The Mississippi State Department of Health

Plan for Receiving, Distributing, and Dispensing Strategic National Stockpile Assets

November 30, 2007

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1. Introduction

A. Purpose

The Mississippi State Department of Health Plan for Receiving, Distributing, and Dispensing Strategic National Stockpile Assets (hereafter referred to as the MSDH SNS Plan) establishes a framework for the management of MSDH operations in response to public health and medical emergencies and events that require distribution of large quantities of medical assets from MSDH, Emergency Support Function (ESF)-8, or Federal support programs. This plan covers all events and activities deemed by the State Health Officer, or his designee, to require a coordinated agency response.

This document will be reviewed on an annual basis under the oversight of the Director of Health Protection (DHP) to ensure that current emergency plans reflect lessons learned from response experiences (both exercises and actual responses).

B. Objectives

1. To describe operational procedures related to request, receipt, and distribution of SNS assets assigned to assist Tribal, State, Local and agency jurisdictions during a major public health and medical emergency.

2. To provide coordinated management of SNS assets assigned to assist Tribal, State, Local and agency jurisdictions during a major public health and medical emergency.

3. To coordinate public health and medical activities between the incident management authorities during receipt and distribution of SNS assets and the DHP, or his representative

C. Overview

This plan describes the operational functions that MSDH uses to manage public health and medical personnel and response assets, whether MSDH is leading the response under public health authorities, acting in support of another State agency, or acting in support of requesting Tribal, Local or Federal or affected jurisdiction This document will be reviewed on an annual basis under the oversight of the DHP to ensure that current emergency plans reflect lessons learned from response experiences (both exercises and actual responses).

2. Assumptions

The Mississippi State Department of Health (MSDH) has been designated as the primary agency to coordinate repackaging and distribution of SNS assets during a major public health and medical emergency.

Health and medical services will be provided through the Emergency Support Function (ESF) #8 of the *Federal Response Plan (FRP)*. The purpose of this function is to coordinate assistance to supplement state and local resources needed in response to an event.

The *State of Mississippi Comprehensive Emergency Management Plan (CEMP*) provides an organizational structure to allow emergency medical services personnel and health care facilities to work together in a collaborative way and to provide assistance in situations where local resources are overwhelmed.

The Governor will exercise all emergency powers to ensure the timely receipt, organization, repackage, and distribution of medical materiel received from SNS assets to the citizens of Mississippi as outlined in the Mississippi Emergency Operations Plan (EOP).

Medical materiel received through SNS assets is intended to supplement local supplies and inventories when they have been exhausted.

Prophylaxis for first responders, police, and fire personnel supporting the local response will be provided through a distribution system outlined in the Mississippi Bioterrorism State Plan and will be supplemented with MSDH, ESF#8 or Federal medical assets as needed.

3. Roles and Responsibilities

A. Applicability

This plan is applicable to those primary state departments and agencies and organizations that may be called upon to support a statewide response and/or recovery tasking to implement the provisions outlined in this planning document. These departments, agencies, and organizations include, but are not limited to:

- Mississippi State Department of Health
- Mississippi Emergency Management Agency
- Mississippi Department of Public Safety
- Mississippi Department of Education
- Mississippi Military Department

This plan is applicable to those secondary state departments and agencies and organizations that may be called upon to support a statewide response and/or recovery tasking to implement the provisions outline in this planning document. These departments, agencies, and organizations include, but are not limited to:

- Office of the Governor
- Office of the Attorney General
- Mississippi Hospital Association
- American Red Cross
- Mississippi Department of Education
- Mississippi Department of Wildlife and Fisheries
- Mississippi Department of Human Services
- Mississippi Department of Transportation

This plan is applicable to the local units of governments in the eighty-two counties of Mississippi that may be called upon to support a statewide response and/or recovery tasking to implement the provisions outlined in this planning document. These local units of government include, but are not limited to:

- First responder organizations
- Local law enforcement
- Local emergency management agencies
- Local health departments

Specifically, roles and responsibilities of the following agencies include:

B. Federal

The Department of Homeland Security (DHS) is responsible for the following functions of the SNS:

1. Deploying the SNS
2. Prepositioning SNS inventory
3. Authorizing the transfer of SNS materiel
4. Defining the SNS goals and performance requirements
5. Funding SNS activities
6. Acquiring SNS assets

The Department of Health and Human Services is responsible for the following functions of the SNS:

1. Pre-emergency and day-to-day management of SNS
2. Defining the SNS content and quantities with DHS consultation

United States Public Law 93-288, the Robert T. Stafford Disaster Relief and Emergency Assistance Act, provides the federal government authority to respond to emergencies and provide assistance to protect public health. The Federal Emergency Management Agency (FEMA) implements this function.

C. State of Mississippi

The **Mississippi Emergency Management Agency (MEMA)** is responsible for the overall coordination of response and recovery programs through implementation of the MS CEMP as directed by the Governor. The MEMA Director or designee(s) maintains a constant liaison between the Federal government, state agencies, disaster relief organizations and other states' disaster agencies.

The **Mississippi Department of Public Safety (DPS)** is charged as the primary State agency to provide security, law enforcement, and communications support functions as directed by State code 45-3-21,33-15-14, the State Comprehensive Emergency Management

Plan (CEMP), section 16 and the MSDH Plan for Receiving, Distributing, and Dispensing SNS Assets.

The **Mississippi State Department of Health (MSDH)** has been designated as the primary agency to coordinate repackaging and distribution of SNS assets during a major public health and medical emergency.

The State Health Officer, or his designee, is responsible for strategic command and control decisions on the distribution of SNS medical assets. The State Health Officer maintains a constant liaison between the Governor, MEMA Director, district/county health departments, medical organizations, and the CDC.

The MSDH Office of Epidemiology oversees and coordinates planning and procedures for surveillance to ensure early detection of a potential emerging major medical health threat and containment strategies for prevention of local disease transmission.

The MSDH Office of Emergency Preparedness and Response (OEPR) oversees and coordinates planning and procedures for distributing public stocks of drugs and vaccines and provides local physicians and hospital administrators with updated guidance on clinical management and infection control.

The State Health Officer, State Epidemiologist, Medical Director of the Office of Health Protection, or their designee is responsible for acceptance of Federal medical assets from the CDC.

The MSDH Bureau of Emergency Medical Services (BEMS) oversees and coordinates planning and procedures for credentialing personnel.

D. Local Level

During a major public health and medical emergency, local jurisdictions are responsible for coordinating health care activities within the community and should work with local health departments and hospitals to:

1. Improve communication with medical care providers and health care organizations;

2. Monitor local hospital resources (e.g., adult and pediatric hospital beds, intensive care unit beds, emergency department beds, medical supplies, respirators and other equipment, mortuary capacity);

3. Address emergency healthcare staffing needs and other medical surge capacity issues;

4. Encourage coordination among state and federal healthcare facilities, such as Veterans Administration hospitals, Indian Health service facilities, and Department of Defense hospitals;

5. Establish mutual aid agreements with adjacent jurisdictions within the state to share resources and request, receive, organize, and distribute medical materiel when a major public health and medical emergency occurs.

6. Conduct contingency planning with:

    a. Private sector groups that support hospital and points of dispensing (POD) functions, to ensure continuity of operations during the major public health and medical emergencies;

b. Local law enforcement agencies who can help maintain order at hospitals and/or POD sites;

c. Identify alternative care sites for patient care (child and adult) and sites for quarantine;

d. Identify community-based organizations that can provide psychological and social support to healthcare workers, public health field workers, and other emergency responders.

4. Planning Partners, Authorities and Legal Issues

A. Planning Partners

The MSDH Plan for Receiving, Distributing, and Dispensing Strategic National Stockpile Assets is coordinated horizontally and vertically to ensure the overall response is operationally integrated and protocols and policies herein cover events and activities pertaining to preparedness, response, and recovery. This document is based upon the policies and procedures established in the MSDH Emergency Support Function (ESF)-8 Operations Plan for Public Health and Medical Emergencies. Furthermore, this plan was developed with the assistance of emergency management and public health officials from Mississippi.

Members from the MSDH OEPR conduct frequent planning meetings with the Bioterrorism (BT) Advisory Committee and hold regular discussions with representatives from the Governor's Office, other local and state agencies, and nongovernmental organizations that are expected to support the Plan and would respond during public health and medical emergencies.

B. Authorities and Legal Issues

The following summarizes significant emergency response authorities affecting distribution of SNS assets. The MSDH may exercise any of its legal authority as needed to respond to public health and medical emergencies.

1. Authority for Direction of Control

   The Mississippi State Department of Health has the authority to investigate and control the causes of epidemic, infectious and other disease affecting the public health, including the authority to establish, maintain, and enforce isolation and quarantine and in, pursuance thereof, to exercise such physical control over property and individuals as the department may find necessary for the protection of the public health. *Miss. Code Ann. Section 41-23-5.*

   The overall authority for direction and control for the resources of MSDH that respond to a public health emergency is with the State Health Officer. *Miss. Code Ann. Section 41-3-5*.

2. Rules and Regulations Governing Reportable Diseases and Conditions

   Suspects or Contacts of Communicable Diseases to Submit to Examination

The local health officer is authorized to examine, treat, and/or isolate at his/her discretion or under the direction of the State Health Officer any person who, on credible information, is suspected of suffering from any communicable disease, or who is a contact with a known case of such disease or may be a carrier or have the disease in the incubation or prodromal phase. Said suspect or contact shall be notified in writing to report to a reasonable place at a reasonable time for such examination. Should the suspect or contact refuse to submit to examination satisfactory to the health officer, said suspect or contact shall be prosecuted at law to compel compliance and/or be isolated in a manner prescribed by the health officer until the danger of transmitting the disease in question has passed. In the event that the aforementioned suspect or contact is a minor, the parent or guardian shall be apprised of the facts and requested to deliver said minor for examination. In the event of refusal, the health officer shall maintain action at law to compel compliance of the parent or guardian and/or impose isolation as necessary.

3. Personnel authorized to dispense medications during a state of emergency.

   For distribution of pharmaceuticals during a state of emergency, the following definitions shall apply as defined by Section 73-21-73 of the Mississippi Pharmacy Practice Act, Mississippi Code of 1972, as amended:

   "Pharmacist" shall mean an individual health care provider licensed by this state to engage in the practice of pharmacy. This recognizes a pharmacist as a learned professional who is authorized to provide patient services.

   "Practice of pharmacy" shall mean a health care service that includes, but is not limited to, the compounding, dispensing, and labeling of drugs or devices; interpreting and evaluating prescriptions; administering and distributing drugs and devices; maintaining prescription drug records; advising and consulting concerning therapeutic values, content, hazards and uses of drugs and devices; initiating or modifying of drug therapy in accordance with written guidelines or protocols previously established and approved by the Board; selecting drugs; participating in drug utilization reviews; storing prescription drugs and devices; ordering lab work in accordance with written guidelines or protocols as defined by Section 73-21-73, paragraph (jj), Mississippi Code of 1972, Annotated; providing pharmacotherapeutic consultations; supervising supportive personnel and such other acts, services, operations or transactions necessary or incidental to the conduct of the foregoing.

   "Dispense" or "Dispensing" shall mean the interpretation of a valid prescription or order of a practitioner by a pharmacist and the subsequent preparation of the drug or device for administration to or use by a patient or other individual entitled to receive the drug.

   "Distribute" shall mean the delivery of a drug or device other than by administering or dispensing to persons other than the ultimate consumer.

   "Deliver" or "Delivery" shall mean the actual, constructive or attempted transfer of a drug or device from one person to another, whether or not for a consideration.

4. Procurement of private property.

   The Governor shall have general direction and control of the activities of the Emergency Management Agency and Council and shall be responsible for the carrying out of the provisions of this article, and in the event of a man-made, technological or natural disaster or emergency beyond local control, may assume direct operational control over all or any part of the emergency management functions within this state. *§ 33-15-11; paragraph (a).*

To commandeer or utilize any private property if necessary to cope with a disaster or emergency, provided that such private property so commandeered or utilized shall be paid for under terms and conditions agreed upon by the participating parties. The owner of said property shall immediately be given a receipt for the said private property and said receipt shall serve as a valid claim against the Treasury of the State of Mississippi for the agreed upon market value of said property. *§ 33-15-11; paragraph (c)(3).*

5. Liability/workers compensation.

   All employees are covered by Workers' Compensation. An employee injured on the job or while in travel status is entitled to immediate financial and medical aid, in accordance with state law. *MSDH Administrative Manual Sec 5.0.*

   Neither the state nor any political subdivision thereof, nor other agencies, nor, except in cases of willful misconduct, the agents, employees, or representatives of any of them engaged in any emergency management activities, while complying with or attempting to comply with this article or any rule or regulation promulgated pursuant to the provisions of this article, shall be liable for the death of or any injury to persons, or damage to property, as a result of such activity. The provisions of this section shall not affect the right of any person to receive benefits to which he would otherwise be entitled under this article, or under the workmen's compensation law, or under any pension law, nor the right of any such person to receive any benefits or compensation under any act of congress. *§ 33-15-21.; paragraph (a).*

   Any person owning or controlling real estate or other premises who voluntarily and without compensation grants a license or privilege, or otherwise permits the designation or use of the whole or any part or parts of such real estate or premises for the purpose of sheltering persons or providing assistance to persons during or in recovery from an actual, impending, mock or practice attack or any man-made, technological or natural disaster, together with his successors in interest, if any, shall not be civilly liable for negligently causing the death of, or injury to, any person on or about such real estate or premises by virtue of its use for emergency management purposes, or loss of, or damage to, the property of such person. *§ 33-15-21.; paragraph (b).*

6. Staff compensation.

   Employees certified to be on Standby/Callback status will receive compensation for those hours on a special supplemental payroll. The payroll warrant for Standby/Callback hours will be issued the last working day of the following month. Standby/Callback payroll is paid retroactive for one month. *MSDH Administrative Manual Sec 4.0.*

5. Public Health and Medical Response

A. Command and Control

1. Background and issues

   MSDH coordinates State public health and medical assistance in State declared emergencies and disasters through the ESF-8 Support Cell as described in the MSDH ESF-8 Operations Plan. Existing departmental command system structures should be applied to receipt, distribution, and dispensing of MSDH, ESF-8, and Federal medical assets. These include:

a. The MSDH ESF-8 Plan for Public Health and Medical Emergencies, and;

b. The MSDH Mississippi Health Response Team (MHRT) System Description.

2. Planning

a. The MSDH Office of Emergency Planning and Response (OEPR) oversees all planning activities and will annually review and update the MSDH SNS Plan.

b. The MSDH OEPR negotiates mutual-aid agreements and memoranda of agreement with other agencies, governments, jurisdictions, and nongovernmental organizations that support the Plan and would respond during public health and medical emergencies.

c. The MSDH OEPR defines and quantifies personnel essential to an SNS response and provides protection and a method for early prophylaxis for these responders. Definition and quantification of personnel essential to an SNS response is reviewed annually.

d. The MSDH Office of Communications and the Office of Epidemiology review public information templates annually, and as deemed appropriate, to ensure inclusion of most recent information and recommendations.

e. The MSDH Office of Informatics establishes methods of communications and ensures redundancy.

f. The MSDH Legal Office appraises legal issues that can affect planning, operations, healthcare staffing, and patient care.

g. The plan will be exercised as prescribed in MSDH preparedness guidance. Design of public health preparedness and response exercises will:

i. Be constructed so that skills utilized and tested in all exercises will further preparedness efforts in the receipt, distribution, and dispensing of SNS assets;

ii. Assist healthcare facilities test healthcare response issues at the local level;

iii. Build partnerships among healthcare and public health officials, community leaders, and emergency response workers.

3. Implementation

a. Through internal or external sources, the MSDH OEPR is notified of a credible threat, a potential emerging emergency, or actual event of significance.

b. The Director of Health Protection (DHP) will consult with the State Health Officer (SHO) for a recommendation for possible transition from normal operations to a coordinated agency emergency response operation by the MSDH ESF-8 Support Cell. Depending on the situation, coordinated agency response may be Level IV, III, or II.

c. The DHP will provide a situational update to the Core Notification Response staff and the Office of the Governor.

d. The MSDH will name an Incident Commander as well as a liaison and serve as the focal point for coordinating MSDH response activities with MEMA and the Office of the Governor.

e. The Incident Commander shall provide status updates of activities to the SHO and the Governor.

f. As deemed appropriate, the Incident Commander may establish additional support cells for the purpose of coordinating activities assigned by the Incident Commander; all such support cells will coordinate operational information with the MSDH ESF-8 Support Cell.

g. The SNS Technical Task Force Leader (SNS Coordinator) will convene with the Planning/Intelligence Section Chief and the Safety/Medical Officer and meet with partners and stakeholders to review the

   i. MSDH SNS Plan;

   ii. Policy for First Responder Prophylaxis; and,

   iii. Appropriate clinical preparedness and response plan(s) for the suspected agent precipitating the public health and medical emergency.

h. The Field Response Branch Director will call for inventory of supplies and essential medications throughout the state.

i. An alert will be issued to public health and medical entities using the Mississippi Health Alert Network (HAN).

j. The MSDH Office of Informatics will assess status of tactical communications.

k. The MSDH Office of Epidemiology will notify district and county health departments and ask them to increase local surveillance and increase case detection.

l. The MSDH Office of Communications will implement its risk communications plan and link public information functions with federal and local counterparts in preparedness mode.

4. Deployment

a. The MSDH ESF-8 Support Cell will upgrade activities to a Level I response.

b. The Incident Commander and SHO will convene with the Governor, or his designee, to recommend request for deployment of SNS assets; key state contacts will be notified that request for SNS assets has been made.

c. As deemed appropriate, the Incident Commander may establish additional support cells for the purpose of coordinating activities assigned by the Incident Commander; all such support cells will coordinate operational information with the MSDH ESF-8 Support Cell.

d. The SNS Technical Task Force Leader (SNS Coordinator) will convene with the Planning/Intelligence Section Chief and the Safety/Medical Officer and meet with partners and stakeholders to review and fully activate the:

i. MSDH SNS Plan;

ii. Policy for First Responder Prophylaxis; and,

iii. Appropriate clinical preparedness and response plan(s) for the suspected agent precipitating the public health and medical emergency.

e. When Division of Strategic National Stockpile (DSNS) assistance is requested and approved, the Incident Commander and the SNS Coordinator will communicate with the DSNS's Coordination Center to exchange information concerning place and time of arrival of the TARU and SNS assets.

f. The Incident Commander and the SNS Technical Task Force Leader (SNS Coordinator) will answer inquiries from the TARU concerning the situation and the state's anticipated response.

g. MSDH Logistics Section will make arrangements to provide transportation vehicles and security escorts for the TARU from the arrival airfield to the RSS facility and transportation of Federal liaison officers (LNOs) to their work location(s).

h. TARU Liaison support will be co-located with the SNS Technical Task Force of the ESF-8 Support Cell.

i. MSDH Logistics Section will request MEMA, through Unified Command, to activate law enforcement and security agencies to establish operations to secure all aspects of receiving, distribution, and dispensing SNS assets.

j. The Operations Section Chief will request the RSS Task Force Leader (SNS RSS Lead) to arrange for operations of the RSS site.

i. The RSS Task Force Leader (SNS RSS Lead) will activate and initiate call-down of RSS staff;

ii. The RSS Task Force Leader (SNS RSS Lead) will contact the designated RSS facility and request preparation for receipt of SNS assets;

iii. The RSS Task Force Leader (SNS RSS Lead) will identify an appropriate working space for the TARU within the designated RSS facility;

iv. The RSS Task Force Leader (SNS RSS Lead) will report operational information routinely to the SNS Technical Task Force of the MSDH ESF-8 Support Cell.

k. The Operations Section Chief will request Mississippi Health Response Teams (MHRTs) and POD Strike Team Leaders (POD Operations Managers) to arrange for operations of Points of Distribution (PODs).

i. POD Strike Team Leaders (POD Operations Managers) will be activated and initiate call-down of POD staff;

ii. POD Strike Team Leaders (POD Operations Managers) will coordinate activities with neighboring jurisdictions and with the SNS Technical Task Force of the MSDH ESF-8 Support Cell;

iii. POD Strike Team Leaders (POD Operations Managers) will report POD operational information routinely to the SNS Technical Task Force of the MSDH ESF-8 Support Cell.

l. The MSDH ESF-8 Support Cell and the State EOC will coordinate response with neighboring states and Mississippi tribes.

m. The ESF-8 Public Information Officer (PIO)/Emergency Communications Officer will initiate communication with local and national counterparts as directed by the Incident Commander.

n. The MSDH ESF-8 Support Cell will notify key state government officials and legislators of the need for additional monetary resources (if not already available).

o. The Logistics Section Chief will notify key officials and emergency management of need for additional resources, if necessary.

p. The Finance/Administration Section will document expenses of a pandemic response.

5. Recovery

a. The MSDH ESF-8 Support Cell will convene with appropriate stakeholders to assess criteria for potential cessation of enhanced public health support and generate a demobilization plan to describe staged withdrawal of enhanced public health support

b. The MSDH ESF-8 Support Cell will arrange for provision of mental health counseling to all necessary staff members.

c. The Planning/Intelligence Section will submit an After Action Report (AAR) and revise the plan as appropriate.

B. Request for SNS assets

1. Background and issues

The process for requesting deployment of SNS assets will begin with the identification by Mississippi health officials of a possible or impending major public health and medical emergency. Reason to initiate a request for deployment of SNS assets may include a large scale natural disaster; an unusual number of people reporting to area hospitals with similar symptoms; the discovery of significant outbreaks of animal illness and/or mortality; or evidence of a credible biological or chemical threat to the region.

The MSDH ESF-8 Support Cell will brief the Office of the Governor; if the Governor thinks that the resources available within the state might not be sufficient for the situation, he can request assistance directly from the DSNS or include the request as part of an overall request for federal assistance through the national emergency response system.

In collaboration with state officials, Federal agencies (which include the CDC Director's Emergency Operations Center [DEOC] and may include the DHHS Secretary's Operation Center [SOC], the Department of Homeland Security Operations Center, and the DSNS Coordination Center) will evaluate the request by assessing the threat and the local response resources.

If the Secretary of DHHS or designee concurs that local resources will be insufficient, he will order the deployment of SNS assets to the Mississippi RSS site or designated airport as directed by the MSDH ESF-8 Support Cell.

DHHS is not required to wait for the President to activate the national Response Plan to deploy SNS assets. SNS assets can be deployed without a Presidential Disaster Declaration.

2. Planning

    a. The SNS Technical Task Force Leader (SNS Coordinator) confirms points-of-contact and documents to ensure rapid request procedures.

        i. Persons within the state of Mississippi who may request SNS assets;

        ii. Table describing events that can provide justification for SNS asset deployment;

        iii. The algorithm for requesting SNS assets; and

        iv. Contact number for the CDC Director's Emergency Operations Center.

    b. State and local law enforcement agencies coordinate with U.S. marshals concerning security issues.

    c. A formulary of drugs and medical supplies that may be requested from DSNS is under development and will be reviewed annually.

    d. Possible need for reordering SNS assets will be assessed and the SNS Technical Task Force Leader (SNS Coordinator) will work with the RSS Task Force Leader (SNS RSS Lead) to determine methods and procedures for reordering; the TARU team will aid in reordering.

3. Implementation

    a. Using existing health information systems, state, local, regional, and federal public health officials will be sharing data and analyses as the situation evolves.

    b. The MSDH ESF-8 Support Cell will convene with the Office of the Governor and review

        i. Table describing events that can provide justification for SNS asset deployment;

        ii. The process for requesting SNS assets;

        iii. Contact number for the CDC Director's Emergency Operations Center; and,

        iv. Formulary of drugs and medical supplies that may be requested from DSNS.

4. Deployment

    a. The Governor, or his designee, will request the deployment of SNS assets by calling the CDC DEOC.

b. Information to be provided when requesting SNS assets:

i. A clear, concise description of the situation;

ii. Any results of specimen testing;

iii. Information on the decisions already made regarding the response to the event;

(1) Target population for prophylaxis,

(2) Quarantine measures;

(3) Facilities to be used throughout the response process;

iv. Information on the availability of state and local response assets;

v. A description of the SNS assets needed to support a response to the situation; and,

vi. Any evidence of terrorism or suspected terrorism.

c. Immediately upon conclusion of the request call, DSNS will call the SNS Technical Task Force Leader (SNS Coordinator) to get information DSNS needs to provide the most appropriate and effective DSNS response.

d. The DSNS Coordination Center will inform the TARU and state authorities about asset arrival locations and times.

e. The ESF-8 Support Cell will provide the state's DSNS Program Services Consultant with a copy of the MSDH SNS Plan.

f. Reordering of additional SNS assets will be coordinated through the TARU team.

5. Recovery

a. The MSDH ESF-8 Support Cell will notify key stakeholders, including the RSS team and TARU team, of potential cessation of enhanced public health support, plan for staged withdrawal of enhanced public health support, and no required need for additional SNS assets.

C. Receiving, Staging, and Storage (RSS) Operations

1. Background and issues

At the time the SNS is requested, MSDH ESF-8 Support Cell will select an RSS site. This determination will be made in coordination with all involved parties and agencies and will take into consideration safety, security, traffic, location, and all other relevant issues. All initial and subsequent SNS assets will be received, stored, and staged at the chosen location.

RSS Operations involve

- Accepting custody of SNS assets;

- Receiving, organizing, storing, and staging of SNS assets;
- Repackaging of bulk pharmaceuticals and compounding of pediatric suspension;
- Apportioning and replenishment of SNS assets;
- Transportation of SNS assets to treatment centers and PODs;
- Recovery of SNS assets, and;
- Inventory control.

Accepting custody involves the acceptance of assets from the SNS from the federal government at the designated airport or RSS site. The State Health Officer, or designee, State Epidemiologist, State Pharmacist, or Medical Director for the Office of Health Protection has the authority to sign for receipt of the SNS and must be present when it arrives to sign for it.

Receiving involves offloading assets from ground transportation vehicles at the designated RSS site, retaining all pertinent documents from inbound trucking personnel, and verification and organization of materiel to facilitate proper inventory management and storage.

Repackaging bulk drugs and compounding of oral suspensions will remain as a backup to situations where the prepackaged medicines are inadequate or ineffective. The function of repackaging and compounding includes creating individual, labeled regimens of specific drugs that will be staged for delivery.

Apportionment and movement of orders for medical materials will be based upon projected exposures; the numbers of symptomatic patients at hospitals and treatment sites, as well as the numbers of persons reporting to dispensing sites; and the priority of shipping, considering critical needs, distance or time to dispensing sites, and number of vehicles available. Charts for apportioning materiel within the State of Mississippi may be found in Section IV of the MSDH SNS Plan. If the supply of prepackaged doses is not adequate to serve the public dispensing sites, medications will be apportioned using orders for vendor managed inventory (VMI) that are packaged in units of use. If VMI shipments are delayed, bulk supplies will be repackaged and delivered to the dispensing sites as a contingency plan. Similarly, if quantities of oral suspensions are inadequate or delayed, oral suspensions will be compounded at the RSS site for delivery to the dispensing sites as a contingency plan.

Staging involves the positioning of medical materiel at the designated RSS site in such a way that it can be easily broken down to support shipment to delivery points. Pick lists generated by the inventory control function will prompt storage personnel to pick materiel and staging personnel to organize it by delivery location in the shipping area. While in the staging area, quality assurance personnel should verify condition of product, count, and destination of each pallet. The pallet will then be wrapped and shipping will be notified.

Transportation of assets will be coordinated at the designated RSS site. The primary method of transporting SNS assets to delivery sites will be trucks. Helicopter transportation will be the alternate method of transportation in the event that traffic or other situations prohibit the use of trucks.

Recovery of SNS equipment, containers, and unused materiel are outlined in the memorandum of agreement between the State and the DSNS. Unused medical assets include, but are not limited to specialized cargo containers, refrigeration systems, unused medications that remained at the RSS site, ventilators, portable suction units, repackaging and tablet-counting machines, and computer and communications equipment.

Inventory control includes tracking and managing SNS assets transferred to state custody, stored within the RSS site, and delivered to the delivery sites. A dedicated Inventory Management Team will oversee the functions of inventory management in coordination with the RSS Task Force Leader (SNS RSS Lead).

2. Planning

    a. The MSDH OEPR negotiates mutual-aid agreements and memoranda of agreement with warehouse facilities that support the Plan and would respond during public health and medical emergencies.

    b. The MSDH OEPR, in conjunction with the Mississippi DPS and U.S. marshals assess potential RSS warehouse sites to ensure facilities meet minimal location, layout, and operational criteria as set forth by the DSNS.

    c. Precedence is given to warehouses that are existing operational facilities and are able to provide staff and sufficient material-handling equipment, office equipment, fuel, pallets, stretch wrap and safety materials/equipment to support RSS operations.

    d. MOUs are reviewed and signed annually with several sites that are geographically distributed throughout Mississippi.

3. Implementation

    a. MSDH ESF-8 Support Cell will notify the RSS Task Force Leader (SNS RSS Lead) of the selected RSS site.

    b. The RSS Task Force Leader (SNS RSS Lead) will arrange for operations of the RSS site.

        i. The RSS Task Force Leader (SNS RSS Lead) will activate and initiate call-down of RSS staff;

        ii. The RSS Task Force Leader (SNS RSS Lead) will contact the designated RSS facility and request preparation for receipt of SNS assets;

        iii. The RSS Task Force Leader (SNS RSS Lead) will identify an appropriate working space for the TARU within the designated RSS facility;

        iv. The RSS Task Force Leader (SNS RSS Lead) will report operational information routinely to the SNS Technical Task Force of the MSDH ESF-8 Support Cell.

    c. Through Unified Command, MSDH ESF-8 Support Cell will communicate with DPS and request activation of law enforcement to secure RSS site.

d. The SNS Technical Task Force Leader (SNS Coordinator) will provide the DSNS Program Services Consultant with a signed copy of the MOA between the state and the CDC.

e. The SNS Technical Task Force Leader (SNS Coordinator) will provide the DSNS Program Services Consultant with a list of all persons authorized to sign for SNS assets on behalf of the state.

4. Deployment

a. The RSS Task Force Leader (SNS RSS Lead) will initiate readiness of RSS operations.

i. Mississippi DPS personnel to conduct security sweep of RSS site and execute internal and external security plans;

ii. The MSDH Office of Emergency Medical Services will credential all persons at the RSS facility for entry into secure areas;

iii. The RSS Task Force Leader (SNS RSS Lead) will give an initial briefing; provide for distribution of job action sheets; and ensure just-in-time training, if needed;

iv. RSS personnel will set up stations within the RSS;

v. The RSS Task Force Leader (SNS RSS Lead) and Repacking Manager will review repackaging and compounding plans; and,

vi. The RSS Task Force Leader (SNS RSS Lead) and the Safety Officer will review safety plans.

b. RSS personnel will receive and store SNS assets.

i. The authorized Mississippi DEA Registrant will formally accept custody of SNS materiel from the CDC; transfer documents will include the following:

(1) List of items in the SNS shipment;

(2) Custody transfer form;

(3) DEA Form 222 for transfer of any Schedule II controlled substances; and,

(4) Memorandum of agreement describing the SNS materiel that CDC will provide, how the state will use the materiel, and the materiel that the state must return after an event.

ii. RSS warehouse personnel will offload SNS materiel from ground transportation vehicles;

iii. Receiving Team(s) will receive and inspect materiel for quality and quantity;

(1) Controlled substances will be immediately identified by receiving personnel and given to the pharmacist(s) in charge of overseeing such items.

(2) Narcotics inventory within the specialized cargo container from the 12-hour push package will be immediately inventoried by the pharmacist(s) in charge and a TARU team member.

(3) A perpetual inventory will be maintained by the pharmacist(s) in charge for all controlled substances.

(4) Refrigerated items will be immediately identified by receiving personnel and given to warehouse personnel for appropriate cold storage.

c. Received items will be transferred into storage by warehouse personnel under appropriate temperature controls.

d. The SNS Technical Task Force of the MSDH ESF-8 Support Cell will communicate apportionment needs to the RSS Task Force Leader (SNS RSS Lead)

i. The RSS Task Force Leader (SNS RSS Lead) will communicate these data to the Inventory Management System (IMS) Lead for input into the inventory management system;

ii. Pick lists will be generated by the inventory management system;

e. Pick lists will be forwarded to the RSS Operations Strike Team for allocation to Pick Teams for picking.

f. Pallets of picked SNS materiel will be placed within the staging area for delivery to various delivery sites.

g. The pick list will be forwarded from the Pick Teams to the QA/QC Unit for verification of SNS materiel to be shipped.

h. RSS warehouse personnel will ship SNS materiel to designated treatment centers and PODs.

i. The priority of shipping will consider critical needs, distance or time to dispensing sites, and number of vehicles available;

ii. The process for delivery of controlled substances will comply with the DEA Code of Federal Regulations Title 21, Volume 9, Se1301.77 Security controls for freight forwarding facilities.

iii. Transportation shall occur under proper temperature and security controls and with appropriate communication methods.

iv. Drivers will obtain signatures on delivery documents that accompany SNS shipments and return the documents to the IMS Unit.

5. Recovery

a. The MSDH ESF-8 Support Cell will notify key stakeholders, including the RSS team and TARU team, of potential cessation of enhanced public health support, plan for staged withdrawal of enhanced public health support, and no required need for additional SNS assets.

b. The RSS Task Force Leader (SNS RSS Lead) will recover unused SNS assets as outlined in the memorandum of agreement between the state and the DSNS.

c. The RSS Task Force Leader (SNS RSS Lead) will make arrangements for disposition of any remaining SNS assets within the RSS site.

d. The RSS Task Force Leader (SNS RSS Lead) will submit final reports to the SNS Technical Task Force of the MSDH ESF-8 Support Cell.

D. Point of Dispensing (POD) Operations

1. Background and issues

Provision of prophylaxis is intended for all state residents, those visiting for business or as tourists, and to those who regularly commute to the affected area to work. Equal service is provided by all PODs; PODs are designed to be uniform when it comes to medication delivered, patient flow, staff roles, operating procedures, projected throughput, hours of operation, information products, and policies. Every effort will be made to keep families united throughout the POD process.

POD operations follow applicable federal and state laws governing distribution and administration of medication and/or procedures have received acceptance by all applicable licensure boards for appropriate procedures for distribution or administration of medication/vaccination during a declared state of emergency.

Administration of medication or vaccine pending FDA approval for the treatment/prevention of illness from agent of threat shall be administered under rules and regulations governing Investigational New Drug Application. Administration of medication or vaccine under Emergency Use Authorization (EUA) shall be consistent with Federal rules and regulations. Appropriate monitoring mechanisms shall be in place subsequent to either such administration.

Plans are designed to provide prophylaxis within 48 hours; POD operations are designed to be collapsed or expanded as necessary to increase or decrease the flow of people through the POD. Furthermore, it is understood that modifications of the proposed floor plan (Section II of the MSDH SNS Plan) may be required within the structural confines of individual facilities to enable the patient flow-through design. Use of the primary and alternate sites will depend on site availability, current threat, anticipated load, and transportation and parking accessibility.

The four basic health functions of the POD include:

- Intake
- Screening
- Dispensing
- Exit

Intake is the process, procedures, stations, and personnel involved in getting people into a POD. It also includes the completion of any paperwork. Possible stations involved in this layer include traffic management, initial entry point, greeting, registration, and triage.

Screening is the process, procedures, stations, and personnel involved in sorting and classifying patients within the POD to optimize resources and maximize survival of patients. Possible stations and roles involved in this area include screening, greeters, roamers, first aid, medical transport, clinical resource (physician or pharmacist), and mental health counseling for those in need of it.

Dispensing is the process, procedures, stations, and personnel involved in preparing and delivering medication to the public.

Exit is the process, procedures, stations, and personnel involved in moving the public out of the POD, as well as providing any necessary follow-up information.

2. Planning

   a. The MSDH OEPR negotiates mutual-aid agreements and memoranda of agreement with POD facilities that support the Plan and would respond during public health and medical emergencies.

   b. The MSDH OEPR, in conjunction with the Mississippi DPS and U.S. Marshals, assess potential POD sites to ensure facilities meet minimal location, layout, and operational criteria as set forth by the DSNS.

   c. MOUs are reviewed annually and signed with multiple sites that are geographically distributed throughout Mississippi.

3. Implementation

   a. The Operations Section Chief will request Mississippi Health Response Teams (MHRTs) and District Health Offices to arrange for operations of Points of Distribution (PODs).

   b. The POD Strike Team Leaders (POD Operations Managers) will arrange for operations of the POD site.

      i. POD Strike Team Leaders (POD Operations Managers) will contact designated POD facilities and request preparation for POD operations;

      ii. POD Strike Team Leaders (POD Operations Managers) will request from POD Logistics

         (1) Transport of the POD go-kit and any additional supplies; and,

         (2) Set-up stations within POD.

      iii. The POD Strike Team Leader (POD Operations Manager) will activate and initiate call-down of POD staff;

      iv. The POD Strike Team Leader (POD Operations Manager) will report operational information routinely to the SNS Technical Task Force of the MSDH ESF-8 Support Cell.

c. Through Unified Command, MSDH ESF-8 Support Cell will communicate with DPS and request activation of law enforcement to secure POD sites. Mississippi DPS personnel to conduct security sweep of POD site and execute internal and external security plans.

4. Deployment

a. The POD Strike Team Leader (POD Operations Manager) will initiate readiness of POD operations.

i. The MSDH Office of Emergency Medical Services will credential all persons at the POD facility for entry into secure areas;

ii. The POD Strike Team Leader (POD Operations Manager) and POD Dispensing Unit Lead (POD Dispensing and Treatment Manager) will review medical algorithms and dispensing plans;

iii. The POD Strike Team Leader (POD Operations Manager) will order SNS materiel through communications with the SNS Technical Task Force of the MSDH ESF-8 Support Cell.

iv. The POD Strike Team Leader (POD Operations Manager) and the Safety Officer will review safety plans.

v. The POD Strike Team Leader (POD Operations Manager) will give an initial briefing; provide for distribution of job action sheets; and ensure just-in-time training, if needed;

b. The POD Strike Team Leader (POD Operations Manager) will notify the SNS Technical Task Force of the MSDH ESF-8 Support Cell of POD readiness for operations.

c. Upon notification of all activated PODs' readiness for operations, the MSDH ESF-8 Public Information Officer will work with the SEOC JIC for public notification of operational PODs.

d. Check-In (Triage) Station: All individuals presenting for prophylaxis will be screened before entry into the dispensing area.

i. Based upon the suspected agent, individuals will be asked the most agent-appropriate questions.

ii. Individuals answering yes to any of the specified screening questions will be immediately escorted to the Clinical Evaluation Area;

(1) If is determined that the individual has clinical symptoms related to exposure to the suspected agent, the individual will be instructed to report to, or be transported to, a designated treatment resource.

(2) The Physician Referral Form should be completed: one copy given to the individual to present to their physician, and a second copy retained at the POD for future follow-up.

iii. Individuals with emergent medical conditions not related to the suspected agent will be escorted to the Clinical Evaluation Area.

(1) Persons with other urgent medical conditions not related to the suspected agent may be transported to a designated treatment resource or, if deemed appropriate, be directed to the Forms Pick-Up Station to complete the process for receipt of prophylactic medication/vaccination.

iv. Individuals answering no to all the specified screening questions will be directed to the Forms Pick-Up Station.

e. Forms Pick-Up Station: staff will provide, in the appropriate language,

i. Health Information Form;

ii. Written material on the suspected agent;

iii. Written material on offered medication/vaccination; and,

iv. Any required consent forms. prior to directing individuals to the Information Area,

f. Forms Pick-Up Station staff will direct individuals to the Information Area.

g. The Information Area: The Information Area will be partitioned by ropes to allow transit of persons in an "S" configuration.

i. A video presentation will play, repeatedly, at several locations.

ii. Health Information Forms have been developed to quickly and efficiently ascertain the critical information of persons to receive prophylaxis regimens/vaccination.

(1) Forms are to be filled out as people traverse through the Information Area.

(2) Forms may be filled out by the individual, another household member(s), or a representative of those who cannot come to a dispensing site.

iii. Staff will be stationed throughout the Information Area to answer questions.

h. Forms Review: Health information forms will be reviewed to sort individuals/families into the following categories:

i. To receive alternative prophylaxis based on allergies (Blue mark)

ii. To receive prophylaxis after dosage adjustment and/or counseling (Red mark)

iii. To receive prophylaxis as a family unit (with children under 9 years or pregnancy) (Yellow mark)

iv. To receive standard prophylaxis regimen (Green mark)

i. Traffic Controller: the Traffic Controller will expedite individuals/families toward the Medication Pick-Up Station that coordinates with the assigned color mark.

j. Pharmacy Station: The primary functions for the Pharmacy Station are storage, distribution, and accountability of POD-secured pharmaceuticals and provision of pharmaceutical consultation regarding the prescribed medication/vaccination. A secondary function is to prepare regimens or compound oral suspensions for use within the POD.

k. First Aid Station: Personnel within the First Aid Station shall provide first aid to individuals and personnel in the event of injury. If care greater than first aid is required, personnel within the First Aid Station will coordinate with the Clinical Evaluation Area and/or Transportation to arrange for transfer to another healthcare resource.

l. Medication Pick-Up: Administration of vaccination or dispensing of medication will occur at the Medication Pick-Up Station.

    i. If weight for a child is not already indicated on the Health Information Form, the child will be weighed prior to receipt of medication or vaccination.

    ii. The medication regimen will be determined by a health care professional from information provided in the Health Information Form (medication allergies, drug- or disease-interactions, renal dysfunction, individual's age and/or weight). The regimen will be marked at the bottom of the health information form.

    iii. Medication will be dispensed to individuals as indicated on the bottom of the health information for

        (1) Prepackaged, individual regimens of oral antibiotics come in multi-day, unit-of-use, labeled, childproof bottles: Ciprofloxacin 500 mg (20 tablets) and Doxycycline 100 mg (20 tablets).

        (2) Regimens that are not prepackaged shall be prepared by a licensed health care professional.

        (3) Non-licensed personnel may hand out medications to individuals/families under the supervision of a licensed health care professional.

    iv. Vaccination will occur in the following steps:

        (1) Individual's arm to be uncovered and wiped with an alcohol pad (1 volunteer)

        (2) Administration of vaccination (2 nurses or 2 nursing students administering vaccinations)

        (3) Bandage placed over vaccination site and written materials on site care provided (1 volunteer)

    v. Nurses administering vaccine or persons dispensing medication will collect the health information form and any informed consent forms, attach

information identifying drug/vaccine administered, and initial the health information form thus indicating administration of vaccine or dispensing of medication.

m. Exit: Activities at the Exit station include answering any additional questions and providing counseling on home isolation/quarantine for those who have refused or have a contraindication to vaccine or prophylactic medication.

n. The POD Strike Team Leader (POD Operations Manager) will convene with the Dispensing and Treatment Manager to request additional orders of SNS materiel through the District Operations Center.

5. Recovery

a. The MSDH ESF-8 Support Cell will notify key stakeholders of potential cessation of enhanced public health support, plan for staged withdrawal of enhanced public health support, and no required need for additional SNS assets.

b. The Operations Section Chief will request Mississippi Health Response Teams (MHRTs) and District Health Offices to prepare for cessation of POD operations. Priority of POD deactivation will be based upon considerations of urgency for the facility to return to normal conditions, past hours throughput, and number of people estimated to still need or potentially need medication.

c. The MSDH ESF-8 Public Information Officer will work with the SEOC JIC for public notification of POD deactivation(s).

d. The POD Strike Team Leader (POD Operations Manager) will submit final reports to the SNS Technical Task Force of the MSDH ESF-8 Support Cell.

E. Treatment Center Coordination

1. Background and issues

The MSDH prepares for and responds to mass casualty incidents (MCIs). The MSDH provides State public health and medical assistance in MCIs through the ESF-8 Support Cell in coordination with MCI plans set forth by MSDH and MEMA.

Coordination exists between the SNS Coordinator and the HRSA Coordinator to inform treatment centers on how to procure SNS materiel.

The Treatment Center Coordinator is part of the MSDH ESF-8 Support Cell staff and aids in coordination of distribution of SNS assets to treatment centers during a large scale public health and medical disaster.

2. Planning

a. The OEPR maintains points-of-contact, phone numbers, e-mail addresses, and radio frequencies of the staff at each center who will provide case-count information, request and receive SNS assets, and sign for controlled substances.

b. The OEPR coordinates with hospital by maintaining expected number of treatment centers that may operate under various disaster scenarios, their locations, and the estimated numbers of patients they can potentially treat for contagious or noncontagious threats.

c. The OEPR provides training and education for treatment centers on requirements for requesting, offloading, storage and inventory of SNS assets received by the center.

d. The SNS Inventory Management Team maintains the location of each center for deliveries of SNS assets.

3. Implementation

a. The SNS Technical Task Force Leader (SNS Coordinator) will activate the Treatment Center Specialist (Treatment Center Coordinator) for duty at the SNS Technical Task Force of the ESF-8 Support Cell.

b. The Treatment Center Specialist (Treatment Center Coordinator) will convene with the Operations Section Chief to gather preliminary case-count, epidemiology, and inventory information from treatment centers to support strategic decisions.

c. The Treatment Center Specialist (Treatment Center Coordinator) will verify:

i. Contact information for people at each treatment center; and,

ii. Location of each center for delivery of SNS assets.

4. Deployment

a. Treatment centers will order SNS materiel through communications with the Treatment Center Specialist (Treatment Center Coordinator) of the SNS Technical Task Force.

b. The Treatment Center Specialist (Treatment Center Coordinator) will continue to gather case-count, epidemiology, and inventory information from treatment centers to better analyze supply and demand for follow-on requests of SNS assets and further support strategic decisions.

5. Recovery

a. The Treatment Center Coordinator will verify inventory sufficient to support continuing daily operations of treatment centers.

b. The MSDH ESF-8 Support Cell will notify key stakeholders of potential cessation of enhanced public health support, plan for staged withdrawal of enhanced public health support, and no required need for additional SNS assets.

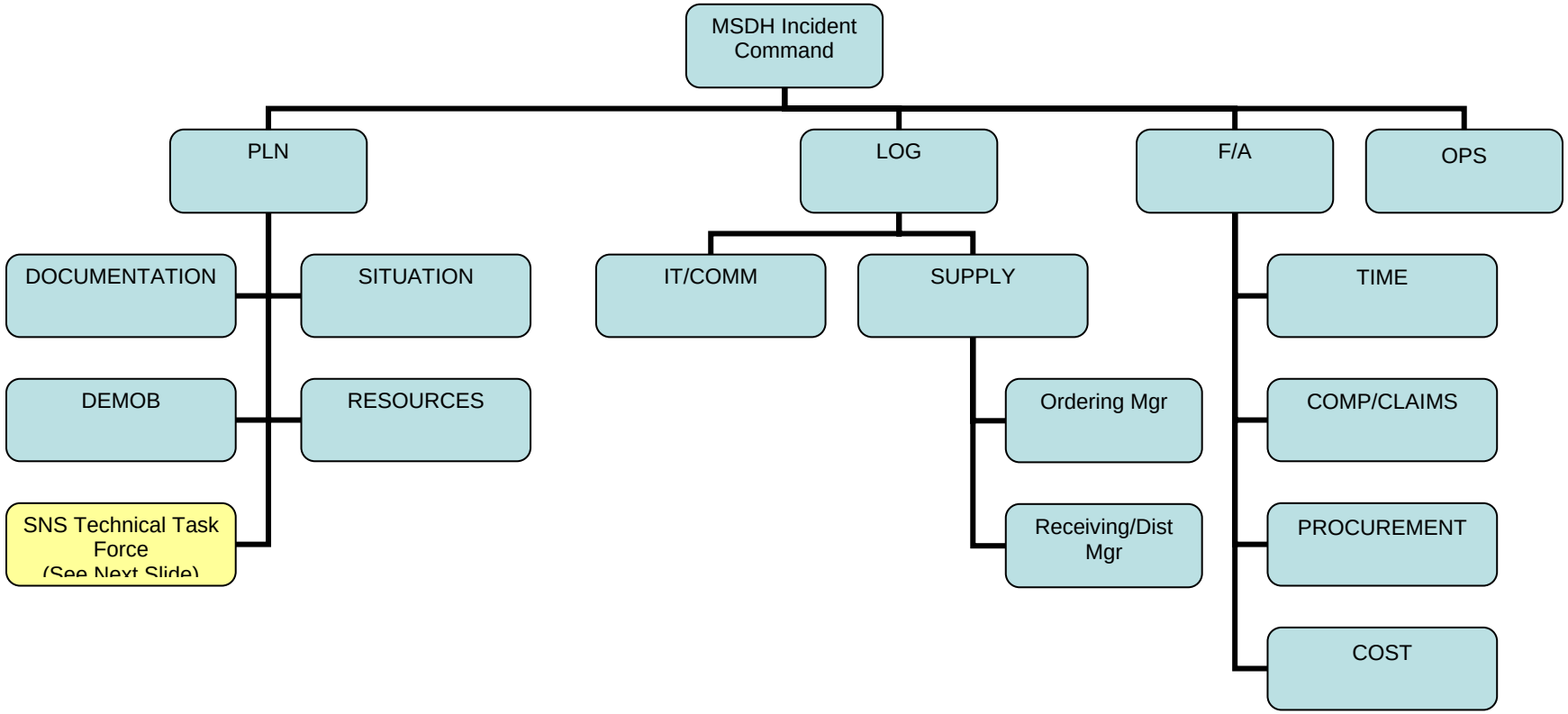
6. Abbreviations and Acronyms

Bulk	Packages of medications that have not been repackaged into individual doses
CDC	Centers for Disease Control and Prevention
CEMP	Comprehensive Emergency Management Plan
CERT	Community Emergency Response Team
DEA	Drug Enforcement Agency
Delivery point	A site where SNS supplies are delivered, includes dispensing sites, hospitals, first responders, etc.
DOT	Department of Transportation
DPW	Department of Public Works
DS	Dispensing Site
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
IND	Investigational New Drug
JCAHO	Joint Committee on Accreditation of Healthcare Organizations
JIC	Joint Information Center
LZ	Landing Zone (helicopter)
MD	Medical Doctor
MEMA	Mississippi Emergency Management Agency
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MPD	Metropolitan Police Department
MSDH	Mississippi State Department of Health
OEPR	Office of Emergency Planning and Response
POD	Point of Dispensing; site that dispenses prophylaxis to asymptomatic patients
Prophylaxis	Measures designed to preserve health and prevent the spread of disease
Push Package	This portion of the SNS consists of medical materiel that can arrive anywhere in the Continental United States within 12 hours. There are 12 Push Packages pre-positioned at strategic locations nationwide.
Receiving	Acceptance of the SNS from the federal government
RRT	Rapid Response Team
RSS	Receiving, Storage, and Staging Site; the site where the materiel is taken to be stored, broken down, and distributed to dispensing sites, hospitals, and other sites.
SEOC	State Emergency Operations Center
SNS	Strategic National Stockpile; consists of medical supplies pre-positioned to

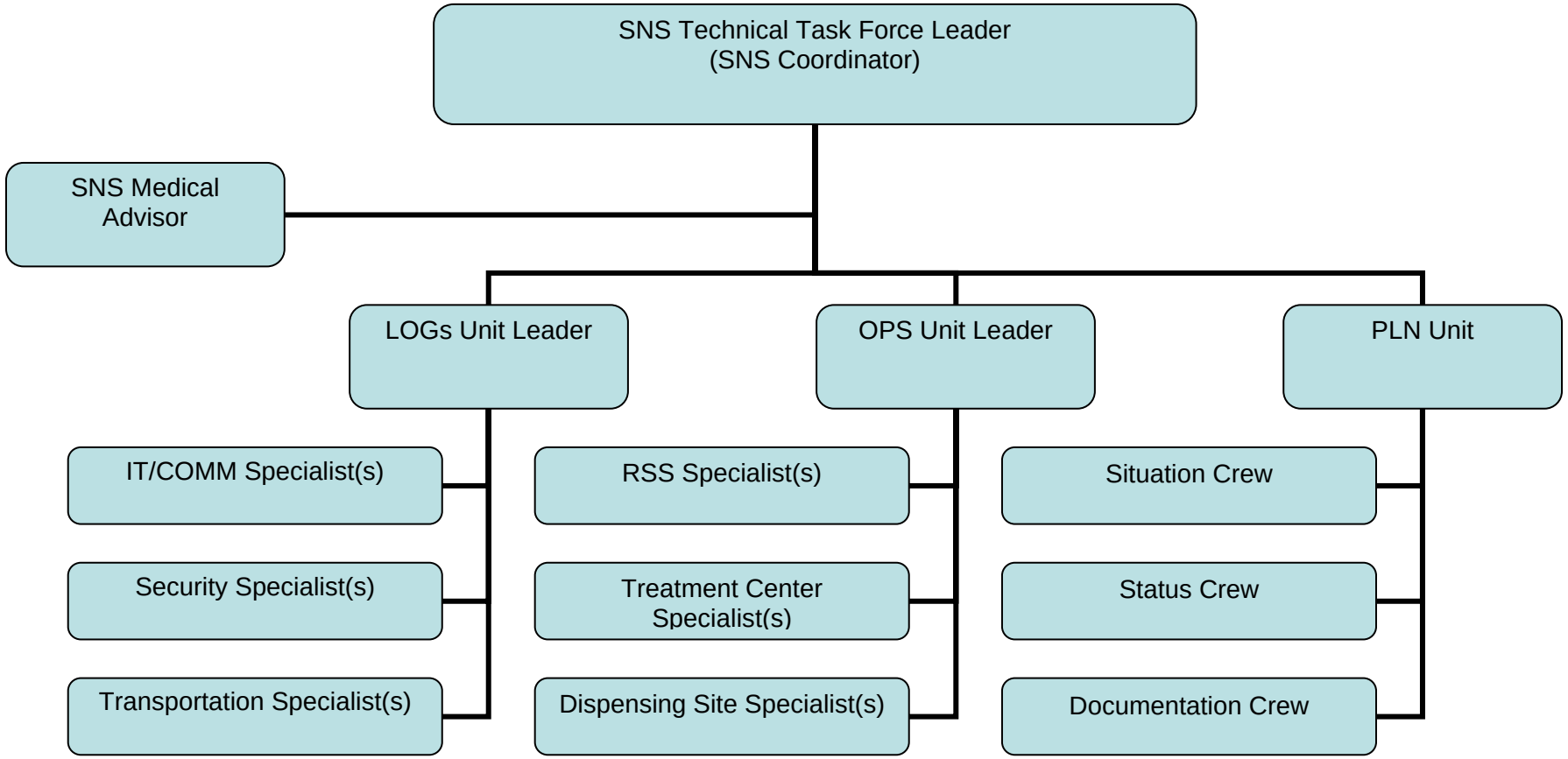
	aid state/local emergency response to acts of chemical or biological terrorism
Staging	Positioning the SNS at the designated receiving facility in such a way that it can be easily broken down to support shipment to dispensing sites
TARU	Technical Advisory Response Unit; a group of CDC technical advisers who accompany the SNS
VMI	Vendor Managed Inventory; this is the resupply portion of the SNS; the state will need to determine whether, and if so how much, to request from the VMI.

Section II: ICS and Job Action Sheets

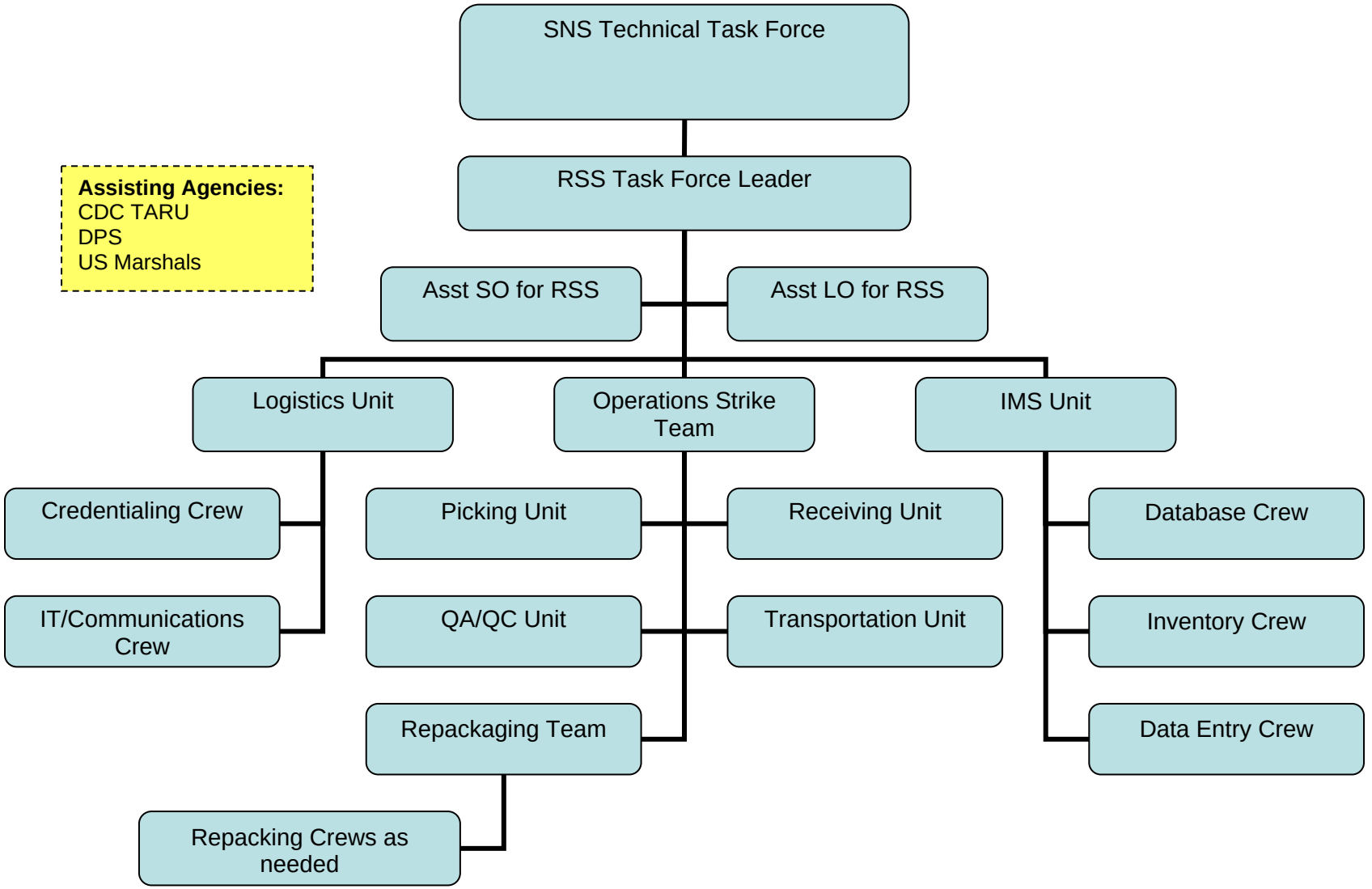
1. Command and Control Incident Command Structure



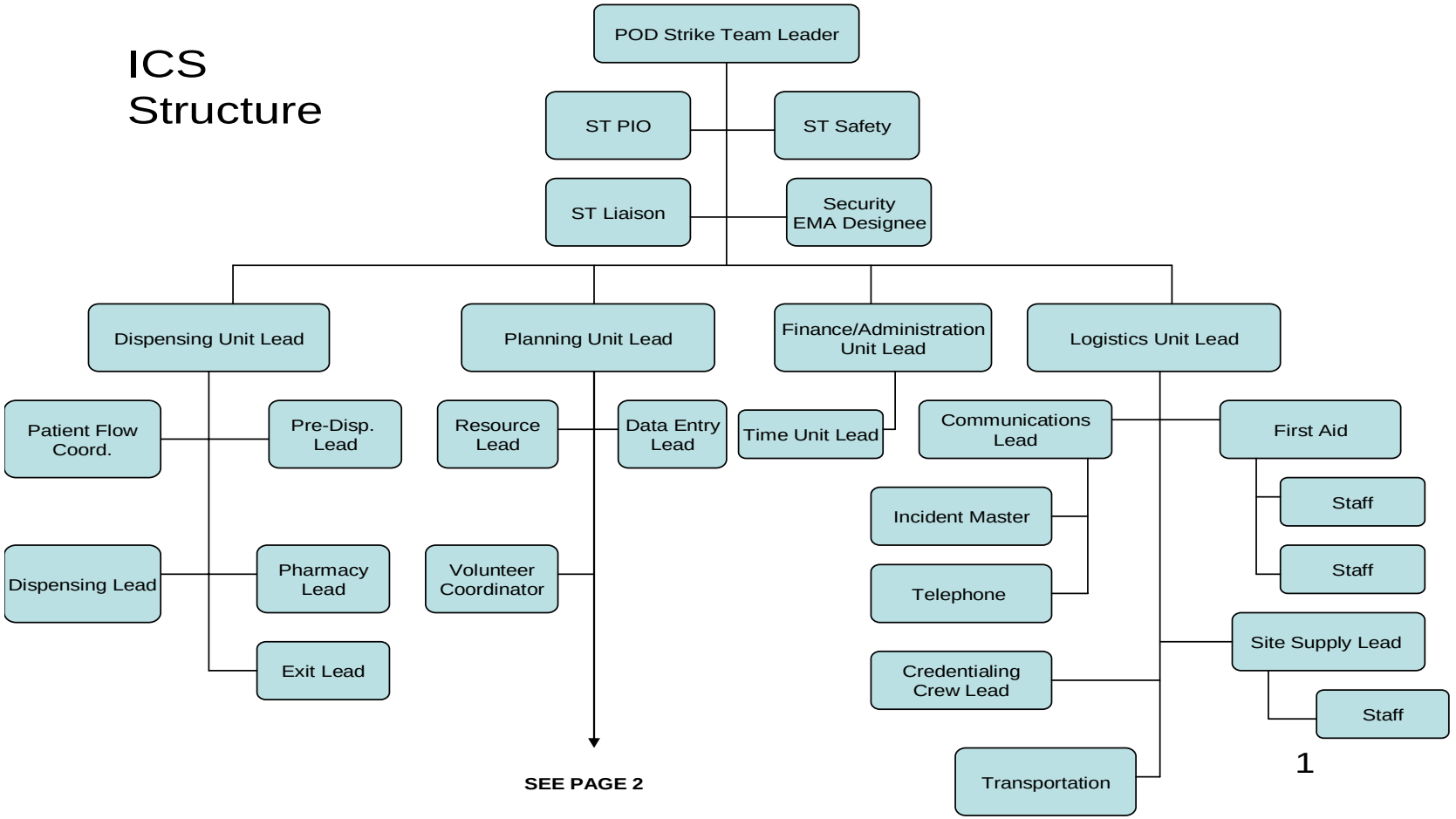
2. SNS Technical Task Force Incident Command Structure

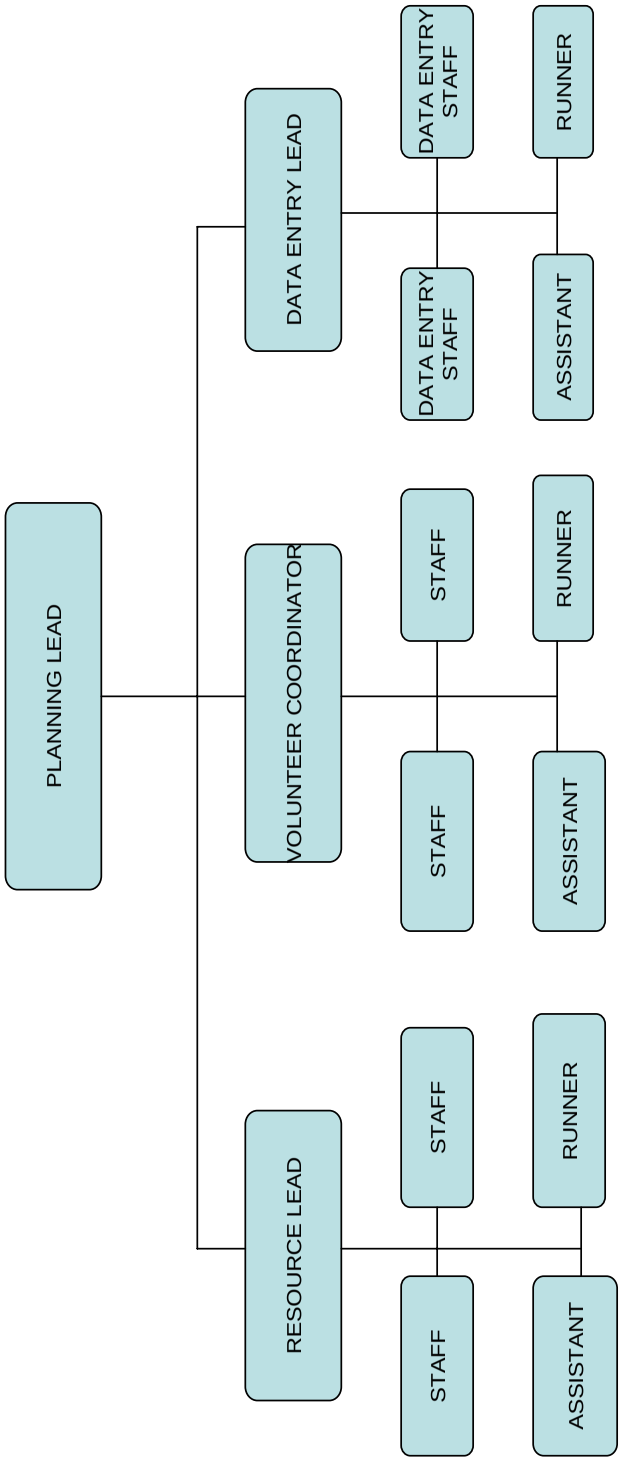


3. RSS Incident Command Structure

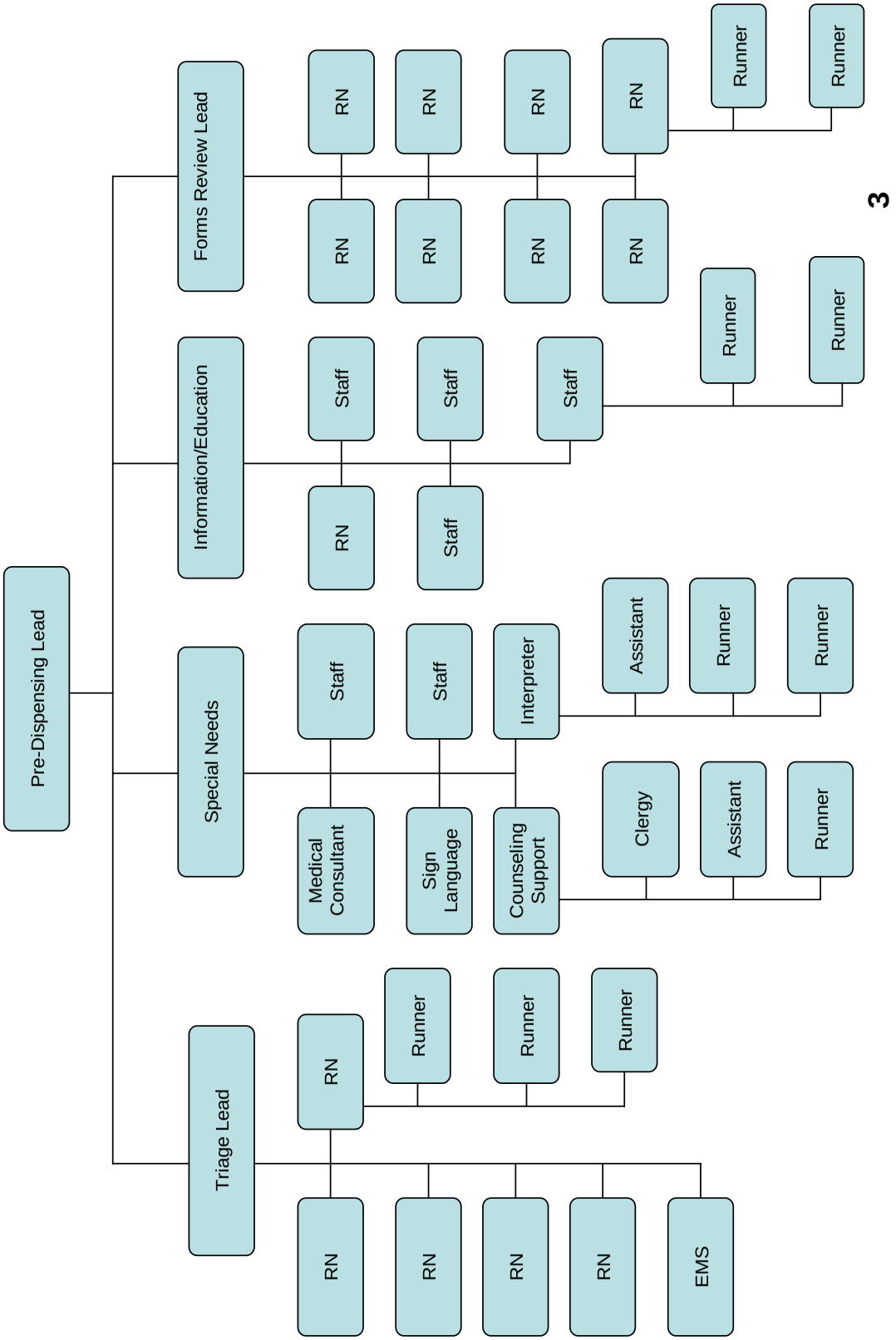


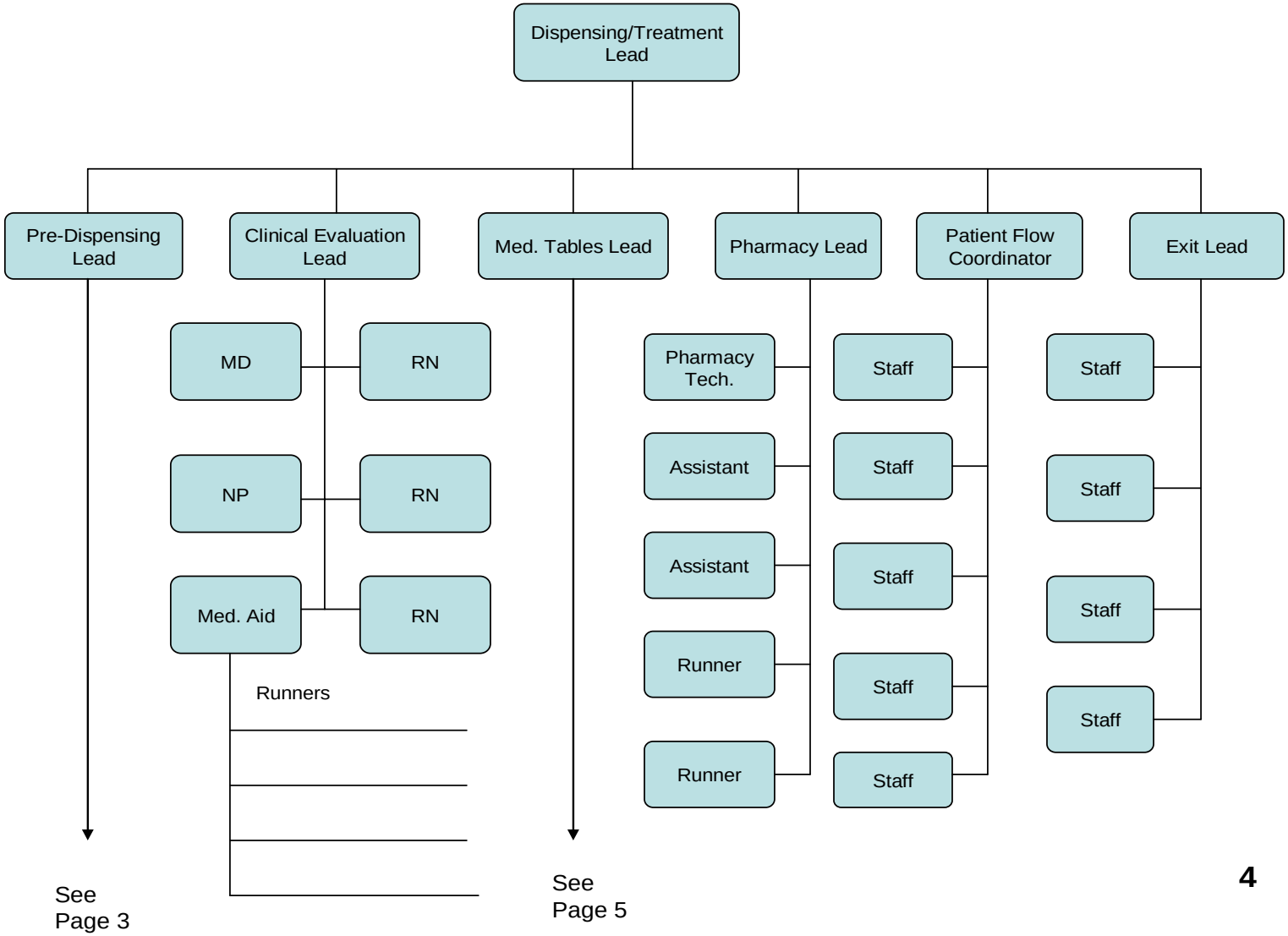
4. POD Incident Command Structure

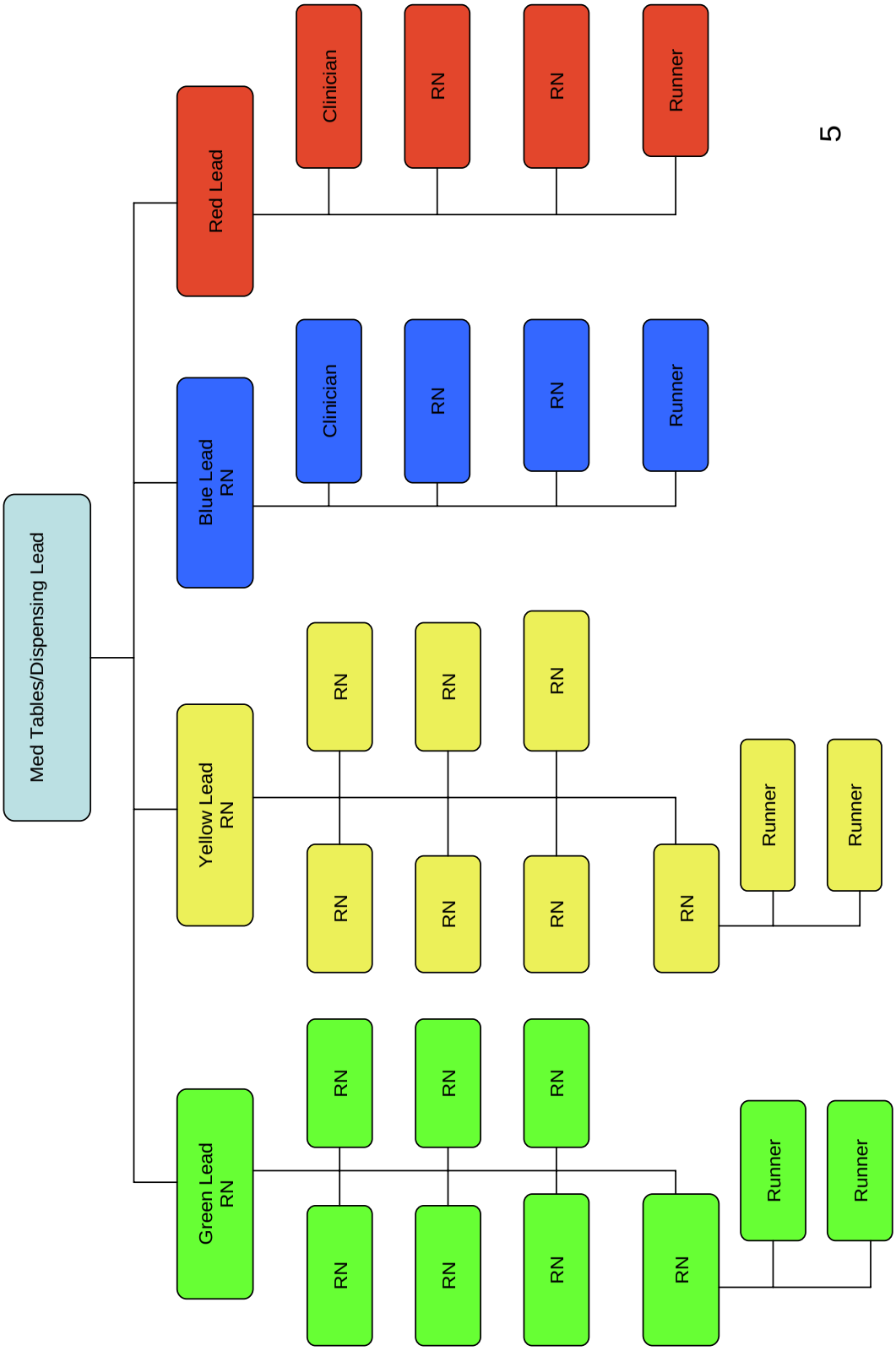



PLANNING LEAD
DATA ENTRY LEAD
DATA ENTRY STAFF
DATA ENTRY STAFF
RUNNER
ASSISTANT
VOLUNTEER COORDINATOR
STAFF
STAFF
RUNNER
ASSISTANT
RESOURCE LEAD
STAFF
STAFF
RUNNER
ASSISTANT

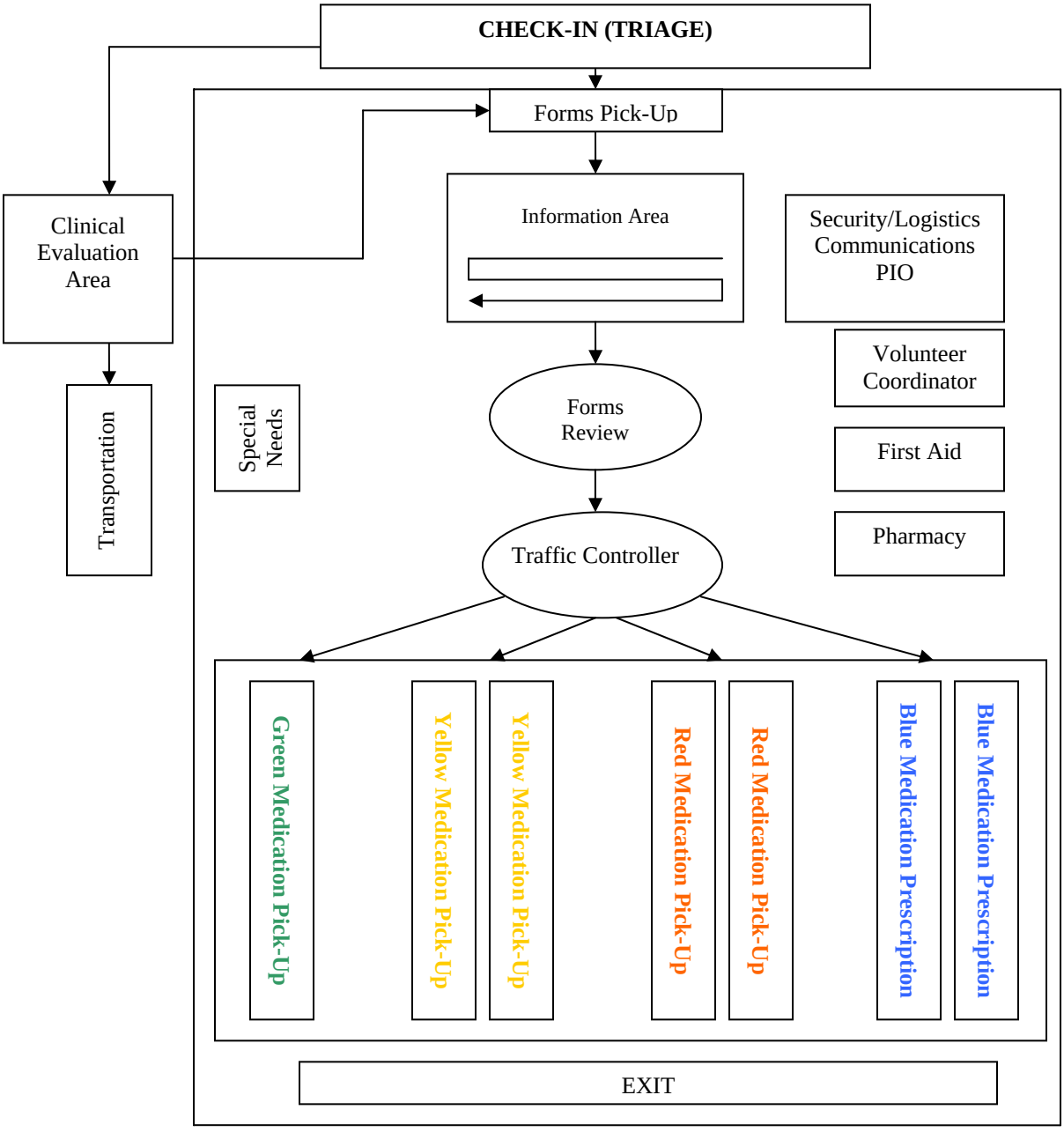
2


Pre-Dispensing Lead
Forms Review Lead
RN
RN
RN
RN
RN
RN
RN
RN
Runner
Runner
Runner
Runner
Information/Education
Staff
Staff
Staff
RN
Staff
Runner
Runner
Runner
Runner
Special Needs
Staff
Staff
Interpreter
Assistant
Runner
Runner
Medical Consultant
Sign Language
Counseling Support
Clergy
Assistant
Runner
Triage Lead
RN
Runner
Runner
Runner
RN
RN
RN
RN
EMS
3


Dispensing/Treatment Lead
Pre-Dispensing Lead
Clinical Evaluation Lead
Med. Tables Lead
Pharmacy Lead
Patient Flow Coordinator
Exit Lead
MD
RN
NP
RN
Med. Aid
RN
Runners
Pharmacy Tech.
Staff
Assistant
Staff
Assistant
Staff
Runner
Staff
Runner
Staff
Staff
Staff
Staff
Staff
See Page 3
See Page 5


Med Tables/Dispensing Lead
Red Lead
Clinician
RN
RN
Runner
Blue Lead RN
Clinician
RN
RN
Runner
Yellow Lead RN
RN
RN
RN
RN
RN
RN
RN
RN
Runner
Runner
Green Lead RN
RN
RN
RN
RN
RN
RN
RN
RN
Runner
Runner

5. POD Patient Flow-Through Diagram



6. SNS Technical Task Force Job Action Sheets

A. SNS Technical Task Force Leader (SNS Coordinator)

B. SNS Medical Advisor

C. Logistics Unit Leader

1. IT/Communications Specialist
2. Security Specialist
3. Transportation Specialist

D. Operations Unit Leader

1. RSS Specialist
2. Treatment Center Specialist
3. POD Specialist

E. Planning Unit

1. Situation Crew
2. Status Crew
3. Documentation Crew

Mississippi State Department of Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet

Strategic National Stockpile (SNS) Technical Unit Leader [SNS Coordinator]

Reports to:

Planning Section Chief

Mission:

Organize, direct, and control assets of the Strategic National Stockpile assets received from the Centers for Disease Control and Prevention

Immediate:

- ☐ Receive appointment from Incident Commander. Obtain Job Action Sheet.
- ☐ Liaison to the CDC – SNS in Atlanta.
- ☐ Liaison to the CDC – SNS TARU team at MSDH Command Center and RSS.
- ☐ Liaison to the Law Enforcement securing the SNS.
- ☐ Responsible for Action Request Forms (ARF) for SNS assets and RSS.
- ☐ Coordinate all requests for pharmaceutical and medical SNS supplies to the RSS
- ☐ Oversee and coordinate all requests for SNS pharmaceutical and medical supplies from the Treatment Center requests. Requests forwarded to RSS after approving.
- ☐ Oversee and coordinate all requests for SNS pharmaceutical and medical supplies from the PODs. Requests forwarded to RSS after approving.
- ☐ Forward to Logistics all requests not contained within SNS.
- ☐ Work with partners for donated pharmaceutical supplies and medications distribution.
- ☐ Work with Immunization Director to coordinate distribution of vaccine received from SNS.

Intermediate:

- ☐ Update Planning Section Chief of new developments and status of SNS.

Extended:

- ☐ Maintain documentation of all actions.
- ☐ Scale down SNS support and return supply requisition to the normal ordering procedures of facility.

Mississippi State Department of Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet

SNS Medical Advisor

Reports to:

SNS Technical Task Force Leader

Mission:

Provide medical expertise relating to clinical aspects surrounding SNS operations, including issues related to Patient Services, Pharmacy Services, and Special Needs to ensure the dispensing of prophylaxis medications is carried out in an efficient and effective manner.

Immediate:

- ☐ Obtain briefing from SNS Technical Task Force Leader.
- ☐ Review standing orders and clinical algorithms approved by the State Health Officer of the MSDH.
- ☐ Obtain the most current medical information on the conditions (and their treatment) that are most likely to occur as a result of the event (e.g., biological, chemical, etc.)
- ☐ Review SNS Incident Action Plan (IAP) and SNS Section Action Plan (SAP) to recommend the specific medical operations sub-units to be activated.

Intermediate:

- ☐ Monitor the CDC, MSDH, and other resources for medical updates.
- ☐ Review all planned public information to assure medical accuracy and consistency with CDC and MSDH message.
- ☐ Serve as medical consultant to the MSDH and other agencies (physicians, treatment centers, laboratories, PODs).
- ☐ Coordinate with Epidemiology Unit Leader to monitor list of affected persons.

Extended:

- ☐ Continue as above.
- ☐ Document all actions, decisions, and interventions.
- ☐ Prepare end of shift report for SNS Technical Task Force Leader and incoming SNS Medical Advisor.
- ☐ Plan for the possibility of extended deployment.

Mississippi State Department of Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet

Logistics Unit Leader

Reports to:

SNS Technical Task Force Leader

Mission:

Organize, direct and coordinate those operations associated with maintenance of the physical environment (facilities) and personnel deployment (movement) that support SNS operations and provide for adequate levels of shelter and supplies to support the SNS mission's objectives.

Immediate:

- ☐ Receive appointment from the SNS Technical Task Force Leader.
- ☐ Obtain briefing from SNS Technical Task Force Leader, including SNS Incident Action Plan (IAP).
- ☐ Confer with appointed MSDH ESF-8 Support Cell Logistics Section Unit Leaders and ensure the formulation and documentation of an SNS incident-specific Section Action Plan (SAP) as approved by the SNS Technical Task Force Unit.
- ☐ Advise SNS Technical Task Force Leader on current logistical service and support status.

Intermediate:

- ☐ Receive status reports and update MSDH ESF-8 Support Cell Logistics Section Unit and SNS Technical Task Force Unit of new developments.
- ☐ Review IAP and estimate section needs for next operational period or shift.
- ☐ Prepare to manage large numbers of potential volunteers.
- ☐ Obtain supplies as requested by SNS Planning Unit or SNS Operations Unit.

Extended:

- ☐ Maintain documentation of all actions and decisions on a continual basis.
- ☐ Forward completed unit activity log to MSDH ESF-8 Finance/Administration Section Chief.
- ☐ Observe all staff for signs of stress, report issues to SNS Technical Task Force Leader and to MSDH ESF-8 Safety Officer.
- ☐ Participate in the development and execution of the demobilization of SNS staff and make recommendations to SNS Technical Task Force Leader as necessary.
- ☐ Prepare end of shift report and present to oncoming SNS Technical Task Force Leader and Logistics Section Chief.
- ☐ Plan for the possibility of extended deployment.

Mississippi State Department of Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet

IT/Communications Specialist

Reports to:

SNS Technical Task Force Logistics Unit

Mission:

Organize and coordinate IT asset support to ensure functioning of internal and external communications and data-related equipment.

Immediate:

- ☐ Obtain briefing from SNS Technical Task Force Logistics Unit.
- ☐ Review Incident Action Plan (IAP) and Section Action Plan (SA) and assign specific personnel to tasks.
- ☐ Establish an SNS communications center.
- ☐ Assess current status and inventory of the internal and external communication resources and make a list of work to be done.
- ☐ Establish or maintain the system for receiving communication from RSS, PODs, treatment centers, and other field dispensing/distribution sites.

Intermediate:

- ☐ Maintain a log of all communication requests received and forward all new requests to SNS Technical Task Force Logistics Unit.
- ☐ Immediately report to the SNS Technical Task Force Logistics Unit issues that cannot be resolved with current resources.
- ☐ Work with MSDH ESF-8 Support Cell to facilitate hardware, equipment, and materials to produce communication products.
- ☐ Keep all communications equipment maintained and in working order.

Extended:

- ☐ Brief SNS Technical Task Force and MSDH ESF-8 Support Cell Logistics Units about status of computers, communication requirements and prepare report for oncoming SNS Technical Task Force Logistics Unit leader.
- ☐ Observe all staff for signs of stress, and report concerns to SNS Technical Task Force Logistics Unit.
- ☐ Document all actions, decisions and interventions.
- ☐ Plan for the possibility of extended deployment.

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Security Specialist

Reports to:

SNS Technical Task Force Logistics Unit

Mission:

Organize and direct aspects relating to security in planning and executing distribution and dispensing of assets from the Strategic National Stockpile within the State of Mississippi.

Coordinate and supervise all personnel within security.

Immediate:

- ☐ Initiate security personnel call-down procedures.
- ☐ Report to RSS site, process through credentialing, and put on proper identification and credentialing badges.
- ☐ Meet with RSS Task Force Leader (RSS State Lead) for initial incident briefing.
- ☐ Provide briefing to DPS Command Center.
- ☐ Read entire Job Action Sheet.
- ☐ Brief all security personnel as per call-down procedures.

Intermediate:

- ☐ Provide support and expertise to all aspects of operations.
- ☐ Obtain needed security equipment and supplies with assistance of DPS and MEMA.
- ☐ Track, stay aware of incident expansion/contraction due to changes in conditions.
- ☐ Determine additional resources needed.
- ☐ Anticipate staff needs and request more staff if needed.
- ☐ Provide updates on security operations of the SNS Program to the DPS Command Center.

Extended:

- ☐ Evaluate the need for demobilization of security staff.
- ☐ Complete an After Action Report and participate in the debriefing.

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Transportation Specialist

Reports to:

SNS Technical Task Force Logistics Unit

Mission:

Organize and arrange transportation for all SNS personnel and resources, including CDC TARU.

Immediate:

- ☐ Obtain briefing from SNS Technical task Force Logistics Unit.
- ☐ Establish a Transportation Unit Center.
- ☐ Review SNS Incident Action Plan (IAP) and Section Action Plan (SAP) to identify transportation requirements of SNS personnel and CDC TARU.
- ☐ Conduct an inventory of available transportation staff and vehicles, including vehicle type and location.
- ☐ Assure vehicle energy resources and access/dispatch instructions are available.
- ☐ Assure trip and travel log formats are established.
- ☐ Assign reservationists, dispatchers, and drivers.

Intermediate:

- ☐ Communicate with Transportation Unit members the specific work to be done for the shift and assign specific personnel to tasks.
- ☐ Maintain a log of all transportation requests received, and staff and vehicles assigned.
- ☐ Immediately report issues that cannot be resolved by your unit with current resources to the SNS Task Force Logistics Unit Leader.

Extended:

- ☐ Brief SNS Logistics Unit Leader about status of drivers and vehicles availability and prepare report for the oncoming SNS Transportation Unit Leader.
- ☐ Observe all staff for signs of stress, and report concerns to SNS Logistics Unit Leader.
- ☐ Document all actions, decisions, and interventions.
- ☐ Prepare end of shift report and present to SNS Logistics Unit Leader.
- ☐ Plan for the possibility of extended deployment.

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Operations Unit Leader

Reports to:

SNS Technical Task Force Leader

Mission:

Activate and coordinate any units that may be required to achieve the goals of the Incident Action Plan (IAP). Direct the preparation of specific unit operational plans and requests and identifies and dispatches resources as necessary.

Immediate:

- ☐ Receive appointment from SNS Technical Task Force Leader.
- ☐ Read entire Job Action Sheet.
- ☐ Obtain briefing from SNS Technical Force Leader.
- ☐ Appoint SNS Operations Unit members; brief all SNS Operations Unit members on current situation.
- ☐ Identify and report to SNS Technical Task Force Leader and MSDH ESF-8 Finance/Administration Section Chief any tactical resources needed for the SNS Incident Action Plan (IAP).
- ☐ Coordinate IT and data entry needs with SNS Technical Task Force Logistical Unit and SNS Technical Task Force Planning Unit.

Intermediate:

- ☐ Brief the SNS Technical Task Force Leader routinely on the status of the Operations Strike Team.
- ☐ Coordinate and monitor SNS Technical Task Force Operations Unit and available resources needed to achieve mission and request resources as needed.

Extended:

- ☐ Maintain documentations for all actions and decisions on a continual basis
- ☐ Observe all staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to incoming SNS Technical Task Force Operations Unit leader and SNS Technical Task Force Leader.
- ☐ Plan for the possibility of extended deployment.

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RSS Specialist

Reports to:

SNS Technical Task Force Operations Unit

Mission:

Organize and direct aspects relating to RSS site coordination in planning and executing distribution of assets from the Strategic National Stockpile within the State of Mississippi.

Immediate:

- ☐ Report to MSDH ESF-8 Support Cell, process through credentialing, and put on proper identification and credentialing badges.
- ☐ Meet with SNS Technical Task Force Leader for initial incident briefing.
- ☐ Read entire Job Action Sheet.

Intermediate:

- ☐ Provide support and expertise to RSS Task Force Leader.
- ☐ Obtain needed RSS equipment and supplies with assistance of MEMA.
- ☐ Track, stay aware of incident expansion/contraction due to changes in conditions.
- ☐ Determine additional resources needed.
- ☐ Document all actions and decisions in Incident Master.
- ☐ Provide updates on RSS operations to the SNS Technical Task Force Operations Unit.

Extended:

- ☐ Complete an After Action Report and participate in the debriefing.

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Treatment Center Specialist

Reports to:

SNS Technical Task Force Operations Unit Leader

Mission:

Organize and direct aspects relating to treatment center coordination in planning and executing distribution and dispensing of assets from the Strategic National Stockpile within the State of Mississippi.

Immediate:

- ☐ Report to MSDH ESF-8 Support Cell, process through credentialing, and put on proper identification and credentialing badges.
- ☐ Meet with SNS Operations Unit Leader and SNS Technical Task Force Leader for initial incident briefing.
- ☐ Read entire Job Action Sheet.

Intermediate:

- ☐ Provide support and expertise to Treatment Center Coordinators.
- ☐ Obtain needed treatment center equipment and supplies with assistance of MEMA.
- ☐ Track, stay aware of incident expansion/contraction due to changes in conditions.
- ☐ Determine additional resources needed.
- ☐ Document all actions and decisions in Incident Master.
- ☐ Provide updates on treatment center operations of the SNS Program to the SNS Operations Unit.

Extended:

- ☐ Complete an After Action Report and participate in the debriefing.

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POD Specialist

Reports to:

SNS Technical Task Force Operations Unit

Mission:

Organize and direct aspects relating to POD site coordination in planning and executing distribution and dispensing of assets from the Strategic National Stockpile within the State of Mississippi.

Immediate:

- ☐ Report to MSDH ESF-8 Support Cell, process through credentialing, and put on proper identification and credentialing badges.
- ☐ Meet with SNS Technical Task Force Leader and SNS Operations Unit Leader for initial incident briefing.
- ☐ Read entire Job Action Sheet.

Intermediate:

- ☐ Provide support and expertise to POD Strike Team Leaders.
- ☐ Obtain needed POD equipment and supplies with assistance of MEMA
- ☐ Track, stay aware of incident expansion/contraction due to changes in conditions.
- ☐ Determine additional resources needed.
- ☐ Document all actions and decisions in Incident Master.
- ☐ Provide updates on POD operations to the SNS Technical Task Force Operations Unit.

Extended:

- ☐ Complete an After Action Report and participate in the debriefing.

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Planning Unit Leader

Reports to:

SNS Technical Task Force Leader

Mission:

Identify and establish data elements and data sources, and implement data collection and analysis procedures so that trends and forecasts can be identified related to the incident and SNS. Organize and direct all aspects of SNS Planning Unit operations. Ensure the distribution of critical information/data. Compile scenario/resource projections from all SNS units and perform long range planning. Document and distribute SNS Incident Action Plan and measure/evaluate progress.

Immediate:

- ☐ Receive appointment from SNS Technical Task Force Leader.
- ☐ Obtain briefing from SNS Technical Task Force Leader.
- ☐ Activate the Planning Unit and distribute Job Action Sheets.
- ☐ Brief unit members after meeting with the SNS Technical Task Force Leader.
- ☐ Determine data elements required by the SNS IAP and SNS Section Action Plan (SAP).
- ☐ Identify and establish access to data sources as needed.
- ☐ Communicate all technical support and supply needs to SNS Logistics Unit Leader.
- ☐ Establish Planning Unit Data Collection Center and other data entry sites as needed.
- ☐ Ensure standardization of data collection.
- ☐ Collect, interpret, and synthesize data regarding status and response of incident and SNS management and provide reports to SNS Technical Task Force Leader.

Intermediate:

- ☐ Assemble information in support of the SNS IAP and or projections relative to SNS.
- ☐ Communicate SNS planning information to MSDH ESF-8 Support Cell Planning/Intelligence Section Chief and SNS Technical Task Force Leader.

Extended:

- ☐ Continue to receive projected activity reports from SNS units at appropriate intervals.
- ☐ Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to SNS Technical Task Force Leader and MSDH ESF-8 Support Cell Planning/Intelligence Section Chief.
- ☐ Observe staff for signs of stress. Report issues to SNS Technical Task Force Leader and MSDH ESF-8 Support Cell Safety Officer. Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Planning Unit Leader.
- ☐ Plan for the possibility of extended deployment.

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Situation Crew

Reports to:

SNS Planning Unit Leader

Mission:

Ensure accurate and timely analysis and interpretation of data for the incident related to SNS, including preparation of reports and trend analysis.

Immediate:

- ☐ Obtain briefing from SNS Planning Unit Leader.
- ☐ Work with SNS Planning Unit Leader to select data elements required by the SNS Incident Action Plan (IAP) and the SNS Section Action Plan (SAP) and to determine essential reports.
- ☐ Assign specific personnel to interpret data received.
- ☐ Assure all data equipment is in working order, and required supplies are available.
- ☐ Communicate data analysis equipment needs to SNS Planning Unit Leader.

Intermediate:

- ☐ Maintain communication with data analysis staff to identify issues.
- ☐ Communicate to SNS Planning Unit Leader any issues with data.
- ☐ Maintain a log of all data requests received and staff assigned to each task.
- ☐ Immediately report to the SNS Planning Unit Leader any issues which can not be resolved by your unit with current resources.
- ☐ Notify SNS Planning Unit Leader of data that has not been received in a timely or correct fashion.
- ☐ Review assembled data and finalize interpretations and reports.
- ☐ Compute projections for situation (disaster or response) based upon the data received.
- ☐ Communicate report finding and projections to SNS Planning Unit Leader.

Extended:

- ☐ Brief SNS Planning Unit Leader on status of data analysis activities.
- ☐ Document all actions, decisions, and interventions.
- ☐ Prepare end of shift report and present to oncoming SNS Situation Crew.
- ☐ Observe all staff for signs of stress, and report concerns to SNS Planning Unit Leader.
- ☐ Plan for the possibility of extended deployment.

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Status Crew

Reports to:

SNS Planning Unit Leader

Mission:

Ensure the accurate and timely collection of data for the incident in regard to SNS activities.

Immediate:

- ☐ Obtain briefing from SNS Planning Unit Leader.
- ☐ Review Data Elements required by the SNS Incident Action Plan (IAP) and the SNS Section Action Plan (SAP).
- ☐ Assist SNS Planning Unit Leader in establishing data entry procedures that ensure data quality and consistency.
- ☐ Assure that all data equipment is in working order and required supplies are available.
- ☐ Communicate data equipment needs to SNS Planning Unit Leader.

Intermediate:

- ☐ Maintain communication with SNS Planning Unit members to identify issues.
- ☐ Maintain a log of all data requests received and staff assigned to each task.
- ☐ Report staffing needs/replacements to SNS Planning Unit Leader.
- ☐ Immediately report to the SNS Planning Unit Leader any issues that can not be resolved by your crew with current resources.
- ☐ Notify SNS Planning Unit Leader of data that has not been received in a timely fashion.

Extended:

- ☐ Brief SNS Planning Unit Leader on status of data collection and unit activities.
- ☐ Prepare end of shift report and present to oncoming SNS Planning Unit Leader.
- ☐ Document all actions, decisions, and interventions.
- ☐ Observe staff for signs of stress, and report concerns to SNS Planning Unit Leader.
- ☐ Plan for the possibility of extended deployment.

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Documentation Crew

Reports to:

SNS Planning Unit Leader

Mission:

Responsible for the maintenance of accurate up-to-date documentation relative to the incident and SNS. Incident files will be generated using Incident Master and will be stored for legal, analytical and historical purposes.

Immediate:

- ☐ Receive appointment from SNS Planning Unit Leader.
- ☐ Review SNS Incident Action Plan (IAP).
- ☐ Establish a work area within the SNS Planning Unit.
- ☐ Arrange for equipment through SNS Logistics Unit Leader.
- ☐ Identify important phone numbers from master contact list and give to SNS Planning Unit Leader for internal and external distribution.

Intermediate:

- ☐ Review entries/records for accuracy and completeness.
- ☐ Provide for ongoing incident documentation as is pertains to SNS activities and maintenance of the SNS incident mission.
- ☐ Track deadlines for SNS IAP.

Extended:

- ☐ Store files for post-incident use.
- ☐ Review SNS Section Action Plans (SAPs) from SNS unit leaders as appropriate.
- ☐ Prepare end of shift report and present to oncoming SNS Documentation Crew.
- ☐ Plan for the possibility of extended deployment.

7. RSS Job Action Sheets

A. RSS Task Force Leader

B. Assistant Safety Officer for RSS

C. Assistant Liaison Officer for RSS

D. Logistics Unit

1. Credentialing Crew
2. IT/Communications Crew

E. Operations Strike Team

1. Receiving Unit Leader
    a. Receiving Clerk I
    b. Receiving Clerk II
    c. Receiving Clerk III
2. Picking Unit Leader
    a. Picking Unit Picker
    b. Picking Unit Recorder
    c. Picking Unit Stacker
3. QA/QC Unit
4. Transportation Unit
5. Repackaging Team

F. IMS Unit

1. Database Crew
2. Inventory Crew
3. Data Entry Crew

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RSS Task Force Leader (RSS State Lead)

Reports to:

SNS Technical Task Force Unit

Mission:

Provide overall supervision and leadership for the RSS warehouse.

Communicate all activities of the RSS warehouse to the MSDH ESF-8 Support Cell.

Coordinates with TARU, Security Lead, and RSS Site Manager via UC and/or NIMS.

Immediate:

- ☐ Activate and initiate call-down of RSS staff.
- ☐ Contact the designated RSS facility and request preparation for receipt of SNS assets.
- ☐ Receive briefing from MSDH ESF-8 Support Cell.
- ☐ Communicate with transportation security (DPS) regarding ETA of assets .
- ☐ Obtain proper RSS warehouse identification.
- ☐ Review RSS Operations Section of the MSDH Plan for Distribution of Mass Medical Materiels.
- ☐ Review site design layout in view of the current event situation and projected patient numbers.
- ☐ Identify areas for Receiving, Storage, Bulk storage, Staging, Shipping, and Repackaging.
- ☐ Provide office space for Inventory Management Team and TARU.
- ☐ Label areas with signs
- ☐ Determine tasks/activities needed for RSS warehouse facility.
- ☐ Determine staffing needs and acquire appropriate staff resources .
- ☐ Confirm activation of your direct reports.
    - Brief direct reports to establish chain of command.
    - Ensure all personnel are equipped for duty.
    - Distribute job action sheets and guidelines to review.
- ☐ Review site security, medication storage, and traffic flow patterns with Security Lead, Warehouse Liaison, RSS Site Manager, and Safety Lead.
- ☐ Prepare a briefing statement to be given to staff members.
    - Latest event information and environmental conditions.
    - Any hazards or threats to staff safety and health.
    - Shift considerations, and transition instructions to incoming staff .
    - Information flow and reporting requirements.
    - Review problem solving process and methods for establishing or changing priorities.
    - Determine hours of operation and work with staff reporting directly to you to provide staff coverage as needed.

Intermediate:

- ☐ Provide Situation Report to MSDH ESF-8 Support Cell as required.
- ☐ Alert MSDH ESF-8 Support Cell of any problems or needs that require their action.
- ☐ Determine distribution plan (in coordination with a licensed medical professional).
- ☐ Receive/validate orders for product from supported sites or receive patient counts from sites and determine needs based on treatment regimen.
- ☐ Apportion available product to sites if there is not enough product to fill all orders.

- ☐ Create pick lists and assign them to pickers.
- ☐ Set order fill priorities.
- ☐ Set order delivery priorities.
- ☐ Monitor RSS inventory for considerations of replenishment.
- ☐ Receive status updates from direct personnel reports.
- ☐ Problem solve any unresolved issues.
- ☐ Prepare a briefing statement, to be given to staff members at scheduled briefing(s) and at end of shift briefings:
    - Latest event information and environmental conditions.
    - Any hazards or threats to staff safety and health.
    - Shift considerations, and transition instructions to incoming staff.
    - Information flow and reporting requirements.
    - Review problem solving process and methods for establishing or changing priorities.
    - Determine hours of operation and work with staff reporting directly to you to provide staff coverage as needed.

Extended:

- ☐ Prepare end of shift report and present to oncoming RSS Task Force Leader (RSS State Lead).
- ☐ Ensure all records and reports are submitted to the MSDH ESF-8 Support Cell.
- ☐ Recover any unused assets from Dispensing Sites and Treatment Centers.
    - Coordinate and provide transportation to pick up assets.
    - Inspect asset conditions.
    - Coordinate the return of assets to DSNS and local stockpiles.

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Assistant Safety Officer for RSS

Reports to:

RSS Task Force Leader (RSS State Lead)

Mission:

Develop and recommend measures for assuring RSS personnel safety (including psychological and physical), and to assess and/or anticipate hazardous and unsafe situations.

Immediate:

- ☐ Receive appointment from Assistant Liaison Officer (Warehouse Liaison) for RSS.
- ☐ Obtain proper RSS warehouse identification.
- ☐ Read entire Job Action Sheet.
- ☐ Obtain a briefing from RSS Task Force Leader (RSS State Lead).
- ☐ Review IAP for safety implications.
    - Only persons qualified to operate forklifts, pallet jacks, or other warehouse equipment will offload materiels and/or relocate materiels within the warehouse.

Intermediate:

- ☐ Exercise emergency authority to stop and prevent unsafe acts.
- ☐ Keep all staff alert to the need to identify and report all hazards and unsafe conditions and ensure that all accidents involving personnel are investigated and actions and observations documented.
- ☐ Advise the RSS Task Force Leader (RSS State Lead) and Team/Unit Leads immediately of any unsafe, hazardous situation.
- ☐ Establish routine briefings with RSS Task Force Leader (RSS State Lead).

Extended:

- ☐ Observe all staff for signs of stress.
- ☐ Report issues to RSS Task Force Leader (RSS State Lead).
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Assistant Safety Officer for RSS.

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Assistant Liaison Officer for RSS

Reports to:

RSS Task Force Leader (RSS State Lead)

Mission:

Coordinates activites between public health personnel and contract warehouse personnel and normal operating procedures for the warehouse.

Immediate:

- ☐ Ensure warehouse cleared and prepared for set up of RSS operations.
- ☐ Obtain proper RSS warehouse identification.
- ☐ In coordination with the State RSS Lead and the RSS Site Manager.
    - Review site design layout in view of the current event situation and projected patient numbers
    - Identify areas for Receiving, Storage, Bulk storage, Staging, Shipping, and Repackaging.
    - Provide office space for Inventory Management Team and TARU.
    - Label areas with signs.
- ☐ Confirm activation of contracted warehouse personnel.
- ☐ Brief contracted warehouse personnel to establish chain of command.
    - Ensure all personnel are equipped for duty.
    - Distribute job action sheets and guidelines to review.

Intermediate:

- ☐ Determine contracted warehouse staffing needs and acquire appropriate staff resources.
- ☐ Determine tasks/activities needed for warehouse operation.
- ☐ Determine warehouse staff coverage needed.
- ☐ Provide necessary equipment and supplies to warehouse.
- ☐ Notify State RSS Lead of any problems or needs that require action .

Extended

- ☐ Monitor staff for fatigue and/or signs of stress.
- ☐ Problem-solve issues to ensure optimal coordination between warehouse staff and public health staff.

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Logistics Unit

Reports to:

RSS Task Force Leader (RSS State Lead)

Mission:

Organize, direct and coordinate those operations associated with maintenance of the physical environment (facilities), personnel deployment (movement) and provide for adequate levels of shelter and supplies to support the mission's objectives.

Immediate:

- ☐ Receive appointment from the RSS Task Force Leader (RSS State Lead).
- ☐ Read entire Job Action Sheet.
- ☐ Obtain briefing from RSS Task Force Leader (RSS State Lead), including Incident Action Plan (IAP).
- ☐ Obtain packet containing Unit's Job Action Sheets.
- ☐ Distribute the corresponding Job Action Sheets with incident specific tasks.
- ☐ Advise RSS Task Force Leader (RSS State Lead) on current logistical service and support status.

Intermediate:

- ☐ Obtain information and updates regularly from RSS Task Force Leader (RSS State Lead), Assistant Safety Officer for the RSS, and Assistant Liaison Officer for the RSS.
- ☐ Review IAP and estimate section needs for next operational period or shift.
- ☐ Obtain supplies as requested.

Extended:

- ☐ Maintain documentation of all actions and decisions on a continual basis.
- ☐ Participate in the development and execution of the demobilization and make recommendations to AIC as necessary.
- ☐ Observe all staff for signs of stress, report issues to Assistant Safety Officer for the RSS.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming RSS Task Force Leader (RSS State Lead) and Logistics Unit Lead.
- ☐ Plan for the possibility of extended deployment.

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Credentialing Crew

Reports to:

Logistics Unit

Mission:

Organize, direct and coordinate those operations associated with credentialing and provide for adequate levels of security through credentialing procedures.

Immediate:

- ☐ Receive appointment from the Logistics Unit.
- ☐ Read entire Job Action Sheet.
- ☐ Obtain briefing from RSS Task Force Leader (RSS State Lead), including Incident Action Plan (IAP).
- ☐ Notify credentialing group team, if applicable.
- ☐ Distribute credentials to pre-credentialed personnel upon verification of state-issued identification.
- ☐ Refer non-credentialed personnel to Security Officer for credentialing approval.

Intermediate:

- ☐ Maintain log to credentialed personnel on-site.
- ☐ Retrieve credentials from personnel upon their leaving the secured area.
- ☐ Notify Security Officer of security problems.
- ☐ Notify Logistics Unit of procedural problems.

Extended:

- ☐ Maintain documentation of all actions and decisions on a continual basis.
- ☐ Participate in the development and execution of the demobilization and make recommendations to AIC as necessary.
- ☐ Observe all staff for signs of stress, report issues to Assistant Safety Officer for the RSS.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Logistics Unit Lead and Credentialing Crew.
- ☐ Plan for the possibility of extended deployment.

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IT/Communications Crew

Reports to:

Logistics Unit

Mission:

Organize and coordinate IT asset support to ensure functioning of internal and external communications and data-related equipment.

Immediate:

- ☐ Read entire Job Action Sheet.
- ☐ Obtain briefing from Logistics Unit.
- ☐ Review Incident Action Plan (IAP).
- ☐ Communicate RSS telephone and fax numbers to the RSS Task Force Leader (RSS State Lead).
- ☐ Assess current status and inventory of the internal and external communication resources and make a list of work to be done.
- ☐ Provide RSS Task Force Leader (RSS State Lead) with a list of internal RSS contact numbers for the warehouse facility.
- ☐ Establish or maintain the system for receiving communication from external MSDH ESF-8 Support Cell.
- ☐ Provide RSS Task Force Leader (RSS State Lead) with a list of contact numbers for the MSDH ESF-8 Support Cell.

Intermediate:

- ☐ Maintain a log of all communication requests received and forward all new requests to Logistics Unit.
- ☐ Immediately report to the Logistics Unit issues that cannot be resolved with current resources.
- ☐ Work with MSDH ESF-8 Support Cell to facilitate hardware, equipment, and materials to produce communication products.
- ☐ Keep all communications equipment maintained and in working order.

Extended:

- ☐ Brief Logistics Unit about status of computers, communication requirements, and prepare report for oncoming Logistics Unit leader.
- ☐ Observe all staff for signs of stress, and report concerns to Logistics Unit.
- ☐ Document all actions, decisions and interventions.
- ☐ Plan for the possibility of extended deployment.

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Operations Strike Team

Reports to:

RSS Task Force Leader (RSS State Lead)

Mission:

Activate and coordinate any units that may be required to achieve the goals of the Incident Action Plan (IAP). Direct the preparation of specific unit operational plans and request, identify and dispatch resources as necessary.

Immediate:

- ☐ Receive appointment from RSS Task Force Leader in coordination with the Assistant Liaison Officer for the RSS.
- ☐ Read entire Job Action Sheet.
- ☐ Obtain briefing from RSS Task Force Leader (RSS State Lead).
- ☐ Brief all Operations Strike Team members on current situation.
- ☐ Layout the warehouse for receipt of SNS assets:
    - Identify areas for the Push Package, Bulk Storage, Receiving, Shipping Staging, and Repackaging.
    - Provide office space for RSS Section Chief, Inventory Control, and TARU.
    - Label areas with signs as needed.
- ☐ Communicate active status to RSS Task Force Leader (RSS State Lead) and Assistant Liaison Officer for the RSS.

Intermediate:

- ☐ Brief the RSS Task Force Leader (RSS State Lead) routinely on the status of the Operations Strike Team.
- ☐ Coordinate and monitor Operations Strike Team and available resources needed to achieve mission and request resources as needed.

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis.
- ☐ Observes all staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Operations Strike Team leader and RSS Task Force Leader.
- ☐ Plan for the possibility of extended deployment.

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Picking Unit Leader

Reports to:

Operations Strike Team Leader

Mission:

Organize, direct and coordinate those operations associated with picking materiel.

Immediate:

- ☐ Receive appointment from Operations Strike Team Leader.
- ☐ Read entire Job Action Sheet
- ☐ Brief all Operations Strike Team members on current situation

Intermediate:

- ☐ Obtain pick lists from Operations Strike Team Leader.
- ☐ Distribute pick lists to Pick Teams.
- ☐ Brief the Operations Strike Team Leader routinely on the status of the Picking Unit.
- ☐ Coordinate and monitor Pick Unit and available resources needed to achieve pick mission.

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis.
- ☐ Observes all staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Pick Unit Leader and Operations Strike Team Leader.
- ☐ Plan for the possibility of extended deployment.

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Picking Unit-Picker

Reports to:

Pick Unit Leader

Mission:

Pick materiel for distribution to delivery points.

Immediate:

- ☐ Go to the location indicated on the pick list :
  - If you are sent to an unopened container, break the seals with a quick snap or scissors/knife.
  - Pull the locking bars toward the center of the container. Use the strap to lift up and out from the bottom.
  - Remove the packing list and container layout from the front pocket and place them in the container.
  - Slide the container door to lean on the right side of the container.
- ☐ Select the required product.

Intermediate:

- ☐ The pick list will provide you with the item number and description of the product.
- ☐ If you don't see the product immediately, refer to the container layout to find where it is located.
- ☐ Check each carton to ensure you pick the right item (many look alike) and to see the lot number. Tell the Recorder the lots and expiration dates of the product selected.
- ☐ Tell the person picking the product needed and the quantity.
- ☐ Annotate the lot number and expiration date for every product selected on the pick sheet.
- ☐ When all pallets are picked for the order, label each pallet with its destination and assign a pallet number (1 of 1, 1of 3, 2 of 3…..).
- ☐ Verify that everything on the pick list is on a pallet for the order.
- ☐ Transport completed pallet to Quality Control.
- ☐ Leave pick list with Quality Control.
- ☐ Let quality assurance know that the order is complete.

Extended:

- ☐ Observes all staff for signs of stress.
- ☐ Plan for the possibility of extended deployment.

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Picking Unit-Recorder

Reports to:

Pick Unit Leader

Mission:

Record materiel picked for distribution to delivery points.

Immediate:

- ☐ Obtain pick list from the Pick Unit Leader.
- ☐ Go to the location indicated on the pick list .

Intermediate

- ☐ Tell the person picking the product needed and the quantity.
- ☐ Annotate the lot number and expiration date for every product selected on the pick sheet.
- ☐ When all pallets are picked for the order, label each pallet with its destination and assign a pallet number (1 of 1, 1of 3, 2 of 3…..).
- ☐ Verify that everything on the pick list is on a pallet for the order.
- ☐ Transport completed pallet to Quality Control.
- ☐ Leave pick list with Quality Control.
- ☐ Let quality assurance know that the order is complete.

Extended:

- ☐ Observes all staff for signs of stress.
- ☐ Plan for the possibility of extended deployment.

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Picking Unit-Stacker

Reports to:

Pick Unit Leader

Mission:

Stack materiel picked for distribution to delivery points.

Immediate:

- ☐ Go to the location indicated on the pick list:
  - If you are sent to an unopened container, break the seals with a quick snap or scissors/knife.
  - Pull the locking bars toward the center of the container. Use the strap to lift up and out from the bottom.
  - Remove the packing list and container layout from the front pocket and place them in the container.
  - Slide the container door to lean on the right side of the container.

Intermediate:

- ☐ Stack the pallet with the largest/heaviest cases on the base and work up. Restack, as needed. Do not let the product hang over the edge of the pallet and do not stack more than 4' high.
- ☐ If the pallet is full and more picks are required, move the pallet to the appropriate staging area and start again with another pallet.
- ☐ Label multiple pallets for one order as follows: 1 of 3, 2 of 3, 3 of 3, etc.
- ☐ Transport completed pallet to Quality Control.
- ☐ Leave pick list with Quality Control.
- ☐ Let quality assurance know that the order is complete.

Extended:

- ☐ Observes all staff for signs of stress.
- ☐ Plan for the possibility of extended deployment.

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Receiving Unit

Mission:

Provide overall supervision and control over receiving of SNS assets

Immediate:

- ☐ Obtain proper RSS Warehouse identification.
- ☐ Report to RSS Task Force Leader (RSS State Lead) for briefing.
- ☐ Review documents on receiving procedures.
- ☐ Determine staffing needs and request staff as needed.
- ☐ Brief direct reports and establish chain of command.
- ☐ Distribute job action sheets and documents to review.
- ☐ Review procedures for obtaining additional supplies, reporting security problems, reporting inventory issues, etc.
- ☐ Coordinate with Operations Unit for set up of Receiving Area.

Immediate:

- ☐ Supervise receiving of SNS materiel:
    - Ensure all incoming stock is inspected for quality and quantity.
    - Determine storage locations of received product.
    - Ensure that Inventory Control is informed of all received stock and its condition.
    - Sign Bill of Lading from delivery trucks. Annotate discrepancies, as required.
    - Assist in unloading, inspecting, and storage of stock.
- ☐ Correct any reported problems/issues in receiving operations.
- ☐ If problem cannot be corrected, report to RSS Site Manager.
- ☐ Brief incoming Receiving Area personnel at end of shift

Intermediate:

- ☐ Brief the Operations Strike Team leader routinely on the status of the Receiving Unit.
- ☐ Coordinate and monitor Receiving Unit and available resources needed to achieve mission and request resources as needed.

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis.
- ☐ Observes all staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Receiving Unit and Operations Strike Team leader.
- ☐ Plan for the possibility of extended deployment.

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Receiving Clerk I

Reports to:

Receiving Unit leader

Mission:

Receive and inspect materiel for quality and quantity.

Aid in preparation of materiel for storage within the RSS site.

Immediate:

- ☐ Obtain proper RSS Warehouse identification.
- ☐ Report to Receiving Area for briefing by Receiving Unit Leader.
- ☐ Review documents on receiving procedures.
- ☐ Review job action sheet.
- ☐ Obtain all required supplies for execution of duties.
- ☐ Review procedures for obtaining additional supplies, reporting security problems, reporting inventory issues, etc.
- ☐ Coordinate with Receiving Lead for set up of Receiving Area.

Intermediate:

- ☐ Inspect materiel for quality and quantity after the entire trailer has been offloaded.
- ☐ Inspect materiel on each pallet:
    - Call out item description and quantity to Receiving Clerk II.
    - Receiving Clerk III will call out BIN information for product; write BIN number on case or product, as appropriate.
    - With the aid of Receiving Clerk II and Receiving Clerk III, move item to designated area in Receiving Area as indicated by category.
    - If a carton looks damaged, open the carton to see if materiel is damaged.
    - Report damaged materiel to Receiving Clerk II.
- ☐ Sign and date all shipping documents.
- ☐ Problem-solve any problems/issues in receiving operations; if problem cannot be corrected, report to Receiving Lead.
- ☐ Assist other receiving clerks, as needed.

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis.
- ☐ Observes all staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Receiving Unit and Operations Strike Team Leader.
- ☐ Plan for the possibility of extended deployment.

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Receiving Clerk II

Reports to:

Receiving Unit leader

Mission:

Receive and inspect materiel for quality and quantity.

Aid in preparation of materiel for storage within the RSS site.

Immediate:

- ☐ Obtain proper RSS Warehouse identification.
- ☐ Report to Receiving Area for briefing by Receiving Lead.
- ☐ Review documents on receiving procedures.
- ☐ Review job action sheet.
- ☐ Obtain all required supplies for execution of duties.
- ☐ Review procedures for obtaining additional supplies, reporting security problems, reporting inventory issues, etc.
- ☐ Coordinate with Receiving Lead for set up of Receiving Area.

Intermediate:

- ☐ Retrieve from truck driver any documents accompanying shipment to be received by the RSS site.
- ☐ Notify Inventory Management that a truck has made a delivery.
- ☐ Review shipping documents for presence of controlled substances within the shipment:
    - If shipment contains controlled substances, notify the on-duty pharmacist for appropriate signature of receipt of controlled substances and safe storage..
    - Copy all documents identifying controlled substances and provide this copy to the on-duty pharmacist.
- ☐ Review shipping documents to determine if adequate detail provided to perform verification and reconciliation of product (i.e., itemized invoice and/or detailed BOL):
    - If shipping documents are not adequate to perform verification and reconciliation of product, obtain a copy of the master formulary to aid in receiving product.
- ☐ As Receiving Clerk I calls out item description and quantity, verify and/or reconcile inventory on shipment documents .
- ☐ With the aid of Receiving Clerk I, move item to designated area within Receiving Area as indicated by category
- ☐ Sign and date all shipping documents.
- ☐ Place all documents in the “Inventory Received” file.
- ☐ Problem-solve any problems/issues in receiving operations; if problem cannot be corrected, report to Receiving Lead.
- ☐ Assist other receiving clerks, as needed.

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis.
- ☐ Prepare end of shift report and present to oncoming Receiving Unit and Operations Strike Team leader .
- ☐ Plan for the possibility of extended deployment.

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Receiving Clerk III

Reports to:

Receiving Unit leader

Mission:

Receive and inspect materiel for quality and quantity.

Aid in preparation of materiel for storage within the RSS site.

Immediate:

- ☐ Obtain proper RSS Warehouse identification.
- ☐ Report to Receiving Area for briefing by Receiving Lead.
- ☐ Review documents on receiving procedures.
- ☐ Review job action sheet.
- ☐ Obtain all required supplies for execution of duties.
- ☐ Review procedures for obtaining additional supplies, reporting security problems, reporting inventory issues, etc.
- ☐ Coordinate with Receiving Lead for set up of Receiving Area.

Intermediate:

- ☐ Retain a copy of master inventory list for BIN information.
- ☐ As Receiving Clerk I calls out item description and quantity, call back BIN information.
- ☐ Transfer verified and categorized items from original pallets to new pallets according to category
- ☐ If qualified to operate warehouse equipment, new categorized pallets may be moved to temporary staging area within the Receiving Area;
  If not qualified to operate warehouse equipment, leave new categorized pallets in place until qualified person is notified.
- ☐ Problem-solve any problems/issues in receiving operations; if problem cannot be corrected, report to Receiving Lead.
- ☐ Assist other receiving clerks, as needed.

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis.
- ☐ Observes all staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Receiving Unit and Operations Strike Team Leader
- ☐ Plan for the possibility of extended deployment.

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QA/QC Unit

Reports to:

Operations Strike Team Leader

Mission:

Ensure SNS product picked and staged for shipping is accurate and in good condition.

Immediate:

- ☐ Obtain proper RSS Warehouse identification.
- ☐ Receive briefing by Operations Strike Team Leader.
- ☐ Review job action sheet.
- ☐ Obtain all required supplies for execution of duties.
- ☐ Review documents on QA/QC procedures.
- ☐ Review procedures for reporting and resolving discrepancies noted during execution of QA/QC duties.

Intermediate:

- ☐ Ensure that all pallets are validated for each order:
    - The pick list is with the pallet(s).
    - Quantities are correct; if not, work with Picking Unit Lead to correct.
    - Ensure that cases are in good condition and are properly stacked.
    - Pallet labeling is correct.
- ☐ Sign the pick list, keeping the QA/QC copy.
- ☐ Document number of boxes/cases/pallets of product to be shipped on Staging and Shipping Identifier.
- ☐ Wrap the cases on the pallet with stretch film.
- ☐ Notify Transportation Unit that order is ready for shipping.
- ☐ Report any problems to the Operations Strike Team Leader

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis.
- ☐ Observes all staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Operations Strike Team leader.
- ☐ Plan for the possibility of extended deployment.

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Transportation Unit

Reports to:

Operations Strike Team Leader

Mission:

Plan the best possible route for distribution of SNS assets from the RSS site to dispensing sites (treatment centers, PODs, other dispensing sites) under existing circumstances for all required trips, and may provide written driving instructions for drivers.

Immediate:

- ☐ Obtain proper RSS Warehouse identification.
- ☐ Receive briefing by Operations Strike Team Leader.
- ☐ Review job action sheet
- ☐ Obtain all required supplies for execution of duties.
- ☐ Review trips via electronic mapping systems or manual atlas/maps material under current road/traffic conditions.
- ☐ Determine most appropriate shipping routes to dispensing sites

Intermediate:

- ☐ When notified by Quality Control that an order is ready to ship:
    - Confirm availability of carrier.
    - Oversee loading of shipment onto truck.
- ☐ Work with warehouse shipping staff:
    - Ensure trailer is chocked prior to entry of any personnel.
    - Notify carriers of transportation requirements.
    - Provide drivers with maps/driving instructions.
    - Get an estimated time of delivery from the driver and note on pick list.
    - Confirm that truck is sealed/secure
- ☐ When shipment is underway, notate time of departure on pick list.
- ☐ Return original pick list to IMS Unit.
- ☐ Report any problems to the Operations Strike Team Leader.

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis.
- ☐ Observes all staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Operations Strike Team Leader
- ☐ Plan for the possibility of extended deployment.

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Repackaging Team

Reports to:

Operations Strike Team Leader

Mission:

Organize, direct and coordinate those operations associated with repackaging SNS bulk pharmaceuticals.

Organize, direct and coordinate those operations associated with compounding oral suspensions.

Immediate:

- ☐ Obtain proper RSS Warehouse identification.
- ☐ Receive briefing by Operations Strike Team Leader.
- ☐ Review job action sheet.
- ☐ Obtain all required supplies for execution of duties
- ☐ Review repackaging methodologies and receive any required just-in-time training from the CDC TARU.
- ☐ Review compounding methodologies, as appropriate.
- ☐ Determine staffing needs and acquire appropriate staff resources.
- ☐ Confirm activation of your direct reports.
    - Brief direct reports to establish chain of command.
    - Ensure all personnel are equipped for duty.
    - Review safety protocols.
    - Distribute job action sheets and guidelines to review.

Intermediate:

- ☐ Coordinate and monitor repackaging and compounding activities and available resources needed to achieve mission and request resources as needed.
- ☐ Brief the Operations Strike Team routinely on the status of repackaging or compounding efforts.
- ☐ Update IMS Unit routinely on repackaging or compounding inventory data.
- ☐ Perform QA/QC of pharmaceuticals.
- ☐ Report any problems to Operations Branch Manager.

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis
- ☐ Observes all staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Repackaging Team and Operations Strike Team Leader.
- ☐ Plan for the possibility of extended deployment.

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Inventory Management System (IMS) Unit

Reports to:

RSS Task Force Leader (RSS State Lead)

Mission:

Organize, direct and coordinate those operations associated with inventory systems used for distribution of SNS assets.

Immediate:

- ☐ Obtain proper RSS Warehouse identification.
- ☐ Receive briefing by RSS Task Force Leader (RSS State Lead).
- ☐ Review job action sheet.
- ☐ Obtain all required supplies for execution of duties.
- ☐ Familiarize self with core data elements and redundant inventory systems methodologies.
- ☐ Determine staffing needs and acquire appropriate staff resources .
- ☐ Confirm activation of your direct reports.
    - Brief direct reports to establish chain of command.
    - Ensure all personnel are equipped for duty.
    - Distribute job action sheets and guidelines to review.

Intermediate:

- ☐ Coordinate and monitor inventory systems activities needed to achieve mission and request resources as needed.
- ☐ Brief the RSS Task Force Leader (RSS State Lead) routinely on the status of inventory systems activities.
- ☐ Report any problems to the RSS Task Force Leader (RSS State Lead)

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis.
- ☐ Observes all staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming IMS Unit Leader and RSS Task Force Leader (RSS State Lead).
- ☐ Plan for the possibility of extended deployment.

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Database Crew

Reports to:

IMS Unit Leader

Mission:

To maintain inventory systems database.

Immediate:

- ☐ Obtain proper RSS Warehouse identification.
- ☐ Receive briefing by IMS Unit Leader.
- ☐ Review job action sheet.
- ☐ Obtain all required supplies for execution of duties.
- ☐ Familiarize self with core data elements and redundant inventory systems methodologies.
- ☐ Assist Inventory Crew and IMS Unit Leader in setting up SNS materiel inventory database.

Intermediate:

- ☐ Assist Inventory Crew and IMS Unit Leader in maintaining SNS materiel inventory database.
- ☐ Provide support to Inventory Crew, as needed.
- ☐ Request additional supplies if needed.

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis.
- ☐ Observes all staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming IMS Unit Leader
- ☐ Plan for the possibility of extended deployment.

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Inventory Crew

Reports to:

IMS Unit Leader

Mission:

To operate inventory systems for distribution of SNS materiel.

Immediate:

- ☐ Obtain proper RSS Warehouse identification.
- ☐ Receive briefing by IMS Unit Leader.
- ☐ Review job action sheet.
- ☐ Obtain all required supplies for execution of duties.
- ☐ Familiarize self with core data elements and redundant inventory systems methodologies.
- ☐ Assist Database Crew and IMS Unit Leader in setting up SNS materiel inventory systems.

Intermediate:

- ☐ Load all receipt data into database when file is received from TARU Logistics Lead.
- ☐ Create four part pick lists, keeping one copy and sending three to pick team. Pick list should include, at a minimum:
    - Shipping address and point of contact, with telephone number.
    - Quantity field, for recording number of pallets.
    - Description of "medical supplies".
    - Comments that the MSDH EOC should be notified by dispensing site upon receipt of delivery.
- ☐ Indicate order fill priorities as set by IMS Unit Leader and RSS Task Force Leader (RSS State Lead).
- ☐ Notify Picking Unit when pick list is ready.
- ☐ Maintain current inventory counts.
- ☐ Receive direction on apportionment/reorders from IMS Unit Leader in conjunction with the RSS Task Force Leader (RSS State Lead).
- ☐ Notify IMS Unit Leader of problems.

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis.
- ☐ Observes all staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming IMS Unit Leader.
- ☐ Plan for the possibility of extended deployment.

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Data Entry Crew

Reports to:

IMS Unit Leader

Mission:

Accurately enter SNS inventory data.

Immediate:

- ☐ Obtain proper RSS Warehouse identification
- ☐ Receive briefing by IMS Unit Leader.
- ☐ Review job action sheet.
- ☐ Familiarize self with core data elements and redundant inventory systems methodologies.
- ☐ Obtain all required supplies for execution of duties.
- ☐ Enter information into inventory system in use during the event. Should an electronic system be unavailable, hand-tabulate data from paper records.

Intermediate:

- ☐ Enter supplemental data as needed.
- ☐ Check data accuracy.
- ☐ Immediately report any data or fields that seem unusual to the IMS Unit Leader.
- ☐ Provide support to Inventory Crew, as needed.
- ☐ Request additional supplies if needed.

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis.
- ☐ Observe all staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming IMS Unit Leader.
- ☐ Plan for the possibility of extended deployment.

8. POD Job Action Sheets

A. POD Strike Team Leader

B. B. Strike Team Public Information Officer

C. C. Strike Team Safety Officer

D. D. Strike Team Liaison

E. E. Dispensing Unit Lead

1. 1. Pre-Dispensing Crew-Lead
    a. Triage Crew Lead
    b. Triage Crew
    c. Clinical Evaluation-Lead
    d. Clinical Evaluation Crew
    e. Forms Pick-up-Lead
    f. Forms Pick-up Crew
    g. Special Needs Lead
    h. Special Needs Crew
    i. Information Area-Lead
    j. Information Area Crew
    k. Forms Review-Lead
    l. Forms Review Crew
    m. Patient Flow Assistants
2. Medication Pick-up Weigh Station
    a. Medication Pick-up Tables –Determine Dosage Regimen/Pick-up Medication-Lead
    b. Medication Pick-up Tables-Determine Dosage Regimen/Pick-up Medication-Crew
    c. Medication Tables-Vaccinator-Lead
    d. Pharmacy-Lead
    e. Pharmacy-Crew

f. Exit-Lead

g. Exit-Crew

F. Planning Unit- Lead

a. Resource Lead

b. Data Entry Lead

c. Data Entry Crew

d. Volunteer Coordinator

G. Logistics Unit-Lead

a. Communications Crew Lead

b. Communications Crew

c. Credentialing Crew Lead

d. Credentialing Crew

e. Transportation

f. Site Supply Lead

g. First Aid Lead

h. POD Assistants

i. POD Runners

H. Finance/Administration Lead

a. Time Unit Leader

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POD Strike Team Leader (Operations Manager)

Reports to:

SNS Technical Task Force

Mission:

To efficiently organize and direct all operations at the dispensing site for the mass distribution of drugs/vaccine to protect the public from a biological threat. Coordinate with the County EOC and the ESF-8 Support Cell

Immediate:

- ☐ Receive briefing from SNS Technical Task Force.
- ☐ Review Dispensing Site Operations Plan [Mass Prophylaxis Plan/Medical Protocols/Standing Orders for adults and pediatrics].
- ☐ Review POD Incident Accident Plan (IAP).
- ☐ Review POD Org. Chart and be familiar with section duties.
- ☐ Review site design layout in view of the current event situation and projected patient numbers, including staff health and safety considerations.
- ☐ Review site security, medication storage, and traffic flow patterns with Strike Team Safety Officer, Logistics Unit and security.
- ☐ Determine staffing needs and acquire appropriate staff resources; implement personnel activations.
- ☐ Confirm activation of your direct reports; distribute Job Action Sheets and provide briefing to EOC staff and Command Staff.
- ☐ Prepare a briefing statement, to be given to staff members at scheduled briefing(s).
- ☐ Notify SNS Technical Task Force when dispensing site ready to accept patients.
- ☐ Establish interface with local officials.

Intermediate:

- ☐ Review and establish supply requisition process with Logistics Unit.
- ☐ Monitor dispensing site activities.
- ☐ As event winds down, begin to initiate demobilization procedures.
- ☐ Perform inventory check and procedures to assure SNS asset return.
- ☐ Ensure that all records and reports are turned in to the SNS Technical Task Force Unit.

Extended:

- ☐ Designate a scribe to maintain documentations for all actions and decisions on a continual basis.
- ☐ Observe staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming POD Strike Team Leader.
- ☐ Plan for the possibility of extended deployment.

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Strike Team Public Information Officer

Reports to:

POD Strike Team Leader (POD Operations Manager)

Mission:

To provide accurate and timely information to various stakeholder groups as appropriate to the event situation.

Immediate:

- ☐ Receive Job Action Sheet and briefing from POD Strike Team Leader (POD Operations Manager).
- ☐ Review Job Action Sheet and be familiar with duties.
- ☐ Review POD Incident Action Plan.
- ☐ Review POD Org. Chart and be familiar with section duties.
- ☐ Establish time schedule for operational briefings, and conduct as scheduled.
- ☐ Brief all personnel on media policy.
- ☐ Assist local government in briefing officials and media, as appropriate.
- ☐ Brief security personnel and greeters on media handling procedures.
- ☐ Identify groups and populations that will need specific information.

Intermediate:

- ☐ Liaison and coordinate media activities/information releases with the County EOC PIO and MDH ESF-8 Support Cell PIO.
- ☐ Provide media statements and answer questions as directed by local/state PIOs.
- ☐ Document all media contacts and submit documentation to POD Strike Team Leader (POD Operations Manager) and MDH ESF-8 Support Cell PIO.
- ☐ Keep POD Strike Team Leader (POD Operations Manager) informed regarding press releases.

Extended:

- ☐ Maintain documentation for all actions and decisions on a continual basis.
- ☐ Observe staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming IMS Unit Leader.
- ☐ Plan for the possibility of extended deployment.

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Strike Team Safety Officer

Reports to:

POD Strike Team Leader (POD Operations Manager)

Mission:

Develop and recommend measures for assuring POD personnel safety (including psychological and physical), and to assess and/or anticipate hazardous and unsafe situations.

Immediate:

- ☐ Receive Job Action Sheets and briefing from POD Strike Team Leader (POD Operations Manager).
- ☐ Review Job Action Sheet and be familiar with duties.
- ☐ Review POD Org. Chart and be familiar with section duties.
- ☐ Review POD Incident Action Plan (IAP) for safety implications.
- ☐ Perform safety assessment
- ☐ Complete ICS Safety Assessment Form.

Intermediate:

- ☐ Exercise emergency authority to stop and prevent unsafe acts.
- ☐ Provide Safety briefing for POD staff.
- ☐ Keep all staff alert to the need to identify and report all hazards and unsafe conditions and ensure that all accidents involving personnel are investigated and actions and observations documented.
- ☐ Advise the POD Strike Team Leader (POD Operations Manager) and Team/Unit Leads immediately of any unsafe, hazardous situation.
- ☐ Establish routine briefings with POD Strike Team Leader (POD Operations Manager).

Extended:

- ☐ Observe all staff for signs of stress.
- ☐ Report issues to POD Strike Team Leader (POD Operations Manager).
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Strike Team Safety Officer.

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Strike Team Liaison

Reports to:

POD Strike Team Leader (POD Operations Manager)

Mission:

Function as contact person for representatives from other agencies and organizations.

Immediate:

- ☐ Receive Job Action Sheet and briefing from POD Strike Team Leader (POD Operations Manager).
- ☐ Review Job Action Sheet and be familiar with duties.
- ☐ Review POD Incident Action Plan (IAP).
- ☐ Review POD Org. Chart and be familiar with section duties.
- ☐ Establish contact with liaison counterparts of each assisting and cooperating agency.
- ☐ Keep the POD Strike Team Leader (POD Operations Manager) and other agencies and organizations updated on changes in POD response to the incident.

Intermediate:

- ☐ Respond to requests and complaints from personnel regarding inter-agency issues.
- ☐ Relay any special information obtained to appropriate personnel in other agencies and organizations (e.g., safety information).
- ☐ Keep agencies and organizations supporting POD operations aware of the incident status and POD operations status.
- ☐ Monitor the incident to identify current or potential inter-organizational problems.

Extended

- ☐ Maintain a list of all assisting agencies including their resource availability.
- ☐ Monitor staff for fatigue and/or signs of stress, report to Strike Team Safety Officer.
- ☐ Prepare end of shift report and present to oncoming Strike Team Liaison.
- ☐ Plan for the possibility of extended deployment.

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Dispensing Unit Leader (Dispensing and Treatment Manager)

Reports to:

POD Strike Team Leader (POD Operations Manager)

Mission:

To organize and direct all aspects relating to the Dispensing Unit, and to ensure the dispensing of prophylaxis medications is carried out in an efficient and effective manner.

Immediate:

- ☐ Receive Job Action Sheets and briefing from POD Strike Team Leader (POD Operations Manager).
- ☐ Review POD Incident Action Plan (IAP).
- ☐ Review organizational chart and be familiar with section duties.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Confirm activation of your direct reports; distribute Job Action Sheets to Section Leads.
- ☐ Provide initial briefing to direct reports
- ☐ Verify credentials/staff identification.
- ☐ Collaborate with the POD Strike Team Leader (POD Operations Manager) to ensure POD is physically set up correctly and supplies are available for each work area.
- ☐ Review patient information sheets to ensure correctness.
- ☐ Ensure sufficient medications are available on-site.
- ☐ Ensure that PPE is available for staff.

Intermediate:

- ☐ Participate in staff briefing(s) as scheduled by the POD Strike Team Leader (POD Operations Manager).
- ☐ Maintain log; document all actions and decisions.
- ☐ Ensure consistency in information provided to clients at all stations.
- ☐ Monitor patient flow patterns and work to correct any problems.
- ☐ Ensure that proper documentation is maintained for all activities.
- ☐ Ensure that forms are counted at designated intervals to determine the number of clients processed and medication dispensed.
- ☐ Ensure that PPE guidelines are followed.

Extended:

- ☐ Perform end of shift report to oncoming shift team.
- ☐ Perform daily and/or end of shift count of supplies.
- ☐ Monitor staff for fatigue and/or signs of stress, report to Strike Team Safety Officer.
- ☐ Review and confirm staffing levels for next day or shift.
- ☐ Ensure that all records and reports are turned in to the POD Strike Team Leader (POD Operations Manager).
- ☐ Participate in After Action Review meetings, as required.
- ☐ Plan for the possibility of extended deployment.

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Pre-Dispensing Crew Leader

Reports to:

Dispensing Unit Leader

Mission:

To organize and direct all aspects relating to the Pre-Dispensing Crew, and to ensure that all aspects of the pre-dispensing of medications/vaccinations are carried out in an efficient and effective manner.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Dispensing Unit Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide Job Action Sheets and briefing to direct reports.
- ☐ Collaborate with the Dispensing Unit Leader to ensure POD is physically set up correctly and supplies are available for each work area.
- ☐ Ensure that Triage area is set up and is fully operational.
- ☐ Ensure that Clinical Evaluation area is physically set up and ready for operations.
- ☐ Ensure that Forms Pick-up area has been appropriately set up and is fully operational.
- ☐ Ensure that Special Needs area is properly set up and is fully operational.
- ☐ Ensure that Information area is properly set up and is fully operational.
- ☐ Ensure that Forms Review area is properly set up and is fully operational.
- ☐ Review patient information sheets to ensure correctness.
- ☐ Ensure that Patient Flow Assistants have been briefed on how to effectively direct patient flow.
- ☐ Ensure that PPE is available for staff.

Intermediate:

- ☐ Consult with section leads to monitor clinic flow.
- ☐ Ensure that Incident Report Forms are fully completed and submitted to Dispensing Unit Lead .
- ☐ Ensure consistency in information provided to clients at all stations
- ☐ Monitor Triage area and provide assistance as needed.
- ☐ Monitor patient flow patterns and work to correct any problems
- ☐ Monitor crowd control system (cones, ropes, etc.) and ensure patient flow is optimal.
- ☐ Monitor Special Needs area and provide assistance as needed
- ☐ Monitor Information/Educational area to ensure all patients have received adequate education on specific agent and treatment.
- ☐ Monitor Forms Review section and provide assistance as needed.
- ☐ Ensure that proper documentation is maintained for all activities.
- ☐ Ensure that PPE guidelines are followed appropriately.

Extended:

- ☐ Perform end of shift report to oncoming Pre-dispensing Crew Lead.
- ☐ Perform daily and/or end of shift count of supplies.
- ☐ Observe staff and patients for signs of stress/
- ☐ Review and confirm staffing levels for next day or shift.
- ☐ Participate in After Action Review meetings, as required.
- ☐ Plan for the possibility of extended deployment.

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Triage Crew Lead

Reports to:

Pre-Dispensing Unit Lead

Mission:

To screen individuals for symptoms that may be related to a bioterrorism agent or communicable disease of threat.

To screen individuals with urgent medical problems that may or may not be related to a bioterrorism agent.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Pre- Dispensing Unit Lead.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide Job Action Sheets and briefing to direct reports.
- ☐ Ensure that screening/triage site is physically set up and ready for operations.
- ☐ Review and familiarize self with POD surroundings.
- ☐ Review questions for screening based on agent-specific information.
- ☐ Review personal protection equipment guidelines.
- ☐ Ensure appropriate PPE is available.

Intermediate:

- ☐ Screen all persons using agent-specific information.
- ☐ Ensure consistency in information provided to clients.
- ☐ Ensure that PPE is available guidelines for use are followed.
- ☐ Monitor patient flow patterns and work to correct any problems.
- ☐ Prevent ill persons from entering clinic.
- ☐ Provide early alert to Dispensing Unit Lead of situations that may require security staff.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Pre-dispensing Unit Lead.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Triage Crew Lead.

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Triage Crew

Reports to:

Pre-dispensing- Triage Crew Lead

Mission:

To screen individuals for symptoms that may be related to a bioterrorism agent or communicable disease of threat.

To screen individuals with urgent medical problems that may or may not be related to a bioterrorism agent.

Immediate:

- ☐ Receive Job Action Sheet and briefing from Triage Crew Lead.
- ☐ Review Job Action Sheet and be familiar with duties.
- ☐ Assist in the set-up of Triage area to ensure area is fully operational.
- ☐ Review and familiarize self with POD surroundings.
- ☐ Review questions for screening based on agent-specific information.
- ☐ Review personal protection equipment guidelines.

Intermediate:

- ☐ Screen all persons using agent-specific information.
- ☐ Follow guidelines for use of PPE.
- ☐ Ensure consistency in information provided to clients.
- ☐ Prevent ill persons from entering clinic.
- ☐ Provide early alert to Triage Crew Lead of situations that may require security staff.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Triage Crew Lead.
- ☐ Provide rest periods and relief for staff.

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Clinical Evaluation Lead

Reports to:

Pre-Dispensing Crew Leader

Mission:

To evaluate individual's symptoms that may be related to a bioterrorism agent or communicable disease of threat. To evaluate individuals with urgent medical problems that may or may not be related to a bioterrorism agent.

If after evaluation, it is determined that the individual has clinical symptoms of a potential biological agent, he/she will be instructed to report to or be transported to a designated regional bioterrorism hospital. The Physician Referral Form should be completed, one copy given to the individual to present to their physician, and a second copy retained at the dispensing site for future follow-up. Persons with other urgent medical conditions NOT related to a potential biological agent may be transported to one of the designated support hospitals or, if deemed appropriate, directed to the Information Area to complete the process for receipt of prophylactic medications/vaccination.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Pre-Dispensing Crew Leader
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide Job Action Sheets and Section Briefing to Clinical Evaluation Crew.
- ☐ Review agent-specific medical information.
- ☐ Review emergency procedures, standing orders, protocols, and incident report forms.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Ensure that clinical evaluation station site is physically set up and ready for operations.
- ☐ Ensure that emergency transportation is on stand-by status.
- ☐ Review communications procedure with Pre-Dispensing Crew Leader and transport team to ensure notification for emergency transport, if indicated.
- ☐ Review personal protection equipment.
- ☐ Ensure appropriate PPE is available.

Intermediate:

- ☐ Inventory and restock emergency supplies.
- ☐ Ensure PPE guidelines are followed.
- ☐ Ensure that individuals/personnel receive appropriate emergency treatment/care and are referred for medical consultation or follow-up per emergency procedures/protocols.
- ☐ Provide early alert to Pre-Dispensing Crew Leader of situations that may require security staff.
- ☐ Ensure that incident report forms are fully completed and submitted to Pre-Dispensing Crew Leader.
- ☐ Maximize privacy of ill/injured individuals/staff.
- ☐ Report any accidental exposures (blood-borne or otherwise as per event characteristics) to the Pre-Dispensing Crew Leader.

Extended:

- ☐ Ensure collection of all paperwork and turn in to Dispensing Unit Leader.
- ☐ Identify issues for the After Action Report.

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Clinical Evaluation Crew

Reports to:

Clinical Evaluation Crew Leader

Mission:

To evaluate individual's symptoms that may be related to a bioterrorism agent or communicable disease of threat. To evaluate individuals with urgent medical problems that may or may not be related to a bioterrorism agent.

If after evaluation, it is determined that the individual has clinical symptoms of a potential biological agent, he/she will be instructed to report to or be transported to a designated regional bioterrorism hospital. The Physician Referral Form should be completed, one copy given to the individual to present to their physician, and a second copy retained at the dispensing site for future follow-up. Persons with other urgent medical conditions NOT related to a potential biological agent may be transported to one of the designated support hospitals or, if deemed appropriate, directed to the Information Area to complete the process for receipt of prophylactic medications/vaccination.

Immediate:

- ☐ Receive JAS, appointment and briefing from Clinical Evaluation Crew Leader.
- ☐ Review agent-specific medical information.
- ☐ Review emergency procedures, standing orders, protocols, and incident report forms.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Ensure that clinical evaluation station site is physically set up and ready for operations.
- ☐ Ensure that emergency transportation is on stand-by status.
- ☐ Review communications procedure with Clinical Evaluation Crew Leader and transport team to ensure notification for emergency transport, if needed.
- ☐ Review personal protection equipment and proper use.

Intermediate:

- ☐ Inventory and restock emergency supplies.
- ☐ Ensure that individuals/personnel receive appropriate emergency treatment/care and are referred for medical consultation or follow-up per emergency procedures/protocols.
- ☐ Provide early alert to Clinical Evaluation Crew Leader of situations that may require security staff.
- ☐ Ensure that incident report forms are fully completed and submitted to Clinical Evaluation Crew Leader.
- ☐ Maximize privacy of ill/injured individuals/staff.
- ☐ Report any accidental exposures (blood-borne or otherwise as per event characteristics) to the Clinical Evaluation Crew Leader.

Extended:

- ☐ Ensure collection of all paperwork and turn in to Clinical Evaluation Crew Leader.
- ☐ Identify issues for the After Action Report.

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Forms Pick-Up Lead

Reports to:

Pre-Dispensing Crew Leader

Mission:

Provide written materials and consent forms (in the appropriate language) and direct persons to Information Area.

Immediate:

- ☐ Receive Job Action Sheest and briefing from Pre-Dispensing Crew Leader.
- ☐ Review Job Action Sheets and be familiar with duties
- ☐ Provide Job Action Sheets and section briefing for Forms Pick-up Crew.
- ☐ Assign Runners and Patient Flow Assistants to designated area.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break room.
- ☐ Ensure all forms available at station.
- ☐ Ensure that Forms Pick-Up area has been appropriately set-up and is operational
- ☐ Ensure crowd control system (cones, ropes, etc.) is set up and allows for optimal patient flow.
- ☐ Ensure that PPE equipment is available.

Intermediate:

- ☐ Instruct individuals that forms are to be completed for everyone who is to receive prophylactic antibiotic treatment/vaccination. Forms may be filled out by the individual, the representative of other household member(s), or the representative of those who cannot come to a dispensing site.
- ☐ Distribute a sufficient number of information materials.
- ☐ Conduct initial orientation of clinic/dispensing functions:
- ☐ Explain clinic process.
- ☐ Explain clinic documents.
- ☐ Answer general clinic questions (entrances, exits, parking, bathroom locations, etc.).
- ☐ Direct individual to Patient Flow assistant for assistance to Information Area.
- ☐ Notify the Dispensing and Treatment Manager regarding individual special needs, concerns, or problems.
- ☐ Know the estimated length of time an average patient will spend at the center.
- ☐ Keep the Pre-Dispensing Crew Leader informed of the numbers of individuals waiting, to keep clinic flow moving
- ☐ Ensure that PPE guidelines are followed..
- ☐ Provide basic information about the medication and dispensing process; refer all medical questions to the Pre-Dispensing Crew Leader.
- ☐ Report any security/safety issues immediately to the Pre Dispensing Crew Leader. Document incidents appropriately.
- ☐ Keep waiting and work station areas clean and organized.

Extended:

- ☐ Observe all staff POD patients for signs of stress.
- ☐ Report issues to Pre-Dispensing Crew Leader.
- ☐ Provide rest periods and relief for staff.

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Forms Pick-Up Crew

Reports to:

Forms Pick-up Crew Leader

Mission:

Provide written materials and consent forms (in the appropriate language) and direct persons to Information Area.

Immediate:

- ☐ Receive Job Action Sheet and briefing from Forms Pick-up Crew Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break room.
- ☐ Assist in ensuring all forms are available at station.
- ☐ Assist with set-up of Forms Pick-Up area as requested by Forms Pick-up Crew Leader
- ☐ Assist in ensuring crowd control system (cones, ropes, etc.) is set up to ensure optimal patient flow.

Intermediate:

- ☐ Instruct individuals that forms are to be completed for everyone who is to receive prophylactic antibiotic treatment/vaccination. Forms may be filled out by the individual, the representative of other household member(s), or the representative of those who cannot come to a dispensing site.
- ☐ Follow PPE guidelines.
- ☐ Distribute a sufficient number of information materiels.
- ☐ Conduct initial orientation of clinic/dispensing functions:
- ☐ Explain clinic process.
- ☐ Explain clinic documents.
- ☐ Answer general clinic questions (entrances, exits, parking, bathroom locations, etc.).
- ☐ Direct individual to Patient Flow assistant for assistance to Information Area.
- ☐ Notify the Forms Pick-up Crew Leader regarding individual special needs, concerns, or problems.
- ☐ Know the estimated length of time an average patient will spend at the center.
- ☐ Keep the Forms Pick-up Crew Leader informed of the numbers of individuals waiting, to keep clinic flow moving.
- ☐ Provide basic information about the medication and dispensing process; Instruct that medical questions will be addressed by medical staff at designated stations in the POD.
- ☐ Report any security/safety issues immediately to the Forms Pick-up Crew Leader. Document incidents appropriately.
- ☐ Keep waiting and work station areas clean and organized.

Extended:

- ☐ Observe staff POD patients for signs of stress.
- ☐ Report issues to Forms Pick-up Crew Leader.

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Special Needs Crew Leader

Reports to:

Pre-Dispensing Crew Leader

Mission:

To assist clients with special needs by providing special counseling and support, assisting clients with physical disabilities and providing interpretation services as needed.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Pre-Dispensing Crew Leader.
- ☐ Review Job Action Sheets and be familiar with duties
- ☐ Provide Job Action Sheets and Section Briefing to Special Needs Crew.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Ensure that the Special Needs area is properly set up and ready for operation.
- ☐ Ensure that PPE is available.
- ☐ Assign Special Needs staff to their appropriate duty.
- ☐ Provide Special Needs staff with a packet of educational materials for reference.
- ☐ Ensure that all forms and educational material are reviewed to enable easier interpretation.

Intermediate:

- ☐ Ensure availability of private area to assist clients if needed.
- ☐ Ensure that PPE guidelines are followed.
- ☐ Ensure that counseling, support, education and therapeutic intervention are provided as needed. Refer to outside sources of support as necessary.
- ☐ Ensure that interpretation services are provided as needed. Provide translation of forms and materials, if possible.
- ☐ Assure that clients have assistance completing necessary forms as needed.
- ☐ Ensure that patients with physical disabilities are assisted as needed. Communicate any equipment needs (wheel chairs, etc) to the Pre-Dispensing Crew Leader.
- ☐ Ensure that all equipment is returned to the designated location.
- ☐ Provide and early alert to Pre-Dispensing Lead of situations that may require security staff.

Extended:

- ☐ Ensure collections of all records and reports and return them to the Pre-Dispensing Lead.

Identify issues for the After Action Report.

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Special Needs Crew

Reports to:

Special Needs Crew Leader

Mission:

To assist clients with special needs by providing special counseling and support, assisting clients with physical disabilities and providing interpretation services as needed.

Immediate:

- ☐ Receive Job Action Sheet and briefing from Special Needs Crew Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Assist in the set up of the Special Needs area as requested by Special Needs Crew Leader.
- ☐ Review Educational Packet provided for reference.
- ☐ Ensure that all forms and educational material are reviewed to enable easier interpretation.

Intermediate:

- ☐ Provide a private area to assist clients if needed.
- ☐ Follow guidelines for PPE use.
- ☐ Provide counseling, support, education and therapeutic intervention as needed. Refer to outside sources of support as necessary.
- ☐ Maintain all records of referrals, incidents and other documentation.
- ☐ Provide interpretation services as needed. Provide translation of forms and materials, if possible.
- ☐ Assist clients with completing necessary forms as needed.
- ☐ Assist patients with physical disabilities as needed. Communicate any equipment needs (wheel chairs, etc) to the Special Needs Crew Leader.
- ☐ Return all equipment to the designated location.
- ☐ Provide and early alert to Special Needs Crew Leader of situations that may require security staff.

Extended:

- ☐ Ensure collections of all records and reports and return them to the Special Needs Crew Lead.
- ☐ Identify issues for the After Action Report.

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Information/Education Area Crew Leader

Reports to:

Pre-Dispensing Crew Leader

Mission:

Reinforce the key messages; ensure that individuals have information materiels, and answer appropriate questions as needed.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Pre-Dispensing Crew Leader.
- ☐ Provide Job Actions Sheets and briefing to Information/Education Area Crew.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Review all educational materiels and be familiar with all of the information.
- ☐ Provide Information/Education Area staff with a packet of all printed educational material for reference.
- ☐ Ensure that PPE is available.

Intermediate:

- ☐ Ensure each individual is provided with adequate information concerning his or her prophylaxis or treatment regimens.
- ☐ Ensure that individuals are educated on communicable disease threat or bioterrorism agent-specific signs/symptoms:
- ☐ What to expect from the medications.
- ☐ Signs/symptoms of adverse effects from the medications.
- ☐ When to seek medical care.
- ☐ Ensure individuals have all required forms.
- ☐ Ensure that Information/Education staff assists in completion of forms, if necessary.
- ☐ Ensure that any questions/concerns the individual may have are answered appropriately.
- ☐ Ensure that individuals are provided contact/phone numbers for concerns or to report reactions.
- ☐ Ensure that PPE guidelines are followed.
- ☐ Report any significant health trends in departing patients to Pre-Dispensing Crew Leader.
- ☐ Provide early alert to Pre-Dispensing Crew Leader of situations that may require security staff.

Extended:

- ☐ Observe all staff POD patients for signs of stress.
- ☐ Report issues to Pre-Dispensing Crew Leader.
- ☐ Provide rest periods and relief for staff.

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Information/Education Area Crew

Reports to:

Information/Education Crew Leader

Mission:

Reinforce the key messages; ensure that individuals have information materiels, and answer appropriate questions as needed.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Information/Education Crew Leader.
- ☐ Review Job Actions Sheets and be familiar with duties.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Review all educational materiels and be familiar with all of the information.
- ☐ Review packet of all printed educational material for reference.

Intermediate:

- ☐ Provide each individual with adequate information concerning his or her prophylaxis or treatment regimens.
- ☐ Provide education to each individual on the communicable disease threat and bioterrorism agent-specific signs/symptoms:
    - What to expect from the medications.
    - Signs/symptoms of adverse effects from the medications.
    - When to seek medical care.
- ☐ Check to ensure individuals have all required forms.
- ☐ Assist in completion of forms, if necessary.
- ☐ Assist with any questions/concerns an individual may have and answer appropriately.
- ☐ Follow guidelines for use of PPE.
- ☐ Provide individuals with contact/phone numbers for concerns or to report reactions.
- ☐ Report any significant health trends in departing patients to Information/Education Crew Leader.
- ☐ Provide early alert to Pre-Dispensing Crew Leader of situations that may require security staff.

Extended:

- ☐ Observe all staff POD patients for signs of stress.
- ☐ Report issues to Information/Education Crew Leader.
- ☐ Provide rest periods and relief for staff.

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Forms Review Crew Leader

Reports to:

Pre-Dispensing Crew Leader

Mission:

Review Health Information Forms to sort individuals/families into categories.

Persons processing as individuals will be directed to the Medication Pick-Up station that corresponds to the color mark received on his/her Health Information Form.

Persons processing as a "family" should have the Health Information Form reviewed simultaneously for all members of the "family". Once each member of the "family" is assigned a color mark, all should be processed according to the highest color level: Blue>Red>Yellow>Green.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Pre-Dispensing Crew Leader.
- ☐ Provide Job Action Sheets and Section Briefing for Crew.
- ☐ Review and be familiar with Job Action Sheets.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Ensure that educational materiels on medication and agent are available for staff to reference.
- ☐ Ensure PPE is available.
- ☐ Ensure that standing orders issued concerning prophylaxis or treatment protocols are reviewed and available for reference.
- ☐ Review procedures for initial assessment of the Health Information Form and ensure comfort with categorization procedures.

Intermediate:

- ☐ Sort individuals/families to receive medication / vaccination as they process out of the Information Area.
- ☐ Answer any questions/concerns the individual may have.
- ☐ Report any significant health trends in departing patients to Pre-Dispensing Crew Leader.
- ☐ Provide early alert to Pre-Dispensing Crew Leader of situations that may require security staff
- ☐ Ensure PPE guidelines are followed.

Extended:

- ☐ Observe staff and patients for signs of stress.
- ☐ Report issues to Pre-Dispensing Crew Leader.
- ☐ Provide rest periods and relief for staff.

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Forms Review Crew

Reports to:

Forms Review Crew Leader

Mission:

Review Health Information Forms to sort individuals/families into categories.

Persons processing as individuals will be directed to the Medication Pick-Up station that corresponds to the color mark received on his/her Health Information Form.

Persons processing as a "family" should have the Health Information Form reviewed simultaneously for all members of the "family". Once each member of the "family" is assigned a color mark, all should be processed according to the highest color level: Blue>Red>Yellow>Green.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Forms Review Crew Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Review all educational materiels.
- ☐ Review standing orders issued concerning prophylaxis or treatment protocols.
- ☐ Review procedures for initial assessment of the Health Information Form and ensure comfort with categorization procedures.

Intermediate:

- ☐ Sort individuals/families to receive medication / vaccination as they process out of the Information Area.
- ☐ Answer any questions/concerns the individual may have.
- ☐ Report any significant health trends in departing patients to Forms Review Crew Leader.
- ☐ Provide early alert to Forms Review Crew Leader of situations that may require security staff.
- ☐ Follow guidelines for use of PPE.

Extended:

- ☐ Observe all staff and patients for signs of stress.
- ☐ Report issues to Forms Review Crew Leader.
- ☐ Provide rest periods and relief for staff.

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Patient Flow Assistant

Reports to:

Assigned Crew Leader

Mission:

To direct individuals to the appropriate POD stations and medication tables..

Immediate:

- ☐ Receive briefing from Assigned Crew Leader.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Make sure color-coded marks for the Health Information Form mimic color-coded Medication Pick-Up stations.

Intermediate:

- ☐ Continuously monitor and direct patient activity throughout the facility.
- ☐ Direct medication recipients through the clinic process.
- ☐ Report any significant health trends in departing patients to assigned Crew Leader.
- ☐ Provide early alert to Assigned Crew Leader of situations that may require security staff.

Extended:

- ☐ Observe staff and patients for signs of stress.
- ☐ Report issues to assigned Crew Leader.
- ☐ Provide rest periods and relief for staff.

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Medication Pick-Up Station-Weigh Station

Reports to:

Dispensing Crew Leader

Mission:

To weigh each child to ensure correct dosage of medication; to ensure each child is individually assessed and the child's legal guardian is provided with the correct dosage of medication or treatment prescribed by the issued standing orders.

Immediate:

- ☐ Receive Job Action Sheet and briefing from Dispensing Crew Leader.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Aid in set up Medication Pick-Up workstations.

Intermediate:

- ☐ Ensure proper ID and weight information is available for all children and family members not present.
- ☐ Follow guidelines for PPE use.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Dispensing Crew Leader.
- ☐ Provide rest periods and relief for staff.

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Medication Tables Crew Lead- Pick-Up Meds and Determine Dosage Regimen

Reports to:

Dispensing Crew Leader

Mission:

To oversee the mass distribution of pharmaceuticals to the general population and to ensure treatment protocols are adhered to for each individual receiving medication, including pediatric patients; to ensure each patient is provided with the correct dosage of medication prescribed by the issued standing orders; to ensure each child is individually assessed and the child's legal guardian is provided with the correct dosage of medication or treatment prescribed by the issued standing orders.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Dispensing Crew Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide section briefing and distribute Job Action Sheets
- ☐ Ensure that PPE is available and review correct use (for vaccinations)
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Review all flowcharts and forms including:
  - Information for persons who may have been exposed.
  - Prescribing orders.
  - Patient information form.
  - Review standing orders issued concerning prophylaxis or treatment protocols.
- ☐ Aid in set up of Medication Pick-Up Tables and workstations.
- ☐ Check and set up all pharmaceutical supplies for dispensing.
- ☐ Ensure that medication stock is not easily accessible to clients.
- ☐ Ensure that PPE is available.

Intermediate:

- ☐ Review the Health Information Form for contraindications/allergies, requirements for dosage adjustment.
- ☐ Indicate dosage regimen at bottom of the Health Information Form; complete documentation, sign and date.
- ☐ Supervise dispensing personnel and assist in providing pharmacy consultation to medical staff, if needed.
- ☐ Ensure availability of and distribute drug interactions forms with each prescription.
- ☐ Ensure that each person is dispensed the correct drug and strength.
- ☐ Ensure proper ID and child weight information is available for family members not present.
- ☐ Ensure that PPE guidelines are followed.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Dispensing Crew Leader.
- ☐ Provide rest periods and relief for staff.

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Dispensing Crew—Medication Tables Crew- Pick-Up Meds and Determine Dosage Regimen

Reports to:

Medication Tables Crew Leader

Mission:

To oversee the mass distribution of pharmaceuticals to the general population and to ensure treatment protocols are adhered to for each individual receiving medication, including pediatric patients; to ensure each patient is provided with the correct dosage of medication prescribed by the issued standing orders; to ensure each child is individually assessed and the child's legal guardian is provided with the correct dosage of medication or treatment prescribed by the issued standing orders.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Medication Tables Crew Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Review all flowcharts and forms including:
  - Information for persons who may have been exposed.
  - Prescribing orders.
  - Patient information form.
  - Review standing orders issued concerning prophylaxis or treatment protocols.
- ☐ Aid in set up of Medication Pick-Up Tables and workstations.
- ☐ Check and set up all pharmaceutical supplies for dispensing.
- ☐ Ensure that medication stock is not easily accessible to clients

Intermediate:

- ☐ Review the Health Information Form for contraindications/allergies, requirements for dosage adjustment.
- ☐ Indicate dosage regimen at bottom of the Health Information Form; complete documentation, sign and date.
- ☐ Supervise dispensing personnel and assist in providing pharmacy consultation to medical staff, if needed.
- ☐ Ensure availability of and distribute drug interactions forms with each prescription.
- ☐ Follow PPE guidelines.
- ☐ Ensure that each person is dispensed the correct drug and strength.
- ☐ Ensure proper ID and child weight information is available for family members not present.
- ☐ Follow PPE guidelines.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Dispensing Crew Leader.

Provide rest periods and relief for staff.

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Dispensing Crew—Medication Tables Crew-Vaccinator

Reports to:

Medication Tables Crew Leader

Mission:

To ensure each patient is provided with the correct dosage of vaccine prescribed by the issued standing orders; to ensure each child is individually assessed and provided the correct dosage of vaccine prescribed by the issued standing orders.

Immediate:

- ☐ Receive Job Action Sheets and briefing from the Medication Crew Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Review correct use of and use PPE per protocol.
- ☐ Review all flowcharts and forms including:
  - Information for persons who may have been exposed
  - Prescribing orders
  - Patient information
  - Review standing orders issued concerning vaccination and protocols
- ☐ Vaccination stations- brief assistant on the following vaccination steps:
  - Individual's arm to be uncovered and wiped with an alcohol pad (1 volunteer).
  - Administration of vaccination (2 nurses or nursing students administering vaccinations).
  - Bandage placed over vaccination site and written materials on site care provided (1 volunteer).
- ☐ Set up vaccination workstations.
- ☐ Check and set up all pharmaceutical supplies for vaccination.

Intermediate:

- ☐ Review for contraindications/allergies.
- ☐ Ensure that all prescriptions for oral medications are filled via the Health Information Form, and retain all forms.
- ☐ Apply an ink stamp to the right hand of each person that receives medication, and do not issue medication to someone who already has a hand stamp.
- ☐ Ensure that each person is given the correct dosage of vaccine.
- ☐ Ensure that all vaccine administrators sign and date the Health Information Form.
- ☐ Ensure all forms are completed and signed and lot numbers recorded.
- ☐ Ensure that all tracking paperwork on every departing patient is correct and complete.
- ☐ Collect all paperwork from patients as they leave.
- ☐ Ensure all inventory paperwork is complete and turn in to Pharmacy Services Coordinator.
- ☐ Keep track of unit dose supplies and inform Pharmacy Services Coordinator of any impending shortages.
- ☐ Supervise non-licensed dispensing personnel.
- ☐ Follow guidelines for PPE use.
- ☐ Respond to medical emergencies, as necessary.

Extended:

- ☐ Observe all staff and POD patients for signs of stress.
- ☐ Report issues to Medication Crew Leader.
- ☐ Provide rest periods and relief for staff .

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Dispensing Crew—Exit Crew Leader

Reports to:

Dispensing Crew Leader

Mission:

To ensure each patient is provided with adequate information concerning his or her prophylaxis or treatment regimens upon leaving the dispensing site.

Immediate:

- ☐ Receive Job Action Sheets briefing from Medication Tables Crew Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide Job Action Sheets and briefing to Exit Crew
- ☐ Review and familiarize self with dispensing site surroundings ,work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Understand role at dispensing site as per briefing and assignment.
- ☐ Assist with the set-up of the Exit area and any other areas, as requested.
- ☐ Ensure that PPE is available.

Intermediate:

- ☐ Maintain clinic flow and reduce congestion/backlog.
- ☐ Answer questions related to general clinic operations (entrances, exits, parking, bathroom locations, etc.).
- ☐ Provide early alert to the Medication Tables Lead of situations that that may require additional security personnel.
- ☐ Ensure the patient leaves with appropriate records, care instructions, and resource numbers.
- ☐ Answer any questions before patient leaves.
- ☐ Ensure that patient leaves only through the designated exit area.
- ☐ Follow guidelines for use of PPE.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Medication Tables Crew Leader.
- ☐ Provide rest periods and relief for staff.

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Dispensing Crew—Exit Crew

Reports to:

Exit Crew Leader

Mission:

To ensure each patient is provided with adequate information concerning his or her prophylaxis or treatment regimens upon leaving the dispensing site.

Immediate:

- ☐ Receive Job Action Sheets briefing from Exit Crew Leader.
- ☐ Review Job Action Sheet and be familiar with duties.
- ☐ Review and familiarize self with dispensing site surroundings ,work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Understand role at dispensing site as per briefing and assignment.
- ☐ Assist with the set-up of the Exit area and any other areas, as requested.

Intermediate:

- ☐ Maintain clinic flow and reduce congestion/backlog.
- ☐ Answer questions related to general clinic operations (entrances, exits, parking, bathroom locations, etc.).
- ☐ Provide early alert to the Medication Tables Lead of situations that that may require additional security personnel.
- ☐ Ensure the patient leaves with appropriate records, care instructions, and resource numbers.
- ☐ Answer any questions before patient leaves.
- ☐ Ensure that patient leaves only through the designated exit area.
- ☐ Follow guidelines for use of PPE.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Exit Crew Leader.

Provide rest periods and relief for staff.

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Dispensing Unit-Pharmacy Crew Lead

Reports to:

Dispensing Unit Leader

Mission:

To ensure each dispensing center staff member has access to current information concerning the prescribed medications and treatments by providing pharmaceutical consultation. Prepare/compound oral suspensions as indicated.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Dispensing Unit Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide Job Action Sheets and briefing to Pharmacy Crew.
- ☐ Ensure that all physical set up and supplies are available for the pharmacy services area
- ☐ Review standing orders issued concerning prophylaxis or treatment protocols, including pediatric protocols
- ☐ Review pediatric patient information sheets.
- ☐ Set up pill supplies required for preparation/compounding of oral suspensions.
- ☐ Ensure that PPE is available.
- ☐ Review Personal Protection Equipment guidelines.
- ☐ Meet with pharmacy services staff and review dispensing site operations with staff to ensure they have a clear understanding of patient flow and are clear on dispensing protocols.
- ☐ Provide pharmacy services staff with checklists, information sheets, recording documents, etc.
- ☐ Assign pharmacist(s) to provide counseling where needed.
- ☐ Brief all staff on procedures for additional supplies, security problems, medication issues, or other problems.

Intermediate:

- ☐ Monitor patient flow through the process, and recommend movement of staff where necessary to reduce or eliminate bottlenecks in the process (i.e., recommend movement of staff to-and-from Pharmacy and Medication Pick-Up stations). Problem solve with the Dispensing and Treatment Manager.
- ☐ Prepare/compound oral suspensions as indicated.
- ☐ Ensure all pharmacy services staff is clear concerning supply procurement procedures.
- ☐ Ensure that PPE guidelines are followed.
- ☐ Supervise the breakdown and repacking of all equipment and supplies.
- ☐ Provide Supply Coordinator with pharmaceutical consultative help concerning the SNS medications and nomenclature.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Dispensing Crew Leader.
- ☐ Provide rest periods and relief for staff.

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Pharmacy Crew

Reports to:

Pharmacy Crew Leader

Mission:

To ensure each dispensing center staff member has access to current information concerning the prescribed medications and treatments by providing pharmaceutical consultation. Prepare/compound oral suspensions as indicated.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Pharmacy Crew Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Ensure that all physical set up and supplies are available for the pharmacy services area
- ☐ Review standing orders issued concerning prophylaxis or treatment protocols, including pediatric protocols
- ☐ Review pediatric patient information sheets.
- ☐ Set up pill supplies required for preparation/compounding of oral suspensions.
- ☐ Follow PPE Guidelines..
- ☐ Review dispensing site operations to ensure you have a clear understanding of patient flow and are clear on dispensing protocols.
- ☐ Complete Inventory Transfer Forms, checklists, recording documents, etc.
- ☐ (Pharmacist(s)) Provide counseling as assigned by Pharmacy Crew Lead.

Intermediate:

- ☐ Prepare/compound oral suspensions as indicated.
- ☐ Ensure that you are familiar with and know procedures concerning supply procurement.
- ☐ Assist with the breakdown and repacking of all equipment and supplies.
- ☐ Provide Supply Coordinator with pharmaceutical consultative help concerning the SNS medications and nomenclature.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Pharmacy Crew Leader.

Provide rest periods and relief for staff .

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Planning Unit Lead

Reports to:

POD Strike Team Leader (POD Operations Manager)

Mission:

To organize and direct all aspects relating to recording of events, patient record retention, and coordination of personnel to ensure all POD personnel, patient, and supply records are correctly kept and maintained throughout the entire event.

Immediate:

- ☐ Receive briefing and Job Action Sheets from POD Strike Team Leader (POD Operations Manager).
- ☐ Review Job Action Sheets an be familiar with duties.
- ☐ Review POD Incident Action Plan (IAP).
- ☐ Review POD Org. Chart and be familiar with section duties.
- ☐ Assemble and determine numbers of staff available by specialty and function and distribute Job Action Sheets for each of the functional areas.
- ☐ Set up event recorder function to maintain event log; document all actions and decisions.
- ☐ Set up patient record-keeping function utilizing SNS supplied forms.
- ☐ Set up supplies and equipment procurement record-keeping function.
- ☐ Ensure receipts of all expenditures are retained for potential reimbursement

Intermediate:

- ☐ Brief POD Strike Team Leader (POD Operations Manager) routinely regarding Planning activities.
- ☐ Monitor the documentation process and flow. Make modifications, as needed.
- ☐ Work with individual staff to ensure appropriate forms are filled out correctly.
- ☐ Compute projections for situation based upon the data received.
- ☐ Communicate report finding and projections to POD Strike Team Leader (POD Operations Manager).

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to POD Strike Team Leader..
- ☐ Provide rest periods and relief for staff.

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Resource Crew Lead

Reports to:

Planning Unit Leader

Mission:

Ensure the accurate and timely collection of POD data including preparation of reports and trend analysis.

Immediate:

- ☐ Receive briefing and Job Action Sheets from Planning Unit Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide Job Action Sheets to Resource Crew
- ☐ Review POD Incident Action Plan (IAP).
- ☐ Set up event recorder function to maintain event log; document all actions and decisions.
- ☐ Set up patient record-keeping function utilizing SNS supplied forms.
- ☐ Set up supplies and equipment procurement record-keeping function.
- ☐ Ensure receipts of all expenditures are retained for potential reimbursement.

Intermediate:

- ☐ Monitor the documentation process and flow.
- ☐ Collect, monitor and record the number of patients processed and medication regimens dispensed on a scheduled basis.
- ☐ Monitor and record the number of symptomatic patients transferred for care to outside facilities.
- ☐ Work with individual staff to ensure appropriate forms are filled out correctly.
- ☐ Communicate to Planning Unit any issues with data.
- ☐ Compute projections for situation based upon the data received.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Planning Unit Leader.
- ☐ Provide rest periods and relief for staff.

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Resource Crew-Data Entry Lead

Reports to:

Resource Crew Lead

Mission:

Ensure the accurate and timely collection of POD data including preparation of reports and trend analysis.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Resource Crew Lead.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide Job Action Sheets and briefing to Data Entry Crew.
- ☐ Review POD Incident Action Plan (IAP).
- ☐ Check availability of supplies and equipment to perform assigned tasks and report any anticipated needs to Resource Crew Lead.
- ☐ Set up patient record-keeping function utilizing SNS supplied forms.
- ☐ Set up supplies and equipment procurement record-keeping function.
- ☐ Ensure receipts of all expenditures are retained for potential reimbursement.

Intermediate:

- ☐ Monitor the documentation process and flow.
- ☐ Work with individual staff to ensure appropriate forms are filled out correctly.
- ☐ Enter information into data collection system in use during the event. If electronic system is not available, hand tabulate data from paper records.
- ☐ Collect, monitor and record the number of patients processed and the medication regimens dispensed on a scheduled basis.
- ☐ Monitor and record the number of patients transferred for care to outside facilities.
- ☐ Communicate to Resource Crew Lead any issues with data.
- ☐ Compute projections for situation based upon the data received.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Planning Unit Leader.
- ☐ Provide rest periods and relief for staff.

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Data Entry Crew

Reports to:

Data Entry Crew Lead

Mission:

Ensure the accurate and timely collection of POD data including preparation of reports and trend analysis.

Immediate:

- ☐ Receive Job Action Sheet and briefing from Data Entry Crew Lead.
- ☐ Review Job Action Sheet and be familiar with duties.
- ☐ Assist in the set up of patient record-keeping function utilizing SNS supplied forms.
- ☐ Assist in the set up of supplies and equipment.
- ☐ Ensure receipts of all expenditures are retained for potential reimbursement.

Intermediate:

- ☐ Monitor the documentation process and flow.
- ☐ Work with individual staff to ensure appropriate forms are filled out correctly.
- ☐ Enter information into data collection system in use during the event. If an electronic system is not available, hand tabulate data from paper records.
- ☐ Record the number of patients processed and the medication regimens dispensed on a scheduled basis.
- ☐ Record the number of patients transferred for care to outside facilities.
- ☐ Communicate to Data Entry Lead any issues with data.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Data Entry Crew Leader.
- ☐ Provide rest periods and relief for staff.

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Planning Unit-Volunteer Coordinator

Reports to:

Planning Unit Leader

Mission:

Organize, direct and coordinate volunteer staffing for POD sections.

Immediate:

- ☐ Receive Job Action Sheet and briefing from Planning Unit Leader.
- ☐ Review Job Action Sheet and be familiar with duties.
- ☐ Provide Job Action Sheet and briefing for Volunteer Coordinator Assistants.
- ☐ Review POD Incident Action Plan (IAP).
- ☐ Review POD Org. Chart and be familiar with section duties.
- ☐ Review site design layout and be familiar with POD section functions.

Intermediate:

- ☐ Ensure that work area has appropriate materials and equipment needed.
- ☐ Coordinate volunteer work schedule with Planning Unit Lead.
- ☐ Develop and maintain a log of volunteer workforce available per shift.
- ☐ Verify that copies of volunteer applications and any training are documented and retained.
- ☐ Ensure that volunteer staff that are pre-credentialed through a volunteer data base are sent to the appropriate section for on-site credentialing.
- ☐ Ensure that medical volunteer staff that are not pre-credentialed provide a copy of their professional license. Retain a copy to accompany volunteer application form.
- ☐ Communicate to Planning Unit Lead any issues which may arise.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Planning Unit Leader.
- ☐ Provide rest periods and relief for staff.

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Logistics Unit Lead

Reports to:

PD Strike Team Leader (POD Operations Manager)

Mission:

Ensure that all resources needed to support the POD are available and organized. The Logistics Unit will provide facilities, services, supplies and materiel to the various units of the POD operations by collaborating with the Dispensing Unit Leader and the POD Strike Team Leader (POD Operations Manager).

Immediate:

- ☐ Receive Job Action Sheets and briefing from POD Strike Team Leader (POD Operations Manager).
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide Job Action Sheets and briefing to direct reports.
- ☐ Review POD Incident Action Plan (IAP).
- ☐ Ensure delivery of equipment/supplies to the POD.
- ☐ Set up POD as per POD IAP schematics; ensure Dispensing Unit Leader and POD Strike Team Leader (POD Operations Manager)consulted during process.
- ☐ Establish communications protocols.

Intermediate:

- ☐ Participate in staff briefing(s) as scheduled by the POD Strike Team Leader (POD Operations Manager).
- ☐ Brief POD Strike Team Leader (POD Operations Manager) routinely on logistics section status.
- ☐ Maintain Logistics Log; document all actions and decisions.
- ☐ Arrange for procurement of additional equipment/supplies as needed and as authorized by the POD Strike Team Leader (POD Operations Manager).
- ☐ Make arrangements for food and beverages for all staff members. Provide plenty of fluids at each work location.
- ☐ Arrange for transportation of staff members to and from PODs.
- ☐ Provide logistical support, as needed, to each station.
- ☐ Set up regular supply checks with all centers.
- ☐ Arrange for local police (if warranted) for transportation of specimens to MDH laboratory following chain of custody procedures.
- ☐ Ensure that all records and reports are turned in to the POD Strike Team Leader (POD Operations Manager).

Extended:

- ☐ Supervise the break-down and re-packing of all equipment/supplies at each station and return to RSS.
- ☐ Arrange to have all equipment/supplies returned to place of origin and state of readiness.
- ☐ Ensure facility is cleaned and returned to former operating condition.
- ☐ Maintain daily totals of equipment, supplies, staff time, patient medications, etc. and forward appropriately to local EOC/LHD and MDH EOC
- ☐ At end of event, utilize records to audit supplies and equipment used or returned to RSS site. Ensure all supplies and equipment are accounted for.
- ☐ Ensure that all records and reports are turned in to the POD Strike Team Leader (POD Operations Manager).

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Communications Crew Lead

Reports to:

Logistics Unit Leader

Mission:

To organize and direct all aspects relating to communications, including internal communications and external communications; to ensure coordination of all communications systems and to act as custodian of all logged/documented communications.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Logistics Unit Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide Job Action Sheet and briefing to direct reports.
- ☐ Assemble and determine numbers of staff available by specialty and function.
- ☐ Establish contact with each section chief to discuss method of communication within the Dispensing Site.
- ☐ Establish contact with the Operations Manager to assure notification of alternate external communication if land lines fail.
- ☐ Coordinate with the Logistics Unit Leader to ensure all communications equipment (radios, telephones, batteries, chargers, electrical cords, etc.) are included in the equipment cache sent to the POD.
- ☐ Collaborate with the Logistics Unit Leader to create an operational site communications plan.

Intermediate:

- ☐ Test, maintain, and arrange for repair of all telecommunications equipment.
- ☐ Set up space to house communications support equipment (back-up radios and phones, batteries, etc.).
- ☐ Obtain information for a directory of significant contact phone/fax/pager numbers.
- ☐ Obtain on-site operational radio frequencies, as needed.
- ☐ Establish and maintain a message system.
- ☐ Establish contact with lead agency and other cooperating agencies.
- ☐ Issue radio and/or phone equipment to personnel in collaboration with the Logistics Unit Leader
- ☐ Maintain Communications Log; document equipment used, actions and decisions made; problem equipment.
- ☐ Establish and maintain Internet capabilities and computer applications as required.
- ☐ Remove all communications equipment and pack it appropriately for transport at conclusion of site operations.
- ☐ Account for all communications equipment issued to staff.
- ☐ Identify and tag all equipment needing repair and/or replacement.

Extended:

- ☐ Observe staff and POD patients for signs of stress.
- ☐ Report issues to Logistics Unit Leader.
- ☐ Provide rest periods and relief for staff

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Communications Crew Leader

Reports to:

Logistics Unit Leader

Mission:

To organize and direct all aspects relating to communications, including internal communications and external communications; to ensure coordination of all communications systems and to act as custodian of all logged/documented communications.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Logistics Unit Leader
- ☐ Review Job Action Sheets and be familiar with duties..
- ☐ Review POD Incident Action Plan (IAP).
- ☐ Assemble and determine numbers of staff available by specialty and function..
- ☐ Confirm activation of your direct reports, distribute Job Action Sheet.s
- ☐ Establish contact with each section chief to discuss method of communication within the Dispensing Site..
- ☐ Establish contact with the Operations Manager to assure notification of alternate external communication if land lines fail..
- ☐ Coordinate with the Logistics Unit Leader to ensure all communications equipment (radios, telephones, batteries, chargers, electrical cords, etc.) are included in the equipment cache sent to the POD.
- ☐ Collaborate with the Logistics Unit Leader to create an operational site communications plan.

Intermediate:

- ☐ Test, maintain, and arrange for repair of all telecommunications equipment.
- ☐ Set up space to house communications support equipment (back-up radios and phones, batteries, etc.).
- ☐ Obtain information for a directory of significant contact phone/fax/pager numbers.
- ☐ Obtain on-site operational radio frequencies, as needed.
- ☐ Establish and maintain a message system.
- ☐ Establish contact with lead agency and other cooperating agencies.
- ☐ Issue radio and/or phone equipment to personnel in collaboration with the Logistics Unit Leader
- ☐ Maintain Communications Log; document equipment used, actions and decisions made; problem equipment.
- ☐ Establish and maintain Internet capabilities and computer applications as require.
- ☐ Remove all communications equipment and pack it appropriately for transport at conclusion of site operations.
- ☐ Account for all communications equipment issued to staff.
- ☐ Identify and tag all equipment needing repair and/or replacement.

Extended:

- ☐ Observe all staff and POD patients for signs of stress.
- ☐ Report issues to Logistics Unit Leader.
- ☐ Provide rest periods and relief for staff.

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Communications Crew

Reports to:

Logistics Unit Leader

Mission:

To organize and direct all aspects relating to communications, including internal communications and external communications; to ensure coordination of all communications systems and to act as custodian of all logged/documented communications.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Logistics Unit Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Review POD Incident Action Plan (IAP).
- ☐ Assemble and determine numbers of staff available by specialty and function..
- ☐ Confirm activation of your direct reports, distribute Job Action Sheet.
- ☐ Establish contact with each section chief to discuss method of communication within the Dispensing Site..
- ☐ Establish contact with the Operations Manager to assure notification of alternate external communication if land lines fail..
- ☐ Coordinate with the Logistics Unit Leader to ensure all communications equipment (radios, telephones, batteries, chargers, electrical cords, etc.) are included in the equipment cache sent to the POD.
- ☐ Collaborate with the Logistics Unit Leader to create an operational site communications plan.

Intermediate:

- ☐ Test, maintain, and arrange for repair of all telecommunications equipment.
- ☐ Set up space to house communications support equipment (back-up radios and phones, batteries, etc.).
- ☐ Obtain information for a directory of significant contact phone/fax/pager numbers.
- ☐ Obtain on-site operational radio frequencies, as needed.
- ☐ Establish and maintain a message system.
- ☐ Establish contact with lead agency and other cooperating agencies.
- ☐ Issue radio and/or phone equipment to personnel in collaboration with the Logistics Unit Leader
- ☐ Maintain Communications Log; document equipment used, actions and decisions made; problem equipment.
- ☐ Establish and maintain Internet capabilities and computer applications as require.
- ☐ Remove all communications equipment and pack it appropriately for transport at conclusion of site operations.
- ☐ Account for all communications equipment issued to staff.
- ☐ Identify and tag all equipment needing repair and/or replacement.

Extended:

- ☐ Observe all staff and POD patients for signs of stress.
- ☐ Report issues to Communications Crew Leader.
- ☐ Provide rest periods and relief for staff.

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First Aid Lead

Reports to:

Logistics Unit Leader

Mission:

To provide first aid to individuals and personnel in the event of injury.

If care greater than first aid is required, personnel within the First Aid Station will coordinate with Transportation for transfer to another medical facility for evaluation.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Logistics Unit Leader
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide Job Action Sheets and briefing to direct reports.
- ☐ Review emergency procedures, standing orders, protocols, incident report forms.
- ☐ Review and familiarize self with first aid station surroundings for other dispensing site work station locations, office areas, lavatories, and break rooms.
- ☐ Ensure that first aid site is physically set up and ready for operations.
- ☐ Review procedure for referral if greater care is required for an individual.
- ☐ Ensure that PPE is readily available for all section staff.
- ☐ Review personal protection equipment guidelines.

Intermediate:

- ☐ Inventory and restock first aid supplies.
- ☐ Ensure that individuals/personnel receive appropriate care and are referred for medical consultation or follow-up.
- ☐ Provide early alert to Logistics Unit Leader of situations that may require Security staff.
- ☐ Ensure that incident report forms are fully completed and submitted to Logistics Unit Leader.
- ☐ Ensure that Patient Referral Forms are completed and copies retained on all staff/patients that are transferred to outside facilities.
- ☐ Maximize privacy of ill/injured individuals/staff.
- ☐ Follow guidelines for PPE use.
- ☐ Report any accidental exposures (blood-borne or otherwise as per event characteristics) to the Logistics Unit and Logistics Unit Leader.
- ☐ Assist with tear down and re-packing of the first aid station.
- ☐ Ensure collection of all paperwork and turn in to Dispensing Unit.

Extended:

- ☐ Observe all staff and POD patients for signs of stress.
- ☐ Report issues to Logistics Unit Leader.
- ☐ Provide rest periods and relief for staff.

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Emergency Response
Job Action Sheet

Site Supply Crew

Reports to:

Logistics Unit Leader

Mission:

Ensure adequate resources for required POD operations.

Immediate:

- ☐ Receive Job Action Sheets and briefing from Logistics Unit Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide Job Action Sheets and briefing to direct reports.
- ☐ Assist in set-up of POD per patient flow-through diagram
- ☐ Ensure delivery of equipment/supplies to the POD.

Intermediate:

- ☐ Maintain Logistics Log; document all actions and decisions.
- ☐ Obtain POD Inventory documentation from Logistics Unit Lead.
- ☐ Establish documentation and sign-off procedures for supplies and equipment when delivered.
- ☐ Maintain an inventory and accountability record of supplies and equipment.
- ☐ Arrange for procurement of additional equipment/supplies as needed and as authorized by the Logistics Unit Leader.
- ☐ Make arrangements for food and beverages for all staff members. Provide plenty of fluids at each work location.
- ☐ Provide logistical support, as needed, to each station.
- ☐ Ensure that all records and reports are turned in to the Logistics Unit Leader.

Extended:

- ☐ Arrange for the break-down and re-packing of all equipment/supplies at each station and return to RSS.
- ☐ Arrange to have all equipment/supplies returned to place of origin and state of readiness.
- ☐ Ensure facility is cleaned and returned to former operating condition
- ☐ Maintain daily totals of equipment, supplies, staff time, patient medications, etc. and forward appropriately to local EOC/LHD and MDH ESF-8 Support Cell.
- ☐ At end of event, utilize records to audit supplies and equipment used or returned to RSS site. Ensure all supplies and equipment are accounted for.
- ☐ Ensure that all records and reports are turned in to the Logistics Unit Leader.

Mississippi Department of Health
Incident Command System (ICS)
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Job Action Sheet

Credentialing Crew Lead

Reports to:

Logistics Unit

Mission:

Organize, direct and coordinate those operations associated with credentialing and provide for adequate levels of security through credentialing procedures.

Immediate:

- ☐ Receive Job Action Sheets and briefing from the Logistics Unit.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide Job Action Sheets and briefing to direct reports.
- ☐ Distribute credentials to pre-credentialed personnel upon verification of state-issued identification.
- ☐ Provide on site credentialing for volunteers who are not registered in a volunteer data base.
- ☐ Refer non-credentialed personnel to Security Officer for credentialing approval.

Intermediate:

- ☐ Maintain log of credentialed personnel on-site.
- ☐ Maintain documentation of professional license on all volunteer staff.
- ☐ Retrieve credentials from personnel upon their leaving the secured area.
- ☐ Notify Logistics Unit of procedural problems.

Extended:

- ☐ Maintain documentation of all actions and decisions on a continual basis.
- ☐ Participate in the development and execution of the demobilization and make recommendations to AIC as necessary.
- ☐ Observe staff for signs of stress, report issues to Logistics Unit Lead.
- ☐ Provide rest periods and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Logistics Unit Lead and Credentialing Crew.
- ☐ Plan for the possibility of extended deployment.

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Incident Command System (ICS)
Emergency Response
Job Action Sheet

Transportation-Emergency Transporter

Reports to:

Logistics Unit Leader

Mission:

Provide individuals emergency transportation to hospital/acute care center in the event of sudden illness or injury.

Immediate:

- ☐ Receive Job Action Sheet and briefing from Dispensing Unit and Logistics Unit Leader.
- ☐ Review Job Action Sheet and be familiar with duties.
- ☐ Review emergency procedures and protocols.
- ☐ Review and familiarize one's self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- ☐ Remain on stand-by status until activated.
- ☐ Review communications procedure to ensure notification received for emergency transport, if indicated.

Intermediate:

- ☐ Provide early alert to Logistics Unit Leader of situations that may require security staff.
- ☐ Notify Logistics Unit Leader promptly of any communications equipment problems.
- ☐ Ensure that a Patient Referral Form is completed on all patients or staff being transferred to an outside facility.

Extended:

- ☐ Report issues to Logistics Unit Leader.
- ☐ Provide rest periods and relief for staff.

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Incident Command System (ICS)
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Job Action Sheet

Finance/Administration Unit Lead

Reports to:

POD Strike Team Leader (POD Operations Manager)

Mission:

To organize and direct all aspects relating to administrative/financial issues, including patient record retention, compensation and claims, and personnel time keeping for staff and volunteers. To procure and track all supplies and equipment invoices/expenses.

Immediate:

- ☐ Receive Job Action Sheets and briefing from POD Strike Team Leader (POD Operations Manager).
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Provide Job Action Sheets and briefing to direct reports.
- ☐ Set-up patient record keeping function to maintain security of documents and records.
- ☐ Collaborate with Command staff and Unit Leads to ensure all forms are adequate.
- ☐ Coordinate with Safety Leader on accident investigation reports.
- ☐ Set-up personnel tracking system to record time worked, duties performed, staff injuries and other problems encountered
- ☐ Designate event recorder to document all actions and decisions

Intermediate:

- ☐ Consult with Logistics unit Lead to ensure that needed supplies and equipment are procured.
- ☐ Maintain daily totals of equipment and supplies.
- ☐ Maintain daily record of personnel time.
- ☐ Work with individual staff to ensure that forms are filled out appropriately.
- ☐ Ensure receipts of all expenditures and personnel time are retained for potential reimbursement.
- ☐ Monitor documentation process and flow. Make modifications as needed.
- ☐ Ensure that an Incident Report Form is completed on all injuries within the POD.
- ☐ Ensure that all records and reports are turned in to Strike Team Leader.

Extended:

- ☐ Maintain documentations for all actions and decisions on a continual basis
- ☐ Observe staff for signs of stress.
- ☐ Provide rest periods and relief for staff.
- ☐ Plan for the possibility of extended deployment
- ☐ At end of event, utilize records to audit supplies and equipment used or returned to RSS.

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Incident Command System (ICS)
Emergency Response
Job Action Sheet

Time Unit Coordinator

Reports to:

Finance/Administration Unit Lead

Mission:

To track and maintain time keeping records for POD staff and Volunteers.

Immediate:

- ☐ Receive Job Action Sheet and briefing from Finance/Administration Unit Lead.
- ☐ Review Job Action Sheet and be familiar with duties.
- ☐ Provide Job Action Sheets and briefing to direct reports.
- ☐ Set-up a work force time log to record working hours for personnel
- ☐ Set-up a check-in and check-out procedure for personnel
- ☐ Ensure that a place has been identified to maintain security of records and documents.

Intermediate:

- ☐ Maintain a workforce time log for personnel and volunteers.
- ☐ Maintain security of documents and records.
- ☐ Provide information and status report to Finance/Administration Lead as requested.
- ☐ Report disruptions and changes to Finance/Administration Lead.
- ☐ Ensure that all records and reports are submitted to Finance/Administration Lead.

Extended

- ☐ Observe staff for signs of stress.
- ☐ Provide rest and relief for staff.
- ☐ Prepare end of shift report and present to oncoming Time Unit Leader,

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Job Action Sheet

POD Runner

Reports to:

Assigned Crew Leader

Mission:

To facilitate the flow of information or office supplies to sections or units in the POD.

Immediate:

- ☐ Receive Job Action Sheet and briefing from Assigned Crew Leader.
- ☐ Review Job Action Sheets and be familiar with duties.
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.

Intermediate:

- ☐ Procure supplies as requested by Section or Unit staff.
- ☐ Deliver messages as requested by Section or Unit staff.
- ☐ Report any significant health trends in departing patients to assigned Crew Leader.
- ☐ Provide early alert to Assigned Crew Leader of situations that may require security staff.
- ☐ Other duties as requested

Extended:

- ☐ Observe staff and patients for signs of stress.
- ☐ Report issues to assigned Crew Leader.
- ☐ Provide rest periods and relief for staff.

Mississippi Department of Health
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Job Action Sheet

POD Assistant

Reports to:

Assigned Crew Leader

Mission:

To assist assigned Section with duties as requested.

Immediate:

- ☐ Receive Job Action Sheet and briefing from Assigned Crew Leader.
- ☐ Review Job Action Sheet and be familiar with duties
- ☐ Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.

Intermediate:

- ☐ Provide clerical assistance as requested by section staff.
- ☐ Tally medication dispensed and patient counts as requested..
- ☐ Provide early alert to Assigned Crew Leader of situations that may require security staff.
- ☐ Other duties a s assigned.

Extended:

- ☐ Observe staff and patients for signs of stress.
- ☐ Report issues to assigned Crew Leader.
- ☐ Provide rest periods and relief for staff.

Section III: Points of Contact and Call-Downs

[redacted]

This section intentionally omitted.

Section IV: Supporting Plans

1. Plan for Request of SNS Assets

Overview

This section describes

1. The process for requesting the Strategic National Stockpile to be deployed from the Centers for Disease Control and Prevention.

2. The process for requesting resupply of SNS materials from the CDC.

Responsibilities

The MEMA Director is responsible for the overall coordination of response and recovery programs through implementation of the MS CEMP as directed by the Governor. The MEMA Director, or designee(s), also maintains a constant liaison between the Federal government, state agencies, disaster relief organizations, and other states' disaster agencies.

- The Governor, or his designee, has the authority to request the SNS.
- The State Health Officer, or his designee, is responsible for advising MEMA on SNS request.
- The State Health Officer, or his designee, State Epidemiologist, State Pharmacist, or Medical Director for the Office of Health Protection is responsible for acceptance of the SNS from the CDC.
- The Mississippi State Department of Health is designated by the Governor as the lead agency for coordination of the SNS for the State of Mississippi.

Procedures for Initial Request

The process for requesting deployment of SNS assets will begin with the identification by Mississippi health officials of a possible or impending major public health and medical emergency.

1. The MSDH ESF-8 Support Cell will convene with the Office of the Governor and review

    1. Table describing events that can provide justification for SNS asset deployment.

    2. The algorithm for requesting SNS assets;

    3. Contact number for the CDC Director’s Emergency Operations Center; and,

    4. Formulary of drugs and medical supplies that may be requested from DSNS.

2. The governor, or his designee, will request the deployment of SNS assets by calling the CDC DEOC at 770-488-7100.

3. Information to be provided when requesting SNS assets:

    1. A clear, concise description of the situation;

    2. Any results of specimen testing;

    3. Information on the decisions already made regarding the response to the event;

    i. Target population for prophylaxis,

ii. Quarantine measures;

iii. Facilities to be used throughout the response process;

iv. nformation on the availability of state and local response assets;

v. A description of the SNS assets needed to support a response to the situation; and

vi. Any evidence of terrorism or suspected terrorism.

4. The CDC Director will initiate an immediate conference call to consult with the Director of Public Health and other federal, state, and local officials. The CDC Director and /or DHS will determine if the available information suggests that a biological or chemical event threatens the public health; and if the state has the capacity to appropriately respond.

5. Immediately upon conclusion of the request call, DSNS will call the state SNS Coordinator to get information DSNS needs to provide the most appropriate and effective DSNS response.

6. Through the Emergency Action Guide of the Mississippi Government, MEMA will notify key state contacts that the governor has requested SNS assets. MEMA maintains 24-hour contact information for these officials. The MEMA 24-hour hotline number is 601-352-9100.

7. The DSNS Coordination Center will inform the TARU and state authorities about asset arrival locations and times.

8. The ESF-8 Support Cell will provide the state's DSNS Program Services Consultant with a copy of the MSDH Plan for Receiving, Distribution, and Dispensing SNS Assets.

9. The State Health Officer will activate the MSDH Plan for Distribution of Strategic National Stockpile Assets.

10. The CDC Director will order the deployment of the SNS to the Mississippi RSS site or designated airport as directed by the State Health Officer.

Procedures for Requesting Resupply of SNS Assets

If required for an appropriate response, further assistance from DSNS may be requested.

1. The RSS Inventory Management System Unit will generate daily reports of low stock.

   - The default threshold for system notification of low stock is 30% of original quantity; or
   - Threshold may be manually determined within the IMS, as deemed most appropriate for the situation.

2. Low stock notifications will be communicated to the Operations Section of the ESF-8 Support Cell.

3. The RSS Task Force Leader, TARU team, and Operations Section and Planning Section of the ESF-8 Support Cell will convene to determine need to request additional assets.

4. The level of federal response will determine the avenues used to request additional assets; the TARU team will assist in requesting additional assets.

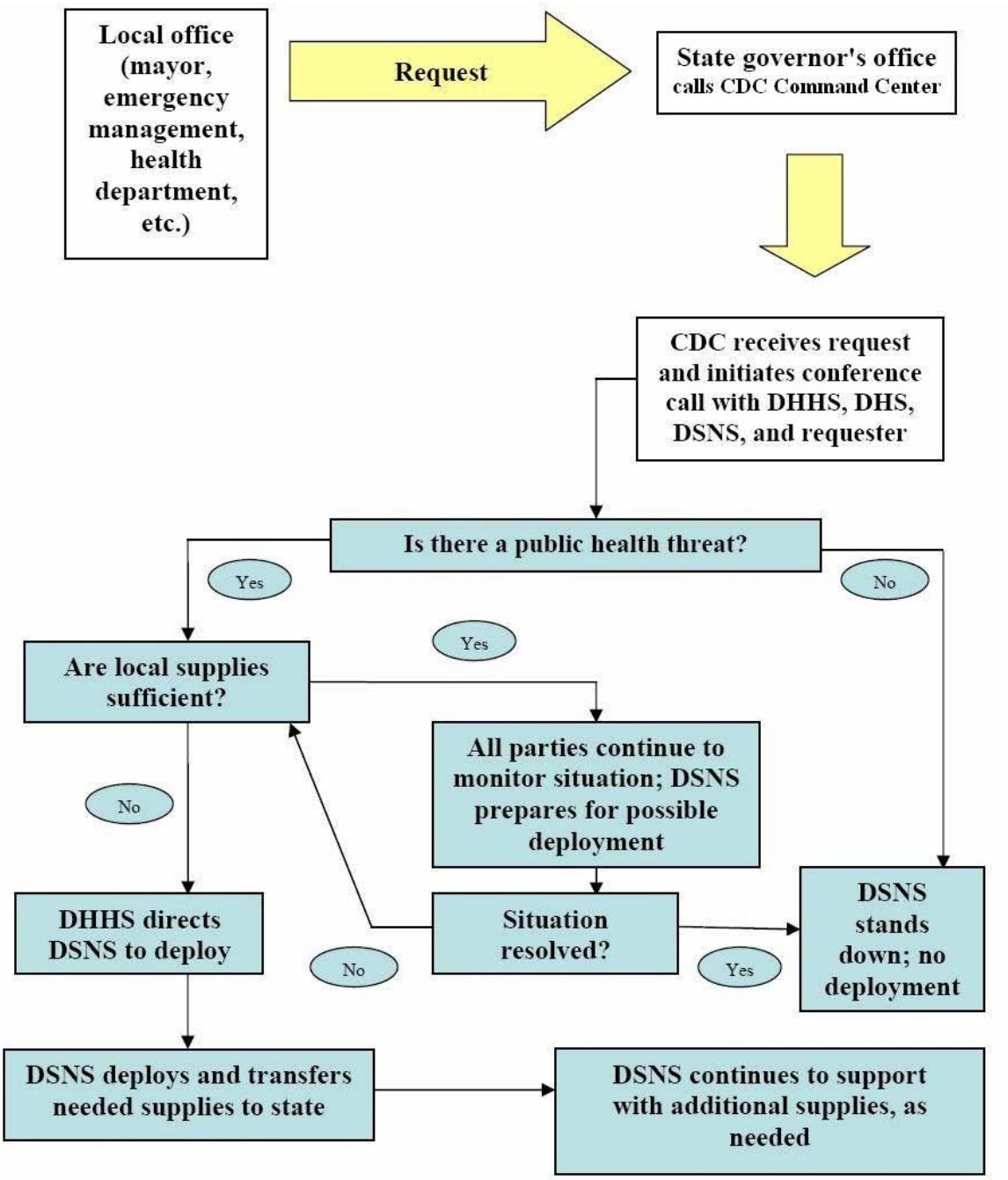


Figure 3.1. Process for requesting SNS Assets.

Some of the many things you need to consider in formulating a request for SNS assets are contained in Table 3.1. Note that this is not an all-inclusive list.

Table 3-1. Requesting Strategic National Stockpile Assets.

Events that can Provide Justification for SNS Asset Deployment
A chemical, biological, radiological, nuclear, or explosive (CBRNE) event
A medical emergency brought on by a natural disaster
Claim of release by intelligence or law enforcement
An indication from intelligence sources or law enforcement of an increased potential for a terrorist attack
Clinical, laboratory, or epidemiological indications including: • A large number of persons with similar symptoms, disease, syndrome, or deaths • An unusual illness in a population – single case of disease from uncommon agent, and / or a disease with unusual geographic or seasonal distribution, and / or an endemic disease or unexplained increase in incidence • A higher than normal morbidity and mortality from a common disease or syndrome • A failure of a common disease to respond to usual therapy • Multiple unusual or unexplained disease entities in the same patient • Multiple atypical presentations of disease agents • Similar genetic type in agents isolated from temporally or spatially distinct sources • Unusual, genetically engineered, or an antiquated strain of a disease agent • Simultaneous clusters of similar illness in non-contiguous areas • Atypical aerosol-, food-, or water-borne transmission of a disease • Deaths or illness among animals that precedes or accompanies human death
Unexplained increases in emergency medical service requests
Unexplained increases in antibiotic prescriptions or over-the-counter medication use
Regional and Local Resource Considerations for Deploying SNS Assets
A number of current casualties exceeding the local response capabilities available
The projected needs of the population of the area (including transients)
The hospital surge capacity at the time of the event
The availability of state resources including pharmaceutical distributors, oxygen distributor availability, nearby hospitals, and transportation services
Local resources (e.g., pharmacy distribution, oxygen availability, and transport capacity)

2. Inventory Control Plan

Overview

Inventory and resupply management includes tracking and managing SNS materiel transferred to state custody, stored within the RSS, and delivered to the delivery sites. The designated Materiel Manager and Repackaging Manager will both serve to oversee inventory management.

As supplies are moved throughout Mississippi, the Materiel Manager needs to:

- Track all receipts
- Apportion supplies
- Process requests from dispensing sites and treatment centers
- Create issue documents for picking materiel
- Record the locations to which it sends all materiel, equipment, and cargo containers
- Monitor stock levels and work with the TARU to replenish materiel
- Recover unused SNS materiel and assets.

Desired attributes for an inventory management system should include:

- Be compatible with the pipe-delimited file that the CDC will provide
- Upload push-package inventory
- Upload VMI inventory
- Upload other inventories as provided by the CDC
- Track all receipts
- Apportion supplies
- Create issue and report documents
- Record locations to which materials, equipment and cargo containers are sent
- Monitor stock levels and levels for replenishing supplies
- Recover unused SNS assets

Additional Attributes to consider:

- Separate pick lists for controlled substances
- Computer generated warning when stock has met a critical inventory minimal threshold
- Assign/read barcode for location, lot, expiration date
- Volumetric location capacity
- Track pallet/product to dispensing sites
- Track movement of product between dispensing sites
- Report when shipment arrives to dispensing site
- User level security
- Back order capabilities
- Complete audit trail of stock movement
- Apportionment with map according to population/area for city, county, district, state
- Assign order priority
- Alternate dispensing site from original
- Review orders by site and time
- Reprint orders
- Break a case
- Apportion for multiple events

This annex provides a method to track:

- What items are coming in to the warehouse
- Which items are in which locations of the warehouse
- How many of each item are in the warehouse
- What items were shipped to each site.

Inventory Management Procedures

Issuing and tracking SNS materiel consists of three basic levels described below:

- Receipts of SNS materiel from CDC
- SNS materiel stored in the RSS
- Issues of SNS materiel to dispensing, treatment, and other delivery sites.

The Mississippi SNS Inventory Management System (IMS) is a customized computer application that is based on Oracle Corporation technologies. It is designed using Oracle's Application Server Forms and Relational Database components. It is capable of programatically reading the TARU inventory file and distributing and accounting for all SNS push-package materiel. Applications within the IMS calculate total items received, distributed and remaining in stock.

Electronic Spreadsheet backup versions of the IMS are included with the electronic version of this plan. This Microsoft Excel Workbook contains spreadsheets that can be filled in electronically or printed out and used as paper forms:

- Initial inventory report (to track all materiel received from CDC)
- Remaining inventory in stock (to track where materiel is stored in the RSS)
- Pick lists and apportionment reports (to track all materiel issued to delivery sites).

In the event that the response begins and a computer (with the Mississippi IMS installed) is not available, the forms (which mirror the electronic worksheets) may be photocopied and used to manually record data. When a computer is available, data from the paper forms can then be transferred into the spreadsheet.

Event Background

In the event of a BT agent release and medical reports of illness (cases), determination that the event requires assets of SNS, a request for deployment of SNS executed by the State and approved by CDC

Upon arrival of SNS materiels to RSS site

1. Event is defined per MSDH Command Center (CC) and data faxed to RSS IM Team includes biologic agent and locale of event

2. MSDH CC notified by RSS State Lead of arrival of SNS push package (and receipt of inventory file)

3. IM Team receives and uploads file from CDC

4. IM Team prints initial inventory and fax to MSDH CC

5. Initial apportionment orders placed by epidemiologist in MSDH CC and faxed to RSS IM Team

6. RSS IM Team

1. Defines the event in the Information Management System

2. Selects apportionment of x % of SNS "treatment center supplies" (as indicated by MD in orders for initial apportionment)

3. Selects treatment centers

- all treatment centers within the IMS, or
- the 17 WMDs and 11 support hospitals, or
- individual hospitals as specified

1. Selects apportionment of x% of SNS "POD supplies" (as indicated by MD in orders for initial apportionment)

2. Selects PODs

- all PODs within the IMS, or
- all PODs within specified MS health districts, or
- individual PODs as specified

Apportionment

1. IM Team runs initial apportionment pick lists for treatment centers; including any orders for prophylaxis of healthcare workers at treatment centers.

Apportionment Example:

Hospitals	**Estimated maximum surge capacity**	**% apportionment based upon estimated maximum surge capacity**
WMD hospital 1	400	16.5
WMD hospital 2	100	4.1
WMD hospital 3	120	5
WMD hospital 4	200	8.2
WMD hospital 5	100	4.1
WMD hospital 6	300	12.3
WMD hospital 7	200	8.3
WMD hospital 8	150	6.2
WMD hospital 9	60	2.5
WMD hospital 10	80	3.3
WMD hospital 11	50	2.1
WMD hospital 12	100	4.1
WMD hospital 13	50	2.1
WMD hospital 14	50	2.1
WMD hospital 15	120	5
WMD hospital 16	20	1
WMD hospital 17	50	2.1
Support hospital 1	24	1
Support hospital 2	24	1
Support hospital 3	24	1
Support hospital 4	24	1
Support hospital 5	24	1
Support hospital 6	24	1
Support hospital 7	24	1

Support hospital 8	24	1
Support hospital 9	24	1
Support hospital 10	24	1
Support hospital 11	24	1
Total	**2414**	**100**

2. * Deducts from IMS quantity of oral prophylaxis sent to treatment centers

- Runs initial apportionment pick lists for PODs
- Initial apportionment options for oral antibiotics include:
    - To a flexible number of PODs by projected patient count
    - By county census data
    - Per 1000 persons affected
    - Any combination of the above 3 methods

Apportionment examples:

1. To a flexible number of PODs

POD	**Patient count**	**% apportionment based on estimated patient count**
POD1	6000	20
POD2	5000	17
POD3	1000	3
POD4	10000	33
POD5	8000	27
Total	**30000**	**100**

2. Apportion By Census Data

Spreadsheet of each county with census data (adult and pediatric 0-4yrs)

Computer program to determine:

Population served at POD= county census data / number of PODs in county

Pediatric population served at POD: census data for peds 0-4 yrs of age / number of PODs in county = number of 4 ounce bottles that need to be dispensed

3. Apportion Per 1000 Persons Affected

PLAGUE and TULAREMIA

Apportionment based upon 50% ciprofloxacin 500 mg tablets, and 50% doxycycline 100 mg tablets

Patient count	Bottles Required		Cases Required		Bottles Issued	
	Doxy	Cipro	Doxy 100bot/case	Cipro 100bot/case	Doxy	Cipro
1000	500	500	5	5	500	500
2000	1000	1000	10	10	1000	1000
3000	1500	1500	15	15	1500	1500
4000	2000	2000	20	20	2000	2000
5000	2500	2500	25	25	2500	2500
6000	3000	3000	30	30	3000	3000
7000	3500	3500	35	35	3500	3500
8000	4000	4000	40	40	4000	4000
9000	4500	4500	45	45	4500	4500
10,000	5000	5000	50	50	5000	5000
15,000	7500	7500	75	75	7500	7500
20,000	10000	10000	100	100	10000	10000
25,000	12500	12500	125	125	12500	12500
30,000	15000	15000	150	150	15000	15000
40,000	20000	20000	200	200	20000	20000
50,000	25000	25000	250	250	25000	25000
75,000	37500	37500	375	375	37500	37500
100,000	50000	50000	500	500	50000	50000

Staffing requirements

Proposed staffing requirements are two inventory management specialists and one apportionment coordinator per shift.

Equipment requirements

- Oracle's Application Server Forms and Relational Database components
- Computer hardware and software to support Oracle systems
- Microsoft Excel applications for pick lists and reports
- Printer
- Basic office supplies, such as paper, pens and pencils, a photocopier machine, and a calculator.

3. Apportionment Charts

Revised 12/4/2002

	Cipro Cases/Distribution Site		Doxy Cases/Distribution Site		Amoxicillin Cases to Indicated Dispensing Sites			
Number of Prophylaxis Dispensing Sites	**147 Cases of 400 Unit-of-Use Bottles [500mg Tabs]**	**301 Cases of 100 Unit-of-Use Bottles [500mg Tabs]**	**147 Cases of 400 Unit-of-Use Bottles [100mg Tabs]**	**301 Cases of 100 Unit-of-Use Bottles [100mg Tabs]**	**40 Cases of 40 Unit-of-Use Bottles [200mg Chewable Tabs]**	**40 Cases of 40 Unit-of-Use Bottles [500mg Capsules]**	**40 Cases of 80 Unit-of-Use Bottles [500mg Capsules]**	**40 Cases of 480 Unit-of-Use Bottles [500mg Capsules]**
1	147 to 1 site	301 to 1 site	147 to 1 site	301 to 1 site	40 to 1 site	40 to 1 site	40 to 1 site	40 to 1 site
2	74 to 1 site 73 to 1 site	150 to 1 site 151 to 1 site	74 to 1 site 73 to 1 site	150 to 1 site 151 to 1 site	20 to 2 sites	20 to 2 sites	20 to 2 sites	20 to 2 sites
3	49 to 3 sites	100 to 2 sites 101 to 1 site	49 to 3 sites	100 to 2 sites 101 to 1 site	14 to 1 site----> 13 to 2 sites--->	16 to 1 site----> 12 to 2 sites--->	20 to 1 site----> 10 to 2 sites--->	12 to 1 site 14 to 2 sites
4	36 to 2 sites 37 to 1 site 38 to 1 site	75 to 3 sites 76 to 1 site	36 to 2 sites 37 to 1 site 38 to 1 site	75 to 3 sites 76 to 1 site	10 to 4 sites	10 to 4 sites	10 to 4 sites	10 to 4 sites
5	29 to 3 sites 30 to 2 sites	60 to 4 sites 61 to 1 site	29 to 3 sites 30 to 2 sites	60 to 4 sites 61 to 1 site	8 to 5 sites	8 to 5 sites	8 to 5 sites	8 to 5 sites
6	24 to 4 sites 25 to 1 site 26 to 1 site	50 to 5 sites 51 to 1 site	24 to 4 sites 25 to 1site 26 to 1 site	50 to 5 sites 51 to 1 site	6 to 4 sites----> 8 to 2 sites---->	10 to 4 sites--->> 0 to 2 sites---->	9 to 4 sites----> 2 to 2 sites---->	6 to 4 sites 8 to 2 sites
7	21 to 7 sites	43 to 7 sites	21 to 7 sites	43 to 7 sites	6 to 5 sites----> 5 to 2 sites---->	2 to 5 sites----> 15 to 2 sites-->	6 to 5 sites----> 5 to 2 sites---->	6 to 5 sites 5 to 2 sites
8	18 to 5 sites 19 to 3 sites	37 to 3 sites 38 to 5 sites	18 to 5 sites 19 to 3 sites	37 to 3 sites 38 to 5 sites	5 to 8 sites	5 to 8 sites	5 to 8 sites	5 to 8 sites
9	16 to 6 sites 17 to 3 sites	33 to 5 sites 34 to 4 sites	16 to 6 sites 17 to 3 sites	33 to 5 sites 34 to 4 sites	4 to 1 site-----> 4 to 4 sites----> 5 to 4 sites---->	4 to 1 site-----> 3 to 4 sites----> 6 to 4 sites---->	8 to 1 site-----> 8 to 4 sites----> 0 to 4 sites---->	4 to 1 site 4 to 4 sites 5 to 4 sites
10	14 to 3 sites 15 to 7 sites	30 to 9 sites 31 to 1 site	14 to 3 sites 15 to 7 sites	30 to 9 sites 31 to 1 site	4 to 10 sites	4 to 10 sites	4 to 10 sites	4 to 10 sites

11	13 to 7 sites 14 to 4 sites	27 to 7 sites 28 to 4 sites	13 to 7 sites 14 to 4 sites	27 to 7 sites 28 to 4 sites	4 to 1 site----->4 to 6 sites---->3 to 4 sites---->	6 to 1 site----->3 to 6 sites--->4 to 4 sites--->	0 to 1 site----->2 to 6 sites---->7 to 4 sites---->	4 to 1 site 4 to 6 sites 3 to 4 sites
12	12 to 9 sites 13 to 3 sites	25 to 11 sites 26 to 1 site	12 to 9 sites 13 to 3 sites	25 to 11 sites 26 to 1 site	3 to 8 sites----->4 to 4 sites----->	5 to 8 sites--->0 to 4 sites--->	4 to 8 sites---->2 to 4 sites---->	3 to 8 sites 4 to 4 sites
13	11 to 9 sites 12 to 4 sites	23 to 11 sites 24 to 2 sites	11 to 9 sites 12 to 4 sites	23 to 11 sites 24 to 2 sites	3 to 1 site------>3 to 1 site------>3 to 10 sites--->4 to 1 site------>	0 to 1 site------>0 to 1 site------>4 to 10 sites--->0 to 1 site------>	5 to 1 site------>5 to 1 site------>3 to 10 sites--->0 to 1 site------>	3 to 1 site------> 3 to 1 site------> 3 to 10 sites---> 4 to 1 site------>
14	10 to 7 sites 11 to 7 sites	21 to 7 sites 22 to 7 sites	10 to 7 sites 11 to 7 sites	21 to 7 sites 22 to 7 sites	2 to 2 sites---->3 to 12 sites--->	2 to 2 sites--->3 to 12 sites-->	8 to 2 sites---->2 to 12 sites--->	2 to 2 sites 3 to 12 sites
15	9 to 3 sites 10 to 12 sites	20 to 14 sites 21 to 1 site	9 to 3 sites 10 to 12 sites	20 to 14 sites 21 to 1 site	2 to 8 sites---->3 to 4 sites---->4 to 3 sites---->	5 to 8 sites--->0 to 4 sites--->0 to 3 sites--->	4 to 8 sites---->2 to 4 sites---->0 to 3 sites---->	2 to 8 sites 3 to 4 sites 4 to 3 sites
16	9 to 13 sites 10 to 3 sites	18 to 3 sites 19 to 13 sites	9 to 13 sites 10 to 3 sites	18 to 3 sites 19 to 13 sites	2 to 8 sites---->3 to 8 sites---->	3 to 8 sites--->2 to 8 sites--->	5 to 8 sites---->0 to 8 sites---->	2 to 8 sites 3 to 8 sites
17	8 to 6 sites 9 to 11 sites	17 to 5 sites 18 to 12 sites	8 to 6 sites 9 to 11 sites	17 to 5 sites 18 to 12 sites	2 to 1 site----->2 to 10 sites-->3 to 6 sites---->	20 to 1 site---->2 to 10 sites->0 to 6 sites--->	0 to 1 site----->4 to 10 sites--->0 to 6 sites---->	2 to 1 site 2 to 10 sites 3 to 6 sites
18	8 to 15 sites 9 to 3 sites	16 to 5 sites 17 to 13 sites	8 to 15 sites 9 to 3 sites	16 to 5 sites 17 to 13 sites	2 to 2 sites---->2 to 12 sites-->3 to 4 sites---->	2 to 2 sites--->3 to 12 sites->0 to 4 sites--->	2 to 2 sites---->3 to 12 sites--->0 to 4 sites---->	2 to 2 sites 2 to 12 sites 3 to 4 sites
19	7 to 5 sites 8 to 14 sites	15 to 4 sites 16 to 14 sites 17 to 1 site	7 to 5 sites 8 to 14 sites	15 to 4 sites 16 to 14 sites 17 to 1 site	2 to 1 site----->2 to 6 sites---->2 to 10 sites-->3 to 2 sites---->	4 to 1 site---->1 to 6 sites--->3 to 10 sites->0 to 2 sites--->	2 to 1 site----->3 to 6 sites---->2 to 10 sites-->0 to 2 sites---->	2 to 1 site 2 to 6 sites 2 to 10 sites 3 to 2 sites
20	7 to 13 sites 8 to 7 sites	15 to 19 sites 16 to 1 site	7 to 13 sites 8 to 7 sites	15 to 19 sites 16 to 1 site	2 to 20 sites	2 to 20 sites	2 to 20 sites	2 to 20 sites
21	7 to 21 sites	14 to 14 sites 15 to 7 sites	7 to 21 sites	14 to 14 sites 15 to 7 sites	1 to 2 sites---->2 to 3 sites---->2 to 8 sites---->2 to 8 sites---->	1 to 2 sites---->2 to 3 sites---->2 to 8 sites---->2 to 8 sites---->	9 to 2 sites---->2 to 3 sites---->1 to 8 sites---->1 to 8 sites---->	1 to 2 sites 2 to 3 sites 2 to 8 sites 2 to 8 sites

22	6 to 7 sites 7 to 15 sites	13 to 7 sites 14 to 15 sites	6 to 7 sites 7 to 15 sites	13 to 7 sites 14 to 15 sites	1 to 4 sites----> 2 to 8 sites----> 2 to 10 sites-->	1 to 4 sites----> 2 to 8 sites----> 2 to 10 sites--->	8 to 4 sites----> 1 to 8 sites----> 0 to 10 sites--->	1 to 4 sites 2 to 8 sites 2 to 10 sites
23	6 to 14 sites 7 to 9 sites	13 to 21 sites 14 to 2 sites	6 to 14 sites 7 to 9 sites	13 to 21 sites 14 to 2 sites	1 to 6 sites----> 2 to 1 site-----> 2 to 8 sites----> 2 to 8 sites---->	0 to 6 sites----> 0 to 1 site-----> 1 to 8 sites----> 4 to 8 sites---->	5 to 6 sites----> 2 to 1 site-----> 1 to 8 sites----> 0 to 8 sites---->	1 to 6 sites 2 to 1 site 2 to 8 sites 2 to 8 sites
24	6 to 21 sites 7 to 3 sites	12 to 11 sites 13 to 13 sites	6 to 21 sites 7 to 3 sites	12 to 11 sites 13 to 13 sites	1 to 8 sites----> 2 to 8 sites----> 2 to 8 sites---->	4 to 8 sites----> 0 to 8 sites----> 1 to 8 sites---->	4 to 8 sites----> 1 to 8 sites----> 0 to 8 sites---->	1 to 8 sites 2 to 8 sites 2 to 8 sites
25	5 to 3 sites 6 to 22 sites	12 to 24 sites 13 to 1 site	5 to 3 sites 6 to 22 sites	12 to 24 sites 13 to 1 site	1 to 10 sites 2 to 15 sites	8 to 1 site-----> 4 to 8 sites----> 0 to 8 sites----> 0 to 8 sites---->	8 to 1 site-----> 4 to 8 sites----> 0 to 8 sites----> 0 to 8 sites---->	0 to 1 site 1 to 8 sites 2 to 8 sites 2 to 8 sites
26	5 to 9 sites 6 to 17 sites	11 to 11 sites 12 to 15 sites	5 to 9 sites 6 to 17 sites	11 to 11 sites 12 to 15 sites	1 to 2 sites-----> 1 to 10 sites----> 2 to 14 sites---->	10 to 2 sites---> 2 to 10 sites---> 0 to 14 sites--->	1 to 2 sites----> 1 to 10 sites---> 2 to 14 sites--->	1 to 2 sites----> 1 to 10 sites---> 2 to 14 sites--->
27	5 to 15 sites 6 to 12 sites	11 to 23 sites 12 to 4 sites	5 to 15 sites 6 to 12 sites	11 to 23 sites 12 to 4 sites	2 to 1 site------> 2 to 12 sites---> 1 to 14 sites--->	16 to 1 site-----> 2 to 12 sites---> 0 to 14 sites--->	4 to 1 site------> 3 to 12 sites---> 0 to 14 sites--->	0 to 1 site 1 to 12 sites 2 to 14 sites
28	5 to 21 sites 6 to 7 sites	10 to 7 sites 11 to 21 sites	5 to 21 sites 6 to 7 sites	10 to 7 sites 11 to 21 sites	1 to 4 sites-----> 1 to 12 sites---> 2 to 12 sites--->	1 to 4 sites-----> 3 to 12 sites---> 0 to 12 sites--->	4 to 4 sites----> 2 to 12 sites---> 0 to 12 sites--->	1 to 4 sites 1 to 12 sites 2 to 12 sites
29	5 to 27 sites 6 to 2 sites	10 to 18 sites 11 to 11 sites	5 to 27 sites 6 to 2 sites	10 to 18 sites 11 to 11 sites	1 to 4 sites----> 1 to 14 sites---> 2 to 11 sites--->	3 to 4 sites---> 2 to 14 sites--> 0 to 11 sites--->	3 to 4 sites---> 2 to 14 sites--> 0 to 11 sites--->	1 to 4 sites 1 to 14 sites 2 to 11 sites
30	4 to 3 sites 5 to 27 sites	10 to 29 sites 11 to 1 site	4 to 3 sites 5 to 27 sites	10 to 29 sites 11 to 1 site	1 to 20 sites---> 2 to 10 sites--->	2 to 20 sites---> 0 to 10 sites--->	2 to 20 sites---> 0 to 10 sites--->	1 to 20 sites 2 to 10 sites
31	4 to 8 sites 5 to 23 sites	9 to 9 sites 10 to 22 sites	4 to 8 sites 5 to 23 sites	9 to 9 sites 10 to 22 sites	1 to 2 sites----> 1 to 20 sites---> 2 to 9 sites---->	10 to 2 sites---> 1 to 20 sites---> 0 to 9 sites---->	0 to 2 sites----> 2 to 20 sites---> 0 to 9 sites---->	1 to 2 sites 1 to 20 sites 2 to 9 sites
32	4 to 13 sites 5 to 19 sites	9 to 19 sites 10 to 13 sites	4 to 13 sites 5 to 19 sites	9 to 19 sites 10 to 13 sites	1 to 4 sites----> 1 to 20 sites---> 2 to 8 sites---->	5 to 4 sites----> 1 to 20 sites---> 0 to 8 sites---->	0 to 4 sites----> 2 to 20 sites---> 0 to 8 sites---->	1 to 4 sites 1 to 20 sites 2 to 8 sites

33	4 to 18 sites 5 to 15 sites	9 to 29 sites 10 to 4 sites	4 to 18 sites 5 to 15 sites	9 to 29 sites 10 to 4 sites	1 to 26 sites 2 to 7 sites	5 to 2 sites---->5 to 2 sites---->1 to 20 sites--->0 to 9 sites---->	8 to 2 sites---->2 to 2 sites---->1 to 20 sites--->0 to 9 sites---->	0 to 2 sites 1 to 2 sites 1 to 20 sites 2 to 9 sites
34	4 to 23 sites 5 to 11 sites	8 to 5 sites 9 to 29 sites	4 to 23 sites 5 to 11 sites	8 to 5 sites 9 to 29 sites	1 to 2 sites---->1 to 6 sites---->1 to 20 sites--->2 to 6 sites---->	0 to 2 sites---->0 to 6 sites---->2 to 20 sites--->0 to 6 sites---->	4 to 2 sites---->2 to 6 sites---->1 to 20 sites--->0 to 6 sites---->	1 to 2 sites 1 to 6 sites 1 to 20 sites 2 to 6 sites
35	4 to 28 sites 5 to 7 sites	8 to 14 sites 9 to 21 sites	4 to 28 sites 5 to 7 sites	8 to 14 sites 9 to 21 sites	1 to 10 sites--->1 to 20 sites--->2 to 5 sites---->	0 to 10 sites--->2 to 20 sites--->0 to 5 sites---->	2 to 10 sites--->1 to 20 sites--->0 to 5 sites---->	1 to 10 sites 1 to 20 sites 2 to 5 sites
36	4 to 33 sites 5 to 3 sites	8 to 23 sites 9 to 13 sites	4 to 33 sites 5 to 3 sites	8 to 23 sites 9 to 13 sites	1 to 4 sites---->1 to 8 sites---->1 to 20 sites--->2 to 4 sites----->	3 to 4 sites---->1 to 8 sites---->1 to 20 sites--->0 to 4 sites----->	1 to 4 sites---->2 to 8 sites---->1 to 20 sites--->0 to 4 sites---->	1 to 4 sites 1 to 8 sites 1 to 20 sites 2 to 4 sites
37	3 to 1 site 4 to 36 sites	8 to 32 sites 9 to 5 sites	3 to 1 site 4 to 36 sites	8 to 32 sites 9 to 5 sites	1 to 4 sites---->1 to 10 sites--->1 to 20 sites--->2 to 3 sites---->	5 to 4 sites---->0 to 10 sites--->1 to 20 sites--->0 to 3 sites---->	0 to 4 sites---->2 to 10 sites--->1 to 20 sites--->0 to 3 sites---->	1 to 4 sites 1 to 10 sites 1 to 20 sites 2 to 3 sites
38	3 to 5 sites 4 to 33 sites	7 to 3 sites 8 to 35 sites	3 to 5 sites 4 to 33 sites	7 to 3 sites 8 to 35 sites	1 to 4 sites---->1 to 8 sites---->1 to 24 sites--->2 to 2 sites---->	4 to 4 sites---->0 to 8 sites---->1 to 24 sites--->0 to 2 sites---->	0 to 4 sites---->2 to 8 sites---->1 to 24 sites--->0 to 2 sites---->	1 to 4 sites 1 to 8 sites 1 to 24 sites 2 to 2 sites
39	3 to 9 sites 4 to 30 sites	7 to 11 sites 8 to 28 sites	3 to 9 sites 4 to 30 sites	7 to 11 sites 8 to 28 sites	1 to 2 sites---->1 to 16 sites--->1 to 20 sites--->2 to 1 site------>	2 to 2 sites---->1 to 16 sites--->1 to 20 sites--->0 to 1 site------>	2 to 2 sites---->1 to 16 sites--->1 to 20 sites--->0 to 1 site------>	1 to 2 sites 1 to 16 sites 1 to 20 sites 2 to 1 site
40	3 to 13 sites 4 to 27 sites	7 to 19 sites 8 to 21 sites	3 to 13 sites 4 to 27 sites	7 to 19 sites 8 to 21 sites	1 to 40 sites	1 to 40 sites	1 to 40 sites	1 to 40 sites

Number of Sites for Dispensing Oral Prophylaxis	Ciprofloxacin HCL Oral Suspension 250mg/5ml (100 ml) Bottle 24/Case Total: 167 Cases		Doxycycline Hyclate Oral Suspension 25mg/5ml (60 ml) Bottle 48 Bottles/Case Total: 334 Cases
1	167 cases to 1 site	**1**	334 cases to 1 site
2	83 cases to 1 site & 84 cases to 1 site	**2**	167 cases to 1 site & 167 cases to 1 site
3	55 cases to 1 site & 56 cases to 2 sites	**3**	111 cases to 2 sites & 112 cases to 1 site
4	41 cases to 1 site & 42 cases to 3 sites	**4**	83 cases to 2 sites & 84 cases to 2 sites
5	33 cases to 3 sites & 34 cases to 2 sites	**5**	66 cases to 1 site & 67 cases to 4 sites
6	27 cases to 1 site & 28 cases to 5 sites	**6**	55 cases to 2 sites & 56 cases to 4 sites
7	23 cases to 1 site & 24 cases to 6 sites	**7**	47 cases to 2 sites & 48 cases to 5 sites
8	20 cases to 1 site & 21 cases to 7 sites	**8**	41 cases to 2 sites & 42 cases to 6 sites
9	18 cases to 4 sites & 19 cases to 5 sites	**9**	37 cases to 8 sites & 38 cases to 1 site
10	16 cases to 3 sites & 17 cases to 7 sites	**10**	33 cases to 6 sites & 34 cases to 4 sites
11	15 cases to 9 sites & 16 cases to 2 sites	**11**	30 cases to 7 sites & 31 cases to 4 sites
12	13 cases to 1 site & 14 cases to 11 sites	**12**	27 cases to 2 sites & 28 cases to 10 sites
13	12 cases to 2 sites & 13 cases to 11 sites	**13**	25 cases to 4 sites & 26 cases to 9 sites
14	11 cases to 1 site & 12 cases to 13 sites	**14**	23 cases to 2 sites & 24 cases to 12 sites
15	11 cases to 13 sites & 12 cases to 2 sites	**15**	22 cases to 11 sites & 23 cases to 4 sites
16	10 cases to 9 sites & 11 cases to 7 sites	**16**	20 cases to 2 sites & 21 cases to 14 sites
17	9 cases to 3 sites & 10 cases to 14 sites	**17**	19 cases to 6 sites & 20 cases to 11 sites
18	9 cases to 13 sites & 10 cases to 5 sites	**18**	18 cases to 8 sites & 19 cases to 10 sites
19	8 cases to 4 sites & 9 cases to 15 sites	**19**	17 cases to 8 sites & 18 cases to 11 sites
20	8 cases to 13 sites & 9 cases to 7 sites	**20**	16 cases to 6 sites & 17 cases to 14 sites
21	7 cases to 1 site & 8 cases to 20 sites	**21**	15 cases to 2 sites & 16 cases to 19 sites
22	7 cases to 9 sites & 8 cases to 13 sites	**22**	15 cases to 18 sites & 16 cases to 4 sites
23	7 cases to 17 sites & 8 cases to 6 sites	**23**	14 cases to 11 sites & 15 cases to 12 sites
24	6 cases to 1 site & 7 cases to 23 sites	**24**	13 cases to 2 sites & 14 cases to 22 sites
25	6 cases to 8 sites & 7 cases to 17 sites	**25**	13 cases to 16 sites & 14 cases to 9 sites
26	6 cases to 15 sites & 7 cases to 11 sites	**26**	12 cases to 4 sites & 13 cases to 22 sites

27	6 cases to 22 sites & 7 cases to 5 sites	**27**	12 cases to 17 sites & 13 cases to 10 sites
28	5 cases to 1 site & 6 cases to 27 sites	**28**	11 cases to 2 sites & 12 cases to 26 sites
29	5 cases to 7 sites & 6 cases to 22 sites	**29**	11 cases to 14 sites & 12 cases to 15 sites
30	5 cases to 13 sites & 6 cases to 17 sites	**30**	11 cases to 26 sites & 12 cases to 4 sites
31	5 cases to 19 sites & 6 cases to 12 sites	**31**	10 cases to 7 sites & 11 cases to 24 sites
32	5 cases to 25 sites & 6 cases to 7 sites	**32**	10 cases to 18 sites & 11 cases to 14 sites
33	5 cases to 31 sites & 6 cases to 2 sites	**33**	10 cases to 29 sites & 11 cases to 4 sites
34	4 cases to 3 sites & 5 cases to 31 sites	**34**	9 cases to 6 sites & 10 cases to 28 sites
35	4 cases to 8 sites & 5 cases to 27 sites	**35**	9 cases to 16 sites & 10 cases to 19 sites
36	4 cases to 13 sites & 5 cases to 23 sites	**36**	9 cases to 26 sites & 10 cases to 10 sites
37	4 cases to 18 sites & 5 cases to 19 sites	**37**	9 cases to 36 sites & 10 cases to 1 site
38	4 cases to 23 sites & 5 cases to 15 sites	**38**	8 cases to 8 sites & 9 cases to 30 sites
39	4 cases to 28 sites & 5 cases to 11 sites	**39**	8 cases to 17 sites & 9 cases to 22 sites
40	4 cases to 33 sites & 5 cases to 7 sites	**40**	8 cases to 26 sites & 9 cases to 14 sites

4. Transportation Plan

Overview

The purpose of this plan is to ensure adequate transportation assets (people, vehicles, and materiel handling equipment) are available to move SNS materiel throughout the SNS distribution system.

There are two basic support requirements:

- Movement of the SNS in bulk configuration to the designated RSS site, after transfer of custody of the SNS to the State
- Movement of materiel from the RSS to the designated dispensing and other delivery points.

The primary method of transporting materiel from the RSS to delivery points will be trucks. An alternate method will be helicopters. The main delivery points are the dispensing sites and hospitals.

Responsible agencies and personnel

The MSDH is responsible for planning and overseeing all aspects of SNS distribution.

- Trucks and drivers will be provided by the RSS site as designated under the current memorandum of agreement. Alternatively, trucks and drivers will be provided by MEMA.
- The RSS Transportation Unit has the following responsibilities:

    1. Tracking and monitoring all vehicles and shipments (this requires communications with the vehicle operators);
    2. Ensuring that all vehicles are fueled and maintained; and
    3. Coordinating with law enforcement to ensure roads can be cleared, routes are delineated, and vehicles can be escorted.

Tracking

The transportation and delivery of materiel will be monitored using a situation board at the Administrative and Security Command and Control Center, situated at the designated RSS and by the monitoring system currently used by the RSS sites.

- Routine reports on the status of deliveries will be made to the RSS Task Force Leader (SNS RSS Lead).
- Drivers will obtain signatures on the delivery documents (pick lists/bills of ladle) that accompany SNS shipments and return those documents to the Inventory Management System (IMS) Unit.
- The process for delivery of controlled substances will comply with the DEA double lock standard and also have separate bills of ladle/pick sheets.

Fueling and repair

Refueling of trucks will be handled as needed through RSS sites, Local Emergency Managers, MEMA and the Department of Transportation depending on the specific locations.

Equipment needs

- Approximately 20 temperature-controlled trucks will be required to make deliveries to the delivery points. Memorandums of Agreement are established with RSS site providers to make use of their trucks as well as contracts with MEMA.
- Situation board/route map.

Personnel needs

Delivery of materiel will require 20 drivers and 20 additional ride along attendants per shift. Deliveries will continue on a twenty-four hour basis using 2 12-hour shifts for a total personnel requirement of 40 drivers and 40 attendants.

Communications and Security

Every vehicle/mode of transportation used for delivery needs to have appropriate radios/communications equipment to communicate with the RSS Transportation Unit, SEOC, and MSDH ESF-9 Support Cell.

Security will be provided for the transport of materiel by MS DPS or Mississippi Military department

5. Communications Plan

Overview

Communications is an essential element is ensuring and effective emergency response. Real time positive communications is critical to ensure continual and timely flow of medications and supplies to various dispensing and treatment sites. Communications modes and frequencies currently integrate with Mississippi's emergency communications plans. The SNS communications network will provide positive communications between the SEOC, MSDH ESF-8 Support Cell, RSS, and PODs.

This section involves technical aspects of communications, not to be confused with public information.

Responsible personnel

The MSDH Agency Information Technology Communications Unit Leader (ITAC) is responsible for

- The overall communications among key personnel, the RSS site, POS sites, as well as other involved agencies throughout the incident.
- Ensuring that staffs at the RSS, PODs, MSDH ESF-8 Support Cell, various command centers, and the vehicle operators are able to communicate with each other. These responsibilities also include equipment maintenance and repair.
- Alerting SNS communications staff of the emergency and recalling them to their designated sites.

Communications methods

The primary means of communication will be the existing phone lines at the RSS and the dispensing sites. All sites will be equipped with 800 MHz radios and SAT phones for a backup means of communications. Internet connections and fax machines at the sites may also be used.

The main communications methods are listed below:

RSS

- Existing phone/fax lines
- MSDH-provided cell phones, SAT phones, and radios

PODs

- Existing phone/fax lines
- MSDH-provided cell phones, SAT phones, and radios

Command centers (MSDH, MEMA)

- Existing phone/fax lines
- Agency-provided cell phones, SAT phones, and radios

Security

- Radios, cell phones, SAT phones provided by agency carrying out this function

Transportation

- Radios provided by agency carrying out this function

Key personnel at MSDH are able to access the Government Emergency Telephone Service (GETS), which routes calls through special emergency circuits when the phone system is overwhelmed. All MSDH emergency response personnel have cellular phones. All vehicles will be equipped with 800 MHz radios. Further alternate sources of communications will be developed and will include volunteer HAM radio operators, runners, and television.

Communications with hospitals will occur through existing phones lines. The Hospital Mutual Aid Radio System (HMARS) will serve as a backup method of communicating with hospitals.

Communications staff

In addition to the MSDH Agency ITAC, the RSS site and each POD will have a designated communications person. These persons will be responsible for communications equipment maintenance and repair at their assigned site.

Staff notification and recall

The MSDH Agency ITAC will be responsible for alerting staff of the emergency and recalling them to their designated sites.

Communications System

Information on the frequencies and call signs to be used by trucks and fixed sites is updated and maintained in the MSDH OEPR; these frequencies and call signs are utilized for this Plan. In addition, communications with helicopters will be through the HMARS or other state emergency frequencies that by prior coordination will be given to the agency providing air assets to the incident.

An inspection and maintenance schedule will be established to routinely check the communications infrastructure and equipment. A schedule will also be established to routinely update communications information and exercise call lists.

6. Security Plan

This section has been intentionally omitted.

7. Credentialing Plan and Badges

This section has been intentionally omitted.

8. Interim Risk Communication

Overview

The Mississippi State Department of Health (MSDH) must be able to successfully inform the public regarding the risks associated with potential outbreaks related to chemical or biologic agents of terrorism or pandemic influenza.

This plan is part of the overall Mississippi State Department of Health Response Plan for Bioterrorism and Emergency Response. MSDH will work through the Mississippi Emergency Management Agency (MEMA) and in coordination with the Governor's office. This current plan will be exercised and updated as part of the MSDH Bioterrorism Preparedness and Response Program.

Notification procedures

The bioterrorism plan and the Mississippi Public Health Crisis Communication Plan outline the notification procedures to be followed during a health emergency. According to these procedures, the Mississippi State Department of Health would notify the Mississippi Emergency Management Agency (MEMA) and the Governor's Office in the event of an emergency. A call down list (including bioterrorism communications staff, the State Health Officer, Health Protection staff, Epidemiologists, 24-7 hotline volunteer operators, and MSDH print shop employees) would then be activated. First, all bioterrorism staff will be notified. All bioterrorism staff has cell phones and beepers for instant access. Other communications staff will be notified and placed on stand-by for support. The MEMA call down list of other agencies would be notified and other MSDH personnel as needed. MSDH's Health Alert Network includes all Mississippi media, and over 6,000 hospitals, physicians, and emergency first responders.

Establishing the Joint Information Center (JIC)

In the event of a public health emergency, MEMA will establish an Emergency Operation Center and the Joint Information Center (JIC) at MSDH and/or at the event site. Public Information Officers from all agencies participating in the response will come together at both locations to ensure the coordination and release of accurate and consistent information. Additional staff will mobilize and set up communications throughout the state.

The JIC will be staffed 24-hours per day and will be in continuous communication with the SEOC command center through a dedicated phone line and cell phones.

Staff responsibilities

During an emergency, the Mississippi State Department of Health spokesperson (the State Health Officer or his designee) is the chief person responsible for communicating health risk information to the public. The MSDH personnel listed in this section will coordinate with the state and local officials.

The MSDH Public Information Officer will direct public information activities from the SEOC and coordinate with the JIC and dispensing sites. The MSDH Public Information Officer will report to the State Health Officer, the governor's office and MEMA.

Other staff members will be designated to serve as:

- Media representatives (SPOIV and PR II) – responsible for developing press releases, amending prepared templates, and other risk communication materiels and coordinating their approval and release

- Call Center Specialists (SPO I and SPO IV) – responsible for updating the public information hotline and briefing the staff on recent news and information to be shared with the public to be assisted with Administrative Specialist (administrative support)
- Website (the Business Systems Analyst and the Systems Administrator II) will be responsible for inserting prepared bioterrorism and emergency preparedness pages and continually updating information.
- Community Health Information Officers (Central Office, District and County staff) – responsible for distributing health risk information by means other than the media to the community (e.g., flyers, community meetings).

Response activities

The MSDH Public Information officer will be responsible for directing the following response activities:

- Evaluating the need to communicate risk information to the public
- Issuing prepared and new press releases
- Organizing and implementing press briefings and press conferences
- Developing material templates that address agent and threat to health, location of dispensing sites, what to bring and what not to bring to the site, information on drug used for prophylaxis and importance of completing the regimen would be distributed to the public and posted on the MSDH web site (300,000 1-sided sheet can be produced in 24 hrs when printing at our internal print shop)
- Work with MEMA in coordinating the activation of communications systems (e.g., Emergency Alert System) and press releases
- Monitoring media reports
- Initiating rumor control activities
- Activating the public call center and expanding capability of 24/7 hotline capacity
- Setting up a phone line for press inquiries
- Contacting the CDC Office of Communications.

Information verification and approval procedures

There are two types of communications materials: medical and non-medical. Medical materiel is intended to communicate medical and scientific information, such as disease risks and information on drug treatments. Non-medical material includes logistics and other information, such as where the public should report to receive prophylaxis or the hotline phone number.

Temporary procedures for reviewing, verifying, and approving medical and non-medical communications material follow. These procedures will be refined and updated as this plan is expanded and tested. Sample risk communication materials and resources are discussed in the next section.

Medical material

This material is being developed by the Communications Office in conjunction with MSDH medical professionals. This includes templates on bioterrorism agents and prophylaxis. Depending on the particular type of material and required expertise, material development and approval will be coordinated by the State Epidemiologist, State Pharmacy Director, Medical Director of Health Protection and the Director of the Office of Communications.

Following approval, the material will be turned over to the MSDH Public Information Officer for release or distribution.

NOTE: All template language should already be pre-approved so that in an event, the approval process is quick (adding agent, prophylaxis, dispensing site etc.)

Non-medical material

This material will be developed by the Communications Office in coordination with and under the advisement of the appropriate and necessary MSDH staff. Most of this material will be prepared and fine tuned in the event of an emergency. Following development, this material will be approved by the MSDH PIO and appropriate MSDH staff (if necessary).

Risk communication materials and resources

The MSDH Communications Office is currently developing bioterrorism and emergency preparedness materials (a bioterrorism and emergency preparedness campaign). As part of the CDC work plan, MSDH will be preparing permanent materials specific to a variety of emergency scenarios.

The following additional resources will be used during a health emergency:

- Web sites: sources of fact sheets and information on a variety of bioterrorism agents
- CDC bioterrorism web site (www.bioterrorism.cdc.gov) and MSDH website (www.MSDH.state.ms.us)
- JHU Center for Civilian Biodefense (www.hopkins-biodefense.org)
- Post-exposure Prophylaxis for Anthrax, Plague, and Tularemia CDC CD-ROM: Contains drug information sheets in 48 languages
- Expert consultation with CDC and the JHU Center for Civilian Biodefense
- Emergency Alert System (EAS), which can be accessed through the MEMA.

Call center

The MSDH Public Information Officer will activate the full emergency operational aspects of the 24/7 hotline. During a health emergency, additional lines will be added and emergency messages in three different languages will be available. Designated staff will be mobilized to establish a temporary call center at the JIC.

Policies and media lists

The MDSH Office of Communications already maintains written policies and procedures, and a list of statewide media contacts. This information will continue to be updated as necessary as this plan evolves and improves.

Debriefing and evaluation system

Key public health staff involved during an outbreak will perform an evaluation of emergency communications activities after the event has ended. The MSDH Public Information Officer will be responsible for coordinating after-action reports and lessons-learned documents.

9. Repackaging Plan

Overview

This section outlines how bulk SNS pharmaceuticals will be repackaged into individual regimens that will be delivered to the dispensing sites for distribution to the public. This effort will be managed by the Repackaging Manager and will occur at the designated RSS. The Repackaging Manger must be a licensed pharmacist in Mississippi or be a federalized pharmacist.

Responsibilities

The Repackaging Team will coordinate directly with the RSS Task Force Leader (SNS RSS Lead). The function of repackaging includes creating individual, labeled regimens of specific drugs that will be staged for delivery by the Materiel Manager.

Procedures

Bulk pharmaceuticals or repackaging equipment are not contained in the 12-Hour Push Package. All pharmaceuticals in a 12-Hour Push Package come in 10-day unit-of-use regimens. While 12-Hour Push Packages do not contain bulk drugs, bulk drugs may still be shipped to Mississippi from the Federal Stockpile if:

- Individual regimens in a 12-hour Push Package are insufficient;
- Shipments of prepackaged drugs from vendors are delayed; or
- Prepackaged medicines in the 12-Hour Push Package are not effective against a particular threat and new drugs arrive in bulk.

The Federal Division of the Strategic National Stockpile (DSNS) has contracts in place to repackage bulk drugs at the federal level. However, time constraints and supply requests may exceed this repackaging capability. Therefore Mississippi needs to be prepared for the possibility of having to repackage some medications at the RSS. If DSNS ships bulk drugs, required repackaging equipment will also be shipped.

Repackaging personnel located at the RSS will complete the following operations:

Unpack the SNS boxes and separate bulk medications from other medical supplies, such as surgical supplies that will be taken directly to hospitals.

- Count out individual doses depending on operational plans for multi-day regimen.
- Put individual doses in small packages (such as dispensing vials or sealed “baggies”).
- Label all individual packages. These labels should be printed in advance if possible.
- Assemble and load individual packages for distribution to dispensing sites.

Repackaging methods

If the DSNS ships repackaging equipment to Mississippi, we should expect to receive equipment that provides three methods for repackaging bulk drugs: auto repacking using the high speed, high volume industrial packaging machine; auto repacking using the Kirby Lester KL50 Tablet Counter; and hand counting with hand held volumetric pharmacist trays.

High-volume packaging machines

One or more large, high-volume packaging machines. They require special training that will be provided by the TARU. They are described in the following capacities:

- Capacity: 2400-labeled individual regimens per hour per machine.
- Staff requirements: two CDC TARU members assisted by 2 local staff members.
- Power requirement: 110 volts, 10 amps each.

Kirby Lester tablet counting machines (modified Kirby Lester model KL50)

Up to eight tablet-counting machine (modified Kirby Lester Model KL50). These are table-mounted versions of a commercial tablet counting machine found in many pharmacies. They are modified to count a fixed number of tablets with every touch of a foot pedal, and are described in the following capacities:

- Capacity: 1,000 regimens per hour per machine with hand-affixed labels.
- Staffing requirements: a five to eight-member team on each machine (to count; label; maintain supplies of tablets, baggies, labels; and pack repackaged drugs).
- Power requirement: 110 volts, 1 amp each.

Manual volumetric counting devices

One hundred manual volumetric counting devices. This hand-held device looks like a melon scoop with different size scoops on each end; one-end scoops 10 ciprofloxacin tablets at a time, and the other scoops 14 doxycycline tablets (before using the device, users should determine what 10 ciprofloxacin and 14 doxycycline tablets look like in each scoop). The manual counters are described in the following capacities:

- Capacity: A filler can prepare an average of 150 regimens per hour. This consists of putting a 10-day regimen of ciprofloxacin or a 14-day regimen of doxycycline into a Ziploc bag. This does not include labeling.
- Staffing Requirements: 100 people operating in two person teams, switching on and off counting and labeling. In this manner, each person may reach 150 regimens per hour.
- Power requirement: none.

Repackaging Output

According to CDC guidance, MSDH can reasonably expect to produce 18,400 to 22,400 individual regimens per hour as follows:

Method	Capacity /hour	Staffing per shift	Total staffing (2 12-hr shifts)
1 industrial packaging machine	2,400	2	4
Up to 8 tablet-counting machines	1,000 to 8,000	4 to 32	8 to 64
100 volumetric devices	15,000	200	400
Total	18,400 to 22,400	208 to 240	412 to 476

One pharmacist per method is also required per shift to oversee repackaging operations.

The MSDH Department of Pharmacy also owns two counting machines and 20 counting trays. Tests of repackaging output potential have been conducted utilizing this equipment and are described below.

1. Counting machines

   These are table-mounted versions of a commercial tablet counting machine found in many pharmacies. They are modified to count a fixed number of tablets with every touch of a foot pedal, and are described in the following capacities:

   - Capacity: 960 regimens per hour per machine with hand-affixed labels.
   - Staffing requirements: 18 persons per machine (to count; label; maintain supplies of tablets, baggies, labels; and pack repackaged drugs).
   - Power requirement: 110 volts, 1 amp each.

   For each counting machine, there are teams of 9 people, whose duties are as follows:

   - Machine operator: 1 person; counts tables from bulk into desired quantity in vial
   - Bag unzipper: 2 persons
   - Dumper: 2 persons; dumps from vial to baggie
   - Bag zipper: 2 persons; re-zips bag after dumping
   - Labeler: 1 person; labels baggie
   - Assistant (runner): 1 person; keeps machine filled with tablets, rotates vials, etc

2. Manual counting trays

   Counting trays (and associated supplies) are common equipment in the pharmacy setting for preparation of drug regimens. The manual counting trays are described in the following capacities:

   - Capacity: A filler can prepare an average of 420 regimens per hour. This consists of putting a 10-day regimen of ciprofloxacin or a 14-day regimen of doxycycline into a Ziploc bag with labeling applied.
   - Staffing Requirements: a three-member team for each counting tray (one person counts and dumps into baggie, one person unzips baggie, holds for dump, and re-zips baggie; one person labels). Every 5 teams would be supervised by a pharmacist.
   - Power requirement: none.

Method	Capacity /hour	Staffing per shift	Total staffing (2 12-hr shifts)
2 counting machines	1,920	18	36
20 counting trays	8,400	64	128
Total	10,320	82	164

From the aforementioned calculations, the total number of pharmacists needed per 12 hours shift totals six. From approximately fifty volunteer pharmacists that Mississippi has on our volunteer list, theoretically 25 would be available for each 12 hour shift. Pharmacist personnel resources would have to also serve in the capacity of compounding oral suspensions and is addressed in the Compounding Plan.

10. Compounding Plan

Overview

Oral antibiotic suspensions and syrups are provided for the treatment of children and adults who have trouble swallowing tablets. Chewable amoxicillin tablets are alternatives for pregnant women and people who are allergic to ciprofloxacin and doxycycline. The SNS contains limited quantities of oral suspensions, syrups, and chewable tablets because of high cost, relatively short shelf life, limited use in the private sector (thus making it difficult to rotate), and difficulty of predicting the numbers of people who might need these drugs. Therefore, converting ciprofloxacin and doxycycline tablets into oral suspension is recommended as an alternative for providing additional quantities of pediatric prophylactic regimens.

Purpose

The purpose of this plan is to help state/local pharmacy staffs prepare ciprofloxacin and doxycycline oral suspensions during a biological terrorist event. We provide systematic, simple instructions that people with limited compounding skills can follow. For those who wish to investigate the subject of oral suspensions further, we recommend the Paddock Laboratories, Inc., web page at

http://www.paddocklabs.com/publications/secundum/secart21.html.1

Responsible site and personnel

Most extemporaneous compounding will need to be effected by the private sector. For that which MSDH is responsible, the number of teams which one pharmacist can supervise is unknown, but is estimated to initially be two. Afterwards, when everyone is familiar with the procedure, then a pharmacist may supervise a larger number of teams.

As stated earlier, most compounding will need to be managed by the private sector, due to manpower shortages. It is highly instrumental to this program if:

- There are no restrictions/limits on the number of retail pharmacies which are utilized, and
- To make it more attractiave to them, a reimbursement rate is set for each patient treated to have this agreement written in contract form, or at least in the form of a memorandum of understanding.

The retail outlets which are considered to be high volume can be expected to serve only those patients in their immediate area. On the other hand, lower volume pharmacies and specialty pharmacies (e.g. compounding centers), will have more time to devote to community projects, and can be expected to cover a larger number of patients.

Oral suspensions for which MSDH is responsible, will be prepared at the RSS site. This will require the following resources:

- 10-20 pharmacists available to compound oral suspension from pills; and
- Clean conditions for compounding.

While all pharmacists learn how to compound drugs, few do it frequently enough to be proficient. Therefore, pharmacists employed at the MSDH pharmacy will have the primary responsibility of compounding oral suspensions.

Preparing Oral Suspensions of Ciprofloxacin and Doxycycline

Compounding Ciprofloxacin Oral Suspension

The instructions below produce 100 ml of 50-mg/ml ciprofloxacin hydrochloride oral suspension. If your mortar and pestle allow, you can double or triple ingredient quantities if you are able to triturate sufficient tablets. Typically, however, the size of your mortar and pestle will limit the amount of tablets that you can crush, wet, and suspend at one time. Mechanized equipment can speed the process and becomes increasingly important if you need to prepare large quantities.

Our instructions use 500 mg Bayer brand ciprofloxacin (Cipro) tablets, which are in the SNS. This tablet contains 500 mg of the active drug component. Our instructions do not require sieving, although the tablet contains a thin film coating.

Ingredients

The following ingredients prepare 100 ml of ciprofloxacin hydrochloride oral suspension in a strength of 50 mg/ml:

- Active ingredient: 10 Bayer Cipro 500 mg tablets
- Wetting agent: distilled water
- Suspending agent: Ora-Plus (Paddock Laboratories), 50 ml
- Vehicle: Ora-Sweet (Paddock Laboratories), to fill to (q.s.) to a final volume of 100 ml.

Directions

Triturate tablets in a mortar with pestle . Finely grind tablets with a ceramic or Wedgwood mortar and pestle. The finer the powder, the better the suspension. The resultant powder should be uniform in color and particle size.

1. Wet powder with distilled water (CRITICAL STEP). Wet the powder mass with a MINIMAL amount of water to form a thick viscous paste. A common mistake in compounding suspensions is to use too much wetting agent. Add water gradually to ensure minimal use and a thick paste. The mass should be smooth and uniform with no lumps when you are done.

2. Add 50 ml of Ora-Plus in geometric dilution. Add Ora-Plus to the powder in ever-increasing amounts, working in each addition until you form a uniform mix. The volume of the first addition of Ora-Plus should be similar to that of the Cipro/water paste. Geometric dilution means that each addition of Ora-Plus should approximately equal the volume of mixture in the mortar until you add all 50 ml. We suggest you use Ora-Plus as your suspending agent. Its physical characteristics make it easer to achieve proper volume than some suspending agents. Veegum is a viable alternative to Ora-Plus for this recipe. Other agents may work in an emergency after trial and error. Make sure you carefully inspect the resultant product for desired physical characteristics.

3. Q.S. to 100 ml with Ora-Sweet. Transfer the mixture from step 3 into the final container and use Ora-Sweet as the vehicle to "wash" out the mortar. Add Ora-Sweet in portions to the empty mortar to lift any drug mixture that sticks to the mortar's walls. Gradually add the washes to the final container. Top off the final container with Ora-Sweet to the desired volume and shake well. It is helpful to use a container that is slightly larger than the final desired volume for this step to allow for even dispersion after vigorous shaking. We recommend Ora-Sweet in this step. It is a berry-flavored vehicle that masks the bitter taste of drugs. It is compatible with Ora-Plus because the same manufacturer makes both. You may find it more convenient to compound a volume that intentionally exceeds the desired dispensing volume so that you can pour the final volume directly from the mortar to the dispensing container even though some mixture will stick to the mortar walls.

Alternatives to Ora-Sweet are cherry syrup, USP; sorbitol 70%; and simple syrup, USP. Cherry syrup, USP is a good substitute because it effectively masks drug taste. If you use sorbitol or simple syrup, USP, you need to add a flavoring agent because their sweetness alone does not mask drug taste. To achieve the proper final volume, you need to include the volume of the flavoring agent. A 3 to 4 ml addition of cherry flavor, USP (not the same as syrup) should be sufficient. Taste the final product to confirm its sweetness. If it is unpleasant, make adjustments. Flavoring is very important to achieve patient compliance. Not all flavorings mask the taste of drugs equally. Cherry and berry flavors usually work well at hiding bitter drug taste, as does unsweetened Kool-Aid powder. Add small amounts of the flavoring until you mask the drug's bitterness. The bitterness of ciprofloxacin suspension made from tablets makes it a particular challenge. Several compounding pharmacists have told us that it is very difficult to mask its bitter taste. They indicated that the flavorings we suggest above might not be acceptable to all patients. We suggest that you try giving patients a dose dab of Hershey's syrup (assuming no chocolate allergy) before and after administering the suspension. This is common practice in children's hospitals. We also suggest that the dispensing pharmacist witness the administration of the first dose to ensure compliance.

4. Label the container

5. Label the container as follows:

Do not freeze, store in refrigerator.
Preparation is stable for 2 months in refrigerator.
Shake well before use.

We suggest you mark filling levels (based on patient weight) on the reusable calibrated oral dosing syringes in the SNS and use them to dispense this suspension.

Compounding Doxycycline Hyclate Oral Suspension

The instructions below produce 60 ml of doxycycline hyclate oral suspension in a strength of 10 mg/ml. If your mortar and pestle allow, you can double or triple ingredient quantities if you are able to triturate sufficient tablets. Typically, however, the size of your mortar and pestle will limit the amount of tablets that you can crush, wet, and suspend at one time. Mechanized equipment can speed the process and becomes increasingly important if you need to prepare large quantities.

Our instructions use Zenith-Goldline and Schein brands of doxycycline tablet, which are in the SNS. These brands do not contain excessive film coatings or other formulation characteristics that require additional preparation steps, (e.g., sieving). This may not be true for other brands of doxycycline tablet. Note that a 100 mg doxycycline hyclate tablet contains 100 mg of doxycycline. Thus, you do not have to make complicated adjustments to compensate for the hyclate portion in the tablet to deliver 100% active drug component.

Ingredients

The ingredients below prepare doxycycline hyclate oral suspension, 10 mg/ml, 60 ml:

Active ingredient: 6 Doxycycline hyclate tablets

- Wetting agent: glycerin, USP, 1 ml
- Suspending agent: Ora-Plus (Paddock Laboratories), 30 ml
- Vehicle: Ora-Sweet (Paddock Laboratories), to q.s. to final volume
- (60 ml).

To provide flexibility, we mention some alternatives to the wetting agent, suspending agent, and vehicle in the directions.

Directions

1. Triturate tablets in a mortar with pestle. Finely grind tablets with a ceramic or Wedgwood mortar and pestle. The finer the powder, the better the suspension. The resultant powder should be uniform in color and particle size.

2. Wet powder with 1 ml glycerin (CRITICAL STEP). Wet the powder mass with MINIMAL amounts of glycerin to form a thick viscous paste (you may not need the full 1 ml). Adding too much wetting agent is a common mistake in compounding suspensions. Add glycerin gradually to ensure minimal use and a thick paste. The mass should be smooth and uniform with no lumps when you are done. If glycerin, USP is not available, you may also use ethanol, docusate sodium liquid, and Ora-Plus as wetting agents. Ora-Plus is primarily a suspending agent but you can also use it as a wetting agent. Whichever wetting agents you use, make sure you produce a smooth, uniform, thick paste.

3. Add 30 ml Ora-Plus in geometric dilution. Add Ora-Plus to the paste in ever-increasing amounts, working in each addition until you form a uniform mix. The volume of the first addition of Ora-Plus should be similar to that of the doxy/glycerin paste. Geometric dilution means that each addition of Ora-Plus should approximately equal the volume of mixture in the mortar until you add all 30 ml. We suggest you use Ora-Plus as your suspending agent. Its physical characteristics make it easer to achieve proper volume than some suspending agents. ScripTech suggests no alternatives to Ora-Plus for this recipe. Therefore, we recommend no alternatives. Other agents may work in an emergency after trial and error. Make sure you carefully inspect the resultant product for desired physical characteristics.

4. Q.S. to 60 ml with Ora-Sweet. Transfer the mixture from step 3 into the final container and use Ora-Sweet as the vehicle to "wash" out the mortar. Add Ora-Sweet in portions to the empty mortar to lift any drug mixture that sticks to the mortar's walls. Gradually add the washes to the final container. Top off the final container with Ora-Sweet to the desired volume and shake well. It is helpful to use a container that is slightly larger than the final desired volume for this step to allow for even dispersion after vigorous shaking. We recommend Ora-Sweet in this step. It is a berry-flavored vehicle that masks the bitter taste of drugs. It is compatible with Ora-Plus because the same manufacturer makes both. You may find it more convenient to compound a volume that intentionally exceeds the desired dispensing volume so that you can pour the final volume directly from the mortar to the dispensing container even though some mixture will stick to the mortar walls. Alternatives to Ora-Sweet are cherry syrup, USP; sorbitol 70%; and simple syrup, USP. Cherry syrup, USP is a good substitute because it effectively masks drug taste. If you use sorbitol or simple syrup, USP, you need to add a flavoring agent because their sweetness alone does not mask drug taste. To achieve the proper final volume, you need to include the volume of the flavoring agent. A 2 ml addition of cherry flavor, USP (not the same as syrup) should be sufficient. Taste the final product to confirm its sweetness. If it is unpleasant, make adjustments. Flavoring is very important to achieve patient compliance. Not all flavorings mask the taste of drugs equally. Cherry and berry flavors work especially well at hiding bitter drug taste. Unsweetened Kool-Aid powder also works well as a flavoring agent. Add small amounts of it until you mask the drug's bitterness.

5. Label the container

6. Label the container as follows:

    Do not freeze, store in refrigerator.
    Preparation is stable for 2 months in refrigerator.
    Shake well before use.

We suggest you mark filling levels (based on patient weight) on the reusable calibrated oral dosing syringes in the SNS and use them to dispense this suspension.

11. Plan for Maintenance Warehouse Operations

Warehouse infrastructure

Personnel roles and responsibilities

Long-term operations of a warehouse facility post disaster relief efforts shall be under the authority and direction of the Mississippi State Department of Health (MSDH). Personnel identified to sustain such operations will depend upon the magnitude of the operations, but generally will include

1. Warehouse Operations Chief

   This person is a MSDH employee and will function as a liaison between the Warehouse Operations Manager and the MSDH. He/she will facilitate any/all warehouse operations requests utilizing resources from the MSDH, state partners (including, but not limited to the Mississippi Emergency Management Agency, the Mississippi Department of Public Safety, the Mississippi Hospital Association, and the Mississippi Department of Transportation), and federal partners, as applicable. The Warehouse Operations Chief will operate mainly from the central office of the MSDH, but may assist on site at the warehouse as well.

2. Warehouse Operations Manager

   This person is a MSDH employee. He/she will oversee all operations of the warehouse and will be the daily point-of-contact for all contract personnel. He/she will be responsible for overview and coordination of receipt of pharmaceuticals and medical-surgical supplies, inventory management, order requests, shipping and transportation, pick-up of orders, and disposal of pharmaceuticals and medical-surgical supplies. He/she need not be a licensed personnel, but must have good management skills. The Warehouse Operations Manager will located at the warehouse.

3. Pharmacist Consultant:

   A pharmacist consultant assigned by the MSDH will be tasked on an add-needed basis to consult in areas requiring state-specific and warehouse operations-specific pharmacy policy and procedures.

4. Contract licensed professionals:

   To facilitate receipt of supplies, inventory management, and filling and staging of orders, a minimum of 2 contract licensed pharmacists are required for operations of the warehouse. The roles and responsibilities of the contract pharmacists are limited to physical inventory upon receipt of pharmaceuticals and medical-surgical supplies, assistance in inventory management (i.e., clarification of product description, entering of information into the inventory management system when technical assistance is not available, etc), and filling and staging of orders. Upon proper staging of product, duties of the contract pharmacists cease, and it is the responsibility of MSDH representatives to coordinate shipping, transportation, or pick-up.

   The primary role of the contract pharmacists will be to execute professional duties surrounding identification and description of physical inventory and filling and staging of order requests. It is recommended that if at all possible, technical assistance be provided for operations of the inventory management system.

   The contract pharmacists may not accept verbal requests for orders (these are accepted by the MSDH; see “Receipt of orders” below), and may not authorize shipping, transportation, or pick-up of filled orders.

5. Inventory management support:

One or two persons with skills in operating Excel spreadsheets are required for support of inventory management. It is recommended that if at all possible, technical assistance be provided for operations of the inventory management system. When technical assistance is not available, operations of the inventory management system may be performed by a licensed pharmacist.

6. Logistical support personnel:

A minimum of 2 support personnel to aid in the logistics of return of medications and supplies to the warehouse from medical entities, and order request shipping, transportation, and pick-up are required. These persons should optimally be employees of the MSDH, but may be contract personnel. Skill in operations of a pallet jack is recommended.

Hours of Operation

In general, the hours of operation will be Monday through Friday, 8:00 am to 5:00 pm. These hours may be extended through-out the week and may include operations on Saturday and Sunday as dictated by the situation.

Access into the warehouse

Access into the warehouse should, out of necessity and security, be limited. The number of entrances, keys to entry, and persons authorized to have keys should be identified and posted within the warehouse. If the situation arises where a key needs to be temporarily assigned to an alternate person executing a specific task, this information should be posted within the warehouse including name of person, responsible task, and timeframe for assignment of access. A memorandum of understanding (MOU) should be executed by either the Warehouse Operations Chief or the Warehouse Operations Manager with the owners of the physical facility being used as the warehouse. This MOU should describe access of their personnel into the facility and should detail extent of access and hours of access. This MOU should be posted within the warehouse.

Receipt of supplies

1. Receipt of pharmaceuticals and medical-surgical supplies

Legend drugs and medical-surgical supplies received by the warehouse shall be inspected and inventoried. Upon inspection, those items expired or deemed unacceptable for distribution (due to lack of package integrity, adulteration of product, prior storage at improper temperature, or other reasons) will be placed separately within the warehouse for subsequent disposal. Inventory of items shall be captured on the inventory sheets provided in Appendix A.

2. Receipt of controlled substances

For details, refer to the Policy for Return of Controlled Substance to the Mississippi State Department of Health from Receiving Medical Entities.

Controlled substances that are returned to MSDH from receiving medical entities shall be housed, inventoried, secured, maintained, and distributed by the MSDH Department of Pharmacy. Controlled substances may be shipped concurrently with other disaster relief medical assets as part of recovery and return efforts. The policy outlined below will guide actions concerning controlled substances:

1. The party responsible for shipping controlled substances shall remain on site at the warehouse until controlled substances have been identified by warehouse personnel and arrangements for transport of controlled substances to the MSDH Department of Pharmacy are complete.

2. Containers storing controlled substances entering the warehouse from return of assets by local medical entities should be identified immediately by both the sending and warehouse receiving parties.

3. Containers storing controlled substances shall be separated from other assets, inspected by warehouse personnel for integrity of packaging and given to the shipper for transport to the MSDH Department of Pharmacy.

4. If the packaging is not intact, the shipper and warehouse personnel shall verify count and product integrity shall sign the controlled substance pick sheet to indicate accuracy and transfer to the MSDH Department of Pharmacy. The signed pick sheet should be placed inside the box of controlled substances and sealed for transport.

5. The warehouse shall maintain a log of number of containers of controlled substances. This log shall include:

    i. Name and address of medical entity returning controlled substances

    ii. Name of driver/shipper

    a. Name of warehouse personnel inspecting integrity of container

6. At the end of each business day, receipt of these containers by the MSDH Department of Pharmacy shall be verbally verified in coordination with warehouse personnel and personnel from the MSDH Department of Pharmacy and the log annotated to reflect this information.

3. Receipt of medications requiring refrigeration

Pharmaceuticals and medical items requiring refrigeration that are returned to MSDH from receiving medical entities shall be housed, inventoried, secured, maintained, and distributed by the MSDH Department of Pharmacy. Containers storing refrigerated items entering the warehouse from return of assets by local medical entities should be identified immediately by both the sending and warehouse receiving parties. Containers storing refrigerated items shall be separated from other assets and given to the shipper for transport to the MSDH Department of Pharmacy.

Inventory management

As items are received into the warehouse, they shall be inventoried and placed into the Excel spreadsheet being utilized for inventory management. (Note that the Excel inventory management sheet is also utilized as the Request for Orders Sheet.) At the conclusion of each day, the inventory spreadsheet shall be emailed to MSDH. Currently, the following persons should receive this report:

Ken Seawright, Director of Emergency Planning and Preparedness:
ken.seawright@msdh.state.ms.us

Pam Nutt, SNS Coordinator: pnutt@msdh.state.ms.us

Jonathan Chaney, Director of Hospital Preparedness:
jonathan.chaney@msdh.state.ms.us

Don Miller, Warehouse Operations Manager: don.miller@msdh.state.ms.us

Meg Pearson, SNS Pharmacist Consultant: meg.pearson@msdh.state.ms.us

Receipt of order requests

1. Order requests for pharmaceuticals and medical-surgical supplies

Requests for pharmaceuticals and medical surgical supplies may be received by MSDH in two manners: the first is by a specific request from a medical entity directly to the MSDH Office of Emergency Preparedness and Response (OEPR); the second is by return of the Request for Orders Sheet generated by the warehouse and distributed by MSDH.

When a specific request from a medical entity is made to the OEPR, the person within the OEPR shall obtain the following information to aid in filling of the request:

1. Date and time of request;
2. Name of person making the request;
3. Name of medical entity requesting pharmaceutical and supplies;
4. Physical address of medical entity requesting pharmaceuticals and supplies;
5. Point of contact name, phone number, and email address (if applicable);
6. Description of pharmaceuticals and medical-surgical items requested.

This information shall be transcribed onto a Request for Order Sheet

The Excel inventory management sheet is also utilized as the Request for Orders Sheet and shall be faxed or emailed by personnel at MSDH to medical entities to facilitate generation of order requests. Requests received as a result of these actions shall be returned to MSDH OEPR either by email or fax. Again, all requests must contain name and physical address of medical entity requesting pharmaceuticals and supplies and point-of-contact name and phone number. This information is requested at the top of the Request for Orders Sheet.

Requests for pharmaceuticals and medical supplies will be forwarded to personnel at the warehouse; requests should be submitted to warehouse personnel in written format. Orders requests received before 1:00 pm Monday – Friday will be processed for same day delivery to the local health department. Order requests received after 1:00 pm Friday will be processed for delivery to the local health department clinic office the following Monday. Deliveries may be picked up by the requesting medical entity from the local health department during regular business hours only, 8:00 am – 5:00 pm Monday – Friday. Please inform all persons placing requests that deliveries may arrive at the local health department after normal business hours and therefore will be available for pick-up the following day, or Monday, as the situation dictates.

2. Order requests for controlled substances

Registrants who transfer controlled substances must ensure that the people to whom they transfer the drugs have the proper DEA registration. Proof of DEA registration must be submitted by the requesting medical entity upon request of controlled substances; DEA registration may be faxed to the MSDH. For Schedule II controlled substances, the requesting medical entity must submit a DEA Form 222.

Order requests that include requests for controlled substances shall be transcribed separately onto a Request for Order Sheet, Appendix C, and proof of DEA registration and the DEA Form 222, if applicable, should be attached. These requests shall be forwarded to the MSDH Department of Pharmacy for filling. To aid in coordination of transportation, warehouse personnel should be

informed that such orders have been sent to the MSDH Department of Pharmacy and will need to be pick-up prior to delivery to local health departments.

3. Order requests for items requiring refrigeration

Order requests that include requests items requiring refrigeration shall be transcribed separately onto a Request for Order Sheet, Appendix C. These requests shall be forwarded to the MSDH Department of Pharmacy for filling. To aid in coordination of transportation, warehouse personnel should be informed that such orders have been sent to the MSDH Department of Pharmacy and will need to be pick-up prior to delivery to local health departments.

Filling of order requests

1. Filling order requests for pharmaceuticals and medical-surgical supplies

Orders requests received before 1:00 pm Monday – Friday will be processed for same day delivery to the local health department. Order requests received after 1:00 pm Friday will be processed for delivery to the local health department clinic office the following Monday.

Order requests may be filled by a licensed pharmacist or by non-licensed personnel with subsequent verification by a licensed pharmacist. Items distributed as a result of the request shall be indicated on the Request for Order Sheet. Therapeutic substitutions may be executed based on the licensed pharmacist's professional judgment and discretion; all therapeutic substitutions shall be clearly marked on the Request for Order Sheet.

A log shall be maintained of all order requests filled. The log should convey information about the order filled including name of the medical entity, date staged, date shipped, and name of shipper/driver. Name of the recipient shall be annotated after the fact. This log shall be updated daily and emailed to personnel at the Mississippi State Department of Health:

Ken Seawright, Director of Emergency Planning and Preparedness:
ken.seawright@msdh.state.ms.us

Pam Nutt, SNS Coordinator: pnutt@msdh.state.ms.us

Jonathan Chaney, Director of Hospital Preparedness:
jonathan.chaney@msdh.state.ms.us

Don Miller, Warehouse Operations Manager: don.miller@msdh.state.ms.us

Meg Pearson, SNS Pharmacist Consultant: meg.pearson@msdh.state.ms.us

Once an order request has been filled, it shall be staged in the following manner:

All boxes/pallets shall be group together and the recipient clearly identified;

The form Staging and Shipping Identifier (Appendix D) shall be completed as appropriate;

A copy of the Request for Order Sheet, annotated with items distributed, should be placed in an envelope for transport with the order. (Please note that the originals should be retained by the warehouse.) Name and physical address of the medical entity should be placed on the envelope.

2. Filling order requests for controlled substances

Order requests for controlled substances shall be filled at the MSDH Department of Pharmacy by licensed pharmacists. Registrants who transfer controlled substances must ensure that the people to whom they transfer the drugs have the proper DEA registration. The registrants also must keep a detailed chain-of-custody record of all transfers. For C-II substances, that record must include a DEA Form 222.

Controlled substances shall be staged in portable lock boxes by two persons. Signatures of both persons staging controlled substances shall be required on the pick list, thus verifying inventory staged. The pick list will serve as the detailed chain-of-custody record and is to be placed in the portable lock box prior to sealing the box. At the medical entity, the DEA registrant will sign all pick lists for controlled substances. Discrepancies of controlled substances shall be immediately reported to the MSDH Department of Pharmacy by the DEA registrant at the medical entity. Upon notification of such discrepancy, a licensed pharmacist from the MSDH Department of Pharmacy will take an immediate inventory of said controlled substance(s) in efforts to resolve the discrepancy.

3. Filling order requests for medications requiring refrigeration

Order requests for items requiring refrigeration shall be filled at the MSDH Department of Pharmacy and verified by a licensed pharmacist prior to staging and shipping.

Shipping and Transportation

All shipping and transportation shall be coordinated through the MSDH. Options for shipping and transportation include utilization of the existent currier system, use of rented large capacity vehicles, or contract with trucking facilities. Size of order will determine mode of transportation.

Pick-up of orders at the warehouse

A representative from a medical entity may pick-up filled orders at the warehouse upon authorization from the MSDH. If authorization is granted, warehouse personnel must be informed prior to pick-up that said representative will be picking up for the medical entity and information regarding day and time of pick-up provided. Additionally, such filled orders may not be distributed from the warehouse without the presence of a representative from MSDH. The following principles shall guide pick-up of orders:

The medical entity must be a duly recognized organization within the State of Mississippi;

The representative from the medical entity must present valid identification and credentials;

As the pharmaceuticals are located within the warehouse in a section that is separate and secure from the medical-surgical supplies, the representative from the medical entity may, at that time, view and select required medical-surgical supplies;

No pharmaceuticals may be selected on-site.

Representatives from medical entities that are not organizations within the State of Mississippi (e.g., emergency medical clinics, DMATs, other temporary clinics) may not pick-up filled orders at the warehouse. All requests from such medical entities will be delivered from the warehouse as described within this document.

Disposal of expired or unusable pharmaceuticals and medical-surgical supplies

Disposal of expired or unusable pharmaceuticals and medical-surgical supplies shall be dictated by the item for disposal.

Intravenous fluids containing no active drug component may be disposed of by drainage of contents into normal liquid waste receptacles.

Medical-surgical supplies with no “sharps” shall be disposed of through normal solid waste processes.

Pharmaceuticals and medical-surgical supplies containing “sharps” shall be disposed of through contracts with appropriate waste management companies or facilities.

Section V: Clinical Policies and Procedures

1. Standing Orders

Mass Prophylaxis Treatment Clinics Dispensing of Antibiotics

I direct Registered Professional Nurses (RNs) employed by, or serving as volunteers for, the _____ (name of agency), and working within the geographic area stated in the collaborative practice agreement, to dispense medications to individuals presenting for prophylactic treatment to a known or potentially harmful biological agent. -

All medications must be dispensed in accordance with the following prophylactic treatment guidelines and within the restrictions of the guidelines of the Strategic National Stockpile program.

Recommended Postexposure Prophylaxis for Inhalational Anthrax Infection

Recommended Therapy for Inhalational Anthrax Infection in the Mass Casualty Setting or for Postexposure Prophylaxis*

Category	Initial Oral Therapy+	Alternative Therapy if Strain is Proved Susceptible	Duration After Exposure, d
Adults	Ciprofloxacin, 500 mg orally every 12h	Doxycycline, 100 mg orally every 12h++ Amoxicillin, 500 mg orally every 8 hξ	60
Children	Ciprofloxacin, 15 mg/kg per dose taken orally every 12 h (maximum of 500 mg per dose)#	Weight ≥20 kg: amoxicillin, 500 mg orally every 8 hrξ Weight < 20 kg: amoxicillin, 80 mg/kg to be taken orally in 3 divided doses every 8 hξ	60
Pregnant Women¶	Ciprofloxacin, 500 mg orally every 12 h	Amoxicillin, 500 mg orally every 8 hξ	60
Immunosuppressed persons	Same as for nonimmunosuppressed adults and children		

* Some of these recommendations are based on animal studies or in vitro studies and are not approved by the US Food and Drug Administration.

\+ In vitro studies suggest ofloxacin (400 mg orally every 12 hours, or levofloxacin, 500 mg orally every 24 hours) could be substituted for ciprofloxacin.

++ In vitro studies suggest that 500 mg of tetracycline orally every 6 hours could be substituted for doxycycline. In addition, 400 mg of gatifloxicin or monifloxacin, both fluoroquinolones with mechanisms of action consistent with ciprofloxacin, taken orally daily could be substituted.

ξ According to the CDC recommendations for the bioterrorist attacks in 2001, in which *B anthracis* was susceptible to penicillin, amoxicillin was a suitable alternative for postexposure prophylaxis in infants, children, and women who were pregnant or who were breastfeeding. Amoxicillin was also a suitable alternative for completion of 60 days of antibiotic therapy for patients in these groups with cutaneous or inhalational anthrax whose clinical illness had resolved after treatment with a ciprofloxacin- or doxycycline-based regimen (14-21 days for inhalational or complicated cutaneous anthrax; 7-10 days for uncomplicated cutaneous anthrax). Such patients required prolonged therapy because they were presumably exposed to aerosolized *B anthracis*.

\# Doxycycline could also be used if antibiotic susceptibility testing, exhaustion of drug supplies, adverse reactions preclude use of ciprofloxacin. For children heavier than 45 kg, adult dosage should be used. For children lighter than 45 kg, 2.5 mg/kg of doxycycline orally every 12 hours should be used.

¶ See "Management of Pregnant Population" for details.

Inglesby TV, O'Toole T, Henderson DA, et al. Anthrax as a Biological Weapon, 2002: Updated Recommendations for Management. *JAMA* 2002; 287:2236-52.

Corrections made to table 4 from *JAMA*, October 16, 2002 – Vol 288, No. 15, 1849.

Recommended Postexposure Prophylaxis for Pneumonic Plague

Table 2. Working Group Recommendations for Treatment of Patients With Pneumonic Plague in the Contained and Mass Casualty Settings and for Postexposure Prophylaxis*

Patient Category	Recommended Therapy
	Mass Casualty Setting and Postexposure Prophylaxis#
Adults	Preferred choices Doxycycline, 100 mg orally twice daily†† Ciprofloxacin, 500 mg orally twice daily‡ Alternative choice Chloramphenicol, 25 mg/kg orally 4 times daily§**
Children‖	Preferred choice Doxycycline,†† If ≥45 kg, give adult dosage If <45 kg, then give 2.2 mg/kg orally twice daily Ciprofloxacin, 20 mg/kg orally twice daily Alternative choices Chloramphenicol, 25 mg/kg orally 4 times daily§**
Pregnant women¶	Preferred choices Doxycycline, 100 mg orally twice daily†† Ciprofloxacin, 500 mg orally twice daily Alternative choices Chloramphenicol, 25 mg/kg orally 4 times daily§**

*These are consensus recommendations of the Working Group on Civilian Biodefense and are not necessarily approved by the Food and Drug Administration. See "Therapy" section for explanations. One antimicrobial agent should be selected. Therapy should be continued for 10 days. Oral therapy should be substituted when patient's condition improves. IM indicates intramuscularly; IV, intravenously.

‡Other fluoroquinolones can be substituted at doses appropriate for age. Ciprofloxacin dosage should not exceed 1 g/d in children.

§Concentration should be maintained between 5 and 20 µg/mL. Concentrations greater than 25 µg/mL can cause reversible bone marrow suppression.[35,62]

‖Refer to "Management of Special Groups" for details. In children, ciprofloxacin dose should not exceed 1 g/d, chloramphenicol should not exceed 4 g/d. Children younger than 2 years should not receive chloramphenicol.

¶Refer to "Management of Special Groups" for details and for discussion of breastfeeding women. In neonates, gentamicin loading dose of 4 mg/kg should be given initially.[63]

#Duration of treatment of plague in mass casualty setting is 10 days. Duration of postexposure prophylaxis to prevent plague infection is 7 days.

**Children younger than 2 years should not receive chloramphenicol. Oral formulation available only outside the United States.

††Tetracycline could be substituted for doxycycline.

Inglesby TV, Dennis DT, Henderson DA, et al. Plague as a Biological Weapon: Medical and Public Health Management. *JAMA* 2000; 283:2281

Recommended Postexposure Prophylaxis for Tularemia

Table 3. Working Group Consensus Recommendations for Treatment of Patients With Tularemia in a Mass Casualty Setting and for Postexposure Prophylaxis*

Mass Casualty Recommended Therapy
Adults
Preferred choices
Doxycycline, 100 mg orally twice daily
Ciprofloxacin, 500 mg orally twice daily†
Children
Preferred choices
Doxycycline; if ≥45 kg, give 100 mg orally twice daily; if <45 kg, give 2.2 mg/kg orally twice daily
Ciprofloxacin, 15 mg/kg orally twice daily†‡
Pregnant Women
Preferred choices
Ciprofloxacin, 500 mg orally twice daily†
Doxycycline, 100 mg orally twice daily

*One antibiotic, appropriate for patient age, should be chosen from among alternatives. The duration of all recommended therapies in Table 3 is 14 days.
†Not a US Food and Drug Administration–approved use.
‡Ciprofloxacin dosage should not exceed 1 g/d in children.

Dennis DT, Inglesby TV, Henderson DA, et al. Tularemia as a Biological Weapon: Medical and Public Health Management. JAMA 2001; 285:2763-73-90.

One of the attached postexposure prophylaxis dispensing algorithms must be followed (depending on which drug is designated by the Mississippi State Department of Health as the primary prophylactic drug):

Attachment 1: Anthrax Post-Exposure Prophylaxis Dispensing Algorithm

Attachment 2: Tularemia Post-Exposure Prophylaxis Dispensing Algorithm

Attachment 3: Plague Post-Exposure Prophylaxis dispensing Algorithm

Review of this order, and agency policies and procedures related to carrying out this order, shall occur at least once every year.

This order will terminate on _____

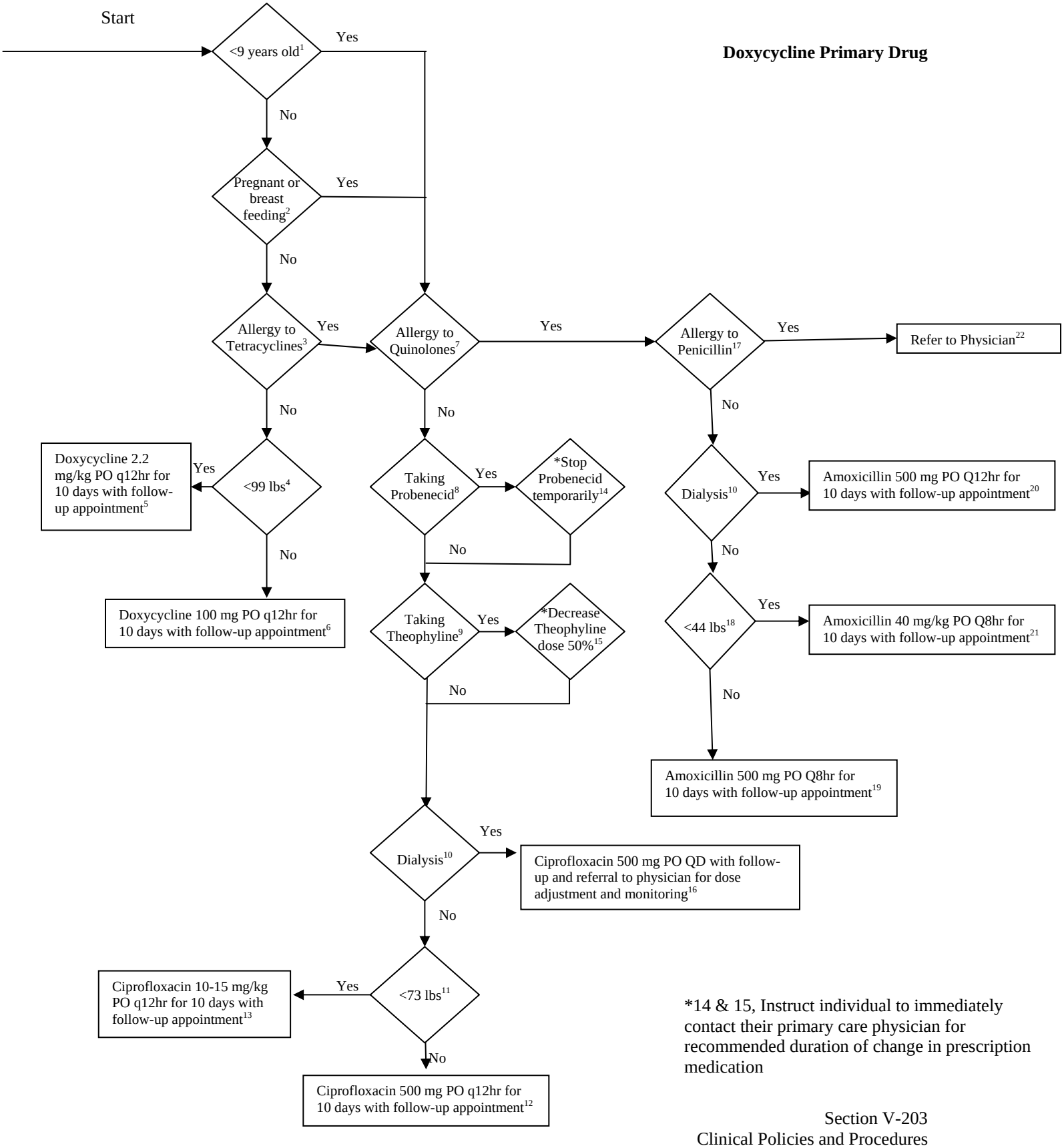
_____ _____

Physician Date of Signature

_____ _____

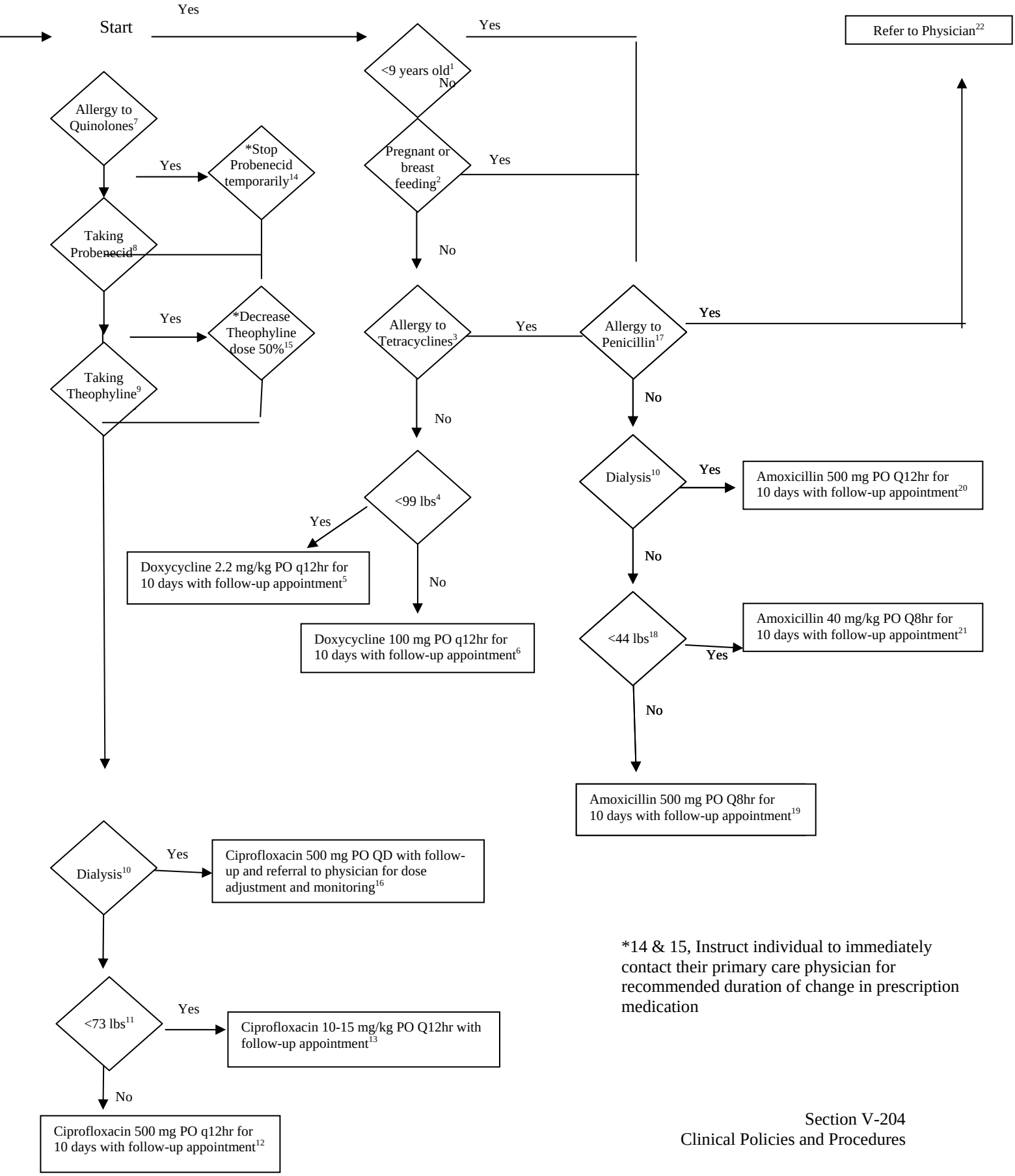
RN (Agent of the LPHA) Date of Signature

2. Anthrax Post-Exposure Prophylaxis Dispensing Algorithm



*14 & 15, Instruct individual to immediately contact their primary care physician for recommended duration of change in prescription medication

Ciprofloxacin Primary Drug



*14 & 15, Instruct individual to immediately contact their primary care physician for recommended duration of change in prescription medication

The above flow diagrams and these footnotes describe drug selection and dosing information for patients requiring post-exposure prophylaxis or preventative treatment after exposure to Bacillus anthracis, the bacteria that causes anthrax.

Reports have been published of engineered strains of tetracycline-resistant and quinolone-resistant Bacillus anthracis.1,2 There is also a possibility for resistance to penicillins through induction of beta-lactamase enzymes. For these reasons, public health officials will test the antibiotic susceptibility of clinical specimens (blood, sputum, etc.), to determine drug selection. The most widely available, efficacious, and least toxic antibiotic will be dispensed for post-exposure prophylaxis based upon these susceptibility results.1

Until antibiotic susceptibility results of the implicated strain are available, initial therapy for post-exposure prophylaxis for prevention of anthrax after intentional exposure of Bacillus anthracis is doxycycline or ciprofloxacin.3 Following a terrorist attack, the Mississippi State Department of Health will designate which of these two drugs will be the primary drug to use for prophylaxis.

Doxycycline and other tetracyclines are not normally recommended for children and pregnant women due to the risk of dental staining of the primary teeth, concerns about possible depressed bone growth, defective dental enamel, and rare liver toxicity. Therefore, children and pregnant and lactating women will not normally receive doxycycline.

Ciprofloxacin and other quinolones are not normally recommended in children and pregnant women due to the risk of arthropathy (joint disease).1,4,5 This recommendation is based on studies in animals. Data in humans have not confirmed this risk. Therefore, children and pregnant and lactating women without an allergy to quinolones will receive ciprofloxacin according to this algorithm. The risks associated with the serious and life-threatening complications from anthrax outweigh any risks from taking ciprofloxacin.

As soon as penicillin susceptibility is confirmed, prophylactic therapy for children and pregnant women should be changed to amoxicillin.3 The American College of Obstetricians and Gynecologists' Committee on Obstetric Practice recommend the use of ciprofloxacin in pregnant or lactating women for post-exposure prophylaxis for prevention of anthrax after intentional exposure of Bacillus anthracis.6

This algorithm does not include the use of anthrax vaccine. At the time this algorithm was developed, anthrax vaccine for post-exposure prophylaxis was an investigational new drug. It is quite possible that once the release of anthrax has been confirmed the vaccine will be made available to the affected population. If so, DHSS will provide guidelines for administration.

All patients who have been potentially exposed to anthrax should receive an initial course of drug therapy (10 days). Public health officials will advise people to return for follow-up in 7-10 days to obtain an additional supply (50 days) of medication to complete a full course of therapy (60 days). The initial course of 10 days is recommended based upon the normal twice a day regimen of ciprofloxacin and doxycycline and the availability of 20 tablets in unit-of-use containers from the Strategic National Stockpile Program. At the follow-up visit, susceptibility data will be available and drugs may be changed.

The following steps and numbered paragraphs support and correspond to the flow diagram entitled "Post-Exposure Prophylaxis Dispensing Algorithm".

1. Is the patient younger than 9 years (yrs)? Due to the risk of teeth discoloration associated with tetracyclines, children without a quinolone allergy, who have not received all of their permanent teeth, should be prescribed ciprofloxacin. Since the age at which a child obtains his/her permanent teeth varies, it is possible for children under the age of 9 years to receive

doxycycline. The parent or guardian of the child should be asked whether the child has a full-set of permanent teeth.

2. If the patient is female, is she pregnant or breast-feeding? The American College of Obstetricians and Gynecologists Committee on Obstetric Practice recommend the use of ciprofloxacin in pregnant or lactating women for anthrax post-exposure prophylaxis.6

3. Has the patient had an allergic reaction to any medication in the tetracycline class?

   Allergic reactions may include: hives, redness of the skin, rash, difficulty breathing, or worsening of lupus after taking one of the tetracycline class drugs, including: demeclocycline (Declomycin); doxycycline (Adoxa, Bio-Tab, Doryx, Doxy, Monodox, Periostat, Vibra-Tabs, Vibramycin); minocycline (Arestin, Dynacin, Minocin, Vectrin); oxytetracycline (Terak, Terra-Cortril, Terramycin, Urobiotic-250); tetracycline (Achromycin V, Sumycin, Topicycline, Helidac).7,8

   Patients that are allergic to any medication in the tetracycline class should receive another form of therapy such as ciprofloxacin.

4. Does the patient weight less than 99 pounds (lbs) or 45 kilograms (kg)?

5. Patients less than 99 pounds (45 kilograms), should receive an initial supply (10 days) of doxycycline 2.2 mg/kg (as described in the chart below) by mouth every 12 hours with a mandatory follow-up appointment within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A minimum of 60 days of drug therapy is necessary for the full protective effect.3

Weight (lbs)	Weight (kg)	Dose (mg)	Available Dosage Forms of Doxycycline				
			20 mg tablet	50mg tablet or capsule	100mg tablet* or capsule	25mg/5mL suspension*	50mg/5mL syrup
5-10	2-5	10				2 mL	1 mL
11-20	6-9	20	1			4 mL	2 mL
21-30	10-14	30				6 mL	3 mL
31-40	15-19	40	2			8 mL	4 mL
41-50	20-22	50		1	½	10 mL	5 mL
51-60	23-27	60	3			12 mL	6 mL
61-70	28-32	70				14 mL	7 mL
71-80	33-36	80	4			16 mL	8 mL
81-90	37-41	90				18 mL	9 mL
91-100	≥ 42	100	5	2	1	20 mL	10 mL

*Dosage Forms available through the CDC National Pharmaceutical Stockpile Program

6. Patients greater than 99 pounds should receive an initial supply (10 days) of doxycycline 100 mg by mouth every 12 hours with a mandatory follow-up appointment within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A minimum of 60 days of drug therapy is necessary for the full protective effect.3

7. Has the patient had an allergic reaction to any medication in the quinolone class?

   Allergic reactions may include: difficulty breathing, rash, itching, hives, yellowing of the eyes or skin, swelling of the face or neck, cardiovascular collapse, loss of consciousness, hepatic necrosis (death of liver cells), or eosinophilia (a rare skin disease) after taking a quinolone class drug, including: acrosoxacin or rosoxacin (Eradacil); cinoxacin (Cinobac); ciprofloxacin (Cipro, Ciloxan); gatafloxacin (Tequin); grepafloxacin (Raxar); levafloxacin

(Levaquin, Quixin); lomefloxacin (Maxaquin); moxifloxacin (Avelox, ABC Pak); nadifloxacin (Acuatim); norfloxacin (Chibroxin, Noroxin); nalidixic acid (NegGram); ofloxacin (Floxin, Ocuflox); oxolinic acid; pefloxacin (Peflacine); rufloxacin; sparfloxacin (Zagam, Respipac); temafloxacin; trovafloxacin or alatrofloxacin (Trovan).8

Patients that have had an allergic reaction to any medication in the quinolone class should receive another form of therapy such as amoxicillin. While amoxicillin is a well known, proven antibiotic, the FDA has not labeled it for use against anthrax yet. Until FDA approval of amoxicillin is received for use against anthrax, amoxicillin will have to be administered under and Investigational New Drug Application so that authorities can monitor adverse reactions. Individuals who receive this drug must sign an informed consent form. Parents of children who receive the drug must sign the form for their children.12

8. Is the patient taking probenecid (Benemid)? Probenecid may decrease the renal excretion of ciprofloxacin, therefore increasing the risk of ciprofloxacin toxicity.

9. Is the patient taking theophylline (Theo-Dur, Slo-BID, Slo-Phyllin, Uniphyl)? Ciprofloxacin may increase the theophylline levels by inhibiting hepatic metabolism, and thus increase the risk of theophylline toxicity

10. Is the patient receiving hemodialysis or peritoneal dialysis?

11. Patients who have chronic kidney infections or kidney stones do not need an adjusted dose, unless they have been told by a health care professional that they have kidney damage.

12. Does the patient weigh less than 73 pounds (lbs) or 33 kilograms (kg)?

13. Patients 73 pounds (33 kilograms) or greater should receive ciprofloxacin 500 mg by mouth every 12 hours for 10 days with a mandatory follow-up appointment within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A full course of therapy (60 days) is necessary for the full protective effect.3

14. Patients less than 73 pounds (33 kilograms) should receive an initial supply (10 days) of ciprofloxacin 10-15 mg/kg (as described in the chart below) by mouth every 12 hours with a mandatory follow-up appointment in 7-10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A minimum of 60 days of drug therapy is necessary for the full protective effect.3 This chart purposefully reflects more than one dose for a particular weight to permit flexibility in dosing based upon the products that are available at the time of dispensing. These doses are within the recommended dosing range of ciprofloxacin: 10-15 mg/kg.

Weight (pounds)	Weight (kilogram)	Dose (mg)	Available Dosage Forms of Ciprofloxacin				
			100mg tablet	250mg tablet	500mg tablet*	250mg/5mL suspension*	500mg/5mL suspension
7-12 lbs	3-5 kg	50 mg PO BID	½	¼		1 mL (1 bottle)	0.5 mL (1 bottle)
13-22 lbs	6-10 kg	100 mg PO BID	1			2 mL (1 bottle)	1 mL (1 bottle)
18-28 lbs	8-13 kg	125 mg PO BID		½	¼	2.5 mL (1 bottle)	1.25 mL (1 bottle)
22-33 lbs	10-15 kg	150 mg PO BID	1½			3 mL (1 bottle)	1.5 mL (1 bottle)
29-44 lbs	13-20 kg	200 mg PO BID	2			4 mL (1 bottle)	2 mL (1 bottle)
36-56 lbs	16-25 kg	250 mg PO BID		1	½	5 mL (1 bottle)	2.5 mL (1 bottle)
55-83 lbs	25-37 kg	375 mg PO BID		1½	¾	7.5 mL (2 bottles)	3.75 mL (1 bottle)
≥73 lbs	≥ 33 kg	500 mg PO BID		2	1	10 mL (2 bottles)	5 mL (1 bottle)

* Dosage Forms available through the CDC National Pharmaceutical Stockpile Program.

15. Due to the interaction between probenecid and ciprofloxacin, probenecid should be temporarily stopped. The patient should be referred to their primary physician regarding when to restart probenecid and whether a dosage adjustment is necessary.

16. Due to the interaction between theophylline and ciprofloxacin, the dose of theophylline should be decreased by 50%. The patient should be referred to their primary physician regarding drug monitoring.

17. Patients receiving hemodialysis or peritoneal dialysis should receive ciprofloxacin 500 mg orally ONCE daily (administered after hemodialysis) with follow-up and referral to their primary physician for dosage adjustment and monitoring. Give all patients an initial supply of medication (10 days supply) and schedule a follow-up appointment within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A minimum of 60 days of drug therapy is necessary for the full protective effect.3

18. Has the patient had an allergic reaction to any medication in the penicillin class?

    Allergic reactions may include: hives, redness of the skin, rash, difficulty breathing, fever, joint pain, swelling after taking a penicillin class drug, including: penicillin (Wycillin , Bicillin, Pen-Vee K); methicillin; nafcillin (Unipen); cloxacillin; dicloxacillin; oxacillin; ampicillin; amoxicillin (Amoxil); ticracillin (Ticar); ticarcillin/clavulanic acid (Timentin); azlocillin; mezlocillin (Mezlin); piperacillin (Pipracil); piperacillin/tazobactam (Zosyn).

    While amoxicillin is a well known, proven antibiotic, the FDA has not labeled it for use against anthrax yet. Until FDA approval of amoxicillin is received for use against anthrax, amoxicillin will have to be administered under and Investigational New Drug Application so that authorities can monitor adverse reactions. Individuals who receive this drug must sign an informed consent form. Parents of children who receive the drug must sign the form for their children.12

19. Does the patient weigh less than 44 pounds (lbs) or 20 kilograms (kg)?

20. Patients 44 pounds (20 kilograms) or greater should receive amoxicillin 500 mg by mouth every 8 hours for 10 days with a mandatory follow-up within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A full course of therapy (60 days) is necessary for the full protective effect.3

21. Patients receiving hemodialysis or peritoneal dialysis should receive amoxicillin 500 mg by mouth TWICE a day (administered after hemodialysis; only minimal amounts appear to be removed by peritoneal dialysis) and refer them to a physician for further assessment. Give all patients an initial supply of medication (10 days supply) and schedule a follow-up appointment within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A minimum of 60 days of drug therapy is necessary for the full protective effect.3

22. Patients less than 44 pounds (20 kilograms) should receive an initial supply (10 days) of amoxicillin 80 mg/kg/day by mouth divided every 8 hours (as described in the chart below)14 with a mandatory follow-up appointment in 7-10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A minimum of 60 days of drug therapy is necessary for the full protective effect.3 This chart purposefully reflects more than one dose for a particular weight to permit flexibility in dosing based upon the products that are available at the time of dispensing. These doses are within the recommended dosing range of amoxicillin: 80 mg/kg/day.

Weight (pounds)	Weight (kilograms)	Dose (mg)	Available Dosage Forms of Amoxicillin				
			250mg chewable tablet	250mg capsule	500mg capsule	125mg/5mL suspension	250mg/5mL suspension
5-9 lbs	2-4 kg	75 mg PO Q8H				2.5 mL (1 bottle)	1 mL (1 bottle)
10 lbs	5 kg	125 mg PO Q8H	½			5 mL (1 bottle)	2.5 mL (1 bottle)
11-16 lbs	6-7 kg	175 mg PO Q8H				7 mL (2 bottles)	3.5 mL (1 bottle)
17-21 lbs	8-10 kg	250 mg PO Q8H	1	1		10 mL (2 bottles)	5 mL (1 bottle)
22-31 lbs	11-14 kg	375 mg PO Q8H	1 ½			15 mL (3 bottles)	7.5 mL (2 bottles)
32-43 lbs	15-19 kg	450 mg PO Q8H				18 mL (4 bottles)	9 mL (2 bottles)
≥44 lbs	≥ 20 kg	500 mg PO Q8H	2	2	1	20 mL (4 bottles)	10 mL (2 bottles)

*Dosage forms available through the CDC Strategic National Stockpile

23. Refer the patient to a physician for further assessment and drug selection. If a patient has had allergic reactions to drugs in the quinolone and tetracycline classes, other options for prophylactic (preventative) therapy include: amoxicillin/clavulanate, clindamycin, rifampin, imipenem, aminoglycosides, chloramphenicol, vancomycin, cefazolin, tetracycline, linezolid, or a macrolide (clarithromycin, erythromycin).1,10 These other drugs are not approved by the Food and Drug Administration for preventative treatment of anthrax and require individual prescribing by a medical doctor or dispensing under an investigational new drug application.

References:

1. Inglesby TV, Henderson DA, Bartlett JG, et al. Anthrax as a biological weapon, 2002. JAMA. 2002;287:2236-2252.

2. Brook I, Elliott TB, Pryor HI, et al. In vitro resistance of bacillus anthracis sterne to doxycyline, macrolides and quinolones. International Journal of Antimicrobial Agents. 18(2001);559-562.

3. Update: investigation of anthrax associated with intentional exposure and interim public health guidelines, October 2001. MMWR. October 19, 2001;50(41);889-893.

4. Notice to readers: updated recommendations for antimicrobial prophylaxis among asymptomatic pregnant women after exposure to bacillus anthracis. MMWR. November 2, 2001;50(43);960.

5. Notice to readers: update: interim recommendations for antimicrobial prophylaxis for children and breastfeeding mothers and treatment of children with anthrax. MMWR. November 16, 2001;50(45);1014-6.

6. Management of asymptomatic pregnant or lactating women exposed to anthrax. ACOG Committee Opinion No. 268. American College of Obstetricians and Gynecologists. Obstet Gynecol. 202;99:366-368.

7. Vibramycin® Package Insert. NY, NY, Pfizer Inc. 11/01

8. Sweetman SC. Martindale, The Complete Drug Reference, 33rd Edition. Great Britain; Pharmaceutical Press. 2002.

9. Harrison's Principles of Internal Medicine, 14th Edition. USA; McGraw Hill Companies Inc. 1998.

10. Update: investigation of bioterrorism-related anthrax and interim guidelines for exposure management and antimicrobial therapy, October 2001. MMWR. October 26, 2001;50(42);909-919.

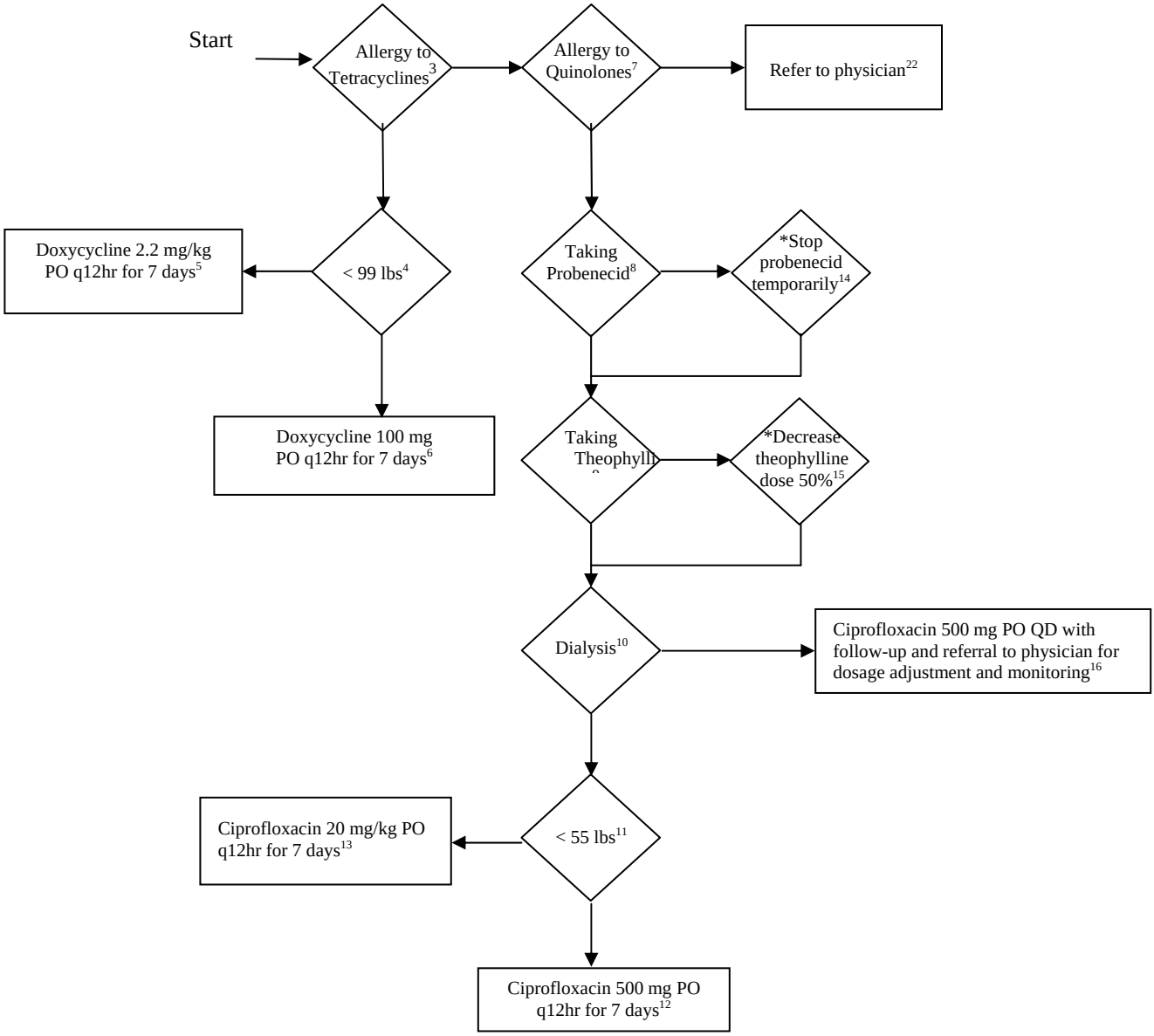
11. Drug Information Handbook, 8th Edition. Hudson, OH; Lexi-Comp. 2000-2001.

12. Centers for Disease Control and Prevention. Receiving, distributing, and dispensing the National Pharmaceutical Stockpile, A guide for planners: 2002; Version 9, draft.

13. Amoxicillin Package Insert. Princeton, NJ, Ranbaxy Pharmaceuticals Inc. 11/02

14. Update: interim recommendations for antimicrobial prophylaxis for children and breastfeeding mothers and treatment of children with anthrax. MMWR. November 16, 2001:50(45);1014-1016.

3. Plague Post-Exposure Prophylaxis Dispensing Algorithm



*14 & 15, Instruct individual to immediately contact their primary care physician for recommended duration of change in prescription medication

The above flow diagram and these footnotes describe drug selection and dosing information for patients requiring post-exposure prophylaxis or preventative treatment after exposure to Yersinia pestis, the bacteria that causes plague.

Until antibiotic susceptibility results of the implicated strain are available, initial therapy for post-exposure prophylaxis for prevention of plague after intentional exposure to Y. pestis is doxycycline.1

Recommendations for antimicrobial prophylactic treatment with efficacy against plague are conditioned by balancing risks associated with treatment against those posed by pneumonic plague. Children aged 8 years and older can be treated with tetracycline antibiotics safely. However, in children younger than 8 years, tetracycline antibiotics may cause discolored teeth, and rare instances of retarded skeletal growth have been reported in infants. The assessment of the Working Group on Civilian Biodefense is that the potential benefits of these antimicrobials in the treating of pneumonic plague infection substantially outweigh the risks. The Working Group specifically recommends that doxycycline be used for postexposure prophylaxis in children.1 If the child is unable to take doxycycline or the medication is unavailable, ciprofloxacin would be recommended.

The tetracycline class of antibiotics has been associated with fetal toxicity including retarded skeletal growth, although a large case-control study of doxycycline use in pregnancy showed no significant increase in teratogenic risk to the fetus. Liver toxicity has been reported in pregnant women following large doses of intravenous tetracycline (no longer sold in the United States), but it has also been reported following oral administration of tetracycline to nonpregnant individuals. Balancing the risks of pneumonic plague infection with those associated with doxycycline use in pregnancy, the Working Group recommends that pregnant women receive doxycycline for postexposure prophylaxis.1 If the woman is unable to take doxycycline or the medication is unavailable, ciprofloxacin would be recommended.

All patients who have been potentially exposed to Y. pestis should receive a 7-day course of drug therapy.

The following steps and numbered paragraphs support and correspond to the flow diagram entitled “Post-Exposure Prophylaxis Dispensing Algorithm”.

3. Has the patient had an allergic reaction to any medication in the tetracycline class?

Allergic reactions may include: hives, redness of the skin, rash, difficulty breathing, or worsening of lupus after taking one of the tetracycline class drugs, including: demeclocycline (Declomycin); doxycycline (Adoxa, Bio-Tab, Doryx, Doxy, Monodox, Periostat, Vibra-Tabs, Vibramycin); minocycline (Arestin, Dynacin, Minocin, Vectrin); oxytetracycline (Terak, Terra-Cortril, Terramycin, Urobiotic-250); tetracycline (Achromycin V, Sumycin, Topicycline, Helidac).7,8

Patients that are allergic to any medication in the tetracycline class should receive another form of therapy such as ciprofloxacin.

3. Does the patient weight less than 99 pounds (lbs) or 45 kilograms (kg)?

4. Patients less than 99 pounds (45 kilograms), should receive a 7-day supply of doxycycline 2.2 mg/kg (as described in the chart below) by mouth every 12 hours.

Weight (lbs)	Weight (kg)	Dose (mg)	Available Dosage Forms of Doxycycline				
			20 mg tablet	50mg tablet or capsule	100mg tablet* or capsule	25mg/5mL suspension*	50mg/5mL syrup
5-10	2-5	10				2 mL	1 mL
11-20	6-9	20	1			4 mL	2 mL
21-30	10-14	30				6 mL	3 mL
31-40	15-19	40	2			8 mL	4 mL
41-50	20-22	50		1	½	10 mL	5 mL
51-60	23-27	60	3			12 mL	6 mL
61-70	28-32	70				14 mL	7 mL
71-80	33-36	80	4			16 mL	8 mL
81-90	37-41	90				18 mL	9 mL
91-100	≥ 42	100	5	2	1	20 mL	10 mL

*Dosage Forms available through the CDC National Pharmaceutical Stockpile Program

5. Patients greater than 99 pounds should receive a 7-day supply of doxycycline 100 mg by mouth every 12 hours.

6. Has the patient had an allergic reaction to any medication in the quinolone class?

Allergic reactions may include: difficulty breathing, rash, itching, hives, yellowing of the eyes or skin, swelling of the face or neck, cardiovascular collapse, loss of consciousness, hepatic necrosis (death of liver cells), or eosinophilia (a rare skin disease) after taking a quinolong class drug, including: acrosoxacin or rosoxacin (Eradacil); cinoxacin (Cinobac); ciprofloxacin (Cipro, Ciloxan); gatafloxacin (Tequin); grepafloxacin (Raxar); levafloxacin (Levaquin, Quixin); lomefloxacin (Maxaquin); moxifloxacin (Avelox, ABC Pak); nadifloxacin (Acuatim); norfloxacin (Chibroxin, Noroxin); nalidixic acid (NegGram); ofloxacin (Floxin, Ocuflox); oxolinic acid; pefloxacin (Peflacine); rufloxacin; sparfloxacin (Zagam, Respipac); temafloxacin; trovafloxacin or alatrofloxacin (Trovan).8

Patients that have had an allergic reaction to any medication in the quinolone class should be referred to a physician to receive another form of therapy.

7. Is the patient taking probenecid (Benemid)? Probenecid may decrease the renal excretion of ciprofloxacin, therefore increasing the risk of ciprofloxacin toxicity.

8. Is the patient taking theophylline (Theo-Dur, Slo-BID, Slo-Phyllin, Uniphyl)? Ciprofloxacin may increase the theophylline levels by inhibiting hepatic metabolism, and thus increase the risk of theophylline toxicity

9. Is the patient receiving hemodialysis or peritoneal dialysis?

Patients who have chronic kidney infections or kidney stones do not need an adjusted dose, unless they have been told by a health care professional that they have kidney damage.

10. Does the patient weigh less than 55 pounds (lbs) or 25 kilograms (kg)?

11. Patients 55 pounds (25 kilograms) or greater should receive ciprofloxacin 500 mg by mouth every 12 hours for 7 days.

12. Patients less than 73 pounds (33 kilograms) should receive a 7-day supply of ciprofloxacin 20 mg/kg by mouth every 12 hours

13. Due to the interaction between probenecid and ciprofloxacin, probenecid should be temporarily stopped. The patient should be referred to their primary physician regarding when to restart probenecid and whether a dosage adjustment is necessary.

14. Due to the interaction between theophylline and ciprofloxacin, the dose of theophylline should be decreased by 50%. The patient should be referred to their primary physician regarding drug monitoring.

15. Patients receiving hemodialysis or peritoneal dialysis should receive ciprofloxacin 500 mg orally ONCE daily with follow-up and referral to their primary physician for dosage adjustment and monitoring. Give all patients a 7-day supply of medication.

22. Refer the patient to a physician for further assessment and drug selection.

References:

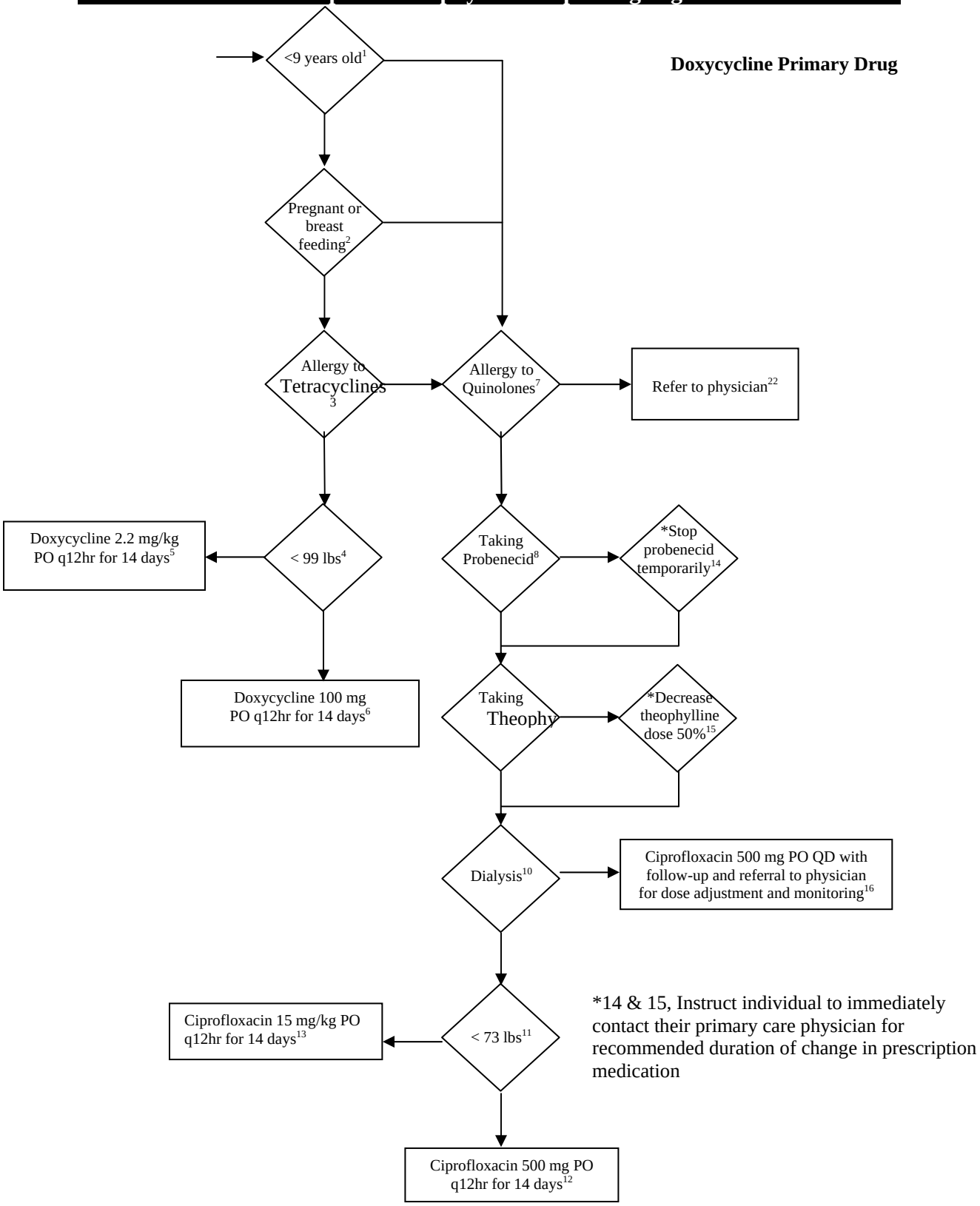
1. Inglesby TV, Dennis DT, Henderson DA, et al. Plague as a Biological Weapon, JAMA 2000;283:2281-2290.

7. Vibramycin® Package Insert. NY, NY, Pfizer Inc. 11/01

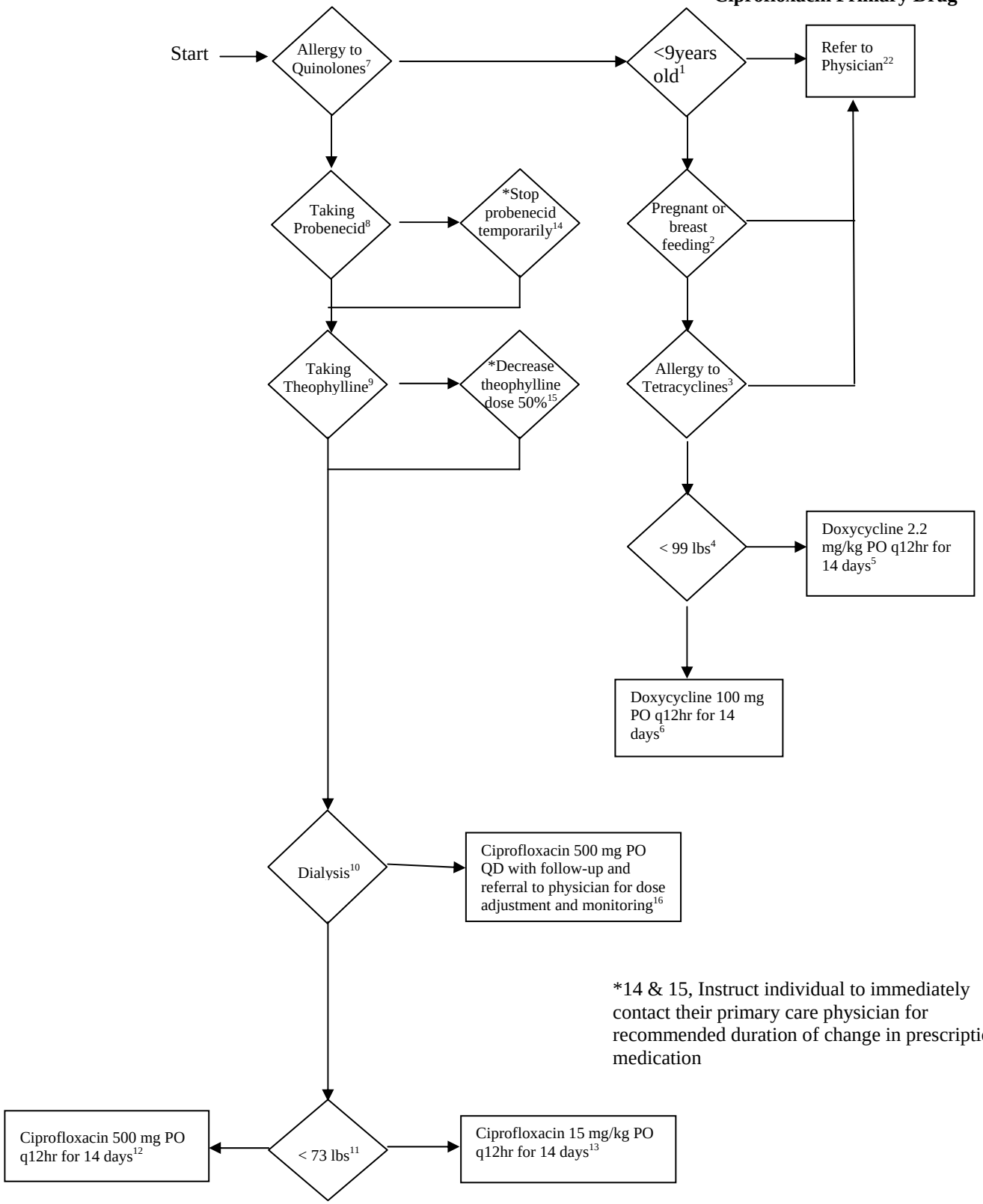
8. Sweetman SC. Martindale, The Complete Drug Reference, 33rd Edition. Great Britain; Pharmaceutical Press. 2002.

11. Drug Information Handbook, 8th Edition. Hudson, OH; Lexi-Comp. 2000-2001.

4. Tularemia Post-Exposure Prophylaxis Dispensing Algorithm



Ciprofloxacin Primary Drug



*14 & 15, Instruct individual to immediately contact their primary care physician for recommended duration of change in prescription medication

The above flow diagrams and these footnotes describe drug selection and dosing information for patients requiring post-exposure prophylaxis or preventative treatment after exposure to Francisella tularensis, the bacteria that causes tularemia.

Until antibiotic susceptibility results of the implicated strain are available, initial therapy for post-exposure prophylaxis for prevention of tularemia after intentional exposure of F. tularensis is doxycycline or ciprofloxacin.1 Following a terrorist attack, the Missouri Department of Health and Senior Services (DHSS) will designate which of these two drugs will be the primary drug to use for prophylaxis.

All patients who have been potentially exposed to F. tularensis should receive a 14-day course of drug therapy.

The following steps and numbered paragraphs support and correspond to the flow diagram entitled "Post-Exposure Prophylaxis Dispensing Algorithm".

1. Is the patient younger than 9 years (yrs)? Due to the risk of teeth discoloration associated with tetracyclines, children without a quinolone allergy, who have not received all of their permanent teeth, should be prescribed ciprofloxacin. Since the age at which a child obtains his/her permanent teeth varies, it is possible for children under the age of 9 years to receive doxycycline. The parent or guardian of the child should be asked whether the child has a full-set of permanent teeth.

2. If the patient is female, is she pregnant or breast-feeding?

3. Has the patient had an allergic reaction to any medication in the tetracycline class?

   Allergic reactions may include: hives, redness of the skin, rash, difficulty breathing, or worsening of lupus after taking one of the tetracycline class drugs, including: demeclocycline (Declomycin); doxycycline (Adoxa, Bio-Tab, Doryx, Doxy, Monodox, Periostat, Vibra-Tabs, Vibramycin); minocycline (Arestin, Dynacin, Minocin, Vectrin); oxytetracycline (Terak, Terra-Cortril, Terramycin, Urobiotic-250); tetracycline (Achromycin V, Sumycin, Topicycline, Helidac).7,8

   Patients that are allergic to any medication in the tetracycline class should receive another form of therapy such as ciprofloxacin.

4. Does the patient weight less than 99 pounds (lbs) or 45 kilograms (kg)?

5. Patients less than 99 pounds (45 kilograms), should receive a 14-day supply of doxycycline 2.2 mg/kg (as described in the chart below) by mouth every 12 hours.

Weight (lbs)	Weight (kg)	Dose (mg)	Available Dosage Forms of Doxycycline				
			20 mg tablet	50mg tablet or capsule	100mg tablet* or capsule	25mg/5mL suspension*	50mg/5mL syrup
5-10	2-5	10				2 mL	1 mL
11-20	6-9	20	1			4 mL	2 mL
21-30	10-14	30				6 mL	3 mL
31-40	15-19	40	2			8 mL	4 mL
41-50	20-22	50		1	½	10 mL	5 mL
51-60	23-27	60	3			12 mL	6 mL
61-70	28-32	70				14 mL	7 mL
71-80	33-36	80	4			16 mL	8 mL
81-90	37-41	90				18 mL	9 mL
91-100	≥ 42	100	5	2	1	20 mL	10 mL

*Dosage Forms available through the CDC National Pharmaceutical Stockpile Program

6. Patients greater than 99 pounds should receive a 14-day supply of doxycycline 100 mg by mouth every 12 hours.

7. Has the patient had an allergic reaction to any medication in the quinolone class?

   Allergic reactions may include: difficulty breathing, rash, itching, hives, yellowing of the eyes or skin, swelling of the face or neck, cardiovascular collapse, loss of consciousness, hepatic necrosis (death of liver cells), or eosinophilia (a rare skin disease) after taking a quinolong class drug, including: acrosoxacin or rosoxacin (Eradacil); cinoxacin (Cinobac); ciprofloxacin (Cipro, Ciloxan); gatafloxacin (Tequin); grepafloxacin (Raxar); levafloxacin (Levaquin, Quixin); lomefloxacin (Maxaquin); moxifloxacin (Avelox, ABC Pak); nadifloxacin (Acuatim); norfloxacin (Chibroxin, Noroxin); nalidixic acid (NegGram); ofloxacin (Floxin, Ocuflox); oxolinic acid; pefloxacin (Peflacine); rufloxacin; sparfloxacin (Zagam, Respipac); temafloxacin; trovafloxacin or alatrofloxacin (Trovan).8

   Patients that have had an allergic reaction to any medication in the quinolone class should be referred to a physician to receive another form of therapy.

8. Is the patient taking probenecid (Benemid)? Probenecid may decrease the renal excretion of ciprofloxacin, therefore increasing the risk of ciprofloxacin toxicity.

9. Is the patient taking theophylline (Theo-Dur, Slo-BID, Slo-Phyllin, Uniphyl)? Ciprofloxacin may increase the theophylline levels by inhibiting hepatic metabolism, and thus increase the risk of theophylline toxicity

10. Is the patient receiving hemodialysis or peritoneal dialysis?

    Patients who have chronic kidney infections or kidney stones do not need an adjusted dose, unless they have been told by a health care professional that they have kidney damage.

11. Does the patient weigh less than 73 pounds (lbs) or 33 kilograms (kg)?

12. Patients 73 pounds (33 kilograms) or greater should receive ciprofloxacin 500 mg by mouth every 12 hours for 14 days.

13. Patients less than 73 pounds (33 kilograms) should receive a 14-day supply of ciprofloxacin 15 mg/kg by mouth every 12 hours

Weight (pounds)	Weight (kilograms)	Dose (mg)	Available Dosage Forms of Ciprofloxacin				
			100mg tablet	250mg tablet	500mg tablet	250mg/5mL suspension	500mg/5mL suspension
5-7 lbs	2-3 kg	50 mg PO BID	½	¼		1 mL (1 bottle)	0.5 mL (1 bottle)
8-12 lbs	4-5 kg	75 mg PO BID	¾			1.5 mL (1 bottle)	0.75 mL (1 bottle)
13-16 lbs	6-7 kg	100 mg PO BID	1			2 mL (1 bottle)	1 mL (1 bottle
17-20 lbs	8-9 kg	125 mg PO BID		½	¼	2.5 mL (1 bottle)	1.25 mL (1 bottle)
21-26 lbs	10-12 kg	150 mg PO BID	1 ½			3 mL (1 bottle)	1.5 mL (1 bottle)
27-35 lbs	13-16 kg	200 mg	2			4 mL	2 mL

		PO BID				(2 bottles)	(1 bottle)
36-42 lbs	17-19 kg	250 mg PO BID	2 ½	1	½	5 mL (2 bottles)	2.5 mL (1 bottle)
43-48 lbs	20-22 kg	300 mg PO BID	3			6 mL (2 bottles)	3 mL (1 bottle)
49-53 lbs	23-24 kg	350 mg PO BID	3 ½			7 mL (2 bottles)	3.5 mL (1 bottle)
54-57 lbs	25-26 kg	375 mg PO BID	3 ¾			7.5 mL (3 bottles)	3.75 mL (2 bottles)
58-64 lbs	27-29 kg	400 mg PO BID	4			8 mL (3 bottles)	4 mL (2 bottles)
65-73 lbs	30-32 kg	450 mg PO BID	4 ½			9 mL (3 bottles)	4.5 mL (2 bottles)
≥ 74 lbs	≥ 33 kg	500 mg PO BID		2	1	10 mL (3 bottles)	5 mL (2 bottles)

*Dosage Forms available through the CDC Strategic National Stockpile Program

14. Due to the interaction between probenecid and ciprofloxacin, probenecid should be temporarily stopped. The patient should be referred to their primary physician regarding when to restart probenecid and whether a dosage adjustment is necessary.

15. Due to the interaction between theophylline and ciprofloxacin, the dose of theophylline should be decreased by 50%. The patient should be referred to their primary physician regarding drug monitoring.

16. Patients receiving hemodialysis or peritoneal dialysis should receive ciprofloxacin 500 mg orally ONCE daily with follow-up and referral to their primary physician for dosage adjustment and monitoring. Give all patients a 14-day supply of medication.

22. Refer the patient to a physician for further assessment and drug selection.

References:

1. Dennis DT, Inglesby TV, Henderson DA, et al. Tularemia as a Biological Weapon, JAMA. 2001;285:2763-2773.
7. Vibramycin® Package Insert. NY, NY, Pfizer Inc. 11/01
8. Sweetman SC. Martindale, The Complete Drug Reference, 33rd Edition. Great Britain; Pharmaceutical Press. 2002.
11. Drug Information Handbook, 8th Edition. Hudson, OH; Lexi-Comp. 2000-2001.

5. Policies and Procedures

Strategic National Stockpile
Office of Emergency Preparedness and Response
Policy Recommendation
Effective Date: 3/15/05

POLICY TITLE

Policy for First Responder Prophylaxis

POLICY BACKGROUND:

The state of Mississippi currently has approximately 30,000 first responders. These responders may be deployed unknowingly to an event which may result in exposure to acts of biological terrorism or outbreaks of infectious diseases. To that end, the state has pre-positioned three-day regimens of doxycycline to be dispensed to first responders and their immediate household members as quickly as possible once a threat has been identified. Procedures for notification of first responders are detailed in the Mississippi Comprehensive Emergency Management Plan and will be initiated through the Office of Communications in conjunction with the Office of Emergency Planning and Response (OEPR) and the Mississippi State Department of Health (MSDH) Emergency Operations Center (EOC).

PURPOSE:

This policy will ensure that essential first responder personnel receive prophylaxis in a timely manner when responding to a bioterrorism event or outbreak of infectious disease. "First responders" are defined as "those who initially respond to an emergency" and for this particular situation are identified as the following:

- Fire fighters
- Law enforcement officers (police, sheriff, other county/city law enforcement)
- Emergency medical services (EMS) personnel
- Emergency Management

Essential first responder personnel will be given a three-day regimen for themselves and up to two additional members of their immediate household. Immediate household is defined as "those individuals that physically reside consistently in the same domicile." Those members of the immediate household who are not covered by this policy may receive prophylactic treatment at the local SNS dispensing site.

POLICY:

The prophylaxis for essential first responder personnel will be stored at the local county health department. The County Coordinating Nurse (CCN) will be responsible for the security of these medications and will check the expiration dates on a monthly basis. The CCN will facilitate notification of OEPR and the MSDH Public Health pharmacy to reorder and redistribute replacement drugs as necessary.

The State Health Officer or his designee will issue an official declaration to start dispensing the regimens to essential personnel. The Office of Communications will notify all related agencies of

the dispensing site. This site will be discrete and distinct from the mass-dispensing site where the general public will be provided their medication. The first responder dispensing site(s) for each county will be pre-determined by the District Administrator or his/her designee and approved by the OEPR and the Bioterrorism Chief Nurse in the Bureau of Emergency Preparedness and Planning.

Each Emergency Response Coordinator (ERC) will, on an annual basis, collect the number of first responders in the districts and will report this number to the OEPR. This is to ensure that there are enough three-day regimens available should the need to provide prophylaxis arise. In addition, the ERC will obtain the names of specific personnel at each first responder agency designated to pick up the medication for their respective departments.

These select individuals will report to the designated dispensing site with a list of responders that will receive the regimens. A three-day starter regimen of doxycycline for the responders and up to two additional regimens for household members will be disbursed at that time. A Health Information Form will also be provided for each individual receiving prophylaxis, including any household members for whom the representative is picking up medication. It will be the responsibility of the designated personnel from the first responder agencies to collect those forms from the individuals that receive medication and forward them to the county health department that dispensed the medication. Only health care personnel from MSDH will dispense the three-day starter regimens. Each three-day regimen packet will be assigned an identifying number to ensure proper tracking when dispensing.

Mass dispensing sites will be made operation ready while awaiting the arrival of the Strategic National Stockpile (SNS). Upon receipt of SNS supplies and medication, and prior to the opening of the mass dispensing sites to the general public, all SNS team members, volunteers supporting SNS functions, responding employees, and their immediate household members will receive prophylaxis from the SNS and not from the first responder prophylaxis supply.

Strategic National Stockpile
Office of Emergency Preparedness and Response
Policy Recommendation
Date: February 3, 2004

POLICY TITLE

Policy for labeling of medication

CURRENT POLICY

In accordance with Article XIV of the Pharmacy Practice Act, Mississippi Board of Pharmacy, before released from the dispensing area, a drug dispensed for an outpatient shall bear a label containing:

- the name and address of the pharmacy:
  MSDH Pharmacy
  PO Box 1700
  Jackson, MS 39205;
- the initials or identifying code of the dispensing pharmacist a prescription number
- the Director of the MSDH Pharmacy;
- the name of the prescriber;
- the State Epidemiologist;
- the name of the patient;
- directions for taking the medication;
- the date of the filling of the prescription; and
- any other information which is necessary or required.

A toll-free 24 hour telephone number will be provided on the prescription label. This will allow access to medical/drug consultation for those who receive prophylaxis.

BACKGROUND

State and federal regulations specify the information that must be provided on the drug label and the patient information sheet that must be given to the public when dispensing prophylactic medicines.

CSR 150-5.020 and 4 CSR 200-4.200 (see attachment 5 & 6) outlines the requirements for labeling of all medications.

The label must contain:

- Date medication dispensed;
- Sequential number;
- Individual's name;
- Prescriber's direction for usage including frequency and route of administration;
- Prescriber's name;
- Name and address of the agency dispensing;
- Name and strength of the drug dispensed;
- Quantity dispensed; and
- Number of times refillable, if appropriate, or the words "no refill."

The SNS Program has designed the drug labels to facilitate the manual capture of drug, lot, and recipient information:

Unit-of-use bottles have two tabs on their side. Each tab contains the drug name, expiration date, lot number, and a unique prescription number. By affixing one of the tabs to a recipient's health assessment form, the drug and its lot that each recipient receives will be recorded. If the person who dispenses the drug further annotates the form with their identification, date, time, and location, where, when, and how a recipient received the drug can be tracked.

Labels on the unit-of-use bottles that the SNS Program vendor prepares will have only the drug name, strength, quantity, lot number, and unique prescription number. The dispensing sites must provide the above information plus a 24-hour telephone number to call with questions.

Packaging machine labels have a tear-off tab on the bottom of the label that contains the same unique prescription number as the label itself. If this tab is torn off and stapled to the recipient's health assessment form, there will be a link between a drug, its lot, and its recipient.

CD-printed labels do not have a tab but dispensing could stamp a unique prescription number on the health assessment form and the drug label. To accomplish that, 30 number-stamping machines are supplied in each 12-hour Push Package. The machines are hand-held imprinters that will stamp a 7-digit number the number of times that you specify. For example, the machine can be set to increment its number after stamping the number twice. That would allow the health assessment form and the drug label to be stamped with the same number before the stamping machine incremented its number. By assigning persons who hand out drugs at a dispensing site a block of numbers for their stamping machines, management will know the recipients that got specific drugs, at a specific dispensing site, from a specific person.

The SNS Program will stock preprinted labels as part of the 12-hour Push Package. Since it is not known where the Push Package will be sent, only the drug name and directions/cautionary statements will be put on the label; the additional information will have to be added at the time of an event.

The CDC has supplied each state with a CD titled Post-Exposure Prophylaxis for Anthrax, Plague, and Tularemia: Patient Drug Information Sheets and Dosing Instruction Labels in 48 Languages. When the software is used to create a label in a language other than English, the English version of the label will have to be edited and then two labels printed, the edited one in English and a second in another language. Apply the English label on the front of a regimen bag and the foreign language label on the rear (for repackaged stock only, see below for placement on bottles). The English version will contain FDA-required variable information such as prescribing agency, city and state, 24-hour number, prescriber, prescription number, prescription date, and number of tablets in the regimen. Labels in other languages only contain instructions for taking the drug and precautions for using it. You cannot edit the foreign language labels.

The CD is designed to print labels on plain Avery 5395 Name Badge Labels or its equivalent. This label was chosen for several reasons. It holds all required prescription information in English. Its font is readable, but unfortunately the label is too large to fit on the unit-of-use regimen bottles. Instead, affix it to the back of the patient information sheet that is given to individuals with their unit-of-use regimen.

Strategic National Stockpile
Office of Emergency Preparedness and Response
Policy Recommendation
Date: February 3, 2004

POLICY TITLE

Prophylaxis of household members of essential personnel / frontline workers during a Bioterrorism or Pandemic Influenza event.

CURRENT POLICY

Family members, members of household will be included when dispensing to essential personnel / frontline workers during a Bioterrorism event requiring dispending of prophylaxis medication. This policy is to be utilized statewide at every mass dispensing site.

Traditionally, essential personnel includes people commonly known as first responders; that is, those who initially respond to an emergency, such as:

- fire fighters,
- law enforcement officers,
- hazardous materiel specialists,
- emergency medical services personnel,
- key government leaders to ensure the continuity of operations,
- transportation and public works personnel,
- medical and public health personnel,
- SNS team members and volunteers who support SNS functions
- Essential employees of hospitals.

A person who is a frontline worker / essential and will be receiving prophylaxis at a dispensing site for essential personnel may pick up regimens for up to ten persons in their household. If a first responder has more than ten additional persons in their household, identification, i.e., social security card, passport, birth certificate, will be requested.

A household will be defined as persons living together in one home, whether related or not.

The frontline worker should present to the dispensing site with a state ID, address, and phone number. If they do not have ID, they will be turned away from the dispensing site. They should bring with them a list of the persons and pertinent health information for whom they are picking up medication and be able to fill out a health questionnaire on each member of the household. Each member of the household on that list will be assigned their own identifying number and the medication lot number. The list should include the following information:

- Names of household members
- Date of birth of all household members
- Mother's maiden name of all household members

Additional triage information needed for each member will be:

Adult

- Allergies
- Medical conditions
- Current drugs

Children (less than 12)

- Weight
- Allergies
- Medical conditions
- Current drugs

BACKGROUND

Long before an emergency occurs, Mississippi needs to decide which personnel will be essential to our response to a public health emergency. Health care agencies under the leadership of public health must also develop plans to provide prophylaxis to frontline workers / essential personnel as quickly as possible once a threat is identified. Inclusion of household members in the plan will ensure a higher level of compliance of workers willing to return to work.

We must protect these people and their household members first from a threat so they can care for the rest of the community. This policy must be consistent across the state to ensure consistency and fairness. Development of well thought out policies and procedures in advance of an event may assist with difficult decisions at that time. Plans made well in advance of an event allows for any training and exercise that may be necessary.

PLANNING ASSUMPTIONS

The following assumptions were carefully considered in the formulation of this policy.

Policy must be statewide; every person in the state will expect to receive the same screening and treatment procedures.

- Policy must have clear guidelines for what is acceptable.
- This could pertain to unrelated members of a “household” as well as relatives.
- The majority of the public / essential personnel will not abuse the system.
- Each member of the household for whom medication is dispensed will be assigned his/her own identifying number, and the medication lot number dispensed to each will be tracked.
- Stringent educational efforts and guidance must be provided to the head of household so that that person can educate those receiving the medication.

Strategic National Stockpile
Office of Emergency Preparedness and Response
Policy Recommendation
Date: February 3, 2004
Revised November 30, 2007

POLICY TITLE

Dispensing to Head of Household Multiple Regimens

CURRENT POLICY

To expedite the distribution of prophylaxis to the affected population during a Bioterrorism or Pandemic Influenza event, head of household may obtain medication for up to ten persons without them being present. This policy is to be utilized statewide at every mass dispensing site.

A head of household may pick up regimens for up to ten persons. A head of household is an adult, 18 years of age or older, who has been designated head of household by a group of persons who want to be viewed as a group or household for purposes of prophylaxis. If a head of household has more than ten additional persons in their household, identification, i.e., social security card, passport, birth certificate, will be requested. (A household will be defined as persons living together in one home, whether related or not.)

The head of household should present to the dispensing site with a state ID, address, and phone number. If one does not have a government issued ID, they should present with a utility bill or tax return form. If they do not have ID of any sort, they will not be turned away from the mass dispensing site, (but will not be allowed to pick up for others?). They should bring with them a list of the persons and pertinent information for which they are picking up medication and be able to fill out a health questionnaire on each member of the household. Each member of the household on that list will be assigned their own identifying number and the medication lot number. The list should include the following information:

- Names of household members
- Date of birth of all household members
- Mother's maiden name of all household members (SNS, other form of identification passport, drivers license, birth certificate)

Triage information needed for each member will be:

Adult

- Allergies
- Medical conditions
- Current drugs

Children (less than 12)

- Weight
- Allergies
- Medical conditions
- Current drugs

The Interim Risk Communication Plan will include strategies to effectively and efficiently inform the public about the above policy, so that the head of household will come to the dispensing site with the necessary information. Multi-language and multicultural issues will be addressed in the plan.

BACKGROUND

In a large Bioterrorism event, fast and efficient dispensing of medication will be required to get the population prophylaxis in a very short amount of time. In the worst-case scenarios offered by CDC, that timeline is the entire population in 3-5 days. Decreasing the amount of persons standing in line would expedite the process. Development of well thought out policies and procedures in advance of an event may assist with difficult decisions at that time. Plans made well in advance of an event allows for any training and exercise that may be necessary.

The Centers for Disease Control and Prevention, Strategic National Stockpile program offers the following guidance. A multiple regimen policy allows an adult to pick up medicines for other members in a family who are sick or incapacitated. A multiple regimen policy potentially shortens dispensing lines, gets people their drugs faster, and reduces public frustration and the staff that must deal with it. It also allows some individuals to acquire more drugs than they should have, but its benefits far outweigh that possibility.

CDC is encouraging states to adopt a policy that allows the head of household to pick up antibiotics for their family. It is up to the state to make that decision and to make guidelines for making that process simple.

Many states will allow an adult to pick up antibiotics for other family members to expedite the dispensing process after providing required information – medical history for each, allergies, weight of child.

PLANNING ASSUMPTIONS

The following assumptions were carefully considered in the formulation of this policy.

Policy must be statewide; every person in the state will expect to receive the same screening and treatment procedures.

- Policy must have clear guidelines for what is acceptable.
- This could pertain to unrelated members of a “household” as well as relatives.
- The majority of the public will not abuse the system.
- No one will be turned away at a dispensing site because of lack of identification or any other reasons.
- Each member of the household for whom medication is dispensed will be assigned his/her own identifying number, and the medication lot number dispensed to each will be tracked.
- Stringent educational efforts and guidance must be provided to the head of household so that that person can educate those receiving the medication.
- Additional guidance needs to be developed for “households,” “related groups” that are greater than 5.

Strategic National Stockpile
Office of Emergency Preparedness and Response
Policy Recommendation
Date: February 3, 2004

POLICY TITLE

Dispensing to Non-Hospital Institutions/Long Term Care Facilities/Home Health Agencies

CURRENT POLICY

To expedite the distribution of prophylaxis to the affected population during a Bioterrorism or Pandemic Influenza event, a representative for populations that are housed in long term care facilities or institutions (that are sheltering in place), such as nursing homes, personal care homes, home health, and (detention centers and prisons) will be required to pick up medication for clients and staff from the pre-designated dispensing center. This policy is to be used statewide.

A representative from long term care facilities may pick up medication for clients and staff of their facility if they are able to meet the following criteria:

- The administrator, physician, or head nurse for the facility will need to contact MSDH with the number of staff and patients. MSDH will notify the RSS site of the order to be placed on a separate pallet, but shipped to specified dispensing site.
- A representative to pick up medications/vaccine will need to be identified by the facility and that name given to MSDH.
- Upon arrival to the designated dispensing site, the representative will present two personal ID's, one issued by the facility, and a picture ID issued by the state.
- Upon arrival to the dispensing site, the representative will also present a patient and staff roster with names and social security number of every patient and staff to be prophylaxed.
- The representative will sign for the supplies.
- The facility will notify MSDH when the supplies reach the facility and if there are any discrepancies between the order and delivery.
- The facility will follow the same treatment algorithm as used in the standing orders for the state.
- The facility will be responsible for administration of the medication/vaccine, distribution of information sheets, and completion of health assessment forms to be collected for patient tracking.

BACKGROUND

In a large Bioterrorism event, fast and efficient dispensing of medication will be required to get the population prophylaxis in a very short amount of time. In the worst-case scenarios offered by CDC, that timeline is the entire population in 3-5 days. With the knowledge that security and transport resources will be fully taxed during this time, it is not feasible to send delivery trucks with security personnel to every long term care facility in the state. Also, allowing staff to receive medication at their place of employment will ensure a higher level of compliance of workers willing to return to work. We must provide access to prophylaxis to those who cannot serve themselves.

Again, decreasing the amount of persons standing in line would expedite the process. Development of well thought out policies and procedures in advance of an event may assist with difficult decisions at that time. Plans made well in advance of an event allows for any training and exercise that may be necessary. This policy must be consistent across the state to ensure consistency and fairness.

PLANNING ASSUMPTIONS

The following assumptions were carefully considered in the formulation of this policy.

- Policy must be statewide; every person in the state will expect to receive the same screening and treatment procedures.
- Policy must have clear guidelines for what is acceptable.
- The majority of the public / care facilities will not abuse the system.

Strategic National Stockpile
Office of Emergency Preparedness and Response
Policy Recommendation
Date: February 3, 2004

POLICY TITLE

Procedures for administering investigational new drugs in accordance with FDA regulations

CURRENT POLICY

Informed Consent shall be obtained from individuals administered prophylactic medication(s) as investigational new drugs in accordance with FDA regulations. Informed consent shall be documented by the use of a written consent form provided by the CDC and signed and dated by the individual or the individual's legally authorized representative at the time of consent. A copy shall be given to the person signing the form.

BACKGROUND

All of the drugs in the SNS have long-established safety and efficacy records. However, some are not FDA-labeled to treat specific agents released by a terrorist. In the event of a BIOTERRORISM incident, CDC will send consent/assent forms, information sheets, protocols/treatment guidelines, case report forms, adverse event reporting forms, and other specialty items. States will be required to let CDC know the languages needed for the forms.

Currently, the following drugs in the SNS are considered investigational:

- Anthrax vaccine for anthrax post exposure prophylaxis
- Amoxicillin for anthrax post exposure prophylaxis
- Gentamicin for tularemia treatment
- Gentamicin for plague treatment
- Ciprofloxacin for tularemia post exposure prophylaxis
- Ciprofloxacin for tularemia treatment
- Ciprofloxacin for plague post exposure prophylaxis
- Smallpox vaccine (Wyeth)
- ACAM 1000 smallpox vaccine
- ACAM 2000 smallpox vaccine
- Cidofovir for treatment of adverse reactions to smallpox vaccine

Non-IND drugs in SNS (FDA-approved indications) include:

- Anthrax vaccine for pre-exposure prophylaxis
- Ciprofloxacin for Anthrax treatment and post-exposure prophylaxis
- Doxycycline for Anthrax treatment and post-exposure prophylaxis
- Doxycyline for plague and tularemia treatment or post-exposure prophylaxis
- Botulinum antitoxin trivalent beepers A, B, E, for botulism

Strategic National Stockpile
Office of Emergency Preparedness Response
Policy Recommendation
Date: February 3, 2004

POLICY TITLE

Patient information sheets

CURRENT POLICY

Agent-specific and drug-specific patient information sheets, as developed by the CDC, shall be provided to all individuals receiving prophylaxis. These patient information sheets are available on the CDC web page (www.cdc.gov) and will also provided on a CD by the TARU.

Additional copies of informational pieces can be produced by the MSDH print shop at the rate of 300 pieces a minute or 300,000 per 24-hours

BACKGROUND

The CDC will provide a CD with software that can be used with a computer to print multi-language patient information sheets for each drug and threat. These appear as electronic templates on the CD in Adobe Acrobat® format. They allow you to insert the dispenser's name, the prescriber's name, and a 24-hour phone number for questions.

The following information should be provided to all individuals receiving prophylaxis:

- Conditions for which the medication has been prescribed;
- Investigational New Drug form (if required);
- Effects of medications, expected and untoward actions;
- How, when, what, and amount of medication to take;
- When to return for refill of medication;
- The 24/7 number to call if they experience side effects or become ill;
- Warning to keep the adult medication out of reach of children, and to not give children the adult medication;
- Explanation of why they may not be getting the same drug given to their family members, or a neighbor;
- The importance of taking the prescribed treatment for the full period prescribed; and
- Care of vaccination site (if smallpox vaccination).

Strategic National Stockpile
Office of Emergency Preparedness and Response
Policy Recommendation
Date: October 26, 2006

POLICY TITLE

Storage, control, and chain of custody for SNS materiel

CURRENT POLICY

SNS materiel stored in staging, storage, and in transit shall be under appropriate temperature and security controls, including appropriate chain of custody procedures. Controlled substances shall have additional criteria for chain of custody in accordance with all applicable State and Federal laws governing storage and transfer of controlled substances.

BACKGROUND

Chain of custody aids in tracking SNS materiel to treatment centers and dispensing sites. Identification of end-point distributors is important in the event of drug or product recall, requirement for alternate drug regimen, and tracking of controlled substances and materiel designated by the State and CDC for return to the Division of the Strategic National Stockpile. Registrants who transfer controlled substances must ensure that the people to whom they transfer the drugs have the proper DEA registration. The registrants must keep a detailed chain-of-custody record of all transfers.

Warehouse personnel, in accordance with a floor plan that is optimal for the chosen facility, will store the cargo containers. The color-coded document pouch cover on the side of each container identifies the type of product it holds. Within the document pouch is a list of the container's contents and a diagram of the position of the products in the container.

SNS materiel in staging, storage, and in transit must remain at appropriate temperatures to ensure its potency (58-86F). Refrigeration is available at each RSS site. Appropriate manual, electro-mechanical or electronic temperature and humidity recording equipment, devices, and/or logs shall be utilized to document proper storage of SNS materiel. Temperature data shall be recorded daily.

Requests for SNS medical materiel will be logged by the RSS IMS Unit and pick lists will be generated. Once an order request has been picked, it shall be staged in the following manner:

- All boxes/pallets shall be grouped together in the warehouse staging area and the recipient clearly identified;
- The QA/QC unit shall verify pallets and the Staging and Shipping Identifier shall be completed;
- Copies of the pick sheet and Staging and Shipping Identifier shall be utilized to document chain of custody. These forms should be placed in an envelope for transport with the order. (Please note that the originals should be retained by the IMS Unit.) Name and physical address of the medical entity should be placed on the envelope.
- Controlled substances shall have additional criteria for chain of custody, which is detailed below.

Controlled substances stored at the RSS site shall remain in the specialized hardened air cargo containers that have met DEA approval for secure storage until time of dispersal. Upon arrival of the specialized hardened air cargo containers, the Pharmacy Unit Leader shall immediately inventory controlled substances in the presence of a member of the CDC TARU. Perpetual inventory for all controlled substances shall be immediately initiated.

Requests for Schedule II controlled substances shall be executed by the DEA registrant at the treatment center/dispensing site by faxing a signed DEA Form 222 to the RSS site. Controlled substances of Schedule III, IV, or V may be requested under standard procedures for requesting other medications and supplies from the SNS.

Two persons shall stage controlled substances in portable lock boxes. Signatures of both persons staging controlled substances shall be required on the pick list, thus verifying inventory staged.

The pick list will serve as the detailed chain-of-custody record and is to be placed in the portable lock box prior to sealing the box. For C-II substances chain of custody records must also include a DEA Form 222. At the treatment center/dispensing site the DEA registrant will sign all pick lists for controlled substances and provide the appropriate section of the original signed DEA Form 222, if applicable.

Signed forms are to be returned to the RSS site. Discrepancies of controlled substances shall be immediately reported to the Pharmacy Unit at the RSS site by the DEA registrant at the treatment center/dispensing site. Upon notification of such discrepancy, the Pharmacy Unit Leader will order an immediate inventory of said controlled substance(s) in efforts to resolve the discrepancy.

Strategic National Stockpile
Office of Emergency Preparedness and Response
Policy Recommendation
Date: October 21, 2005

POLICY TITLE

Procedures for return of controlled substances to the Mississippi State Department of Health from receiving medical entities

CURRENT POLICY

This policy is executed in two parts: the first part speaks to actions required by the receiving medical entity; the second part addresses policies specific to the MSDH.

Return of controlled substances by the receiving medical entity:

- A representative from the MSDH will contact each medical entity to verify request for return of assets, including controlled substances, and to coordinate a time for pick-up of assets.
- A representative wearing appropriate identification from MSDH shall pick-up assets from the medical entity.
- A copy of all paperwork received by the medical entity with the SNS assets (e.g., pick sheets) will be provided by the medical entity to the MSDH representative.
- Controlled substances will be inspected and counted prior to transfer of custody. The MSDH representative and person from medical entity verifying count and product integrity shall sign the controlled substance pick sheet to indicate accuracy and transfer of product back to MSDH. The signed pick sheet should be placed inside the box of controlled substances and sealed for transport.
- The Return of SNS Assets transport form (presented by the MSDH representative) will be signed by the individual returning SNS assets from your institution. A copy of this form should be retained by the medical entity.

Policies specific to the MSDH:

- Controlled substances returned to MSDH from receiving medical entities shall be housed, inventoried, secured, maintained, and distributed by the MSDH Department of Pharmacy.
- In the event that MSDH is operating a warehouse other than the RSS site for inventory and distribution of assets in emergency response efforts, controlled substances shall not be housed at that warehouse, but shall be housed by the MSDH Department of Pharmacy as stated above.
- It is understood that controlled substances may be shipped concurrently with other disaster relief medical assets as part of recovery and return efforts. The policy outlined below will guide actions concerning controlled substances:
  - The party responsible for shipping controlled substances shall remain on site at the warehouse until controlled substances have been identified by warehouse personnel and arrangements for transport of controlled substances to the MSDH Department of Pharmacy are complete.
  - Containers storing controlled substances entering the warehouse from return of assets by local medical entities should be identified immediately by both the sending and receiving parties.
  - Containers storing controlled substances shall be separated from other assets, inspected by warehouse personnel for integrity, and given to the shipper for transport to the MSDH Department of Pharmacy.

- The warehouse shall maintain a log of number of containers of controlled substances. This log shall include:
    - Name and address of medical entity returning controlled substances
    - Name of driver/shipper
    - Name of warehouse personnel inspecting integrity of container
    - At the end of each business day, receipt of these containers by the MSDH Department of Pharmacy shall be verbally verified in coordination with warehouse personnel and personnel from the MSDH Department of Pharmacy and the log annotated to reflect this information.
    - In the event that MSDH is operating a warehouse other than the RSS site for inventory and distribution of assets in emergency response efforts, the MSDH Department of Pharmacy is responsible for receiving, inspecting, counting, distributing, and maintaining a perpetual inventory of all controlled substances. Controlled substances may be received as part of distribution efforts or as part of recovery and return efforts.

BACKGROUND

A "medical entity" is considered to be any facility providing medical care within the State of Mississippi to victims of a disaster. These entities may include, but are not limited to, hospitals, clinics, mobile emergency clinics, and Disaster Medical Assistance Team (DMAT) clinics.

Extenuating circumstances surrounding each emergency may dictate Federal and State policies on distribution, dispensing, and return of controlled substances. After Hurricane Katrina slammed into the Mississippi Gulf Coast in 2005, Federal relief efforts to expedite distribution of Schedule II controlled substances included issuance of a waiver by the Drug Enforcement Agency (DEA) on immediate collection of DEA Forms 222; these Forms were obtained from DEA Registrants at State and local levels "after the fact." Additionally, during State recovery efforts from Hurricane Katrina, the DEA allowed the execution of an Order Form 222 from the recipient for only the amount of Schedule II Controlled Substance used by the dispensing/administering hospitals. The return of Schedule II controlled substances to MSDH was deemed to have never been distributed and thus, required no Order Form 222 from the hospital.

The State of Mississippi, in accordance with the Mississippi Board of Pharmacy, will correspond with the Federal Drug Administration and the DEA for guidance on specific policies and/or procedures issued in response to each emergency.

Strategic National Stockpile
Office of Emergency Preparedness and Response
Policy Recommendation
Date: November 2, 2006

POLICY TITLE

Distribution of prophylactic medication regimen or vaccination to an unaccompanied minor.

CURRENT POLICY

An unaccompanied minor may consent for receipt of prophylactic medication regimen or vaccination at a point-of-dispensing (POD) facility if he/she is of sufficient intelligence to understand and appreciate the consequences of the proposed medical treatment or vaccination.

BACKGROUND

The following pertinent sections of *Miss. Code Ann. § 41-41-3* addresse response authorities regarding consent to surgical or medical treatment or procedures. The MSDH may exercise its legal authority as needed to respond to public health and medical emergencies.

Miss. Code Ann. § 41-41-3

It is hereby recognized and established that, in addition to such other persons as may be so authorized and empowered, any one of the following person is authorized and empowered to consent, either orally or otherwise, to any surgical or medical treatment or procedures not prohibited by law which may be suggested, recommended, prescribed or directed by a duly licensed physician.

(e) Any person standing in loco parentis, whether formally serving or not, and any guardian, conservator or custodian, for his ward or other charge under disability.

(g) Any emancipated minor, for himself.

(h) Any unemancipated minor of sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures, for himself.

PLANNING ASSUMPTIONS

The following assumptions were considered in the formulation of this policy.

- Policy must be statewide; every person in the state will expect to receive the same screening and treatment procedures.

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6. Code of Federal Regulations

Title 21, Volume 9
Revised as of April 1, 2003
From the U.S. Government Printing Office via GPO Access
CITE: 21CFR1301.77

TITLE 21--FOOD AND DRUGS

CHAPTER II--FOOD AND DRUG ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
PART 1301--REGISTRATION OF MANUFACTURERS, DISTRIBUTORS, AND DISPENSERS OF CONTROLLED SUBSTANCES

Sec. 1301.77 Security controls for freight forwarding facilities.

(a) All Schedule II-V controlled substances that will be temporarily stored at the freight forwarding facility must be either:

(1) stored in a segregated area under constant observation by designated responsible individual(s); or
(2) stored in a secured area that meets the requirements of Section 1301.72(b) of this Part.

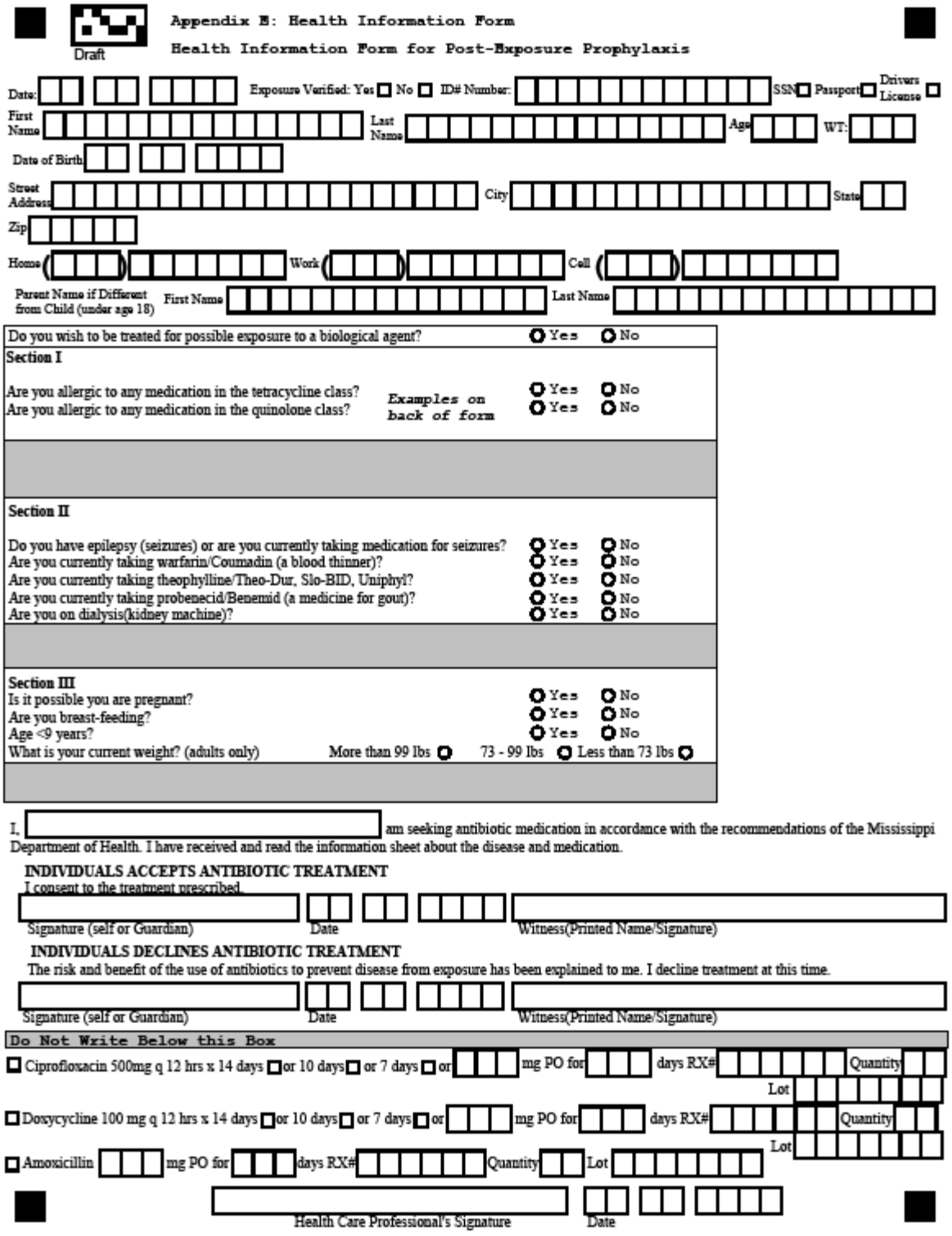
For purposes of this requirement, a facility that may be locked down (i.e., secured against physical entry in a manner consistent with requirements of Section 1301.72(b)(3)(ii) of this part) and has a monitored alarm system or is subject to continuous monitoring by security personnel will be deemed to meet the requirements of Section 1301.72(b)(3) of this Part. (b) Access to controlled substances must be kept to an absolute minimum number of specifically authorized individuals. Non-authorized individuals may not be present in or pass through controlled substances storage areas without adequate observation provided by an individual authorized in writing by the registrant. (c) Controlled substances being transferred through a freight forwarding facility must be packed in sealed, unmarked shipping containers.
[65 FR 44678, July 19, 2000; 65 FR 45829, July 25, 2000]

Section VI: Forms

1. Health Information Forms

A. Health Information Form for Post-Exposure Prophylaxis for Public.
B. Health Information Form for Post-Exposure Prophylaxis for Health Care Workers.
C. Forma de la Información De la Salud para la profilaxis de post-exposición.
D. Examples of medications in the Tetracycline class.
E. Examples of medications in the Quinolone class.
F. Examples of medications in the Penicillin class.

A. Health Information Form for Post-Exposure Prophylaxis for Public:



Appendix B: Health Information Form

Health Information Form for Post-Exposure Prophylaxis

Draft

Date: Exposure Verified: Yes ☐ No ☐ ID# Number: SSN ☐ Passport ☐ Drivers License ☐

First Name Last Name Age WT:

Date of Birth

Street Address City State

Zip

Home ( ) Work ( ) Cell ( )

Parent Name if Different from Child (under age 18) First Name Last Name

Do you wish to be treated for possible exposure to a biological agent?	Yes	No
Section I		
Are you allergic to any medication in the tetracycline class? *Examples on back of form*	Yes	No
Are you allergic to any medication in the quinolone class?	Yes	No
Section II		
Do you have epilepsy (seizures) or are you currently taking medication for seizures?	Yes	No
Are you currently taking warfarin/Coumadin (a blood thinner)?	Yes	No
Are you currently taking theophylline/Theo-Dur, Slo-BID, Uniphyl?	Yes	No
Are you currently taking probenecid/Benemid (a medicine for gout)?	Yes	No
Are you on dialysis(kidney machine)?	Yes	No
Section III		
Is it possible you are pregnant?	Yes	No
Are you breast-feeding?	Yes	No
Age <9 years?	Yes	No
What is your current weight? (adults only)	More than 99 lbs ☐	73 - 99 lbs ☐ Less than 73 lbs ☐

I, am seeking antibiotic medication in accordance with the recommendations of the Mississippi Department of Health. I have received and read the information sheet about the disease and medication.

INDIVIDUALS ACCEPTS ANTIBIOTIC TREATMENT

I consent to the treatment prescribed.

Signature (self or Guardian) Date Witness(Printed Name/Signature)

INDIVIDUALS DECLINES ANTIBIOTIC TREATMENT

The risk and benefit of the use of antibiotics to prevent disease from exposure has been explained to me. I decline treatment at this time.

Signature (self or Guardian) Date Witness(Printed Name/Signature)

Do Not Write Below this Box

☐ Ciprofloxacin 500mg q 12 hrs x 14 days ☐ or 10 days ☐ or 7 days ☐ or mg PO for days RX# Quantity Lot

☐ Doxycycline 100 mg q 12 hrs x 14 days ☐ or 10 days ☐ or 7 days ☐ or mg PO for days RX# Quantity Lot

☐ Amoxicillin mg PO for days RX# Quantity Lot

Health Care Professional's Signature Date

B. Health Information Form for Post-Exposure Prophylaxis for Health Care Workers:

Draft

Appendix B: Health Information Form

Health Information Form for Post-Exposure Prophylaxis

Date: Exposure Verified: Yes ☐ No ☐ ID# Number: SSN ☐ Passport ☐ Drivers License ☐

First Name Last Name Age WT:

Date of Birth

Street Address City State

Zip

Home ( ) Work ( ) Cell ( )

Parent Name if Different from Child (under age 18) First Name Last Name

Do you wish to be treated for possible exposure to a biological agent?		O Yes O No
Section I		
Are you allergic to any medication in the tetracycline class?	*Examples on back of form*	O Yes O No
Are you allergic to any medication in the quinolone class?		O Yes O No
If allergic to tetracycline AND quinolone, then mark form BLUE and direct individual to BLUE MEDICATION PICK_UP STATION. If allergic to tetracycline, but NOT allergic to quinolone, then go to Section II If NOT allergic to tetracycline, then go to Section III		
Section II		
Do you have epilepsy (seizures) or are you currently taking medication for seizures?		O Yes O No
Are you currently taking warfarin/Coumadin (a blood thinner)?		O Yes O No
Are you currently taking theophylline/Theo-Dur, Slo-BID, Uniphyl?		O Yes O No
Are you currently taking probenecid/Benemid (a medicine for gout)?		O Yes O No
Are you on dialysis(kidney machine)?		O Yes O No
If YES to any 1, then mark form RED and direct individual to RED MEDICATION PICK-UP STATION If NO to all, then go to Section III		
Section III		
What is your current weight? (adults only)	More than 99 lbs O	73 - 99 lbs O Less than 73 lbs O
Is it possible you are pregnant?		O Yes O No
Are you breast-feeding?		O Yes O No
Age <9 years?		O Yes O No
If ADULT weight <99 lbs then mark form RED and direct individual to RED MEDICATION PICK-UP STATION If YES to any 1, then mark form YELLOW and direct individual to YELLOW MEDICATION PICK-UP STATION If NO to all, then mark form GREEN and direct individual to GREEN MEDICATION PICK-UP STATION		

MASTER COPY for HEALTH CARE WORKERS

I, _____ am seeking antibiotic medication in accordance with the recommendations of the Mississippi Department of Health. I have received and read the information sheet about the disease and medication.

INDIVIDUALS ACCEPTS ANTIBIOTIC TREATMENT

I consent to the treatment prescribed.

Signature (self or Guardian) Date Witness(Printed Name/Signature)

INDIVIDUALS DECLINES ANTIBIOTIC TREATMENT

The risk and benefit of the use of antibiotics to prevent disease from exposure has been explained to me. I decline treatment at this time.

Signature (self or Guardian) Date Witness(Printed Name/Signature)

Do Not Write Below this Box

☐ Ciprofloxacin 500mg q 12 hrs x 14 days ☐ or 10 days ☐ or 7 days ☐ or ___ mg PO for ___ days RX# ___ Quantity ___ Lot ___

☐ Doxycycline 100 mg q 12 hrs x 14 days ☐ or 10 days ☐ or 7 days ☐ or ___ mg PO for ___ days RX# ___ Quantity ___ Lot ___

☐ Amoxicillin ___ mg PO for ___ days RX# ___ Quantity ___ Lot ___

Health Care Professional's Signature Date

C. Forma de la información de la salud para la profilaxis de post-exposición

Fecha ____/____/____Exposición Verificada: Sí No Número de Identificación: _____ SSN Pasaporte Licencia Del Conductor

Nombre: _____ Edad: ____ Peso: ____ Fecha de Nacimiento: _____

Dirección: _____

Número de teléfono: Casa: _____ Trabajo: _____ Celular: _____

Nombre del padre si es diferente de niño (quien tiene menos que 18 años) _____

¿Usted desea ser tratado para la exposición posible a un agente biológico?	Si ___	No ___
SECCIÓN 1		
¿Es usted alérgico a medicación en la clase del tetracycline?	Si ___	No ___
¿Es usted alérgico a medicación en la clase del quinolone?	Si ___	No ___
SECCIÓN II		
¿Usted tiene epilepsia (asimientos) o usted está tomando actualmente la medicación para los asimientos?	Si ___	No ___
¿Usted está tomando actualmente el warfarin/Coumadin (un deluente de la sangre)?	Si ___	No ___
¿Usted está tomando actualmente el theophylline/Theo-Dur, Slo-BID, Slo-Phyllin, Uniphyl?	Si ___	No ___
¿Usted está tomando actualmente el probenecid/Benemid (una medicina para el gout)?	Si ___	No ___
¿Está usted en la diálisis (máquina del riñón)?	Si__	No ___
SECCIÓN III		
Peso (para los adultos solamente):	Más de 99 libras ___	73 - 99 libras ___ Menos de 73 libras ___
¿Es posible que usted es embarazado?	Si ___	No ___
¿Usted está amamantando?	Si ___	No ___
¿Usted tiene menos que 9 años?	Si ___	No ___

Yo, _____, busco la medicación antibiótica de acuerdo con las recomendaciones del departamento de salud de Mississippi. He recibido y leído las hojas de la información sobre la enfermedad y la medicación.

EL INDIVIDUO ACEPTA EL TRATAMIENTO ANTIBIÓTICO
Consiento al tratamiento prescrito

_____ _____ _____
Firma (Uno Mismo o Guarda) Fecha Testigo (Imprime/Firme)

EL INDIVIDUO DECLINA EL TRATAMIENTO ANTIBIÓTICO
El riesgo y la ventaja del uso de antibióticos de prevenir enfermedad de la exposición se ha explicado a mí. Declino el tratamiento en este tiempo.

_____ _____ _____
Firma Fecha Testigo (Imprime/Firme)

No Escriba Debajo De Esta Caja

☐Ciprofloxacin 500 mg q12 hrs x 14 days ___ or 10 days ___ or 7 days OR ___ mg x ___ days RX#_____ Quantity___ Lot _____
☐Doxycycline 100 mg q12 hrs x 14 days ___ or 10 days ___ or 7 days OR ___ mg PO ___ x ___ days RX# _____ Quantity _____ Lot _____
☐Amoxicillin ___ mg PO for _____ days RX#_____ Quantity _____ Lot _____

Health Care Professional's Signature _____ Date_____

Mississippi State Department of Health 03/27/07 812

D. Examples of medications in the Tetracycline class:

Demeclocycline (Declomycin);

Doxycycline (Adoxa, Bio-Tab, Doryx, Doxy, Monodox, Periostat, Vibra-Tabs, Vibramycin);

Minocycline (Arestin, Dynacin, Minocin, Vectrin);

Oxytetracycline (Terak, Terra-Cortril, Terramycin, Urobiotic-250);

Tetracycline (Achromycin V, Sumycin, Topicycline, Helidac)

E. Examples of medications in the Quinolone class:

Acrosoxacin or Rosoxacin (Eradacil);

Cinoxacin (Cinobac);

Ciprofloxacin (Cipro, Ciloxan);

Gatafloxacin (Tequin);

Grepafloxacin (Raxar);

Levafloxacin (Levaquin, Quixin);

Lomefloxacin (Maxaquin);

Moxifloxacin (Avelox, ABC Pak);

Nadifloxacin (Acuatim);

Norfloxacin (Chibroxin, Noroxin);

Nalidixic acid (NegGram);

Ofloxacin (Floxin, Ocuflox);

Oxolinic acid;

Pefloxacin (Peflacine);

Rufloxacin;

Sparfloxacin (Zagam, Respipac);

Temafloxacin;

Trovafloxacin or alatrofloxacin (Trovan).

F. Examples of medications in the Penicillin class:

penicillin (Pfizerpen, Wycillin, Bicillin);

penicillin V (Pen-Vee K);

methacillin;

nafcillin (Unipen);

cloxacillin

dicloxacillin

flucloxacillin

oxacillin

ampicillin (Omipen);

amoxicillin (Amoxil, Wymox);

amoxicillin-clavulanate (Augmentin);

carbenicillin (Geocillin);

ticarcillin (Ticar)

ticarcillin-clavulanate (Timentin);

azlocillin;

mezlocillin (Mezlin);

piperacillin (Pipracil);

piperacillin-tazobactam (Zosyn).

2. Disease Information Forms from CDC

The Mississippi State Department of Health utilizes disease information provided by the CDC. This information is accessible by redundant mechanisms:

1. **http://www.bt.cdc.gov/bioterrorism/**.
2. A hard copy and a CD of the latest update is stored within the MSDH Office of Emergency Preparedness and Response;
3. A hard copy and a CD of the latest update is stored by the SNS Technical Task Force Leader (SNS Coordinator).

The CDC webpage is reviewed quarterly to ensure acquisition of the most up-to-date disease information sheets. . Disease information sheets retained by the MSDH include English, Spanish, and Vietnamese translations

3. Drug Information Sheets from CDC

The Mississippi State Department of Health utilizes drug information sheets provided by the CDC. This information is accessible by redundant mechanisms:

1. **http://www.bt.cdc.gov/bioterrorism/**.
2. A hard copy and a CD of the latest update is stored within the MSDH Office of Emergency Preparedness and Response;
3. A hard copy and a CD of the latest update is stored by the SNS Technical Task Force Leader (SNS Coordinator).

The CDC webpage is reviewed quarterly to ensure acquisition of the most up-to-date disease information sheets. Drug information sheets retained by the MSDH include English, Spanish, and Vietnamese translations

4. Request for Order Sheet

Date and time of request:

Name of person making the request:

Name of medical entity:

Physical address of medial entity:

Point of contact name, phone number, and email address (if applicable):

Description of pharmaceuticals and medical-surgical items requested:

5. Inventory Check-In Sheet

Date: RPh name/signature:
Inventory received from:

Major therapeutic class	Specific therapeutic class	Item description	Strength	Packaging	Quantity
Cardiovasculars	ACEI	Lisinopril	10 mg	100 count bottles	3 bottles
Med-surg supplies	Bandages	Guaze wrap	4 inch x 10 m	50 rolls/case	2 cases

6. Staging and Shipping Identifier

Date and time of request:

Name of medical entity:

Physical address of medical entity:

Point of contact name, phone number, and email address (if applicable):

Number of pallets/boxes (please circle, as appropriate)
_____

Date and time of filling: _____ RPh initials: _____

Name of shipper/driver (please print)_____

Signature of shipper/driver_____

Date/time of shipping_____

Name of recipient at the local health department (please print)_____

Signature of recipient_____

Date/time_____

Name of recipient at medical entity (please print)_____

Signature of recipient_____

Date/time_____

7. Strategic National Stockpile (SNS) and Pandemic Influenza Programs Provider Enrollment

MISSISSIPPI STATE DEPARTMENT OF HEALTH
Strategic National Stockpile (SNS) and Pandemic Influenza Programs Provider Enrollment

□ SNS Program □ Pandemic Influenza Program (Treatment Center Use) □ Both

□ Initial Enrollment □ Renewal

Facility _____

Address _____
Street *City* *State* *Zip Code* *County*

Telephone ___(_____)_____ Fax ___(_____)_____

1. Facility Contact's Name _____
Last *First*
Phone: _____E-Mail _____

2. Facility Contact's Name _____
Last *First*
Phone: _____E-Mail:_____

Facility's Medical Provider Number (if applicable)_____

Coordinating Physician's Name: _____Medical License _____

To participate in the SNS Program and/or the Pandemic Influenza Program and receive, free of cost, Federal Strategic National Stockpile antibiotics, vaccine and medical supplies through the Mississippi State Department of Health, I agree to the following conditions, on behalf of myself and all the practitioners, nurses and others associated with this hospital, nursing home, medical office, group practice, managed care organization, community/migrant/rural clinic, health department, other health delivery facility, detention facility, mental health facility, prison, home health agency, or business of which I am the **[please circle] CEO, Business Manager, Minister, or physician-in-chief or equivalent:**

1. I agree to provide the MSDH with the number of staff and clients to receive medication and/or vaccine; this information will be updated annually upon renewal of Provider Enrollment.
2. I agree to have a coordinating physician who will oversee the dispensing of medications and/or administration of vaccine. The physician does not have to be on-site, but staff will work under his/her direction.
3. The facility will follow the same treatment algorithms as used in the standing orders for the state.
4. A representative from the facility, with proper identification, will pick up medications, vaccines, and/or supplies for clients and staff from the pre-designated Point-of-Dispensing (POD) site. The facility will provide MSDH with the name of the representative designated to pick up medications and/or vaccine prior to pick up.
5. Upon arrival to the designated POD site, the representative will present two personal ID's, one issued by the facility, and a picture ID issued by the state.
6. The representative will sign for all medications, vaccines and/or supplies received.
7. The facility will notify MSDH when the supplies reach the facility and if there are any discrepancies between the order and delivery.
8. The facility will be responsible for administration of the medication/vaccine, distribution of information sheets, and collection of completed health information forms. Health information forms will be returned to MSDH within 48 hours for patient tracking.
9. The facility agrees to make no charge for the medication/vaccine or for any of the services provided as a part of the administration of the medication/vaccine.
10. For the purpose of State and/or Federal Laws and regulations, 12. I will:
    a. Maintain and make available all records to the Mississippi State Department of Health, the U.S. Department of Health and Human Services, and/or their assignees or agents;
    b. Comply with Presidential Executive Order No. 12549, Certification Concerning Debarment and Suspension.
11. The State may terminate this agreement at any time for failure to comply with these requirements and I may terminate this agreement at any time for personal reasons.

_____

Signature of Administrative Representative for Facility Date

_____

Signature of Coordinating Physician Date

This record is to be submitted to and kept on file at the Mississippi State Department of Health, and must be updated in accordance with State policy.

staff/employees/faculty _____

staff/employee/faculty's family members _____

patient beds _____

enrolled students _____

enrolled Student's family members _____

TOTAL Number of Persons needing medications/vaccinations **_____**

For State Use Only Section:

Date Certified for SNS ___ ___ / ___ ___ / _____ *Month Day Year*	Person Approving Application _____ Print
Date Certified for Pandemic Influenza ___ ___ / ___ ___ / _____ *Month Day Year*	_____ Signature

Original Copy to be kept on file at MSDH District Office by Dist. Surveillance Nurse
Copy to be sent to SNS Program at MSDH Central Office
Copy to be given to Facility

8. Point of Dispensing (POD) Evaluation Checklist

Point of Dispensing (POD) Evaluation Checklist	
County _____	**Date of Evaluation** _____
Evaluator Name:	
Title & Phone #:	
Facility Name:	
Street Address:	
City and Zip Code:	
GPS Coordinates:	
Driving Directions:	
MOU on File:	**YES** ☐ **NO** ☐
Site's Physical Characteristics: (i.e., school, clinic, library, etc.)	

Contact Person(s)/Site Management

Business Hours Primary

Name:
Title:
Work Phone:
Cell Phone:
Pager:
Email:

Business Hours Alternate

Name:
Title:
Work Phone:
Cell Phone:
Pager:
Email:

Emergency Contact 24/7 (After Hours) Primary

Name:
Title:
Home Phone
Cell Phone:
Pager:
Email:

Emergency Contact 24/7 (After Hours) Alternate

Name:
Title:
Home Phone:
Cell Phone:
Pager:
Email:

County EMA Director

Name:
Work Phone:
Cell Phone:
Pager:
Email:

Assistant County EMA Director

Name:
Work Phone:
Cell Phone:
Pager:
Email:

Local Police Point of Contact

Name:
Work Phone:
Cell Phone:
Pager:
Email:

County Sheriff's Dept. Point of Contact

Name:
Work Phone:
Cell Phone:
Pager:
Email:

Fire Department

Name:
Title:
Work Phone:
Cell Phone:
Pager:
Email:

Mississippi State Department of Health Contacts

MSDH Assigned POD Strike Team Leader

Name:
Work Phone
Cell Phone:
Email:

County Health Department - Office Manager

Name:
Work Phone:
Cell Phone:
Email:

County Health Department - Nurse Manager

Name:
Work Phone:
Cell Phone:
Email:

District Office - Health Officer

Name:
Work Phone:
Cell Phone:
Email:

District Office - Administrator

Name:
Work Phone:
Cell Phone:
Email:

District Office - Chief Nurse

Name:
Work Phone:
Cell Phone:
Email:

District Office - Surveillance Nurse

Name:
Work Phone:
Cell Phone:
Email:

District Office - Emergency Response Coordinator

Name:
Work Phone:
Cell Phone:
Email:

District Office - CRI Planner

Name:
Work Phone:
Cell Phone:
Email:

District Office - Pan Flu Planner

Name:
Work Phone:
Cell Phone:
Email:

GENERAL SITE INFORMATION		
(All fields are required)		
	YES	NO
Facility Size (Estimated usable square feet) _____ **Sq Ft**		
Number of usable rooms _____		
Is the site available 24/7?		
Is the site Air Conditioned?		
Is the site Heated?		
Are there multiple levels (steps between rooms/floors)?		
If yes, are elavators available?		
Is the site located in a flood prone area?		
Can the facility be available for use in exercises or trainings?		
Has the facility been designated for other functions during an emergency?		
If yes, please explain: _____		
Is a separate/adjacent setting for Triage area available?		
Is the facility and surrounding environment free of hazardous materials and chemical, biological, mechanical hazards?		
If no, please explain: _____		
Is regular garbage pick-up and disposal available?		
How will medical waste be handled? _____		
General Comments about the site:		

SITE ACCESSIBILITY		
(All fields are required)		
	YES	**NO**
Access to more than one major road or highway from site (2+lanes)?		
Do the roads leading to the site allow for easy access?		
Is public transportation available to and from the site?		
Does the facility have a helicopter accessibility area?		
If yes, what type of pad surface exist? _____		
Is the pad surface lighted?		
Pad GPS Coordinates: **Latitude:** ___ **Longitude:** _____		
Closest Airport, Air Field or Heliport **Name:** _____ **Address** _____		
Approximate number of miles to location from site _____		
Closest Medical Facility/Hospital **Name:** _____ **Address:** _____ _____		
Approximate number of miles to location from site _____		
General Comments about the site: ***** Attach driving directions & map.***		

SITE EXTERIOR INFORMATION		
(All fields are required)		
	YES	NO
Number of external entrance/exit doors to site? _____		
Are handicap accessible entrances and exits available?		
Are loading dock(s) available?		
If yes, how many? _____		
Can the loading dock accommodate up to a 53' trailer?		
Is there external electrical outlets available?		
On-site parking available?		
Estimated number of on-site parking spaces? _____		
Is the parking area well lit?		
Ancillary parking in close proximity?		
Distance to ancillary location _____		
Estimated spaces of ancillary parking _____		
Is ancillary parking well lit?		
Does facility exterior have the capacity to place large numbers of people under cover/out of weather?		
If no, what contingency plan is available for providing this type of shelter?		
Other exterior notes:		

SITE INTERIOR INFORMATION		
(All fields are required)		
	YES	**NO**
Does facility have a large, open unobstructed space available?		
If yes, estimated total square footage of space. _____		
Separate offices/rooms near large open area (excluding kitchen)?		
Number of separate offices/rooms? _____		
Are number of electrial outlets sufficient in open space?		
Are number of electrial outlets sufficient in nearby offices/rooms?		
Do doorways and hallways accommodate wheelchairs?		
Is there an area for audio/video orientation?		
Are adequate bathroom/toilets available?		
Are bathrooms/toilets handicap accessible?		
Are shower facilities available on-site?		
Are there kitchen facilities available?		
Is there a refrigerator or cold storage available?		
Is a breakroom available for staff/volunteers?		
Is there a secure storage area for receipt/storage of medical supplies?		
Is a large waiting/assembly area(s) available?		
Is there sufficient interior lighting to allow completion of forms, etc?		
Are separate rooms or area for behavioral health assessment and interventions available?		
Are separate rooms or area for evaluations of exposed and/or ill individuals available?		

***** Floor plans and photos of the site should be provided with this checklist.***

Other interior notes:

SITE EQUIPMENT & SUPPLY INFORMATION		
(All fields are required)		
	YES	**NO**
Is there a generator onsite?		
If yes, can generator supply entire facility with power?		
If yes, is fuel available onsite?		
Is material handling equipment (MHE) available?		
Carts?		
Hand Trucks?		
Pallets?		
Pallet Jacks or Lifts?		
Are table, chairs or stanchions/security barriers stored on-site?		
# Tables (approx.) **# Chairs (approx.)**		
# Stanchions/Security Barriers (approx.) _____		
Will POD Go-Kits be used?		
Pre-assembled?		
Assembled at time of event based on checklist?		
(A sample list of supplies and equipment that may be needed is included in POD Book inventory section)		
Are information signs printed and ready for use?		
Are written inventories of on-site office equipment and MHE available?		
If not, list should be created.		
Other Equipment & Supply notes:		

SITE COMMUNICATIONS INFORMATION		
(All fields are required)		
	YES	**NO**
Does the separate office/rooms have phone accessibility?		
If yes, how many phones are available?		
If yes, how many land lines are available? _____		
Is there adequate cellular phone reception inside the site?		
Does the separate office/rooms have a fax machine available?		
If yes, does it operate on a dedicated line?		
Does the site facility have internet accessibility?		
If yes, what type (broadband, wireless, etc.)? _____		
If yes, who is the Internet Service Provider? _____		
Are copy machine(s) available on site?		
Does the facility have public use phones available?		
If yes, is it handicap accessible?		
If yes, does it have TBB capabilities?		
Does the facility have a Public Address (PA) system?		
Are computers available for use?		
If no, will computers be brought to the site during an event?		
Are printers available for use?		
If no, will printers be brought to the site during an event?		
Is IT support available on site?		
IT provided by: _____		
Will any of the following methods of communications be used?		
Web EOC?		
Satellite phones?		
HAM / Amateur Radio?		
UHF / VHF / 800 MHz Radios?		
2-Way Radios?		
Is POD staff trained on those marked "yes"?		
Other Communications notes:		

SITE SAFETY INFORMATION		
(All fields are required)		
	YES	**NO**
Are First Aid Kits available on-site?		
Fire extinquishers available?		
Fire Alarms/Smoke Detection System?		
Fire Sprinkler/suppression system?		
Annual fire inspection conducted?		
Marked exits/fire evacuation plans posted?		
Is emergency lighting available?		
Maximum rated occupancy for largest room? _____		
Maximum rated occupancy for entire POD site? _____		
Closest Fire Station **Name:** _____ **Address:** _____ _____		
Approximate number of miles to location from site _____		
Other Safety notes:		

SITE SECURITY INFORMATION		
(All fields are required)		
	YES	**NO**
Can the site be secured/access controlled?		
Are external doors to the building properly secured?		
Are windows that could be used for entry protected with locks?		
Are windows that could be used for entry protected with secondary closures (e.g., screws/pins, etc.)?		
Are windows on the ground level secured with bars or steel mesh?		
If yes, are bars or mesh securely fastened to prevent easy removal?		
Are openings to the roof (doors, skylights, etc.) securely fastened or locked from the inside?		
Is internal access to the roof controlled?		
Do all walls extend to the ceiling?		
Are drop/pull or removable walls used in this facility?		
Is the perimeter of the facility's grounds clearly defined by a fence, wall, or other type of physical barrier?		
Is the entire perimeter lighted?		
Are lights on all night?		
Excluding parking areas, is the lighting of the building grounds adequate?		
Are entry points sufficiently lighted to discourage unlawful entry attempts or placement of explosives against the walls?		
Are public areas sufficiently lighted to discourage attacks against persons or vehicles?		
Are parking areas monitored by the use of closed-circuit cameras?		
Do landscape features provide places for potential intruders to hide?		
Other Security notes:		

SITE STAFFING				
(All fields are required)				
Have the following been identified with POC and Job Action Sheets?	**POC**		**Job Action Sheets**	
	Yes	**No**	**Yes**	**No**
POD Strike Team Leader				
POD PIO Strike Team Leader				
Strike Team Liason				
Safety Officer				
Security Lead				
Dispensing/TX Lead				
Logistics Lead				
Planning Lead				
IT/Communications Lead				
Credentialing Lead				
Is there adequate staff available?				
Can the POD operate for 24-hours per day for several days and maybe longer?				
Can staff be available with 12-24 hours?				
Is there a POD operating guide for the staff?				
Has the assigned POD staff been trained?				
Will there be just-in-time training available for volunteer staff?				
Has a written care/feed plan been developed for staff?				
Other Staffing notes:				

SITE UTILITIES CONTACT INFORMATION

Electricity

Company Name:
Address:
Phone Number:
After Hours Number:

Gas

Company Name:
Address:
Phone Number:
After Hours Number:

Water

Company Name:
Address:
Phone Number:
After Hours Number:

Plumbing

Company Name:
Address:
Phone Number:
After Hours Number:

Telephone

Company Name:
Address:
Phone Number:
After Hours Number:

Internet

Company Name:
Address:
Phone Number:
After Hours Number: