State of Wyoming

Department of Health

Emergency Operations Plan (EOP), 5th Edition

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State of Wyoming
Department of Health

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EMERGENCY OPERATIONS PLAN
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PURPOSE - The Wyoming Department of Health (WDH) Emergency Operations Plan (EOP) provides a framework to ensure a systematic, unified approach for responding to public health and non-public health incidents that fall within the authority of WDH, and incidents and events that fall under the jurisdiction of the Wyoming Office of Homeland Security (WOHS).

This EOP complies with the standards articulated in the National Response Framework (NRF) and National Incident Management System (NIMS), including employment of an Incident Management Team (IMT) - one team specific to public health and medical incidents (IMT-PH), and a second team for incidents that are agency specific (IMT-A) - based on the principles of the Incident Command System (ICS).

SCOPE - This EOP is applicable to all Cheyenne-based programs and field operations, with the exception of the five WDH facilities – which are responsible for developing emergency plans and support documents required by facility mission, or accreditation and/or regulatory agencies and submitting to their respective Senior Administrators for review and approval.

SITUATION OVERVIEW - Analyses conducted by WOHS, and published in the Wyoming Multi-Hazard Mitigation Plan (draft, page 3.1, June 2011) indicates one or more of these natural and manmade hazards may affect Wyoming:

Dam failures	Meteor impacts
Drought	Mine subsidence
Earthquakes	Snow avalanches
Expansive soils	Tornadoes
Floods	Toxic elements (naturally occurring)
Hail	Water quality
Hazardous materials and waste	Wildland fire
Landslide	Windblown deposits
Lightning	Winter storms and blizzards
Liquefaction	Yellowstone explosive volcanism

Public Health Threats – Situations, or conditions identified by the State Health Officer (SHO) in consultation with the County Health Officer (CHO) of the affected county/counties, the State Epidemiologist, and others as determined by the SHO, as a threat to the publics' health.

Agency Threats – Situations, or conditions identified by the Deputy Director, first responders, or employees as posing an imminent, or current threat to the health and safety of WDH employees and visitors, or threat of loss or damage to WDH property.

PLANNING ASSUMPTIONS AND CONSIDERATIONS

Assumptions

Emergency medical systems within the affected area(s) will be overwhelmed in a matter of minutes.

An event may require transportation of patients by air (rotary- or fixed-wing).

Structural damage will stop or reduce operations at medical and health care facilities.

Ambulatory and seriously injured patients and the worried-well will overwhelm facilities that remain in operation.

Crisis counseling for survivors and emergency responders will be a high priority.

Interstate support through the Emergency Management Assistance Compact (EMAC) will be required.

Disruption of sanitation services and facilities, loss of power, and massing of people in shelters may increase the potential for disease and injury.

Massive increases in demand will lead to short supply of medical and pharmaceutical supplies and equipment. Disruption in local communication and transportation systems could prevent timely re-supply.

Persons requiring maintenance medications (e.g. insulin) may have difficulty acquiring them due to damaged or destroyed supply locations and shortages within the disaster area.

Persons with higher needs, such as people with disabilities, may require additional assistance or resources.

Mass fatality incidents may require activation of a mobile Vital Statistics Services (VSS) team to issue death certificates and record deaths for later inclusion into the WY database.

Considerations

Natural disasters may result in secondary events such as the release of chemical, biological, and/or radiological materials; or other secondary hazards (e.g. fires) which may result in toxic environmental and public health hazards.

A criminal/terrorist incident may involve use of a secondary device against first responders, or healthcare facilities, resulting in additional casualties and/or a further reduction of available infrastructure.

Explosions, release of toxic gas or radiation, or biological release may produce large concentrations of specialized injuries that will overwhelm local jurisdictions' personnel and/or medical facilities and medical providers, thus eliminating, or reducing the ability to continue aid services.

A significant natural or technological disaster that overwhelms the affected local jurisdiction would necessitate both state and federal public health and mental health and medical care assistance.

WDH provides statewide coordination for public health, medical services, behavioral health (including mental health and substance abuse) and VSS through the State's Emergency Support Function (ESF) #8 - Public Health and Medical Services.

WDH will support local health departments by coordinating requested supplies, equipment, and personnel through Web Emergency Operations Center (Web EOC), the State Operations Center, Emergency Operations and Communications Center (EOCC), Epidemiologic Response Center (ERC), or a combination of centers.

A disaster in any of the adjacent states may cause an influx of fleeing victims with delayed onset of signs and symptoms to enter Wyoming.

Morgue capacity throughout Wyoming is limited.

CONCEPT OF OPERATIONS - The WDH Director or his/her designee will activate this EOP when one or more of these conditions exists:

- When directed by the Governor, and in coordination with WOHS, in preparation for declaring, or having declared a public health emergency, as authorized by Wyoming Statute (W.S.) § 35-4-115 (a) (i)

- When requested by WOHS in response to, or in preparation to respond, to an incident or an event that has, or may, overwhelm the public health, medical, and behavioral health capabilities of the affected county/counties

- At the request of the SHO based on an emerging, or existing public health or medical (including mental health, behavioral health, and substance abuse) incident

- At the request of the Deputy Director based on an emerging, or existing incident that may, or has, affected any WDH facility (owned or leased)

Upon activation of the WDH EOP, the WDH Director or his/her designee will:

- Determine the need for activation of IMT-A or IMT-PH based on the situation.
Note: IMT-A will be alerted and assembled if activation of the COOP is required.

- Assemble and brief Senior Management (and the appropriate IM if an IMT is activated).

- Determine if the EOCC and/or ERC should be activated, and at what level - see respective Standard Operating Guides (SOG).

- Consult the SHO on need for the Strategic National Stockpile (SNS) for an emerging, or existing public health or medical incident

- Notify WOHS Duty Officer of EOP activation (Not required when WOHS has requested EOP activation)

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES - WDH is responsible for implementing and maintaining, or coordinating with state and federal agencies, the essential services of public health (assessment, policy development, assurance) through these twenty-one (21) functional areas:
Assessment of Public Health/Medical Needs
Radiological/Chemical/Biological Hazards
Health Surveillance
All Hazard Public Health and Medical Consultation
Medical Care Personnel
Crisis Counseling
Behavioral Health Care (services in mental health, substance abuse, and disability waiver)

Health/Medical/Veterinary Equipment and Supplies
Public Health and Medical Information
Patient Evacuation
Vector Control
Patient Care
Public Health Aspects of Potable Water/Wastewater and Solid Waste
Food Safety and Security
Mass Casualty/Fatality Management
Agriculture Safety and Security
Veterinarian Medical Support
Worker Health/Safety
Public Health/Agriculture/Veterinary/DEQ Laboratories
Special Needs/Medical At-Risk/Unable to Self-Evacuate Populations (UTSE)
Vital Statistical Services (VSS)

Divisions will be prepared to support emergency operations, individually and collectively. WDH facilities will be prepared to provide emergency administrative and logistical support when required by the WDH Director or his/her designee.

General Responsibilities

WDH Administration and divisions will develop and maintain checklists to guide activities and actions during a response. The Public Health Emergency Preparedness Program (PHEP) will, when requested, assist in developing checklists, with final approval residing with the division's senior administrator. At minimum, checklists should:

- Provide for the notification/recall of personnel and the establishment and maintenance of 24-hour operations capability as necessary.

- Describe how the division will carry out responsibilities and tasks assigned in this plan, including the coordination of actions with the EOCC.

- Provide for training and participation of personnel in activities and exercises relating to the EOP and its annexes and appendices.

- Provide for maintenance and annual review of internal/external resources that are necessary to carry out assigned tasks.

Specific Responsibilities

WDH Administration

- The Director, through the Deputy Director, Senior Administrators and SHO, with technical advice and assistance from PHEP, is responsible for ensuring all aspects of WDH's emergency preparedness, and response, including final approval of personnel assigned to fill IMT positions for IMT-PH and IMT-A.

- Director's Unit on Policy, Research, and Evaluation - Perform support functions as assigned.

- Chief Financial Officer (CFO) - Perform support functions as assigned.

Establish and maintain a disaster cost/reimbursement tracking system.

Establish a system to process emergency purchase/procurement requests for supplies, equipment, and services in support of emergency response efforts.

- Deputy Director – With guidance and support from the Director, the Deputy Director is responsible for coordinating all aspects of agency preparedness for evacuation and other life safety activities, as well as Continuity of Operations (COOP), and Pandemic Influenza Continuity of Operations (PICOOP).

With technical assistance from PHEP, establish, staff, lead, and train IMT-A for agency specific, COOP, and Continuity of Government (COG) incidents.

Responsible for all aspects of preparedness in the areas that he/she directly supervises, and other areas as assigned by the Director or his/her designee.

Coordinates with the Department of Enterprise Technology Services (ETS) to ensure that IT and telecommunications systems are functional 24/7/365.

- Public Information Officer (PIO) -

Coordinate and disseminate health information, Crisis and Emergency Risk Communication (CERC), and follow-on information as determined by the WDH Director or his/her designee.

Conduct other Risk Communications activities as determined by the WDH Director or his/her designee.

Serve as the primary point of contact (POC) for media outlets and reporters.

Coordinate messages to be disseminated through the Emergency Alert System (EAS) with PHEP and WOHS.

Serve as the WDH representative to the Joint Information Center (JIC).

Coordinate development and dissemination of employee advisories with Human Resources (HR) and senior management.

Coordinate activities and releases with and for county public health.

Oversee WDH Hotline.

- Health Insurance Portability and Accountability Act (HIPAA) - Perform support functions as assigned.

- Human Resources (HR) - Perform support functions as assigned.

Coordinate placement, training, and tracking of temporary emergency assignments of WDH personnel, with division and office administrators, and PHEP; and ensure compliance with applicable personnel laws.

Work with the Departments of Administration and Information, and Employment to ensure temporary assignments, and Worker's Compensation claims are handled within the parameters of governing laws and rules.

Coordinate development and dissemination of employee advisories with PIO.

➢   Vital Statistical Services (VSS) - Perform support functions as required.

Provide vital records support as required to include but not limited to:

Capturing death data for later entry and updating of the VSS Electronic Database

Given the possibility of limited power or internet access, coordinate with local authorities to manually capture and retain (for later data entry):

- Birth record worksheet data

- Death records worksheet data

- Marriage/divorce records

Provide mobile independent (laptop & scanner) data capture and entry for vital events records as they occur.

Update the State VSS Database when circumstances allow.

Public Health Division (PHD)

•   Senior Administrator/SHO - With guidance and support from the Director, the Senior Administrator/SHO is responsible for coordinating all aspects of agency preparedness for response to public health and medical emergencies.

With technical assistance from PHEP, establish, staff, lead, and train an IMT-PH.

Inform Senior Administrators of Behavioral Health and Aging divisions of public health and medical emergencies, and request a representative for the IMT Operations Section to manage their respective response activities (see Public Health Response Matrix on page 17).

Update Senior Management during public health and medical emergencies, include the following topics

- On-going activities

- Support required for constituent services

- Support required for SNS, EOCC, ERC, or Hot Line

Assessment of Public Health/Medical Needs - In collaboration with WOHS, mobilize and deploy State ESF #8 personnel to support regional, or county teams to assess public health and medical needs, including the needs of at-risk population groups, such as language assistance services for limited English-proficient individuals and accommodations and services for individuals with disabilities. This function includes the assessment of the health care system/facility infrastructure. (Basis for this description is Emergency Support Function (ESF) #8 – Department of Homeland Security, January 2008, Washington, D.C.)

Health Surveillance - In coordination with supporting departments and agencies, enhance existing surveillance systems to monitor the health of the general and medical needs population; carry out field studies and investigations; monitor injury and disease patterns and potential disease outbreaks; and provide technical assistance and consultations on disease and injury prevention and precautions. (Basis for this description is ESF #8 – Department of Homeland Security, January 2008, Washington, D.C.)

- Community and Public Health (CPH) - Coordinate program specific enrollment functions with Division of Healthcare Financing to ensure adequate surge capacity for possible new clients. Coordinate with other divisions providing services to special needs, medical at-risk and unable to self-evacuate (UTSE) populations to ensure full spectrum of collaboration and care – including surge capacity for new client enrollment.

➢ Epidemiology - Review data compiled by Epidemiology Section to determine possible effects on special needs, medical at-risk and UTSE population groups.

Support other WDH epidemiological requirements as requested by the State Epidemiologist.

➢ Immunization

Assist with acquisition of vaccines and drugs.

Coordinate with WDH IT to ensure functionality of Wyoming Immunization Registry (WyIR). Ensure capability of immunization data input into WyIR.

➢ Maternal and Family Health - Provide technical assistance and guidance on response actions, services, and shelters that may be required for women, children and families.

➢ Public Health Nursing - Perform functions assigned by the CHO, SHO or State Epidemiologist or designated WDH IM in support of response efforts.

Coordinate supplies, equipment, and personnel as requested.

- Preventive Health and Safety (PHS) Section – Perform support functions as assigned.

➢ Chronic Disease Unit - Program managers revert to control of the PIO to assist with risk communications and emergency public information. The remainder of the section may be assigned to other WDH areas with priority needs.

➢ Infectious Disease Epidemiology - Perform surveillance and investigations as outlined in the Epidemiology Response Plan.

Coordinate response activities and information sharing with public health laboratory, and WDH divisions as warranted by the situation.

Direct disease control operations, to include epidemic intelligence, evaluation, prevention and detection of communicable diseases.

Provide technical assistance to the PIO for development of health advisories, information, and instructions.

Provide advice to SHO on environmental health activities concerning waste disposal, refuse, food, water control, and vector control.

➢   Public Health Laboratory - Coordinate laboratory testing, sample collection, sample packaging, and sample transport with clinical labs.

Perform testing when possible, or coordinate with other reference laboratories to provide testing - advise State Epidemiologist and ERC of test results.

•   Rural and Frontier Health - Perform support functions as assigned.

➢   Community Services Programs – Coordinate federally funded Community Services Block Grant (CSBG) and Emergency Shelter Grant (ESG) requirements with affected counties; reimburse low-income end stage renal disease (ESRD) clients and vendors as a payer of last resort; and provide organ and tissue donor information to the public.

➢   Office of Multicultural Health - Perform support functions as assigned.

➢   Office of Rural Health - Assist Hospital Preparedness Program (HPP) by monitoring and reporting activities and conditions at clinics.

•   Emergency Medical Services (EMS) Program - Coordinate supplies, equipment, and personnel as requested.

Coordinate emergency air and ground medical transportation, and emergency medical services in the field.

Monitor EMS trip and trauma reports.

➢   Hospital Preparedness Program (HPP) - Perform support functions as assigned.

Coordinate planned interactions during an emergency - including reporting requirements - with hospitals and other healthcare facilities with Healthcare Licensing and Surveys.

Maintain Wyoming Enrollment Response Operations Logistics (WYe-ROLL) and National Hospital Available Beds for Emergencies and Disasters (HAvBED) systems.

Coordinate hospital requested emergency medical transportation and emergency medical services.

Coordinate requests for support and other activities with hospitals.

Assist EMS with monitoring of trauma and EMS trip reports.

- PHEP – Manage EOCC and ERC, and maintain radio communications for both.

Facilitate the coordination of supplies, equipment, and personnel as requested.

Facilitate coordination of assistance in mass fatality incidents with coroner(s).

Coordinate and use all available WDH resources during an incident or event.

Plan for and ensure availability of tactical communication systems.

Coordinate messages to be disseminated through the Emergency Alert System (EAS) with PIO and WOHS.

Coordinate EMAC requirements with WOHS.

Serve as contact for HHS, Region VIII, Regional Emergency Coordinator (REC).

Ensure alert and notification systems, and reporting systems are operational 24/7.

Coordinate maintenance of communication and reporting systems with Administrator, WDH IT, and EOCC.

Coordinate and manage all facets of the Strategic National Stockpile (SNS), CHEMPACK, state stockpile, and other medical countermeasure (MCM) activities.

- State Epidemiologist - Provide scientific and medical oversight of epidemiological activities concerned with public health. Oversee and coordinate epidemiological activities, and provide information and recommendations for possible courses of action to the SHO. Serve as backup to the SHO - must be a licensed Wyoming M.D.

➢ State Public Health Veterinarian - Serve as a liaison with animal health and regulatory officials in Wyoming and ensure coordination of animal health and human health activities as appropriate. Serve as coordinator for Regional Veterinary Public Health Coordinators (RVPHC) program.

Behavioral Health Division

- Senior Administrator - Responsible for coordinating all aspects of preparedness within the division, and across department lines with the other WDH divisions; based on guidance from the Director, and in consultation with the SHO.

Develop, coordinate, and implement a comprehensive emergency response plan that addresses all aspects of mental health, behavioral health, substance abuse services, as well as emergency services for practitioners and participants in the programs for persons with developmental disabilities and those who work with individuals with an acquired brain injury (ABI).

Coordinate with SAMHSA's Disaster Technical Assistance Center (DTAC).

In the case of an Individual Disaster Declaration by the President, assess the need for a Crisis Counseling Assistance and Training Program (CCP) grant and other assistance opportunities from FEMA. Coordinate the CCP application and program.

Coordinate requests for support for and from the Wyoming Life Resource Center (WLRC) and Wyoming State Hospital (WSH).

Provide guidance to the PIO on development, and dissemination of messages to caregivers, family members, and service providers that fall within the division's scope of responsibility.

➢   Substance Abuse - Perform support functions as assigned.

Coordinate full continuum of substance abuse care as requested by local officials.

➢   Mental Health - Perform support functions as assigned.

Coordinate full continuum of mental health care as requested by local officials, and with the advice and consent of the SHO, including Critical Incident Stress Management (CISM), and on-going assessments of care needs for responders and survivors.

Assist residential treatment centers with evacuation requirements as warranted by the situation and requested by the local jurisdiction.

➢   Developmental Disabilities (DD) - Perform support functions as assigned.

Communicate with customers that may have a role in response, or been affected by the incident or event.

Monitor actions and activities related to care of persons with disabilities in the affected area(s), including, but not limited to, sheltering, feeding, medical care required and available, and evacuation requirements.

Division of Healthcare Financing

•   Equality Care - Verify that the Department of Family Services (DFS) has surge plans for an increase in applications for Medicaid and other healthcare programs requiring DFS determinations.

Coordinate program specific enrollment functions with Community and Public Health (CPH) to ensure adequate surge capacity for possible clients.

Coordinate with other divisions providing services to special needs, medical at-risk and UTSE clients to ensure full spectrum of collaboration and care – including surge capacity for new client (Medicaid) enrollment.

•   Pharmacy Services - Provide consultation and technical advice as requested, and support SNS operations.

•   Kid Care CHIP Eligibility – Ensure continuation of determination and application processing for families without insurance.

- Medicaid Medical Officer - Provide consultation and technical advice, and serve as backup as requested by the SHO.

- Medicaid Dental Officer - Serve as a consultant on dental-specific issues, including forensic odontology by the SHO.

Aging Division

- Senior Administrator - Responsible for coordinating all aspects of preparedness within the division, and across department lines with the other WDH divisions; based on guidance from the Director, and in consultation with the SHO.

Develop, coordinate, and implement a comprehensive emergency response plan that addresses all aspects of emergency services for practitioners, providers and clients who provide or receive services, or funding from the division.

Coordinate emergency mental health, behavioral health, substance abuse services, for aging clients with the Behavioral Health Division.

Coordinate requests for support from Cheyenne-based operations to the Wyoming Pioneer Home (WPH), Wyoming Retirement Center (WRC), and the Veterans Home of Wyoming (VHW).

Serve as the POC for requests that WPH, WRC, and VHW may have for Cheyenne-based operations.

Provide guidance to the PIO on development, and dissemination of messages to caregivers, family members, and service providers that fall within the division's scope of responsibility.

Perform support functions as assigned.

- Senior Services - Communicate with customers that may have a role in response, or have been affected by the incident or event.

Provide guidance to the PIO on development, and dissemination of messages to the elderly who are at risk.

Monitor actions and activities related to care of elderly, including, but not limited to, sheltering, feeding, medical care required and available, and evacuation requirements.

Coordinate supplies, equipment, and personnel as requested.

- Licensing and Surveys – Provide technical and other support as appropriate or legally required for establishment of an emergency medical shelter.

In coordination with WDH IT/Telecommunications, HPP, and PHEP, establish a call center to contact health centers affected by a disaster.

Ascertain degree of damages and capabilities that continue to exist to healthcare facilities in the affected area(s).
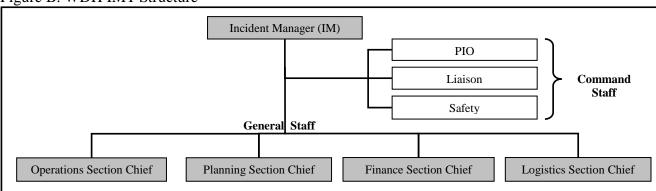
Establish a strike team in conjunction with local building code officials, consisting of an engineer and surveyor, and other staff as warranted by the event, to survey the affected area and conduct on-site damage assessments.

DIRECTION, CONTROL, AND COORDINATION –

Upon activation of the WDH EOP, the Director or his/her designee will exercise one of three options for managing WDH's response:

- Option 1 - Retain control and manage the response.

- Option 2 - Delegate responsibility to a subordinate without activating an IMT.

- Option 3 - Activate the appropriate IMT, with the IM determining Command Staff and General Staff Sections to be operationalized - see Figure B. WDH IMT Structure. Upon assembly and initial briefing, the IMT will develop the initial Incident Action Plan (IAP) to cover the first 12-hour period based on situation-specific information received from the SHO or Deputy Director.
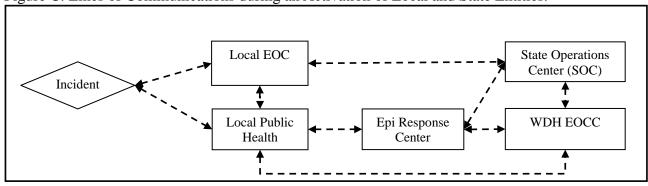
Figure B. WDH IMT Structure

Upon activation of the IMT, EOCC, ERC, or request for the SNS, the Director or his/her designee will notify Senior Administrators of the place and time for support personnel to assemble for situation briefings and duty/shift assignments.

WDH will use the Virtual Situational Awareness Tool (VSAT) and Web EOC in concert with other electronic and manual systems to share and manage information, maintain situational awareness, and develop a common operating picture with other state and federal agencies. Figure C reflects the lines of communications during an activation of local and state entities.

Figure C. Lines of Communications during an Activation of Local and State Entities.

WDH response measures may include direct support in the form of epidemiologists, disease intervention specialists, the public health laboratory, and public health nurses; or indirect support, e.g., facilitating coordination of services, equipment, supplies, and personnel from sister state agencies, private enterprise, community voluntary agencies, individuals, and resources from the Federal government.

COMMUNICATIONS -

Emergency Public Information and Risk Communications – See PIO

Tactical Communications – See PHEP

ADMINISTRATION, FINANCE, AND LOGISTICS – See Deputy Director, Fiscal Services, and HR.

PLAN DEVELOPMENT AND MAINTENANCE - PHEP is responsible for:

• Assisting with development, coordination, and implementation of WDH EOP, annexes, appendices, and any SOGs or checklists determined to be necessary through exercise, training, or actual events.

• An exercise program that prepares WDH for response to all hazards, based on WDH plans.

• Ensuring WDH plans are reviewed and updated annually, in addition to when:

➢ An emergency, exercise, or drill reveals the need for plan modifications.

➢ The department organizational structure changes.

AUTHORITIES AND REFERENCES – The following laws, policies, and other documents have application in the establishment and enactment of the plan:

Authorities

Federal

Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 100-707

National Response Framework (NRF)

Homeland Security Presidential Directive (HSPD) -20: National Continuity Policy

HSPD-21: Public Health and Medical Preparedness

National Health Security Strategy of the United States

Presidential Policy Directive / PPD-8: National Preparedness

State

2011 Statutes (http://legisweb.state.wy.us/titles/statutes.htm)

W.S. 19-13-102 (ii) Definitions.

Title 35 Public Health and Safety

Article 2 Department of Health

W.S. § 35-1-220 (Legal advisers; provisions as to enforcement)

W.S. § 35-1-223 (Cooperation to prevent spread of contagious diseases; report of epidemics or diseases required from local health officials)

W.S. § 35-1-227 (Supervision of county health officers)

W.S. § 35-1-240 (Powers and duties)

W.S. § 35-1-241 (Safe disposal of corpses in emergency circumstances)

Article 3 County, Municipal, and District Health Departments

W.S. § 35-1-303 (Rules and regulations; jurisdiction)

Article 4 Vital Records

W.S. § 35-1-421 (Extension of time)

Chapter 4 Health Regulations Generally
Article 1 Communicable Disease

W.S. § 35-4-101 (Department of health to prescribe rules and regulations; penalty for violation; resisting or interfering with enforcement)

W.S. § 35-4-103 (Investigation of diseases; quarantine; regulation of travel; employment of police officers to enforce quarantine; report of county health officer; supplies and expenses)

W.S. § 35-4-104 (Quarantine regulations generally; modification or abrogation

W.S. § 35-4-105 (Escape from quarantine deemed crime; punishment)

W.S. § 35-4-106 (Vaccination for smallpox; penalty for refusal)

W.S. § 35-4-107 (Report required of physician; record of each case to be kept; duty of individuals to report diseases)

W.S. § 35-4-108 (Penalty for failure to report or for false report)

W.S. § 35-4-109 (Spreading contagious disease; prohibited)

W.S. § 35-4-110 (Spreading contagious disease; liability for damages in civil action)

W.S. § 35-4-112 (Right of appeal of quarantine)

W.S. § 35-4-113 (Treatment when consent is not available; quarantine)

W.S. § 35-4-114 (Immunity from liability)

W.S. § 35-4-115 (Definitions)

Title 1 Civil Procedure
Chapter 1 General Provisions as to Civil Actions

W.S. § 1-1-120 (Persons rendering emergency assistance exempt from civil liability)
Wyoming Response Plan (DRAFT) (2011)

References

Disaster Technical Assistance Center (DTAC) (http://www.samhsa.gov/dtac/)

Federal Continuity Directive - 1

Federal Emergency Management Agency (FEMA), Crisis Counseling Assistance and Training Program (CCP) (http://www.fema.gov/assistance/process/additional.shtm)

Healthy People 2010

Healthy People 2020

National Disaster Recovery Framework

State of Wyoming Personnel Rules, February 1, 2006

PHEP Communications Binder

FUNCTIONAL ANNEXES - Provide for specific activities that complement the guidelines and organizational models provided for in the EOP.

Continuity of Operations (COOP)/Pandemic Influenza Continuity of Operations (PI COOP)

WDH Emergency Leaders Guide

WDH Emergency Guidelines

Epidemiology Response Plan

Strategic National Stockpile (SNS) Plan

Training and Exercise Plan

Standard Operating Guidelines (SOG): Emergency Operations and Communication Center (EOCC)

Standard Operating Guidelines (SOG): Epidemiologic Response Center (ERC)

Volunteer Operations Plan (VOP) - *Pending*

INCIDENT ANNEXES - Provide for specific incidents that complement the guidelines and organizational models provided for in the EOP.

Pandemic Influenza Plan

Radiologic Response Plan

Smallpox Response Plan

DEFINITIONS -

Command Staff: "... the Command Staff consists of the Incident Command and the special staff positions of Public Information Officer, Safety Officer, Liaison Officer, and other positions as required, who report directly to the Incident Commander. They may have an assistant or assistants, as needed." (NIMS, Department of Homeland Security, Washington, D.C., December 2008)

General Staff: "... normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief." (NIMS, Department of Homeland Security, Washington, D.C., December 2008)

Emergency Operations Center (EOC): "The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place." (NIMS Online Glossary) Note: WDH has named its EOC the Emergency Operations and Communication Center (EOCC).

Incident Command System (ICS): "A standardized on-scene emergency management construct specifically designed to provide an integrated organizational structure ... (NIMS Online Glossary) National Incident Management System: A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly...in order to reduce the loss of life or property and harm to the environment." (NIMS Online Glossary)

National Response Framework: "A guide to how the Nation conducts all-hazards response." (NIMS Online Glossary)

ACRONYMS -

AAR	After Action Report or After Action Review	ERC	Epidemiologic Response Center
COOP	Continuity of Operations	IM	Incident Manager
EOCC	Emergency Operations and Communications Center	IMT	Incident Management Team

PUBLIC HEALTH RESPONSE MATRIX

The columns to the right are comprised of hazards reported as Medium to High by WOHS in the draft Wyoming Multi-Hazard Mitigation Plan (June 2011).		Natural Hazards				Manmade Hazards				
		Earthquake	Floods	Tornadoes	Wildland Fire	Chemical	Biological	Radiological	Nuclear	Explosive
Wyoming Department of Health (WDH) Elements										
Refer to pages 4 - 11 for specific duty requirements.	Epidemiology[1]	X	X	X		X	X	X	X	
	Public Health Laboratory[1]		X			X	X	X		
	Public Health Nursing[1]	X	X	X	X	X	X	X	X	X
	Public Health Division[2]	X	X	X	X	X	X	X	X	X
	Behavioral Health Division[3]	X	X	X	X	X	X	X	X	X
	Aging Division[3]	X	X	X	X	X	X	X	X	X
	Vital Statistical Services - If the incident results in mass fatalities.									
State ESF #8 Agencies[4]										
University of Wyoming (UW)	SNS repackaging support.									
Department of Transportation (WyDOT)	SNS and Risk Communication support.									
Military Department (WyMD)	Resource and SME support.									
Office of Homeland Security (WOHS)	Resource and SME support.									
Federal Agencies										
Centers for Disease Control and Prevention (CDC)	Resource and SME support.									
U.S. Health and Human Service (HHS)	Resource and SME support.									
Notes										

1. The first three elements are the core response group for WDH. Organizationally they reside in the Public Health Division.

2. The remaining elements within the Public Health Division would provide support to the EOCC, ERC, or SNS.

3. The Behavioral Health and Aging divisions provide support to their respective constituent groups.
- Behavioral Health will serve as the principal coordinating entity for EMAC and Federal mental health and substance abuse resources.

- Aging will serve as the principal coordinating entity for EMAC and Federal aging resources.

4. SESF#8 agencies not shown on the matrix will be called upon for resource and SME support as warranted by the incident.