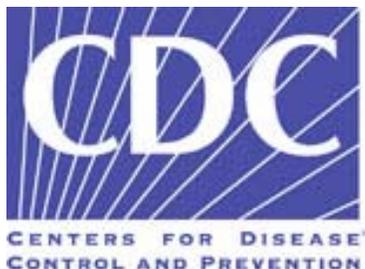

Receiving, Distributing, and Dispensing Strategic National Stockpile Assets

A Guide for Preparedness

Version 10.02 - Draft

August 2006



**Strategic
National
Stockpile**

FOR REVIEW ONLY
FOR LIMITED DISTRIBUTION
Supersedes all previous drafts

Using Version 10.02

Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness, Version 10.00, was issued in June 2005. It is periodically updated to reflect changes in the practices, policies, and procedures of the Division of Strategic National Stockpile (DSNS). The first update (V10.01) was issued in April 2006; this update (V10.02) was made in August 2006. The changes to the original version of the *Guide* are summarized below, and significant modifications (related to policies and procedures) to the text have been marked with black change bars (see right margin) to make it easy to identify the new material. All updated sections have minor changes throughout as well as the upgrades noted below.

Version 10.01

Foreword	Significant changes; see change bars
Chapter 1: Developing an SNS Plan	Significant changes; see change bars
Chapter 2: Command and Control	Significant changes; see change bars
Chapter 3: Requesting SNS Assets	Significant changes; see change bars
Chapter 6: Public Information	Major rewrite; see change bars
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Appendix I: Sample MOA	Significant changes; see change bars
Appendix K: Controlled Substances	Significant changes; see change bars
Appendix M: Data File Structure	Major rewrite; see change bars
Appendix P: Pediatric Dispensing	Minor changes
Appendix Q: Investigational New Drugs	Significant changes; see change bars
Appendix T: Examples of Job Action Sheets	Significant changes; see change bars
Appendix U: Managed Inventory	New
Appendix V: State SNS Assessment Tool	New
Appendix W: Action Request Form	New
Appendix X: Federal Medical Stations	New

Version 10.02

Chapter 7: Security Support	Major rewrite; see change bars
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Table of Contents

Using Version 10.02	ii
Foreword.....	ix
Chapter 1: Developing an SNS Plan.....	1-1
Overview.....	1-1
The Strategic National Stockpile	1-1
Planning for Receiving, Distributing, and Dispensing SNS Assets.....	1-2
The SNS Plan.....	1-2
Clearly Delineate State and Local Responsibilities	1-3
Coordinate with Those Who Must Support Your Plan.....	1-4
Protecting Essential Personnel.....	1-5
Define Essential Personnel	1-5
Define Local Medical Inventories	1-6
Planning Considerations	1-7
Implementation Capabilities	1-8
Deployment Processes	1-9
Chapter 2: Command and Control	2-1
Overview.....	2-1
C&C Organization	2-1
Command System	2-2
C&C Interaction with Response Activities and UC/State–Region EOC Interaction	2-3
TARU in Command and Control.....	2-4
States’ Responsibilities in Assisting the TARU	2-5
Critical Command and Control Issues	2-6
Regional Command and Control Issues.....	2-7
Planning Considerations	2-7
Implementation Capabilities	2-8
Deployment Processes	2-9
Chapter 3: Requesting SNS Assets.....	3-1
Overview.....	3-1
Sequence of Events for Requesting SNS Assets.....	3-1
Initial Activities	3-2
Requesting.....	3-2
Plan to Request SNS Assets.....	3-5
After the Request Is Made	3-6
Selection of SNS Asset Arrival Locations.....	3-6
Providing a Copy of Your State’s SNS Plan	3-7
Activation of the SNS Plan.....	3-7

Reordering SNS Assets.....	3-9
Other DSNS Response Assets	3-10
Planning Considerations	3-10
Implementation Capabilities	3-11
Deployment Processes	3-12
Chapter 4: Management of SNS Operations.....	4-1
Overview.....	4-1
Command and Control.....	4-2
The SNS Operations Management Team	4-2
SNS Operations Management Team Lead.....	4-3
Operations	4-4
Tactical Communications	4-4
Security	4-5
RSS Management Team	4-6
Distribution	4-6
Repackaging.....	4-6
POD Management.....	4-7
Treatment Centers.....	4-7
Public Information	4-7
Safety	4-8
Training, Exercise, and Evaluation.....	4-8
TARU Team.....	4-8
Planning Considerations	4-9
Implementation Capabilities	4-10
Deployment Processes	4-12
Chapter 5: Tactical Communications.....	5-1
Overview.....	5-1
Communication Methods.....	5-1
Who Talks to Whom	5-2
Tactical Communications: Security.....	5-4
Tactical Communications: Staff	5-4
TARU Communication Needs and Capabilities.....	5-5
Planning Considerations	5-6
Implementation Capabilities	5-7
Deployment Processes	5-8
Chapter 6: Public Information and Communications	6-1
Overview.....	6-1
The Why, Who, and What of PIC Planning	6-2
Why.....	6-2
Who.....	6-2
What.....	6-4
Implementing Your PIC Plan.....	6-6

Getting People to the POD.....	6-6
Getting People Through the POD	6-7
After the POD	6-8
Volunteers	6-9
SNS PIC Planning Resources	6-9
Planning Considerations	6-12
Implementation Capabilities	6-13
Deployment Processes	6-14
Chapter 7: Security Support.....	7-1
Overview.....	7-1
Security Missions and Tasks.....	7-2
Forming Your Security Team	7-4
SNS Security Team.....	7-4
State Security Team	7-4
Special Considerations.....	7-5
Collaboration with Agencies and Organizations	7-6
Mobilizing Your Security-Support Team	7-7
Identification Badges for Members of Your SNS Response Organization	7-7
Risk Assessment	7-8
POD-Specific Risk Assessment.....	7-9
Security Prior to Federal Transfer of SNS Assets	7-10
Security Following Transfer of SNS Assets	7-11
Safeguarding the RSS Warehouse	7-11
Distribution-System Protection.....	7-12
SNS Protection in a Natural or Technological Disaster.....	7-13
Planning Considerations	7-13
Implementation Capabilities	7-14
Deployment Processes	7-16
Chapter 8: Receiving, Staging, and Storing SNS Assets	8-1
Overview.....	8-1
Team Responsibilities During an Emergency.....	8-1
Activate the RSS Facility.....	8-1
Receive SNS Assets.....	8-2
Accept Custody of SNS Assets	8-2
Stage and Store SNS Assets.....	8-3
Distribute SNS Assets.....	8-4
Care of SNS Assets	8-5
Location, Layout, and Operational Criteria for RSS Facilities.....	8-8
Location	8-8
Space Requirements and Layout.....	8-9
Equipment.....	8-11
Staffing.....	8-12
Utilities and Environmental Controls	8-12

Supplies.....	8-12
Security	8-14
Planning Considerations	8-14
Implementation Capabilities	8-15
Deployment Processes	8-18
Chapter 9: Controlling SNS Inventory	9-1
Overview.....	9-1
Team Responsibilities During an Emergency.....	9-1
Inventory-Management System.....	9-2
Apportioning SNS Assets	9-3
Issuing and Tracking SNS Assets	9-3
Repackaging Bulk Drugs	9-4
Recovering SNS Equipment, Containers, and Unused Materiel	9-4
Planning Considerations	9-5
Implementation Capabilities	9-6
Deployment Processes	9-6
Chapter 10: Repackaging	10-1
Overview.....	10-1
Repackaging Bulk Drugs	10-1
Design of Repackaging Operations	10-2
SNS Repackaging Equipment	10-2
Repackaging Output Potential	10-4
Repackaged-Drug Labels.....	10-4
Planning Considerations	10-6
Implementation Capabilities	10-6
Deployment Processes	10-7
Chapter 11: Distributing SNS Assets	11-1
Overview.....	11-1
Network Design Factors	11-1
Distribution Networks.....	11-2
Transportation Requirements.....	11-4
Transportation Resources.....	11-5
Distribution Team Composition	11-6
Actions Before an Event	11-6
Operational Information Needed During an Event.....	11-7
Dispatching Vehicles	11-8
Planning Considerations	11-9
Implementation Capabilities	11-10
Deployment Processes	11-11
Chapter 12: Dispensing Oral Medications.....	12-1
Overview.....	12-1

Designing Your Mass Antibiotic-Dispensing Campaign	12-2
Issues to Consider When Designing Your Dispensing Campaign.....	12-2
Policy and Planning Issues	12-3
Determining the Number of PODs	12-3
Written Agreements	12-4
Mutual-Aid Agreements	12-5
Uniformity of PODs.....	12-5
Distributing Clientele Evenly Among PODs.....	12-5
Establishing the Process and Flow for POD Operations	12-6
POD Design	12-8
Prescribing Authority and Prescribing Organization	12-11
Who Can Dispense Medications?	12-11
Prophylaxis Medications Supplied by DSNS	12-11
Multiple vs. Individual Regimens: Adult Pickup	12-12
Considering the Methods of Dispensing for Your Campaign	12-12
Setting up the POD	12-13
Where to Locate PODs	12-13
Site Physical Characteristics	12-14
Efficient Design and Layout	12-15
POD Equipment Requirements.....	12-15
Operating Hours	12-16
Patient Information, Documentation, and Data Collection	12-16
Reproduction of Labels and Patient Information Sheets	12-17
Computerized Medical Records.....	12-17
Follow-Up Information for Patients.....	12-17
Staffing the POD.....	12-18
Types and Sources of Staff	12-18
Staff Assignments	12-20
Staff Training.....	12-22
Federal Staff Support for Dispensing	12-24
Operating the POD.....	12-24
Management Structure.....	12-24
Shifts and Shift Changes.....	12-25
Queue Management to Facilitate Patient Flow.....	12-25
Problematic Clienteles	12-26
Receipt and Storage of SNS Assets at the POD	12-28
Reordering.....	12-28
Sustaining Your Dispensing Campaign	12-28
Activating and Initiating Your Dispensing Campaign.....	12-29
Deactivating POD Operations.....	12-30
Deactivation Process.....	12-31
Public Information Campaign.....	12-31
Gathering Data	12-31
Counseling	12-31
Planning Considerations	12-32

Implementation Capabilities	12-34
Deployment Processes	12-37
Chapter 13: Treatment Center Coordination.....	13-1
Overview.....	13-1
Pre-Event Coordination Planning	13-1
Treatment Center Coordination During an Event.....	13-3
Related Federal Funding for Hospitals and Treatment Centers.....	13-4
Planning Considerations	13-6
Implementation Capabilities	13-7
Deployment Processes	13-7
Chapter 14: Train, Exercise, and Evaluate.....	14-1
Overview.....	14-1
Getting Started	14-1
The Incremental Approach to Training, Exercising, and Evaluating	14-2
Train to Your Plan	14-2
Needs Assessment.....	14-3
Training Objectives.....	14-4
DSNS Training Tools	14-4
Upper-Level Training	14-4
Orientation Training.....	14-5
Individual Training	14-6
Functional-Group Training	14-6
Exercising Your Plan	14-7
Tabletop Exercises	14-7
Full-Scale Exercises.....	14-8
Exercise Design, Development, and Execution	14-8
Exercise Evaluation	14-9
Plan the Exercise Evaluation and Collection of Data	14-9
DSNS Exercise Support.....	14-10
Planning Considerations	14-10
Implementation Capabilities	14-11
Appendix A: Acronyms	A-1
Appendix B: Glossary.....	B-1
Appendix C: The CHEMPACK Project	C-1
Appendix D: Smallpox Vaccination	D-1
Appendix E: Suggested Language for Local Contracts and Agreements.....	E-1
Appendix F: Critical Information Requirements	F-1
Appendix G: Public Information and Communication Challenges	G-1
Appendix H: Custody Transfer Form	H-1
Appendix I: Sample Memorandum of Agreement.....	I-1
Appendix J: DEA Form-222.....	J-1
Appendix K: Controlled Substances Procedures	K-1

Appendix L: RSS Facility Checklist.....	L-1
Appendix M: Data File Structure.....	M-1
Appendix N: Order Form.....	N-1
Appendix O: Unit-of-Use Medication Bottles.....	O-1
Appendix P: Pediatric Dispensing Considerations	P-1
Appendix Q: Investigational New Drugs and Emergency-Use Authorization.....	Q-1
Appendix R: Dispensing Modeling	R-1
Appendix S: Sample POD Equipment List.....	S-1
Appendix T: Examples of Job Action Sheets	T-1
Appendix U: Managed Inventory and Bulk Purchases.....	U-1
Appendix V: State Assessment Tool	V-1
Appendix W: Action Request Form	W-1
Appendix X: Federal Medical Stations.....	X-1

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Foreword

The mission of the Strategic National Stockpile (SNS) is to deliver critical medical assets to the site of a national emergency. We have designed this *Guide for SNS Preparedness* to help emergency management and public health personnel at the state, regional, and local levels prepare to request and make effective use of SNS medicines, medical supplies, equipment, vaccines, and federal medical stations (FMSs). We make these SNS assets available to help states and localities save lives, prevent disease, and facilitate basic health care service when there is a widespread terrorist attack (e.g., the World Trade Center and anthrax attacks of 2001), a natural disaster (e.g., hurricanes Katrina, Rita, and Wilma in 2005), or an industrial accident. The Division of Strategic National Stockpile (DSNS) is a component of the Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) at the Centers for Disease Control and Prevention (CDC).

In this *Guide for SNS Preparedness* we describe

- an overview of the DSNS,
- the assets it keeps in readiness,
- the conditions under which those assets will be deployed,
- the procedures that must be followed to receive them,
- the organizational structure that will be needed to manage the receipt and distribution of these assets in a terrorism event,
- the need for response protocols for situations other than terrorism events,
- the details that must be planned for,
- the help that will be supplied by the federal government to attain a state of readiness, and
- the coordination needed to successfully move those assets from federal stockpiles to individuals in need.

Increased population densities, political realities, and technological developments tend to increase the impacts of disaster events. Those who plan for and respond to emergencies must prepare to use SNS assets to address a broad spectrum of potential threats. We encourage states and communities to prepare for such emergencies and for the effective use of SNS assets through a broad emergency-operations planning process. The National Response Plan supports this process. Preparation typically includes

-
- analyzing potential threats,
 - modifying existing emergency plans to address reasonable threats,
 - building the physical and organizational infrastructure needed to perform the planned responses,
 - training the people and organizations needed to carry out the plans,
 - conducting exercises that test the capability to execute the plans,
 - evaluating the results of the exercises, and
 - upgrading the plans to address problems revealed by the exercises.

Preparedness activities include planning (deciding what to do); implementing (acquiring the personnel, facilities, and supporting infrastructure); and deploying (moving people and assets into the field under emergency or test circumstances). Your planning lays the groundwork for implementation, implementation provides the means for deployment, and deployment produces the experience and data for a new round of improved planning.

We intend this document to guide state, regional, and local personnel through some of those processes. We cover a broad array of subjects, from how to request SNS assets to how to ensure they promptly reach the population(s) in need. You can use it as a reference document (containing the telephone numbers and forms needed during an emergency), as a textbook (accompanying training sessions), and as a checklist (assuring that all the necessary steps are considered). It should be useful to SNS Coordinators, local planners, emergency responders, trainers, and healthcare providers, among others.

Maintaining a state of readiness through constant planning is a central theme of this *Guide*, but planning alone is not enough. The purpose of SNS preparedness planning is to build the capability to respond effectively and thereby attain the goals of saving lives, preventing disease, and minimizing suffering. Once your plan is fleshed out with real people aboard and the physical resources needed to support them, your state of preparedness must be maintained through regular

- reviews, updates, exercises, and evaluations of your plan;
- training of the people who will staff the functions of your plan;
- assessing the adequacy of facilities vital to your infrastructure;
- checking the agreements that enable the use of facilities; and
- reviews and updates of agreements that will ensure you use of the facilities.

Even though you can view everything in this document as planning activity, the color-highlighted symbols shown below are used to flag critical concepts relevant to implementation

Implement

and processes important during a deployment of SNS assets.

Deploy

Aside from providing guidance and onsite technical assistance to help you mature and improve your SNS Program, the DSNS is responsible for the periodic assessment of your progress. For this we use an instrument called the “State SNS Assessment Tool.” The most current version of the State SNS Assessment Tool appears as Appendix V.

At the end of each chapter, we provide a list of planning issues, capabilities that you should develop and put in place during implementation, and processes that you need to carry out during deployment. These lists have checkboxes so that state, local, and regional coordinators can agree and assign specific responsibilities to individuals and agencies.

In previous versions of this *Guide*, we attempted to take into account a growing range of threats, changes to the amount and variety of stockpiled assets, and the existence of more comprehensive planning and preparedness processes in many states. Foremost among the changes in Version 10 and beyond is the Department of Health and Human Services (DHHS) recommendation to prepare to provide antibiotic prophylaxis within 48 hours to the entire population affected by a biological attack. That specification, obviously intended to minimize disease, disability, and death from a biological-agent release, drives many of the changes you will see in Version 10 and subsequent updates.

Some of the changes apply to the SNS in a general manner:

- A new name, the Strategic National Stockpile, to reflect its expansion beyond just pharmaceuticals;
- A name change also for the operational organization, now the Division of Strategic National Stockpile, that carries out the expanded responsibilities;
- New national guidelines embodied in the National Response Plan;
- The use of the Action Request Form (FEMA Form 90-136) to request federal assistance in the form of materiel or services (see Appendix W);
- Larger shipments;
- An underscoring of the need to scale the response to the size of the threat;

-
- A clarification of the procedures to be followed for distributing controlled substances during an emergency (see Appendix K); and
 - Appendixes detailing pediatric dispensing considerations, public information and communication (PIC) challenges, sample job action sheets, a sample point of dispensing (POD) equipment list, smallpox vaccination, the CHEMPACK Project, unit-of-use medication labeling, and a checklist of the physical characteristics for an RSS warehouse.

Some of the changes apply to new assets available from the SNS:

- An expanded list of SNS assets, including the pre-deployment of nerve-agent antidotes and a greater variety of antibiotics to protect special populations, such as children and pregnant women;
- The federal medical station (FMS), a 250-bed unit developed for set-up in an existing large open facility (e.g., arena or gymnasium). See Appendix X for a more complete description of an FMS and the preparedness implications this new SNS asset has for your SNS program. In brief, an FMS is designed to
 - hold persons placed on a medical quarantine,
 - provide subacute care,
 - relieve hospital surge conditions,
 - triage persons needing basic medical attention in a disaster zone, and
 - serve as a platform on which to attach modules from various public and private entities that provide sophisticated medical care (e.g., a clinical laboratory, an ICU, a diagnostic module, or a surgery suite) in an area where the clinical health care system has collapsed or clearly is unable to meet the requirements for services produced by the emergency.

Some of the changes apply to the management of the SNS:

- The adoption of the concepts of an Incident Command System (ICS) and of a Unified Command for dealing with large-scale emergencies;
- Specific roles and needs of the Technical Advisory Response Unit (TARU) that will accompany any SNS deployment and will assist state and local personnel;
- A streamlined approach to the delivery of SNS assets;
- A focus on treatment-center preparedness, including a guide to federal funding support for emergency readiness;
- An examination of issues in distribution-network design;
- Examples of variations on the design and configuration of PODs;

-
- The development of a computer model for analyzing needs for PODs;
 - An arithmetic formula for calculating the number of PODs needed based on your total population and throughput;
 - The consideration of alternative methods for dispensing;
 - Examples of agreements for acquiring needed facilities and services;
 - Emphasis on rapid shipment and distribution; and
 - Revised estimates of staff needed for receiving, storing, and staging (RSS).

And some apply to the operations of the SNS:

- New procedures for requesting and obtaining SNS assets, including a Director's Emergency Operations Center hotline at the CDC;
- Elimination of bulk pharmaceuticals and repackaging equipment from 12-Hour Push Packages (all Push Package pharmaceuticals now come in 10-day-regimen, unit-of-use, childproof bottles that require minimal additional labeling for the distribution of prescription drugs);
- New systems for keeping temperature-sensitive materiel refrigerated;
- A new emphasis on tactical communication and information-technology support;
- The division of communications into tactical and public-information (PIC) components;
- The recommendation to use PIC professionals as part of the planning and operations teams;
- Greatly expanded tools, resources, and guidelines to streamline public information and communication efforts;
- Lists of messages that will be needed during an emergency
- Emphasis on the need for local security;
- A table of suggested roles and functions for POD personnel
- Suggestions for handling problematic clients;
- Step-by-step POD activation and deactivation procedures;
- An incremental approach to training and a new emphasis on just-in-time training;
- New training aids and courses available from the DSNS;
- A suggestion for the conduct of stepped exercises and the capture of evaluative feedbacks to validate and upgrade planning;
- New support, training, and reference materials available from the Department of Health and Human Services; and
- New criteria and procedures for recovering unused SNS assets.

To standardize the language used to describe emergency preparedness, we include a list of acronyms as Appendix A, and a glossary of terms is included as Appendix B. We describe the CHEMPACK Project in Appendix C and procedures for smallpox vaccination in Appendix D.

We plan further revisions to this document to keep pace with developments in counterterrorism and other emergency-response capabilities, in assistance to state and local healthcare and emergency-response agencies, and in the needs of state and local emergency planners. We will post further developments to the DSNS Extranet (<http://www.bt.cdc.gov/stockpile/extranet>), a password-protected Internet resource to which access can be gained through one's SNS State Coordinator.

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Chapter 1

Developing an SNS Plan

OVERVIEW

This Chapter provides an overview of the SNS and the fundamentals you should have in your plan. Your state and local SNS plans or operating procedures should address the following functional elements. Other functions and responsibilities, as determined by state planners, may also be included:

- Command and control
- Requesting SNS assets
- Managing SNS operations
- Tactical communications
- Public information and communication
- Security
- Receiving, staging, and storing SNS assets
- Controlling SNS inventory
- Repackaging bulk drugs
- Distributing SNS assets
- Dispensing oral medications
- Treatment center coordination
- Training, exercising, and evaluating



The Planning Considerations, Implementation Capabilities, and Deployment Processes at the end of each chapter can be used to determine the elements needed in the plan. They can also be used to identify the responsible party for developing each item and to track progress on remaining steps.

THE STRATEGIC NATIONAL STOCKPILE

The Strategic National Stockpile (SNS) is a collection of large quantities of medical materiel, equipment, and pharmaceuticals. The Division of Strategic National Stockpile (DSNS) manages the SNS and provides personnel to augment state and local responders during an emergency. The mission of the DSNS is to deliver critical medical assets to the site of a national emergency. The DSNS has a vari-

ety of alternatives from which to choose to respond to national emergencies requiring large quantities of medical supplies

- 12-Hour Push Packages – medical supplies, equipment, and pharmaceuticals prepacked in air cargo containers for immediate shipment. As the name implies, 12-Hour Push Packages can be deployed anywhere in the United States and its territories within 12 hours after a request is made.
- Managed Inventory – palletized stockpiles of pharmaceuticals, medical supplies and equipment for use in large-scale emergencies. Normally, this materiel can be sent within 24 to 36 hours after approval for deployment. The form, packaging, and method of delivery of managed inventory can vary widely with circumstances; a more detailed description is provided in Appendix U.
- Vaccines – the repository for various types and quantities of vaccines.
- Technical Advisory Response Unit (TARU) – a group of individuals from the DSNS able to provide technical advice to assist state and local responders with managing SNS assets in response to a large-scale emergency.

The DSNS has staff available to assist states with planning, exercising, evaluating, and training. Each state has a DSNS program consultant assigned to it. These state consultants are your first option when you need information or assistance.

While the DSNS is committed to getting medical materiel to state and local responders in a timely manner, it is the state and local responders' responsibility to prepare to receive SNS assets and to provide them to the people who are in need. In order to do that, states, regions, and localities need to have solid, functional plans.

PLANNING FOR RECEIVING, DISTRIBUTING, AND DISPENSING SNS ASSETS

The SNS Plan

Implement A comprehensive, written plan is essential to facilitating the receipt, distribution, and dispensing of SNS assets quickly and efficiently.

Your plan for receiving, distributing, and dispensing SNS assets will likely be part of a comprehensive emergency operations plan for a state. Whatever form the plan takes, we recommend you write it so that the body of the plan contains actions that typically do not change and its appendixes contain information that may change frequently. This approach will minimize your effort in maintaining the plan in the future. For example, the way SNS assets are received will probably not change, but the names of individuals in your receiving warehouse may change frequently as people retire or change jobs. If names and contact information are included in an appendix, only the appendix will need to be updated.

Implement

It is important to note that state and local SNS plans should be updated at least annually to ensure that information is always current. Every time you update your plan, you need to have responsible agencies review and evaluate the changes.

The portions of the plan that need to remain confidential should be included as an addendum. For instance, the body of the plan is shared with appropriate government agencies but the personal contact information or the exact location of a warehouse if included in an addendum can be kept confidential. Regardless of what you decide to share, each agency involved with executing your plan needs to have a copy of the portion pertaining to that agency.

Implement

The planning process does not end with a written document. Thorough dissemination of the plan, coordination of resources, execution of agreements, training, volunteer coordination, and a host of other activities must continue. Remember, your SNS plan is never finished; it will continue to evolve as new information becomes available and situations change.

Clearly Delineate State and Local Responsibilities

Implement

An emergency will require the coordinated efforts of state and local personnel to get SNS assets quickly to those who need it. To achieve that coordination, a state's plan and the plans of local communities in the state must clearly identify both the state and the local responsibilities during the deployment of SNS assets so the efforts of the different jurisdictions complement one another. Without that delineation, the omission or duplication of key actions may produce considerable confusion and waste precious resources during an emergency.

The division of SNS responsibilities between state and local agencies varies from state to state. Some states plan to receive SNS assets and immediately turn them over to a local jurisdiction for staging, distribution, and dispensing during an emergency. Other states plan to do far more so the localities can concentrate on specialized activities such as dispensing operations. It is the responsibility of each state to determine the best model for its unique circumstances. If planning responsibilities are ceded to local jurisdictions, it is incumbent on the state to assist

local jurisdictions in understanding and carrying out those responsibilities. Some considerations in determining responsibilities include

- Can the state's governor waive or suspend state laws and regulations in the event of an emergency?
- Can the governor direct the efforts of state agencies, such as the National Guard, state police, and department of transportation?
- Can local agencies identify local resources, such as potential dispensing sites and the volunteers to staff them?
- Can efforts be coordinated across adjacent borders, whether national, state, city, county, or cultural?

Coordinate with Those Who Must Support Your Plan

Implement It will take the collective effort of many and diverse agencies to support the response to a public health emergency. A comprehensive state emergency operations plan should specify how the state and local response organizations will work together as the state or community deals with a public health emergency. For instance, the plan should make provision for security for SNS distribution operations, a task normally handled by a law-enforcement agency, either local or state. Another part of the plan should discuss how the state will distribute SNS assets to local dispensing sites. The state's National Guard or Department of Transportation may handle these tasks.

Implement The planning process should include frequent discussions with the other agencies that are expected to support your plan. Only by involving these agencies closely will a planner be able to identify and resolve potential support problems.

We recommend that you form planning groups at the state and local levels with representatives who would respond during a public health or emergency event. Some that should be considered as a part of the planning group include

- Public health departments
- Emergency Management/Office of Homeland Security
- Law enforcement
- Public works departments
- Private businesses
- Emergency medical services (both public and private)
- Fire departments
- Hospitals
- Medical professional organizations
- Military installations
- Metropolitan Medical Response System (MMRS) cities
- Volunteer groups (the Red Cross, Salvation Army, etc.)

The protection of personnel, equipment, and materiel is potentially problematic. During a wide-scale terrorist attack, traffic congestion, the possibility of secondary attacks, and the public's fear and frustration may put an enormous burden on law enforcement. At the same time, a large number of points of dispensing (PODs) may need to be activated. Each of those PODs will need traffic and crowd control in addition to basic protective services that law enforcement may not be able to provide. If scaling back the number of PODs under such circumstances is not possible, you need to identify in your plan how you will provide protective services from other sources, such as the National Guard or commercial security companies.

Implement

Some communities have formed mutual-aid agreements with agencies in the area. This type of agreement allows for sharing of materials, personnel, and equipment during an emergency. The cooperation and assistance provided under these types of agreements would very likely be beneficial during an SNS operation.

PROTECTING ESSENTIAL PERSONNEL

Define Essential Personnel

Deploy

Long before an emergency occurs, you should determine which personnel are essential to an SNS response. You must provide protection for these responders so they can provide care for the rest of the community. Your plans should include a method for early prophylaxis, if indicated, of the essential personnel from locally available sources. We further describe first responder prophylaxis in Chapter 12 of this *Guide*. In the absence of local supplies, you should plan for essential response personnel to quickly receive required prophylactic medication from the earliest arriving SNS assets.

Implement

Traditionally, first responders include:

- Fire fighters,
- Law-enforcement officers,
- Hazardous-material specialists, and
- Emergency medical services personnel.

Others who should be considered include:

- Key government leaders to ensure the continuity of operations and civil order;
- Transportation and public works personnel who must support the S/L SNS distribution system;
- Medical and public health personnel who must treat the sick;
- State and local SNS leadership and volunteers who must set up and operate the SNS distribution and PODs as soon as the SNS assets arrive; and

-
- Family members of essential personnel so essential personnel can stay on the job without worrying about their families.

Define Local Medical Inventories

Implement

Once you have determined the number of essential personnel needing early prophylaxis, shift your consideration to:

- What are the threats from which people must be protected?
- What prophylactic medicines and supplies are available for dealing with those threats?
- What quantities of the medicines and other needed items are available in local inventories?, and
- Where is the local inventory? Is it convenient and easily accessible to essential personnel?

Consider convening a multidisciplinary community planning group to gather and analyze the information, make determinations, and evaluate options for minimizing costs. One strategy, for example, could be paying local pharmaceutical and medical-supply wholesalers to hold a 90-days' stock of inventory instead of their normal 30 so the materiel could be purchased when needed.

Implement

Before creating a local inventory, gather information about

- types and quantities of local inventory items,
- storage considerations for controlled substances,
- general requirements (temperature, humidity, etc.) for warehousing and storing materiel,
- quality control and rotation of local inventories,
- contract elements for dealing with local manufacturers or distributors (see Appendix E), and
- potential pricing options and purchase sources.

As a local inventory is created, you should consider stocking items currently in the SNS inventory to ensure a smooth transition from local stock to SNS stock.

PLANNING CONSIDERATIONS

Consideration	Responsibility		
	State	Regional	Local
Is your SNS plan incorporated into your state or local emergency response plan(s)?			
Is the SNS portion of your plan updated at least once annually?			
Do you have a state or local planning group in the area that meets regularly to enhance SNS preparedness? Does your planning group include all representatives that would normally respond during an emergency event?			
Have you reviewed state and local policies and incorporated them into the SNS plan to address...			
<ul style="list-style-type: none"> • What is the process for requesting SNS assistance? 			
<ul style="list-style-type: none"> • What number of doses can a family member pick up at a dispensing site? 			
<ul style="list-style-type: none"> • What are the minimum identification requirements in order to receive medication? 			
<ul style="list-style-type: none"> • What is the badging process for state and local SNS leadership and volunteers? 			
<ul style="list-style-type: none"> • What provision has been made for dissemination of prophylactic drugs and medical supplies to Native Americans on reservations? 			

Does the SNS portion of your state emergency operations plan address how SNS assets would be made available to local military installations and distributed to residential institutions in the area?			
Have you coordinated a legal review to identify and address legal issues concerning support for state and local SNS operations?			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Do you have an SNS plan or an SNS annex to your state's emergency operations plan, to receive, distribute, and dispense SNS assets?			
Do you have actions that do not change frequently included in the body of the plan? Are actions, names, and places subject to frequent change included in the appendixes?			
Have you updated your plan during the past year and have responsible agencies reviewed and concurred with the changes?			
Have you widely disseminated your plan throughout the state response community that would work in RSS, distribution, and local dispensing of SNS assets?			
Does your plan clearly identify both the state and the local responsibilities during the deployment of SNS assets?			

Does your plan specify how the state and local leadership will assign tasks to others? How will these assignments be communicated?			
Have you formed a planning group of all the agencies needed to support the plan?			
Have you negotiated mutual-aid agreements with other agencies and governments?			
Has your group identified essential personnel? Do you have provisions for them to receive any needed prophylaxis from local sources?			
Have you determined the threats from which people must be protected? Are local caches sufficient to provide prophylaxis to all essential personnel, as defined in the plan?			
Have you contacted the DSNS for information about the creation and maintenance of a local inventory?			

Deployment Processes

Process	Responsibility		
	State	Regional	Local
Does your plan offer protection for essential personnel protected from a threat so they can then care for the rest of the community?			

Chapter 2

Command and Control

OVERVIEW

This chapter discusses the way a state, region, or community manages its response to a public health emergency. This management is called the command and control (C&C) function. C&C is how political leadership, emergency management, public health, law enforcement, and other groups coordinate their response to an emergency.

In this chapter, state planners and managers will learn about

- C&C organization to manage SNS assets in a response,
- The Incident Command System (ICS) and Unified Command (UC),
- C&C interactions with response activities,
- Involving the Technical Advisory Response Unit (TARU) in C&C, and
- Critical C&C issues.



In addition, regional and/or local planners and managers will learn about

- C&C's role in managing response assets and
- C&C interactions between response activities at the local level.

C&C ORGANIZATION

Implement

The structure and operation of C&C at the state, regional, or local level will typically be a part of a broader state and local emergency operations plan. However, the nature of the public health emergency will require specific actions, such as establishing pharmaceutical dispensing sites, establishing nontraditional treatment sites, and shipping increased quantities of treatment supplies to treatment sites. To ensure the most effective and efficient response, you should determine how state and local SNS leadership will interact with the C&C personnel to report operational status and problems. The TARU also will interact

with the C&C personnel to help state and local authorities understand and oversee SNS activities.

Implement

The structure and operation of C&C at the state, regional, or local level will typically be a part of a broader state and local (S/L) emergency operations plan. As in any large incident, responders will be concerned with receiving, distributing, and dispensing assets. Responding to an event with SNS assets will be somewhat different from other emergency operations because the materiel being dispensed needs special care and should follow a form of medical protocol. However, you are still moving assets to a site where the citizenry can receive them. To receive, distribute, and dispense efficiently, all personnel involved in the response must understand how their organization or function interacts with C&C.

The federal response to a major emergency (facilities, equipment, personnel, procedures, and communications) will be guided by the National Incident Management System (NIMS), the single all-hazard incident management system established by Homeland Security Presidential Directive 5. NIMS is designed to aid in the management of resources during the response to an incident through eight core concepts:

- Common terminology,
- Integrated communications,
- Modular organization,
- Unified command structure,
- Manageable span of control,
- Consolidated action plans,
- Comprehensive resource management, and
- Predesignated incident facilities.

NIMS replaces the National Inter-Agency Incident Management System and will govern the management of the National Response Plan (NRP), the country's single all-hazard incident-management plan.

Command System

Implement

As part of any event involving emergency management, government agencies will use the Incident Command System (ICS) as the method to organize for management of the incident. The assets supplied by DSNS do not require a different way of organizing. ICS has built-in flexibility that allows you to organize to respond to any type of emergency. Please refer to the FEMA website for information and self-paced NIMS and ICS study courses. The web address for FEMA online training is

<http://training.fema.gov/EMIWeb/IS/crslist.asp>

This ICS structure is expandable and adaptable for use in all aspects of a response. The ICS organization is built around the five major management activities of command, operations, planning, logistics, and finance/administration. The primary person in charge at each level can be referred to as an *incident commander*. During the initial phases of an event, or for a very small event, this person will fulfill all roles, including operations, communications, etc. As the event size or scope increases, the incident commander will expand the ICS system and identify section chiefs for each of the management activities.

For a large, statewide, or regional emergency, the incident command will quickly become a Unified Command. Unified Command (UC) has been described by the U.S. Department of Labor's Occupational and Safety and Health Administration as

a structure that brings together the "Incident Commanders" of all major organizations involved in the incident in order to coordinate an effective response while at the same time carrying out their own jurisdictional responsibilities.

Normally, a state or region will conduct UC activities out of a state or regional emergency operations center (EOC). We recommend a liaison to the UC EOC who can answer leadership's questions about SNS activities, and help clarify leadership information and guidance to the state and local SNS responders.

Implement

State SNS Coordinators should contact the DSNS Program Services Consultant assigned to their state for advice on establishing C&C. Local or regional planners should contact the state SNS Coordinator to receive similar assistance. It is also suggested that both state and local planners view the following internet sites:

<http://www.bt.cdc.gov/stockpile/extranet> [Note: this site is password protected; access can be gained through a state's SNS coordinator.]

<http://www.fema.gov>

<http://www.wildlandfire.net/ppt.asp>

<http://www.wildlandfire.net/documents.asp>

<http://www.aidtrain.com/training/response/command/command.html>

<http://www.eri-intl.com/8pt4incidentcommand.htm>

C&C Interaction with Response Activities and UC/State–Region EOC Interaction

Implement

To have successful interaction among response agencies, you will have to develop a communications and reporting system. For example, responders will be receiving communications from a UC at a state or regional EOC for orders for delivery of medical materiel from an RSS warehouse to points of dispensing (PODs) or treatment sites. Likewise, your responders and managers at the PODs,

RSS warehouse, and treatment sites will have to provide status reports to the EOC on distribution and dispensing activities, such as shipments received, warehouse stock levels, additional assets needed, number of regimens provided, and any irresolvable problems.

Regardless of the organizations and the C&C employed, all agencies involved in the response must understand how, where, and in what medium (e-mail, phone call, fax, radio message, etc.) to request additional resources. Figure 2.1 gives an example of the types of information that may go from responders to a command organization and vice versa. Generally, status reports and requests for assistance will *go up to* a C&C agency; directives, requests for information (RFIs), and information will *come back down* through the C&C agency to the necessary responders and/or organizations.

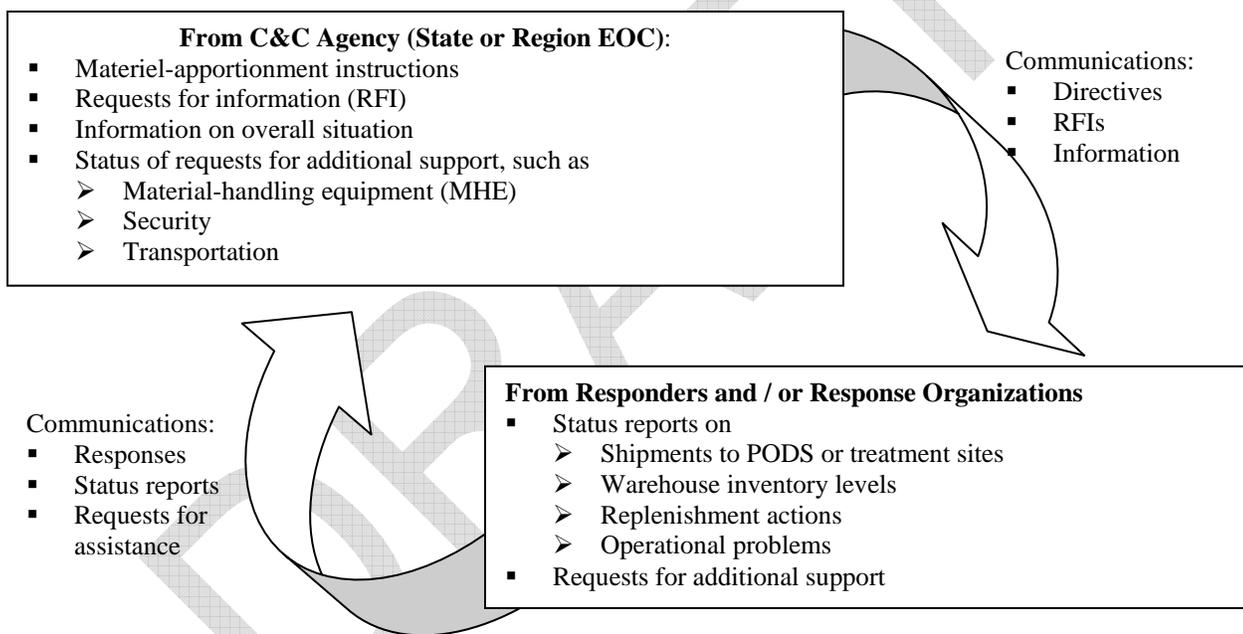


Figure 2.1. Information flow between responders and a C&C organization.

TARU in Command & Control

A DSNS Technical Advisory Response Unit (TARU) will assist in response activities involving SNS assets. While the TARU is small in numbers, it is an important information and coordination link concerning SNS assets. The TARU can provide information and assistance when states need to request additional medical supplies. The TARU interacts with the existing C&C structure; operates out of the RSS facility; and typically consists of a leader, two logistics officers,

two liaison officers (LNOs), an operations officer, and a communications/information technology officer. Additionally, U.S. marshals will deploy with the TARU to provide security.

- The TARU leader coordinates all DSNS activities at the warehouse and is the senior DSNS representative.
- The operations officer assists the TARU lead in his/her duties and ensures that the TARU interacts smoothly with the state's RSS personnel.
- The communications/information technology officer ensures that the TARU has effective communications and computer support.
- The U.S. Marshals Service accompanies the TARU for protection of the TARU and all other SNS assets.
- The logistics officers assist the state's RSS personnel with receipt, inventory, apportionment, accounting, and reordering of SNS assets.

The TARU will establish a TARU Operations Center (TOC) and maintain a 24-hour communications link between the TARU and the DSNS Coordination Center.

The role of the TARU's two LNOs is to provide advice and technical assistance to help ensure effective use of SNS assets. They can answer questions concerning SNS assets and response activities, assist with requests for additional supplies, and provide information on the status of incoming supplies. Generally, LNOs will work out of an EOC, such as a state department of public health or a regional or state EOC; however, they will go to the location the state deems they will be most effective. State planners should determine the best location for the TARU LNOs to support the response.

Implement



States' Responsibilities in Assisting the TARU

DSNS has designed the TARU to be as self-sufficient as possible. However, because of the need to move quickly, states may be asked to provide some assistance to the TARU.

Deploy

- When DSNS assistance is requested and approved, a state authority should communicate with the DSNS's Coordination Center to exchange information concerning place and time of arrival of the TARU.
- The state authority should be prepared to answer inquiries from the TARU concerning the situation and the state's anticipated response. Time permitting, the TARU leader will contact the state's SNS coordinator or the RSS manager to gain increased situational awareness. While SNS assets are en route, state responders and the TARU can accomplish much, such as making apportionment decisions, downloading SNS data, coordinating arrival activities, and even creating preliminary pick lists. The better the information exchange, the faster the tasks can be accomplished when the SNS assets arrive.

Deploy

Implement

- States should be prepared to provide transportation vehicles and security escorts for the TARU from the arrival airfield to the RSS facility. In general, a large 15-passenger van or two smaller vans can accommodate an entire TARU, including equipment.
- States should be prepared to provide transportation for the LNOs to their work location(s).
- After arriving at the RSS facility, the TARU may need transportation to pick up rental vehicles. Normally, DSNS will make all the necessary arrangements for rental vehicles and lodging for the TARU.

Implement

- At the RSS facility, states should identify an appropriate working space for the TARU. Chapter 5 has information on the TARU's needs.

Critical Command & Control Issues

It is recommended that your state's emergency operations plan establish a Command and Control structure to address the following:

Implement

- *Chain of Command*—Who is in charge? Who do the different response organizations report to? This is especially important in multistate or multijurisdictional areas.

Implement

- *Decision Making*—What is the process for making decisions about the organization and the management of SNS assets? Who can make decisions concerning medical response assets?

Implement

- *Tactical Communications*—How will state and/or local responders communicate with event command leadership? How will the information flow be managed, including the monitoring of real-time information among different response organizations and/or functions for supporting the overall operation? What medium will be used (radio, phone, priority phone, or fax)? What formats will be used? Will there be written or verbal reports?

Implement

- *TARU*—How will the TARU be incorporated into the command and control structure?

Regional Command & Control Issues

When a threat affects multiple jurisdictions, operations become considerably more complex. For example, an incident in the National Capital Region, the District of Columbia, would probably affect citizens in Virginia and Maryland. In these types of situations, planners need to think in terms of a regional response. Planners should establish methods for

Implement

- Coordinating request(s) for SNS assets;
- Deciding on the location for receiving, storing, and staging SNS assets that would serve the entire region;
- Identifying how to staff the centralized receipt, storage, staging, repackaging (if necessary), and distribution functions; and
- Determining how much to distribute initially to each POD and treatment center on the basis of data about health (case count), epidemiology, intelligence, or inventory availability; sending that information to the regional SNS inventory-control staff; and coordinating the release of information to the public and private health providers.

PLANNING CONSIDERATIONS

Consideration	Responsibility		
	State	Regional	Local
Does your plan use ICS as its basis for C&C?			
Does your plan have established methods of communications (voice, radio, e-mail, etc.) with redundancies?			
Does your plan have standardized report and request formats?			
Does your plan integrate the use of the TARU?			
Does your plan provide for resources and activities to support and assist the TARU?			
Personnel: Is your plan clear on			
<ul style="list-style-type: none"> • Chain of Command? 			

Consideration	Responsibility		
	State	Regional	Local
<ul style="list-style-type: none"> Who are the decision makers? 			
<ul style="list-style-type: none"> Who monitors information? 			
<ul style="list-style-type: none"> Who are designated as liaison officers? 			
Does your plan delineate jurisdictional responsibilities in regions that contain multiple, independent jurisdictions?			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Does your plan establish a C&C structure and operation?			
Does your plan have a method for moving to a Unified Command (UC)?			
Have you determined the best operational location for the TARU liaison officers?			
Have you established transportation and a security escort for the TARU from the arrival airfield to the RSS facility?			
Have you identified an appropriate working space for the TARU at the RSS facility?			
Have you decided:			
<ul style="list-style-type: none"> How will the responders at all levels (POD, RSS, distribution points, etc) communicate with 			

your event command leadership?			
<ul style="list-style-type: none"> Who will make decisions about the organization and the management of SNS assets? 			
<ul style="list-style-type: none"> Who will manage and monitor the flow of real-time information among different response functions? 			
<ul style="list-style-type: none"> How will the TARU be incorporated into the command & control structure? 			
Where jurisdictions overlap, have you decided how regions will coordinate and manage their response activities?			

Deployment Processes

Process	Responsibility		
	State	Regional	Local
The incident commander should coordinate with the DSNS's Coordination Center in Atlanta.			
While SNS assets are en route, make apportionment decisions, download SNS data, coordinate arrival activities, and create pick lists.			

Chapter 3

Requesting SNS Assets

OVERVIEW

This chapter discusses the process that states and local communities typically will follow to request SNS assets, the process the Federal Government will use to determine if a deployment of assets is necessary, and how DSNS will respond.

In this Chapter, you will learn

- The sequence of events for making a decision to deploy SNS assets,
- Justifications for requesting SNS assets,
- The need to establish clear procedures for requesting SNS assets, and
- Actions to take at the state, regional, and local levels to prepare for the arrival of SNS assets.



SEQUENCE OF EVENTS FOR REQUESTING SNS ASSETS

The decision to deploy will be a collaborative effort among local, state, and federal officials. It will start at a local level when officials identify a potential or actual situation that they believe has the potential to threaten the health of their community. Local officials will brief their state emergency management agency or health department which will notify the governor if the situation might require resources that the local officials do not have readily available. If the governor thinks that the resources available within the state might not be sufficient for the situation, he or she 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.

Initial Activities

Unless it is an immediate, catastrophic event, such as a large explosion or nerve-agent attack, a public health emergency will likely emerge over an extended period of time. Local and state health officials may know that there is a public health *concern* before they fully recognize it as a public health *emergency*. Using existing health information systems, state, local, regional, and federal (CDC and DHHS) public health officials will be sharing data and analyses as the situation evolves. The amount of time needed to realize that a public health emergency exists can subtract dramatically from the amount of time available to provide treatment or prophylactic care. Public health officials' making a timely request during the early stages of a public health emergency will maximize the amount of available time to provide prophylaxis and/or treatment to the endangered population.

Once a public health emergency is recognized as having the possibility of overwhelming local, regional, and/or state pharmaceutical and medical materiel response assets, state health officials should recommend that the governor request the deployment of SNS assets by calling the CDC Director's Emergency Operations Center (DEOC) at

Deploy

770-488-7100.

Requesting

The CDC DEOC will quickly arrange a telephone conference call that may include the DHHS Secretary's Operation Center (SOC), the Department of Homeland Security Operations Center, the DSNS Coordination Center, and the requesting state's representative(s). In collaboration with the state officials, these agencies will quickly evaluate the request by rapidly assessing the threat and the local response resources. If the Secretary of DHHS or designee concurs that local resources will be insufficient, he or she will order the deployment of SNS assets.

Figure 3.1 illustrates the process for requesting SNS assets. Table 3.1 lists the type of health events and resource issues that would justify a state request.

In your planning for requesting SNS assets, note that 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.

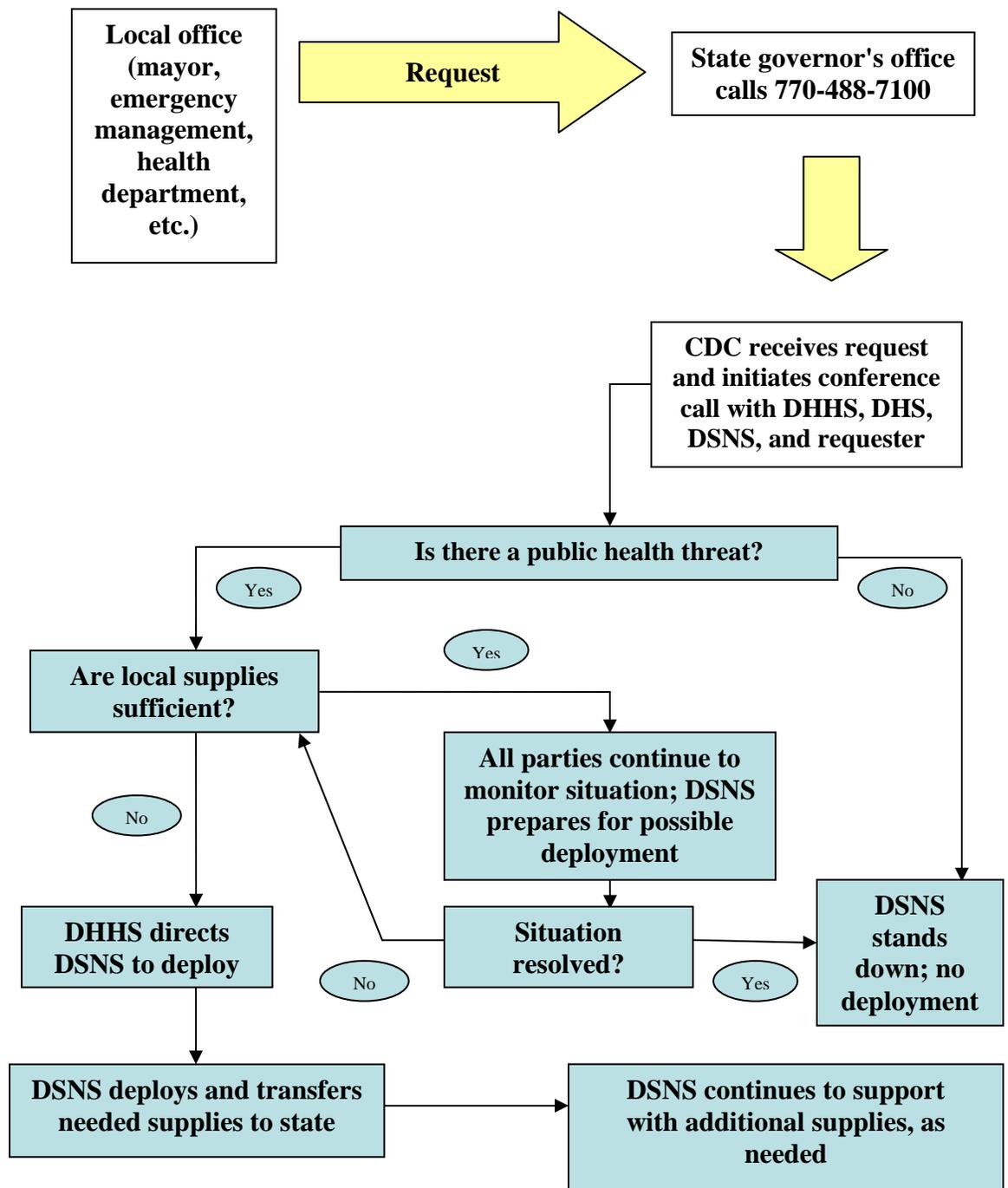


Figure 3.1. Process for requesting SNS Assets.

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
<p>A chemical, biological, radiological, nuclear, or explosive (CBRNE) event</p> <p>A medical emergency brought on by a natural disaster</p> <p>Claim of release by intelligence or law enforcement</p> <p>An indication from intelligence sources or law enforcement of an increased potential for a terrorist attack</p> <p>Clinical, laboratory, or epidemiological indications including:</p> <ul style="list-style-type: none"> • 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 <p>Unexplained increases in emergency medical service requests</p> <p>Unexplained increases in antibiotic prescriptions or over-the-counter medication use</p>
Regional and Local Resource Considerations for Deploying SNS Assets
<p>A number of current casualties exceeding the local response capabilities available</p> <p>The projected needs of the population of the area (including transients)</p> <p>The hospital surge capacity at the time of the event</p> <p>The availability of state resources including pharmaceutical distributors, oxygen distributor availability, nearby hospitals, and transportation services</p> <p>Local resources (e.g., pharmacy distribution, oxygen availability, and transport capacity)</p>

Plan to Request SNS Assets

During an emergency, when the public is getting sick or dying and the level of anxiety is high, you should not have to think about whom to call and how to justify requesting SNS assets. To save time and lives, you need to do the following:

Implement

- Establish an expedited communication process for rapidly informing local and state officials, including the governor, of an actual or potential health emergency. This action is particularly important if normal communications between local and state officials take a long time. It is important to begin a dialogue among local, state, and federal officials as early as possible. Some of the information you should have available when calling to request SNS assets includes:
 - A clear, concise description of the situation
 - Any results of specimen testing
 - Information on the decisions already made regarding the response to this event (target population for prophylaxis, quarantine measures, and facilities to be used throughout the response process)
 - Information on the availability of state and or local response assets
 - A description of the SNS assets needed to support a response to the situation

Deploy

- Share any evidence of terrorism or suspected terrorism.
- Notify key state contacts that the governor has requested SNS assets. These contacts should include
 - The Governor's Office
 - State Office of Homeland Security
 - State and local departments of health
 - State and local emergency management agencies
 - State and local emergency medical services agencies
 - State and local law enforcement agencies
 - State and local fire protection agencies
 - State transportation agency
 - State and local agencies responsible for hazardous-material response
 - Response organizations or systems in the state, such as the Metropolitan Medical Response System or disaster medical response teams

After the Request Is Made

Deploy

Immediately upon conclusion of the request call, DSNS will call the state EOC and/or the state SNS Coordinator to get the information DSNS needs to provide the most appropriate and effective response. These calls will help to:

- Verify points of contact for DSNS deployment, including the State SNS Coordinator and warehouse manager
- Determine the location and information about the RSS facility the state prefers to use
- Determine the number of PODs needed
- Assure that you have appropriate security
- Determine the treatment regimen the state will follow to respond to the situation
- Provide information on state policies and state decisions concerning the use of investigational new drugs
- Define the population to receive prophylaxis
- Determine the need for additional media announcements, press releases, risk communications, health alerts, etc.
- Discuss SNS asset transportation plans (from RSS to PODs)

We have included a list of questions that might be asked to determine critical information about the deployment of SNS assets in Appendix F.

Selection of SNS Asset Arrival Locations

DSNS will confer with state authorities about the arrival of the Technical Advisory Response Unit (TARU) and SNS assets. Because DSNS relies on commercial vendors, it will choose the transportation method (ground or air) and the arrival locations in consultation with those vendors. DSNS vendors have set transportation and delivery systems and infrastructure; they know best how to deliver SNS assets within the 12-hour designated time frame.

Implement

The DSNS Coordination Center will inform the TARU and state authorities about asset arrival locations and times. The state SNS leadership should alert its security coordinators to provide escorts for the TARU and SNS assets from the arrival locations to the RSS facility.

If the SNS assets come directly by ground transportation, you will have to have a state-supplied security escort to meet the trucks at a designated location. If the TARU and/or SNS assets come by air, the responsible vendor will transfer the SNS assets to trucks at the arrival airfield. You will have to have state-supplied security meet the trucks and the TARU at the airfield and provide secure escort to the RSS facility.

As stated earlier, the U.S. Marshals Service provides security for the TARU and SNS assets. You should have your state and local law-enforcement agencies coordinate with DSNS U.S. marshals concerning security issues. You can reach the DSNS U.S. marshals through the DSNS Coordination Center.

Regardless of the transportation method, air or ground, DSNS will deliver the assets by truck directly to your state-designated RSS facility.

Providing a Copy of Your State's SNS Plan

Implement You should ensure that your state SNS plan is updated at least annually and you should provide your state's DSNS Program Services Consultant with a copy of the updated plan. DSNS keeps your plan on file, and your state's consultant will deliver your plan to the TARU team before it departs.

Activation of the SNS Plan

Soon after your request for SNS assistance is approved, large quantities of medicines, medical supplies, and equipment will be headed toward the state. At this point, you will have to activate your



plan. Planners and executors should err on the side of caution and be prepared to establish full operations. In the long run, it will be easier to “turn off” select functions that are might not be needed than it would be to “turn on” select functions that are determined to be needed after an event has already begun..

The assets provided by DSNS might include a 12-Hour Push Package, other inventory items called “managed inventory”, vaccines, or specific assets purchased by the DSNS at the time of an event. During an emergency, DSNS staff will be available in the DSNS Coordination Center to provide technical support and advice. Depending on the information provided by the state and the discussions held during the conference call, DSNS, with appropriate approval from federal authorities, will provide one or more levels of support to the state. For example, during the 2001 anthrax attacks, only managed inventory was sent to requesting states to support their operations; DSNS did not deploy a 12-Hour Push Package.

Implement

While developing your plan, you need to anticipate and prepare for the arrival and subsequent distribution of follow-on assets. You need to have a process to request as early as possible follow-on assets to meet the needs of the population impacted by the event.

Once the DHHS Secretary decides to deploy SNS assets, your plan should specify activities for your responders (see Chapter 4 for more information specific activities for the responders for response operations involving SNS assets) to receive, distribute, and dispense the SNS assets when they arrive. Your plan should cover the key activities of command and control (C&C); receipt, store, and stage (RSS); inventory control; dispensing; and tactical communications. Below, you will find brief descriptions of these activities. You should refer to the table of contents of this *Guide* for chapters covering these activities in detail.

Deploy

- Command and control (a function of an incident command and/or a unified command, normally performed at the state EOC)
 - Call key members of the S/L response operations leadership (including the state-designated official who will accept SNS assets) to activate the distribution system; see Chapter 4 for more information on response activities when using SNS assets.
 - Identify the locations of dispensing sites, treatment centers, and regional distribution sites that you must activate.
 - Identify how much of each of the assets to initially send to PODs and treatment centers (apportionment) on the basis of the data about health (case counts), epidemiology, intelligence, or projected inventory availability.
 - Alert other functional personnel identified in your plan.

Deploy

- Tactical communications: Establish and test communication systems with all response nodes and agencies, including the RSS facility, regional distribution sites, PODs, and EOCs.

Deploy

- Security: Activate law enforcement and security agencies to establish operations to secure all aspects of the distribution system.
- Warehouse management team (RSS and inventory control)
 - Confer with DSNS Coordination Center staff to provide location information for the RSS facility.

Deploy

- Assemble RSS-facility security staff and ensure that the RSS facility is properly secured before initiating RSS operations.
- Identify and activate the RSS facility and
 - Arrange for the delivery of materiel-handling equipment, such as pallet jacks and forklifts, and
 - Assemble staff to receive, store, and begin to stage SNS assets when they arrive.
- Monitor the inbound progress and the estimated time of arrival of SNS assets.

- Establish transportation means and confirm security and communications for moving the SNS assets from the RSS facility to the PODs or treatment centers as your S/L plans dictate.
- Ensure that a designated state official who is registered with the Drug Enforcement Administration is present to accept custody of the SNS controlled substances.
- Activate your inventory-control capabilities to identify the items and the quantities of materiel that will arrive; set up your inventory-management system.

Deploy

- Distribution
 - Assemble staff and delivery vehicles.
 - Ensure coordination with appropriate state and local law-enforcement organizations for security of the trucks that will move materiel from the RSS facility or distribution sites to PODs and treatment centers.

Deploy

- Dispensing
 - Activate PODs.
 - Activate volunteer rosters.
 - Activate doctors, nurses, pharmacists, and other medical support personnel on call.
 - Ensure that law-enforcement officers have secured the PODs before beginning dispensing operations.

Deploy

- If repackaging might be required, notify volunteers for potential repackaging of any bulk materiel. No repackaging will be required for any medications out of 12-Hour Push Package shipments. Follow-on managed-inventory shipments may require repackaging.

Reordering SNS Assets

If you require additional assets for an appropriate response, you can request further assistance from DSNS. The level of federal response will help determine the avenues you will use to request additional assets. For example, if there is a declared national emergency, the National Response Plan may be executed. DHS would establish a Joint Operations Center (JOC) with an Emergency Support Function #8 (ESF 8) section responsible for public health and medical services. Most likely, a state representative would request assistance through ESF 8 at the JOC. The JOC would task DHHS to provide the additional support to DSNS. In contrast, under a public health emergency enacted by the DHHS Secretary, a state representative may request additional support directly from the DHHS's Secretary's Operation Center (SOC) or from a deployed DHHS response team.

Deploy

Regardless of the level of federal support or the methods for requesting additional supplies, the TARU team will be there to assist you. To ensure

complete coordination, all involved parties must be informed of replenishment activities.

To fulfill local and regional requirements for additional resources, local and regional managers need to work with the state to determine methods and procedures for reordering and exchanging information. Again, all involved parties must be kept informed of replenishment activities.

OTHER DSNS RESPONSE ASSETS

CHEMPACK is a DSNS initiative that places nerve-agent antidote in select locations in every state in the nation. The nerve-agent antidote is readily available for state and local use during an emergency. Emergency responders are not required to contact DSNS, DHHS, or the CDC to request permission to access and use CHEMPACK materials. Appendix C has more information on considerations for planning for CHEMPACK assets.

DSNS is the nation’s repository for smallpox vaccine. Because of the special refrigeration needs of the vaccine and DSNS’s mission in combating an outbreak, the receipt of the vaccine and ancillary supplies will not be similar to receipt of a 12-Hour Push Package or managed inventory. You will receive vaccine that will need refrigeration; a TARU team will not accompany the vaccine; and DSNS, in accordance with your state plan, may ship to different locations within your state. Appendix D has more information on considerations for planning for smallpox.

PLANNING CONSIDERATIONS

Consideration	Responsibility		
	State	Regional	Local
Does your plan identify key people for requesting SNS assets?			
Does your plan provide for a method to gather information about the situation to assist state and federal partners in making a decision to deploy SNS assets?			
Does your plan identify the key information points needed to assist state and federal partners in making a decision to deploy SNS assets?			

Does your plan list key people and agencies to notify once a decision to use SNS assets has been made?			
Does your plan have a sequence to activate the distribution system including all the functions of			
• Command and control			
• Communications			
• Security			
• Warehouse management (RSS)			
• Distribution			
• Dispensing			
• Repackaging (if needed)			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Have you established an expedited communication process for rapidly informing officials of a health emergency?			
Are you prepared to provide escorts for the TARU and SNS assets from the arrival locations to your RSS facility?			
Have you updated your state SNS plan during the past year and provided your state's DSNS Program Services Consultant with a copy?			

Have you anticipated and prepared for the arrival and subsequent distribution of follow-on assets?			
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Deployment Processes

Process	Responsibility		
	State	Regional	Local
On recognizing a public health emergency that has the capacity to overwhelm local resources, recommend that the governor request assistance by contacting the CDC at 770-488-7100.			
Notify key contacts listed in the state plan that the governor has requested SNS assets.			
Be prepared to provide information to the DSNS that might be needed for an effective response.			
Upon confirmation of SNS asset deployment, activate the distribution system; identify dispensing and distribution sites; allocate assets; and alert other functional personnel.			
Upon activation, establish and test communication systems with all response nodes and agencies.			
Activate law enforcement and security agencies to secure all aspects of the distribution system.			

Secure and activate the RSS facility, assemble the RSS staff, monitor the inbound progress of SNS assets, establish transportation means, confirm security and communications, ensure that a DEA registrant is present, and activate the inventory-control system.			
Assemble delivery staff and delivery vehicles.			
Activate PODs, their volunteer rosters, their medical professionals, and their support and security personnel.			
Notify volunteers for potential repackaging of any bulk materiel.			
If you need to reorder SNS assets, ask the TARU for aid and instructions.			

Chapter 4

Management of SNS Operations

OVERVIEW

This chapter discusses how you will manage SNS assets in a deployment. To accomplish the multiple tasks involved, you should create an SNS Operations Management Team. Regardless of what you call it, your team will conduct the overall management and distribution of assets supplied by DSNS in a deployment. Unlike the Command and Control Team (C&C), which will be handling all aspects of the response and not just the SNS assets, the SNS Operations Management Team specifically manages the SNS assets and any supplemental assets already available through the state. It will

- Provide a management framework to handle SNS assets from receipt to dispensing;
- Interface with the state C&C;
- Carry out the directives from the C&C concerning SNS assets; and
- Carry out the training, exercising, and evaluating involved with a plan.

In this chapter, you will learn about

- Interacting with C&C and what C&C will provide to the SNS Operations Management Team,
- The importance of putting together an SNS Operations Management Team to interact with C&C to handle all aspects of your distribution system,
- The different teams you will have to assemble at the various levels of organization, and
- The skills those teams will need to be successful in support of your overall efforts.



COMMAND AND CONTROL

The SNS Operations Management Team reports to and receives support and guidance from C&C. In Chapter 2, we discussed the liaison and the reports that operations management sends to C&C so it can monitor the situation at PODs and treatment centers, gauge the effectiveness of the response, and provide assistance when needed. C&C will provide the overall management for the response, including the management of SNS assets. However, whereas C&C will tell you what to do, it will not tell you how to do it. In this chapter,

we discuss how you will organize management during an emergency so it can expedite the flow of SNS assets to those who need it.

C&C provides the following services to the SNS Operations Management Team:

- Identifying specific PODs, treatment centers, and other locations that your S/L SNS Operations Management Team(s) must support;
- Interceding with ICS or UCS on behalf of various SNS teams (especially RSS, Distribution, Security, Dispensing, and Tactical Communications) that may need additional human or material resources during a deployment;
- Specifying the amounts of SNS assets to deliver to specific PODs, treatment centers, and other locations on the basis of health (case counts), epidemiology, intelligence, or inventory-availability information;
- Coordinating security escorts, traffic control, and communications to assist in the movement of state and local SNS delivery vehicles; and
- Releasing health information to the public (see Chapter 6 about creating a health communication plan).

THE SNS OPERATIONS MANAGEMENT TEAM

Implement

At the state level, you should have a management team to cover the following aspects: communications; security; RSS operations; distribution; repackaging; and pre-event training, exercise, and evaluation (see Figure 4.1). By fielding a team comprised of experts in these various functions, you can incorporate their skills and knowledge into the overall construction and execution of your plan. We recommend that you use the skills already available within your various state departments and functions. For instance, your state has law-enforcement agencies that are familiar with security and communication systems, and your state has a department of transportation that is familiar with dispatching and tracking vehicles for distribution efforts.

While you will be creating “new teams” to manage response efforts using SNS assets, you will be more of a facilitator in getting existing agencies with their respective skills to contribute to the SNS Operations Management Team.

Implement

Local and regional planners will need to put together teams to manage distribution and dispensing sites. In the case of dispensing activities, you will be putting together a team of people with very limited mass-prophylaxis experience and expertise; information about managing a POD appears in Chapter 12 of this *Guide*.

The SNS Operations Management Team does not necessarily have to have all the team members present at the same location. You should locate the team members where they will be most effective at accomplishing their missions. Remember, these suggestions are just guidelines about what we believe your team should look like. You can add or subtract team members, split functions, and modify the team structure whatever way best supports your plan. DSNS recommends that your SNS Operations Management Team consist of the following areas:

- Team Lead
- Operations
- Tactical communications
- Security
- RSS Management Team
- Distribution
- Repackaging
- POD management
- Treatment centers
- Training, exercise, and evaluation

While not a specific part of your SNS Operations Management Team, the public information effort is very important and can greatly assist in the successful response to a public health incident. Also, states may want to make safety a formal part of their team with a designated Safety Lead and function. Regardless of how safety is handled, you should be aware of safety considerations and incorporate them into your plans and activities.

SNS Operations Management Team Lead

Your SNS Operations Management Team will need a leader; we recommend that this person be your state SNS Coordinator. The state planner will be the most knowledgeable person concerning the SNS plan and will have worked directly with all supporting agencies as well as local and regional planners and responders.

Each local and regional level should also have a management team. While the management aspects may not be as wide-ranging as at a state level, the function is still important. Each region and locality involved in the response will have to have a manager who interacts with state SNS management to ensure an effective and efficient response.

Implement

We recommend that the SNS Operations Management Team Lead have a deputy (who can double as the Operations Lead or Operations Officer) and an administrative assistant. These individuals can assist the Lead in the execution of his/her duties and act as a backup in case the Lead is incapacitated. The Lead will:

- Act as the spokesperson for the SNS Operations Management Team;
- Interact with C&C;
- Resolve problems and issues; and
- In the absence of C&C guidance, determine how best to respond to the situation.

Operations

The Operations unit coordinates all the activities for the SNS Operations Management Team to ensure that all the different areas are functioning smoothly and efficiently. Operations is the most flexible area of your team in that you can have it do any activity designed to “coordinate” the overall response of the SNS Operations Management Team. These activities could include the receipt of orders, creating and sending reports, oversight of all stockage levels of PODs and treatment centers, briefings for shift changes, etc. You may want to run your Operations unit out of a public health emergency operations center, from a regional operations center, or at the RSS facility (if communications and space are available). The Operations Lead and the people working in Operations need to have in-depth knowledge of the state, regional, and local SNS response plans. Only by intimately knowing how the entire SNS response system is supposed to work will they be able to coordinate all the necessary activities.

Implement

Tactical Communications

Operations management must have timely information to respond effectively. Fortunately, states have emergency communication systems that allow for robust and redundant communications. It makes no difference whether you use a law-enforcement agency, state emergency management, or a department of transportation as your communication-system backbone. Any tactical communication system must have the capability to transfer information from

Implement

all levels and all players in the response community. To lead your tactical-communication efforts, you need to have someone who is familiar with the selected primary communication system and has a wide background and knowledge with other systems. We recommend that this be a person already assigned a communication function in the state agency where your primary system is located. This position is a technical position and is not a public-information specialist. (For more on public-information campaigns, see Chapter 6 of this Guide.) Tactical communications will

- Monitor and coordinate the efforts of each of the SNS functional areas;
- Receive requests, send situational reports, and exchange information;
- Ensure SNS teams have communication equipment and arrange or take care of any needed repairs or replacements;
- Be quickly made aware of problems and be able to expedite solutions; and
- Interact with C&C to request support from other response functions, such as law enforcement.

To ensure these actions take place, your tactical communication teams must develop detailed communication networks and support plans. Your tactical communication plan will provide Operations with information it needs from other SNS functions and will provide operations management the ability to provide timely, accurate data to C&C.

Security

Implement

Security provides you a safe environment for all of your response activities. Chapter 7 has detailed information on security operations and activities. Your security manager should come from a law-enforcement background. His or her primary purpose will be to interface with the assigned law-enforcement agency (LEA) or agencies responsible for security for your entire operation. In many instances, the security manager will be a law-enforcement official acting as a liaison between LEAs and the SNS Operations Management Team. However you make arrangements, a security manager will be able to work with the LEA(s) to ensure that all security matters are handled quickly and efficiently.

Local and regional planners will also be involved in security operations. This is especially true at treatment centers and PODs, where there will be large gatherings of people. You will find the information in Chapter 7 helpful when working with your state SNS Coordinator and your local LEAs in designing a local/regional security plan.

RSS MANAGEMENT TEAM

Implement We recommend that you fill the lead position of the RSS Management Team with an experienced warehouse manager. In most cases, your lead for the RSS Management Team will be the person in charge of all RSS operations. Just like with the SNS Operations Management Team Lead, we recommend that the RSS Management Team consist of a lead, a deputy, and an administrative assistant. The RSS Management Team will ensure that the RSS facility is performing the actions needed to receive, account for, stage, and dispatch SNS assets to the appropriate sites. Chapter 8 has more information on RSS activities, including a detailed list of shift personnel needed in the warehouse.

Depending on the number of persons involved in an incident and the type of distribution system your state has decided upon, you may have to conduct RSS-type operations at the regional and/or local level. This is especially true if your state has assets going from the RSS facility to a distribution site to be staged for shipment to treatment centers or PODs. For a distribution site, we recommend that you use the information in Chapter 8 as a guide for designing your distribution-site operations.

Distribution

Implement We recommend that you have a distribution manager with a broad transportation background. This could be a person in your state's department of transportation or emergency management. This person will work hand-in-hand with the RSS facility manager to ensure there is transportation available to move assets from the RSS facility to the appropriate site. Chapter 9 has more information on distribution activities and operations.

Repackaging

Your plan should also cover contingencies that would require conducting repackaging activities, including the designation of a manager for such operations. DSNS has made large strides in being able to provide unit-of-use prophylaxes for millions of people; however, we would be remiss if we said that you will never have to do repackaging. Repackaging is the process of taking bulk medicines and putting them into unit-of-use containers. Currently, the 12-Hour Push Packages do not have any repackaging need or capability. If needed, we can quickly ship you repacking equipment and supplies to support your operations. Chapter 8 has more information concerning repackaging operations.

POD MANAGEMENT

Implement

A major part of your SNS response plan will be the management of the points of dispensing or PODs. Depending on the situation, you may have to run a large number of PODs simultaneously. You can find more information on POD management in Chapter 12. Regardless of your number of PODs, each POD must have a person in charge. That person needs to be capable of managing large numbers of people in extenuating circumstances, and should be familiar with the community and its needs. Normally, states work with regional and local health agencies to determine POD locations, sizes, operations, and leads. Also, normally, POD management is a local responsibility. But POD managers will find themselves working closely with the Operations personnel of the SNS Operations Management Team, so they must also have a good working knowledge of the state's overall SNS response activities.

Treatment Centers

Depending on the injury, agent, or disease and its progress, treatment centers may have large requirements for a variety of medicines, supplies, and medical equipment. Normally, states designate certain hospitals as treatment centers for obvious reasons. You can find information about the management of treatment centers in Chapter 13. Again, as with the PODs, the treatment centers need to have designated leads to interact with the SNS Operations Management Team. Treatment-center managers will find themselves working closely with the SNS Operations Management Team, and so they too must have a good working knowledge of the state's overall SNS response activities.

Public Information

Deploy

Informing the public with precise, accurate, and timely information will greatly assist the SNS Operations Management Team in the execution of a successful response. While not a formal part of the SNS Operations Management Team, intensive and thorough coordination with the Public Information staff and leadership cannot be overstressed. SNS Operations Management Team Personnel should be working hand-in-hand with public-information officials to provide data on POD and treatment-center activities and on the overall success of the response. Public information officers will find themselves working closely with the operations personnel of the SNS

Operations Management Team; and just like the POD and treatment-center managers, they too must have a good working knowledge of the state's overall SNS response activities. Chapter 6 has more information on public information roles and activities.

Safety

States may want to make safety a formal function of their SNS Operations Management Team. You can find qualified safety officers from a multitude of places in a state's government system. Regardless of how you organize for safety, it is important for each component of the response to incorporate safety into its plans and activities during a response. Conducting operations in an efficient and safe manner will reduce the number of injuries and give the public a sense of comfort and assurance.

Deploy

Training, Exercise, and Evaluation

Implement

To validate your plan, you must exercise and evaluate it. To prepare people to execute your plan, you must provide them training. We recommend that your team include staff whose duty, either secondary or primary, is to handle these functions. All of these functions are time consuming and resource intensive. We also recommend that individuals outside your SNS Operations Management Team conduct the evaluations of exercises. A fresh set of eyes and perspectives can spot problems and difficulties that are not apparent to team members who work with SNS issues as an everyday activity. Chapter 14 of this guide has useful information on training, exercising, and evaluating your SNS plan.

TARU TEAM

During an actual deployment, DSNS will dispatch a TARU team to assist you in the management of the 12-Hour Push Package and your RSS facility. The Liaison Officers of the TARU team are our suggested main point of contact for requesting additional assets and receiving information about DSNS support activities. Refer to Chapter 2 for more information on TARU. Some of the things the DSNS TARU team can assist you with are:

- Overall assets management,
- SNS assets receipt,
- Start-up and sustaining operations,
- Inventory control,

- Reordering, and
- Dispensing.

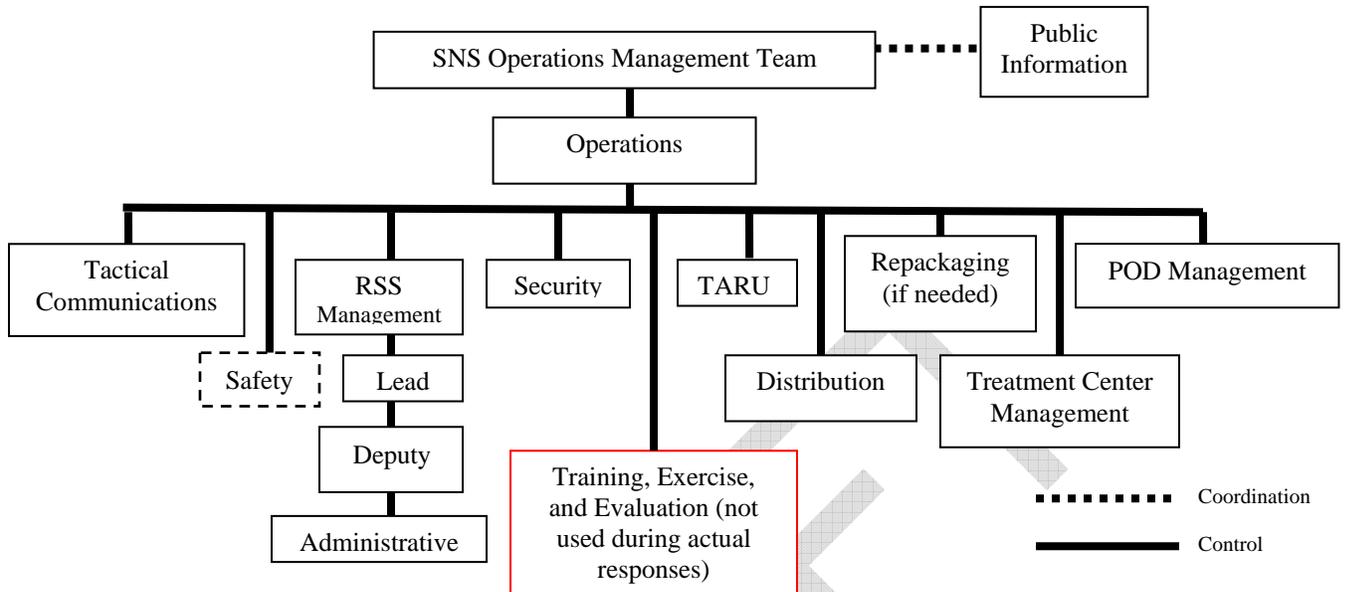


Figure 4.1. Example of SNS Operations Management Team Organization.

PLANNING CONSIDERATIONS

Consideration	Responsibility		
	State	Regional	Local
Is your plan clear on what C&C will provide to your SNS Operations Management Team?			
Does your plan have a method for organizing an SNS Operations Management Team?			
Does your management team cover all the functions of			

• Lead			
• Operations			
• Tactical communications			
• Security			
• RSS management			
• Distribution			
• Repackaging			
• POD management			
• Treatment-center management			
Does your plan cover training, exercising, and evaluation?			
Does your plan closely incorporate public information activities?			
Does your plan account for safety at all levels?			
Does your plan integrate the use of TARU?			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Does your management team cover communications; security; RSS operations; distribution; repackaging; and pre-event training, exercise, and evaluation?			

Do you have local and regional teams to manage distribution and dispensing?			
Does your Operations Management Team Lead have a deputy and an administrative assistant?			
Do your Operations personnel have an in-depth knowledge of the state, regional, and local SNS response plans?			
Is your tactical-communication leader familiar with the communication system and come from the state agency that operates it?			
Does your security manager come from a law-enforcement background?			
Is your RSS Management Team leader an experienced warehouse manager and have a deputy and an administrative assistant?			
Does your distribution manager have a broad transportation background?			
Is each POD manager capable of managing large numbers of people, familiar with the community, and knowledgeable about the state's overall SNS response activities?			
Have you conducted exercises based on your plan and had individuals outside your SNS Operations Management Team evaluate the exercises?			

Deployment Processes

Process	Responsibility		
	State	Regional	Local
The SNS Operations Management Team must have intensive and thorough coordination with the Public Information staff and leadership.			
Incorporate safety into each component and activity of the response during a response.			

DRAFT

Chapter 5

Tactical Communications

OVERVIEW

This chapter addresses the communications you will have to establish for your SNS Operations Management Team to successfully respond to a public health crisis using SNS assets. For an effective execution of your plan to distribute and dispense SNS assets, you will have to have robust and redundant communication systems. You will find that communications will be the key element in the continual and timely flow of assets to dispensing, treatment, and other locations. Communication support enables

- oversight of the S/L SNS distribution system by the SNS Operations Management Team and timely status reports to the event command and control (C&C),
- driver reports of deliveries and en route problems,
- orders from points of dispensing (PODs) and treatment centers for assets, and
- coordination with law enforcement for protection and traffic/crowd control.



In the following sections, we discuss the methods, security, and staff needed to ensure effective tactical communications among all of the SNS elements. In this Chapter, you will learn about

- the different communication methods available,
- who will communicate with whom,
- communication security,
- the communication personnel needed to execute your plan, and
- TARU communication capabilities.

COMMUNICATION METHODS

Implement Your plan needs to identify communication methods that are convenient, fast, and reliable. Every method—even the most reliable—needs at least one backup in

case of failure. Common communication methods include land-line and cell phones, fax, Internet, and portable and stationary radios. Other potential methods include ham radio, Wireless Priority Service (WPS) cell phones, Government Emergency Telecommunication Service (GETS) cards, satellite phones, and the Federal Emergency Management Agency's National Warning System. Contingency communication systems, such as some listed above, can be researched and acquired at little or no cost by contacting the National Communications System (NCS) at (866) NCS-CALL or (866) 627-2255. As you consider the methods that you want to use, do not overlook the simplest communication method: paper forms and reports delivered by drivers, law enforcement personnel, or even couriers on bicycles. It may be the only method available when others fail.

Implement We suggest that, at a minimum, you equip each S/L SNS physical location (including PODs and treatment centers) with a phone and fax. The main RSS facility should be equipped with a minimum of *three analog lines for the sole use of the DSNS's TARU*. You may want an additional three analog lines at the RSS facility for sending and receiving orders and information reports via e-mail or fax. The RSS team should provide two or three radios to be used by the TARU to monitor the security situation.

Every distribution vehicle and the distribution dispatcher should have a cell phone or two-way radio. If you use aircraft to deliver assets, staging, dispatch, and all delivery locations need to be able to communicate with the pilots. The organization that provides air support should be able to help with air/ground communications.

Implement Remember that portable radio communications deteriorate rapidly as the distance from a transmission source grows beyond line of sight. If your RSS facility is a considerable distance from the delivery points, you will need to establish a series of radio repeater stations to ensure reliable communications among drivers, distribution dispatchers, PODs, and treatment centers. Alternatively, you may want to use an existing network that has repeaters in place, such as the one used by your emergency management department. For radio communications, you need to know the frequencies for reaching specific parties.

Who Talks to Whom

Implement Your plan should list the phone numbers, e-mail addresses, and radio frequencies of everyone with whom each function must communicate. This list should be updated monthly to ensure accuracy. The following is a list of each SNS function and those with whom it will need to communicate:

Deploy

- The event C&C (state EOC organized under ICS, unified command, or area command) will communicate with
 - Treatment centers for case-count information to make SNS-asset-allocation decisions if the supply is temporarily unable to satisfy all demands,
 - The SNS Operations Management Team for status of the S/L SNS distribution system,
 - Law enforcement and other departments to resolve problems that affect the S/L SNS distribution system, and
 - The TARU for assistance.
- The SNS Operations Management Team will communicate with
 - C&C to provide operational status reports about SNS assets distribution and to receive information and direction on distributing the SNS assets,
 - Law enforcement for security,
 - The TARU for assistance, and
 - Each distribution site for monitoring operations.
- The Inventory Control Team will communicate with
 - The SNS Operations Management Team to provide inventory status, including replenishments, allocations, and possible shortages;
 - Delivery locations for ordering materiel; and
 - Staff members and volunteers working within inventory control.
- The RSS facility will communicate with
 - The SNS Operations Management Team to report operational status and problems,
 - Inventory control to process orders for delivery,
 - The TARU for coordinating receipt of SNS assets, and
 - Staff members and volunteers working at the warehouse.
- Repackaging (if needed) will communicate with
 - The SNS Operations Management Team to report operational status and problems,
 - Inventory control to request bulk drugs, and
 - Staff members and volunteers performing the repackaging.
- Distribution will communicate with
 - The SNS Operations Management Team to report operational status and problems;
 - Law enforcement for traffic control and en route protection;
 - Public works for repair and fuel;
 - Drivers to report their locations, problems, and delivery status;
 - PODs and treatment centers for delivery directions; and
 - Staff members and volunteers working on distribution.
- PODs will communicate with

Deploy

Deploy

- Their respective reordering agency (the RSS facility, an EOC, or an intermediate supply node, depending on how you have organized your plan),
- Law enforcement for protection and traffic and crowd control,
- Public works for facility problems,
- Distribution dispatch for status on incoming shipments,
- Staff members and volunteers working at the dispensing sites, and
- The SNS Operations Management Team.
- Treatment sites will communicate with
 - The SNS Operations Management Team for resolution of general SNS system problems;
 - Inventory control to order additional assets, request status about assets that were ordered but not received, and provide allocation information; and
 - Distribution dispatch for status about incoming shipments.

Deploy

Tactical Communications: Security

It is unlikely that S/L SNS operations will need a secure, encrypted communications system. However, everyone who uses two-way radios needs to be careful about what they say. Their conversations could reveal sensitive information to unauthorized listeners and potentially jeopardize or interfere with S/L SNS operations. Your local law enforcement agency should have experience with secure two-way radio communication and should be consulted with any questions. Your best defense is to caution radio users to be careful about what they say on the radio.

Deploy

Conversations of a sensitive nature should never take place over a cell phone or land line unless a National Security Agency approved device is being used (STU-III, STE, or Sectera cell phone).

Tactical Communications: Staff

Implement

As part of your SNS Operations Management Team, you should have someone in charge of arranging all the communication requirements to meet the needs of your plan. Your Communications Lead will have to organize a staff to ensure that all communication needs are met. Fortunately, most states and large cities have robust and redundant communication systems in their law-enforcement or emergency-management agency. Take every advantage these established systems have to offer you. The Communications Lead for your SNS Operations Management Team is responsible for

- alerting SNS staff members and calling them to their designated sites;

- ensuring SNS communication people exist for each S/L SNS function;
- maintaining and distributing phone numbers, e-mail addresses, and radio frequencies;
- updating the list of phone numbers and e-mail addresses monthly to ensure the correct contact information;
- instituting an alert system or phone tree and conducting routine practice tests to ensure that everyone is trained on how the system will work during an emergency; and
- providing technical advice to SNS teams on the communication devices.

TARU Communication Needs and Capabilities

The TARU will need local support at the RSS facility. The TARU will bring all of its own communication devices; however, it will need three analog lines with long distance calling capability. Two lines will be used for voice and one for data. The TARU will require the use of electrical outlets to power its TARU Operations Center (TOC). These outlets will power the computers, the printer, the charging station for all batteries, and the STU-III phone. If DSL, broadband, or some other high-speed network is available, it must be hardwired; *the CDC security directives prevent TARU from being on a WIFI system.* The TARU will bring a satellite phone that will need outside access on the southeast side of the RSS facility. The antenna has a 20-meter cable that must be attached to the phone base located at the TOC.

Implement

In summary, the TARU communication needs to be supplied by the state are

- Three analog lines with long distance calling capability, two for unsecure voice and one for secure voice;
- Electrical outlets (six plugs);
- Two or three two-way radios (depending on type and capabilities), at least one for the TOC and one for the U.S. marshals;
- LAN or high-speed Internet connection (cannot be wireless; not mandatory); and
- Window or door, preferably with outside access within 20 meters of the TOC. (This is for the satellite phone; the antenna for this device must face skyward in a southeasterly direction.)

The TARU communications capabilities are

- Two notebook computers capable of hard-wired Internet connectivity,
- WinFax software (fax capability);
- One printer/scanner/copier;
- Phones:

- Speaker (analog) and
- STU-III (secure analog);
- Contingency communications:
 - Wireless Priority Service (WPS),
 - Government Emergency Telecommunications Service (GETS), and
 - Globalstar;
- INMARSAT SATCOM (needs southeast window access); and
- Two-way radios.

PLANNING CONSIDERATIONS

Consideration	Responsibility		
	State	Regional	Local
Does your plan have a method to access a robust and redundant communication system?			
Does your plan's communication section designate who talks to whom and how information will flow?			
Does your plan incorporate communication security measures to ensure that unauthorized parties cannot intercept sensitive information?			
Does your plan have a communication annex, listing radio frequencies, phone numbers, and e-mail addresses that you will use to communicate?			
Does your plan provide for the communication needs for DSNS's TARU at the RSS facility?			
Does your plan provide communication equipment and/or methods for PODs and treatment sites?			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Have you acquired the phones, fax, Internet, radios, and other required communication equipment, including backups?			
Have you arranged for a phone and fax at each physical location, a minimum of six analog lines at the main RSS facility, two radios for the TARU, and a cell phone or two-way radio for each delivery vehicle?			
Have you checked whether repeater stations will be needed for complete communication coverage?			
Do you have a list of the phone numbers, e-mail addresses, and radio frequencies of everyone with whom each function must communicate?			
Do you have a Communications Lead and staff to call in SNS staff members, maintain and distribute contact information, test the system, and provide technical advice?			
For the TARU at the RSS, have you arranged for three long-distance telephone lines (one secure), six electric plugs, two radios, a high-speed Internet connection; and southeasterly access for a satellite phone cable?			

Deployment Processes

Capability	Responsibility		
	State	Regional	Local
Oversee the distribution system and issue timely status reports to C&C.			
Monitor driver reports of deliveries and en route problems.			
Fill orders for assets from PODs and treatment centers.			
Coordinate with law enforcement for protection and traffic/crowd control.			
Caution radio users to be careful about what they say on the radio.			

Chapter 6

Public Information and Communications

OVERVIEW

Communities already have experience in coming together to respond to emergency situations. Public information and communication (PIC) professionals inform, educate, and communicate with the public about health-related and emergency situations on a regular basis.

When SNS assets are deployed, there may be the added challenge of mobilizing the public to obtain prophylactic medications in a short period of time and to adhere to a treatment regimen (e.g., up to 60 days for anthrax). Similar PIC challenges would accompany emergencies requiring mass vaccination, quarantine, movement restrictions, shelter-in-place, and mass evacuations.



In each of these instances, we are not only informing and educating the public but also trying to mobilize it to do something in response to our messages. The ability to effectively inform, educate, and mobilize the public will be critical to the success of any mass treatment effort.

In this chapter, you will learn about

- Pre-event PIC planning needs,
- Who should comprise your public information team;
- Messages, methods, and materials for a PIC campaign;
- Implementing a PIC plan to get people to and through a POD and to follow-up with them once they leave the POD;
- The role of PIC in volunteer recruitment and training; and
- PIC resources available to the public information team.

THE WHY, WHO, AND WHAT OF PIC PLANNING

Why

Implement DSNS may deliver SNS assistance within hours of the federal decision to deploy, but the time it takes to get pills in people depends heavily on PIC planning and how quickly the public will act on your messages. For that reason, it is important to have an SNS-specific communication plan that integrates into the overall all-hazards communication plan. Your community's SNS communication plan should focus on the worst-case scenario of a mass-prophylaxis campaign, which is to provide medication to your entire population in 48 hours. Your plan should include *messages*, *methods*, and *materials* specific to all dispensing methods and combinations of dispensing methods included in your overall SNS plan.

Without a PIC plan you run the risk of increasing public fear, wasting time and human resources, increasing demand for unneeded treatment, alienating the media, contributing to confusion at the dispensing sites, and contributing to fear and mistrust of the government.

Who

Implement We recommend the following professionals for planning and implementing your PIC plan:

- A public information lead with training in health communications, public information and communication, or risk communication;
- Public information liaisons in each POD; and
- Joint Information Center (JIC) personnel.

PUBLIC INFORMATION LEAD

We strongly recommend that you have a PIC professional develop this portion of your plan and that you share this guidance with him or her. You will want to assign a PIC professional to serve as the Public Information Lead to assist with this planning. Your Public Information Lead can be used to develop messages, methods, and materials specific to the public information needs before and during SNS deployment and any mass-prophylaxis campaign.

The coordination between the SNS coordinator and Public Information Lead is vital to the successful development of a PIC plan because it will be based on the policies and procedures that are already outlined in your overall SNS plan. The Public Information Lead must be aware of the policies that can affect PIC planning; for example:

Deploy

- Will adults be allowed to pick up medicines for their entire household, and what age will define an adult?
- How many regimens will each person be allowed to pick up?
- What are the rules regarding patient confidentiality at the POD, and how do those rules affect media policy?
- What will be the media policy at the POD?
- Will identification be required at the PODs?
- What paperwork will be required at the POD, and is there a way for the public to get those papers before they get to the POD?
- Will everyone be going to the POD at the same time, or will people be segmented?
- Are there other means of dispensing (such as distribution to nursing homes)?
- How will dispensing operations function across jurisdictions and borders?

During an event, the Public Information Lead will likely be your Public Information Officer (PIO). You will want to make sure that there is a reliable method for communication among the Public Information Lead, the SNS Coordinator, and the field staff in the PODs.

PUBLIC INFORMATION LIAISON AT THE POD

Because the Public Information Lead will be at the JIC or EOC, we recommend identifying a Public Information Liaison to serve at each POD to coordinate information with the PIO and/or the JIC. This liaison may or may not be a trained communication specialist.

This liaison should be considered part of the command staff at the POD because a portion of his or her duty will be to manage any media requests that come directly to the POD. Make sure that your Public Information Liaison knows what his or her role is if the media calls or shows up at the POD, even if it is just to refer media inquiries back to the JIC. Again, this activity demonstrates the importance of including the communicators as a partner in SNS planning because this issue will be based on the policies and procedures outlined in the overall SNS plan.

JIC PERSONNEL

Personnel working in the JIC should also have an understanding of what the SNS is so that they can better interact with the field staff in the PODs and create more-useful messages for the public. Some basic pre-event or just-in-time training for the JIC staff should be considered.

What

In developing a PIC plan, it is important that you consider the messages, methods, and materials you will need to get pills to people.

MESSAGES

You should prepare messages that are specifically tailored to each audience and channel of communication that you might want to address in an emergency. These messages should be compiled in a way that they can be readily used if needed. While creating these messages, consider the questions that the public will have, such as:

- What is happening?
- What should I do?
- How do I get the medicine I need?
- How much does this cost?
- Can I get medicine for my pets?
- Where can I get more information?

Your messages will mostly be geared at providing general information that gets people to go to the POD and through the POD. For security reasons, you will need to avoid releasing specific operational information about the assets and the process with which they are distributed to the PODs. You will also want to be sure that any information about the RSS site is not released to the public. Instead, early messages should focus on making people aware that they will need to go to a POD.

Deploy

Regardless of the circumstance, the content of the messages must be clear, consistent, and coordinated. You will find it most efficient if the messages are developed at the broadest level possible (state or region) and to anticipate and encourage modification at the local level to address needs and challenges for the local community and special populations.

METHODS

Deploy

The public mobilization required for a successful dispensing campaign can be accomplished with the help of mass media: radio, television, local-network broadcasting, Internet, hotlines, flyers/brochures, signs, and sound trucks. Each of these channels has advantages and limitations in the speed of delivery, level of detail, sense of immediacy and import, authority, population saturation, and lingual range that it can deliver. Each channel will also have different planning considerations.

For example, when setting up a public information hotline, consider the following:

- Who will be answering the calls: will the hotline be live, automated, or a combination?
- A process is needed to ensure that the hotline is providing the most current and accurate information.
- Will translation services and TTY phones be available?
- What is the capacity for the phone lines?
- You can use your hotline as a communications feedback loop; if there are many questions about a certain topic, you can then coordinate a mass media announcement to clarify any confusion or misinformation.

Implement

In the planning stages, you will also want to take your communication special populations into account. You can generally think of your communication special populations as those who cannot or will not *receive* your message, cannot or will not *understand* your message, and cannot or will not *act on* your message. Some examples of each of these populations are included in Appendix G, “Public Information and Communication Challenges: Message Development for Mobilizing the Public for Mass Prophylaxis.” General categories of special/vulnerable populations include:

- The economically disadvantaged;
- Those with limited language competence;
- Those with physical, mental, cognitive, and sensory disabilities;
- The culturally or geographically isolated, and
- Those with age vulnerabilities.

PIC professionals are sensitive to the needs of their target populations and know how to reach those populations in the community. You will likely need specialized methods of getting your messages out to and mobilizing these populations. You may consider translated broadcast and media materials, Reverse 911, AMBER alerts, HAM radios, Meals on Wheels, bullhorns/loudspeakers, WIC programs, senior centers, day care centers, or border control. The best methods of reaching these populations will vary greatly, but it is a good idea to get representatives from the groups in your community to assist you in this part of the planning.

For additional guidance on special populations, refer to the Public Health Workbook to Define, Locate, and Reach Special, Vulnerable, and At-Risk Populations in an Emergency that is located at: www.bt.cdc.gov/workbook.

You should plan for using alternate communication channels not only to reach those special populations who may not respond to mainstream media (television and radio) but also to develop channels of communication in the event of a widespread power outage, where mainstream media may be severely limited.

MATERIALS

You should develop a kit of materials and templates in advance of any event. Consider including template press releases, public service announcements (PSAs), fact sheets, web sites, and dispensing-site signs in your kit. You should get these materials approved in advance to save time during an event.

You should also save these materials (hard copy and electronic versions) so that they are easy to locate during an event. These materials should only need small adjustments to customize them to a specific event.

IMPLEMENTING YOUR PIC PLAN

You will want to implement your PIC plan early in an event. Personnel located in the JIC, PODs, and other agencies will coordinate a public information campaign based on the event and the state plans and policies for dispensing. These plans may include a combination of several dispensing methods, such as USPS delivery of pharmaceuticals to individual households and delivery of pharmaceuticals to large groups (such as nursing homes and their staff and families). Additionally, plans may be in place to provide prophylaxis to first responders and their families before PODs open. Messages, methods, and materials must provide pertinent information for the public about these dispensing methods. The POD, however, remains the cornerstone of any dispensing operation, and your communication plan should focus on getting people to the POD, getting people through the POD, and getting people to follow-up with post POD activities.

Implement

Getting People to the POD

Getting the right people to the right place at the right time can prove to be challenging. The messages must not only inform but also mobilize people to action. Specialized messages, methods, and materials need to be developed to get the desired population to the dispensing site.

Deploy

You will need to create messages that encourage people to go to the dispensing site. Most of these messages will be based on the policies and procedures that are outlined in your state's SNS plan, so coordination between the planners and the communicators is very important to ensure that consistent, accurate information is disseminated to the public. Some examples of the messages that should be going out to get people to the POD include:

- Going to the dispensing site is important.
- There is enough medication for everyone.
- Medication is free.
- Go to a special site if you are sick (specify symptoms).

Implement

- Some general information should be considered before going to the POD, such as:
 - Who should go (or not go),
 - What they should bring (or not bring),
 - What they can expect, and
 - The drugs that will be dispensed.
- Some information is specific to the PODs in the community, such as:
 - Site locations,
 - Operational houses,
 - Directions,
 - Parking,
 - Alternate transportation options,
 - Normal wait times, and
 - Off-peak times.

Deploy

Information like wait times and off-peak times will need to be updated regularly. In the planning stages, consideration should be taken to address the methods for the JIC to obtain pertinent information about each POD so that it can be reported to the media. This information gathering can be a function of the Public Information Liaison that is in each POD.

Getting People Through the POD

Good communication in the POD can enhance the flow by reducing confusion, ensuring people are prepared, and answering questions before they are asked. Develop communications that can be used at a POD to:

- Inform people about the drug and agent,
- Inform people how to take the medicine (including the importance of taking and continuing to take the medicine),
- Explain how to identify the staff,
- Tell people what to expect in the POD,
- Explain why it is worth the wait,
- Explain that there will be enough medication for everyone, and
- Tell them how they can get their questions answered.

Communication in the POD can be done in several different forms, including posters, signs, videos, handouts, announcements over the loud speaker, and people answering questions. Each form of communication can be used for different functions.

Well-designed and well-placed directional signage can be very useful in aiding people through the flow of the POD. Directional signs should be in clear, simple language. They should also use arrows or pictures. Make sure that the signs are big enough to be seen and that they are posted in places that make them visible. For example, if you hang signs on the front of a dispensing table and people

crowd around it, the signs might not be able to be seen. A better place to hang a sign might be above the table so that it can be seen above the crowd.

Posters and handouts can be used to educate and inform the public about the agent or drug that is being used. You can use informational posters to reinforce any fact sheets you may also be distributing. (Make sure the information is consistent.)

When developing posters,

- Give information in chunks,
- Keep it simple,
- Make it big, and
- Make it visually interesting.

Informational videos can also be used to educate the public. If you are going to use a video, make sure that it will not affect the POD flow. Decide what language it should be in, and ensure that people will be able to hear it over any ambient noise.

Volunteers walking around the POD can also be a valuable source of information because they can explain the process and answer questions. It is important that these volunteers be trained to answer the questions they might be asked. When preparing volunteers to answer questions from the public, think about what questions you would have if you were in the public's situation. These volunteers can also be used as another feedback loop. If they get a lot of questions about a particular subject, this can be reported to the Public Information Liaison at the POD, who can then create additional materials for the POD or can refer it to the JIC to decide if a media release is needed.

As with any communication activity for the POD, ensure that your materials are developed to accommodate special populations specific to the jurisdiction that the POD is serving. You will want a plan for handling both written and spoken language interpretation that will be needed at the POD and to have any agreements for these services signed before an event.

After the POD

Once people leave the POD, make sure they know:

- How to take their medication,
- The importance of taking the full course of treatment,
- Side or adverse effects of the medication,
- If they need to check back, and
- Where they can go to get additional information (hotline, web site, newspaper, radio/television station, etc) or to ask questions, if needed.

Communications about medication adherence should be repeated, should explain the need for and importance of the medication, and should include a safety valve (a telephone number staffed 24/7 that people can call rather than discontinuing their treatment).

VOLUNTEERS

Implement

As part of your overall SNS planning, you might also consider using health communicators as part of the recruitment plan for volunteers both pre-event and during an event. Your communications staff can assist in the creation of a campaign that will tell volunteers where to go, what to expect, and what skills are needed.

Health communicators can also be helpful in developing any “just-in-time” training for the PODs. They may prove particularly useful in sharing some tips for communicating with the public at dispensing sites.

SNS PIC PLANNING RESOURCES

Implement

- The National Public Health Information Coalition (NPHIC) is an independent organization of professionals who are working to improve America's health through better public health communications. Members of NPHIC are senior public health information officers for their states. They are familiar with CDC bioterrorism grants, particularly Focus Area F, which deals in communications, and are already developing materials for crisis and emergency risk communications. Many NPHIC members are the Focus Area F coordinators for their states. You need to work with your state NPHIC representative when you develop SNS-specific public-information materials.

NPHIC

986 Hidden Hollow Drive

Marietta, GA 30068

e-mail: nphic_lespino@yahoo.com

Phone: (770) 509-5555

Fax: (770) 565-8436

<http://www.nphic.org/>

- The mission of the Directors of Health Promotion and Education (DHPE) is to strengthen, promote, and enhance the professional practice of health promotion and public health education nationally and within state health departments. You should contact DHPE to identify health educators in your state health department, to find professionals who are familiar with the special populations in your community, and to find individuals who can assist in the development of SNS-specific public-information materials.

Directors of Health Promotion and Education (DHPE)
1101 15th Street, N.W., Suite 601
Washington, DC 20005
Phone: (202) 659-2230
Fax: (202) 659-2339
<http://www.dphe.org>

- *Model Emergency Response Communications Planning for Infectious Disease Outbreaks and Bioterrorist Events*, Third Edition, published by DHPE, is an excellent reference for S/L public-health and emergency-response officials. It provides a framework for public health officials to communicate with other health officials, emergency response organizations, the public, and the media. The publication includes the latest information on infectious disease threats plus a CD-ROM of fact and work sheets for responding to bioterrorism hazards and other public-health emergencies. You can view it online or order it at <http://www.dhpe.org/model.asp>.
- The Department of Homeland Security's Office of State and Local Government Coordination and Preparedness funds the National Memorial Institute for the Prevention of Terrorism in Oklahoma City, Oklahoma, to develop and maintain the Lessons Learned Information Sharing website (LLIS.gov). LLIS is a secure, national; online compendium of lessons learned and best practices designed to help emergency response providers and homeland security officials prevent, prepare for, respond to, and recover from acts of terrorism. LLIS access is restricted to verified emergency response providers and homeland security officials at the local, state, and federal levels. Its information resources have been conceived and developed by homeland-security professionals for their peers and includes an extensive catalog of after-action reports from exercises and actual incidents as well as an updated list of homeland security exercises, events, and conferences.

Lessons Learned Information Sharing Help Desk
Care of DFI International
1717 Pennsylvania Avenue, NW
Suite 1300
Washington, DC 20006-4614
Phone: (866) 276-7001
Feedback@llis.dhs.gov
<https://www.llis.dhs.gov/>

- The National Association of County and City Health Officials (NACCHO) has been funded by the Centers of Disease Control and Prevention to collect, develop, and disseminate resources that will help local public health agencies prepare to respond to an event like bioterrorism. NACCHO's STOCKbox is an online source for SNS- preparedness tools and resources developed by state and local public health agencies as well as SNS-related products from NACCHO and its partners.
NACCHO

1100 17th Street, NW, Second Floor
Washington, DC 20036
Phone: (202) 783-5550
Fax: (202) 783-1583
<http://www.naccho.org/stockbox/>

- CDC has a wealth of information for the public on its Emergency Preparedness and Response website at <http://www.bt.cdc.gov/>. You may refer to it for information (in English and Spanish) and fact sheets about bioterrorism agents, diseases, and other threats. It also lists hotline phone numbers.
- CDC has developed a variety of tools for crisis and emergency risk communication. Its training curricula can help novices to come up to speed and seasoned professionals to hone their skills. Course offerings and resources are at http://www.cdc.gov/communication/emergency/erc_overview.htm
- “The Public Health Workbook to Define, Locate, and Reach Special, Vulnerable and At-Risk Populations in an Emergency” is available to assist you in planning for special/vulnerable populations. This document is currently available at: <http://www.bt.cdc.gov/workbook>
- Appendix G contains health-related communication materials developed by an expert panel of PIC and mass-dispensing professionals that met in Atlanta in April of 2004. It is not meant to be a comprehensive checklist, but it does provide a good overview of the special considerations for PIC activities to support mass-dispensing activities.
- Your state and local health departments are also excellent resources for identifying public information officers, health-communication specialists, and health educators who can help you develop your SNS PIC plan.
- SNS Public Information and Communication Specialists are also available for technical assistance. In addition, a one-day workshop entitled “Mass Antibiotic Dispensing: Public Information and Communication” is available. This workshop introduces state and local communicators to the SNS and helps them better understand their roles and responsibilities in the event of SNS deployment. This course focuses on the development of messages, methods, and materials for disseminating information to specific audiences. To learn more about it, you can contact your state’s DSNS Subject Matter Expert.

PLANNING CONSIDERATIONS

Consideration	Responsibility		
	State	Regional	Local
Have you identified your PIC counterpart and do you have a good understanding of his/her responsibilities for public information and communication?			
Have you identified (and are you maintaining an ongoing collaboration with) the regional, state, and local SNS and communications professionals responsible for the success of your SNS PIC planning?			
Have you identified one individual at each dispensing site who will be responsible for communicating PIC operational information up (and down) the chain of communications during an event?			
As part of your SNS plan, have you identified the SNS mass-dispensing operational information that must be communicated to the public during an event?			
Have you implemented and exercised a plan to provide SNS mass-dispensing operational information to the appropriate PIC professional?			
Have you identified the process for convening the core working group that local, state, and federal public health officials will form if a disease outbreak is suspected or confirmed, and does the state SNS coordinator have a seat at the table of the core working group?			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Does your all-hazards and/or bioterrorism response plan have a PIC component?			
Have you had a health-PIC professional help you develop the public-information portion of your plan?			
Has your PIC professional developed messages to mobilize members of the public, move them through the PODs, and inform them about alternative methods to obtain treatment and medication?			
Has your PIC professional prepared anticipatory pieces about POD locations, transportation and traffic, what to expect at a POD, and medication regimens?			
Has your PIC professional prepared write-ups for recruiting and processing volunteers?			
Have you prepared messages tailored to each audience and channel of communication that you might need to address?			
Have you accessed and used the SNS-related PIC planning resources?			

Deployment Processes

Process	Responsibility		
	State	Regional	Local
You must be able to mobilize the public to obtain prophylactic medications and to adhere to a treatment regimen.			
Provide the PIC professionals with practical information the public needs to know.			
Make operational information available to the PIC professionals who will communicate it to the public.			

DRAFT

Chapter 7

Security Support

OVERVIEW

Developing a comprehensive security plan is critical to the successful receipt, distribution, and dispensing of SNS assets during an emergency. A large public health emergency will likely produce many casualties and it will also produce concern, fear, and maybe panic within the affected community. The arrival of SNS assets will be newsworthy and may make SNS operations a magnet for persons unwilling to wait for the planned dispensing of drugs or other medical assets to protect or treat them and their families. During a deliberate attack, your SNS response organization may become a target of terrorists or terrified citizens. A detailed security plan that describes the steps required to protect

- SNS assets,
- the various locations used to support an SNS response,
- the people that support SNS response operations, and
- the SNS transportation infrastructure that supports SNS operations

is an essential component of your overall SNS preparedness planning.

We recommend enlisting the support of law-enforcement and security experts to develop your security plan. Additionally, establishing a security-support team leader to manage the security staff, resources available, and missions required to support SNS response activities is an essential component of your security plan.

In this chapter, we will explain the various security missions to consider when developing plans to protect the major functions of an SNS response. The SNS response has three critical functions that require detailed security planning and the establishment of detailed security measures:

- receiving SNS assets,
- distributing SNS assets, and
- dispensing SNS assets.



Each of these functions presents its own unique security challenges; but all of them require protecting critical locations, medical assets, people, and equipment.

Topics covered in this chapter include:

- security missions and tasks
- forming security-support teams
- collaboration and preparation
- mobilizing your security-support team
- badging and credentialing
- risk assessment
- POD-specific risk assessment
- security prior to the transfer of SNS assets
- security following transfer
- RSS warehouse protection
- distribution-system protection
- SNS protection in a natural or technological disaster

SECURITY MISSIONS AND TASKS:

Developing security plans for an SNS deployment is one of the most complex functions in an SNS response. It is a resource-intensive function that requires detailed planning and coordination with numerous agencies at various levels of government as well as within the local community. It rivals the dispensing function for the number of staff needed for successful implementation. We have identified three categories of security missions that you will have to plan for during an SNS response and that are equally applicable to receiving, distributing and dispensing SNS assets.

- **Physical Security:** Establishing measures to prevent or deter access to a site or facility, resource, or information stored on physical media.
- **Personnel Protection:** Establishing security measures to ensure the safeguarding of staff involved in SNS operations and citizens receiving SNS assets.
- **Law Enforcement:** Apprehending and/or arresting those in violation of the law who may attempt to disrupt the SNS operations.

We have identified nine security missions to consider planning for during an SNS response:

-
- Securing the airfield landing site for arriving SNS assets or, if it arrives by land, securing a meeting point where the truck convoy carrying SNS assets crosses into your state
 - Securing your RSS site(s)
 - Securing your POD(s)
 - Escorting truck convoys of SNS assets to your RSS site;
 - Escorting your distribution trucks as they negotiate traffic to make deliveries [an additional planning consideration: this task may expand because of civil unrest and may warrant personnel security measures (escorts) for drivers]
 - Controlling traffic at and around PODs
 - Coordinating parking at PODs
 - Conducting crowd control at PODs
 - Protecting staff and citizens at PODs

Depending on how you structure your overall SNS response, you also may have to plan for one or more of the following security tasks:

- Securing staging/enrollment areas if using the segmented (“spoke-and-hub”) strategy¹ for dispensing; during a terrorist attack, a large crowd gathered in one area could be a potential target for a secondary attack
- Escorting busses that transport the public from staging/enrollment areas to PODs [Note that using a segmented strategy may not reduce the number of security-support team members you will need to deploy at your PODs. The public will quickly learn where your PODs are located. Those who have arrived there will spread the word by cell phone as they stand in line. So, your crowd-control and staff-protection tasks remain. Also, some people may try to access your PODs by car regardless of the public information campaign that directs them not to. Traffic control and parking coordination also remain important tasks at your PODs.]
- Providing on-truck protection for U.S. Postal Service workers (if your area is offered and elects to use the Postal Plan² to assist with dispensing)

¹ We describe the segmented (“spoke and hub”) strategy in Chapter 12. Basically, it divides the POD functions of registration and dispensing. These activities would occur in different places under this strategy. The public would be asked to come first to one or more central assembly points, where they would register. They would then be bussed to a POD. After getting their drugs, they would be bussed back to their assembly point.

² The Postal Plan is based on an agreement between the U.S. Postal Service (USPS) and the departments of Homeland Security and Health and Human Services and is implemented between selected cities and the USPS. It has not been operationalized in many places. The Secretary of DHS would activate the Plan under certain circumstances if any of those places are attacked with anthrax. That attack would require treating the public very quickly to prevent disease. Under the Postal Plan, the USPS would deliver one initial 10-day drug regimen to each residential delivery address in the selected areas. This action would buy time for PODs to set up and would spread out the people coming to the PODs for more drugs. The Plan requires the city to provide each USPS delivery person with an armed law-enforcement officer for protection, requiring a large commitment of law-enforcement personnel for the 12 hours needed to carry out the Postal Plan.

- Escorting trucks moving supplies from your RSS site to secondary storage and distribution sites (if your area is using such a substructure to manage SNS assets)
- Providing security at secondary storage and distribution sites (if you have them)

Finally, we recommend you incorporate the security of existing and/or ad hoc treatment centers (hospitals, clinics) and their staff into your security plan. Depending on the type of attack, symptomatic patients may self-refer to these locations, and the crowds may become large, overwhelming the center's staff.

FORMING YOUR SECURITY TEAM

SNS Security Team

Under most conditions, SNS assets arrive at the state accompanied by the SNS Technical Advisory Response Unit (TARU). The United States Marshals Service (USMS), in partnership with the Centers for Disease Control and Prevention, Office of Security and Emergency Preparedness, is responsible for protecting both the TARU staff members and the deployed SNS assets until the assets are signed over (released) to the state and are no longer in federal custody. Once the assets are in state custody, the state is responsible for their effective safeguarding according to your security plan. The USMS will maintain responsibility for safeguarding the TARU and any unreleased assets until they depart the affected area. We encourage you to solicit assistance from the USMS with the Division of Strategic National Stockpile in developing your security plan.



State Security Team

We recommend you establish a security team comprised of law-enforcement and security subject-matter experts to develop and implement your security plan. It is doubtful that one law-enforcement/security agency will be able to provide all of the resources required to support your SNS security plans. The size and specialties of your security team will, of course, depend on the number of organizations and resources available within your state. Based on the tasks required to support SNS operations, expect this team to be quite robust in size. Some law-

enforcement and security resources to consider adding to your security team may include:

- State police
- County sheriff
- City police
- National Guard
- University campus security
- Board of Education police
- Department of Corrections
- Department of Natural Resources/Game and Fish
- Civic organizations
- Commercial security
- Volunteers

Because this pool of resources is so large and the SNS response has many moving parts, jurisdictional boundaries and authorities will be key considerations in the development of your security plan. This is why we highly recommend using law-enforcement and security professionals to assist with developing this plan. They understand these challenges and can develop ways to overcome them and ensure a coordinated security effort.

Additionally, inherent in many of the organizations listed above are existing command structures. It may be beneficial and simpler to assign a single security task or responsibility for a single site to one law-enforcement/security agency. However you arrange it, your plans must account for security in every possible location in your area (urban, suburban, or rural) where an event may occur and SNS assets may be deployed.

Special Considerations

The following are some coordination challenges that you may encounter as you form your security team:

- The lack of adequate manpower from a single law-enforcement agency grows as more local governments have strict budgetary constraints. Competing tasks with minimum staff to accomplish those tasks may make it difficult for an agency to support the SNS security plan.
- The sovereignty of city and county governments and the lack of elected-official buy-in can frustrate efforts to supplement a small, local law-enforcement agency. They may also prevent some law-enforcement agencies from making agreements to cover neighboring cities or counties.
- Crossing jurisdictional lines is a corollary to the sovereignty issue; here, policy or even law may limit or restrict the aid provided.

-
- The lack of a single state-police agency makes coordinating security support more difficult than for other SNS functions. You should recruit a law-enforcement-agency matrix; that will take time, negotiating skills, and a grasp of SNS security operations.
 - No one law-enforcement agency is in charge. Although the laws of most states give great power to the public health director in an emergency, law enforcement in most states has no automatic counterpart unless directed by the governor.

Implement

Establishing a strong management structure to support your security plan is extremely important. Such structure begins with selecting a security-support team leader. We recommend this person have strong law-enforcement credentials and credibility in the law-enforcement/security arena within your state. This credibility will go a long way in obtaining additional security resources through recruiting state, city, and county law-enforcement officials/security experts and their agencies to the SNS security mission. Remember, most of these agencies will have competing priorities during an emergency, possibly with already limited resources, so it is important to consider having a security leader that is (1) aware of the challenges in assembling the security support team(s); (2) knowledgeable of the security tasks required to support SNS response operations; and (3) can assist you in communicating the importance of the SNS response to the leaders of the potential resource pools, obtain their buy-in, and ultimately obtain their support. We also recommend you obtain background checks on your security-team members.

COLLABORATION WITH AGENCIES AND ORGANIZATIONS

Our experience shows that it is a good practice for SNS planners and the security-support leader to discuss SNS operations and the specific security needs with law-enforcement and emergency-management planners on a continual basis. These discussions will allow both agencies to understand requirements and capabilities. As you learn their operational requirements, it will show you where to expect dedicated support to SNS security operations and where you will have resource challenges or gaps in your planning, requiring further coordination with other agencies.

Ultimately, we recommend collaboration with all agencies that may be involved in SNS operations, including federal, state and local law-enforcement/security agencies, USMS inspectors, the National Guard, the state Homeland Security Department, emergency management agencies at the state and local level, and health departments. Information exchange among these organizations will ensure effective planning and timely response.

MOBILIZING YOUR SECURITY-SUPPORT TEAM

Once you have identified your security resources and developed your security team(s), an essential part of the security-support planning process is to develop the procedures necessary to get the right security team(s) to the right location(s) in a timely manner to support the SNS response operations. This is especially important for those identified as your *First-Shift* security team. Your activation and mobilization timeline will most likely be event-driven, but you can anticipate having to provide sufficient security staff to support 24/7 operations at the RSS, PODs, and other locations. Because your security team will likely come from various agencies and institutions, establishing rapid-activation procedures will be a significant challenge. But, as stated previously, your challenges can be minimized or even overcome by selecting a strong security team leader and maintaining constant dialogue with the other agencies involved as you develop your plans.

Regardless of the procedures you establish to activate and mobilize your security support team, we highly recommend the activation and mobilization process be documented in the plan, updated continually, and exercised periodically. A lack of clarity within your security-support team about which officers to call for what specific security duty (escort, RSS security, crowd control, etc) and to which shift to assign them could have a significant negative impact on SNS response operations and put many lives at risk.

Identification Badges for Members of Your SNS Response Organization

Implement

Most likely, your security team will be large in number and have multiple members from various agencies. Confirming the identities of all involved in your SNS response activities is extremely important to ensure the integrity of your operations. Establishing access-control measures will be a significant part of your security plan at locations. We recommend two measures for your security team to help protect your facilities and people: a comprehensive access roster that serves as an approved list of all workers expected onsite and a photo identification (ID) badge for each worker. It is best to develop your badge identification system prior to an actual event. If you must issue ID badges on the day of an event, do not conduct badging at your RSS site. This is a critical site in your SNS response infrastructure, and its location should remain confidential and as secure as possible.



We recommend that you involve the security team leader in creating an ID badge for all workers involved in SNS response. Regardless of who actually produces the badges, your security team leader should provide input

into the design of the badge and the data required on the badge. This precaution is necessary to ensure that, during an event, those who report to help you at the various sites are those who actually belong. Lives could depend on that assurance.

If you plan to conduct SNS operations on government, military, or private property, ID badges may be required for entry to these locations. In addition, these locations will likely raise their security levels during an event, so it is best to conduct proper coordination for entry prior to an incident as opposed to during an incident.

Implement We also recommend you collaborate with your health department to (1) obtain a list and (2) verify the medical credentials of health professionals expected to support your SNS operations (prior to an event, if possible).

RISK ASSESSMENT

Implement We recommend the security-support team plan to conduct risk assessments at all stages of SNS response operations. They should assess the probability that adverse events/threats may follow a public health emergency or disastrous event and affect your security operations. You can then develop plans to minimize the impact of these events. The USMS assigned to protect the TARU assess *civil disturbance* as the primary threat to SNS operations. They reason that disasters create fear and that civil disturbances by fearful citizens can cause a serious threat to PODs, RSS warehouse operations, and/or your distribution network. Other adverse events include conventional crimes like theft, arson, assault, vandalism, and hijacking as well as sabotage; a secondary terrorist attack; or secondary chemical, biological, or radiological event.

A standard part of any security risk assessment is to ask and answer the following questions:

- What asset or process am I protecting?
- What potential harm or threat could occur to that asset or process?
- Who or what could be harmed and to what degree?
- Do my existing security measures help mitigate these risks?
- If not, what measures should I plan to incorporate to reduce the risks?
- Where will I accept risk in this plan?

Your detailed, written security plan should specify the answers to these questions. That way, a thorough analysis of the potential threats to your operations is conducted, and you can then establish and incorporate security measures in your plan to mitigate the threat. Once again, this will enable you to determine where there are gaps in your planning. Because of resource constraints you may not be able to incorporate measures for every potential risk. In essence, you have then accepted

risk in that particular area. It is recommended that those areas where you accept risk are communicated at all levels within your state hierarchy that is responsible for emergency preparedness and response. This is another area where collaboration with other agencies is key.

In conducting an SNS-related risk assessment, determine what sites, areas, assets need protection:

- Locations where SNS RSS operations will occur
- Treatment centers and PODs
- SNS support personnel, vehicles, and equipment
- SNS aircraft
- Primary and alternate routes to key facilities

As you collaborate with law enforcement to identify the potential threats against your critical SNS response locations and processes, remember to also consider the risk of potential threats in and around your RSS sites, distribution facilities, and PODs, such as

- Railways
- Petroleum pipelines
- Facilities that store or produce hazardous materials
- Facilities that may themselves become a target of terrorist attacks

POD-SPECIFIC RISK ASSESSMENT

Implement

Managing PODs is one of the most challenging, yet important, SNS preparedness functions, and it is vital that your security plan address how to protect not only its physical location but the people within, both staff and citizens. Providing sufficient security at PODs to help minimize unruly persons, manage chaotic flow, address traffic/parking issues, and mitigate threats to staff is essential to the overall success of your POD operations.

One challenge you may encounter is determining how strict your POD security measures should be. The mission at the POD is to ensure that the maximum number of citizens in the affected area receive prophylaxis as soon as possible; so, the intent is to process people quickly or obtain maximum throughput. There must be a balance in the security measures established to ensure safety yet not inhibit maximum throughput. Because of this fine balance in planning, we recommend the security-support team be part of the POD planning process.

The size, nature, and layout of PODs established will vary; therefore we recommend you establish a separate security operations plan for each POD, including:

- potential risk areas (e.g. large number of access points to PODs)

-
- analysis of the surrounding area (e.g., providing adequate onsite or nearby parking near high-flow streets or freeways).
 - specific physical security measures and measures to effectively safeguard personnel at the POD
 - security measures to mitigate risk (e.g., reducing the number of access points to the POD)
 - POD layout (e.g., allowing a controlled patient flow)
 - procedures for managing disorderly persons or crowds, traffic into and out of the facility, and parking
 - traffic plans for each POD (the mix of roads, streets, and highways at each will differ)
 - number of security-support team members needed per shift per POD
 - communications resources and plans for security team members
 - security management structure (chain of command)

Whether you opt for the segmented or nonsegmented approach to managing patient flow at PODs, the level of security should remain the same. In theory, the segmented approach would minimize access to the PODs by individual vehicles, thereby reducing traffic congestion, parking etc. However, as your POD locations become known to the local community, traffic flow around the POD will likely increase and require crowd control, parking enforcement, and personnel protection.

One major difference in opting for a segmented process of patient management is that you may have to plan to secure each additional remote-staging site, conducting a risk assessment for each staging site and developing security measures to mitigate the risks identified. Additionally, you may consider providing escorts for vehicles transporting patients between the remote staging site and the POD(s).

Security Prior to Federal Transfer of SNS Assets

As previously stated, the USMS is responsible for protecting both the TARU staff members and the SNS assets until the assets are signed over (released) to the state and no longer in federal custody.³ The SNS assets will most likely arrive in your state via airplane and be transferred to trucks via trucks. The TARU will most likely arrive via airplane.

Timeliness in transporting these assets is essential, and security plans should be well developed so no delays occur in receiving the SNS.

³ Once SNS assets are signed over to the state, the responsibility for safeguarding those assets transfers to the state. The USMS retains responsibility for safeguarding any assets that remain in federal custody and are not signed over to the state.

It is important to designate a member of your security team to coordinate with the USMS inspectors prior to the arrival of SNS assets. We highly recommend including such contact information in your plan to ensure coordination and collaboration. The USMS will need to have a clear understanding of your overall security plan. It will also need to know which agency is responsible for

Implement

- Meeting and escorting trucks moving SNS assets from the arrival airport or state line to the RSS warehouse,
- Escorting and/or transporting the TARU from the arrival airport to the RSS warehouse, and
- Safeguarding SNS aircraft at the arrival airport.

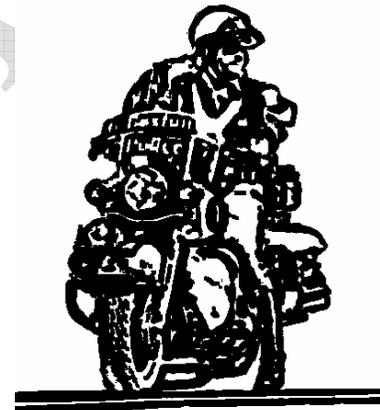
Inherent in these tasks are necessary security measures that should be planned, including traffic control on the routes and access control at the airfield.

To ensure that the USMS is adequately integrated with the law-enforcement and security operations in the affected area, we request that you provide two handheld radios connected to the local law-enforcement communication network for the duration of the operation.

SECURITY FOLLOWING TRANSFER OF SNS ASSETS

Under normal circumstances, custody transfer of SNS assets will occur at the RSS warehouse. The critical security tasks that your plan should address upon receipt of SNS assets include

- Safeguarding the RSS warehouse;
- Safeguarding distribution vehicles while loading, offloading, and in transit; and
- Managing vehicle distribution routes.



Safeguarding the RSS Warehouse

Implement

RSS warehouse protection is essential to the effective receipt of SNS assets during an event. Compromising the location of this site could impair or even halt the flow of SNS assets into your state. The best way to protect your RSS site is to ensure that security measures are in place to keep its location confidential, allowing only authorized people know its location. We recommend your security team address the following elements in protecting the RSS warehouse:

- Maintain access control at the facility.

- Require all *personnel* to enter and exit the facility through a single entrance.
- Post guards or law-enforcement officers at each entrance to the facility and establish a mechanism to check the identification of each person attempting to enter the facility. This could involve checking ID badges, sign-in logs, and visitor escorts.
- Establish multiple routes for *vehicle* entry and exit.
- Establish a perimeter of 300 to 1000 feet around the RSS warehouse within which only authorized distribution and emergency vehicles are allowed. Maintain a well-lighted facility exterior.
- Secure doors leading into or out of the facility by posting a guard at, locking, and/or alarming each door.
- Safeguard delivery and distribution trucks while they are staged and being offloaded or loaded.
- Establish crowd-control procedures that restrain or remove disorderly persons who try to disrupt RSS operations.
- Develop an evacuation plan for the facility.
- Consider the need for
 - roving patrols,
 - static guard posts,
 - roadblocks,
 - perimeter fences,
 - physical barriers of various types,
 - vehicle gates, and
 - closed-circuit television.

Implement



Distribution-System Protection

Implement

The distribution system within the SNS preparedness plan will ensure that the proper medical assets are transported via trucks or other vehicles from the RSS to the PODs or treatment facilities, as required. It is imperative these vehicles have ready access to and from the RSS to ensure timely delivery. Following the terrorist attack on September 11, 2001, congestion in the National Capital Region slowed traffic to a crawl. You should anticipate similar traffic congestion during an emergency in your state. We recommend that your security plans incorporate measures to ensure unimpeded movement of your distribution vehicles throughout the affected area and that these measures are coordinated with the proper law-enforcement/security agencies. You might consider

- Coordinating law-enforcement escort of distribution vehicles to and from PODs and treatment centers;
- Securing key road networks so that only SNS and other emergency vehicles can use them; and
- Using alternative transport methods to support distribution, such as
 - Air (SNS cargo containers are designed to be sling loaded under heli-

Deploy

- copters),
- Railroads,
- Subways, and
- Waterways.

NOTE: If alternative methods to support distribution are used to alleviate traffic congestion, you will also have to develop and coordinate your security plan to protect the transport and distribution of assets by these alternative means.

SNS PROTECTION IN A NATURAL OR TECHNOLOGICAL DISASTER

It is important to keep in mind as you develop your security plan that SNS deployments are not strictly tied to acts of bioterrorism. The contents of the SNS are also used to support natural or technological disasters. SNS played a key role in the federal government's response to the hurricanes of 2005. There were many challenges with the use of security/law-enforcement resources during those response operations. The security resources you plan for in a bioterror emergency may not be available during a natural disaster, so it is imperative that you coordinate security resources so they can cope with all types of emergencies that may involve the deployment of SNS assets.

PLANNING CONSIDERATIONS

Consideration	Responsibility		
	State	Regional	Local
Do you have a detailed, written plan for your security support?			
Does your plan address each security task that is applicable to your SNS response plan?			
Does your written plan incorporate law-enforcement and security agencies to provide security for the entire SNS response organization?			

Consideration	Responsibility		
	State	Regional	Local
Is your written plan based on risk assessments (at least of your PODs and your RSS) conducted by law-enforcement personnel?			
Does your plan include a call-down process for rapidly mobilizing an adequate first shift of law-enforcement/security officers to allow your security-support team to perform all of its tasks at all SNS operational locations?			
Do your written POD and RSS security plans include the base number of law-enforcement/security officers needed, post assignments, screening procedures, communications, traffic control, and crowd control?			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Have you briefed law-enforcement and emergency-management planners on the nature of SNS operations and its security requirements?			
Is your security-support team led by a law-enforcement/security expert?			
Have you assessed the risks that could interfere with SNS operations?			
Have you obtained commitments from a sufficient number of law-enforcement and security agencies to ensure that you will have security-support personnel available?			

Capability	Responsibility		
	State	Regional	Local
Have you contacted community agencies and organizations for persons to augment security by performing low-risk tasks?			
Has the law-enforcement agency responsible for the security of each POD site or RSS warehouse conducted its own risk assessment of the facility to determine if the planned number of officers and procedures for screening, traffic control, and crowd control are adequate?			
Have you tested your mobilization process?			
Has a basic background check been conducted on all state SNS volunteers?			
Do you have a written "access list" of approved state SNS volunteers/workers that can rapidly be provided to your security-support team personnel?			
Have you prepared and distributed ID badges to your screened and approved state SNS volunteers/workers?			
Do you have a rapid process for issuing ID badges to your "just-in-time" volunteers (including security-support law-enforcement officers and other personnel), TARU members, and any persons coming to help from out of your area?			
Has your public health agency checked the credentials of medical professionals involved in an SNS response?			
Have you arranged protective services for the SNS aircraft, trucks that move SNS assets to the RSS site, and vehicles transporting TARU team members?			

Capability	Responsibility		
	State	Regional	Local
Has the security team determined how it will handle disorderly persons or civil disorder at the PODs or the RSS?			
Has the security-support team determined how they will communicate with and coordinate activities among the different law-enforcement agencies supporting SNS operations?			
Have you arranged for law-enforcement officers to escort delivery vehicles and/or to secure key transportation arteries?			
Does your written security plan include an evacuation contingency?			
Have you informed your security-support team that they may also be needed in a natural or technological disaster?			

Deployment Processes

Process	Responsibility		
	State	Regional	Local
Have you explored the use of alternative transportation methods, such as helicopters, railroads, subways, or waterways, for the distribution of SNS assets?			

Chapter 8

Receiving, Staging, and Storing SNS Assets

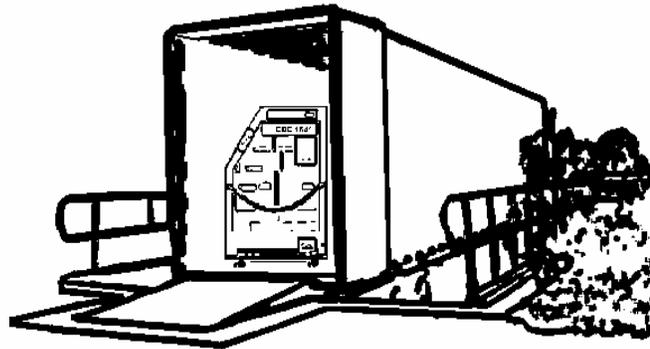
OVERVIEW

The location of your RSS facility and the effectiveness of the team that operates it will be important determinants of the speed with which you protect the public and treat the sick.

We present this chapter in two parts. The first describes the responsibilities and activities of the SNS team that operates the warehouse where you will receive, stage, and store (RSS)

SNS assets prior to delivering them to PODs, treatment centers, and any intermediate distribution locations.

The second part describes factors that you should consider to determine the locations of the warehouses you will use as your primary and backup RSS facilities.



TEAM RESPONSIBILITIES DURING AN EMERGENCY

Activate the RSS Facility

Implement The amount of effort required to activate your RSS facility to receive SNS assets when they arrive, store them temporarily, and stage them for delivery will depend in part on the way the facility is used before an emergency. If it functions as a warehouse, it will typically have loading docks, materiel handling equipment (MHE) like forklifts and pallet jacks, and personnel support services. Otherwise, activation will require the delivery of MHE and other support before the facility can process SNS assets. If the facility is unused prior to the emergency, activation must also include the establishment of basic functions, such as light, heat, ventilation, electricity, phones, and personnel support services. If it is actively working as a warehouse, the goods stored in it will have to be moved aside or moved out along with all trucks and trailers not being used for SNS activities.

Each of these considerations applies equally to the facility (or facilities) that you would use as a backup RSS facility if circumstances prevented you from using your primary location.

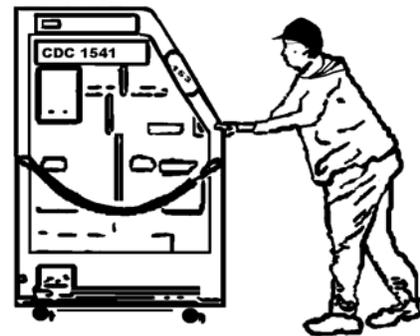
Receive SNS Assets

You must offload our trucks when our shipment arrives at your RSS facility. The facilities at your warehouse (e.g., loading docks and MHE) and the amount of material that we ship will determine the time and staff you need. For example, a 12-Hour Push Package requires at least eight 53-foot tractor-trailer trucks carrying 16 to 18 cargo containers each.

Deploy

Two people should be able to offload a truck safely in less than 30 minutes by manually rolling our cargo containers off the truck if your RSS facility has a standard-height dock with levelers or dock plates.

If your RSS facility does not have a loading dock, you will need to offload our trucks by forklift, an effort that will require more people and time. You will need at least four people: one on the truck to position containers at the rear of the truck, one to drive a forklift, and two to move containers from where the forklift drops them into the RSS facility. You should anticipate approximately 45 minutes per truck for a crew of four.



Accept Custody of SNS Assets

Implement

When we arrive and your staff has unloaded our shipment, a designated state official must sign for custody of the assets before the state can use them.¹ One of our technical advisors will provide a list of the items that we will transfer and require a signature on the custody-transfer form (see Appendix H). Depending upon the event, we may not transfer all of a Push Package. For a biological event, for instance, we may not transfer chemical-event antidotes and supplies.

Implement

In addition to a signed custody-transfer form, we must have a signed memorandum of agreement (MOA) from the state that obligates it to use our assets in certain ways and to return unused assets. The basic text of the MOA is in Appendix I. If we do not have a signed copy of the MOA on file when we arrive, the official who signs for our assets must also sign the MOA.

¹ We use the term state here for semantic convenience but recognize that other jurisdictions (such as territories, the District of Columbia, Native American tribes, and federal entities like military installations and national parks) may request the SNS and thus have to sign for it.

Implement

An authorized Drug Enforcement Administration (DEA) registrant must also sign the SNS custody-transfer form for the Schedule II controlled substances that may be in our shipment. The care of controlled substances is described in more detail later in this chapter. If the registrant is not present, he/she shall be identified on the SNS custody-transfer form, and signatures and the DEA Form-222 (see Appendix J) shall be affixed at a later date.

To reduce the time needed to transfer custody of our assets, you should do two things before an emergency:

Implement

- Send a signed copy of the MOA between your state and the CDC to your DSNS Program Services Consultant. An example MOA appears in Appendix I. If your counsel has objections to the MOA, send them to us in writing, and we will forward them to the Department of Health and Human Services, Office of General Counsel, for review.

Implement

- Provide your DSNS Program Services Consultant a list of all the people who are authorized to sign for SNS assets on behalf of the state. The list should have at least two people for every major city and county in the state to ensure that someone will be available to accept custody of the SNS assets. For each person on the list, provide multiple methods for reaching them 24 hours a day, 7 days a week.

Stage and Store SNS Assets

Deploy

We recommend that your RSS Team position the containers (i.e., store them) in your RSS facility by product type and then sequentially by the number printed *vertically* on the container. (The *horizontal* number is the container serial number.) This method of organization will make it easy to find containers that hold specific products. The following color scheme for document pouches on the front of each container identifies the type of product in the container:

- Red: oral antibiotics
- Yellow: intravenous drugs and supplies
- Blue: airway supplies
- Green: chemical antidotes and related supplies
- Clear: medical/surgical supplies
- Pink: pediatric supplies

The document pouch on the container will contain a list of its contents and a diagram of how the products are arranged in the container.

Aisles between rows of containers should be 72 to 96 inches wide so that your RSS staff can use a forklift to move an entire container or product on a pallet to the staging area. The door on each container should face the aisle to allow the contents to be removed easily.



When laying out your warehouse, remember that a large-scale event will involve multiple shipments of SNS assets. It is entirely possible that those assets will arrive faster than you can at first store, stage, and deliver them. You should plan for a number of contingencies:

Implement

- Backup space to temporarily store SNS assets in
 - The RSS facility,
 - Unloaded trailers (temperature controlled, if applicable) if space in the warehouse is not available (the trailers used to transport SNS assets to the RSS facility should *not* be considered for storage duty),
 - Tents (temperature controlled, if applicable), and
 - Portable storage containers (temperature controlled, if applicable).
- Additional security if any temporary storage is not in the secure RSS compound.
- Methods for moving assets from a temporary location to the RSS facility.
- Additional MHE to offload, relocate, and distribute assets at temporary sites.
- In case a trailer is dropped away from the loading dock, ensure that a semitractor is available to move the trailer to the dock, if need be.

Ideally, SNS assets that cannot be offloaded immediately into the RSS facility should be stored adjacent to the facility. In exercises, some states (with DSNS's approval) have left the assets on our trailer or used tents and portable storage containers located adjacent to the RSS facility. Other states have stored assets temporarily at a location distant from the RSS facility, which required additional security forces to protect the location and some means of handling and moving the materiel to the RSS facility when space was available. This option increased the amount of staff needed to operate the RSS facility and delayed the movement of SNS assets to delivery sites. Wherever you store our assets, that location must comply with the specific environmental conditions that we mention later in this chapter.

Distribute SNS Assets

Implement

By the time you have placed the SNS containers in storage, your jurisdiction's Incident Command System will likely have directed your SNS Operations Management Team to ship SNS assets to specific PODs and treatment centers. Later, treatment centers will send your Inventory Control Team orders for SNS

assets. In either case, the Inventory Control Team will enter the orders into its inventory-management system and create documents that allow RSS personnel to pick assets from storage and stage them by delivery location.

PODs will typically order unit-of-use oral antibiotics or doses of vaccine for prophylaxis during a biological event. Treatment centers will order

- Intravenous medicines, intravenous administration supplies, fluids, life-support medicines, airway equipment, and medical or surgical items for treating casualties;
- Symptomatic materiel or antidotes to care for casualties from chemical or nerve-agent events; and
- Unit-of-use antibiotics or vaccines for therapeutic treatment during a biological event.

Deploy

As your Inventory Control Team issues assets, it will monitor the stocks it has on hand and work with our TARU members to order more before stocks run out.

Care of SNS Assets

TEMPERATURE CONTROL

Implement

SNS assets in storage, staging, or delivery vehicles or at PODs must remain at controlled room temperatures (58°F to 86°F) to ensure their potency. Your RSS facility, PODs, treatment centers, and distribution vehicles must maintain this temperature range during very hot or very cold periods. Your sites and vehicles should have inexpensive thermometers and/or circular temperature chart recorders to monitor and ensure proper temperature maintenance.

Some of the products that we ship in specific-item shipments will require refrigeration (currently, 12-Hour Push Packages do not contain refrigerated assets). Smallpox vaccine is an example. DSNS's packing protocols and the use of specialized shipping containers should ensure that the vaccine you have received has remained at the proper temperature throughout the distribution, packing, and shipment processes. Vaccine shipments are in either a self-powered refrigeration shipping container (Vaxicool™) or a specialized foam shipping container called an Endotherm™ Shipping Container. See Appendix D, Smallpox Vaccination, for more information about the shipment, receipt, storage, and distribution of refrigerated assets.

CONTROLLED SUBSTANCES

A 12-Hour Push Package contains controlled substances, one of which is morphine, a Schedule II substance. These items arrive in two hardened, DEA-

approved cargo containers. The morphine occupies approximately one cubic foot of space. The DEA regulates the storage and transfer of Schedule II substances in accordance with Title 21 of the *U.S. Code of Federal Regulations*. Schedule IV items will also be included in a 12-Hour Push Package. You must store Schedule II substances (the morphine) in a safe or vault and Schedule IV substances in locked drug cabinets. Some commonly asked questions about controlled substances and their regulation by the DEA in the context of an emergency-driven operation like an SNS deployment are addressed in Appendix K.

Transfer Requirements

Implement

The DEA registers individuals and organizations like hospital pharmacies to handle specific classes of controlled substances by issuing them a distributor's license. Members of such organizations are known as agents. Licensees and agents (hereafter, referred to as "registrants") who transfer controlled substances must ensure that those who receive the drugs have the proper DEA authorization to receive them. They also must keep a detailed chain-of-custody record of all transfers. The person who receives Schedule-II substances is required to initiate a request to transfer the materiel using a DEA Form-222 (see Appendix J).

Deploy

The DEA recognizes that a large public health emergency may prevent its registrants from following normal record-keeping requirements. It allows us to transfer controlled substances during an emergency even if a DEA registrant is unavailable to accept them and sign a Form-222 for Schedule-II substances. Your registrants eventually must provide us signed Form-222s for each Schedule-II transfer but do not have to do so when the materiel is actually transferred.

Deploy

If we transfer controlled substances to your SNS team when your DEA registrant is unavailable, we

- Must know the name and DEA number of the person who will eventually sign the Form-222;
- Will require the person who receives the materiel to show us a government-issued ID (e.g., a driver's license) and sign copies of our manifest that itemize the controlled substances that we transfer; and
- Will require your registrant to sign a DEA Form-222 for each transfer of Schedule-II items as soon as practical after the physical transfer.

DEA will hold your registrant responsible for the stock we transfer until that person transfers it to another registrant (e.g., a pharmacy at a treatment center). It also will allow you to transfer controlled substances to multiple treatment centers using a copy of our manifest (or another unofficial form) as long as you maintain a chain-of-custody record.

The pressure to move SNS assets quickly during a large-scale event may compromise your chain of custody for controlled substances if you do not complete the proper documentation when assets are physically transferred. We recommend that you identify sufficient DEA registrants in your plan so they can sign a Form-222 when drugs are transferred and not days or weeks later. We also suggest that you identify DEA registrants at your treatment centers who will be able to sign a Form-222 to document their acceptance of stock at the time of transfer. All documentation needs to be filled out when time permits.

Governing Laws

Implement The controlled-substance laws of your jurisdiction may be more stringent than the *Code of Federal Regulations*, Title 21. If you are not familiar with those laws, you need to review them to make sure your SNS plan complies with them. If your laws are more restrictive, you should evaluate their effect on your ability to respond to an emergency and should discuss solutions with your state Board of Pharmacy.

For detailed information about federal controlled-substance regulations, examine DEA's Diversion Control Program website at <http://www.deadiversion.usdoj.gov>.

Storage Suggestions

Here are some storage options for controlled substances that you may want to use during an emergency:

- Implement**
- Leave drugs in our specialized hardened air cargo containers that the DEA approves for secure storage.
 - Use local law enforcement to provide security for controlled substances.
 - Use a police evidence locker, portable lock box, or security cage for storing the drugs.
 - Use other safe or vault facilities that meet DEA standards (e.g., pharmacies, hospitals, trauma centers, methadone clinics, or wholesale drug distributors).

Help Available

Implement After you draft your proposed policy for storing and handling controlled substances, we (and DEA Headquarters) strongly suggest that you meet with your local DEA Diversion Control Program Field Office (listed on DEA's website) or your state's Board of Pharmacy to get their concurrence for your policy. If you encounter problems working with your Diversion Control Program office, contact your DSNS Program Services Consultant for help.

LOCATION, LAYOUT, AND OPERATIONAL CRITERIA FOR RSS FACILITIES

Your RSS facility will be the hub from which you support your jurisdiction's needs for SNS assets. Its location, layout, and facilities will determine the efficiency and speed with which you provide that support. A checklist of necessary or at least desirable facility attributes is presented in Appendix L.

Location

REDUNDANCY

Implement You cannot know ahead of time the area that an emergency will affect or where your RSS facility will be able to operate safely. The RSS facility should not be in the area of impact. You should have several, widely dispersed sites from which you can operate.

PROXIMITY TO CUSTOMERS

The primary criterion for locating RSS facilities is proximity to PODs and treatment centers. During an emergency, the materiel requirements of PODs and treatment centers may change rapidly. If you locate your RSS facility far from these sites, travel time, traffic congestion, and the need for protecting delivery vehicles en route will prevent you from responding quickly. Longer distances may also interfere with the quality of radio communications among your drivers, their delivery locations, and your SNS Inventory Control and Operations Management teams.

Implement Some states plan to deliver SNS assets to intermediate regional distribution locations, which will, in turn, deliver them to local PODs and treatment centers. Intermediate sites have the same location criteria as RSS facilities. There needs to be more than one intermediate distribution point in a given region to ensure redundancy, and all of them need to be close to the PODs and treatment centers they will serve.

LOCATIONS AT AIRPORTS

If you plan to use a hanger at an airport for your RSS facility, it should have at least one taxi ramp that is far enough away from active runways and passenger operations to preclude normal airport functions from interfering with SNS operations. Conversely, access routes and loading procedures must also ensure

that truck traffic will not interfere with airport operations. On a positive note, the airport's security perimeter may help protect the RSS facility.

ACCESS TO TRANSPORT ROUTES

Chapter 11 discusses ground, air, water, and rail modes of transportation for delivery to PODs and treatment centers. Because trucks will your primary means of transport, your RSS facilities should have good, unrestricted access to highways that lead to your delivery locations. If you expect to use other methods of transport, you need access to them as well. Helicopters will need an adjacent space for landing, water transport will need a pier, and rail will need a siding or elevated-platform station.

MULTIPLE ENTRIES

Implement Each RSS compound should have multiple routes for entry and exit that can be secured. This is an important redundancy issue for dealing with traffic and security of the facility.

PROBLEM LOCATIONS

Implement Locating an RSS facility in some areas will automatically increase the chance that you will encounter problems that could halt operations. Low-lying areas, for instance, may flood. Other areas may concentrate a biological or chemical plume because of the topography of the landscape. Local community planners will know the location of flood plains. Local meteorologists will know wind and weather patterns that will help identify the latter.

Space Requirements and Layout

The space in your RSS facility and the way that you lay it out is important to minimize the number of people needed to run the warehouse and to maximize the amount of materiel that it processes.

Implement Each of your RSS facilities should have a *minimum* of 12,000 square feet of open, level, smooth floor that is free of breaks, humps, and structural problems. This space includes:

- 7000 square feet for storage of a 12-Hour Push Package;
- 2000 to 4000 square feet for staging assets;

- 1000 square feet for office space to house the Operations Management, Inventory Control, and Distribution teams and distribution vehicle dispatch; and
- 2000+ square feet for a repackaging effort, if it is needed (see Chapter 10).

Follow-on assets from the DSNS's Managed Inventory may require additional space.

Implement

Collocating the warehouse with the Operations Management, Inventory Control, Distribution, and Repackaging teams is important to help them work together because:

- Inventory control will process orders for dispensing sites and treatment centers. If it is adjacent to storage and staging, SNS assets will move quickly from storage to staging for delivery. Collocating the inventory control and storage efforts also will allow them to verify inventory balances and fix inventory discrepancies faster.
- If you have to repackage bulk drugs (see Chapter 10), the storage of those drugs next to the repackaging area will provide a rapid source of supply. The location of repackaging near the staging area will facilitate the movement of repacked drugs to staging for delivery to PODs.
- Locating the SNS Operations Management Team near other SNS teams will improve its ability to manage the operations of the entire SNS deployment system by speeding the flow of information and the resolution of problems.

Implement

A good way to design the layout of the warehouse is to create a scale drawing of the facility with all of its obstacles (e.g., doors, posts, and walls) and to position on the drawing scale templates of containers, MHE, pallets, tables, and other equipment. Here are some specifics that you should observe when you lay out your RSS facilities:

- Plan a storage area that has sufficient space (approximately 7000 square feet) to
 - Position 130 containers, each having a footprint of 43 inches by 60.5 inches;
 - Hold unreleased materiel and receipts of supplies to support SNS operations;
 - Make aisles between containers and pallets a minimum of 72 inches wide; and
 - Face the doors of all containers into the aisles for easy access to their contents.
- Plan a staging area (approximately 2000 square feet) that
 - Is near both the storage area and the loading docks for rapid movement of assets to staging and delivery vehicles;

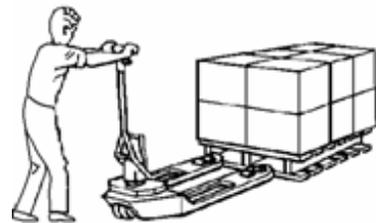
- Has space for empty pallets (approximately 500 square feet) and for palletloads of assets staged for each delivery location; and
- Has aisles that are a minimum of 72 inches wide to allow the passage of pallets and pallet jacks.
- Plan a dock area that has at least 600 square feet of obstacle-free space for movement of MHE into and out of trailers.
- Plan an area in front of the docks that is at least 100 feet deep to allow our trucks with their 53-foot trailers to back up to the dock.
- Plan a well lighted repackaging area that has 2000+ square feet of floor space. This space will not be needed to handle a 12-Hour Push Package but will be critical for processing bulk medications that may arrive in follow-on shipments or in other types of initial shipments.

Equipment

Implement

Equipping your RSS facility properly will significantly reduce the time and effort to process SNS assets for delivery to dispensing, treatment, and intermediate-distribution sites. Here are critical pieces of equipment that your RSS facility should have:

- *Loading docks:* RSS facilities with multiple, pneumatic, or portable loading docks will offload and load trucks faster and with fewer people. Warehouses without docks but with doors at roughly the height of a trailer may be able to use dock plates between the warehouse floor and the trailer bed for movement of containers to storage.
- *Material-handling equipment* (ensure that personnel who operate MHE are trained and certified):
 - *Forklifts:* The number of forklifts you need will depend on whether your warehouse has proper loading docks. Without the proper docks, you will need two 3000- to 5000-pound-capacity forklifts to receive assets and another two to stage assets and load trucks. Forklifts larger than 6000 pounds are not efficient.
 - *Pallet jacks:* You should have approximately six pallet jacks: three to support picking material, one for quality assurance, and two for staging and loading/unloading assets onto trucks if forklifts are not available.
- *Office equipment:*
 - A computer and printer will be used for inventory management, printing forms, and communicating, if e-mail is available. Basic software should include word processing, spreadsheet, database, and local reporting software and should preferably have Internet access.



- A facsimile machine will be used to receive orders from dispensing, treatment, and other sites as well as to transmit orders and information from and to the Incident Commander.

Staffing

Implement

Our best estimate of the staff that you will need to run your RSS facility for an eight-hour shift is 21 people per shift, broken down as follows. Note that these numbers are for handling a 12-Hour Push Package with 8- or 10-hour shifts, and the numbers are *per shift*. All medications in such a package come prepackaged in unit-of-use bottles.

- Warehouse personnel (21 per shift):
 - Warehouse/safety manager – 1
 - Inventory control – Lead plus 2
 - Storage/picking – Lead plus 8 (four teams of 2)
 - Quality control – Lead plus 1
 - Shipping/receiving – Lead plus 2
 - Floaters – 2
 - Shift Lead – 1

Follow-on shipments from the DSNS's Managed Inventory may be shipped in bulk and require repackaging, which is described in Chapter 10.

Utilities and Environmental Controls

Conditions in your RSS facility must provide a productive working environment for your staff and must keep SNS assets at the proper temperature and humidity. The RSS facility will need power for lights, computers, printers, radios, portable refrigeration units, repackaging, and other electrical equipment. If we ship refrigerated product, it will come in self-contained portable refrigeration units that use batteries to maintain temperatures for 2.5 days. After that, the units will need electrical power. You should have backup electrical power to ensure the warehouse's continued operation during power failures because of its importance to your entire SNS distribution system.

Implement

Supplies

Implement

Operating an RSS facility will require a variety of supplies that you must stockpile or for which you must arrange just-in-time delivery:

- *Fuel for forklifts:* Units that run on propane will require a tank of fuel every 8 to 12 hours. Electric units will require battery replacement every 8

to 12 hours and a changing station to do the replacement. We do not recommend the use of gasoline-powered units because of their emissions in an enclosed facility. Check with forklift providers for instructions and needed personal-safety supplies for filling tanks and changing batteries.

- *Pallets:* Your staging and distribution operations will require a lot of wooden pallets. The RSS Team will pick assets from our containers onto wooden pallets and move them to the staging area. There they will consolidate the assets from other containers onto pallets that will hold assets for specific delivery locations and they will load the pallets onto delivery trucks. Delivery vehicles will leave pallets loaded with materiel at delivery sites. The drivers may or may not have time to return empty pallets to the RSS facility. We recommend that you establish a contingency contract for 40 × 48-inch oak pallets. The contract should call for 100 pallets to be delivered when you activate the RSS facility and should provide for more as you require them. While the RSS facility is in operation, make someone responsible for ordering more pallets when your supply gets low. Never have less than 20 pallets on hand.
- *Stretch wrap:* Stretch wrap is similar to the cellophane covering on many commercial products. It allows you to stack a lot of materiel onto a pallet and to keep it in place while in transit. Call warehouse supply companies for pallet-wrapping stretch film. Start with 20 rolls. Order a handle for manually wrapping a pallet if your RSS facility does not have an automated wrapping machine.
- *Triwall containers:* These containers may be a faster method for moving staged assets than a wrapped pallet. Triwall containers are triple walled, thick cardboard units that come with their own lids. They rest on a 40 × 48-inch pallet and are 30 inches high. Once a container is filled, its lid can be taped on. Several triwall containers can be stacked on top of one another for maximum cube use of a delivery vehicle. Call warehouse supply companies for these containers. Triwall containers will likely come folded flat and require setup.
- *Cotton gloves:* Order enough cotton gloves with rubber grips to supply each RSS Team member with at least one pair per shift
- *Disposable ear plugs:* Order enough disposable ear plugs to supply each forklift operator with at least one fresh pair per shift.
- *First Aid Kit:* Order at least one kit with bandages, pain medication, and eye cleaner for each RSS facility.
- *Office supplies:* Pens, pencils, paper, colored poster board (for signage), bills of lading, file folders, scissors, tape, staplers, staples, and clipboards will be needed.

Security

Implement

You must protect your RSS facility because of the critical function it performs. Sabotage, maliciousness, and other acts to it could threaten your entire operation. Here are important actions you should take. See Chapter 7 for a full discussion of security to protect DSNS personnel, facilities, assets, and equipment. You must take four main steps to ensure the facility's security:



- *Install perimeter fences:* Fences will keep unauthorized persons away from the site.
- *Secure doors:* Locked doors will prevent unauthorized entry.
- *Provide multiple access:* Each RSS compound should have multiple methods for entry and exit for personnel and vehicles that can be secured with gates or guards.
- *Protect controlled substances:* Consider moving controlled substances from the RSS facility to a location that regularly stores these substances (i.e., a hospital, clinic, drug store, or health department). See the discussion above on controlled substances.

PLANNING CONSIDERATIONS

Consideration	Responsibility		
	State	Regional	Local
Who defines how the RSS Team will activate during an emergency?			
Who defines how the RSS Team will receive, accept custody of, store, stage, and care for SNS assets during an emergency?			
Who defines procedures for receiving, storing, and transferring controlled substances?			

Who defines procedures for maintaining SNS pharmaceuticals and vaccines under proper environmental conditions?			
Who defines how the RSS team will work with the SNS Operations Management Team and other SNS teams during an emergency?			
Who understands the criteria for locating, designing, and operating an RSS facility?			
Who will evaluate potential primary and secondary RSS facility locations against the criteria?			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Have you arranged for an RSS facility and backup sites with the needed loading docks, materiel handling equipment, lighting, heating, ventilation, electricity, phones, and support services?			
Have you designated a state official to sign for custody of the SNS assets?			
Has your state signed a memorandum of agreement (MOA) for the use of SNS assets?			
Have you designated an authorized Drug Enforcement Administration (DEA) registrant to sign for controlled substances?			
Have you sent a signed copy of the MOA between your state and the CDC to your DSNS Program Services Consultant?			

Capability	Responsibility		
	State	Regional	Local
Have you provided your DSNS Program Services Consultant a list of all the people authorized to sign for SNS assets?			
Have you arranged for temporary storage space, security for the RSS compound, and means to move assets from temporary storage to the RSS facility?			
Do you have an inventory-management system that can create pick lists ordered for specified delivery locations?			
Will your RSS facility, PODs, and delivery vehicles maintain the SNS assets within the specified temperature range?			
Are you prepared to store Schedule II substances in a safe or vault and Schedule IV substances in locked drug cabinets?			
Have you reviewed the controlled-substance laws of your jurisdiction to ensure compliance of your SNS plan?			
Have you selected an approved storage option for controlled substances?			
Have you vetted your controlled substances policy with your local DEA Diversion Control Program Field Office or your state's Board of Pharmacy?			
Have you selected several, widely dispersed sites for your primary and backup RSS facilities?			
Have you designed an adequate network of RSS facilities for the quick and efficient distribution of SNS assets?			
Does each of your RSS compounds have multiple routes for entry and exit that can be secured?			

Capability	Responsibility		
	State	Regional	Local
Have you had your RSS facilities reviewed by local community planners and meteorologists for safety considerations?			
Does each of your RSS facilities have a minimum of 12,000 square feet of open, level, smooth floor?			
Are your RSS facilities collocated with the Operations Management, Inventory Control, Distribution, and Repackaging teams to help them work together?			
Have you created a scale drawing of the RSS facility with all of its obstacles and positioned scale templates of containers, MHE, pallets, and other equipment?			
Is your RSS facility properly equipped with loading docks, MHE, and office equipment?			
Have you identified and arranged for the staff that you will need to run your RSS facility?			
Does your RSS facility have backup electrical power?			
Have you arranged for the proper and ample supplies for your RSS facility?			
Do your RSS facilities have perimeter fences, secure doors, multiple access points, and protection for controlled substances?			

Deployment Processes

Process	Responsibility		
	State	Regional	Local
Marshal the requisite staff and equipment to unload eight tractor-trailer trucks carrying 16 to 18 cargo containers each.			
Train your RSS personnel to position the containers by product type and by the number printed <i>vertically</i> on the container, recognize the color scheme, and locate products in the container with the contents list.			
Your Inventory Control Team must monitor the stocks it has on hand and order more before stocks run out.			
Your registrants must provide signed Form-222s for each Schedule-II transfer.			
When your DEA registrant is unavailable, you must provide the name and DEA number of the person who will eventually sign the Form-222 and have the registrant sign a DEA Form-222 as soon as practical.			

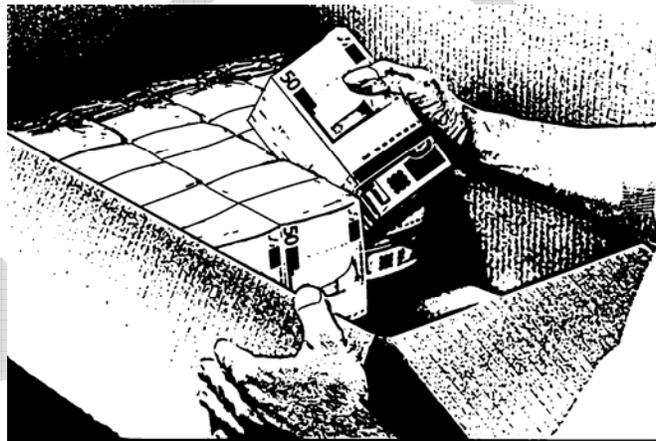
Chapter 9

Controlling SNS Inventory

OVERVIEW

This chapter discusses the management of the inventories of SNS assets that support your SNS distribution system. To deal with an emergency successfully, you must have the proper resources in the quantities that points of dispensing (PODs) and treatment centers need and in configurations that they can use. We refer to this function as inventory control and to the team that performs it as the SNS Inventory Control Team.

In this chapter, you will learn about the responsibilities the Inventory Control Team is expected to fulfill, the manual and automated inventory-control systems you might employ to manage your stocks of SNS assets, the need for apportioning SNS assets and the methods you might employ to accomplish that apportionment, the SNS-asset ordering and fulfillment processes you are likely to use, and your recovery and return of unused SNS assets.



TEAM RESPONSIBILITIES DURING AN EMERGENCY

The Inventory Control Team is responsible for:

- Recording the receipt, storage location, orders, and issues regarding all resources, including the maintenance of a record of the assets that you ship to each customer (e.g., PODs, treatment centers, and other sites); the last is important for recovery of SNS equipment;
- Processing requests for assets from PODs, treatment centers, and other locations;
- Tracking the type, quantity, location, and configuration of the assets that you have on hand [configuration refers to how the resources are packaged];

it identifies whether the resources are in unit-of-use quantities, bulk, vials, prefilled syringes, still in our containers, or in cases that your RSS Team has picked out of our containers];

- Ordering more assets when supplies run low and tracking the quantity, type, and configuration of the resources that are on order;
- Knowing the address of all customers to whom you must ship the resources;
- Setting up an automated or manual inventory-management system prior to receipt of SNS shipments;
- Entering the quantity, configuration, and source of each item received from records supplied by the RSS staff after their physical receipt of the SNS assets;
- Processing apportionment orders, when necessary;
- Directing the repackaging of bulk drugs, when necessary;
- Issuing orders to the RSS staff to pick specific items for staging and delivery to specific customers;
- Recording the locations to which all SNS materiel, equipment, and containers are sent;
- Monitoring inventory levels and ordering more inventory when levels are low; and
- Recovering SNS equipment, containers, and unused materiel after an event.

INVENTORY-MANAGEMENT SYSTEM

Implement

The system you use to manage inventory can be manual or automated, but it must exist. Without it, you will have no hope of keeping track of your inventory or of recovering unused SNS assets.

If you intend to automate the management of your inventory, you have several options: you can maintain a manual-entry, pen-and-paper inventory system, develop a computerized database or spreadsheet program (some states have already developed such systems, and your DSNS Program Services Consultant can help you identify those states and obtain copies of the programs), or you can use the RSS Inventory Tracking System that is currently under development by the DSNS and will be available soon.

Deploy

Whatever system you use, it must track SNS receipts, on-hand balances, issues, and orders (for replenishment). It needs to be operational when the first SNS shipment arrives at your RSS facility to record what your RSS team physically receives. The 12-Hour Push Package will come with a CD that contains a computer file of the items in the shipment, their quantities, packaging, and other characteristics. You can use that CD to automatically load the receipt of our shipment

into your computer.¹ Once you have recorded the receipt of an item, your system needs to adjust its on-hand balances as you issue that item to PODs and treatment centers. Finally, your system needs to record the locations to which you deliver materiel, equipment, and our containers so that you can recover and return unused assets after an event.

APPORTIONING SNS ASSETS

Deploy

During an event, particularly in the first several days of a large-scale event, treatment centers may be overwhelmed with casualties, unable to determine what their true requirements are, and too busy to order and receive additional resources. Your jurisdiction's Incident Command System may respond to such a situation by directing your SNS Operations Management Team, and through it your SNS Inventory Control Team, to issue specific quantities of SNS assets to specific sites based on case counts, epidemiology, intelligence, and/or inventory-availability information. This approach may, in turn, lead to orders for SNS assets that temporarily exceed supplies and require allocation of the available supplies among treatment centers until more assets arrive. Such apportionment can treat current patients while buying time for the PODs, treatment centers, and Inventory Control Team to order and distribute additional assets from the follow-on Managed Inventory.

The TARU will have software that will help your Inventory Control Team determine the amount of each product to allocate to each treatment center using the following information:

- The number of treatment centers,
- Actual and projected case counts in each center,
- Percentage of assets to be delivered, and
- Previous deliveries to each center.

If your Incident Command System cannot supply that information, your Inventory Control Team may have to give all major treatment centers equal proportions of available supplies or hold back some SNS assets until better information is available.

ISSUING AND TRACKING SNS ASSETS

Implement

As information becomes available and a routine is established, PODs and treatment centers will begin to order what they need. Appendix N contains a sample order form that they can e-mail or fax to the Inventory Control Team. Alterna-

¹ Appendix M contains the structure of the computer file, which your information technology people can use to create a simple routine for quickly importing receipt data into your automated system.

tively, delivery drivers can pick up completed forms as they deliver, if radio or telephone links are not working. The Inventory Control Team will record the order and issue a picking ticket that the RSS Team will use to pick assets and stage them for a specific delivery site.

REPACKAGING BULK DRUGS

Our 12-Hour Push Packages no longer contain bulk pharmaceuticals or repackaging equipment. All pharmaceuticals now come in 10-day-regimen, unit-of-use, labeled, childproof bottles. We include amoxicillin for pregnant women and people who are allergic to ciprofloxacin and doxycycline.

Because of limited availability, the ciprofloxacin and doxycycline suspensions have been removed from the 12-Hour Push Packages and are now located in Managed Inventory. If antibiotic suspensions are needed when a 12-Hour Push Package is deployed, an initial quantity will be shipped separately to the RSS site. In Appendix P there is information on compounding ciprofloxacin and doxycycline into a suspension. Children who are less than 5 years old and who cannot chew can also take the drug if you crush and mix it with food, such as applesauce.

Deploy

While amoxicillin is a well known, proven antibiotic, the FDA has not labeled it for use against anthrax, yet. Until we receive FDA approval of amoxicillin for that use, you will have to administer it under an Investigational New Drug (IND) Application. Individuals who receive the drug must sign an informed-consent form and be monitored for adverse reactions. Parents must sign for children who receive the drug.

A red document pouch on our containers will allow you to quickly identify the containers that have antibiotics and to rapidly deliver them to PODs. If you elect to use 10-day bottles of doxycycline or ciprofloxacin for anthrax, we will provide additional bottles of doxycycline in subsequent shipments to complete a 60-day prophylaxis.

Subsequent shipments of antibiotics and other assets may come in bulk quantities and require repackaging. The repackaging process and the need to track the equipment supplied to aid repackaging will complicate somewhat your inventory-control efforts. Chapter 10 describes the repackaging process in detail. Here, you should note that your inventory-management system should allow you to track the quantities of assets on hand as they are converted from bulk to unit-of-use configurations.

RECOVERING SNS EQUIPMENT, CONTAINERS, AND UNUSED MATERIEL

The memorandum of agreement that your state must sign before we transfer our first shipment to you specifies that the state will return unused medical assets and defines them as

- Specialized cargo containers,
- Refrigeration systems,
- Unused medications that remained at the RSS facility and that we can verify were kept within proper temperature ranges,
- Ventilators,
- Portable suction units,
- Repackaging and tablet-counting machines, and
- Computer and communications equipment.

Implement

Our TARU may remain after an event to help you recover these items. While time-consuming, the effort will be relatively easy if your inventory-management system records the parties (e.g., a treatment center) to which it issues all resources.

PLANNING CONSIDERATIONS

Consideration	Responsibility		
	State	Regional	Local
Who will develop a manual or automated system for tracking SNS asset and equipment receipts, issuances, stock balances, and customers for issued assets?			
Who will delineate a method for apportioning SNS assets?			
Who will develop a method for tracking stock balances of SNS assets in sufficient time to avoid running out?			
Who will identify a method for recovering unused SNS assets after an event?			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Do you have a system to manage inventory that (1) records the items in the shipment, their quantities, packaging, and other characteristics; (2) adjusts on-hand balances as you issue an item; (3) records the locations to which you deliver materiel, equipment, and containers; and (4) lists unused assets after an event?			
Have you established a system through which PODs and treatment centers can order the medicines, supplies, and equipment they need?			
Have you developed a method and assigned responsibility for the recovery of unused SNS assets?			

Deployment Processes

Process	Responsibility		
	State	Regional	Local
Your inventory-management system must record what your RSS team physically receives when the first SNS shipment arrives.			
Your jurisdiction's Incident Command System must apportion SNS assets when quantities are limited.			

Process	Responsibility		
	State	Regional	Local
You will have to administer amoxicillin under an Investigational New Drug (IND) Application, which requires that you obtain signed informed-consent forms from recipients and that you monitor those recipients for adverse reactions.			

DRAFT

Chapter 10

Repackaging

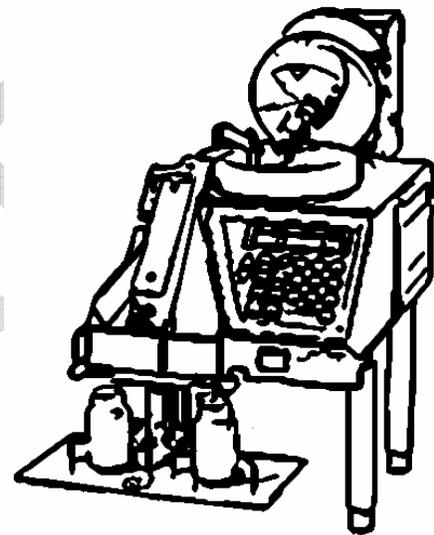
OVERVIEW

This chapter discusses the processes for repackaging bulk medication into individual prophylactic regimens, should it be required. In the past, managing medication supplies required a significant amount of planning and preparation to repackage bulk oral drugs in the Strategic National Stockpile (SNS) before you could dispense them to the public. Much of that effort is no longer necessary. We will provide most of the oral medicines you will need in prepackaged unit-of-use regimens. We will label these packages with the information we know when we create them (e.g., drug, lot, and strength). You may have to complete the label so that it complies with your state laws.

While the likelihood of repackaging bulk SNS drugs is less, it has not disappeared. You may still have to repackage bulk items under some circumstances.

In this chapter, you will learn about the prepackaged SNS medicines that will be supplied, the situations when repackaging of bulk drugs may be necessary, the repackaging equipment and supplies that will be forwarded to you in such situations, the space in the RSS facility you will need for possible repackaging operations, the labeling requirements for repackaged drugs, and the staffing you will need to plan for.

As in all tasks for preparing for an emergency, planning is not enough. The actions described in this chapter must be implemented as true capabilities, tested, and evaluated.



REPACKAGING BULK DRUGS

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-

regimen, unit-of-use, labeled, childproof bottles. While 12-Hour Push Packages do not contain bulk drugs, we still have bulk drugs in the stockpile that we might ship to you if

- Individual regimens in the SNS inventory 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.

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 states need to be prepared for the possibility of having to repackage some medications at the local level. You may have to complete the label so that it complies with your state laws. You should check to see what your state requires.

Implement

Design of Repackaging Operations

If we ship bulk drugs, we will also ship the repackaging equipment you will need. The following guidance on repackaging drugs will help you plan and prepare for this possibility.

We recommend that you

Implement

- Locate repackaging operations in your RSS facility for rapid movement of bulk product from storage to repackaging to staging for distribution,
- Allocate 2000 to 4000 square feet to repackaging,
- Plan to work as many as 240 volunteers per 8- to 12-hour shift, and
- Identify third-party vendors to provide repacking services.

SNS Repackaging Equipment

If we ship repackaging equipment, you could receive

- One or more large, high-volume packaging machines
 - Description: high-volume industrial packaging machine that requires special training and operation by our Technical Advisory Response Unit (TARU);
 - Capacity: 2400 labeled individual regimens per hour per machine;
 - Staff requirements: two CDC TARU members assisted by two to four local staff members per machine;
 - Power requirement: 110 volts, 15 amps each.
- Up to eight tablet-counting machines (modified Kirby Lester Model KL50)

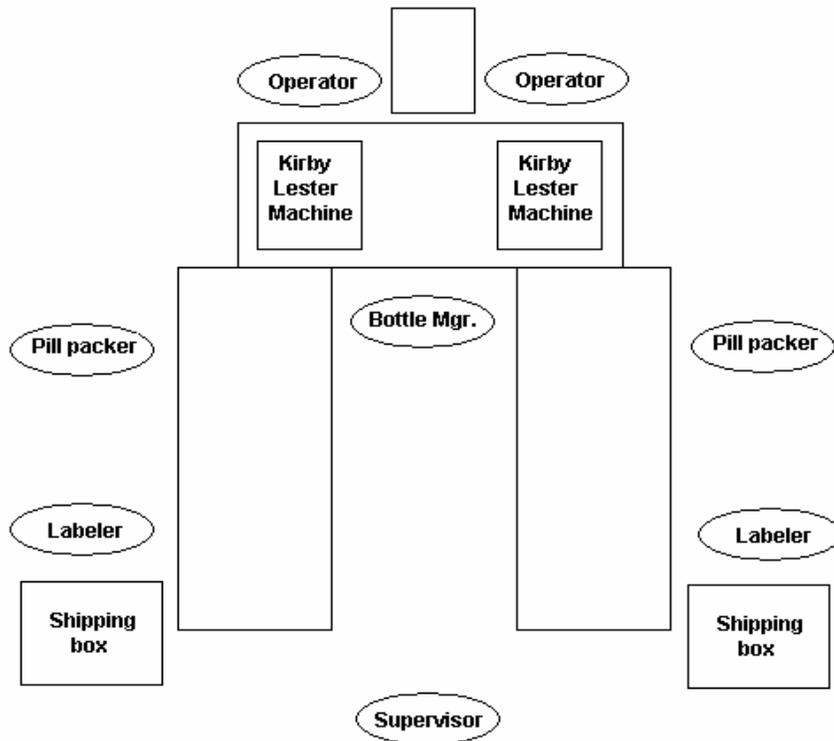


Figure 10.1. A Kirby Lester station normally entails two machines with an operating crew of eight, configured as shown.

- Description: table-mounted version of a commercial tablet counting machine found in many pharmacies, modified to count a fixed number of tablets with every touch of a foot pedal;
- Capacity: 1000 regimens per hour per machine with hand-affixed labels;
- Staffing requirement: a five to eight-member team to each station (one or two machines) to count; label; maintain supplies of tablets, baggies, and labels; and pack repackaged drugs (see Figure 10.1);
- Power requirement: 110 volts, 1 amp each.
- One hundred manual volumetric counting devices
 - Description: hand-held device that looks like a melon scoop with different sized 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);
 - Capacity:
 - 150 unlabeled regimens per hour per person; a two-person team should count and label;
 - 150 unlabeled regimens per hour using 2 volunteers per device;
 - Power requirement: none.

Repackaging Output Potential

In summary, you can reasonably expect to produce individual regimens per hour as follows:

- One industrial packaging machine: 2,400 prescriptions per hour;
- One tablet-counting machine: 1,000 prescriptions per hour;
- One volumetric device: 150 prescriptions per hour.

Implement

The staffing to achieve this throughput includes:

- Automated packaging system (APS) – two people per machine per shift
- Kirby Lester machine – four people per machine per shift
- Volumetric devices (melon ballers) – two people per device per shift
- Total: 236 people:
 - Automated packaging system – 4 per shift (2 per machine per shift; two machines supplied),
 - Kirby Lester machine workers – 32 per shift (4 per machine; eight machines supplied), and
 - Volumetric devices (melonballers) – 200 per shift (2 for each of the 100 devices supplied).

A scalable schematic diagram of the equipment and personnel needed to achieve a given level of productivity is shown in Figure 10.2.

Repackaged-Drug Labels

Deploy

You must label any drug that you repackage. We provide labeling information in 47 languages plus English on a CD. This CD is available through your DSNS Program Services Consultant and on the SNS Extranet:

<http://www.bt.cdc.gov/stockpile/extranet>

(This site is password protected; talk to your State SNS Coordinator to gain access.) The labels are designed to fit on zip-lock-style baggies that you fill with our Kirby Lester and volumetric repackaging equipment. We will ship the baggies with the repackaging equipment.

The high-speed APS repackaging machines that we ship print their own labels directly onto the baggies they fill. The labels will be in English, can manually be changed to other languages, and contain the following information that we will enter when we set up the machines:

- Official health agency name, city, and state
- Prescriber's name
- Prescription date

- Quantity of pills in the regimen
- Prescription number
- Lot number of the drug
- Number for 24-hour answered telephone line
- Patient's name (left blank)

Our provision of all unit-of-use regimens reduces the possibility that you will ever have to repackage our drugs. We have further reduced that likelihood by establishing contingency contracts with firms that can repackage 80,000 regimens per day. These firms have agreed to use their production lines to repackage SNS assets if a major attack occurs. We would potentially use this capability if millions of people needed prophylaxis quickly.

<p>1 APS 4 Workers 1.5 8-hour shifts per day</p>	<p>100,000 Regimens in 48 Hours</p>	<p>3 Kirby-Lester machines 12 Workers 3 8-hour shifts per day</p>
		<p>20 Melonballers 40 Workers 3 8-hour shifts per day</p>

Figure 10.2. In the case of a biological attack, the National Response Plan calls for 10-day regimens of medication(s) to be dispensed to the exposed population within 48 hours. If the required medications are supplied in bulk form, they can be repackaged by a number of means. The amount of effort required to meet the 48-hour goal is a factor of the size of the population to be served and the repackaging technique(s) employed. In all cases, the number of personnel required is a function of the number of repackaging devices employed. The numbers employed here take into consideration the inefficiencies of the different techniques.

Planning Considerations

Consideration	Responsibility		
	State	Regional	Local
Who will develop a contingency plan for repackaging to include identifying the personnel responsible should repackaging be necessary?			
Where will the repackaging operation take place (2000 to 4000 sq feet of dedicated space is recommended)?			
Who will be the Repackaging Lead?			
Who will define how a repackaging operation will operate?			
Who will identify a method for recovering unused SNS assets after an event?			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Have you checked your state laws and determined what information has to appear on medications' labels?			
Have you dedicated space in your RSS to accommodate a repackaging operation, if needed?			
Have you the personnel to print and affix labels to individual regimens, if needed?			

Deployment Processes

Process	Responsibility		
	State	Regional	Local
You must be prepared and your personnel must be trained to print and affix labels for individual packages of medications using the SNS-supplied CD-ROM.			

DRAFT

Chapter 11

Distributing SNS Assets

OVERVIEW

This chapter discusses the delivery of SNS assets from your receipt, store, and stage (RSS) facility to dispensing sites, treatment centers, and intermediate distribution points. We refer to this function as distribution and to the team that performs it as the SNS Distribution Team. In most cases, trucks will be the primary method you use to deliver SNS assets. Helicopters, boats, and rail/subway may also play a part to move resources around traffic congestion or other obstacles.



NETWORK DESIGN FACTORS

Your distribution network is the way that you will move SNS assets quickly from your state RSS facility to those who need it at points of dispensing (PODs), treatment centers, and intermediate distribution locations. The factors that determine the design of your network include:

- The number and locations of PODs, treatment centers, and other destinations that will receive SNS assets. These numbers and locations will vary with the scale of an emergency (e.g., 1000 vs. 1 million people affected), type of emergency (contagious or noncontagious threat), and location of the affected area (produced by plume dispersions, commuting patterns, etc.);
- The existence of large organizations, such as corporations and military installations, that have their own onsite healthcare facilities that may be able to dispense prophylactic medicines and vaccines to their employees;
- The presence or absence of methods for supporting people who cannot go to a POD, such as institutionalized seniors, the homebound, and prison inmates;
- The state transportation resources (e.g., delivery vehicles, drivers, helicopters) available to deliver SNS assets;
- The existence of local transportation resources;

- The speed with which a given amount of materiel moves to delivery sites (a tractor trailer will move a lot of SNS assets slowly; a helicopter will move a small amount quickly); and
- The existence of adequate security to protect vehicles and drivers while en route and to escort them through congestion.

DISTRIBUTION NETWORKS

Implement

Your distribution network describes the way that SNS assets flow from your state RSS facility to local PODs and treatment centers. Networks can be single level or multilevel, depending upon the number of stops the SNS assets make. A single-level network (Figure 9.1) moves SNS assets directly from the state’s RSS facility to local PODs and treatment centers. A two-level network (Figure 9.2) moves SNS assets to some intermediate distribution site, such as a county facility, and from there delivers it to local PODs and treatment centers. A three-level network (Figure 9.3) moves SNS assets from the state RSS facility to regional intermediate distribution sites, from there to county/local intermediate distribution sites, and then to PODs and treatment centers.

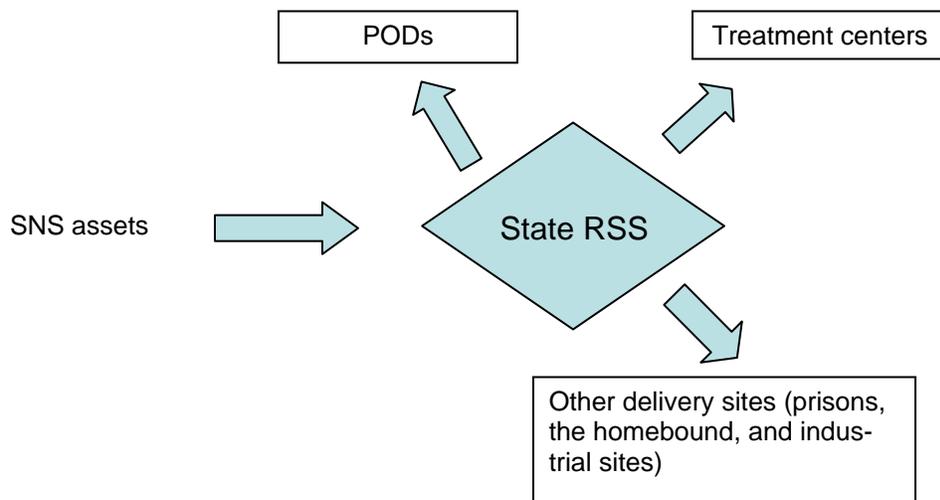


Figure 9.1. The single-level model.

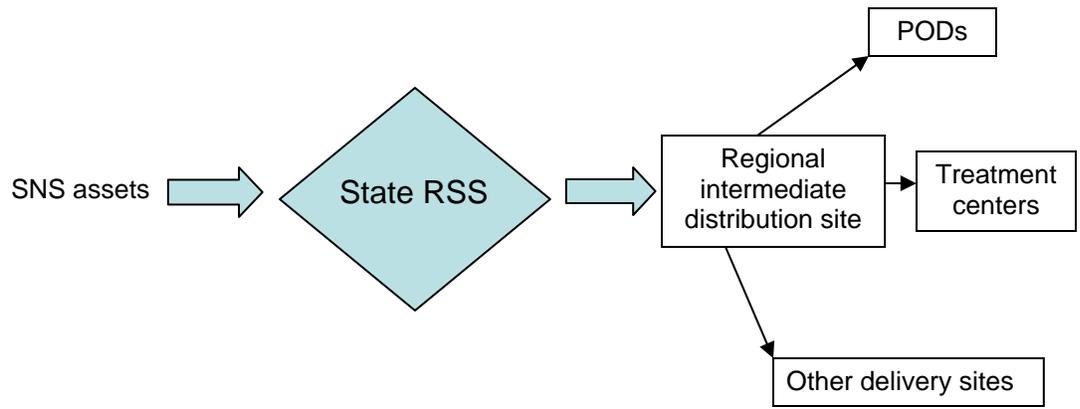


Figure 9.2. A two-level model.

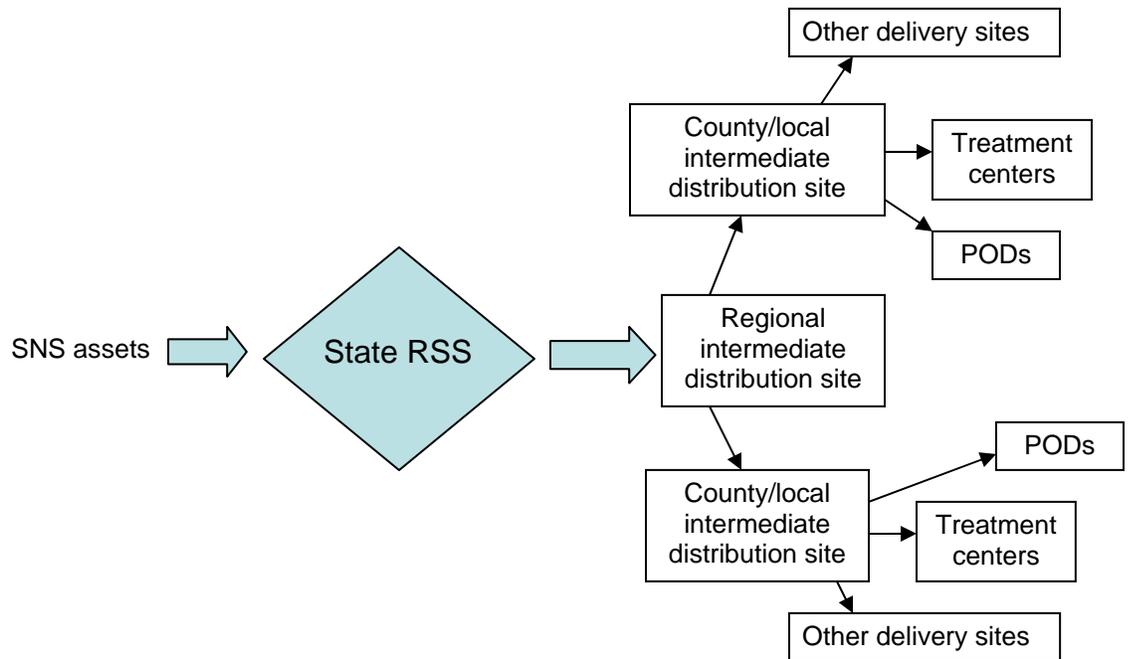


Figure 9.3. A three-level model.

Variants of two- and three-level models exist. To avoid delays, the state RSS facility or an intermediate distribution site may deliver directly to nearby PODs and treatment centers in the two- and three-level models.

It is beyond the scope of this Guide to explain how to optimize a distribution network for the fastest delivery of materiel with a fixed amount of transportation resources. We recommend that you talk with well-established trucking firms in your area to gain their insight and help in designing your distribution network. All will tell you the following general principles of network design:

- Goods that flow through multiple levels of distribution generally will arrive slower than goods that flow through fewer levels.
- Multiple levels of distribution generally will require more people and equipment to operate than will fewer levels.
- The more times a shipment is touched before delivery, the greater the chance that it will be delayed, damaged, lost, or stolen.

TRANSPORTATION REQUIREMENTS

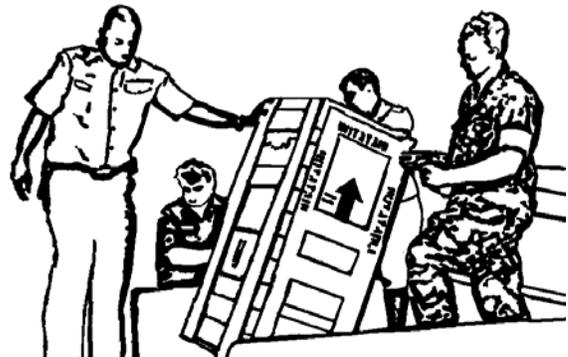
Your preparations should anticipate the following requirements for various transportation modes:

Implement

- All modes
 - The ability to maintain SNS assets at appropriate temperatures during transit to ensure its efficacy (see Chapters 8 and 12) upon arrival.
 - Fuel, repair, and recovery services 24 hours a day for the duration of the emergency. To avoid time wasted returning to a government source of fuel, drivers should have a credit card for the purchase of fuel at any commercial location.
 - Two-way communication with delivery vehicles at all times.

Implement

- Truck
 - Full-sized pickups or larger vehicles.
 - Restraining straps to keep loads from shifting.
 - Tarps to protect loads in open-bed trucks from the weather.
 - Hydraulic lifts on the back of trucks to



Implement

- eliminate the need for a forklift or an unloading dock at delivery locations.
- Helicopter
 - Helipads wherever you intend to pick up and drop off assets at PODs, treatment centers, and intermediate points.
 - Slings for carrying loaded SNS cargo containers.

Implement

- Ground-to-air communication with pilots.
- Charts that identify delivery locations.
- Rail (subway or railroad)
 - Rail sidings or elevated platforms.
 - Transfer docks and forklifts for loading/unloading cars.
 - Freight-elevator access to subway platforms.



Implement

- Water
 - Piers.
 - Forklifts or cranes to load and offload materiel.

TRANSPORTATION RESOURCES

Implement

The scope of an event will affect the amount of transportation resources that you need and the efficiency with which those transportation resources operate. In most cases, trucks will be your primary method of delivery, but if you do not have enough trucks or drivers, assets will arrive slower at PODs, treatment centers, and other locations.

Some cities have recognized the possibility that there may not be enough state transportation resources to support quickly enough the needs of their PODs and treatment centers. These communities intend to use their own transportation to pick up SNS assets from the state RSS facility or from an intermediate distribution site to which the state delivers.

Some cities have augmented their existing vehicle fleet by forming partnerships with commercial transportation firms, grocery-store chains, and pharmaceutical and medical-supply distribution firms to provide primary or redundant transportation for the SNS assets. You should investigate these options and establish contingency contracts or memoranda of understanding to provide additional transportation assets if and when you need them.

Even with sufficient trucks and drivers, traffic congestion will increase the time to deliver SNS assets. You need to plan methods of transport (such as subway/rail, helicopter, and boat) that will circumvent traffic by moving SNS assets around congestion to points where trucks can move more freely.

Your state's National Guard is an excellent transportation option if you can count on it. The Guard has vehicles and drivers. Some units have helicopters. Others have fixed-wing aircraft that might help supply remote areas. The Guard also has

a strong command and control structure, the ability to provide its own security, and excellent communication capabilities that could support all SNS teams. However, the Guard may be activated for other purposes during an event. Unless you can count on the Guard, you should use it only as one of several redundant transportation resources.

Implement

Here are other federal, state, and local agencies that you should consult to identify vehicles, helicopters, drivers, fuel, maintenance, security, and communication capabilities for your distribution network:

- S/L departments of transportation for air, ground, rail, and water traffic management;
- S/L and federal law-enforcement agencies for security (shipment protection and traffic control);
- S/L departments of public works for vehicles, drivers, fuel, and repair; and
- Other S/L departments that have fleets of vehicles and drivers, such as departments of parks and recreation and of education.

DISTRIBUTION TEAM COMPOSITION

Implement

Your SNS Distribution Team will be comprised of

- Vehicle drivers,
- Mechanics to keep vehicles running,
- Other personnel to fuel and recover broken vehicles,
- Dispatchers to assign deliveries to specific drivers and track the movement of vehicles to ensure they arrive at delivery points and return to the RSS facility as expected, and
- A supervisor to ensure the Distribution Team has adequate staff and support and that it operates effectively.



These personnel will work closely with members of the RSS and Security teams.

ACTIONS BEFORE AN EVENT

Implement

Before an event, you need to do the following:

- Test the recall of all team members to ensure you can contact them and that they will arrive promptly.

- To minimize the amount of time drivers take to make deliveries, create maps that identify each delivery location, the best method to get there, and the exact point where materiel is received. If you use helicopters, pilots will need charts to identify drop locations from the air. Maps and charts are particularly important to identify receipt points at treatment centers, which may have several buildings spread over a considerable area.
- Maintain fresh batteries in all radios and test the radios to make sure they work.
- Perform radio checks among your Operations Management Team, drivers, delivery locations, dispatch, inventory control, law enforcement, supporting organizations, and your jurisdiction's emergency operations center to confirm that your Distribution Team will be able to communicate with them. These communication checks should be one of the first actions that occur at the onset of an event.
- Badge drivers and identify vehicles so that they do not encounter problems from authorities as they deliver materiel. This is particularly important if you use a military installation for any part of your SNS distribution system (e.g., a landing field and the RSS facility) or if you must deliver to such an installation. During an event, these facilities will be closed to all but essential personnel. Similarly, you need to work with transportation authorities and law enforcement to ensure they recognize your vehicles and drivers as part of the emergency response. Otherwise, your Distribution Team will waste valuable time at the onset of an emergency getting clearance and recognition for its vehicles and drivers.
- Establish a process that complies with the Drug Enforcement Agency's procedures for handling and transporting controlled substances. Chapters 8 and 12 discuss these procedures. Your warehouse personnel that handle controlled substances and your drivers who deliver them are part of a chain of custody that you must maintain.

OPERATIONAL INFORMATION NEEDED DURING AN EVENT

Deploy

During an emergency, your Distribution Team must have the following information to deliver SNS assets:

- The locations of PODs, treatment centers, and other places that are active and need support;
- Maps and charts to each location with routes marked that avoid contaminated areas and significant congestion;
- How and with whom to communicate at each delivery location;
- Transportation resources:

- Number of available trucks and drivers,
- The locations of contaminated areas and major road, waterway, and bridge closures that may affect delivery routes,
- The locations of airports and the existence of any air-traffic-control problems that may impair the use of aircraft, and
- The occurrence of any subway or rail-system problems that may affect the use of those modes; and
- Communications:
 - Assigned radio frequencies for communications with vehicle dispatchers, delivery points, and security forces (the last is critical for the smooth operation of your distribution network because of the problems that crowds and traffic congestion may produce) and
 - Problems with various communication capabilities (phone, fax, cell phone, or e-mail) that may affect the use of those capabilities (for two hours after the attacks of September 11, 2001, telephones and cell phones in both New York City and Washington, D.C., were nearly inaccessible).

DISPATCHING VEHICLES

Implement

Vehicle Dispatch is the command center for your Distribution Team. It assigns deliveries to specific drivers, monitors each driver's progress, and reassigns deliveries based on problems drivers encounter. Dispatch needs a manual or automated system to keep track of

- Assets by customer for delivery at the RSS facility;
- Assets in transit by customer, including the location of the delivery vehicle;
- Preferred routes;
- Locations of problems, such as contaminated areas, congestion, closed roads, and downed bridges, that may require rerouting vehicles; and
- Drivers who need repair, security, relief, or other support.

Deploy

The least complicated dispatch system is a large wall chart that identifies all delivery locations and the preferred routes to those locations. Your dispatcher will indicate the location of each vehicle on that chart as it travels to customers with assets or returns to staging for additional pickups. The chart would identify the location of any problems and help incoming dispatchers understand the status of the delivery system as they relieve outgoing dispatchers.

PLANNING CONSIDERATIONS

Consideration	Responsibility		
	State	Regional	Local
Have you defined the network that you will use to get SNS assets to PODs, treatment centers, and other locations?			
What modes of transportation will you use, and what redundant backups will you use if they fail?			
What transportation resources will you use, including redundant capabilities if those resources fail?			
Have you created a manual or automated process for keeping track of each distribution vehicle and the status of each delivery?			
What actions does the Distribution Team need to take before and during an emergency to provide timely distribution of SNS assets?			
How will the Distribution Team work with SNS Operations, RSS, Security, Communications, and other teams during an emergency?			

Implementation Capabilities

Consideration	Responsibility		
	State	Regional	Local
Have you designed a distribution network so SNS assets can flow quickly from your RSS facility to local PODs and treatment centers?			
Can your transportation system maintain SNS assets at appropriate temperatures; provide fuel, repair, and recovery services; issue drivers a credit card for fuel; and assure two-way communications?			
Have you arranged for the use of full-sized pickups or larger vehicles with restraining straps, tarps, and hydraulic lifts?			
If needed, have you arranged for the use of			
<ul style="list-style-type: none"> • helicopters, helipads, cargo slings, ground-to-air communication, and charts? 			
<ul style="list-style-type: none"> • subway trains or railroads? 			
<ul style="list-style-type: none"> • water transport? 			
Have you enlisted enough vehicle operators to staff your delivery fleet 24 hours a day?			
Have you consulted with your state and local transportation, law enforcement, and public works agencies to identify transport personnel and resources?			
Does your Distribution Team include adequate numbers of drivers, mechanics, vehicle-recovery specialists, dispatchers, and supervisors?			

Consideration	Responsibility		
	State	Regional	Local
Have you tested the recall of all team members, identified and mapped all pick-up and drop-off locations, routes, maintained fresh radio batteries, and performed radio checks?			
Have you developed a vehicle-dispatch system to assign drivers, monitor progress, and reassign problem deliveries?			

Deployment Processes

Process	Responsibility		
	State	Regional	Local
Your Distribution Team must maintain all delivery point locations; maps; areas closed to traffic; contact information for each drop-off point; assigned radio frequencies; and information about problems with communications.			
Your dispatcher will need to track the movement of each vehicle, identify any problems, and inform relief dispatchers of the status of the delivery system.			

Chapter 12

Dispensing Oral Medications

OVERVIEW

The dispensing function is the most important, complex, and resource-consuming of all of your SNS planning functions. This chapter contains information about planning and implementing a mass oral-medication dispensing campaign as a response to a major medical emergency.

A mass antibiotic-dispensing campaign may employ several methods of dispensing, depending on the nature, size, and scope of the emergency. Indeed, state planners are already considering various methods of dispensing in addition to the traditional clinic or point of dispensing (POD) model. Currently, most state planners consider the clinic model as the most viable option for mass antibiotic dispensing. However, we realize the magnitude of a mass-prophylaxis campaign and we support the need to think outside the traditional POD model.



As an example, the Department of Health and Human Services began the City Readiness Initiative (CRI) to get cities prepared to use and manage SNS assets during a large-scale event. In response to a public-health emergency, the CRI goal is to provide prophylaxis to the entire population in 48 hours or less. To assist cities to meet that goal, the departments of Homeland Security and Health and Human Services negotiated with the U.S. Postal Service to use postal personnel and resources to rapidly distribute initial doses of prophylactic antibiotics to households. This postal option will not replace the PODs. Rather, it would give states and cities time to set up and operate their dispensing systems. At this time, a Memorandum of Understanding among the three agencies has been signed, but details for postal distribution are still being defined.

As the title of this chapter suggests, we will only address strategies for the mass dispensing of oral medications and not mass-vaccination strategies. However, mass-prophylaxis and mass-vaccination operations share many concepts and planning considerations. You should coordinate your planning for vaccination and mass prophylaxis. For more information on mass-vaccination strategies, contact the National Immunization Program at CDC;

see Appendix D, Smallpox Vaccination; and view the CDC's Smallpox Response Plan at <http://www.bt.cdc.gov/agent/smallpox/response-plan>.

In this chapter, you will find information about

- Designing your mass antibiotic-dispensing campaign,
- Considering design-related issues,
- Setting up a POD,
- Staffing a POD,
- Operating a POD, and
- Deactivating POD operations.

DESIGNING YOUR MASS ANTIBIOTIC DISPENSING CAMPAIGN

Before you can determine the methods that you will use to dispense medication to your entire population, you must consider two important factors: time and population. These two factors are determined by the type of agent used, how and where the agent was delivered, environmental factors, and a nonspecific exposure profile. Any one of these contingencies could require planners to provide protection for their entire population in a short period of time until an accurate assessment of the threat and exposed population can be made. Recognizing the varying nature of possible bioterrorist events, the Department of Health and Human Services (DHHS) recommends that all planners work toward providing prophylaxis to the entire population within 48 hours.

Deploy

ISSUES TO CONSIDER WHEN DESIGNING YOUR DISPENSING CAMPAIGN

If you design your dispensing campaign to meet this 48-hour goal, you will have prepared for your most difficult response scenario. You should build into your program the flexibility to scale up or scale down to fit the response situation. In an emergency, we recommend that you open as many PODs as possible and begin to provide prophylaxis to the largest defined population. As the situation develops, you may be able to revise your exposure profile and scale back your response.

In this chapter, we will focus primarily on information about PODs (their design, operation, and management) with some discussion about alternative methods of dispensing referred to as push methods. Remember that *the POD should be the foundation of your dispensing campaign*.

A number of crucial policy and planning decisions from the executive level will have a major influence on the success of your dispensing campaign. Authorized officials need to make these policy decisions as soon as possible, and you should make every effort to familiarize yourself with state, regional, or local policies and plans that are already in place. Although they do not form an all-inclusive list, you should consider the following issues when designing your dispensing campaign.

Policy and Planning Issues

Implement Dispensing medications to the public is predominantly a local public health issue. Many of the dispensing considerations in this chapter may not be directly related to state planners. However, state planners should develop clear guidance for local planners on the state's expectations for dispensing plans so you have consistency throughout the state. Ideally, you should develop a system that tracks the progress of local planners to ensure that they have developed adequate dispensing capacity.

Implement Local planners should contact their State SNS Coordinator to make sure that state planning resources are available and to understand what policies and procedures are already in place.

Determining the Number of PODs

Implement You must determine the number of PODs for your dispensing campaign well in advance of the need for them. To have effective dispensing, you must design your campaign to protect potentially exposed populations as rapidly as possible to prevent the onset of symptoms. When creating your plan, you should assume a worst-case scenario and plan sufficient sites with sufficient capacity to provide prophylaxis not only to all residents but also to all commuters, tourists, and visitors: *your total population*. If you plan for the worst-case scenario, it will be relatively easy to scale down your plan for a more limited event. Scaling up, however, would be extraordinarily difficult if plans had been designed for only a limited event.

You can use a simple formula to determine the number of PODs you will need:

$$TP \div (HPP - S) \div PPH = \text{PODs} ,$$

Implement where TP is the total population requiring prophylaxis, HPP is the number of hours to provide prophylaxis to the population (we recommend you use 48 hours), S is the amount of time needed to set up the clinic, and PPH is the number of persons per hour who are provided prophylaxis (the *throughput* discussed later in this chapter). Your throughput numbers may vary widely; to

get a good estimate, we recommend you use an average from your drill and exercise data.

In the following example, a jurisdiction has identified its total population (TP) as 2 million individuals; the number of hours in which prophylaxis must be provided (HPP) to at-risk individuals as 48, the estimated hours to set up a clinic (S) as 6, and the throughput (PPH) as 600 (based on previous exercises and drills). Substituting in the original formula,

$$(2,000,000) \div (48 - 6) \div 600 = 79 \text{ PODs} .$$

Remember that this equation gives you only a mathematical suggestion for the total number of PODs required. It makes several assumptions:

- The PODs operate 24 hours a day.
- The population is equally distributed among all PODs.
- The PODs perform at 100% capacity at all times.
- A constant flow of people enters (and leaves) each POD (static throughput).
- Staffing is constant and adequate.

Deploy

It is important that planners emphasize to POD managers that the estimated throughput is the *target number* for each POD. POD managers need to carefully (and constantly) monitor their throughput numbers and make adjustments accordingly to successfully meet their target numbers.

Written Agreements

Implement

We recommend obtaining written agreements between you and any organizations and/or facilities that are a part of your dispensing campaign before the event or emergency occurs. These written agreements can include memorandums of agreement (MOA), memorandums of understanding (MOU), or interagency agreements (IAG), depending on your local statutes and practices.

At a minimum, here are some recommended points to include in these agreements:

- Immediate use of the facility during an event;
- Periodic access to the facility prior to an event for inspection;
- Contact information for all hours, day and night;
- Financial-compensation agreement (if any);
- Liability or indemnification issues; and
- Authority for use during exercises.

Exercising in the actual site you plan on using is invaluable to actually test floor plans, staffing distribution, and site accessibility for the public.

Having written documentation is vital because

- Considerable time may pass before you need access to this site, and memories may differ on what was agreed to;
- It is possible that those who made the agreement will not be those in charge when the need arises; and
- A biological terrorism event is too critical a point in time to be renegotiating access to such a vital facility.

After an event, written agreements are a vital piece of documentation for federal disaster reimbursement under a Stafford Act declaration.

Mutual-Aid Agreements

Implement

We recommend you investigate forming mutual-aid agreements (MAAs) with neighboring agencies and departments in your area. MAAs are commonplace in emergency services (such as fire and police protection) and prove their usefulness on a daily basis.

Uniformity of PODs

Implement

Planners should work to make all PODs in their campaign uniform when it comes to medication delivered, patient flow, staff roles, operating procedures, projected throughput, hours of operation, information products, and policies (such as whether one person can receive medications for an entire household). Failure to enforce uniformity may lead the public to overwhelm one particular site because of a perception of better service. Uniformity is particularly important to prevent the perception of better service or operations on the basis of race, religion, or socioeconomic factors. Uniformity will also make it easier to move personnel around to various PODs to cover spot shortages that are bound to develop in the chaos of a biological event.

Distributing Clientele Evenly Among PODs

Implement

You must plan to distribute the population of your community as equally as possible and practicable among all your available PODs. Failure to do this will lead to the public's overloading some sites while others sit empty. How you conduct your public information campaign is the linchpin to the success of this balancing act. How do you get the right group of people to the right place, at the right time, with the right information of what to expect? The

information that you provide the public over TV, radio, and other mass media will help direct its movement. Potential methods to equally distribute your population among your PODs include:

- First letter of the last name
- Zip Code
- Census tract
- School district
- Neighborhood

Establishing the Process and Flow for POD Operations

Implement

You need to decide whether to perform all POD steps in one place or to complete some steps (such as greeting/information, triage, and forms completion/registration) at a central location and dispensing in another, separate location. PODs that are split among geographic locations are called segmented PODs; complete PODs operating in just one location are called nonsegmented PODs. The choice of segmented or nonsegmented PODs will directly impact the transportation and traffic management of your POD operations.

SEGMENTED PODS

With a segmented POD (Figure 12.1), the public would gather at a staging site with public-transportation access and large amounts of dedicated parking. Consider areas like a shopping mall, convention center, or stadium. At this initial site, you would screen, triage, and provide information to the patients and then transport them in groups to the site where they would receive medication. You could also transport symptomatic patients to treatment sites.

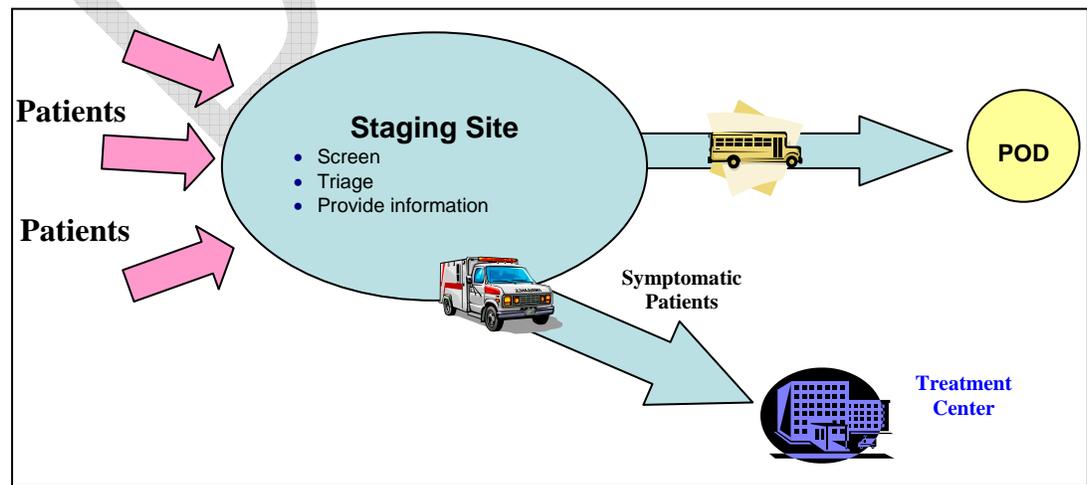


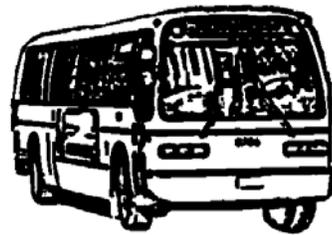
Figure 12.1. Segmented POD.

Potential advantages to this approach include:

- Reduced parking and traffic congestion concerns at the POD,
- Improved security at the POD from controlled access,
- A regulated flow of people into the POD, and
- Symptomatic patients triaged away from the POD.

Potential disadvantages to the approach include:

- Using city busses to shuttle the public to PODs could deprive bus-dependent citizens of a way to reach staging areas or PODs.
- The design of this approach must be carefully planned and well-rehearsed to ensure all drivers understand their destination and routes.
- Security forces may need to be greatly increased because of the need to provide security at both the staging site(s) and the PODs.
- Management and staffing requirements may increase because of the greater number of locations (staging sites and PODs) and the need to coordinate mass transportation.



A variation on the segmented model is where one staging area feeds several PODs (Figure 12.2).

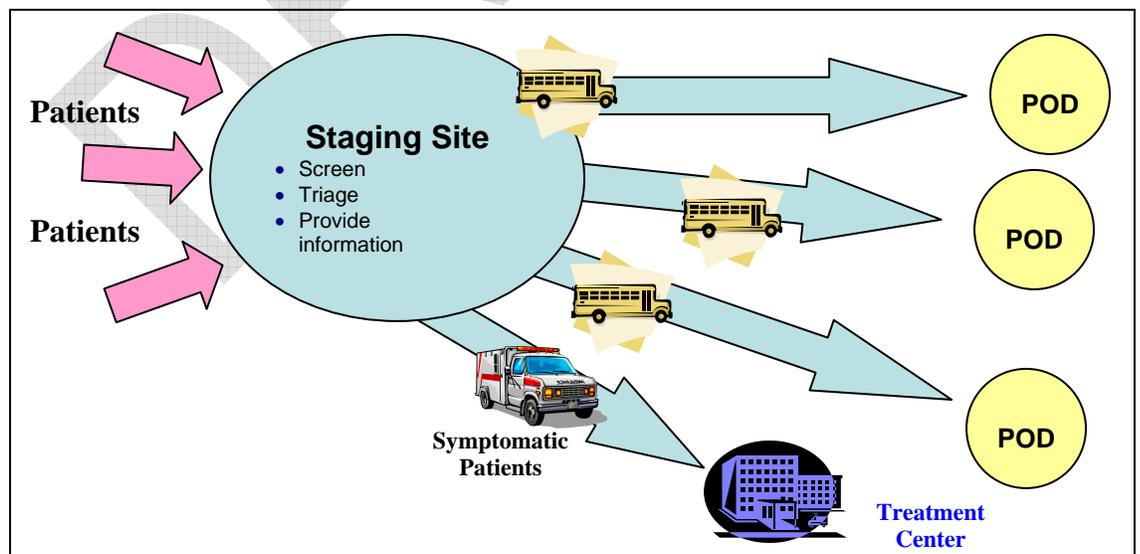


Figure 12.2. Segmented POD with one staging area feeding many PODs.

NONSEGMENTED PODS

In this design (Figure 12.3), all aspects of POD operations are conducted at one location, and patients drive themselves or take public transportation to the POD.

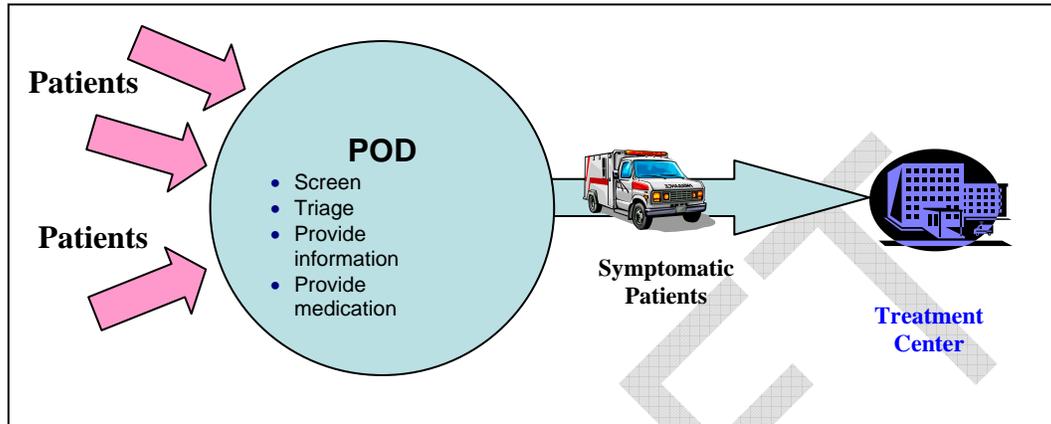


Figure 12.3. Nonsegmented POD.

Potential advantages to this approach include

- Reduced amount of resources;
- All activities in one place; and
- For an urban area, people may be able to walk directly to POD.

Potential disadvantages to this approach include

- The need for parking at the POD site,
- Symptomatic patients waiting in line with nonsymptomatic patients, and
- Authorities cannot easily redirect people away from overwhelmed PODs to PODs with excess capacity.

POD Design

Implement To design your POD(s), you need to consider four basic functions or areas:

- Intake: How will people be received at the POD?
- Screening: How will you get basic information about the patients?
- Dispensing: How will the patients receive the medication?
- Exit: How will the patients leave the POD?

Throughout the four areas, you need to be concerned with providing education, security, and POD support.

INTAKE

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.

Deploy

Your POD model needs to include steps for

- Distributing health-history forms to patients;
- Checking the forms for legibility, accuracy, and completeness; and
- Using the forms to route patients correctly so they receive the correct medication in the right dose.

SCREENING

Deploy

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

Deploy

Dispensing is the process, procedures, stations, and personnel involved in preparing and delivering medications to the public. If a POD were a retail store, dispensing would be the point of sale.

EXIT

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.

EDUCATION

Deploy

Patient education is an important part of dispensing medication. You can use every step in the POD process to provide educational opportunities to your patients. During intake, you can provide handouts, have greeters give out FAQ sheets, show video tapes about the biological threat, and present talks about the medicine the patients will receive. At the screening area, you can have information sheets and make use of an opportunity to provide individual, patient-specific information. This is also true at the dispensing area, where you hand the medication to the public. (The bottle label itself is an information product.) And finally at the exit, you can have information concerning how to leave the POD site and how health authorities will do follow-up, if needed. At every step, you should anticipate the information needs of the patients and have systems and products in place to answer those needs. Chapter 6 has more information on public information campaign messages and formats that you can use for your educational tools.

SECURITY

Deploy

You must have security present at each area of your POD. It will be difficult for your state's law enforcement agencies to provide you with all the security you may need for all of your PODs. Law enforcement will be assisting with investigations, managing traffic control, providing security for treatment centers, as well as doing their everyday police work.

Another security concern is the potential for PODs to become targets. Terrorism-preparedness analysts during the past several years have alerted responders to the dangers of secondary attacks and devices. PODs make ideal targets for a secondary attack with their high visibility and large, concentrated crowds. You should look for ways to enhance your security resources, such as

- Making sure all POD workers are aware of security concerns,
- Ensuring that POD workers know how to report suspicious individuals and activities,
- Using security personnel from the facility itself (make sure this is in your written agreements with facilities),

-
- Choosing POD locations with controllable entry and exit points (this assists law enforcement in setting up entrance and exit security), and
 - Planning an evacuation route for patients and personnel.

In your POD, your security effort has to address

- Crowd and traffic control both inside and outside your POD,
- Protection of staff and assets, and
- Badging of staff.

Prescribing Authority and Prescribing Organization

Implement

The U.S. Food and Drug Administration (FDA) requires that prescriber information be part of the label for a prescription. Your state prescriptive laws will guide you whether or not to include prescriber information on any patient-information sheet you distribute. You should try in advance of an event to determine whose name will appear as the prescriber. It may be the chief public health physician of the jurisdiction or a public health official.

You also need to decide on the name and address of the prescribing organization, which the FDA requires to appear on the label of a prescription. You should use the name of a single organization for the entire state; this will ensure that the labels will match the patient information sheets and eliminate confusion. We suggest you use the name of your state public health agency because it will apply for any event in the state.

Who Can Dispense Medications?

Deploy

The size and scope of an emergency may expand to the point where people other than pharmacists or physicians must dispense medication to the public. Indeed, during a large-scale public health emergency, it is likely that cases will occur in which lay persons under the instruction and supervision of

Implement

credentialed professionals will be needed to dispense medications to the public. We recommend that you investigate legislative changes (such as an Emergency Powers Act) that would allow individuals other than pharmacists to hand out prescription drugs at your sites during an emergency. Every state has pharmacy laws that regulate who may dispense prescription drugs. We recommend that you have waivers ready for your governor to sign that will allow volunteers, under a pharmacist's supervision, to hand out medicine during an emergency.

Prophylaxis Medications Supplied by DSNS

We supply labeled, unit-of-use, 10-day regimens that do not require repackaging. Appendix O has more information on our unit-of-use bottles and their labels.

We also supply antibiotic suspension for pediatric treatment and for people who cannot swallow pills. You can find more information on these suspensions in Appendix P.

Some medications supplied by DSNS are classified as investigational new drugs (INDs), which require special considerations. Appendix Q has more information on INDs.

You can find more information about handling the medications supplied by DSNS in Chapter 9, Controlling SNS Inventory.

Multiple vs. Individual Regimens: Adult Pickup

A multiple-regimen policy allows an adult to pick up medicines for other members in a family who are not physically present at the POD (e.g., children and the infirm). This policy allows some individuals to acquire more than one regimen. It will eliminate disruptions while simultaneously reducing patient numbers and increasing the number of persons treated, all of which will help improve the throughput of your PODs.

Implement

Allowing multiple-regimen dispensing will decrease the number of patients at the POD(s). We recommend that you allow multiple-regimen dispensing but set a maximum number on the regimens that can be received without question before the person is pulled aside to examine the number of regimens they are requesting. In the absence of such a ceiling, individuals working at each dispensing site will make that decision based on their own personal or professional standards, and the variability from site to site (and shift to shift) could produce a confused and frustrated public. We recommend that you determine the type of evidence or information each head of household should bring to justify the number of regimens requested. If a regimen is for a child, the POD will need an accurate estimate of the child's weight.

Considering the Methods of Dispensing for Your Campaign

The POD remains the foundation for any mass-prophylaxis campaign. However, for you to successfully provide prophylaxis to the entire population of your community, you will need to design your dispensing campaign using various methods of dispensing. No one method will be the answer.

Implement

Not everyone in a community will be able to/or will want to get to a dispensing site. Some populations that will need special dispensing methods include:

- Inmates of correctional facilities (jails, prisons, and juvenile-detention facilities);
- Patients in nursing homes, assisted living facilities, and other long-term care institutions;
- Workers at large industries that operate 24 hours a day;
- Hospitalized patients; and
- Home-bound patients who may or may not get care at home through local home healthcare service providers; and
- Homeless people and undocumented aliens.

Deploy

Some ideas and conduits we have encountered in our discussions with states and exercises are:

- Deliveries to large corporations with occupational health clinics or medical staff,
- Mobile dispensing clinics,
- Drive-through clinics, and
- U.S. Postal Service delivery under the Cities Readiness Initiative.



Again here, enough credentialed professionals may not be available to serve remote or dispersed populations, and trained laity (e.g., prison guards, social workers, or volunteers) may be needed to fulfill the needs of special populations.

SETTING UP THE POD

Where to Locate PODs

As you design your dispensing campaign, you should consider maximizing the use of your publicly owned facilities. These may include public schools, universities, community recreation centers, firehouses, polling places, and armories and other National Guard buildings. The advantage of most public places is that they are familiar to the community, are easy to find, and have large parking facilities. People should be able to use public transportation or private automobile to get to the



PODs. Make it easy for the public to get to the sites. Polling places are particularly attractive because the public uses them to vote, and they can come with a cadre of election volunteers to staff them. In addition, by using agencies that control a number of facilities (schools, community recreation facilities, etc.), you may need only one memorandum of agreement to cover access to numerous locations.

Some states and cities have hesitated to use sites that the public frequents because they fear that a contagious threat, such as plague or smallpox, would make these sites unusable until authorities could decontaminate them. Yet, the public's familiarity and the convenience of these locations are precisely what make them so attractive as dispensing sites. You must balance the necessity of protecting the public quickly during an emergency with the desirability of returning the public to normal daily life after an emergency.

*We recommend that you **do not** use hospitals, commercial pharmacies, or other health care institutions as PODs.* Hospitals and other healthcare facilities will be overwhelmed with the additional patient load created by the event. Establishing PODs independent of the hospital system may actually work to ease an already over-tasked hospital system. Commercial pharmacies are not an ideal choice because of their limited inventory, staffing, floor plan, and security.

Site Physical Characteristics

Implement

Each POD site must be large enough to handle at one time several hundred (or even thousands) of people under cover and out of the weather. Exercises and the dispensing sites created for the 2001 anthrax attacks have shown us that communities have used a wide range of POD sizes, anywhere from 18,000 to 60,000 square feet. While DSNS does not offer specifications for the selection of POD facilities, we do recommend that each site have the following characteristics:

- Heat and air conditioning to maintain a controlled room temperature between 20 and 25 °C (68 and 77 °F);
- Adequate bathrooms, water, and electricity;
- A minimum of stairs or steep inclines;
- Handicap access;
- A public address or speaker system;
- An unloading area (for receipt of supplies);
- Space for parking at or near the sites;
- Space for landing a helicopter, if you use that distribution option;
- Space for a staff break room/canteen;
- Good security, allowing guards to
 - Coordinate traffic;

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- Manage parking;
 - Maintain crowd control; and
 - Protect staff, SNS assets, and the facility.

Efficient Design and Layout

Implement Your POD design represents the steps that the public will follow as it moves through the POD. Generally, the throughput of a POD is inversely proportional to the number of stations and the steps required at each station. As the number of stations or steps increases and/or the time required at each step increases, the throughput of the POD decreases.

The number of people a POD can protect per hour is a measure of its efficiency. This is defined as *throughput* and is expressed as patients per hour or PPH. Dispensing-campaign managers and POD managers need to constantly monitor throughput and assess if current throughput can be improved. The operation of a POD, however, produces a constant tension between throughput and clinical accuracy.

Considerable time, effort, and research have been dedicated to finding one optimal POD layout and staffing structure. However, experience garnered across the nation shows that a variety of dispensing-site designs may be suitable. Those experiences also illustrate the complexity and variability of dispensing-site floor plans, patient flow patterns, station layouts, and their respective effects on throughput. Appendix R has more information on PODs, including information on POD modeling.

POD Equipment Requirements

Implement Make sure the POD site has the following items:

- Label-printing equipment, computers, printers, label stock, material-handling equipment, box cutters, and work-gloves;
- Tables, chairs, lane roping, toilets, drinking water, chairs for the young and elderly, and wheel chairs;
- Pens, pencils, paper, and forms;
- Specialized items (scales for weighing children, mixing equipment for pediatric portions, Broselow tapes, etc.); and
- Public address system.

See Appendix S for sample POD equipment lists.

Operating Hours

Deploy

Each POD site may need to be open 24 hours a day to provide the public with its first protective regimen. Around-the-clock operation will require a large staff. If your PODs are not open 24 hours a day, you need to consider security of the medications and building during the off hours.

Patient Information, Documentation, and Data Collection

As part of the intake process, you will have to collect patient information for

- The patient's medical history to determine if and what medication he/she will take,
- Follow-up and monitoring compliance of patient prophylaxis,
- Meeting all relevant state and federal regulations for dispensing documentation (date, time, location, dispenser, prescription number, etc.),
- Accounting for medications dispensed, and
- Tracking a drug in case of recall.

How much patient information is collected is the state/local planner's decision and should be at once informative and concise.

Implement

Neither the CDC nor DSNS determines what type and extent of data you should collect as part of your POD process. Whatever data you decide to gather can be collected with paper documents, fill-in-the-field electronic documents (computer), telephone, or fax.

The *medical record* is the paperwork that captures the patient's health history, exposure risk, and signature verifying informed consent. The POD medical record

- Provides a record consistent with the standards of medical practice in the community,
- Serves as a prescription record,
- Aids epidemiologists in their investigation of the disease, and
- Measures the success of your dispensing campaign.

Throughput will decline as the amount of data you require increases. This decline may not be important during a small-scale event, but it could seriously jeopardize your ability to service many people during a large-scale event.

Experience in exercises show us that forms need to be short, simple, and threat-specific. Intelligent form design will allow volunteers, with health

professional oversight, to evaluate answers and direct patients to the correct station.

Reproduction of Labels and Patient Information Sheets

Implement You need to decide how you will produce enough patient information sheets to support a campaign and distribute them to your PODs before they are needed. Preprinting threat-specific sheets and holding them as inventory is a good preparedness effort but requires large storage facilities. We suggest that you hold a small preprinted inventory or electronic master templates to support PODs until you can produce enough information sheets under contingency contracts with local printing and photocopy companies. Having computers and printers at the site for reproduction will not be sufficient.

Computerized Medical Records

Several states have asked us about automating the recording of patient information. Such automation raises issues about the speed with which people could enter data, the accuracy of such data, and the possibility of power losses and system crashes. We recommend you use a paper record. If a computerized medical record or database is desired, we recommend that the patients fill out a paper record, that POD staff check it for legibility and accuracy, and that POD staff then input the data from the paper records into a database. This method prevents the process of database entry from affecting your POD throughput.

Follow-Up Information for Patients

The FDA *does not* require you to provide a telephone number on labels and information sheets for the public to call when it has questions. However, your state prescribing laws may. Regardless, we recommend that you develop guidance for the public on how they can get more information, can get answers to questions, or can get help in the event of adverse reactions. Your providing immediate and concise responses will minimize the public's frustration and sense of helplessness during an event. You also will want a way for patients to discuss the options to quitting their prophylaxis regimen if and when they experience side effects. Avoiding quitting is crucial to the success of your prophylaxis effort and the health of your community. You will need to look at many different methods for providing follow-up information to the public. Some solutions to consider are

Implement

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- Providing hotlines through the local or state health department,
 - Giving information to primary-care physicians,
 - Setting up an Internet web site, or
 - Employing a community phone bank with a central number capable of continuously handling multiple calls simultaneously.

We suggest that you work with other agencies that may already have such a system(s) in place or talk with your phone company about expanding the capability of your phone system to handle multiple calls.

STAFFING THE POD

To staff all of your PODs, you need to

- Find people with the right skills,
- Find enough of them to cover three shifts a day,
- Train them for the tasks you need them to do,
- Get them to set up your dispensing system quickly, and
- Get them to operate it effectively with the highest possible throughput.

It is a major organizational, motivational, and logistical challenge.

In this section, we discuss (1) the types of people that you will need, (2) the ways you may train them, and (3) the methods you can use so you can employ volunteers in more tasks and rely less on health professionals, who will be in short supply.

Types and Sources of Staff

Implement

You will need three types of people to staff your dispensing system: professionals (doctors, nurses, pharmacists, public health workers, and social workers), volunteers (both pretrained and untrained), and management and support staff who are familiar with the facility and/or the tasks involved in operating a POD (cleaning up, emptying trash, running errands, making copies, assisting professionals, helping the elderly, providing child care, moving medications and supplies, and annotating bottle labels). During the operation of every POD, overlaps will occur among these types of workers. Doctors may have to pitch in to help unload trucks, and volunteers may have to help pass out medications.



During a large event, your medical and pharmacy professionals will be in high demand. You should design your POD to maximize the use of these professionals by turning over any appropriate jobs to volunteers or nonclinical staff. You can significantly improve a site's efficiency by having health professionals supervise volunteers. For example, every POD will have people come to the site with questions about the threat, the protective drug regimen they will receive, and/or the process for getting medication. A volunteer with a well-written script or a video can provide that information, freeing a pharmacist to perform other tasks.

Sources for professionals include

- Commercial pharmacies;
- Agencies in your state that license doctors, nurses, and pharmacists;
- Professional associations to which these professionals belong;
- The Department of Homeland Security Emergency Coordinator for your region; and
- The Department of Health and Human Services Regional Health Administrator.

Sources for trained volunteers vary with the skills or tasks required of them:

- Spoken-language interpreters: universities, ethnic organizations, and churches.
- Sign-language interpreters: local schools for the deaf, associations for the hearing impaired, and the Internet (search for "hearing impaired" and "American Sign Language").
- General disaster-relief volunteers: The Red Cross and public health mutual-aid agreements with other governmental departments and jurisdictions.

Sources for untrained volunteers include

- Civic and fraternal organizations whose members could be identified and oriented before an event and
- Walk-in or spontaneous volunteers (many show up and volunteer to help at every catastrophic event).

Sources for support staff include the facility at which the POD is operated, the broader institution that normally operates the facility, and state and local governments and agencies. Those who are familiar with the facility will know the locations of resources, any problems with the physical plant, and people with special skills or knowledge.

Staff Assignments

Implement You need to decide which positions need to be filled by a clinical professional and which positions can be filled by a nonclinical person. Table 12.1 suggests how to organize your staff assignments. It is arranged by the basic four POD areas (intake, screening, dispensing, and exit) to give you an idea of how to assemble your staff and where they would work.

Table 12.1. Staffing the roles and functions involved in operating a POD.

Intake		
Assignment	Staffing	Tasks
Greeting/entry	Volunteer with script	Greet, direct, and answer nonmedical questions Assist disabled persons Orient the public
Forms distribution	Volunteer	Distribute medical-history form Explain form completion with a script Check completion of medical forms
Briefing	Trained volunteer	Translate dispensing-site procedures and policies to persons who do not understand English, are hearing impaired, or are illiterate
	Volunteer with task-specific training	Hand out medical record forms and provide instruction on completing them
	Volunteer with script	Educate and orient the people standing in line
	Health professional or video	Provide information to the public about drugs they will receive, including pediatric medicines

	Volunteer with script	Advise about the importance of adhering to regimen instructions Warn about the danger of overmedicating Confirm the date to return for additional regimens
Screening		
Assignment	Staffing	Tasks
Triage	Professional	Perform initial health screen on the public, redirecting symptomatic people to treatment
	Volunteer	Assist seriously ill persons into vehicles for transport to treatment facilities
Mental health screening and counseling	Health professional and social worker	Watch for signs of anxiety, fear, and impatience Provide counseling
Medical evaluation	Professional	Perform health examination and assessment
Healthcare-center transport	Volunteer	Drive ambulance and/or other vehicle
Drug triage	Professional	Screen for drug contraindications Screen medical-condition contraindications Answer questions or prescribe an alternate drug regimen
Dispensing		
Assignment	Staffing	Tasks
Express drug dispensing	Pharmacist supervisor	Oversee process
	Volunteer	Weigh children under age 5
	Volunteer	Dispense regimens if waivers from state regulations are in force

	Pharmacist or pharmacy technician	Dispense regimens if waivers from state regulations are not in force
Assisted drug dispensing	Pharmacist	Answer medication questions
	Pediatrician or pediatric nurse practitioner	Examine infants and small children Dispense proper medication Instruct parents
Exit		
Assignment	Staffing	Tasks
Collection and review of medical data	Volunteer with professional supervision	Check for completeness of forms Distribute patient information sheets Explain the importance of complying with the drug regimen Stress the danger of overmedicating Note the date to return for the next regimen

Staff Training

Implement

One factor that will affect the success of your POD operation, especially its throughput, is your training of the POD staff. We recommend that your training, at a minimum, address the following:

- The physical layout of the site in which your staff will work,
- The flow plan they will operate,
- The shift teams of which they will be a part,
- The roles they will be expected to play,
- The forms they will use, and
- The other SNS functions with which they will interact.

One way to prepare your staff is to identify, organize, and train hundreds, perhaps thousands, of individuals prior to an event. The benefit of this approach is that you have a large cadre of trained, dependable professionals and semiprofessionals ready to go at a moment's notice. Because of turnover

and skill degradation, however, your training effort will never end. You will have to conduct periodic refresher training to make up for losses in your workforce and to ensure that skills remain sharp.

Another method is called just-in-time training (JITT). Recent research shows that 70% of the information learned in training courses is forgotten by the time the student needs it. With JITT, you would not train your staff until you needed them. You can safely assume that if you take individuals with basic professional skill sets (such as nurses, doctors, and public health officers) and give them JITT for a specific job that they are already familiar with (such as triage or evaluating patient information), then they will successfully accomplish that task. Some areas that have tested JITT are finding that the model that works most effectively is to train new people in the POD, at the station where they will work, and with a very straightforward job-action sheet for the job they will be asked to do. This naturally requires having a cadre of already trained and knowledgeable POD staff to conduct this effective on-the-job training (OJT) in a time that is short enough to avoid compromising POD throughput.

A third alternative is to fully train (and refresher train) enough volunteers to staff an entire first shift at each POD and then use the time of that first shift to implement a JITT model for members of subsequent shifts. This alternative might use the time available for a JITT approach to combine a classroom orientation with OJT reinforcement before the next shift takes over.

A critical component of JITT is the creation of a concise, well-written job description (outlining critical tasks, objectives, duties, and organizational reporting responsibilities) that each trainee receives. This description is also known as a job action sheet or job aid. It is a reference document or set of documents given to the trainee, outlining critical job tasks, objectives, and duties and delineating the organizational reporting structure. Several examples are provided in Appendix T.

For any training effort, either pre-event or JITT, you should include

- The role(s) the trainee will play,
- The forms and templates the trainee will use,
- The physical layout and organization of the POD where the trainee will work,
- The shift hours the trainee will work,
- Information about related POD functions to help the trainee know where he or she fits in the process,
- Whom the trainee reports to for problems or questions during a shift, and
- Evacuation and emergency procedures for the POD.

Implement

The ultimate proof of your training effort is to test it in a drill or exercise. Again, because your training effort will be ongoing, so will your testing of the training. Chapter 14, Training, Testing, and Evaluating, will give you some information on how to design an exercise to test your system. Your tests and exercises should

- Validate your anticipated throughput by determining how long it takes to process a patient;
- Reveal ways to refine your POD plans to meet local requirements and increase efficiency, especially throughput;
- Assess the training of your dispensing teams in the operation of your floor/flow plan; and
- Determine if you have an adequate system in place for POD initiation to ensure that your staff can set up the POD(s) and be ready to dispense in a reasonably short time.

Federal Staff Support for Dispensing

Implement

The U.S. Public Health Service (USPHS), National Pharmacy Response Team (NPRT), National Nursing Response Team (NNRT), and Disaster Medical Assistance Teams (DMAT) are all potential sources of human-resource support for your dispensing operations. Some conditions or declarations may have to occur before these assets can be available for your use. For more information, contact your DSNS Program Services Consultant. Regional and local planners should contact their State SNS Coordinator for more information.

OPERATING THE POD

Along with determining your POD process, you are going to have to determine *how* you will operate that process. You need to ask questions like,

- Who is in charge?
- How will we set up shifts?
- What will the patient flow be like?
- Where will we keep our stock?
- How will we conduct shift changes?
- How will we reorder materiel?

These are just a few of the items to consider when determining how your POD will operate. The most important considerations are your command structure, shift structure, patient flow and throughput, problem clientele, storage space, and reordering process.

Management Structure

The methods that you use to manage the flow of people through each POD will be important for maintaining high throughput. If staff members know what they are supposed to do because they have been trained, the job of POD managers will be to eliminate problems, such as shortages of staff, medications, and forms that prevent nonmanagement staff from doing their jobs.

Implement We recommend that you implement a clearly designated and recognizable Incident Command System (ICS) for your POD operations (see Chapter 2). It breaks management into various functions, such as operations, logistics, and planning. As part of the ICS, we recommend that you designate a Dispensing Function Lead to assist the SNS Coordinator during an emergency. This person (or these persons) would oversee all PODs; receive data on total number of people provided prophylaxis, throughput, etc.; and relate this information to political leaders, federal officials, and the media, as necessary.

Shifts and Shift Changes

Implement For all but small-scale events, your dispensing campaign will operate continuously until you have protected your population. We recommend that your staff not work more than 8 hours at a time and that they take breaks during a shift for rest and nourishment to avoid fatigue and to stay sharp and alert.

At the end of each operational period of your POD, you will have to conduct a shift change. We recommend that you rotate your staff from one shift to the next in groups, by teams, or by section. This will avoid the sudden cessation of all operations resulting from a shift change. Another method is to infiltrate individuals into shifts. This is more difficult to do because it requires shift changing by individuals or individual positions. We also recommend that there be a period of overlap from shift to shift to allow for a fluid transition of information and supplies.

Queue Management to Facilitate Patient Flow

SIGNS

Implement Use signs extensively to direct the movement of patients through your POD. Your signs need to be large, legible, and clear in languages that reflect the demographics of the patients the POD will serve.

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- Signs should be large, simple, multisided, and directional in nature.
 - People should be able to look at a sign and intuitively know what to do. They should not have to stop, read, and then process what a sign means.
 - Signs should use pictograms or shapes as much as possible. This will decrease your language concerns.
 - Hang your signs so all can see; they should be overhead and not at ground level.

ENGAGE THE PATIENTS AS THEY WAIT IN LINE

Implement To assist with crowd control and to ensure that the patients understand what is happening, you need to provide stimulation and information as they wait in line. This recommendation is a result of our research into queue management and crowd psychology with major theme parks and the American Red Cross. People have much more tolerance to wait in lines if you keep them satisfied that they are waiting for a good reason, that they are making discernable progress, that they are informed of their progress, and that they are receiving fair treatment. Stimulation means giving the patients something to do while waiting in line. This task can include listening to roaming staff members who read a script or answer questions, filling out paperwork, or watching a looped video presentation.

REDUCE THE NUMBER OF STOPS TO GET MEDICINE

Deploy If a person is diverted from the line for some reason (for example, to be checked for symptoms, to weigh children, or to process regimen requests for family members who are not present), make sure they rejoin the line at an appropriate point and do not have to start at the beginning. If possible, issue their regimens at the end of the line to which they are diverted.

MOVING FAMILIES THROUGH THE POD

Deploy It is possible that an entire family will come to your POD as a group. Clinically, you may now have pediatric, adult, and geriatric patients all together. It may be extremely difficult if not impossible to separate a family. No parents are going to be separated from their child, especially in a disaster scenario. Therefore, you may want to plan a special-needs or family lane in your POD layout.

Problematic Clienteles

THE WORRIED WELL

Deploy

No matter how well you conduct your public information campaign during an event, those for whom exposure is unlikely (e.g., living far beyond the fringe of the apparent “hot zone”) will inevitably show up at your POD asking to receive medication. If you turn these people away, you may create security and crowd-control issues. Providing medication to these people may not be the scientifically or medically correct answer, either. You will want to have a counseling station available to offer support and information to these individuals.

UNACCOMPANIED MINORS

Implement

It is a possible that unaccompanied minors may come to your POD out of fear, seeking medication, or looking for family members. Students may make up a large portion of such unaccompanied minors in a college or university town. Your POD operations plan and specifically your intake/registration personnel need to be ready to handle this contingency. Most state medical legislation addresses the issue of unaccompanied minors or the emancipated minor in terms of medical care and treatment.

MINORITY POPULATIONS

Implement

Many states and cities have large concentrations of ethnic populations and/or undocumented aliens whom they must protect in an emergency. For these individuals, the fear of arrest, lack of faith/trust/understanding of the government, or the apprehension of deportation may be greater than the fear of getting a disease. You should plan and prepare how you will convince these populations of the importance of going to a dispensing site and receiving medication. With the 12-Hour Push Package, DSNS provides a CD with patient information sheets in 48 languages to help you communicate with clients from minority populations. Contact your state’s DSNS Program Services Consultant for more information.



You need to identify methods for providing prophylactic medicines to each of these groups. Fortunately, most of them receive medical care from some type of healthcare facility or organization or are served by some nongovernment organization or community support agency. We recommend that you identify those agencies and their facilities, plan your distribution system to have those agencies direct their clients to specific PODs (or deliver supplies of oral drugs to them), and work with them to provide prophylaxis to the individuals they serve.

Receipt and Storage of SNS Assets at the POD

Dispensing sites must maintain the temperature of the drugs they provide to the public between 68 and 77 °F (with allowances for brief deviations between 59 and 86 °F) to ensure their potency. That means that during hot or cold times of the year, dispensing staffs cannot leave deliveries outside. In addition, for security reasons, we recommend that the receiving area of your POD be kept out of direct site of the public.

POD sites may receive medications in any number of configurations from an entire cargo container to a pallet of boxes to a single box of repackaged medications. It is important that planners and managers ensure that each POD has the proper material-handling equipment, such as forklifts and pallet jacks.

Implement

Reordering

Deploy

Maintaining adequate supplies and reordering before supplies run out will be a continuous challenge because of the vagaries of transportation and communication during a large-scale emergency. We recommend that you constantly monitor inventory status at your POD and develop trigger points for reordering. The person in charge of reordering needs to know the system for getting more medicine and must have copies of the reordering forms (if your system uses forms). We also recommend that you exercise the supply-chain management of your overall SNS system separately without waiting for a full-system exercise.

Sustaining Your Dispensing Campaign

Once you have designed, staffed, trained, tested, streamlined, and finalized your dispensing campaign, you periodically need to make sure that it will function as you expect. Medical professionals and trained volunteers who staff your system will change over time as will the organizations that provide facilities and support. You need to develop a method to alert you when key changes occur so you can adjust your dispensing campaign to make sure it

Implement

retains its tested effectiveness. Without such a method, you may find that facilities, key people, and support that you expected are no longer available when you need them. For sustaining your dispensing campaign, consider the following activities.

- Work to retrain key dispensing staff to ensure continuity, alleviate training requirements, and benefit from staff experience.
- Sign memorandums of agreement with other government agencies whose facilities (e.g., schools and convention centers) you will use for PODs or whose support (e.g., law enforcement) you must have. Ensure that the agreements include
 - Immediate use of the facilities during an event;
 - Periodic access to facilities before an event for periodic evaluation of their continued suitability;
 - Up-to-date lists of key personnel; and
 - Allowance of periodic exercises to test facility access, operations, and recall of key personnel.
- Update and maintain written contingency contracts with commercial organizations from which you expect support, such as facilities, security, and sanitation. Ensure that the contracts include the same provisions as the memorandums of agreements above.
- Identify and test (24/7) the following for primary and backup POD facilities:
 - Whom to call for keys;
 - How to open the facility;
 - Where to find lights, alarms, and circuit breakers;
 - How to equip the facilities with items, such as tables, chairs, lane ropes, portable toilets, food, water, and draping, if they do not already exist in the facility; and
 - How to staff and set up the facilities.
- Exercise and drill periodically to keep up interest in your dispensing campaign.

Activating and Initiating Your Dispensing Campaign

Your city, county, or state-wide dispensing campaign is a highly complex mix of response assets that include human resources, facilities, supply-chain management, transportation, communications, security, and the mass movement of the public. To simplify these complex activities, you may want to divide the activation of your dispensing campaign into several phases.

PHASE 1: NOTIFICATION AND RECALL OF CRITICAL INFRASTRUCTURE

In this phase, you notify and recall all those components necessary to initiate your dispensing campaign. Note that we do not limit this process to personnel because your critical infrastructure includes far more than just people. It might include basketball arenas, shopping malls, or whole school systems; ambulance services; a fleet of buses; copying and printing services; telephone and computer networks; and much more. You must identify what constitutes the critical infrastructure for your own situation.

PHASE 2: PROPHYLAXIS OF CRITICAL-INFRASTRUCTURE PERSONNEL AND THEIR FAMILIES

We recommend that you develop strategies to provide prophylaxis for your critical-infrastructure personnel prior to opening the POD doors to the public. We recognize that this is no small endeavor and may involve providing medication to several hundreds or even thousands of people. We base this recommendation on the belief that responders are more willing and apt to assist with mass prophylaxis efforts if they know they (and their families) have been adequately protected. You should investigate using local supplies and caches of medication to accomplish this prophylaxis because you may not have time to wait for the arrival of SNS assets. While SNS assets will arrive rapidly in response to an event, the faster you can provide prophylaxis to your dispensing-campaign workers, the faster they will be prepared to service the public.

PHASE 3: SETUP OF POD NETWORK

In this phase, those PODs that have been designated for operation would begin the process of mustering the required staff, setting up the layout of the POD, printing all required forms and leaflets, and stocking medications.

PHASE 4: PUBLIC NOTIFICATION AND OPENING OF PODS

We recommend that officials wait until all PODs are ready to receive patients before they notify the public about the availability of the dispensing campaign. The goal should be simultaneous openings of all PODs. This purposeful delay is to avoid the sudden rush of the community to the first open POD. Balancing the public among all available PODs is an extremely important management task and will aid in the success of your overall campaign efforts.

DEACTIVATING POD OPERATIONS

Implement

Eventually, as the situation develops and you have dispensed medicine to a large part of your at-risk population, you can begin to deactivate PODs. Unlike the activation of the PODs, where you open all of them at once, you should deactivate your PODs individually or in groups. This strategy allows you to retain some dispensing capability in case the situation warrants renewed POD activity. You should have triggers or decision points (a minimum hourly patient load or percentage of target population processed) to allow you to begin a deactivation process. When you decide to deactivate, you should consider several issues.

DEACTIVATION PROCESS

Implement

We recommend that you begin your deactivation process by first moving out of the physical sites that are most needed for the community to return to normal conditions. Generally, this will be business locations followed by schools. You should have gathered data on throughput and estimated the number of people still needing or potentially needing medicine. You should retain enough PODs to handle those needs. You may want to consider keeping your best, most efficient POD(s) operating until no longer needed. Remember, you may have to keep POD(s) open just to assure the public that response is still available. In such a case, we recommend that you curtail POD operating hours. This retains response capability but cuts back on your staffing requirements.

Public Information Campaign

Just like you had a need to inform the public of POD locations and openings, you also have to inform them of closings. This is very important because closings may be seen as favoritism toward communities that still have operational PODs. You should spend a great deal of time informing the public not just of the closings but why you are closing your dispensing campaign and the reasons for closing specific PODs.

Gathering Data

During the closing process, you will need to gather information from the PODs, including throughput figures, staffing man-hours, and expenses. You should also collect comments for improvements and sustainments from all members of your dispensing campaign. You need to have a format for the comments and a system for gathering, evaluating, and publishing them in a usable manner. You will use the numeric data (throughput, man-hours, etc.) with the comments to look at ways to improve your dispensing campaign.

Your gathering information on costs may be very important because you may be able to recoup some of your costs through federal emergency funds. Keeping good, accurate records and documentation will assist you in the cost-recovery process.

Counseling

As with any disaster, you may be faced with people who have problems adjusting to the aftermath of this event. Even though you were successful in meeting and countering the threat, the reality that something such as this has happened, and could happen again, will be overwhelming to some people. While counseling, rehabilitation, and reconstruction are not specific parts of your dispensing campaign, they should be included in your state and local all-hazard or bioterrorism response plan(s).

PLANNING CONSIDERATIONS

The dispensing function is the most difficult part of your SNS plan to execute. There are many issues and challenges to consider when designing your dispensing campaign, and we have included additional information for this chapter in the appendixes listed in Table 12.2.

Table 12.2. Appendixes for the Dispensing Chapter.

Appendix	Title
O	Unit-of-Use Bottles and Labels
P	Pediatric Dispensing
Q	Investigational New Drugs
R	Dispensing Modeling
S	Sample POD Equipment List
T	Examples of Job Action Sheets
C	The CHEMPACK Project
D	Smallpox Vaccination

Much of how you design your dispensing campaign will be a function of the number of people you have to serve and the amount of time available to do it. There is no *one* right way, but you should find *a* way in which to meet this formidable challenge. *Remember, the foundation of dispensing is the POD.*

Consideration	Responsibility		
	State	Regional	Local
Can your plan provide prophylaxis to all your citizens within 48 hours?			
Is your plan scalable and does it use the multiple methods of dispensing?			
Did you consider all the items in the “Issues to Consider” section when writing your plan?			
Does your state have emergency legislation to address issues concerning standards of care in a mass-prophylaxis campaign?			
Did you decide on a POD design?			
Does your plan take into account that segment of the population that cannot go to PODs?			
Have you determined the needed number and locations of your PODs?			
Does your plan consider efficient POD physical characteristics and layout?			
Does your POD design address the four basic areas of intake, screening, dispensing, and exit?			
Does your plan offer POD clients support, security, and education?			
Can you equip your POD(s)?			
Can you staff your POD(s)?			
Do you have a plan or program for training your POD staff and sustaining that training and staff?			
Does your plan allow for systemic activation?			

Consideration	Responsibility		
	State	Regional	Local
Does your plan have a system for deactivating PODs?			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Have you developed a system to track the progress of local planners to ensure that they have developed adequate dispensing capacity?			
Have local planners contacted their State SNS Coordinator about planning resources, policies, and procedures?			
Have you determined the number of PODs your worst-case dispensing campaign will need?			
Have you estimated from your drill and exercise data the throughput you might expect from your PODs?			
Have you obtained written, comprehensive agreements for access to and use of critical facilities?			
Have you worked out mutual-aid agreements with neighboring agencies and departments?			
Have you made all PODs uniform?			
Have you worked out a system to distribute the population of your community equally among your PODs?			

Have you determined the optimum design mix (segmented or nonsegmented) of your PODs?			
Have you designed each POD on the basis of its needed intake, screening, dispensing, and exit rates and methods?			
Have you determined the name that will appear on prescription labels as the prescriber and the name and address of the prescribing organization?			
Do you have waivers ready for your governor to sign that will allow volunteers to hand out medicine during an emergency?			
Have you determined whether to allow multiple-regimen dispensing?			
Have you determined how you will dispense medications to immobile populations?			
Do your POD sites provide shelter from the elements, heat and air conditioning, adequate utilities, handicap access, a public address system, an unloading area, parking, amenities for staff, and security?			
Have you mapped out a floor plan, patient flow pattern, and station layout for each of your PODs?			
Have you arranged for all the supplies and equipment that your PODs will need?			
Have you decided what patient information to collect?			
Have you decided how you will produce enough patient information sheets and distribute them to your PODs?			

Have you talked with other agencies about the best methods for providing follow-up information to the public?			
Have you sought out, identified, contacted, made arrangements with, and trained the professionals, volunteers, and support staff that your PODs will need?			
Have you organized your staff assignments for the intake, screening, dispensing, and exit areas?			
Have you trained the personnel you will need to operate your PODs according to the roles they will perform or developed just-in-time training for them or some combination thereof?			
Have you conducted drills or exercises to test and evaluate the efficacy of your training?			
Have you investigated using federal personnel for your dispensing operations?			
Have you implemented an Incident Command System for your POD operations?			
Have you determined how you will conduct a shift change?			
Have you produced the necessary signage or made arrangements for signs to be produced on short notice?			
Have you determined how you will engage the patients while they wait in line?			
Does your POD operations plan spell out how the staff is to handle unaccompanied minors?			

Does your plan identify methods for providing services to unassimilated minority groups in your area?			
Does each of your PODs have the proper material-handling equipment to move assets?			
Have you developed a method to alert you when key changes occur in the available physical or human resources?			
Do you know when and how PODs are to be deactivated, what information you will gather, and what continuing counseling will be made available?			

Deployment Processes

Process	Responsibility		
	State	Regional	Local
You should provide prophylaxis to the entire affected population in your service area within 48 hours.			
POD managers should monitor their throughput numbers and make appropriate operational adjustments.			
You need to distribute health-history forms to patients, check the forms, and use them to route patients.			
You need to sort and classify patients within the POD to optimize resources and maximize patient survival.			
You need to prepare and deliver the right medications at the proper doses to the public.			
You need to provide any necessary follow-up information to the recipients of medication.			

You must have security present at each area of your POD.			
Lay persons under the instruction and supervision of credentialed professionals may need to dispense medications to the public.			
You might consider dispensing medications by large businesses, mobile dispensing clinics, drive-through clinics, and U.S. Postal Service.			
Determine the operating hours of your PODs based on demand and supplies.			
Make sure that diverted persons (e.g., those with small children) rejoin the line at an appropriate point.			
Include a special-needs or family lane in your POD layout.			
Provide a counseling station for the worried well.			
Constantly monitor inventory status at your PODs and develop trigger points for reordering assets.			

Chapter 13

Treatment Center Coordination

OVERVIEW

In this chapter, we discuss the coordination efforts that treatment centers (hospitals and other providers of acute care) will need to consider to better prepare for adequate and timely reception of SNS assets that have been requested during an emergency. Here, you will learn about:

- Pre-event coordination planning by treatment center(s) and the state SNS Operations Management Team;
- Requesting needed assets from the RSS facility during an event; and
- Federal programs that fund efforts to improve the capacity of hospitals and treatment centers, coordinate their activities, plan for emergencies, and train staff and volunteers.



PRE-EVENT COORDINATION PLANNING

A large-scale emergency event can quickly overwhelm the resources of a treatment center: the emergency room, operating rooms, intensive-care unit, surgical ward, isolation ward, diagnostic laboratories and equipment, and cardiac- and respiratory-assistance equipment. Strategies for coping with an onslaught of patients vary with the type of treatment required by the victims of the emergency. Those strategies might include

Implement

- Deferring elective care;
- Discharging noncritical patients;
- Transferring noncritical patients to chronic-care facilities;
- Barring visitors who are not seeking treatment;
- Deploying special-purpose clinics;

- Activating standby emergency facilities that normally serve as college dormitories and other uses; and
- Commandeering buildings and erecting temporary structures for triage, treatment, and isolation.

In addition to a wider array of physical facilities, additional personnel will be needed: nurses; doctors; security forces to maintain order and control traffic; laborers to move large amounts of resources and supplies; and volunteers to collect information from, organize, and inform the victims seeking treatment.

Deploy

A primary activity will be to optimize the treatment center's layout, staffing, and medical resources (drugs, bandages, whole blood, respirators, etc.) to treat many cases of the same type, be it trauma, thermal burns, chemical burns, pulmonary damage (e.g., from chlorine exposure), contagious diseases (e.g., smallpox or virulent influenza), noncontagious diseases (e.g., anthrax, plague, or tularemia), nerve-agent exposure, or radiologic contamination. This optimization, along with the stocking and staffing of treatment centers, for such an emergency will require significant planning and identification of resources by every agency and institution involved. You will need to develop not only an anticipated inventory list but also sources of personnel and equipment for taking in large quantities of medical supplies and equipment and for distributing them quickly to the patient-care areas.

Implement

To better plan for managing these resources, you will want to meet with emergency-management and public-health authorities, hospital leadership, and individual treatment-center managers to discuss the following:

Implement

- The expected number of centers, their locations, and the estimated numbers of patients they can potentially treat for contagious or noncontagious threats (this number will vary by the scale, type, and location of the public health emergency);
- The location at each center for deliveries of SNS assets (e.g., Building A, rear loading dock, helipad, south side, etc.);
- The acquisition of the materiel-handling equipment required to offload and stage large pallets and/or containers of supplies and equipment;
- The names, phone numbers, e-mail addresses, and radio frequencies of the staff at each center who will sign for controlled substances, order and receive SNS assets, and provide case-count information to support an assortment of initially arriving 12-Hour Push Package assets; and
- The inventory-control process that will be used to order and receive assets from the RSS facility (Inventory Control will need contact names and phone numbers at each treatment center so it can clarify any questions it has about orders).

This information should be compiled and included in the state's SNS Plan as well as in each treatment center's Emergency Response Plan or Disaster Plan. A dedi-

cated team should be identified to periodically meet and to review and update the content and relevancy of the plans for treatment-center coordination.

TREATMENT CENTER COORDINATION DURING AN EVENT

Implement

In the controlled chaos that can occur at a treatment center during a mass emergency, coordination will have to be practiced on a number of levels. The top level will be coordination among treatment centers, which will result in the direction or redirection of patients to the facility best able to attend to their needs. This coordination may very well be supplied by the EOC in the form of guidance to EMTs and ambulance drivers about the case loads and capabilities of various treatment centers.

Another level of coordination will be in triage, where the incoming victims will be classified as to what care should be provided to them immediately: palliative care for terminal patients, critical care for patients at serious and immediate risk, or first aid for noncritical victims. These assessments will need to be coordinated with the staff and facilities needed to provide the designated care.

At some level, coordination will need to be maintained with the SNS Operations Management Team and its functional teams. Only such coordination can result in the delivery of the correct assets in the correct amounts to the treatment centers. Treatment centers will need to coordinate and communicate with several portions of the SNS Operations Management Team during an event:

Deploy

- The Command and Control (C&C) Team will need case-count, epidemiological, intelligence, and inventory information from treatment centers to support strategic decisions. It will also seek contact information for the people at each treatment center who are responsible for providing periodic case counts.

Deploy

- The Inventory Control Team will track available supplies of SNS assets at each treatment center as well as at the RSS facility and will help the SNS Management Team better analyze supply and demand for follow-on requests of SNS assets.

Deploy

- The Distribution Team will need to know where each treatment center is located and where on the site it must make deliveries. Treatment centers will send requests for additional assets to the RSS staff at the warehouse.
- The Communication Team will maintain current information on the availability of phone, fax, radio, cell phone, e-mail, and paper (forms) channels at all SNS operations, including treatment centers. Treatment centers will provide phone numbers, radio frequencies, e-mail addresses, etc. to the

Deploy

Communication Team and will find out about those channels from the Communication Team.

RELATED FEDERAL FUNDING FOR HOSPITALS AND TREATMENT CENTERS

Implement

Several federal grant programs support state and local readiness planning and implementation related to public health emergencies. Year-to-year, programs on small rural hospital improvement, trauma/emergency medical services, and bioterrorism training and curriculum development are funded. The website www.grants.gov offers information about current grant opportunities. Many of these programs offer funding and guidance support to treatment centers and overlap SNS activities and functions

Among recent grant opportunities are the following.

- The Centers for Disease Control and Prevention (CDC) funds a cooperative agreement on public health preparedness and response for bioterrorism. Funds are intended to strengthen the public health infrastructure and to upgrade state and local public health jurisdictions' preparedness for and response to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. Recent focus areas for these grants have been

Preparedness planning and readiness assessment,
Surveillance and epidemiology capacity,
Laboratory capacity for biologic agents,
Laboratory capacity for chemical agents,
Health alert network/communications and information technology,
Risk communication and health information dissemination (public information and communication), and
Education and training.

Information about this opportunity can be obtained at

<http://www.bt.cdc.gov/planning/guidance05/index.asp>

- The Health Resources and Services Administration (HSRA) of the Department of Health and Human Services (DHHS) offers a cooperative agreement on Bioterrorism Training and Curriculum Development to support bioterrorism-related continuing education/training for practicing health care providers and to enhance curricula in health-profession schools. This education and training is designed to equip a healthcare

workforce to recognize indications of a terrorist event or other public health emergency; meet the acute-care needs of patients in a safe and appropriate manner; rapidly and effectively alert the public health system of such an event at the community, state, and national levels; and participate in a coordinated, multidisciplinary response to terrorist events. These grants are made to academic health centers, health-professions schools, professional organizations and societies, accrediting organizations, non-profit institutions, and multi-state or multi-institutional consortia. For additional information, go to

<http://www.hrsa.gov/grants/preview/professions.htm#hrsa05080>

- HRSA has also funded a Trauma - Emergency Medical Services Systems Program to support state trauma care system planning and coordination, statewide/regional/local assessments and evaluations, trauma data collection and usage, innovative uses of communications technologies, model curricula for training emergency medical services personnel and trauma managers, training for certification, continuing education, prehospital care and equipment necessary for the transportation of seriously injured patients, evaluating the effectiveness of trauma-care protocols, and public information and education. This program is designed to serve the lead agency for the state trauma system program or its designee. More information is available at

<http://www.hrsa.gov/grants/preview/special.htm#hrsa05009>

- In the Office of the Surgeon General of DHHS, financial assistance is provided to public or private nonprofit, community-based organizations to demonstrate (1) whether medical response capacity in communities can be strengthened through the establishment of Medical Reserve Corps (MRC) units consisting of citizen volunteers who represent a broad range of medical/health professions and other professionals and (2) whether MRC units can be sustainable beyond the term of the grant, well organized and structured at the community level, and comprehensive in response capability. For additional information and application procedures, see

<http://www.medicalreservecorps.gov>.

The availability of these grants can vary from year to year as the budget priorities of the agencies and the Federal Government change.

PLANNING CONSIDERATIONS

Consideration	Responsibility		
	State	Regional	Local
Does your plan identify the members of the SNS Management Team who will coordinate the reception of SNS assets?			
Does your plan list the number of treatment centers, identify their locations, and estimate the number of patients they can support during a public health emergency?			
Does each treatment center's Emergency Operations Plan have a section on receiving SNS assets?			
Does your plan have a communications annex, listing radio frequencies, phone numbers, and e-mail addresses that you will use during an emergency?			
Does your plan provide communication equipment and/or methods for PODS and treatment center sites to communicate with each other?			
Does your plan include the provision of prophylaxis for treatment-center emergency responders and their families?			
Have you explored available grant opportunities for funding preparedness capabilities and planning activities?			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Have you discussed with the management of treatment centers strategies for coping with the onslaught of patients and the personnel needed?			
Have your treatment centers developed an anticipated inventory list and sources of personnel and equipment for receiving SNS assets?			
Have you met with authorities and managers about the number and location of treatment centers, asset delivery, materiel-handling equipment, contact information, and inventory control?			
Have you worked out coordination methods for the treatment centers, triage, and ordering assets from the RSS?			
Have you reviewed the funding opportunities for grants to support state and local emergency preparedness?			

Deployment Processes

Process	Responsibility		
	State	Regional	Local
During an emergency, optimize a treatment center's layout, staffing, and medical resources to treat many cases of the same type.			

C&C will need case-count, epidemiological, intelligence, and inventory information from treatment centers.			
Inventory control will help analyze supply and demand for follow-on assets.			
Distribution will need to know where each treatment center is located and where on the site to make deliveries.			
The Communication Team will have to maintain current information on the availability of phone, fax, radio, cell phone, e-mail, and paper (forms) services.			

DRAFT

Chapter 14

Train, Exercise, and Evaluate

OVERVIEW

Previous chapters have discussed the components of your plan for distributing SNS assets to respond to a terrorist attack, natural disaster, or technological accident. This chapter discusses what you need to do after you have created your plan. If you go no further than putting your plan on paper, you will have no idea how well it will work (or even *if* it will work) during an emergency. To be confident that your plan is workable, you will need to prepare, train, exercise, and evaluate.



In this Chapter, you will learn about

- Preparing to execute your plan,
- Developing a training program for individuals and organizations whose actions are needed to support your plan,
- Exercising and training for your plan, and
- Evaluating your plan and exercises.

GETTING STARTED

Implement

Your SNS Operations Management Team needs someone involved in training, exercising, and evaluating your plan. You can use in-house resources to do this, use agencies or individuals from other states or other departments, or hire a contractor. Exercises and evaluations will help you

- *Confirm and solidify preparations* by ensuring that the human resources, support organizations and agencies, partners, and facilities that you include in your plan will be there when you need them by establishing memorandums of understanding, contingency contracts, and other agreements. The sample documents that we include in appendixes I and E will help you with this activity. Use them to make sure that you have not overlooked essential details, actions, or agreements.

- *Train* for each of the functions in your plan so that everyone knows his or her job and how to work together.
- *Simulate* probable emergencies to validate the plan's effectiveness.
- *Identify* where to improve your plan and its execution.

Implement

The Department of Homeland Security's (DHS) Office of Domestic Preparedness (ODP) offers both direct exercise support and reference materials for exercises. Evaluation information for your SNS program activities is included in this material, and we recommend that you use it. The Homeland Security Exercise and Evaluation Program (HSEEP) can be downloaded at

<http://www.ojp.usdoj.gov/odp/docs/hseep.htm>.

You should note that your training and exercise program will never be a completed effort. The constant changes in personnel, agency responsibility, funding, threats, and treatments will require you to continuously work within the training and exercise cycle to ensure that you have a ready, trained work force to execute your plan for distributing SNS assets in an emergency. The loss of key individuals, the loss of an important vendor contract or support, or a change in your plan could necessitate the need to restart your entire training program.

THE INCREMENTAL APPROACH TO TRAINING, EXERCISING, AND EVALUATING

Implement

To fully prepare to execute your plan in an emergency, you should use an incremental approach to training. Just like a marathon runner who prepares for a 26-mile race by increasing mileage every week before the race, you should take incremental steps to ensure that everyone supporting your plan is trained and ready in case of a real emergency.

The process is simple in concept but complex in execution. After writing your plan, you must assess your training needs. Normally, you will have to train all or some individuals on basic orientation training. From there you move to training individuals about their specific responsibilities and then to training groups about working together. Next you can exercise your entire plan. Having a tabletop

Implement

exercise prior to a full-scale exercise is an excellent way to ensure that all the people involved understand their portions of the plan and how they interact with the other individuals and groups. Figure 14.1 shows the process of preparing to execute your plan from plan completion to evaluation of a full-scale exercise.

Train to Your Plan

The purpose of training is to make sure that individuals know how to do their jobs, that they know how to work with others in their group, and that groups know

how to work together. You can accomplish those goals using a variety of methods, including videos, written training manuals, classroom instruction, and on-the-job training.

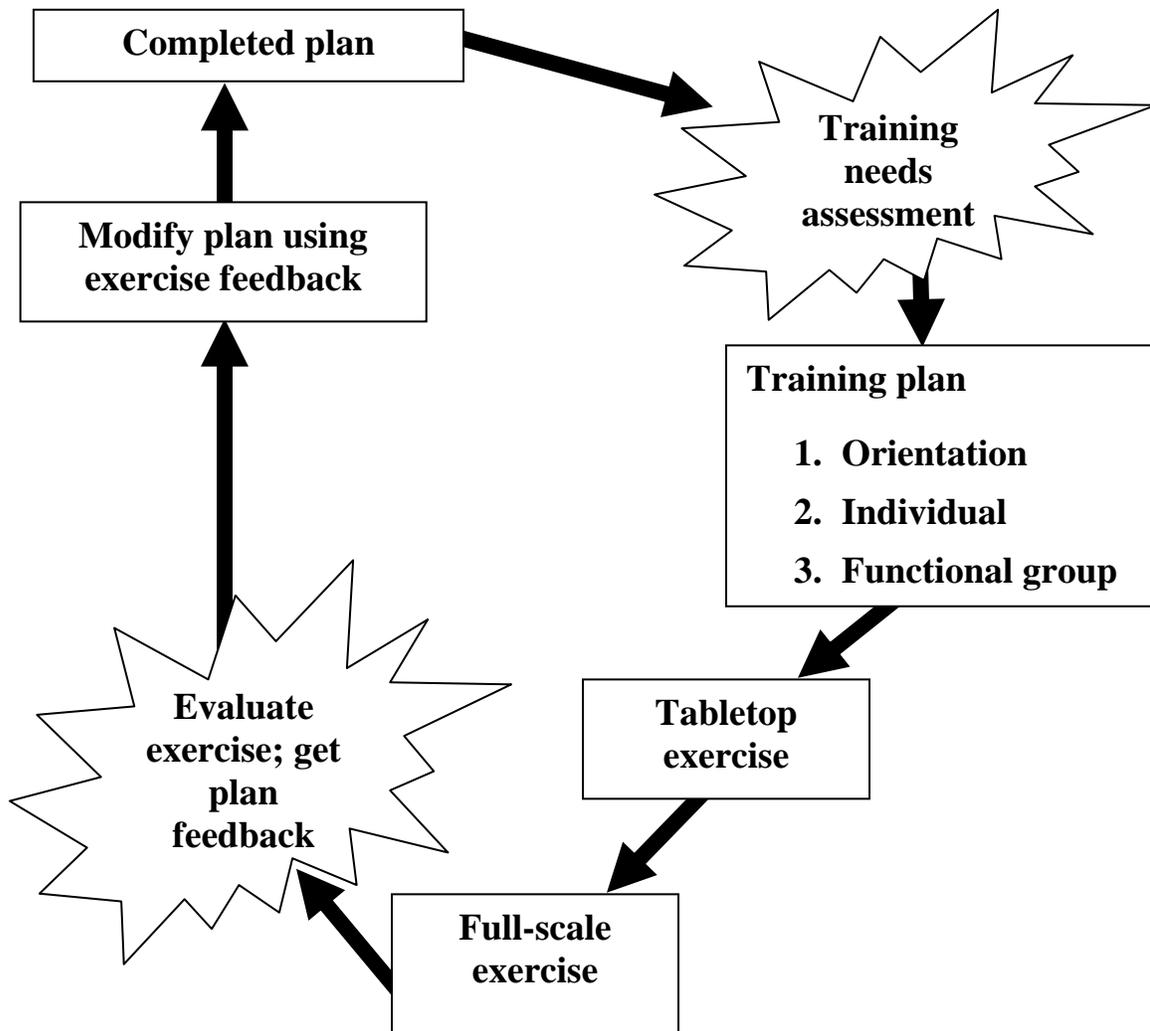


Figure 14.1. From plan to full-scale exercise evaluation.

Needs Assessment

Implement Prior to starting a training plan, you need to know *where* to start. DSNS recommends that you do a training-needs assessment. Simply put, you need to look at what tasks in the plan need to be done, ask who will do the tasks, and determine how familiar they already are with those tasks. This assessment will

identify what topics you will need to address, who should receive the training, and what extent of training they will require. If you are starting from scratch, all members of your SNS Distribution Team will need orientation training (a general overview of what DSNS is and what it does) as well as specific training in the tasks they are to perform. On the other hand, if you have a professional warehouse as your RSS facility, you may not have to do any training on specific tasks, such as receiving SNS assets and building pallets for distribution.

Training Objectives

Implement For any training that you do, you need to have training objectives. The objectives should be specific, measurable levels of the knowledge and capability the students will have to reach to have successfully completed the training. As a basic guideline, we suggest that your plan for training members of your SNS team have the following objectives:

- Your team should understand the DSNS, its mission, contents, and methods of operation.
- They should appreciate the different scenarios that would justify the need for SNS assets and understand the way that your plan anticipates requesting, receiving, distributing, and dispensing those assets.
- They should possess the knowledge and skills they need to perform their tasks effectively.
- They should be cross-trained to work in other functional areas where you may assign them.
- They should understand the performance standards and measures for successfully activating and operating all the functions in your plan.

DSNS TRAINING TOOLS

Implement DSNS has a variety of training tools to assist states in their training efforts. It offers videos, hands-on training material, and classroom instruction to assist the states. State SNS Coordinators should contact their DSNS Program Services Consultant to keep abreast of new training materials and efforts developed by DSNS. Regional and local planners can contact their state SNS Coordinator for information on training and training materials. Our DSNS video is particularly helpful for acquainting your S/L team members with DSNS.

Upper-Level Training

Implement DSNS offers an SNS Program Preparedness Course that provides an overview of DSNS's mission and operations for federal, state, and local officials. This course

alerts participants to the important issues related to the core functions of DSNS. The course concentrates on:

- Overview of DSNS;
- Deployment concepts of SNS assets;
- Collaboration among federal, state, and local agencies, both in pre-planning and operational management;
- Sharing national lessons learned and best practices; and
- Development of capacity and plans for requesting, receiving, distributing, securing, and dispensing SNS assets.

During the course, participants are involved in both classroom instruction and practical exercises incorporating all aspects of DSNS. For further details, or to register, contact the DSNS Program Services Consultant assigned to your state.

Training to receive and distribute SNS assets needs to be an ongoing activity. Individuals who have been part of your plan for some time need refresher training to ensure they do not forget what you expect them to do and to bring them up to date on any changes that may have occurred. Those who are new to your plan need to understand the nature of DSNS, its importance to saving lives, and their part in your plan.

Orientation Training

Orientation training gives participants who will respond to an emergency a basic understanding of DSNS; why the community will need it; and how you expect to request, receive, distribute, and dispense SNS assets. At a minimum, the audience for orientation training should include

- Local and state elected and appointed leaders;
- Emergency planners;
- Members of your S/L ICS or C&C structure;
- Essential emergency response personnel, including first responders and personnel from the medical infrastructure (hospitals, health clinics, and professional associations);
- Members of your SNS Operations Management Team;
- Other S/L team members involved in key positions of executing your plan;
- Public-information and/or health-education specialists; and
- RSS personnel.

We also suggest that you provide this training to private-sector firms and other organizations that will support various activities in your plan (e.g., industrial plants, correctional facilities, and nursing homes that might dispense SNS assets

at their clinics). It is important that they understand how they fit into the larger picture of your S/L response.

Implement

We suggest your SNS orientation training cover:

- How and why the state/community will request DSNS assets;
- How the SNS assets will arrive;
- What materiel, equipment, and technical assistance will be supplied;
- How your personnel will organize themselves and will receive, distribute, and dispense SNS assets;
- How the S/L SNS plan fits into the broader S/L all-hazards or bioterrorism response plan; and
- How dispensing sites will be planned and operated.

INDIVIDUAL TRAINING

Individual training ensures that individuals understand their specific tasks and their part in a functional team. For many individuals (such as warehouse workers, transportation dispatchers, truck drivers, inventory managers, and pharmacists) the tasks that your plan assigns are the same as those they routinely perform. Others, such as volunteers from civic and fraternal group members who staff positions in dispensing sites, will need basic familiarization and specific task training before they can perform effectively. Everyone who is part of your local SNS team needs to understand what he or she must do when the team activates, including

Implement

- Where to get prophylactic medicines for essential personnel and their families,
- Where to get proper credentials, and
- Where and when to report for duty.

FUNCTIONAL-GROUP TRAINING

The goal of this training is to teach individuals how to work smoothly together as members of a functional group (e.g., receiving, staging, repackaging, distribution, and dispensing) to get SNS assets to those who need them during an emergency.

Implement

This training initially emphasizes the process, flow, and expectations of each functional area. Once a functional group works smoothly together, your training should bring all functional groups together for system-wide training so that individuals understand your distribution and operational process for managing and dispensing SNS assets. Group training should ensure that all team members

can function in their assigned jobs; group members understand how their job supports their group's function; teams are familiar with their work location, facilities, equipment, and leadership; all groups understand how they integrate into the overall SNS operational plan; and everyone understands how to work safely.

EXERCISING YOUR PLAN

Even a successful training effort will only bring your SNS staff and supporting agencies so far. To ensure that all participants in your plan understand their roles and to test the overall validity of your plan, you must exercise it. Just like a successful training program, it will take investments of time, money, and resources to have a successful exercise program. To take full advantage of your training efforts, you should plan for your exercise program to start as your training efforts culminate. Normally, we at DSNS have learned, a successful full-scale exercise takes more than a year to put together properly. A tabletop exercise takes less time, resources, and money but, because of its nature, is limited in scope and in depth.

Prior to executing a full-scale exercise, you should host a tabletop exercise.

Tabletop Exercises

Implement

A tabletop exercise brings together all the key leaders and agencies in one location to discuss how the plan requires them to interact and to respond to the situation. To have a successful tabletop exercise, you need to

- Ensure all the right agencies and individuals are invited;
- Make sure everyone has a copy of the plan, has read it, and has a basic understanding of their agency's respective role and the roles of the key leaders;
- Have a realistic situation or scenario to set a framework for discussing how to use the plan to react to the emergency presented;
- Have realistic goals and objectives for the tabletop exercise; basically, each key player and representative agency should understand how your state's SNS distribution system should work from request to dispensing; and
- Have a facilitator with evaluators to ensure the participants stay focused and to assist with meeting the objectives and goals of the exercise.

We recommend that the tabletop exercise be scheduled far in advance (3 to 4 months) of the full-scale exercise. That way, if you encounter any problems or need to make any changes to the plan, you will have time to do so prior to the full-scale exercise.

Full-Scale Exercises

Implement Your full-scale exercises should test responses to probable events [chemical, blast, or biological (with both contagious and noncontagious agents)]. Such exercises are valuable because they enable you to evaluate how well your plan works and to identify where it needs improvement. Some exercises may test only limited parts of your plan, such as the activation of your recall roster of functional group participants. Other exercises will be considerably more comprehensive and include your all-hazards or bioterrorism response plan's event command and control as well as the physical receipt, distribution, and dispensing of DSNS training material.

Exercise Design, Development, and Execution

In the preceding sections, we have outlined the importance of conducting exercises to improve your preparedness efforts. It is important to remember that the design, execution, and evaluation of exercises can be a time-consuming, expensive process. Your exercises should be a part of an ongoing effort to improve readiness and to test plans, personnel, and organizations, not just to satisfy a grant requirement.

Most of the time, you can find experience and expertise in exercise development in your own jurisdiction. Every state's Emergency Management office has an Exercise and Training Officer who can assist you in your exercise efforts. If you wish to gain the knowledge yourself, FEMA's Emergency Management Institute in Emmitsburg, Maryland, offers a suite of courses on exercises, and you can learn more about them at

<http://training.fema.gov/EMIWeb>.

Implement To plan exercises that adequately evaluate the readiness of your state and/or community to respond to an emergency, we suggest that you establish a working group that focuses on the design, execution, and evaluation of your exercise. This group should include (but not be limited to):

- Fire-department personnel,
- Law-enforcement personnel,
- Personnel from S/L hazardous materials response teams,
- Health-department personnel,
- Local healthcare professionals and hospital administrators,
- State and local emergency-management agencies,

- Leaders of the Metropolitan Medical Response System (MMRS), if you have an MMRS in your local area,
- Public-information and health-education specialists, and
- RSS facility managers and personnel.

Exercise Evaluation

Implement

Your exercise evaluation should allow you to validate strengths and to identify improvement opportunities for the participating organizations. To do this, you should have a group designated to observe the exercise and collect supporting data; to analyze the data to compare performance against expected outcomes; and to determine what changes need to be made to the procedures, plans, staffing, equipment, communications, organizations, and interagency coordination to ensure expected outcomes. Your participating agencies and jurisdictions should view the evaluation results not as a report card that grades weaknesses but rather as an opportunity to identify ways to build on strengths and to improve capacity.

Plan the Exercise Evaluation and Collection of Data

The exercise-evaluation plan is a critical aspect of any exercise. Without a method of evaluation, the participants will have no way of determining their quality of performance, the effectiveness of their plans and organization, or their success in mission accomplishment. You should include these steps in an exercise-evaluation plan:



- Plan and organize the evaluation before the exercise to determine what will be observed, when, and where.
- Observe the exercise and collect data.
- Analyze the collected data to assess performance at the task, agency/discipline/function, and mission-outcome levels.
- Identify opportunities for improvement.
- Prepare an after-action report.

Implement

You should plan follow-on activities during which the state planner and members of your SNS Operations Management Team (1) review the after-action report and the lessons learned; (2) determine what changes, if any, need to be made in the plan; (3) ensure that those changes are made; (4) retrain the appropriate personnel to acquaint them with the updated procedures, and (5) rerun the exercise(s).

DSNS Exercise Support

DSNS has devoted considerable time and effort to developing training material and a technical assistance staff. State planners should contact their state's DSNS Program Services Consultant to learn about DSNS's latest exercise material. Local and regional planners should contact their state SNS Coordinator to learn about the material that the state or DSNS can make available.

Implement

DSNS developed an exercise workbook. Part One is a tool for you to use in the design, execution, and evaluation of a SNS-related exercise. Part Two of the workbook is the description, process, and protocol for requesting exercise support from the DSNS. You can download the workbook via DSNS's Extranet site:

<http://www.bt.cdc.gov/stockpile/extranet>.

Access to the Extranet can be gained through your State SNS Coordinator.

PLANNING CONSIDERATIONS

Consideration	Responsibility		
	State	Regional	Local
Can you develop a system to effectively train personnel to execute your plan?			
Do you have a needs assessment?			
Using your plan, have you developed objectives for the training identified through the needs assessment?			
Do you have a plan for			
<ul style="list-style-type: none"> • Orientation training? 			
<ul style="list-style-type: none"> • Individual training? 			
<ul style="list-style-type: none"> • Functional-group training? 			
Have you accessed DSNS training guidance and material in establishing your training system?			

Consideration	Responsibility		
	State	Regional	Local
Does your training plan include a tabletop exercise prior to the full-scale exercise?			
Does your training system have a method for conducting thorough evaluations, including one of the full-scale exercise?			
Do you have a system to take the results from your training and exercises to update your state's SNS plan?			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Have you engaged someone to oversee training personnel, exercising your plan, and evaluating the exercises?			
Have you investigated the Department of Homeland Security's support and reference materials for exercises?			
Have you provided incremental training by assessing your training needs, providing orientation training, training individuals about specific responsibilities, and training groups about working together?			
Have you conducted a tabletop exercise and a full-scale exercise and evaluated the results of those exercises?			

Have you conducted a training-needs assessment that asks what tasks need to be done, who will do the tasks, and how familiar they already are with those tasks?			
Has your training plan adopted the standard objectives of understanding the DSNS, the different scenarios that would justify SNS deployment, the receipt and dispensing of assets, the skills needed to perform tasks, cross-training, and performance measures?			
Have you contacted your DSNS Program Services Consultant to learn about available training materials and efforts?			
Have your state and local officials and managers attended the SNS Program Preparedness Course (and subsequent refresher courses)?			
Does your orientation training cover requesting DSNS assets, their arrival and distribution, organization of the effort, complementarity of the SNS and all-hazards response plans; and dispensing site operations?			
Does your individual training make clear where to get prophylactic medicines, where to get proper credentials, and where and when to report for duty?			
Does your group training ensure that all team members understand their jobs; how they support the group's function; their work location, equipment, and leadership; how they contribute to the overall SNS effort; and how to work safely?			
Have you conducted a tabletop exercise involving all the pertinent agencies and individuals?			

Have you conducted full-scale exercises to test your responses to probable or possible events?			
Have you established a working group that focuses on the design, execution, and evaluation of your exercise?			
Have you constituted a group to observe your exercises, collect supporting data, analyze the data, and determine what changes need to be made?			
After an exercise, did you prepare an after-action report, collect lessons learned, make appropriate changes, retrain personnel, and rerun the exercise?			
Have you downloaded and reviewed the DSNS exercise workbook on the design, execution, and evaluation of a SNS-related exercise?			

Appendix A

Acronyms

APS	Automated packaging system
ASTHO	Association of State and Territorial Health Officials
C&C	Command and control
CBRNE	Chemical, biological, radiological, nuclear, and explosive
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CHEMPACK	A DSNS initiative that places nerve-agent antidote in select locations in every state in the nation
CRI	City Readiness Initiative
DEA	Drug Enforcement Administration
DEOC	Director's Emergency Operations Center (CDC)
DHHS	Department of Health and Human Services
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DSNS	Division of Strategic National Stockpile
EOC	Emergency operations center
ESF	Emergency support function
FDA	Food and Drug Administration (U.S.)
FEMA	Federal Emergency Management Agency
FRP	Federal Response Plan
GETS	Government Emergency Telecommunication Service
HRSA	Health Resources and Services Administration
HSEEP	Homeland Security Exercise and Evaluation Program
IAG	Interagency agreement
ICS	Incident Command System
ID	Identification
IND	Investigational new drug
JITT	Just-in-time training
LEA	Law-enforcement agency
LNO	Liaison officer
MAA	Mutual-aid agreement
MHE	Materiel handling equipment
MI	Managed inventory
MMRS	Metropolitan Medical Response System
MOA	Memorandum of agreement
MOU	Memorandum of understanding
MRC	Medical Reserve Corps
NCS	National Communications System
NACCHO	National Association of County and City Health Officials

NAPH	Name, address, and patient history
NMRT	National Medical Response Team
NNRT	National Nursing Response Team
NPRT	National Pharmacy Response Team
NRP	National Response Plan
ODP	Office of Domestic Preparedness (DHS)
PDD	Presidential Disaster Declaration
PIC	Public information and communication
POD	Point of dispensing
RFI	Request for information
RSS	Receiving, storing, and staging
S/L	State and local
SERT	Secretary's Emergency Response Team (DHHS)
SNS	Strategic National Stockpile
SOC	Secretary's Operation Center (DHHS)
TARU	Technical Advisory Response Unit
TOC	TARU Operations Center
U/U	Unit of use
UC	Unified Command
USPHS	U.S. Public Health Service
WIFI	Wireless fidelity (wireless local area networks based on IEEE 802.11 standards)
WPS	Wireless Priority Service

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Appendix B

Glossary

12-HOUR PUSH PACKAGE: a unit shipment from caches of pharmaceuticals, antidotes, and medical supplies designed to address a variety of biological or chemical agents that are positioned in secure regional warehouses ready for immediate deployment to the airfield closest to the affected area following the federal decision to release SNS assets

ACTION PLAN: a verbal or written plan reflecting the coordinating officer's priorities with tactical objectives for the next operational period

AGENCY: a division of government with a specific function offering a particular kind of assistance; in the Incident Command System, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance)

AGENCY REPRESENTATIVE: a person assigned by a primary, assisting, or cooperating federal, state, local, or tribal government agency or private entity that has been delegated authority to make decisions affecting that agency's or organization's participation in incident management activities following appropriate consultation with the leadership of that agency

ALL-HAZARD: covering all possible dangers, whether natural, accidental, negligent, or intentional

ALL-HAZARDS PREPAREDNESS: preparedness for domestic terrorist attacks, major disasters, and other emergencies

ANTHRAX: a noncontagious, potentially fatal disease caused by breathing, eating, or touching spores of the skin bacterium *Bacillus anthracis*

ANTITOXIN: an antibody formed in response to and capable of neutralizing a biological poison; an animal serum containing antitoxins

AUTHENTICATION: pertaining to the process by which information on the health volunteer is checked against a credible source in order to establish information legitimacy

AUTHORITY: the power to control, judge, or prohibit the actions of others based on statutory, regulatory, or delegated right

BIOLOGICAL AGENT: a living organism, or the materials derived from a living organism that causes disease in or harms humans, animals, or plants or causes deterioration of material; biological agents may be found as liquid droplets, aerosols, or dry powders; a

biological agent can be adapted and used as a terrorist weapon, such as anthrax, tularemia, cholera, encephalitis, plague, and botulism; biological agents come in three types: bacteria, viruses, and toxins

BIOLOGICAL ATTACK: the deliberate release of germs or other biological substances that can cause sickness

BIOLOGICAL INCIDENT: an event in which a biological agent is used as a terrorist weapon

BIOTERRORISM: the use of a biological agent in a terrorist incident; the intentional use of microorganism or toxins derived from living organisms to produce death or disease in humans, animals, or plants

CAPACITY: the ability to perform or produce; the strengths and resources of a community, society, or organization that can reduce the risk or effects of a disaster; the ability to perform health-service functions, including having the necessary facilities (e.g., clinics), equipment (e.g., respiratory equipment), human resources (e.g., physicians, nurses, and pharmacists), and operational financing; capacity may include (1) physical, institutional, social, or economic means, (2) skilled personnel and human resources, and (3) attributes, such as leadership and management; it may also be described as capability

CERTIFIED: officially authorized and recognized by a formal authority

CERTIFICATION: the process by which an agency or association evaluates and recognizes an individual, institution, or educational program as meeting predetermined standards; certification programs are generally nongovernmental and do not exclude the uncertified from practice as do licensure programs

CHAIN OF COMMAND: a series of command, control, executive, or management positions in a hierarchical order of authority

CHEMICAL AGENT: a substance that produces incapacitation, serious injury, or death

CHEMICAL ATTACK: the deliberate release of a toxic gas, liquid, or solid that can poison people and the environment

CHEMICAL INCIDENT: an accidental or deliberate exposure involving chemical agents

CHEMICAL TERRORISM: the use of a chemical agent in a terrorist incident to intentionally inflict harm upon others

COMMAND: the act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority

COORDINATE: to advance systematically an exchange of information among principals who have or may have a need to know certain information in order to carry out their roles in a response

COMMUNICABLE DISEASE: an illness caused by a specific infectious agent or by toxic products that arises through transmission of that agent or its products from an infected person or animal to a susceptible host

CONTINGENCY PLAN: a predetermined approach to a specific issue or event that may arise during the course of a disaster operation, presenting alternative actions to respond to this situation

COUNTERTERRORISM: the full range of activities directed against terrorism, including preventative, deterrent, response, and crisis-management efforts

CREDENTIAL: an element of the individual's qualifications; these include education, training, work experience, or hospital affiliation

CREDENTIALING: the recognition of professional or technical competence; the credentialing process may include registration, certification, licensure, professional association membership, or the award of a degree in the field; certification and licensure affect the supply of health personnel by controlling entry into practice and influence the stability of the labor force by affecting geographic distribution, mobility, and retention of workers; credentialing also determines the quality of personnel by providing standards for evaluating competence and by defining the scope of functions and how personnel may be used

DATABASE: an organized collection of information often stored in electronic form

DEPLOYMENT: sending resources or assets to a specific site and assignment; distributing forces or resources in preparation for battle or work

DISASTER, MAJOR (FEDERAL): any natural catastrophe or any fire, flood, or explosion, in the United States, which in the determination of the President, causes damage of sufficient severity and magnitude to warrant disaster assistance under the Stafford Act to supplement the efforts and available resources of states, local governments, and disaster-relief organizations in alleviating damage, loss, hardship, or suffering

DISPATCH: the ordered movement of a resource or resources to an assigned operational mission or an administrative move from one location to another

DIVISION OF STRATEGIC NATIONAL STOCKPILE (DSNS): a group of professionals dedicated to supplementing and resupplying state and local public health agencies in the event of a national emergency, including biological or chemical terrorism incidents anywhere, anytime within the United States or its territories

DSNS PROGRAM SERVICES CONSULTANT: the DSNS staff member who is the point of contact for a particular state; each state has a DSNS staff member who is knowledgeable about DSNS and about the emergency-response infrastructure of that state and who is best suited to answer questions and provide direction both for preparedness activities and during an emergency; the DSNS Program Services Consultant works closely with the State SNS Coordinator

EMERGENCY (FEDERAL): any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement state and local efforts and capabilities to save lives; to protect property, public health, and safety; or to lessen or avert the threat of a catastrophe in the United States

EMERGENCY MANAGEMENT: a systematic program of activities that governments and their partners undertake before, during, and after a disaster to save lives, prevent injury, and protect property and the natural environment

EMERGENCY OPERATIONS CENTER: a predesignated facility established by an agency or jurisdiction to coordinate the overall agency or jurisdictional response to an emergency and the support provided

ENDUROTHERM™: a shipping container specially designed to meet FDA handling requirements for the transport of vaccines, maintaining the internal temperature for the duration of the transport but not requiring any external or battery power

EPIDEMIC: the occurrence in a community or region of cases of an illness (or outbreak) with a frequency clearly in excess of normal expectancy

EXERCISE: a simulated emergency condition carried out for the purpose of testing and evaluating the readiness of a community or organization to handle a particular type of emergency

FIRST RESPONDER: a local police, fire, or emergency medical person who arrives first on the scene of an incident and takes action to save lives, protect property, and meet basic human needs

FUNCTION: in the Incident Command System, the five major activities (i.e., command, operations, plans/information, logistics, and finance/administration); the activity involved (e.g., the planning function)

FUNCTIONAL PLAN: a subset of the action plans developed by individual elements, setting out their operational priorities for addressing the most pressing problems

HAZARD: a source of potential harm from past, current, or future exposures

HEALTH EFFECT: the result of exposure to substances that cause harm to a person's well-being

HEALTH VOLUNTEER: medical or healthcare professional who renders aid or performs health services without remuneration

HOSPITAL: a healthcare organization that has a governing body, an organized medical staff and professional staff, and inpatient facilities and provides medical, nursing, and related services for ill and injured patients 24 hours per day, 7 days per week; for licensing purposes, each state has its own definition of a hospital

IMPLEMENTATION: taking steps to reach a specific objective after goals have been set and a strategy has been developed: putting all program functions and activities into place; putting recommendations into practice; giving practical effect to and ensuring actual fulfillment of a policy or plan by concrete measures; and carrying out a project or program, including all the support activities, such as setting up an organizational structure, communicating, and evaluating a project

INCIDENT: an occurrence or event, natural or human-caused, that requires an emergency response to protect life or property; incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response

INCIDENT COMMAND SYSTEM: a standardized on-scene emergency-management concept specifically designed to allow its users to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries

INCIDENT COMMANDER: the individual responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources; the Incident Commander has overall authority and responsibility for conducting incident operations and is responsible for the management of all operations at the incident site

INCIDENT MANAGEMENT: the totality of activities to be aware of, prevent, prepare for, respond to, and recover from incidents

JURISDICTION: a range or sphere of authority; public agencies have jurisdiction at an incident related to their legal responsibilities and authority; jurisdictional authority at an incident can be political or geographical (e.g., city, county, tribal, state, or federal boundary lines) or functional (e.g., law enforcement or public health)

LEAD AGENCY: the federal department or agency assigned the primary, directive responsibility under the U.S. law to manage and coordinate the federal response in a specific functional area

LEAD FEDERAL AGENCY: the agency designated by the President to lead and coordinate the overall federal response to an emergency

LIAISON OFFICER: a member of the Command Staff responsible for filling the senior liaison functions with representatives from cooperating and assisting agencies

LICENSURE: affirmation by a duly constituted body, usually a state, that an individual has met certain prescribed qualifications and is therefore recognized under the laws of the state as a licensed professional

LOCAL GOVERNMENT: any county, city, village, town, district, or political subdivision of any state; Indian tribe or authorized tribal organization; or Alaska Native Village or organization, including any rural community or unincorporated town or village or any other public entity

MANAGED INVENTORY: unit shipments from caches of pharmaceutical and/or medical supplies that are shipped in response to a state's request for follow-on materials; they can be tailored to provide pharmaceuticals, supplies, and/or products specific to the medical needs produced by the emergency

MEDICAL DOCTOR: A licensed physician who is a graduate of an accredited medical school and practices allopathic medicine

METROPOLITAN MEDICAL RESPONSE SYSTEM: a Department of Homeland Security program intended to increase cities' ability to respond to a terrorist attack by coordinating the efforts of local law enforcement, fire, hazmat, EMS, hospital, public health and other personnel

MOBILIZATION: the process and procedures used by all organizations (federal, state, local, and tribal) for activating, assembling, and transporting all resources that have been requested to respond to or support a response to an incident

MUTUAL-AID AGREEMENT: written agreement between agencies and/or jurisdictions that they will assist one another on request, by furnishing personnel, equipment, and/or expertise in a specified manner

N95: filtering characteristic of an effective mask that is resistant to aerosol hazards

NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS): the single all-hazard incident-management system required by Homeland Security Presidential Directive 5 that will govern the management of the National Response Plan; the National Incident Management System will replace the National Inter-Agency Incident Management System

NATIONAL RESPONSE PLAN (NRP): the single all-hazard incident-management plan required by Homeland Security Presidential Directive 5 that will govern all incident

management beginning in 2005; the National Response Plan will replace multiple specific-purpose response plans currently in use

NERVE AGENT: a substance that interferes with the central nervous system; exposure occurs through contact with the liquid and through inhalation of the vapor

NONGOVERNMENTAL ORGANIZATION (NGO): An entity with an association that is based on interests of its members, individuals, or institutions and that is not created by a government but may work cooperatively with government; such organizations serve a public purpose, not a private benefit

OUTBREAK: the occurrence of a number of cases of a disease or condition in any area over a given period of time in excess of the expected number of cases

PLACARD: a standard device or sign attached to the outside of a vehicle to identify the hazards or importance associated with the cargo

PLANNING: setting objectives and identifying methods to achieve those objectives, a continuing process of analyzing data, making decisions, making plans for future actions, and revising those plans, all aimed at achieving program goals

POINT OF DISPENSING: a location where pharmaceuticals and other medications are distributed to end users; these facilities may range from small clinics to large operations with multiple staging and operation areas; these facilities may also support a range of methods of distributing drugs and medications to the patients

PREPAREDNESS: the range of deliberate, critical tasks and activities necessary to build, sustain, and improve the capability to protect against, respond to, and recover from hazard impacts; preparedness is a continuous process; within the National Incident Management System, preparedness involves efforts at all levels of government and the private sector to identify threats, to determine vulnerabilities, and to identify required response plans and resources

PREVENTION: actions to avoid a hazard occurrence or to avoid or minimize the hazard impact (consequences) if it does occur; prevention involves actions to protect lives and property

PRIVILEGES: verified scope of practice as termed by the organization in which the clinician practices

PROPHYLAXIS: prevention of disease or of a process that can lead to disease

PUBLIC HEALTH: organized efforts of society to protect, promote, and restore people's health; it is the combination of science, skills, and beliefs that is directed to the maintenance and improvement of the health of all the people through collective or social actions; the programs, services, and institutions involved emphasize the prevention of

disease and the health needs of the population as a whole; public health activities change with variations in technology and social values but the goals remain the same: to reduce the amount of disease, premature death, and disease-produced discomfort and disability in the population

PUBLIC HEALTH EMERGENCY: occurrence or imminent threat of exposure to an extremely dangerous condition or the occurrence of a highly infectious disease or toxic agent that poses in imminent threat of substantial harm to the population

QUARANTINE: precautionary physical separation of persons who have or may have been exposed to a threatening or potentially threatening communicable disease from the general population to protect against the transmission of the disease to uninfected persons

REPACKAGING SITE: the location where bulk pharmaceuticals will be separated into individual-dose regimens

RESPONSE: those activities or programs designed to address the immediate and short-term effects of an emergency or disaster; includes immediate actions to save lives, protect property, and meet basic human needs as well as executing the plan and resources created to preserve life, protect property, and provide services

RESOURCES: personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained

RESOURCE MANAGEMENT: a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident; the National Incident Management System includes mutual-aid agreements; the use of special federal, state, local, and tribal teams, as well as resource mobilization protocols in resource management

RISK: a measure of the harm to human health that results from being exposed; uncertainty that surrounds future events and outcomes

RISK ASSESSMENT: a process that involves determining the likelihood that a specific adverse health effect will occur in an individual or population following exposure to a hazardous agent

SMALLPOX: variola, a virus that causes a serious, contagious and sometimes fatal disease producing substantial morbidity and mortality; there is no specific treatment for smallpox, and the only prevention is vaccination

SNS OPERATIONS MANAGEMENT TEAM: the people who specifically manage the SNS assets and any supplemental assets already available through the state, providing a management framework to handle SNS assets from receipt to dispensing; an interface

with the state C&C; the execution of directives from the C&C concerning SNS assets; and the training, exercising, and evaluating involved with a plan

SNS PROGRAM PREPAREDNESS: the ability of state and local programs to assemble a robust capacity to effectively manage, receive, store, stage, distribute, and dispense SNS assets once they are deployed

SPECIAL POPULATIONS: people who might be more sensitive or susceptible to exposure to hazardous substances because of such factors as age, occupation, sex, or behaviors (for example, cigarette smoking); populations with special needs for translations, special services (such as the physically handicapped), or alternative channels of communication (such as the deaf); populations with distinct cultural or community needs; children, pregnant women, and older people are often considered special populations

SPONTANEOUS VOLUNTEER: a person who arrives to provide services in response to an incident without being solicited for help or being specifically requested by a sponsoring agency involved in the emergency response

STAGING AREA: location established where resources can be placed while awaiting a tactical assignment

STATE: any state of the United States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, or the Republic of the Marshall Islands

STATE SNS COORDINATOR: the individual in a project area who develops and implements and/or ensures the development and implementation of a plan that will create a project area infrastructure capable of administering pharmaceuticals and/or medical supplies to any segment of the project area's population; will securely receive SNS assets and support personnel at the predesignated and approved site(s); and will store, secure, apportion, deliver, inventory, and track SNS assets during a public health emergency necessitating these resources

STRATEGIC NATIONAL STOCKPILE: a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, intravenous-administration and airway-maintenance supplies, and medical or surgical materiel for use in a declared biological or chemical terrorism incident or other major public health emergency

TACTICAL: characterized by the execution of specific actions or plans in response to an actual incident or, prior to an incident, the implementation of individual or small unit activities, such as training or exercises

TECHNICAL ADVISER RESPONSE UNIT: a rapid-response unit of CDC advisors that is available 24 hours a day, 7 days a week to move in concert with the deployment of the 12-Hour Push Packages, Managed Inventory, or other SNS assets and provides onsite advice and guidance

TERRORISM: the unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof in the furtherance of political or social objectives

TERRORIST INCIDENT: a violent act or an act dangerous to human life in violation of the criminal laws of United States or of any state to intimidate or coerce a government, the civilian population, or any segment thereof in furtherance of political or social objectives

THREAT: the likelihood of a hazard occurring

TOOLS: those instruments and capabilities that allow for the professional performance of tasks, such as information systems, agreements, doctrines, capabilities, and legislative authorities

TREATMENT FACILITY: hospitals or other facilities where symptomatic persons will receive intravenous medications

TRIBAL: any Native American tribe, band, nation, or other organized group or community, including any Alaskan Native village, that is recognized as eligible for the special programs and services provided by the United States to Native Americans

UNIFIED COMMAND: an application of the Incident Command System used when there is more than one agency with incident jurisdiction; agencies work together through their designated incident commanders or managers at a single location to establish a common set of objectives and strategies and a single incident action plan

UNITY OF COMMAND: the concept by which each person within an organization reports to one and only one designated person; the purpose of unity of command is to ensure unity of effort under one responsible commander for every objective

VACCINATION: the injection or inoculation of a vaccine for the purpose of inducing active immunity

VaxiCool™: shipping containers that will maintain vaccine at a proper temperature for up to 2 days during shipment using external electrical or self-contained battery power

VERIFICATION: the act of confirming truth or authority

VIRUS: the simplest type of microorganism, lacking a system for its own metabolism; it depends on living cells to multiply and cannot live long outside a host

VOLUNTEER: a medical or healthcare professional who renders aid or performs health services without remuneration

WEAPON OF MASS DESTRUCTION: any device, material, or substance used with the intent to cause death or serious injury to persons or significant damage to property

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Appendix C

The CHEMPACK Project

The mission of the Division of Strategic National Stockpile (DSNS) is to deliver critical medical assets to the site of a national emergency. Following the federal decision to deploy, the SNS assets will arrive within 12 hours to supplement a locality's first response to a public health emergency. However, in the event of chemical attack, 12 hours may not be soon enough for immediate, initial treatment. Some states do not have sufficient stocks of chemical/nerve-agent antidotes, and many local hospitals carry only limited supplies of treatments for nerve-agent exposures. Additionally, some antidotes have short shelf lives, and replacing them is costly and impacts the ability to respond quickly to a crisis situation.

To meet these challenges, the DSNS developed and successfully piloted a project for the forward placement of nerve-agent antidotes. Known as the "SNS CHEMPACK Pilot Project," DSNS procured and provided each pilot site with auto-injectors and bulk symptomatic-treatment supplies to care for individuals exposed to nerve agents. This distribution gave state and local governments a sustainable, reliable resource for treatment supplies and also improved their capability to respond quickly to a nerve-agent attack. DSNS retained ownership of CHEMPACK materiel but gave custody to designated personnel. This allowed CHEMPACK assets to be in the federal Shelf Life Extension Program (SLEP), increasing the effective shelf life of the materiel. Through centrally located automated monitoring devices, DSNS staff were able to ensure that conditions of CHEMPACK materiel complied with SLEP guidelines. As long as the antidotes are maintained under federal control and under proper conditions, DSNS will be able to extend their shelf life, thus making the CHEMPACK Project fiscally feasible and providing a long-term capability.

DSNS will follow the procedures used in the pilot to execute the nationwide deployment of the CHEMPACK Project. A 35-person team within DSNS will procure, package, ship, and install approximately 2300 containers in the bioterrorism (BT) project areas. DSNS will also establish a coordinated procurement plan with the pharmaceutical manufacturers. All assets in the CHEMPACK inventory will be incorporated and tracked as SNS inventory. Throughout the nationwide project, DSNS advisors will assist project areas in incorporating CHEMPACK containers into their existing plans, while offering technical support.

Five CHEMPACK fielding teams will be responsible for deploying CHEMPACK assets to the remaining BT project areas. The fielding teams will operate concurrently, with each being responsible for fielding six BT project areas per year (the five team-coverage areas are aligned with existing Federal Emergency Management Agency regions). Each BT project area will be asked to designate one point of contact for the CHEMPACK Project. These points of contact will be instrumental in developing CHEMPACK plans and will work with the CHEMPACK team during the fielding effort and over the lifespan of the project.

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Appendix D

Smallpox Vaccination

CRITERIA FOR RELEASE OF SMALLPOX VACCINE

According to the CDC's Smallpox Response Plan, Version 3, which can be found at

<http://www.bt.cdc.gov/agent/smallpox/response-plan>,

federal authorities may authorize deployment of all or portions of the smallpox vaccine stockpile if one or more of the following events occur:

1. Confirmation of the presence of smallpox virus, antigen, or nucleic material in clinical specimens by CDC or another laboratory qualified to evaluate specimens for the presence of smallpox virus.
2. Credible reports of clinically compatible cases with pending laboratory confirmation, once an outbreak of smallpox has been previously identified.
3. A large outbreak of a clinically compatible illness as determined by CDC with pending etiological confirmation.
4. Confirmation of viable smallpox virus in an environmental sample, package, distribution device, or other device associated with potential human exposure.

In addition, federal officials may authorize release of a portion of the smallpox vaccine stockpile and implementation of all or portions of the CDC Smallpox Response Plan if a threat of a smallpox virus release is received, evaluated, and deemed highly credible by federal law enforcement or intelligence authorities. Federal officials will notify other federal agencies (Health and Human Services, Federal Bureau of Investigation, National Security Council, etc.) prior to the release of smallpox vaccine.

State and local public health officials should notify the **CDC Emergency Operations Center: (770) 488-7100** for any of the following reasons:

1. A suspected case of smallpox with request for clinical specimen testing;
2. An outbreak of illness that is clinically compatible with smallpox;
3. A request to test an environmental sample, package, distribution device, or other device associated with potential human exposure for smallpox virus.

Note: The DSNS does not have the authority to release smallpox vaccine. The DSNS will receive a smallpox vaccine deployment order from federal authorities once any of the above criteria have been confirmed.

VACCINE DISTRIBUTION PRIORITY/STRATEGY

The DSNS maintains more than enough smallpox vaccine and required ancillary supplies to immunize the entire population of the United States, its territories, commonwealths, and possessions.

The CDC's National Immunization Program (NIP) will prioritize the vaccine distribution for areas/states with confirmed cases of smallpox and/or confirmed contacts to smallpox cases in accordance with the CDC Smallpox Response Plan (Version 3). According to this plan, states with probable cases will have priority over states with no cases. The amount of vaccine supplied will be determined in part by the following factors:

- Known or estimated number of confirmed or suspected smallpox cases;
- Known or estimated number of contacts;
- Known or estimated number of areas/states potentially effected;
- Number of public health, medical, and response personnel requiring vaccination; and/or
- Vaccination strategy implemented (ring vs. mass vaccinations).

DSNS VACCINE DEPLOYMENT

When directed by federal authorities, the DSNS will ship the prescribed quantities of smallpox vaccine and ancillary supplies to designated locations throughout the United States, its territories, commonwealths, and possessions to support the immunization of all or part of the U.S. population.

The DSNS will deploy vaccine in two phases. During Phase 1, DSNS will ship vaccine and required ancillary supplies within 24 hours of notification to designated locations according to vaccination priorities of the National Immunization Program (NIP).

In order to meet this timeline, DSNS maintains 75 million doses of vaccine with required ancillary supplies in a prepacked configuration. The prepacked vaccine comes in increments as low as 10,000 doses (undiluted) with a sufficient quantity of ancillary supplies to support the vaccine. Ancillary supplies that will accompany vaccine shipments are

- Bifurcated needles,
- Diluent,
- Transfer needles,
- Vial stabilizers, and
- Information materials.

Concurrent with initiating Phase 1 shipments, DSNS will initiate its Phase 2 operations by packing remaining vaccine and ancillary supplies in preparation for shipment to newly designated locations. NIP will determine DSNS shipping locations based on the vaccination priority.

Types of Vaccine

DSNS holds four types of smallpox vaccine that have differences in regulatory approval, preparation for use, and packaging configuration:

Type	Dilution Ratio	Doses/Vial	Doses/Case
Wyeth Dryvax® (licensed)	(1:1)	100	28 vials = 2,800 doses
Wyeth Dryvax® (IND)	(1:1)	100	50 vials = 5,000 doses
Aventis Pasteur® (IND)	(1:5)	500	1000 vials = 500,000 doses
Acambis (IND)	(1:1)	100	400 vials = 40,000 doses

Because you may not know which vaccine your area will be receiving, you should familiarize yourself with all types of vaccine. Licensed vaccine is expected to be shipped first, followed by investigational new drug (IND) vaccine. The FDA has not licensed the investigational product, but it has approved the IND vaccine for use in special circumstances. The IND smallpox vaccine is considered safe for use and is authorized for use by CDC during a smallpox event. You can find vaccine information for the licensed product at

<http://www.fda.gov/cber/label/smalwye102502LB.htm>.

You can find additional information about the vaccines at

<http://www.bt.cdc.gov/agent/smallpox/training/webcast/dec2002/>

<http://www.bt.cdc.gov/agent/smallpox/vaccination/vaccination-program-qa.asp>

<http://www2.cdc.gov/nip/isd/spoxvsh/01000000.asp>

You should contact your state's DSNS Program Services Consultant for more information regarding the IND vaccines. Regional and local planners should contact their state SNS coordinator for more information.

Storage and Shipping Requirements

DSNS packs and ships vaccine in accordance with directives from federal authorities and in the appropriate quantity to serve the population at risk. Federal authorities will determine which areas will receive vaccine first. As a planner, you will need to identify handling and storage facilities with the appropriate refrigeration needed to receive the vaccine. You should designate multiple vaccine-reception sites within your state to allow DSNS to ship vaccine directly to those locations, reducing your state's logistical burden. DSNS will pack vaccine in increments as low 10,000 doses; therefore, DSNS recommends having a shipping site in every city with a population of 10,000 or more, or at least one site for every county with a population of 10,000 or more.

To select proper facilities, you should work directly with your DSNS Program Services Consultant. You must take into account necessary square footage and storage requirements listed below in the "How the Vaccine is Packed and Shipped" section. At a minimum, state coordinators must provide their DSNS Program Services Consultant with the following:

- Name of *primary and alternate* contacts for each receiving location;
- Complete street address(es) of receiving location(s);
- Complete contact numbers for authorized recipients to include landline, cellular phone, pager, fax and receiving-location telephone numbers; and
- Number of doses requested for shipment to site(s).

How the Vaccine is Packed and Shipped

DSNS's packing protocols and the use of specialized shipping containers will ensure that the smallpox vaccine you receive has remained at the proper temperature throughout the distribution, packing, and shipment processes. Your vaccine shipment will arrive in either a self-powered refrigeration shipping container (VaxiCool™; see Figure D.1) or a specialized foam shipping container (EnduroTherm™; see Figure D.2).

VaxiCool™ containers meet FDA handling requirements for vaccine shipments. VaxiCool™ shipping containers will maintain the vaccine at a proper temperature during shipment using electrical or self-contained battery power. A fully charged VaxiCool™ can sustain proper storage conditions on battery power for up to 2 days. *If you receive a VaxiCool™ container, you will need to connect it to an electrical power source to ensure the vaccine continues to be maintained at the proper temperature. If possible, transfer the vaccine to stationary refrigerators that are maintained at 2 to 8 °C (or 36 to*

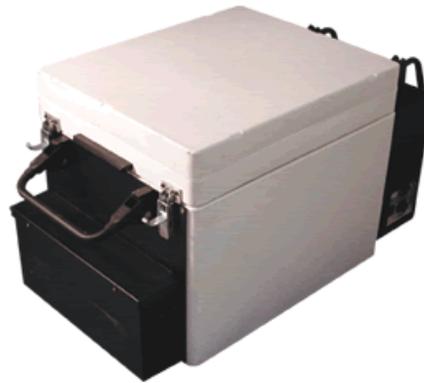
46 °F). DSNS requires that all VaxiCools™ are returned upon completion of use. You must contact your DSNS Program Services Consultant to coordinate the return of the VaxiCool™.

The VaxiCool™ shipping container has the following specifications:

- External Size, 39 inches by 21 inches by 21 inches
- Weight, 130 lbs (with vaccine)
- Shipped, two per pallet
- Doses, 100,000 per VaxiCool™

For a population of 1 million, 10 VaxiCools™ would be required on 5 pallets, taking up 100 square feet of floor space.

Figure D.1. VaxiCool™ Shipping Container.



EnduroTherms™ meet FDA handling requirements and are used for tailored shipment sizes. If you receive an EnduroTherm™ shipping container, you must immediately transfer the vaccine to stationary refrigerators that are maintained at 2 to 8 °C (or 36 to 46 °F). DSNS will not be recollecting these containers. EnduroTherm™ shipping containers come in three sizes with the following specifications:

Small EnduroTherm™

- Size, 19 inches by 13 inches by 17.5 inches
- Product unpacked size, 10 inches by 5 inches by 4 inches (≈ 0.125 square foot)
- Weight, 6.5 lbs (empty), 30 lbs (full)
- Shipped, 24 per pallet

For a population of 1 million, 200 small EnduroTherms™ would be required on 7 pallets, taking up 140 square feet of floor space.

Medium EnduroTherm™

- Size, 25.5 inches by 19.5 inches by 20.5 inches
- Product unpacked size, 14 inches by 10 inches by 12 inches (≈ 1 square foot)
- Weight, 12.2 lbs (empty), 80 lbs (full)
- Shipped, 12 per pallet

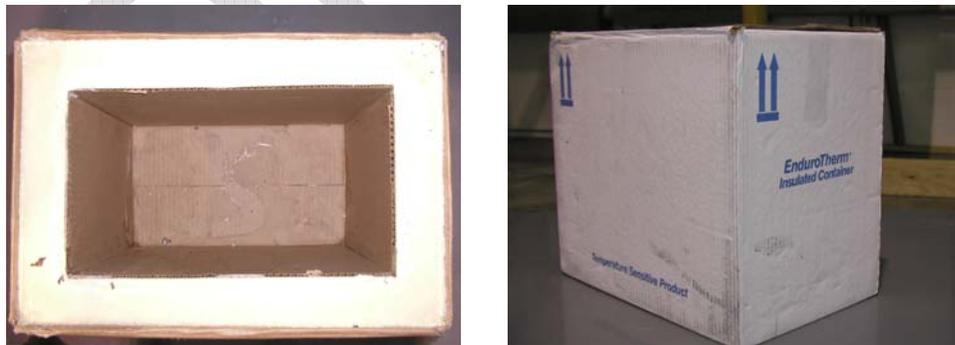
For a population of 1 million, 25 medium EnduroTherms™ would be required on 3 pallets, taking up 60 square feet of floor space.

Large EnduroTherm™

- Size, 27 inches by 26 inches by 28.5 inches
- Product unpacked size, 20 inches by 20 inches by 12 inches (≈ 2.77 square feet)
- Weight, 23 lbs (empty), 120 lbs (full)
- Shipped, 8 per pallet

For a population of 1 million, 9 large EnduroTherms™ would be required on 3 pallets, taking up 60 square feet of floor space.

Figure D.2. Interior and Exterior Views of EnduroTherm™ Shipping Container.



At the time of need, DSNS will also ship ancillary materiel either with or separate from the vaccine. Enough ancillaries will be shipped to provide support for all the smallpox vaccine doses shipped. DSNS will ship ancillaries in either prepacked form known as B-Kits or bulk form.

There are four main ancillary supplies:

1. Diluent,
2. Bifurcated needles,
3. Transfer syringes, and
4. Vial stabilizers.

The ancillary supplies for vaccinating a population of 1 million would take 7 pallets and 140 square feet of floor space.

DSNS uses a third-party contract call center to monitor vaccine shipments to ensure safe delivery. They will notify you by phone to inform you of your shipment's tracking number (pro number). *You should direct any shipment related questions to the shipping call center at 1-800-556-6337.*

WHAT YOU MUST DO UPON RECEIPT OF VACCINE

Upon receipt of the vaccine,

- Inspect the package and contents for damage.
- Note the condition of each container.
- Count the number of EnduroTherms and ancillary boxes received.
- Before you continue, call the Shipping Call Center at 1-800-556-6337 to confirm the receipt and condition of vaccine and to walk through the remaining steps.

Open the shipping container and remove the handling instructions and shipping airbill from the top of the shipping container. Set instructions and airbill aside.

- Remove all packing materials to get to the vaccine. Remove temperature monitor device from top of vials. *Immediately read and record temperature status.* Count vials and place vaccine in a monitored refrigerator immediately.
- Segregate the content of each EnduroTherm in the refrigerator.
- Place each airbill with the segregated content with which it was shipped.

It is important to know which content came from which airbill.

Do not return endurotherm shipping containers.

Store the vaccine at temperatures between 2 and 8 °C (36 and 46 °F). The refrigerator must be monitored electronically or manually and recorded on a routine basis (every 12 hours at a minimum).

Store ancillary materiel in a dry, ambient-temperature, secured location.

Ancillary materials include:

- Bifurcated needles
- Transfer syringes
- Vial stabilizers
- Diluent

Read diluent lable and determine if it is to be stored at ambient temperature or 2 to 8 °C.

- If diluent is to be stored at 2 to 8 °C, place it in the refrigerator separate from the vaccine.
- If diluent is to be stored at ambient temperature, store with ancillary materiel.

UPON COMPLETION OF VACCINE DISTRIBUTION

Opened Vials of Unused Vaccine

Opened vials of smallpox vaccine that have been only partially used and will not be fully used during the conduct of an immunization clinic must be disposed of as biohazardous material (autoclaved and/or incinerated) along with all used needles, empty vials, syringes, vial stabilizers, swabs, bandages, and other expendable supplies that came in contact with the vaccine.

Unopened Vials

Because DSNS cannot guarantee the cold chain management after vaccine is turned over to an authorized receiver, DSNS cannot recover and redistribute the vaccine. Therefore, DSNS will not accept excess vaccine from states for disposal or redistribution. State and urban area public health officials have the flexibility to forward deploy smallpox vaccine (e.g., by passing it on to local clinics or hospitals). NIP must approve plans for forward deployment of vaccine in a state. If a state has more smallpox vaccine than is needed, it is responsible for disposal of the unneeded vaccine.

Public health officials should note the shelf life of the vaccine, which is listed in the product information. NIP can provide some shelf-life extensions, but this extension must be pre-coordinated directly with the NIP. Vaccine whose expiration date has passed and has not received NIP-authorized extension must be disposed of as biohazardous material.

Accounting for Vaccine

State and urban-area BT programs must report to the NIP the number of vials and estimated number of doses of smallpox vaccine dispensed, the number of vials and estimated number of doses disposed of, and the method of disposal.

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Appendix E

Suggested Language for Local Contracts and Agreements

SCOPE OF THE AGREEMENT

This section specifies what the government will procure. Additional provisions might require a contractor to do the following:

- Produce government property in compliance with the Federal Drug Administration's Good Manufacturing Processes, manufacturers' product package insert, relevant standard monographs published by the U.S. Pharmacopoeia, and the *National Formulary*.
- Store, inventory, quality control, and rotate (any or all, as agreed upon) any government-owned property at the contractor's facility. Storage, if included, should occur according to government recommendations and under proper environmental controls. Reports should identify inventory, quality control procedures, and rotation activities.
- Provide the government with round-the-clock access to storage facilities (if storage is included) and with the authorization/means of identification for a government representative to enter the facility.
- Provide the names, titles, and phone numbers of its key representatives; notify the government when changes occur; and maintain a list supplied by the government of government representatives authorized to order a deployment and/or release of government-owned property.
- Provide the government a rotation plan for government-owned property (if rotation is included) within a specified number of days from the signing of the contract.
- Allow scheduled as well as unannounced visits to the facility (if storage is included) by government personnel for inspection and review of the inventory.
- Make all directed changes as the result of scheduled or unannounced visits, policy changes, or direction from higher governmental authority as soon as possible but no less than a specified number of days from the date of written notice.
- In the deployment of government-owned property, pick stock (if storage is included), using a faxed or electronic government order

list, then palletize, prepare for shipping (including shrink wrapping), and load onto transportation vehicles.

- Charge the government an Industrial Funding Fee (to be specified) for all sales under the agreement.

This section might also stipulate that, under this agreement, the government will do the following:

- Provide the contractor with the names, titles, and contact numbers of personnel who are authorized to order changes to or deploy government-owned property.
- At the time of deployment, notify the contractor (if storage is included) of the transport firm that is authorized to pick up and transport government-owned property.
- Specify the extent to which the contractor may release the provisions of this agreement to the public under applicable statutes.
- Cite any additional applicable clauses that are included in attachments to the agreement.

PERIOD OF THE AGREEMENT

This section

- explains the duration of the agreement,
- establishes a date upon which it expires,
- describes the process of extending the contract,
- outlines what will happen to government-owned property upon expiration (if storage is included),
- specifies the responsibilities of the parties when termination occurs,
- states the time intervals for a satisfactory disposition of any property to be relocated upon termination, and
- stipulates any fees that may be associated with termination of the contract.

UNINTERRUPTED SOURCE OF SUPPLY

This section binds the contractor to provide a steady supply of products covered by the contract to the extent the contractor can reasonably control the supply. It also specifies that the government is not bound to accept alternatives should the contractor cease to provide the original products and that the government may cancel the contract if an evaluation finds that the alternatives are unacceptable.

PRICE

This section specifies unit price, case price, and total price the government agrees to pay for the products that it procures. It also stipulates fees that it will pay for storage and restocking (if storage and rotation are included).

PROMPT-PAYMENT TERMS

This section specifies the payment terms and any discounts for payment within certain time intervals or penalties for payment afterwards.

INSPECTION

This section stipulates the government's right to inspect and accept products at the contractor's facility once production is completed. It also specifies the point in the payment process when products become government-owned property.

PRODUCTION SCHEDULE

This section includes details of the product lots, product unit quantities, and projected dates when the contractor will deliver the products.

PRODUCT SHELF-LIFE REQUIREMENTS

This section specifies the minimum shelf life that delivered products must have.

ORDERING METHOD

This section specifies how the government will place orders against the contract, for example, by fax, in writing, or by phone with written follow-up.

INVOICES

This section specifies the form, content, and submission of the contractor's invoices.

PRODUCT INCREASE OR DECREASE OF QUANTITY

This section explains the contract modification process if the government decides to alter projected quantities.

REPORTS

This section itemizes reports, report specifications, and procedures for submission.

CONTRACT MODIFICATIONS

This section specifies the procedure for modifying the agreement.

CANCELLATION

This section specifies the procedure for canceling the contract, including time interval for notification (e.g., 60 days prior written notice of intent), and time interval for the government's removal of government-owned property (if storage is included).

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Appendix F

Critical Information Requirements

Upon receiving a request for assistance, the DSNS will contact the Emergency Operations Center or SNS Coordinator of the requesting state to clarify what assistance is needed, where that assistance is needed, and how best to deliver that assistance. Because the situation will likely be dynamic and information about the emergency continuously developing and changing, the SNS staff will seek updated information about the conditions they will face as they deliver the needed assets. Questions to which answers may be sought include:

- Has there been any change in the status of critical resources or any resource shortfalls?
- Has there been any change in the status of critical facilities and distribution systems, specifically Operations Centers (primary, local alternate, and offsite alternate) and the RSS facility?
- Has there been any significant change in the status of the disaster or emergency, such as any change in the agent, any change in the known boundaries of the hazard (additional states with infection or additional terrorist attacks), or any change in the CDC Threatcon to red.
- Is this a nonstandard request for support?
- Are nonstockpile items being requested?
- What agent was used in the incident?
- What is the likelihood of a follow-on attack?
- Are any pre-identified RSS facilities, routes, or areas likely to be unsafe?
- Will the threat attack or disrupt TARU operations?
- Will the threat impede movement of DSNS personnel or assets?
- Is the threat capable of disrupting DSNS connectivity?
- What obstacles are between SNS-asset sites and the RSS facility?

Appendix G

Public Information and Communication Challenges: Message Development for Mobilizing the Public for Mass Prophylaxis

In this section we provide an overview of mass-dispensing message considerations developed by an expert panel of PIC and mass dispensing professionals that met in Atlanta in April of 2004. It is not meant to be a comprehensive checklist, but it does provide a good overview of the special considerations for PIC activities to support mass dispensing activities.

It is CRITICAL that you recognize your responsibility for making mass-dispensing operational information available to the PIC professionals who will be communicating it to the public. Some examples of such operational information are noted in RED, but they are not meant to represent all possible considerations.

The Communications Channels/Tools:

<ul style="list-style-type: none">• News release• Web sites (Agency/Partners/Media)• Talking points• FAQs• Special needs communication• PSA – public service announcements• HAN – Health Alert Network	<ul style="list-style-type: none">• Print ads• Press conferences• BlastFax• 24/7 telephone hotlines• Reverse 911 notification system• Flyers• Push Cards
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Message Focus:

Let the public know that the SNS assets have been requested and will be arriving.

What is needed: Basic information about the SNS assets

Information to include in messages:

- The SNS assets are federal assets to augment local supplies.
- The DSNS is on its way.
- Medicines from the DSNS are free.
- There will be ample supplies for all affected populations.
- Locations for local dispensing sites – announced before PODs open (set approx. time to announce).
- The 24/7 telephone hotline number.
- If you are sick – go to hospital.
- If you are well – public health message about appropriate course of action.
- Information as available – option to schedule news conference, if appropriate.

Message Focus:

Reinforce public health information messages.

What is needed: Provide consistent messages about the evolving situation.

Information to include in messages:

- Be sure to include empathy messages at the beginning of messages.
- Explain that there is an outbreak taking place.

- If you are ill – go to hospital.
- If you are well – public health message about appropriate course of action.
- Activate 24/7 telephone hotline and notify the public how to call and what information is available.

Message Focus:

Prepare the public to receive medication.

What is needed: Prepare messages in anticipation of press conferences and activate plans to print/publish clinic forms in newspapers, on the Web, by flyers or other means.

Information to include in messages:

- How to obtain clinic forms prior to arriving at POD.
- Instructions to:
 - Be prepared with a list of medications and allergies for yourself and all family members.
 - Record your children's weight(s) and bring to the clinic. What to do if you don't know weight.
- Explanation to public why they need to provide information requested.
- Contraindications – information to tell health care professional if you have a medical condition.
- Restrictions at the PODs (i.e., NO pets, animals, firearms/weapons, etc.).
- Explain the family distribution policy and how families will get medicine for all members.
- Reinforce public health messages about the symptoms of disease.
- Self assessment tool - Information for the public so they can assess symptoms they may have.
- What to do if you are symptomatic or ill – go to hospital or defined intake area.
- Instructions for the homebound/institutionalized.
- Policies for undocumented workers, including identification requirements.
- Information discouraging hoarding and illegal sale of medication (i.e., there are ample supplies, etc.).

Message Focus:

Prepare the public going to the PODs (Points of Dispensing/Dispensing Clinics).

Address POD procedures and expectations.

What is needed:

- Messages to the public before arriving at POD; Consider PSA about expected traffic for each location as well as inside clinics.
- Messages to the public when they arrive at POD.
 - Either avoid complex terms or explain terminology clearly.
 - Provide traffic flow map to help the public anticipate what to expect and what is expected of them.
 - Identify stations inside clinics (traffic flow overview).
 - Explain that the public should be prepared for possible delays.
 - Let the public know there will be staff at the POD to help them (greeters, crisis counselors, etc.).

What is needed:

- Messages to the public about taking medication:
 - To take full course of antibiotic treatment prescribed and how long that will be.
 - To be aware that they may need to return for additional quantities of medication.
 - To know information about pre-existing medical conditions because of possible contraindications.
 - To be aware of adverse affects they may experience and what to do if they experience them.
 - To pay close attention to children's dosages (liquid dosage forms).
 - To follow-up with private health care provider or clinic.
 - Explanations for why others may get different medication for same outbreak.
 - Do not give medication to your pets. Contact your veterinarian for guidance.

Message Focus:

Messages specific to the PODs in the community. Anticipate questions; address expectations.

What is needed:

- Messages crafted to anticipate questions, address expectations, educate, and inform.

Messages identifying PODs/clinics/site logistics:

- *Site locations*
- *Clinic times*
- *Directions to clinics*
- *Parking*
- *Signs before the parking lot*
- *Flow rate, off peak times*

Messages at the PODs:

- Use universal signage.
- Repeat that staff will be there to assist.
- Explain how to visually identify the assisting staff.
- Explain what to expect when you arrive.
- Confirm why “It’s worth the wait.”
- Repeat what to bring, what not to bring.
- Emphasize that there will be enough medication for everyone.
- Announce public transportation available and any special transport arrangements to PODs.
- Remind everyone: if you are sick, report to the hospital.
- Repeat public health messages.
- Prepare messages to educate and help POD staff interact with the public with empathy, caring, and concern.
- (As a backup) Prepare talking points about those who have been treated first.
- (As event continues) Prepare reports and interviews about experiences of those who have been through PODs.

Messages about Transportation Options:

- Public Transportation (where available).
- Parking issues.
- Repeat family dispensing policy.
- Traffic reports.
- Watch/follow traffic signs.
- Pay attention to law enforcement directions.
- Special needs transportation (if applicable).
- Shuttles (if applicable).
- Additional applicable communication tools:
 - Traffic Signs,
 - Traffic reporters,
 - Low power radio transmitters, and
 - Megaphones.

Message Focus:

Messages with updated information about the PODs.

- *Flow updates/status report* ⇔ *Numbers, numbers, numbers!* Statistics will be needed for community leaders to report back to the public about mass dispensing efforts. Be sure to include mechanism to accomplish this and provide accurate statistics.
- Update the public about
 - Emerging issues and
 - Logistical challenges and changes.
- Continue to provide messages expressing empathy and providing reassurance. (More is better.)
- Repeat and reinforce public health messages.

Message Focus:

Medication adherence.

The adherence message must:

- Be repeated and repeated and repeated.
- Have its rationale (e.g., “You will experience side effects”) and importance (e.g., “You may get ill and die.”) explained and explained and explained.
- Include a safety valve (i.e., a staffed 24/7 multi-line telephone number that people are urged to call before, and rather than, discontinuing their treatment or neglecting to come for follow-up regimens.
- Be a strategic communications campaign designed to influence the medicine-taking behavior of the entire public, up to 60 days for an anthrax attack.

Message Focus:

Recruiting/processing volunteers

Pre-event

- How to reach potential volunteers to recruit
 - Health care professionals and
 - Non-health care professionals.
- Maintaining communication with volunteers.
- Volunteer training issues.

At time of event (“just in time” volunteers who want to help)

- Where to go.
- What to expect.
 - Procedures to volunteer
 - Time to process
 - Credentialing process
 - Time commitment
- What skills are needed.
 - Health care professionals
 - Non-health care professionals

Considerations for your special-needs audiences:

Plan for those who:		
<p>Can't/Won't RECEIVE your message</p> <ul style="list-style-type: none"> • Blind and visually impaired • Deaf and hearing impaired • Physically disabled • Tourists • Transients • Migrant workers • Isolated recreationalists • Isolated elderly • Homeless 	<p>Can't/Won't UNDERSTAND your message</p> <ul style="list-style-type: none"> • Illiterate • Language barriers • Migrant workers • Mentally disabled • Caretaker minors 	<p>Can't/Won't ACT ON your message</p> <ul style="list-style-type: none"> • Undocumented workers • Isolated elderly • Homeless • Religious restrictions • Cultural restrictions • Tourists • Displaced residents • Geographically isolated persons

Channels and tools to consider when trying to reach your special needs audiences.	
<ul style="list-style-type: none"> • Translated broadcast materials • Reverse 911 (if available) • AMBER Alert • VHF/HAM Radios • Meals on Wheels • TTY • AT&T Language lines • Websites • Bullhorns/loudspeakers 	<ul style="list-style-type: none"> • HAN – Health Alert Network • Targeted media – (billboards, bus boards) • WIC Programs • Senior Centers • Public Transportation • Day Care Centers • Hotlines • Emergency Management Offices • Border Control

These groups represent audiences to serve as a communication channels to reach special populations:

- Trusted leaders
- Hotels/tourism industry
- Educational institutions (if open)
- Churches/civic organizations
- Soup kitchens/homeless shelters
- Mental health clinicians/associations
- Employers
- Law enforcement/first responders
- Citizen Corps
- Neighborhood Watch
- Local governments
- Council on Aging
- Housing authorities
- Community businesses
- Native help organizations
- Tribal councils
- Parks Department
- Healthcare providers
- Pharmacists

Considerations for PIC at a Point of Dispensing:

The insights from the workgroup that focused on communications activities inside the POD are summarized below. Although the messages inside the PODs will be the same as those that public receive outside of the POD, there are unique considerations for public information and communications at a POD.

It is important to consider these implications when planning for managing parking, traffic flow, triage, forms management and dispensing strategies. All of these processes present logistical challenges where success or failure can hinge on providing basic information to the public about how the POD will operate, what they need to do, and what will be expected of them. And of course, continually informing and educating the public about the outbreak event, health considerations, and medication adherence will be essential throughout the process.

Function	Communication Objective	Communication Content	Tool	Who can do it?
Security	<ol style="list-style-type: none"> 1. Minimize security problems 2. Reassurance (regarding both safety of site and dangers to health at site) 	<ol style="list-style-type: none"> 1. What (not) to bring to POD 2. Security is provided 	<ol style="list-style-type: none"> 1. Airwaves 2. Signs 3. Personal/spoken word 	<ol style="list-style-type: none"> 1. Mass media 2. Law enforcement 3. Volunteers
Traffic	<ol style="list-style-type: none"> 1. Expedite getting people from parking lot to mass transport 2. Reassurance and increase credibility 3. Increase access to "product" 	<ol style="list-style-type: none"> 1. Address of POD 	<ol style="list-style-type: none"> 1. Airwaves 2. Signs 3. POD staff: verbal commands, pointing, and providing directions 	<ol style="list-style-type: none"> 1. Law enforcement 2. Volunteers
Parking	<ol style="list-style-type: none"> 1. Facilitate parking 2. Facilitate assistance for persons with special need 3. Get people to front door of POD 	<ol style="list-style-type: none"> 1. Clear directions about where to park and how to get there 2. Clear directions to front door of POD 	<ol style="list-style-type: none"> 1. Signs 2. Cones, French barricades 3. POD staff: verbal commands, pointing, and providing directions 	<ol style="list-style-type: none"> 1. Law enforcement 2. Volunteers
Front Door/Triage	<ol style="list-style-type: none"> 1. Facilitate screening at entry point 	<ol style="list-style-type: none"> 1. Identify persons exposed to agent 2. Identify those who are symptomatic 3. Identify special needs populations 	<ol style="list-style-type: none"> 1. Signs 2. Cones French barricades 3. POD staff: verbal commands, pointing, and providing directions 	Medically trained personnel

2. Facilitate distribution of information and forms packet (includes FAQ sheet, Pt. Info and consent sheet, F/U Info, etc.)

1. Location of packets
2. "Start Here" Signage
3. Instructions for filling out the packet

1. Signs
2. People (Registrars)

Medically trained personnel

Considerations for PIC at a Point of Dispensing (cont.):

Function	Communication Objective	Communication Content	Tool	Who can do it?
Briefing	<ol style="list-style-type: none"> Increase comprehension Increase medication adherence Increase patient flow Decrease questions 	<ol style="list-style-type: none"> Update about event: agent, symptoms, disease <ol style="list-style-type: none"> Outbreak Disease Drugs Mental Health 	<ol style="list-style-type: none"> Signs POD Staff Video 	"Briefers" <ol style="list-style-type: none"> PIO Communication specialists
Line Workers	<ol style="list-style-type: none"> Ensure form completeness Increase patient flow Increase awareness of contraindications 	<ol style="list-style-type: none"> Instructions Examples of complete forms Large posters of pills and tables of drug names 	<ol style="list-style-type: none"> Signs POD Staff 	Volunteer Staff
Screening	<ol style="list-style-type: none"> Ensure form completeness Decision point: Express vs. Non-express dispensing 	<ol style="list-style-type: none"> Flow directions Large posters of pills and tables of drug names 	<ol style="list-style-type: none"> Signs Arrows 	Volunteer Staff
Dispensing				
Express	<ol style="list-style-type: none"> Give correct medication to the right person 	<ol style="list-style-type: none"> Adherence instructions 	<ol style="list-style-type: none"> Directional Signs with Arrows Printed handouts 	<ol style="list-style-type: none"> Pharm tech RN Pharm D MD
Standard	<ol style="list-style-type: none"> Give the correct medication to the right person Individual patient care 	<ol style="list-style-type: none"> Copy of pill pictures and drug names Medication adherence instructions 	<ol style="list-style-type: none"> Directional Signs with Arrows Printed handouts 	<ol style="list-style-type: none"> Pharm D MD
Exit	<ol style="list-style-type: none"> Ensure collection of forms Ensure questions answered Reinforce follow-up instructions Evaluation (optional) 	<ol style="list-style-type: none"> Reminder about form drop-off Reminder (with pictures) about medication adherence Evaluation form 	<ol style="list-style-type: none"> Signs POD staff/volunteers 	Volunteer Staff

Appendix I

Sample Memorandum of Agreement

MEMORANDUM OF AGREEMENT

Between

The Centers for Disease Control and Prevention

and

The State/Commonwealth of

I. Purpose

To effectively respond to acts of chemical or biological terrorism or other public health emergencies, the Centers for Disease Control and Prevention (CDC) agrees to transfer assets from its Strategic National Stockpile (SNS) to the State/Commonwealth/U.S. Territory/District of Columbia (State) for use in responding to acts of chemical or biological terrorism, natural disasters, or other public health emergencies. The CDC and the State agree to the terms, conditions, and responsibilities expressed in this agreement.

II. Definitions

- A. SNS Assets. For purposes of this agreement, SNS assets are defined as antibiotics, antidotes, medical supplies and equipment, and certain controlled substances, which may be used by the State to respond to an attack of chemical or biological terrorism or other public health emergency. In addition, SNS assets include, but are not limited to, equipment designed to support deployment and maintenance of the SNS inventory, such as specialized cargo containers, portable refrigeration units, ventilators, and portable suction units.
- B. Unused SNS Assets. For purposes of this agreement, unused SNS assets are defined as SNS assets that are unused and unopened, and that have not been exposed to temperatures below 59 °F or above 86 °F (as recorded on temperature monitoring devices within each SNS specialized cargo container). In addition, unused SNS assets include, but are not limited to, equipment designed to support deployment and maintenance of the SNS inventory, such as specialized cargo containers, portable refrigeration units, ventilators, and portable suction units, regardless of the extent of their use.

III. Responsibilities

- A. CDC.

1. Upon request by the State, the CDC agrees to deliver to a delivery site designated by the CDC and the State, assets from the DSNS. With the SNS assets, the CDC will provide a manifest, handling instructions, and CDC treatment guidelines for the use of antibiotics and handling of the controlled substances. The responsibility of the CDC terminates upon delivery of the SNS assets to the designated delivery site and the execution of a signed transfer of the assets to an authorized official of the State.
2. Under agreement with an air carrier, CDC will pay the costs of delivering the SNS assets to a designated airport. In addition, in the event that there is no controlling agreement in place between the State and a ground carrier, CDC will pay the costs of ground transportation, pursuant to an established agreement between CDC and a ground carrier, from the designated Receipt/Store/Stage warehouse or other delivery site to the dispensing locations. If CDC exercises its agreement with a ground carrier and CDC incurs ground transportation costs, the State shall reimburse CDC for such costs.

B. State.

1. The State understands that it must request delivery of the SNS assets in order to receive such assets. The State agrees to cooperate with the CDC in designating a delivery site.
2. The State acknowledges that upon delivery of the SNS assets to the designated delivery site, it and not the CDC is responsible for protecting, storing, organizing, repackaging, and distributing the SNS assets to the treatment or postexposure prophylaxis dispensing sites.
3. Upon delivery of the SNS assets, the State is responsible for maintaining the physical security and integrity of the SNS assets. The State, therefore, agrees to comply with the handling instructions provided by the CDC, as well as applicable federal laws and regulations.
4. The State further agrees to use best efforts to ensure that hospitals, trauma centers, and other distributors of SNS assets: (1) comply with the terms of paragraphs B.3 and B.6 of this agreement and CDC's handling guidelines; (2) provide such assets free-of-charge to patients; and (3) comply with all applicable laws and regulations.

5. The CDC retains title to all unused SNS assets or portions thereof. The State agrees to assist CDC to minimize the cost and time needed to reconstitute the DSNS by recovering all unused SNS assets.
6. The State is responsible for storing unused SNS assets in accordance with the handling instructions provided by the CDC, as well as applicable federal laws and regulations.
7. The State agrees to reassemble locally, at no cost to the CDC, all unused SNS assets for return shipment to storage, at CDC expense, upon request of the CDC.
8. The CDC will provide a complete inventory manifest of all SNS assets delivered to the State. The State agrees to maintain and provide copies of or access to records accounting for SNS assets received, used, returned, or disposed of, to the CDC.
9. The State acknowledges that it has received a copy of the document entitled *Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness* and that it is familiar with its contents.

IV. No Reimbursement

Except as detailed above, the CDC will not be responsible for any costs related to this agreement.

V. Liability

Each party to this agreement shall be responsible for its own acts and omissions and those of its officers, employees, and agents. No party to this agreement shall be responsible for the acts or omissions of entities not a party to this agreement. Neither party to this MOA agrees to release, hold harmless, or indemnify the other party from liability that may arise from or relate to this MOA.

VI. Authority

This agreement is made under the authority of section 319F-2 of the Public Health Service Act, as may be amended from time to time (42 U.S.C. § 247d-6b).

VII. No Private Right Created and Effect on Procedures and Laws

This document is an internal agreement between CDC and the State/Commonwealth/U.S. Territory/District of Columbia (State) and does not create or confer any right or benefit on any other person or party, private or public. Nothing in this agreement is intended to restrict the authority of either

signatory to act as provided by law or regulation, or to restrict any agency from enforcing any laws within its authority or jurisdiction.

VIII. Duration of the Agreement

This agreement shall remain in place until otherwise agreed to by the parties. The agreement may be terminated at any time, given 120 days advance written notice from either party.

IX. Amendments

This agreement, or any of its specific provisions, may be amended by signature approval of both of the parties signatory hereto, or their respective designee.

X. Points of Contact

For CDC:

For the State:

XI. Capacity to Enter into Agreement

The persons executing this Memorandum of Agreement on behalf of their respective entities hereby represent and warrant that they have the right, power, legal capacity, and appropriate authority to enter into this Memorandum of Agreement on behalf of the entity for which they sign.

Julie Louise Gerberding, M.D, M.P.H.
(Signing on behalf of CDC)

Signing on behalf of the State

Director, CDC
Title of the Signatory

Title of the Signatory

Date Signed

Date Signed

Appendix J DEA Form-222 for Transferring Controlled Substances

U.S. OFFICIAL ORDER FORM - SCHEDULES I & II

See Reverse of PURCHASER'S Copy of Instructions		No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).				OMB APPROVAL No. 1117-0010			
TO: <i>(Name of Supplier)</i>			STREET ADDRESS						
CITY and STATE		DATE		TO BE FILLED IN BY SUPPLIER					
				SUPPLIER'S DEA REGISTRATION No.					
L I N E N o	TO BE FILLED IN BY PURCHASER						National Drug Code	Packages Shipped	Date Shipped
	No. of Packages	Size of Package	Name of Item						
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
10									
LAST LINE COMPLETED (MUST BE 10 OR LESS)			SIGNATURE OR PURCHASER OR ATTORNEY OR AGENT						
Date Issued		DEA Registration No.		Name and Address of Registrant					
Schedules									
Registered as a		No. of this Order Form							

DEA Form-222
(Oct. 1992)

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
DRUG ENFORCEMENT ADMINISTRATION
SUPPLIER'S Copy 1

NOTE: This graphic is an instructional depiction of DEA Form-222; it is not intended to be used as an actual order form. Only original DEA forms may be used to transfer controlled substances.

Appendix K

Controlled Substances Procedures

The Strategic National Stockpile (SNS) stores a variety of drugs classified as Controlled Substances. Federal and State Officials responsible for receiving and distributing SNS controlled substances should be advised that they must adhere to all pertinent local, state, and federal regulations that govern controlled substances. Contact the local DEA office for additional information to ensure you meet these federal requirements; its location can be found at <http://www.dea.gov/pubs/states/domestic.html>.

In recognition that strict adherence to some regulations at the time of an emergency would impede rapid deployment; the Drug Enforcement Administration (DEA) has granted exceptions to specific requirements under Title 21, Code of Federal Regulations part 1300. Such an exception is not a release from a requirement but an extension in the timeline.

GENERAL QUESTIONS & ANSWERS

Q: WHAT IS A CONTROLLED SUBSTANCE?

A: Controlled substances are compounds that are regulated under existing federal law and classified in one of five schedules. This schedule placement is based upon the substance's medicinal value, harmfulness, and potential for abuse or addiction. Schedule I is reserved for the most dangerous drugs that have no recognized medical use, while Schedule V is used for the least dangerous drugs.

Q: WHERE CAN STATUTES AND REGULATIONS THAT GOVERN CONTROLLED SUBSTANCES BE FOUND?

A: Controlled Substances are under the strict control of federal, state, and local drug regulatory agencies. The Controlled Substance Act of 1970 is the legal foundation that authorizes the Drug Enforcement Administration to enforce the controlled-substance laws and regulations codified under Title 21 United States Code (USC) and its implementing regulations under Title 21 Code of Federal Regulations (CFR) Part 1300 to end. Further information about DEA's Diversion Control Program can be found at [http://www.dea.gov/diversion.usdoj.gov](http://www.dea.gov/diversion/usdoj.gov).

State laws regarding controlled substances may vary; therefore, specific questions should be directed to your local state controlled-substance authority.

Q: WHAT IS A DEA REGISTRATION?

A: The DEA issues a registration in order to identify and monitor the transfer of controlled substances and List I chemicals. Every person who manufactures, distributes, dispenses, imports, or exports any controlled substance or List I chemical or proposes to engage in these activities is required by law to obtain a DEA registration.

Q: ARE STATES REQUIRED TO PAY REGISTRATION AND APPLICATION LICENSE FEES?

A: No, registration and application fees for federal, state, and local government agencies are generally fee exempt.

Q: WHAT IS DEA FORM 222?

A: DEA-222 is a form issued by the Drug Enforcement Administration that must be filled out in order to purchase or transfer Schedule C-II controlled substances. DEA Registrants must provide original copies of DEA Form-222. In the event a DEA-222 form is not readily available, SNS planners should develop contingency tracking procedures to document the transfer of controlled substances. Tracking information should include the name, address, and DEA registration number of the registrant initiating the order as well as the location where the controlled substances are shipped and the name of the responsible official who takes possession of the controlled substances.

Detailed information on DEA Form-222 can be located on the DEA website:
<http://www.deadiversion.usdoj.gov/faq/dea222.htm>

Q: IS THE DEA REGISTRANT REQUIRED TO BE PRESENT TO SIGN AND DISTRIBUTE CONTROLLED SUBSTANCES?

A: A designated state official (registrant representative) must sign for receipt of SNS assets containing controlled substances and will then assume responsibility for all regulatory requirements, including security. Healthcare providers assisting in emergency situations can act as an agent of the registrant to handle controlled substances. However, providers handling controlled substances should be diligent in documenting all activities relating to controlled substances.

Q: WHAT TYPES OF CONTROLLED SUBSTANCES DOES THE SNS STOCK?

A: The SNS stores controlled substances in both Schedule II and IV classes. These items consist of morphine, diazepam, and midazolam.

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Appendix L

RSS Facility Checklist

RSS Facility Checklist

SNS Logistics

I. Requirements

- Minimum 12,000 square feet, 130 containers with a base of 43 by 61 inches must be arranged with the 61-inch side being accessible facing a 6- to 8-foot aisle.
 1. Hard surface floors (concrete).
 2. Sound, secure structure.
 3. Clean environment; rodent and insect free.

Remarks: _____

- Tractor trailer receiving/shipping docks; the more docks the faster the loading and unloading will go. Dock height should be 48 to 50 inches high for trailer unloading.

Remarks: _____

- Driveway to docks must be able to accommodate a 53-foot trailer with an 11-foot tractor, plus a turn radius into the docks.

Remarks: _____

- Dock levelers or dock plates will be needed to offload the trailers.

Remarks: _____

- Standard dock doors are 100 inches wide by 14 feet high (with an 8-foot minimum height).

Remarks: _____

- If docks are not available, doors must allow for the tall container (43 by 61 by 80 inches) to pass through and must have hard-surface floors so that a container can be rolled through smoothly without hitting holes, rocks, or door jams. Additionally, a driveway must be able to accommodate a tractor trailer with an area to offload the containers. Ideally, this would be a drive-through setup that would allow a truck to pull up and get off-loaded and then drive straight out of the area, allowing the next truck to pull in behind.

Remarks: _____

- The primary method of moving the containers is to roll them. Ensure that the route the container will take into the RSS facility is free from obstructions. A variety of items can be used, such as a metal sheet placed on an obstruction, to allow the containers to continue; ensure the container will roll onto the plate. The container is 61 inches long and 43 inches wide, so the material used to bridge the obstruction must accommodate that container size.

Remarks: _____

- Material-handling equipment should include at least one 2- to 3-ton forklift, pallet jacks, dollies, and empty pallets. Forklifts are needed to offload trucks if a loading dock is not available.

Remarks: _____

- Adequate lighting to support nighttime operations in the warehouse and loading-dock areas.

Remarks: _____

- A primary and backup power-supply system should be available. The backup can be generators and flood lights.

Remarks: _____

- For security, all entrances and exits must be lockable.

Remarks: _____

- The storage site must be able to maintain a temperature range from 58 to 86 °F.

Remarks: _____

- The site must have a sprinkler system and fire extinguishers.

Remarks: _____

- It also needs a break room with snack machines, bathrooms, and drinking water.

Remarks: _____

- The site must have office space with six desks and chairs and six electrical outlets.

Remarks: _____

- The site must have at least three phone lines with phones: two voice (one secured and one unsecured) and one data.

Remarks: _____

- The site must have a local-area-network or high-speed Internet connection (*cannot* be wireless).

Remarks: _____

- The site should have a window or door with outside access within 20 meters of the TARU Operations Center. (This is for the satellite phone; the antenna for this device must face in a southeasterly skyward direction.)

Remarks: _____

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Appendix M

DSNS Inventory Data File Structure

Overview

Accompanying each 12-hour Push Package shipment from the DSNS will be a floppy diskette, compact disc, or memory stick with a listing of the inventory shipped. These data can be used by the Inventory Control Team to track the assets as they move through the distribution system. The data file contains one record for each type of asset shipped. Each record has 12 data fields. A “|” character delimits the data in each field. A new line delimits the data in each record. Blank lines separate each record to make the file easier to read, but they should be ignored by programs that input the data.

The data in a field can be one of three types:

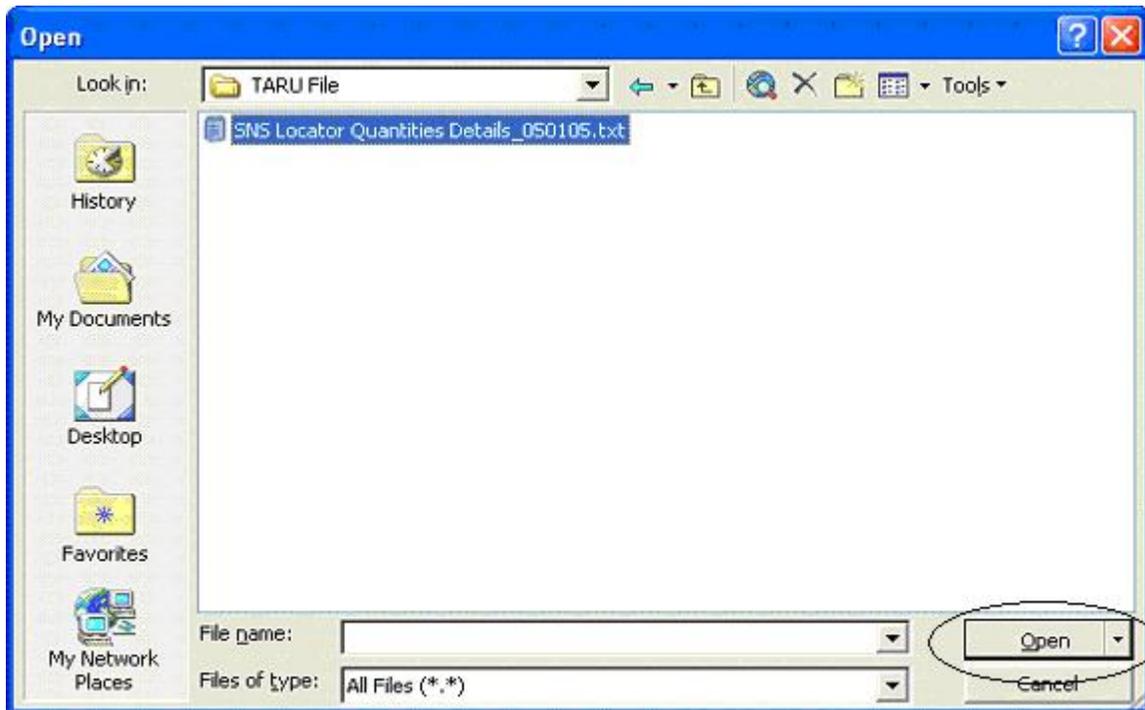
- V-number (a variable character; V5 is a five-character field that holds variable characters, such as letters and numbers)
- 9-numbers (designated as 99999999.99; a number of up to eight digits plus up to two decimal places; 99999999.99 is a 10-digit number in the format 8 digits, decimal point, 2 digits), and
- Date.

The structure of the data in each record is

Field Data	Type/Size	Example
Container	V5	00001
Seal number	V20	1790
Location	V20	CCP1.C.00.00.0.520.A
Item number	V20	033
Item description	V240	Sterile dressing gauze bandage, 4”x4”
Quantity	9999999999.99	3.00
Unit of issue	V3	CS
Unit price	9999999999.99	34.50
Units in unit of issue	V12	1,000
Lot number	V30	12856501
Lot expiration	Date	31-Oct-2005
Item category	V30	Biological; General

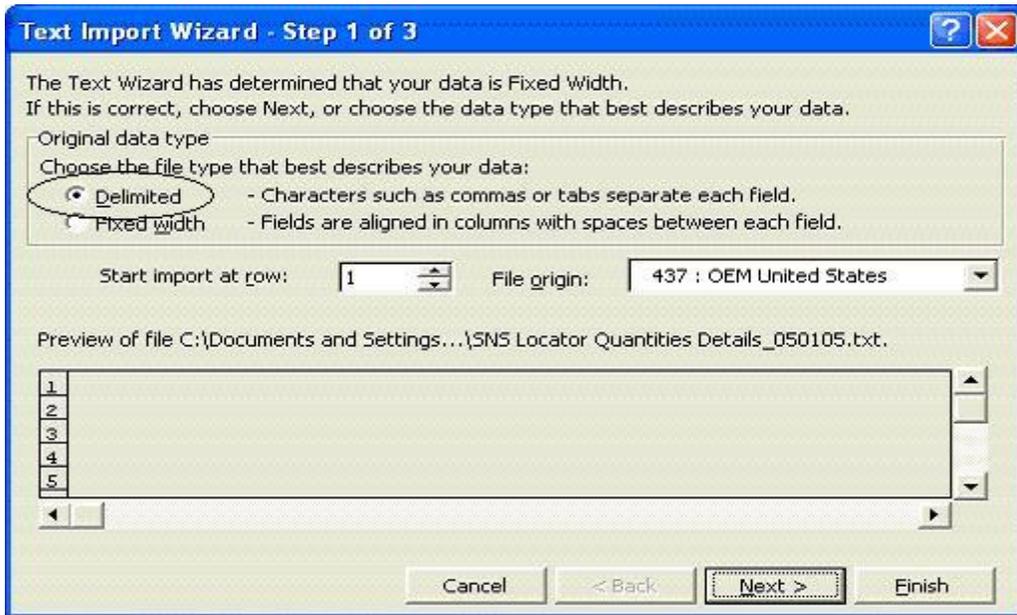
Importing the Inventory Data File into Excel

1. Start the Microsoft Excel program.
2. Select **“File”** -> **“Open.”** Navigate to the directory to which you saved the output, highlight the file, and click **“Open.”**

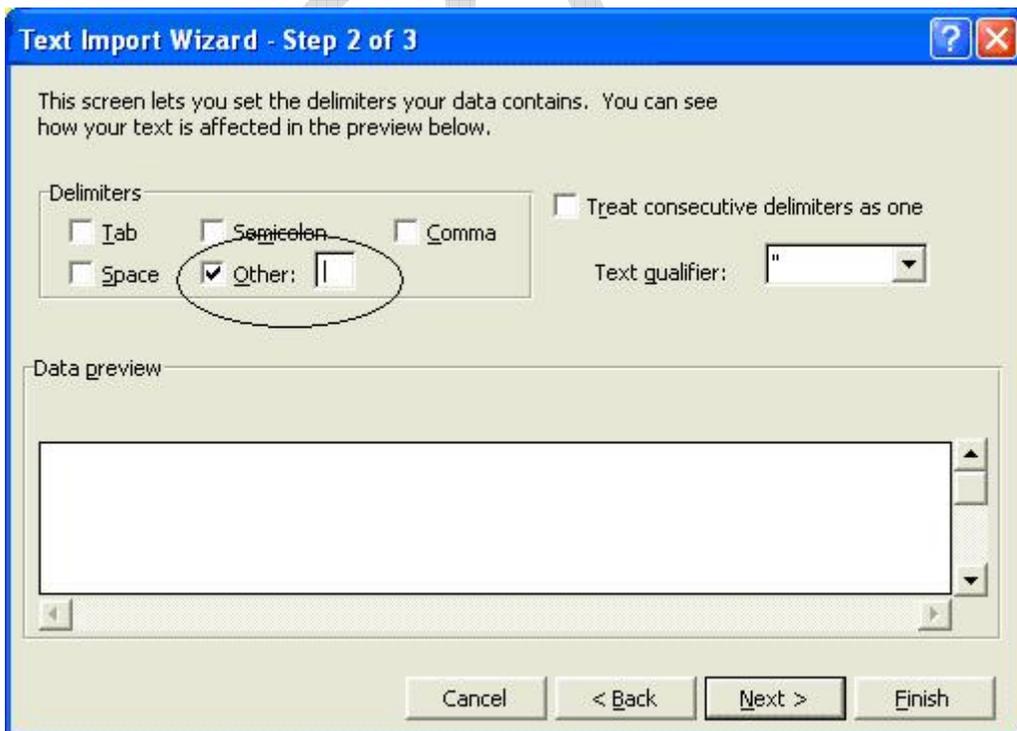


Draft

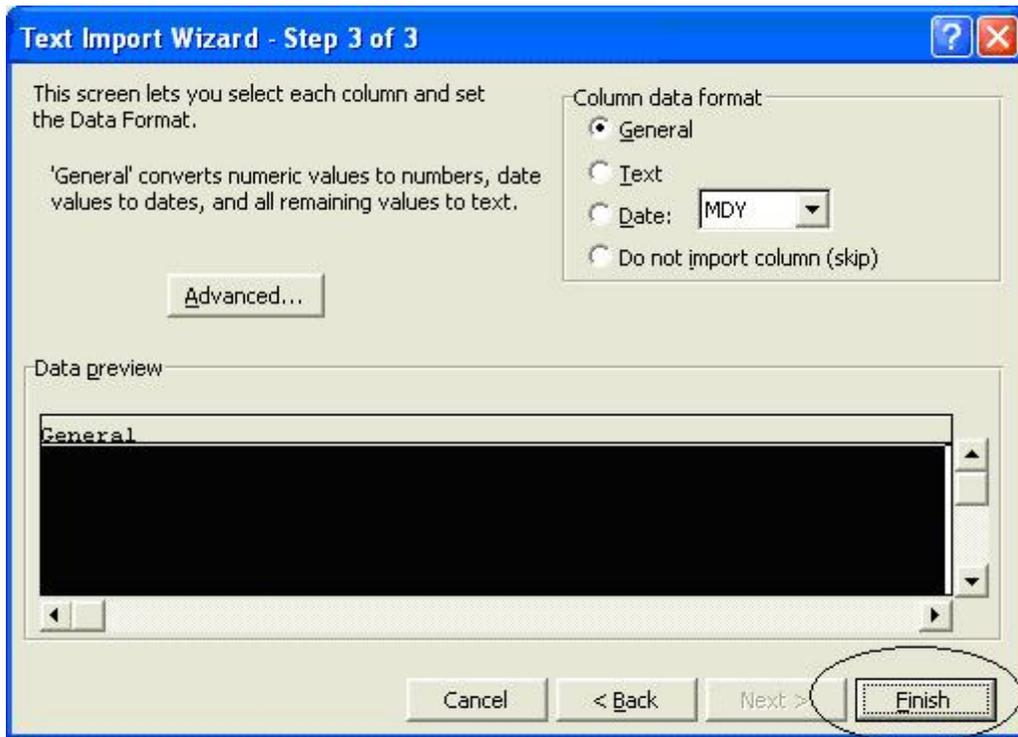
3. The Text Import Wizard window will pop up. In Step 1, change the file type to “**Delimited**” and click “**Next**.”



4. In Step 2, select “**Other**” in the “**Delimiters**” box and enter “|” in the field to the right. The “|” symbol is above the enter key.



5. There are no changes to make in Step 3, so click, “**Finish.**”



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- After completing Step 3, you will have successfully imported the file into Microsoft Excel.

The screenshot shows a Microsoft Excel window titled "Microsoft Excel - SNS Locator Quantities Details_011005.xls". The spreadsheet has columns labeled A through E and rows numbered 1 through 25. The data is as follows:

	A	B	C	D	E
1					
2					
3					
4					
5					
6	1		MSP.PPG.00001....	B001-S6505-3648-40	Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle 100/cs
7					
8					
9	1		MSP.PPG.00001....	B001-S6505-3648-40	Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle 100/cs
10					
11					
12	1		MSP.PPG.00001....	J560-S6530-4263-10	Container "B" Short
13					
14					
15	2		MSP.PPG.00002....	B001-S6505-3648-40	Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle 100/cs
16					
17					
18	2		MSP.PPG.00002....	B001-S6505-3648-40	Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle 100/cs
19					
20					
21	2		MSP.PPG.00002....	J560-S6530-4263-10	Container "B" Short
22					
23					
24	3		MSP.PPG.00003....	B001-S6505-3648-40	Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle 100/cs
25					

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Appendix N

Order Form

Below is a sample order form that the Inventory Control Team can develop from their list of the assets they have available for distribution to the treatment centers and points of dispensing. The Inventory Control Team can distribute the form in hard copy, by e-mail, or by fax. The treatment centers and points of dispensing, in turn, can return these forms by e-mail, fax, or delivery driver to order what they need. The Inventory Control Team will use these returned order forms to record the order and issue a picking ticket that the RSS Team will use to pick assets and stage them for delivery to a specific site.

STRATEGIC NATIONAL STOCKPILE ORDER FORM
[Logistics Section: Supply Unit Phone/ Fax]

Request Date/ Time: _____ Page: _____ of _____ Shipping Date/Time (For DSNS Use): _____
 Facility: _____

PHARMACEUTICAL ITEMS	PRODUCT CODE	UNIT OF ISSUE	QUANTITY ON HAND	QUANTITY REQUESTED	QUANTITY SHIPPED
ALBUTEROL METERED DOSE INHALER 17GM	59930156001	72/cs			
ATROPINE SULFATE 0.4MG/ ML 20ML MDV FOR INJECTION	63323023420	100/cs			
BACITRACIN 500U/ POLYMXIN B 10000U OINT 0.9GM PACKETS	00168002109	1728/cs			
CIPROFLOXACIN IV 400MG/ 200ML D5W	00026852763	24/cs			
DIAZEPAM HCL 10MG AUTO- INJECTOR	6505012740951	150/cs			
DIAZEPAM HCL 10MG (5MG/ ML) SDV FOR INJECTION	00641037125	1, 000/cs			
DOPAMINE HCL 400MG (80MG/ ML) VIAL FOR INJECTION	00074910420	25/bx			
DOXYCYCLINE HYCLATE 100MG POWDER VIAL FOR INJECTION	63323013010	100/cs			
EPINEPHRINE HCL 1: 10000 (0.1MG/ ML) 10ML SYR/ NDL FOR INJ	00074492118	50/cs			
EPINEPHRINE 1: 1000 (1MG/ ML) AUTO- INJECTOR	49502050001	12/bx			
EPINEPHRINE 1: 2000 (0.5MG/ ML) AUTO- INJECTOR	49502050101	12/bx			
ERYTHROMYCIN LACTOBIONATE 500MG PWDR VIAL FOR INJ	00074636502	100/cs			
GENTAMICIN SULFATE 40MG/ ML (20ML) MDV FOR INJECTION	63323001020	100/cs			
LORAZEPAM HCL 2MG/ ML (1ML) 22G NEEDLE CARPUJECT CSIV	00074198511	100/cs			
MARK 1 (PRALIDOXIME 600MG/ ATROPINE 2MG) AUTO- INJR	6505011749919	240/cs			
METHYLPREDNISOLONE SOD SUC 125MG (2ML) VIAL FOR INJ	00009019016	25/bx			
MORPHINE SULFATE 10MG/ ML 1ML 25G NDL CARPUJECT CSII	00074126301	100/cs			
POVIDONE IODINE 10% SWABSTICKS TRIPLES	MDS093902	750 cs			
PRALIDOXIME HYDROCHLORIDE 1GM PWDR VIAL FOR INJ	00046037406	276/cs			
SODIUM CHLORIDE FLUSH 0.9% PRESERV FREE 3ML CARPUJECT	00074188503	300/cs			
SODIUM CHLORIDE INJECTION 0.9% 1000 ML	2B1324	12/cs			
SODIUM CHLORIDE INJECTION 0.9% 100 ML	2B1302	96/cs			
STERILE WATER FOR INJECTION PRESERV FREE 10ML VIAL	00074488710	400/cs			

Receiving Date/ Time: _____

Receiving Name and Signature: _____

Front of Bottle

- The front portion of the label on a unit-of-use bottle (Figure O.2) contains the Drug name,
- Strength,
- Quantity,
- Expiration date,
- NDC Code, and
- Name and location of the manufacturer/repackager.



Figure O.2. Front label.

Side 2 Label

The left panel of the label on a unit-of-use bottle (Figure O.3) contains

- Rx number,
- Lot number,
- Instructions of use,
- Warning information, and
- Storage temperature.



Figure O.3. Left panel.

Side 3 Label

The right panel of a unit-of-use bottle (Figure O.4) has two perforated, removable tabs. The top tab contains the drug name, dose, quantity, expiration date, lot number, and a unique prescription number (RX number). The bottom tab contains drug name, dose, quantity, expiration date, lot number, and the NDC Code. We recommend that you affix the top tab to the patient

information sheet that you provide as the patient exits the POD. For tracking purposes, affix the bottom tab to the patient's record, which remains at the POD. *Please note that all future unit-of-use bottles of ciprofloxacin, amoxicillin, and doxycycline that are placed in SNS inventory will have both the RX number and NDC code on both of the removable stickers, ensuring that the pull-off labels may be used interchangeably.*

The above label descriptions hold true for all ciprofloxacin, doxycycline, and amoxicillin shipped with the 12-Hour Push Package and for follow-up shipments of ciprofloxacin and amoxicillin from Managed Inventory.

However, the SNS has an alternative unit-of-use bottle that you may receive in our follow-up shipments of doxycycline from Managed Inventory. An example is shown in Figure O.5. Some of the doxycycline in Managed Inventory will have the following information found on the bottle's label:

- Drug name,
- Strength,
- Quantity,
- NDC Code,
- Name and location of the manufacturer/repackager,
- Lot number,
- Expiration date,
- Instructions for use, and
- Storage temperature.

Because of the bottle's small size, there is no room for peel-off labels. Instead, each case of 100 bottles includes a set of 200 stickers with the following information:

- Drug name,
- Drug strength,
- NDC Code, and
- Lot number.

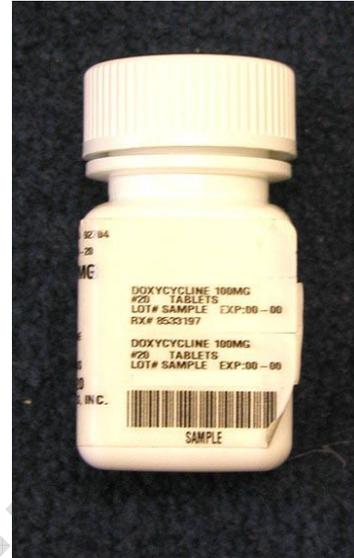


Figure O.4. Right panel of a unit-of-use bottle with two perforated, removable tabs.



Figure O.3. Managed-inventory doxycycline.

The stickers can be affixed to the patient's POD record as well as to the information that he or she takes home.

Please note that this only applies for a small quantity of doxycycline in Managed Inventory.

Information You Must Provide

The unit-of-use bottles' labels *do not* contain:

- Date prescribed,
- Prescribing physician,
- Patient name, or
- Follow-up contact telephone number.

You need to compile and print this information and apply it to either the unit-of-use bottle or to the patient-information sheet that you will give to all patients receiving medication.

The unit-of-use bottles in the Push Package and Managed Inventory are in the process of being updated. All of the information above will remain on the updated bottles; however, information may be located on different panels of the labels.

In addition, NDC bar codes will be added so that a dispensing site may scan unit-of-use bottles to help facilitate patient tracking. These codes will be two-dimensional barcodes containing the NDC and lot number of the drug. A second single-dimensional barcode containing the prescription number of the unit-of-use bottle will also be on the label. These changes will be present on all ciprofloxacin, doxycycline, and amoxicillin tablets/capsules unit-of-use bottle labels after July 2005.

Appendix P

Pediatric Dispensing Considerations

CIPROFLOXACIN, DOXYCYCLINE, AND AMOXICILLIN SUSPENSIONS

The Strategic National Stockpile has limited amounts of oral suspensions of ciprofloxacin, doxycycline, and amoxicillin in managed inventory for the following reasons:

- Limited market availability
- Relatively short shelf life
- Limited use in the private sector (thus making it difficult to rotate)
- Difficulty in predicting the numbers of people who might need these drugs

We recommend you consider creating a subcell in the pharmacy area of your POD whose job it is to mix suspensions.

WEIGHING CHILDREN

Young children cannot take the same regimen as larger children and adults. The regimen they need will depend on their age and weight, but weighing a child will take time and reduce throughput. You need to decide whether you will physically weigh children or use an average-weight chart based on age and height. The CDC provides these charts, and they can be found at <http://www.cdc.gov/nchs/data/nhanes/growthcharts/set1/all.pdf>. Additionally, a small quantity of Broslow tapes is available in the Push Package.

COMPOUNDING CIPROFLOXACIN AND DOXYCYCLINE TABLETS

An alternative to preformulated suspensions is to convert ciprofloxacin and doxycycline tablets into oral suspensions. You can find information about this process at the Food and Drug Administration's website:

http://www.fda.gov/cder/drug/infopage/penG_doxy/doxycyclinePeds.htm.

If you decide to create the suspensions yourself, we suggest that you do it centrally and then distribute the suspensions to PODs. Pharmacists will have to perform this task; if they are in short supply, creating the suspensions centrally will minimize the number of pharmacists that you have to use.

We suggest you consider the amount of effort and staff that you will need to produce oral suspensions and then decide whether it makes sense to create them internally. All pharmacists learn how to compound drugs, but few do it frequently enough to be proficient. However, every community has a small number of pharmacies that specialize in compounding. You can find them by looking in the Yellow Pages® or by contacting your State Board of Pharmacy. We suggest that you establish contingency contracts with these pharmacies to produce oral suspensions during a response requiring antibiotics.

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 inventory. 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 final volume (100 ml).

Directions

1. Triturate tablets in a mortar with pestle

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

2. Wet powder with distilled water (CRITICAL STEP)

Wet the powder mass with a *minimal* amount of water to form a thick 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.

3. 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 because its physical characteristics make it easier to achieve proper volume than with some other 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.

4. 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®; 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 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.

5. Label the container

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 inventory 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 inventory. These brands do not contain excessive film coatings or other formulation characteristics that require additional preparation steps (e.g., sieving), which 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% of the 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 is ground, 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 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, or Ora-Plus® as a wetting agent. Ora-Plus® is primarily a suspending agent but you can also use it as a wetting agent. Whichever wetting agent 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 because its physical characteristics make it easier to achieve proper volume than some suspending agents. Scrip-Tech 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®; 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

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 NPS and use them to dispense this suspension.

Appendix Q

Investigational New Drugs and Emergency-Use Authorization

All of the pharmaceuticals contained in the Strategic National Stockpile are approved for use in humans. They have undergone rigorous testing as mandated by the Food and Drug Administration (FDA) to ensure their safety and efficacy in humans to treat certain diseases. However, some of the pharmaceuticals have not been widely studied for the treatment or prophylaxis of certain diseases, such as those organisms causing anthrax, plague, and tularemia. This is because these diseases are not present naturally in a frequency that would allow large-scale human studies and it would be unethical to expose individuals to these agents to study the effectiveness of the pharmaceuticals.

We stock these pharmaceuticals because case reports in the literature, in-vitro studies, small human trials, or animal data suggest they will be effective. We also stock some because drugs in the same antibiotic class are effective.

Investigational New Drugs

When you use pharmaceuticals for purposes that have not been specifically approved by the FDA, their use is referred to as off-label, and patients must be informed of and consent to their use in that manner. Your use of the drugs must comply with the FDA's Investigational New Drug (IND) protocol. In addition to patient informed consent, the protocol requires that you monitor patients receiving the drugs for adverse side effects.

During an event, the designated lead center, institute, or office (CIO) at the Centers for Disease Control and Prevention (CDC), not the DSNS, will obtain approval from the FDA to use specific IND protocols for the medical countermeasures that are in the DSNS. CDC CIOs, (not DSNS) will also provide the forms that patients must read and sign to give their informed consent. Because these forms are constantly being revised and updated, they are not usually distributed to you ahead of time. In the event of an emergency, CDC will provide you with the most up-to-date versions of the protocols, authorizations, and instructions for use.

CDC is in the process of working on operationalizing the IND consent process for a vaccination/medication distribution clinic.

Emergency-Use Authorization

After the 2001 anthrax events and the large-scale smallpox operational planning efforts, HHS concluded that the IND informed-consent process limits the public health community's ability to respond to and contain such events. Rather, HHS deemed that this process was not practical during a rapidly progressing public health emergency.

In July 2004, Congress passed the Project BioShield Act of 2004. BioShield allowed for the FDA to have policies in place for authorizing the emergency use of medical products under Section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb-3), which was amended by the Project BioShield Act of 2004 (Public Law 108-276). Section 564 permits the FDA Commissioner to authorize the use of an unapproved medical product or an unapproved use of an approved medical product during a declared emergency involving a heightened risk of attack on the public or U.S. military forces. The process is referred to as emergency use authorization (EUA). An example would be using ciprofloxacin as prophylaxis for patients against plague.

Once products meet EUA eligibility, the FDA, CDC, or sponsor company will work to produce an EUA protocol for the intended emergency use of the product. CDC will be submitting EUA protocols for all CDC IND protocols currently in place. This action will ensure that the review process required for these protocols at the time of an event is minimal.

Under an EUA, healthcare providers and patients must still be informed about the risks, benefits, and alternative interventions and must be given the chance to accept or refuse use of the product. Patients must still be monitored, and adverse events must be reported. The authorization may also require collection and analysis of safety and efficacy data during the period of emergency use.

For an EUA to be activated, the Secretary of HHS must proclaim a public health emergency under Section 319 of the Public Health Service Act that affects, or has the significant potential to affect, national security and that involves a specified biological, chemical, radiological, or nuclear agent or agents or a specified disease or condition that may be attributable to such agent or agents.

The Secretary will then consult with the EUA Working Group; technical experts from FDA, NIH, and CDC; and other agencies and private entities, where appropriate, to (1) identify products that may be eligible for an EUA in light of the circumstances of the emergency and (2) facilitate timely submission of the EUA request by an appropriate entity. The FDA Commissioner, after consultation, when possible, with the FDA, CDC, and NIH, may issue an EUA. States may then dispense products and necessary information sheets, as appropriate. Section 564(b)(2) states that a declaration

of emergency will terminate one year after issuance or earlier if the Secretary determines, in consultation (as appropriate) with the Secretary of Homeland Security or the Secretary of Defense, that the circumstances that precipitated the declaration have ceased.

For more information regarding these issues, contact your state SNS Coordinator or your state's DSNS Program Services Consultant. Additional information is also available at www.fda.gov.

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Appendix R

Dispensing Modeling

Dr. Nathaniel Hupert, MD, MPH, from the Department of Public Health and Medicine at Weill Medical College of Cornell University, under contract from the DHHS Agency for Healthcare Research and Quality and with additional support from the DHS Office of Domestic Preparedness, has performed scholarly and practical work on the subject of mass prophylaxis dispensing site floor/flow plans. A description of his work and findings are in *Modeling the Public Health Response to Bioterrorism: Using Discrete Event Simulation to Design Antibiotic Distribution Centers*, in a September-October 2002 supplement to *Medical Decision Making (Med Decis Making 2002:22(Suppl):S17-S25)*. BERM: The Weill-Cornell Bioterrorism and Epidemic Response Model.

The purpose of this interactive model is to allow planners to “think with numbers” as they go about formulating realistic response plans for their local jurisdictions. Modeling forces one to critically examine assumptions about prophylaxis strategies and about the availability of resources, such as staff and potential prophylaxis clinic sites. Estimates derived from this model should be viewed as one type of data among many that may be useful in formulating response plans. Other data might include, for example, previous local experience with immunization campaigns or results of training exercises for bioterrorism response.

Dr. Hupert makes his model available to SNS preparedness programs in both MS Excel and interactive HTML formats at

<http://www.ahrq.gov/research/biomodel.html>.

You may also receive a copy by contacting your DSNS Program Services Consultant. Dr. Hupert presents this model with the intention that it serve more as a starting point for local planning than as a final design solution.

Appendix S

Sample POD Equipment List

This sample equipment list for supplying and furnishing a point of dispensing (POD) is drawn from an example community. Methods of dispensing (and therefore the supplies and equipment used during dispensing) vary widely from community to community. The way you equip and supply your POD(s) may require a different mix of supplies, furnishings, and equipment. This list is provided to suggest the variety of materiel that might be useful.

Item	Description	Quantity	Item	Description	Quantity
Name badges	3.5"x2.5", 12 per pack	9 packs	Waste cans	8-gallon	8
Badge strap clips	12 per pack	9 packs	Trash bags	8-gallon	8
Badge neck straps	black 35"x3/8", 100 per pack	1 pack	White copy paper	10 reams per case	2 cases
Vests	orange with 2" strips	20	Scotch tape	3-roll packs	4 packs
Whistles	orange with cord, 12 per case	1 case	Paper towels	2-ply	30
Bullhorns	Deluxe Street Thunder	3	Kleenex		8
Red barrier tape	red, Danger Do Not Enter	1 case/12	Duct tape		1 case
Traffic cones	28", 10 per case	10 cones	Accordion folders		4
Portable copy machines	HP All-in-One	4	Colored paper		4 packs
Emergency-alert radios		4	Biohazard bags	6"x9", 50 per pack	4 packs
Extension cords	100-ft	8	Biosharp containers	1-gallon	8
Power strips	6-outlet, power surge	8	Disposable cups	5-oz, 100 per pack	4
Flashlights	9-volt	8	Sign easels		4
Batteries	for flashlights	4, 2 per pack	Label makers		4
Calculators		10	Labels	refills, white	8
Clipboards	12.5"x9", brown, hardboard	48	Thermometers	1-sec, ear	8
Dry-erase boards	24"x36"	4	Candy	m&m's (medication)	8
Dry-erase markers	4-color set, low odor	4	Staplers	with 5000 staples	4

Item	Description	Quantity	Item	Description	Quantity
Adult scales		4	Rubber bands	1/8"x3"	8
Bike flags	orange	8	Scissors	8"	4, two packs
Red ink pens	Papermate	6 dozen	Paper clips	10 boxes per case	1 case
Black ink pens	Papermate	6 dozen	Highlighters	assorted colors	1 package of 12
Walkie-talkies	6-mile, rechargeable	8, 2 packs	Permanent markers	Sharpie Professional	12
Blankets		8	Post-It Notes	3"x3"	12
Hand sanitizer	4-oz bottles	24 per case	Lanterns	14-hr rechargeable	6
Face masks	disposable, 50 per box	32 boxes	Gloves	nitrile, 100 per box	16
Large trash bags	50-gallon, 100 per case	1 case			
Trash cans with wheels	50-gallon	2			

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Appendix T

Examples of Job Action Sheets

The sample job action sheets in this appendix are drawn from a number of state and local plans. Organization of emergency responses varies widely from location to location, and the job titles that populate those organizations and the tasks assigned to the holders of those job titles vary, as well. These examples are presented to suggest ways that you might organize your staff, assign duties to those staff, and describe those duties in working documents.

Job Action Sheet Site Leader

Position assigned to	
Report to incident command	Phone
Supervise	
Mission	Provide oversight to overall onsite clinic operations and function as decision maker for the site; act as liaison with Mass Clinic Emergency Operations Team; function as onsite media contact.
Equipment	Identification vest; cellular telephone; walkie-talkie; computer with connectivity to Internet.

Initial Site Duties

- Receive assignment from Incident Command Center.
- Go to assigned site **1 hour before the staff** is expected to arrive.
- Sign in on Staff Sign-in/Sign-out Form.
- Read entire Job Action Sheet.
- Check in with Security Leader, Nurse Leader, and Staffing Leader and review roles 2 hours prior to clinic opening.
- Confirm with IT Leader and Supply Leader at least 1 hour prior to clinic opening that all IT equipment and supplies are onsite and facility is ready; confirm with Staffing Leader that staffing is adequate.
- Direct lead staff to orient and train new staff coming into clinic.
- Provide orientation for external players (e.g. mental health).
- Direct and supervise these lead staff:
 - Lead Usher
 - Security Leader
 - IT Leader
 - Staffing Leader
 - Nurse Leader

- Familiarize self with job duties of all staff in clinic.
- Wear appropriate identification at all times.

Ongoing Duties

- Work closely with the Nurse Leader to solve problems.
- Troubleshoot difficulties during clinic operations and solve problems as they arise.
- Provide updates to the Incident Command, as necessary.
- Monitor clinic flow and solve problems, as needed.
- Arrange for lead-staff breaks, as needed.
- Act as media spokesperson if appointed by the leadership team.
- Coordinate break coverage with Nurse Leader.

Wrap-Up Duties

- Check out on Staff Sign-in/Sign-out Form.
- Participate in postclinic debriefing sessions.

Job Action Sheet Lead Clerk

Position assigned to	
Report to IT Leader	Phone
Supervise	
Mission	Supervise and provide support to your team; assure completeness and accuracy of data entry.
Equipment	Identification armband; pens; receipt books; white-out tape; ink pad; stamp; computer with Internet connection; extra screening/administration forms.

Initial Site Duties

- Receive assignment from Staffing Leader.
- Arrive 1.5 hours prior to the clinic start time and sign in on Staff Sign-in/Sign-out Form.
- Read this entire Job Action Sheet.
- Receive orientation from IT Leader.
- Direct the clerks on your team and explain job duties and positions.
- Determine break times for team members.
- Help set up site/station.
- Wear appropriate identification at all times.

Ongoing Duties

- Provide ongoing support for your team.
- Make changes in clerk duties, as needed.
- Use scanner and client's ID to enter demographic information if available.
- Check screener/administration forms for accuracy, legibility, and completeness.
- Assist patients in completing the required paperwork, if needed.
- Enter client data into ImmuLink, as required, and check the registry for the client's prior entry.
- Determine if and when the client has already received medication/vaccine. If there are questions as to whether medication/vaccine should be dispensed/administered today (because of apparent repeat doses or incorrect spacing), consult with IT Leader and lead screener.
- For non-English-speaking clients, contact the Staffing Leader to request the assistance of an interpreter. State the language needed.
- Direct the flow of traffic to the next station.
- Request break coverage from Information Technology Leader.

Wrap-Up Duties

- Check out on Staff Sign-in/Sign-out Form.
- Participate in scheduled debriefing sessions.

Job Action Sheet Clerk

Position assigned to		
Report to Lead Clerk		Phone
Supervise		
Mission	Assure completeness and accuracy of data entry.	
Equipment	Identification armband; pens; receipt books; white-out tape; ink pad; stamp; computer with Internet connection; extra screening forms.	

Initial Site Duties

- Receive assignment from Staffing Leader.
- Arrive 1.5 hours prior to the clinic start time and sign in on Staff Sign-in/Sign-out Form.
- Read this entire Job Action Sheet.
- Receive orientation from Lead Clerk.
- Help set up site/station as directed by lead staff.
- Wear appropriate identification at all times.

Ongoing Duties

- Use scanner and client's ID to enter demographic information.
- Check screener/administration forms for accuracy, legibility, and completeness.
- Assist patients in completing the required paperwork, if needed.
- Enter client data into ImmuLink, as required, and check the registry for the client's prior entry.
- Determine if and when the client has already received medication/vaccine. If there are questions as to whether medication/vaccine should be dispensed/administered today (because of apparent repeat doses or incorrect spacing), consult with IT Leader and Lead Screener.
- For non-English-speaking clients, contact the Staffing Leader to request the assistance of an interpreter. State the language needed.
- Direct the flow of traffic to the next station.
- Request break coverage from Lead Clerk.

Wrap-Up Duties

- Check out on Staff Sign-in/Sign-out Form.
- Participate in scheduled debriefing sessions.

Job Action Sheet Support Staff

Position assigned to		
Report to Lead Clerk		Phone
Supervise		
Mission	Assist all staff members with actions to complete their duties.	
Equipment	Identification armband.	

Initial Site Duties

- Receive assignment from Staffing Leader.
- Arrive 1.5 hours prior to the clinic start time and sign in on Staff Sign-in/Sign-out Form.
- Read this entire Job Action Sheet.
- Receive orientation from Lead Usher.
- Help set up site/station as directed from Lead Usher.
- Wear appropriate identification at all times.

Ongoing Duties

- Answer telephones. Take caution not answer any medical questions or give media interviews. Limit information given to clinic location, hours of operation, and approximate wait time.
- Assist clinic personnel, as needed.
- Collect forms.
- Assist with handicapped and elderly.
- Carry out additional duties as assigned by the Lead Usher
- Make rounds of clinic stations frequently to provide assistance and deliver supplies, as needed.
- Assist handicapped participants.
- Report to oncoming floater.
- Sign off/report to Logistics Manager.
- Direct flow of traffic to next station.
- Request break coverage from Lead Userh

Wrap-Up Duties

- Check out on Staff Sign-in/Sign-out Form.
- Participate in scheduled debriefing sessions.

Job Action Sheet Lead Educator

Position assigned to		
Report to Nurse Leader		Phone
Supervises		
Mission	Supervise and provide support to educators; greet and provide initial orientation to clinic attendees.	
Equipment	Identification arm band; walkie-talkie; information sheets.	

Initial Site Duties

- Receive assignment from Staffing Leader.
- Arrive at assigned site 1.5 hours prior to the clinic start time.
- Check in with Staffing Leader and sign in on the Staff Sign-in/Sign-out Form.
- Read this entire Job Action Sheet.
- Direct the educators on your team and explain job duties and positions.
- Help set up site as directed by lead staff.
- Wear appropriate identification at all times.

Ongoing Duties

- Provide ongoing support for your team.
- Make changes in educators' duties as needed.
- Determine break times for team members.
- Stock education area with information sheets and appropriate supplies.
- For each group of clients:
 - Give each client a copy of the information sheet being distributed for the vaccine, disease, and/or medication.
 - Give each client a copy of the screening/administration form.
 - Greet and provide basic information (verbally or with a video) about the disease in question and the medication/vaccine being dispensed or administered.
 - Explain the dispensing-clinic process. Use any teaching aids that are appropriate and available.
 - Explain how to complete the forms and answer questions.
 - Explain what body site will be used for injections and request that clothing be prepped to expose this area at injection station.
- Direct clients to forms-completion area.
- Direct the flow of traffic in this area of the dispensing clinic.
- Answer questions as they arise and inform clients that screeners will answer additional questions later.
- Request additional forms and other supplies as needed from the Supply Leader or Supply Assistant via walkie-talkie.
- Request break coverage from Site Leader.

Wrap-Up Duties

- Sign out on Staff Sign-in/Sign-out Form.
- Participate in scheduled debriefing sessions.

Job Action Sheet Educator

Position assigned to		
Report to Lead Educator		Phone
Supervises		
Mission	Greet and provide initial orientation to clinic attendees.	
Equipment	Identification arm band; information sheets.	

Initial Site Duties

- Receive assignment from Staffing Leader.
- Arrive at assigned site 1.5 hours prior to the clinic start time.
- Check in with Staffing Leader and sign in on the Staff Sign-in/Sign-out Form.
- Read this entire Job Action Sheet.
- Receive orientation from Lead Educator.
- Help set up site as directed by lead staff.
- Wear appropriate identification at all times.

Ongoing Duties

- Stock education area with information sheets and appropriate supplies.
- For each group of clients:
 - Greet and provide basic information (verbally or with a video) about the disease in question and the medication/vaccine being dispensed or administered.
 - *Give each client* a copy of the information sheet being distributed for the vaccine, disease, and/or medication.
 - *Give each client* a copy of the screening/administration form.
 - Explain how to complete the forms and answer questions.
 - Explain what body site will be used for injections and request that clothing be prepped to bare this area at the injection station.
- Direct clients to the forms-completion area.
- Answer questions as they arise and inform clients that screeners will answer additional questions later.
- Direct the flow of traffic in this area of the clinic.
- Inform Lead Educator if additional forms and other supplies are needed.
- Request break coverage from Lead Educator.

Wrap-Up Duties

- Sign out on Staff Sign-in/Sign-out Form.
- Participate in scheduled debriefing sessions.

Job Action Sheet Interpreter

Position assigned to		
Report to Staffing Leader		Phone
Supervises		
Mission	Answer questions and interpret for people who are not proficient in English.	
Equipment	Identification arm band and/or placard.	

Initial Site Duties

- Receive assignment from Staffing Leader.
- Arrive 1 hour prior to the clinic start time.
- Check in with the Staffing Leader and sign in on Staff Sign-in/Sign-out Form.
- Read this entire Job Action Sheet.
- Receive orientation from Staffing Leader.
- Put on language placard.
- Wear appropriate identification at all times.

Ongoing Duties

- When not assigned, you will be expected to be located at the Interpreter Station.
- All ushers, greeters, screeners, registrars, and dispensers will be instructed to report non-English speakers to the lead worker in their area. The lead worker will contact the staffing leader, and the staffing leader will contact the Interpreter Station.
- As accurately as possible, verbally translate instructions, questions, or responses between clinic staff and the patient(s). It is *very important* to not exclude or summarize statements from either side.
- When finished, report immediately back to the Interpreter Station for your next assignment.
- Tell the staffing leader if you do not understand any of these tasks.
- Ask for break coverage from the staffing leader.

Wrap-Up Duties

- Check out on Staff Sign-in/Sign-out Form.
- Participate in scheduled debriefing sessions.

Job Action Sheet Information Technology Leader

Position assigned to		
Report to Site Leader		Phone
Supervises		
Mission	Maintain laptop or desktop computers, Internet connectivity, and printers.	
Equipment	Identification armband; walkie-talkie.	

Initial Site Duties

- Receive assignment from Staffing Leader.
- Arrive at assigned site 2 hours prior to the clinic start time.
- Check in with Staffing Leader and sign in on the Staff Sign-in/Sign-out Form.
- Read this entire Job Action Sheet.
- Receive orientation from Site Leader.
- Procure needed equipment and make arrangements for its transport to clinic locations.
- Set up computers with Internet/network connections and ImmuLink (if available) access.
- Wear appropriate identification at all times.

Ongoing Duties

- Train staff in the use of computer equipment.
- Monitor functioning of computer equipment.
- Assist staff having computer-equipment problems.
- Correct problems or call Hennepin County IT or outside vendors for additional support.
- Request break coverage from Site Leader.

Wrap-Up Duties

- Sign out on Staff Sign-in/Sign-out Form.
- Participate in scheduled debriefing sessions.

Job Action Sheet Nurse Leader

Position assigned to		
Report to site leader		Phone
Supervise		
Mission	Supervise and provide support for onsite clinical/medical operations.	
Equipment	Identification vest; walkie-talkie.	

Initial Site Duties

- Receive assignment from Incident Command.
- Go to assigned site *1 hour before the rest of the staff* is expected to arrive.
- Sign in on Staff Sign-in/Sign-out Form.
- Read this entire Job Action Sheet.
- Direct and supervise the Lead Screeners, Lead Injectors, Lead Dispensers, Lead Educators, Supply Leader, Pharmacist(s), and Medical Evaluator.
- Orient and educate your lead staff.
- Familiarize yourself with all other clinic positions.
- Wear appropriate identification at all times.

Ongoing Site Duties

- Act as a resource and assist your lead staff to maximize efficient and safe clinic flow.
- With Supply Leader, monitor vaccine or medication and related supplies and make arrangements for replenishment, if necessary.
- Monitor use of safety and self-protection equipment by staff, as appropriate.
- Provide direct assistance, as needed, for emergencies and unforeseen events.
- Act as media spokesperson if Site Leader is not available. Refer to talking points.
- Work with lead staff to manage clinic flow and solve problems as clinic operation proceeds.
- Observe and assist any staff who exhibit signs of stress and fatigue. Use onsite Mental Health services, as necessary.
- Provide break time for supervised staff, as appropriate, and cover for them, if needed.
- Coordinate your own break coverage with Site Leader.

Wrap-Up Duties

- Collect and manage vaccine and supply inventory lists at end of each clinic session and send to Logistics Leader.
- Sign out on Staff Sign-in/Sign-out Form.
- Participate in scheduled debriefing sessions.

Job Action Sheet Supply Leader

Position assigned to	
Report to site leader	Phone
Supervise	
Mission	Supervise and provide support to your team; assist Logistics Leader in securing clinic supplies and equipment; during shifts, be on call to obtain and arrange for transport of additional supplies.
Equipment	Identification arm band; walkie-talkie.

Preclinic Duties

- Assure that enough copies made of printed resources for staff and anticipated number of clients and that copies and masters are transported to clinic site.
- Familiarize self with site set up, supplies needed at each station, and where supplies are stored.

Initial Site Duties

- Receive assignment from Staffing Leader.
- Arrive at assigned site 1.5 hours prior to the clinic start time
- Check in with Staffing Leader and sign in on the Staff Sign-in/Sign-out Form.
- Read this entire Job Action Sheet.
- Receive orientation from Site Leader.
- Direct the supply personnel on your team and explain job duties and positions.
- Determine break times for team members.
- Wear appropriate identification at all times.

Ongoing Duties

- Secure all onsite equipment and supplies that will not be provided by the facility.
- Secure prophylactic agent; coordinate with Logistics Manager, and notify him or her of any special storage issues.
- Obtain and distribute printed materials for each station.
- Prepare packet of printed materials for clinic: signed standing orders, forms, etc.
- Replenish materials, as necessary.
- During clinic operations, take requests for needed supplies and arrange for their transport to the clinic.
- Periodically pick up screening/administration forms from dispensing tables.
- Submit bills and invoices to Logistics Leader.
- Request break coverage from Nurse Leader.

Wrap-Up Duties

- Sign out on Staff Sign-in/Sign-out Form.
- Participate in scheduled debriefing session.

Job Action Sheet

Lead Usher

Position assigned to		
Report to site leader		Phone
Supervise		
Mission	Supervise and provide support to ushers to maintain a steady flow of clients through clinic.	
Equipment	Identification arm band; walkie-talkie.	

Initial Site Duties

- Receive assignment from Staffing Leader.
- Arrive at assigned site 1.5 hours prior to the clinic start time.
- Check in with Staffing Leader and sign in on the Staff Sign-in/Sign-out Form.
- Read this entire Job Action Sheet.
- Direct the ushers on your team and explain job duties and positions.
- Determine break times for team members.
- Wear appropriate identification at all times.

Ongoing Duties

- Provide ongoing support for your team.
- Make changes in usher duties, as needed.
- Assist clients in moving through lines. Direct the flow of traffic and maintain order.
- Notify clients to have forms ready and to prepare themselves for injections (i.e., bare arms).
- For non-English-speaking clients, contact the staffing leader and request the assistance of an Interpreter. Designate the language desired.
- Provide information to those who need it or direct them to someone who can provide it.
- Explain to clients how to complete the forms and answer questions.
- Explain to clients what body site will be used for injections and request that clothing be prepped to bare this area at the injection station. Direct clients to the forms-completion area.
- Request break coverage from the Site Leader.

Wrap-Up Duties

- Sign-out on the Staff Sign-in/Sign-out Form.
- Participate in scheduled debriefing sessions.

Job Action Sheet
Public Information/Communications Liaison

Position assigned to		
Report to Site Leader		Phone
Supervise		
Mission	Provide public information/communication support to POD.	
Equipment	Identification armband; pens; notepads; computer with Internet connection.	

Initial Site Duties

- Receive assignment from Staffing Leader.
- Arrive 2 hours prior to the clinic start time and sign in on Staff Sign-in/Sign-out Form.
- Read this entire Job Action Sheet.
- Receive orientation from Site Leader.
- Brief POD staff on Best Practices/Tips for communicating with the public.
- Make contact with Joint Information Center (JIC).
- Submit initial POD information to JIC (directions, parking, and hours of operation).
- Set up site’s educational materials, including signs, posters, and fact sheets.
- Wear appropriate identification at all times.

Ongoing Duties

- Provide ongoing support for staff communicating with the public.
- Serve as point of contact for media and special dignitary requests and act according to media policies.
- Provide ongoing information about the POD to JIC (estimated wait times, any closures, status updates, and media contacts).
- Determine most frequently asked questions
- Create materials to address frequently asked questions.
- Notify JIC of most frequently asked questions.
- Request break coverage from Site Leader.

Wrap-Up Duties

- Check out on Staff Sign-in/Sign-out Form.
- Participate in scheduled debriefing sessions.

Appendix U

Managed Inventory and Bulk Purchases

Managed Inventory

DSNS's 12-Hour Push Packages make up less than 2% of the treatment capability of the SNS. The remaining 98% is in Managed Inventory, formerly called "Vendor Managed Inventory" or "VMI". Managed Inventory (MI) is materiel held either in DSNS storage sites or by manufacturers on our behalf and can be used as a follow-on to a 12-Hour Push Package or as an initial response, as the situation warrants. Unlike a 12-Hour Push Package, MI comes on standard shipping pallets and was originally designed for a 24- to 36-hour deployment. However, during the anthrax crisis of 2001, DSNS used MI oral drugs as a first-response component for prophylaxis for potentially exposed people.

In a health emergency, you will be working with DHHS, CDC, and SNS experts who will help determine the best method for an SNS response. If the decision is to send MI, we will make every effort to get those SNS assets to you in a timely manner. For items directly under DSNS's control, we anticipate that we can deliver MI anywhere in the US and its territories within 24 hours. When it is obvious that a 12-Hour Push Package would not meet all or your needs, then DSNS may push MI to you as quickly as possible. The timing of follow-on MI would be a function of the event and your evolving or ongoing needs. Our intent is to ensure you have a continuous flow of SNS materiel to meet your needs.

The MI we send you can be large in both its treatment capability and the amount of warehouse space it consumes. To determine an adequate size for an RSS warehouse, you should consider your worst-case scenario (e.g., you experience a community-level bioterrorism attack or are struck by a Katrina-level disaster). Your DSNS consultant can provide you with some space guidelines for MI which will allow you to anticipate the requisite RSS size for planning purposes. The space you have acquired to house a 12-Hour Push Package could be dwarfed by the space needed for MI during that type of emergency. You may find it useful to acquire contingency access to back-up warehouse space for MI that would give you a lot of additional room for storage and staging.

Bulk Purchases

Another method DSNS has for responding with medical materiel is called bulk purchase. DSNS uses bulk purchases when requested items are not in the DSNS inventory. Bulk purchases take much more time to deliver than do 12-Hour Push Packages or MI because the product availability and shipping are beyond DSNS's control. Because of these factors, DSNS cannot provide time frames for bulk-purchase actions. Also, certain required, formal requisition/approval procedures during an event may affect the speed with which we are able to act on your request for SNS assets. Consider making several senior members of your SNS Team familiar with (1) the types of federal responses (i.e., public health emergency and incident of national significance) and what agency (DHHS, FEMA, or DHS) would be in charge; (2) the process, including paperwork, required for requesting assistance; (3) how to properly complete the request(s); (4) your state/local approval chain; and (5) those federal regional officials who would be processing your forms, along with their telephone and fax numbers.

Appendix V

State SNS Assessment Tool

The Division of Strategic National Stockpile has developed a tool for evaluating state readiness to receive, distribute, and dispense SNS assets in the event of a national emergency. The Assessment Tool is an outline of the core functions identified by the SNS program and described in this *Guide*. Generally, the Assessment Tool focuses on the key elements that are regarded as either critical or important planning steps within each function. As a result of the common purposes and goals of this *Guide*, the training workshops provided to SNS participants, and the assessment process, the organization of the Assessment Tool is similar to that of this *Guide*. It covers

- Developing an SNS plan
- Command and control
- Requesting SNS assistance
- Managing SNS operations
- Tactical communications
- Public information and communications
- Security
- Receiving, staging, and storing
- Controlling SNS inventory
- Repackaging
- Distribution
- Dispensing
- Treatment center coordination
- Training, exercising, and evaluating

A copy of the 2006 version of the Assessment Tool appears on the following pages.

Project Area: _____ Date: _____
Evaluator: _____

State SNS Assessment Tool

The Strategic National Stockpile (SNS) Program has developed a tool for evaluating State readiness to receive, distribute, and dispense SNS assets in the event of a national emergency. The assessment tool is an outline of the core functions identified by the SNS program and the key elements that are regarded as either critical or important planning steps within each function.

1. DEVELOPING AN SNS PLAN

Critical Elements

- A. _____ SNS specific Preparedness Plan has been developed
- B. _____ SNS Plan is incorporated into overall State Emergency Response Plan
- C. _____ SNS Plan is updated annually

Important Elements

- D. _____ Planning Group formed and are working together in a collaborative planning effort (Inclusive of all representatives from State Public Health, State Emergency Management, Governor's Office and other supporting agencies)
 - Advisory Council
 - Workgroup
 - Health Department
 - Emergency Management Agency/State Office of Homeland Security
 - Public Works
 - Highway Department/Department of Transportation
 - Law Enforcement
 - National Guard (Army and Air)
 - Emergency Medical Services
 - Fire
 - Hospitals
 - Department of Administration/Finance
 - Department of Corrections
 - DOD/Military Installations
 - MMRS Cities

- E. _____ Policy issues reviewed, identified, and addressed to support SNS operations
 - Process for requesting SNS assistance
 - Number of doses that a family member can pick-up at a dispensing site
 - Minimum identification requirements in order to receive medication
 - Credentialing process used to identify volunteers and staff at SNS sites
 - Rules of engagement for law enforcement
 - Providing prophylaxis to Native Americans on reservations
- F. _____ Legal issues reviewed, identified, and addressed to support SNS operations
 - Medical practitioners authorized to issue standing orders and protocols for dispensing sites
 - Medical practitioners authorized to dispense medications during a state of emergency
 - Procurement of private property
 - Authorized overtime pay
 - Liability/workers compensation

2. COMMAND AND CONTROL

Critical Elements

- A. _____ State utilizes Incident Command System (ICS) structure with integration of SNS functions. Elements should include:
 - Governor’s Office
 - Health Department
 - Emergency Management Agency
 - SNS Coordinators
 - Other State Offices
 - Emergency Response Organizations
 - Local Elected officials
- B. _____ Incident Commander identified with back-up and point of contact (POC) information
- C. _____ Procedures are documented and in place for apportionment and inventory control of SNS materiel
- D. _____ Sign-off on SNS plan documented between appropriate agencies and organizations

Important Elements

- E. _____ Regional plans between states are documented and in place between appropriate agencies and organizations
- F. _____ State Emergency Operations Center (SEOC)/Health Department Operations Center (HDOC) is able to allow decision makers to communicate with each other

3. REQUESTING SNS

Critical Elements

- A. _____ **Individual or person(s) authorized by the governor to request SNS materiel are identified with POC information**
- B. _____ **State SNS Plan contains request justification guidelines**
- C. _____ **Signed MOU between CDC and State**

Important Elements

- D. _____ Plan for Governor or designee(s) to communicate with key state officials to discuss incident and determine when to request SNS materials
- E. _____ SNS Plan lists individuals who are authorized to sign for SNS materiel
- F. _____ SNS Plan lists DEA Registrant
- G. _____ Local SNS Plans contain request justification guidelines to the state
- H. _____ Request procedures for on-going support for locals have been developed and are in the local SNS Plan
- I. _____ Request procedures at the local and state level have been exercised
 - Initial request for support
 - On-going requests for support

4. MANAGEMENT OF SNS OPERATIONS

Critical Elements

- A. _____ State SNS Coordinator identified with back-up and POC information

The following State Leads have been identified with back-up and POC information:

- B. _____ Communications
- C. _____ Security
- D. _____ RSS
- E. _____ Distribution
- F. _____ Repackaging
- G. _____ Dispensing Sites
- H. _____ Treatment Centers
- I. _____ Training/Exercise/Evaluation
- J. _____ Call-down rosters for SNS Leads are current and updated at least quarterly

Important Elements

- K. _____ State infrastructure in place to support State SNS plan
 - Support from Governor's office
 - Support from State Health Director
- L. _____ Budget allocation adequately supports local SNS functions
 - _____ % of funds has been sent out to locals
 - Mechanism being used to fund locals
 - Specified deliverables
 - Contract monitoring

6. PUBLIC INFORMATION AND COMMUNICATIONS

Critical Elements

- A. _____ State Public Information and Communications Lead has a job action sheet and has been trained
- B. _____ A plan to coordinate local media efforts is in place:
 - All local media channels have been identified and contact information (and backup) documented
 - Capabilities and audiences for each media outlet have been identified
 - Regular meetings with local media are planned to educate, provide background information and foster collaboration between SNS Public Information and Communication Lead and media representatives.
 - Media channels have threat-specific information “on the shelf” and ready if needed.
- C. _____ A plan to compile information for clinical and drug information has been developed
 - Information has been collected
 - Storage location (electronic and hard copy) identified and updated regularly
 - Plan for mass reproduction and storage of printed materials has been developed
- D. _____ A plan for disseminating information to the public and to health care professionals has been developed:
 - Plan is in place for channels to disseminate information to state and local community.
 - Information has been evaluated and adapted for needs of local community
 - Plan to distribute printed materials
 - Plan for 24/7 Public Information Hotline in place
- E. _____ A plan for public information campaigns has been developed:
 - Web site information, printed material, newspaper inserts, videos
 - Dispensing site location, news briefs, informing public, rumor control
 - Medication compliance

Important Elements

- F. _____ A plan to translate information is in place for non-English speaking, hearing impaired, visually impaired or functionally illiterate individuals:
 - Documents have been translated as appropriate for community

- On-site interpreters available for dispensing sites
- Translators and TTY plans for Public Information Hotlines
- G. ____ Staff have been identified and trained in communications function

7. SECURITY

Critical Elements

- A. ____ State Security Lead has a job action sheet and has been trained
- B. ____ Security at RSS
 - Ample persons to secure facility
 - Protect the SNS materiel once signed over to the state
 - Securing materiel during RSS operations
- C. ____ Coordination with US Marshals Service
- D. ____ Plan in place for protecting staff/volunteers
 - RSS sites
 - Dispensing sites
 - Distribution sites
 - Treatment centers
- E. ____ Crowd control plan for RSS sites
- F. ____ Crowd control plan for Dispensing sites
- G. ____ Crowd control plan for Treatment centers
- H. ____ Developed a credentialing plan for SNS staff at RSS and Regional Distribution sites
- I. ____ Developed a credentialing plan for SNS staff at Dispensing sites

Important Elements

- J. ____ Security procedures in place to transport SNS materiel to various locations around the state
- K. ____ Traffic control plans for various SNS related sites (RSS, Dispensing, Distribution and Treatment Centers)
- L. ____ Staff have been identified and trained in security functions

8. RECEIPT/STAGE/STORE (RSS)

Critical Elements

- A. _____ State RSS Lead has a job action sheet and has been trained
- B. _____ Primary location with alternate site(s) identified
- C. _____ Locations reviewed by CDC SNS Consultant using Site Survey Tool

The following Leads have been identified with back-up and POC information for each facility identified:

- D. _____ RSS Site Manager
- E. _____ Material Management (Inventory Management System)
- F. _____ Apportionment (Pick Teams)
- G. _____ Logistics
- H. _____ QA/QC
- I. _____ Safety
- J. _____ Security
- K. _____ Communications/IT
- L. _____ Appropriate Material Handling Equipment on site or readily available upon request
 - Pallet Jacks
 - Pallets
 - Hand Carts/Dollies
 - Forklifts
 - Repackaging/Shipping Materials (tape, plastic wrap, pens, paper, etc.)
- M. _____ Appropriate Office Equipment
 - Telephones
 - 3 Analog telephone lines for TARU Team
 - Fax machine
 - Table/chairs
 - Copier
- N. _____ Call-down rosters for RSS Leads/staff are current and updated quarterly
- O. _____ Staff have been identified and trained in RSS functions

Important Elements

- P. _____ Locations have been reviewed by the State
- Q. _____ Developed staffing plan for 24/7 operations
- R. _____ Developed care/feed plan for staff
- S. _____ RSS Site Manager and back-up trained in RSS operations

The following Leads and back-ups have been trained in RSS operations for each facility identified:

- T. _____ Materiel Management
- U. _____ Apportionment
- V. _____ QA/QC
- W. _____ Safety
- X. _____ Security
- Y. _____ Communications/IT
- Z. _____ Logistics Lead

9. CONTROLLING SNS INVENTORY

Critical Elements

- A. _____ Inventory Management System (IMS) in place with back-up
 - Computer Program
 - Electronic Spread Sheet
 - Paper System
- B. _____ Inventory staff identified and trained in IMS functions

Important Elements

- C. _____ Procedure for chain of custody involving SNS materiel
- D. _____ Procedure for chain of custody involving controlled substances

10. REPACKAGING ORAL MEDS

Critical Elements

- A. _____ State Repackaging Lead has a job action sheet and has been trained
- B. _____ Repackaging plan or contingent contracts have been developed
- C. _____ Repackaging staff call-down rosters are current and updated at least quarterly

Important Elements

- D. _____ Staff have been identified and trained in Repackaging functions

11. DISTRIBUTION

Critical Elements

- A. _____ **State Distribution Lead has a job action sheet and has been trained**
- B. _____ **Plan for coordinating delivery of SNS materiel directly to treatment facilities, distribution/dispensing sites**
- C. _____ **Agreements are documented and in place with organization(s) that will distribute materiel**

- D. _____ **Plan for 24/7 recovery and repair of vehicles/distribution assets**
- E. _____ **Appropriate Material Handling Equipment for Regional Distribution sites (off-loading and loading as needed)**
 - **Pallet Jacks**
 - **Hand Carts/Dollies**
 - **Forklifts**
 - **Repackaging/Shipping Materials (tape, plastic wrap, pens, paper, etc.)**

Important Elements

- F. _____ **Drivers and Support Personnel have been credentialed**
- G. _____ **Staff have been identified and trained in Distribution functions**
 - **Chain of custody protocol**
 - **Routing information**
 - **Security/communication procedures**
 - **Appropriate Use of Material Handling Equipment**
 - **Assist in loading and off-loading materials**

12. DISPENSING ORAL MEDS

Critical Elements

- A. ____ Dispensing Site Managers have been identified with back-up and POC information for each dispensing site
- B. ____ Safety Lead identified with back-up and POC information
- C. ____ Security Lead identified with back-up and POC information
- D. ____ Communications Lead identified with back-up and POC information
- E. ____ Logistics Lead identified with back-up and POC information
- F. ____ Plan to rapidly dispense medications to the public
- G. ____ Plan contains standard operating procedures/protocols for the operation and management of dispensing sites
- H. ____ Plan in place to request and receive SNS materiel
- I. ____ Plan contains interpreters/translation services identified to support dispensing operations
- J. ____ Dispensing sites identified by state and or local jurisdiction
 - o Population
 - o Number of Sites
 - o Estimated Thru-put of population/hour
- K. ____ Call-down rosters for SNS Leads/staff are current and updated at least quarterly
- L. ____ Core dispensing site staff per site have been identified and trained in Dispensing functions

Important Elements

- M. ____ Local Dispensing Site plans are exercised annually
- N. ____ A cross section of identified dispensing sites have been reviewed by the state
- O. ____ Agreements are documented and in place for dispensing sites
- P. ____ Plan to provide prophylaxis to first responders, essential personnel and their families
- Q. ____ Equipment and supplies to support dispensing site operations
 - o Office supplies
 - o Medical supplies
 - o Drug Fact Sheets
 - o Agent Fact Sheets
- R. ____ Name/Address/Patient/History (NAPH) forms and plan developed for patient tracking
- S. ____ Plan to reproduce and distribute NAPH forms to dispensing sites

Appendix W

Action Request Form

Typically, when the President declares a disaster, local and/or state officials determine the need for assistance. A request for assistance has to be approved by the state Emergency Management Agency. State officials must then submit an Action Request Form (ARF; FEMA Form 90-136) to FEMA for approval at the federal level. If approved by state and federal officials, the request for assistance will be forwarded to the Department of Homeland Security/Federal Emergency Management Agency. When an ARF is accepted, a mission assignment (MA) is prepared and signed by the appropriate FEMA official. A mission assignment is a work order issued by DHS EP&R to a federal agency directing the completion of a specific task and citing funding, other managerial controls, and guidance. There are three types of MAs:

1. Federal Operations Support: any type of support to federal responders; it is 100% federally funded and can be made before or after a presidential declaration.
2. Technical Assistance: expertise and advice; it is 100 % federally funded and is available only after a presidential declaration.
3. Direct Federal Assistance: goods and services beyond the state's capability to provide; it normally functions under the purview of state or local officials; it is requested by the state and is subject to cost-sharing; it is available only after a presidential declaration.

A blank Form 90-136 appears on the following pages. Hard copies of this form can be submitted by facsimile. Digital (MS Word format) fillable forms can be submitted by e-mail.

ACTION REQUEST FORMOMB No. 1660-0047
Expires November 30, 2007**I. Who is Requesting Assistance? (Completed by Requestor)**

Requestor Name/Title/State:

Temporary Phone/Fax #:

Permanent Phone:

FAX #:

Requestor Organization:

E-mail:

II. Requested Assistance? (Completed by Requestor) See Attached

Description of Assistance Requested:

Quantity:

See Attached

Priority:

 1 Lifesaving 2 Life sustaining 3 High 4 Medium 5 Normal

Date/Time Needed:

Delivery Site Location:

Site POC:

24 Hour Phone:

FAX #:

State Approving Official signature:

Date:

III. Sourcing the Request - Review/Coordination (Operations Section Only) Ops Review by: _____ Log Review by: _____ Other Coordination by: _____ Other Coordination by: _____ Other Coordination by: _____Immediate Action Required: Yes No

Date/Time Assigned:

 Donations Procurement Other (explain) Interagency Agreement Requisitions Mission Assignment

Action Request

 ESF #:

Assigned to:

 Other:**IV. Statement of Work (Operations Section Only)**

OFA Action Officer:

24 Hour Phone:

FAX #:

FEMA Project Officer:

24 Hour Phone:

FAX #:

Justification / Statement of Work:

Estimated Completion Date:

Cost Estimate: \$

V. Action Taken (Operations Section Only) Accepted Rejected

Disposition:

 Accountable Property
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ACTION REQUEST FORM

Page 2

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VI. HHS Coordination

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Appendix X

Federal Medical Stations

The Federal Medical Station (FMS) is a recent mission assignment for the DSNS, a mission that makes a valuable new SNS asset available to your area. An FMS, once called a Federal Medical Contingency Station, or FMCS, is a deployable 250-bed unit equipped to provide subacute medical care and quarantine. However, the utility of an FMS is not limited by its supply list. Your area can adapt an FMS to help meet a range of mass medical care needs that might emerge in a disaster. For example, in the aftermath of Hurricane Katrina in September of 2005, Louisiana officials in Baton Rouge used the FMC units that the SNS deployed there as platforms for the provision of a more advanced level of medical care. Various public and private entities from nearby and also from out of state colocated their mobile service modules with the FMS. These modules included a clinical laboratory, a radiological diagnostic facility, an intensive care unit, and a surgical suite.

The FMS concept

A widespread terrorism event, or more commonly a huge natural disaster, can overwhelm an affected area's medical care delivery system. This overuse can come from a patient surge that is beyond local hospital bed capacity, a degradation of area hospitals, or both. One strategy to effectively respond to such an overwhelming health and medical demand would be to activate and mobilize a preplanned federal mass care facility. The FMS has recently been designed by HHS to meet public health needs in case of such a national incident.

The type of FMS developed and maintained as part of the SNS is designed, organized, and equipped for staff to provide inpatient (nonacute care) medical services and quarantine for 250 patients. This type of FMS can be quickly established in structures or buildings of sufficient size located close to existing hospitals to provide definitive and supportive care.

What an FMS consists of

An FMS is currently configured in four modules:

- Base support module: includes 50 beds and a quarantine capability
- Treatment module: includes medical supplies and equipment for nonacute care
- Pharmacy module: includes medications
- 50-bed expansion module (up to four units)

The treatment and pharmacy modules can easily be added to the base module to enhance unit capability to treat 50 patients who may require inpatient or outpatient care. An FMS

- Is scalable to the incident
- Has modular configuration
- Can be transported by air or ground for maximum geographic distribution
- Can be quickly integrated into a preselected site
- Includes predictable resources (a 3-day supply)
- Is modeled to accommodate all age populations

How an FMS will be packaged

An FMS unit will reach you looking more like SNS managed inventory than a 12-hour Push Package. It is a combination of triwall containers and shrink-wrapped product on standard warehouse pallets totaling approximately 170 pallets. If it comes by ground, you can expect it to arrive in 4 or 5 semi-tractor trailers. If it comes by air, it may come in more than one cargo aircraft and probably will be loaded in standard aircraft cargo containers.

DSNS technical assistance for FMS setup

The DSNS will send a 2- to 4-member FMS Team with any FMS deployment, depending on the number of units requested. These DSNS staff members are in addition to the TARU that will accompany other deployed SNS assets; they will be personnel with specific expertise and experience in establishing an FMS. They will be prepared to guide a group of local volunteers in an expeditious offload and setup of the FMS materiel that has arrived in your area.

How you should prepare for and sustain an FMS

You need to amend your SNS plan and preparations now to anticipate the possibility that an FMS may be needed. A FMS may be of value if you experience

- A terrorist attack affecting more patients than your hospital system can absorb;
- An accidental or intentional release of large amounts of toxic material from a power generating, manufacturing, storage, or industrial transport facility; or
- Periodic natural disasters.

The year 2005 alone has demonstrated that major hurricanes, earthquakes, tsunamis, tornados, and floods have the force to harm many people and to compromise the medical facilities they would otherwise rely on.

If an FMS unit is deployed to your area, you should not treat it like other SNS assets in the sense that it would go to an RSS warehouse. It should go, in its entirety, to the site selected for its setup and operation. You should identify candidate facilities in each of your cities and regional areas to accommodate an FMS unit. The specifications you need to consider include:

- A building with an open area of at least 40,000 square feet (e.g., a civic sports arena, a school gymnasium, a recreation hall); 50,000 square feet is considered optimal for a 250-bed FMS;
- Preferably a building that is near to your major hospital(s) so that the FMS can more easily accommodate the surge requirements of these facilities;
- One or more loading docks and the availability of materiel-handling equipment, such as fork lifts and pallet jacks;
- Sufficient existing communications/IT support and unimpeded wireless connectivity;
- H/VAC equipment in good working condition;
- A reasonable amount of accessible shower and toilet facilities; and
- Plenty of electrical power outlets (preferably with backup).

Figure X-1 provides a notional layout for a 250-bed FMS. Table X-1 provides an estimate of resources required to establish and operate an FMS.

FMS-related services requiring prior arrangements include:

- A food service to sustain the patients and staff;
- A service to provide bottled water and ice;
- Refrigeration support;
- Mortuary support;
- A laundry service to be able to clean and rotate bed linens;
- A medical-waste-disposal service;
- A service to provide portable toilets;
- Medical oxygen cylinder refill;
- Billeting for potential incoming staff; and
- Security.

Contingency agreements with facilities and firms could greatly ease an FMS setup and improve its ability to contribute during an emergency. Also, obtaining ways to contact the right people on a 24/7 basis is truly essential. Time and events may not offer the luxury of hunting around for someone, much less identifying and accessing these needs ab initio. Aside from developing contingency agreements now, you should also plan to revisit them periodically to make certain that changes in corporate ownership and/or personnel have not compromised your prior understandings or that persons to contact or their numbers remain the same.

Suitable structures

Recommended existing structures suitable for use as an FMS include, if available, National Guard armories, gymnasiums, civic sports centers, schools, hotel conference rooms, health clubs, convention centers, and community centers. Large tents or similar “soft” structures can also be used. One factor that makes National Guard armories and schools attractive is the fact that they are generally publicly owned structures, making it easier for emergency coordinators to rapidly secure them in the event of a disaster.

FMS limitations

While the FMS provides critical capabilities during times of crisis, there are a number of limitations that must be considered in FMS planning and employment.

- FMS does not have integrated transportation support. It must compete with other government agencies in times of emergency response to acquire appropriate and timely commercial transportation resources.
- FMS does not have a shelter capability; it is completely dependent upon a facility of opportunity that meets *specific* requirements.
- FMS is not an acute-care capability.
- FMS deploys with a 3-day supply of commodities and equipment. Once the FMS is established, FMS personnel and/or supporting clinical personnel *must immediately* begin planning for resupply of critical items.
- FMS is completely constrained by the service support the state provides; it does not deploy with “life support” functions (power, water/food service, waste removal, etc.). If the service support requirements are not met, the FMS will be *severely* limited in capability, if not completely inoperable.
- An FMS set consists of supplies and equipment only; clinical staff/personnel are provided separately by federal or state and local health care workers.

FMS human resource preparations

An FMS requires human resources to set it up, to serve the patients in it, and to support it over the span of its operations. While all of these are of preparatory concern, the latter two are likely to be addressed by entities other than the SNS Program. The immediate SNS Program preparatory need is to ensure that enough personnel will be available to assist the DNSN FMS Team with setup of the unit(s).

As you assemble your teams to carry out various SNS preparedness functions for responding to a biological terrorist attack, select personnel to staff the FMS from among those who would not engage in another type of emergency. The most obvious place to look is your *dispensing function*. The core members of that team clearly would not engage outside of a biological terrorist event, and their numbers are ideal. We suggest

you select about 60 volunteers from your *dispensing function* team to have a secondary role as an FMS Support Team. But where they come from obviously is your choice. Regardless, each volunteer for this service would be on your call-down system for an FMS deployment. From that cadre of 60, you would need to identify 15 to 20 who would be available to assist the DSNS FMS Team with setup of a single unit.

Hospital and ambulance service agreements

Because an FMS would be deployed to help meet the surge requirements of your local hospitals in an emergency, it will be vital to have an understanding with each facility regarding the service limits of the FMS (e.g., patients needing surgery), and what type of patients the hospitals should transfer to the FMS (e.g., those needing some sort of subacute care or merely rehydration). Talking through contingency agreements in advance with your hospitals will save enormous confusion and harmful delays in an FMS deployment.

To make these agreements practical, it will be necessary to have a constant supply of ambulances available to shuttle patients back and forth between your hospitals and the FMS. Depending on how your local emergency services are structured (public vs. private) and coordinated (by a central emergency services agency or by individual companies), contingency agreements will make it possible to begin using the capacity of the FMS as soon as the unit is established.

Table X.1. Federal Medical Station

ITEM	FMS 50-bed Package	FMS 100-bed Package	FMS 250-bed Package
Required Space	19,500 ft ²	34,600 ft ²	50,000 ft ²
Work Area	100sq ft/1 st 24 Hrs; Then 1950 sq ft	3900 sq ft	5850 sq ft
Staff Billeting			
Latrine/ Showers	_ people	_ people	_ people
Food Service			
Regular	meals/day	meals/day	meals/day
Liquid	meals/day	9 meals/day	meals/day
Laundry	1,000 lb/wk	2,000 lb/wk	3,600 lb/wk
Vehicles	TBD	TBD	TBD
Power	kW	kW	kW
POL			
Fuel Diesel Gasoline	gal/day	gal/day	gal/day
Water (potable)	400gal/day	800 gal/day	1430 gal/day
Ice	0	85 lb/day	150 lb/day
Waste			
Biohazard Other			
Liquid	700 gal/day	1400 gal/day	2500 gal/day
Solid	180 lb/day	610 lb/day	1100 lb/day
Communications			
Phone	9 (4 cell, 3 land, 2 crash)	10 (4 cell, 4 land, 2 crash)	12 (4 cell, 6 land, 2 crash)
Satellite/Tele Medicine	1	1	1
Land Mobile Radio (LMR)	8	8	8
STU III	1	1	1
Pallets/FMS			
Mat'l Handling Equip Forklift Pallet jack	6K forklift	13K forklift, flatbed truck	13K forklift, flatbed truck

Fig. X.1. Federal Medical Station Schematic

