

# MASS PROPHYLAXIS

---

## Capability Definition

Mass Prophylaxis is the capability to protect the health of the population through administration of critical interventions in response to a public health emergency in order to prevent the development of disease among those who are exposed or are potentially exposed to public health threats. This capability includes the provision of appropriate follow-up and monitoring of adverse events, as well as risk communication messages to address the concerns of the public.

## Outcome

Appropriate drug prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event to prevent the development of disease in exposed individuals. Public information strategies include recommendations on specific actions individuals can take to protect their family, friends, and themselves.

## Relationship to National Response Plan Emergency Support Function (ESF)/Annex

This capability supports the Emergency Support Function:

(ESF) #8: Public Health and Medical Services

## Preparedness Tasks and Measures/Metrics

Activity: Develop and Maintain Plans, Procedures, Programs and Systems	
<b>Critical Tasks</b>	
Res.C2a 1.3	Create plans and systems for mass prophylaxis patient movement and tracking
Res.C1c 1.1	Create plans and systems for transport and tracking of medical supplies and equipment
Preparedness Measures	Metrics
Current rating on the Strategic National Stockpile State Assessment is a passing grade <i>Note: The Mass Prophylaxis Appendix captures the State SNS Assessment Tool currently in use. The SNS program is revising the instrument to place more emphasis on performance outcomes.</i>	Passing Grade

Activity: Develop and Maintain Training and Exercise Programs	
<b>Critical Tasks</b>	
See Appendix for State SNS Assessment Tool	
Preparedness Measures	Metric
See Appendix for State SNS Assessment Tool	

**Performance Tasks and Measures/Metrics**

<b>Activity: Direct Mass Prophylaxis Tactical Operations</b>	
<b>Definition: In response to notification of a mass prophylaxis incident, provide overall management and coordination of mass prophylaxis operations.</b>	
<b>Critical Tasks</b>	
Res.C2a 3.2	Coordinate dispensing/administration of mass therapeutics
Res.C2a 3.4	Coordinate public information releases regarding mass prophylaxis operations
Res.C2a 3.3.1	Coordinate with the medical stockpile warehouse to re-supply Points of Dispensing (PODs) as needed
Res.B3b 3.2.2	Coordinate with public information agencies to disseminate health and safety information to the public
Res.B3b 3.3.2	Coordinate public health and medical services among those individuals who have been isolated or quarantined
Res.C2a 3.3.4	Coordinate with law enforcement to provide security to protect medicines, supplies, and public health personnel
<b>Performance Measures</b>	<b>Metric</b>
Percent of Points of Dispensing (PODs) that completely deplete all medical resources prior to re-supply	0%
Public information messages are accurate, consistent, and timely	Public informed in time to prevent and/or curb symptoms
Rate of administration of the intervention not affected by supply chain or other logistical problems	No interruption in administration of the intervention due to supply availability and logistics

<b>Activity: Activate Mass Prophylaxis</b>	
<b>Definition: Upon notification, activate points of dispensing for mass prophylaxis operations.</b>	
<b>Critical Tasks</b>	
Res.C2a 4.4	Implement local, regional, and State plans for distributing and dispensing prophylaxis
Res.C2a 4.2.1	Initiate call down lists for mass prophylaxis site staffing
Res.C2a 4.3.1	Ensure mass prophylaxis site operations are established in accordance with memoranda or agreement/understanding
Res.C2a 4.3.2	Provide internal and external security for mass prophylaxis sites
Res.C2a 4.4.1	Have or have access to information systems that support tracking mass prophylaxis allocation that comply with the Public Health Information Network (PHIN) functional requirements for Countermeasure and Response Administration

Performance Measures	Metric
Percentage of sufficient, competent personnel available to staff dispensing centers or vaccination clinics, as set forth in SNS plans and State/local plans	100%

<b>Activity: <i>Establish Points Of Dispensing</i></b>	
<b>Definition: Set up POD to receive members of the general public, according to POD plan.</b>	
<b>Critical Tasks</b>	
Res.C2a 5.2	Make arrangements for treatment of mass prophylaxis site staff and their families
Res.C2a 5.3	Make arrangements for treatment for mass prophylaxis response personnel
Res.C2a 5.1.4	Ensure adequate staffing levels for anticipated mass prophylaxis throughput
Res.C2a 5.4	Ensure security is present when pharmaceuticals and other assets are delivered to mass prophylaxis sites
<b>Performance Measures</b>	
Percent of POD staff and their families given treatment prior to POD opening to general public	TBD

<b>Activity: <i>Conduct Triage for Symptoms</i></b>	
<b>Definition: Conduct initial screening of individuals prior to their entering the POD in order to prevent symptomatic individuals from potentially contaminating POD.</b>	
<b>Critical Tasks</b>	
Res.C2a 6.1.1	Ensure, in the event of a communicable disease, initial medical screening/triage is performed either at a staging area or in separate area away from the mass prophylaxis site to prevent contamination of site
Res.C2a 6.1.2	Establish number of triage stations commensurate with the anticipated size of the throughput
Res.C2a 6.2.1	Transport symptomatic individuals to appropriate health facility prior to their entering mass prophylaxis site
<b>Performance Measures</b>	
Time in which clinical staff and volunteers become available at triage station	Within 24 hours of decision to activate site
Transportation assets are available to bring symptomatic individuals to appropriate health facility	Yes/No

**Activity: Conduct Medical Screening**

**Definition:** Review patient screening documentation and available medical history to determine proper course of treatment.

**Critical Tasks**

Res.C2a 7.1	Ensure proper documentation is created for each individual seeking prophylactic treatment	
Res.C2a 7.2	Identify appropriate treatment based on medical history and exposure	
Res.C2a 7.3	Ensure sufficient staffing at mass prophylaxis distribution site screening station to prevent initial bottlenecks	
Performance Measures		Metric
Time in which clinical staff and volunteers become available at medical screening station		Within 24 hours of decision to activate site

**Activity: Conduct Mass Dispensing**

**Definition:** Dispense oral medication/administer vaccination according to standing medical orders.

**Critical Tasks**

Res.C2a 8.2.6	Implement plan to treat minors	
Res.C2a 8.3	Maintain a system for inventory management to ensure availability of critical prophylaxis medicines and medical supplies	
Res.C2a 8.3.1	Submit re-supply orders early enough to prevent running out of pharmaceuticals and other supplies	
Res.C2a 8.3.2	Ensure adequate supply of ancillary medical supplies	
Res.C2a 8.3.3	Distribute pre-printed drug information sheets	
Performance Measures		Metric
Rate at which dispensing centers or vaccination clinics process patients (persons per hour) meets SNS Plans and State/Local Plans		Yes/No
Percentage of at-risk population that was successfully provided initial prophylaxis within 48 hours of decision to provide prophylaxis		100%

**Activity: Monitor Adverse Events**

**Definition:** Through monitoring, identify individuals who have an adverse reaction to prescribed medication and initiate alternate therapies.

**Critical Tasks**

Res.C2a 9.1	Track outcomes and adverse events following mass distribution of prophylaxis
Res.C2a 9.3	Provide alternate medication as ordered by clinician
Res.C2a 9.1.1	Access information systems that support monitoring of adverse reactions that comply with the PHIN functional requirements for Countermeasure and Response Administration

**Performance Measures****Metric**

Percent of individuals provided with prophylaxis monitored prior to leaving POD	100%
Number of staff who monitor individuals is adequate based on number of individuals in the adverse events monitoring section	Yes/No

**Activity: Demobilize Mass Prophylaxis Operations**

**Definition:** Upon completion, stand down POD operations, return site to normal operations, and release or redeploy staff.

**Critical Tasks**

Res.C2a 10.1	Debrief mass prophylaxis personnel
Res.C2a 10.2	Reconstitute mass prophylaxis personnel and supplies
Res.C2a 10.3	Provide a staff debriefing on mass prophylaxis operations

**Performance Measures****Metric**

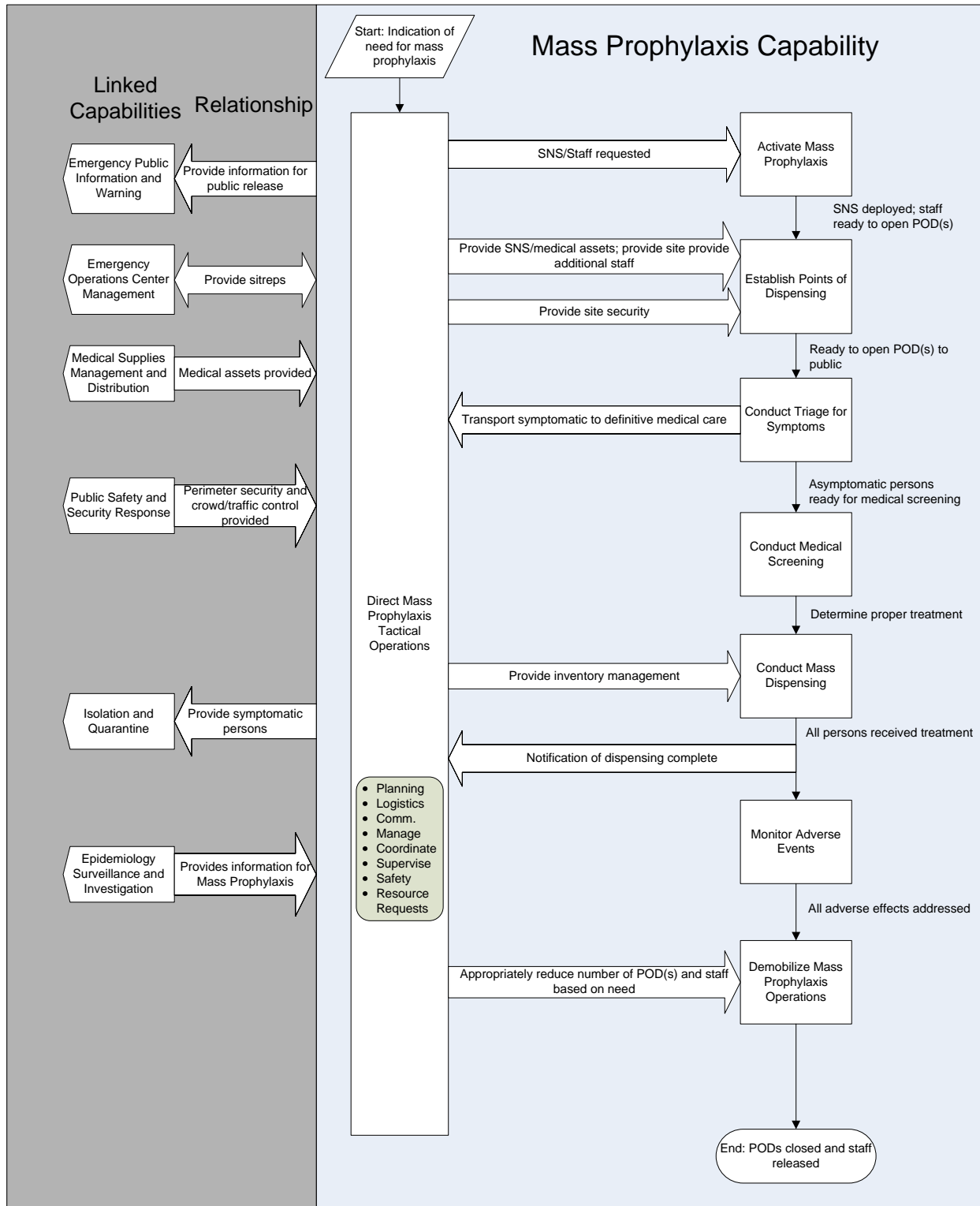
Percentage of staff debriefed after mass prophylaxis distribution	100%
---	------

**Linked Capabilities**

Linked Capability	Relationship
Emergency Public Information and Warning	Mass Prophylaxis provides releasable public information of POD sites and other relevant information to Emergency Public Information and Warning for public notification.
Emergency Operations Center Management	Emergency Operations Center Management provides situation reports to the Mass Prophylaxis capability, which provides situation reports in return.
Medical Supplies Management and Distribution	Medical Supplies Management and Distribution capability provides medical assets to Mass Prophylaxis capability.
Public Safety and Security Response	Public Safety and Security Response capability provides perimeter security and crowd/traffic control for Mass Prophylaxis.

Linked Capability	Relationship
Isolation and Quarantine	Mass Prophylaxis capability provides symptomatic persons to the Isolation and Quarantine.
Epidemiology Surveillance and Investigation	Epidemiology Surveillance and Investigation provides information for Mass Prophylaxis.

# Capability Activity Process Flow



### Capability Element Description Details

Capability Elements	Components and Description
Dispensing/Vaccination Centers (DVC) Points of Distribution (PODs)	Locations where prophylaxis will be provided. Personnel include clinicians/public health professions; ancillary support personnel, traffic control personnel, security personnel, inventory assistants, and staff for storing, receiving and distributing federal medical supplies and equipment to fully staff 24 hour operations at each POD
Adverse event monitoring	
Medical assets/supplies (prophylaxis)	12-hour Push Package of pharmaceuticals, antidotes, and medical supplies; may include follow-on vendor managed inventory (VMI) supplies
SNS Coordination Center	

### Planning Assumptions

- Assume population potentially exposed and requiring prophylaxis is 2 million in one metropolitan area.
- Additional illnesses will occur prior to mass prophylaxis campaign. Many people likely to present who fear they might have been exposed multiple unexplained physical symptoms (MUPS). Due to time elapsed prior to plan execution and non-informed public. Studies show that between 4 and 50 times as many people seek medical care after an event for MUPS than for diagnosable symptoms treatable by medical providers.
- State/local medicines and medical supplies are insufficient for mass prophylaxis.
- Federal medical assets requested and received at each location within 12 hours from the Federal decision to deploy assets.
- State/locals receive prophylaxis materials and supplies for 6 million. Estimates affected Metropolitan Statistical Area (MSA) @ 2 million in 3 geographic locations.
- Adequate prophylaxis is readily available from the Strategic National Stockpile; initial 10-day regimen with ciprofloxacin (Cipro) or doxycycline (Doxy) assuming that the organism is sensitive to these antibiotics. Goal to protect exposed or potentially exposed population as quickly as possible based on current Centers for Disease Control (CDC) recommendations for anthrax prophylaxis.
- Follow-on prophylaxis with vaccine and antibiotics (50-day supply) for persons at highest risk of exposure based on epidemiological data and current CDC recommendations for anthrax prophylaxis.
- State/locals have sufficient personnel to fully command or staff a mass prophylaxis dispensing operation. This may include assistance from Federal response teams, if requested.
- State/locals have developed and exercised an SNS response plan.
- Guidelines for post exposure prophylaxis populations will be developed by public health officials and subject matter experts depending on epidemiological circumstances. Decision based on estimates of timing, location and conditions of exposure.
- Point of Distribution (POD) Staffing: Number of PODs determined assumes 24 hour operation, Population equally distributed among PODs, perform at 100% capacity at all times, constant flow of people, staffing is constant and adequate. PODs should be located where easily accessible to the public i.e., publicly owned buildings.
- Medical Assets/Supplies – Adequate prophylaxis is readily available in the SNS.

### Target Capabilities List



- Population Centers – resources readily available for largest urban areas for duration of prophylaxis period.
- Receiving, shipping, and storage (RSS) – State/local jurisdictions with mass prophylaxis plans have identified a site for receiving, staging, and storing Federal assets. In some worst case scenarios, more than one site may need to be identified.
- Risk Factors:
  - The occurrence of multiple events could deplete the availability of Federal stockpiled medical assets and Federal resources i.e., staff, supplies, etc.
  - The unavailability of staff and volunteers to operate the POD system.
  - Fear and mass panic could escalate.
  - Inadequate planning for mass prophylaxis would result in delays in response and ultimately risk of loss of life.

**Planning Factors from an In-Depth Analysis of a Scenario with Significant Demand for the Capability**

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
Dispensing/Vaccination Centers (DVCs) Points of Distribution (PODs)	47,667 patients per hour (PPH)	Prophylaxis for 2 million	47 DVCs (PODs)
Receiving, shipping, and storage	Single warehouse, 12,000 square feet	Prophylaxis medicines for 2 million	Federal assets from SNS based on estimated number of exposed persons
Technical Advisory Response Unit (TARU) Teams	12-hour response.	1 7-9 member team for logistics, operations, and communications	1 team per single geographic incident
SNS Coordination Center	24 hours/7 days	24-hour communications with site of incident/command	18 staff/2 shifts = 36 SNS operations persons
Multiagency Coordination Systems (MACS) based on incident command system (ICS) functions (planning, logistics, operations, finance/administration and information)		Number/shift	Number/2–3 shifts
Adverse event monitoring	24 hours	1 per 25,000 recipients of prophylaxis for recommended postexposure prophylaxis	2 million/25,000 = 80 for period of postexposure prophylaxis  Note: Estimates will vary depending on population receiving prophylaxis at

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
			each DVC and other options available such as call-in hotlines

### ***Approaches for Large-Scale Events***

The information and analysis included in this capability reflects only one of the 15 scenarios - aerosolized anthrax.

### ***National Targets and Assigned Levels***

Responsible	Element Resource Unit	Type of Element	Number of Units	Unit Measure (number per x)	Capability Activity supported by Element
State/Local	Dispensing/ Vaccination Centers/Points of Distribution (DVC/PODs)	Resource Organization	1	Per population of 42,554 (47 DVC/PODs per 2 million people)	Establish POD Conduct Triage for Symptoms Conduct Medical Screening Conduct Mass Dispensing Conduct Adverse Events Monitoring
Federal/State/ Local/Private	Prophylaxis supplies and materials	Equipment			Conduct Mass Dispensing
Federal/State	Adverse event monitoring	Non-NIMS Resource Organization	1	Per population of 25,000	Conduct Adverse Events Monitoring
	SNS Coordination Center	Non-NIMS Resource Organization	1	Per geographic unit receiving SNS	Activate Mass Prophylaxis Establish POD Demobilize



# MASS PROPHYLAXIS APPENDIX

Strategic National Stockpile Assessment Tool Centers for Disease Control, U.S. Department of Health and Human Services	
<p>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.</p>	
DEVELOPING AN SNS PLAN	
<b>Critical Elements</b>	<ul style="list-style-type: none"> <li>A. SNS specific Preparedness Plan has been developed</li> <li>B. SNS Plan is incorporated into overall State Emergency Response Plan</li> <li>C. SNS Plan is updated annually</li> </ul>
<b>Important Elements</b>	<ul style="list-style-type: none"> <li>A. 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)                             <ul style="list-style-type: none"> <li>o Advisory Council</li> <li>o Workgroup</li> <li>o Health Department</li> <li>o Emergency Management Agency/State Office of Homeland Security</li> <li>o Public Works</li> <li>o Highway Department/Department of Transportation</li> <li>o Law Enforcement</li> <li>o National Guard (Army and Air)</li> <li>o Emergency Medical Services</li> <li>o Fire</li> <li>o Hospitals</li> <li>o Department of Administration/Finance</li> <li>o Department of Corrections</li> <li>o DOD/Military Installations</li> <li>o MMRS Cities</li> </ul> </li> <li>B. Policy issues reviewed, identified, and addressed to support SNS operations                             <ul style="list-style-type: none"> <li>o Process for requesting SNS assistance</li> <li>o Number of doses that a family member can pick-up at a dispensing site</li> <li>o Minimum identification requirements in order to receive medication</li> <li>o Credentialing process used to identify volunteers and staff at SNS sites</li> <li>o Rules of engagement for law enforcement</li> <li>o Providing prophylaxis to Native Americans on reservations</li> </ul> </li> <li>C. Legal issues reviewed, identified, and addressed to support SNS operations                             <ul style="list-style-type: none"> <li>o Medical practitioners authorized to issue standing orders and protocols for dispensing sites</li> <li>o Medical practitioners authorized to dispense medications during a state of emergency</li> <li>o Procurement of private property</li> <li>o Authorized overtime pay</li> </ul> </li> <li>D. Liability/workers compensation</li> </ul>
COMMAND AND CONTROL	
<b>Critical Elements</b>	<ul style="list-style-type: none"> <li>A. State utilizes Incident Command System (ICS) structure with integration of SNS functions. Elements should include:                             <ul style="list-style-type: none"> <li>o Governor's Office</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Health Department</li> <li>○ Emergency Management Agency</li> <li>○ SNS Coordinators</li> <li>○ Other State Offices</li> <li>○ Emergency Response Organizations</li> <li>○ Local Elected officials</li> </ul> <p>B. Incident Commander identified with back-up and point of contact (POC) information</p> <p>C. Procedures are documented and in place for apportionment and inventory control of SNS materiel</p> <p>D. Sign-off on SNS plan documented between appropriate agencies and organizations</p>
<b>Important Elements</b>	<p>A. Regional plans between states are documented and in place between appropriate agencies and organizations</p> <p>B. State Emergency Operations Center (SEOC)/Health Department Operations Center (HDOC) is able to allow decision makers to communicate with each other</p>
<b>REQUESTING SNS</b>	
<b>Critical Elements</b>	<p>Individual or person(s) authorized by the governor to request SNS materiel are identified with POC information</p> <p>State SNS Plan contains request justification guidelines</p> <p>Signed MOU between CDC and State</p>
<b>Important Elements</b>	<p>Plan for Governor or designee(s) to communicate with key state officials to discuss incident and determine when to request SNS materials</p> <p>SNS Plan lists individuals who are authorized to sign for SNS materiel</p> <p>SNS Plan lists DEA Registrant</p> <p>Local SNS Plans contain request justification guidelines to the state</p> <p>Request procedures for on-going support for locals have been developed and are in the local SNS Plan</p> <p>Request procedures at the local and state level have been exercised</p> <ul style="list-style-type: none"> <li>A. Initial request for support</li> <li>B. On-going requests for support</li> </ul>
<b>MANAGEMENT OF SNS OPERATIONS</b>	
<b>Critical Elements</b>	<p>State SNS Coordinator identified with back-up and POC information</p> <p>The following State Leads have been identified with back-up and POC information:</p> <ul style="list-style-type: none"> <li>Communications</li> <li>Security</li> <li>RSS</li> <li>Distribution</li> <li>Repackaging</li> <li>Dispensing Sites</li> <li>Treatment Centers</li> <li>Training/Exercise/Evaluation</li> </ul> <p>Call-down rosters for SNS Leads are current and updated at least quarterly</p>
<b>Important Elements</b>	<p>State infrastructure in place to support State SNS plan</p> <ul style="list-style-type: none"> <li>○ Support from Governor's office</li> <li>○ Support from State Health Director</li> </ul> <p>Budget allocation adequately supports local SNS functions</p> <ul style="list-style-type: none"> <li>○ ____% of funds has been sent out to locals</li> </ul>

	<ul style="list-style-type: none"> <li>○ Mechanism being used to fund locals</li> <li>○ Specified deliverables</li> <li>○ Contract monitoring</li> </ul>
<b>TACTICAL COMMUNICATION</b>	
<b>Critical Elements</b>	<ul style="list-style-type: none"> <li>A. State Communications Lead has a job action sheet and has been trained</li> <li>B. Communication networks and back-up system between Command and Control locations <ul style="list-style-type: none"> <li>○ State EOC</li> <li>○ Health Department</li> <li>○ RSS location</li> <li>○ Distribution sites</li> <li>○ Dispensing sites</li> <li>○ Security</li> <li>○ Transportation</li> </ul> </li> <li>C. Maintenance plans to ensure rapid repair if communications systems go down</li> <li>D. Staffing call-down lists are reviewed to ensure accuracy at least quarterly</li> </ul>
<b>Important Elements</b>	<p>Conducts call-down exercises to test call lists quarterly</p> <p>Internal Communications at RSS/Dispensing/Distribution sites</p> <ul style="list-style-type: none"> <li>○ Ham/Amateur Radio Operators</li> <li>○ Cell Phones</li> <li>○ UHF/VHF/ 800 MHz Radio Systems</li> <li>○ Runners/couriers</li> </ul> <p>Communication networks are tested and exercised at least once annually</p>
<b>PUBLIC INFORMATION AND COMMUNICATIONS</b>	
<b>Critical Elements</b>	<ul style="list-style-type: none"> <li>A. State Public Information and Communications Lead has a job action sheet and has been trained</li> <li>B. A plan to coordinate local media efforts is in place: <ul style="list-style-type: none"> <li>○ All local media channels have been identified and contact information (and backup) documented</li> <li>○ Capabilities and audiences for each media outlet have been identified</li> <li>○ 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.</li> <li>○ Media channels have threat-specific information "on the shelf" and ready if needed.</li> </ul> </li> <li>C. A plan to compile information for clinical and drug information has been developed <ul style="list-style-type: none"> <li>○ Information has been collected</li> <li>○ Storage location (electronic and hard copy) identified and updated regularly</li> <li>○ Plan for mass reproduction and storage of printed materials has been developed</li> </ul> </li> <li>D. A plan for disseminating information to the public and to health care professionals has been developed: <ul style="list-style-type: none"> <li>○ Plan is in place for channels to disseminate information to state and local community.</li> <li>○ Information has been evaluated and adapted for needs of local community</li> <li>○ Plan to distribute printed materials</li> <li>○ Plan for 24/7 Public Information Hotline in place</li> </ul> </li> <li>E. A plan for public information campaigns has been developed: <ul style="list-style-type: none"> <li>○ Web site information, printed material, newspaper inserts, videos</li> <li>○ Dispensing site location, news briefs, informing public, rumor control</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Medication compliance</li> </ul>
<b>Important Elements</b>	<ul style="list-style-type: none"> <li>A. A plan to translate information is in place for non-English speaking, hearing impaired, visually impaired or functionally illiterate individuals:               <ul style="list-style-type: none"> <li>○ Documents have been translated as appropriate for community</li> <li>○ On-site interpreters available for dispensing sites</li> <li>○ Translators and TTY plans for Public Information Hotlines</li> </ul> </li> <li>B. Staff have been identified and trained in communications function</li> </ul>
<b>SECURITY</b>	
<b>Critical Elements</b>	<ul style="list-style-type: none"> <li>A. State Security Lead has a job action sheet and has been trained</li> <li>B. Security at RSS               <ul style="list-style-type: none"> <li>○ Ample persons to secure facility</li> <li>○ Protect the SNS materiel once signed over to the state</li> <li>○ Securing materiel during RSS operations</li> </ul> </li> <li>C. Coordination with US Marshals Service</li> <li>D. Plan in place for protecting staff/volunteers               <ul style="list-style-type: none"> <li>○ RSS sites</li> <li>○ Dispensing sites</li> <li>○ Distribution sites</li> <li>○ Treatment centers</li> </ul> </li> <li>E. Crowd control plan for RSS sites</li> <li>F. Crowd control plan for Dispensing sites</li> <li>G. Crowd control plan for Treatment centers</li> <li>H. Developed a credentialing plan for SNS staff at RSS and Regional Distribution sites</li> <li>I. Developed a credentialing plan for SNS staff at Dispensing sites</li> </ul>
<b>Important Elements</b>	<ul style="list-style-type: none"> <li>A. Security procedures in place to transport SNS materiel to various locations around the state</li> <li>B. Traffic control plans for various SNS related sites (RSS, Dispensing, Distribution and Treatment Centers)</li> <li>C. Staff have been identified and trained in security functions</li> </ul>
<b>RECEIPT/STAGE/STORE (RSS)</b>	
<b>Critical Elements</b>	<ul style="list-style-type: none"> <li>A. State RSS Lead has a job action sheet and has been trained</li> <li>B. Primary location with alternate site(s) identified</li> <li>C. Locations reviewed by CDC SNS Consultant using Site Survey Tool</li> <li>D. The following Leads have been identified with back-up and POC information for each facility identified:               <ul style="list-style-type: none"> <li>○ RSS Site Manager</li> <li>○ Material Management (Inventory Management System)</li> <li>○ Apportionment (Pick Teams)</li> <li>○ Logistics</li> <li>○ QA/QC</li> <li>○ Safety</li> <li>○ Security</li> <li>○ Communications/IT</li> <li>○ Appropriate Material Handling Equipment on site or readily available upon request</li> <li>○ Pallet Jacks</li> <li>○ Pallets</li> <li>○ Hand Carts/Dollies</li> <li>○ Forklifts</li> <li>○ Repackaging/Shipping Materials (tape, plastic wrap, pens, paper, etc.)</li> </ul> </li> <li>A. Appropriate Office Equipment               <ul style="list-style-type: none"> <li>○ Telephones</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>o 3 Analog telephone lines for TARU Team</li> <li>o Fax machine</li> <li>o Table/chairs</li> <li>o Copier</li> </ul> <p>B. Call-down rosters for RSS Leads/staff are current and updated quarterly</p> <p>C. Staff have been identified and trained in RSS functions</p>
<b>Important Elements</b>	<p>A. Locations have been reviewed by the State</p> <p>B. Developed staffing plan for 24/7 operations</p> <p>C. Developed care/feed plan for staff</p> <p>D. RSS Site Manager and back-up trained in RSS operations</p> <p>E. The following Leads and back-ups have been trained in RSS operations for each facility identified:</p> <ul style="list-style-type: none"> <li>o Materiel Management</li> <li>o Apportionment</li> <li>o QA/QC</li> <li>o Safety</li> <li>o Security</li> <li>o Communications/IT</li> <li>o Logistics Lead</li> </ul>
<b>CONTROLLING SNS INVENTORY</b>	
<b>Critical Elements</b>	<p>A. Inventory Management System (IMS) in place with back-up</p> <ul style="list-style-type: none"> <li>o Computer Program</li> <li>o Electronic Spread Sheet</li> <li>o Paper System</li> </ul> <p>B. Inventory staff identified and trained in IMS functions</p>
<b>Important Elements</b>	<p>A. Procedure for chain of custody involving SNS materiel</p> <p>B. Procedure for chain of custody involving controlled substances</p>
<b>REPACKAGING ORAL MEDS</b>	
<b>Critical Elements</b>	<p>A. State Repacking Lead has a job action sheet and has been trained</p> <p>B. Repackaging plan or contingent contracts have been developed</p> <p>C. Repackaging staff call-down rosters are current and updated at least quarterly</p>
<b>Important Elements</b>	<p>A. Staff have been identified and trained in Repackaging functions</p>
<b>DISTRIBUTION</b>	
<b>Critical Elements</b>	<p>A. State Distribution Lead has a job action sheet and has been trained</p> <p>B. Plan for coordinating delivery of SNS materiel directly to treatment facilities, distribution/dispensing sites</p> <p>C. Agreements are documented and in place with organization(s) that will distribute materiel</p> <p>D. Plan for 24/7 recovery and repair of vehicles/distribution assets</p> <p>E. Appropriate Material Handling Equipment for Regional Distribution sites (off-loading and loading as needed)</p> <ul style="list-style-type: none"> <li>o Pallet Jacks</li> <li>o Hand Carts/Dollies</li> <li>o Forklifts</li> <li>o Repackaging/Shipping Materials (tape, plastic wrap, pens, paper, etc.)</li> </ul>
<b>Important Elements</b>	<p>A. Drivers and Support Personnel have been credentialed</p> <p>B. Staff have been identified and trained in Distribution functions</p> <ul style="list-style-type: none"> <li>o Chain of custody protocol</li> <li>o Routing information</li> </ul>



	<ul style="list-style-type: none"> <li>o Security/communication procedures</li> <li>o Appropriate Use of Material Handling Equipment</li> <li>o Assist in loading and off-loading materials</li> </ul>
<b>DISPENSING ORAL MEDS</b>	
<b>Critical Elements</b>	<ul style="list-style-type: none"> <li>A. Dispensing Site Managers have been identified with back-up and POC information for each dispensing site</li> <li>B. Safety Lead identified with back-up and POC information</li> <li>C. Security Lead identified with back-up and POC information</li> <li>D. Communications Lead identified with back-up and POC information</li> <li>E. Logistics Lead identified with back-up and POC information</li> <li>F. Plan to rapidly dispense medications to the public</li> <li>G. Plan contains standard operating procedures/protocols for the operation and management of dispensing sites</li> <li>H. Plan in place to request and receive SNS materiel</li> <li>I. Plan contains interpreters/translation services identified to support dispensing operations</li> <li>J. Dispensing sites identified by state and or local jurisdiction <ul style="list-style-type: none"> <li>o Population</li> <li>o Number of Sites</li> <li>o Estimated Thru-put of population/hour</li> </ul> </li> <li>K. Call-down rosters for SNS Leads/staff are current and updated at least quarterly</li> <li>L. Core dispensing site staff per site have been identified and trained in Dispensing functions</li> </ul>
<b>Important Elements</b>	<ul style="list-style-type: none"> <li>A. Local Dispensing Site plans are exercised annually</li> <li>B. A cross section of identified dispensing sites have been reviewed by the state</li> <li>C. Agreements are documented and in place for dispensing sites</li> <li>D. Plan to provide prophylaxis to first responders, essential personnel and their families</li> <li>E. Equipment and supplies to support dispensing site operations <ul style="list-style-type: none"> <li>o Office supplies</li> <li>o Medical supplies</li> <li>o Drug Fact Sheets</li> <li>o Agent Fact Sheets</li> </ul> </li> <li>F. Name/Address/Patient/History (NAPH) forms and plan developed for patient tracking</li> <li>G. Plan to reproduce and distribute NAPH forms to dispensing sites</li> <li>H. Triage/Transport plan developed for those who are symptomatic</li> <li>I. Dispensing Site Manager and back-up trained in dispensing operations</li> <li>J. Safety Lead and back-up trained in dispensing operations</li> <li>K. Security Lead and back-up trained in dispensing operations</li> <li>L. Communications Lead and back-up trained in dispensing operations</li> <li>M. Logistics Lead and back-up trained in dispensing operations</li> </ul>
<b>TREATMENT CENTER COORDINATION</b>	
<b>Critical Elements</b>	<ul style="list-style-type: none"> <li>A. State Treatment Center Lead has a job action sheet and has been trained</li> <li>B. Point of Contacts for Treatment Centers have been identified and is documented in SNS plan</li> </ul>
<b>Important Elements</b>	<ul style="list-style-type: none"> <li>A. Coordination exists between SNS Coordinator and HRSA Coordinator at state level</li> <li>B. Process for Treatment Centers to request SNS materiel</li> <li>C. Request process has been exercised <ul style="list-style-type: none"> <li>o Forms</li> <li>o Communication</li> </ul> </li> </ul>

<b>TRAINING, EXERCISE, AND EVALUATION</b>	
<b>Critical Elements</b>	<p>State Training/Exercise/Evaluation Lead has a job action sheet and has been trained</p> <p>A. Training Plan</p> <ul style="list-style-type: none"> <li>• State/Regional/Local agencies</li> <li>• Timelines/ schedules</li> <li>• SNS functions</li> <li>• Incident Command System</li> </ul> <p>B. Training Plan implemented</p> <p>C. Exercise Plan</p> <ul style="list-style-type: none"> <li>• State/Regional/Local exercises</li> <li>• Goals and objectives</li> <li>• Orientations/Drills/Tabletops/Functional</li> </ul> <p>D. Exercise Plan implemented</p> <p>E. Evaluation Plan</p> <ul style="list-style-type: none"> <li>○ After Action Review (AAR)</li> <li>○ Written evaluation Report</li> <li>○ Corrective Action Plan</li> <li>○ SNS Plan updated/revised</li> <li>○ Training</li> <li>○ Exercises</li> </ul> <p>F. Evaluation Plan implemented</p>
<b>Important Elements</b>	<p>A. State/Local Agencies support training/exercise functions</p> <ul style="list-style-type: none"> <li>○ Administrative</li> <li>○ Financial</li> <li>○ Personnel and equipment</li> </ul> <p>B. Staff have been identified and trained in Training/Exercise/ Evaluation functions as it relates to the overall SNS program</p> <p>C. Are the Following Exercised or Evaluated?</p> <ul style="list-style-type: none"> <li>○ Overall SNS Plan</li> <li>○ Requesting SNS Procedures</li> <li>○ Tactical Communications Plan</li> <li>○ Public Information and Communication Plan</li> <li>○ Security Plan</li> <li>○ RSS Plan</li> <li>○ Inventory Management System Plan</li> <li>○ Distribution Plan</li> <li>○ Dispensing Plan</li> <li>○ Treatment Center Coordination</li> </ul>

## References

1. Homeland Security Presidential Directive/HSPD–8: National Preparedness. The White House, Office of the Press Secretary. December 2003. <http://www.whitehouse.gov/news/releases/2003/12/20031217-6.html>.
2. National Response Plan. U.S. Department of Homeland Security. December 2004.
3. National Incident Management System. U.S. Department of Homeland Security. March 2004. <http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf>.
4. Modular Emergency Medical System: Concept of Operations for the Acute Care Center. U.S. Army Soldier and Biological Chemical Command, Biological Weapons Improved Response Program. Maryland. May 2003.
5. Resource Typing Definitions–I: First 60 Resources. National Mutual Aid and Resource Management Initiative. U.S. Department of Homeland Security, Federal Emergency Management Agency. January 2004. [http://www.fema.gov/pdf/preparedness/initial\\_60\\_rtd.pdf](http://www.fema.gov/pdf/preparedness/initial_60_rtd.pdf).
6. Emergency Response Training Necessary for Hospital Physicians/Nurses That May Treat Contaminated Patients. Standard interpretation. Occupational Safety and Health Administration. March 1999. [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=INTERPRETATIONS&p\\_id=22710](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=22710).
7. Emergency Response Training Requirements for Hospital Staff. Standard interpretation. Occupational Safety and Health Administration. April 1997. [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=INTERPRETATIONS&p\\_id=22393](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=22393).
8. Hazardous Waste Operations and Emergency Response, 29 CFR 1910.120. Occupational Safety and Health Administration. November 2002. [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=9765](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9765).
9. Medical Personnel Exposed to Patients Contaminated with Hazardous Waste. Standard interpretation. Occupational Safety and Health Administration. March 1992. [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=INTERPRETATIONS&p\\_id=20609](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=20609).
10. Training Requirements for Hospital Personnel Involved in an Emergency Response of a Hazardous Substance. Standard interpretation. Occupational Safety and Health Administration. October 1992. [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=INTERPRETATIONS&p\\_id=20911](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=20911).
11. Mass Antibiotic Dispensing-Managing Volunteer Staffing. Centers for Disease Control and Prevention. December 2004. <http://www.phppo.cdc.gov/PHTN/webcast/antibiotic2/default.asp>.
12. Mass Antibiotic Dispensing: A Satellite Web Cast Primer. Centers for Disease Control and Prevention. June 2004. <http://www.phppo.cdc.gov/phtn/antibiotic/default.asp>.
13. U.S. Postal Service May Deliver Medicine in the Event of a Catastrophic Incident. Memorandum of understanding between the U.S. Departments of Homeland Security and Health and Human Services and the U.S. Postal Service. February 2004. [http://www.usps.com/communications/news/press/2004/pr04\\_015.pdf#search='U.S.%20POSTAL%20SERVICE%20MAY%20DELIVER%20MEDICINE](http://www.usps.com/communications/news/press/2004/pr04_015.pdf#search='U.S.%20POSTAL%20SERVICE%20MAY%20DELIVER%20MEDICINE).
14. DHS, Office for Domestic Preparedness, Metropolitan Medical Response System (MMRS) program, <http://mmrs.fema.gov>.
15. Receiving, Distributing, and Dispensing Strategic National Stockpile (SNS) Assets: A Guide for Preparedness, Version 10 – Draft, June 2005.
16. “Community-Based Prophylaxis. A Planning Guide for Public Health Preparedness.” Weill Medical College of Cornell University, Department of Public Health, August 2004.

Hupert, Nathaniel. 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).