



## Oklahoma Responds to Statewide Ice Storms

All-hazards emergency response planning promotes effective use of resources and infrastructure.



The ice storms that swept across Oklahoma in early 2007 provided a real-world test of public health and medical emergency preparedness.

Leadership of the Oklahoma State Department of Health (OSDH) fully activated the OSDH Situation Room and established an Incident Command System (ICS) to coordinate the agency's statewide response activities.

The Oklahoma Health Alert Network and EMSsystem, a real-time communications and resource management tool, provided emergency communications to hospital and medical system partners. Emergency radio networks also were used for messaging, particularly to those areas where no electricity was available. In addition, during the ice storms, the Commissioner of Health mandated carbon monoxide exposure/poisoning to be a reportable condition and urged rapid distribution of flyers and written warnings about the dangers of carbon monoxide poisoning in affected communities.

The OSDH chose to build upon the state's existing, well-established all-hazards emergency management backbone rather than develop new, stand-alone programs for

preparedness and response. Public health emergencies are now routinely handled through the establishment of ICS. OSDH is recognized by other lead response organizations, such as the Oklahoma Department of Emergency Management and the Oklahoma Office of Homeland Security, as a key partner in statewide initiatives that ensure coordinated and effective planning for all types of emergency responses.

**According to the Oklahoma State Department of Health, the cooperative agreement is valuable because** it has been fundamental to developing and sustaining the enhanced infrastructure that did not previously exist. Funding has allowed for additional personnel who have dedicated their efforts to the program and have successfully completed training pursuant to cooperative agreement guidelines. The funding has also helped build local and community collaboration and capability.

## Snapshot of Public Health Preparedness

Below are activities conducted by Oklahoma in the area of public health preparedness. They support CDC preparedness goals in the areas of detection and reporting, control, and improvement; crosscutting activities help prepare for all stages of an event. These data are not comprehensive and do not cover all preparedness activities.

### Disease Detection and Investigation

The sooner public health professionals can detect diseases or other health threats and investigate their causes and effects in the community, the more quickly they can minimize population exposure.

Detect & Report	Could receive and investigate urgent disease reports 24/7/365 <sup>1</sup>	Yes
	- Primary method for receiving urgent disease reports* <sup>2</sup>	Electronic Reporting
	Linked state and local health personnel to share information about disease outbreaks across state lines (through the CDC <i>Epi-X</i> system) <sup>3</sup>	Yes
	Conducted year-round surveillance for seasonal influenza <sup>4</sup>	Yes

\*Telephone, fax, and electronic reporting are all viable options for urgent disease reporting, as long as the public health department has someone assigned to receive the reports 24/7/365.

<sup>1</sup> CDC, DSLR; 2005; <sup>2</sup> CDC, DSLR; 2006; <sup>3</sup> CDC, *Epi-X*; 2007; <sup>4</sup> HHS, OIG; 2007



# Oklahoma



## Public Health Laboratories

Public health laboratories test and confirm agents that can threaten health. For example, advanced DNA “fingerprinting” techniques and subsequent reporting to the CDC database (PulseNet) are critical to recognize nationwide outbreaks from bacteria that can cause severe illness, such as *E. coli* O157:H7 and *Listeria monocytogenes*.

Detect & Report	Number of Oklahoma laboratories in the Laboratory Response Network <sup>1</sup>	1
	Rapidly identified <i>E. coli</i> O157:H7 using advanced DNA “fingerprinting” techniques (PFGE): <sup>2</sup>	
	- Number of samples received (partial year, 9/06 – 2/07)	9
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	100%
	Rapidly identified <i>Listeria monocytogenes</i> using advanced DNA “fingerprinting” techniques (PFGE): <sup>2</sup>	
	- Number of samples received (partial year, 9/06 – 2/07)	1
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	100%
	Had a laboratory information management system that could create, send, and receive messages <sup>3</sup> (8/05 – 8/06)	Yes
	- System complied with CDC information technology standards (PHIN) <sup>3</sup> (8/05 – 8/06)	No
Crosscutting	Had a rapid method to send urgent messages to frontline laboratories that perform initial screening of clinical specimens <sup>3</sup> (8/05 – 8/06)	Yes
	Conducted bioterrorism exercise that met CDC criteria <sup>4</sup> (8/05 – 8/06)	Yes
	Conducted exercise to test chemical readiness that met CDC criteria <sup>4</sup> (8/05 – 8/06)	N/A

<sup>1</sup> CDC, DBPR; 2007; <sup>2</sup> CDC, DSLR; 2007; <sup>3</sup> APHL, Public Health Laboratory Issues in Brief: Bioterrorism Capacity; May 2007; <sup>4</sup> CDC, DSLR; 2006

## Response

Planning provides a framework for how a public health department will respond during an emergency. The plans can be tested through external reviews, exercises, and real events. After-action reports assess what worked well during an exercise or real event and how the department can improve.

Control	Developed a public health response plan, including pandemic influenza response, crisis and emergency risk communication, and Strategic National Stockpile (SNS) <sup>1,2</sup>	Yes
	Oklahoma SNS plan reviewed by CDC <sup>2</sup>	Yes
	- Score on CDC technical assistance review (1-100)	91
	Number of Oklahoma cities in the Cities Readiness Initiative <sup>3</sup>	1
Crosscutting	Developed roles and responsibilities for a multi-jurisdictional response (ICS) with: <sup>1</sup> (8/05 – 8/06)	
	- Hospitals	Yes
	- Local/regional emergency management agencies	Yes
	- Federal emergency management agencies	Yes
	Public health department staff participated in training to support cooperative agreement activities <sup>4</sup>	Yes
	Public health laboratories conducted training for first responders <sup>5</sup> (8/05 – 8/06)	No Response
	Activated public health emergency operations center as part of a drill, exercise, or real event* <sup>6</sup> (partial year, 9/06 – 2/07)	Yes
Conducted a drill or exercise for key response partners to test communications when power and land lines were unavailable <sup>6</sup> (partial year, 9/06 – 2/07)	Yes	
Improve	Finalized at least one after-action report with an improvement plan following an exercise or real event <sup>6</sup> (partial year, 9/06 – 2/07)	Yes

\* Activation means rapidly staffing all eight core ICS functional roles in the public health emergency operations center with one person per position. This capability is critical to maintain in case of large-scale or complex incidents, even though not every incident requires full staffing of the ICS.

<sup>†</sup> States were expected to perform these activities from 9/1/2006 to 8/30/2007. These data represent results from the first half of this period only.

<sup>1</sup> CDC, DSLR; 2006; <sup>2</sup> CDC, DSNS; 2007; <sup>3</sup> CDC, DSNS CRI; 2007; <sup>4</sup> CDC, DSLR; 1999-2005; <sup>5</sup> APHL, Chemical Terrorism Preparedness; May 2007; <sup>6</sup> CDC, DSLR; 2007