

DRAFT

XXX County



Mass Immunization/Prophylaxis Strategy Plan

MM/DD/YYYY



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PURPOSE

This document describes procedures needed to provide mass medication (immunization or prophylaxis) to the citizens of XXX County. It details the current concepts, plans, and capabilities required for a mass medication response in XXX County, including the identification and coordination of key local emergency responders, critical decisions, and the integration of public and private sector resources for an effective public health response.

SITUATION AND ASSUMPTIONS

Situation

1. The possibility of biological terrorism as well as emerging infectious diseases requires preparations for a mass medication response.
2. The Oklahoma State Department of Health's (OSDH) Mass Immunization/Prophylaxis Strategy (MIPS) is scalable. It includes the 37 sites required for mass smallpox immunization to an ever-increasing number of sites that would be available for antibiotic dispensing. The sites serve the population in the catchment's area. Sites were selected based on population, coverage of the state and site requirements for the specific type of medication to be issued.
3. Each local area is responsible to set-up and staff the mass medication sites.
4. Upon the order of the Commissioner of Health, XXX County will establish a delivery location for medical materiel.
5. Upon the order of the Commissioner of Health, mass immunizations will be conducted in XXX County to serve residents in the catchments area.
6. Upon the order of the Commissioner of Health, mass prophylaxis will be conducted at pre-identified locations to serve the residents.
7. Pre-event preparations require deliberate planning, maximizing readiness for all designated locations, and developing a tiered response (i.e. the identification, planning and exercise for the use of state, federal, assets to include the Strategic National Stockpile) for a mass medication event.

Assumptions

1. This procedure is based upon the requirements to request and utilize assets from the Strategic National Pharmaceutical Stockpile (SNS).
2. The clinic operations are based upon the need to medicate 50,000/100,000 citizens in the timeframe established by OSDH, based upon the etiology. Because the timeframes range from 48 hours to 10 days, based upon the biological agent involved, the response must be scalable.
 - i. Clinics will activate and be ready for patients within six hours notice from the Oklahoma State Department of Health's Situation Room.
3. The success of a mass medication site relies on a national-level, coordinated public information campaign to minimize perceived risk and to thwart mass hysteria. This would allow a somewhat controlled response of the victims in being treated for the event.

4. All resources identified and listed will be available and serviceable for the use in supporting this event.

RECORD OF CHANGES

XXX County MIPS (This plan is reviewed and updated after exercises and assessments identify improvements needed.)	
Section	Date
Grammar – Section 9 pg 13 “Reminder”	7/25/06
Updates to reflect newest CDC SNS Local Assistance Review Tool 9/06 <u>NEW:</u> Section 1.1.3; Section 1.1.13; Sections 6.5, 6.6 & 6.7; Section 8.1.1; Sections 10.5, 10.6 & 10.7; Attachment O; Attachment P; Attachment Q <u>MODIFIED:</u> Section 3; Section 4.1; Section 6; Section 8; Section 10.1; Attachment A; Attachment K	11/17/06 – 12/08/06
Attachment N – Security Plan Template	12/11/06
NEW: Attachment R – Local Inventory Workbook MODIFIED: Attachment Q - wording	12/14/06
Section 5 Communication flow chart (copy & paste updated chart); NEW: Section 10.8; Attachment S MODIFIED: 8.1	12/27/06
Sections 4.3; 11	5/29/07
Section 10.7	7/5/07
Assumption 2i	7/10/07
10.1 (grammar)	9/10/07
MODIFIED 8.2 – deleted equipment table due to redundancy (information collected in Attachment K)	10/15/07
Section 10.2	10/16/07
MODIFIED: Section 1.1; 1.1.5; 3; 5; 6; 8.2; 8.3; 9	10/23/07
Due to Oct 07 TART release: Modified Section 1; 1.1.5; 1.1.13; 4.1; 10.1; 12; Attachment F3 – JAS; Att Q1; NEW 5.1.1; 8.5	11/07/07 – 11/28/07

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1. DEVELOPING A PLAN

XXX County has been identified as one of the thirty-five Mass Immunization/Prophylaxis Strategy (MIPS) Sites. All contact information for planning partners and workers are located in Attachment A. The County Health Administrator is responsible for ensuring the creation and coordination of the plan in the catchments area identified in Attachment B. Regional teams are available to assist in the planning and training processes. This plan encompasses a population of roughly 50,000/100,000 people.

The following planning groups and/or agencies have been utilized to create a local MIPS Plan that is incorporated into the local Emergency Operations Plan (EOP) under Annex H – Public Health and Medical. (A sample of the XXX County Annex H is located in Attachment C.) These agencies assist the XXX County Health Department in All Hazards planning as well as SNS planning elements (Tactical Communications/IT Support, Security, Distribution, Dispensing, Inventory, Hospital/Medical Systems, Public Information, Volunteer Coordination, and Safety).

- XXX County Emergency Management – Link to one or more SNS planning elements for each partner – see parenthesis above) .
- List all other local/county/city agencies
- That have helped to create or partner
- In this local MIPS plan.
- Use/add as many bullet points as needed to identify/specify
- These agencies and or working groups.
- Delete any extra bullet points

1.1 State Policy & Legal Issues

1.1.1 Requesting Assets

All requests for federal assets must go through a state agency. Local agencies and county health departments will request additional emergency medical assistance through the OSDH. Local treatment centers in Region 6 will request for emergency medical assistance through the MERC. The MERC will forward any request for emergency medical assistance to OSDH. All other assets such as food, water, security and non-medical items will be requested through the local emergency management channels up to the Oklahoma Department of Emergency Management (OEM) when local assets are depleted. (More details are listed on the request process in the Requesting Assets section.)

1.1.2 Family Member Pickup

To expedite the delivery of mass antibiotics or prophylaxis, one person can receive doses for up to nine (9) additional family members. A common Name, Address, Phone & Health (NAPH) form will be completed to ensure appropriate documentation.

1.1.3 Unaccompanied Minor

State statute §59-518. Emergency Care or Treatment allows for licensed practitioners of a healing art, the ability to treat minors without parental consent if such treatment is performed under emergency conditions and in good faith. No licensed practitioner will be prosecuted under the criminal statutes of this state if these conditions are met. However, for children under the age of ten, special instruction and possibly the incorporation of a Department of Human Services (DHS) worker will be notified to assist the child if it is found the child is without adult supervision at home.

1.1.4 Identification Requirements

The goal of the MIPS clinics is to treat people without prosecution. The **XXX** MIPS plan will allow individuals to pick-up medication at a dispensing site without identification.

1.1.5 Badging

Each MIPS site is required to determine and incorporate credentialing processes as appropriate to individual counties and areas. Two forms of identification are required with at least one government/state issued. OSDH employee badges, Medical Reserve Corps (MRC) identification badges, city, county, state & federal employee badges as well as Community Emergency Response Training (CERT) team badges are recognized throughout the state. The OSDH has been working closely with the MRC to create a statewide public health volunteer force trained in basic MIPS procedures credentialed statewide. (More details on credentialing are listed in the Security Section.)

1.1.6 Rules of Engagement

The Catastrophic Health Emergency (CHE) Plan addresses rules of engagement for law enforcement. It requires the Commissioner of Health, during a public health emergency, to address the event and it's scope to take into account the severity. The level of force to be used by law enforcement will be finalized with the help of the Department of Public Safety (DPS) and will only last for that single event.

1.1.7 Native Americans

Although Oklahoma has a rich history of Native Americans and thirty-eight (38) federally recognized tribes, there are not reservations in Oklahoma. Oklahoma provides for Native Americans as Oklahomans. Local cities and counties work with local tribal affiliates when planning for MIPS.

- List any tribal partners
- In these bullet points
- If no tribal or Indian health clinic partners
- Delete these bullet points

1.1.8 Military Installations

Oklahoma has a very strong military presence. There are federal military installations across the state: three air force bases; one army post; & one maneuver training camp. **The XX County MIPS Plan works with (Vance AFB; Altus AFB; Tinker AFB; Ft Sill Army Post; or Camp Gruber Maneuver Training Camp) to provide prophylaxis or**

vaccine. This site will (pick-up/be delivered) X amount of doses to issue to military patrons and family members on base.

OR if the above does not apply The XX County MIPS Plan does not encompass a federal military installation.

1.1.9 Standing Orders

The OSDH has standing public health nursing guidelines and orders (PHN-GAOs) for specific events that the Commissioner of Health, State Medical Officer or designee may activate. Once activated, pharmacists, physicians and nurses may dispense/issue these medications in ordinance of these PHN-GAOs. (Nurses may administer and treat patients as long as they follow by PHN-GAO's as discussed in the Oklahoma Nursing Practice Act O.S. §59.567.3a.) Also, pharmacy interns and nursing students may issue these medications if overseen by a preceptor or instructor licensed in that profession. The OSDH maintains and annually updates PHN-GAO's for anthrax, tularemia, plague, smallpox, brucellosis and botulism (Attachment D). For a worse case scenario, non-medical volunteers who have had proper medication issuance training may handout medication in the event the Governor relaxes the license requirements.

1.1.10 Waiver of State Licensing Requirements

In addition to Oklahoma licensed professionals, “the public health authority may waive any or all licensing requirements, permits, or fees . . .” as stated in O.S. §63.6602, which will allow out-of-state medical professionals to practice in times of emergency. Lastly, O.S. §59-635.1 allows retired physicians to volunteer with the issuance of a special volunteer medical license.

1.1.11 Private Property

The Catastrophic Health Emergency Powers Act addresses the Power of Governor (§63-6403) as well as the ability to use state funds (§63-6802) for the emergency. Lastly, the Catastrophic Health Emergency Plan allows for quick purchase of supplies.

1.1.12 Compensation and Liability

Volunteers will not be paid. Normal procedures allow government employees to either adjust workweeks or accrue compensatory time. The Commissioner also has the authority to authorize overtime pay for health department employees if any is accrued for a declared emergency (as occurred during responses to Hurricanes Katrina & Rita).

State, city and county employees assigned to work during a public health emergency, in lieu of normal duties, will be covered by workers compensation. Medical Reserve Corps volunteers as stated in O.S. §76-32, “shall not be liable for civil damages . . .” Also, volunteers working in an emergency management capacity (as outlined in Emergency Support Function (ESF) #8 as related to SNS) shall possess the same powers, duties, immunities and privileges if performing the same duties in which normally rendering services - §63-683.13. Lastly, OSDH workers compensation can currently cover up to 20 volunteers activated by the OSDH central office but also can increase those numbers based on an agreement with Comp Source.

1.1.13 Care/feed Plan

Because sites associated with this plan are in different jurisdictions, site-specific contacts are identified in Attachment K.

Positions will be staffed by personnel within driving distance to the facilities. Because of this, lodging will not be provided. Workers will be sent home after shifts. If volunteers arrive from long distance due to the request to the state for additional personnel, the XXX County Emergency Management will coordinate lodging resources in the local jurisdiction. These volunteers will receive lodging information at the staging location upon the end of their shift.

Each location will provide beverages, snacks and meals. Local jurisdictions will be responsible for identifying a responsible party to coordinate. The American Red Cross is a major partner for providing these services.

1.2 First Responders

During a public health emergency that requires the prophylaxis or vaccination of the population, first responders and their family members will be medicated before the general public. This will allow first responders to report to duty, instead of waiting in line. Providing medication to their family will also allow the first responders to report to duty knowing that their family is being provided for.

Hospitals around the state have antibiotics caches purchased by the Oklahoma State Department of Health through the Hospital Package Plan. These caches are to be used for hospital staff, family members and first responders. Additional local caches are listed in Section 4. These local caches will be used to treat first responders vital in a public health emergency.

The following is a list of first responders that will be medicated prior to the general public:

- Local county health department employees
- XXX County Emergency Management
- Local Law Enforcement
- Fire
- Hospitals (identify those that do not have caches)
- Emergency Medical Service Providers (identify those in the area)
- Non-Governmental Organizations (identify those helping in the MIPS)
- Volunteers reporting to the MIPS

The above first responders will be asked to report to the _____ to receive local caches. If local caches are unavailable, the first responders will be advised of the estimated delivery time of state and/or SNS assets. Hospitals and EMS providers will pick up quantities to take back to their agencies.

2. COMMAND AND CONTROL

The XXX County Health Department complies with the National Incident Management System (NIMS) and utilizes the Incident Command System (ICS). The responsibility for local mass medication lies with the XXX County Health Department. The XXX County Health Administrator will use the Unified Command approach to facilitate MIPS management due to issues of multi-jurisdictional and multi-agency involvement. This enables a collaborative process to establish incident objectives and designate priorities to meet the objectives. The XXX County Health Administrator in conjunction with the XXX County Emergency Management Director will serve as the lead officials to develop, update and implement this procedure.

2.1 Unified Command System

The following common responsibilities for leaders, directors & supervisors are provided as a reference for positions within the Unified Command System as applicable. (Basic ICS structures are utilized by the XXX County Health Department to respond to public health emergencies. These ICS structure(s) are located in Attachment E):

1. **Command Staff:** Site commander assigns responsibility for the key staff positions, which may include Public Information Officer, Safety Officer, Liaison Officer, in addition to various others as needed.
2. **Operations Section:** Responsible for all activities focused on the functional aspects of the event to reduce the immediate hazard, save lives and property, establish situational control and restore normal operations.
 - a. The Operations Section Chief manages all incident tactical activities and implements the Incident Action Plan (IAP).
 - b. The Operations Section Chief may have one or more deputies (preferably from another agency). Deputies will be qualified to a similar level as the Operations Section Chief.
 - c. An Operations Section Chief will be designated for each of the operational periods and have direct involvement in the preparation of the Incident Action Plan (IAP) for the period of responsibility.
 - d. Major elements include: Branches, Divisions, Groups, Strike Teams and Single Resources.
3. **Logistics Section:** Tasked with meeting all the support needs of the event, to include ordering additional needed resources not on hand through appropriate procurement authorities from. It also provides facilities and transportation, supplies, equipment and fueling, food service, communications and medical services for incident personnel.
 - a. The Logistics Section Chief manages the activities of the section and reports to the Site Commander.
 - b. Major elements include: Traffic Management and Crowd Control; Communications; Security; Transportation; Clerical Staff; Supply; Food for Workers.
4. **Planning Section:** Tasked with collecting, evaluating and disseminating tactical information pertaining to the incident. This section maintains information and intelligence on the current and forecasted situation, as well as the status of the resources assigned to the incident.

- a. The Planning Section prepares and documents the Incident Action Plan and incident maps as well as disseminating information and intelligence critical to the incident. The Planning Section is led by the Planning Section Chief, and has four primary units and may include a number of technical specialists to assist in evaluating and forecasting requirements for additional personnel and equipment.
 - b. Major elements include: Resource Unit, Situation Unit, Documentation unit, Demobilization Unit and Technical Specialists.
5. **Finance/Administration Section:** Tasked with the financial tracking and cost analysis aspects of the event.
- a. This section is led by the Finance/Administration Chief and has functional units for compensation, procurement and records management. In some of the functional areas (e.g., procurement), an actual unit need not be established if it would consist of only one person. In such a case, a procurement technical specialist would be assigned in the Planning Section instead.
 - b. Major elements include: Compensation/Claims Unit, Procurement Unit, Cost Unit and Time Unit.
6. **Intelligence Section:** Tasked with the analysis and sharing of information and intelligence are important elements of ICS. In this context, intelligence includes not only national security or other types of classified information but also other operation information, such as risk assessments, medical intelligence (i.e., surveillance), weather information, geo-spatial data, structural designs, toxic contaminant levels and utilities and public works data, that may come from a variety of different sources.
- a. Traditionally, information and intelligence functions are located in the Planning Section. However, in exceptional situations, the Incident Commander (IC) may need to assign the information and intelligence functions to other parts of the ICS organization. In any case, information and intelligence must be appropriately analyzed and shared with personnel, designated by the IC, who have proper clearance and a “need-to-know” to ensure that they support decision-making.
 - b. The intelligence function can be accomplished and assigned to an ICS organizational structure in one of the following ways:
 - i. Command Staff - Add an Intelligence Officer position reporting directly to the Incident Commander.
 - ii. Planning Section - Used when planning a tactical intelligence but Law Enforcement is not part of our ICS and or Unified Command (UC) Structure (such as our use of Epi Intelligence).
 - iii. Operations Section Branch – This option is used when classified intelligence from a tactical need is accessed for a specific incident. (Law Enforcement is within the ICS/UC element).
 - iv. Intelligence Section (a separate General Staff Section) - This option may be most appropriate when an incident is heavily influenced by intelligence factors or when there is a need to manage and/or analyze a large volume of classified or highly

sensitive intelligence or information. This option is particularly relevant to a terrorism incident, for which intelligence plays a crucial role throughout the incident life cycle.

- v. The information and intelligence function is also responsible for developing, conducting and managing information-related security plans and operations as directed by the IC. The information and intelligence function also has the responsibility for coordinating information- and operational-security matters with public awareness activities that fall under the responsibility of the PIO, particularly where such public awareness activities may effect information or operations security.

7. **Common Responsibilities (for all ICS members):** The following is a checklist applicable to all personnel in an ICS organization.

Common Responsibilities	Completed	Time
Receive job assignment from your agency, including: Job assignment (e.g., Strike team, Triage, etc.) Reporting location Reporting time Travel instructions Any special communications instructions (e.g., radio frequency)		
Upon arrival, check-in at the designated check-in location		
Check-in with immediate supervisor and receive briefing		
Acquire work materials		
Know your assigned radio frequency for your area of responsibility and ensure that communication equipment is operating properly		
Use clear text and ICS terminology (no codes) in all radio communications.		
Supervisors shall maintain accountability for their assigned personnel with regard as to exact location(s) and personal safety and welfare at all times		
Organize and brief subordinates		
Complete forms and reports required of the assigned position and send through the supervisor to the Documentation Unit		

8. **Common Responsibilities (for ICS leadership):** The following is a checklist applicable to all Unit Leaders, Division and Branch Directors, Group and Team Supervisors. This checklist details duties in addition to those applicable to all positions.

Common Responsibilities for Leaders, Directors, & Supervisors	Completed	Time
Review Common Responsibilities		
Upon check-in, receive briefing from supervisor		
Participate in incident planning meetings, as required		
Review Incident Action Plan (IAP) for your assigned area (ICS)		
Determine status of unit activities		
Order additional staff as appropriate		

Determine recourses needs		
Confirm staff and supply request and time of arrival		
Assign specific duties to staff; supervise staff		
Develop and implement accountability, safety and security measures for personnel and resources		
Provide Supply Unit with a list of supplies to be replenished		
Maintain unit records, including Unit/Activity Log (ICS 214)		

Job Action Sheets for a Prophylaxis response and a Vaccination response are located in Attachment F.

Common ICS forms are included in Attachment G.

3. MANAGING OPERATIONS

The **XXX** County Health Administrator works closely with the local Emergency Management agencies to ensure a coordinated planning effort. A three person regional team is also available to help promote local participation, train partners and organize exercise planning.

A basic activation checklist is included as Attachment H to assist the **XXX** County Health Administrator in activating a Mass Immunization/Prophylaxis Strategy plan.

Each Point of Dispensing Site activated will have a Site Manager in charge. The Site Manager or their Branch Directors onsite will approve any site-specific decisions or changes at the location. For example, in the event a bottleneck is identified in the line flow, the Operations Chief will have the authority to change the flow pattern to try and alleviate any backups.

4. IDENTIFYING & REQUESTING ADDITIONAL MEDICAL SUPPLIES

Although well-established plans offer an assurance that medical assets from the Strategic National Stockpile will be made available to Oklahoma upon request, there may be circumstances in which prophylaxis or immunization using locally available stockpiles are efficacious.

The **XXX** County MIPS plan includes the following to accomplish mass medication of the citizens and responders if assets are not available from SNS or during the time from request of assets to actual receipt.

4.1 Request for Regional/State/SNS Assets

- The **XXX** County Health Administrator or local Emergency Management Director will contact the Terrorism Preparedness & Response Service at (405) 271-0900. This line is answered 24/7.

- The XXX County Administrator will review the SNS Request Justification Guidelines (Attachment I) and assist the OSDH in the epidemiological investigation.
- The XXX County Administrator will identify assets in local health department jurisdictions and available hospital cache on hand before requesting additional supplies.
- The XXX County MIPS Area Command will update the Situation Room with throughput and inventory numbers on an hourly basis (unless otherwise requested from OSDH). At any time a shortage of antibiotics or vaccines is identified, a request will be made to the Situation Room following the proper chain of communication.
- The XXX County MIPS Area Command will pre-apportion supplies to each of the POD sites based on an estimated number of population in their service area. Each POD site will report throughput and inventory back up to their EOC. Anytime the local POD identifies a shortage in supply, a request will made to the XXX County MIPS Area Command.

4.2 Local Assets Available

The following local sources of pharmaceuticals are known and/or have agreed to participate in a public health emergency.

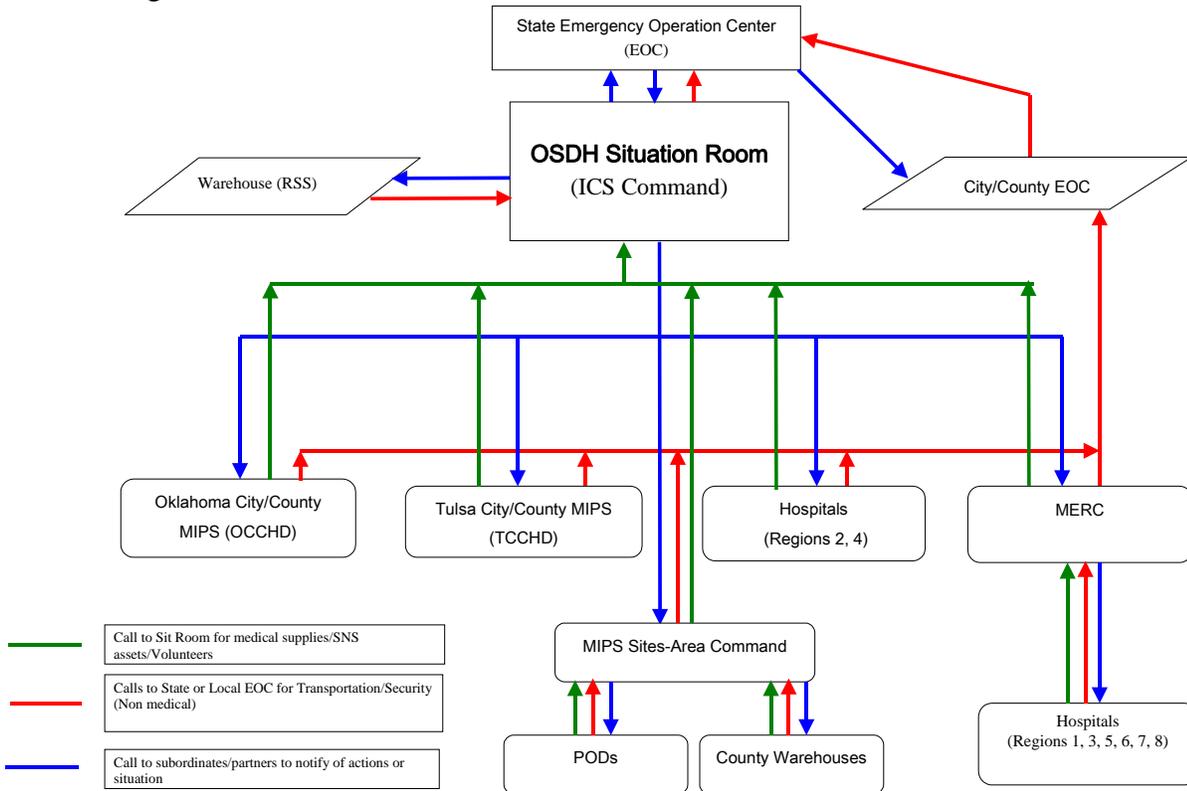
Name of Facility	Pharmaceuticals Stocked	Contact Information
List any information for local pharmacies and supplies in this location	Include the type of supplies stocked – avg quantities may also be useful	Include a name and contact person of the persons familiar with the agreement (405) xxx-xxxx (918) xxx-xxxx

4.3 Hospital Cache

The Oklahoma State Department of Health (OSDH) has purchased antibiotics for hospitals participating in the Hospital Package Plan. These antibiotics will be used for hospital staff, family members and first responders in the surrounding area. These caches will still need to be followed up with additional supplies from the state or SNS assets delivered to the MIPS. A list of hospitals with an OSDH cache is included as Attachment J.

5. TACTICAL COMMUNICATIONS

In a public health emergency, all requests for medical supplies will go through the OSDH. Any additional supply requests will go through the **XXX** County Emergency Management, and if needed, up to the Oklahoma Department of Emergency Management.



Revision 12/7/06

The MIPS communication flow will start at the local POD and go up to the MIPS Area Command. There are thirty-five separate Area/Unified Commands. Because Regions 7 & 8 are autonomous county health departments, communication from their Area Command will go directly to the Situation Room. The remaining six regions will report to a Regional Preparedness and Response Team member at a designated location. The purpose of channeling communication through the Regional Preparedness and Response Team member is to keep the span of control manageable at the Situation Room level and also allow for regional coordination. The Regional Preparedness and Response Team member is not a decision maker, just a coordinator.

5.1 Communication Links

State EOC: landline phones; cellular phones; satellite phones; Secure Telephone Unit (STU) lines; email; Ham Radios

Situation Room: landline phones; cellular phones; satellite phones; HAN; NEDDS; EMSSystem®; STU lines; email; Government Emergency Telecommunications Service (GETS) cards; blackberry phones; Ham Radios; runner

A communications plan for the OSDH is kept on file in the Situation Room, which includes all necessary phone numbers.

Regional Communicable Disease Nurses & Emergency Response Planners: landline phones; cellular phones; blackberry phones; satellite phones; email; GETS cards (Contact information for all planners is included in Attachment A.)

Local Area Command or EOC: landline phones; **Include all other redundant sources of communication available.**

Point of Dispensing Sites: landline phones; **Include all other redundant sources of communication available.** Internal Communications: **Include any types of radios being used inside the PODs**

In the event a communication system goes down, the local EOC will notify other areas by a redundant system. A runner will be used as a last resort. If equipment is damaged, a request will be made to the local EOC to replace.

5.1.1 Communication System Checks

- Landline phones, cell-phones, email and faxes are utilized on a day-to-day basis.
- Oklahoma State Emergency Management conducts weekly call checks for the VHF radio and 800 MHz with city and county EOCs.
- OSDH conducts a weekly roll call check with satellite phones. Each county health administrator and regional planners are required to check satellite phones during this roll call on a monthly basis.
- OSDH conducts a minimum bi-weekly check with, Hospital Emergency Administrative Radios (HEAR).

6. PUBLIC INFORMATION

Communicating effectively during a crisis is key to generating an appropriate response from the general public. A Public Information Officer (PIO) is part of every Command staff in ICS. If PIOs from more than one agency or organization are involved, a Joint Information Center (JIC) or Joint Information Site (JIS) may be formed. Representatives of the **XXX** County Health Department, and **XXX** County emergency services as available will staff the JIC. If the event is a statewide event, the local media center will be named “**XXX** County – Public Information Center” to avoid confusion with the state location.

Each POD Site Commander, or designee, will act as a Public Information Liaison on site and will direct any media questions to the PIO or the **XXX** County Public Information

Center (PIC) operated under their local Area Command. A POD Site Commander may designate another command member to direct media to act in this role at the time of emergency. In instances where media are sent by the XXX County PIC to a specific POD to gain video footage, the Public Information Officer, or designees, will escort the media to that site. The Area Command will coordinate all planned media visits to a POD site prior to the visit.

The OSDH Office of Communications will provide guidance to local PIO’s and will provide templates easily modified for the local situation. Once the biological agent involved and the threat to the public have been identified, the Public Information campaign will be initiated to improve public confidence and compliance. The risk communication information will be revised as needed to address changes in the local community so all citizens can be well informed.

6.1 Handouts

For a mass medication effort, thousands of copies will be required. Copiers at the local county health departments in the area will be utilized to initiate the response for public handouts. Other facilities and agencies in the area available to help include:

MOU (Y/N)	Name & Address of Copy Place	Contact Information
	List any private copy vendor or partner agency that have offered to help mass produce copies (One agency per row)	Include a name and contact person of the persons familiar with the agreement (405) xxx-xxxx fax (918) xxx-xxxx
	Go to “Table” – “Insert Row” as needed.	

Handouts and other forms requiring mass reproduction include the state Name, Address & Patient History (NAPH) forms, disease specific information and a side effect page. If more epidemiological data is needed, a basic signs and symptoms page can be added for the patient to fill out. The XXX County Health Administrator has copies of each form electronically, but can also request additional copies from the Regional Preparedness Teams.

The Oklahoma State Department of Health DocuTech will be available to print handouts in bulk as well. In the event local printers are not available, a request will be made to the Situation Room to send handout copies. The copies will be delivered with the antibiotics from the Receiving, Staging & Storing (RSS) warehouse operated at the state level.

6.2 Translation (English as a Second Language)

The primary language(s) spoken in the area include:

- English
- Spanish
- Include any other language

Disease specific forms are printed from the CDC’s 48 Language CD, so these forms can be translated. The NAPH forms are available in both English and Spanish. In addition to written materials, translators will be available at each of the Points of Dispensing (PODs) to assist with further translation. Additional bi-lingual volunteers may be requested through the Medical Reserve Corps (MRC) through the OSDH Situation Room.

In addition to non-English speakers, other communication barriers have been identified: Hearing impaired; visually impaired; illiterate. Although it is easiest to allow a family member to help those with any communication barriers, float staff and translators will be available to assist those in need.

6.3 Local Media Sources

The following are contacts for local media resources that may be used during an emergency.

Type of Media	Name of Media	Contact Information
Radio/TV/Print	Example – The Daily Oklahoman	Include a name and contact person of the persons familiar with the agreement (405) xxx-xxxx fax (918) xxx-xxxx

6.4 POD Information

Dispensing sites will be made public at the time of the emergency. It is important that the public not respond to a designated site if the site has been compromised. Also, not all PODs may be activated for each emergency so it will be important for the public to recognize which PODs are activated. To ensure the public moves swiftly through the PODs, since they will be fairly new to the public, signs have been made to direct people. Signs specific to each POD site are stored either electronically and/or pre-made at the responding county health agency.

(Specific POD information is listed in Attachment K. Layout, flow and aerial diagrams are also available from the Mass Architect contract.)

6.5 Electrical Outages

In the event electrical power is out, radio broadcasts will be used. In addition, roadside signs, used for directing traffic will be utilized. The OSDH Shelf-kits have leaflets that can be printed and shipped in to disperse among the public.

6.6 Reaching Vulnerable Populations

The Oklahoma State Department of Health, Office of Communications has conducted a special population survey.

In XXX MIPS Planning area, the following has been identified and plans to address:

- Non-English speaking, Hispanic – Translators and translated documents will be onsite;
- Sheltered in Place or Incarcerated individuals – Attachment K identifies agencies in the MIPS planning area that will receive medications to provide for their population.
- Homeless – no population identified OR shelters will be identified in the MIPS planning area that will receive medications;
- Homebound or Elderly – Individuals without support systems will be identified through the local Meals on Wheels program. Meals on Wheels has agreed to assist in the distribution of antibiotics to these homebound people
- Hearing, Vision or Reading Impaired – Those who report to a POD site under the XXX MIPS Plan will be provided with a runner or support staff that can direct them through the POD clinic with written messages, verbal messages or if available, sign language interpreters.

6.7 State and Local Message Coordination

Because the county health departments fall under the jurisdiction of OSDH, all messaging will originate at the central office. The Oklahoma State Department of Health (OSDH) Office of Communications will take the lead on message development. The Office of Communications has shelf kits for each Threat A Agent as well as Pandemic Flu. An OSDH Public Information Officer (PIO) will identify the needed messages and forward to the activated Area Commands.

Each Area Command PIO will then be responsible for inserting site specific information that include:

- Location and directions to sites;
- Alternative dispensing methods;
- Flow of the POD clinic and what to expect at the site;
- Exit information; and
- Medication compliance information.

7. SECURITY

Mass Architects has conducted site survey assessments on the identified MIPS & POD sites. In addition local law enforcement has been engaged to carry out crowd control and traffic control plans. Because PODs are in multiple jurisdictions, specific security information is included in the POD information listed in Attachment N.

Security will be used for internal and external security at the MIPS locations, PODs and warehouse that receives medical assets (if different from the MIPS location). Security will also be used to escort antibiotics as well as strike teams, if used.

7.1 Credentialing

During staging, each worker/volunteer will be required to show two state/government forms of identification. This includes a drivers license, military ID or passport along with

a government issued employee badge or Medical Reserve Corps badge. For event specific badging to identify onsite personnel easily, a basic Access database will be utilized to create event specific badges. The same credentialing plan will be utilized for all areas under the XXX County MIPS area, which includes all MIPS, PODs and the XXX County Warehouse.

8. DISTRIBUTION

The distribution site for SNS assets or other state assets is identified in Attachment K. This site may or may not be the same as the MIPS location. The distribution site will receive all antibiotics for the area. In the event of a statewide emergency, if there are not enough delivery vehicles, hospital supplies may also be delivered to the distribution site. Hospitals will be responsible for picking up the apportioned supplies. (The local distribution sites will not be responsible for breaking down or inventorying hospital or treatment facility supplies.)

The points of distribution will be operational prior to arrival of SNS assets. Personnel will be onsite at least one hour prior to arrival of SNS assets to ensure a quick offload. Staff will then transport supplies back to their own dispensing areas. The distribution site will remain partially staffed until additional supplies are expected, at which time, dispensing sites will be contacted to send back distribution personnel to assist. Depending on the severity of the event, and expectation of delivery of supplies, the warehouse will operate in two 12 hour shifts or three 8 hour shifts. If deliveries are slow, or unexpected, the option of closing down for the night will be decided upon by the Area Command. (Any time SNS assets are housed in the distribution site, the building/grounds will be completely secure.)

8.1 Chain of Custody

Upon receipt of the State or SNS assets, the driver will have a Bill of Lading form. The SNS Receiving/Distribution Supervisor or designee will sign. The form will only show how many pallets or individual boxes are being dropped off.

Because most PODs will be sending a vehicle and driver to pick up supplies, a chain of custody form will not be used. However, the driver will sign at the distribution site to identify who picked up the supplies. All drivers will be pre-identified before they are allowed onsite to pick up supplies.

8.1.1 Control Substances

Although it is a possibility hospital supplies containing control drugs are dropped off at the XXX County Warehouse, all supplies will be pre-packaged. The hospital will be responsible for the inventory and finalizing any DEA paperwork. All hospital supplies delivered to the XXX County Warehouse will be secured as long as it remains onsite.

8.2 Material Handling Equipment

A list of supplies available at the warehouse and POD sites is included in Attachment K. In the event the appropriate material handling equipment is not available, volunteers will

be staged at the distribution site to unload the contents by hand. Any equipment required onsite at the time of an event is also listed in Attachment K.

8.3 Distribution Vehicles

The following agencies are providing support to deliver supplies.

- List agencies (or people)
- Example – XXX County Sheriff

All communication of distribution vehicles will be coordinated through the Area/Unified Command and relayed to the local Distribution Site and the vehicle/security escort. In the event a vehicle breaks down with material loaded, the local emergency management will be contacted to dispatch another vehicle.

8.4 Antibiotic Dimensions

For local MIPS planning, boxes of antibiotics will arrive in the following dimensions:

Product	Pills Per Bottle	Bottles Per Case	Dimensions	Weight lbs.
Cipro 500mg	20	100	12*8*8	7.8
Doxy 100mg	20	100	12*8*8	5.1
Doxy 100mg	50	720	18*18*18	45.41
Amox 500mg	30	40	10*8*8	5
Amox 500mg	30	80	14*10*10	9
Amox 500mg	30	480	18*18*18	49

Most antibiotics from the SNS Push Package will be in boxes of 100 bottles per case. About 47-52 boxes will fit on a single pallet stacked about four feet high.

(Regarding antibiotic cases with bottles of 100)

- State Highway Patrol Car (Crown Victoria) = 49 cases
- State Highway Patrol SUV (Suburban) = 80 cases

(Warning – these boxes are packed into the vehicles tightly and could possibly shift into the front seat without proper netting holding them back.)

8.5 Distribution Schedule

The distribution plan for each site is listed in Attachment K, whether they will pick up supplies from the Canadian County Warehouse, or whether a strike team or distribution team will deliver supplies to them. Orders for hospitals without first line cache will be filled first. Points of Dispensing (POD) will be filled in order of farthest distance to closest distance. Sheltered-in-Populations (SIP) picking up at the POD will be filled

directly after their POD pick up location is completed. This will allow one transport from the **XXX** County Warehouse to the outlying POD.

The **XXX** County Warehouse will not keep supplies on hand. Each order will be filled as soon as assets are received from the RSS Warehouse. If a POD or SIP site needs additional medications, the Area Command will identify another location for pick-up. These antibiotic transfers will be conducted as needed.

9. INVENTORY

The **XXX** County Administrator or Area Command will request an electronic copy of the supplies being delivered prior to arrival. Based on the number of PODs in the area and estimated thru-put, the assets will be apportioned. A basic excel spreadsheet or hardcopy system will be utilized to track the supplies to the appropriate POD (see Attachments P and R).

(Reminder: The vaccine vials (expiration and lot numbers) will be tracked to the correct immunization station.)

The PODs will request additional medical supplies through the Area/Unified Command. The Area/Unified Command will review warehouse inventory, followed by other POD inventory, before making a request back to the OSDH Situation Room. Transportation will be coordinated between the two POD sites and the Area/Unified Command to transfer material if needed.

In the event hospital supplies are delivered to the distribution site, inventory will not be tracked. The hospital will be responsible for picking up the apportioned material (already identified and marked at the state RSS warehouse) and tracking of inventory.

10. DISPENSING

The **XXX** County Administrator will be responsible for the activation of the MIPS and PODS. A basic equipment and supply list is included as Attachment L. Specific site information for each of the designated PODs is included in Attachment K.

Each POD will have a triage area. If a person is symptomatic they will be screened from the rest of the population. They will be given medication but will also be instructed to seek medical attention. If a person is able to drive to the POD, it is assumed that they will also be able to drive themselves to the hospital or alternate care site (if identified). EMS will be available for those individuals experiencing severe symptoms. A basic preventative therapy algorithm is included as Attachment M.

10.1 Strike Teams

The need to immunize or dispense prophylaxis to special needs populations is a critical element in the success of the overall initial activation of a MIPS. Strike Teams need to be identified to treat the members and the member's families that will be supporting this event. Strike team leaders need to assemble in pre-designated locations with a common secure communication link to branch directors. Review operational objectives and ensure resources available will support tasking. If specialized resources are needed, the request must be made through the strike team leader. Strike teams as a minimum need to consist of a least two vaccinators and one uniformed staff member to ensure security of vaccine or antibiotics are well protected. The strike teams need to have a POC at receiving destination that can assume responsibility of drugs and ideally be able to distribute. These are pre-identified in Attachment K.

In addition to health department sponsored strike teams, Meals-on-Wheels has agreed to assist in delivering medication. Information specific to this agency can be found in Attachment K identifying contact information and number of regimens needed.

10.2 Sheltered-In Populations

Plans are in place to provide mass medications to special populations such as: nursing homes, correctional facilities, tribal partners, group homes, hospitals, and other sheltered-in populations. These facilities are listed by name and address with specific 24/7-contact information for a representative of the facility or organization in Attachment K.

These locations will either be instructed to pick up supplies from the distribution site and dispense the medications to their residents, or they strike teams will deliver and/or dispense the medications to their residences.

10.3 Mental Health

It is important to account not only for the physical well-being at a mass medication site but also the mental well-being. Mental health will be available at all sites. If additional mental support is needed, a request will be made through the OSDH for Medical Reserve Corps volunteers and/or the Oklahoma Department of Mental Health and Substance Abuse Services staff.

10.4 Pediatric Doses

Directions will be given to parents with children, not on formula, but who also cannot swallow a pill. These instructions currently are only for Doxycycline tablets (FDA instructions). Pharmacists will be utilized to compound medications for parents whose children are on formula or are allergic to Doxycycline.

10.5 Rapid Dispensing Options

The XXX County MIPS plan may utilize drive-thru or express lane dispensing options. Depending on the urgency, amount of staff available, weather conditions and location

availability a drive-thru may be set-up at pre-identified POD sites to allow people to stay in their cars.

When possible, NAPH forms will be printed in local newspapers and available on the OSDH website. Patients will be instructed to download the files and fill-out before arriving at the clinic. All patients with complete forms and no drug allergies may be directed to the express line. IF these are not being used and you have other alternatives, include them in this section.

10.6 Supplying POD Sites

10.6.1 Fact Sheets & NAPH Forms

Appropriate forms will be copied utilizing identified partners included in Section 6.1 if the County Health Department does not have the capacity to meet the need at the time of an identified public health emergency. The CDC's 48 language CD and the OSDH media shelf kits will be used to ensure a common message across the state is used. All copies will be distributed to the XXX County Warehouse who will then breakdown and distribute with assets received from the RSS Warehouse.

10.6.2 Supplies

Each POD will be responsible for storing needed supplies at the specific site. Any additional supplies that cannot be acquired by the local area will be requested of the Area Command. The Area Command will then have the supplies delivered to the XXX County Warehouse or directly to the POD.

10.6.3 Equipment

Each POD will be responsible for storing needed equipment at the specific site or identifying the equipment and contact personnel to have it delivered at the time of a public health emergency. Any additional supplies that cannot be acquired by the local area will be requested of the Area Command. The Area Command will then have the supplies delivered to the XXX County Warehouse or directly to the POD.

10.7 Operating Hours

Depending on the severity of the event, a decision will be made by the Area Command on the number of hours to operate. This can be a 24-hour operation or a normal business 8-hour operation. In addition, all PODs activated will be instructed to open initially at the same time. A decision may be made to close some PODs and keep a minimal amount of PODs open 24 hours. Local media will be notified of hours of operations for all sites. XXX County plans on fully activating and standing-up all necessary PODs within six hours of notice from the Situation Room. This plan is to stay consistent with all other PODs in the state to ensure the prevention of population drift to PODs opening first.

In addition to PODs operating under the XXX County MIPS Plan, coordination, through Regional Team members, with bordering MIPS jurisdictions will occur to determine their hours of operation.

Based on the number of volunteers and number of clinic hours, staff shifts will be set at either eight or twelve hour shifts, but may be subject to change. Oncoming shifts will check-in at staging and then report to their duty station. The outgoing shifts will provide any information, such as tips and observations that have helped the flow of the clinic before leaving. Outgoing shifts will then checkout at staging and will verify their next schedule.

10.8 Monitoring Adverse Events

Reactions to antibiotics do not always exhibit themselves immediately. However, emergency medical services will be available onsite to handle any immediate concerns, whether they are a reaction from the medication or vaccination administered or other medical problem that arises. In addition, the Public Health Nurse Guidelines & Orders (PHN-GAOs) also include reactions to look for when administering antibiotics for the biological threat A agents.

Patients will be provided with a symptomatic tool (Attachment S) to read over when they arrive at home and self-monitor. Any person experiencing adverse reactions are instructed to contact their primary care physician or report to the nearest hospital. In the event the medication is defective, lot numbers are tracked per patient who can then later be contacted by phone. Anytime a medication is identified as defective, a Health Alert Network will be sent to Treatment Centers followed shortly by a public announcement.

11. TREATMENT CENTER COORDINATION (HOSPITALS)

As discussed previously, if medical supplies are delivered to the distribution site, they will not be inventoried. The hospitals will be required to provide transportation to pick up and deliver.

Hospitals will be provided antibiotics from the MIPS shipments received from the state to either supplement their hospital cache or provide a first round treatment. If the hospital has a cache, they will be instructed to pick up additional antibiotics after the second push of antibiotics is received from the state SNS apportionment. Hospitals without a cache will be issued a small apportionment to begin treatment of their first line medical staff. The remainder of the prophylaxis will be issued after the second push of antibiotics is received from the state SNS apportionment.

Additional medical supplies and orders to the treatment centers will be handled by OSDH. Hospitals will send in order requests and reports to their regional Medical Emergency Response Centers (MERCs) who will coordinate and communicate the need for additional resources.

12. TRAINING, EXERCISING AND EVALUATION

The Oklahoma State Department of Health has a Training and Education Coordinator as well as an Exercise Coordinator to oversee statewide training and exercises. The state

also coordinates CDC's mobile SNS training. In addition, the regional district coordinators and regional team members play an integral role in carrying out all training and assisting local planners with exercise preparation. All exercises performed by public health follow the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines. District coordinators ensure evaluator teams are in place and also complete After Action Reports (AAR) and Corrective Action Plans.

12.1 Training

All personnel identified to respond to a public health emergency have been trained in ICS 100, 200 and 700 per NIMS requirements. Regional Preparedness Team members are available to provide training upon request.

Regional Preparedness Team members also provide smallpox vaccination training, NAPH form and dispensing training and assist with general MIPS training. Just in Time training is utilized for mass dispensing and smallpox vaccinations.

12.2 Exercising

The OSDH drill and exercise strategy states that each site should be exercised at least once in a four-year period.

The following minimum goals and objectives have been established for the exercises. Any additional goals set forth by local partners will be added in as Goal 5.

Goal 1: Test and improve the OSDH's readiness and ability to provide a statewide mass immunization/prophylaxis response through Mass Immunization and Prophylaxis Sites (MIPS).

Objective 1: Demonstrate the ability to alert, activate, warehouse, distribute and manage the Strategic National Stockpile (SNS) supplies.

Objective 2: Demonstrate the ability to alert, activate, and utilize communications systems (Health Alert Network, call trees, media alerts, redundant communications, etc).

Objective 3: Demonstrate the ability to collect data to enable epidemiological investigations.

Objective 4: Perform an exercise evaluation of MIPS components to identify needed modification to direct continuous improvement.

Goal 2: Test and improve a local health department's readiness and ability to operate a MIPS.

Objective 1: Demonstrate the ability to set-up and operate a MIPS within 12 hours notice.

Objective 2: Demonstrate adequacy of local MIPS plan, including the partnerships, resources, personnel, supplies, clinic flow and setup that are required to meet MIPS guidance requirements.

Objective 3: Perform an exercise evaluation of MIPS components to identify needed modification to direct continuous improvement.

Objective 4: Document exercise planning, exercise activity and exercise evaluation in an Exercise Report.

Goal 3: Increase awareness in the community about public health and enhance knowledge amongst disaster preparedness partners about the role of public health in bioterrorism preparedness and response.

Objective 1: Include discussions about general public health role and responsibilities in partner planning meetings and tabletop exercises

Objective 2: Perform an evaluation of partners' knowledge of public health before and after a MIPS exercise.

Objective 3: Allow local media to have access and coverage to MIPS exercise to report event to community and surrounding area.

Goal 4: Test and improve a MIPS ability to operate, using a unified command model.

Objective 1: Demonstrate that the five (5) major activities are assigned to trained, competent staff.

Objective 2: Demonstrate that common responsibilities as well as individual roles and responsibilities are understood and communicated.

Objective 3: Conduct an evaluation of ICS performance and promote continuous improvement based on the after action report.

12.3 Evaluation

The Oklahoma State Department of Health coordinates all evaluation efforts (evaluators, guidelines, handouts, etc) for the local exercises. All evaluations are conducted by the Homeland Security Exercise and Evaluation Procedures (HSEEP) guidance.

Attachment A – CONTACT INFORMATION

Contact information for each position required to establish and run a MIPS clinic should ideally be 3 persons deep. Contact information for each person should be at least three methods of contact deep (office, home, cell phone, pager).

Please compile a list with the following information for each member of the ICS:

NAME:

ICS POSITION:

ORGANIZATION:

POSITION IN ORGANIZATION:

OFFICE PHONE:

EMAIL:

CELL PHONE:

HOME PHONE:

PAGER:

FAX:

HOME ADDRESS: (if all other methods of communication fail)

ICS TRAINING COMPLETED (including completion dates):

Attachment B – CATCHMENT AREA MAP

Attachment C – COUNTY EOP ANNEX H

Attachment D – PUBLIC HEALTH NURSING GUIDELINES

Also known as Preferred Guidelines and Orders (PHN-GAOs).

The OSDH updated and publishes public health nursing guidelines that detail the standing orders by the Commissioner for public health staff to issue medications to the public. This information is readily available to all public health nurses. In the event that a nurse is not available, any member of the Regional Preparedness Team can obtain a copy (the most current PHN guidelines are available at BT Division\Strategic National Stockpile\PHN Guidelines).

Attachment E – BASIC ICS STRUCTURE

Attachment F – JOB ACTION SHEETS

Immunization Response Job Action Sheets

Prophylaxis Response Job Action Sheets

MIPS Job Action Sheets are available to members of the Regional Preparedness Teams (BT Division\Strategic National Stockpile\MIPS Job Action Sheets Feb 2005).

Attachment G – COMMON ICS FORMS

ICS Forms are available to members of the Regional Preparedness Teams (BT Division\Incident Command System\ICS Forms). Any Regional Preparedness Team member can readily obtain this information.

Attachment H – BASIC ACTIVATION CHECKLIST

Attachment I – REQUEST JUSTIFICATION GUIDELINES

Attachment J – HOSPITAL CACHE PARTICIPANTS

Attachment K – SITE INFORMATION

Area Command
Distribution Site
PODs

Attachment L – BASIC SUPPLY LIST

A list of basic MIPS supplies should be developed for each location. This information is readily available to all public health nurses and Regional Preparedness Team members.

Attachment M – PREVENTATIVE THERAPY ALGORITHM

This information is readily available from all Regional Preparedness Team members.

Attachment N – SECURITY PLAN

To include crowd & traffic control plans, as well as security breach plans, interior & exterior security, safety (evacuation & shelter in place) for each site.

Attachment O – PARTNER AGREEMENTS

Attachment P – Local Apportionment Workbook

Attachment Q – Just-in-Time Training Materials

Warehouse JITT – Attachment Q1

Dispensing JITT – Attachment Q2

Attachment R – Local Inventory Workbook

Instructions for use are included on first worksheet in file “Local Inventory.xls.” In addition, a PowerPoint presentation is available for step-by-step training purposes to utilize the Excel method and hardcopy method.

Attachment S – Patient Handout Forms

S1 = NAPH Form (English)

S2 = NAPH Form (Spanish)

S3 = Medication Interaction Table (English)

S4 = Medication Interaction Table (Spanish)

S5 = Cipro Pediatric Dosing (English)

S6 = Cipro Pediatric Dosing (Spanish)

S7 = Doxy Pediatric Dosing (English)

S8 = Doxy Pediatric Dosing (Spanish)

S9 = Symptom Collection Tool – to be completed by Acute Disease Service in the event epidemiological data required