

State of Louisiana
Department of Health and Hospitals
Office of Public Health

MASS VACCINATION GUIDANCE
FOR PANDEMIC INFLUENZA RESPONSE



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Final

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I. Overview of the Mass Vaccination Plan

The Pandemic Influenza Mass Vaccination Annex describes the system that will be used to order, store, distribute, track and administer influenza vaccine during a pandemic. The Pandemic Influenza Mass Vaccination Plan is an annex to several other plans and guidance documents, including the Louisiana Point of Dispensing (POD) Plan, in which the State of Louisiana has planned for an “all-hazards” mass distribution system for the receipt, storage, distribution, and dispensing of vaccinations/medications to the general public.^{i,ii,iii,iv}

In the event of a pandemic, influenza vaccine in Louisiana will be distributed using the established vaccine distribution system, with contingency plans for storage, transport and security for vaccines. Vaccine will be administered at the local level to priority groups determined by the State Health Officer using the best epidemiologic evidence and guidance from the Centers for Disease Control and Prevention (CDC). As the State of Louisiana has only two local health departments (The City of New Orleans and Plaquemines Parish), local communities in partnership with the nine Louisiana Office of Public Health Regions have the responsibility to plan and implement Point of Dispensing Sites (PODS) for administration of influenza vaccine to priority groups in their jurisdictions.

The amount of vaccine that will have to be managed (ordered, stored, distributed and accounted for) by the Louisiana Department of Health and Hospitals Office of Public Health (DHH OPH) Immunization Program will be affected by the manufacturers’ ability to produce and distribute vaccine. Therefore, the mass vaccination plan can be flexible and modified based on the status of vaccine technology, the characteristics of pandemic illness, and risk groups for severe disease – factors that will remain unknown until a pandemic actually occurs.

Concept of Operations

This Mass Vaccination Guidance is created with a cooperative management concept. While there is a single point (State Health Officer or designee) to obtain and disseminate key medical-related information, many of the other requirements of the program are supported by other State agencies at various stages of the pandemic. Planning, emergency management, prevention, preparedness, response, recovery, and mitigation discussions are facilitated by DHH OPH and use subject matter experts for relevant contributions.

II. Command and Control

National Incident Management

This Mass Vaccination Guidance is compatible with the State of Louisiana Emergency Operations Plan^v. Further, it is compliant with National Response Framework^{vi}, which requires the organization of response according to the National Incident Management System (NIMS). Operations are conducted using the Incident Command System (ICS).

During an emergency or disaster, some administrative procedures may be suspended, relaxed, or made optional. Such action will be carefully considered, and the consequences should be projected realistically. Departures from usual guidelines will be stated in the Governor's State of Emergency Order and in emergency plans or guidelines.

Lead Agency

DHH OPH^{vii} is the lead agency in the 2009 H1N1 Influenza Response within Louisiana and is the lead in any pandemic influenza response. Any meetings and exercises, however, also contribute to the success of the State plans and training programs in that they ensure a variety of educational opportunities are available.

The State Health Officer (SHO) holds the ultimate health authority in Louisiana to declare and cease a Public Health Emergency^{viii, ix, x}. The SHO will also control any subsequent actions, restrictions, re-openings, or guidance based on the Pandemic Severity Index as well as guidance from the Centers for Disease Control and Prevention. The SHO is supported by the Assistant Secretary of the Department of Health and Hospitals, and five Center directors in the Office of Public Health. These partners would assume the temporary responsibilities of the SHO if he/she was unable to perform due to illness, etc.

Revised Statute 40.5 also provides regulation by which the State Health Officer (or designee) on mandatory vaccination. Guidance for mandatory vaccination in part (2) to accomplish subsidence and suppression of disease. The statute describes the "general powers and jurisdiction (of) the state health officer and the Office of Public Health of the Department of Health and Hospitals shall have exclusive jurisdiction, control, and authority:

- (1) To isolate or quarantine for the care and control of communicable disease within the State.
- (2) To take such action as is necessary to accomplish the subsidence and suppression of diseases of all kinds in order to prevent their spread."

The authority to issue standing orders, rules, priorities and protocols for disease control and suppression is inherent with the stated charge to the State Health Officer or designee.

Vaccination Professionals

Revised Statute 29:766 (previously cited) describes "During a state of public health emergency, in addition to any powers conferred upon the governor by law, he may do any or all of the

following: (1) Suspend the provisions of any regulatory **statute** prescribing procedures for the conduction of state business, or the orders, rules, or regulations of any state agency, if strict compliance with the provisions of any statute, order, rule, or regulation would in any way prevent, hinder, or delay necessary action in coping with the emergency. (2) Utilize all available resources of the state government and of each political subdivision of the state as reasonably necessary to cope with the disaster or emergency. (3) Transfer the direction, personnel, or functions of state departments and agencies or units thereof for the purpose of performing or facilitating emergency services. (4) Subject to any applicable requirements for compensation, commandeer or utilize any private property if he finds this necessary to cope with the disaster or emergency.

Section E of Revised Statute 29:769 also discusses the temporary registration of health care professionals. “Any board or commission placed within the Department of Health and Hospitals by R.S 36:259 (E), (R), (EE), and (GG) may exercise during such period as the declared state of public health emergency exists, the power reasonably necessary to issue temporary registrations to health care providers licensed, certified, or registered in another jurisdiction of the United States whose licenses, certifications, or registrations are current and unrestricted and in good standing in such jurisdictions.”

In Louisiana specific professions define authority to dispense medications. The Statutory Definition for RN Scope of Practice R.S 27:913 includes “Implementing nursing care through such services as case finding, health instruction, health counseling, providing care supportive to or restorative of life and well-being, and executing health care regimens as prescribed by licensed physicians, dentists, optometrists, or other authorized prescribers.”

519, State of Emergency states “A pharmacist may work in the affected parish(es) and may dispense a one-time emergency prescription of up to thirty day supply of a prescribed medication if: a. in the pharmacist’s professional opinion the medication is essential to the maintenance of life or to the continuation of therapy;” “A pharmacist not licensed in Louisiana, but currently licensed in another state, may dispense prescription medications in those affected parish(es) during the time that a state of emergency exists if: a. the pharmacist has some type of identification to verify current licensure in another state; and b. the pharmacist is engaged in a legitimate relief effort during the emergency period.” The authority provided for in this section shall cease with the termination of the state of emergency.

Immunity from Liability

M.G.L. c. 112, s. 12C states that “no physician or nurse administering immunization or other protective programs under public health programs shall be liable in a civil suit for damages as a result of any act omission on his part in carrying out his duties.”

Roles and Responsibilities

With interactive support between the various levels of government, efficiencies of scale can be more easily met. Specific roles and responsibilities are inherent within each jurisdiction, with a

general overview of those support functions listed here specifically for the Pandemic Influenza Mass Vaccination Plan.

Department of Health and Hospitals (DHH)

- The DHH State Health Officer is the primary point-of-contact for pandemic influenza, and he will provide medical intelligence from State Epidemiologist, Regional Medical Directors and other public health professionals to those requesting information in conjunction with the Bureau of Media and Communications.

DHH Office of Public Health (DHH OPH)

- DHH OPH will ensure that educational reminders are distributed to all DHH staff regarding appropriate hygiene/infection control measures, influenza-like illness absences from work, and expectations for the flu season.
- Survey the Department of Education Point of Contacts to compile a list of schools that will participate in the vaccination campaign. Participate in the development of vaccination schedules based upon information provided.
- Verify volunteer nurse credentials prior to allowing them to participate in the vaccination campaign, regardless of the site/type of site where a volunteer nurse will be serving.
- The Regional H1N1 Strike Team Coordinator (Regional Nurse Consultant) will assume responsibility for each Strike Team in the region; the OPH Chief Nurse or designee will serve as the OPH Command Center Strike Team Coordinator (CCSTC), overseeing all Strike Team efforts.
- DHH OPH will be responsible for each team orientation, training, and giving assignments prior to deployment. In addition, expectations of the Strike Team shall also be communicated at that time.

DHH OPH Infectious Disease Epidemiology (ID Epi)

- OPH Infectious Disease Epidemiology will continue to conduct disease surveillance and epidemiological investigation.
- ID Epi will provide ongoing information with respect to outbreak and severity of influenza-like illness, in order to assist in the distribution of the influenza vaccine.

DHH OPH Laboratory (Lab)

- The Office of Public Health Laboratory is a functional member of the Laboratory Response Network. The State OPH Laboratory Director or designee will coordinate communication with the State Epidemiologist or designee and the Center for Community Preparedness Director or designee.

DHH OPH Center for Preventative Health-Immunizations (CPH-I)

- CPH-I is responsible for the development of vaccination procedures for seasonal influenza and the procurement of the novel influenza A vaccine, when available.
- CPH-I will provide the framework for any mass vaccination events.
- CPH-I will lead the workgroup discussions around mass vaccination events, including working with other DHH or state employees to assist in the event.

DHH Bureau of Media and Communications (BMAC)

- The DHH Bureau of Media and Communications (BMAC) will actively work a media campaign throughout the State for educating the general public as well as special partners/interest groups (such as regional/parish government staff, first responders, and media outlet talking points). These topics will include social distancing, healthy hygiene practices, signs and symptoms of pandemic illness, et cetera.

DHH OPH Center for Community Preparedness (CCP)

- The Center for Community Preparedness will coordinate and organize DHH OPH response activities.
- The Emergency Preparedness and Response section within the Center for Community Preparedness will coordinate communication within DHH OPH and begin Incident Command, including web communications via www.fighttheflula.com.
- CCP will ensure that the HAN has been updated and confirm receipt of HAN messages for staff as well as distribution groups.
- CCP will coordinate volunteer communications through LAVA, recruiting new volunteers and directing existing personnel to appropriate locations throughout the State for additional support – including hospitals or other health care providers, critical infrastructure businesses, or supplementing government ops.
- CCP will manage the warehouse where supplies are stored (confidential RSS location), and will maintain accurate data in the inventory management system (IRMS).
- CCP will coordinate and execute the distribution of medications via the RSS site (or contingency contracted partners) and the contracted courier.
- CCP will tabulate and report necessary documentation to the CDC as well as request asset resupply.

DHH OPH Pharmacy

- The DHH OPH Pharmacy will work with retail pharmacies to establish a mechanism of vaccine delivery, pursuant to the Emergency Protocols and Standing Orders issued by the SHO. This may also include education material dissemination.

Through joint planning efforts with the Louisiana Department of Education (DOE) as well as the Louisiana Board of Regents (COR, for Higher Education Institutions), they have agreed to the following responsibilities:

Louisiana Department of Education (DOE)

- The DOE will disseminate information regarding vaccine administration and consent forms for parents to sign and return prior to the event.
- After surveying interested and non interested school districts, the DOE will distribute funds to the School Districts that will participate in the Vaccination Campaign.
- The DOE will oversee registered school vaccination sites and provide The Office of Public Health with vaccination schedules for each site.
- Local school personnel will ensure adequate vaccination space and equipment (e.g., table and chairs, restroom facilities; trash cans; list of emergency phone numbers).
- The DOE will distribute funds to those interested School District to hire additional school nurses and provide overtime pay for those will participate in the vaccination campaign as well as solicit additional vaccination volunteers to participate in the effort.
- The DOE will maintain active communication with Office of Public Health campaign leads to ensure mission accomplishment.

III. Planning Section

Preparedness

The State constantly seeks opportunities to work with local partners and assist with event-specific planning. As various aspects of this Plan have been exercised or drilled in accordance with the Louisiana SNS Plan requirements, this provides a strong community response and cooperation upon which ongoing planning is based. In addition, OPH and regional/local health departments will coordinate vaccine distribution plans with health authorities in bordering jurisdictions including neighboring states.

Planning Assumptions

- There will be a minimum of four to six months between a novel virus alert and the availability of vaccine. When vaccine does become available, it will be distributed in multiple shipments, over time, as it is manufactured. Vaccine shortages are likely to exist, especially early during a pandemic.
- In the event of an novel pandemic (such as H5N1 or H1N1), the possibility exists that enough novel Influenza vaccine will be available for a limited prioritized pre-pandemic vaccination campaign. The principals of this document will be followed in this pre-pandemic vaccination campaign as well as during a pandemic vaccination campaign.
- Based on information that we have received from CDC, Louisiana can expect 45,000 – 460,000 doses/month for one to two years. The number of doses available each month will depend on the potency of the vaccine and the vaccine manufacturing capacity at the time.
- Administration of two doses, 30 days apart, will likely be necessary in some or all target groups for optimal immunologic response.
- All publicly purchased influenza vaccine, whether purchased with federal or state funds, will be distributed through DHH OPH. It is likely that the first doses of influenza vaccine available in a pandemic will be publicly purchased.
- All influenza vaccine, whether publicly or privately purchased, will be administered by providers, according to the priorities set by the Louisiana State Health Officer outlined in draft form in this document. These priorities are subject to revision as the epidemiology of the pandemic unfolds.
- Vaccine standard operating procedures will be followed as detailed in the Louisiana Immunization Manual available at www.dhh.louisiana.gov/offices/publications/pubs-265/7056.pdf. These procedures include vaccine storage and handling, security, and documenting maintenance of the vaccine cold chain.
- A strict chain of custody for influenza vaccine will be followed and documented.
- Medicare and Medicaid will be billed for reimbursement for state-purchased and privately purchased vaccine, where applicable.

- The target population for influenza vaccine will initially be prioritized and eventually expanded to the entire population, as vaccine becomes available.
- The priority groups for vaccine will be based on the priority groups recommended of the U.S. Department of Health and Human Services (DHHS). This list may change on short notice depending upon the epidemiologic and clinical features of the pandemic.
- In addition to distributing vaccine, DHH OPH Regions in cooperation with local Parish communities will have plans in place to administer vaccine to residents based on the established priority groups.
- The initial proportioning of limited amounts of influenza vaccine will be based upon Regional/Parish population, with allowances for areas with a higher proportion of target individuals.
- Administration of vaccine to priority groups and the general public will occur at the local POD and provider level through the Regional DHH OPH POD system; the responsibility of the DHH OPH Immunization Program is to ensure the efficient distribution of viable vaccine to vaccine distributors, as described below.
- Staffing at the PODS will be through a combination of Public Health employees, all state and parish agency employees, and both medical and non-medical volunteers.
- Influenza vaccine will be distributed in multiple formulations with differing licenses for use.
- Because there is likely to be a moderate to severe shortage of vaccine, at least in the early phases of the epidemic, security for the vaccine must be addressed.
- The Louisiana Immunization Network for Kids Statewide (LINKS) system will be used to register, track, collect demographics on, conduct inventory, and document administration of all influenza vaccine.
- The current Vaccine Adverse Event Reporting System (VAERS) system will be used to monitor vaccine safety through the State Vaccine Coordinator and system of Regional Immunization Consultants.
- While distribution of all other vaccines will be maintained during the pandemic, inventories of non-influenza vaccine may be reduced at the regional and local distributor sites.
- Public education and a detailed communication plan to providers and the public will be an important part of the immunization campaign.

Pandemic Severity Index

In February 2007, the Centers for Community Disease Control and Prevention (CDC) released “Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Non-Pharmaceutical Interventions”, which can be found at <http://www.pandemicflu.gov/plan/community/commitigation.html>. The Pandemic Severity Index was introduced to help local decision-makers with recommendations that are matched to the

severity of future pandemics and timeframes for response. The Index highlights worst-case scenarios, without any interventions, including case fatality ratios (the proportion of deaths among those infected, and is determined early in pandemic intervals). The CDC's director is responsible for designating the category of the emerging pandemic.

The Pandemic Severity Index (or PSI) is attached as Figure 1 in Section VIII. Supporting Documents.

Triggers, Periods, Phases, Stages, and Intervals of a Pandemic

The State of Louisiana will use the guidance and assistance of the Centers for Disease Control and Prevention, along with the guidance in the Pandemic Severity Index to gauge the response to a pandemic. Specific Interventions in each category will be implemented based on the best scientific and epidemiologic evidence defined by the Category of the pandemic.

Non-Pharmaceutical Interventions, or NPI's will not only be implemented based on the Case Fatality Ratio of the pandemic, but may also vary during the course of the pandemic. Interventions may be needed at the beginning when cases begin to show up, during the time when new infections are rapidly increasing, or when the epidemic curve is declining. The SHO in cooperation with the CDC will define and recommend interventions based on the best scientific and epidemiologic evidence to slow the spread and impact of the Pandemic on the communities of Louisiana.

The periods, stages, and intervals are outlined in Figure 2, attached in Section VIII. Supporting Documents in a pandemic influenza and is used in creating community mitigation plans and recommendations. For further elaboration on the Intervals and specificity for Louisiana Pandemic Influenza, please refer to the Louisiana Pandemic Influenza Guidance document.

Target Populations

Pandemic severity will be determined soon after its initial outbreak based on surveillance of cases and their outcomes. In the likelihood that verification of identification of individuals within targeted priority groups are necessary, the responsibility for eligibility and pre-screening will be conducted at the Emergency Point of Dispensing sites (PODs). It is likely that sub-prioritization will be necessary and shall be the responsibility of local entities within communities. Guidance on pandemic vaccine allocation and targeting shall be re-assessed periodically before and during a pandemic to consider new scientific advances, changes in vaccine production capacity, and advances in other medical and public health response measures.

Vaccination target groups, estimated populations, and tiers for severe, moderate and less severe pandemics as defined by the Pandemic Severity Index (PSI). Persons in occupational groups not specifically targeted for vaccination in Moderate and Less Severe pandemics are targeted according to their age and health status in the general population. See Figure 3 in Section VIII. Supporting Documents, as well as Tables 5-8, for specific target populations as recommended by the US Department of Health and Human Services.

Training

The State of Louisiana Center for Community Preparedness (CCP) is responsible for the training oversight for most programs utilized in this Pandemic Influenza Mass Vaccination Plan. The CCP has helped coordinate most of the training efforts to date. In addition, all communities through work with their Regional Offices of Public Health and Local Offices of Homeland Security and Emergency Preparedness are required to have plans in place to implement emergency Point of Dispensing sites (PODs) for residents in their community. The Louisiana Regional Offices of Public Health are integral planning partners for PODs in these communities. The State of Louisiana Point of Dispensing Management and Operations Plan, the Louisiana Parish Point of Dispensing Workbook, the Louisiana Local Point of Dispensing Site workbook, and the Residential/Occupational Point of Dispensing Site Workbook provide guidance to the Public Health Regions, community planning partners, and actual POD sites on planning and implementing (all previously cited).

There are several different types of personnel for POD locations during these events.

State Staff

Staffing of Local Point of Dispensing sites is an ongoing and complex task. There are core and accessory groups in the process of being identified and trained to perform essential functions at POD sites. Core POD staff includes:

- i. All State of Louisiana Office of Public Health employees. All State of Louisiana Office of Public Health Employees have been informed educated and trained to perform essential job functions at Point of Dispensing Sites. Training through annual mass vaccination exercises has been conducted involving all Public Health employees in Louisiana (approximately 3000 persons).
- ii. All State of Louisiana Employees. All State of Louisiana Employees are mandated (if non-exempt) to participate in mass vaccination campaigns, by recommendation of the State Health Officer. All employees have been informed that they have responsibilities in the event of an emergency role which may or may not be different than their job function. Additionally, training for every new State employee is being developed that would include roles and responsibilities at Point of Dispensing sites (15,000 employees). This training would be integrated into quarterly safety trainings for existing employees, and as part of the orientation for new employees.

Other Staff

In order to process the additional doses of vaccine and the accompanying paperwork, staffing of the vaccine unit and the regional offices may have to be supplemented. OPH will provide staff from other OPH programs, if necessary, to assist with processing vaccine at the Immunization Program. Written protocols for vaccine distribution will be developed to facilitate new or reassigned staff to assist with vaccine distribution functions. During the 4 – 6 months between

the pandemic alert and the availability of vaccine, Division and/or reassigned staff will be given specific assignments related to vaccine management, and will be trained by the Immunization Program as to their duties. Additional staffing at the local POD sites is the responsibility of the local POD planning team.

A contract plan is in place to facilitate the hiring of temporary nursing and administrative support staff to assist with answering a hotline, assisting with vaccine distribution, and administering vaccine to state personnel. Using the contract plan, temporary staff can be brought in within 24 – 48 hours. The need for additional staff will depend upon the amount of vaccine that will be available for distribution through the public sector. At a minimum, and with no additional resources, the OPH IP could manage 700,000 doses a month. OPH, however, should prepare for the possibility of all vaccine being distributed through the public sector.

The following four scenarios regarding vaccine availability are used to estimate additional staffing needs during a pandemic.

No. of Doses Processed by the LOPH Immunization Program	No. of Additional FTEs Needed		
	Central Office	Regional Offices	Total
Up to 700,000 doses	0	0	0
1 million doses/month	1	5 (1/region)	6 FTEs for 12 months
2 million doses/month	2	10 (2/region)	12 FTEs for 6 months
3 million doses /month	3	15 (3/region)	18 FTEs for 4 months

Volunteers

Local POD plans include a list of health care workers and institutions, and non-medical volunteers, who will staff their POD, as well as a call-down system for their volunteers via www.lava.louisiana.dhh.gov website. This web-site serves as a registration portal and recruitment tool for interested medical and non-medical emergency volunteers. Each OPH Region works collaboratively with area Medical Reserve Corps and other volunteer organizations to leverage volunteer resources during a public health emergency. Information flows through each OPH Regional Volunteer Coordinator. Local POD plans include workforce protection plans for vaccination of all volunteers and their families.

OPH has developed templates for emergency public health orders to quickly rescind licensing and credentialing requirements to meet needs for vaccinators and other health care providers. The website also allows the state to quickly verify credentials of registered volunteers. Website is integrated with state’s health care licensing bodies.

Depending upon the extent of the event and the need for vaccinators, volunteers will be called on in a tiered approach, first by licensed health care professionals, and then down the list, as need dictates:

- a. Personnel who are currently licensed to administer vaccine and dispense medication:
 - Physicians
 - Registered nurses
 - Nurse practitioners and other advance practice nurses
 - Licensed practical nurses
 - Physician assistants
 - Pharmacists
 - Dentists

- b. Personnel for whom administering vaccine or dispensing medication would constitute an expanded role:
 - Emergency medical technicians and paramedics
 - First responders
 - Veterinarians

- c. Personnel who are not licensed or certified to administer vaccines or dispense medications, but who have received some medical training:
 - Retired physicians, nurses, pharmacists, etc, who have let their license expire
 - Medical assistants, nursing assistants, pharmacy technicians or medical technicians
 - Medical, nursing, dental and pharmacy students

- d. Lay personnel who have received no or little medical training, but who are capable of being trained to administer vaccine or dispense medication in an emergency situation, following specific protocols.

DHH OPH has provided all Regional and local health units with the videos, *How to Protect Your Vaccine Supply* and *Immunization Techniques*, as well as presenter's notes and skills checklists for pre-event training of volunteer vaccinators and just-in-time training during an event. The *State of Louisiana Point of Dispensing Site Management and Operations* guidance described above includes job action sheets for all volunteer positions to assist with just-in-time training. The above information is also made available to volunteers via www.lava.louisiana.dhh.gov.

The State of Louisiana is working on pre-event training modules for all government employees to inform and educate them on potential roles at a POD Site. This training would be part of

quarterly safety training for existing employees and part of orientation for new employees. Additionally, similar modules are being created for Medical Reserve Corps and volunteer agency volunteers to participate in influenza mass vaccination campaigns.

Staffing Specifically for School Vaccination

The Louisiana Department of Education (DOE) has denoted that sufficient nursing staff is not available in all schools/districts. The number of school nurses is not known by the DOE because individual districts hire and maintain supervisory authority for the nurses.

Public and Private Schools that have the capability of vaccinating with their students and staff will communicate with the Regional offices via the school survey. Public and Private Schools that do not have the ability to vaccinate with their own staff or have limited resources may request the assistance of a strike team, such as the Public Health H1N1 School Vaccination Strike Team, through the Regional Office.

The Public Health H1N1 Vaccination Strike Teams are designed to supplement local immunization efforts by offering specific intervention to targeted H1N1 high risk groups (school-aged children and staff). Teams report to areas of need and are comprised of nurses, clerical and other support personnel. A sample chart of needed personnel for the School Strike Teams is located in Table 3 (Section VIII. Supporting Documentation); also, Figure 4 within Supporting Documentation provides a workflow of Strike Team Operations.

All School Based Health Centers have been identified, noted if interested, and will vaccinate their students with their available staff and resources. School based centers have registered through the Louisiana Immunization Network or Kids System, or LINKS, to be vaccinator sites.

Access to Emergency Funds

Funds may be needed quickly to pay for vaccines and additional personnel, courier services, and/or space for storage and distribution of vaccines on an emergency basis. An emergency system enables State agencies to procure emergency commodities or services "...whenever the health, welfare or safety of persons...is threatened." Departments are required to execute a contract with the entity selected to perform the contract. The appropriate version of the Louisiana Terms and Conditions and a Standard Contract Form should be executed as soon as possible after the need for the emergency commodity or service arises (*The Louisiana Procurement Policies and Procedures Handbook*).

Procurement of private property is discussed in Revised Statute 29:769 (previously cited), "In accordance with R, S, 40:10 and as may be reasonable and necessary to respond to a state of public health emergency, the state health officer may employ any means to control the use of food, fuel, clothing, and other commodities. The following meanings shall apply: (a) "Any means" includes rationing, quotas, allocations, prohibitions of shipments, or other means. (b) "Control" includes inspect, restrict or regulate. (c) "Use" includes sale, dispensing, distribution and transportation."

The legal issues related to workers and staff compensation are found in DHH OPH PM 401 and 11-83^{xi} as well as the Civil Service Emergency Rules^{xii}.

Within the Immunization Program, the Immunization Program Administrative Director has the authority to override the \$1,000.00 limit on incidental spending. Following a request by a program within Immunization Program, the Administrative Director will facilitate emergency access to funds for purchase or lease of goods or services.

According to GOHSEP, two other mechanisms for accessing emergency funds are:

- a. At the state level, a Declaration of a Public Health Emergency may be issued. In this case, scripted letters should be available to facilitate a quick turnaround of a budget request by the Louisiana State Health Officer.
- b. The Governor could issue an Executive Order identifying the need for quick action by all state agencies, including Administration and Finance to release funds necessary to respond to the pandemic.

Special Note on Medicare Reimbursement

To the extent possible, roster bills will be submitted to Medicare for reimbursement for the cost of administering vaccine to Medicare beneficiaries.

Documentation

Incident Action Plan (IAP)

Under NIMS, the appropriate method of tracking operational objectives, logistics movements, and safety issues is through the Incident Action Plan (IAP)^{xiii}. Through the assistance of the DHH OPH Documentation Coordinator at the Emergency Operations Center, the DHH OPH Planning Section will be able to complete the appropriate sections of the IAP to track requests for assets, distribution of inventory, and documentation of communications with RSS or regional staff regarding antiviral dispensing sites.

An IAP must be created for every operational period, which may fluctuate as the event and response unfolds. IAPs are typically created for a 12-hour operational period, but may be created for shorter periods of time. IAPs may be created for operational periods up to 24-hours once an event/response has been underway for some time.

While Louisiana and the federal government do not guarantee any reimbursement for the use of the site, in the event that reimbursement becomes available, it will be important that accurate and comprehensive documentation be available. The IAP is a generally accepted mechanism for accurately and adequately tracking situational information.

Contingency Plan for Investigational New Drug (IND) Provisions

Should an IND vaccine be available during a pandemic, OPH will follow all protocols for inventory control and record keeping, including signed consent. All protocols, forms and

information sheets relating to the IND protocol will be provided to all clinics/providers using the IND vaccine, and will be posted on the OPH influenza Web Site described previously (www.fighttheflula.com) as well as the LINKS provider website). Adverse events related to the use of IND vaccines may be reported through other mechanisms in addition to or in place of VAERS, in accordance with specific regulatory or policy requirements.

IV. Operations Section

Mass Vaccination Activities During Interval Response

DHH OPH has determined that the most efficacious use of resources occurs with “interval” planning. The Intervals for Pandemic Influenza Response (including the Louisiana and national triggers) is listed as Figure 2, included in Section VIII. Supporting Documents. It is noted that due to the rapid spread of a novel influenza, several of these pandemic intervals may seem to occur concurrently to one another.

Immediately upon notification of a threat or an imminent or actual incident, the following actions will be taken, as required, according to the Interval structure for Community Containment and Mitigation response.

“Investigation” Interval – Investigation of Novel Influenza Cases

1. Increase Influenza Vaccination Coverage

OPH will continue to work with the Louisiana Health Care Review (www.lhcr.org), the Louisiana Medical Society, the Louisiana Association of Health Plans, the Louisiana Hospital Association and other members of the Louisiana Adult Immunization Coalition to increase influenza vaccination rates in Louisiana as follows to reduce the annual toll from influenza, enhance the existing vaccine delivery infrastructure and facilitate access to high-risk populations when the pandemic occurs:

- a. Continue to conduct the annual Louisiana Health Care Worker influenza vaccination education campaign to encourage high influenza vaccination levels in health care workers.
- b. Continue to work with the Louisiana Nursing Home Association to conduct the annual Louisiana Nursing Home Employee Influenza Vaccination Campaign which encourages all nursing home employees to receive annual influenza vaccination.
- c. Continue to support the annual Survey by the Louisiana Hospital Association for health care worker influenza vaccination coverage levels.
- d. Continue to support and participate in influenza mass vaccination campaigns that focus on high-risk individuals early in the season, and all individuals later in the season.

2. Increase Pneumococcal Vaccination Coverage

OPH will continue to work with the Louisiana Health Care Review (www.lhcr.org), the Louisiana Medical Society, the Louisiana Association of Health Plans, the Louisiana Hospital Association and other members of the Louisiana Adult Immunization Coalition to increase pneumococcal vaccination rates in Louisiana to reduce the incidence and severity of secondary bacterial infections now and during the next pandemic.

“Recognition” Interval – Recognition of Efficient and Sustained Transmission and “Initiation” Interval – Initiation of the Pandemic Wave

3. Priority Groups for Vaccination during the Inter-Pandemic and Pandemic Periods

Effective allocation of pandemic influenza vaccine will play a critical role in preventing influenza and reducing its effect on health and society when a pandemic arrives. To ensure fairness and uniformity across the state/region and decrease confusion, the parameters of this plan will be used for vaccine allocation and distribution based on specific needs of the region/parish. The State Health Officer of Louisiana can issue rules and priorities for the distribution and use of vaccine in the State of Louisiana during the inter-pandemic and pandemic periods. Vaccine will be prioritized based on national recommendations and refined to meet the specific needs of Louisiana. Guidance for targeting vaccination has been developed by DHHS (see Tables 5-8 in Section VIII.) and was based on the structure that defines target groups in four broad categories that correspond with the objectives of a pandemic vaccination program – to protect people who: 1) maintain homeland and national security, 2) provide health care and community support services, 3) maintain critical infrastructure, and 4) are in the general population. Every person in the state is included in one or more of these groups. The following prioritized groups are based on recommendations by the U.S. Department of Health and Human Services (DHHS) and will be reexamined at the time of a pandemic alert when epidemiologic data about the pandemic virus are available and as defined by the Pandemic Severity Index (PSI). The Pandemic Severity Index (PSI) defines categories of pandemic severity based on the proportion of individuals with pandemic illness who die (the “case fatality rate”). This table was previously cited and is found in Section VIII.

In addition:

- The Executive Pandemic Planning Committee will review the Louisiana Pandemic Influenza Plan, including the Vaccine Section.
- The OPH Epidemiology and Immunization sections, with the State SNS coordinator, will modify the plan as needed to account for updates, if any, on recommended target groups and projected vaccine supply.
- OPH Center for Community Preparedness will notify local communities through the Local Emergency Preparedness Coalitions and via the HAN to review their local pandemic and emergency dispensing site plans.
- OPH and local communities will ensure that human resources and logistics are in place to begin vaccination.

“Acceleration” Interval – Acceleration of the Pandemic Wave and “Peak/Established Transmission” Interval – Transmission Established; Peak Wave

- OPH and local communities will fully activate the vaccination program as soon as vaccine is available.

“Deceleration” Interval – Deceleration of the Pandemic Wave

- Maintain aggressive infection control measures in the community, but little to no vaccination activity during this Interval

“Resolution” Interval – Resolution of the Pandemic Wave

- Replenish stockpiles/caches as able; again, little to no vaccination activity during this Interval.

Specific Examples of Points of Dispensing (PODs)

The Louisiana SNS Coordinator maintains a database of the POD site locations that is supplied by each of the nine public health regions. This information includes location of the potential site, contact person with three mechanisms for contact, and anticipated clinic throughput for each POD in every community.

The State of Louisiana currently has identified over 500 potential Point of Dispensing sites, and has Memorandum of Understanding with each of these sites that can be used in a mass vaccination campaign. The sites include public health units, schools, churches, rural health auxiliary facilities, community centers, etc. POD site recruitment, identification, evaluation, assessment and completion of the Local POD workbook, which becomes the site’s plan, is an ongoing process in which the DHH OPH Regional Public Health Emergency Response Coordinator (PHERC) plays an integral role.

In the event of activation of PODs, local PODS are responsible for their own supplies that go “above and beyond” the State and federal cache assets. This would include such items as personal protective equipment, like gloves and/or masks as well as computers for inventory tracking and patient information submission. The supplies required for mass vaccination will be critical when dealing with needles and syringes for the administration of up to 20 million doses of pre-pandemic or pandemic vaccine.

For more information on PODs and operations, previous reference materials have been cited in order for detailed information on logistics of supply/resupply, operations, communications plans, and additional support and integration into the community structure and homeland security. Each year, various aspects of the POD planning and response are exercised within the OPH regions, and documentation is used from these exercises to improve State planning efforts.

Process of School Participation for K-12 Public Schools

The listing of all schools (K-12 as well as higher education institutions) may be obtained through the DOE. A school district may participate in H1N1 vaccination efforts by one of two mechanisms detailed below:

Mechanism 1:

Districts that have received funding are to assess and possibly augment its nursing staff (school-based health centers and/or school nurses), as well as set up and administer vaccine to students and staff. Staffing at each school would need to be sufficient to possibly vaccinate at least half the students over about a week's time. The majority of the effort would need to be conducted by the school/district, but the Office of Public Health could provide assistance in the form of strike teams for limited or isolated efforts. The vaccine would come from the Federal Government at no cost. The school/district may use its own medical authority (physician), or the Office of Public Health Regional Medical Director would serve as this authority using standing orders for the school nursing team.

Mechanism 2:

Alternately, a school district may elect not to take funds from the Department of Education, and could choose to have a "strike team" come to the area (possibly school level, or several schools in a district), where students who have consented to vaccination would be immunized by public health staff. This would be in partnership with any existing resources the district had, including school nurses and school-based health centers. These existing school/district resources, however limited, should still be provided to the Office of Public Health strike teams during the brief period of the H1N1 vaccination effort. School based Health Centers (SBHC's) will participate in the campaign, regardless of whether their school participates or not.

Process of School Participation for K-12 Private Schools

A private school may participate in H1N1 vaccination efforts by one of two mechanisms detailed below:

Mechanism 1:

The private school may hire a private vaccination firm to come conduct the campaign at the school for them. A list of these companies is attached. The vaccine would be provided at no-cost to the company according to your student population. The company will either charge the child's insurance, or collect a small administrative fee for the vaccine, which is usually around \$20/child. These companies are required to register as providers in the Louisiana Immunization Network for Kids Statewide (LINKS) system, and will document all vaccinations using this system. We are encouraging both private schools and vaccination companies, through their contracting and agreement period to NOT turn away any student without the ability to pay for the administration fee.

Mechanism 2:

Alternately, a school could choose to have a public health "strike team" come to the area (possibly school level, or several schools in a district), where students who have consented to vaccination would be immunized by public health staff. This would be in partnership with any existing resources the district/school had, including school nurses and school-based health centers. These existing school resources, however limited, should still be provided to the LOPH strike teams during the brief period of the H1N1 vaccination effort.

Process of School Participation for Higher Education

Colleges, technical schools, and universities are planning to vaccinate their campuses through their campus-based health centers. Campuses will perform the following:

- Develop and implement a plan for outreach to include identification of target audience, expected outcomes, plan for dissemination of education materials with corresponding timeline.
- Develop mass multi-media campaign promoting large scale vaccination clinic which includes pertinent information regarding the entire process.
- Utilize CDC and the Department of Health and Hospital's education and communication materials electronically and in printed form
- Utilize websites, posters, postcards and other materials to disseminate information.
- Develop hot-line to answer questions during campaign
- Partner with SGA and Greek Organizations to disseminate information and to be spokespersons.
- Work with Administration in formatting letters, memos, public service announcements stressing the importance of vaccination.
- Develop audience specific tools and materials for dissemination through collaboration with the Louisiana Department of Health and Hospitals to ensure consistency of information.
- Provide vaccinations to priority groups as part of college population – students, faculty and staff. Campus-based Health Centers will develop plan to phase in the remainder of the school population after priority groups are vaccinated.
- Identify total number of target audience who will receive the vaccination.
- Determine resource needs (personnel).
- Identify clinic site and coordinate with logistics and security clinic layout and security needs
- Effective communication with parents/staff/students of upcoming vaccine administration. Obtain consent for minors prior to event.
- Coordinate with Information & Technology computer support for LINKs.
- Coordinate with Pharmacy staff and OPH vaccination supplies and handling
- Conduct Just-in-Time training for all staff members involved in mass vaccination clinic plan

Non-participating Schools/Districts

A school or district may elect NOT to participate or have the H1N1 vaccination campaign in its school or schools. The Louisiana Office of Public Health would also like to partner with these schools/districts to ensure parents have appropriate information about when and how to get their children vaccinated in community settings.

Documentation

Reporting Requirements - Media

A regular report from BMAC will be submitted on a routine basis to the pandemic State task force, highlighting such items as media calendar, scheduled events, press release dates and media clipping highlights.

Reporting Requirements – 211 and/or Triage Logic

As the beta testing is ongoing, reporting will be negotiated for both vendors. It is anticipated that such items as number of calls, topics discussed, referral categories, and other metrics will be part of the routinely scheduled reporting.

LINKS

The Louisiana Immunization Network for Kids Statewide (LINKS) will be the primary system used to receive, register, track, follow inventory, and collect demographics on each patient. An emergency mass vaccination module has been developed which rapidly collects demographics during a mass vaccination event. Clinic flow at mass vaccination sites has been adapted to utilize this data collection and documentation tool for optimal performance at mass vaccination sites. This system has been tested and evaluated during five years of mass vaccination exercises. It can provide real-time counts, inventory, and demographics on vaccines as well as the capability of generating mass reminder recall notices. This system is fully compliant and compatible with the CDC's Countermeasure and Response Administration (CRA) system. The LINKS system will collect, aggregate and submit appropriate data to the CRA on the administration of all pre-pandemic and pandemic vaccine as required.

The LINKS system will also be used to provide vaccines (where appropriate) with verification of vaccination. This will be essential for critical infrastructure workers who need the verification to return or as a condition of their work.

Protocols, Forms and Information Sheets

LINKS will be used as the primary data collection tool at the POD sites. In the event that a paper system as a backup is necessary, DHH/OPH will be responsible for making all protocols. Each POD Director is responsible for downloading and/or copying the forms for use during the POD operation, including the Vaccine Information Statement. The Regional POD planning committees have been encouraged to have arrangements with printing companies for large-scale copying of written materials, as well as keep a stockpile of office supplies at the Regional office. The Influenza Vaccine Administered Report will be used as the demographic data collection tool when a paper form is necessary and shall be entered into the LINKS system when an internet connection is established as a means to facilitate the mass reminder recall notices when further vaccine doses are required.

VAERS

Vaccine adverse events are expected to be prevalent during a pandemic influenza mass vaccination campaign and are reported in the Vaccine Adverse Events Reporting System

(VAERS). Along with true adverse events, many illnesses or injuries associated temporally with the vaccine will be thought to be related to the vaccine. It is therefore very important to have a robust system to report vaccine adverse events.

The State of Louisiana has named a Vaccine Adverse Events coordinator (currently the Immunization Program Manager) from the Louisiana Immunization Program who will serve as the point of contact for adverse events occurring in and reported by facilities using publicly purchased vaccine. This coordinator is assisted by Nine Regional Immunization Consultants who will monitor, screen, and document adverse events following vaccination.

The State of Louisiana plans to use the national Vaccine Adverse Events Reporting System (VAERS; www.vaers.hhs.gov) to directly report adverse events following pandemic influenza vaccination. VAERS can be seen as an "early warning system"—a way for physicians/health care providers to identify possible unforeseen reactions or side effects of vaccination for further study. Follow-up information should be actively sought and submitted, as it becomes available, for any case on which information is not complete enough to adequately assess the adverse event and its relation to vaccination.

The reporting of adverse events provides the government and the manufacturers with reliable and critical information that is used to evaluate the actual safety and efficacy of the vaccines used in the field. Reporting allows the government and manufacturers to monitor for emerging trends in events and then investigate whether or not the events can be attributed to the vaccine or product. Health care providers and clients benefit from communicated updates of such clinically relevant information. These reports allow the ability to take appropriate actions such as a vaccine recall or a product label change. Health care providers involved in mass vaccination efforts are strongly encouraged to report adverse events.

Adverse event reporting ensures that (1) the flow and exchange of vaccine safety information benefits the vaccine recipient first, through appropriate case management at the local and state level; (2) vaccine safety information is streamlined to avoid duplication during aggregation at the national level; and (3) it can be shared, to ensure that all key players are kept informed. It should be emphasized that reports of adverse events from manufacturers or health care practitioners are for the most part only **suspected** associations.

Because of requirements to monitor the safety of each lot of vaccine, the VAERS program needs **all** reports related to vaccines, from categories including serious to non-serious, expected.

Category 1. Serious

The definition of serious: Serious is defined as any reaction that:

- *results in death or is life-threatening*
- *requires in vaccine recipient hospitalization or prolongation of existing hospitalization*
- *results in persistent or significant disability or incapacity*
- *is a congenital anomaly/birth defect*
- *anaphylaxis- all cases*
- *convulsion - afebrile and hospitalized*
- *febrile seizure with hospitalization for 3 days or more*
- *encephalopathy and encephalitis/meningitis - all cases*

- *anesthesia/paresthesia and paralysis . all cases*
- *Guillain Barré syndrome . all cases*
- *thrombocytopenia . all cases*
- *other severe or unusual events **with hospitalization***

Category 2. Non-serious, unexpected

This implies that product information available to the health care provider, such as the package insert, did not describe the reaction and therefore vaccine recipients could not have been adequately warned. This situation occurs either because the reaction had not been reported before or was of such low frequency or of uncertain relation with the vaccine that it was not listed in, for example, the package insert or product monograph. Reporting these events is crucial in order to affect changes in the product information, if warranted, or to be able to counsel others who report similar events.

Category 3. Non-serious, expected

Many reactions are expected by the nature of the response to vaccination (such as the rash that frequently occurs 7-10 days after measles vaccination, representing a mild measles-like illness in response to the live vaccine at the appropriate incubation period).

Although they are not explicitly covered under VAERS regulations, the Division of Immunization considers **serious** cases to be forwarded to OPH Immunization Program within **15 calendar** days of the report by the health care provider/site.

Since the monitoring of adverse reactions to vaccines includes both a search for rare, serious and unexpected events as well as lot-by-lot monitoring and surveillance for programmatic errors, which rely often on case reports that may describe more minor reactions, health care providers are asked to submit **all** VAERS reports that are defined as any vaccine adverse event that is communicated, for example, by telephone, e-mail, fax, or letter and that is duly recorded as a VAERS report by the health care site under its standard operating procedures.

Although not specified under the VAERS regulations for expedited reporting, the OPH Immunization Program nevertheless requests that minor reaction reports be forwarded as soon as practical to the Adverse Events Coordinator at least within 30 days. In the same way as for priority (15-day) reports, the Program will forward the cases to the appropriate state/federal public health authorities.

Key Data elements

The minimum information required for reporting purposes is an identifiable vaccine recipient, a suspect medicinal product, an identifiable reporting source, and an adverse event. For vaccines, the lot number is very important. Attempts should be made to obtain information on as many listed items as are pertinent to the case on the VAERS reporting form, and in sufficient detail to allow for independent causality assessment of the case.

Note: There will always be individuals who do not respond serologically to the administration of a vaccine, and therefore vaccine failures are anticipated. Certain vaccines may be placed

under special surveillance to monitor lack of efficacy for a limited period of time such as pandemic influenza vaccine.

V. Logistics Section

Vaccine Distribution Overview

The DHH OPH Immunization Program, in coordination with the SNS program, is responsible for management of vaccine, including coordination of the distribution of vaccine during a pandemic.

The DHH OPH Immunization Program is designated as the ship-to recipient for pre-pandemic and pandemic vaccine and will be responsible for ordering, receipt, storage, handling, packing, shipping, and disposal of all publicly-purchased vaccines in Louisiana. The Immunization Program Manager is the primary Vaccine Coordinator while the OPH Vaccine Manager will be the backup Coordinator. Both are fully trained in routine and emergency procedures related to vaccine shipment, storage, handling, and transporting in addition to inventory management and implementing cold chain procedures.

Vaccine will be distributed to public and eventually private providers from a central site at the Louisiana Office of Public Health Immunization Program in New Orleans, through a network of nine regional offices and over 86 local health units. Transporting vaccine from OPH to pre-determined locations on a weekly basis or as needed basis (dependent on the vaccine allocation to OPH) may be necessary to control distribution and adjustments to geographical areas as well as minimize storage problems at the vaccine providers' sites. In addition, the Louisiana Immunization Registry (LINKS) can be utilized in the capacity of tracking vaccine doses, maintaining inventory and providing epidemiologic data regarding population demography as a means to estimate vaccine distribution.

This network is also flexible, with the option of having each of these Regional sites be a "ship to site" if necessary. Each site has definable and limited storage capacity. Vaccines will be ordered and stored centrally, and transported by courier to the nine regional offices and/or the 86 Parish Health Units. The local POD sites and Residential/Occupational sites would then pick up the vaccines from the regional or health unit offices. Health care providers would also pick up their vaccines from the local health unit. Contingency plans for additional storage would be necessary if these sites were used for direct ship-to sites. Current vaccine storage capacity is listed in Table 4 within Section VIII. Supporting Documentation.

Vaccine Ordering

CDC will notify OPH as to how much vaccine is available for Louisiana. Once the amount of vaccine available is conveyed, distribution of vaccine will be determined based on the established priority groups.

The Executive Pandemic Planning Committee will determine the proportion of vaccine to be held at OPH Central office for administration to essential State personnel (based on the Priority Group List), and how much vaccine will be available to the Regions and parishes. OPH will then notify each parish accordingly through the Regional Public Health office.

The initial draft proportioning scheme for distribution of vaccine will be based on Parish population as a percentage of overall State population. The State Health Officer, in cooperation with the State Epidemiologist and the Immunization Program may make allocation adjustments

to this scheme based on areas of differential impact or higher proportion of target group individuals. The various target groups – such as homeland security, health care, and community partners – are located in Table 5 through Table 8, Section VIII. Supporting Documentation.

Vaccine Handling and Distribution, Chain of Custody

1. State Immunization Program

Pre-pandemic and pandemic Influenza vaccine is shipped to the OPH Immunization Program in cardboard boxes, 100 10-dose vials to a case. Standard operating procedures are in place to safeguard vaccine during power outages and other emergencies. This central site has the capacity to maintain storage and refrigeration requirements with continuous monitoring through a contractual temperature-monitoring alarm company. The Immunization Program in collaboration with the SNS program has the technical expertise, operational capabilities and manpower at all phases of the pandemic emergency response. However, OPH will provide staff from other OPH programs, if necessary, to assist with processing vaccine at the Central Immunization Program. A detailed description of emergency procedures is included in the OPH Immunization Manual document Louisiana *Vaccine Storage and Handling Guidelines*. The OPH Immunization Program is developing a plan to provide cross-training to ensure that coordination of vaccine management will continue even when Immunization staff are not available. The chain of custody is initiated once the vaccine is distributed to the Regional or PODS sites, whereby, the Regional Immunization Consultants will ensure the continuity of the cold chain procedure, vaccine management, storage and handling and maintaining immunization best practices.

2. Regional Offices

The Regional Offices are charged with organizing delivery of population-based preventive medicine services in emergency situation. As soon as the influenza vaccine arrives at the Immunization Program, it will be transported by courier, in case quantities from the OPH to the regional offices, which are staffed by OPH personnel. Security to the Regional Office or POD site will be handled according to the State of Louisiana SNS plan, as detailed above. OPH will provide staff from other OPH programs, if necessary, to assist with processing vaccine at the Immunization Program. Regional OPH staff will notify the Parish Health Units and any other Parish POD sites that the vaccine is available. Information, including the Vaccine Information Statements (VISs) and Vaccine Administered Forms (VAR), which document the age groups of the vaccine recipients, will be distributed along with the vaccine.

3. Parish Health Units and Local Community PODs

Health unit and local POD vaccine staff will drive to the regional offices or Parish health unit to pick up vaccine for providers in their jurisdiction. Security will be the responsibility of the Parish POD coordinating committee to arrange. They should transport the

vaccine in an insulated container with cold packs following guidance from the State Immunization manual. Local Health Units and community PODS need to maintain a log of all vaccine received from the regional office, including vaccine type, manufacturer, lot number, expiration date, and the quantity of vaccine received via the LINKS inventory management system as required in the State Immunization manual.

Transportation of Vaccine

Vaccines are currently transported between the Immunization Program and the regional offices/Local Public Health Units by a contracted courier service. The courier transports the vaccine in the passenger compartment of the vehicle. Travel time from the Immunization Program to each office is between one hour and 6 hours. Up to 75,000 doses can be transported in the passenger compartment of an automobile at one time. Assuming that 12 million doses of vaccine become available, and that 2.8 million doses for the Metro region will remain at the Immunization Program, a total of 9.2 million doses will need to be transported to the other regional offices. The vaccines will be shipped in the cardboard containers in which they are received from the manufacturer. Augmentation of transport services for vaccine distribution may be integrated with the antiviral distribution services via established UPS contractual services and vice-versa.

The vaccine shall be maintained at the designated temperature as instructed by the manufacturer. Storage of the vaccines should be monitored using a daily temperature log sheet following the guidelines established in the State Immunization Manual.

The table below shows the number of courier trips necessary to transport vaccine to each of the regions, if the vaccine is transported in automobiles. The decision to expand the operations and activate additional support services and contingency agreements by the Immunization Program will be determined by the type and size of the event and the delivery time allotted for supplying the designated dispensing sites.

Table 2 (Section VIII. Supporting Documents) plots the cost and frequency of courier trips to OPH regional office locations. In addition, a primary alternate contingency emergency plan via the SNS transport and distribution services, allows for the delivery and distribution of pandemic vaccine to designated sites utilizing the OPH fleet of vehicles and eligible driver lists in the event an alternate transport plan be necessary.

Storage of Vaccine

Vaccine will not be stored in any one place for any length of time. The regional offices currently process and distribute their share of the 745,000 doses within one to three days of receipt of the vaccine.

Current storage capacity at the OPH Immunization Program and the regional offices could accommodate 3.6 million doses of vaccine, in addition to the usual amount of vaccine stored on regular basis. This capacity may be extended if we decrease inventories of non-influenza vaccine.

Should additional storage be necessary, a refrigerated tractor-trailer truck will be obtained to store additional vaccine. A refrigerated tractor-trailer (45'x 8'x 8') costs approximately \$1,000 per month and can be available within a couple of days. The addition of one refrigerated trailer at the Immunization Program would provide adequate storage capacity for the New Orleans (Region 1), Baton Rouge (Region 2), Thibodeaux (Region 3), Region 4 (Lafayette) and Mandeville (Region 9) Public Health Regions. The VFC depot in Shreveport (Region 7) has been evaluated and is estimated to have enough capacity to temporarily store vaccine for Lake Charles (Region 5), Alexandria (Region 6), Monroe (Region 8). Table 3 (Section VIII. Supporting Documents) shows additional off-site storage that may be available to the regional offices, if necessary.

Accountability for Vaccine

During a pandemic, it will be important to maintain strict accountability for vaccine. At the regional offices and local distributor sites, a special log for influenza vaccine will be maintained to record the manufacturer (assuming multiple manufacturers), lot number, expiration date and quantity of vaccine received and distributed to each site.

At the provider level, the LINKS system will be used as the primary system for vaccine accountability and demographic administration of all pandemic influenza vaccine. The *Vaccine Administration Record (VAR)* has been developed as the paper backup system, which collects the same demographic and administration information, for input into LINKS once an internet connection is established. The information recorded in LINKS and on the *Vaccine Administration Record* satisfies the requirements for compliance with federal vaccine administration requirements.

In order to account for vaccine used the provider tallies the number of doses administered to each of nine age groups, and records the information on the *Influenza Vaccine Usage Form*. These forms are returned through the regional offices to the Immunization Program for data entry. Information on doses administered can be totaled and sorted on a daily basis. These forms are being reviewed by the OPH Immunization Program for appropriateness for use in a pandemic situation. Overall vaccine usage reports can also be generated by the LINKS system.

The LINKS system is currently capable of recording and recalling vaccinees for a two-dose schedule. The *Vaccine Administration Record* and the *Vaccine Usage Form* may have to be modified to include information regarding priority group and/or dose (first or second), in addition to the existing age group.

The LINKS system also will be used as a secondary system of vaccine accountability, maintaining a record of all influenza vaccine that the State receives. The LINKS system can track vaccine from receipt, transportation, distribution, and dispensing to the individual patient level. Reports can be generated by LINKS at each of these levels.

Process for Printing Educational Materials

Previous frameworks and plans have been completed, tested, evaluated by the Centers for Disease Control, and are ready for implementation.

Please refer to the State Strategic National Stockpile and appropriate supporting documentation for logistics around distribution to hospitals, parish health units, and other “points of dispensing” (or PODs)^{xiv}, ^{xv}.

In addition, any printing coordination will occur within the State contracting and vendor process, under the purview of BMAC and with assistance from CCP.

VI. Security Section

Overview

During a public health emergency requiring dispensing medication or vaccine to the entire local population, security will play an essential role in efficient containment and mitigation.

The State SNS Plan, as previously mentioned, lists in detail the processes and mechanisms for maintaining positive control of the assets. In tandem with the State Plan, Regional OPH plans for inventory control, security, and dispensing are in place and are the reference for security operations, experts, and details. Please refer to the appropriate Regional OPH SNS plans as well as Regional/Local POD plans.

For local crowd control, local law enforcement will be responsible for traffic flow, maintaining perimeter control of the vaccination location, for immunization staff, and protecting antiviral assets.

SNS Security Details for Vaccine Transport

The DHH OPH SNS program is responsible for coordinating security for the vaccine at the State Immunization Program to the regional offices and to the local Parish health units, and during transport between the three locations.

Two options for security for vaccine during storage and transport include:

- Louisiana State Police, through existing agreements between the Louisiana State Police and the SNS.
- Contracting with a security firm(s).

If vaccine is sent to local community PODs (outside the Louisiana public health system), local authorities (OHSEP) are responsible for security for vaccine during transport between the regional offices and the local distribution sites, and during vaccine storage and distribution at the local distribution sites, and for safety of the volunteers and patients. Local health units and PODS have memoranda of understanding with their local public safety departments to ensure adequate security for vaccine at the PODS as detailed in the Local Point of Dispensing Site Workbook security section. Each local POD is required to have at least one armed security officer, with accessory security staff as appropriate. Each POD completes a security template to ensure the security needs of each POD are evaluated and met.

Security Details for Vaccine Storage

Security during vaccine storage, transport and distribution is outlined in the State Immunization Manual (WEBLINK). If OPH is unable to provide adequate security for stored vaccine at the Immunization Program and regional offices, GOHSEP has the authority to assign that mission to Emergency Support Function16 (Louisiana National Guard).

It is likely that vaccine will be received in multiple shipments over a number of months. Security for vaccine will have to be maintained at the Immunization Program, the regional offices and local health units, and during transport between those sites. Central storage of vaccine will remain at the Immunization Program.

In order to dispel rumors and decrease panic, it will be important to ensure that the general public has information about the availability of vaccine, how it will be distributed, how decisions were made regarding priority groups for the vaccine, and other measures that can be undertaken to prevent and control influenza. Please see the Communications Annex to the Louisiana Pandemic Influenza Guidance for a full description of how information will be disseminated during a pandemic, though a brief description is also provided in Section VII.

Current Security at State Offices

Currently, all vaccine storage units at the Immunization Program and the regional offices are locked. The central units at the Immunization Program are monitored 24 hours per day, 7 days per week. There is 24/7 Security at the Immunization Program. Security is 7am-6pm at the Regional Offices. This would need to be bolstered during a pandemic to secure vaccine at the Regional sites.

Currently, security of vaccine at each Parish health unit is that each refrigerator is locked each night. Temperature logs are kept for documentation and assurance that the vaccine cold-chain is maintained. During a mass vaccination campaign, security at these sites (and additional local PODS) would be supplemented as directed in the Local Point of Dispensing Workbook

Potential for Enhanced Security at State Offices

It is the responsibility of OPH to review the adequacy of the current security measures at the Immunization Program and regional offices and to have a plan in place to enhance security, if needed. Should OPH become unable to meet the need for security of vaccine, OPH may request assistance from Louisiana State Police (LSP).

LSP has the authority to assign security to *Emergency Support Function 16: Louisiana National Guard*, or *Emergency Support Function 13* (in which the State Police are the primary agency). If necessary, LSP could provide 24-hour details at the Immunization Program for the duration of the time needed. State Police could also provide 24-hour security for stored vaccine, and during distribution of vaccine, at all of the regional offices since they are on state property.

Rules of Engagement for Law Enforcement Personnel

The rules of engagement for each officer assigned to the security detail will be consistent with each officer's parent department/agency and will be in compliance with State and federal rules for engagement. Regional and/or local law enforcement will be able to request additional resources through their standing procedures and in compliance with the parish OHSEP EOC guidelines. Law enforcement will use the continuum of force, as appropriate, per their training and certifications.

VII. Public Information Section

Overview

Education of the general public will be the cornerstone of the pandemic influenza NPI campaign.

The State of Louisiana has created a comprehensive Pandemic Influenza Communications plan, an Annex of the Louisiana Pandemic Influenza Guidance. This comprehensive communications plan has been developed and distributed to our local public health agencies in easily accessible “shelf-kit” format. The plan includes pre-scripted news releases, educational materials, public service announcements, signage, media lists and other materials necessary in order to effectively communicate strategies and health information prior to, and during a pandemic. In addition, several real-world events have contributed to refinement of this Guidance, including a meningitis outbreak as well as the 2009 H1N1 pandemic.

The communications plan includes different methods to issue critical information to the public about the pandemic flu outbreak and control measures using the mass media. Additional communication strategies for specific groups include using the Health Alert Network to communicate with health care providers, using the public and private school system to send detailed pre-pandemic and pandemic information about school closures and pandemic control measures, and the Louisiana Hospital Association to get information to hospitals, nursing homes, and long-term care facilities. Additionally, OPH has partnered with the Louisiana Chamber of Commerce to distribute pandemic information to businesses about the pandemic, workplace human resource policy during a pandemic, general workplace hygiene, etc.

In addition to the written plan, we have also developed a joint information process, at both the State, and local levels. This process includes standard operating procedures for staffing a JIC, as well as detailed job descriptions for those people who will be working in the JIC and the Department of Health and Hospitals Emergency Operations Center.

Using multiple and varied communication mechanisms to all communities of Louisiana using consistent messages will help inform our citizens and business communities as well as help them protect themselves during a pandemic. The entire communication plan, including the pandemic influenza shelf kit, is a complementary plan to this Guidance and developed in conjunction with the goals of containment and mitigation.

Spokesperson

The spokesperson for the Office of Public Health in Louisiana is the State Health Officer (SHO). In addition, each of Louisiana’s nine public health regions has a medical director who has been trained as a media spokesperson. Using the Pandemic Influenza Shelf Kit and materials developed and distributed by the CDC at the time of the pandemic, these individuals will serve as State and Regional spokespersons on NPI’s in their communities. These individuals can also substitute for the SHO and each other in the event that some of them are out with illness. Details of pre-scripted messages, chain of command and authority can be found in the State

Emergency Communications Plan, which is also an Annex of the Louisiana Pandemic Influenza Guidance.

Specific Mechanisms for Communication

Louisiana Emergency Assistance Hotline (LEAH)

Louisiana has a full partnership plan for the implementation and operation of an emergency/disaster hotline. The Louisiana Emergency Assistance Hotline (LEAH) serves as the Department of Health and Hospitals emergency/hotline during emergency situations, inclusive of a pandemic influenza. Currently, the State is utilizing regional triage lines for medical information dissemination and partners with the State's 2-1-1 system for general information dissemination. The two systems, however, are separate and are linked to each other through the verbal sharing of phone numbers. The State utilized this process very successfully during the recent H1N1 influenza epidemic (April 28, 2009 - May 28, 2009). Residents from across the State were able to call 2-1-1 for general information regarding school closures, health guidance and preventive health measures, and then if needed, given phone numbers for the triage lines through triage prompts. As an information source for all updates and all information delivered to the public, 2-1-1 utilized the Department's www.fighttheflula.com to ensure consistency and accuracy of information. The website featured and will continue to provide information regarding:

- When/Where to seek medical care?
- How to care for ill persons at home?
- How to protect family members if there is a sick person at home?

A Note About 211

We are currently testing a seamless integration of the State's regional triage lines with 2-1-1 by providing one number for all citizens to call that transfers them appropriately based on the information they are seeking (medical or general information).

Information Dissemination: The system is scalable and used to distribute health information, regional community information, and reference materials through automated messages and live persons. The system then directs the user, through a series of prompts, to the correct partner system for a person to person connection, if needed. LEAH is activated by the State Health Officer (SHO) using the guidance outlined in the State of Louisiana Emergency Communications Plan, in partnership with the Department of Health and Hospitals Joint Information Center. To ensure information consistency and accuracy the DHH Bureau of Media and Communications as well as other State agency communications staff will be jointly located at the State Joint Information Center (JIC). The public will receive information and education on the use of hotlines through media outlets prior to and during an emergency. An educational campaign will be conducted once the system is established to provide a redundant yet memorable message to Louisiana citizens.

Considering the State's successful history of staffing and activating the 2-1-1 system as well as regional triage lines, the transition to a seamless system will be easily achieved once

technicalities are ironed out. Currently, the State's 2-1-1 system is staffed by United Way organizations and the State's regional triage lines are staffed by public health nurses. Supplement staffing for both systems shall be provided through the State's emergency volunteer program – Louisiana Volunteers in Action (LAVA) – and the State's Medical Reserve Corps. The State is also investigating measures to augment regional hotlines by partnering with the State's Poison Control Center. Prescripts and triage algorithms have been drafted by the *Pandemic Influenza Clinical Forum* to guide processes and information disseminated by staffers on the hotline.

Software Application

The State is currently planning to beta test the integration software application *Triage Logic*. Triage Logic is a web-based call center solution that will serve as a repository of health protocols and call management tool. The specialized triage software provides customizable solutions that the State is evaluating for joint implementation of LEAH.

State Clinical Epidemiology Hotline

During most emergencies and disasters, the State Epidemiology Department also activates the 1-800 clinician hotline. This hotline allows clinicians across the State to directly speak with an epidemiologist concerning triage, clinical questions, and also management questions based on the most current algorithms. This hotline number is staffed 24/7 by State physicians and epidemiologists. The number is distributed not only on all Health Alert Network (HAN) communications, but also through all of our medical associations, hospital/nursing home/EMS associations, and through our regional coordinator system. This system was also very successfully activated during the recent H1N1 outbreak.

Health Alert Network (HAN)

The LA-HAN is a communication network that, in the event of a public health emergency, vital health information and education about the incident is channeled efficiently around the State to doctors, paramedics, hospitals, laboratories, public safety officials, and the media or representatives for the general public. The HAN messaging is distributed primarily through a fax blast system (a network of faxes integrated into the DHH OPH e-mail system and can be triggered via e-mail and/or web processes). Initiation of the use of this system is primarily through the DHH OPH office. In the case of a Antiviral Program activation, the HAN could be used to distribute accurate and timely information in an efficient manner.

The CCP will provide a copy of all messages that are disseminated via the HAN to DHH OPH Pharmacy, which will coordinate the message distribution to appropriate pharmacies in Louisiana in conjunction with the Louisiana Board of Pharmacy.

Messages

Public information materials for influenza have been developed by DHH in order to hasten response to a pandemic threat. General information has been provided for pre-event preparedness in the Louisiana Family Readiness Guide^{xvi}. In addition, multiple media

interviews with televisions and newspapers have been given, in addition to messages being pushed to the public via www.fighttheflula.com. The DHH OPH PIO has the ultimate authority and responsibility for all media communications and content.

Prepared information has been developed and printed by DHH and includes:

- Sample advertisements, media alerts, and media advisories
- Agent-specific information sheets (utilized for specific events, based on agent)
- Precautionary measures for reduction of viral infection
- Public announcements will not be made that direct the public to the dispensing sites; only campaigns with instruction for seeking medical attention will occur

Demobilization of Messaging Tactics

The State of Louisiana will use the guidance and assistance of the Centers for Disease Control and Prevention, along with the guidance in the Pandemic Severity Index to indicate when non-pharmaceutical Interventions can be scaled back or are no longer needed as part of our response to a Pandemic. Specific Interventions in each category will be reduced or discontinued based on the best scientific and epidemiologic evidence defined by the Category and phase of the Pandemic.

VIII. Supporting Documentation

Figure 1: Pandemic Severity Index

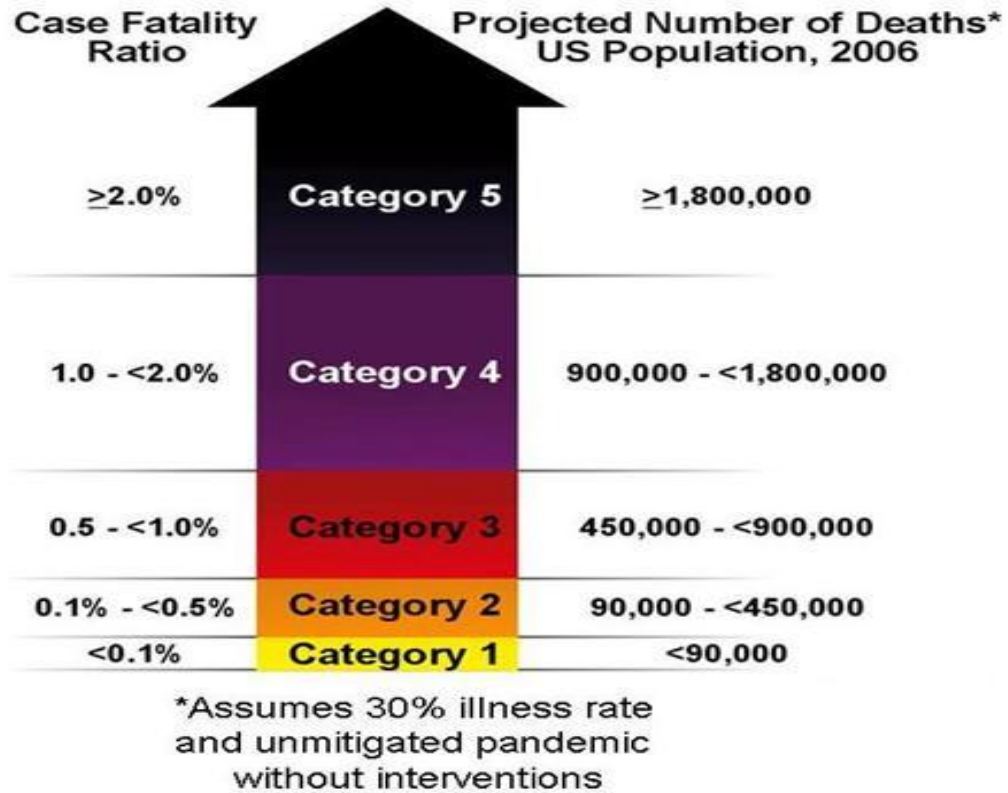


Figure 2: Periods, Phases, Stages, and Intervals

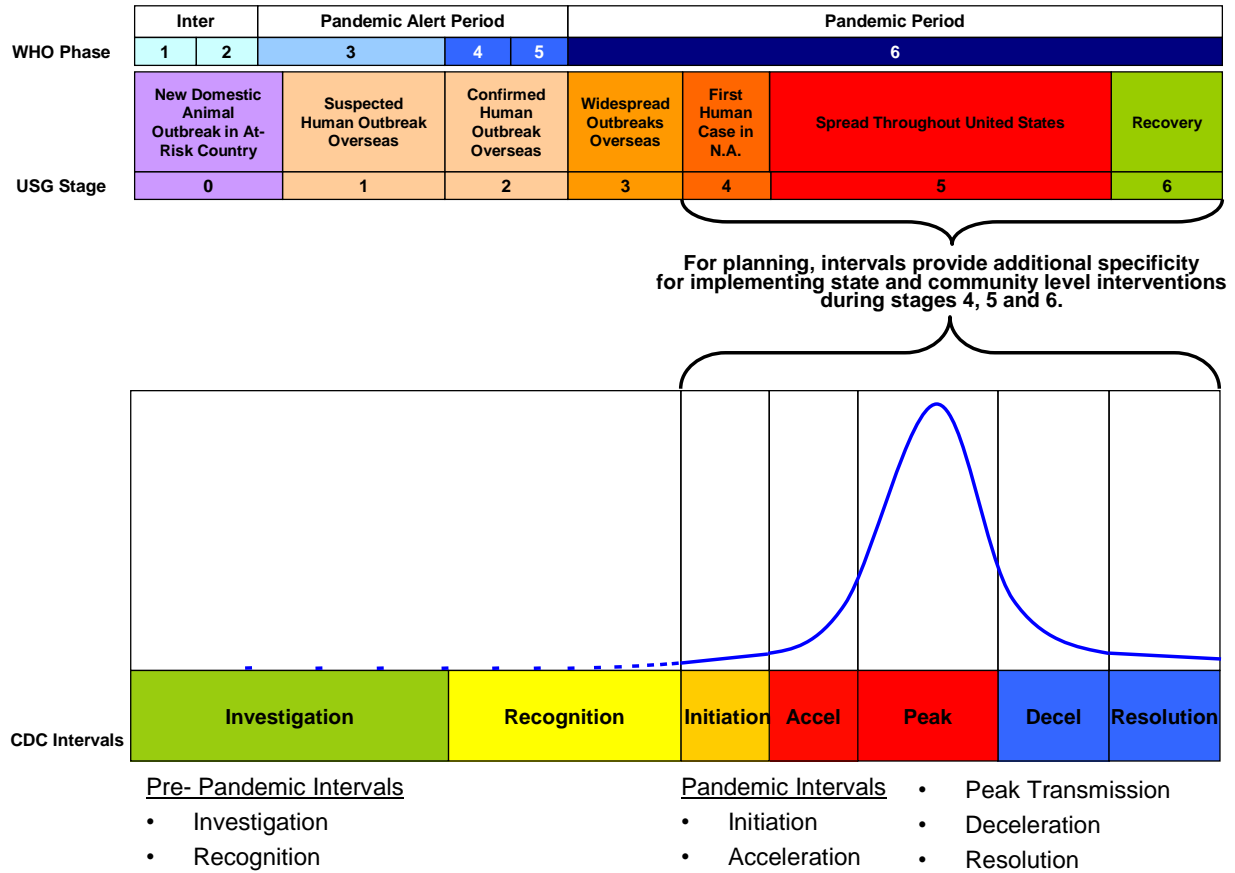
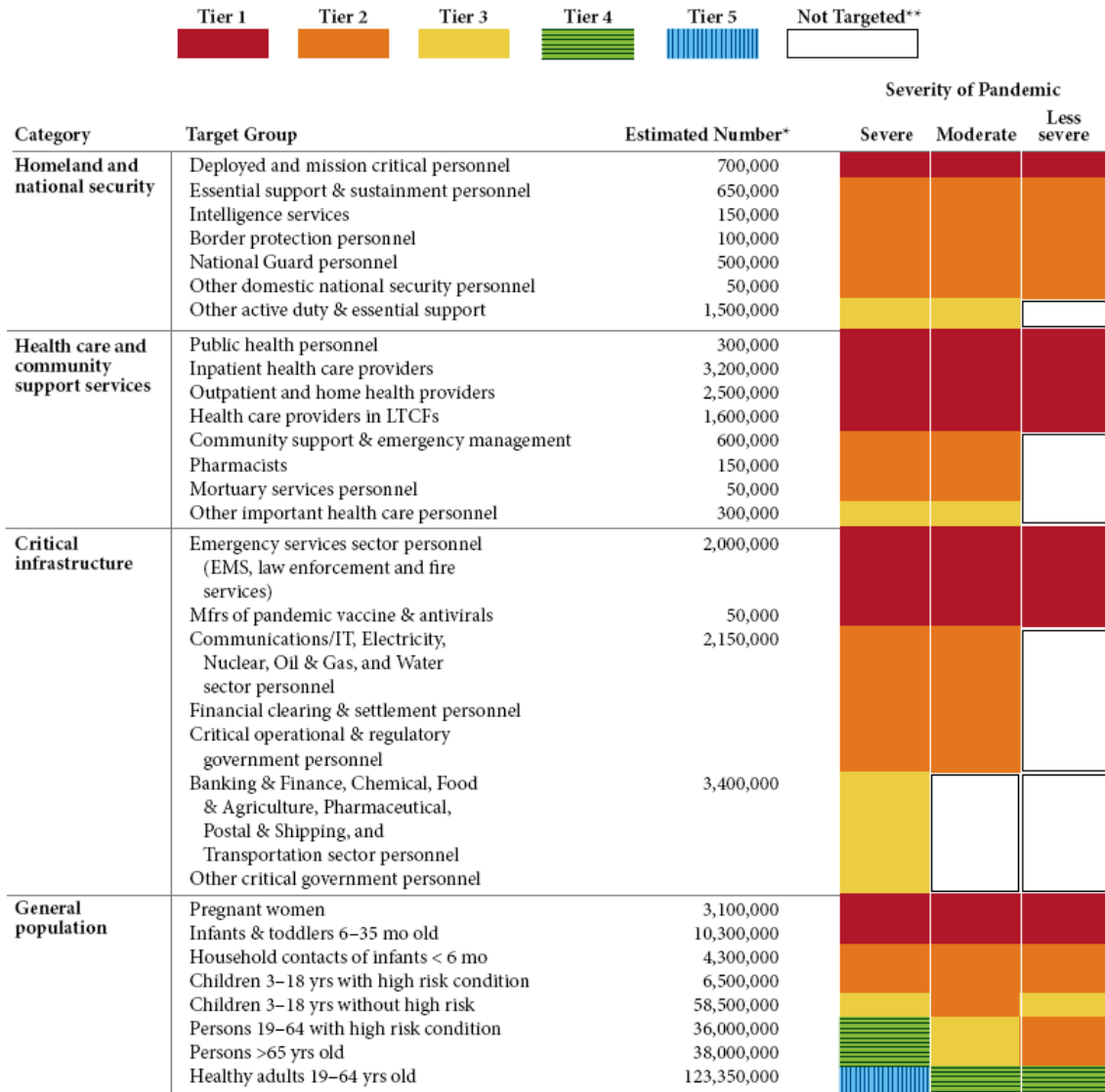


Figure 3: Vaccine Priority Groups By Tier



*Estimates rounded to closest 50,000. Occupational target group population sizes may change as plans are developed further for implementation of the pandemic vaccination program

**Persons not targeted for vaccination in an occupational group would be vaccinated as part of the General Population based on their age and health status.

Figure 4: Strike Team Operations

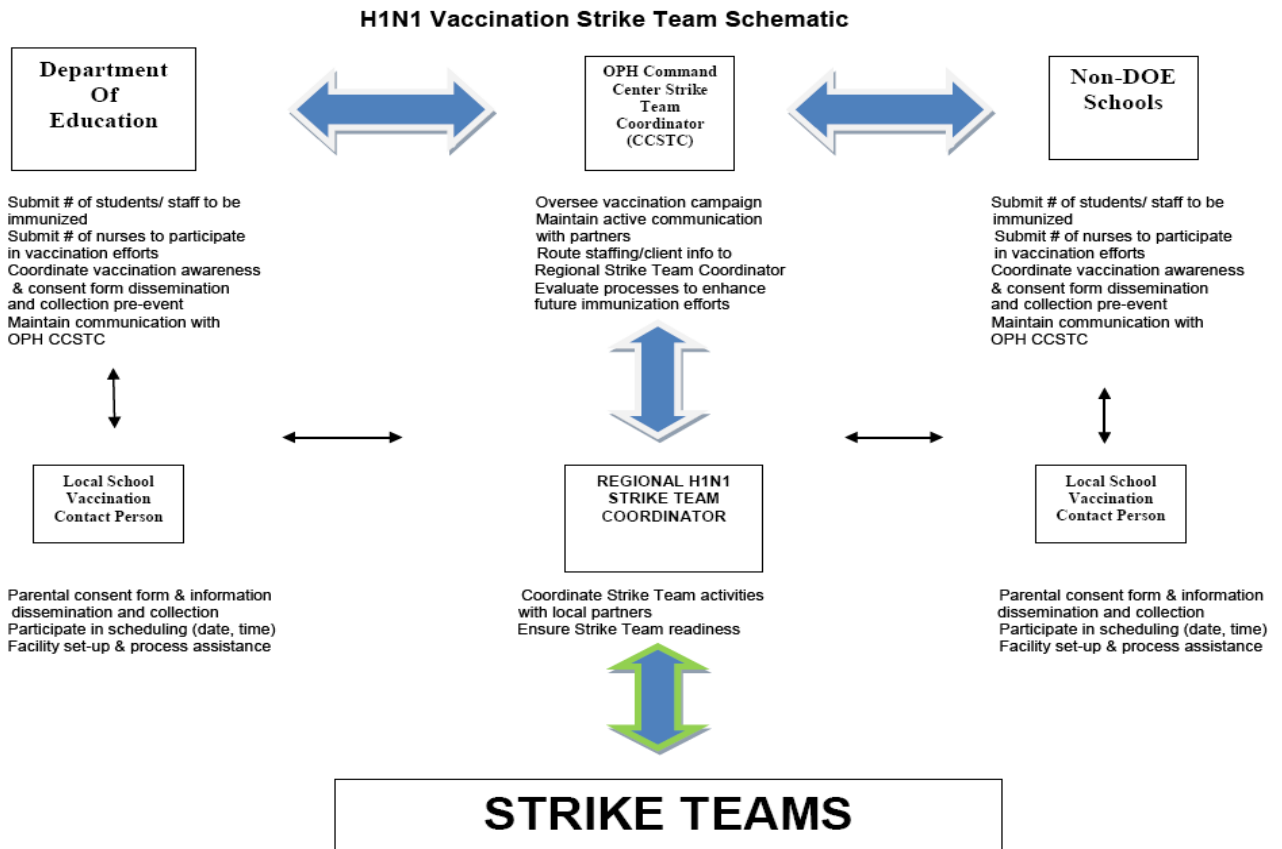


Table 1. CDC Summary of Community Mitigation Strategy by Pandemic Severity

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend †§	Recommend †§	Recommend †§
Voluntary quarantine of household members in homes with ill persons †¶ (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider **	Recommend **
School			
Child social distancing			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
-reduce out-of-school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
Workplace / Community			
Adult social distancing			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommend = Generally recommended as an important component of the planning strategy.

*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at www.pandemicflu.gov.

†This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available

§Many sick individuals who are not critically ill may be managed safely at home

¶The contribution made by contact with asymptotically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

**To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.

††Consider short-term implementation of this measure—that is, less than 4 weeks.

§§Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6-8 weeks.

Table 2. Estimated Frequency and Cost of Vaccine Transportation

**Number of Courier Trips Necessary to Transport Vaccine
To the Regional Offices¹**

Region	Number of Doses	Number of Trips	Cost per Trip ²	Total Cost
Immunization Program	2.8 million	0	\$ 0	\$ 0
Region 1	1.56 million	21	\$ 50	\$ 1,050
Region 2	1.38 million	19	\$ 50	\$ 950
Region 3	830,000	12	\$ 100	\$ 1,200
Region 4	1.19 million	16	\$ 100	\$ 1,600
Region 5	643,000	9	\$ 150	\$ 1,350
Region 6	645,000	9	\$ 150	\$ 1,350
Region 7	1.10 million	15	\$ 200	\$ 3,000
Region 8	735,000	11	\$ 200	\$ 2,200
Region 9	1.10 million	16	\$ 50	\$ 800
TOTAL	9,190,000	128		\$ 13,500

¹ Assumes 2 doses of vaccine will be available for everyone.

² Based on 2006 costs for courier services.

Table 3. Estimated Staffing Needs for School Strike Teams

Nurse	Minutes per patient	Patients per hour	Total 4 hrs	Total 8 hrs
1	5-8 minutes	7-12	28-48	56-96
2	5-8 minutes	7-12	28-48	56-96
3	5-8 minutes	7-12	28-48	56-96
4	5-8 minutes	7-12	28-48	56-96
5	5-8 minutes	7-12	28-48	56-96
		Total Vaccines Administered	140-240	280-480

Table 4. Current Influenza Vaccine Storage Capacity

Region	Population	Current Capacity¹ Doses	Additional Storage Site(s)	Additional Storage Capacity - Doses
Immunization Program	4,293,137	1,000,000	Refrigerated Trailer	As needed
Region 1	719,258 (17%)	100,000	LOPH Immunization Program refrigerated trailer	As needed
Region 2	638,827 (15%)	100,000	Our Lady of the Lake Hospital	200,000
Region 3	397,818 (9%)	50,000	Thibodaux Regional Medical Center	50,000
Region 4	564,353 (13%)	50,000	Lafayette General Medical Center	75,000
Region 5	283,440 (7%)	50,000	W.O. Moss Regional Medical Center	50,000
Region 6	298,536 (7%)	100,000	Rapides Regional Medical Center	50,000
Region 7	538,429 (12%)	200,000	Christus Schumpert Hospital	800,000
Region 8	338,420 (8%)	50,000	North Monroe Hospital	50,000
Region 9	514,056 (12%)	50,000	Slidell Memorial Hospital	50,000
Total		1,750,000		unlimited

¹Capacity beyond maximum usual amount of vaccine stored.

Unresolved issues:

- *Plan for obtaining a refrigerated trailer. LOPH should have a Letter of Agreement for a refrigerated trailer on a 24-hour call basis. Although given current projections of the amount of vaccine we would receive monthly, this will probably not be necessary.*
- *Formal agreement for back-up storage in the Northern regions. Letters of Agreement should be signed and reviewed annually.*
- *Amount of vaccine that will be held back at the Immunization Program for vaccination of essential personnel within state agencies (government, state police, state public health and public hospital personnel, etc.).*

Table 5. Target Groups in Homeland and National Security

Tier (severe pandemic)	Group	Definition	Estimated Group Size	Rationale
1	Deployed and mission critical personnel	Military forces and other mission critical personnel not limited to active duty military or USG employees. Includes some diplomatic and intelligence service personnel, and public and private sector functions identified by Federal agencies as unique and critical to national security	10,150	Critical to protect national Security; unable to tolerate projected pandemic personnel loss and fulfill mission; potential greater risk of infection due to geographic location and crowded living or working conditions
2	Essential support and sustainment personnel	Military and other essential personnel needed to support and sustain deployed forces	9425	Maintaining function is essential to mission success for deployed personnel; risk of infection may be less from geographical location and living conditions
2	Intelligence services	Critical personnel in the intelligence community serving at domestic and international posts	2175	Essential to homeland and national security; opportunities for social distancing limited because of inability to telework due to need for secure facilities; some personnel may be at increased risk based on geographical locations
2	Border protection personnel	Critical personnel in agencies providing U.S. border security, including but not limited to Customs and Border Protection, Border Patrol, Immigration and Customs Enforcement, Transportation Security Administration, and Coast Guard personnel	1450	Essential to homeland security; in close contact with many potentially infected persons throughout a pandemic; limited ability to apply social distancing strategies
2	National Guard personnel	National Guard personnel not included above who are likely to be activated to maintain public order	7250	Likely to be activated in a pandemic to support critical response or community functions; may be at

		during a pandemic or to support pandemic response services or critical infrastructure		increased risk of exposure and infection based on mission
2	Other domestic national security personnel	Includes other groups that are essential to national security such as guards at nuclear facilities	725	Essential to national and homeland security
3	Remaining active duty military and essential support personnel	Active duty personnel not included in higher priority groups and essential support personnel	21,750	Important to national and homeland security

Table 6. Target Groups in Health Care and Community Support Services

Tier (severe pandemic)	Group	Definition	Estimated Group Size	Rationale
1	Public health personnel	Public health responders at Federal, State, and local levels	4350	Essential to implementing the pandemic response, including the vaccination program and other pharmaceutical and non-pharmaceutical response measures; also provide care for poor and underserved populations; personnel have a high risk of exposure to persons with pandemic illness
1	Inpatient health care providers	Includes two-thirds of personnel at acute care hospitals who would be identified by their institution as critical to provision of inpatient health care services; primarily will include persons providing care with direct patient exposure but also will include persons essential to maintaining hospital infrastructure	46,400	Maintaining quality inpatient health care is critical to reducing mortality from pandemic influenza and from other illnesses that will occur concurrently with the pandemic; inpatient health care burden will be markedly increased during a pandemic; studies show health outcomes are associated with staff-to-patient ratio; personnel who have high risk of exposure, including infectious aerosols; infected health care personnel may transmit infection to vulnerable persons hospitalized for non-influenza illnesses
1	Outpatient and home health care providers	Includes two-thirds of personnel identified by their organization at outpatient facilities, including but not limited to physicians' offices, dialysis centers, urgent care centers, and blood donation facilities; and skilled home health care	36,250	Maintaining outpatient and home health care is critical to reducing pandemic mortality and morbidity and reducing burden on inpatient services; outpatient health care burden will be markedly increased during a pandemic; personnel have

		personnel		high risk of exposure, possibly including to infectious aerosols; infected health care personnel may transmit infection to vulnerable persons receiving care for non-influenza illness
1	Health care personnel in long term care facilities (LTCFs)	Includes two-thirds of personnel at LTCFs identified by their organization as critical to the provision of care	23,200	Essential to provide care to more than 3 million persons in LTCFs who are particularly vulnerable to influenza illness and death; risk of pandemic outbreaks in LTCFs may best be reduced by vaccinating staff and limiting exposure of residents to infection; if outbreaks occur, personnel have high risk of exposure, possibly including to infectious aerosols
2	Community support service personnel (emergency management and community and faith-based support organizations)	Personnel from community organizations including the Red Cross who will provide essential support and have direct contact with persons and families affected during community pandemic outbreaks, and emergency management personnel who coordinate pandemic response and support activities	8700	Community level support will be critical for persons who are ill and isolated in their homes or are complying with recommendations for voluntary household quarantine during community pandemic outbreaks, for elderly persons who live alone and may be afraid of going out during a pandemic, for persons who are homeless, and for other vulnerable populations; support may include providing food and medications, as well as other social and mental health services; personnel will be at high risk of exposure to ill persons and, if infected could transmit illness to a high risk population

2	Pharmacists	Includes pharmacists dispensing drugs at retail locations (note that pharmacists in hospitals or outpatient centers may be targeted as part of those groups)	2175	Essential to dispense medications for pandemic influenza and other illnesses; may have increased exposure risk to persons with pandemic infection
2	Mortuary services personnel	Includes funeral directors	725	Increased burden likely during a pandemic; may have increased occupational exposure to ill family members of deceased persons
3	Other important health care personnel	Includes groups that provide important health care services but at less occupational risk, such as laboratory personnel	4350	Personnel provide important health care services but are not in as close contacts with ill persons and at less risk of occupational infection

Table 7. Target Groups in Critical Infrastructure

Tier (severe pandemic)	Group	Definition	Estimated Group Size	Rationale
1	Emergency services personnel – EMS, fire, law enforcement, and corrections	Includes groups supporting emergency response and public safety. EMS personnel include those who are fire department-based, hospital-based or private; fire fighters include professionals and volunteers; law enforcement includes local police, sheriff’s officers, and State troopers; and corrections officers include those at prisons and jails	29,000	Provide critical public safety and emergency response services; contribute to pandemic response activities by maintaining public order and contributing to medical care services; increased occupational risk for emergency medical services due to exposure to persons with pandemic illness
1	Manufacturers of pandemic vaccine and antiviral drugs	Includes critical personnel required for ongoing production of pandemic medical countermeasures to support pandemic response	725	Reducing pandemic health impacts requires production of pandemic vaccine and antiviral drugs
2	Communications/IT, Electricity, Nuclear, Oil & Gas, and Water sector personnel. And Financial clearing and settlement personnel	Personnel who are critical to support essential services provided by the defined sectors	25,375	These sectors provide products and services that generally cannot be stored, are required for community health and safety; and are essential to the functioning of other critical infrastructure sectors
2	Critical government personnel – operational and regulatory functions	Federal, State, local and tribal government employees and contractors whop perform critical regulatory or operational functions required for essential operations of other CI sectors	5800	Government personnel are critical for implementing and monitoring components of the pandemic response, and performing regulatory or operational functions essential to critical infrastructures that protect public health and safety and preserve security
3	Banking & Finance, Chemical, Food &	Personnel who are critical to support essential	43,500	These sectors provide essential products and

	Agriculture, pharmaceutical, Postal & Shipping, and Transportation sector personnel	services provided by the defined sectors		services; however compared with Tier 2 sectors, products can most likely be stored, facilities and personnel are more fungible and better able to maintain essential functions with high absenteeism, and other strategies can be implemented to protect workers
3	Other critical government personnel	Federal, State, local and tribal government employees who perform important government functions included in agency continuity-of-operations plan	5800	Continuity of key government functions is important to support communities and critical infrastructures

Table 8. Target Groups in the General Population

Tier (severe pandemic)	Group	Definition	Estimated Group Size	Rationale
1	Pregnant women	Women at any stage of pregnancy	44,950	Pregnant women are at high risk of severe complications or death from pandemic influenza due to immunological, circulatory, and respiratory changes that occur during pregnancy; vaccinating the pregnant woman also may protect newborn infants due to passive transfer of maternal antibodies
1	Infants and toddlers, 6 – 35 months old	Infants and toddlers in the specified age group	149,350	Persons in this age group are at high risk of severe complications or death from pandemic influenza; vaccination may require a lower dose than used to protect older children and adults; antiviral medications are not approved for use in children < 1 year old; public values prioritize children highest among groups defined by age and disease status
2	Household contacts of infants under 6 months old	Household contacts of infants under 6 months old	62,350	Infants under 6 months old cannot be directly protected by vaccination and influenza antiviral drugs are not approved for this age group; therefore, protecting young infants by vaccinating household contacts is the best option; public values prioritize children highest among groups defined by age and disease status

2	Children 3 – 18 years old with a high risk medical condition	Children in the specified age group with a chronic medical condition that increases their risk of severe influenza disease, including heart and lung diseases, renal disease, and neuromuscular diseases that may compromise respiratory function, as defined by ACIP recommendations for seasonal influenza vaccination	94,250	Children with these conditions are at increased risk of severe complications or death from influenza disease; public values prioritize children highest among groups defined by age and disease status
3	Children 3 -18 years old without a high risk medical condition	Children in the specified age group not included in above	848,250	Public values prioritize children highest among groups defined by age and disease status; vaccinating children may reduce transmission of pandemic influenza to household contacts and in communities; if children are protected by vaccine, schools can re-open mitigating secondary adverse consequences of closing schools
4	High-risk persons 19 – 64 years old	Adults in the specified age group with a chronic medical condition that increases their risk of severe influenza disease. Including heart and lung diseases, metabolic disease, renal disease, and neuromuscular diseases that may compromise respiratory function, as defined by ACIP recommendations for seasonal influenza vaccination	522,000	Adults with these conditions are at high-risk of severe complications or death from pandemic influenza
4	Persons over 65 years old	Elderly adults in the specified age group	551,000	Persons in this group are at high-risk of severe complications or death from pandemic influenza

5	Health adults, 19 – 64 years old	Adults in the specified age group not included above	1,789,300	Persons in this group lack age, health condition, and occupational rationales for priority pandemic vaccination
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Appendix 1: DHH OPH Policy Memorandum 119 (Emergency Protocol)

P.M. NO. 119 (Revision 5)*

DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH

POLICY MEMORANDUM NO. 119 (Revision 5)

June 1, 2009

FROM: M. Rony Francois, MD, MSPH, PhD Assistant Secretary **mrf** and Jimmy Guidry, M.D. State Health Officer **jg**

SUBJECT: EMERGENCY PROTOCOL FOR DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH FACILITIES

PURPOSE: Update the procedure for handling of medical emergencies by OPH personnel within the OPH clinics and in non-medical facilities. This Policy replaces P.M. No. 119 (Revision 4) dated July 1, 2000.

EFFECTIVE DATE: Policy will be in effect upon receipt

POLICY STATEMENT: The staff of clinical facilities of the Department of Health and Hospitals Office of Public Health must be prepared and knowledgeable in handling medical emergencies, which may result from the professional medical and related health services provided in the facilities.

R E M E M B E R - TRUE EMERGENCIES ARE RARE. NOT ALL FAINTING AND ANXIETY ATTACKS ARE MEDICAL EMERGENCIES.

Professional judgment in handling emergencies must be exercised at all times and the plan for handling any emergency must be known by all personnel in your unit. Call immediately for emergency transport at the same time that you are starting emergency treatment in your unit. If deemed necessary, a member of your professional staff should accompany the emergency patient to the hospital.

Any patient who may have experienced an emergency, not requiring medication, and the situation has been taken care of in the Health Unit, may be discharged home with assistance. Family of the patient must be notified if the patient has been sent to the emergency room alone or accompanied. A follow-up call regarding the patient's condition should be made within 24 hours, whether or not patient was sent home or to the emergency room.

Proper documentation of the entire episode should be made by the appropriate personnel. An allergic tag should be placed on the patient's chart if this has been an allergic reaction.

An allergic reaction to a vaccine must be reported to the Central Office Immunization Program on the adverse reaction form (Form VAERS-1) and recorded for the patients record In LINKS.

Public Health Nurses may administer authorized medication provided the following described emergency supplies (page 4) are available.

THE TELEPHONE NUMBER FOR THE LOCAL EMERGENCY SERVICES SHOULD BE CONSPICUOUSLY POSTED AND KNOWN BY ALL CLINIC PERSONNEL.

POLICY

Before administering any vaccine or medication, a thorough and complete history of allergic reactions to drugs, any other known allergies, and any history of syncopal episodes should be elicited from the patient or client. Whether or not to proceed with giving an injectable vaccine or any medication in view of the history of allergies or allergic reactions as related by the patient or client must be the physician's decision.

Health Unit Nurses may administer the following medications by injection provided the described emergency supplies (page 4) are available:

1. Routine immunizations for children and adults.
2. Travel immunizations
3. Seasonal immunizations (e.g. influenza)
4. Individualized short term medications (Separate arrangements should be made according to Health Unit Personnel)
5. Streptomycin or other anti-tuberculosis drugs
6. Injectable antibiotics
7. Medications for Children Special Health Services (CSHS)
8. Medications under standing orders or by individual physicians' orders in the OPH clinics.

Patients receiving penicillin or ceftriaxone injections must be advised prior to being injected that they should be observed for at least thirty minutes after the injection is given. The time the injection is given and this verbal advisory given to the patient should be documented on the chart. A patient not cooperating with this requirement and leaving prior to being given

permission to leave by the physician or nurse in the health unit or regional facility clinic must have the action documented in his or her clinic chart.

The names of all medications and equipment included in and on the emergency cart must be posted conspicuously next to or on the cart. A Registered Nurse must be assigned to check all medications, equipment and availability of oxygen at least monthly. This must be documented through a "sign-off" procedure.

EMERGENCY PROTOCOL

FACTS ABOUT ANAPHYLAXIS

Definition:

An acute systemic allergic reaction that occurs in a previously sensitized patient when he/she again receives the sensitizing antigen. Immediate appropriate treatment is mandatory to prevent laryngeal edema leading to fatal asphyxia and/or hypotensive shock leading to anoxia of the central nervous system and brain damage or death.

Causes of Anaphylaxis:

There are many causes of anaphylaxis, including drugs, foods, insect bites, allergy extracts, and other allergies. Severe and acute allergic reactions to drugs are very rare, occurring in about 1 in 10,000 and the risk of a fatal reaction is probably 1 in 100,000 cases.

Signs and Symptoms:

The clinical manifestations of anaphylaxis occur typically in 1 to 15 minutes following exposure to the precipitating agent. The more immediate the reaction, the greater the severity. Most commonly, the patient complains of uneasiness and apprehension. A diffuse erythema, facial flushing, pruritic and generalized urticaria occur next and may precede the more severe involvement of the respiratory and cardiovascular systems.

- Dermatologic:

pruritis, diffuse erythema, urticaria, angioedema

- Respiratory:

dyspnea, hoarseness, stridor, respiratory failure, chest tightness, coughing, wheezing, sneezing, nasal congestion, rhinorrhea

- Cardiovascular:

diaphoresis, hypotension, rapid weak pulse, arrhythmia, cardiac arrest

- Neurologic:

apprehension, seizures

All OPH clinical facilities should have an emergency cart with drawers, to which the following chart is applicable. If there is no cart, then all emergency supplies must be otherwise easily available and accessible by the medical and nursing staff. All emergency equipment and supplies are mandated to be available, with the exception of endotracheal tubes and laryngoscopes. The availability of this equipment should be based on the clinical needs and the availability of trained personnel, as determined by the Regional Medical Director and/or the Regional Nurse Manager.

EMERGENCY CART CONTENTS*

TOP OF CART

- Box of Gloves (latex and non-latex) (1 each)
- Clip Board with papers for documentation and pen (1 each)

SIDE OF CART (HANGING)

- Oxygen (Ready to administer) (1 tank)

DRAWER ONE

- Alcohol swabs (one box of swabs)
- Atropine sulfate injectable 0.4 mg/ml vial (2 vials)
- Benadryl 50mg/ml (1 vial)
- Epinephrine 1:1000 (3 ampules)
- Needles 1 in. and 1 ½ in., 21 and 23 gauge (5 each)
- Syringes TB, 2, 3, 5, and 10ml (5 each)
- “Combivir” tablets (10 each)

DRAWER TWO

- Angiocaths Nos. 18,20,22,24 gauge (2 each)
- Butterflies (Pediatric IV Needles) 23 Gauge (2 each)
- Infusion sets and tubing (2 each)
- IV Starter kits (2 each)
- Normal Saline solution for IV (500ml) (1 pack)
- Tape, scissors, 4"x4" sterile gauze pads package (1 each)
- Tourniquets (latex and non-latex) (1 each)

DRAWER THREE

- Optional: Endotracheal tubes (Adult, Pediatric) (1 each)

Optional: Laryngoscope (adult and pediatric, curved, straight) with batteries and extra bulb (1 each)

CPR mouth-to-mask emergency resuscitator (1 resuscitator)

Tube of Water-soluble lubricant (1 tube)

Oral airways, Adult (small, medium, large) and Pediatric (Infant, Child) (1 each)

Blood pressure cuff (pediatric, adult, and large adult sizes) (1 each)

DRAWER FOUR (LARGE AREA)

Bag-valve masks (various sizes-adult and pediatric, disposable) (1 each)

Emergency Delivery Kit (1 kit)

Heavy Duty Extension Cord (50ft) (1 cord)

Oxygen cannula and masks (disposable masks, large, medium and small sizes) (1 each)

Suction Machine [and tubing and tips (1 each), if needed]

*numbers of items indicated are suggested only for minimum number to keep in stock

S T A N D I N G O R D E R S T R E A T M E N T F O R A N A P H Y L A X I S

- 1. CALL FOR HELP. NOTIFY EMERGENCY MEDICAL SERVICES.**
- Place patient in recumbent (lying on back) position.
- Evaluate Airway, Breathing, Circulation, Vital Signs and start Basic Life Support, if necessary.
- BEGIN DOCUMENTATION**
- ** EPINEPHRINE IS THE TREATMENT OF CHOICE FOR ANAPHYLAXIS. Give subcutaneously every 10 MINUTES, UP TO A TOTAL OF THREE DOSES as needed. Give epinephrine 1:1000 S.Q. according to weight Epinephrine 1:1000 at 0.005 ml/lb/dose or 0.01 ml/kg/dose**

<u>WEIGHT</u>	<u>DOSE, millimeters</u>
< 10 lbs.	0.05 ml
10 - 20 lbs.	0.05 - 0.1ml
21 - 40 lbs.	0.1 - 0.2ml
41 - 60 lbs.	0.2 - 0.3ml
61 - 80 lbs.	0.3 - 0.4ml
81 - 100 lbs.	0.4 - 0.5ml
> 100 lbs.	0.5ml

- Administer oxygen at 4-6 liters per minute by mask or cannula.
- Start I.V. of Normal Saline at circulatory support (Keep Open) rate.
- IF NO RESPONSE TO FIRST Epinephrine AFTER 10 MINUTES:**
Give the second dose of Epinephrine SQ as above.
- REASSESS.** Obtain Vital Signs at least every 5 min.
Ensure that Emergency Medical Services have been called.
- IF NO RESPONSE TO SECOND EPINEPHRINE AFTER 10 MINUTES:**

Give Third Dose of Epinephrine as Above.

11. ****Give Benadryl, if ordered by physician, I.V. (slowly) or I.M. according to the weight of the patient, known or estimated, as for epinephrine. Benadryl may be given earlier in the protocol. The Benadryl (50 mg/ml) dosage is based on about 1 mg/kg or 0.5 mg/lb of body weight per dose. For the stocked parenteral formulation of diphenhydramine, this equals about 0.01 ml/lb of body weight per dose.** This guide indicates approximate dosage to be used when estimating weight of patient; the lower dose should be used for the lower weight and the higher dose for the higher weight given in the table.

Benadryl (50 mg/ml)

<u>WEIGHT</u>	<u>DOSE</u>
< 10 lbs.	0.08ml
10 - 20 lbs.	0.1 - 0.2ml
21 - 40 lbs.	0.2 - 0.4ml
41 - 60 lbs.	0.4 - 0.6ml
61 - 80 lbs.	0.6 - 0.8ml
81 - 100 lbs.	0.8 - 1.0ml
> 100 lbs.	1.0ml

12. Give copy of documentation to EMS upon arrival.

**EMERGENCY REPORT
(PASSPORT Label May Be Used)**

NAME _____ ID# _____

ADDRESS _____ PHONE _____

AGE _____ WEIGHT _____ ALLERGIE(S) _____

DATE: _____ EMERGENCY START TIME _____ TIME EMS CALLED _____

HISTORY (Pertinent to this incident, i.e. known allergies previous reactions to medications or injections)

PHYSICAL ASSESSMENT (Pertinent to this incident, i.e. airway, circulation, temp.)

VITAL SIGNS (q 5 min)				MEDICATIONS				
TIME	P	R	BP	TIME	NAME	DOSE	ROUTE	SIGN

INTERVENTIONS: OXYGEN: [] BLS: [] IV: []

DISCHARGED TO: Hospital _____ Home _____

CONDITION: Stable _____ Unstable _____

Clinic Personnel _____
 (Print Name) (Signature)

EMS Personnel _____
 (Print Name) (Signature)

TIME EMS assumes care _____

												Date
												Oxygen (full, regulator working)
												Suction working (extension cord)
												Epinephrine 1:1000
												Benadryl (Diphenhydramine) 50 mg/ml
												Atropine sulfate
												Stethoscope, Sphygmomanometer and appropriate size cuffs
												Angiocaths (I-V needles) (sizes 18, 20, 22, 24)
												Syringes (sizes TB, 2 ml, 3 ml, 5 ml, 10 ml), IV Start Kits
												IV Solution, IV Sets
												Tourniquets
												Optional: Laryngoscopes, Endotracheal Tubes
												Oral Airways, Suction Tubing
												CPR mouth-to-mask emergency resuscitator
												Oxygen Masks, Cannulas (tubing)
												Emergency Delivery Kits
												Combivir capsules
												COMMENTS
												NURSE'S SIGNATURE

Special Considerations of Vaso-vagal Reactions

- I. Keep patient in supine (lying on back with face upward) or recumbent position, if shock present
- II. Maintain airway

- III. Support ventilation with oxygen
- IV. Monitor blood pressure and pulse
- V. Consider giving atropine sulfate 0.4 mg IM, if clinically indicated

These reactions (very rarely associated with insertion of intra-uterine devices) must be handled by the attending physician and/or an advanced practice registered nurse in accord with the OPH-approved Collaborative Practice Protocol. The protocol is essentially repeated above.

SPECIAL CONSIDERATION FOR EMERGENCY PROTOCOL TO BE FOLLOWED IN A NON-MEDICAL FACILITY:

PURPOSE: This section will clarify the emergency protocol to be followed when OPH nursing personnel are administering immunizations in a non-medical facility and should anaphylaxis occur in a patient following administration of a vaccine.

POLICY STATEMENT: The Office of Public Health strongly encourages its medical, nursing and other allied health professional staff to participate in all community events, such as health fairs, where the opportunity will be presented to offer immunizations to the public, especially children, even though these events may be held in a non-medical facility. Although anaphylaxis may occur for the first time in any patient receiving a vaccine (even a repeat dose of a vaccine received in the past with no problem experienced by the patient), the occurrence of anaphylaxis following "routine" vaccinations is extremely rare.

Vaccinations which may be given to those needing them by OPH nursing personnel at special events at non-medical facilities are: Diphtheria, Tetanus and Acellular Pertussis (DTaP), Diphtheria and Tetanus - pediatric (DT), Tetanus and Diphtheria - adult (Td), Tdap, Meningococcal Vaccine (MCV4), Polio Vaccine, Measles, Mumps and Rubella (MMR), Varicella (VAR), Haemophilus influenza, type b (Hib), Hepatitis B Virus (HBV), Pneumococcal Vaccine, Influenza Vaccine, Hepatitis A Vaccine, and Human Papilloma Virus (HPV) vaccine (in those designated areas where this vaccine is given routinely). Indications for giving each vaccine and dosage are per existing OPH policy and protocol.

Emergency supplies brought to the site by the OPH nursing personnel must be, as a minimum requirement: A sufficient quantity of injectable aqueous epinephrine solution, 1:1000 strength; a sufficient quantity of injectable diphenhydramine ("Benadryl") solution, 50 mg/ml strength (if the physician is expected to be present); sufficient numbers of syringes and needles; stethoscopes. Sphygmomanometers and oral airways and cardiopulmonary resuscitation (CPR) masks in case CPR is needed. The facility being used must be equipped with a telephone, readily accessible and usable by the OPH personnel in the event of an emergency. The Office of Public Health regional medical director or his or her physician designee must be the general supervisor of the immunizations and be available for consultation, either in person or by telephone, regarding contraindications and adverse reactions during the time of administration of immunizations. **The Emergency Protocol and Standing Orders contained in this policy remain the same, except for the standing orders related to administration of oxygen and the starting of an intravenous drip, which will not be done in a non-medical facility. The "Call for Help" means calling the local emergency number by telephone, 911 in most of the state. The local number must be known to the personnel in areas where 911 is not available.**

It is also suggested that the latest OPH immunization schedules and the protocol for handling anaphylaxis be brought to the immunization site for reference as needed. The sheets may be laminated for durability! Questions regarding this memorandum may be addressed to Dr. Louis Trachtman (504) 568-5048 or Ms. Clair Millet (225) 342-7867.

Approved for redirection or redistribution

Regional Administrator

Date

Appendix 2: Footnotes and References

- ⁱ Louisiana Receiving, Staging, and Storing (RSS) Plan Draft, 2008.
- ⁱⁱ Louisiana DHH Points of Dispensing Operations Manual Draft, June 2009.
- ⁱⁱⁱ Louisiana Strategic National Stockpile Acquisition and Dispensation Plan; rev. June 25, 2009.
- ^{iv} Louisiana Points of Dispensing (POD) Manual, varies minutely by region; rev. June 2009.
- ^v State of Louisiana Emergency Operations Plan, June 2007 (<http://www.ohsep.louisiana.gov/plans/EOP.pdf>) with amendments a) [Executive Order BJ 08-32 - Emergency Operations Plan](http://www.ohsep.louisiana.gov/proclamations/exorder200832.htm) (<http://www.ohsep.louisiana.gov/proclamations/exorder200832.htm>) and b) [Executive Order No. BJ 08-94, Amendment to Executive Order No. BJ 08-32- Emergency Operations Plan](http://www.ohsep.louisiana.gov/proclamations/exorder200832_amendment.htm) (http://www.ohsep.louisiana.gov/proclamations/exorder200832_amendment.htm)
- ^{vi} United States Department of Homeland Security, Federal Emergency Management Agency, National Response Framework, January 2008. (<http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf>)
- ^{vii} DHH OPH Organizational Chart. Last updated 03/2009. (<http://www.dhh.louisiana.gov/offices/publications/pubs-1/OPH%20Org%20for%20Website.pdf>)
- ^{viii} Louisiana Emergency Powers Act, 2003. R.S. 29:769. (<http://law.justia.com/louisiana/codes/13/13.html>)
- ^{ix} Louisiana State Administrative Code, June 2004, Public Health Sanitary Code (51), Part 1: General Definitions. (<http://doa.louisiana.gov/osr/lac/51v01/51v01.pdf>).
- ^x Louisiana Emergency Powers Act, 2003. R.S. 29:760; 761-762; 769; 40:5, 7-10 (<http://law.justia.com/louisiana/codes/13/13.html>)
- ^{xi} INTERIM Louisiana DHH Emergency Preparedness Policy 0011-83, April 2005.
- ^{xii} State of Louisiana Department of State Civil Service. Summary of State Civil Service Rule Flexibility for Pandemic Planning. May 2008. (<http://www.civilservice.la.gov/HRHandbook/EmergencyResponse/EmergencyResponseRuleFlexibilities.asp>)
- ^{xiii} NIMS ICS template forms comprising IAP. (<http://www.fema.gov/emergency/nims/JobAids.shtm>)
- ^{xiv} Louisiana Strategic National Stockpile Acquisition and Dispensation Plan; rev. June 25, 2009.
- ^{xv} Louisiana DHH Points of Dispensing Operations Manual Draft, June 2009.
- ^{xvi} Family Readiness Guide. Louisiana Department of Health and Hospitals, Office of Public Health, Public Health Emergency Preparedness and Response. 2006.