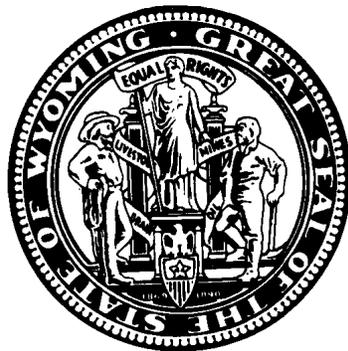


# State of Wyoming



## Department of Health

### Emergency Operations Plan (EOP), Revision # 3

Brent D. Sherard, M.D., M.P.H., F.A.C.P., Director, and State Health Officer

November 17, 2010

# State of Wyoming Department of Health

## Emergency Operations Plan (EOP)

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The November 17, 2010, WDH EOP, Revision # 3 supersedes the WDH EOP, approved on  
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This document is available in alternative format upon request.

## EXECUTIVE SUMMARY

On November 18, 2007, the Whitehouse released Homeland Security Presidential Directive (HSPD) – 21, Public Health and Medical Preparedness, which, “...establishes a National Strategy for Public Health and Medical Preparedness (Strategy)...” Five “key principles,” (listed below) drawn from The National Strategy for Homeland Security (November 2007), the National Strategy to Combat Weapons of Mass Destruction (December 2002), and Biodefense for the 21st Century (April 2004) form the framework that shapes the five tenets of the strategy, which are:

1. Preparedness for all potential catastrophic health events;
2. Vertical and horizontal coordination across levels of government, jurisdictions, and disciplines;
3. A regional approach to health preparedness;
4. Engagement of the private sector, academia, and other nongovernmental entities in preparedness and response efforts; and
5. The important roles of individuals, families, and communities.

HSPD – 21 also articulates United States Policy regarding public health and medical preparedness. “It is the policy of the United States to plan and enable provision for the public health and medical needs of the American people in the case of a catastrophic health event through continual and timely flow of information during such an event and rapid public health and medical response that marshals all available national capabilities and capacities in a rapid and coordinated manner. “

In December 2009, the U.S. Department of Health and Human Services (HHS) released the National Health Security Strategy of the United States (U.S.) This document underscores the importance of the aforementioned; the interdependence of public health with other agencies and organizations; and defines goals, strategic objectives; and the capabilities necessary to address and respond to health threats and incidents with significant consequences.

Ultimately, state and local levels of government will implement, support, and execute national policy through their respective planning, training and exercise activities. The Wyoming Department of Health (WDH) Emergency Operations Plan (EOP) is the centerpiece that provides overall guidance of “how” WDH will respond to an incident. By design and definition an EOP is a, “...’steady state’ plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards.” (United States Department of Homeland Security, National Incident Management System, Washington, D.C., March 1, 2004)

The WDH EOP, supplemented by support, incident specific and functional annexes, and appendices, provides the framework for this agency to meet the challenges posed by all hazards, and the flexibility to tailor a response to the situation.

It is imperative that those charged with executing any WDH plan know that WDH has no legal ability to request assistance directly from any entity. Therefore, WDH must work in concert with the Wyoming Office of Homeland Security (WOHS), to identify, establish, and maintain relationships with state agencies and non-government organizations (NGOs) critical to providing on-going public health and medical services throughout an emergency.

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PURPOSE - The purpose of the Wyoming Department of Health (WDH) Emergency Operations Plan (EOP) is to:

- a. Provide guidance to ensure a systematic, unified approach for responding to any type of disaster - public health specific, as well as incidents, and events that fall under the jurisdiction of the Wyoming Office of Homeland Security (WOHS), and controlled under either the Governor's Crisis Management Plan (CMP), or Wyoming Response Plan (WRP) - with maximum use of agency resources and assets.
- b. Adopt, and incorporate the standards and practices articulated in the National Response Framework (NRF) and National Incident Management System (NIMS), including use of the Incident Command System (ICS).

SCOPE – The WDH EOP is applicable to all Cheyenne-based programs, and field operations, with the exception of the five WDH facilities – who are responsible for developing, and submitting to the Deputy Director of Administration for review and approval, their own EOPs and other support documents, as warranted by facility mission, or requirements articulated by accreditation, or regulatory agencies.

SITUATION OVERVIEW – The following hazards are possible in Wyoming:

Natural and Manmade

|                               |                                      |
|-------------------------------|--------------------------------------|
| 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.     |

Note: Hazards analyzed in detail were those that had recurrence intervals less than 10,000 years or those not related specifically to health issues. (Source: Wyoming Multi-Hazard Mitigation Plan, page 3.1, June 18, 2008, Wyoming Office of Homeland Security)

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 public's health.

Threat Analysis

Terrorist Cells - Not available through open sources.

Vulnerability Analysis – Not available through open sources.

PLANNING ASSUMPTIONS AND CONSIDERATIONS

- a. Assumptions

Emergency medical systems within the affected area(s) may be overwhelmed in a matter of minutes – including resources obtained through mutual aid, or the Emergency Management Assistance Compact (EMAC).

Resupply plans may exist, however, damage or destruction of critical infrastructure or key resources (CIKR) may negate the ability to move products or services to affected areas.

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

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 to the surviving population and response personnel.

An event (terrorist) 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.

Local jurisdictions may require assistance in maintaining continuity of health and medical services into the recovery phase of operations.

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

In major catastrophic events, including but not limited to epidemics, pandemics, and WMD attacks, medical resources may be insufficient to meet demand, specialized equipment and/or treatment materials may be unavailable, and transportation assets may also be restricted due to contamination.

Emergency events may render local health agencies inoperable.

County Homeland Security/Emergency Management Coordinators will notify local health departments of emergencies in their jurisdictions.

#### b. Considerations

Disasters occurring in Wyoming may result in varying degrees of impact on public health standards. Solid waste, wastewater, potable water, health supplies, and health services are typically affected.

Damage and destruction caused by a natural or technological disaster will produce urgent needs for mental health crisis counseling for victims and emergency responders.

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

WDH provides statewide coordination for public and mental health issues. County health departments and county Public Health Nursing (PHN) offices have responsibility for coordinating health and medical related emergency issues through State Emergency Support Function (SESF) #8.

Upon request from the affected county/counties, or order from the Governor, WDH will support local health departments by coordinating requested supplies, equipment and personnel through the Governor's Crisis Command and Control Center (4C), the Web Emergency Operations Center (Web EOC) and/or the WDH Emergency Operations and Communications Center (EOCC) or WDH Epidemiologic Response Center (ERC).

Structural damage will negate or reduce operations at medical and health care facilities. The walking wounded, seriously injured, and worried-well may overwhelm facilities that remain in operation.

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

Uninjured persons who require maintenance medications (e.g. insulin) may have difficulty in acquiring them due to damaged or destroyed “normal” supply locations and general shortages within the disaster area.

During and after a disaster, issues including, but not limited to relocation, sheltering, returning residents, water supply, wastewater, and solid waste facilities operation may have to be addressed.

An emergency resulting from an explosion, toxic gas, radiation, or biological release may not damage the local medical system. However, such an event could produce a large concentration of specialized injuries that would overwhelm local jurisdictions’ personnel and/or medical facilities, which reduces or eliminates the ability of those personnel and facilities to continue aid services.

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 – Upon execution of a disaster declaration by the Governor, or as ordered by the Governor, or at the discretion of the WDH Director, or their designees, the WDH EOP, and/or applicable annexes, will be activated to guide agency emergency activities.

Upon activation of the WDH EOP, the WDH Director may exercise several options for managing the event. The first is to retain control and manage the situation. The second option is to delegate responsibility to a subordinate within WDH, without activating the Incident Command System (ICS).

The third option is to activate the WDH ICS - which includes appointing an Incident Manager (IM). Therefore, WDH Director as it relates to an action item within a WDH emergency plan is inclusive of the three options previously stated.

The Management Council serves as the “policy group”, responsible for determining, and setting strategic level requirements to be implemented through tactical operations managed by the IM.

WDH has primary responsibility for implementing and maintaining, or coordinating with other state and federal agencies, the essential services of public health (assessment, policy development, assurance) through these nineteen (19) functional areas.

1. Assessment of Public Health/Medical Needs
2. Radiological/Chemical/Biological Hazards
3. Health Surveillance
4. All Hazard Public Health and Medical Consultation
5. Medical Care Personnel
6. Behavioral Health Care

7. Health/Medical/Veterinary Equipment and Supplies
8. Public Health and Medical Information
9. Patient Evacuation
10. Vector Control
11. Patient Care
12. Public Health Aspects of Potable Water/Wastewater and Solid Waste
13. Food Safety and Security
14. Mass Fatality Management
15. Agriculture Safety and Security
16. Veterinarian Medical Support
17. Worker Health/Safety
18. Public Health/Agriculture/Veterinary/ DEQ Laboratories
19. Special Needs/Medical At-Risk/Unable to Self-Evacuate Populations (UTSE)

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES - Divisions/offices/programs should be prepared to support WDH emergency operations, individually, and collectively. WDH facilities should be prepared to support administrative and logistical requirements of WDH Cheyenne staff deployed to support county response activities.

a. General

The diversity of missions and geographic locations necessitate WDH Administration, divisions, offices, and programs develop and maintain checklists or Standard Operating Guidelines (SOG) to guide activities and actions during a response. The Planning Coordinator, PHEP, will facilitate information collection, analyses, and assist in developing checklists or SOGs, with final approval residing with the head of the specific entity. The SOG or checklists, at a minimum, should:

Address steps for protection of personnel and facilities, including evacuation plans.

Ensure the continuous performance of the agency's essential functions/operations during an emergency; including personnel support for the following emergency response activities:

- o Emergency Operations and Communications Center (EOCC)
- o Epidemiologic Response Center and/or WDH Call Center
- o Strategic National Stockpile (SNS) Communications

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

Provide for the assessment of an event's direct impact on the division's, facility's, office's, program's personnel and facilities, including injuries/deaths and property /systems damage, and for reporting assessment to the Director or their designee, the 4C, WDH EOCC or WDH ERC.

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

Provide for the orderly succession of officials for all key positions in the division, facility, office, program so operations can continue when officials are absent or incapacitated.

Provide for the protection, proper storage, safeguarding, and recovery of vital and important records and documents.

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

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

Provide for notifying WDH Administration of emergency personnel assignments, and special contract and fiscal processing requirements.

b. Specific.

#### WDH Administration

Director – Responsible for ensuring all aspects of WDH’s preparedness, and response, including direct oversight of the areas that he/she directly supervises, and approval of personnel assigned to fill Incident Command System (ICS) positions.

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

Process emergency purchases/procurement.

Establish and maintain a cost tracking system for state and federal reimbursement.

Establish a system for the coordination and acquisition of supplies, equipment, and services in support of emergency response efforts.

NOTE: The CFO’s activities may be limited or stopped based on availability of assets and programs from the State Auditor’s Office.

- o Public Information Officer (PIO) - Coordinate and disseminate warning messages and follow-on information, and conduct other Risk Communications as determined by the WDH Director.

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

Coordinate access to the Emergency Alert System (EAS) with PHEP and WOHS.

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

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

State Health Officer (SHO) – Responsible for supervising all aspects of preparedness in the areas that he/she directly supervises, and other areas as assigned by the WDH Director or their designee, and execution of all duties prescribed by Wyoming State Statutes.

- Emergency Medical Services (EMS) Program - Provide EOCC initial and on-going situation reports (SITREP) per ambulance services' observations and reports.

Coordinate supplies, equipment, and personnel as requested.

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

Monitor EMS trip and trauma reports.

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

Provide EOCC initial and on-going SITREPs per hospital reports.

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

Coordinate supplies, equipment, and personnel as requested.

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.

- Public Health Emergency Preparedness (PHEP) Program– Manage EOCC and ERC, and maintain radio communications for both.

Consolidate SITREPs, and damage reports received from the field.

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 emergency or disaster.

Plan for, and ensure availability of tactical communication systems.

Coordinate Emergency Management Assistance Compact (EMAC) requirements with WOHS.

Serve as contact for National Disaster Medical System (NDMS), U. S. Public Health Service Emergency Response Coordinator for supplies, equipment, and personnel as requested.

Ensure reporting systems are operational 24/7.

- Health Alert Network (HAN) - Perform support functions as assigned.

Ensure alert and notification systems are operational 24/7.

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

- Strategic National Stockpile (SNS) – Coordinate to oversee acquisition of, and logistical support for delivery and distribution of vaccines, drugs, and select medical equipment.

Maintain CHEMPACK and State stockpile of radiologic and biologic medications.

- Medicaid Medical Officer and Staff Physician -

Provide consultation and technical advice, and serve as backup as requested by the SHO.

Coordinate telemedicine/telehealth activities as requested by the State Health Officer (SHO) and approved by the WDH Director.

- State Epidemiologist

Provide scientific and medical oversight of epidemiological activities concerned with public health, and oversee and coordinate epidemiological activities, and provide information and recommendations for possible courses of action to the SHO.

Serve as backup to the SHO.

- 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.

Serves as coordinator for Regional Veterinary Public Health Coordinators (RVPHC) program.

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

Deputy Director of Rural and Public Health – Responsible for supervising all aspects of preparedness in the areas that he/she directly supervises, and other areas as assigned by the WDH Director.

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

Consolidate SITREPs and damage reports received from the field and forward to the EOCC.

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

Perform support functions as assigned.

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.

- Community and Public Health Division (CPHD) - Coordinate program specific enrollment functions with Office of Healthcare Financing – Equality Care, to insure adequate capacity to provide 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 Section Chief - Review data compiled by Epidemiology Section to determine possible effects on special needs, medical at-risk and unable to self-evacuate (UTSE) population groups. Assist Division administrator with assessments and response planning activities.

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

- Immunization Section

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 County Health Officer (CHO), SHO or State Epidemiologist or designated WDH emergency coordinating official in support of response efforts.

Consolidate SITREPs and damage reports received from the field and forward to the EOCC.

Coordinate supplies, equipment, and personnel as requested.

- Rural and Frontier Health Division- 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 - Provide links to programs and databases containing translator information including, but not limited to, names, contact information, languages and dialects, and hourly rates.

Assist divisions and programs with identifying translator needs and resource requirements by developing and maintaining a database of translator services used by WDH divisions and offices.

- Office of Rural Health - Assist Hospital Preparedness Program (HPP) by monitoring and reporting activities and conditions at clinics.
- Vital Statistical Services - Identify additional staffing and training requirements necessary to process a significant increase in death certificates.

Develop a cadre capable of processing death certificates locally.

- Preventive Health and Safety Division (PHSD) – Perform support functions as assigned.

- Chronic Disease Section - 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 Epi Response Plan.

Provide WDH EOCC initial and follow-on situation reports (SITREP) generated via surveillance and investigation.

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

Direct disease control operations, to include epidemic intelligence, evaluation, prevention (including mass immunizations) and detection of communicable diseases.

Provide technical assistance to the Public Information Officer (PIO) for development of health advisories, information, and instructions.

Advise 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 WDH ERC of test results.

Deputy Director of Administration – Responsible for supervising all aspects of preparedness in the areas that he/she directly supervises, and other areas as assigned by the WDH Director or their designee.

- Administrator, Human Resources (HR) - Conduct surveys to identify WDH personnel with military, fire, EMS, or law enforcement backgrounds who may have skills needed in the EOCC or an ICS assignment. Report results to the Manager, PHEP.

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 Department's 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.

- Administrator, Information Technology (IT) – Perform support functions as required.

Provide supplies, equipment, and personnel as requested.

Provide for the use of computer resources to record and maintain emergency information, and data on WDH operations and deployments.

Coordinate acquisition and delivery of supplies, equipment, and personnel as requested.

- Developmental Disabilities Division (DDD) - Communicate with customers that may have a role in response, or been affected by the incident or event.

Provide guidance to the PIO on development, and dissemination of messages to caregivers of developmentally disabled (DD) or Acquired Brain Injury (ABI) clients who are at risk.

Perform support functions as assigned.

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

Coordinate supplies, equipment, and personnel as requested.

Coordinate requests for support that Cheyenne-based operations may have for the Wyoming Life Resource Center (WLRC).

Serve as the point of contact for requests that the WLRC may have for Cheyenne-based operations.

- Office of HealthCare Financing

- Equality Care - Serve as primary point of contact (POC) for the Department of Family Services (DFS) who has responsibility for ensuring client intake personnel are prepared for an increase in applications for Medicaid and other healthcare programs requiring DFS determinations.

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

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

- State Pharmacist - 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.

- Office of Healthcare Licensing and Surveys – Provide technical and other support as may be 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 task force consisting of an engineer and surveyor, and other staff as warranted by the event, to go to the affected area and conduct on-site damage assessments.

- Deputy Director of Mental Health and Substance Abuse Services Division - 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.

Perform support functions as assigned, with priority of efforts in 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.

**DIRECTION, CONTROL, AND COORDINATION** – Upon activation of the WDH EOP, the WDH Director will advise the policy group and the Incident manager (IM) of his/her decision, as well as the level of the activation. WDH has identified four operational levels - aligned with the State's five phases of Pandemic Influenza (PI) to allow for scaling of activities based on the situation.

Levels 1 and 2 presume that WDH activity in support of a response can take place through the normal organizational structure, or with minor staffing adjustments.

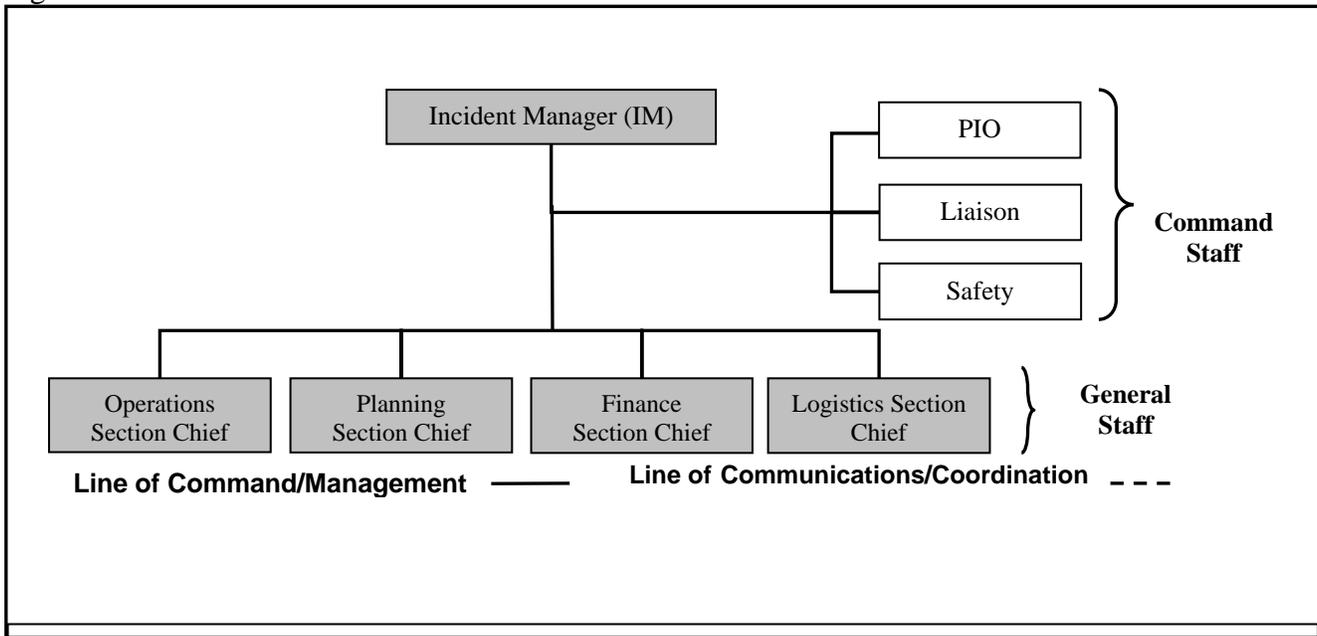
Levels 3 and 4 may require activation of the WDH EOCC (Hathaway Building, Room 432) and/or the WDH ERC (also the alternate WDH EOCC, Qwest Building, Room 561.)

Figure A. Escalation Scale - General Descriptions

| Level                   | Description  | PI  |
|-------------------------|--|-----|
| 1 – Routine             | Standby and alert procedures issued in advance of a planned event.<br>Training and exercises conducted.                          | 1   |
| 2 – Local Emergency     | A situation affecting a WDH facility exists.<br>WOHS or WDH has received a county-level request for assistance.                  | 2   |
| 3 – Regional Emergency  | A situation affecting $\geq 2$ WDH facilities exists.<br>WOHS or WDH has received requests for assistance from 2 - 3 counties.   | 3   |
| 4 - Statewide Emergency | A situation affecting $\geq 3$ WDH facilities exists.<br>WOHS or WDH has received requests for assistance from $\geq 2$ regions. | 4/5 |

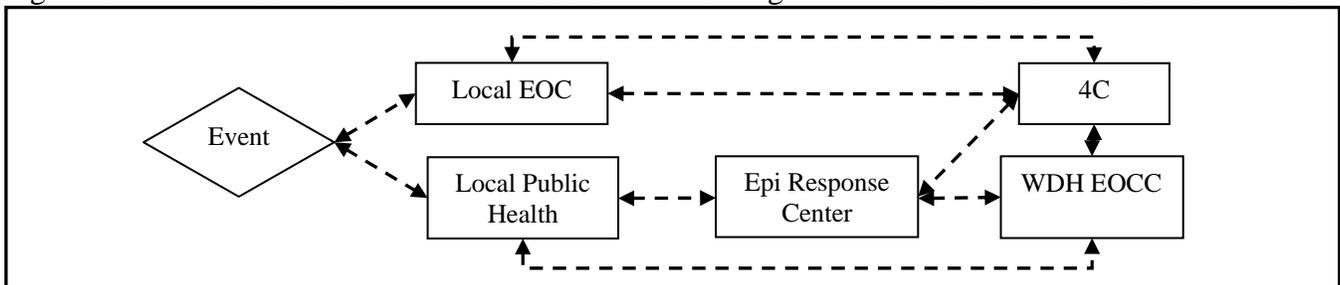
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Figure B. WDH ICS Structure



WDH will use the Virtual Situational Awareness Tool (VSAT) in concert with the WOHS Web Emergency Operations Center (Web EOC) in concert with other electronic communications systems, and manual backup systems to share and manage information, and maintain situational awareness. Figure C reflects the lines of communications and coordination during an activation of local and state entities.

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



Preparing the Agency for disaster response and continuity resides with the WDH Director and SHO, through PHEP. PHEP is responsible for assisting with development, coordination, and implementation of:

- a. WDH EOP, annexes, appendices, and any SOG or checklists determined to be necessary through exercise, training, or actual events.
- b. An exercise program that prepares WDH for all types of disasters, based on WDH plans.
- c. 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.

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DISASTER INTELLIGENCE (INFORMATION COLLECTION)

Critical Information Requirements (CIR) – CIR is a comprehensive list of information requirements identified, in this case by the WDH Director, specifically to facilitate timely management of information and the decision-making process for requirements and activities that affect the agency's ability to perform its normal and emergency functions.

For the SHO, CIR is critical to determining the appropriate actions and activities necessary to respond to emergency public health and medical incidents, or support events that may have an impact on the public's health. The SHO's CIR also guide him/her in developing a list of support requirements that will be needed from WDH through the Director or their designee, or from other State and Federal agencies, through the WDH Director to the WOHS Director.

Director's CIR – To be developed by the Director (and others as needed), and posted under a separate cover.

State Health Officer's (SHO) CIR - To be developed by the SHO (and others as needed), and posted under a separate cover.

Additional SHO areas of responsibility.

a. Assessment of Public Health/Medical Needs - WDH, in collaboration with WOHS, mobilizes and deploys SESF #8 personnel to support State 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.)

b. Health Surveillance - WDH, in coordination with supporting departments and agencies, enhances existing surveillance systems to monitor the health of the general and medical needs population; carries out field studies and investigations; monitors injury and disease patterns and potential disease outbreaks; and provides 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.)

COMMUNICATIONS

Emergency Public Information and Risk Communications – See Public Information Officer (PIO)

Tactical Communications – See Public Health Emergency Preparedness (PHEP) Program

ADMINISTRATION, FINANCE, AND LOGISTICS – See Deputy Director of Administration, CFO, and Human Resources.

PLAN DEVELOPMENT AND MAINTENANCE

WDH, through the PHEP, ensures all necessary changes and revisions to this plan are prepared, coordinated, published, and distributed.

The plan will undergo revision:

- a. Annually, unless any of the items listed below occur before the anniversary date of implementation.
- b. When an emergency, or exercises or drills reveal corrective actions are necessary, or result in the need for plan modifications.
- c. When State government/department structure changes.

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

- a. Authorities

Federal

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

National Response Framework (NRF)

Emergency Assistance Act, Public Law 93-288

Healthy People 2010

Homeland Security Presidential Directive (HSPD)

HSPD- 5: Management of Domestic Incidents

HSPD- 7: Critical Infrastructure Identification, Prioritization, and Protection

HSPD- 8: National Preparedness

HSPD-20: National Continuity Policy

HSPD-21: Public Health and Medical Preparedness

Federal Continuity Directives (FCD) – 1 and 2

National Health Security Strategy of the United States

State

Statutes 2009 (available at <http://legisweb.state.wy.us/titles/statutes.htm>)

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

Title 35 Public Health and Safety, Chapter 1 Administration  
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. § 35-4-102 (Liability of county for medical services; indigent patients)

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) (2006)

## b. References

IS-546 – Continuity of Operations (COOP) Awareness, Federal Emergency Management Agency (FEMA), Emmitsburg, MD, November 2007

Emergency Management Guide for Business and Industry, Federal Emergency Management Agency (FEMA), Washington, D.C., November 1993

Federal Presidential Circular (FPC) – 65, Federal Executive Branch Continuity of Operations (COOP) Continuity Guidance Circular 1 (CGC 1)

Wyoming Department of Health: Public Health Pandemic Influenza Response Plan

State of Wyoming Personnel Rules, February 1, 2006

Wyoming Statewide Communication Plan

PHEP Communications Binder

Definitions – Annex A

Acronyms – Annex B

SUPPORTING ANNEXES – These plans provide for event specific activities that complement the guidelines and organizational models provided for in the EOP. Each document is managed separately from the EOP by a subject matter expert (SME) charged with its development, implementation, coordination and maintenance.

FUNCTIONAL ANNEXES - These plans provide for specific activities that complement the guidelines and organizational models provided for in the EOP. Each document is managed separately from the EOP by a subject matter expert (SME) charged with its development, implementation, coordination and maintenance.

Continuity of Operations (COOP), including Pandemic Influenza Continuity of Operations (PI COOP)

2010 WDH Emergency Leaders Guide

2010 WDH Emergency Guidelines

Epidemiology Response Plan

Strategic National Stockpile (SNS) Plan

Training and Exercise Plan

WDH Emergency Operations and Communication Center (EOCC) and Epidemiologic Response Center (ERC) Standard Operating Guidelines (SOG)

INCIDENT ANNEXES - These plans provide for specific activities that complement the guidelines and organizational models provided for in the EOP. Each document is managed separately from the

EOP by a subject matter expert (SME) charged with its development, implementation, coordination and maintenance.

Pandemic Influenza Plan

Radiologic Response Plan

Smallpox Response Plan

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## Annex - A. Definitions

## General Definitions

Awareness. The continual process of collecting, analyzing, and disseminating intelligence, information, and knowledge to allow organizations and individuals to anticipate requirements and to react effectively. (National Response Plan, Department of Homeland Security, Washington, D.C., December 2004)

Command Staff. In an incident management organization, 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. (National Incident Management System (NIMS), Department of Homeland Security, Washington, D.C., December 2008)

Emergency Operations Center (EOC). The physical location from which coordination of information and resources to support response activities takes place. An EOC maybe a temporary facility or may be located in a central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOC's may be organized by major functional disciplines (e.g. fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, city, tribal), or by some combination thereof. (National Response Plan, Department of Homeland Security, Washington, D.C., December 2004) NOTE: The Wyoming Office of Homeland Security (WOHS) has the ability to stand up and maintain operations at the Governor's Crisis Command and Control Center (4C).

The 4C is activated by the Governor, and serves as the fusion/coordination center for the Governor and select members of his/her cabinet.

WDH has named its EOC the Emergency Operations and Communication Center (EOCC).

Emergency Operations Plan (EOP). The "steady-state" plan maintained by various jurisdictional levels for managing a wide variety of potential hazards. (National Incident Management System (NIMS), Department of Homeland Security, Washington, D.C., December 2008)

Emerging Infectious Diseases. New or recurring infectious diseases of people, domestic animals, and/or wildlife, including identification, etiology, pathogenesis, zoonotic potential, and ecological impact. (National Response Plan, Department of Homeland Security, Washington, D.C., December 2004)

Epidemic. The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period. (Reproductive Health: Glossary, Centers for Disease Control and Prevention (CDC), Website, Atlanta, GA, March 2006)

Hazardous Materials (HAZMAT). "Substances or materials, which, because of their chemical, physical, or biological nature, pose a potential risk to life, health, or property if released." Source: Hazardous Materials: A Citizen's Orientation, Federal Emergency Management Agency (FEMA), U.S. Environmental Protection Agency (EPA), U.S. Department of Transportation, Emmitsburg, MD, 1993.

Incident Command System (ICS). The Incident Command System (ICS) is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in domestic incident management activities. It is used for a broad spectrum of emergencies, from small to complex incidents, both natural and manmade, including

acts of catastrophic terrorism. ICS is used by all levels of government—Federal, State, local, and tribal, as well as by many private sector and non-governmental organizations. ICS is usually organized around five major functional areas: command, operations, planning, logistics, and finance and administration. A sixth functional area, Intelligence, may be established if deemed necessary by the Incident Commander, depending on the requirements of the situation at hand. (NIMS Online, version: March 1, 2004)

Natural Disasters. Blizzards, earthquakes, floods, and tornadoes are the most likely forms of natural occurrences in Wyoming (Volcanic eruption is also a possibility in Yellowstone National Park).

National Disaster Medical System (NDMS). A coordinated partnership between DHS, HHS, DOD, and the Department of Veterans Affairs established for responding to the needs of victims of a public health emergency. NDMS provides medical response assets and the movement of patients to health care facilities where definitive medical care is received when required. (National Response Plan, Department of Homeland Security, Washington, D.C., December 2004)

National Incident Management System (NIMS). A system mandated by HSPD-5 that provides a consistent, nationwide approach for Federal, State, local, and tribal governments; the private sector; and NGOs to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. HSPD-5 identifies these as the ICS; multi-agency coordination systems; training; identification and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking and reporting of incident information and incident resources. (National Response Plan, Department of Homeland Security, Washington, D.C., December 2004)

Pandemic. An epidemic occurring over a very wide area (several countries or continents) and usually affecting a large proportion of the population. (Reproductive Health: Glossary, Centers for Disease Control and Prevention (CDC), Website, Atlanta, GA, March 2006)

Terrorism. Any activity that (1) involves an act that (a) is dangerous to human life or potentially destructive of critical infrastructure or key resources; and (b) is a violation of the criminal laws of the United States or of any state or other subdivision of the United States ; and (2) appears to be intended (a) to intimidate or coerce a civilian population; (b) to influence the policy of a government by intimidation or coercion; or (c) to affect the conduct of a government by mass destruction, assassination, or kidnapping. (National Response Plan, Department of Homeland Security, Washington, D.C., December 2004)

Terrorist Incident. A violent act, or act dangerous to human life, in violation of the criminal laws of the United States or any state, to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives. Source: Federal Bureau of Investigation (FBI).

Tribe. Any Indian tribe, band, nation, or other organized group or community, including any Alaskan Native Village as defined in or established pursuant to the Alaskan Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. A. and 160 et seq.], that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. (National Response Plan, Department of Homeland Security, Washington, D.C., December 2004)

Unified Command. In ICS, Unified Command is a unified team effort which allows all agencies with responsibility for the incident, either geographic or functional, to manage an incident by establishing a

common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility, or accountability. (National Response Plan, Department of Homeland Security, Washington, D.C., December 2004)

#### Weapon of Mass Destruction (WMD) Definitions

Weapon of Mass Destruction (WMD). “(A) Any destructive device as defined in section 921 of the title [18], which reads, any explosive, incendiary, or poison gas, bomb, grenade, rocket having a propellant charge of more than four ounces, missile having an explosive or incendiary charge of more than one quarter ounce, mine, or device similar to the above; (B) poison gas; (C) any weapon involving a disease organism; or (D) any weapon that is designed to release radiation or radioactivity at a level dangerous to human life.” Source: 18 U.S.C., Section 2332a

#### Chemical, Biological, Radiological, Nuclear or High Explosive (CBRNE)

- Chemical agents are solids, liquids, or gases that have chemical properties that produce lethal or serious effects in plants or animals. Source: FBI.
- Biological agents are microorganisms or toxins from living organisms that have infectious or noninfectious properties, which produce lethal or serious effects in plants or animals. Source: FBI.
- Radiological and Nuclear weapons are devices that release nuclear energy in an explosive manner as the result of nuclear chain reactions involving fission and/or fusion of atomic nuclei. Source: U.S. Department of Energy.
- High Explosive is characterized by the extreme rapidity with which its decomposition occurs; this action is known as detonation. When initiated by a blow or shock, it decomposes almost instantaneously, either in a manner similar to an extremely rapid combustion or with rupture and rearrangement of the molecules themselves. Website: “The Ordnance Shop”

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## Annex - B. Glossary of Acronyms

A

|       |  |
|-------|--|
| AAR   | 1) After-Action Report<br>2) After-Action Review         |
| AG    | Attorney General   |
| ANG   | Air National Guard                                       |
| APHIS | Animal and Plant Health Inspection Service               |
| APHL  | Association of Public Health Laboratories                |
| ARNG  | Army National Guard                                      |
| ASH   | Assistant Secretary for Health                           |
| ASPR  | Assistant Secretary for Preparedness and Response        |
| ASTHO | Association of State and Territorial Health Offices      |
| ATSDR | Agency for Toxic Substances and Disease Registry (USPHS) |
| AVIP  | Anthrax Vaccine Immunization Program                     |

B

|        |   |
|--------|---|
| BIA    | Bureau of Indian Affairs                                  |
| B-NICE | Biological, Nuclear, Incendiary, Chemical, or Explosive   |
| BSE    | Bovine Spongiform Encephalopathy (aka, "Mad Cow Disease") |
| BY     | Budget Year   |

C

|          |  |
|----------|--|
| C2       | Command and Control  |
| CAP      | Civil Air Patrol   |
| CBRN     | Chemical, Biological, Radiological or Nuclear                        |
| CBRNE    | Chemical, Biological, Radiological, Nuclear, or High-Yield Explosive |
| CDC      | Centers for Disease Control (and Prevention)                         |
| CEI      | Critical Elements of Information                                     |
| CERT     | Community Emergency Response Team                                    |
| CFO      | Chief Financial Officer  |
| CHEMTREC | Chemical Transportation Emergency Center                             |
| CMHS     | Center for Mental Health Services                                    |
| CONOPS   | Concept of Operations  |
| CONPLAN  | Concept of Operations Plan   |
| CONUS    | Continental (or Contiguous) United States                            |
| COO      | Chief Operating Officer  |
| COOP     | Continuity of Operations   |
| COS      | Chief of Staff   |
| CP       | Command Post   |
| CSBG     | Community Services Block Grant (program)                             |
| CSEPP    | Chemical Stockpile Emergency Preparedness Program                    |
| CSH      | Combat Support Hospital  |
| CSP      | Community Services Programs  |
| CST      | Civil Support Team   |

D

|     |                              |
|-----|------------------------------|
| DCO | Defense Coordinating Officer |
|-----|------------------------------|

|            |   |
|------------|---|
| DECON      | Decontamination                               |
| DMAT       | Disaster Medical Assistance Team              |
| DMHT       | Disaster Mental Health Team                   |
| DMORT      | Disaster Mortuary Operational Response Team   |
| DMRIS      | Defense Medical Regulating Information System |
| DOD or DoD | Department of Defense                         |
| DOMS       | Director of Military Support                  |
| DOT        | Department of Transportation                  |
| DPMT       | Disaster Pediatric Medical Team               |
| DSCA       | Defense Support to Civil Authority            |
| DVA        | Department of Veterans Affairs                |

E

|       |  |
|-------|--|
| EAS   | Emergency Alert System                                 |
| EEGL  | Emergency Exposure Guidance Level                      |
| EFT   | Electronic Funds Transfer                              |
| EMAC  | Emergency Management Assistance Compact                |
| EMI   | Emergency Management Institute                         |
| EMS   | Emergency Medical Services                             |
| EMT   | Emergency Medical Technician                           |
| EMT-P | Emergency Medical Technician - Paramedic               |
| EOC   | Emergency Operating Center/Emergency Operations Center |
| EOCC  | Emergency Operations Communication Center              |
| EOP   | Emergency Operations/Operating Plan                    |
| EPLO  | Emergency Preparedness Liaison Officer                 |
| ERC   | Epidemiologic Response Center                          |
| ESF   | Emergency Support Function(s)                          |
| ESG   | Emergency Shelter Grant (program)                      |
| ESRD  | End Stage Renal Disease (program)                      |

F

|      |                                     |
|------|-------------------------------------|
| FBI  | Federal Bureau of Investigation     |
| FCO  | Federal Coordinating Officer        |
| FDA  | Food and Drug Administration        |
| FEMA | Federal Emergency Management Agency |

G

|      |  |
|------|--|
| GAO  | General Accounting Office                              |
| GETS | Government Emergency Telecommunications System/Service |

H

|        |   |
|--------|---|
| HAN    | Health Alert Network                          |
| HAZMAT | Hazardous Material(s)                         |
| HF     | High Frequency                                |
| HHS    | Health and Human Services, Department of      |
| HPP    | Hospital Preparedness Program                 |
| HSEEP  | Homeland Security Exercise Evaluation Program |
| HSPD   | Homeland Security Presidential Directive      |

I

|       |   |
|-------|---|
| ICS   | Incident Command System                         |
| IDPP  | Infectious Disease Prevention Program           |
| IM    | Incident Manager                                |
| INPHO | Information Network for Public Health Officials |
| IPR   | In-Process (or In-Progress) Review              |
| ISA   | Incident Staging Area                           |

J

|       |  |
|-------|--|
| JIC   | Joint Information Center                   |
| JPMRC | Joint Patient Movement Requirements Center |
| JPMT  | Joint Patient Movement Team                |
| JRMP  | Joint Regional Medical Planner             |
| JRMPO | Joint Regional Medical Planning Office     |

KL

|     |                       |
|-----|-----------------------|
| LAN | Local Area Network    |
| LFO | Lead Federal Official |
| LNO | Liaison Officer       |
| LZ  | Landing Zone          |

M

|         |  |
|---------|--|
| MAA     | Mutual Aid Agreement                     |
| MBO     | Management by Objectives                 |
| MCI     | Mass Casualty Incident                   |
| MEDEVAC | Medical Evacuation                       |
| MERS    | Mobile Emergency Response Support/System |
| MHC     | Mobile Health Clinic                     |
| MOA     | Memorandum of Agreement                  |
| MOU     | Memorandum of Understanding              |
| MRC     | Medical Reserve Corps                    |
| MSA     | Mutual Support Agreement                 |
| MSDS    | Material Safety Data Sheet               |
| MSO     | Military Support Officer                 |
| MTF     | Medical Treatment Facility               |

N

|         |  |
|---------|--|
| NCEH    | National Center for Environmental Health                   |
| NCID    | National Center for Infectious Diseases                    |
| NDMOC   | National Disaster Medical Operations Center                |
| NDMS    | National Disaster Medical System                           |
| NDMSOSC | National Disaster Medical System Operations Support Center |
| NET     | No Earlier Than  |
| NG      | National Guard   |
| NGO     | Non-Governmental Organization                              |

NIMH National Institutes of Mental Health  
 NIMS National Incident Management System  
 NIOSH National Institute for Occupational Safety and Health  
 NORTHCOM (United States) Northern Command

Q

OPLAN Operations Plan  
 OPSEC Operations/Operational Security

P

PAPR Powered Air Purifying Respirator  
 PHS Public Health Service  
 PIO Public Information Officer  
 PL Public Law (also abbreviated as P.L.)  
 POC Point of Contact  
 POD Point of Distribution  
 PPE Personal Protective Equipment

QR

REPLO Regional Emergency Preparedness Liaison Officer  
 RF Radio Frequency  
 RFI Request for Information  
 RFID Radio Frequency Identification  
 RFO Regional Field Office  
 RFP Request for Proposal  
 RRT Regional Response Team

S

SAA State Administrative Agency  
 SAMHSA Substance Abuse and Mental Health Services Administration  
 SBCCOM Soldier and Biological Chemical Command (U.S. Army)  
 SCBA Self-Contained Breathing Apparatus  
 SCIF Sensitive Compartmented Information Facility  
 SCO State Coordinating Officer  
 SECDEF Secretary, Department of Defense  
 SEC DHS Secretary, Department of Homeland Security  
 SECHHS Secretary, Department of Health and Human Services  
 SEPLO State Emergency Preparedness Liaison Officer  
 SERC State Emergency Response Commission  
 SG Surgeon General  
 SHO State Health Officer  
 SITREP Situation Report  
 SME Subject-Matter Expert  
 SNS Strategic National Stockpile  
 SOG Standard Operating Guideline

STARTEX Start of Exercise

T

TA Technical Assistance

TAG The Adjutant General (Executive director of the Wyoming Military Department.)

TDD Telecommunications or Teletype Device for the Deaf

TTT Train-the-Trainer

TTX Tabletop Exercise

U

UC/IC Unified Command / Incident Command

UMOC Unified Medical Operations Center

USAMRIID United States Army Medical Research Institute for Infectious Disease

USNORTHCOM United States Northern Command

USPHS United States Public Health Service

USPS United States Postal Service

V

v volt

VAERS Vaccine Adverse Event Reporting System

VAMC Veteran's Administration Medical Center

VHA Veterans Health Administration

VIG Vaccinia Immuno Globulin

VMAT Veterinary Medical Assistance Team

VOAD Voluntary Organizations Active in Disaster

W

WAN Wide Area Network

WDH Wyoming Department of Health

WDH EOCC Wyoming Department of Health Emergency Operations and Coordination Center

WDH ERC Wyoming Department of Health Epi Response Center

WHO World Health Organization

WMD Weapon(s) of Mass Destruction

WOHS Wyoming Office of Homeland Security

X

Y

yd yard

YLD Yield

yr year

Z

4C (Governor's) Crisis Command and Control Center

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