Perform an exercise evaluation of MIPS components to identify needed modification to direct continuous improvement.

**Objective 4:** Document exercise planning, exercise activity, and exercise evaluation in an Exercise Report.

**Goal 3:** Increase awareness in the community about public health and enhance knowledge amongst disaster preparedness partners about the role of public health in bioterrorism preparedness and response.

**Objective 1:** Include discussions about general public health roles and responsibilities in partner planning meetings and tabletop exercises

**Objective 2:** Perform an evaluation of partners' knowledge of public health before and after a MIPS exercise.

**Objective 3:** Allow local media to have access and coverage to MIPS exercise to report the event to community and surrounding areas.

**Goal 4:** Test and improve a MIPS ability to operate using a unified command model.

Objective 1: Demonstrate the five (5) major activities are assigned to trained, competent staff.

Objective 2: Demonstrate common responsibilities as well as individual roles and responsibilities are understood and communicated.

Objective 3: Conduct an evaluation of ICS performance and promote continuous improvement based on the after action report.

### **12.3 Evaluation**

The Oklahoma State Department of Health coordinates all evaluation efforts (evaluators, guidelines, handouts, etc) for the local exercises. All evaluations are conducted following the Homeland Security Exercise and Evaluation Procedures (HSEEP) guidance.

### **Attachment A – CONTACT INFORMATION**

Contact information for each position required to establish and run a MIPS clinic should ideally be 3 persons deep. Contact information for each person should be at least three methods of contact deep (office, home, cell phone, pager).

Please compile a list with the following information for each member of the ICS:

**NAME:**

**ICS POSITION:**

**ORGANIZATION:**

**POSITION IN ORGANIZATION:**

**OFFICE PHONE:**

**EMAIL:**

**CELL PHONE:**

**HOME PHONE:**

**PAGER:**

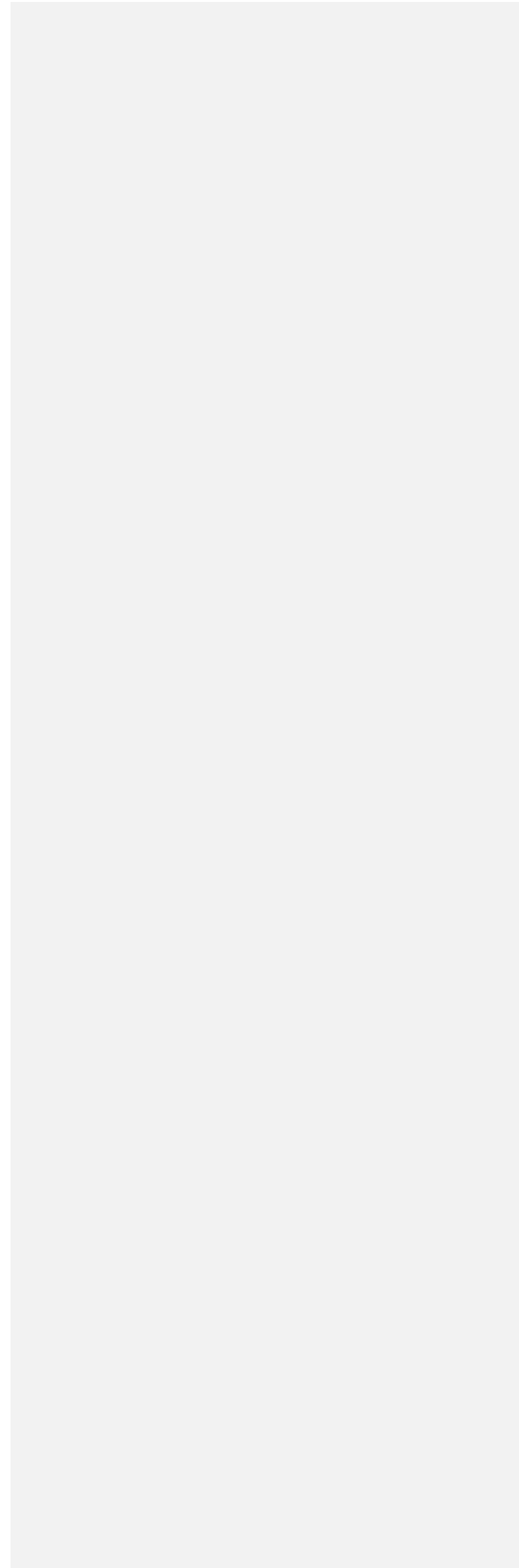
**FAX:**

**HOME ADDRESS: (if all other methods of communication fail)**

**ICS TRAINING COMPLETED (including completion dates):**



**Attachment B – CATCHMENT AREA MAP**



**Attachment C – COUNTY EOP ANNEX H**

**Attachment D – PUBLIC HEALTH NURSING GUIDELINES**

Also known as Preferred Guidelines and Orders (PHN-GAOs).

The OSDH updated and publishes public health nursing guidelines that detail the standing orders by the Commissioner for public health staff to issue medications to the public. This information is readily available to all public health nurses. In the event that a nurse is not available, any member of the Regional Preparedness Team can obtain a copy (the most current PHN guidelines are available at BT Division\Strategic National Stockpile\PHN Guidelines).

**Attachment E – BASIC ICS STRUCTURE**

**Attachment F – JOB ACTION SHEETS**

Immunization Response Job Action Sheets

Prophylaxis Response Job Action Sheets

MIPS Job Action Sheets are available to members of the Regional Preparedness Teams (BT Division\Strategic National Stockpile\MIPS Job Action Sheets Feb 2005).

**Attachment G – COMMON ICS FORMS**

ICS Forms are available to members of the Regional Preparedness Teams (BT Division\Incident Command System\ICS Forms). Any Regional Preparedness Team member can readily obtain this information.

**Attachment H – BASIC ACTIVATION CHECKLIST**

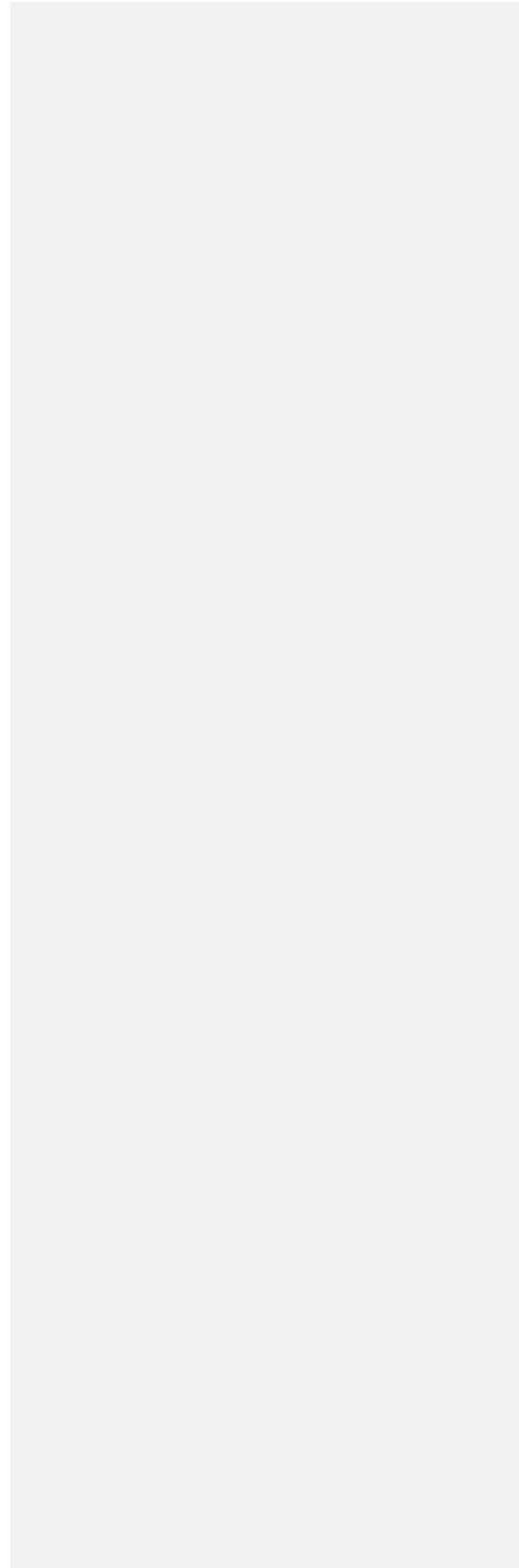
**Attachment I – REQUEST JUSTIFICATION GUIDELINES**



**Attachment J – HOSPITAL CACHE PARTICIPANTS**

**Attachment K – SITE INFORMATION**

Area/Unified Command  
Distribution Site  
PODs

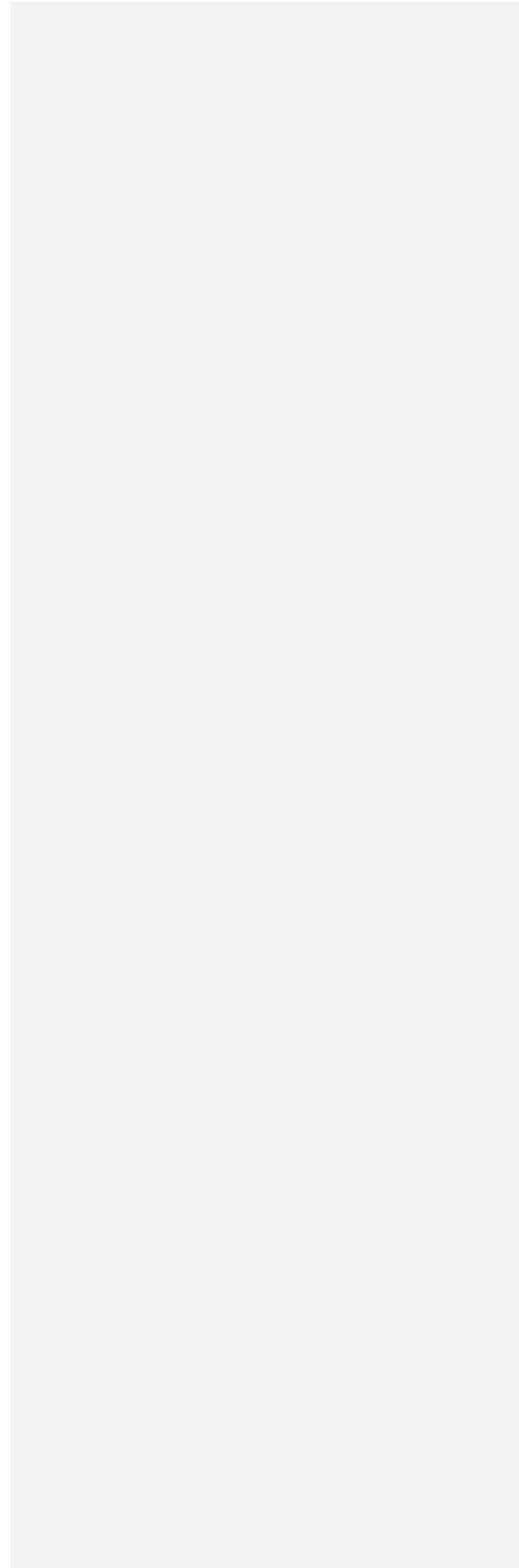


**Attachment L – BASIC SUPPLY LIST**

A list of basic MIPS supplies should be developed for each location. This information is readily available to all public health nurses and Regional Preparedness Team members.

**Attachment M – PREVENTATIVE THERAPY ALGORITHM**

This information is readily available from all Regional Preparedness Team members.



**Attachment N – SECURITY PLAN**

To include crowd & traffic control plans, as well as security breach plans, interior & exterior security, safety (evacuation & shelter in place) for each site.

**Attachment O – PARTNER AGREEMENTS**

**Attachment P – Local Apportionment Workbook**

**Attachment Q – Just-in-Time Training Materials**

Warehouse JITT – Attachment Q1

Dispensing JITT – Attachment Q2



### **Attachment R – Local Inventory Workbook**

Instructions for use are included on first worksheet in file “Local Inventory.xls.” In addition, a PowerPoint presentation is available for step-by-step training purposes to utilize the Excel method and hardcopy method.

### **Attachment S – Patient Handout Forms**

S1 = NAPH Form (English)

S2 = NAPH Form (Spanish)

S3 = Medication Interaction Table (English)

S4 = Medication Interaction Table (Spanish)

S5 = Cipro Pediatric Dosing (English)

S6 = Cipro Pediatric Dosing (Spanish)

S7 = Doxy Pediatric Dosing (English)

S8 = Doxy Pediatric Dosing (Spanish)

S9 = Symptom Collection Tool – to be completed by Acute Disease Service in the event epidemiological data required

### **Attachment T – Push Partner Plan**

A Push Partner is an organization that agrees to receive medication (prophylaxis and/or vaccine) from the county health department and in turn issue the medicine to their employees, employee family members and/or clients. The plan benefits both the health department and the organization by creating less stress on the Points of Dispensing and offering the agency an incentive for employees to report to work.

This attachment includes the plan and a template plan for partners. Also included are an Access database and Excel spreadsheet to allow partners the opportunity to submit NAPH form information electronically to the county health department for reporting purposes.

**Attachment U – Care/Feed Plan**

**Attachment V – Distribution Plan**