

# Hidalgo County



## Appendix 8: Medical Countermeasures Plan

April 2023

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## Approval and Implementation

# Appendix 8: Medical Countermeasures Plan

This appendix is hereby approved for implementation and supersedes all previous editions.

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Director, Health & Human Services

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Date

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## Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

## Purpose

The Federal Government, in anticipation of public health emergencies (i.e., terrorist attacks, natural disasters, and/or emerging infectious diseases), has established the Strategic National Stockpile (SNS) to supplement and resupply state and local inventories of medicines and supplies during emergencies severe enough to exhaust local supplies.

The SNS includes a 12-hour Push Package that contains chemical antidotes, medical material, catheters, IV administration sets, antiseptics, and other supplies needed to provide IV therapy, emergency medications to treat conditions (i.e., anaphylactic reactions), and certain medical/surgical supplies to care for those with other emergency medical needs.

The SNS may also include medicines that have been authorized under the FDA's Emergency Use Authorization (EUA) authority, which allows for the use of unapproved medical products (i.e., medication, vaccines) or the use of approved medical products in unapproved ways to diagnose, treat, or prevent diseases or conditions caused by chemical, biological, radiological, or nuclear (CBRN) agents if criteria in the Federal Food, Drug, and Cosmetics Act are met.

The purpose of this plan is to establish and provide operational guidelines on how Hidalgo County Health and Human Services Department (HCHHSD) will request, receive, manage, repackage, and distribute the SNS in the event that it is deployed in response to public health emergencies.

This plan supports the Department of State Health Services (DSHS) as the lead agency when preparing and deploying the SNS. This SNS plan is part of the overall HCHHSD All Hazards Response Plan. SNS plans will be coordinated horizontally and vertically to ensure the overall SNS response is operationally integrated. Most importantly, this plan needs to be exercised to fully test the procedures outlined under the various functions.

## Explanation of Terms

### Acronyms

CBRN	Chemical, Biological, Radiological, or Nuclear
CDC	Centers for Disease Control and Prevention
CERC	Crisis & Emergency Risk Communication Plan

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DDC	Disaster District Committee
DSHS	Department of State Health Services
DSNS	Division of Strategic National Stockpile (CDC)
EOC	Emergency Operations Center
EUA	Emergency Use Authorization
HCHHSD	Hidalgo County Health & Human Services Department
HSR	Health Service Region (DSHS)
ITEAMS	Inventory Tracking Electronic Asset Management Systems
LHD	Local Health Department
MI	Managed Inventory
MOA	Memorandum of Agreement
MOC	Medical Operation Center
MOU	Memorandum of Understanding
NIMS	National Incident Management System
NEDSS	National Electronic Disease Surveillance System
PH	Public Health
PHIN	Public Health Information
POD	Point of Dispensing
PPE	Personal Protection Equipment
RSS	Receiving, Storing, and Staging (of the SNS)
SNS	Strategic National Stockpile
SOG	Standard Operating Guideline(s)

**Definitions**

**Adult Daycare Facility:** A facility that provides services under an Adult Day Care Program on a daily or regular basis, but not overnight, to four or more elderly or handicapped persons who are not related by blood, marriage, or adoption to the owner of the facility.

**CHEMPACK:** A program in the federal Division of Strategic National Stockpile (DSNS) that pre-positions antidotes for exposure to nerve agents or organic compounds containing phosphorus (fertilizers, insecticides, and herbicides) in self-monitoring storage containers (caches). The purpose of the CHEMPACK program is to enable

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state and local governments to provide appropriate responses within two hours of accidental or intentional exposure.

**Colonia:** The term "colonia," in Spanish means a community or neighborhood. The Office of the Secretary of State defines a "colonia" as a residential area along the Texas-Mexico border that may lack some of the most basic living necessities, such as potable water and sewer systems, electricity, paved roads, and safe and sanitary housing.

**Disease Control Measures:** Actions necessary to control and prevent communicable disease such as education, social distancing measures including but not limited to evacuation and quarantine, immunization, disinfection, decontamination, disinfestations, personal protective equipment, and other prophylaxis.

**Dispensing:** The provision of medications to individuals

**Distribution:** The process of delivering Strategic National Stockpile (SNS) assets from a receiving, staging, and storing (RSS) warehouse facility to points of dispensing (PODs), treatment centers, push sites and/or other locations.

**Division of Strategic National Stockpile (DSNS):** A program of the federal Centers for Disease Control and Prevention (CDC) assigned to supplementing and re-supplying state and local public health agencies within the United States or its territories in the event of a public health emergency, including biological or chemical terrorism incidents.

**Epidemic:** Disease that appears as new cases in a given human population, during a given period, at a rate that substantially exceeds what is expected.

**Health Service Region (HSR):** Extensions of the DSHS Austin office with territories consisting of multiple counties which support local health departments throughout the state and serve as the local health authority for counties without a local health department.

**Local Health Department (LHD):** A governmental public health agency, which is in whole or in part responsible to a city, county, or health district. A local health department typically employs one or more full-time professional public health employees, delivers public health services (e.g., immunization, food inspection), serves a definable geographic area, and has identifiable expenditures and/or budgets in the political subdivision(s) it serves. Programs and services provided by LHDs can vary. In Texas, LHDs interact with HSRs, DSHS Austin and the Centers for Disease Control and Prevention (CDC) through various formal (contractual) and informal channels.

**Nursing Facility:** An institution that provides organized and structured nursing care and service and is subject to licensure under the Health and Safety Code, Chapter 242. The nursing facility may also be certified to participate in the Medicaid Title XIX program. Depending on context, these terms are used to represent the management, administrator, or other persons or groups involved in the provision of care to the residents; or to represent the physical building, which may consist of one or more floors or one or more

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units, or which may be a distinct part of a licensed hospital.

**Pandemic:** An outbreak of an infectious disease occurring on multiple continents and affecting an exceptionally high proportion of the population.

**Personal Protective Equipment (PPE):** Protective clothing or gear designed to protect the wearer from injury, illness, or death from various hazards, including chemical and biological agents.

**Point of Dispensing (POD):** Site(s) within a community set up to dispense mass quantities of prophylactic medicines or vaccines to the public who may have been exposed to a biological pathogen/infectious agent but are not yet exhibiting symptoms of disease. Individuals who are exhibiting symptoms or appear to be ill should be directed to treatment centers to receive appropriate medical care services.

**Promotora:** a lay Hispanic/Latino community member who receives specialized training to provide basic health education in the community without being a professional health care worker.

**Prophylactic:** Preventive or protective; a drug, vaccine, regimen, or device designed to prevent, or provide protection against, a given disease or disorder.

**Public Health Emergency:** An occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability. Such illness or health condition includes, but is not limited to, an illness or health condition resulting from a natural disaster.

**Push Package:** Also known as a 12-Hour Push Package. A push-package may consist of more than 50 tons of medical supplies, equipment, and pharmaceuticals designed to provide a broad spectrum of medical support. Push packages are pre-positioned throughout the country in environmentally controlled, secure facilities near major transportation hubs, so that the assets can be delivered anywhere in the U.S. or its territories within 12 hours of the federal decision to deploy.

**Push Site:** Sites with medical or other trained dispensing personnel on staff where preventive medicine will be delivered for internal distribution. Referred to as a push site because preventive medicine is “pushed” to the respective population rather than “pulling” them into a POD. Examples of push sites include nursing homes, prison facilities, and large private industry facilities. Push sites may also include sites with critical need for continuity of operations and/or security such as the nuclear industry.

**Strategic National Stockpile (SNS):** A national repository of antibiotics, chemical antidotes, antitoxins, antiviral, life support medications, intravenous administration, and airway maintenance supplies, and medical or surgical material for use in a declared biological or terrorism incident or other major public health emergency.

ITEAMS Texas Inventory Management System (TIMS): An internet-based software application designed by DSHS to track and order SNS materials at the state, region and local levels.

Treatment Centers: Locations in a community where people who are already symptomatic receive treatment. Treatment centers include hospitals, clinics, and other sites that treat persons who are sick.

## **Situation & Assumptions**

### **Situation**

1. Hidalgo County is susceptible to public health emergencies that can occur with or without warning and may escalate despite efforts to mitigate effects.
2. The scope of a public health emergency may threaten a small or large geographic area in Hidalgo County. The type of natural disaster, biological agent, incubation and communicability period, location of release, and location of those exposed will determine the actual scope of the public health emergency response.
3. A novel biological agent can be the cause of illnesses during a public health emergency.
4. An epidemic or pandemic disease and/or a bioterrorism event may affect many people over an extended period of time and manifest itself as a large, silent disease outbreak after the release or introduction of an infectious agent into the community.
5. The SNS can be deployed as a push package to a designated Receiving, Staying and Storing (RSS) site within 12 hours of the federal decision to deploy.
6. SNS assets may be deployed from Managed Inventory (MI) if the specific disease threat and medical countermeasure needed has been identified and the broad spectrum of antibiotics, medical equipment, and supplies in a push package is not required.
7. CHEMPACK containers have been pre-positioned at confidential strategic locations in Hidalgo County. The Health Service Region (HSR) 11 SNS Coordinator is the point of contact with pre-identified locations.
8. Planning for the dispensing of the SNS is a continuous process involving federal, state, regional, and local entities.

### **Assumptions**

1. Activation of this plan assumes that there is a suspected or actual release of a biological, radiological, or chemical agent, natural or man-made disaster, disease outbreak, or other incidents requiring SNS resources.
2. Hidalgo County along with local, regional, state, and federal agencies will coordinate activities for preparedness, prevention, response, and recovery during public health emergencies.
3. Existing public health surveillance systems (National Electronic Disease Surveillance System (NEDSS), EPI-Info, and Epi-X) may detect an incident in which SNS resources may be required. The process of surveillance for adverse health effects or reporting of symptoms and/or syndromes by health care providers in hospitals, medical offices, clinical settings and/or through environmental monitoring is paramount in the prevention of possible spread, response, and recovery efforts.

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4. Detection of exposure to biological agents could occur days or weeks after exposed individuals have left the site where a biological release, intentional or unintentional, has occurred.
5. Personnel identified as local and state level responders, including critical continuity of operations staff, may be at risk of exposure and may be among the first to receive prophylactic medication and/or Personal Protective Equipment (PPE) to counteract the effects of the identified hazard. Distribution of prophylaxis to family members of responders may also be included when appropriate and as available.
6. Resources and supplies present in inadequate amounts will be distributed based on epidemiological and response priorities.
7. Security precautions must be addressed as civil unrest may occur at the Point of Dispensing (POD), push sites, and treatment centers. The Division of Strategic National Stockpile (DSNS) might also request assistance with security during transport of SNS assets.
8. The need for medical triage and disaster behavioral health services is anticipated for citizens, staff, and first responders.
9. Because of the sensitive nature of the SNS, the following information may NOT be released:
  - a. Where the SNS is coming from.
  - b. How the SNS is being transported.
  - c. When the SNS will arrive.
  - d. Where the SNS will be received, staged, and stored.
10. Public information and instructions will be disseminated utilizing various redundant communication platforms and systems to facilitate public access to SNS material.
11. Individuals receiving prophylaxis during an incident will be noted and tracked for a period of time to ensure safety, completeness of counter measure, and any adverse reactions.
12. During an increase in illnesses, local inventory will be used during the first hours of the emergency. When local inventory is depleted and there is an imminent need for a much larger number of medical supplies or medications, a decision has to be made to request the SNS.
13. Local supplies are those that are within the programs and departments of the HCHHSD, including pharmacy stock, Immunizations program, primary care services, laboratory, and PHEP program. These supplies or medications are in HCHHSD facilities.
14. Depending on the situation and location of emergency, the Medical Operation Center (MOC) will dispose of local supplies and/or medications appropriately. The Logistics Chief for the MOC will procure and coordinate the use of these local supplies during the activation of the MOC. The Logistics Chief will also inform the MOC Incident Commander once the local supplies are depleted and initiate the request for additional supplies.

## Concept of Operations

### General

HCHHSD will employ the Incident Command Structure (ICS) of The National Incident Management System (NIMS) in all operations, which provides a standardized framework that facilitates our operations in all phases of emergency management. The framework includes all accompanying Incident Command forms to be used to document incidents and maintain records for reference.

Additionally, WebEOC will serve as a means of documentation as it provides position-specific activity logging and significant event tracking for a real-time common operating picture of the lifecycle of an incident. Situational reports, or SITREPs, can also be published in ICS or ESF format, including ICS 214.

HCHHSD uses manual forms and intranet portals to log and track county inventory, employees, and volunteers.

The Texas DSHS uses the Inventory Management Electronic Asset Management System software that allows inventory tracking in addition to the electronic forms and workbooks that serve as redundancies.

### Strategic National Stockpile

The SNS has two components designed to arrive in separate phases. The first phase is referred to as a 12-hour Push Package and will arrive accordingly at the requested location within 12 hours of the federal decision to deploy it. The Push Package contains nearly 50 tons of material that can be used to address a wide range of expected threats. The second phase is referred to as vendor-managed inventory (VMI) and contains large quantities of specific items, such as antibiotics and ventilators, needed to address an identified need. Various manufacturers store and manage these materials until they are requested through the SNS program.

### SNS Threat Justification

1. A chemical, biological, radiological, nuclear, or explosive event,
2. A medical emergency brought on by a natural disaster,
3. Indications from intelligence or law enforcement of a likely attack,
4. Clinical or epidemiological indications such as:
  - a. Large number of ill persons with similar disease or syndrome.
  - b. large number of unexplained diseases, syndrome, or death.
  - c. unusual illness in a population.
  - d. higher than normal morbidity and mortality from a common disease or syndrome.
  - e. failure of a common disease to respond to usual therapy.
  - f. single case of a disease from an uncommon agent.
  - g. multiple unusual or unexplained disease entities in the same patient.
  - h. similar genetic types in agents isolated from temporarily or spatially distinct sources.

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- i. unusual, genetically engineered, or antiquated strain of the agent.
- j. endemic disease or unexplained increase in incidence.
- k. simultaneous cluster of similar illness in non-contiguous areas.
- l. atypical aerosol, food, or water transmission.
- m. deaths or illness among animals that precedes or accompanies human death.
- n. unexplained increases in emergency medical service requests.
- o. unexplained increases in antibiotic prescriptions or over-the-counter medication use.

Hidalgo County has a population of over one million people, not including persons from our neighboring Country (Mexico), which in the event of a Public Health threat may cross the border for medication. Maintaining an inventory of prophylactic medication to deal with public health threats is not logical for HCHHSD since the possibility of medication expiration becomes a large expense.

However, Hidalgo County has a plan in place that will deal with most Public Health emergencies and threats. Hidalgo County Health and Human Services Department (HCHHSD) has a list of all the County Pharmacy's that is updated on an annual basis, or as needed. In the event of a Public Health emergency, HCHHSD has assigned staff to place calls to the local pharmacies to request inventory counts of the requested medication, depending on the event. There will be some instances when medication is not available, even in pharmacies. In this case, HCHHSD will start a non-pharmaceutical intervention approach until CDC repositories are replenished or when sufficient medication is provided to provide effective response.

The only local inventory in Hidalgo County is a CHEMPACK located in one of our local hospitals. This CHEMPACK is replenished by CDC and the Department of State Health Services (DSHS), Region 11; DSHS Region 11 oversees this inventory.

### **Requesting the Strategic National Stockpile**

This section describes the process for requesting the Strategic National Stockpile to be deployed from CDC. The process will begin with the identification by HCHHSD officials of a potential public health threat in relation to an incident or disaster, such as an unusual number of people reporting to area hospitals with similar symptoms or the discovery of significant numbers of dead animals. Evidence of a credible biological or chemical threat to the region may also be reason to initiate an SNS request. Efforts to identify the cause of the problem will typically involve the laboratory and epidemiological capabilities of the CDC.

The Director of CDC will discuss the possibility of deploying the SNS with State and local officials. If such consultations indicate the need for the SNS, the Director of CDC will issue the deployment order after receiving an official request from the Hidalgo County EOC through the DDC, then to the State Operation Center (SOC), then Governor's Office. If the SNS is activated, Hidalgo County will activate the local SNS plan.

## Organization & Assignment of Responsibilities

### Organization

The following local officials have responsibilities associated with requesting the SNS (everything starts local and moves up to the State/Governor):

1. The City Mayors will request Hidalgo County EOC.
2. The Health Department Director is responsible for making recommendations to the Hidalgo County Emergency Management Coordinator on whether to request the SNS.
3. Hidalgo County EOC along with the Judge's authority will request DDC.
4. DDC will request the SOC (Governor). The Governor has the authority to request the SNS from CDC.

Health officials may know there is a public health concern before they fully recognize it as a public health emergency or disaster. Using existing public health surveillance systems, public health officials will share data and analysis as the situation evolves and initiate disease control measures as indicated, including whether first responder prophylaxis is indicated. If the need to request large quantities of pharmaceuticals or medical material is anticipated, HCHHSD will notify local emergency management official(s).

The Governor, or his designee(s), is authorized to request SNS assets from the Centers of Disease Control and Prevention (CDC). It is not necessary for the Governor to declare a state of disaster or a state of emergency to request deployment of the SNS. Local requests will be made for the specific materials required rather than a request for SNS assets. When the decision to request the SNS is made, DSHS Region -11 will initiate SNS distribution operations.

Upon distribution of the SNS to Hidalgo County, DSHS Region 11 Inventory Management System will be activated to track SNS material from point of arrival to point of medication distribution to PODs, push sites, and treatment centers. All supply and re-supply requests will be made using this system or the paper-based backup system in the event of system failure.

The operation of the RSS is a state responsibility managed at the DSHS Region-11 level. Appropriate personnel have been designated to sign for the receipt of SNS assets. Distribution (transportation of the SNS to PODs) is a state responsibility and is planned for by DSHS and DSHS Region-11.

All planning components related to dispensing (i.e., PODs, push sites, first responder prophylaxis) are local responsibilities and are planned by HCHHSD.

Coordination with Treatment Centers and Closed PODs is a shared responsibility between HCHHSD and DSHS Region-11. A yearly update will be submitted to DSHS Region-11 & DSHS with information (i.e., location) on our Treatment Centers and Closed PODs.

## Assignment of Responsibilities

### 1. Primary Agency

HCHHSD will serve as the primary agency responsible for coordination of response operations during an SNS deployment under the authority of the HCHHSD Director, in coordination with the Hidalgo County Emergency Management Coordinator.

As the primary agency, HCHHSD will:

- a. Provide initial public health response operations, including surveillance for adverse health effects.
- b. Take the lead role and responsibility in the development, planning, preparation, exercising, and training for the medication distribution functions at the local level. Lead roles include Tactical Communications, Staffing/Volunteer Coordinator, Dispensing Site Coordinator, Public Information Officer, Inventory Management Coordinator, and Repackaging Operations.
- c. Establish policies to ensure personnel are available and key personnel are appropriately assigned, trained, and licensed, when applicable. Identify volunteers as necessary to fulfill local responsibilities.
- d. Identify multiple potential POD sites and consider alternative medication distribution methods. Monitor suitability and availability of PODs regularly.
- e. Develop Standard Operating Guideline(s) (SOG) for operation of POD sites.
- f. Pre-plan with local POD sites, treatment centers, and emergency management agencies for unloading equipment and resources.
- g. Coordinate SNS planning with neighboring jurisdictions including Mexico border sister cities and Counties.
- h. Identify local level responders to include agencies and organizations working within the community and develop procedures to provide mass prophylaxis through a system that ensures continuity of operations.
- i. Assist local law enforcement agencies and Independent School Districts (ISD) in the development and exercise of security assessment for the medication distribution function at POD site.
- j. Coordinate with treatment centers and organizations identified as push sites to obtain contact information and develop plans and procedures for medication delivery and dispensing. A Memorandum of Understanding (MOU) should be established with every push site.
- k. Utilize the Public Health Information Network (PHIN), WebEOC, and other redundant communication systems to rapidly disseminate and receive health alerts during Call-Down drills and/or actual events between DSHS, DSHS Region-11, POD sites, and HCHHSD staff. Call-down drills are required on a quarterly basis with one as an unannounced, after-hours drill.
- l. The HCHHSD Director or Designee, in coordination with local PIO, will release information about local PODs or alternative methods for distributing medications to the public.

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- m. Identify vulnerable populations and develop alternate methods for disseminating information and distributing medications to these populations.
  - n. Maintain and update yearly with primary and secondary contact information for every POD site.
  - o. Maintain and update yearly with Primary and Secondary contact information for treatment centers.
  - p. Provide yearly training information/courses with Independent School District in the process of SNS functions and NIMS.
  - q. Recruit and train volunteers for SNS functions and test the notification activation yearly.
  - r. Receive Direct Delivery Database (excel document) from DSHS yearly and update list of facilities for allocation of SNS assets which include POD sites, push sites, and treatment Centers. Direct Delivery Database is found on the HCHHSD S: drive under SNS folder.
  - s. Conduct yearly call down to SNS Volunteers via E-mail, fax, phone, or text.
  - t. Provide Just in Time (JIT) training to SNS volunteers and staff.
  - u. Update and maintain security assessments, floor plans, Global Positioning System (GPS), traffic routes, inventory, and names of primary contact information for PODs.
  - v. Maintain and update MOAs with local ISDs pertaining to the use of their facilities for the SNS distribution.
  - w. Notify SNS volunteers and staff of upcoming training/conferences pertaining to emergency planning.
  - x. Exercise the notification and activation process for staff (local and volunteer personnel) with assigned roles and responsibilities in an SNS distribution site annually.
2. Supporting Agencies:
- a. Hidalgo County Sheriff's Department will
    - i. Coordinate security/safety issues with local law enforcement and ISDs.
    - ii. Coordinate security assessments for POD site, personnel, equipment, and medical materials utilizing Security Assessment, Planning Guide and Dispensing Sites form.
    - iii. Assist local law enforcement agencies with traffic control along access routes used during distribution of SNS materials.
    - iv. Provide HCHHSD with number of staff and family members to be vaccinated/prophylaxis to HCHHSD.
    - v. Request medications needed for the County Correction facility. Staff nurse will be utilized to medicate inmates.
  - b. Nuestra Clínica Del Valle will
    - i. Be designated as an alternate dispensing modalities/treatment center, where patients who are symptomatic (signs and symptoms of disease or injury) will receive vaccinations and/or prophylaxis.

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- ii. Serve as Lead Coordinators for alternate dispensing sites/treatment centers.
  - iii. Provide HCHHSD with number of staff and family members to be vaccinated/prophylaxis.
- c. Independent School Districts will
- i. Have an MOU with HCHHSD agreeing to be a POD.
  - ii. Create and include flow plans for each POD in their emergency plans.
  - iii. Submit annual NIMS Organizational Chart to HCHHSD.
  - iv. Attend annual meetings/trainings pertaining to SNS.
  - v. Develop procedures for crowd control, traffic management, and security (Refer to each ISD security assessment).
  - vi. Supply their own equipment (i.e., vests, cones).
  - vii. Provide HCHHSD with number of staff and family members to be vaccinated/prophylaxis.
- d. Hidalgo County Emergency Management Coordinator will
- i. Be responsible for overall Operations for the County.
  - ii. Submit requests to the County EOC.
  - iii. Handle 211 registrations for at risk populations.
  - iv. Oversee Home Health Agencies, Adult Day Cares, and Hospice emergency plans.
  - v. Provide HCHHSD with number of all county employees/staff and family members to be vaccinated/prophylaxis.
- e. Hospital Preparedness Program HPP/TRAC-V/EMS will
- i. Submit requests for hospital needs for EMS through TRAC-V.
  - ii. Submit requests for hospital needs through HPP.
- f. Emergency Medical Services (EMS) will
- i. Assist agencies and cities who are Push Sites with vaccinations/prophylaxis for 1<sup>st</sup> Tier.
  - ii. Request services through designated 911 services for each POD site.
  - iii. Provide HCHHSD with number of staff and family members to be vaccinated/prophylaxis.
- g. Fire Departments will
- i. Have their services requested through Hidalgo County EMC, as needed.
  - ii. Provide HCHHSD with number of staff and family members to be vaccinated/prophylaxis.
- h. Mental Health/Crisis Organizations will
- i. Have their services requested through Hidalgo County Emergency Management Coordinator as needed to provide:
    - Counseling for 1st Responders,
    - Stress management,
    - Psychological first aid,

- On-site assessment and referral, depending on resources.
- ii. Provide HCHHSD with number of staff and family members to be vaccinated/prophylaxis.
- i. Promotoras Association or Faith & Community Based Organizations will
  - i. Disseminate Public Health (PH) information to colonias, homebound, at-risk populations and rural areas of the county.
  - ii. Provide HCHHSD number of staff and family members to be vaccinated/prophylaxis.

## Direction & Control

The basic procedure for requesting the SNS is described below:

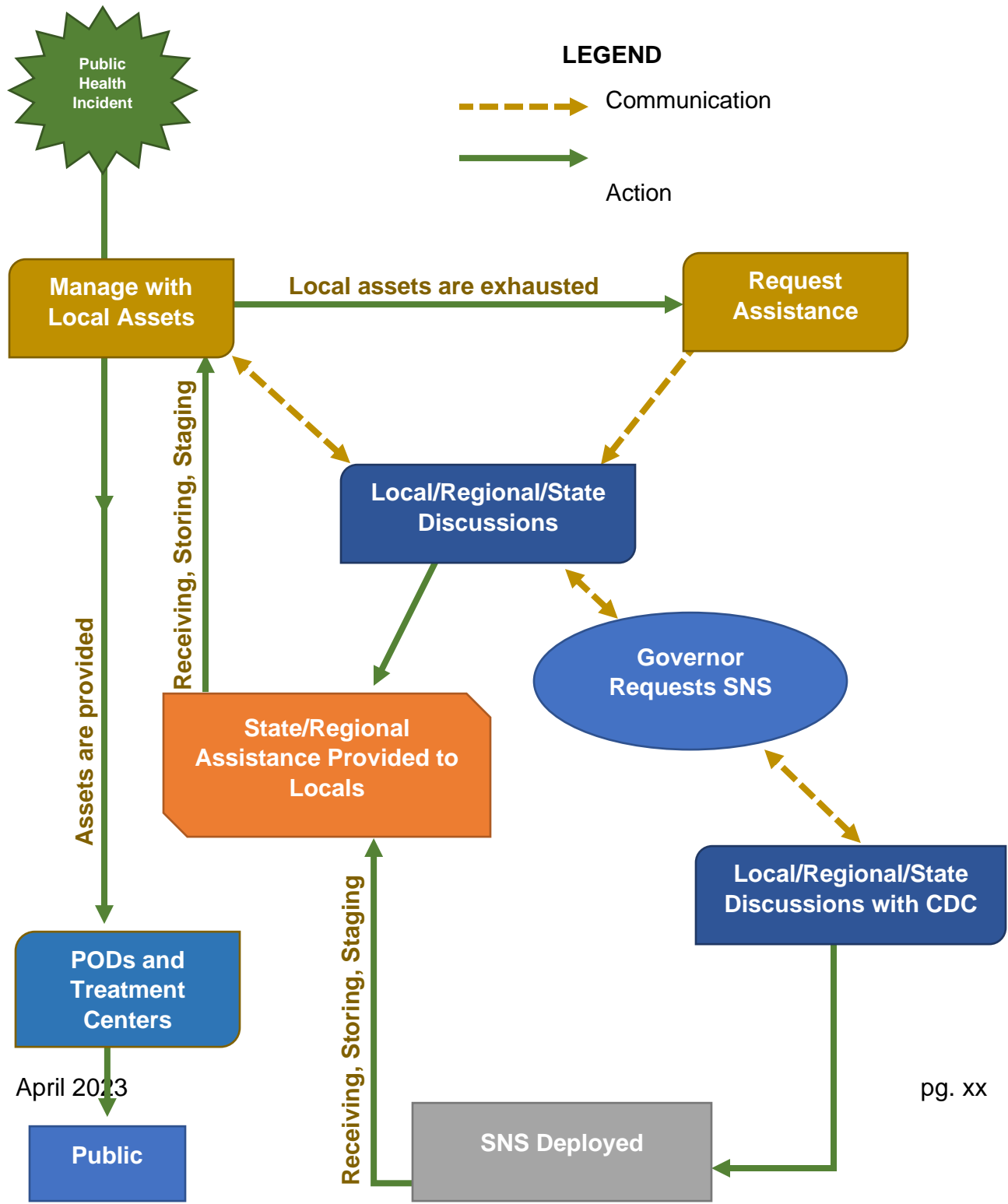
1. Local jurisdiction identifies an outbreak.
2. Consultation between local, regional, and/or state officials to determine appropriate control measures, including whether the situation calls for mass treatment, prophylaxis, or vaccination.
3. If it is determined that some portion of the SNS is needed, a recommendation will be made by the Commissioner of Health, in coordination with the Texas Division of Emergency Management (TDEM), that the Governor or his Designee request the SNS.
4. Governor or his Designee will make the official request to the CDC to deploy the SNS.
5. CDC will initiate a conference call with key parties at the local, regional, state, and federal level within public health, emergency management, and law enforcement agencies to confer and coordinate specific deployment plans.

The algorithm, based on CDC SNS guidance, on the following page (Figure 1) shows how an SNS request is made and how the CDC determines if SNS should be deployed. Based on recommendations from HCHHSD and DSHS, the CDC along with the director of FEMA, will request the SNS. The request will be made to the Director of CDC (this request can be made via the CDC Emergency Hotline).

**Note:** Hidalgo County OEM is responsible for the rapid notification of local and state officials of an event that may require the SNS.

Once the SNS is deployed, a communications procedure must be developed to activate the distribution procedure described in this plan.

Figure 1. Algorithm for Requesting, Deploying, and Receiving the SNS



### **Critical Functions**

Each of the functions listed below is a critical piece of the overall SNS distribution process:

1. **SNS Request:** Local and State partners must take actions to officially request the SNS.
2. **Health Emergency Coordination:** Management of Hidalgo County's medical response to a disaster, including designation of locations for dispensing SNS medicines and directing the delivery of specific quantities of items to specific points.
3. **Material Management:** Management of the SNS supplies, including receiving, staging, inventory, and replenishment needs for the receiving site, as well as oversight of the dispensing sites.
4. **Transportation:** Coordination of the movement of SNS supplies, including the initial shipment as well as delivery and replenishment to the dispensing and treatment sites
5. **Communications:** Management of the communications between all SNS functions to ensure a smooth delivery of SNS material to those who need it.
6. **Security:** Management of actions that safeguard the SNS and protect those who work to deliver it.
7. **Dispensing and Treatment:** Management of the distribution of SNS supplies for prophylaxis and/or treatment of the symptomatic and asymptomatic population.
8. **Repackaging:** Management of the repackaging of bulk quantities of drugs in the SNS to individual regimens that the Dispensing and Treatment function distributes to the public.
9. **Public Information:** Management of information provided to the public about what it must do to get prescribed drugs if they are asymptomatic and treatment if they are symptomatic.

### **Managed Inventory (MI)**

Decisions to initiate a request for pharmaceuticals and medical materials are made on a community-by-community basis by the HCHSD Director in coordination with County Judge, elected officials, and Hidalgo County EMC. Direction and control of local resources and activities will be conducted by the EOC, in coordination with the RMOC, DDC.

### **Medical Countermeasure Response**

Emergency response begins at the local level. County judges and city mayors are the designated Emergency Management Directors (EMD) of their jurisdictions, as stated in Texas Government Code, Chapter 418.

Medical countermeasures response organizations originate at the local level and can expand all the way to the federal government. Given the potential complexity of the event, effective response relies on communication and collaboration between private sector and volunteer organization partners, along with public entities at all levels of government.

Regional Health and Medical Operations Centers (RHMOCs) are staffed with local regional and state public health officials and other medical response partners who coordinate resources and mutual aid in conjunction with local and regional emergency

Hidalgo County  
Appendix 8: Medical Countermeasures Plan

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response entities. RHMOCs coordinate with DDCs to ensure that regionally based state resources are applied to a response before requesting additional state support from outside the region. RHMOCs serve as the public health and medical coordination points for disaster districts and provide public health and medical expertise to DDC Chairs.

DDC Chairs are Texas Department of Public Safety (DPS) Highway Patrol (THP) Division Captains or Command Lieutenants who direct each DDC. DDCs consist of state agencies and volunteer groups that can provide disaster response and recovery resources within the district's area of responsibility. This group assists the DDC Chair in identifying, mobilizing, and deploying personnel, equipment, supplies, and technical support to respond to requests for emergency assistance from local governments and state agencies in each disaster district.

If DDC-level resources are inadequate to support the type or amount of assistance requested by a local jurisdiction, DDCs can request additional resources from the State Operations Center (SOC) using a State of Texas Assistance Request (STAR).

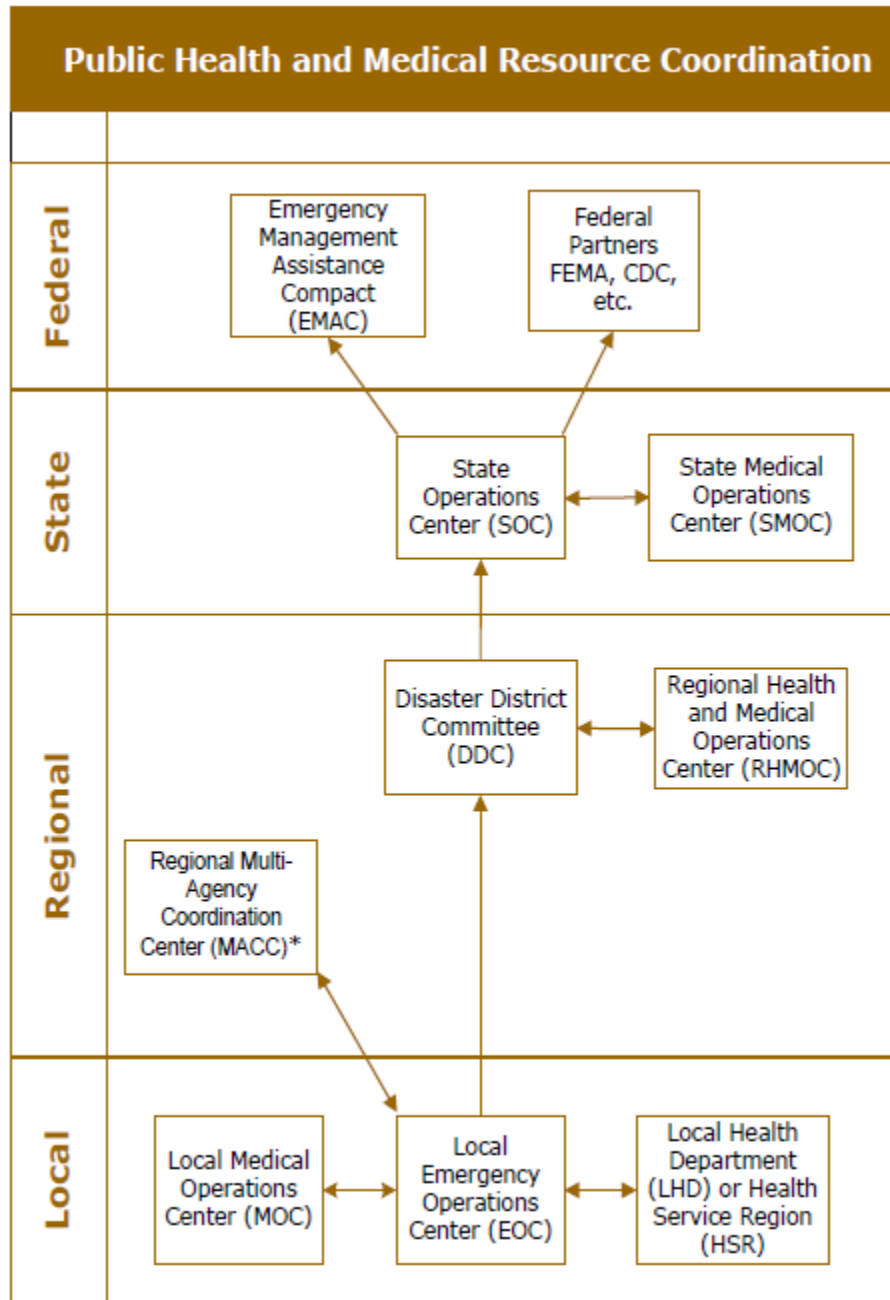
Together with supporting emergency management council entities, voluntary organizations, and private sector partners, the Texas Division of Emergency Management (TDEM) operates the SOC, coordinating with state entities to fill unmet operational requirements.

State emergency public health and medical coordination occurs at the State Medical Operations Center (SMOC). When activated, the SMOC acts as an extension of the SOC, facilitating coordination with RHMOC to support local jurisdiction and state agency public health and medical response operations.

If the state cannot meet mission requirements using state resources, the SMOC can assist the SOC in preparing Emergency Management Assistance Compact (EMAC) requests for support from other states or Resource Request Forms (RRF) to the Federal Emergency Management Agency (FEMA) for federal support to the state. Please see Figure 2 on the next page for a descriptive jurisdictional decision tree.

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Figure 2. Jurisdictional Decision Tree



\*Coordination with Regional MACCs where applicable.

## Dispensing Methodologies

This section highlights options of dispensing medical products to the public. Based on needs and operational capabilities, HCHHS Director, along with the Medical Health Authority and the SNS Coordinator will choose a dispensing methodology that is best suited for the communities and to the threat at hand.

### 1. Estimating the number of PODs needed

Jurisdictions can use a head-of-household (HHH) model for estimation. In this model, a designated HHH would pick up medicines for all members of a family. The estimation is derived by dividing the jurisdiction's total population (TP) by the average size of households in the area to determine a new total population to plug in the formula. This basic model allows for planners to add or subtract more time for set up or average household. This will be based on a 48-hour request timeline.

### 2. POD Types

#### a. Open PODs

Local jurisdictions will utilize these facilities to dispense medications to the public. These are usually schools, convention centers, or large facilities with the ability to accommodate large numbers of clients.

#### b. Closed PODs

Entities such as businesses, universities, healthcare facilities, or others can enter into an agreement to dispense medications to their populations in a secure setting. These are not open to the public and local planners should agree upon the manner in which these sites will receive or pick up countermeasures. Jurisdictions are encouraged to engage potential Closed POD partners and enter agreements with these partners.

### 3. Non-Medical Model vs. Medical Model

#### a. Non-medical model

Dispensing for *non-medical models* is only for oral medications. An approved screening form and algorithm will help to ensure the proper medication is dispensed. This type of dispensing does not require medically trained staff to dispense the medications. Per the Public Readiness and Emergency Preparedness Act (PREP), staff dispensing medication is legally protected from liability in a declared public health emergency.

Staff positions to consider for a *non-medical model*:

- i. Entry: Patients enter through a designated doorway or entrance to POD.
- ii. Greeting and Forms Distribution: Queuing and Greeting Staff greet patients upon entrance, triage ill patients, and distribute medical screening forms. Patients are then instructed to move to the Queuing Area.
- iii. Waiting Area: Patients fill out medical screening forms and form a line for forms to be screened.
- iv. Screening Station: After the Queuing Area, patients are directed to the Screening Station where Screeners evaluate the completed medical screening forms.

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- v. Special Assistance Station: Patients with medical contraindications (as indicated by the form), mental health issues, or other special needs are directed to this station.
- vi. Dispensing Area: Medications are dispensed to patients after Dispensing Staff validate the medical screening form.
- vii. Exit: Exit Staff perform a final check of the medical screening form and the amount of medication dispensed to verify accuracy.

Please see Figure 3 and 4 below for a sample organizational chart and flow diagram for a *non-medical model*.

Figure 3. Sample Organizational Chart: Non-medical model

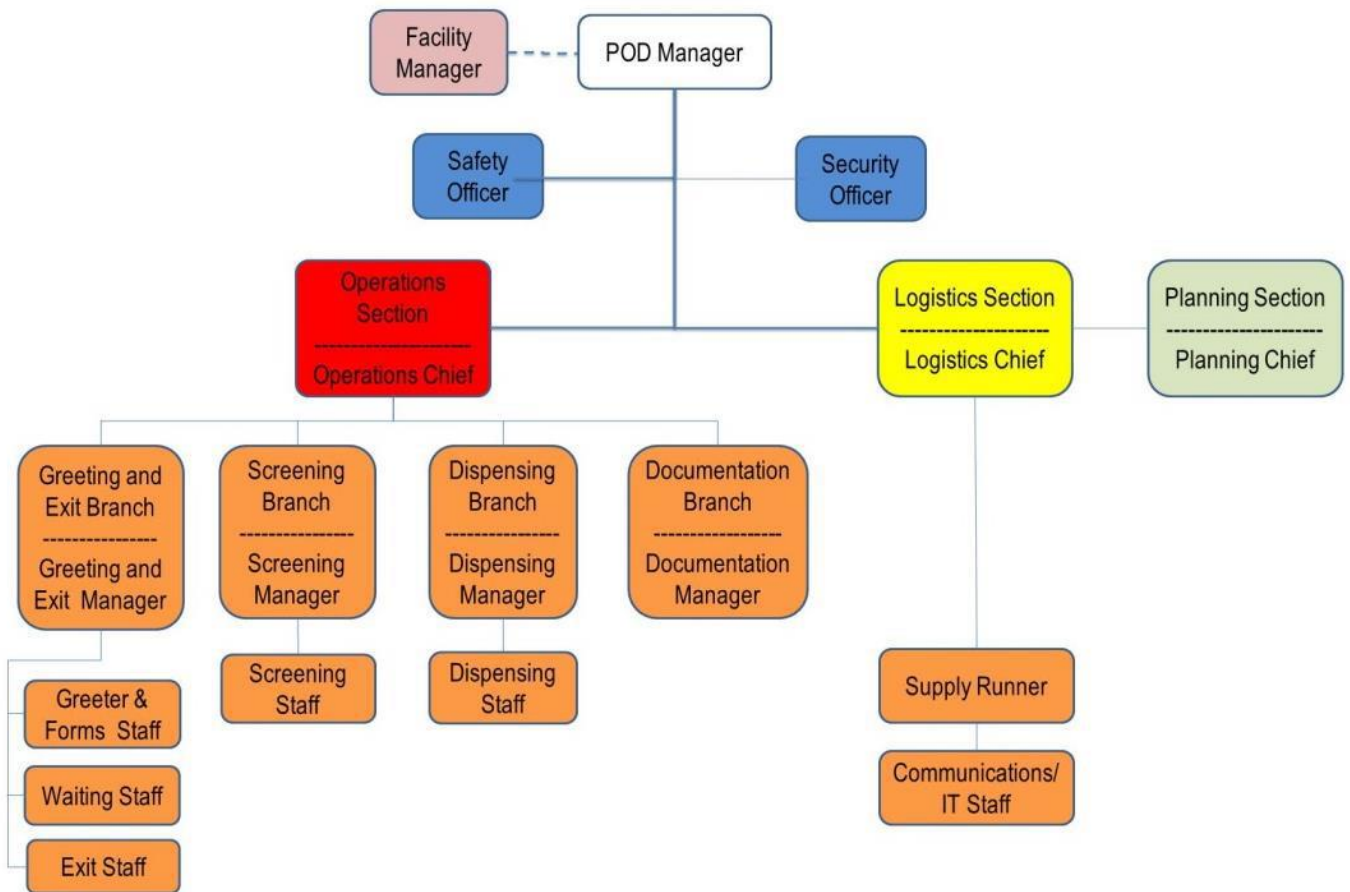
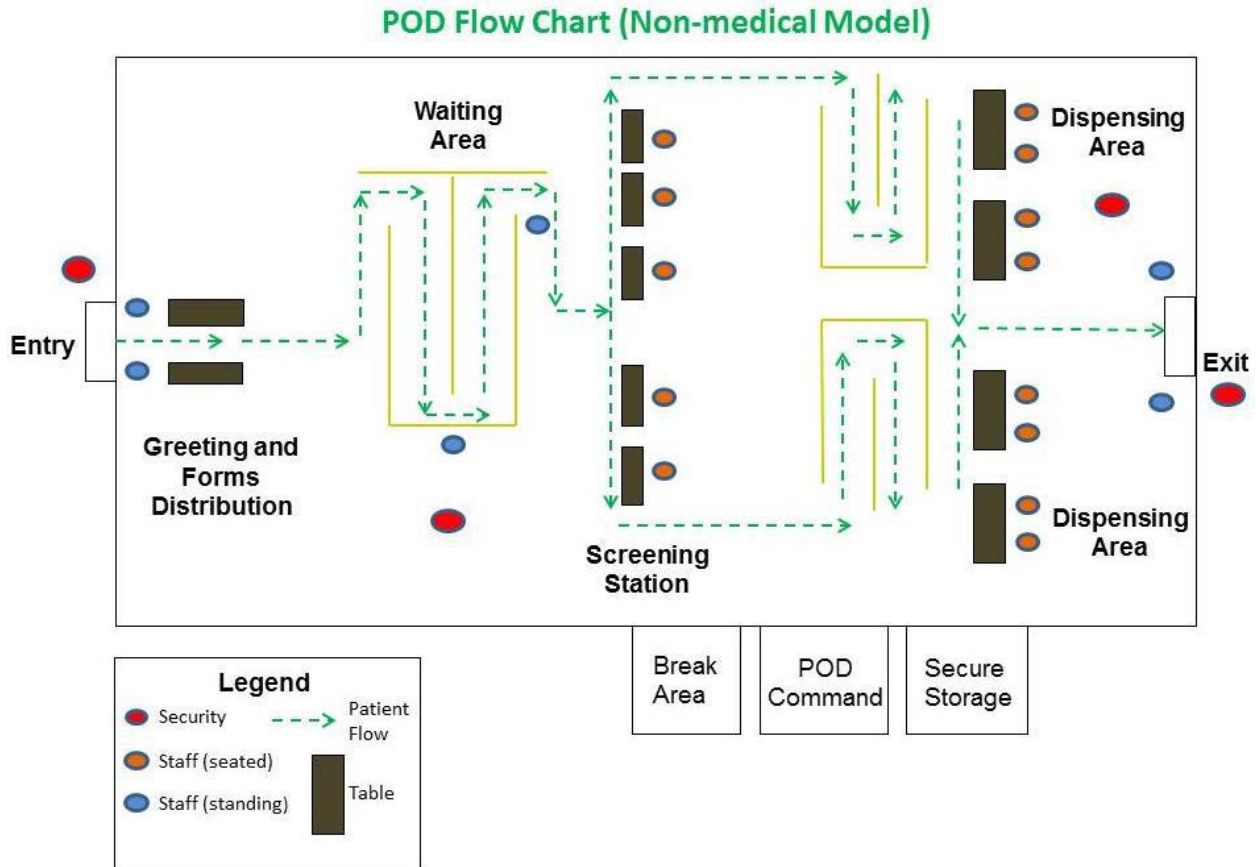


Figure 4. Sample Flow Diagram: Non-medical Model



b. Medical Model

A *medical model* is a mass prophylaxis/vaccination operation that has direct oversight by licensed medical professionals, such as a vaccination clinic. Not all staff within a medical POD need to be trained medical professionals. Specific positions require a licensed medical professional and qualifications are referenced within each job action sheet.

Medical PODs are best used for incidents needing:

- Complex screening forms and/or algorithms
- Mass vaccinations
- Other invasive procedures

PODs including clinical consultation and medical observation are considered a medical model. It is recommended that clients be observed for any adverse reactions to the vaccination received.

Staff positions to consider for a *medical model*:

- i. Entry: Clients enter through designated doorway or entrance to POD.
- ii. Greeting and Form Distribution: Greeting and Forms Staff distribute medical screening forms and direct clients to the Form Completion Area.
- iii. Form Completion Area: Seated area where clients complete their forms; Form Completion Staff are present to answer the public's questions.

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- iv. Screening Area: Upon form completion, clients are directed into a queue for this station. Screening Staff evaluate forms and direct clients to the Vaccination/ Dispensing Queue or Clinical Medical Consultation.
- v. Clinical Medical Consultation: Clients with medical contraindications are directed to this medical professional station for further screening and medical evaluation.
- vi. Vaccination/Dispensing Queue: Clients with no medical contraindications are directed to this queue to await vaccination/dispensation from a trained medical professional.
- vii. Vaccination/Dispensing Lanes: Lanes where trained medical professionals administer vaccinations/dispensations.
- viii. Observation Area: After receiving their vaccination, clients are directed to this waiting area to be observed by trained medical professionals for adverse reactions.
- ix. Behavioral Health Table (recommended): If clients have any behavioral health needs, they will be directed to this designated table staffed by trained mental health professionals.
- x. Form Collection and Exit: Exit Staff will collect medical screening forms from clients once they have been cleared to leave the Observation Area and exit the facility.

Please see Figure 5 and 6 below for a sample organizational chart and flow diagram for a *medical model*.

Figure 5. Sample organizational chart: Medical model

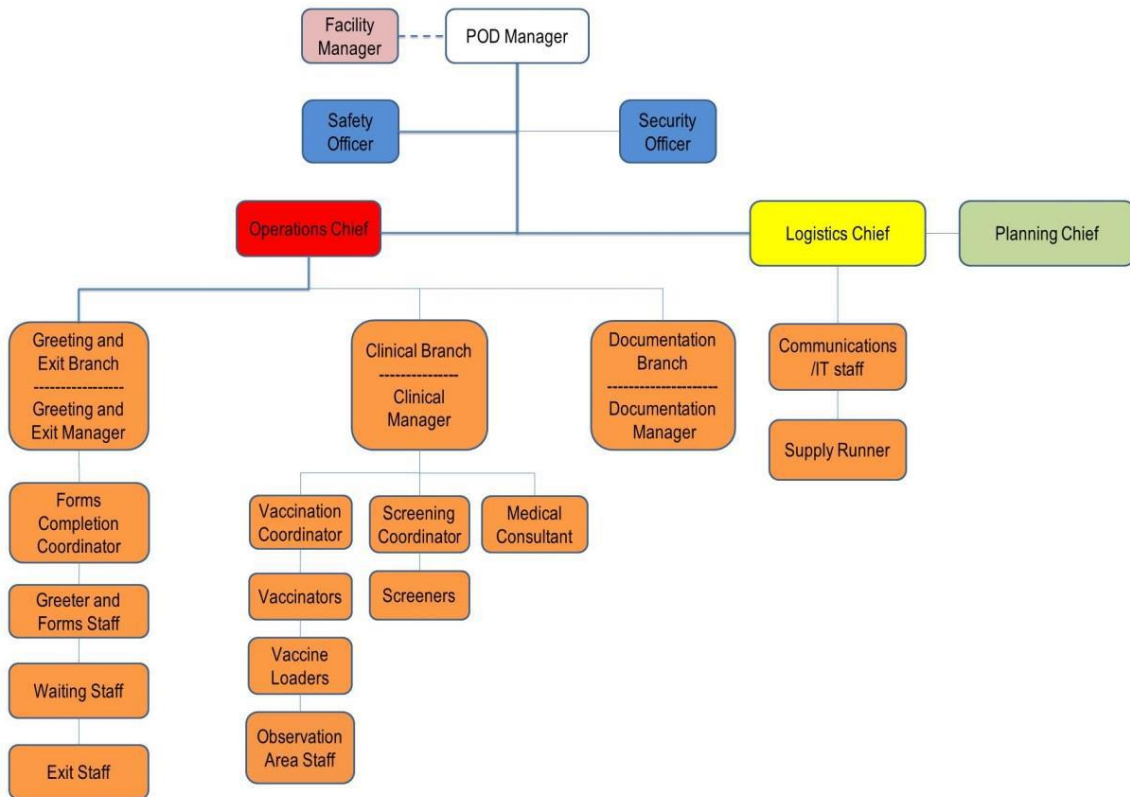
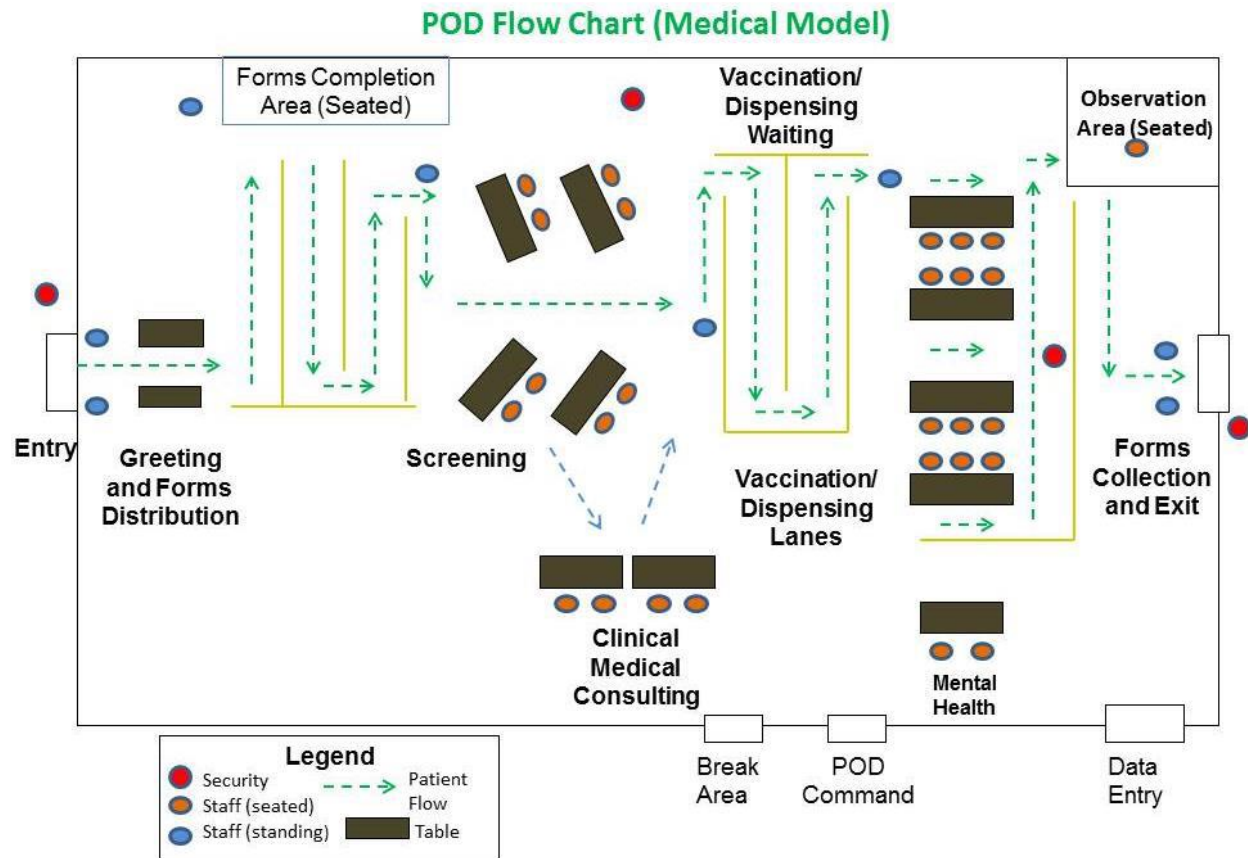


Figure 6. Sample flow chart: Medical model



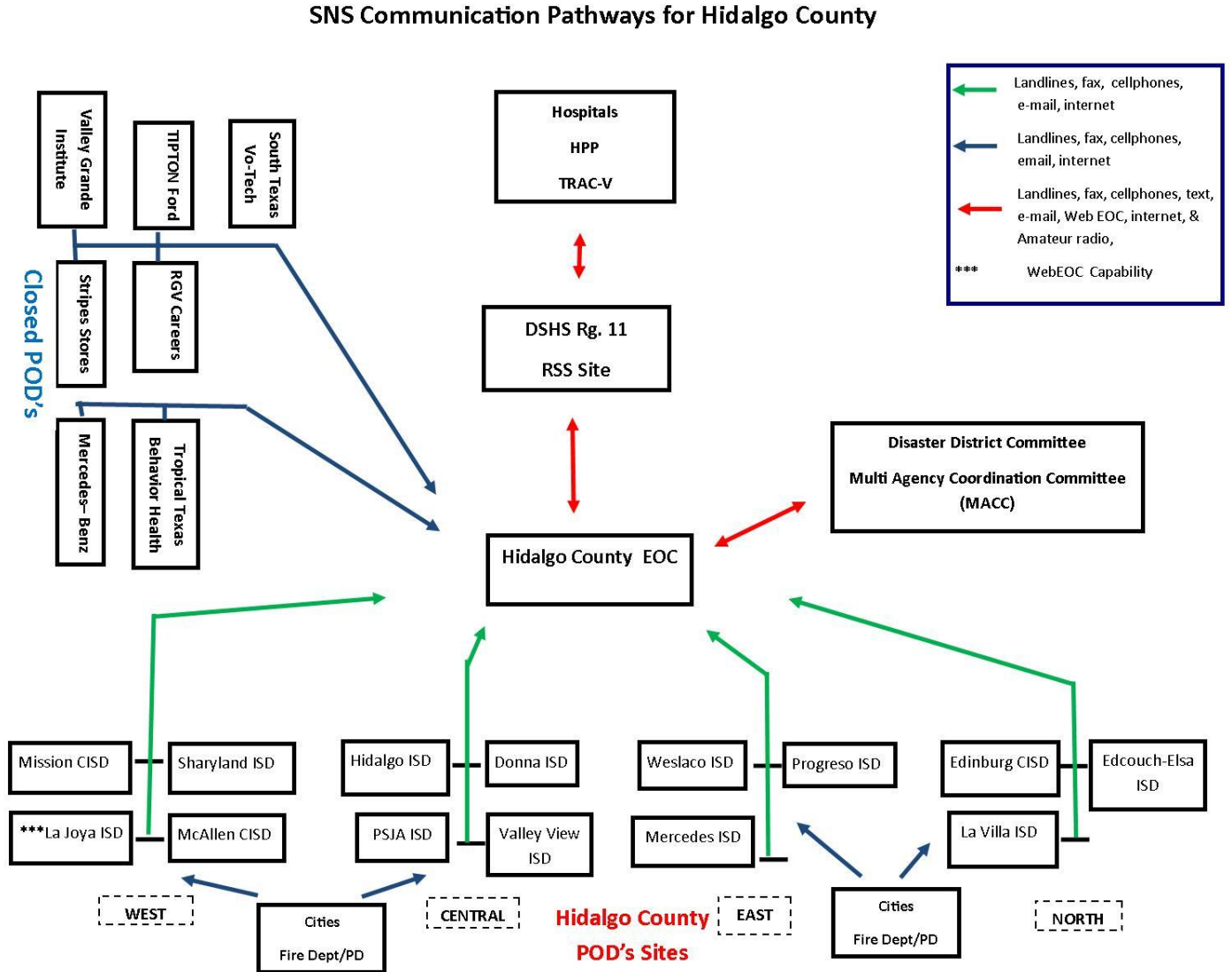
### Health Emergency Coordination

This section describes the overall coordination of the distribution of material from the SNS. Personnel deployed to the RMOC will operate through the EOC. FEMA will notify the appropriate agencies, coordinate logistics, and include other jurisdictions (local/regional/state), as necessary.

Figure 7 below illustrates the overall flow and coordination of SNS supplies.

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Figure 7. SNS Communication Pathways for Hidalgo County



1. Responsibilities of Key SNS Staff

The distribution of SNS material involves the critical functions listed previously. During an incident, most of the SNS management staff will be located at the Hidalgo County Health MOC. Other essential staff will be located at the Distribution and Repackaging Center or at the Hidalgo County Emergency Command Center. Both primary and alternate staff members have been assigned these positions. The following positions are relating to the ESF-8 requirements:

- a. SNS Manager: In charge of managing the SNS from the receipt to the recovery. The SNS Manager has the authority to sign for the SNS. Thus, the designee must be a clinician with an active DEA license or agent thereof to sign for the controlled or prescriptive substances of the SNS.

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- b. Planning Function Lead: In charge of documenting the entire medical countermeasure incident from the request process until the demobilization of assets and conclusion of the event. Similarly to any all-hazards event, an Incident Action Plan will be initiated that will document all aspects of the response. Additional documentation that is generated in a medical countermeasure event, such as legal documents pertaining the request and release of the SNS assets, will be in possession of the planning lead until the completion of the event for appropriate filing or submission. The planning function will distribute plans and communicate objectives and tasks to staff involved with the response of the event and will coordinate tactic meetings throughout the event to assure communication of critical information for the success of the operation.
- c. Inventory Function Lead: In charge of material management, receiving and staging, and re-supply.
- d. Repackaging Manager: In charge of repackaging of medical supplies, including counting, packaging, and labeling.
- e. Dispensing Function Lead: In charge of dispensing medications to the public (for asymptomatic individuals) in coordination with the Inventory Function Lead. Also responsible for policies regarding triage, counseling, and other functions of the dispensing sites.
- f. Treatment Function Lead: In charge of treatment (for symptomatic individuals) and advising hospitals, medical practitioners, and managing alternate treatment facilities, if necessary. This manager will be a licensed professional (i.e., RN, Physician).
- g. Distribution Function Lead: In charge of transportation and movement of all material, including initial shipment, re-supply shipments, and transport from the Distribution and Repackaging Center to the different delivery points (i.e., hospitals, dispensing sites).
- h. Security Function Lead: In charge of security at the Distribution and Repackaging Center, dispensing sites, other delivery points. Security Function lead must coordinate security efforts with the National Guard and law enforcement agencies during all transport needs, as available.
- i. Communications Function Lead: In charge of operational communications among all sites involved in SNS Management, receiving, and distributing.
- j. Public Information Coordinator: In charge of disseminating information to the media and to the public in coordination with the Dispensing and Treatment Manager, Incident Command, Judge's office, and regional public information officers.

### **Special/Vulnerable Population Coordination**

Prior to an event needing SNS assets, each vulnerable population agency (i.e., nursing homes, adult day cares, home health services, jails) must identify their facilities to its jurisdiction notifying their location and the number of patients it can support. Additionally, local SNS planners will ensure that health workers and hospital staff work collaboratively when training for SNS response activities. The HCHHSD PHEP Program will:

1. Explain the role treatments centers fulfill in SNS operations.
2. Introduce additional resources available.
3. Explain the need for them to take care of their special vulnerable population in case of an emergency.
4. Train hospital staff to vaccinate, how to provide prophylaxis, and/or evacuate their population.

### **Local SNS Communication Messages and Materials**

Local and regional communication messages and materials will be required if SNS assets are deployed. The designated PIOs for the county will need specific communication materials, developed in coordination with cities and other local jurisdictions to ensure message consistency. DSHS has already provided the HCHHSD with Shelf Kits which include dispensing messages and guidance for local dispensing messages, fact sheets, flier, dispensing site materials, and media templates. HCHHSD will also provide training and education to POD sites on:

1. Pre-event preparedness,
2. Directing people to the dispensing sites, using county of residence, when possible,
3. Informing people about alternative dispensing methods,
4. Helping people navigate the dispensing sites (i.e., providing POD videos to news stations, physically helping individuals navigate),
5. Providing information to people once they leave the dispensing sites,
6. Follow up messaging to ensure medication compliance,
7. Information on Category A agents,
8. Information on medications used for prophylaxis and treatment.

### **SNS Templates and Materials**

The CDC and DSHS have templates ready for use on their websites:

1. Agent-Specific Materials (State Produced in Spanish and English)
  - a. Fact sheets on the agent, including its threat to the public and its potential for being contagious.
  - b. Information about who should be concerned about exposure to the agent.
  - c. Signs and symptoms of types of exposure.
  - d. Specification regarding which person should seek preventive treatment at dispensing sites and who should seek symptomatic treatment at treatment centers.
  - e. What an individual should do if exposed to the agent.
2. Points of Dispensing Sites and Treatment Locations (Spanish and English)
  - a. Instructions on accessing appropriate dispensing sites or treatment locations.
  - b. Description of the dispensing process.
  - c. Forms of identification needed.
  - d. How-to pick-up medication for family members.
  - e. How individuals in special populations may access sites.
  - f. Information about alternative dispensing sites.

- g. Information videos for mass media are used to instruct the public how to proceed at dispensing sites.
- h. Instructions and assistance on mechanisms already in place to translate information, hearing impaired, visually impaired, or functionally illiterate.

### **Public Information and Communication (PIC)**

In large scale SNS events, it is important that public information efforts at the local level and at the state level are in coordination with the Joint Information Center (JIC) when distributing information to the public. The ability to effectively inform, educate, and mobilize the public will be critical to the success of any mass treatment effort. HCHHSD will:

- 1. Identify partners involved in PIC planning.
- 2. Define roles and responsibilities during a health emergency.
- 3. Address special population message distribution.
- 4. Delineate state\local responsibilities.

### **Administration & Support**

If both the EOC and an ICP are operating, the Incident Commander and the EOC must agree upon a specific division of responsibilities for emergency response activities to avoid duplication of effort as well as conflicting guidance and direction. The EOC and the ICP must maintain a regular two-way information flow.

The HCHHSD Director or SNS Coordinator will serve as the primary representative for the coordination of SNS deployment activities.

### **Strategic National Stockpile Coordinators**

**Crystal Cabrera**, *SNS Coordinator*

**Diana Cortes**, *PHEP Coordinator*

### **Expenditures and Record Keeping**

Each responding agency will maintain a record of all expenditures incurred during response operations for possible state or federal reimbursement after the event.

### **Legal**

To establish consistency, the following guidance is intended to clarify some of the legal issues that may arise during an emergency.

- 1. Standing Orders  
HCHHSD, Medical Health Authority is authorized to issue standing orders and protocols for dispensing sites. However, if a local order is not in place the Regional Health Authority might develop a standing order to prescribe medications for individuals at a Point of Dispensing (POD) site during a mass prophylaxis event. This order will include only those jurisdictions that do not have orders in place.
- 2. Authority to Dispense  
During an emergency event that the HCHHSD Medical Health Authority has determined there is a need to use the Strategic National Stockpile medical assets for

Hidalgo County  
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prophylaxis purposes, the following authority might go into effect. A medical practitioner may furnish a patient with any drug during an emergency. Additionally, the furnishing of drugs by a medical practitioner will only be conducted in special incidents requiring the SNS and is not a usual course of doing business. Therefore, all licensed medical practitioners who have a relationship with dispensing medications are potential candidates to dispense at a POD. A “medical practitioner” means any person licensed by the state of Texas to engage in the practice of medicine, dentistry, osteopathy, podiatry, optometry, or a nursing specialty and is in the licensed practice to administer or prescribe drugs. HCHHSD’s Medical Health Authority and/or DSHS Regional Health Authority will ultimately decide eligibility to dispense as long as it does not supersede the above guidance.

3. Liability

The Governor may authorize the incurring of liabilities and expenses to be paid as other claims against the state from the general fund, in the amount necessary, upon activation of the incident response portion of the state disaster and emergency plan. DSHS state and region are working to clarify liability and workers compensation issues for volunteers and will be included in future revisions of this document. Each county and city will ensure that lists of volunteers are provided to their local EOC. The State EOC will ensure that a list of all volunteers providing service to state functions is maintained as well. Money might not be used to reimburse a local government from incident response costs incurred by that local government.

4. Procurement of Private Property

DSHS has an MOU in place with the RSS facility to avoid private property procurement issues. Additionally, HCHHSD has an MOU with an Alpha RSS site to ensure the ability to distribute medical materiel to closed and open PODs.

5. Policy Issues

To establish consistency, the following guidance is intended to clarify some legal policy issues that may arise during an emergency.

a. Doses

The number of doses that an individual will be allowed to pick up will be determined at the time of the event based on availability. However, if medication availability is not an impeding issue, each individual over the age of 18 may pick up as many as five doses of medication for up to six immediate family members unless the family is greater than 5 minors. In such an event, medication for all family members can be picked up. The names of recipients of the medication will be collected at each POD along with the name of the person picking up the medication. The family members will provide family medical history and one sort of identification to account for each member. The packets for their family members will include several doses depending on the agent (i.e., 3-day doses, 1 week doses).

Patient educators assist minors not accompanied by responsible adults (parents/guardians) and will attempt to contact these responsible adults by telephone to gain concurrence in prophylaxis. Minors will not be given prophylaxis without the approval of a responsible adult. Those presenting themselves for prophylaxis, without a responsible adult present, or reachable by telephone will be

sent home with instructions to return with an appropriate adult (unless the state requests to provide to minor).

### **Guidance and Policies**

HCHHSD will follow State guidance and policies in an actual emergency the following are types of Consents:

- i. Consent for Non-Emergency Care of a Minor in a Disaster
- ii. Consent for Emergency Care of a Minor in a Disaster
- iii. Consent to Immunization of a Minor in a Disaster

HCHHSD will follow State guidance and policies in an actual emergency if no guidance is given to HCHHSD:

#### **1. SNS REQUEST Identification Requirements**

Individuals picking up medication for others must have a picture ID to determine that they are over 18 years of age. *Proof of citizenship is not required.* Local plans need to emphasize that medicines should be picked up in an individual's county/city of residence whenever possible. However, consideration must be given to those unable to receive treatment from their jurisdiction of residence such as university students or tourists.

#### **2. Law Enforcement Rules of Engagement**

Each POD is required to work with local law enforcement authorities to develop a security plan for the facility. Local Law Enforcement and DPS will consider traffic flow, crowd management, physical security concerns, and what steps will be taken in the event of a riot or unruly population. It is at the discretion of the local law enforcement whether the facility would need an officer on site, or procedures on how to contact help if needed (i.e., dial 9-1-1).

#### **3. Adverse Reactions**

The Vaccine Adverse Event Reporting System (VAERS) is a national program that collects information about adverse events following vaccinations for the purpose of monitoring vaccine safety in the United States. Adverse events are defined as health effects that occur after vaccination that may or may not be related to the vaccine. The National Childhood Vaccine Injury Act (NCVIA) of 1986 mandated the reporting of certain adverse events, and VAERS was created in 1990 to provide a database management system for the collection and analysis of these reports. It is operated jointly by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). These agencies monitor VAERS data to detect previously unknown adverse events or increases in known adverse events for each vaccine and each lot number. The effectiveness of a national surveillance system is directly dependent on the participation of health professionals. VAERS provides vital information of clinical importance. Trends in VAERS surveillance data initiate further investigation of potential problems in vaccine safety or efficacy. Complete reporting of post-vaccination events supplies public health professionals with the information they need to ensure the safest strategies of vaccine administration. The process is dependent on voluntary submission of reports of possible vaccine-associated events

to VAERS by physicians and health professionals.

4. Liability and Indemnification

Almost without exception, the use of any medical product can produce unintended side effects that may cause injury or harm to the patient. By extension, the SNS has the potential not only to do great good but also to cause unintended harm. This is even more likely to be the case if the SNS is deployed based on its use in prophylaxis of persons who may or may not have been exposed to a harmful agent. Mair and Mair identified several precedents that relate to handling vaccine liability that may also be applied to other SNS material. They noted that these are not always mutually exclusive. The government can 1) substitute itself as defendant and accept liability on behalf of the participants in the vaccination program, 2) decide that no one needs to be held liable and establish a no-fault compensation program, 3) indemnify (i.e., reimburse) vaccine manufacturers and distributors, providers, and other participants after they have been sued and a judgment issued against them, or 4) alter the normal rules of litigation and/or compensation. Given the current legal status of the SNS within the DHS, is the language in the Homeland Security Act that speaks to liability following administration of medical products. Government liability is expressly addressed by Section 304 of the Act, which applies only to “covered countermeasures against smallpox.” If the same vaccines and treatments are used for a pathogen other than smallpox—for example, monkey pox Section 304 does not apply. Moreover, if vaccines or treatments are developed or used for other possible bioterrorism agents (e.g., bacteria such as plague, toxins such as botulinum, viruses such as Ebola, etc.), the Act must be amended, or a new law enacted.

## Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures Plan annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures Plan and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
3. Once the Public Health & Medical Services Plan Appendix 8: Medical Countermeasures Plan has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner’s Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures Plan is updated and presented to Commissioner’s Court every five years with input from Emergency Management and various stakeholders. Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs.

Hidalgo County  
Appendix 8: Medical Countermeasures Plan

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Copies of the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures Plan are kept at HCHHSD's main offices at **1304 S. 25<sup>th</sup> Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

Public Health Emergency Preparedness Division (PHEP)

Clinical Health Services

Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

## Attachments

Attachment I – Receipt, Staging, and Storage (RSS)

Attachment II – Coordination with Treatment Centers

Attachment III – Inventory Control

Attachment IV – Repacking

Attachment V – Security

Attachment VI – Dispensing

Attachment VII – Command and Control

Attachment VIII – Tactical Communications

Attachment IX – First Responder Prophylaxis and Vaccination

Attachment X – CHEMPACK Program

# Hidalgo County



## Appendix 8: Medical Countermeasures Plan

### Attachment 1: Receipt, Storage, and Staging (RSS)

April 2023

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**Approval and Implementation**

# **Appendix 8: Medical Countermeasures Plan**

## **Attachment 1: Receipt, Staging, and Storage (RSS)**

This attachment is hereby approved for implementation and supersedes all previous editions.

\_\_\_\_\_  
Eduardo Olivarez  
Director, Health & Human Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ricardo Saldaña  
Emergency Management Coordinator

\_\_\_\_\_  
Date

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## Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

## Purpose

The purpose of the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Attachment 1: Receipt, Staging, and Storage (RSS) is to establish and provide operational guidelines for responding to public health emergencies resulting from terrorist attacks and/or natural disasters where local resources have been exhausted, assistance from the Strategic National Stockpile (SNS) assets have been requested, and a decision has been made to deploy the SNS. This attachment identifies the Texas Department of State Health Services, Region 11 (DSHS R-11), as the lead agency when SNS assets have been deployed and identifies the roles and responsibilities relating to the core functions of the SNS as outlined by the Centers for Disease Control and Prevention (CDC) in *Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide to Preparedness, Version 11*. This attachment will primarily support the Hidalgo County Health and Human Services Department (HCHHSD) as the lead agency for Hidalgo County and Closed Points of Dispensing (PODs) when the SNS assets have been deployed.

## Explanation of Terms

### Acronyms

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures, Explanation of Terms.

### Definitions

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Explanation of Terms.

## Situation & Assumptions

### Situation

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Situation & Assumptions.

### Assumptions

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Situation & Assumptions.

## Concept of Operations

### General

HCHHSD has developed an efficient and effective strategy for the receipt, staging, storage, controlling, and distribution of life-saving drugs, medical equipment, and supplies from the SNS. HCHHSD will serve as the lead agency for the Closed PODs in this strategy which consists of the following:

1. Pre-identifying facilities that will serve as Closed PODs and securing the forms of distribution for each location.
2. The Hidalgo County Receiving, Storing, and Staging (RSS) Site will be identified during the deployment of Strategic National Stockpile (SNS) assets and will depend on the location, nature, and scope of the incident.
  - The RSS warehouse site selected for use during deployment will be located as close to the incident as is safe and feasible.
  - It is preferable that the RSS warehouse site selected will **NOT** be in the city/county where incident has occurred.
3. Distribution of the drugs, medical equipment, and supplies will occur directly from the RSS warehouse site to dispensing clinics and treatment centers without the use of mid-point distribution centers.

## Organization & Assignment of Responsibilities

### Organization

HCHHSD's organization will plan and carry out public health and medical operations during the activation of the RSS for distribution. HCHHSD functions as the local Medical Health Authority. HCHHSD has primary responsibility for health and medical services and shall designate its SNS Coordinator to plan and coordinate these services during emergency situations. The SNS Coordinator will coordinate the public health response through the Incident Commander.

Upon receipt of official notification of an actual or potential emergency condition, it is the responsibility of the SNS Coordinator in conjunction with the Medical Health Authority and the Emergency Management Coordinator to receive and disburse stockpile to all designated POD sites.

### Assignment of Responsibilities

1. Texas Department of State Health Services Region 11 (DSHS R-11)  
DSHS R-11 has primary responsibility for the RSS site. The designated RSS site for our jurisdiction is the University of Texas – Rio Grande Valley Annex building located at 1407 East Freddy Gonzalez Drive, Edinburg, TX 78539.
2. RSS Warehouse Procedures
  - a. Transfer of controlled substances.

Hidalgo County  
Appendix 8: Medical Countermeasures Plan

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- b. Offloading the SNS materials at the RSS site
- In coordination with the Warehouse Manager, the RSS Function Leader will determine which area of the RSS sites will be used for the storage of containers, staging, reloading, and repackaging of bulk drugs.
  - RSS sites with loading docks
    - RSS site has multiple loading docks. In coordination with the Warehouse Manager, the Safety Officer, and the Material Handler Leader, the RSS Function Leader will determine which docks will be utilized for unloading the trucks and which docks will be utilized for reloading of distribution trucks.
    - Following the established procedures and safety protocols of the RSS site, the trucks will be backed up to the specified loading docks and the cargo containers removed (rolled) from the trucks by the Material Handlers.
    - The number of docks utilized/trucks unloaded at one time will be determined by the number of Material Handlers available, issues and other considerations (i.e., number of docks, logistics, etc.) specific to the site, and any other circumstances that could affect the safe and timely loading and unloading of material.
  - RSS sites without loading docks
    - If at some future date a potential RSS site does not have loading docks available, plans have been made to use forklifts for offloading the cargo containers from the trucks.
    - If the RSS site has forklifts on site, the Material Handlers will remove the cargo containers from the trucks using the specified forklifts; Material Handlers will follow established safety protocols in the use of the forklifts.
    - If the RSS site does not have forklifts on site, the Hidalgo County representative will contact the Emergency Management Coordinator at the RSS site and request that forklifts be obtained and sent to the RSS site according to predetermined plans, upon notification that the RSS site is being activated.
    - Once the forklifts have been delivered to the RSS site, the Material Handlers will remove the cargo containers from the trucks using the forklifts; Material Handlers will follow established safety protocols in the use of the forklifts.
  - As the cargo containers are offloaded from the trucks, the Material Handler Lead will ensure that the Quality Assurance Lead inspects each container for damages and reports any damage found to the TARU liaison.
- c. Maintenance of temperature controls in the RSS site.
- The RSS Function Leader will work with the Warehouse Manager to ensure that SNS material remains at controlled room temperatures between 58°F and 86°F.
    - If the RSS site is not climate controlled, the RSS Function Leader will contact the Emergency Management Coordinator in Hidalgo County

Hidalgo County  
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for the RSS site to arrange for portable air-conditioning or heating units to be delivered according to pre-determined plans.

d. Inventory Control

A complete description of the Inventory Control Function can be found in the Inventory Control in DSHS R-11, Annex H. However, some of the basic functions of Inventory Control overlap with the RSS procedures and will be briefly described in this Attachment.

- The Quality Assurance Leader will log each undamaged cargo container into Inventory as it is unloaded from the trucks.
- Initial requests for SNS supplies will be filled according to the following process:
  - The Inventory Control Function Leader and the Inventory Control Assistant will work closely with the SNS Coordinator, the Disaster District Chairperson, the State Operation Center (SOC), and the Technical Assistance Response Unit (TARU) to determine which POD sites have been activated in what counties.
  - The Inventory Control Function Leader and Treatment Center Coordinator will work closely with the SNS Coordinator, the Disaster District Chairperson, the SOC, and the TARU to determine which hospitals/treatment centers have requested supplies from the 12-hr. Push Package.
  - The SNS contact person at each hospital/treatment center requiring supplies from the push package will complete an *Initial Inventory Request Form* and fax, email, call in, or radio in the initial inventory request to the Treatment Center Coordinator at the RSS site.
  - The Clinic/POD Coordinator in each activated POD site will complete an *Initial Inventory Request Form* detailing the number of people expected to receive prophylactic treatment at that site and the number of antibiotics requested. The initial inventory request will be faxed, emailed, called in, or radioed into to the Inventory Control Assistant at the RSS site.
  - The Dispensing Site Inventory Control Assistant and the Treatment Center Coordinator will take the *Initial Inventory Request Forms* to the Inventory Control Leader.
- The Inventory Control Leader will coordinate with the Apportionment Leader, the SOC, the SNS Coordinator, and the TARU to determine if initial push package supplies are adequate to fill initial requests.
- If it is determined that current supplies are adequate to fill initial requests:
  - The Inventory Control Leader will inform the Inventory Control Assistant to complete the proper Pick Sheet forms for each dispensing site.
  - The Inventory Control Assistant will complete the Pick Sheets and assign Inventory Pickers to pull the necessary supplies from the cargo containers. Pallets will be loaded, and Material Handlers will move them to the staging area.

Hidalgo County  
Appendix 8: Medical Countermeasures Plan

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- Pallets will be shrink-wrapped by the Material Handlers.
- The Distribution Coordinator will work closely with the Distribution Function Leader, the Department of Public Safety (DPS), and the Distribution Contractor to coordinate delivery locations and best routes for the distribution trucks.
- Material Handlers will load the distribution trucks according to the delivery/route plan agreed upon by the Distribution Contractor, DPS, and the Distribution Function Leader.
- Pick sheets will be completed and turned in to the Data Entry Operators for entry into the inventory control software system.
- If it is determined that current supplies are **NOT** adequate to fill initial requests:
  - The Inventory Control Function Leader and the Apportionment Leader will work closely with the TARU and the SOC to apportion the available supplies to treatment centers and POD sites that require supplies.
  - The Inventory Control Function Leader and the Apportionment Leader will work closely with the TARU, the SOC, and the Repackaging Function Leader to determine if repackaging of the bulk drugs should be undertaken.
  - When the decision is made to apportion the initial SNS supplies, the above process for picking, loading, and distributing will be followed.
- Reorders from POD sites will be received and filled according to the following process:
  - POD sites needing to reorder antibiotics will complete an *Inventory Request Form*.
  - The inventory request will be faxed, emailed, called in, or radioed into to the Inventory Control Assistant at the RSS site.
  - The RSS Site Inventory Control Assistant will receive the reorder requests and review reports generated by the Inventory Control Function Leader.
  - If there are adequate supplies to fill the order:
    - i. The Inventory Control Assistant will complete the Pick Sheet for the order and assign Inventory Pickers to pull the inventory from the cargo containers.
    - ii. The procedure for loading, moving, and shrink- wrapping the pallet described above will be followed.
    - iii. Distribution/delivery trucks will be loaded in coordination with the Distribution Coordinator, DPS, and the Distribution Contractor.
  - If there are **NOT** adequate supplies to fill the order:
    - i. The Inventory Control Function Leader and the Apportionment Leader will work closely with the TARU and ESC to apportion the available supplies to the POD site requesting the supplies.
- Reorders from Treatment Centers will be received and filled according to the following process:

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- Treatment Centers needing to reorder supplies will complete an *Inventory Request Form*. This form will be faxed, emailed, called, or radioed to the Treatment Center Coordinator.
  - The Treatment Center Coordinator will receive the reorder requests and review reports generated by the Inventory Control Function Leader.
  - If there are adequate supplies to fill the order:
    - i. The Treatment Center Coordinator will complete the Pick Sheet for the order and assign Inventory Pickers to pull the inventory from the cargo containers.
    - ii. The procedure for loading, moving, and shrink- wrapping the pallet described above will again be followed.
    - iii. Distribution/delivery trucks will again be loaded in coordination with the Distribution Coordinator, DPS, and the Distribution Contractor.
  - If there are **NOT** adequate supplies to fill the order:
    - i. The Inventory Control Function Leader and the Apportionment Leader will work closely with the TARU and ESC to apportion the available supplies to the Treatment Center in need.
  - The Inventory Control Function Leader will work closely with the SOC, the Disaster District Chairperson, and the TARU, to determine when to request additional SNS supplies.
  - The Inventory Control Function Leader will provide updates on the inventory supplies remaining in the RSS site to the RSS Function Leader every six (6) hours.
  - The RSS Function Leader will provide Situation Reports to the Disaster District Chairperson, the SNS Coordinator, the SOC, and the TARU, every six (6) hours.
- e. Communications at the RSS
- Within the RSS site, communications will depend on the following factors:
    - Type of pre-existing communications equipment at the site.
    - Capacity of the communications equipment depends where the RSS is located.
    - Every effort will be made to ensure effective communication within the RSS, which may include handheld radios, bullhorns, and/or runners.
  - With the Hidalgo County EOC, Disaster District Chairperson, and SOC:
    - The preferred method of communication among the Hidalgo County EOC, Disaster District Chairperson and the SOC will be on land-line telephones. If phone service is interrupted, all available communications equipment will be used including,
      - i. Cell phones
      - ii. Hand-held radios
      - iii. HAM radio
      - iv. Satellite telephone
      - v. Web-EOC

Hidalgo County  
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- The SOC and the DDC will be provided with situation report from the Hidalgo County EOC every six (6) hours.
- With dispensing sites and treatment centers:
  - Reliable means of redundant 24/7 communications such as 2-way radios, HAM radios, and cellular phones will be used.
- With trucks making deliveries:
  - Reliable means of redundant 24/7 communications such as 2-way radios, HAM radios, and cellular phones will be used.

## Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
3. Once the Public Health & Medical Services Plan Appendix 8: Medical Countermeasures has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders. Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures are kept at HCHHSD's main offices at **1304 S. 25<sup>th</sup> Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

Public Health Emergency Preparedness Division (PHEP)

Clinical Health Services

Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Hidalgo County  
Appendix 8: Medical Countermeasures Plan

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Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

# Hidalgo County



## **Appendix 8: Medical Countermeasures Plan**

### **Attachment 2: Coordination with Treatment Centers**

**April 2023**

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**Approval and Implementation**

# **Appendix 8: Medical Countermeasures Plan**

## **Attachment 2: Coordination with Treatment Centers**

This attachment is hereby approved for implementation and supersedes all previous editions.

\_\_\_\_\_  
Eduardo Olivarez  
Director, Health & Human Services

\_\_\_\_\_  
Date

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Ricardo Saldaña  
Emergency Management Coordinator

\_\_\_\_\_  
Date

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## Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

## Purpose

The purpose of the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Attachment 2: Coordination with Treatment Centers is to describe the methods for the requesting and the receipt of deliveries of SNS assets to treatment centers during an emergency.

Resources required for the distribution of SNS assets to treatment centers requires the coordination of the Hidalgo County Emergency Management Coordinator, the Hidalgo County Health and Human Services Department (HCHHSD), the Department of State Health Services, Region 11 (DSHS R-11), and individual hospitals/treatment centers.

## Explanation of Terms

### Acronyms

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures, Explanation of Terms.

### Definitions

Treatment Center: a location in a community where people who are already symptomatic receive treatment. These include hospitals, clinics, and other sites that treat persons who are sick.

## Situation & Assumptions

### Situation

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Situation & Assumptions.

### Assumptions

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Situation & Assumptions.

## Concept of Operations

### Direction and Control

Public health preparedness and response must be coordinated at all levels (local regional, state, and federal) to mitigate the effects of any bio-agents, to prevent morbidity and mortality, and to implement recovery operations.

When notified of a possible bio-terrorism event, and to the extent necessary, HCHHSD will activate and implement the Hidalgo County Bio-terrorism Preparedness and Response Plan which includes, in part, notification of the DSHS/Region 11.

### **SNS Request Procedures**

Upon identification of an outbreak or event, local, regional, and/or state epidemiologists will investigate. The DSHS Biological Emergency Response Team (BERT) will determine appropriate control measures based on epidemiological data, including whether the situation call for mass treatment, prophylaxis, or vaccination. If the BERT, in conjunction with CDC, determines that some portion of the stockpile is required, a recommendation will be made, in coordination with the Texas Division of Emergency Management (TDEM), that the Governor or his Designee requests the SNS.

### **Notifications**

The Hidalgo County EMC, HCHHSD Director, and the DDC Chairperson will be notified.

### **SNS management**

The regional SNS coordinator in the affected area, operating under the direction of the Regional Director, will coordinate and manage operations for implementing the SNS plan in collaboration with the state SNS Coordinator, and the local SNS coordinator.

Initial requests for SNS material from Treatment Centers will be made in coordination with HCHHSD's SNS coordinator, Regional SNS coordinator, and Regional Director, through Hidalgo County EOC to the local DDC. Initial demand for available SNS inventory may exceed the initial supply. The Regional Director will make decisions regarding how SNS material shall be apportioned. Re-supply requests will be sent directly from the Treatment Center(s) to the RSS either by phone or fax.

## **Organization & Assignment of Responsibilities**

### **Assignment of Responsibilities**

1. The Hidalgo County SNS Coordinator will:
  - a. Identify treatment facilities in the assigned jurisdiction.
  - b. Provide Just-in-Time Training (JITT) to those stakeholders/partners involved with SNS activities (i.e., PODs, Closed PODs).
  - c. Coordinate JITT with the Hidalgo County Medical Health Authority, appropriate Hospital Preparedness Programs (HPPs), and individual facilities.
  - d. Be responsible for the development and approval of MOUs that may be required for treatment centers within the jurisdiction.
  - e. Maintain a data base outlining the expected number of treatment centers, capacity of each (See tab A), location, contact phone numbers, person(s) responsible for ordering SNS material and person(s) responsible for signing for the receipt of controlled substances (See tab B).
  - f. Provide a copy of Tab A and B to the Regional SNS Coordinator.
  - g. Ensure SNS Briefing Document is reviewed with Treatment Centers (Tab C).

2. Treatment Centers will:
  - a. Be required to provide HCHHSD SNS coordinator with:
    - An exact location at each center for deliveries of material (i.e., Building name, rear loading dock, helipad).
    - Updated names, contact phone numbers, e-mail addresses for individuals who will be responsible for signing controlled substances, and responsible for ordering or receiving SNS material.
    - Case count information to support allocation decisions for SNS material.
    - Post-event accounting of SNS material usage.

## Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
3. Once the Public Health & Medical Services Plan Appendix 8: Medical Countermeasures has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders. Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures are kept at HCHHSD's main offices at **1304 S. 25<sup>th</sup> Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

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Clinical Health Services

Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Hidalgo County  
Appendix 8: Medical Countermeasures Plan

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Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

## **Attachments**

Tab A – Treatment Center Capacity

Tab B – Treatment Center Sites

Tab C – Briefing Document for Treatment Centers



**Tab B**

**Treatment Center Sites**

*Health Service Region: 11*

Name of Facility										
Street Address										
City										
Contact Name										
Position										
Contact Address										
Phone No.										
24/7 Phone No.										
E-Mail Address										
Alt. Contact										
AC 24/7 Phone No.										
AC E-Mail Address										
Name & DEA# of signatory for controlled substances										
24/7 Phone No.										
E-Mail Address										
Name & DEA# of signatory for controlled substances										

## Tab C

# Briefing Document for Treatment Centers

## *Strategic National Stockpile*

**The Strategic National Stockpile (SNS)**, administered by the U.S. Centers for Disease Control and Prevention (CDC), is a stockpile of pharmaceuticals and medical supplies. The SNS Program was created to assist states and communities in responding to public health emergencies, including those resulting from terrorist attacks and natural disasters. The SNS Program ensures the availability of necessary medicines, antidotes, medical supplies, and medical equipment for states and communities to counter the effects of biological pathogens and chemical and nerve agents. It is always ready to arrive within twelve hours, following the federal decision to deploy, to any location across the nation to augment local medical resources, to treat symptomatic individuals, and to provide prophylaxis therapy to protect the health of the people in our communities.

When an emergency results in the federal decision to deploy SNS assets, CDC will deliver the needed supplies to a pre-identified and approved receiving, staging, and storing site (RSS). Upon arrival, the supplies will be sorted and apportioned for distribution according to the needs of people and treatment facilities affected by the emergency and based on current epidemiological information.

Following the federal decision to deploy, the SNS will typically arrive by air or ground in two phases.

# Hidalgo County



## **Appendix 8: Medical Countermeasures Plan Attachment 3: Inventory Control**

**April 2023**

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**Approval and Implementation**

# **Appendix 8: Medical Countermeasures Plan Attachment 3: Inventory Control**

This attachment is hereby approved for implementation and supersedes all previous editions.

\_\_\_\_\_  
Eduardo Olivarez  
Director, Health & Human Services

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Date

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Ricardo Saldaña  
Emergency Management Coordinator

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Date

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## Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

## Purpose

The purpose of the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Attachment 3: Inventory Control is to establish and provide standard operating guidelines for managing, controlling, and tracking Strategic National Stockpile (SNS) materials. This document will identify the process flow for SNS materials including tracking procedures, inventory control personnel, and forms to support processes.

## Explanation of Terms

### Acronyms

QC	Quality Control
TARU	Technical Advisory Response Unit
VMI	Vendor Managed Inventory

### Definitions

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Explanation of Terms.

## Situation & Assumptions

### Situation

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Situation & Assumptions.

### Assumptions

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Situation & Assumptions.

## Concept of Operations

### Signature Authority

#### 1. SNS Materials Transfer

A designated regional authority will be at the activated Regional Receiving, Storing, and Staging (RSS) warehouse site to sign for Strategic National Stockpile (SNS) materials. Refer to Tab A for a sample list of designated personnel with signature

authority within an RSS warehouse site. The signature authority will fax a copy of the signed Asset Transfer Form(s) (Tab B) to SNS Operations Manager in the Hidalgo County EOC.

## 2. Transfer of Controlled Substances

If controlled substances are requested, the regional Drug Enforcement Agency (DEA) registrant or designee will be at the Regional RSS warehouse site to sign for the controlled substances and will fill out a DEA Form 222 (to be provided by the TARU) for any Schedule II controlled substances. Refer to Tab A for a sample list of designated personnel with signature authority.

The signature authority will fax a signed copy of DEA Form 222 form (Tab C) to the SNS Operations Manager in the Regional Medical Operation Center (RMOC). If the DEA Registrant or designee is not present at the Regional RSS warehouse site to sign for controlled substances, the SNS signature authority will fax the DEA Form 222 to the SNS Operations Manager at the Regional Medical Operation Center to obtain signature. The SNS Operations Manager will fax a signed copy of DEA Form 222 to the RSS warehouse site for the TARU.

## Receiving the SNS

After the transfer of SNS materials, the Regional RSS warehouse site manager will obtain the electronic inventory file from the CDC TARU team. The Regional RSS warehouse site manager will provide the inventory file to the Operation Function Lead. The Operation Function Lead will import the inventory data into the inventory tracking system.

A complete list of available inventories will be transmitted, electronically or by fax, to the RMOC, Local EOC(s), DDC(s), dispensing sites, and treatment centers by Operation Function Lead personnel. Operation Function Lead personnel will provide an update on available inventory to the RMOC and local EOCs every two (2) hours or as needed.

SNS materials will be stored in the Regional RSS warehouse site by receiving personnel using the CDC color coding and container numbering systems to facilitate the process of picking orders.

## Apportionment of SNS Materials

Apportionment occurs when demand for SNS materials exceeds existing supplies. Apportionment specifies the amount of SNS material that will be delivered to specific dispensing sites and treatment centers based on health (case counts), epidemiological, intelligence, or inventory availability information. The percentage of medications sent to a dispensing site will be based on the percentage of the affected population expected to be treated by the site. Apportioned cases will be rounded down to the smallest case size. During an event affecting one jurisdiction, apportionment decisions will be made at the local level with guidance and input from the Hidalgo County EOC. During an event affecting more than one jurisdiction, the Hidalgo County EOC will make apportionment decisions.

## Direction & Control

### Inventory Management at Regional RSS Warehouse Site

Regional RSS warehouse site inventory management will be done by the RMOC.

### Inventory Management at the Hidalgo County RSS Warehouse Site

#### 1. Tracking System

Inventory levels will be maintained electronically using an Excel spreadsheet. Excel is compatible with electronic files the CDC sends with the SNS and will allow for the importing of data as necessary. The program is divided into 4 main components:

- i. Main inventory – The main inventory spreadsheet provides an overall view of the stock that exists in the warehouse and allows for multiple shipments to be added into the inventory.
- ii. Shipments – The shipments section provides a breakdown of the specific Grantee jurisdictions within a given region. A specific tab is created for each jurisdiction, which is broken down further to identify each dispensing site, treatment center and/or repackaging site in the jurisdiction. Shipments to dispensing sites, treatment centers, and/or repackaging sites are recorded in the spreadsheet and are automatically deducted from the main inventory.
- iii. Pick List – The Pick List (Tab D) is linked to the shipments section to automatically populate and is generated as new shipments are entered into the system. Each Order Request Form (Tab E) must be entered into the system individually to request form generate an accurate pick sheet.
- iv. SNS Replenishment - The Replenishment section of the Inventory Control (IC) system is linked to the Shipments section. As order requests are entered into the IC system, an Order Request Form is automatically updated. As necessary, the request form can be printed and submitted to the Regional RSS warehouse site to request additional stock from the SNS.

The inventory system does not have the capability to track backfill orders to dispensing sites when orders are apportioned. Dispensing sites must monitor available inventory level and submit additional orders as necessary. The CDC is currently working on an IC system for tracking SNS material and should be considered for inclusion upon completion. Additional IC products that may be available at this time should also be considered. The CDC offers a backup process that can be used in the event the primary inventory system fails.

#### 2. Personnel

Three personnel per shift are required to maintain an accurate IC System process in the Hidalgo County RSS warehouse site: One (1) Lead, plus two (2) additional personnel.

#### 3. Processing Order Requests

IC personnel will receive Order Request Forms from Local or Regional jurisdictions via fax. If fax is not available, IC personnel will receive order requests via phone,

mobile or land line. IC personnel will complete an Order Request Form as the order is communicated.

Order requests are to be signed as received and dated by the receiving IC personnel. Order requests will be entered into the IC system upon receipt and the hard copy will be maintained in a manual backup log. If additional medical materials are needed, HCHHSD follows the emergency procurement process as per the State of Texas Procurement Manual, Section 2.12 Emergency Purchases.

Prior to printing the order Pick List, IC personnel will save an electronic copy to the computer hard drive in a file designated to that specific site. A new order Pick List will be generated in duplicate and submitted to the Shift Lead. The Shift Lead will assign the Pick List to a pick team who will sign both copies upon completion. As additional means of communicating order requests become available, such as Internet based methods, they should be considered for inclusion.

#### 4. Staging

Upon completion of filling an order Pick List, the pick team will move the shipment to a specified staging area in the County RSS warehouse site for final review by QC. The pick team will submit the order Pick List to QC personnel for final review prior to loading the shipment onto the truck.

#### 5. Quality Control

##### a. Arriving Inventory

Upon arrival of the SNS Push Pack from Regional RSS site, QC personnel will inspect each container as it is moved into the County RSS warehouse to ensure the integrity of the shipping. Upon arrival of VMI shipments, QC personnel will inspect each pallet for damaged cartons as it is moved into the County RSS warehouse site. Damaged cartons will be pulled, and contents inspected for damage prior to being added to the inventory.

##### b. Staged Inventory for Shipping

Quality Control personnel will compare the pulled order to the Pick List, ensuring it is accurate. QC personnel will sign both copies of the order Pick List, attach one copy to the shipment and submit the second copy to IC. If an error is identified by QC, they will notify the Shift Lead immediately for correction. IC personnel will make a copy of the completed Pick List, maintain the original in the manual backup log, and submit the copy to the Distribution Lead for loading and shipping.

### **Replenishing Regional RSS Warehouse Site**

The main inventory spreadsheet has formulas that will track material received from Regional RSS or VMI, material distributed to dispensing sites and treatment centers, re-supply orders for dispensing sites and treatment centers, and replenishment needs for the County RSS from Regional RSS or from VMI. When the cells in the column named "Reorder Level" on the main inventory spreadsheet show replenishment from Regional RSS or VMI is necessary, those replenishment amounts will be shown on the

Replenishment form. The Replenishment form can then be printed and provided to the Hidalgo County EOC. The Hidalgo County EOC will coordinate with the DDC for a decision on reordering to be made. When the decision for reordering is made, a copy will be provided to the TARU for reordering.

### **Initial Order Process from Dispensing Sites, Treatment Centers, and Other Facilities**

The Hidalgo County Closed POD Application Form (Tab F) will be used to fill the initial order. Initial amount may be reduced depending on inventory availability. Apportionments will be determined through a coordinated effort of the EOC, the DDC, and the RMOC and will be noted on the form. The Push Site will be notified of any changes to the original order. The RSS will also be notified of the apportionments to be filled.

The Push Sites/Close Sites will pick their order at the RRS. A Chain of Custody Form (Tab G) and their original order form must be submitted to the RRS Unit Leader/designee. Orders will not be released without the proper documentation and signature.

### **Reordering Process from Dispensing Sites, Treatment Centers, and Other Facilities**

The ICS 213RR form (Tab H) will be used by dispensing sites, treatment centers, and other facilities, includes:

- Date and time of order.
- Location of dispensing site, treatment center, or facility (including street address).
- Estimated number of people to be treated.
- Estimated population over 12 years of age.
- Estimated population 12 years of age and under.
- Pharmaceutical(s) and/or medical equipment requested.
- Date and time pharmaceutical or medical equipment are needed.
- Authorized recipient or designee's printed name and signature.

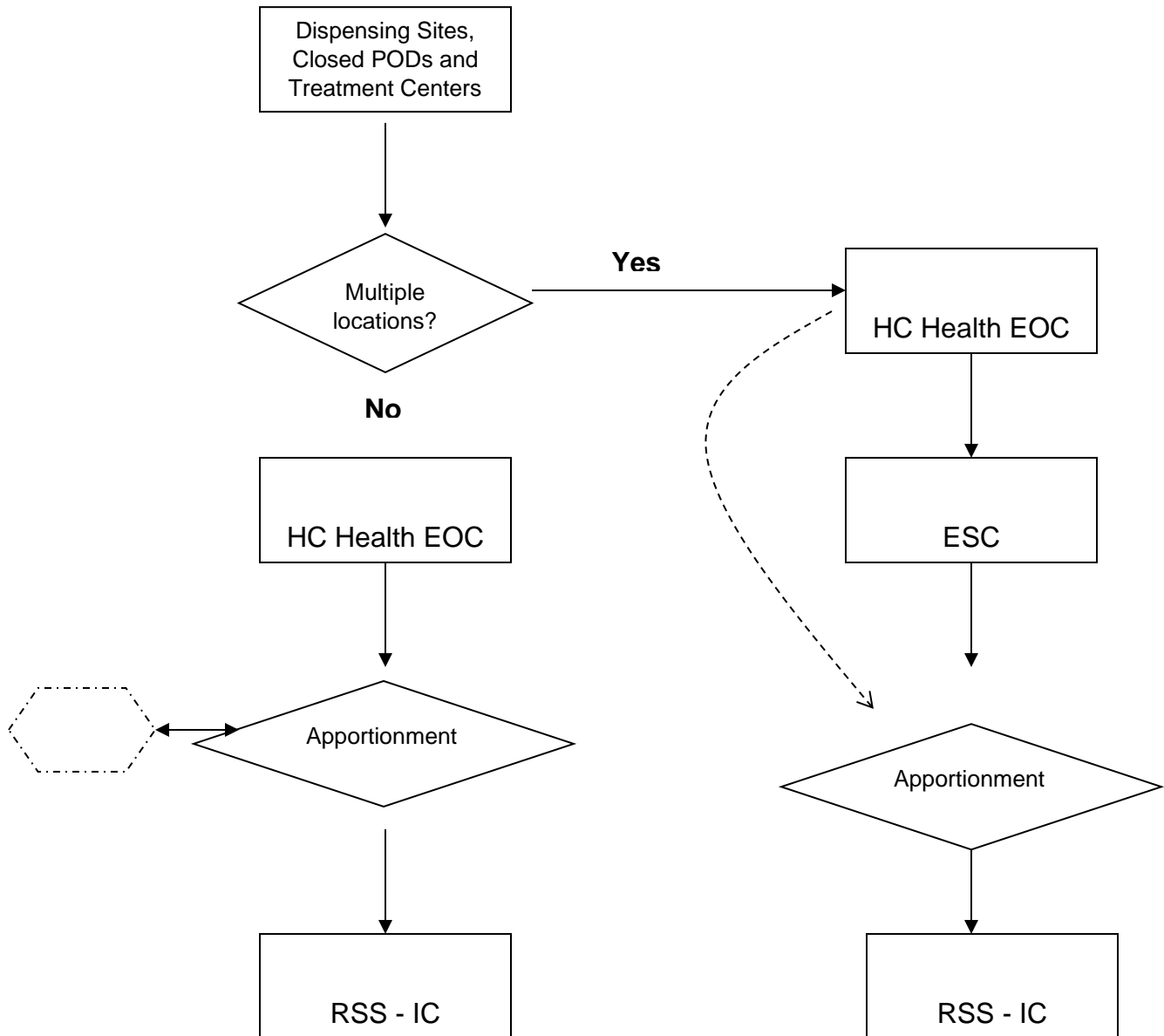
Transfer of pharmaceuticals and medical equipment will only be made to authorized recipients or designee, identified as such in the ICS 213RR form. A Chain of Custody Form must also be submitted with the proper signature to release the requested order.

Dispensing sites, treatment centers, and other facilities will fill out the ICS 213RR order form electronically/faxed or handwritten and provide it to the Hidalgo County EOC. If multiple jurisdictions are affected/involved, based on pharmaceutical and equipment availability, an apportionment decision will be made by a coordinated effort by the EOC, DDC, RMOC. Once the apportionment decision is made, Hidalgo County EOC will provide notification of the allowed quantities for each push site. B-EOC, or carrier, to the Regional RSS warehouse IC, in the order in which they will be filled. See Figure 1: Reordering Process from Dispensing Sites and Treatment Centers below for additional information.

Figure 1: Reordering Process from Dispensing Sites and Treatment Centers

## Reordering Process from Dispensing Sites and Treatment Centers

### Ordering Process with Apportionment Implemented



### **Product Transfer to Dispensing Sites, Treatment Centers, and Other Facilities**

The QC-approved Pick List is attached to the ready-to-ship order and will serve as the site for receiving the shipment from the Hidalgo County RSS warehouse site. The Hidalgo County RSS IC Lead or designee will communicate the estimated time of arrival (ETA) provided by the Distribution lead to the site receiving the shipment. The driver will deliver the shipment to the receiving site and transfer custody to an authorized recipient or designee only. The authorized recipient or designee will sign the Pick List/receipt, make a copy, and give the original, signed receipt to the driver. The driver will return the signed receipt to the Hidalgo County RSS warehouse site IC personnel.

### **Inventory Management at Dispensing Sites, Treatment Centers, and Other Facilities**

During the pre-event planning phase, HCHHSD will provide a copy of the Excel inventory management spreadsheet (Tab I-a and I-b), to each dispensing site. Each dispensing site will have IC personnel who will monitor the inventory of SNS supplies. When the driver transfers custody of the shipment to the authorized recipient or designee, a copy of the shipment receipt will be provided to the dispensing site IC personnel. Inventory will be monitored continuously to ensure an adequate supply remains available at the dispensing site.

### **Repackaging**

The 12-Hour Push Package contains medications packaged in unit-of-use bottles and bulk. Both unit-of-use and bulk medications supplies will be entered into the Hidalgo County RSS warehouse site inventory management system. Unit-of-use medications will be distributed to dispensing sites first. Bulk medications will be distributed to treatment centers first.

If the demand for unit-of-use medications exceeds the original inventory received in the 12-Hour Push Package, bulk medications will be deducted from the RSS warehouse site's inventory management system and transferred to the repackaging team for repackaging. When the repackaging team repackages and returns the unit-of-use medications, they will be entered into the Hidalgo County RSS warehouse site's inventory management system as unit-of-use.

### **Recovery of Unused SNS Medical Materials and Assets**

Unused SNS medical material is defined as unused and unopened items that have not been exposed to temperatures below 46° Fahrenheit or above 86° Fahrenheit. In addition, unused SNS medical material includes, but is not limited to, equipment designed to support deployment and maintenance of the SNS such as:

- a. Specialized cargo containers,
- b. Portable refrigeration units,
- c. Ventilators,
- d. Portable suction units,
- e. Generators,

Hidalgo County  
Appendix 8: Medical Countermeasures Plan

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- f. Repackaging and tablet-counting machines,
- g. Computer and communications equipment.

In a Memorandum of Agreement (MOA) signed by Hidalgo County and the local regional office, it was agreed that the State would reassemble locally, at no cost to the Locals, all unused SNS medical material for return shipment to storage (at CDC expense, upon request of the CDC).

DSHS R-11 will draft a similar MOA and provide it to HCHHSD for County Judge to sign. In this MOA, the DSHS R-11, HCHHSD agrees to assist CDC and DSHS R-11 to minimize the cost and time needed to reconstitute the SNS by recovering all unused SNS medical material. Once unused SNS medical material is recovered, the recipient will provide Hidalgo County EOC a list of the recovered, unused SNS medical material. The Hidalgo County EOC will forward the list to the Regional RSS warehouse site IC. The Regional RSS warehouse site IC will compare these lists to the RSS warehouse site's inventory management system and verify that all unused SNS medical material is recovered and ready for return shipment to the CDC. The Hidalgo County RSS warehouse site IC will provide a copy of the verified list to the Regional RSS warehouse site IC manager.

## Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
3. Once the Public Health & Medical Services Plan Appendix 8: Medical Countermeasures has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders. Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures are kept at HCHHSD's main offices at **1304 S. 25<sup>th</sup> Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

Hidalgo County  
Appendix 8: Medical Countermeasures Plan

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Public Health Emergency Preparedness Division (PHEP)

Clinical Health Services

Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

## **Attachments**

Tab A – List of Personnel for RSS Warehouse Site

Tab B – Asset Transfer Form

Tab C – DEA Form 222

Tab D – Pick List

TAB E – Order Form

Tab F – Hidalgo Co. Closed POD Application

Tab G – Chain of Custody Form – Prophylaxis

Tab H – ICS Form 213 RR - Resource Request Message

Tab I-a – Vaccine Administration Record

Tab I-b – Operation Lone Star 2017 - Supply Lists

**LIST OF PERSONNEL FOR RSS WAREHOUSE SITE**

This form documents pertinent contact information for personnel at the site named below. A designated Regional authority will be at the activated Regional Receiving, Storing, and Staging (RSS) warehouse site to sign for Strategic National Stockpile (SNS) materials.

**SITE NAME**

Street Address  
 City

**CONTACT 1**

Name  
 Position  
 Address  
 Phone No. 24/7 Phone No.  
 E-mail Address

**CONTACT 2**

Name  
 E-mail Address 24/7 Phone No.

**DEA SIGNATORY 1**

Name  
 E-mail Address 24/7 Phone No.  
 DEA#

**DEA SIGNATORY 2**

Name  
 E-mail Address 24/7 Phone No.  
 DEA#





**NEW NAME**  
**Butler Animal Health Supply, LLC**

~ ~ ~ **SAMPLE DEA FORM 222** ~ ~ ~

Place this sample with your blank DEA Form 222s for quick reference. Use this sample and the "7-Step Checklist" (below) to ensure your form is correct before mailing.

See Reverse of PURCHASER'S Copy for Instructions		No order form may be issued for Schedules I and II substances unless a completed application form has been received (21 CFR 1305.04).				OMB APPROVAL No. 1117-0010	
TO: <i>(Name of Supplier)</i> <b>Butler AHS, LLC or Butler Animal Health Supply, LLC</b>			<b>1*</b>		STREET ADDRESS <b>3820 Twin Creeks Drive</b>		
CITY and STATE COLUMBUS, OH 43204		DATE		<b>2*</b>			
		TO BE FILLED IN BY SUPPLIER SUPPLIER'S DEA REGISTRATION NO.					
L I N E N o.  <b>3*</b>	TO BE FILLED IN BY PURCHASER						
	No. of Package	Size of Package	Name of Item	National Drug Code			Packages Shipped
1	250 ML	Socumb, 6 Grain					
2	20 ML	Hydromorphone Inj 2 MG					
3	5x10ml	Morphine Sulfate 1MG					
etc.	100	Morphine Tabs, 30 MG					
.	20 ML	Morphine Sulfate, 15 MG					
.	25 X 50 ML	Fentanyl CIT, 0.05 MG					
.	20 ML	Demerol HCL, 100 MG					
.	30 ML	Demerol HCL, 50 MG					
.	100	Demerol Tabs, 50 MG					
.	5	Fentanyl Patches *(see below)					
.	100ml	Sleepaway, 260 mg					
<b>4*</b> LAST LINE COMPLETED <small>(MUST BE 10 OR LESS)</small>		SIGNATURE OF PURCHASER OR HIS ATTORNEY OR AGENT <b>5*</b>					
Date Issued	DEA Registration No.	(Name and Address of Registrant) (NOTE: THE NAME AND ADDRESS APPEARING IN THIS BLOCK MUST BE EXACTLY THE SAME AS THE NAME AND ADDRESS ON THE DEA FORM 223 - CONTROLLED SUBSTANCE REGISTRATION)					
Schedules							
Registered as a	Form No.						

U. S. OFFICIAL ORDER FORMS - SCHEDULES I & II  
SUPPLIER'S COPY 1  
\* Indicate Fentanyl Patches as 25mcg, 50mcg, 75mcg, or 100mcg

- "7-Step Checklist"**
- 1. Name of supplier, address, city and state are correct.**
  - 2. Form is dated.**
  - 3. Number of packages, size of package, and strength desired is correct.**
  - 4. The "NO. OF LINES COMPLETED" block is filled in.**
  - 5. Veterinarian has signed the form.**
  - 6. Form contains no erasures or alterations.**
  - 7. Remove the purchaser's copy (blue copy) and place in your records.**

# Pick List

Pick No. \_\_\_\_\_

Delivery Point \_\_\_\_\_

Sheet \_\_\_\_\_ of \_\_\_\_\_

Description	Item # / NDC	Location / Container	Qty	Lot Number	Exp Date

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

## Order Request Form

Below is a sample order form that the Inventory Control Team can develop from their list of the assets they have available for distribution to the treatment centers and points of dispensing. The Inventory Control Team can distribute the form in hard copy, by e-mail, or by fax. The treatment centers and points of dispensing, in turn, can return these forms by e-mail, fax, or delivery driver to order what they need. The Inventory Control Team will use these returned order forms to record the order and issue a picking ticket that the RSS Team will use to pick assets and stage them for delivery to a specific site.

[Logistics Section: Supply Unit Phone/ Fax]

Request Date/ Time: \_\_\_\_\_ Page: \_\_\_\_\_ of \_\_\_\_\_ Shipping Date/Time (For DSNS Use): \_\_\_\_\_

PHARMACEUTICAL ITEMS	PRODUCT CODE	UNIT OF ISSUE	QTY ON HAND	QUANTITY REQUESTED	QUANTITY SHIPPED
ALBUTEROL METERED DOSE INHALER 17GM	59930156001		72/cs		
ATROPINE SULFATE 0.4MG/ ML 20ML MDV FOR INJECTION	63323023420		100/cs		
BACITRACIN 500U/ POLYMXIN B 10000U OINT 0.9GM PACKETS	00168002109		1728/cs		
CIPROFLOXACIN IV 400MG/ 200ML D5W	00026852763		24/cs		
DIAZEPAM HCL 10MG AUTO- INJECTOR	6505012740951		150/cs		
DIAZEPAM HCL 10MG (5MG/ ML) SDV FOR INJECTION	00641037125		1, 000/cs		
DOPAMINE HCL 400MG (80MG/ ML) VIAL FOR INJECTION	00074910420		25/bx		
DOXYCYCLINE HYCLATE 100MG POWDER VIAL FOR INJECTION	63323013010		100/cs		
EPINEPHRINE HCL 1: 10000 (0.1MG/ ML) 10ML SYR/ NDL FOR INJ	00074492118		50/cs		
EPINEPHRINE 1: 1000 (1MG/ ML) AUTO- INJECTOR	49502050001		12/bx		

Facility: \_\_\_\_\_  
 Receiving Date/ Time: \_\_\_\_\_

Receiving Name and Signature: \_\_\_\_\_



**Medical Countermeasures  
 Closed Point of Dispensing (CPOD) Application**

This application documents important information for facilities, business, or other agencies that are registering to as Closed Points of Dispensing (CPODs) to ensure that staff, residents, and/or families receive medical countermeasures as quickly as possible for safety and to ensure that sites that provide vital services may continue to function during a public health emergency or disaster.

**Closed Point of Dispensing (CPOD) Information**

<b>Site Name</b>	<b>Site Address</b>
<b>Office Phone Number</b>	<b>Fax Number</b>

<b>Total Staff</b> <i>At site or agency, as applicable</i>		<b>Total Family Members for Staff</b> <i>(if unknown, multiply Total Staff by 3.6)</i>	
---	--	---	--

<b>Notes or Special Instructions</b>

**Point of Contact (POC)**

<b>Primary POC</b>		<b>Alternate POC</b>	
<b>Position or Title</b>		<b>Position or Title</b>	
<b>POC Address/Location</b> <i>*If different than facility address</i>		<b>POC Address/Location</b> <i>*If different than facility address</i>	
<b>24/7 Phone Number</b>	<b>Office Phone Number</b>	<b>24/7 Phone Number</b>	<b>Office Phone Number</b>
<b>E-Mail Address</b>		<b>E-Mail Address</b>	



**Medical Countermeasures  
 Closed Point of Dispensing (CPOD) Application**

In order to ensure current contact information and to foster partnership between CPODs and the Hidalgo County Health & Human Services Department (HCHHSD), CPODs will participate in drills and exercises with HCHHSD on a scheduled or unscheduled basis. The Closed Points of Dispensing (CPOD) Point of Contact (POC) must ensure that the responsibilities below are understood and incorporated into the CPOD’s emergency planning.

1. It is the responsibility of the Closed Point of Dispensing (CPOD) to have available staff to pick-up Medical Countermeasures from the Hidalgo County Health & Human Services Department (HCHHSD) distribution center.
  - a. **NOTE:** *The address of the distribution center may change. HCHHSD will send notice of medical countermeasure activation to all registered Closed Points of Dispensing (CPODs) with specific information about pick-up locations and times.*
2. It is the responsibility of the CPOD to ensure that medical personnel with valid licensure to administer vaccinations or prophylaxis are available to the facility through existing staff or through established agreements to vaccinate or provide prophylaxis to staff, families, and residents (if applicable) within 48 hours of notification to administer medical countermeasures.
3. It is the responsibility of the CPOD to ensure that procedures are established to ensure the tracking, temporary storage, and administration of medical countermeasures.
4. It is the responsibility of the CPOD to ensure that proper documentation exists for all medical countermeasure efforts and that unused medical countermeasures are returned to HCHHSD using transfer and chain of custody protocols.

Please contact the HCHHSD Strategic National Stockpile Coordinator, Crystal Cabrera, at (956) 784-3508, ext. 28587217, or at [crystal.cabrera@hchd.org](mailto:crystal.cabrera@hchd.org) if you have any questions or require assistance.

Hidalgo County Health & Human Services Department  
 1304 S. 25<sup>th</sup> Ave.  
 Edinburg, Texas 78542  
 Office (956) 318.2426  
 Fax (956) 318.2431

By signing below, POCs indicate that the information regarding the facility, agency, or business is correct and that the responsibilities for Closed Points of Dispensing as described above are understood and will be incorporated into the site’s emergency planning.

---

<b>Primary POC Signature</b>	<b>Date</b>	<b>Alternate POC Signature</b>	<b>Date</b>
------------------------------	-------------	--------------------------------	-------------



**Step 1: Prophylaxis Stock Distribution:** (Vaccine Name, Lot #, Expiration Date, Number of Boxes/Doses)

Vaccine Name:	Lot #	Exp. Date	Boxes x Doses	Total Doses

**Step 2: Transfer of Prophylaxis at HCHHSD site:** (Print information)

Date & Time	Released By: (Name & Division)	Initials	Received by: (Name and Agency)	Initials	Reason for Change of Custody

❖ *The Receiving Agency takes this original copy with them. HCHHSD keeps a copy.*

**Step 3: Inventory Recount at Receiving Point:** (Print information)

Date & Time	Received/Counted by: (Name and Agency)	Initials	Boxes/Doses Received	Condition? Any Comment:

\*To confirm the Receiving Point Inventory Recount, the receiving agency must send a copy of this document to HCHHSD by **Fax (956) 318-2431**, and then call **(956) 318-2426** to confirm receipt of the faxed information.

*Please keep this document in a safe place. The Receiving Agency MUST complete this form to document its Final Inventory Count, and to return any unused vaccines.*

**Step 4: Return Inventory Count:** (Print information)

Date & Time	Returned By: (Name and Agency)	Initials	Received by: (Name and Agency)	Initials	Quantity Returned (boxes/doses)

For Official Use Only

**Step 5: Final Recovery Count**

Count by HCHHSD (Print Name)	Comments:

## RESOURCE REQUEST MESSAGE (ICS 213 RR)

<b>1. Incident Name:</b>			<b>2. Date/Time</b>			<b>3. Resource Request Number:</b>		
<b>Requestor</b>	<b>4. Order</b> (Use additional forms when requesting different resource sources of supply.):							
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Arrival Date and Time		Cost	
					Requested	Estimated		
<b>5. Requested Delivery/Reporting Location:</b>								
<b>6. Suitable Substitutes and/or Suggested Sources:</b>								
<b>7. Requested by Name/Position:</b>				<b>8. Priority:</b> <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low			<b>9. Section Chief Approval:</b>	
<b>Logistics</b>	<b>10. Logistics Order Number:</b>					<b>11. Supplier Phone/Fax/Email:</b>		
	<b>12. Name of Supplier/POC:</b>							
	<b>13. Notes:</b>							
<b>14. Approval Signature of Auth Logistics Rep:</b>					<b>15. Date/Time:</b>			
<b>16. Order placed by (check box):</b> <input type="checkbox"/> SPUL <input type="checkbox"/> PROC								
<b>Finance</b>	<b>17. Reply/Comments from Finance:</b>							
	<b>18. Finance Section Signature:</b>					<b>19. Date/Time:</b>		
ICS 213 RR, Page 1								



**VACCINE ADMINISTRATION RECORD**

**Site Name & Location:** \_\_\_\_\_

**Instructions:** For each vaccine listed below, write down the total number administered at your site for each day at the POD. If a vaccine being administered at your site is not listed below, specify the vaccine type, brand & manufacturer in the "Other" blank rows provided and indicate the total number administered.

Vaccine Type	Vaccine Brand (Manufacturer)	Total Number of Vaccines Administered				
DTaP	Daptacel (Sanofi Pasteur)					
	Tripedia (Sanofi Pasteur)					
DTaP – HepB – IPV	Pediarix (GlaxoSmithKline)					
DTaP – IPV	Kinrix (GlaxoSmithKline)					
DTaP – IPV/ Hib	Pentacel (Sanofi Pasteur)					
Hep A, pedi	Havrix (GlaxoSmithKline)					
	Vaqta (Merck)					
Hep B, pedi	Engerix-B (GlaxoSmithKline)					
	Recombivax HB (Merck)					
HiB	ActHIB (Sanofi Pasteur)					
	Hiberix (GlaxoSmithKline)					
HPV4	Gardasil (Merck)					
IPV (polio)	Ipol (Sanofi Pasteur)					
MCV4 (meningococcal)	Menactra (Sanofi Pasteur)					
MMR	M-M-R II (Merck)					
PCV 13 (pneumococcal)	Prevnar 13 (Wyeth)					
RV5 (Rotavirus)	Rota Teq (Merck)					
RV1 (Rotavirus)	Rotarix (GlaxoSmithKline)					
Td	Decavac (Sanofi Pasteur)					
	Generic (Massachusetts Biological Laboratory)					
Tdap	Adacel (Sanofi Pasteur)					
	Boostrix (GlaxoSmithKline)					
Varicella	Varivax (Merck)					
Other (specify vaccine type, brand, manufacturer):						
Other (specify vaccine type, brand, manufacturer):						
<b>TOTAL</b>						

\_\_\_\_\_  
**Reporting Personnel Signature & Title**

\_\_\_\_\_  
**Date**

# Hidalgo County



## **Appendix 8: Medical Countermeasures Plan Attachment 4: Repackaging**

**April 2023**

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## Approval and Implementation

# Appendix 8: Medical Countermeasures Plan

## Attachment 4: Repackaging

This attachment is hereby approved for implementation and supersedes all previous editions.

\_\_\_\_\_  
Eduardo Olivarez  
Director, Health & Human Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ricardo Saldaña  
Emergency Management Coordinator

\_\_\_\_\_  
Date

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## Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

## Purpose

The purpose of the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Attachment 4: Repackaging is to ensure proper procedure and protocols are followed regarding the repackaging of bulk medications from the Regional RSS warehouse site. During a public health emergency, the Regional RSS Warehouse is activated and sends repackaged bulk medications and supplies to the Hidalgo County RSS warehouse site, which then sends repackaged bulk medications to the Points of Dispensing (PODs) locations to distribute to the public.

The first step of the repackaging process will be completed at the Regional RSS warehouse site with the assistance of DSHS - Austin. The Regional RSS warehouse site will use requested equipment from SNS Vendor Managed Inventory, including high-volume machines and hand counters. HCHHSD will review the estimated amount of medication expected to be received to determine what supplies and equipment are needed to complete repackaging.

## Explanation of Terms

### Acronyms

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Explanation of Terms.

### Definitions

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Explanation of Terms.

## Situation & Assumptions

### Situation

1. When a biological event arises, medication needs to be disbursed amongst our community to protect our citizens.

### Assumptions

1. In a biological event requiring activation of the SNS, it is anticipated that one 12-Hour Push Package, capable of treating up to 300,000 people, will be inadequate to treat the area population, and the repackaging of bulk medications received will take time. Multiple repackaging sites will be required to expedite delivery of enough medication in unit-of-use packages.

2. When the Regional RSS warehouse site does not have enough time to repackage for the entire region's medication and can only repackage items in large bulk pallets, the HCHHSD will need to repackage the pallet to send to their PODs.

## **Concept of Operations**

### **General**

Operations coordination will be based upon the Hidalgo County Emergency Management Basic Plan. Operations for Hidalgo County will be supervised through the County EOC. HCHHSD will be the lead agency for an event requiring the receipt, distribution, and dispensing of SNS assets. Distribution of medication in the event of a biological event will be completed in a County RSS warehouse site.

A Call-Down for all staff that are scheduled and assigned to work the County RSS warehouse site, including trained Vocational school volunteers, will be completed.

### **Additional Repackaging Options**

The Hidalgo County RSS warehouse site will use trained Vocational school volunteers and other local agencies to assist in the bulk repackaging and labeling of materiel. At the Hidalgo County RSS warehouse site, personnel will follow the standard operating guidelines and protocols for repackaging.

### **Additional Equipment and Supplies Needed**

1. 30, 8x10 folding tables
2. 120 Chairs
3. Plastic storage bags (large and small)
4. Labels

## **Organization & Assignment of Responsibilities**

### **Assignment of Responsibilities**

1. Regional RSS warehouse site will:
  - a. Receive bulk medications for repackaging.
  - b. Repackage medication in bulk to distribute to local health departments.
  - c. Repackage medication to their POD.
  - d. Ensure the location of the site is not in a hot zone, and that redundant methods of repackaging are initialized at other sites.
2. Hidalgo County RSS warehouse site will:
  - a. Designate a receiving site for medication for the County.
  - b. Repackage the SNS assets; repackaging will take place at a four thousand square foot (4,000 ft<sup>2</sup>) location dedicated to the repackaging operation.
  - c. Be under the direction of the HCHHSD Registered Pharmacist, who will lead and direct the repackaging operation.
  - d. Train volunteers to repackage; volunteers will be organized by the Hidalgo County Volunteer Coordinator.

Hidalgo County  
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3. Open PODs (School Districts) will:
  - a. Follow instructions from the County RSS warehouse site as recommended by the CDC.
  - b. Receive bulk medication in accordance with the throughput models calculated for each POD.
  - c. Coordinate delivery of medication and supplies to their individual POD.
  - d. Keep inventory of where medications are being delivered to.
  - e. Keep track of the doses of vaccines or medication being administered at each POD site.
  - f. Use WebEOC to report the total amount of doses given; this action will occur every two (2) hours.
  - g. Submit a 213 RR through WebEOC to request more vaccines or medication doses or supplies.
  - h. Assign personnel to complete data entry for vaccines administered into the Texas Immtrac database.
  - i. Track their medication inventory and vaccine administration records as required by the CDC.
  
4. Closed PODs will:
  - a. Follow instructions from the County RSS warehouse site as recommended by CDC.
  - b. Receive bulk medication only for their POD.
  - c. Coordinate the pickup of their medication to the County RSS warehouse site.
  - d. Input client vaccine administration records into the Texas Immtrac database.

## **Coordination & Control**

HCHHSD Registered Pharmacist will oversee the repackaging operations under the guidance and direction of the Hidalgo County RSS warehouse site Function Lead, who carries out the direction of the Texas DSHS Regional Director/Doctor.

## **Plan Development & Maintenance**

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
3. Once the Public Health & Medical Services Plan Appendix 8: Medical Countermeasures has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 8: Medical

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Countermeasures is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders. Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures are kept at HCHHSD's main offices at **1304 S. 25<sup>th</sup> Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

Public Health Emergency Preparedness Division (PHEP)

Clinical Health Services

Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

# Hidalgo County



## **Appendix 8: Medical Countermeasures Plan**

### **Attachment 5: Security**

**April 2023**

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## Approval and Implementation

# Appendix 8: Medical Countermeasures Plan

## Attachment 5: Security

This attachment is hereby approved for implementation and supersedes all previous editions.

\_\_\_\_\_  
Eduardo Olivarez  
Director, Health & Human Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ricardo Saldaña  
Emergency Management Coordinator

\_\_\_\_\_  
Date

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## Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

## Purpose

A large-scale biological or chemical incident affecting Hidalgo County would likely produce mass casualties, local medication shortages, fear, panic, and widespread demands for immediate action. The Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Attachment 5: Security describes the major security requirements and considerations that must be addressed in the event of Strategic National Stockpile (SNS) deployment.

## Explanation of Terms

### Acronyms

CDC	Centers for Disease Control and Prevention
DDC	District Disaster Committee
EOC	Emergency Operations Center
PHR	Public Health Region
RSS	Receiving/Storing/Staging
SNS	Strategic National Stockpile
SOC	State Operations Center
TARU	Technical Advisory Response Unit
DSHS	Texas Department of State Health Services

## Situation & Assumptions

### Situation

1. In the event that a major medical disaster happens and the SNS is deployed there will be major security requirements.
2. A large-scale biological or chemical incident affecting Hidalgo County would likely produce mass casualties, local medication shortages, fear, panic and widespread demands for immediate action.

## Assumptions

1. In the event of a medical disaster the County will need security to deliver SNS assets to the open PODs.

## Concept of Operations

### General

DSHS, Region 11 will use DPS to coordinate security efforts for SNS deployment to the PODs. Security support for the SNS must include adequate measures to prevent the interruption of the Division of the Strategic National Stockpile's (DSNS) efforts by:

- Preventing unauthorized access to locations that support SNS operations (i.e., Receiving, Storing, Staging (RSS) warehouse sites, dispensing sites, treatment facilities).
- Facilitating movement of vehicles that transport the SNS from the RSS warehouse sites to dispensing sites and treatment facilities.
- Controlling crowds that might interfere with effective SNS operations at dispensing sites and treatment facilities.
- Protecting the personnel, equipment, and material of the SNS at the RSS warehouse sites, dispensing sites, and treatment facilities.

Law enforcement personnel will be expected to continue their normal efforts to protect lives and property during SNS Deployment. However, during a large-scale emergency or major disaster, law enforcement personnel may be required to expand their operations and undertake certain tasks that do not fall into their regular day-to-day activities. In addition, some normal law enforcement activities may be temporarily reduced to provide the resources necessary to respond to the emergency.

During a serious threat or incident that affects Hidalgo County or an event that occurs elsewhere with national implications, a coordinated law enforcement effort will be activated to enhance security of the SNS.

The primary responsibilities of law enforcement agencies during SNS deployment are to enforce laws and protect lives and property. Many of the SNS deployment related tasks are only an expansion of their normal daily responsibilities: enforcing laws, maintaining order, traffic control, and crowd control.

Local law enforcement, in collaboration with Texas DPS DDC Chairman will assess the risk of various actions that would interfere with the receipt, distribution, and dispensing of the SNS materiel. Specific issues involve:

1. Assessment of the probability of potential threats:
  - a. Theft
  - b. Arson
  - c. Assault
  - d. Vandalism
  - e. Power interruption
  - f. Sabotage

- g. Secondary terrorist attacks
  - h. Traffic issues
2. Identification of SNS operations that need enhanced protection including:
  - a. Dispensing sites
  - b. The transportation of SNS material
  - c. Personnel security
  - d. The evaluation of the vulnerability of attack on SNS assets and estimated consequences
  - e. The assessment of existing measures and the need for their augmentation
3. Identification of financial and personnel resources needed to reduce the risks to the SNS.

### **Regional RSS Warehouse Site Security**

Texas DPS, in collaboration with the U.S. Marshals Service, will take appropriate measures to protect the RSS warehouse site by:

1. Controlling access into, within, and out of the facility
2. Identifying alternate routes for entry and exit to the facility
3. Establishing perimeter protection
4. Establishing perimeter fences
5. Monitoring and securing vehicle gates
6. Monitoring and securing personnel gates and turnstiles
7. Monitoring closed circuit television
8. Monitoring and maintaining perimeter lighting
9. Monitoring and maintaining crowd control
10. Establishing and protecting helicopter landing zones (alternate mode of transportation of assets/personnel)
11. Establishing traffic control
12. Protection of personnel, material, and equipment

Risk assessments will be performed for both the primary and alternate Regional RSS warehouse sites, and facility modifications will be made, if necessary.

### **Warehouse Dispensing Site Security**

Key considerations include:

1. Protection of personnel, material, and equipment
2. Traffic control
3. Crowd control (dispensing sites)
4. Risk assessments (described above)
5. Identification of personnel to perform security functions

Local law enforcement or school security is responsible for developing detailed security plans for dispensing sites and treatment facilities.

### **SNS Transportation Security**

Procedures for escorting SNS deliveries are developed by DPS at the regional level. In general, each distribution vehicle will be protected by at least one law enforcement vehicle. Security for helicopters, if they are used, will be handled by DPS at the Regional RSS warehouse site landing zone and local law enforcement at the dispensing site or treatment facility landing zones.

### **Crowd Control and Traffic Management**

Major traffic or crowd control problems at remote parking sites, dispensing sites, and treatment centers will require additional personnel and equipment. If local resources are unavailable or insufficient, additional resources will be requested from the Hidalgo County EOC who will submit the request to the DDC and who will then submit the request to the SOC.

### **Credentialing and Identification Badges**

Credentialing of professional volunteers will be accomplished by the following methods:

1. For registered professional volunteers who are affiliated with a particular agency or hospital, credentialing will be the responsibility of that agency or hospital.
2. For registered professional volunteers who are not affiliated with a particular agency or hospital, DSHS will make every effort to verify their credentials through the appropriate licensing board.
3. For spontaneous professional volunteers who report at the time of the emergency “due diligence” will be used to verify their credentials by:
  - a. Examining their license and documenting the license number and expiration date in the volunteer database
  - b. Verifying identifying information with their driver license
  - c. Working with the State of Texas using the ESARVEB.

Identification badges will be issued to personnel that will be recognized by local and state law enforcement and will ensure that SNS staff are granted access to the facilities and locations necessary to carry out their designated duties.

At a minimum, identification badges will include:

- First and last name, as it appears on their driver license or identification card
- Color photograph
- Volunteer identification number
- Expiration date
- Volunteer function
- Agency affiliation and County, or County only if unaffiliated
- DSHS logo
- Security feature:
  - a. Color-coded seal
  - b. Hologram
  - c. Date/time-sensitive sticker

- Volunteer's Signature (optional)

### **Treatment Facility Security**

Security of treatment facilities will be considered on an individual basis. Some facilities have security personnel on staff and others rely on local law enforcement to provide security.

Security of treatment facilities has a high priority because the contamination and the subsequent shut down of one or more facilities will seriously degrade the county or region's capability for managing the large number of patients expected who will need to be directed to a treatment facility for more comprehensive care and treatment.

### **Number of Security Personnel**

The number of security personnel required will be determined after the appropriate security assessments are completed. To the extent possible, local law enforcement (i.e., Police Department, School Security, Sheriff's Department) will provide the necessary manpower and logistics.

Additional support may be obtained from the following sources through mutual aid or the EOC/DDC process:

- Local Independent School Districts
- County Constables
- Other City/County agencies
- Private security agencies
- State and private prisons
- Department of Public Safety

## **Organization & Assignment of Responsibilities**

### **Assignment of Responsibilities**

The Security Function is divided between three levels of law enforcement agencies: local, state, and federal.

#### **1. Local Law Enforcement**

It is a primary responsibility of local law enforcement personnel or ISD security to provide security of the SNS once it has been delivered to local dispensing sites and treatment facilities. Security measures include the following:

- a. Assessment of threats (i.e., theft, arson, assault, vandalism, power interruption, sabotage, secondary terrorist attacks) that would interfere with the receipt, distribution, and dispensing of the SNS, in coordination with state and federal law enforcement agencies.
- b. Protection of repackaging sites if separate from the Hidalgo County RSS warehouse site.

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- c. Protection of distribution vehicles offloading at the dispensing sites or treatment facilities.
  - d. Control of traffic access routes used during transportation of SNS materials to the dispensing sites.
  - e. Protection of dispensing sites and treatment facilities, personnel, equipment, and medical materials.
2. State Law Enforcement
- Facilitate the transfer of security responsibility of the Regional SNS to state and local control. To facilitate the movement of the SNS across jurisdictional boundaries, the Texas DPS will act as the primary state agency for the law enforcement Emergency Support Function (ESF) and will assume responsibility to coordinate the following:
- Transfer of SNS security responsibility from the U.S. Marshals Service.
  - Security of distribution vehicles that move SNS materials from the arrival airport or state line to the Regional RSS warehouse site.
  - Protection of the Regional RSS warehouse site, personnel, equipment, and medical materials.
  - Protection of repackaging sites if separate from the Regional RSS warehouse site.
  - Protection of distribution vehicles offloading at the dispensing sites or treatment facilities, at which time protection responsibility will be transferred to local law enforcement agencies or appropriate security personnel.
  - Provide communications from the Regional RSS warehouse site to the delivery truck if no other capability exists.
  - Provide assistance to the U.S. Marshals Service for movement of the Technical Advisory Response Unit (TARU) members.
3. Federal Law Enforcement
- a. U.S. Marshals Service will:

Ensure that the armed U.S. Marshals will be deployed with the SNS 12-Hour Push Package and with the TARU to provide protection for the SNS materials and personnel. Marshals will remain deployed after the SNS is stored and staged to protect TARU members and the portion of the SNS that is not needed by Texas DSHS HSR 11 (PHR) jurisdictions. These officers will communicate with the SNS Command and Control Function through the Security Function Lead. The Security Function Lead will oversee all agencies and personnel involved in SNS security operations.
  - b. Federal Bureau of Investigation (FBI) will:

Serve as a lead federal agency for coordinating the federal response to a terrorist incident or threat. The FBI has the role of crisis management, investigation, and intelligence support for terrorist prevention and response to actual events. The FBI, state, and local law enforcement agencies would coordinate a response to an announced bioterrorism or chemical threat. Once the SNS is deployed, the FBI will provide the necessary support to the state and local law enforcement agencies in accordance with its policies.

c. Security Management will:

Activate the Security Function in every public health emergency. The Security Function, like the Communication Function, overlays almost every other function of SNS preparedness and is essential to the successful process of mass-prophylaxis/ vaccination. The Security Function's operational involvement begins when the SNS 12- Hour Push package arrives and ends when the targeted population has been successfully treated.

SNS security management consists of:

- Security Function Lead located at the RSS warehouse site (assigned by the city or county where the RSS warehouse site is located).
- Security Coordinators located at each dispensing site (assigned by the city or county where the dispensing site is located).
- Standard command structure in law enforcement agencies that will supply the necessary security force. This aspect of security management is discussed in the emergency plans of the involved agencies.

Note: This attachment outlines security roles that are specific to the SNS process. Local, state, and federal agencies will provide backups for all these roles in the event that operations are sustained for 24 hours a day.

## Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
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Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

## **Attachments**

The following attachments are examples of forms and documents that can be used during SNS activation for security assessments. The forms can be tailored for the security of each POD, depending on the type of POD and medical situation. If no computers are available, forms can be printed and completed manually at each site. It is expected that at the time of the incident, the CDC will send the forms required to complete.

Tab A - Receipt, Store, and Stage (RSS) Facility Site Survey

Tab B - DSHS – Security Assessment – Dispensing Sites

Tab C - Security Job Action Sheets

Tab D - Security Function Lead Staff; Contact Information

# **Receipt, Stage, and Store (RSS) Facility Site Survey – July 2014**

## RSS Facility Site Survey

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## **Purpose**

CDC developed the Receipt, Stage, and Store (RSS) Facility site survey to assist planners in determining the suitability of RSS facilities. The RSS site survey helps identify, verify, and reverify facilities as RSS sites for federal medical countermeasure (MCM) assets. CDC will use the data collected on the facility site survey to determine a facility's use as an RSS site from an all-hazards approach. The RSS site survey defines the elements needed for an optimal RSS site. CDC recognizes that some of the features described in the RSS Site Survey may not be on site but that plans are in place to provide such equipment at the time of a response.

## **Scope**

This RSS site survey provides guidelines on verifying RSS facilities and comprises:

- Facility verification standard requirements
- Detailed information needed to ensure rapid delivery of federal MCM assets to the facility
- Physical space, layout, and facility photographs

## **Intent**

To ensure funding accountability and verify accuracy, RSS data are intended for federal use only and will be maintained by CDC for responding to planned or emergency deployments of federal MCM assets during a declared or undeclared public health emergency that requires federal support to jurisdictions. Federal partners who may use the RSS site survey information include, but are not limited to, the United States Marshals Service (USMS), CDC liaisons such as the Stockpile Services Advance Group (SSAG), RSS Task Force, and DSNS Team Room. This RSS site survey was developed in coordination with federal partner subject matter experts after lessons learned from real incidents, such as the 2009 H1N1 influenza pandemic response, and testing operations through annual drills and exercises.

Comprehensive planning guidance for an RSS facility can be found in CDC's Receiving, Distributing and Dispensing Strategic National Stockpile Assets; A Guide to Preparedness, Version 11, February 2014, Chapter 5, Receiving, Staging and Storing Medical Countermeasures:

<https://www.orau.gov/snsnet/guidance.htm#Version11>

In addition, RSS functions and tasks are defined in the Public Health Preparedness Capabilities: National Standards for State and Local Planning, July, 2011. Capability 9 – Medical Material Management and Distribution: <http://www.cdc.gov/phpr/capabilities/capability9.pdf>

## **Instructions**

SNS Coordinators or their designated representatives are responsible for completing the RSS site survey and submitting a working copy electronically for review to their designated project officers (PO) with CDC's Division of State and Local Readiness (DSLRL). The PO may schedule a mutually agreeable facility site visit with the SNS Coordinator, representative jurisdictional security coordinator, facility site manager, and an assigned U.S. Marshal to verify the information in the site survey.

SNS Coordinators should complete the RSS site survey and provide the electronic working copy to the DSLR PO not later than two weeks in advance of the actual physical site survey. The site survey should be completed in Microsoft® Word, with the exception of the acknowledgement sheet which may be completed after the actual physical site survey. Planners should provide as much information in each section as possible. Sections that ask for brief descriptions will automatically expand for additional lines of information.

Upon completion of physical review activities, the SNS Coordinators or their designated representatives will enter the data into the automated site survey located on the CDC-JOIN portal secure site for partners in the MCM tab.

### **Site Visits and Acknowledgement**

Planners should provide the PO with copies of back-up plans, written agreements such as Memorandums of Use, and other information supporting the RSS verification before or during the site visit. Following the site survey visit, all participants in the RSS verification or reverification process, including their titles and agencies represented, should be noted in the acknowledgement area in the appropriate locations on the Acknowledgements page. The PO should note gaps or deficiencies found during the site visit and schedule a follow-up site visit survey, if needed. The SNS Coordinator should inform the PO of any changes to the number of RSS sites or locations and ensure that a verification or reverification visit is scheduled.

A new RSS site survey must be completed every 36 months, as locations change, or at the discretion of CDC.

## RSS Facility Site Survey

<b>Jurisdiction:</b>	<b>Date of Visit :</b>
<b>HHS Region:</b>	

### Facility Onsite Inspection Performed by

<b>CDC Project Officer:</b>	<b>Jurisdiction Representative:</b>
<b>USMS Senior Inspector:</b>	<b>Security Representative:</b>
	<b>Facility Representative:</b>

### Facility Information

<b>Facility Name:</b>	
<b>Street Address:</b>	
<b>City:</b>	<b>Zip Code:</b>

### Facility Physical Characteristics:

### Contact Person(s) During Facility Business Hours

<b>Primary</b>	<b>Alternate</b>
<b>Name:</b>	<b>Name:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>
<b>Cell:</b>	<b>Cell:</b>
<b>Pager:</b>	<b>Pager:</b>
<b>Email:</b>	<b>Email:</b>

### Emergency Contact 24/7 (After Hours)

**Name:**

**Work Phone:**

**Cell:**

**Pager:**

**Email:**

**Name:**

**Work Phone:**

**Cell:**

**Pager:**

**Email:**

### Facility Accessibility Information

- Is there access to more than one major road or highway from the RSS facility, including access from any distribution or dispensing facilities? *(Since trucks will likely be the primary means of transportation, RSS facilities should have clear, unrestricted access to major highways and roadways.)*  Yes     No

- 1<sup>st</sup> street name: \_\_\_\_\_

- 2<sup>nd</sup> street name: \_\_\_\_\_

- Briefly describe the primary and secondary approach to the facility's main entrance.

- Can all approaches to the facility be blocked off if necessary?  Yes     No

- Are roadways well lit for nighttime operations?  Yes     No

- Is the facility accessible during adverse weather conditions? *(If RSS accessibility is sometimes restricted due to weather then an alternate facility shall be identified)*  Yes     No

- Can the facility be activated in the appropriate time necessary to achieve distribution goals? *(Projected time range could be 6 hours to 12 hours or greater depending on the scenario.)*  Yes     No

- Can the facility operate 24-hours per day for extended periods?  Yes     No

- Is the facility located near a major airport that can receive Federal MCM assets?  Yes  No

Identify the airport by name. \_\_\_\_\_

### Space/Building

- Number of square feet allocated in the largest area: \_\_\_\_\_
  - How much additional space is available in this RSS should it be needed? \_\_\_\_\_

*Recommended space is approximately 30,000 to 50,000 square feet for RSS operations. **Note:** Adequate preparation requires that jurisdictions identify enough space to accomplish receiving, storage, and staging tasks. Jurisdictions that cannot identify the specific spaces needed must incorporate product flow within the building. Those jurisdictions with spaces that are too small, may need to develop strategies for making a small place work or identify larger places to use. Depending on the incident, additional types of federal MCM assets may also be received at the RSS facility where additional floor space may be required. Other considerations might be due to the nature of the incident and occupation of the facility may be longer than originally planned.*

- Does the facility use pallet racks? (Reduces square footage requirements for managed inventory)  Yes  No
- Does the facility plan on using more than one floor for storage?  Yes  No
  - If yes, does the facility have suitable forklifts or elevators to move products between floors?  Yes  No
- Does the facility have hard surface floors?  Yes  No

*Hard surface floors such as concrete are required in the unloading area so containers, pallet jacks, and forklifts can be rolled through smoothly without hitting holes, rocks, or door jams.)*

- Briefly describe what type of flooring.
- Is the facility clean and free from infestation by insects, rodents, birds, or vermin, chemical and mechanical hazards to include any petroleum products?  Yes  No
- Is the facility currently operating as a functional warehouse?  Yes  No

## Fire / Safety

- Is there a fire plan in place?  Yes  No
- Does the facility have a fire suppression system?  Yes  No
  - Sprinklers  Yes  No
  - Fire Extinguishers  Yes  No
- Does the facility have a safety plan in place?  Yes  No
  - First aid kit  Yes  No
  - Automated External Defibrillator (AED)  Yes  No

## Receiving/Docking

- Does the facility have loading docks?  Yes  No
  - How many loading docks are available \_\_\_\_\_
- Are docks 48" to 52" high?  Yes  No
  - How many loading docks are available \_\_\_\_\_
- Are dock levelers or dock plates available?  Yes  No
  - How many dock levelers or plates are available \_\_\_\_\_
  - Type \_\_\_\_\_ (for example: self-leveling, mechanical, or dock plates)
- Are the dock doors adequate in height? (Standard height is 100 inches wide x 14 feet high. A minimum height of 8 feet can be used).  Yes  No
  - What is the height and width of the dock doors? \_\_\_\_\_
- Is the floor in the receiving and staging area free of holes, doorstops or other obstructions?  Yes  No
- Can the driveway to the docks accommodate 53 foot trailers with 11 foot tractor and include adequate turning radius? (Approximately 95 feet).  Yes  No
- Is there adequate space available for trucks to stage outside and proximate to the facility for inbound and outbound trucks? (Multiple trucks may arrive/depart simultaneously at the RSS site and will need to have a space to wait before being offloaded or ready for outbound movement.)  Yes  No
- If loading dock(s) are not present can the driveway accommodate a tractor-trailer and have an area to off-load containers/federal MCM assets?  Yes  No

- Are mobile ramps and/or forklifts available to offload the trailers?  Yes  No
- Do the loading docks and receiving area have adequate lighting?  Yes  No

### Material Handling Equipment

- Are forklifts available for use?  Yes  No
  - Numbers available for use onsite: \_\_\_\_\_
    - Forklift capacity: \_\_\_\_\_
  - Numbers available for use offsite \_\_\_\_\_
    - Forklift capacity: \_\_\_\_\_

*If proper loading docks with levelers are present then a minimum number of forklifts could be used. However, if loading docks are **not** present it is recommended that two 3000 – 5000 pound capacity forklifts be available to off-load federal MCM assets from the vehicles. In addition, two forklifts will be needed to stage and load repackaged assets onto trucks.*

- Are there adequate fuel and/or battery resources available for the forklifts?  Yes  No

***Note:** Units that run on propane will require a tank of fuel every 8 to 12 hours. Electric units will require battery recharge every 8 to 12 hours and a charging station. **Safety Note:** Gasoline-powered forklifts are not recommended for indoor use due to the danger of carbon monoxide build up. In addition, individuals must be trained and certified to operate forklifts as required by Occupational Health and Safety Administration (OSHA)<sup>1</sup>.*

- What is the backup plan if forklifts are not available for use?

- Are pallet jacks available for use?  Yes  No
  - Numbers available for use onsite \_\_\_\_\_
  - Numbers available for use offsite \_\_\_\_\_

*Approximately six pallet jacks should be available. Tasks to be considered include picking assets, quality assurance, staging and loading/unloading assets onto trucks.*

- What is the backup plan if pallet jacks are not available for use?

- Are empty pallets available for use?  Yes  No
  - Numbers available for use onsite \_\_\_\_\_
  - Numbers available for use offsite \_\_\_\_\_

*Use standard 40 X 48 inch pallets. It is recommended that pallets be available to initially activate the RSS and plans should be in place to obtain more pallets if the RSS facility continues to operate.*

- What is the backup plan if empty pallets are not available onsite?
  
- Are dollies and or hand trucks available?  Yes  No
  - Numbers available for use onsite \_\_\_\_\_
  - Numbers available for use offsite \_\_\_\_\_
  
- Are packing supplies available? (example: shrink wrap, box cutters, empty boxes)  Yes  No

### Environmental Controls

*(Applies to MCM or cold chain management as may be applicable)*

- Heating and Air Conditioning: Does the facility offer temperature-controlled storage of medications between 68° F to 77° F (20°C to 25°C)?  Yes  No

*A temperature maintained thermostatically that encompasses the usual and customary working environment of 68° F to 77° F (20°C to 25°C); that results in and allows for ranges between 59° F and 86 °F (15° C and 30° C) that are experienced in pharmacies, hospitals, and warehouses. Provided the temperature remains in the allowed range, transient spikes up to 104° F (40°C) are permitted as long as they do not exceed 24 hours.*

- Does the facility have functional and tested temperature monitoring/logging device or service to monitor and record the temperature?  Yes  No
  
- Does the facility have an functional and tested alarm and notification system to notify personnel if the temperature exceeds 104° F (40°C) for more than 4 hours?  Yes  No
  
- Is there a plan in place to provide repairs to environmental controls ?  Yes  No
  
- Briefly describe the emergency repair plan.
  
- What is the backup plan to maintain controlled room temperature if the environmental control system cannot be repaired within 24 hours?

### Cold Storage

*(Applies to MCM or cold chain management as may be applicable)*

- Does the facility offer refrigerated and frozen storage areas for biological agents such as vaccines? <sup>2</sup>  Yes  No

- Can the refrigerated storage area maintain a controlled temperature between 35° F and 46° F (2° and 8°C)?  Yes  No

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- Can the frozen storage area maintain a controlled temperature of 5° F to -13° F (-15° C to -25° C)?  Yes  No
- Are calibrated thermometers, with certificates of traceability and certification, used to monitor the refrigerated and freezer storage areas a least twice a day, and log maintained of those temperature readings per the CDC Vaccine Storage and Handling Toolkit, (November, 2012)<sup>6</sup> and Immunization Action Coalition Clinic Resources Storage and Handling<sup>7</sup>?  Yes  No  
*It is a requirement for all providers that storage unit temperatures be read using calibrated thermometers and documented twice each workday.*
- Is there a functional and tested alarm and notification system to alert personnel if storage temperatures deviate outside of the specified storage temperatures?  Yes  No
- Are the electrical outlets supplying power to the cold storage area marked with “Do Not Unplug” and “Do Not Stop Power” per the CDC Vaccine Storage and Handling Toolkit, (November, 2012)<sup>6</sup> and Immunization Action Coalition Clinic Resources Storage and Handling<sup>7</sup>?  Yes  No  
*Avoid using power outlets with built-in circuit switches, outlets that can be activated by a wall switch, or a power strip. These can be tripped or switched off, resulting in loss of electricity to the storage unit. Use a safety-lock or an outlet cover to reduce the chance of a unit becoming inadvertently unplugged. Label the fuses and circuit breakers to alert people not to turn off the power to the storage units.*
- Are the power circuits for the refrigeration/freezer storage areas on backup power?  Yes  No
- The cold storage capacity at this facility is \_\_\_\_\_ cubic feet.

*Note: Recommended cold storage capacity for Anthrax Vaccine Adsorbed (AVA) is equal to .7 cubic feet per full case that includes 3,000 doses. Depending on the population served by the RSS facility, the following outlines cold storage capacity that is needed, in cubic feet, based on the number of doses stored:*

100,000 doses= 34 cases=24 cubic feet  
 500,000 doses=167 cases=117 cubic feet  
 1 million doses=334 cases=234 cubic feet  
 5 million doses=1,667 cases=1,167 cubic feet

*Note: Recommended cold storage capacity for Smallpox ACAM2000vaccine is equal to .5 cubic feet per full case that includes 40,000 doses. Depending on the population served by the RSS facility, the following outlines cold storage capacity that is needed, in cubic feet, based on the number of doses stored:*

100,000 doses= 3 cases=2 cubic feet  
 500,000 doses=13 cases=7 cubic feet  
 1 million doses=25 cases=13 cubic feet  
 5 million doses=125 cases=63 cubic feet

- What is the contingency plan for providing cold storage for biological agents as required if the capability does not exist at the RSS?

### Security

- Based on a state or local law enforcement security assessment is the facility capable of securely receiving, storing, and staging federal MCM assets?  Yes  No

- What are the name, address, and phone number for the point of contact in the state or local law enforcement agency that completed the security assessment?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

- Are there facilities nearby that may pose a security or safety threat (example: prisons, halfway houses, and chemical refineries)?  Yes  No

- Briefly describe nearby facilities that may pose a security or safety threat to the facility.

- Is the facility located in a high crime area?  Yes  No

- Briefly, describe what information was used for this determination.

- Does local traffic pattern indicate potential vehicular traffic congestion in the area that would affect the shipping and receiving of federal MCM assets? Yes No

- Briefly, describe what information was used for this determination.

- Briefly describe the type of neighborhood (example: residential, commercial, industrial)

*Contact information for local agencies is needed in the case of an emergency for federal personnel deployed to the facility.*

- What is the distance to the nearest local law enforcement station? \_\_\_\_\_

- What is the name and address of the nearest local law enforcement station?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

- What is the distance to the nearest fire station? \_\_\_\_\_

- What is the fire station name and address?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

- What is the distance to the nearest hospital? \_\_\_\_\_

- What is the name and address of the hospital?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Interior

- Are all exterior doors equipped with cylinder locks, deadbolts, or solid locks and high-security hasps?  Yes  No
- Are doors with windows equipped with double-cylinder locks or high-security padlocks?  Yes  No
- Are windows that could be used for entry protected with secondary devices?  Yes  No
- Are openings to the roof (doors & skylights, etc.) securely fastened or locked from the inside?  Yes  No
- Is there an access control system plan in effect?  Yes  No
- Are building entry devices (keys / cards) kept securely locked and issued on a strictly controlled basis?  Yes  No
- Who is responsible for the access control system?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

- Does the facility have the capability to provide a locked area inside the building to store controlled substances? *(Per established DEA regulations and jurisdiction having authority)*<sup>3</sup>  Yes  No
- What is the backup plan for storing controlled substances if the RSS does not have a secure storage area?

## Exterior

- Does a security barrier limit or control vehicle or pedestrian access to the facility?  Yes  No
- Can the gates be locked?  Yes  No
- Briefly describe the security barrier and its physical condition.
- Do landscape features that may provide places potential intruders to hide?  Yes  No
- Are there items such as bricks, stones, or wooden fences onsite that could be used as weapons or tools by intruders?  Yes  No
- Is entry and exit from parking areas controlled by a guard?  Yes  No
- Who provides the guard service for the parking area (24/7 point of contact)?  
Point of Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Alternate Phone Number: \_\_\_\_\_
- Are parking areas watched by closed circuit TV?  Yes  No
- Are frequent inspections made of parking area and vehicles not guarded or monitored through closed circuit TV?  Yes  No
- Does a security fence protect the parking area?  Yes  No

## Lighting

- Is there sufficient lighting of the building exterior in accordance with local codes?  Yes  No
- Is exterior lighting used during periods of low visibility and at night?  Yes  No
- Are exterior light fixtures weather and tamper resistant in accordance with local codes?  Yes  No
- Are exterior lights controlled automatically (or have the capability for automatic control)?  Yes  No
- Are exterior light control switches inaccessible to unauthorized persons?  Yes  No
- Does the interior have sufficient lighting to perform work required and maintain a safe work place per OSHA standards<sup>4</sup>?  Yes  No
- Is there emergency lighting?  Yes  No

- Are interior lights key controlled?  Yes  No
  - If controlled, who has access to the light switches? (24/7 point of contact)  
Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
- What is the backup plan for providing internal and external lighting if existing lighting systems fail?

### Utilities

- Is there adequate power with backup to operate essential RSS functions?  Yes  No
  - Heating and cooling  Yes  No
  - Cold storage  Yes  No
  - Lighting  Yes  No
  - Communications  Yes  No
  - Key administrative areas  Yes  No
- If the backup generator is offsite, will it be in place and operational in time to commence operations at the RSS?  Yes  No

If the generator(s) is provided from offsite provide the 24/7 contact information of individual or agency responsible for installing the system.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

- Are qualified individuals available to operate and monitor the backup generator(s) per NFPA 110<sup>5</sup>?  Yes  No

- If the back-up generator is on site when was the last testing and use of the system? \_\_\_\_\_

### Communications

- Does the facility have a telephone system in place that is operational?  Yes  No

*If it is not operational, provide 24/7 contact information of the individual or agency responsible for activating the system and the time required to activate the system. If the system is offsite, provide the 24/7 contact information of individual or agency responsible for installing and activating the system and the time required to complete the work.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

- Does the facility have a radio system onsite that is operational?  Yes  No

*If the system is not operational, provide 24/7 contact information of the individual or agency responsible for activating the system and the time required to activate the system. If the system is offsite, provide the 24/7 contact information of individual or agency responsible for installing and activating the system and the time required to complete the work.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

- Is there a public address system onsite that is operational?  Yes  No

*If it is not operational, provide 24/7 information of the individual or agency responsible for activating the system and the time required to activate the system. If the system is offsite, provide the 24/7 contact information of individual or agency responsible for installing and activating the system and the time required to complete the work.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

- Does the facility have any other communication systems onsite that is operational?  Yes  No

*If the system is not operational, provide 24/7 contact information of the individual or agency responsible for activating the system and the time required to activate the system. If the system is offsite, provide the 24/7 contact information of individual or agency responsible for installing and activating the system and the time required to complete the work.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

### Staff Comfort Facilities

- Bathrooms (male, female, unisex)  Yes  No

- Quantity \_\_\_\_\_

- If no bathrooms onsite, describe the back-up plan for bathrooms?

- Showers (male, female, unisex)  Yes  No

- Qty \_\_\_\_\_

- Rest Areas  Yes  No

- Vending machines  Yes  No

- Eating and break areas  Yes  No

- Other equipment (coffee makers, refrigerators, ice machines, microwaves)  Yes  No

- Drinking water fountains  Yes  No

## Federal MCM Team Operations Area

- Identify the Federal MCM Operations Area on the Interior / Exterior Space Diagram?
  - Is there a minimum of 300 square feet of office space?  Yes  No
  - Is the MCM operations area immediately accessibility to the RSS?  Yes  No
  - Is the MCM operations area located in a low noise level location?  Yes  No
- Identify features of the MCM Operations Area
  - Are a minimum of 3 folding tables and 6 chairs available?  Yes  No
  - Is there adequate lighting to perform reading and administrative tasks?  Yes  No
  - Are a minimum of three 15/20 amp 110-volt AC duplex power outlets available?  Yes  No
  - Is a 100BaseT LAN (or faster), cable modem, or DSL high-speed Internet connection available?  Yes  No

*Check firewall/security issues with local IT. The network connection should be able to support the unrestricted connection of CDC computers to the Internet. If no Internet access is available, a space outside is needed to setup the CDC portable satellite system. The satellite-system must be at least 60 feet away from facility with a clear view to the southwest.*

- Does the MCM Operations area have at least three analog phone lines, or equivalent (digital voice-over-IP, etc.), available to support long distance; voice calls, FAX, and data transfers?  Yes  No
- Are the phone lines available at the facility and operational?  Yes  No

*If the phone lines are not operational or available, provide the 24/7 contact point of the individual or agency responsible for providing the phone lines and the time required for the lines to be operational.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Identify the name, address, phone number, and fax of any nearby hotel accommodations for Federal Liaison Officers (such as CDC deployed personnel, including Stockpile Services Advance Group or RSS Task Force, to assist with RSS operations.)

Hotel Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

FAX number: \_\_\_\_\_

**Additional Information**

*Add any additional information not addressed above in this section.*

## Acknowledgement Page

List participants conducting review of this RSS facility in the space below. The representatives listed on this page verify this RSS review and acknowledge that the information gathered in this site survey is accurate. Add additional participants, as necessary.

Date: \_\_\_\_\_  
State Agency: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title \_\_\_\_\_

Date: \_\_\_\_\_  
Law Enforcement Agency: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title \_\_\_\_\_

Date: \_\_\_\_\_  
Local Agency (if applicable): \_\_\_\_\_  
Name: \_\_\_\_\_  
Title \_\_\_\_\_

Date: \_\_\_\_\_  
Other Agency (if applicable): \_\_\_\_\_  
Name: \_\_\_\_\_  
Title \_\_\_\_\_

Verification or reverification of the RSS facility is not complete until representatives from CDC's Division of the State and Local Readiness and the U.S. Marshals Service have acknowledged and dated below.

Date: \_\_\_\_\_  
Agency: CDC Division of State and Local Readiness(DSLR)  
Name: \_\_\_\_\_  
Title: Project Officer

Date: \_\_\_\_\_  
Agency: U.S. Marshals Service (USMS)  
Name: \_\_\_\_\_  
Title \_\_\_\_\_

Proposed follow-up date: \_\_\_\_\_

(This is the proposed follow-up date to correct any gaps or deficiencies found during the initial review – Items noted below.)

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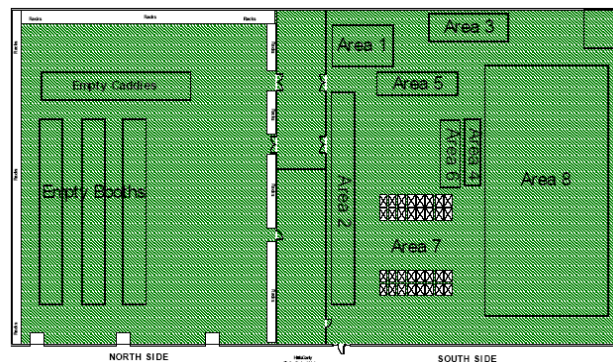
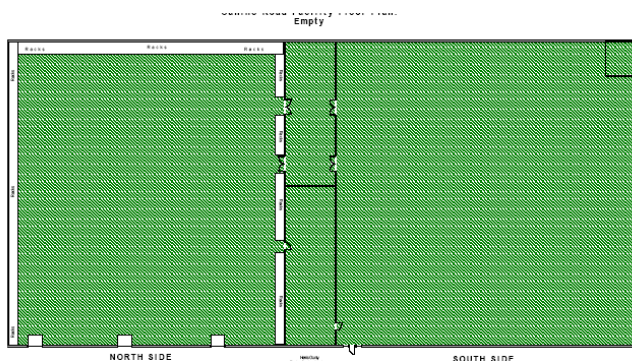
## Supplemental Information:

### Diagrams and Photographs

Please insert diagrams and/or plans of the interior layout of the facility and photographs of proposed spaces in this section. Please ensure photographs are no larger than 640 by 480 pixels. Each photograph should be labeled and include a brief narrative description (Figure 1).

Interior and exterior photographs should include warehouse floor, loading docks, and MCM operations area. In addition, the diagram should identify any interior or exterior security posts. Do not send pictures of the RSS facility as individual files. Photographs should be inserted into the RSS site survey as shown in Figure 1. Using a table can help manage the placement of photographs on a page as shown in Figure 1. No more than 20 pictures should be included with the RSS site survey.

Below is an example diagram with approximate locations of where MCM assets would be placed and photographs of a RSS facility (please delete these sample diagrams and photographs before inserting specific examples for this facility).



### Photographs

The two RSS loading dock photographs (Figure 1) are the same image, but the file size for the image on the right is approximately 90 percent smaller than the one on the left. The original photograph, on the left from the digital camera, is 2048 by 1536 pixels with a file size of 700 kilobytes. The same photograph on the right is 640 by 480 pixels with a file size of 81 kilobytes. To resize a photograph to keep within the 640 by 480 pixel requirement, Microsoft Office Picture Manager® (included as part of Microsoft Office®) can be used. Please note that using the picture resize function inside of Word does not reduce the photograph file size or pixel resolution, it only affect the onscreen appearance of the photograph.

To use Picture Manager:

- Open an photograph in Picture Manager
- Select “Picture” on the menu bar
- From the Picture drop down menu select “Resize”
- The resize options box will appear as shown in Figure 2
- Select the “Predefined width x height:” radio button
- Choose Web – Large (640 x480 px) from the drop down options menu

- Select OK to apply the change to the picture
- Select File Save As to save a new smaller version of the photograph.

**Figure 1 RSS Loading Docks**

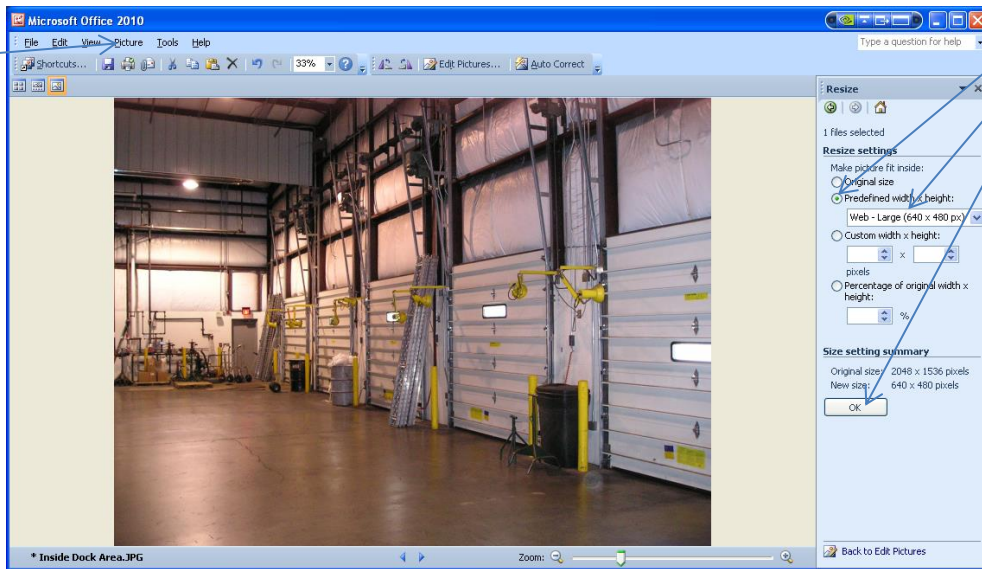


RSS loading dock sample photo 1

RSS loading dock sample photo 2

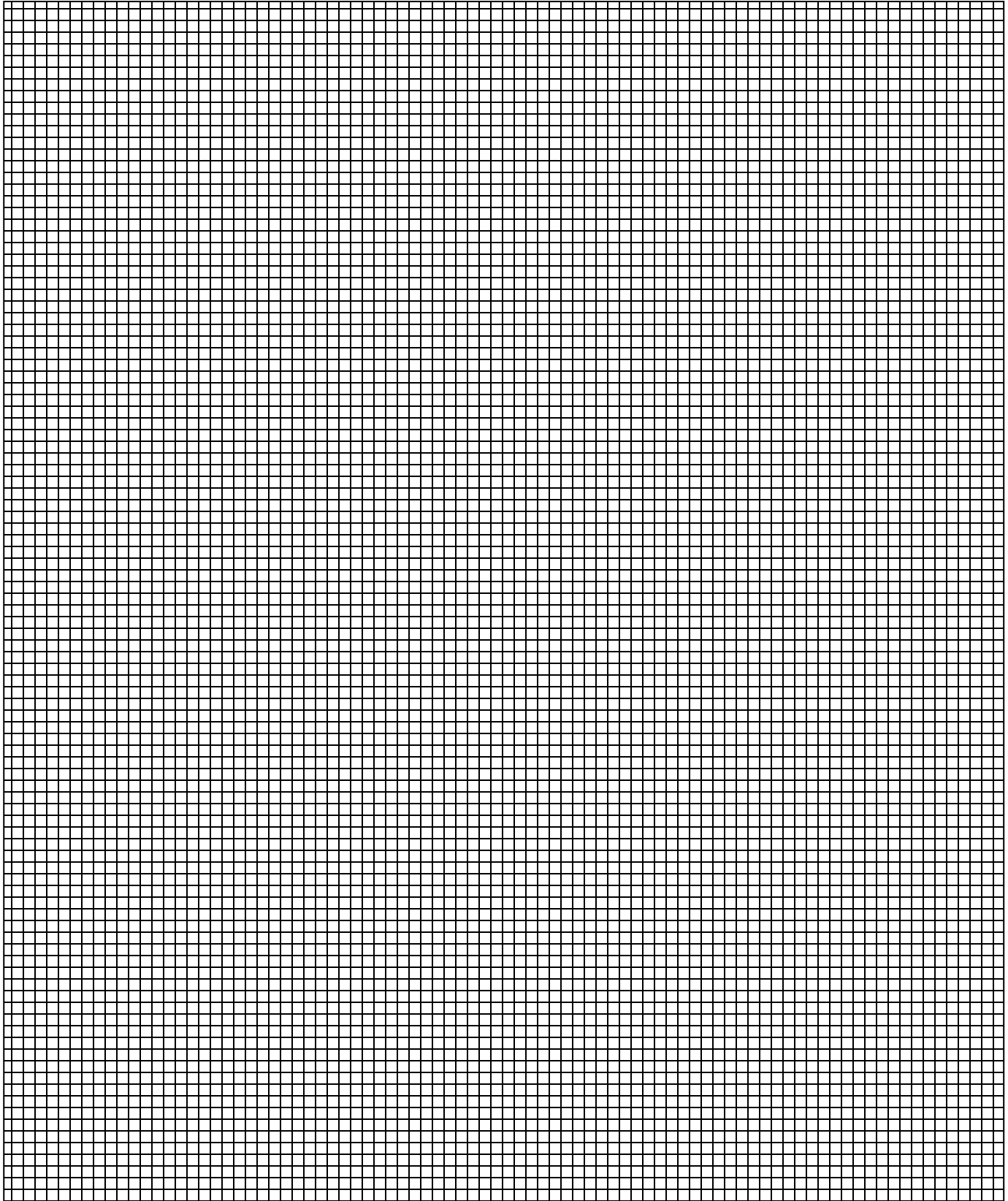
**Figure 2 Microsoft Picture Manager**

1. Select Picture
2. Select Resize



3. Select Predefined
4. Select Web – Large
5. Select OK
6. Save photo

**Interior and Exterior Space:**



## Reference Documents

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<sup>1</sup> **29 CFR 1910.178(I)** – Powered Industrial Trucks

[www.ecfr.gov/cgi-bin/text-idx?rgn=div8&node=29:5.1.1.1.8.14.37.3](http://www.ecfr.gov/cgi-bin/text-idx?rgn=div8&node=29:5.1.1.1.8.14.37.3)

<sup>2</sup> **21 CFR 205.50** – Guidelines for State Licensing of Wholesale Prescription Drug Distributors

[www.gpo.gov/fdsys/granule/CFR-1999-title21-vol4/CFR-1999-title21-vol4-sec205](http://www.gpo.gov/fdsys/granule/CFR-1999-title21-vol4/CFR-1999-title21-vol4-sec205)

(c) *Storage.* All prescription drugs shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, in the labeling of such drugs, or with requirements in the current edition of an official compendium, such as the United States Pharmacopeia/National Formulary (USP/NF).

(1) If no storage requirements are established for a prescription drug, the drug may be held at "controlled" room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected.

<sup>3</sup> **21 CFR 1301.72** – Physical security controls for non-practitioners; narcotic treatment programs and compounders for narcotic treatment programs; storage areas

[www.gpo.gov/fdsys/granule/CFR-2002-title21-vol9/CFR-2002-title21-vol9-sec130](http://www.gpo.gov/fdsys/granule/CFR-2002-title21-vol9/CFR-2002-title21-vol9-sec130)

<sup>4</sup> **29 CFR 1926.56** – Illumination

[www.gpo.gov/fdsys/pkg/CFR-2011-title29-vol8-pdf/CFR-2011-title29-vol8-sec192](http://www.gpo.gov/fdsys/pkg/CFR-2011-title29-vol8-pdf/CFR-2011-title29-vol8-sec192)

<sup>5</sup> National Fire Protection Association (NFPA) Standard for Emergency and Standby Power Systems

[www.nfpa.org/codes-and-standards/document-information-pages?mode=code&c](http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&c)

<sup>6</sup> CDC Vaccine Storage and Handling Toolkit (November, 2012)

<http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf>

<sup>7</sup> Immunization Action Coalition Clinical Resources-Storage and Handling

<http://www.immunize.org/clinic/storage-handling.asp>

# Health Service Region 11 Security Assessment Guide Dispensing Sites

- Purpose:** The purpose of this guide is to:
- Identify likelihood of potential threats
  - Evaluate vulnerabilities
  - Suggest corrective actions
  - Assess the present security status

- Elements of the Assessment:** The major elements of the security assessment include:
- Professional observations and judgment
  - Physical security
  - Personnel security
  - Information security
  - Security of SNS materials

**NOTE:** This is only a guide. Professional Judgments are the most important element of the Security Assessment.

Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Security Assessment performed by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_



**Public Health Region 11  
Security Assessment Guide  
Dispensing Sites**

<b>PHYSICAL SECURITY</b>	<b>CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
<b>Location</b>	Hazardous materials/waste stored at the facility?				
	Hazardous materials/waste stored within 1 mile of the facility?				
	Crime rate statistics high for area?				
	Known militant/religious extremist groups in area?				
	Traffic patterns near dispensing site make access difficult?				
<b>Perimeter Fencing</b>	Is there a perimeter fence?				
	Can fence access points (gates, etc.) be adequately, secured?				
<b>Entry Points</b>	Are there sufficient doors for safe and efficient operation/evacuation of dispensing clinic?				
	Are doors and adjacent walls capable of providing adequate access control?				
	Are all entrances equipped with secure locking devices?				
	Is there direct access to roof or substructure?				
	Can <b>all</b> windows be securely fastened from the inside?				
	Are fresh air intakes easily accessible?				
<b>Key Control</b>	Are records maintained of who has been issued keys to the building?				
	Are records maintained indicating location and number of master keys?				
	Are records maintained indicating issue and return of keys?				

**Public Health Region 11  
Security Assessment Guide  
Dispensing Sites**

<b>PHYSICAL SECURITY</b>	<b>CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
	Are employees required to report loss or theft immediately?				
<b>Locks</b>	Are gates and storage facilities locked?				
	Are safes located within the building?				
<b>Alarms</b>	Is an alarm system used by the facility? (Give a brief description of detection device(s) on a separate sheet.)				
	Is the facility protected 24/7 by a private protection service? Name?				
	Is the facility protected 24/7 by the local police?				
	Have any inherent weakness in the system itself been identified? Explain.				
	Is the system designed to automatically switch over to the backup power source upon primary power failure?				
<b>Lighting/Power</b>	Is protective lighting provided during hours of darkness?				
	Is there adequate illumination for the exits, stairwells, loading docks, parking lots and perimeter of the facility?				
	Is there an auxiliary power source that will operate the lights, refrigeration and communications systems in the event of a power failure?				
	Is there adequate illumination at the remote parking location?				

**Public Health Region 11  
Security Assessment Guide  
Dispensing Sites**

<b>PERSONNEL SECURITY</b>	<b>CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
<b>Crowd Control</b>	Is there a plan to provide remote parking?				
	Is there a covered area/facility for people to wait prior to transport to the dispensing site?				
	Are there sufficient transportation assets to transport people to and from the dispensing site?				
	Are there sufficient security personnel to manage the traffic and crowds at the remote parking location?				
<b>Dispensing Site</b>	Is there a plan for contraband control at the dispensing site?				
	Are there procedures in place to verify credentials/badges of personnel before allowing entry into the dispensing site?				
	Are there security procedures in place for personnel parking?				
	Are there procedures in place to provide security for personnel providing services to special populations that cannot come to the dispensing site (mobile units)?				
	Are there sufficient local security personnel to manage the crowds outside and within the dispensing site?				
<b>INFORMATION SECURITY</b>	<b>CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
<b>Communication</b>	Are there communication services available within the dispensing site (phones, faxes, hand-held radios)?				

## Security Assessment Guide Dispensing Sites

INFORMATION SECURITY	CRITERIA	YES	NO	N/A	COMMENTS
	Do security personnel have access to hand-held radios, satellite phones, or other means of communication?				
	Are lines of communication secure?				
	Has interoperability of communication been assessed?				
SNS SECURITY	CRITERIA	YES	NO	N/A	COMMENTS
	Has a threat assessment been conducted by local law enforcement?				
	Have primary and secondary routes to dispensing sites been mapped?				
	Are there procedures to secure routes for SNS and emergency vehicles to use?				
	Is there a loading dock out of sight of the main entrance for deliveries?				
	Is there a location within the facility to store SNS assets that is temperature-controlled, has refrigeration equipment and can be locked?				
	Is there sufficient local law enforcement to provide security for the SNS assets and equipment once it is signed over to the county?				
SPECIAL SECURITY	CRITERIA	YES	NO	N/A	COMMENTS
<b>Isolation/ Quarantine</b>	Are security personnel aware of isolation/quarantine control measures?				

### Public Health Region 11

## Security Assessment Guide Dispensing Sites

SPECIAL SECURITY	CRITERIA	YES	NO	N/A	COMMENTS
	Have facilities been identified that meet the requirements as a holding facility?				
	Are there sufficient local security personnel to enforce isolation/quarantine measures?				
	Has a Security Plan been developed that includes evacuation and crowd control?				
	Has a copy of the plan been provided to the Local Health Department				

### AVAILABLE COUNTY ASSETS:

#### PERSONNEL:

TYPE	NUMBER

#### EQUIPMENT:

TYPE	NUMBER

### SECURITY ASSETS NEEDED:

#### PERSONNEL:

TYPE	LOCATION	NUMBER

#### EQUIPMENT:

TYPE	LOCATION	NUMBER





# **Security Job Action Sheets**

## **Security Function**

### **Dispensing**

The Security Function, similar to the other core functions of SNS preparedness in a terrorist event, will be considered a subcomponent of the Operations Section of the Regional Incident Command System (ICS). The Security Function Lead will be the primary decision maker and problem solver for the Function and back up assistants and shift lead in that regard. She/he will organizationally relate to the Managing SNS Operations Function and look to that level for decisions that need made by a higher authority or problems that cannot be solved at the function level.

### **Security Function Lead - Dispensing**

The Security Function Lead needs to be a respected individual with management experience in the security/law enforcement field who will volunteer to head this challenging component of SNS preparedness. The Lead needs to recruit assistant leads, and shift leads (because of around-the-clock operations in a terrorist event) and oversee the recruitment of Security Function team members. The Security Function can be staffed entirely by volunteers from one security/law enforcement organization, some combination of organizations, or from amongst individual law enforcement officers. The degree of difficulty in assembling a Security Function team, orienting its members, making advanced assignments, and having them either tethered (e.g., by pager) or part of a call-down system, grows as one moves from the in-tact organization to the broad confederation of individuals. The key challenge is to be able to assemble the Function team composed mainly of members who have a good idea of where they are supposed to report, what security duties they are to perform, and to whom they are reporting for instructions.

### **Security Function Staff - Dispensing**

The Security Function staff for Dispensing will include:

- Security Function Lead
- Security Function Lead Assistants
- Security Shift Leads
- Security Personnel

**SECURITY FUNCTION LEAD**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**Pre-Event Duties**

- 1 Advise the SNS Preparedness Coordinator on:
  - a. Identifying, mapping, and prioritizing options for Dispensing Sites.
  - b. Conducting security assessment on designated Dispensing Sites.
  - c. Providing security personnel to manage traffic, parking, crowd control, and staff security for each Dispensing Site.
2. Provide the SNS Preparedness Coordinator with nominations to lead the various security details associated with dispensing of SNS materials and participate in recruitment.
3. Work with the leads of the various security details to:
  - a. Nominate shift leads and subordinate supervisors that may be needed and, as practical or indicated, participate in recruitment.
  - b. Recruit rank and file members of the shifts for those teams and ensure each member is credentialed.
4. Work with the shift leads and subordinate supervisors to develop and carry out a plan for:
  - a. Tethering leads and supervisors and a call-down procedure for team members.
  - b. Periodic testing of the tethering tools and the call-down procedure.
  - c. Orienting team members, training team members where any new skills are required or equipment is to be used, and cross train team members to ensure there are multiple persons to handle each specialized task.
  - d. Exercising the internal operations of the teams.
  - e. Exercising the team with the different functions for which security is required.

**During-Event Duties**

5. In a terrorist event, provide support and coordination for the leads of the various security details and the SNS Preparedness Coordinator.
6. In a terrorist event, work with the Managing SNS Operations Function to report function status, plus any decision needing referral to a higher level or problems that for resolution at a higher level.

**Post-Event Duties**

7. Following an event, participate in an evaluation of the performance of the overall Security Function and of the SNS Preparedness Organization as a whole.

**Knowledge, Skills, and Abilities Needed:**

- Knowledge of the security/law enforcement field
- Knowledge of state and local police forces and officials
- Knowledge of the security capability of State and National law enforcement agencies
- Knowledge of the range and capabilities of local private security forces
- Skill at recruiting the voluntary participation of a sufficient force for SNS security
- Skill at conceiving and selling the practical vision of a coordinated SNS security force
- Skill at working successfully with security officials through a range of jurisdiction & other issues
- Ability to organize a variety of security forces into a coordinated support effort
- Ability to get participating forces to designate supervisory staff for SNS security
- Ability to work with the SNS Preparedness Coordinator and the function leads on training and exercises

# **SECURITY FUNCTION LEAD ASSISTANT**

## **OPERATIONS SECTION**

*Job Action Sheet*

### **Pre-Event Duties**

1. Assist the Security Function Lead with:
  - d. Identifying, mapping, and prioritizing options for Dispensing Sites.
  - e. Conducting security assessment on designated Dispensing Sites.
  - f. Providing security personnel to manage traffic, parking, crowd control, and staff security for each Dispensing Site.
2. Assist the Security Function Lead with nominations to lead the various security details associated with dispensing of SNS materials and participate in recruitment.
3. Assist the Security Function Lead with working with the leads of the various security details to:
  - a. Nominate shift leads and subordinate supervisors that may be needed and, as practical or indicated, participate in recruitment.
  - b. Recruit rank and file members of the shifts for those teams and ensure each member is credentialed.
4. Assist the Security Function Lead with working with the shift leads and subordinate supervisors to develop and carry out a plan for:
  - a. Tethering leads and supervisors and a call-down procedure for team members.
  - b. Periodic testing of the tethering tools and the call-down procedure.
  - c. Orienting team members, training team members where any new skills are required or equipment is to be used, and cross train team members to ensure there are multiple persons to handle each specialized task.
  - d. Exercising the internal operations of the teams.
  - e. Exercising the team with the different functions for which security is required.

### **During-Event Duties**

8. In a terrorist event, provide support and coordination for the leads of the various security details and the SNS Preparedness Coordinator.
9. In a terrorist event, work with the Managing SNS Operations Function to report function status, plus any decision needing referral to a higher level or problems that for resolution at a higher level.

### **Post-Event Duties**

10. Following an event, participate in an evaluation of the performance of the overall Security Function and of the SNS Preparedness Organization as a whole.

### **Knowledge, Skills, and Abilities Needed:**

- Knowledge of the security/law enforcement field
- Knowledge of state and local police forces and officials
- Knowledge of the security capability of State and National law enforcement agencies
- Knowledge of the range and capabilities of local private security forces
- Skill at recruiting the voluntary participation of a sufficient force for SNS security.
- Skill at conceiving and selling the practical vision of a coordinated SNS security force.
- Skill at working successfully with security officials through a range of jurisdiction & other issues.
- Ability to organize a variety of security forces into a coordinated support effort.
- Ability to get participating forces to designate supervisory staff for SNS security.
- Ability to work with the SNS Preparedness Coordinator and the function leads on training and exercises.

**SECURITY SHIFT LEAD**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**During-Event Duties**

1. In a terrorist event, provide support and coordination for the security personnel.
2. In a terrorist event, work with the Security Function Lead to report function status, plus any decision needing referral to a higher level or problems that for resolution at a higher level.

**Post-Event Duties**

3. Following an event, participate in an evaluation of the performance of the overall Security Function and of the SNS Preparedness Organization as a whole.

**Knowledge, Skills, and Abilities Needed:**

- Knowledge of the security/law enforcement field
- Knowledge of state and local police forces and officials
- Knowledge of the security capability of State and National law enforcement agencies
- Knowledge of the range and capabilities of local private security forces
- Skill at recruiting the voluntary participation of a sufficient force for SNS security
- Skill at conceiving and selling the practical vision of a coordinated SNS security force
- Skill at working successfully with security officials through a range of jurisdiction & other issues
- Ability to organize a variety of security forces into a coordinated support effort
- Ability to work with the Security Function Lead and the SNS Preparedness Coordinator on training and exercises

## Security Function Lead Staff Contact Information

COUNTY	PRIMARY CONTACT		ALTERNATE CONTACT	
	Name:		Name:	
	Work Phone:		Work Phone:	
	Cell Phone:		Cell Phone:	
	Pager:		Pager:	
	Home Phone:		Home Phone:	
	Work Address:		Work Address:	
	Specialty/Assignment:		Specialty/Assignment:	
	Name:		Name:	
	Work Phone:		Work Phone:	
	Cell Phone:		Cell Phone:	
	Pager:		Pager:	
	Home Phone:		Home Phone:	
	Work Address:		Work Address:	
	Specialty/Assignment:		Specialty/Assignment:	
	Name:		Name:	
	Work Phone:		Work Phone:	
	Cell Phone:		Cell Phone:	
	Pager:		Pager:	
	Home Phone:		Home Phone:	
	Work Address:		Work Address:	
	Specialty/Assignment:		Specialty/Assignment:	

# Hidalgo County



## **Appendix 8: Medical Countermeasures Plan Attachment 6: Dispensing**

**April 2023**

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## Approval and Implementation

# Appendix 8: Medical Countermeasures Plan

## Attachment 6: Dispensing

This attachment is hereby approved for implementation and supersedes all previous editions.

\_\_\_\_\_  
Eduardo Olivarez  
Director, Health & Human Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ricardo Saldaña  
Emergency Management Coordinator

\_\_\_\_\_  
Date

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## Authority

The Hidalgo County Commissioner’s Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner’s Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County’s Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner’s Court on September 7, 2021.

## Purpose

The purpose of the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Attachment 6: Dispensing is to describe the organization and operation of a mass dispensing site, define responsibilities and responsible parties, provide an operational template for dispensing vaccine locally. This attachment will also provide guidance when receiving medications, vaccines, supplies, equipment from the RSS site for as long as is needed, submitting orders for material when stock is low, maintaining tracking and inventory of material, and tracking of recipients and documentation of personal health information care received.

This attachment was developed according to models developed by the Agency for Healthcare Research and Quality (AHRQ) guidelines for community-based mass prophylaxis response to epidemic outbreaks and on operational structures for *dispensing/vaccination clinics* (DVC) based on the National Incident Management System (NIMS).

## Explanation of Terms

### Acronyms

CDC	Centers of Disease Control and Prevention
DVC	Dispensing/Vaccination Clinic
DSHS	Texas Department of State Health Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
HAZMAT	Hazardous Materials
LHD	Local Health Department
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
POD	Point of Dispensing
PPE	Personal Protective Equipment

PVS	Pre-event Vaccination System
RSS	Receiving, Staging, and Storing Site
SNS	Strategic National Stockpile
SOG	Standard Operating Guidelines
VMI	Vendor Managed Inventory

## Definitions

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Explanation of Terms.

## Situation & Assumptions

### Situation

1. Hidalgo County may be exposed to the threat of a war-related incident such as a radiological, nuclear, biological, chemical, or conventional attack.

### Assumptions

1. HCHHSD is not staffed to provide mass dispensing operations or epidemiological investigations throughout the county should a large-scale event occur.
2. Steps to ensure mass prophylaxis for the citizens in Hidalgo County will require the cooperation of the County EMC.
3. HCHHSD will utilize its resources to assist in these efforts to the limit of its resources and as directed by the event.
4. HCHHSD will recruit and develop staff for local dispensing clinics.
5. HCHHSD will provide standardized training materials for clinics organized using adapted AHRQ DVC clinic models and for standard operating guidelines concerning contact epidemiological investigation teams.

## Concept of Operations

### General

The dispensing of medications and/or vaccines is a core function of the Medical Countermeasures (MCM) Plan and requires exceptional preliminary coordination and efforts to ensure preparedness. Dispensing functions for a post-event smallpox scenario are considered worst case for local and regional preparedness in that it is believed that the state will direct the vaccination or isolation/quarantine of all people in the state of Texas should a single case of smallpox be detected. The next worst-case is considered to require mass prophylaxis, in which the entire population of a region or the state may be directed to receive drugs so that an outbreak of an infectious disease is averted. In this type of situation timing is essential. To respond in a timely matter, the Hidalgo County Medical Health Authority will issue standing orders and protocols for the dispensing sites. Physicians, pharmacists, medical practitioners, and RNs will be able to dispense

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medications. Additionally, qualified personnel or personnel supervised and/or authorized by the Medical Health Authority will also be able to dispense medications.

If medical countermeasures are required immediately but are unavailable, the Emergency Management Coordinator in coordination with the HCHHSD Director and the Medical Health Authority will determine the need to contact local pharmacies and gauge their ability to provide medical countermeasures to the county until SNS material is received.

Untreated exposure to some bioterrorism agents may have a mortality rate exceeding 90 percent. The key to survival for most people in this worst-case scenario is for public health to provide prophylactic medicines and/or vaccines as soon as possible and/or before an individual begins to show any clinical symptoms. If called upon, the CDC will deliver the prophylactic drugs and associated medical equipment vaccine via Push Package or VMI to designated sites in 12 hours or less. Depending on the nature of the crisis, other medical materials and/or drugs may have to be delivered to support dispensing clinic operations. These vaccines, drugs, and medical items are issued to predetermined dispensing clinic sites (hereafter called Points of Delivery – PODs) within both LHD's and non-LHD counties for use by volunteer teams in the provision of prophylaxis or vaccination of the public at large. PODs may include various medical treatment facilities (i.e., hospitals, which are not considered to be primary mass prophylaxis centers).

The number and size of PODs within Hidalgo County are determined by the HCHHSD Director and his assigned designee or by the Hidalgo County EMC. Staffing calculations based upon Weill Cornell models, see Tab A, will be used to calculate the manpower needed for a viable response to an outbreak. If the model is followed, population and medical support factors, as affected by the type of agent, geography, number of people exposed, and communicability of the organism, determine the quantity and size of PODs. Use of the Weill Cornell clinic model calculations must be balanced with common sense and with knowledge of local capacities – no model is ideal, and no model output will meet the requirements of each county and/or health department.

The EOC, under the direction of the Local Health Authorities (LHAs), and other state health authorities may activate PODs. The RSS site will be activated as dictated by the outbreak, and if SNS medications and materials exclusive of vaccines are required by the given situation. CDC will provide prophylactic drugs through Push Packages or VMI, including vaccines, some medical supplies, and other replacement items, as dictated by the event. The SNS program will continue to provide medications and material until HCHHSD can replenish and sustain such medications and supplies locally.

PODs are expected to provide prophylaxis or vaccinations to their designated population, including other persons who may present themselves and individuals in a travel status. Dispensing functions must also be provided to special need populations unable to go to the POD (i.e., homebound individuals, nursing homes). Vaccinations/prophylaxis must

also be provided to populations who do not speak English, are blind, deaf, or have other factors which may restrict receipt of appropriate public health measures.

### **POD Site Selection**

PODs may be in any facility which offers the infrastructure requirements for servicing the population. Texas DSHS and HCHHSD, in conjunction with the local Texas Education Agency, has entered memorandums of understanding with independent school districts (ISDs) so that schools throughout the County are made available as dispensing sites. MOUs have been signed with local ISDs to serve as Open POD's.

Key planning issues met by PODS include, but are not limited to the following items:

- a. Floor space and flow capability to handle intended population throughput.
- b. Capability to accept truck shipments of drugs on pallets, such as a loading dock.
- c. Refrigeration availability for storage of vaccines and other elements requiring temperature control.
- d. Parking capability.
- e. Road access with defined traffic and security control points.
- f. Electrical and other public utilities, preferably with backup systems (i.e., generator).
- g. Support equipment availability (i.e., tables, chairs, telephones, computers, internet connectivity, copiers, pallet jacks, waste disposal, video tape players, televisions, classrooms, electrical extension cords).
- h. Restroom facilities for large populations.
- i. Restroom, break room, and feeding spaces for staff.

### **Clinic Staff Requirements**

POD staff requirements will consist of local volunteers led by each POD IC. Each POD may request additional staff, if needed, from Hidalgo County EMC at the EOC/HCHHSD. The organization of the command-and-control structure for PODs used herein is also based upon the AHRQ DVC clinic structure. Actual personnel assignments and staffing requirements will be locally determined and will fit into existing local emergency command structure.

Local public health and emergency management officials will determine the number of PODs ultimately organized or set to be open. The Weill Cornell model may be used to nominally determine an ideal number of clinics needed to support a community population. A myriad of issues may cause a county to opt for a number of clinics other than the ideal. For example, a lack of public health personnel within the County may cause a reduction in the number of sites selected from the ideally recommended number of clinics. The Weill Cornell model also allows for flexible staffing selection. In general, if the number of sites selected is reduced from the recommended level, an increase in the number of stations within the selected clinics is required so that the same population may receive treatment as quickly as possible in the reduced number of clinics.

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For staff activation, the following CDC and DSHS recommendations are considered, depending on the nature of the emergency:

	<b>Performance Measures</b>	<b>Target Metric</b>
1	Time in which the local EOC is fully staffed.  Report time in hours and minutes for each EOC activated.	Within 2 hours from activation
2	Percent of public health personnel who arrive safely within target timeframe to perform capability.	100%
3	Percent of volunteer staff acknowledging ability to assemble at a given response location within the target time specified in the emergency notification.	Dependent on assigned function
4	Time in which public is provided with accurate and consistent information messages regarding POD locations.	Within 4 hours from POD opening
5	Percent of sufficient, competent personnel available to staff dispensing centers or vaccination clinics, as set forth in SNS plans and state/local plans.	100%
6	Time for all first-shift staff to be at the POD and ready.	3 hours from notification
7	Time for all POD equipment and operational supplies to be in place.	4 hours from notification
8	Percent of security forces designated in the POD-specific plan for who should report for duty.	100%
9	Time in which clinical staff and volunteers become available at triage station.	Within 4 hours from decision to activate site
10	Percent of PODs able to process patients at the rate (persons per hour) specified in SNS plans and state/local plans.  <i>Calculate the throughput for POD sites activated to meet the incident (exercise) needs</i>	100%

POD staff positions vary according to the nature of the threat agent. In general, based on treating or vaccinating 17,548 people per hour, on a 24/7 basis, two shifts per day with 15% down time, the Weill Cornell Clinic Model calls for the following core and support staff requirements to vaccinate approximately 5,000 – 10,000 people per day in an idealized POD setting.

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**STAFFING REQUIREMENTS FOR DISPENSING CLINICS SUPPORTING SNS  
PROPHYLAXIS**

(MINIMUM RECOMMENDED SINGLE CLINIC STAFFING PER SHIFT)

<b>POSITION</b>	<b>QTY PER SHIFT</b>	<b>STATION</b>	<b>NOTES</b>	<b>RECOMMENDED SELECTION CRITERIA</b>
<b>SITE MANAGER</b>	1 LEAD/CORE	OFFICE		MANAGEMENT WITH EXPOSURE TO EMERGENCY MANAGEMENT AND / OR PUBLIC HEALTH
<b>CLINIC MANAGER</b>	1 LEAD/CORE	OFFICE	MAY DOUBLE IN OTHER POSITION. OPERATIONS MANAGER	LOCAL HEALTH AUTHORITY, OR LICENSED PHYSICIAN, PHARMACIST, PARAMEDIC, NURSE, OTHER LICENSED VACCINATORS, PHYSICIAN ASSISTANTS.
<b>LOGISTICS / SAFETY MANAGER</b>	1 LEAD/CORE	RECEIVING DOCK	MAY DOUBLE IN OTHER POSITION	WAREHOUSE OPERATOR, FREIGHT
<b>SECURITY MANAGER</b>	1 LEAD/CORE	OFFICE	MAY DOUBLE IN FLOATING SECURITY POSITION	LAW ENFORCEMENT OFFICER
<b>TRANSLATORS</b>	1 SUPPORT	FLOAT, STATION 1	SUPPORT HEARING IMPAIRED, NON-ENGLISH SPEAKING	TEACHERS, SOCIAL WORKERS
<b>COMMUNICATIONS MANAGER / INFO TECH</b>	1 LEAD/CORE	OFFICE	OVERSEE PHONES, RADIOS, INTERNET CONNECTIVITY; INTERNET/EMAIL AND COMPUTER	COMPUTER SPECIALISTS FOR COUNTY OR SCHOOLS
<b>CRISIS COUNSELOR</b>	2 OTHER	OFFICE	MENTAL STRESS SUPPORT	RED CROSS, SOCIAL WORKERS, PASTORS, LICENSED PSYCHOSOCIAL COUNSELORS
<b>VOLUNTEER COORDINATOR</b>	1 LEAD/CORE	OFFICE		VOAD, RED CROSS, COUNTY POSITION

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<b>TRANSPORTERS/EMS</b>	2 SUPPORT	OFFICE		COUNTY EMT'S
<b>DATA ENTRY PERSONNEL</b>	1 SUPPORT	OFFICE	INTERNET/EMAIL AND COMPUTER	SECRETARIES, ADMINISTRATIVE ASSISTANTS, DATA ENTRY CLERKS
<b>GREETER/SCREENERS</b>	1 SUPPORT	STATION 1	PLEASANT, CHEERFUL, CALM, YET CAN BE ASSERTIVE IF NEEDED	PRINCIPALS, STORE MANAGERS, PEOPLE RECOGNIZED BY THE POPULATION BEING SERVED AT CLINIC
<b>FORMS DISTRIBUTOR</b>	1 SUPPORT	STATION 1	PLEASANT, CHEERFUL, CALM, YET CAN BE ASSERTIVE IF NEEDED	ADMIN STAFF PERSONNEL
<b>TRIAGE</b>	5 CORE	2	SEPARATE AND DIRECT CLIENTS TO APPROPRIATE STATIONS	PARAMEDIC, NURSE, OTHER MEDICAL PROFESSIONALS, PHYSICIAN ASSISTANTS, PRIVATE MEDICAL CLINIC STAFF
<b>PATIENT EDUCATORS</b>	3 SUPPORT	3	ASSIST WITH PATIENT HISTORY FORMS	TEACHERS, ADMIN STAFF PERSONNEL, PHARMACISTS, PHARMACY ASSISTANTS
<b>DRUG TRIAGE</b>	5 CORE	4	REVIEW PATIENT FORMS AND SEPARATE FOR EXPRESS LINE OR PHARMACIST REVIEW LINE	TEACHERS, ADMIN STAFF PERSONNEL
<b>EXPRESS DRUG DISPENSERS</b>	4 CORE	5	PROVIDE DRUGS TO PATIENTS WITH NO CONTRAINDICATIONS	PHARMACY ASSISTANTS (IF LICENSED PHARMACIST PRESENT), OTHER MEDICAL PROFESSIONALS. OTHER UNLICENSED STAFF PERMITTED IF UNDER SUPERVISION OF LICENSED PHARMACIST.
<b>PHARMACISTS</b>	3 CORE	6	REVIEW CONTRAINDICATED	LICENSED PHARMACISTS,

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			PATIENTS AND DISPENSE APPROPRIATE DRUGS OR RECOMMEND ISOLATION.	PHARMACY ASSISTANTS (IF PHARMACIST PRESENT)
<b>CONTACT SURVEILLANCE SCREENING STAFF</b>	2 SUPPORT	7	MAY COME FROM LOCAL PUBLIC HEALTH ASSETS	MEDICAL PROFESSIONAL WITH DISEASE SURVEILLANCE / EPIDEMIOLOGY TRAINING
<b>MEDICAL EVALUATION STAFF</b>	2 CORE	8	MAY COME FROM LOCAL PUBLIC HEALTH ASSETS	PARAMEDIC, NURSE, OTHER LICENSED VACCINATORS, PHYSICIAN ASSISTANTS, PRIVATE MEDICAL CLINIC STAFF
<b>EXIT EDUCATORS</b>	3 SUPPORT	9	ANSWER FINAL PATIENT QUESTIONS	TEACHERS
<b>SECURITY</b>	4 SUPPORT	FLOAT	RECOMMEND 1 SECURITY OFFICER PER 4 CORE STAFF	LAW ENFORCEMENT, CREDENTIALLED PRIVATE SECURITY OFFICERS
<b>RESUPPLY STAFF</b>	1 SUPPORT	FLOAT	RECOMMEND 1 FOR EACH 3 PATIENTS PROCESSED PER MINUTE	ANYONE CAPABLE OF CARRYING LOADS TO 50 POUNDS WITH NO MOBILITY PROBLEMS
<b>FACILITY MAINTENANCE</b>	1 OTHER	FLOAT	ELECTRICAL AND PLUMBING EXPERIENCE	SCHOOL SYSTEM MAINTENANCE PERSONNEL OR SUBCONTRACT
<b>FOOD SERVICE</b>	2 OTHER	FLOAT	DISTRIBUTE FOOD AND DRINK FOR VOLUNTEERS; PROVIDE DRINK FOR CLIENTS	SCHOOL CAFETERIA WORKERS OR SUBCONTRACT
<b>CUSTODIAL</b>	1 OTHER	FLOAT		SCHOOL CUSTODIAN
<b>OTHER</b>	5 SUPPORT	FLOAT	AS ASSIGNED, INCLUDING COPY RESUPPLY, ETC.	TEACHERS, NURSES, COUNTY VOLUNTEER COORDINATOR, ETC.

<b>Total Leadership Positions:</b>	<b>6</b>
------------------------------------	----------

<i>Core Staff</i>	<i>25</i>
<i>Support Staff</i>	<i>26</i>
<i>Other Staff</i>	<i>6</i>
<b>Total Staff</b>	<b>57</b>

Other staff may be required to support POD operations, exclusive of the above staff. These include:

- External security forces for parking lot control, traffic control, and crowd control.
- External security to escort drug shipments from a central receiving site to other PODs and/or hospitals. Contracted security arrangements have been made with each school district that has a POD.
- External security for isolation/quarantine if ordered – only law enforcement personnel or private security contractors should be selected for this function.
- Bus drivers, if parking for POD operations is directed to be remote from the POD.
- Pre-entry/health educators (supporting people awaiting prophylaxis in line at POD).
- External (away from POD) educators.
- Epidemiological investigation teams.
- HAZMAT crews.
- External dispensing teams to provide prophylaxis to populations unable to go to the POD.
- Public Information Officers/Health Communication teams.
- EMT/Paramedic teams.
- Psychosocial counseling teams.

### **Credential Verification of Licensed Personnel**

Mass prophylaxis requires licensed pharmacists and other medical professionals who must necessarily come from a pool of local health care providers. Emergency management officials have developed a pre-event team of volunteers made up of these health care professionals and others that would volunteer if an emergency occurred but are unwilling to volunteer before an event occurs. Health care workers and hospital staff known to be responders within hospitals or other clinics have not been considered since they will be dedicated to responding within their organizations. Volunteer status of health care professionals placed on the volunteer list is updated at least every two years by the Volunteer Coordinator. Credentialing and licensing of health care professionals must be validated before allowing individuals to practice within the POD. Incident badges should be designed and produced pre-event, so they are ready for distribution to all professional volunteers. The design of the badges should enable a picture ID to be attached to the

identification card. POD staff must use an appropriate ID to gain entry to a dispensing clinic.

Local credentialing will include:

- A database of essential personnel and their immediate family members, with guidelines to regularly update database. This database allows clinic managers to plan for the vaccination of family members should a smallpox outbreak occur.
- A protocol to handle other essential personnel not listed in the database.
- Pre-determined staging sites to gather personnel, vaccinate staff and family members, and distribute ID badges.
- A notification system to alert volunteers and direct them to a staging site or designated clinic site.
- A process for collection of ID badges at end of shift.
- Tracking/documentation of released and returned badges.
- A system to credential public health officials who volunteer for the first time only after the emergency is initiated.

### **Credential Validation of Non-Professional Staff**

The identification of non-professional staff is also required, and follows the same guidelines as applied to professional staff personnel. However, validation of credentials for these non-professional personnel is not required.

### **Orientation and Training of Volunteers**

HCHHSD will provide pre-event training for POD core staff in a train-the-trainer mode. Other pre-event preparation should include community-training opportunities for both professional and non-professional volunteers. HCHHSD will consider the use of videos, community presentations, web-based instruction, and collaborative partnerships between organizations to provide similar training to Hidalgo County Emergency Management and other agencies. Volunteers will be needed to assist with interpreting for the non-English speaking, signing for the hearing impaired, and assisting the visually impaired.

Pre-event training should occur on-site. Materials used to train core staff in their dispensing job functions will also be made available by HCHHSD in a Just-in-Time training format. Pre-planning will make this process effective and efficient. Suggested training materials may include educational videos, job action guidelines, agent specific information (i.e., fact sheets), samples of accurately completed forms, written scripts when applicable, and an organizational chart outlining the chain of command and communication flow. The trainee should be clear about whom to report to regarding questions. A patient/clinic flow chart should be clearly posted for staff to use as a reference tool. Training (pre-event or on-site) must also include use of PPE and relevant infection control measures, SOGs, information on the agent and prophylactic measures/standing orders, standard reporting procedures, response to outside requests for information, and patient confidentiality. Standard (universal) precautions should be

routinely practiced by health care workers/volunteers at the dispensing site. Hand washing is paramount. PPE should be disposable and disposed of appropriately.

### **POD Activation and Operations**

The requirement to activate a POD is situation dependent and is a decision for competent county emergency management officials and/or local or regional health officials. In lesser events, a dispensing clinic may be opened to provide prophylaxis or vaccination for infectious diseases not normally associated with bioterrorism, such as influenza, meningitis, or measles. In both events, viable public health decisions must be implemented with consideration to emergency management functions and impact on other public health entities.

Under the concept of ICS, the County Judge may declare a public health emergency and request assistance of HCHHSD outside the judge's authority. The judge may be advised by the Medical Health Authority, or if none is appointed, by the Regional Director (subject matter expert). HCHHSD staff may additionally recommend activation of the SNS program to the Regional Director, with concurrent activation of PODs. The role of the County Judge and local Medical Health Authority / HCHHSD Director is set forth in varying legal documents and laws which prescribe their authority. It is not the intent of this instruction to define these roles and legal responsibilities / authorities, and individuals are referred to the appropriate codes and laws, which do define roles. The Regional Director, based upon sound epidemiological evidence, may also declare a public health emergency.

In general terms, it is anticipated that mass dispensing will be required in the following order:

1. Ring Vaccination/Prophylaxis  
Surrounding the location of an actual outbreak. It is anticipated that the first deliveries of SNS assets will go to these outbreak areas.
2. General Vaccination/Prophylaxis  
Outside the known area of an outbreak and intended to prevent the further spread of the infectious disease beyond the ring area. These lesser-priority areas will receive SNS assets after priority locations receive their SNS shipments.
3. Vendor Managed Inventory (VMI)  
Supplies may be drop-shipped to appropriate distribution nodes, or other locations where needed, based on population, with priority to affected areas. Drugs and medical equipment will be provided to HCHHSD via the SNS Push Package.

In all events, individuals already exposed to an agent must receive top priority treatment if medically advised. First responders, hospital staffs, and POD volunteer staffs and their families within priority areas receive the second highest priority of vaccination/prophylaxis so that they may remain effective in the operation of dispensing clinics and emergency operations. First responders, hospital staff, POD volunteer staff,

and their families in general vaccination/prophylaxis areas will receive treatment before the general population.

The general public in non-priority areas will receive their vaccination/ prophylaxis as the event situation allows and after priority treatment is provided. Local public health officials must plan for the orderly vaccination/prophylaxis of their population.

Dispensing should be based on multiple versus individual regimens depending on the disaster or event. A multiple regimen allows an adult to pick up medicines for other members in a family who are sick or incapacitated, thereby potentially shortening dispensing lines, getting people their drugs faster, and reducing public frustration and staff needed. It is possible that some individuals may acquire more drugs than they need, but the benefits outweigh that possibility.

If multiple regimen pickups are allowed, the public health information campaign should detail what people need to bring to the dispensing site (i.e., the type of evidence they must show to justify the number of regimens they request for other family members). Antibiotics in the SNS come in labeled, unit-of-use, 10-day regimens that require no repackaging for dispensing. If a regimen calls for a 14-day treatment (i.e., Tularemia), a decision will be made, based on the scale of the event to either give patients 2 unit-of-use bottles (with 6 days more product for a full regimen) or give them one bottle to begin treatment, and plan for a secondary distribution method.

### **Receipt of SNS Medication and Supplies**

A POD must have the ability to maintain appropriate controlled temperature settings for certain medications/pharmaceuticals. The U.S. Pharmacopoeia defines as “the usual and customary working environment of 20° C to 25° C (68-77° F) that allows for brief deviations between 15° C and 30° C (59-86° F) that are experienced in pharmacies, hospitals, and warehouses.”

When the POD receives medications and supplies from the Hidalgo County RSS, the material must be formally accepted, inventoried, and stored immediately by the Supply Manager. Any discrepancies (excess/deficiency or wrong medications/supplies) between the order and delivery require the Clinic Manager to contact the Hidalgo County RSS for reconciliation. Records on the receipt, usage, transfer, and destruction of these medications and supplies must be maintained.

A POD may receive additional pallets of pharmaceuticals and supplies for further shipment to other dispensing clinics elsewhere in the operational area. These supplies must remain sealed and trans-shipped immediately. Shipments of SNS supplies must be accompanied by licensed peace officers.

Local and regional health officials, in conjunction with Hidalgo County Emergency Management officials, may direct the reallocation of SNS supplies to accommodate local needs. For example, if a POD experiences patient throughput at a particular clinic that is greater than anticipated while another POD is underutilized, good management practices

dictate that personnel and materials staged at the underutilized clinic are shifted to the clinic with higher demand.

Delivery invoices must be checked and signed by the Supply Manager and then copied by the appropriate person in Logistics. Copies are then forwarded to the Administration section, Hidalgo County RSS, and the local EOC. The data entry clerk assigned to make reports of vaccine usage must note the delivery.

Each POD should have designated stations to receive the medical materials for use in vaccination/prophylaxis, with clear signage to avoid access by unauthorized personnel. All signage and directions are provided in the common foreign language(s) of the area.

Each dispensing site should have a pallet jack and/or forklift to unload supplies if a loading dock is not available, and hand trucks or dollies available to move materials within the clinic. If these items are not available, pallets must be broken down by hand and medical supplies moved to the delivery point under supervision of the Supply Manager.

### **Drug Compounding**

The SNS maintains a specific set of antibiotics and other medical supplies. CDC routinely changes materials held within the stockpile, in order that the most appropriate set of drugs are available for the best-known threat. Thus, certain drugs may not be available within the stockpile for a particular bio-agent, or the clinic may be presented with clients who cannot take the variety of drugs issued to the clinic. Some clinics may desire to reconstitute or compound stockpile drugs to make them more palatable or to improve a client's ability to take the drug. In general, reconstitution or compounding is not a function of an emergency reaction clinic and is not supported herein for the following reasons:

- Specific pharmaceutical and/or medical licenses must supervise the procedure and skill sets must be reconstitution or compounding effort.
- The SNS does not supply the appropriate materials for reconstitution or compounding.
- De-compounding reduces the throughput of patients by requiring more time for individualized prescribing and dispensing, thus delaying the treatment of the overall population.

There are certain situations in which de-compounding may be seen as valuable to the mass prophylaxis scenario. Since these scenarios cannot be predicted, Site Directors may authorize de-compounding with the approval of Hidalgo County Emergency Management officials, local and regional public health officials, and when presented with appropriate pharmaceutical or medically licensed staff trained in the de-compounding effort. Any supplies needed for de-compounding must be obtained locally and at local expense. Reimbursement may be applied for under county disaster recovery efforts.

### **SNS Templates and Materials**

The state will provide guidance, templates, and materials to Local Jurisdictions. During an event of crisis, electronic versions will also be posted on the Texas Inventory Management (TIMS) by region.

### **Patient Health History and Release of Information**

A post-event bioterrorism incident requires the documentation of basic patient history and provision of a record of prophylaxis to the patient. The Screening and Consent Form provides for patient consent and will be maintained in the POD in alphabetic order for data entry after the conclusion of the event. Data entry requirements will be advised in future changes to this instruction. Adults may present patient history forms for themselves and members of their immediate family, identified as head-of-household, spouse, and children/others in a guardian status. Other adults living within the same residence may present for their immediate family. Adults may present patient history forms for patients residing within their home who may not be able to come to the dispensing clinic. Reasonable application of this rule must apply; this rule is intended to apply to individuals that cannot report for prophylaxis due to illness or broken bones, not to individuals who may be inconvenienced due to work or other concerns. In all cases, adults presenting patient history forms must be able to discuss contraindications and patient medical status.

### **Prophylaxis of Those Who Cannot Access Dispensing Sites**

Nursing homes and other long-term care facilities, senior residential centers, jails, prisons and juvenile detention centers, and hospitals will be considered Closed PODs; these sites receive SNS materiel according to the SNS Medical Countermeasures Plan. Hidalgo County clinics and treatment centers located throughout the county will be used as Closed PODs for people with access and/or functional needs and their families. Each entity mentioned above will have its own staff to ensure that every person who cannot access a dispensing site is provided a vaccination or prophylaxis.

### **Prioritization of Recipients**

Initial medication prophylaxis, when indicated, will be directed towards pre-assigned contacts and specific first responders, health care workers, and priority emergency personnel. Decisions will be made by the HCHHSD Director, in consultation with the Medical Health Authority, on prioritization of first responders and contacts.

The following are considered to be first responders:

- a. Health department staff and volunteers
- b. Hospital-based health care workers, and other community health care workers
- c. Medical Examiner staff
- d. Fire department
- e. Law enforcement
- f. Funeral directors and their staff, as needed
- g. Emergency medical services providers
- h. Key government leaders

- i. Volunteers who support the local dispensing function
- j. Public works department personnel
- k. Bus drivers
- l. Immediate family members of the above

**NOTE on initial prophylactic medicine supplies for hospital-based health care workers:** *In many situations, it is anticipated that initially, stocks of medications will be drawn from those on hand. Hospitals will use their own staff and supplies to provide prophylactic medications internally. Use of the local stockpile medications can be requested through the HCHHSD and/or the RMOC.*

### **Prioritization of First Responders and Essential Personnel**

It should be noted that an event or situation might not warrant prophylaxis of the total complement of first responders. Exposure history, person-to-person transmissibility (i.e., anthrax vs. flu), and other epidemiological factors will be considered.

Identified First Responders and Essential Personnel shall receive vaccinations or prophylaxis at pre-designated PODs following the declaration of an outbreak emergency requiring vaccination by the HCHHSD Director, in coordination with the EMC and the Medical Health Authority.

An updated Push Site Coordination Form must be maintained by the pre-Identified PODs for First Responders and Essential Personnel (to include their families).

### **Individuals, or Groups of Individuals**

Individuals will be identified as candidates to receive medication based on either exposure history or other determination of disease risk, depending on the biological agent causing disease. An outbreak will require intensive case investigation with containment prophylaxis of face-to-face contacts, as appropriate. In most cases, these decisions will be disease specific. Potential recipients may include:

- a. Individuals with a specific exposure history (i.e., residence in a specific neighborhood, attendance at a specific event).
- b. Specific occupations (i.e., first responders, health care workers, bus drivers).
- c. Risk factors for illness (i.e., elderly, immuno-compromised).

Special populations should be considered when determining the limit of the local resources including:

- a. Home bound individuals (such as elderly/or disabled)
- b. Homeless individuals
- c. Individuals residing illegally
- d. Migrant workers
- e. Hospital patients
- f. Long term care facility patients

g. Incarcerated individuals

Upon completion of treatment of prophylaxis to first responders and key officials at the designated POD, the teams start distributing the prophylaxis to the general population.

To avoid long lines, the number of doses that an individual will be allowed to pick up will be determined at the time of the event based on availability. However, if medication availability is not restricted, anyone over the age of 18 may pick up as many as ten (10) doses of medication for up to nine (9) immediate family members unless the family is greater than 5 minors. In such an event, medication for all family members can be picked up. The names of recipients of the medication will be collected at each POD along with the name of the person picking up the medication. The family members will provide family medical history and one sort of identification to account for each member, unless otherwise directed by the SNS Coordinator or Public Health Authority. The packets for the family members will include several doses depending on the agent (i.e., 3 day doses, 1 week doses).

Patient educators assist minors not accompanied by responsible adults (parents/guardians) and will attempt to contact the responsible adults by telephone to gain concurrence in prophylaxis. Minors will not be given prophylaxis without approval of a responsible adult. Those presenting themselves for prophylaxis, without a responsible adult present or reachable by telephone, will be sent home with instructions to return with an appropriate adult.

### **Public Information and Risk Communication**

During a large-scale emergency, a swift and effective health communications plan to inform and reassure the public will reduce fear and anxiety and earn confidence and cooperation from the community. Public Information Officers (PIOs) and health educators are crucial in the pre-event planning and development of threat specific messages, information, media releases, and other disease and medication information. Incident specific messages will tell people where to go for prophylactic medication if they are well, where to go if sick, dispensing site locations and hours, required identification documents to bring, and other information, as needed. Prepared messages and information materials can quickly be modified with incident specific facts and data.

### **Activation of a Prophylaxis Clinic**

A prophylaxis clinic may be activated for a variety of causes. Activation must be complete before receipt of drugs, vaccines, and/or medical supplies, such that clinic staff may expeditiously begin prophylaxis of the public as soon as supplies are received from the Hidalgo County RSS or via VMI. In general, activation is possible if an outbreak or incident involving a bio-agent occurs anywhere in the United States or in another region of the state of Texas and has a potential for affecting Hidalgo County. If a bio-event occurs in Hidalgo County, or surrounding counties within the region, clinics may be activated just in affected areas. All activations are situational dependent. Regional and local public health professionals are reminded that modern transportation systems allow for near

instantaneous transmittal of infectious diseases without regard to political or geographical boundaries.

Notification of dispensing clinic volunteers is the responsibility of the Clinic Manager. Clinics organized under the purview of HCHHSD may rely on activation and operating instructions from PODs. The HCHHSD Director will notify the RMOC of the need to activate clinics.

### **Public Access and Security**

Public access and security to the dispensing site are addressed in Appendix 8: Medical Countermeasures, Attachment 5: Security. In the Security Plan, control of the roads, appropriate numbers of law enforcement officials for directing flow of traffic, and the flow of clients is addressed. This is critical to the success of the mass-dispensing clinic.

Alternative sources of law enforcement personnel may be obtained from:

- a. Hidalgo County EMC requests to the DDC.
- b. Lock-down of local and county jails with concurrent reassignment of staff.
- c. Activation of pre-trained citizens' committees with skill sets for parking control or other functions not requiring a law enforcement officer.

It is anticipated that people wanting to receive vaccination and/or prophylaxis will saturate roads and parking. As a result, clinic staff, supplies, and vaccines/drugs may not reach the clinic due to road blockages or lack of parking. The following potential issues must be addressed:

1. The dispensing clinic and staff are considered the last line of defense in preventing a public health disaster and must remain secure in their functions. Security personnel will be assigned to prevent access to the clinic by individuals not following instructions from emergency management officials. The public must remain calm in all areas of transportation, parking, and internal areas of the clinic. Other medical facilities (i.e., hospitals) must also be protected. Plans for clinic operations must remain confidential to protect the site, staff, critical support personnel and infrastructure, and the general population from secondary threats. This instruction should not define the nature and volume of local security issues and relies on professional law enforcement officials to understand the scope of these issues and respond accordingly.
2. When activated, dispensing clinic staff should report to a mustering location offsite, where credentialing, identification, and vaccination/prophylaxis of the staff and families occur. Staff vehicles may be returned home or left at a remote location as desired. Staff can then transport using buses to the clinic site for setup and receipt of the vaccine/drugs. This remote mustering location precludes interference by the general population who may become security risks to the first responders and their families. The shift which opens the clinic initially may be required to take prophylaxis/vaccination only after the initial receipt of medical supplies, thus delaying the public opening of the POD. Follow-on shifts of clinic staff should receive their prophylaxis/vaccination offsite to preclude interference with clinic operations.

3. Authorized staff must be placed on an access list and be credentialed to enter the clinic. A volunteer coordinator should make this list available to the Clinic Manager on a shift basis. The official volunteer list must refer to an appropriate badge, which must be validated upon entry. Staff personnel must display such badge whenever working within the clinic. Texas DSHS personnel and other emergency management officials should be given access with a presentation of appropriate identification. The duty Clinic Manager should be informed when these individuals present themselves for access to the clinic.
4. Volunteers presenting themselves for an emergency that are not on the authorized access list shall be denied access and referred to a post-event volunteer coordinator who will provide credentials and grant access, as needed.

## **Clinic Stations and Clinic Flow**

A nominal clinic flow diagram is attached as a chart to this Attachment (Tab E). The following discussion excludes potential stations external to the clinic and assumes law enforcement officials will manage external security, parking, and traffic flow. It also assumes that clinic management has organized the clinic to meet required functions based on facility capabilities. No two-clinic sites are identical, and no standard can be created in the placement of stations or routes to these stations. See Figure 1: Informed Consent Process Flow for Use During Mass Prophylaxis and Figure 2: Prophylaxis Dispensing Clinic Organizational Chart for additional information.

## **Support Locations and Descriptions within the Clinic**

1. Translation Station  
Located near the clinic entrance, provides support to special needs populations (i.e., non-English speaking, deaf, or blind). This station needs a computer and a printer capable of receiving/printing advisories provided by Texas DSHS in multiple languages. Staff will use these documents to advise special needs populations or to provide medical staff with specific counseling documents in foreign languages.
2. Security Station  
Located within the facility, provides support and communications for security personnel inside and outside the clinic. Telephone support and electrical support for radio recharging devices are critical. Security stations should be co-located with a room designated as a holding area for unruly patients awaiting transportation to law enforcement facilities. Access into the Security station should not interfere with clinic flow and an alternative entrance should be considered so that patients removed for security reasons will not disrupt the clinic operations.
3. Logistics Station  
Located within the facility, the logistics station is the receiving point for vaccine, drugs, medical supplies, support equipment, and food. Ideally, it should have a loading dock for truck access. Vaccines and/or drugs are anticipated to arrive on pallets on trucks. If loading docks are available, pallet jacks can easily offload the materials from trucks. If no dock is available, pallets must be broken down into individual boxes and moved

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by hand. Certain items must be stored in an appropriate climate control environment and may involve refrigeration. Vaccines and other medical supplies must be kept secure and guarded or locked if not under guard. Access to the drugs must be limited to appropriate personnel cleared by background check. Resupply personnel move medical items to stations needing supplies rather than allowing free access to stocks. The Logistic station ideally needs computer access to document receipt and transfer of the medical supplies. If no computer is available, logistics may forward to data entry required information for documentation and reporting.

4. Data Entry Station

Located away from clinic operations, this station requires a computer and a printer for each assigned individual. Server access to the internet for these stations is preferred. Analysis of programs under review for support clinical operations calls for a minimum of standard dialup internet access. Records of receipt, use, and transfer of medical supplies are maintained in hard copy, entered into databases, and communicated to the appropriate officials. The data entry clerk shall maintain records of patient throughput and advise the Clinic Manager of this data. Vaccination/prophylaxis records witnessed consent forms, and records of isolation/quarantine are also kept and entered.

It is anticipated that the PVS will not be available during a national emergency (i.e., smallpox). As the situation/event unfolds, HCHHSD will receive guidelines from CDC or State which system to use to track vaccinations or prophylaxis. If no system is addressed at the State or Federal level, HCHHSD will track the basic information at the local level with our internal electronic system. HCHHSD will update the State through the Web-EOC on numbers requested. The ImmTrac online registry will be used to record the dispensing of vaccines to public health responders and the general population. HCHHSD will maintain an electronic database on the dispensing of prophylaxis to public health responders and the general population which includes basic information (i.e., name, address, phone number, and drug/lot number dispensed).

If a state or federal system is not in place at the time of an event to track pre- and post-prophylaxis outcomes of first responders, NEDSS will be used as the tracking system to identify those treated or vaccinated. NEDSS also tracks lot numbers and other demographic information for each patient. This system can only be used if less than 100 individuals have been vaccinated or provided prophylaxis in one incident. In addition, all treated or vaccinated individuals will be marked as "Not a Case" in this system to separate this group from active cases. A line list can then be reported at any time from NEDSS to generate follow up of these individuals for post-prophylaxis outcomes and assessment. If the event requires the vaccination or treatment of more than 100 individuals, HCHHSD will use the Epi-Info system set up by the CDC to track the patients. The Epi-Info system is a utility to conduct outbreak investigations, manage databases for public health surveillance and other tasks, and general database and statistics applications.

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In all cases, patient history forms shall be alphabetically collated to reflect three categories of patients:

- a. Patients receiving the vaccination/prophylaxis.
  - b. Patients presenting but precluded from taking the vaccination/prophylaxis due to contraindications not related to a bio-agent, chemical agent, or radiological exposure. In general, these individuals may represent people ordered into isolation to protect against exposure to the agent or contamination of themselves or others from the vaccination/prophylaxis. Patients with medical contraindications (as indicated by the DSHS Medical Screening Form), mental health issues or other special needs are directed to the Special Assistance Station within the POD. Further CDC guidance can be sought for patients with contraindications, if necessary.
  - c. Patients who indicate positive for exposure to a bio-agent, chemical agent, or radiological exposure.
5. Communications/Information Technology Station  
Located within the facility, this station ensures telephone, radio, and computer resources remain operational.
  6. First Aid/Safety Station  
Located near a building entrance, this station provides emergency services for individuals injured or suffering from a physical problem (i.e., a heart attack). Access should be provided to both the inside and outside of the clinic so that emergency reactions to events in both areas are possible without major disruption to clinic flow. Telephones and electrical support for radio recharging devices are critical. First aid/safety stations should be co-located with a room designated as a holding area for patients awaiting transportation to emergency medical facilities.
  7. Staff Break Rooms  
Staff down-time is important for rest and feeding and an appropriate room must be provided for a small number of individuals to eat or rest away from the clinic flow.
  8. Crisis Counseling Station  
Staffed by trained psychosocial health care workers or other emergency counseling staff, this station supports mental health crisis counseling in the event of a human-caused catastrophic event (i.e., a bioterrorism attack or natural event). The station should be located near the First aid/safety station to permit the isolation of patients exhibiting signs of duress and instability.
  9. Clinic Manager Station  
Located within the clinic away from clinic flow, this station should provide privacy for the Clinic Manager, telephone communications, and the ability to meet with staff leaders. A computer with printer and Internet access is preferred.

### **Clinic Operations and Descriptions**

1. Greeter Station  
Located at the entrance to the clinic, controls access to the facility and ensures appropriate translators and special need aides assist patients. Security staff support

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the greeter station. Patient history/consent forms and drug information forms are distributed at the greeter station. If forms are distributed at a remote parking area, forms must be made available to those who do not use the remote option (i.e., walk-up patients).

2. Triage Station

Located just inside the clinic entrance, triage segregates patients who appear or state that they are ill from those who appear well. Ill patients are directed to the Medical Evaluation station for further evaluation. Triage staff must keep families together. Well patients are directed to Forms Distribution.

3. Patient Education Station

This station assists patients with the completion of patient history/consent forms and ensures patients have adequately considered possible contraindications of prophylaxis offered. Translators may need to be present to assist patients. This station may be organized within a classroom, or series of classrooms, where patients may sit and fill out forms. If available, pharmacists or pharmacy assistants may also be stationed at the Patient Education station to assist patients with completion of the patient history/consent form and to alleviate long lines at the Pharmacist-Assisted Drug Dispensing station. Patient educators assist minors not accompanied by responsible adults (parents/guardians) and will attempt to contact these responsible adults by telephone to gain concurrence in prophylaxis. Minors will not be given prophylaxis without the approval of a responsible adult. Those presenting themselves for prophylaxis without a responsible adult present or reachable by telephone will be sent home with instructions to return with an appropriate adult. Adults may present patient history forms for themselves and members of their immediate family (up to six), which is identified as head-of-household, spouse, and children/others in a guardian status. Other adults living within the same residence must be present for their immediate family.

4. Drug Triage Station

Patients who have completed the patient history/consent form are directed to Drug Triage stations. The drug triage staff review patient history forms and ensure patient signature for consent. Patients who self-screen on the patient history form without contraindications are routed to the Express Drug Dispensing station. Patients with contraindications, or who must speak to a pharmacist to complete their patient history form, are routed to the Pharmacist-assisted Drug Dispensing station.

5. Express Drug Dispensing Station

The Express Drug Dispensing station collects the patient history form, validates consent signature, and issues the appropriate prophylaxis to the patient. This station collects patient history forms when drugs are dispensed, annotating the form accordingly with drug information and batch/lot number. Drugs must comply with FDA regulations. Minimum data elements on labels are:

- a. Distributing agency
- b. 24-hour information phone number
- c. Agency, name, address, and phone number

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- d. Prescriber's name
- e. Prescription date
- f. Quantity dispensed
- g. Prescription number
- h. Patient's name
- i. Instructions for use
- j. Drug name
- k. Expiration date

Antibiotics from the SNS come in labeled, unit-of-use, 10-day regimens that require no repackaging for dispensing. If a regimen calls for a 14-day treatment (i.e., Tularemia), a decision will be made, based on the scale of the event, to either give patients 2 unit-of-use bottles (with 6 days more product, for a full regimen) or give them one (1) bottle to begin treatment, and plan for a secondary distribution method. HCHHSD will decide upon multiple versus individual regimens. A multiple regimen allows an adult to pick up medicines for other members in a family who are sick or incapacitated, thereby potentially shortening dispensing lines, getting people their drugs faster, and reducing public frustration and staff needed. It also allows some individuals to acquire more drugs than they should have, but the benefits might outweigh that possibility. If we allow multiple regimen pickups, our public health information should be explicit about what people need to bring to the dispensing site (i.e., the type of evidence they must show to justify the number of regimens they request for other family members and their medical history). Public information must stress the importance of taking all the prescribed regimen (i.e., 60 days of doxycycline for anthrax) as well as the dangers of overmedicating (i.e., if two doses per day are prescribed, four or six is NOT better). This information reduces the demand on SNS and minimizes the likelihood of more people becoming symptomatic or dosing unsafely.

6. Pharmacist-Assisted Drug Dispensing Station

The Pharmacist-Assisted Drug Dispensing Station reviews patient history forms with contraindications, answers patient questions concerning possible contraindications, and assesses correct dosages of available drugs for the given situation. This station also validates consent signatures. Appropriate drugs are then dispensed to patients. This station collects patient history forms when drugs are dispensed, annotating the form accordingly with drug information and batch/lot number.

7. Exit Station

The Exit Station answers any final questions from patients, documents throughput of patients, provides copies of forms concerning drugs dispensed (if not already received at Forms Distribution), and reminds patients to complete the course of prophylaxis. The Exit Station directs patients to transportation gathering locations for further transport to remote parking areas. Security should be located at the Exit station to ensure orderly flow of patients.

8. Medical Evaluation Area

Located adjacent to the triage station, medical professionals in this area evaluate patients directed from triage and segregate actual/potential exposure cases from patients exhibiting symptoms of common ailments. Possible bio-agent exposure cases are directed to epidemiology Contact Evaluation teams, which, if medically

trained, may be assigned other medical evaluation duties. It is anticipated that most patients will be re-directed to the Patient Education station. The Medical Evaluation station needs access to clinic exits in the event a patient demonstrates outright symptoms of the suspected bio-agent or other communicable disease, and if the patient needs immediate transportation to emergency medical care. Ideally, an alternative route to the Exit Station will enable patients to exit without interfering with normal clinic flow. Medical evaluators, if appropriately licensed to prescribe, may dispense drugs to ill patients at this station to preclude spread of common communicable diseases to non-exposed patients at other stations. If patients are discharged from the dispensing clinic at this point, the Medical Evaluation station collects the patient history/consent form and documents the event. Forms are later routed to the data entry station.

**9. Contact Evaluation Station**

Located as part of the Medical Evaluation station, this station takes patients potentially identified as having contact with or demonstrating symptoms of exposure to bio-agents. Personnel assigned duties herein initiate local or regional epidemiological contact investigation protocols to identify the source of exposure and make isolation or quarantine recommendations. It is anticipated that most patients exhibiting symptoms will be screened as non-contact and returned to the Patient Education Station for prophylaxis. The Contact Evaluation station needs access to clinic exits in the event a patient demonstrates outright symptoms of the suspected bio-agent, and thus needs immediate transportation to emergency medical care. Ideally, an alternative route to the Exit Station will enable patients screened as potential contacts to exit without interfering with normal clinic flow. Contact evaluators, if licensed to prescribe, may dispense drugs to ill patients at this station to preclude spread of common communicable diseases to non-exposed patients at other stations and to initiate treatment for contact with bio-agents. If patients are discharged from the dispensing clinic at this point, the Contact Evaluation Station collects the patient history/consent form and documents the event. Forms are later routed to the data entry station. Contact evaluators must inform the site director and clinic manager of all contact patients and document isolation/quarantine steps required to preclude further exposure of the general population.

*Figure 1: Informed Consent Process Flow for Use During Mass Prophylaxis*

## INFORMED CONSENT PROCESS FLOW FOR USE DURING MASS PROPHYLAXIS

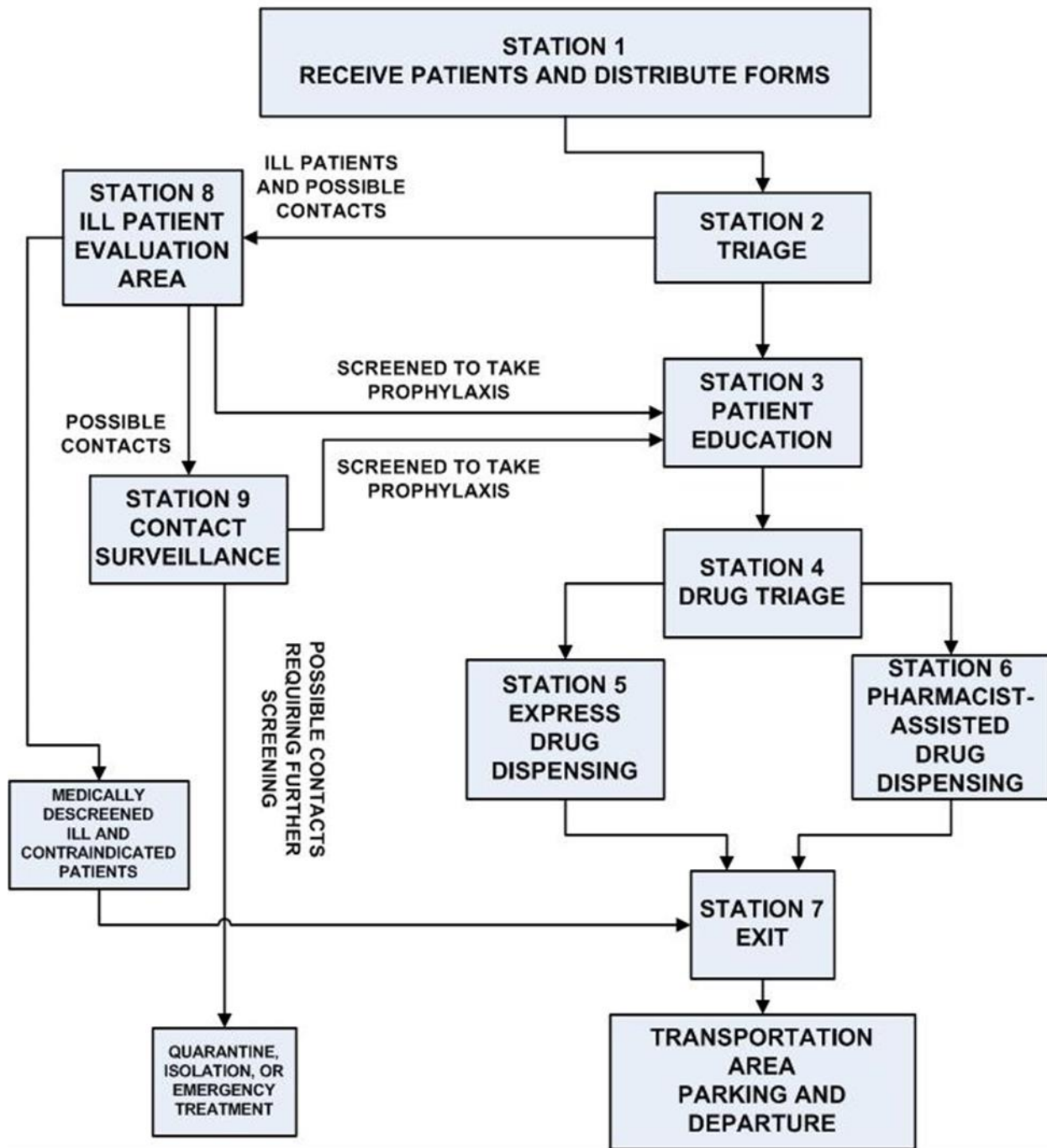
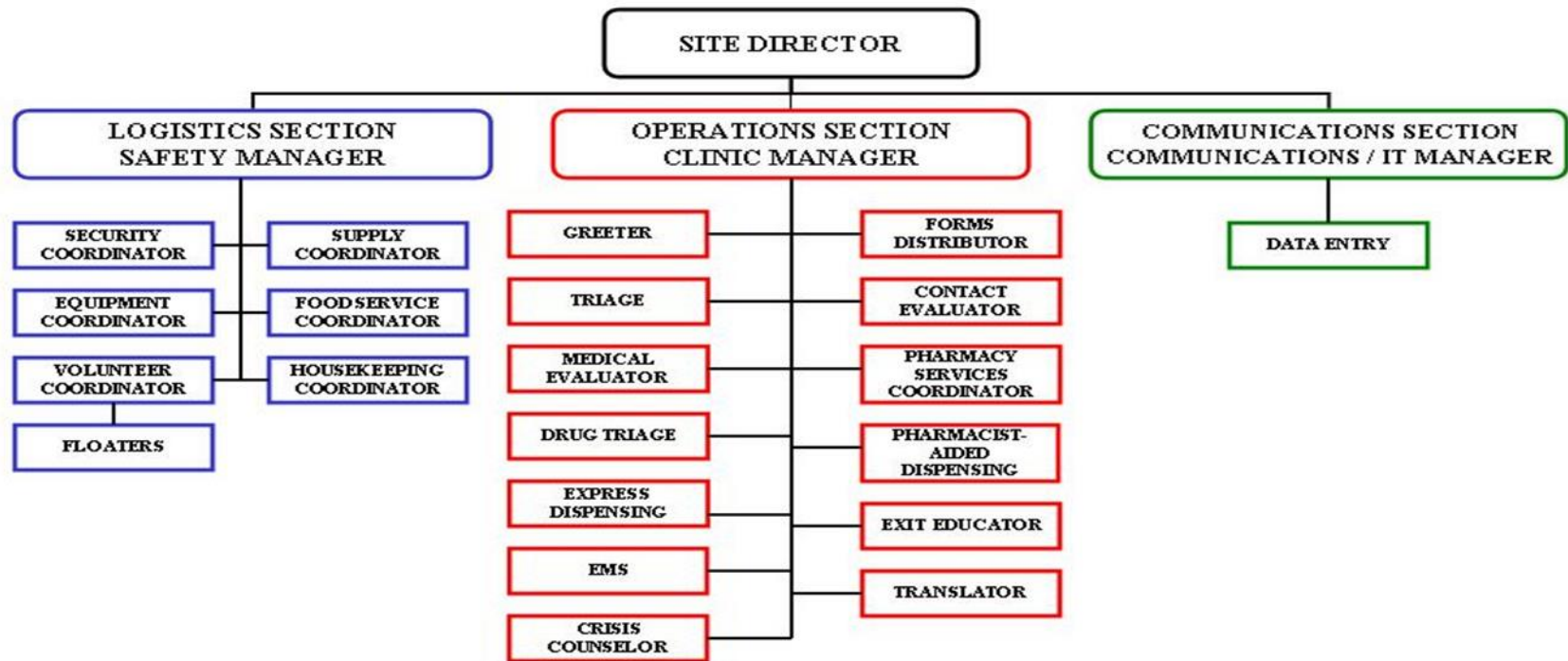


Figure 2: Prophylaxis Dispensing Clinic Organizational Chart

# PROPHYLAXIS DISPENSING CLINIC



## **Administration & Support**

The local public health response for a bioterrorism event will focus on risk communications procedures and implementation of prevention and control procedures.

## **Prevention and Control Measures**

The HCHHSD Director and Medical Health Authority will be responsible for establishing prevention and control measures for an infectious disease outbreak. The data from epidemiologic studies will be utilized to develop the response procedures. The types of prevention and control measures will vary depending on the disease agent but may include the following:

- a. Prophylactic antibiotics
- b. Mass immunization clinics
- c. Administration of antitoxin
- d. Administration of immune globulin
- e. Isolation and quarantine measures

## **Risk Communications**

In a bioterrorism event, PHEP staff will maintain communications with law enforcement and regional public health stakeholders. The PHEP Division maintains a separate plan describing its at-risk communications procedures.

## **Strategic National Stockpile**

The procedures for the investigation of an act of bioterrorism are similar to those for naturally occurring disease outbreaks. However, the number of cases and severity of disease may be greater than local resources normally available. The SNS will be utilized in such instances.

## **Plan Development & Maintenance**

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
3. Once the Public Health & Medical Services Plan Appendix 8: Medical Countermeasures has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders.

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Appendix 8: Medical Countermeasures Plan

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Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures are kept at HCHHSD's main offices at **1304 S. 25<sup>th</sup> Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

Public Health Emergency Preparedness Division (PHEP)

Clinical Health Services

Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

## Attachments

Tab A – Hidalgo County Weill Cornell Model

Tab B – Job Actions Sheets

Tab B-a – HCHHSD Drive Through Clinic

Tab B-b – HCHHSD Walk Thru POD Flow Diagram

Tab C – Nominal Patient Forms

Tab D – Nominal Smallpox Vaccination Clinic

## JOB ACTION GUIDELINES

### **SITE DIRECTOR**

**QUALIFICATIONS:** Skilled management/supervision of clinical functions and personnel.

**REPORT TO:** Incident Commander of appropriate EOC (state, city, county).

#### **JOB ACTIONS UPON ACTIVATION:**

- Receive briefing from HCHHSD/Emergency Management Coordinator at the EOC. Ensure knowledge of mission and communicate any concerns or problems prohibiting mission completion.
- Review Dispensing Site Operations Plan.
- Review site design layout in view of current event situation and projected patient numbers.
- Determine staffing needs and acquire appropriate staff resources.
- Implement personnel activations. Confirm activation of Section Managers.
- Develop staff schedule and assignments.
- Verify credentials/staff identification system in collaboration with the Operations Manager.
- Establish chain-of-command and performance expectations.
- Delegate job duties and distribute Job Action Guidelines to Section Managers.
- Review clinic forms for appropriateness and accuracy.
- Review site security, medication storage, and traffic flow patterns with Logistics Manager and Safety Manager.
- Prepare briefing statement to include: latest event information and environmental conditions, identification of the affected local emergency management structure, any hazards or threats to staff safety and health, pertinent or unique cultural or local considerations, shift considerations, transition instructions to incoming staff, information flow, and reporting requirements.
- Determine hours of operation and work with Section Managers to provide staff coverage as needed.
- Notify Operations Section when dispensing site is ready to accept clients.
- Establish interface with local officials.

#### **ONGOING JOB RESPONSIBILITIES:**

- Review and establish supply requisition process with the Section Managers.
- Ensure medical waste handling procedures are in place.
- Monitor dispensing site activities.
- Regular interface with local officials.

#### **DEMOBILIZATION RESPONSIBILITIES:**

- Initiate demobilization procedures.

- Perform inventory check and procedures to ensure SNS asset return.
- Ensure that all records and reports are submitted to the appropriate officials.
- Conduct exit interviews with local officials and Section Managers.
- Submit an "After Action Review" and participate in any meetings as required.

## **SITE DIRECTOR**

### **I. TRAINING GUIDELINES**

**THIS POSITION MUST RECEIVE CORE TRAINING PRIOR TO AN EVENT.**

#### **General Guidelines for Site Managers and Clinic Managers Smallpox Vaccination and Mass Prophylaxis Clinics**

##### **Introduction**

This document provides detailed guidelines for conducting smallpox vaccination clinics. It assumes that smallpox vaccinations will not be incorporated into immunization services in existing clinical settings, but rather that smallpox vaccinations will be administered either in the context of bioterrorism readiness or as a response to a probable or confirmed case of smallpox.

Site Managers and Clinic Managers must have good working knowledge of local and regional emergency management practices and smallpox vaccination clinic operations.

##### **Preparing for Smallpox and Mass Prophylaxis Clinics**

In order to organize a vaccination operation to reach a target population, it is critical that the vaccination strategy be clearly understood. It is the policy within HCHHSD that mass vaccination and prophylaxis generally occur as follows:

- Ring Vaccination / Prophylaxis, surrounding the location of an actual outbreak. It is anticipated that the first deliveries of SNS assets will go to these outbreak areas.
- General Vaccination / Prophylaxis, outside the known area of an outbreak, and intended to prevent the further spread of the infectious disease beyond the ring area. These lesser - priority areas will receive SNS assets after priority locations receive their SNS shipments.
- In all events, individuals exposed to an agent must receive priority treatment if medically advised. First responders, hospital staffs, and POD volunteer staffs and their families within priority areas must receive the second highest priority of vaccination / prophylaxis, so that they may remain effective in the operation of dispensing and emergency operations. First responders, hospital staffs, and POD volunteer staffs and their families in general vaccination / prophylaxis areas will receive their treatment before the general population.
- The general public in non-priority areas will receive their vaccination / prophylaxis as the event situation allows, and after priority treatment is provided. County

public health officials must plan for the orderly vaccination / prophylaxis of their population.

As soon as possible after the first case is confirmed, state and local health officials, in collaboration with CDC, will determine the appropriate scope (who, where, and when) of the vaccination response, based on size of the initial outbreak, the amount of vaccine available, and the possibility that additional new and epidemiological related cases will be identified in subsequent days. If the mass smallpox vaccination / prophylaxis clinic is activated, the decision to provide these services to the public has been made and the clinic is the services point of delivery to the general public. The strategy to be implemented is passed by appropriate health authorities to county emergency operations centers and local health authorities.

The site manager must complete the assignment of available resources to open the clinic. In particular, the following steps must be immediately accomplished after notification of clinic activation:

- Determine arrival time of vaccines, drugs, and other medical supplies from the RSS or vendor managed inventory. The provision of services to the public cannot begin until resources are made available, and thus local resources may be needed to fill a void between activation and receipt of CDC-furnished materials.
- Volunteers must be activated and instructions given to report for first responder vaccination / prophylaxis and clinic setup.
- Law enforcement must be organized to protect the tactical asset of the clinic, its volunteers, and the vaccine / drugs.
- Arrangements must be set in place to feed the volunteer staff.
- Equipment and emergency response kits must be located and activated at the clinic.
- Communications and Internet links must be established and tested.
- If the remote parking system is to be used, mass transit vehicles, drivers, and security must be set in place.
- Just-In-Time training for clinic staff must be implemented and completed prior to opening for general public services.
- Shortfalls in personnel, equipment, transportation, and communications capability must be identified and plans activated to backfill the shortfalls. The site manager must decide if clinic operations may occur, based on shortfalls, and coordinate the clinic opening with public health and county emergency management officials.
- A public service campaign announcing clinic operations must inform the public of clinic operations and transportation / security arrangements.
- Ensure Contact evaluation, surveillance, isolation, and quarantine systems are in place.

## IX CLINIC OPERATIONS

### A. SMALLPOX VACCINATION CLINIC PROCESS

In mass smallpox vaccination clinic the objective is to maximize the number of people receiving the vaccine while descreening as few as medically possible, thus ensuring a larger segment of the population is protected. Regardless of clinic size and location, the functions and routing procedures remain essentially the same and are identified below:

#### A. **Step 1: Greeting and Forms Distribution**

As vaccine recipients arrive, security personnel who are handling outside traffic flow and parking rout them to the clinic entrance. Recipients greeted at the entrance to the clinic and given the appropriate forms. Translation services are provided if needed.

#### **Step 2: Triage**

Upon entry, recipients are engaged by Triage staff to separate potentially ill patients and possible contact cases from the general population. Ill patients are sent to a Medical Evaluation Station, while possible contacts are sent to the Contact Evaluation Station. Well patients are sent to Video Orientation.

#### **Step 3: Video Orientation**

It is anticipated that approximately 80% of all patients will immediately proceed to Video Orientation. At this point patients fill out patient history forms and watch a CDC-mandated video concerning the smallpox vaccine. Site Managers may wish to set up a separate video orientation room for families and non-English speaking patients, since these groups will take longer to complete forms. At the conclusion of the video, patients are asked to identify if contraindications are checked on patient forms. If no contraindications are checked, patients are routed to the Vaccination Stations. If contraindications are checked, patients are routed to Medical Evaluation.

#### **Step 4: Vaccination**

The Vaccination Station should be a screened area that affords privacy to persons who find it necessary to remove clothing in order to expose to vaccination site.

The Vaccination Assistant, who reviews completed patient history forms and ensures consent signatures are witnessed, greets patients cleared for vaccination at the Vaccination Station. The Vaccination Assistant applies the PVN number identifying the vaccine batch on the patient history form and the record of immunization.

The vaccination assistant helps vaccine recipients expose their upper arm and cleanses the vaccination site if necessary. The Vaccinator then administers the vaccine, applies a bandage, and completes the necessary documentation. The Vaccination Assistant keeps the patient history form and later routes it to Data Management. The patient keeps the record of immunization and information forms concerning the smallpox vaccination, and proceeds to the Exit.

**Step 5: Exit**

After vaccination, the Exit station provides the patient their last chance to ask questions concerning the vaccination and expectations for vaccine reactions / healing. Security ensures patients are routed to appropriate parking or mass transit, keeping congestion to a minimum.

**Step 6: Ill Evaluation**

Following Triage, patients who are identified as potentially ill are routed to the Ill Evaluation Station. Patients are screened for infectious diseases and contraindications to smallpox vaccine that will preclude taking the vaccine. If an ill, patient's history forms and record of immunization are annotated on the back of the forms, and patients given verbal instructions regarding isolation and / or quarantine. Ill patients are then sent to the Exit Station.

Patients screened to take the vaccine are routed to Video Orientation stations to complete the vaccination process.

Patient history records of ill patients will be retained by the Ill Evaluation station and forwarded to Data Management. Ill patients will retain the record of immunization.

**Step 7: Contact Surveillance**

Patients deemed to be possible contacts will be routed from Triage to Contact Surveillance. The Ill Evaluation Station may also route possible contacts to Contact Surveillance for further evaluation. Contact Surveillance determines if a contact situation has occurred, and initiates isolation, quarantine, and treatment processes for potential contacts. The Site Manager and Clinic Manager must be notified of all possible contact situations. The Site Manager must notify county emergency management, and local / regional public health authorities of all contacts. Contacts are immediately sent to isolation / quarantine as directed in other instructions.

**Step 8: Medical Evaluation**

Medical Evaluation must occur when well patients self-identify possible contraindications when completing patient history forms. Medical Evaluators receive patients from the Video Orientation Station. As at the Ill Evaluation Station, patients are screened for contraindications to smallpox vaccine that will preclude taking the vaccine.

Patients screened to take the vaccine are routed to Vaccination Station to complete the vaccination process.

Patient history records of ill patients will be retained by the Ill Evaluation station and forwarded to Data Management. Ill patients will retain the record of immunization.

**B. MANAGEMENT AND COORDINATION FUNCTIONS**

To assist the Site Manager with large clinic operations, three primary departments have been organized: Operations, Logistics / Safety, and Communications / IT.

The Operations Department is directed by the Clinic Manager, who oversees the operations of the vaccination process identified above, and support functions of EMS and Crisis Counseling.

The Logistics / Safety Department provides support functions to the Operations Department, including:

- Supervise Security, Supply, Equipment, Food Service, and Volunteer Coordinators
- Ensure adequate inventory of supplies and equipment at activation of clinic as well as requesting addition supplies and equipment from the Emergency Operations Center.
- Ensure that there are appropriate numbers of staff needed to fulfill duties in the clinic.
- Ensure that facility and custodial services are maintained and food service is adequate for staff members.
- Ensure safety of all clinic staff.
- Maintain open communication with all section managers.

The Communications / IT Department maintains telephone, internet, and radio communications as necessary between emergency management, local public health, regional public health, and stations within the clinic, as necessary. The Communications / IT Manager oversees the functions of the Data Entry staff.

All Department Heads must have working knowledge of the functions of each station or division under their cognizance.

### **C. THE MASS PROPHYLAXIS CLINIC PROCESS**

In a mass prophylaxis clinic the objective is to maximize the number of people receiving drugs for a suspected bio-agent while rejecting as few as medically possible, thus ensuring a larger segment of the population is protected. Regardless of clinic size and location, the functions and routing procedures remain essentially the same and are identified below:

#### **B. Step 1: Greeting and Forms Distribution**

As patients arrive, security personnel who are handling outside traffic flow and parking rout them to the clinic entrance. Recipients greeted at the entrance to the clinic and given the appropriate forms. Translation services are provided if needed.

#### **Step 2: Triage**

Upon entry, patients are engaged by Triage staff to separate potentially ill patients and possible contact cases from the general population. Well patients are directed to the patient Education Station. Ill patients are sent to a Medical Evaluation Station. Translators may be required to assist at this station.

### **Step 3: Patient Education**

Patients complete patient history forms and review possible contraindications at this station. Translators may be required to assist at this station. Patients are routed to Drug Triage when forms are complete and questions answered. Adults may complete patient history forms for all members of their immediate family (i.e., head-of-household, spouse, children, others in guardian status). Patient Educators ensure patient history forms are signed and witnessed.

### **Step 4: Drug Triage**

Drug Triage screens patient history forms for contraindications and completeness. Patients without contraindications are routed to the Express Drug Dispensing Station. Patients with contraindications or questions needing the assistance of a pharmacist are routed to the Pharmacist-Assisted Drug Dispensing Station.

### **Step 5: Express Drug Dispensing Station**

Patients without contraindications receive appropriate dosages of prophylactic drugs per algorithm charts provided in Standing Delegation Orders. Dispensers collect patient history forms and annotate for drugs dispensed. Forms are later forwarded to Data Management.

### **Step 6: Pharmacist-Assisted Drug Dispensing**

Patients with contraindications, questions, or special situations are routed to the Pharmacist-Assisted Drug Dispensing desk, where pharmacists and pharmacy assistants under the direction of a licensed pharmacist resolve the difficulties. Patients receive appropriate dosages of prophylactic drugs per algorithm charts and as directed by the pharmacist. Some patients may be precluded from receiving drugs based on the professional guidance of the pharmacist. Ill patients are counseled on isolation procedures, if needed, and sent to the Exit Station. Dispensers collect patient history forms and annotate for drugs dispensed. Patient history forms of ill patients are annotated on the back of the form, and kept separate from patient histories of patients who received prophylaxis. All forms are forwarded to Data Management.

### **Step 7: Exit**

After dispensing, the Exit station provides the patient their last chance to ask questions concerning the vaccination and expectations for vaccine reactions / healing. Security ensures patients are routed to appropriate parking or mass transit, keeping congestion to a minimum.

### **Step 8: Medical Evaluation**

Following Triage, patients who are identified as potentially ill are routed to the Medical Evaluation Station. Patients are screened for infectious diseases and contraindications to prophylactic drugs that will preclude taking the drugs.

Patients screened to take the drugs are routed to Patient Education to complete forms and to re-enter the dispensing process. If the Medical Evaluator is

appropriately licensed, and patient throughput allows, patient history forms may be completed at this station and dispensing occur, thus precluding a potentially contagious patient from infecting others.

Patient history records of ill patients will be retained by the Medical Evaluation station and forwarded to Data Management.

An integral part of the Medical Evaluation Station is Contact Surveillance. Contact Surveillance determines if a contact situation has occurred, and initiates isolation, quarantine, and treatment processes for potential contacts. The Site Manager and Clinic Manager must be notified of all possible contact situations. The Site Manager must notify county emergency management, and local / regional public health authorities of all contacts. Contacts are immediately sent to isolation / quarantine / treatment as directed in other instructions.

#### **D. MANAGEMENT AND COORDINATION FUNCTIONS**

To assist the Site Manager with large clinic operations, three primary departments have been organized: Operations, Logistics / Safety, and Communications / IT.

The Operations Department is directed by the Clinic Manager, who oversees the operations of the vaccination process identified above, and support functions of EMS and Crisis Counseling.

The Logistics / Safety Department provides support functions to the Operations Department, including:

- Supervise Security, Supply, Equipment, Food Service, and Volunteer Coordinators
- Ensure adequate inventory of supplies and equipment at activation of clinic as well as requesting addition supplies and equipment from the Emergency Operations Center.
- Ensure that there are appropriate numbers of staff needed to fulfill duties in the clinic.
- Ensure that facility and custodial services are maintained and food service is adequate for staff members.
- Ensure safety of all clinic staff.
- Maintain open communication with all section managers.

The Communications / IT Department maintains telephone, internet, and radio communications as necessary between emergency management, local public health, regional public health, and stations within the clinic, as necessary. The Communications / IT Manager oversees the functions of the Data Entry staff.

All Department Heads must have working knowledge of the functions of each station or division under their cognizance.

## REQUIRED KNOWLEDGE

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
8	Key Facts About Tularemia (Spanish)
9	Frequently Asked Questions About Tularemia
10	Patient Information: Amoxicillin
11	Patient Information: Ciprofloxacin
12	Patient Information: Doxycycline
1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Clinical And Epidemiologic Principles of Anthrax
4	Fact Sheet: Anthrax Information for Health Care Providers
5	Plague As A Biologic Weapon – Medical and Public Health Management
6	Plague As A Biologic Weapon – Medical and Public Health Management
7	Abstract: Consensus Statement: Tularemia As A Biologic Weapon -- Medical and Public Health Management
8	Bioagent Contact Referral Form

**OPERATIONS SECTION  
CLINIC MANAGER  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Licensed medical personnel, health department vaccine programs personnel preferred.

**REPORT TO:** Command & Control - Site Director

**JOB ACTIONS:**

- Supervise clinic staff (refer to Dispensing Site Organization Chart) and oversee all clinic functions/problem solving.
- Ensure that all clinic staff members complete the training process specific for their job and have received vaccination and/or prophylaxis.
- Maintain log on-site training.
- Ensure that all clinic staff members receive instruction regarding client information confidentiality.
- Ensure that all clinic staff has been advised of appropriate personal protective equipment.
- Assist with emergency medical situations.
- Review storage and handling instructions for the vaccine/medication being used with appropriate staff before the beginning of each shift.
- Ensure that Incident Reports are filled out as necessary for injuries or loss/damage to property.
- Send appropriate reports to the Site Director.

**SHIFT CHECKLIST:**

- Report to Site Director.
- Sign personnel checklist and report to Operations work area.
- Wear badge at all times.
- Ensure that all clinic staff members sign personnel checklist and are wearing appropriate badge.
- Make staffing assignments.
  - Review storage and handling instructions for the vaccine/medication with preparation staff prior to each shift.
  - Review job actions as necessary.
  - If affected area, designate station(s) to serve contacts only.
- Post emergency phone numbers in a prominent place.
- Post appropriate blood-borne pathogen exposure control protocol.
- Make arrangements for staff breaks.
- Communicate long wait times to the Public Information Officer at appropriate EOC for public dissemination.
- Turn in required forms to Site Director.
- Take reports from all stations.
- Report to oncoming Clinic Manager.
- Report to Site Director and sign out.

## **OPERATIONS SECTION**

### **CLINIC MANAGER TRAINING GUIDELINES**

**THIS POSITION MUST RECEIVE CORE TRAINING PRIOR TO AN EVENT.**

II.

#### **General Guidelines for Site Managers and Clinic Managers Smallpox Vaccination and Mass Prophylaxis Clinics**

##### **1.1.1.1 Introduction**

This document provides detailed guidelines for conducting smallpox vaccination clinics. It assumes that smallpox vaccinations will not be incorporated into immunization services in existing clinical settings, but rather that smallpox vaccinations will be administered either in the context of bioterrorism readiness or as a response to a probable or confirmed case of smallpox.

Site Managers and Clinic Managers must have good working knowledge of local and regional emergency management practices and smallpox vaccination clinic operations.

#### **Preparing for Smallpox and Mass Prophylaxis Clinics**

In order to organize a vaccination operation to reach a target population, it is critical that the vaccination strategy be clearly understood. It is the policy within HCHHSD that mass vaccination and prophylaxis generally occur as follows:

- a. Ring Vaccination / Prophylaxis, surrounding the location of an actual outbreak. It is anticipated that the first deliveries of SNS assets will go to these outbreak areas.
- b. General Vaccination / Prophylaxis, outside the known area of an outbreak, and intended to prevent the further spread of the infectious disease beyond the ring area. These lesser - priority areas will receive SNS assets after priority locations receive their SNS shipments.
- c. In all events, individuals exposed to an agent must receive priority treatment if medically advised. First responders, hospital staffs, and POD volunteer staffs and their families within priority areas must receive the second highest priority of vaccination / prophylaxis, so that they may remain effective in the operation of dispensing and emergency operations. First responders, hospital staffs, and POD volunteer staffs and their families in general vaccination / prophylaxis areas will receive their treatment before the general population.
- d. The general public in non-priority areas will receive their vaccination / prophylaxis as the event situation allows, and after priority treatment is provided. County public health officials must plan for the orderly vaccination / prophylaxis of their population.

As soon as possible after the first case is confirmed, state and local health officials, in collaboration with CDC, will determine the appropriate scope (who, where, and when) of the vaccination response, based on size of the initial outbreak, the amount of vaccine available, and the possibility that additional new and epidemiological related cases will be identified in subsequent days. If the mass smallpox vaccination / prophylaxis clinic is activated, the decision to provide these services to the public has been made and the clinic is the services point of delivery to the general public. The strategy to be implemented is passed by appropriate health authorities to county emergency operations centers and local health authorities.

The site manager must complete the assignment of available resources to open the clinic. In particular, the following steps must be immediately accomplished after notification of clinic activation:

- Determine arrival time of vaccines, drugs, and other medical supplies from the RSS or vendor managed inventory. The provision of services to the public cannot begin until resources are made available, and thus local resources may be needed to fill a void between activation and receipt of CDC-furnished materials.
- Volunteers must be activated and instructions given to report for first-responder vaccination / prophylaxis and clinic setup.
- Law enforcement must be organized to protect the tactical asset of the clinic, its volunteers, and the vaccine / drugs.
- Arrangements must be set in place to feed the volunteer staff.
- Equipment and emergency response kits must be located and activated at the clinic.
- Communications and Internet links must be established and tested.
- If the remote parking system is to be used, mass transit vehicles, drivers, and security must be set in place.
- Just-In-Time training for clinic staff must be implemented and completed prior to opening for general public services.
- Shortfalls in personnel, equipment, transportation, and communications capability must be identified and plans activated to backfill the shortfalls. The site manager must decide if clinic operations may occur, based on shortfalls, and coordinate the clinic opening with public health and county emergency management officials.
- A public service campaign announcing clinic operations must inform the public of clinic operations and transportation / security arrangements.
- Ensure Contact evaluation, surveillance, isolation, and quarantine systems are in place.

#### 1.1.1.2 Clinic Operations

### **The Smallpox Vaccination Clinic Process**

In mass smallpox vaccination clinic the objective is to maximize the number of people receiving the vaccine while descreening as few as medically possible, thus ensuring a larger segment of the population is protected. Regardless of clinic size and

location, the functions and routing procedures remain essentially the same and are identified below:

**C. Step 1: Greeting and Forms Distribution**

As vaccine recipients arrive, security personnel who are handling outside traffic flow and parking rout them to the clinic entrance. Recipients greeted at the entrance to the clinic and given the appropriate forms. Translation services are provided if needed.

**Step 2: Triage**

Upon entry, recipients are engaged by Triage staff to separate potentially ill patients and possible contact cases from the general population. Ill patients are sent to a Medical Evaluation Station, while possible contacts are sent to the Contact Evaluation Station. Well patients are sent to Video Orientation.

**Step 3: Video Orientation**

It is anticipated that approximately 80% of all patients will immediately proceed to Video Orientation. At this point patients fill out patient history forms and watch a CDC-mandated video concerning the smallpox vaccine. Site Managers may wish to set up a separate video orientation room for families and non-English speaking patients, since these groups will take longer to complete forms. At the conclusion of the video, patients are asked to identify if contraindications are checked on patient forms. If no contraindications are checked, patients are routed to the Vaccination Stations. If contraindications are checked, patients are routed to Medical Evaluation.

**Step 4: Vaccination**

The Vaccination Station should be a screened area that affords privacy to persons who find it necessary to remove clothing in order to expose to vaccination site.

The Vaccination Assistant, who reviews completed patient history forms and ensures consent signatures are witnessed, greets patients cleared for vaccination at the Vaccination Station. The Vaccination Assistant applies the PVN number identifying the vaccine batch on the patient history form and the record of immunization.

The vaccination assistant helps vaccine recipients expose their upper arm and cleanses the vaccination site if necessary. The Vaccinator then administers the vaccine, applies a bandage, and completes the necessary documentation. The Vaccination Assistant keeps the patient history form and later routes it to Data Management. The patient keeps the record of immunization and information forms concerning the smallpox vaccination, and proceeds to the Exit.

**Step 5: Exit**

After vaccination, the Exit station provides the patient their last chance to ask questions concerning the vaccination and expectations for vaccine reactions / healing. Security ensures patients are routed to appropriate parking or mass transit, keeping congestion to a minimum.

### **Step 6: Ill Evaluation**

Following Triage, patients who are identified as potentially ill are routed to the Ill Evaluation Station. Patients are screened for infectious diseases and contraindications to smallpox vaccine that will preclude taking the vaccine.

Patients screened to take the vaccine are routed to Video Orientation stations to complete the vaccination process.

Patient history records of ill patients will be retained by the Ill Evaluation station and forwarded to Data Management. Ill patients will retain the record of immunization.

### **Step 7: Contact Surveillance**

Patients deemed to be possible contacts will be routed from Triage to Contact Surveillance. The Ill Evaluation Station may also route possible contacts to Contact Surveillance for further evaluation. Contact Surveillance determines if a contact situation has occurred, and initiates isolation, quarantine, and treatment processes for potential contacts. The Site Manager and Clinic Manager must be notified of all possible contact situations. The Site Manager must notify county emergency management, and local / regional public health authorities of all contacts. Contacts are immediately sent to isolation / quarantine as directed in other instructions.

### **Step 8: Medical Evaluation**

Medical Evaluation must occur when well patients self-identify possible contraindications when completing patient history forms. Medical Evaluators receive patients from the Video Orientation Station. As at the Ill Evaluation Station, patients are screened for contraindications to smallpox vaccine that will preclude taking the vaccine.

Patients screened to take the vaccine are routed to Vaccination Station to complete the vaccination process.

Patient history records of ill patients will be retained by the Ill Evaluation station and forwarded to Data Management. Ill patients will retain the record of immunization.

## **Management and Coordination Functions**

To assist the Site Manager with large clinic operations, three primary departments have been organized: Operations, Logistics / Safety, and Communications / IT.

The Operations Department is directed by the Clinic Manager, who oversees the operations of the vaccination process identified above, and support functions of EMS and Crisis Counseling.

The Logistics / Safety Department provides support functions to the Operations Department, including:

- Supervise Security, Supply, Equipment, Food Service, and Volunteer Coordinators
- Ensure adequate inventory of supplies and equipment at activation of clinic as well as requesting addition supplies and equipment from the Emergency Operations Center.
- Ensure that there are appropriate numbers of staff needed to fulfill duties in the clinic.
- Ensure that facility and custodial services are maintained and food service is adequate for staff members.
- Ensure safety of all clinic staff.
- Maintain open communication with all section managers.

The Communications / IT Department maintains telephone, internet, and radio communications as necessary between emergency management, local public health, regional public health, and stations within the clinic, as necessary. The Communications / IT Manager oversees the functions of the Data Entry staff.

All Department Heads must have working knowledge of the functions of each station or division under their cognizance.

## **The Mass Prophylaxis Clinic Process**

In a mass prophylaxis clinic the objective is to maximize the number of people receiving drugs for a suspected bio-agent while descreening as few as medically possible, thus ensuring a larger segment of the population is protected. Regardless of clinic size and location, the functions and routing procedures remain essentially the same and are identified below:

### **D. Step 1: Greeting and Forms Distribution**

As patients arrive, security personnel who are handling outside traffic flow and parking rout them to the clinic entrance. Recipients greeted at the entrance to the clinic and given the appropriate forms. Translation services are provided if needed.

### **Step 2: Triage**

Upon entry, patients are engaged by Triage staff to separate potentially ill patients and possible contact cases from the general population. Well patients are directed to the patient Education Station. Ill patients are sent to a Medical Evaluation Station. Translators may be required to assist at this station.

### **Step 3: Patient Education**

Patients complete patient history forms and review possible contraindications at this station. Translators may be required to assist at this station. Patients are routed to Drug Triage when forms are complete and questions answered. Adults may complete patient history forms for all members of their immediate family (i.e., head-of-

household, spouse, children, others in guardian status). Patient Educators ensure patient history forms are signed and witnessed.

#### **Step 4: Drug Triage**

Drug Triage screens patient history forms for contraindications and completeness. Patients without contraindications are routed to the Express Drug Dispensing Station. Patients with contraindications or questions needing the assistance of a pharmacist are routed to the Pharmacist-Assisted Drug Dispensing Station.

#### **Step 5: Express Drug Dispensing Station**

Patients without contraindications receive appropriate dosages of prophylactic drugs per algorithm charts provided in Standing Delegation Orders. Dispensers collect patient history forms and annotate for drugs dispensed. Forms are later forwarded to Data Management.

#### **Step 6: Pharmacist-Assisted Drug Dispensing**

Patients with contraindications, questions, or special situations are routed to the Pharmacist-Assisted Drug Dispensing desk, where pharmacists and pharmacy assistants under the direction of a licensed pharmacist resolve the difficulties. Patients receive appropriate dosages of prophylactic drugs per algorithm charts and as directed by the pharmacist. Some patients may be precluded from receiving drugs based on the professional guidance of the pharmacist. Ill patients are counseled on isolation procedures, if needed, and sent to the Exit Station. Dispensers collect patient history forms and annotate for drugs dispensed. Patient history forms of ill patients are annotated on the back of the form, and kept separate from patient histories of patients who received prophylaxis. All forms are forwarded to Data Management.

#### **Step 7: Exit**

After dispensing, the Exit station provides the patient their last chance to ask questions concerning the vaccination and expectations for vaccine reactions / healing. Security ensures patients are routed to appropriate parking or mass transit, keeping congestion to a minimum.

#### **Step 8: Medical Evaluation**

Following Triage, patients who are identified as potentially ill are routed to the Medical Evaluation Station. Patients are screened for infectious diseases and contraindications to prophylactic drugs that will preclude taking the drugs. If ill, patient's history forms are annotated on the back of the forms, and patients given verbal instructions regarding isolation and / or quarantine. Ill patients are then sent to the Exit Station.

Patients screened to take the drugs are routed to Patient Education to complete forms and to re-enter the dispensing process. If the Medical Evaluator is appropriately licensed, and patient throughput allows, patient history forms may be

completed at this station and dispensing occur, thus precluding a potentially contagious patient from infecting others.

Patient history records of ill patients will be retained by the Medical Evaluation station and forwarded to Data Management.

An integral part of the Medical Evaluation Station is Contact Surveillance. Contact Surveillance determines if a contact situation has occurred, and initiates isolation, quarantine, and treatment processes for potential contacts. The Site Manager and Clinic Manager must be notified of all possible contact situations. The Site Manager must notify county emergency management, and local / regional public health authorities of all contacts. Contacts are immediately sent to isolation / quarantine / treatment as directed in other instructions.

### **Management and Coordination Functions**

To assist the Site Manager with large clinic operations, three primary departments have been organized: Operations, Logistics / Safety, and Communications / IT.

The Operations Department is directed by the Clinic Manager, who oversees the operations of the vaccination process identified above, and support functions of EMS and Crisis Counseling.

The Logistics / Safety Department provides support functions to the Operations Department, including:

- Supervise Security, Supply, Equipment, Food Service, and Volunteer Coordinators
- Ensure adequate inventory of supplies and equipment at activation of clinic as well as requesting addition supplies and equipment from the Emergency Operations Center.
- Ensure that there are appropriate numbers of staff needed to fulfill duties in the clinic.
- Ensure that facility and custodial services are maintained and food service is adequate for staff members.
- Ensure safety of all clinic staff.
- Maintain open communication with all section managers.

The Communications / IT Department maintains telephone, internet, and radio communications as necessary between emergency management, local public health, regional public health, and stations within the clinic, as necessary. The Communications / IT Manager oversees the functions of the Data Entry staff.

All Department Heads must have working knowledge of the functions of each station or division under their cognizance.

## REQUIRED KNOWLEDGE

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
8	Key Facts About Tularemia (Spanish)
9	Frequently Asked Questions About Tularemia
10	Patient Information: Amoxicillin
11	Patient Information: Ciprofloxacin
12	Patient Information: Doxycycline
1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Clinical And Epidemiologic Principles of Anthrax
4	Fact Sheet: Anthrax Information for Health Care Providers
5	Plague As A Biologic Weapon – Medical and Public Health Management
6	Plague As A Biologic Weapon – Medical and Public Health Management
7	Abstract: Consensus Statement: Tularemia As A Biologic Weapon -- Medical and Public Health Management
8	Bioagent Contact Referral Form

**OPERATIONS SECTION  
GREETER  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Clerical/Volunteer

**REPORT TO:** Operations Section – Clinic Manager

**JOB ACTIONS:**

- Maintain traffic control around the entrance into the triage area.
- Greet clients as they arrive.
- Assist with handicapped and elderly.
- Obtain translator assistance for non-English speaking clients, if necessary.

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to Station 1.
- Wear badge at all times.
- Review and familiarize self with dispensing site surroundings for workstation locations, office areas, lavatories, first aid, and break room.
- Greet clients as they arrive. Do not allow anyone into clinic area until they have been triaged.
- Direct clients as necessary to maintain order at the entry area and client flow into triage station.
- Assess/notify Clinic Manager regarding client special needs, concerns, or problems
- Assist handicapped participants.
- Call clinic security for backup as necessary.
- Report to incoming Greeter personnel.
- Sign off/report to Clinic Manager.

**OPERATIONS SECTION**  
 III. GREETER  
 IV. TRAINING GUIDELINES

**Objectives:**

Understanding of clinic schematic to include clinic traffic flow, location of office areas, lavatories, first aid, and break room.

Understanding of estimated length of time an average client will spend at the clinic.

Identification of clients with special needs, concerns, and problems:

- Handicapped
- Elderly
- Non-English speaking

**Actions:**

View Clinic Schematic and become familiar with stations locations and responsibilities.

Obtain direction from clinic manager or outgoing greeter on how to access floaters and translators to assist clients with special needs.

- V.
- VI.
- VII.
- VIII.

IX. REQUIRED KNOWLEDGE

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
8	Key Facts About Tularemia (Spanish)
9	Frequently Asked Questions About Tularemia
10	Patient Information: Amoxicillin
11	Patient Information: Ciprofloxacin
12	Patient Information: Doxycycline

- X. OPERATIONS SECTION
- XI. FORMS DISTRIBUTOR
- XII. JOB ACTION GUIDELINES

**QUALIFICATIONS:** Non-medical/Volunteer

**REPORT TO:** Operations Section – Clinic Manager

**JOB ACTIONS:**

Provide each client with the “Forms Packet” as they are standing in line at entry to be triaged.

Assist Greeters in identifying clients with special needs:

- Handicapped
- Elderly who need assistance
- Those requiring translators
- Pregnant

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to Station 1.
- Wear badge at all times.
- Maintain adequate supply of packets.
- Distribute “Forms Packet” at a reasonable pace to maintain manageable flow to triage station. Do not allow anyone into clinic area until they have been triaged.
- Report to oncoming Forms Distributor personnel.
- Sign off/report to Clinic Manager.

**OPERATIONS SECTION  
FORMS DISTRIBUTOR  
TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include traffic flow, location of office areas, lavatories, first aid, and break room.
- Read and be familiar with the information contained in patient forms.

**Actions:**

- View Clinic Schematic and become familiar with station locations and responsibilities.
- Read patient forms.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
8	Key Facts About Tularemia (Spanish)
9	Frequently Asked Questions About Tularemia
10	Patient Information: Amoxicillin
11	Patient Information: Ciprofloxacin
12	Patient Information: Doxycycline
1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Clinical And Epidemiologic Principles of Anthrax
4	Fact Sheet: Anthrax Information for Health Care Providers
5	Plague As A Biologic Weapon – Medical and Public Health Management
6	Plague As A Biologic Weapon – Medical and Public Health Management
7	Abstract: Consensus Statement: Tularemia As A Biologic Weapon -- Medical and Public Health Management
8	Bioagent Contact Referral Form

**OPERATIONS SECTION  
TRIAGE  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Nurse, Nurse Practitioner, Physicians Assistant, EMT, or Paramedic

**REPORT TO:** Operations Section – Clinic Manager

**JOB ACTIONS:**

- Screen clients for disease or contact with identified agent.
- Direct ill clients to Ill Patient Evaluation Area (Station 8).
- Direct identified contacts, individuals whom have been in contact with a rash illness in the last 3 weeks, and their family members to Contact Evaluator (Station 8)
- Direct all others to Patient Education (Station 3).

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to Station 2.
- Wear badge at all times.
- Review and familiarize self with dispensing site surroundings for workstation locations, office areas, lavatories, first aid, and break room.
- Utilize triage protocol for screening clients for disease or contact with identified agent.
- Prevent ill or contact persons from entering clinic.
- Direct clients to appropriate station:
  - Compromised/ill clients to Ill Patient Evaluation Area (Station 8).
  - Identified contacts, individuals that have been in contact with a rash illness in the last 3 weeks, and their family members to Contact Evaluator (Station 8).
- Report to oncoming Triage personnel.
- Sign off/report to Clinic Manager.

**OPERATIONS SECTION**  
**TRIAGE**  
XIII. TRAINING GUIDELINES

**Objectives:**

- Understanding of clinic schematic to include traffic flow, location of office areas, lavatories, first aid, and break room.
- Ability to assess clients per triage protocol below using screening questions.

**Actions:**

- Review Clinic Schematic and become familiar with station locations and responsibilities.
- Review Screening Questions and get clarification from training mentor on any aspect that you do not understand.

**OPERATIONS SECTION  
TRIAGE PROTOCOL  
SCREENING QUESTIONS**

**1. Have you been exposed to someone with an unexplained rash or unexplained illness?**

“Exposure to someone with an unexplained rash or unexplained illness” refers to unprotected face-to-face or household contact with someone with confirmed or suspected case of tularemia, anthrax, or plague. If “YES”, direct to Medical Evaluation Station.

**2. Within the last three weeks, have you been in an area deemed high-risk for exposure to tularemia, anthrax, or plague?**

“Area deemed high-risk for exposure to tularemia, anthrax, or plague” refers to areas defined as high-risk by the CDC or government officials. If “YES” direct to Medical Evaluation Station.

**3. Do you have a fever or feel sick?**

If “YES” direct to Medical Evaluation Station.

**4. Do you have a skin rash, mouth sores, or mouth spots that started within the last few weeks?**

*If “YES” direct to Medical Evaluation Station.*

*If the client answers “NO” to all of the questions, direct to Patient Education Station.*

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form

**OPERATIONS SECTION  
PATIENT EDUCATOR  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Volunteers, Teachers, Social Workers

**REPORT TO:** Operations Section - Clinic Manager

**A. JOB ACTIONS:**

**B.  Assist patients with filling out of Screening and Consent Forms.**

**C.  Answer basic questions on prophylaxis clinic process.**

- Ensure that the client has all of the necessary information sheets and instructions.
- Review basic bioagent prophylaxis forms with patients, if requested.

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to Station 3.
- Wear badge at all times.
- Answer any questions and remind participant to keep and follow all instructions received. Make sure that clients have information and instruction sheets.
- Assist patients in filling out Screening and Consent forms. Provide ink pens if necessary.
- Maintain supply of extra information and instruction sheets for distribution, if necessary.
- Report to oncoming Patient Educator personnel.
- Sign off/report to Clinic Manager.

**OPERATIONS SECTION  
PATIENT EDUCATOR  
XIV. TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include location of office areas, lavatories, first aid, and break room.
- Understanding of client Screening and Consent form and clinic guidelines on submission of these forms by qualified adults for children and other dependents.
- Familiarity with clinic documents, including advisory fact sheets on bio-agents and drug contraindications.

**Actions:**

- Review Clinic Schematic and become familiar with station locations and responsibilities.
- Read appropriate patient fact sheets and become familiar with information disseminated to clients. Identify areas on the Screening and Consent Form where signatures and lot numbers are documented by the drug dispensing staff.
- Assist clients in completing documentation.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
8	Key Facts About Tularemia (Spanish)
9	Frequently Asked Questions About Tularemia
1 0	Patient Information: Amoxicillin
1 1	Patient Information: Ciprofloxacin
1 2	Patient Information: Doxycycline

**OPERATIONS SECTION  
DRUG TRIAGE  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Volunteers, Teachers, Social Workers

**REPORT TO:** Operations Section - Clinic Manager

**D. JOB ACTIONS:**

- E.  Control access to pharmaceutical dispensing stations.**
- F.  Review Screening and Consent forms. Ensure all forms are signed by patient or responsible adult.**
- G.  Send patients indicating no contraindications to the Express Drug Dispensing Station (Station 5).**
- H.  Send patients indicating contraindications and those with children to the Pharmacist-Assisted Dispensing Station (Station 6).**

**I.**

**J. SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to Station 4.
- Wear badge at all times.
- Answer any final questions and remind participant to keep and follow all instructions received. Make sure that clients have information and instruction sheets.
- Review Screening and Consent forms for contraindications.
- Keep families together when routing patients.
- Report to oncoming Drug Triage personnel.
- Sign off/report to Clinic Manager.

**OPERATIONS SECTION  
DRUG TRIAGE  
XV. TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include traffic flow, location of office areas, lavatories, first aid, and break room.
- Understanding of patient history forms in multiple languages.

**Actions:**

- Review Clinic Schematic and become familiar with station locations and responsibilities.
- Review Screening Questions and get clarification from training mentor on any aspect that you do not understand.
- Screen patients without contraindications on patient history forms and route them to Express Drug Dispensing Station, Station 5.
- Screen patients with contraindications as indicated on patient history forms and route them to the Pharmacist-assisted Drug Dispensing Station, Station 6.
- Keep families together. Do not split families between Station 5 and Station 6.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form

**OPERATIONS SECTION  
EXPRESS DRUG DISPENSOR  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Volunteers, Teachers, Social Workers

**REPORT TO:** Operations Section – Pharmacy Services Coordinator

**K. JOB ACTIONS:**

- L.  Review Screening and Consent forms. Ensure all forms are signed by patient or responsible adult.**
- M.  Issue indicated unit of drugs per Standing Delegation Orders for each individual for which Screening and Consent forms are presented. Responsible adults may present forms for multiple patients.**
- N.  Annotate Screening and Consent forms with appropriate dosages dispensed. Ensure patient has appropriate advisory forms for drugs dispensed.**
- O.  Collect Screening and Consent forms. Turn forms in to Data Entry.**
- P.  Send patients to Exit Station (Station 7).**

**Q.**

**R. SHIFT CHECKLIST:**

- Report to Pharmacy Services Coordinator.
- Sign personnel checklist and report to Station 5.
- Wear badge at all times.
- Review Standing Delegation Orders and any supplemental orders concerning the dispensing of drugs.
- Review Screening and Consent forms for contraindications.
- Ensure Screening and Consent forms are signed and that applicable dispensing information is entered. Make sure that patients have information and instruction sheets concerning the drugs dispensed.
- Ensure drug label is complete.
- Dispense Drugs per Standing Delegation Orders.
- Keep families together when routing patients.
- Report to oncoming Express Drug Dispensing personnel.
- Sign off/report to Pharmacy Services Coordinator.

**OPERATIONS SECTION  
EXPRESS DRUG DISPENSING  
XVI. TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include traffic flow, location of office areas, lavatories, first aid, and break room.
- Understanding of the Screening & Consent Signature Form and drug advisory forms in multiple languages.
- Understanding of Standing Delegation Orders and supplemental orders concerning the dispensing of drugs.
- Understand drug labeling requirements.
- Understand policy for responsible adults receiving drugs for family members.

**Actions:**

- Review Clinic Schematic and become familiar with station locations and responsibilities.
- Review Screening Questions and get clarification from training mentor on any aspect that you do not understand.
- Receive patient history forms and screen patients without contraindications on the Screening & Consent Signature Forms.
- Dispense drugs per Standing Delegation Orders.
- Complete drug labels as needed.
- Issue appropriate drug advisory forms in language indicated by patient.
- Route patients with contraindications to the Pharmacist-assisted Drug Dispensing Station, Station 6.
- Send patients to the Exit Station, Station 7.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
8	Key Facts About Tularemia (Spanish)
9	Frequently Asked Questions About Tularemia
10	Patient Information: Amoxicillin
11	Patient Information: Ciprofloxacin
12	Patient Information: Doxycycline
1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Clinical And Epidemiologic Principles of Anthrax
4	Fact Sheet: Anthrax Information for Health Care Providers

5	Plague As A Biologic Weapon – Medical and Public Health Management
6	Plague As A Biologic Weapon – Medical and Public Health Management
7	Abstract: Consensus Statement: Tularemia As A Biologic Weapon -- Medical and Public Health Management
8	

**OPERATIONS SECTION  
PHARMACY SERVICES COORDINATOR  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Registered Pharmacist or Licensed Medical or Nursing Personnel

**REPORT TO:** Operations Section - Clinic Manager

**JOB ACTIONS:**

- Supervise Dispensers / Distributors, their assistants, and pharmacy consultants.
- Meet with pharmacy services staff and review dispensing site operations to ensure they have a clear understanding of patient flow and dispensing protocols. Train medical and pharmaceutical staff in use of algorithms, standing delegation orders, supplemental orders, and other prescribing tools.
- Collaborate with medical evaluation and triage staff to ensure young children and their guardians / parents are directed to the Pharmacist-Assisted Drug Dispensing Station.
- Collaborate with medical evaluation and triage staff to ensure ill patients receive appropriate medications. Review histories of contraindicated patients for alternative medication protocols.
- Prescribe appropriate drugs per Standing Delegation Orders and record comments on the back of the Screening & Consent Signature Form.
- Monitor patient throughput and resolve bottlenecks. Make recommendations for throughput improvement.
- Answer questions for informed consents.
- Dispense drugs to patients as duties allow.

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to Station 6.
- Wear badge at all times.
- Review client history for contraindications.
- Note highlighted contraindications and record comments on the back of the Screening & Consent Signature Form.
- Answer questions for informed consent.
- Defer from prophylaxis patients who are contraindicated (unless health authority waives deferrals due to contraindications). Prescribe alternative solutions if possible to preclude contraindications.
- Collect Screening & Consent Signature Forms and turn in to Data Entry.
- Report to oncoming Pharmacy Services Coordinator.  
Sign off/report to Clinic Manager.

**OPERATIONS SECTION**  
XVII. PHARMACY SERVICES COORDINATOR  
XVIII. TRAINING GUIDELINES

**Objectives:**

- Understanding of clinic schematic to include traffic flow, location of office areas, lavatories, first aid, and break room.
- Understanding of the Screening & Consent Signature Form and drug advisory forms in multiple languages.
- Understanding of Standing Delegation Orders and supplemental orders concerning the dispensing of drugs.
- Understand drug labeling requirements.
- Understand policy for responsible adults receiving drugs for family members.

**Actions:**

- Review Clinic Schematic and become familiar with station locations and responsibilities.
- Review Screening Questions and get clarification from training mentor on any aspect that you do not understand.
- Receive patient history forms and screen patients with contraindications on the Screening & Consent Signature Forms.
- Dispense drugs per Standing Delegation Orders for patients with, and without contraindications.
- Complete drug labels as needed.
- Issue appropriate drug advisory forms in language indicated by patient.
- Route patients with contraindications to the Pharmacist-assisted Drug Dispensing Station, Station 6.
- Refer patients unable to take SNS – Delivered drugs under Standing Delegation Orders to isolation, quarantine, or to appropriate public or private pharmaceutical services to gain antibiotics as needed.
- Send patients to the Exit Station, Station 7.

## REQUIRED KNOWLEDGE

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
8	Key Facts About Tularemia (Spanish)
9	Frequently Asked Questions About Tularemia
1 0	Patient Information: Amoxicillin
1 1	Patient Information: Ciprofloxacin
1 2	Patient Information: Doxycycline
1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Clinical And Epidemiologic Principles of Anthrax
4	Fact Sheet: Anthrax Information for Health Care Providers
5	Plague As A Biologic Weapon – Medical and Public Health Management
6	Plague As A Biologic Weapon – Medical and Public Health Management
7	Abstract: Consensus Statement: Tularemia As A Biologic Weapon -- Medical and Public Health Management
8	Bioagent Contact Referral Form

**A. OPERATIONS SECTION  
PHARMACIST-ASSISTED DRUG DISPENSOR  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Licensed Pharmacist, Pharmacy Assistant, Licensed Medical Professional

**REPORT TO:** Operations Section Pharmacy Services Coordinator

S. JOB ACTIONS:

- T.  **Review Screening and Consent forms. Ensure all forms are signed by patient or responsible adult.**
- U.  **Issue indicated unit of drugs per Standing Delegation Orders for each individual for which Screening and Consent forms are presented. Responsible adults may present forms for multiple patients.**
- V.  **Annotate Screening and Consent forms with appropriate dosages dispensed. Ensure patient has appropriate advisory forms for drugs dispensed.**
- W.  **Collect Screening and Consent forms. Turn forms in to Data Entry.**
- X.  **Send patients to Exit Station (Station 7).**

Y. SHIFT CHECKLIST:

- Report to Pharmacy Services Coordinator.
- Sign personnel checklist and report to Station 6.
- Wear badge at all times.
- Review Screening and Consent forms for contraindications. Formulate appropriate dosages of prophylactic drugs to accommodate contraindications.
- Ensure Screening and Consent forms are signed and that applicable dispensing information is entered. Make sure that patients have information and instruction sheets concerning the drugs dispensed.
- Keep families together when routing patients.
- Report to oncoming Pharmacist-Assisted Dispensing personnel.
- Sign off/report to Pharmacy Services Coordinator.

**OPERATIONS SECTION**  
**PHARMACIST - ASSISTED DRUG DISPENSING**  
**XIX. TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include traffic flow, location of office areas, lavatories, first aid, and break room.
- Understanding of the Screening & Consent Signature Form and drug advisory forms in multiple languages.
- Understanding of Standing Delegation Orders and supplemental orders concerning the dispensing of drugs.
- Understand drug labeling requirements.
- Understand policy for responsible adults receiving drugs for family members.

**Actions:**

- Review Clinic Schematic and become familiar with station locations and responsibilities.
- Review Screening Questions and get clarification from training mentor on any aspect that you do not understand.
- Receive patient history forms and screen patients with contraindications on the Screening & Consent Signature Forms.
- Dispense drugs per Standing Delegation Orders for patients with, and without contraindications.
- Complete drug labels as needed.
- Issue appropriate drug advisory forms in language indicated by patient.
- Route patients with contraindications to the Pharmacist-assisted Drug Dispensing Station, Station 6.
- Refer patients unable to take SNS – Delivered drugs under Standing Delegation Orders to isolation, quarantine, or to appropriate public or private pharmaceutical services to gain antibiotics as needed.
- Send patients to the Exit Station, Station 7.

## REQUIRED KNOWLEDGE

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
8	Key Facts About Tularemia (Spanish)
9	Frequently Asked Questions About Tularemia
1 0	Patient Information: Amoxicillin
1 1	Patient Information: Ciprofloxacin
1 2	Patient Information: Doxycycline
1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Clinical And Epidemiologic Principles of Anthrax
4	Fact Sheet: Anthrax Information for Health Care Providers
5	Plague As A Biologic Weapon – Medical and Public Health Management
6	Plague As A Biologic Weapon – Medical and Public Health Management
7	Abstract: Consensus Statement: Tularemia As A Biologic Weapon -- Medical and Public Health Management
8	Bioagent Contact Referral Form

**B. OPERATIONS SECTION**  
**EXIT EDUCATOR**  
**JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Volunteers, Teachers, Social Workers

**REPORT TO:** Operations Section - Clinic Manager

**Z. JOB ACTIONS:**

**AA.  Answer any final questions.**

- Ensure that the client has all of the necessary information sheets and instructions.

**BB.**

**CC. SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to Station 7.
- Wear badge at all times.
- Answer any final questions and remind participant to keep and follow all instructions received. Make sure that clients have information and instruction sheets.
- Maintain supply of extra information and instruction sheets for distribution, if necessary.
- Report to oncoming Exit Educator personnel.
- Sign off/report to Clinic Manager.

**OPERATIONS SECTION  
EXIT EDUCATOR  
XX. TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include location of office areas, lavatories, first aid, and break room.
- Understanding of client post-vaccination instructions.
- Familiarity with clinic documents particularly drug advisory forms.

**Actions:**

- Review Clinic Schematic and become familiar with station locations and responsibilities.
- Read drug advisory forms” and become familiar with information disseminated to clients.
- Be familiar with drug labeling on unit - of - dose bottles and packets.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
8	Key Facts About Tularemia (Spanish)
9	Frequently Asked Questions About Tularemia
10	Patient Information: Amoxicillin
11	Patient Information: Ciprofloxacin
12	Patient Information: Doxycycline

**OPERATIONS SECTION  
TRANSLATOR  
XXI. JOB ACTION GUIDELINES**

**QUALIFICATONS:** Ability to communication in foreign language(s) or sign language.

**REPORT TO:** Operations Section - Clinic Manager

**JOB ACTIONS:**

- Translate for individuals who do not speak English and are not accompanied by someone who can translate for them.

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to Operations Area for floating personnel.
- Wear badge at all times.
- Answer non-medical questions and give information as able to non-English speaking participants.
- Translate for clinic staff.
- Report to oncoming Translator personnel.
- Sign off/report to Clinic Manager.

**OPERATIONS SECTION  
TRANSLATOR  
XXII. TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include traffic flow, location of office areas, lavatories, first aid, and break room.
- Understanding of clinic documents and dispensing process.
- Familiarity with information contained in CDC – provided drug advisory files.

**Actions:**

- Review Clinic Schematic and become familiar with station locations and responsibilities.
- Become familiar with information particularly asked for in the Screening and Consent Form and the Record of Immunization Form.
- Identify forms and advisories in multiple languages and print for appropriate foreign-language clients
- Identify any areas within client education materials that might need special attention to translate messages.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
8	Key Facts About Tularemia (Spanish)
9	Frequently Asked Questions About Tularemia
10	Patient Information: Amoxicillin
11	Patient Information: Ciprofloxacin
12	Patient Information: Doxycycline

XXIII. OPERATIONS SECTION  
**MEDICAL EVALUATOR**  
XXIV. JOB ACTION GUIDELINES

**QUALIFICATIONS:** Physician, Physician Assistant, Nurse Practitioner, Nurse

**REPORT TO:** Operations Section - Clinic Manager

**JOB ACTIONS:**

- Review client history for contraindications.
- Note highlighted contraindications and record comments on the back of the Screening & Consent Signature Form.
- Answer questions for informed consents.
- Refer patients screened to take prophylaxis to the Patient Education Station, Station 3. If deemed contagious with an illness not related to the bioagent in question, and licensed to dispense drugs, the Medical Evaluator may dispense drugs at this station.
- Refer potential contact patients to the Contact Evaluator, Station 9.

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to Station 8.
- Wear badge at all times.
- Review client history and medical condition for contraindications.
- Note highlighted contraindications and record comments on the back of the Screening & Consent Signature Form.
- Give the appropriate drug advisory forms sheet.
- Answer questions for informed consent.
- Defer from prophylaxis if contraindicated (unless health authority waives deferrals due to contraindications). Collect Screening & Consent Signature Form.
- Direct to:
  - Physician Evaluator, if necessary.
  - Exit if deferred.
  - Patient Education Station if consent is obtained.
  - Contact Evaluator if suspect patient has been in contact with a bioagent.
  - Arrange for isolation / quarantine if health authority waives deferrals due to contraindications and participant refuses to consent. Have client sign Contact Informed Refusal Form, if applicable.
- Turn in deferred Screening & Consent Signature Forms to Data Entry.
- Report to oncoming Medical Evaluator.
- Sign off/report to Clinic Manager.

**OPERATIONS SECTION  
MEDICAL EVALUATOR  
TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include location of office areas, first aid, and break room.
- Understanding of locations and responsibilities of clinic stations.
- Familiarization with forms that are needed for documentation of client disposition for prophylaxis.
- Knowledge of prophylaxis contraindications.
- Knowledge of Standing Delegation Orders and supplemental orders.

**Actions:**

- Review Clinic Schematic and become familiar with station locations and responsibilities.
- Review Standing Delegation Orders.
- Review appended forms for clinicians and patients.

**REQUIRED KNOWLEDGE**

	Informed Consent Flow for Use During Mass Prophylaxis
	Screening and Consent Form
	Anthrax: What You Need To Know
	Children and Anthrax: A Fact Sheet For Parents
	Facts About Pneumonic Plague
	Frequently Asked Questions About Plague
	Key Facts About Tularemia (English)
	Key Facts About Tularemia (Spanish)
	Frequently Asked Questions About Tularemia
	Patient Information: Amoxicillin
	Patient Information: Ciprofloxacin
1	Patient Information: Doxycycline
2	
1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Clinical And Epidemiologic Principles of Anthrax
4	Fact Sheet: Anthrax Information for Health Care Providers
5	Plague As A Biologic Weapon – Medical and Public Health Management
6	Plague As A Biologic Weapon – Medical and Public Health Management
7	Abstract: Consensus Statement: Tularemia As A Biologic Weapon -- Medical and Public Health Management

8	Bioagent Contact Referral Form
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**C. OPERATIONS SECTION**  
**CONTACT EVALUATOR**  
**JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Public Health Personnel, preferred

**REPORT TO:** Operations Section - Clinic Manager

**JOB ACTIONS:**

- Register identified contacts and their household contacts for surveillance.
- Instruct identified contacts and their household contacts regarding:
  - o Sign/symptoms of exposure to bioagent(s)
  - o Any travel restrictions
  - o Reporting requirements
- Perform duties of Medical Evaluator when not engaged in identification of potential contacts.
- If appropriately licensed, begin prophylactic treatment of potential contact patients by dispensing drugs.

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to Station 9.
- Wear badge at all times.
- Register all contacts.
- If contact has symptoms of bioagent exposure, refer to quarantine, isolation, or emergency treatment. Give "contact" instructions. Notify the Clinic Manager and Site Director.
  - o Contact surveillance process.
  - o Exposure signs / symptoms.
  - o Contact evaluation issues.
- If contact has no contraindications, direct to Patient Education (Station 3) for normal mainstreaming into the prophylaxis process.
- If contact has contraindications precluding prophylaxis but no symptoms of bioagent exposure, provide Pharmacy Services Coordinator symptoms which preclude prophylaxis and attempt to gain alternative prophylactic method. Dispense alternative prophylaxis if possible. Instruct patient in methods of isolation if alternative is not possible and direct to the Exit Station (Station 7).
- Provide patient with appropriate drug advisory forms.
- Report to oncoming Contact Evaluator.
- Sign off / report to Clinic Manager.

## OPERATIONS SECTION CONTACT EVALUATOR TRAINING GUIDELINES

### Objectives:

- Understanding of clinic schematic to include traffic flow, location of office areas, lavatories, first aid, and break room.
- Good communications skills to take contact information from clients.
- Understanding of contact surveillance process.
- Understanding of signs and symptoms of tularemia, plague, and anthrax.

### Actions:

- Review Clinic schematic and become familiar with station locations and responsibilities.
- Read “Standing Delegation Orders Packet” and become familiar with information disseminated to clients.

### REQUIRED KNOWLEDGE

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
8	Key Facts About Tularemia (Spanish)
9	Frequently Asked Questions About Tularemia
10	Patient Information: Amoxicillin
11	Patient Information: Ciprofloxacin
12	Patient Information: Doxycycline
1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Clinical And Epidemiologic Principles of Anthrax
4	Fact Sheet: Anthrax Information for Health Care Providers
5	Plague As A Biologic Weapon – Medical and Public Health Management
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**OPERATIONS SECTION  
EMERGENCY MEDICAL CARE  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** EMS/EMT or licensed medical personnel. Current CPR Certification required.

**REPORT TO:** Operations Section - Clinic Manager

**JOB ACTIONS:**

- Provide first aid for clients and clinic personnel within the scope of licensure.
- Manage anaphylaxis, fainting and seizure emergencies per City/County Department of Public Health Protocol.
- Maintain a record of emergency care given.

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to Emergency Care Area.
- Wear badge at all times.
- Use universal precautions to prevent exposure to blood-borne pathogens.
- Render emergency care within the scope of license and refer for appropriate follow up assessment or treatment if necessary.
- Log all care on Clinic Site Emergency Care Log.
- Manage anaphylaxis, fainting and seizure emergencies per City/County Department of Public Health Protocol.
- Do not transport clients; call 911 if emergency transport is necessary.
- All emergency procedures and drugs provided should be recorded on a referral form that accompanies the patient to the emergency room.
- An incident reports should be completed for clients who have an anaphylactic reaction. The written report, accompanied by a verbal report, should be completed at the time of occurrence and received by the Medical Operations Manager within 8 hours.
- Immediately report any blood-borne pathogen exposure to the Medical Operations Manager.
- Notify Supply Manager of supply needs well in advance.
- Report to oncoming Emergency Medical Care personnel.
- Sign off/report to Medical Operations Manager.

**OPERATIONS SECTION  
EMERGENCY MEDICAL CARE  
TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include location of office areas, lavatories, and break room.
- Location of clinic stations.
- Familiarization of any client forms necessary for clinic documentation or hospital referral.

**Actions:**

- Review Clinic Schematic and become familiar with station locations and responsibilities.
- Review pertinent forms required documentation of clinic site emergency care and/or referral form that accompanies client to an emergency room.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
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DD. OPERATIONS SECTION  
EE. CRISIS COUNSELOR  
XXV. JOB ACTION GUIDELINES

**QUALIFICATIONS:** Counseling experience (Mental Health Workers, School Counselor, Clergy).

**REPORT TO:** Operations Section - Clinic Manager

**FF. JOB ACTIONS:**

- Provide mental health services for clients and clinic staff.

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to Counseling Station.
- Wear badge at all times.
- Observe clients and clinic staff for sign of fear, frustration, anger and attempt to provide comfort.
- Monitor the environment and alert Security staff of concerns of potential violent situations.
- Report to oncoming Counselor.
- Sign off/report to Clinic Manager.

**OPERATIONS SECTION  
CRISIS COUNSELOR  
TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include clinic traffic flow, location of office areas, lavatories, first, and break room.
- Understanding of clinic stations where clients may be waiting and/or where clients may be upset.

**Actions:**

- Review Clinic Schematic and become familiar with stations locations and responsibilities.
- Obtain direction from clinic manager how to access Volunteer Floaters, Translators, or Security to assist with special needs or security issues.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
8	Key Facts About Tularemia (Spanish)
9	Frequently Asked Questions About Tularemia
10	Patient Information: Amoxicillin
11	Patient Information: Ciprofloxacin
12	Patient Information: Doxycycline

**COMMUNICATIONS SECTION  
COMMUNICATIONS/IT MANAGER  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:**

- Non-medical, good organization skills and management skills, computer experience preferred.
- Knowledge of audio/visual equipment operation and troubleshooting.
- Knowledge of computer hardware and software troubleshooting.

**REPORT TO:** Command & Control – Site Director

**GG. JOB ACTIONS:**

- Enforce HIPPA requirements protecting patient confidentiality.
- Collaborate with Clinic Manager to plan number of staff needed to fulfill duties within the vaccination clinic operations.
- Assist data entry personnel with computer problems.
- Assist with electronic equipment maintenance needs.
- Assist with telephone and internet access.
- Anticipate personnel needs and assist as necessary.
- Obtain necessary supplies from Supply Manager.
- Maintain open communication with the Clinic Manager.

**HH. SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist.
- Wear badge at all times.
- Anticipate Data Entry, Translators, Information Technology and Video Orientation personnel needs and assist as necessary.
- Schedule a break for each staff member.
- Report to oncoming Communications Manager.
- Sign off/report to Clinic Manager.

**COMMUNICATIONS SECTION  
COMMUNICATIONS/IT MANAGER  
TRAINING GUIDELINES**

**THIS POSITION MUST RECEIVE CORE TRAINING PRIOR TO AN EVENT.**

## REQUIRED KNOWLEDGE

### PATIENT FORMS

1	Informed Consent Flow for Use During Mass Prophylaxis	
2	Screening and Consent Form	

## COMMUNICATIONS SECTION DATA ENTRY JOB ACTION GUIDELINES

**REQUIREMENT:** Non-medical, data entry experience preferred.

**REPORT TO:** Communications Section – Communications/IT Manager

### JOB ACTIONS:

- Collect/receive data from various clinic stations depending on disposition of client.
- Enter disposition/vaccination information into database.
- Maintain drug and medical equipment inventory using database provided.
- Collate patient history forms to reflect:
  - Patients receiving vaccination.
  - o Patients exiting the clinic without vaccination due to contraindication.
  - o Contact patients.

### II. SHIFT CHECKLIST:

- Report to Communications/IT Manager.
- Sign personnel checklist and report to Communications/IT area.
- Wear badge at all times.
- Collect/receive data from various clinic stations depending on disposition of client.
- Enter registration/vaccination/treatment information into database.
- Maintain confidentiality of client information at all times.
- Report to oncoming Data Entry personnel.
- Sign off/report to Communications/IT Manager.

**COMMUNICATIONS SECTION  
DATA ENTRY  
TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include traffic flow, location of office areas, lavatories, and break room.
- Location of the following clinic stations:
  - Ill Patient Evaluation
  - Contact Surveillance
  - Medical Evaluation
  - Exit Educator
- Familiarity with Screening and Consent Signature Form and what information needs to be input into the computer database.

**Actions:**

- View Clinic Schematic and become familiar with the designated station locations.
- Review with Training Mentor features of computer program (Excel, Access, etc.) that will be used for data entry.
- Review the Screening and Consent Signature Form and be able to identify information that needs to be input into the database.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form

**LOGISTICS SECTION  
SAFETY MANAGER  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Safety/security experienced preferred.

**REPORT TO:** Command & Control – Site Manager

**JJ. JOB ACTIONS:**

- Supervise Security, Supply, Equipment, Food Service, and Volunteer Coordinators (Refer to Dispensing Site Organizational Chart). Ensure security of clients, staff, and vaccines as well as managing overall external and internal traffic control.
- Ensure adequate inventory of supplies and equipment at activation of clinic as well as requesting addition supplies and equipment from the Emergency Operations Center.
- Ensure that there are appropriate numbers of staff needed to fulfill duties in the clinic.
- Ensure that facility and custodial services are maintained and food service is adequate for staff members.
- Ensure safety of all clinic staff.
- Maintain open communication with all section managers.

**KK.**

**LL. SHIFT CHECKLIST:**

- Report to Site Director.
- Sign personnel checklist and report to Logistics work area.
- Wear badge at all times.
- Monitor external and internal traffic flow for order and safety.
- Anticipate personnel needs and assist as necessary.
- Request necessary supplies and equipment from Emergency Operations Center.
- Monitor facility and custodial services.
- Ensure adequate food service for staff members.
- Document all clinic staff accidents/injury on designated city/county forms.
- Maintain open communication with all section managers.
- Schedule a break for each staff member.
- Report to oncoming Safety Manager.
- Sign off/report to Site Director.

**LOGISTICS SECTION  
SAFETY MANAGER  
XXVI. TRAINING GUIDELINES**

**THIS POSITION MUST RECEIVE CORE TRAINING PRIOR TO AN EVENT.**

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
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**MM. LOGISTICS SECTION**  
**NN. SECURITY COORDINATOR**  
**XXVII. JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Law enforcement or security background preferred.

**REPORT TO:** Logistics Section – Safety Manager

**JOB ACTIONS:**

- Maintain security of clinic supply storage site.
- Maintain security within clinic.
- Maintain perimeter security outside clinic.

**OO.**

**PP. SHIFT CHECKLIST:**

- Report to Safety Manager.
- Sign personnel checklist and report to Logistics Station.
- Wear badge at all times.
- Patrol all clinic stations frequently to maintain order.
- Patrol outside clinic frequently to maintain order.
- Contact Safety Manager for backup if necessary.
- Ensure supply storage site is locked and secure before vaccine/medication preparation staff leave for the day.
- Ensure that the building is empty and that all doors are locked after clinic staff leaves for the day.
- Report to oncoming Security personnel.
- Patrol frequently after clinic hours.
- Sign off/report to Safety Manager.

**LOGISTICS SECTION  
SECURITY COORDINATOR  
TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include traffic flow and location of all stations, office areas, supply area, lavatories, and break room.
- Understanding of clinic location including outside perimeter, street traffic flow to clinic, off-site client parking, bus transportation of clients, etc.

**Actions:**

- Review Clinic Schematic and become familiar with station locations and responsibilities as they pertain to your specific job duties.
- Perform physical inspection of clinic facility, grounds, and off-site locations to determine areas of vulnerability and disruption of traffic flow.
- Develop a plan to be able to do the following:
  - o Manage facility security resources.
  - o Monitor the physical plant.
  - o Recognize potential for mob behavior.
  - o Control access to the facility.
  - o Develop a means of identifying authorized staff.
  - o Update an authorized personnel list on an ongoing basis.
  - o Coordinate with other security agencies.
  - o Enforcement of mandatory isolation of contagious clients, if necessary.
  - o Remove, detain, or isolate individuals who pose a risk to the facility and its operation.
  - o Be able to perform a secure lock down of the facility, if needed.
  - o Continuously communicate with Central Command and external security personnel.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
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**LOGISTICS SECTION  
SUPPLY COORDINATOR  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Non-medical.

**REPORT TO:** Logistics Section – Safety Manager

**JOB ACTIONS:**

- Oversee all clinic supply needs.
- Order supplies from Logistics Chief at Emergency Operation Center.
- Supply all stations with needed equipment, supplies, form, etc.
- Ensure that vaccine is properly handled and stored.
- Maintain inventory control of received, distributed, and used vaccine.

**SHIFT CHECKLIST:**

- Report to Safety Manager.
- Sign personnel checklist and report to Supply area.
- Wear badge at all times.
- Visit all stations at the beginning of each shift to determine supply needs.
- Order supplies from Logistics Chief at Emergency Operation Center. Maintain running supply status using Clinic Supply and Equipment Checklist.
- Maintain inventory control on incoming and outgoing supplies, including vaccine.
- Maintain proper storage and handling of vaccine per FDA package insert.
- Deliver supplies to stations.
- Visit all stations at the end of each shift to determine supply needs.
- Report to oncoming Supply Coordinator.
- Sign off/report to Safety Manager.

**LOGISTICS SECTION  
SUPPLY COORDINATOR  
XXVIII. TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include location of all clinical stations as well as office areas, lavatories, and break room.
- Knowledge of supply needs for each clinic station area.
- Knowledge of inventory control methods.
- Knowledge of proper handling and storage of vaccine.

**Actions:**

- Review Clinic Schematic and become familiar with station locations and responsibilities as they pertain to supply needs.
- Review Smallpox Clinic Supply and Equipment list for existing inventory.
- Tour through supply area and familiarize yourself with location of supplies and equipment.
- Review clinic process/procedure for inventory control of supplies and equipment with Training Mentor.
- Review appended version from the FDA package insert for proper handling and storage of vaccine (below) and Vaccine Formulations Table.

***D. Vaccine Storage and Handling***

The package insert should be consulted for optimal cold storage criteria. Although smallpox vaccine has proven to be hardy at ambient temperatures for extended periods of time in emergency situations, the cold storage recommendations for smallpox vaccine are similar to that of DTP (2 to 8 °C). Styrofoam containers and cool packs are adequate for local transport and day use. If the clinic lasts more than one day, arrangements must be made to store the smallpox vaccine in a secure location under optimal cold storage conditions.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
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**LOGISTICS SECTION  
EQUIPMENT COORDINATOR  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Mechanical, repair experience preferred.

**REPORT TO:** Logistics Section – Safety Manager

**JOB ACTIONS:**

- Maintain operations of all facility systems at the dispensing clinic—heating, cooling, lighting, and plumbing.
- Maintain equipment on-site as needed.

**SHIFT CHECKLIST:**

- Report to Safety Manager.
- Sign personnel checklist and report to Logistics Section.
- Wear badge at all times.
- Periodically check heating or cooling, lighting, and plumbing systems.
- Check air handling equipment filters regularly, change as needed.
- Attend to minor repair jobs, as needed.
- Regularly check refrigeration units that store vaccine.
- Report to oncoming Equipment Coordinator.
- Sign off/report to Safety Manager.

**LOGISTICS SECTION  
EQUIPMENT COORDINATOR  
TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include general layout and location of facility systems operations.

**Actions:**

- Review and familiarize self with dispensing site surroundings for equipment and heat/cooling system, electrical panels, lighting systems, plumbing system, office equipment, and potential work areas.
- Identify who has possession of and location of door keys.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
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**LOGISTICS SECTION  
FOOD SERVICE COORDINATOR  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Non-medical, food service experience preferred.

**REPORT TO:** Logistics Section - Safety Manager

**QQ.**

**RR.**      **JOB ACTIONS:**

**SS.**     **Ensure that there is adequate food and beverages for clinic personnel.**

**SHIFT CHECKLIST:**

- Report to Safety Manager.
- Sign personnel checklist and report to Logistics Section.
- Wear badge at all times.
- Access community resources that may be willing to donate food and beverages.
- Maintain communication with Logistics and Clinic Managers concerning number of staff on each shift.
- Document donations and/or purchases.
- Coordinate serving times with Logistics and Clinic Managers with staff breaks.
- Maintain proper sanitation and disposal at all times.
- Report to oncoming Food Service Coordinator personnel.
- Sign off/report to Safety Manager.

**LOGISTICS SECTION  
FOOD SERVICE COORDINATOR  
TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include general layout and specified location for break room areas.
- Understanding of community resources of restaurants, food supply, and/or community organizations (Red Cross) that could have the capacity to provide or donate food and beverages.

**Actions:**

- Review and familiarize self with dispensing site surroundings with particular emphasis on break room areas for staff to eat and storage areas for perishable and non-perishable items.
- Access current city/county list of pre-defined community resources that might be able to provide food and beverages for clinic staff.
- Locate telephone resource information and contact businesses for contributions.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
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**LOGISTICS SECTION  
VOLUNTEER COORDINATOR  
JOB ACTION GUIDELINES**

**QUALIFICATION:** Non-medical

**REPORT TO:** Logistics Section - Safety Manager

**JOB ACTIONS:**

- Coordinate with Logistics and Clinic Manager as to staffing needs.
- Access community organizations for volunteer staff.
- Additional duties as assigned by the Logistics Section - Safety Manager.

**SHIFT CHECKLIST:**

- Report to Safety Manager.
- Sign personnel checklist and report to Logistics work area.
- Wear badge at all times.
- Access community organizations for volunteer staff.
- Maintain communications with Safety and Clinic Managers concerning number of volunteer staff needed.
- Report to oncoming Volunteer Coordinator.
- Sign off/report to Safety Manager.

**LOGISTICS SECTION  
VOLUNTEER COORDINATOR  
TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include general layout to include all clinical stations as well as office areas, lavatories, and break room.
- Understanding of community agency resources that could activate manpower to staff volunteer-qualified positions within the dispensing clinic.

**Actions:**

- Review and familiarize self with dispensing site surroundings and general responsibilities of each area.
- Access current city/county list of pre-defined community resources that have the capacity to activate personnel to staff volunteer-qualified positions within the dispensing clinic. Credentialing of volunteers is also monitored during scheduled exercises. Credentialing process is according to each position as described in this appendix.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
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**LOGISTICS SECTION  
FLOATER  
JOB ACTION GUIDELINES**

**QUALIFICATION:** Non-medical, volunteers

**REPORT TO:** Logistics Section – Volunteer Coordinator

**JOB ACTIONS:**

- Answer telephones.
- Assist clinic personnel as needed.
- Collect forms.
- Assist with handicapped and elderly.
- Additional duties as assigned by the Safety Manager.

**SHIFT CHECKLIST:**

- Report to Volunteer Coordinator.
- Sign personnel checklist and report to Logistics work area.
- Wear badge at all times.
- Answer telephones. Take caution not answer any medical questions or give media interviews. Limit information given to clinic location, hours of operation, and approximate wait time.
- Collect forms.
- Make rounds of clinic stations frequently to provide assistance and deliver supplies as needed.
- Assist handicapped participants.
- Report to oncoming Floater.
- Sign off/report to Volunteer Coordinator.

**LOGISTICS SECTION  
FLOATER  
TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include general layout to include all clinical stations as well as office areas, lavatories, and break room.

**Actions:**

- Review and familiarize self with dispensing site surroundings and general responsibilities of each area.
- Take specific instruction from Training Mentor on duties assigned.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
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**LOGISTICS SECTION  
HOUSEKEEPING COORDINATOR  
JOB ACTION GUIDELINES**

**QUALIFICATIONS:** Non-medical, janitorial experience preferred.

**REPORT TO:** Logistics Section – Safety Manager

**JOB ACTIONS:**

- Ensures cleanliness of lavatory areas, break rooms, workstations, and office areas.
- Monitor clinic areas for spills, etc. that might compromise the safety of clients and staff.

**SHIFT CHECKLIST:**

- Report to Safety Manager.
- Sign personnel checklist and report to Housekeeping work area.
- Wear badge at all times.
- Periodically check lavatories, break rooms, workstations, and office areas for cleanliness.
- Performs routine cleaning maintenance to all clinic areas at least once a day.
- Report to oncoming Housekeeping Coordinator.
- Sign off/report to Safety Manager.

**LOGISTICS SECTION  
HOUSEKEEPING COORDINATOR  
TRAINING GUIDELINES**

**Objectives:**

- Understanding of clinic schematic to include all clinic stations, office areas, supply area, lavatories, and break room.
- Understanding of Personal Equipment measures when clean up of blood or any other body fluids is required.
- Knowledge of dispensing areas for trash collection.

**Actions:**

- Review Clinic Schematic and become familiar with station locations.
- Familiarize self with cleaning supplies storage room and trash collection area/dumpster.
- Consult with Safety Manager about personal protection equipment/measures needed to dispose of blood or other body fluids.

**REQUIRED KNOWLEDGE**

1	Informed Consent Flow for Use During Mass Prophylaxis
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# Hidalgo County Health and Human Services Department

## **DRIVE-THRU MASS PROPHYLAXIS POD SITE CONCEPT OF OPERATION**

**Scenario:** Non-medical model of mass prophylaxis authorized by emergency management and / or public health officials

**Setting:** Centralized and ample space area enough for vehicular transit, easily accessible to the majority of the general population of a community.

**Goal:** To quickly deliver antibiotics or vaccines to the population in a large geographical area within a 12 hour period.

### **Asset Requirements – General Population Delivery (per vehicle estimate; adjust as required by staff availability and population density):**

1. Public Health Staff, to fill the eight ICS functional roles
2. Licensed health care professional (nurse, LVN, nurse aid), 4 at a minimum
3. Traffic control, 4 minimum, adults
4. Logistics support, 2 each, adults
5. Administration / Clerical staff, 10 at a minimum, adults
6. Law Enforcement, patrol cars with licensed law enforcement officials, 2 each (as designated by local law enforcement support plan). This may be altered to allow civilian support, but must be under the guidance of a licensed peace officer on the scene.
7. FD Ambulance on site, standby, one unit.
- 8.

*Note: (1) Staffing standard may be altered by local decision based on specific community needs.*

### **Concept of Operation for General Population Delivery:**

1. When mass dispensing operations are activated, drive-thru clinic staff report to designated POD site for operational assignment, just-in-time training, and commencement of operations.
2. Facility setup will consist of preparing the different stations needed for the population estimated to arrive at the clinic. (See figure 1 for clinic set-up example). Amount of station can vary according to the expected population or the geographical area designated to be covered.
3. Emergency management and public health officials begin the mass media campaign to tell individuals within the selected jurisdiction to mobilize to the designated area using their personal vehicles. This may best be relayed to the public using Reverse 911, in communities where it is available. Alternate methods of use where reverse 911 is not available we will use local and

volunteer fire fighters and law enforcement vehicles equipped with loud speakers to travel within the communities disseminating the messages.

4. In concert with public health officials, a determination is made to provide the designated antibiotic or the recommended vaccine. It is anticipated that the antibiotic chosen will be doxycycline to reduce the volume of potential contraindication problems. If the drive-thru clinic is to be used for supporting nursing homes and other homebound, where specific cases may be considered, ciprofloxacin and other approved antibiotics may be loaded.
5. Appropriate advisory forms are copied and taken to the drive-thru clinic area. Pediatric recompounding forms may be added.
6. An adequate supply of large ziplock bags is obtained, to match the estimated number of regimens to be distributed.
7. When POD medications arrive, law enforcement officials will provide security on site at the specific area where the medication / vaccine will be distributed.
8. Traffic Control Director supervises the delineation of the clinic route by using barricades and cones. Traffic Control staff take their positions to control the population entering the clinic and making sure there are no pedestrians entering.
9. When authorized by the Health Department Director, the clinic will begin the antibiotic dispensing or vaccination.
10. Greetings/Screening station will ensure clients entering the site are not sick or have any contraindications to the prophylaxis / vaccine. Any deterred client will be escorted by traffic control staff outside the clinic area by an alternative exit route.
11. Law enforcement will provide traffic control outside the clinic area, to organize vehicles in line for the clinic and maintain order.
12. Clinic flow and stations will be organized as described in figure 2.
13. The clinic POD site Director will oversee and adapt the clinic flow as needed for the population area covered.
14. Upon population area completion, or when supplies are exhausted, the clinic will cease operations. If the population area designated was not completed, the POD Site Director will direct the reloading of supplies and change personnel to continue delivery operations, as coordinated with county emergency management.
15. Leftover supplies are offloaded to the POD supply storeroom. Records are provided to the Admin / Finance Manager for inclusion with client records in the POD.
16. The Drive-Thru POD site Director will ensure appropriate personal protective equipment is issued and used, including clothing for inclement weather, masks, glove, etc., as dictated by the situation.
17. The Drive-Thru POD site Director should provide hourly situation reports to the local SNS Coordinator reflecting drive-thru clinic's progress, including number of households to which antibiotics have been dispensed, status of supplies, needs, and other issues of concern. The Drive-Thru Clinic Manager documents progress and situational status on the ICS-214 OS Unit Log.
18. The mass media campaign must tell residents obtaining antibiotics by the drive-thru clinic method of contraindications, and to report to supporting POD sites for

additional antibiotics, or supporting hospitals if sick, or if the resident experiences contraindications to the antibiotics.

### **Concept of Operation for Special Needs Population Delivery:**

1. The delivery of antibiotics to special needs populations follows the processes of the general population delivery system with the following changes:
  - a. Facility staff could coordinate the pickup for prophylaxis of their population, in the case the clinic will be dispensing antibiotics.
  - b. If the clinic will be dispensing vaccine, a special procedure could be coordinated with the Drive –Thru Clinic Manager to serve their special needs population inside their bus.
  - c. Special needs facility staff may elect to prophylax their population under Standing Delegation Orders, thus declining the use of the drive-thru clinic as means of prophylaxis.
  - d. Standing Delegation Orders will be provided to the receiving facility health professional staff, in addition to advisory forms being issued to the general public.

## **DRIVE-THRU CLINIC SUPPLY LIST**

1. Radio, FRS / GMRS or other, minimum 3, to remain in contact with law enforcement officials. Optimum number of radios would be one per ICS functional role, including station managers, for a total of at least 13. Cellular phones may be locally substituted if cellular service exists.
2. Box cutter, knife, or other sharp tool to open antibiotic boxes.
3. Tables (minimum 15 rectangular), chairs (minimum 50), tents (minimum 8), barricades, and cones.
4. Water cooler and cups for fluids.
5. Clipboards, at least 20% of expected population.
6. Ink pens.
7. Advisory forms, from CEMC forms annex for antibiotic being issued.
8. Standing Delegation Orders (for use by Special Needs Delivery Unit)
9. Delivery Record forms.
10. ICS – 214 OS Unit Log sheets.
11. Ziplock bags, large size (1 gallon or 2 quart size), one bag per household.
12. Radio batteries, at least one set per radio.
13. Masking tape, 2" roll; 30 rolls.
14. Personal protective equipment (masks, gloves, as situationally required).
15. Foul weather clothing as situationally required.
16. Vests to identify clinic staff and their roles.
17. Signage for the clinic flow and each station.

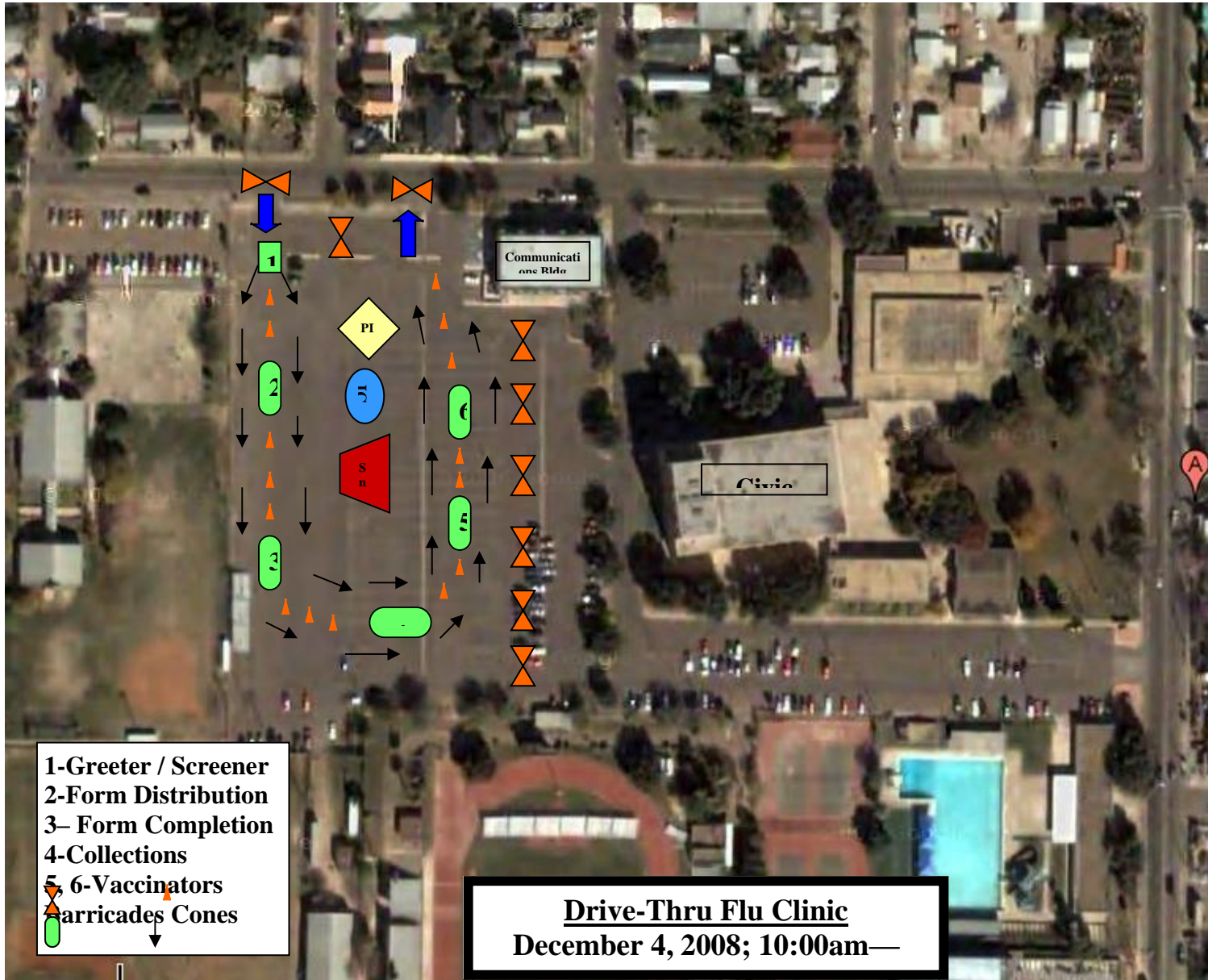
# DRIVE-THRU CLINIC NOMINAL STAFFING REQUIREMENTS

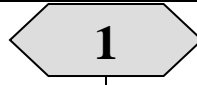
## GENERAL POPULATION DELIVERY

FUNCTION	RECOMMENDED BACKGROUND	QUANTITY
Drive-Thru Clinic Manager	Public Health Professional	1
Traffic staff	Non-medical volunteers, physically fit	4
Logistics Support	Non-medical volunteers	4
Admin / Finance	Non-medical volunteers	16
Security staff	Led by licensed peace officer, as dictated by local security plan. May be supplemented by non-medical volunteers certified as trusted agents.	4
Clinic Services Staff	Nurse, LVN	4

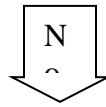
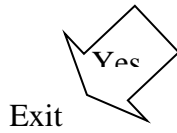
## SPECIAL NEEDS POPULATION DELIVERY

FUNCTION	RECOMMENDED BACKGROUND	QUANTITY
Mobile Clinic Manager	Physician, Physician Assistant	1
Dispensing Coordinator	Registered Pharmacist or Licensed Physician, Physician's Assistant, Clinical Nurse Specialist, Nurse Practitioner (with prescriptive authority)	2
Logistics Support	Non-medical volunteers, physically fit	6
Traffic Staff	Non-medical volunteers	2
Security staff	Led by licensed peace officer, as dictated by local security plan. May be supplemented by non-medical volunteers certified as trusted agents.	4

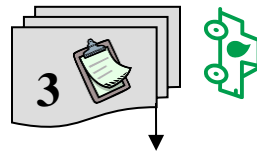




Allergic to Eggs?  
Do you have a



- a) Record time in card & place it on windshield
- b) distribute forms on clipboard (one per customer)
- c) Help customer fill the form

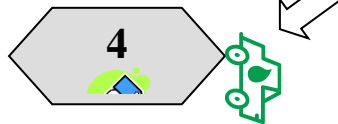


- a) Check form completion
- b) Medicare?

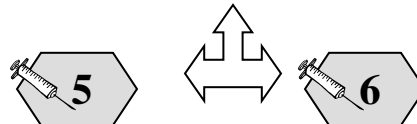


- a) Collect information on card
- b) Place sticker on time card

- a) Continue to Station 4
- b) Have your \$18 ready



- a) Collect \$18 ( if no sticker)
- b) Record time



- a) Collect the forms (VIS)
- b) Provide flu shots
- c) Record time







## Traffic Control Director

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Shift:** \_\_\_\_\_

**Area Assigned:** Traffic Control

**Person you report to:** Operations Section Chief

**Person reporting to you:** Traffic Control Staff

**Job Description:** To control traffic flow for the drive-thru clinic

**Qualifications:** Knowledge of POD Plan and Incident Command Structure.

### Check-In:

- Sign-In at Workforce Staging Area
- Sign-out equipment and resource packet
- Receive vaccination/prophylaxis, if not already treated.
- Receive and put on identification (vest, id badge, etc.)
- Sign necessary forms, if applicable (confidentiality forms, etc.)
- Review the Job Action Sheets of yourself & your subordinates
- Check in with the POD Manager / Incident Commander.
- Attend briefings.
- Conduct briefings to assistants or staff reporting to you, if applicable.

### Duties:

- Wear appropriate Personnel Protective Equipment (PPE) as directed.
- Conduct a general inspection of the clinic flow prior to becoming operational with the Operations Chief.
- Develop the traffic action plan to include:
  - o Traffic directions for all traffic staff.
  - o Determine alternate exit for deterred patients.
  - o Enforce clinic rules within their traffic staff, including accepting only patient in their vehicles, no walking patients allowed.
  - o Ensure all traffic staff is knowledgeable of the clinic flow.
  - o Direct all vehicles throughout the clinic.
  - o Have traffic staff standing at each station to ensure clinic flow continue as directed.
  - o Ensure traffic signs along the clinic are available and visible.

- o Coordinate traffic staff breaks during each shift.
- o Communicate any traffic incident with the operations chief.

**Check out:**

- When relieved, hand-in all documents, including Job Action Sheet with comments/feedback to your supervisor.
- Participate in scheduled debriefing at shift change or close of clinic.
- Return to workforce Staging Area.
- Return identification (vest, id badge, etc.)
- Sign-in equipment.
- Pick-up exit materials, as appropriate.
- Sign-out.
- Refer all media inquiries to the POD Public Information Officer (PIO).

**Traffic Control Staff**

<b>Name:</b> _____	<b>Date:</b> _____	<b>Shift:</b> _____
<b>Area Assigned:</b>	Traffic Control	
<b>Person you report to:</b>	Operations Section Chief	
<b>Person reporting to you:</b>	Traffic Control Staff	
<b>Job Description:</b>	To control traffic flow for the drive-thru clinic	
<b>Qualifications:</b>	Knowledge of POD Plan and Incident Command Structure.	

**Check-In:**

- Sign-In at Workforce Staging Area
- Sign-out equipment and resource packet
- Receive vaccination/prophylaxis, if not already treated.
- Receive and put on identification (vest, id badge, etc.)
- Sign necessary forms, if applicable (confidentiality forms, etc.)
- Review the Job Action Sheets
- Check in with your supervisor.
- Attend briefing.

**Duties:**

- Wear appropriate Personnel Protective Equipment (PPE) as directed.

- Assist in setting up the clinic flow and traffic signage.
- Review the traffic action plan with your supervisor.
- Enforce clinic rules within their traffic staff, including accepting only patient in their vehicles, no walking patients allowed.
- Direct all vehicles throughout the clinic.
- Report to the station assigned to you to monitor traffic flow and ensure clinic flow continue as directed.
- Ensure traffic signs along the clinic are available and visible.
- Communicate any traffic incident with your supervisor.
- Perform other duties as assigned by your supervisor.

Check out:

- When relieved, hand-in all documents, including Job Action Sheet with comments/feedback to your supervisor.
- Participate in scheduled debriefing at shift change or close of clinic.
- Return to workforce Staging Area.
- Return identification (vest, id badge, etc.)
- Sign-in equipment.
- Pick-up exit materials, as appropriate.
- Sign-out.
- Refer all media inquiries to the POD Public Information Officer (PIO).

Feedback / Comments:

# OPERATION LONE STAR 2016 PSJA EARLY COLLEGE HIGH SCHOOL FLOW CHART



School Entrance - Volunteer Entrance & Staging Area

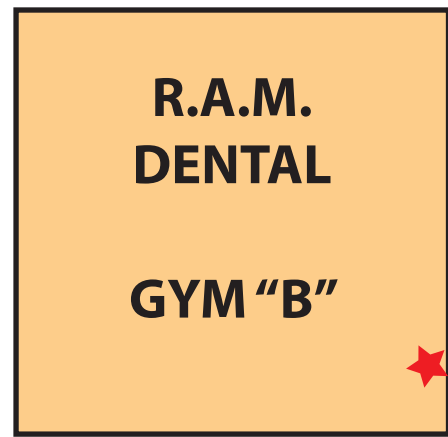
**A-WING**  
Tropical Health - 101-102  
DSHS - 112  
Other Social Services 103-111

**B-WING**  
RAM Vision  
Isolation Clinic Flow

**C-WING**  
Medical Exams  
Diabetes & Hemoglobin - 101 & 115

**D-WING**  
Main Waiting Area & Nutrition - 102  
Immunizations - 103-104  
Hearing/Vision Exams - 105-107  
Local Health Dept. Supplies/Bio Hazard - 101  
Ladies Dorm room - 113-114

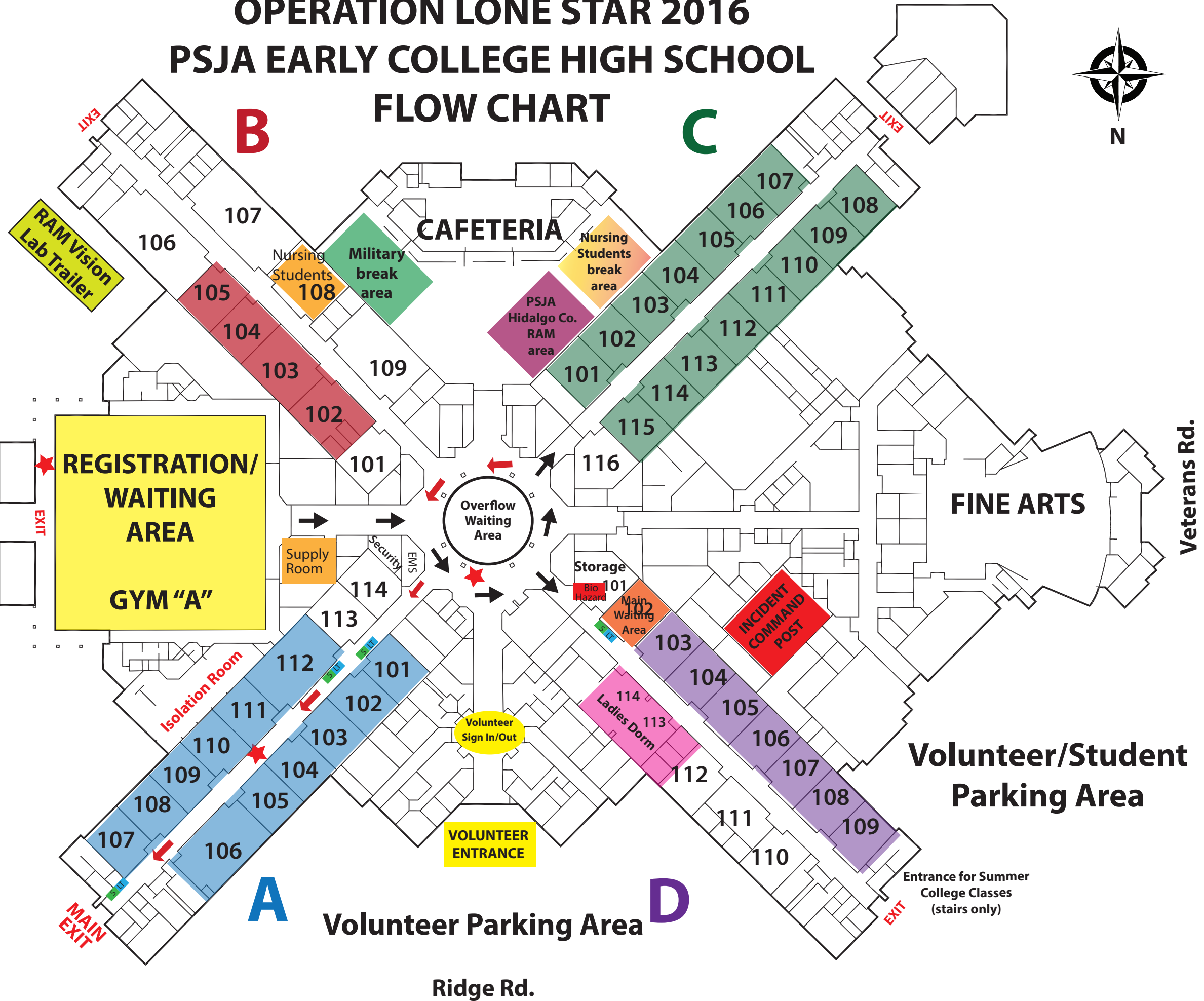
Scanner/Laptop S/LT  
Security ★  
Directional Flow Arrows →  
Exit Arrows →



Line for Dental

Patient  
Parking Area

Line for Medical & Vision



Ridge Rd.

Veterans Rd.

Volunteer/Student  
Parking Area

Entrance for Summer  
College Classes  
(stairs only)

**NOMINAL PROPHYLAXIS CLINIC  
SAMPLE PATIENT FORMS  
MASTER DECK**

**SAMPLE PATIENT FORMS  
MASTER DECK**

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Anthrax: What You Need To Know
4	Children and Anthrax: A Fact Sheet For Parents
5	Facts About Pneumonic Plague
6	Frequently Asked Questions About Plague
7	Key Facts About Tularemia (English)
8	Key Facts About Tularemia (Spanish)
9	Frequently Asked Questions About Tularemia
10	Patient Information: Amoxicillin
11	Patient Information: Ciprofloxacin
12	Patient Information: Doxycycline

**NOMINAL PROPHYLAXIS CLINIC**

**SAMPLE CLINICIAN FORMS  
MASTER DECK**

**SAMPLE CLINICIAN FORMS  
MASTER DECK**

1	Informed Consent Flow for Use During Mass Prophylaxis
2	Screening and Consent Form
3	Clinical And Epidemiologic Principles of Anthrax
4	Fact Sheet: Anthrax Information for Health Care Providers
5	Plague As A Biologic Weapon – Medical and Public Health Management
6	Plague As A Biologic Weapon – Medical and Public Health Management
7	Abstract: Consensus Statement: Tularemia As A Biologic Weapon -- Medical and Public Health Management

## NOMINAL MASS PROPHYLAXIS CLINIC

### HCHHSD STANDING DELEGATION ORDERS FOR MASS PROPHYLAXIS

### GUIDELINES FOR THE ADMINISTRATION OF PROPHYLACTIC DRUGS FOR ANTHRAX, TULAREMIA, AND PLAGUE

**STANDING DELEGATION ORDERS FOR  
EMERGENCY MASS PROPHYLAXIS  
Hidalgo County Health and Human Services Department**

Field office / Dispensing Clinic

\_\_\_\_\_

Providing Services

in: \_\_\_\_\_

Date: \_\_\_\_\_ Authorizing

Physician: \_\_\_\_\_

Authorizing Physician

Signature: \_\_\_\_\_

HCHHSD Nursing Staff:

Date: \_\_\_\_\_ Nurse

Signature: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Reviewed By:

Director:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**RECOMMENDED POSTEXPOSURE PROPHYLAXIS**  
**Mass Casualty Recommended Therapy For Anthrax**

**ADULTS**

**Preferred Choices**

Ciprofloxacin, 500 mg orally q12hr for 10 days  
 Doxycycline, 100 mg orally q12hr for 10 days

**PREGNANT WOMEN**

**Preferred Choices**

Ciprofloxacin, 500 mg orally q12hr for 10 days  
 Doxycycline, 100 mg orally q12hr for 10 days

**Alternative Choice (See Note 1)**

Amoxicillin, 500 mg orally every 8 hours      Amoxicillin, 500 mg orally every 8 hours

**CHILDREN**

**PREFERRED CHOICE**

<b>AGE</b>	<b>WEIGHT</b>	
< 9 YRS	< 99 LBS	Ciprofloxacin, 10 – 15 mg/kg PO q12hr for 10 days with follow-up appointment
> 9 YRS	< 99 LBS	Doxycycline 2.2 mg/kg PO q12hr for 10 days with follow-up appointment
> 9 YRS	≥ 100 LBS	Doxycycline 100 mg PO q12hr for 10 days with follow-up appointment
	< 45 LBS	<b><u>Alternative Choice (See Note 1)</u></b> Amoxicillin, 40 mg/kg taken orally in 3 doses every 8 hours
	≥ 45 LBS	Amoxicillin, 500 mg orally every 8 hours

**Note 1: Until antibiotic susceptibility results of the implicated strain are available, preferred drugs of choice are Ciprofloxacin and Doxycycline. Once the strain proves susceptible to Amoxicillin, Amoxicillin may be prescribed.**

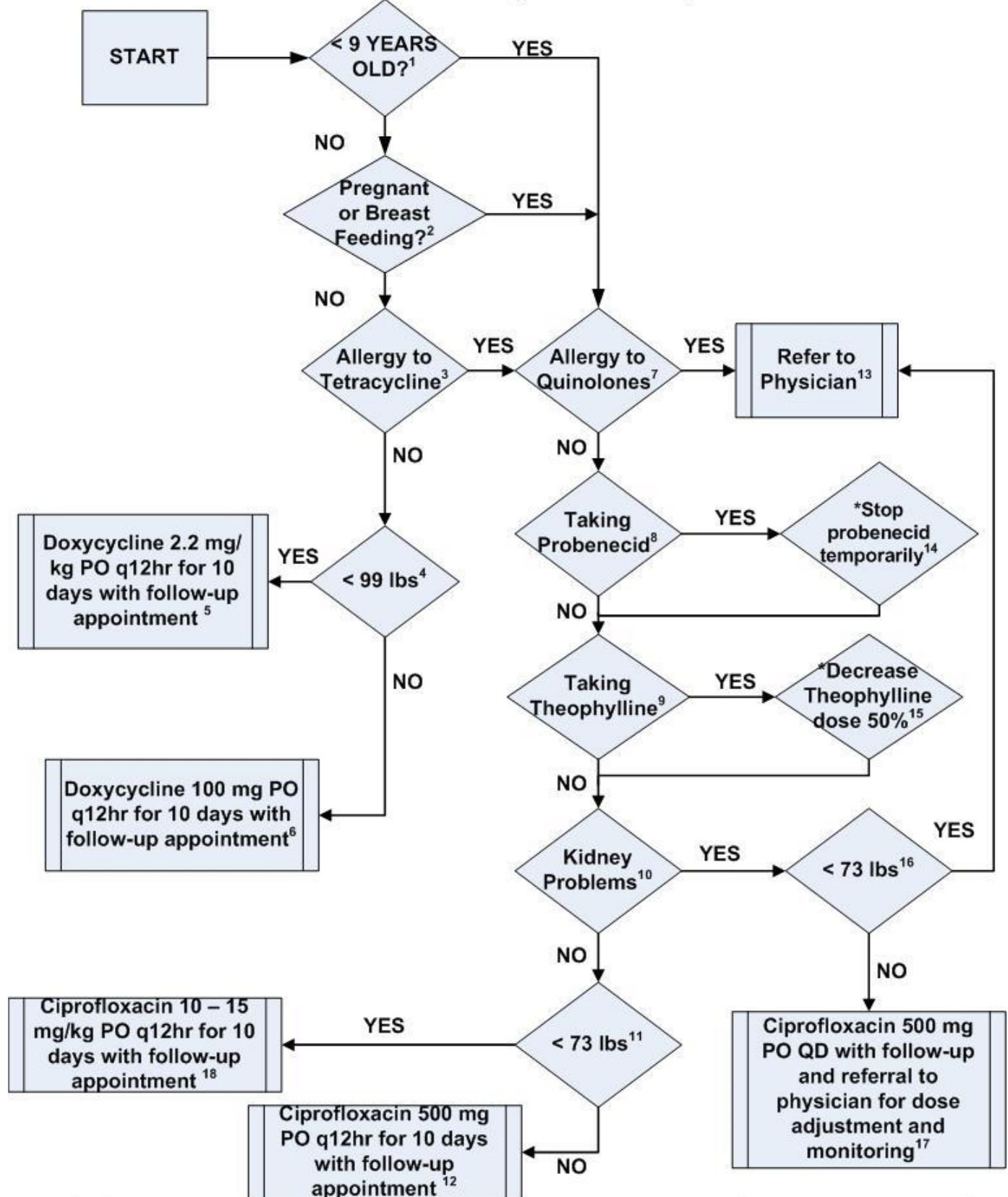
Weight (pounds)	Weight (kilogram)	Dose (mg)	Available Dosage Forms of Ciprofloxacin				
			100mg tablet	250mg tablet	500mg tablet*	250mg/5mL suspension*	500mg/5mL suspension
7-12 lbs	3-5 kg	50 mg PO BID	½	¼		1 mL (1 bottle)	0.5 mL (1 bottle)
13-22 lbs	6-10 kg	100 mg PO BID	1			2 mL (1 bottle)	1 mL (1 bottle)
18-28 lbs	8-13 kg	125 mg PO BID		½	¼	2.5 mL (1 bottle)	1.25 mL (1 bottle)
22-33 lbs	10-15 kg	150 mg PO BID	1½			3 mL (1 bottle)	1.5 mL (1 bottle)
29-44 lbs	13-20 kg	200 mg PO BID	2			4 mL (1 bottle)	2 mL (1 bottle)
36-56 lbs	16-25 kg	250 mg PO BID		1	½	5 mL (1 bottle)	2.5 mL (1 bottle)
55-83 lbs	25-37 kg	375 mg PO BID		1½	¾	7.5 mL (2 bottles)	3.75 mL (1 bottle)
≥73 lbs	≥ 33 kg	500 mg PO BID		2	1	10 mL (2 bottles)	5 mL (1 bottle)

\* Dosage Forms available through the CDC National Pharmaceutical Stockpile Program.

Weight (lbs)	Weight (kg)	Dose (mg)	Available Dosage Forms of Doxycycline				
			20 mg tablet	50mg tablet or capsule	100mg tablet* or capsule	25mg/5mL suspension*	50mg/5mL syrup
5-10	2-5	10				2 mL	1 mL
11-20	6-9	20	1			4 mL	2 mL
21-30	10-14	30				6 mL	3 mL
31-40	15-19	40	2			8 mL	4 mL
41-50	20-22	50		1	½	10 mL	5 mL
51-60	23-27	60	3			12 mL	6 mL
61-70	28-32	70				14 mL	7 mL
71-80	33-36	80	4			16 mL	8 mL
81-90	37-41	90				18 mL	9 mL
91-100	>42	100	5	2	1	20 mL	10 mL

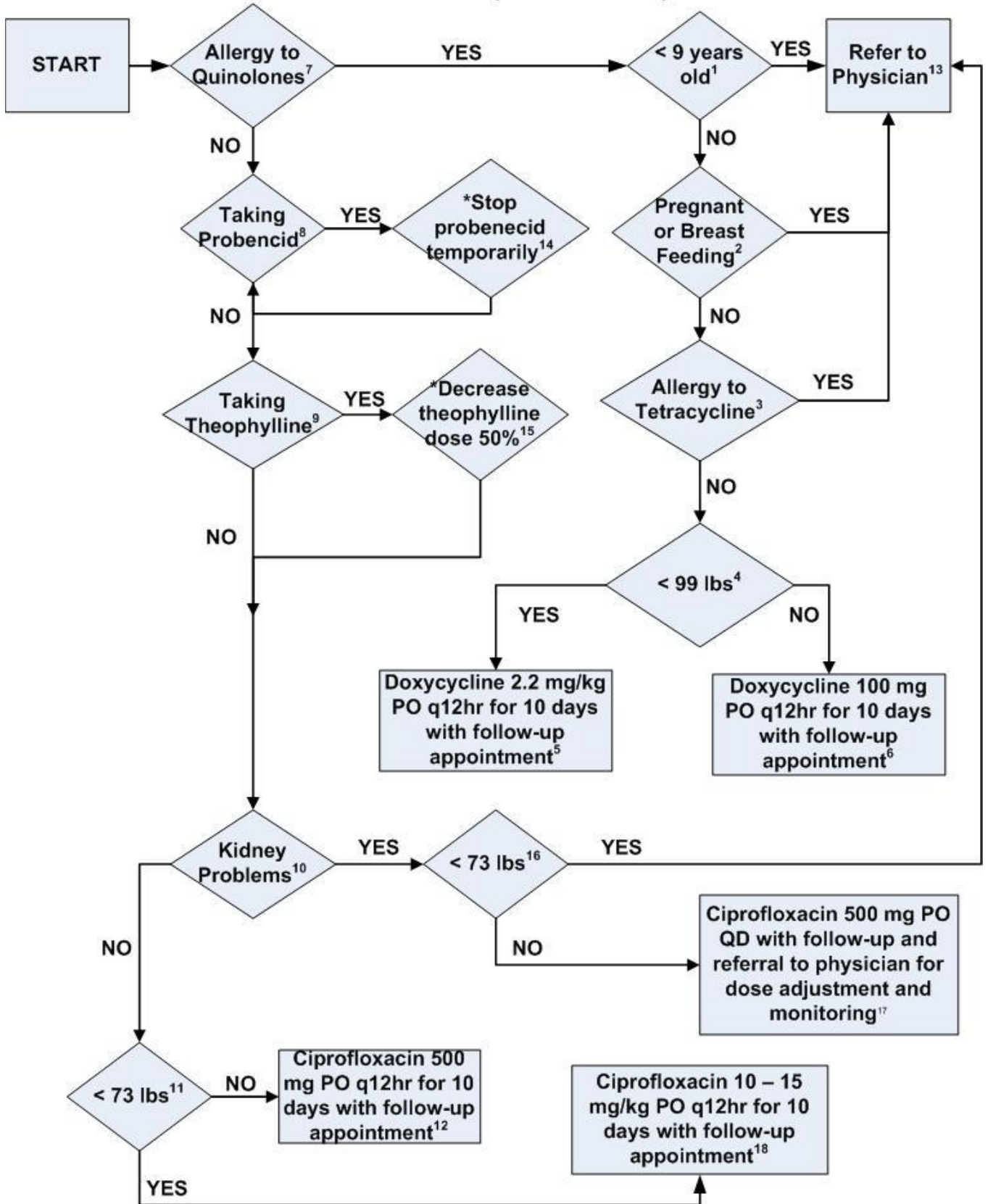
\*Dosage Forms available through the CDC National Pharmaceutical Stockpile Program

**ANTHRAX  
POST-EXPOSURE PROPHYLAXIS DISPENSING ALGORITHM  
DOXYCYCLINE (PRIMARY DRUG)**



\*14 & 15, Instruct individual to immediately contact their primary care physician for recommended duration of change in prescription medication

**ANTHRAX  
POST-EXPOSURE PROPHYLAXIS DISPENSING ALGORITHM  
CIPROFLOXACIN (PRIMARY DRUG)**



\*14 & 15, Instruct individual to immediately contact their primary care physician for recommended duration of change in prescription medication

## **Anthrax Post-Exposure Prophylaxis Dispensing Algorithm**

The above flow diagrams and these footnotes describe drug selection and dosing information for patients requiring post-exposure prophylaxis or preventative treatment after exposure to *Bacillus anthracis*, the bacteria that causes anthrax.

Reports have been published of engineered strains of tetracycline-resistant and quinolone-resistant *Bacillus anthracis*.<sup>1,2</sup> There is also a possibility for resistance to penicillins through induction of beta-lactamase enzymes. For these reasons, public health officials will test the antibiotic susceptibility of clinical specimens (blood, sputum, etc.), to determine drug selection. The most widely available, efficacious, and least toxic antibiotic will be dispensed for post-exposure prophylaxis based upon these susceptibility results.<sup>1</sup>

Until antibiotic susceptibility results of the implicated strain are available, initial therapy for post-exposure prophylaxis for prevention of anthrax after intentional exposure of *Bacillus anthracis* is doxycycline or ciprofloxacin.<sup>3</sup> Following a terrorist attack, the Texas Department of Health will designate which of these two drugs will be the primary drug to use for prophylaxis.

Doxycycline and other tetracyclines are not normally recommended for children and pregnant women due to the risk of dental staining of the primary teeth, concerns about possible depressed bone growth, defective dental enamel, and rare liver toxicity. Therefore, children and pregnant and lactating women will not normally receive doxycycline.

Ciprofloxacin and other quinolones are not normally recommended in children and pregnant women due to the risk of arthropathy (joint disease).<sup>1,4,5</sup> This recommendation is based on studies in animals. Data in humans have not confirmed this risk. Therefore, children and pregnant and lactating women without an allergy to quinolones will receive ciprofloxacin according to this algorithm. The risks associated with the serious and life-threatening complications from anthrax outweigh any risks from taking ciprofloxacin.

As soon as penicillin susceptibility is confirmed, prophylactic therapy for children and pregnant women should be changed to amoxicillin.<sup>3</sup> The American College of Obstetricians and Gynecologists' Committee on Obstetric Practice recommend the use of ciprofloxacin in pregnant or lactating women for post-exposure prophylaxis for prevention of anthrax after intentional exposure of *Bacillus anthracis*.<sup>6</sup>

This algorithm does not include the use of anthrax vaccine. At the time this algorithm was developed, anthrax vaccine for post-exposure prophylaxis was an investigational new drug. It is quite possible that once the release of

anthrax has been confirmed the vaccine will be made available to the affected population. If so, DSHS will provide guidelines for administration.

All patients who have been potentially exposed to anthrax should receive an initial course of drug therapy (10 days). Public health officials will advise people to return for follow-up in 7-10 days to obtain an additional supply (50 days) of medication to complete a full course of therapy (60 days). The initial course of 10 days is recommended based upon the normal twice a day regimen of ciprofloxacin and doxycycline and the availability of 20 tablets in unit-of-use containers from the Strategic National Stockpile Program. At the follow-up visit, susceptibility data will be available and drugs may be changed.

The following steps and numbered paragraphs support and correspond to the flow diagram entitled "Post-Exposure Prophylaxis Dispensing Algorithm".

1. Is the patient younger than 9 years? Due to the risk of teeth discoloration associated with tetracyclines, children without a quinolone allergy, who have not received all of their permanent teeth, should be prescribed ciprofloxacin. Since the age at which a child obtains his/her permanent teeth varies, it is possible for children under the age of 9 years to receive doxycycline. The parent or guardian of the child should be asked whether the child has a full-set of permanent teeth.

2. If the patient is female, is she pregnant or breast-feeding? The American College of Obstetricians and Gynecologists Committee on Obstetric Practice recommend the use of ciprofloxacin in pregnant or lactating women for anthrax post-exposure prophylaxis.<sup>6</sup>

3. Has the patient had an allergic reaction to any medication in the tetracycline class?

Allergic reactions may include: hives, redness of the skin, rash, difficulty breathing, or worsening of lupus after taking one of the tetracycline class drugs, including: demeclocycline (Declomycin); doxycycline (Adoxa, Bio-Tab, Doryx, Doxy, Monodox, Periostat, Vibra-Tabs, Vibramycin); minocycline (Arestin, Dynacin, Minocin, Vectrin); oxytetracycline (Terak, Terra-Cortril, Terramycin, Urobiotic-250); tetracycline (Achromycin V, Sumycin, Topicycline, Helidac).<sup>7,8</sup>

Patients that are allergic to any medication in the tetracycline class should receive another form of therapy such as ciprofloxacin.

4. Does the patient weight less than 99 pounds (lbs) or 45 kilograms (kg)?

5. Patients less than 99 pounds (45 kilograms), should receive an initial supply (10 days) of doxycycline 2.2 mg/kg (as described in the chart below) by mouth every 12 hours with a mandatory follow-up appointment within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A

minimum of 60 days of drug therapy is necessary for the full protective effect.<sup>3</sup>

Weight (lbs)	Weight (kg)	Dose (mg)	Available Dosage Forms of Doxycycline				
			20 mg tablet or capsule	50mg tablet or capsule	100mg tablet* or capsule	25mg/5mL suspension*	50mg/5mL syrup
5-10	2-5	10				2 mL	1 mL
11-20	6-9	20	1			4 mL	2 mL
21-30	10-14	30				6 mL	3 mL
31-40	15-19	40	2			8 mL	4 mL
41-50	20-22	50		1	½	10 mL	5 mL
51-60	23-27	60	3			12 mL	6 mL
61-70	28-32	70				14 mL	7 mL
71-80	33-36	80	4			16 mL	8 mL
81-90	37-41	90				18 mL	9 mL
91-100	> 42	100	5	2	1	20 mL	10 mL

\*Dosage Forms available through the CDC National Pharmaceutical Stockpile Program

6. Patients greater than 99 pounds should receive an initial supply (10 days) of doxycycline 100 mg by mouth every 12 hours with a mandatory follow-up appointment within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A minimum of 60 days of drug therapy is necessary for the full protective effect.<sup>3</sup>

7. Has the patient had an allergic reaction to any medication in the quinolone class?

Allergic reactions may include: difficulty breathing, rash, itching, hives, yellowing of the eyes or skin, swelling of the face or neck, cardiovascular collapse, loss of consciousness, hepatic necrosis (death of liver cells), or Steven-Johnson Disease (a rare skin disease) after taking a quinolone class drug, including: acrosloxacin or rosoxacin (Eradacil); cinoxacin (Cinobac); ciprofloxacin (Cipro, Ciloxan); gatafloxacin (Tequin); grepafloxacin (Raxar); levafloxacin (Levaquin, Quixin); lomefloxacin (Maxaquin); moxifloxacin (Avelox, ABC Pak); nadifloxacin (Acuatim); norfloxacin (Chibroxin, Noroxin); nalidixic acid (NegGram); ofloxacin (Floxin, Ocuflax); oxolinic acid; pefloxacin (Peflaxine); rufloxacin; sparfloxacin (Zagam, Respipac); temafloxacin; trovafloxacin or alatrofloxacin (Trovan).<sup>8</sup>

Patients that have had an allergic reaction to any medication in the quinolone class should be referred to a physician to receive another form of therapy.

8. Is the patient taking probenecid (Benemid)? Probenecid may decrease the renal excretion of ciprofloxacin, therefore increasing the risk of ciprofloxacin toxicity.

9. Is the patient taking theophylline (Theo-Dur, Slo-BID, Slo-Phyllin, Uniphyll)? Ciprofloxacin may increase the theophylline levels by inhibiting hepatic metabolism, and thus increase the risk of theophylline toxicity.

10. Does the patient have known kidney (or renal) problems?

Patients with kidney problems include those receiving dialysis, with known kidney failure (end-stage renal disease) or who have reduced kidney function. Patients who have chronic kidney infections or kidney stones do not need an adjusted dose, unless they have been told by a health care professional that they have kidney damage. Patients with kidney problems who weigh less than 73 pounds should be referred to a physician.

11. Does the patient weigh less than 73 pounds (lbs) or 33 kilograms (kg)?

12. Patients 73 pounds (33 kilograms) or greater should receive ciprofloxacin 500 mg by mouth every 12 hours for 10 days with a mandatory follow-up appointment within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A full course of therapy (60 days) is necessary for the full protective effect.<sup>3</sup>

13. Refer the patient to a physician for further assessment and drug selection. If a patient has had allergic reactions to drugs in the quinolone and tetracycline classes, other options for prophylactic (preventative) therapy include: amoxicillin/clavulanate, clindamycin, rifampin, imipenem, aminoglycosides, chloramphenicol, vancomycin, cefazolin, tetracycline, linezolid, or a macrolide (clarithromycin, erythromycin).<sup>1,10</sup> These other drugs are not approved by the Food and Drug Administration for preventative treatment of anthrax and require individual prescribing by a medical doctor or dispensing under an investigational new drug application.

14. Due to the interaction between probenecid and ciprofloxacin, probenecid should be temporarily stopped. The patient should be referred to their primary physician regarding when to restart probenecid and whether a dosage adjustment is necessary.

15. Due to the interaction between theophylline and ciprofloxacin, the dose of theophylline should be decreased by 50%. The patient should be referred to their primary physician regarding drug monitoring.

16. Does the patient weigh less than 73 pounds (lbs) or 33 kilograms (kg)? Patients less than 73 lbs should be referred to a physician for drug selection and monitoring.

17. Give patients 73 pounds (32 kilograms) or greater with kidney problems ciprofloxacin 500 mg by mouth **ONCE** a day and refer them to a physician for further assessment. Use the chart<sup>11</sup> below to determine the dose of ciprofloxacin required for patients with kidney problems when creatinine clearance is known or can be determined. Give all patients an initial supply of medication (10 days supply) and schedule a follow-up appointment within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A minimum of 60 days of drug therapy is necessary for the full protective effect.<sup>3</sup>

Kidney Function	Ciprofloxacin Dose (milligrams=mg)
Creatinine Clearance >50 mL/min	500 mg every 12 hours
Creatinine Clearance = 30-50 mL/min	250 mg every 12 hours
Creatinine Clearance = 5-29 mL/min	250 mg every 18 hours
Hemodialysis	250 mg every 24 hours

18. Patients less than 73 pounds (33 kilograms) should receive an initial supply (10 days) of ciprofloxacin 10-15 mg/kg (as described in the chart below) by mouth every 12 hours with a mandatory follow-up appointment in 7-10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A minimum of 60 days of drug therapy is necessary for the full protective effect.<sup>3</sup> This chart purposefully reflects more than one dose for a particular weight to permit flexibility in dosing based upon the products that are available at the time of dispensing. These doses are within the recommended

Weight (pounds)	Weight (kilogram)	Dose (mg)	Available Dosage Forms of Ciprofloxacin				
			100mg tablet	250mg tablet	500mg tablet*	250mg/5mL suspension*	500mg/5mL suspension
7-12 lbs	3-5 kg	50 mg PO BID	½	¼		1 mL (1 bottle)	0.5 mL (1 bottle)
13-22 lbs	6-10 kg	100 mg PO BID	1			2 mL (1 bottle)	1 mL (1 bottle)
18-28 lbs	8-13 kg	125 mg PO BID		½	¼	2.5 mL (1 bottle)	1.25 mL (1 bottle)
22-33 lbs	10-15 kg	150 mg PO BID	1½			3 mL (1 bottle)	1.5 mL (1 bottle)
29-44 lbs	13-20 kg	200 mg PO BID	2			4 mL (1 bottle)	2 mL (1 bottle)
36-56 lbs	16-25 kg	250 mg PO BID		1	½	5 mL (1 bottle)	2.5 mL (1 bottle)
55-83 lbs	25-37 kg	375 mg PO BID		1½	¾	7.5 mL (2 bottles)	3.75 mL (1 bottle)
≥73 lbs	≥ 33 kg	500 mg PO BID		2	1	10 mL (2 bottles)	5 mL (1 bottle)

\* Dosage Forms available through the CDC National Pharmaceutical Stockpile Program.

dosing range of ciprofloxacin: 10-15 mg/kg.

## A. References:

1. Inglesby TV, Henderson DA, Bartlett JG, et al. Anthrax as a biological weapon, 2002. *JAMA*. 2002;287:2236-2252.
2. Brook I, Elliott TB, Pryor HI, et al. In vitro resistance of bacillus anthracis Sterne to doxycycline, macrolides and quinolones. *International Journal of Antimicrobial Agents*. 18(2001);559-562.
3. Update: investigation of anthrax associated with intentional exposure and interim public health guidelines, October 2001. *MMWR*. October 19, 2001;50(41);889-893.
4. Notice to readers: updated recommendations for antimicrobial prophylaxis among asymptomatic pregnant women after exposure to bacillus anthracis. *MMWR*. November 2, 2001;50(43);960.
5. Notice to readers: update: interim recommendations for antimicrobial prophylaxis for children and breastfeeding mothers and treatment of children with anthrax. *MMWR*. November 16, 2001;50(45);1014-6.
6. Management of asymptomatic pregnant or lactating women exposed to anthrax. ACOG Committee Opinion No. 268. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2002;99:366-368.
7. Vibramycin® Package Insert. NY, NY, Pfizer Inc. 11/01
8. Sweetman SC. Martindale, The Complete Drug Reference, 33<sup>rd</sup> Edition. Great Britain; Pharmaceutical Press. 2002.
9. Harrison's Principles of Internal Medicine, 14<sup>th</sup> Edition. USA; McGraw Hill Companies Inc. 1998.
10. Update: investigation of bioterrorism-related anthrax and interim guidelines for exposure management and antimicrobial therapy, October 2001. *MMWR*. October 26, 2001;50(42);909-919.
11. Drug Information Handbook, 8<sup>th</sup> Edition. Hudson, OH; Lexi-Comp. 2000-2001.

**RECOMMENDED POSTEXPOSURE PROPHYLAXIS  
Mass Casualty Recommended Therapy For Tularemia**

**ADULTS**

**Preferred Choices**

Doxycycline, 100 mg orally q12hr for 14 days      Ciprofloxacin, 500 mg orally q12hr for 14 days  
Ciprofloxacin, 500 mg orally q12hr for 14 days      Doxycycline, 100 mg orally q12hr for 14 days

**Alternative Choice (See Note 1)**

Amoxicillin, 500 mg orally every 8 hours      Amoxicillin, 500 mg orally every 8 hours

**PREGNANT WOMEN**

**Preferred Choices**

**CHILDREN**

**PREFERRED CHOICE**

**WEIGHT**

< 99 LBS      Doxycycline, 2.2 mg/kg orally q12hr for 14 days  
≥ 99 LBS      Doxycycline, 100 mg orally q12hr for 14 days  
Ciprofloxacin, 10-15 mg/kg orally q12hr for 14 days

**Alternative Choice (See Note 1)**

< 45 LBS      Amoxicillin, 40 mg/kg taken orally in 3 doses every 8 hours  
≥ 45 LBS      Amoxicillin, 500 mg orally every 8 hours

**Note 1: Until antibiotic susceptibility results of the implicated strain are available, preferred drugs of choice are Ciprofloxacin and Doxycycline. Once the strain proves susceptible to Amoxicillin, Amoxicillin may be prescribed.**

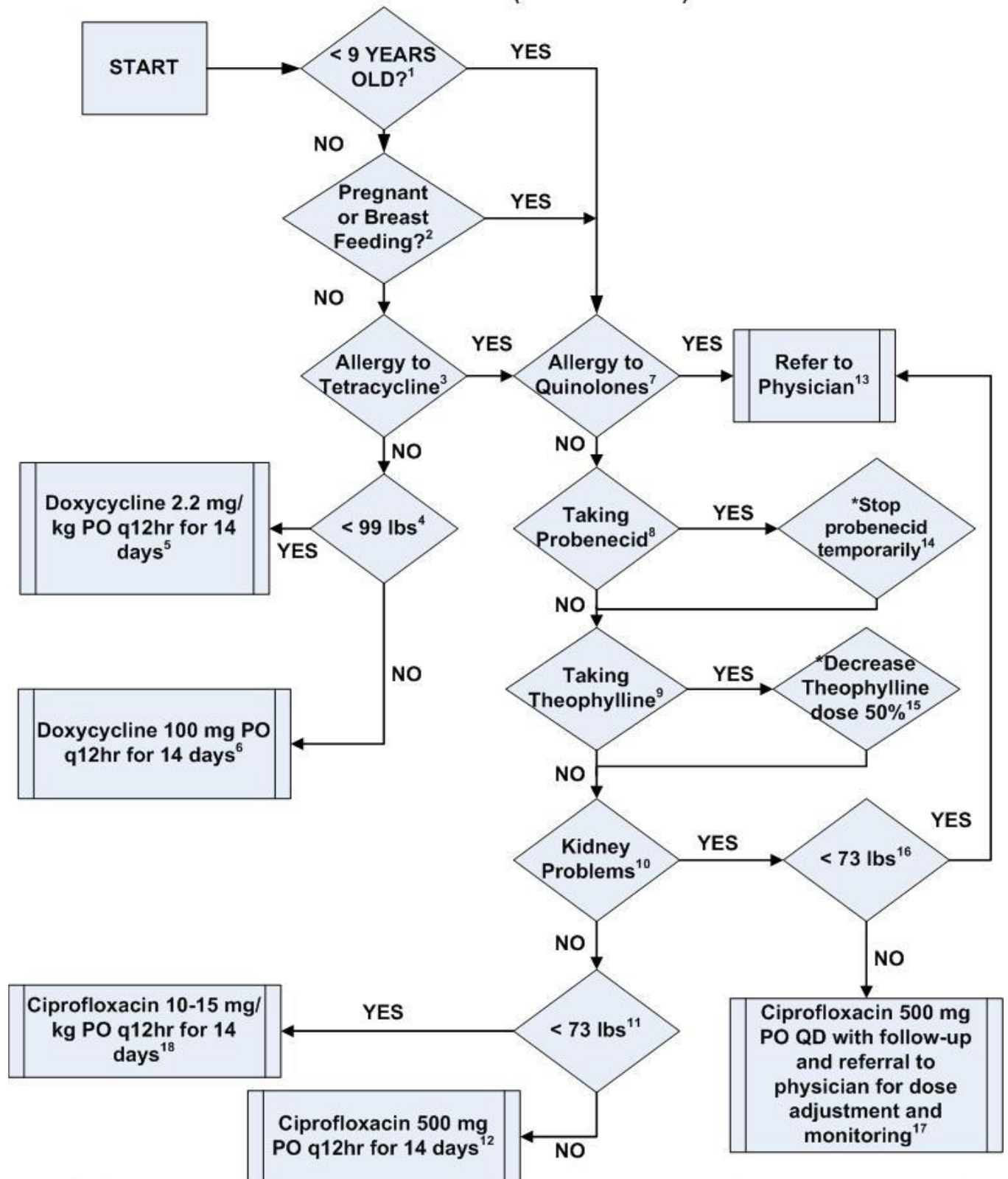
Weight (pounds)	Weight (kilogram)	Dose (mg)	Available Dosage Forms of Ciprofloxacin				
			100mg tablet	250mg tablet	500mg tablet*	250mg/5mL suspension*	500mg/5mL suspension
7-12 lbs	3-5 kg	50 mg PO BID	½	¼		1 mL (1 bottle)	0.5 mL (1 bottle)
13-22 lbs	6-10 kg	100 mg PO BID	1			2 mL (1 bottle)	1 mL (1 bottle)
18-28 lbs	8-13 kg	125 mg PO BID		½	¼	2.5 mL (1 bottle)	1.25 mL (1 bottle)
22-33 lbs	10-15 kg	150 mg PO BID	1½			3 mL (1 bottle)	1.5 mL (1 bottle)
29-44 lbs	13-20 kg	200 mg PO BID	2			4 mL (1 bottle)	2 mL (1 bottle)
36-56 lbs	16-25 kg	250 mg PO BID		1	½	5 mL (1 bottle)	2.5 mL (1 bottle)
55-83 lbs	25-37 kg	375 mg PO BID		1½	¾	7.5 mL (2 bottles)	3.75 mL (1 bottle)
≥73 lbs	≥ 33 kg	500 mg PO BID		2	1	10 mL (2 bottles)	5 mL (1 bottle)

\* Dosage Forms available through the CDC National Pharmaceutical Stockpile Program.

Weight (lbs)	Weight (kg)	Dose (mg)	Available Dosage Forms of Doxycycline				
			20 mg tablet	50mg tablet or capsule	100mg tablet* or capsule	25mg/5mL suspension*	50mg/5mL syrup
5-10	2-5	10				2 mL	1 mL
11-20	6-9	20	1			4 mL	2 mL
21-30	10-14	30				6 mL	3 mL
31-40	15-19	40	2			8 mL	4 mL
41-50	20-22	50		1	½	10 mL	5 mL
51-60	23-27	60	3			12 mL	6 mL
61-70	28-32	70				14 mL	7 mL
71-80	33-36	80	4			16 mL	8 mL
81-90	37-41	90				18 mL	9 mL
91-100	>42	100	5	2	1	20 mL	10 mL

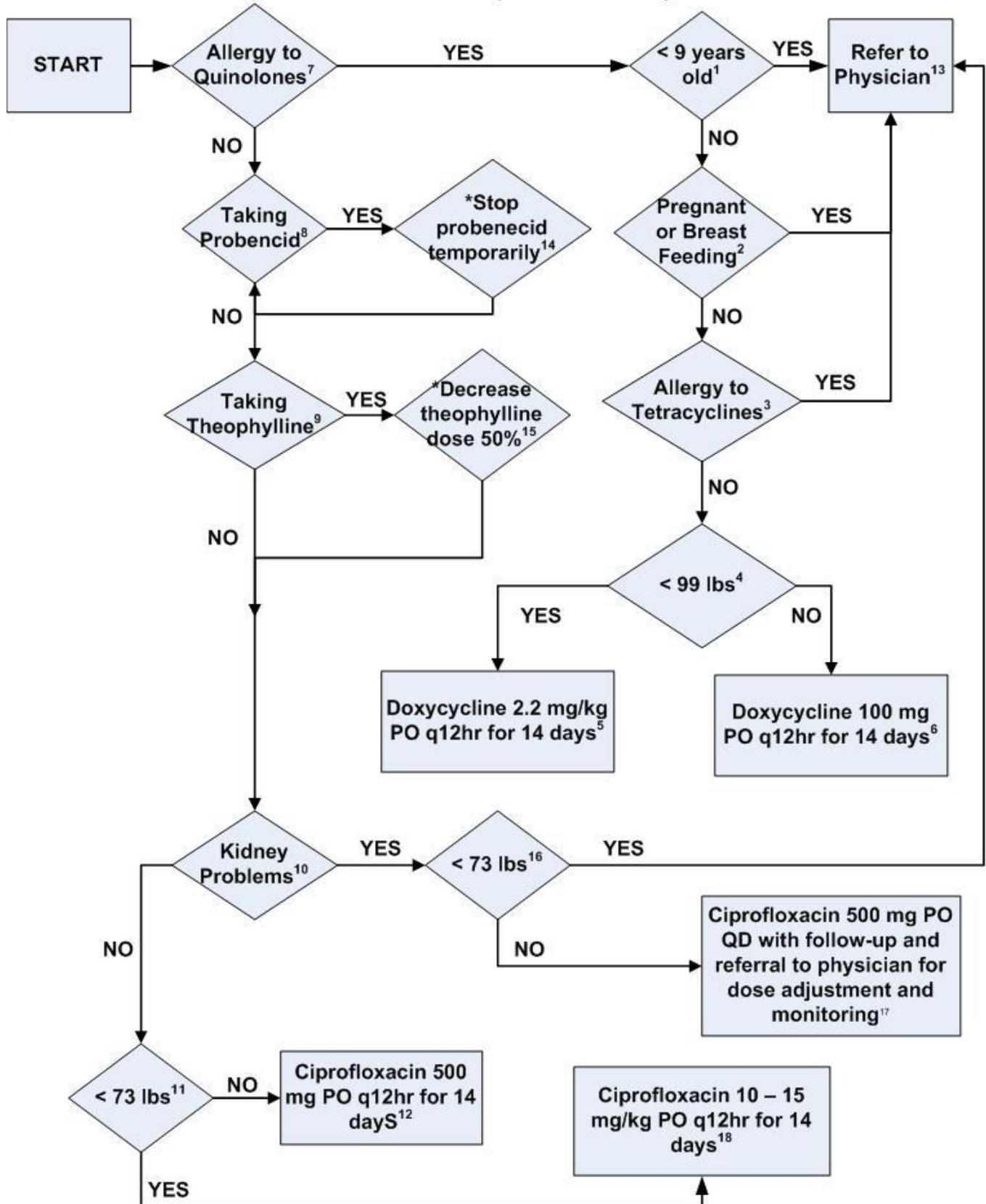
\*Dosage Forms available through the CDC National Pharmaceutical Stockpile Program

**TULAREMIA  
POST-EXPOSURE PROPHYLAXIS DISPENSING ALGORITHM  
DOXYCYCLINE (PRIMARY DRUG)**



\*14 & 15, Instruct individual to immediately contact their primary care physician for recommended duration of change in prescription medication

**TULAREMIA  
POST-EXPOSURE PROPHYLAXIS DISPENSING ALGORITHM  
CIPROFLOXACIN (PRIMARY DRUG)**



\*14 & 15, Instruct individual to immediately contact their primary care physician for recommended duration of change in prescription medication

## **Tularemia Post-Exposure Prophylaxis Dispensing Algorithm**

The above flow diagrams and these footnotes describe drug selection and dosing information for patients requiring post-exposure prophylaxis or preventative treatment after exposure to *Francisella tularensis*, the bacteria that causes tularemia.

Until antibiotic susceptibility results of the implicated strain are available, initial therapy for post-exposure prophylaxis for prevention of tularemia after intentional exposure of *F. tularensis* is doxycycline or ciprofloxacin.<sup>1</sup> Following a terrorist attack, the Texas Department of Health (DSHS) will designate which of these two drugs will be the primary drug to use for prophylaxis.

All patients who have been potentially exposed to *F. tularensis* should receive a 14-day course of drug therapy.

The following steps and numbered paragraphs support and correspond to the flow diagram entitled "Post-Exposure Prophylaxis Dispensing Algorithm".

1. Is the patient younger than 9 years (yrs)? Due to the risk of teeth discoloration associated with tetracyclines, children without a quinolone allergy, who have not received all of their permanent teeth, should be prescribed ciprofloxacin. Since the age at which a child obtains his/her permanent teeth varies, it is possible for children under the age of 9 years to receive doxycycline. The parent or guardian of the child should be asked whether the child has a full-set of permanent teeth.
2. If the patient is female, is she pregnant or breast-feeding?
3. Has the patient had an allergic reaction to any medication in the tetracycline class?

Allergic reactions may include: hives, redness of the skin, rash, difficulty breathing, or worsening of lupus after taking one of the tetracycline class drugs, including: demeclocycline (Declomycin); doxycycline (Adoxa, Bio-Tab, Doryx, Doxy, Monodox, Periostat, Vibra-Tabs, Vibramycin); minocycline (Arestin, Dynacin, Minocin, Vectrin); oxytetracycline (Terak, Terra-Cortril, Terramycin, Urobiotic-250); tetracycline (Achromycin V, Sumycin, Topicycline, Helidac).<sup>7,8</sup>

Patients that are allergic to any medication in the tetracycline class should receive another form of therapy such as ciprofloxacin.

4. Does the patient weight less than 99 pounds (lbs) or 45 kilograms (kg)?
5. Patients less than 99 pounds (45 kilograms), should receive a 14-day supply of doxycycline 2.2 mg/kg (as described in the chart below) by mouth every 12 hours.

Weight (lbs)	Weight (kg)	Dose (mg)	Available Dosage Forms of Doxycycline				
			20 mg tablet	50mg tablet or capsule	100mg tablet* or capsule	25mg/5mL suspension*	50mg/5mL syrup
5-10	2-5	10				2 mL	1 mL
11-20	6-9	20	1			4 mL	2 mL
21-30	10-14	30				6 mL	3 mL
31-40	15-19	40	2			8 mL	4 mL
41-50	20-22	50		1	½	10 mL	5 mL
51-60	23-27	60	3			12 mL	6 mL
61-70	28-32	70				14 mL	7 mL
71-80	33-36	80	4			16 mL	8 mL
81-90	37-41	90				18 mL	9 mL
91-100	> 42	100	5	2	1	20 mL	10 mL

\*Dosage Forms available through the CDC National Pharmaceutical Stockpile Program

6. Patients greater than 99 pounds should receive a 14-day supply of doxycycline 100 mg by mouth every 12 hours.

7. Has the patient had an allergic reaction to any medication in the quinolone class?

Allergic reactions may include: difficulty breathing, rash, itching, hives, yellowing of the eyes or skin, swelling of the face or neck, cardiovascular collapse, loss of consciousness, hepatic necrosis (death of liver cells), or Steven-Johnson Disease (a rare skin disease) after taking a quinolone class drug, including: acrosoxacin or rosoxacin (Eradacil); cinoxacin (Cinobac); ciprofloxacin (Cipro, Ciloxan); gatafloxacin (Tequin); grepafloxacin (Raxar); levafloxacin (Levaquin, Quixin); lomefloxacin (Maxaquin); moxifloxacin (Avelox, ABC Pak); nadifloxacin (Acuatim); norfloxacin (Chibroxin, Noroxin); nalidixic acid (NegGram); ofloxacin (Floxin, Ocuflax); oxolinic acid; pefloxacin (Peflaxine); rufloxacin; sparfloxacin (Zagam, Respipac); temafloxacin; trovafloxacin or atrofloxacin (Trovan).<sup>8</sup>

Patients that have had an allergic reaction to any medication in the quinolone class should be referred to a physician to receive another form of therapy.

8. Is the patient taking probenecid (Benemid)? Probenecid may decrease the renal excretion of ciprofloxacin, therefore increasing the risk of ciprofloxacin toxicity.

9. Is the patient taking theophylline (Theo-Dur, Slo-BID, Slo-Phyllin, Uniphyll)? Ciprofloxacin may increase the theophylline levels by inhibiting hepatic metabolism, and thus increase the risk of theophylline toxicity

10. Does the patient have known kidney (or renal) problems?

Patients with kidney problems include those receiving dialysis, with known kidney failure (end-stage renal disease) or who have reduced kidney function. Patients who have chronic kidney infections or kidney stones do not need an adjusted dose, unless they have been told by a health care professional that they have kidney damage. Patients with kidney problems who weigh less than 73 pounds should be referred to a physician.

11. Does the patient weigh less than 73 pounds (lbs) or 33 kilograms (kg)?

12. Patients 73 pounds (33 kilograms) or greater should receive ciprofloxacin 500 mg by mouth every 12 hours for 14 days.

13. Refer the patient to a physician for further assessment and drug selection.

14. Due to the interaction between probenecid and ciprofloxacin, probenecid should be temporarily stopped. The patient should be referred to their primary physician regarding when to restart probenecid and whether a dosage adjustment is necessary.

15. Due to the interaction between theophylline and ciprofloxacin, the dose of theophylline should be decreased by 50%. The patient should be referred to their primary physician regarding drug monitoring.

16. Does the patient weigh less than 73 pounds (lbs) or 33 kilograms (kg)? Patients less than 73 lbs should be referred to a physician for drug selection and monitoring.

17. Give patients 73 pounds (32 kilograms) or greater with kidney problems Ciprofloxacin 500 mg by mouth **ONCE** a day and refer them to a physician for further assessment. Use the chart<sup>11</sup> below to determine the dose of Ciprofloxacin required for patients with kidney problems when creatinine clearance is known or can be determined. Give all patients a 14-day supply of medication.

<b>Kidney Function</b>	<b>Ciprofloxacin Dose (milligrams=mg)</b>
Creatinine Clearance >50 mL/min	500 mg every 12 hours
Creatinine Clearance = 30-50 mL/min	250 mg every 12 hours
Creatinine Clearance = 5-29 mL/min	250 mg every 18 hours
Hemodialysis	250 mg every 24 hours

18. Patients less than 73 pounds (33 kilograms) should receive a 14-day supply of ciprofloxacin 15 mg/kg by mouth every 12 hours

**References:**

1. Dennis DT, Inglesby TV, Henderson DA, et al. Tularemia as a Biological Weapon, *JAMA*. 2001;285:2763-2773.
7. Vibramycin® Package Insert. NY, NY, Pfizer Inc. 11/01
8. Sweetman SC. Martindale, The Complete Drug Reference, 33<sup>rd</sup> Edition. Great Britain; Pharmaceutical Press. 2002.
11. Drug Information Handbook, 8<sup>th</sup> Edition. Hudson, OH; Lexi-Comp. 2000-2001.

**RECOMMENDED POSTEXPOSURE PROPHYLAXIS**  
**Mass Casualty Recommended Therapy For Pneumonic Plague**

**ADULTS**

**Preferred Choices**

Doxycycline, 100 mg orally q12hr for 10 days  
 Ciprofloxacin, 500 mg orally q12hr for 10 days

**Alternative Choice**

Chloramphenicol, 25 mg/kg orally 4 times daily (see note)

**PREGNANT WOMEN**

**Preferred Choices**

Doxycycline, 100 mg orally q12hr for 10 days  
 Ciprofloxacin, 500 mg orally q12hr for 10 days

Chloramphenicol, 25 mg/kg orally 4 times daily (see note)

**CHILDREN**

**Preferred Choices**

Doxycycline, if  $\geq 45$ kg, give adult dosage  
 if  $< 45$ kg, give 2.2 mg/kg orally q12hr for 10 days  
 Ciprofloxacin, 10-15 mg/kg orally q12hr for 10 days

**Alternative Choice**

Chloramphenicol, 25 mg/kg orally 4 times daily (see note)

**Note: Chloramphenicol is not available in the Strategic National Stockpile and must be obtained locally if prescribed, and should not be prescribed for children younger than 2 years. Concentration should be maintained between 5 and 20  $\mu$ g/ml. Greater concentration may cause reversible bone marrow suppression.**

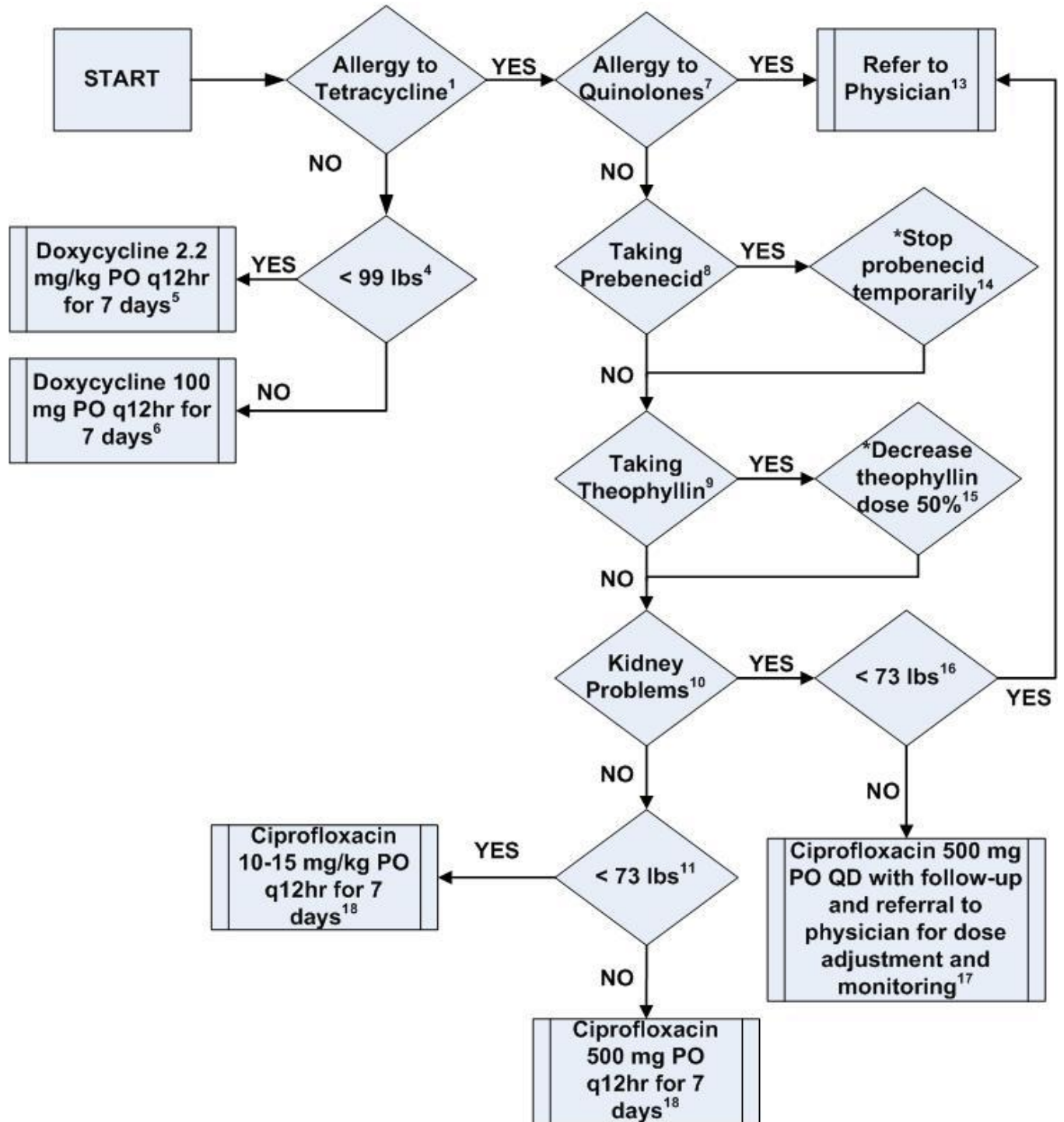
Weight (pounds)	Weight (kilogram)	Dose (mg)	Available Dosage Forms of Ciprofloxacin				
			100mg tablet	250mg tablet	500mg tablet*	250mg/5mL suspension*	500mg/5mL suspension
7-12 lbs	3-5 kg	50 mg PO BID	½	¼		1 mL (1 bottle)	0.5 mL (1 bottle)
13-22 lbs	6-10 kg	100 mg PO BID	1			2 mL (1 bottle)	1 mL (1 bottle)
18-28 lbs	8-13 kg	125 mg PO BID		½	¼	2.5 mL (1 bottle)	1.25 mL (1 bottle)
22-33 lbs	10-15 kg	150 mg PO BID	1½			3 mL (1 bottle)	1.5 mL (1 bottle)
29-44 lbs	13-20 kg	200 mg PO BID	2			4 mL (1 bottle)	2 mL (1 bottle)
36-56 lbs	16-25 kg	250 mg PO BID		1	½	5 mL (1 bottle)	2.5 mL (1 bottle)
55-83 lbs	25-37 kg	375 mg PO BID		1½	¾	7.5 mL (2 bottles)	3.75 mL (1 bottle)
$\geq 73$ lbs	$\geq 33$ kg	500 mg PO BID		2	1	10 mL (2 bottles)	5 mL (1 bottle)

\* Dosage Forms available through the CDC National Pharmaceutical Stockpile Program.

Weight (lbs)	Weight (kg)	Dose (mg)	Available Dosage Forms of Doxycycline				
			20 mg tablet	50mg tablet or capsule	100mg tablet* or capsule	25mg/5mL suspension*	50mg/5mL syrup
5-10	2-5	10				2 mL	1 mL
11-20	6-9	20	1			4 mL	2 mL
21-30	10-14	30				6 mL	3 mL
31-40	15-19	40	2			8 mL	4 mL
41-50	20-22	50		1	½	10 mL	5 mL
51-60	23-27	60	3			12 mL	6 mL
61-70	28-32	70				14 mL	7 mL
71-80	33-36	80	4			16 mL	8 mL
81-90	37-41	90				18 mL	9 mL
91-100	>42	100	5	2	1	20 mL	10 mL

\*Dosage Forms available through the CDC National Pharmaceutical Stockpile Program

**PLAGUE  
POST-EXPOSURE PROPHYLAXIS DISPENSING ALGORITHM  
DOXYCYCLINE (PRIMARY DRUG)**



\*14 & 15, Instruct individual to immediately contact their primary care physician for recommended duration of change in prescription medication

## Plague Post-Exposure Prophylaxis Dispensing Algorithm

The above flow diagram and these footnotes describe drug selection and dosing information for patients requiring post-exposure prophylaxis or preventative treatment after exposure to *Yersinia pestis*, the bacteria that causes plague.

Until antibiotic susceptibility results of the implicated strain are available, initial therapy for post-exposure prophylaxis for prevention of plague after intentional exposure to *Y. pestis* is doxycycline.<sup>1</sup>

Recommendations for antimicrobial prophylactic treatment with efficacy against plague are conditioned by balancing risks associated with treatment against those posed by pneumonic plague. Children aged 8 years and older can be treated with tetracycline antibiotics safely. However, in children younger than 8 years, tetracycline antibiotics may cause discolored teeth, and rare instances of retarded skeletal growth have been reported in infants. The assessment of the Working Group on Civilian Biodefense is that the potential benefits of these antimicrobials in the treating of pneumonic plague infection substantially outweigh the risks. The Working Group specifically recommends that doxycycline be used for postexposure prophylaxis in children.<sup>1</sup> If the child is unable to take doxycycline or the medication is unavailable, ciprofloxacin would be recommended.

The tetracycline class of antibiotics has been associated with fetal toxicity including retarded skeletal growth, although a large case-control study of doxycycline use in pregnancy showed no significant increase in teratogenic risk to the fetus. Liver toxicity has been reported in pregnant women following large doses of intravenous tetracycline (no longer sold in the United States), but it has also been reported following oral administration of tetracycline to nonpregnant individuals. Balancing the risks of pneumonic plague infection with those associated with doxycycline use in pregnancy, the Working Group recommends that pregnant women receive doxycycline for postexposure prophylaxis.<sup>1</sup> If the woman is unable to take doxycycline or the medication is unavailable, ciprofloxacin would be recommended.

All patients who have been potentially exposed to *Y. pestis* should receive a 7-day course of drug therapy.

The following steps and numbered paragraphs support and correspond to the flow diagram entitled "Post-Exposure Prophylaxis Dispensing Algorithm".

3. Has the patient had an allergic reaction to any medication in the tetracycline class?

Allergic reactions may include: hives, redness of the skin, rash, difficulty breathing, or worsening of lupus after taking one of the tetracycline class drugs, including: demeclocycline (Declomycin); doxycycline (Adoxa, Bio-Tab, Doryx, Doxy, Monodox, Periostat, Vibra-Tabs, Vibramycin); minocycline (Arestin, Dynacin,

Minocin, Vectrin); oxytetracycline (Terak, Terra-Cortril, Terramycin, Urobiotic-250); tetracycline (Achromycin V, Sumycin, Topicycline, Helidac).<sup>7,8</sup>

Patients that are allergic to any medication in the tetracycline class should receive another form of therapy such as ciprofloxacin.

4. Does the patient weight less than 99 pounds (lbs) or 45 kilograms (kg)?

5. Patients less than 99 pounds (45 kilograms), should receive a 7-day supply of doxycycline 2.2 mg/kg (as described in the chart below) by mouth every 12 hours.

Weight (lbs)	Weight (kg)	Dose (mg)	Available Dosage Forms of Doxycycline				
			20 mg tablet	50mg tablet or capsule	100mg tablet* or capsule	25mg/5mL suspension*	50mg/5mL syrup
5-10	2-5	10				2 mL	1 mL
11-20	6-9	20	1			4 mL	2 mL
21-30	10-14	30				6 mL	3 mL
31-40	15-19	40	2			8 mL	4 mL
41-50	20-22	50		1	½	10 mL	5 mL
51-60	23-27	60	3			12 mL	6 mL
61-70	28-32	70				14 mL	7 mL
71-80	33-36	80	4			16 mL	8 mL
81-90	37-41	90				18 mL	9 mL
91-100	>42	100	5	2	1	20 mL	10 mL

\*Dosage Forms available through the CDC National Pharmaceutical Stockpile Program

6. Patients greater than 99 pounds should receive a 7-day supply of doxycycline 100 mg by mouth every 12 hours.

7. Has the patient had an allergic reaction to any medication in the quinolone class?

Allergic reactions may include: difficulty breathing, rash, itching, hives, yellowing of the eyes or skin, swelling of the face or neck, cardiovascular collapse, loss of consciousness, hepatic necrosis (death of liver cells), or Steven-Johnson Disease (a rare skin disease) after taking a quinolone class drug, including: acrosoxacin or rosoxacin (Eradacil); cinoxacin (Cinobac); ciprofloxacin (Cipro, Ciloxan); gatafloxacin (Tequin); grepafloxacin (Raxar); levafloxacin (Levaquin, Quixin); lomefloxacin (Maxaquin); moxifloxacin (Avelox, ABC Pak); nadifloxacin (Acuatim); norfloxacin (Chibroxin, Noroxin); nalidixic acid (NegGram); ofloxacin (Floxin, Ocuflax); oxolinic acid; pefloxacin (Peflaxine); rufloxacin; sparfloxacin (Zagam, Respipac); temafloxacin; trovafloxacin or alatrofloxacin (Trovan).<sup>8</sup>

Patients that have had an allergic reaction to any medication in the quinolone class should be referred to a physician to receive another form of therapy.

8. Is the patient taking probenecid (Benemid)? Probenecid may decrease the renal excretion of ciprofloxacin, therefore increasing the risk of ciprofloxacin toxicity.

9. Is the patient taking theophylline (Theo-Dur, Slo-BID, Slo-Phyllin, Uniphyll)? Ciprofloxacin may increase the theophylline levels by inhibiting hepatic metabolism, and thus increase the risk of theophylline toxicity

10. Does the patient have known kidney (or renal) problems?

Patients with kidney problems include those receiving dialysis, with known kidney failure (end-stage renal disease) or who have reduced kidney function. Patients who have chronic kidney infections or kidney stones do not need an adjusted dose, unless they have been told by a health care professional that they have kidney damage. Patients with kidney problems who weigh less than 73 pounds should be referred to a physician.

11. Does the patient weigh less than 73 pounds (lbs) or 33 kilograms (kg)?

12. Patients 73 pounds (33 kilograms) or greater should receive ciprofloxacin 500 mg by mouth every 12 hours for 7 days.

13. Refer the patient to a physician for further assessment and drug selection.

14. Due to the interaction between probenecid and ciprofloxacin, probenecid should be temporarily stopped. The patient should be referred to their primary physician regarding when to restart probenecid and whether a dosage adjustment is necessary.

15. Due to the interaction between theophylline and ciprofloxacin, the dose of theophylline should be decreased by 50%. The patient should be referred to their primary physician regarding drug monitoring.

16. Does the patient weigh less than 73 pounds (lbs) or 33 kilograms (kg)? Patients less than 73 lbs should be referred to a physician for drug selection and monitoring.

17. Give patients 73 pounds (32 kilograms) or greater with kidney problems ciprofloxacin 500 mg by mouth **ONCE** a day and refer them to a physician for further assessment. Use the chart<sup>11</sup> below to determine the dose of ciprofloxacin required for patients with kidney problems when creatinine clearance is known or can be determined. Give all patients a 7-day supply of medication.

<b>Kidney Function</b>	<b>Ciprofloxacin Dose (milligrams=mg)</b>
Creatinine Clearance >50 mL/min	500 mg every 12 hours
Creatinine Clearance = 30-50 mL/min	250 mg every 12 hours
Creatinine Clearance = 5-29 mL/min	250 mg every 18 hours
Hemodialysis	250 mg every 24 hours

18. Patients less than 73 pounds (33 kilograms) should receive a 7-day supply of ciprofloxacin 20 mg/kg by mouth every 12 hours

**B. References:**

1. Inglesby TV, Dennis DT, Henderson DA, et al. Plague as a Biological Weapon, *JAMA* 2000;283:2281-2290.
7. Vibramycin<sup>®</sup> Package Insert. NY, NY, Pfizer Inc. 11/01
8. Sweetman SC. Martindale, The Complete Drug Reference, 33<sup>rd</sup> Edition. Great Britain; Pharmaceutical Press. 2002.
11. Drug Information Handbook, 8<sup>th</sup> Edition. Hudson, OH; Lexi-Comp. 2000-2001.

NOMINAL SMALLPOX VACCINATION CLINIC  
PERSONNEL SHIFT ASSIGNMENTS AND CHECKLISTS

**Mass Prophylaxis Post-Event Clinic Preparation Checklist**

**Personnel Checklist**

Clinic Site:

Number

of

**Forms Distribution**

*AM Shift*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

*PM Shift*

- 1.
- 2.
- 3.

4.

5.

6.

7.

8.

9.

Triage for Ill or Contacts

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*AM Shift*

- 1.
- 2.
- 3.

*PM Shift*

- 1.
- 2.
- 3.

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**Patient Educators**

*AM Shift*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

*PM Shift*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

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**Medical Evaluators**

*AM Shift*

- 1.
- 2.
- 3.

- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

*PM Shift*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

---

**Contact Evaluators**

*AM Shift*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

*PM Shift*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

**Pharmacists and Drug Dispensors**

*AM Shift*

- 1.
- 2.

*PM Shift*

- 1.
- 2.

**Drug Triage Personnel**

*AM Shift*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

*PM Shift*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

**Supply / Resupply Personnel**

*AM Shift*

- 1.
- 2.

*PM Shift*

- 1.
- 2.

**Exit Educators**

*AM Shift*

1.

2.

*PM Shift*

1.

2.

**Data Entry Personnel**

*AM Shift*

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

*PM Shift*

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

**Clinic Manager**

*AM Shift*

1.

2.

*PM Shift*

1.

2.

---

**Supply Manager**

*AM Shift*

1.

2.

*PM Shift*

1.

2.

---

**Translators**

*AM Shift*

1.

2.

3.

4.

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6.

7.

8.

*PM Shift*

1.

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4.

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6.

7.

8.

Security

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*AM Shift*

1.

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*PM Shift*

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3.

4.

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24.

25.

26.

27.

28.

29.

30.

**Traffic Flow**

*AM Shift*1.

2.

*PM Shift*

1.

2.

**Greeters**

*AM Shift*

1.           **Language:**

2.           **Language:**

*PM Shift*

1.           **Language:**

2.           **Language:**

**Float Staff**

*AM Shift*

1.

2.

3.

*PM Shift*

1.

2.

3.

**Others**

*AM Shift*

1.

2.

3.

4.

*PM Shift*

1.

2.

3.

4.

**IT Support**

*AM Shift*

1.

*PM Shift*

# Hidalgo County



## **Appendix 8: Medical Countermeasures Plan**

### **Attachment 7: Command and Control**

**April 2023**

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## Approval and Implementation

# Appendix 8: Medical Countermeasures Plan

## Attachment 7: Command and Control

This attachment is hereby approved for implementation and supersedes all previous editions.

\_\_\_\_\_  
Eduardo Olivarez  
Director, Health & Human Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ricardo Saldaña  
Emergency Management Coordinator

\_\_\_\_\_  
Date

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## Authority

The Hidalgo County Commissioner’s Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner’s Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County’s Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner’s Court on September 7, 2021.

## Purpose

The Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Attachment 7: Command and Control is the standard operating guidelines (SOG) that provide the procedures for HCHHSD during SNS deployment. This function is referred to as the SNS - Health Command and Control (SNS-HC&C) function. The HC&C function is the process that political leadership, emergency management, public health, law enforcement, and other groups will use to coordinate their response to an emergency that will involve the receipt, storing, and distribution of the SNS 12-hour Push Package and subsequent Vendor Managed Inventory (VMI) medical supplies.

The structure and operation of the SNS-HC&C function is a part of HCHHSD’s Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures and thus, is part of the SNS Plan for receiving, distributing, and dispensing of SNS material. This SOG identifies how the SNS-HC&C system works and outlines relations between various supporting agencies and departments. The operational specifics can be found in local, regional, and state plans. Moreover, upon the arrival of the 12-hour Push Package, the SNS Technical Advisory Response Unit (TARU) will interact with the SNS-HC&C function to help involved authorities understand and oversee SNS functions.

## Explanation of Terms

### Acronyms

DDC	Disaster District Committee/Chair
EOC	Emergency Operations Center
HSR	Health Service Region
LHD	Local Health Department
PHR	Public Health Region
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
POD	Point of Dispensing
PPE	Personal Protective Equipment

RSS	Receiving, Staging, and Storing Site
SNS	Strategic National Stockpile
SNS-HC&C	Strategic National Stockpile – Health Command & Control Function
SOG	Standard Operating Guidelines
VMI	Vendor Managed Inventory

## Situation & Assumptions

### Situation

The SNS will be deployed in a large-scale public health emergency such as a medication distribution or vaccination event requiring a coordinated effort to ensure effective response, rapid access to resources, and the efficient, safe use of assets.

HCHHSD has adopted NIMS as a model of emergency management, and it will be implemented as an integral part of response activities including an SNS deployment. There are numerous reasons why this system is the most practical for the SNS operations:

1. NIMS clearly defines roles and responsibilities of all participants regardless of the type of event and can be contracted and expanded as needed.
2. NIMS is an established organizational structure that other functional participants in a public health emergency (i.e., fire fighters, law enforcement officials, FEMA) recognize and understand.
3. NIMS is a mechanism for the Command-and-Control group to regionally coordinate its response and to provide critical information to the public about dispensing protective medicines/vaccines and to provide critical information private health providers about clinical protocols.

### Assumptions

SNS deployment will require a coordinated response from different agencies.

## Concept of Operations

### General

HCHHSD will activate the Health EOC at HCHHSD's Central Office, 1304 S. 25<sup>th</sup> Ave. Edinburg, Texas 78542. The health EOC will house political leaders, emergency managers, public health and law enforcement officials, and others to work together to evaluate information about the emergency and manage response operations. The health EOC will provide a liaison that will:

- Interact with the DSHS/R-11 Emergency Support Center (ESC) and Incident Command at the Regional Medical Operation Center.
- Coordinate response activities between DSHS/R- 11, DDC, Schools/ISDs, closed PODs, and cities.
- Answer leadership questions about the SNS.

Hidalgo County  
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- Clarify leadership information and guidance to the SNS team.
- Explain the SNS team's operational status reports if necessary.

The SNS team will report the following to the SNS-HC&C:

- Status of SNS inventory levels, including replenishment actions when existing supplies run low and apportionment actions when demand exceeds existing supplies.
- Status of deliveries (timeliness and frequency) to dispensing sites, treatment centers, and other locations.
- Operational problems that delay the delivery of material.

The management of a major Weapons of Mass Destructions (WMD) terrorist event or subsequent actions (i.e., SNS deployment) will follow the NIMS practices as set forth in HCHHSD's Medical Countermeasures Plan. Unified Command will be established at the incident site (if one exists) and at dispensing sites. The ESC will be established at the DSHS/R-11 Headquarters in Harlingen, Texas. The FBI may establish a Joint Information Center (JIC) that will primarily focus on Crisis Management activities and work with the DSHS/R-11 and the DDC. JIC may be established in or near the Health Service Region.

Unified Command is established at the incident site, at the dispensing sites, and at the DSHS/R-11 ESC. In case of the SNS deployment, the RSS warehouse site(s) and dispensing sites would be considered incident sites and employ a NIMS structure. The size of NIMS structure will depend on the current needs, situation, and magnitude of the event.

### **Area and EOC Command for HCHHSD**

Area command is established in emergencies that involve numerous, concurrent incident sites to coordinate among them. Hidalgo County Health EOC Command (Tab A) will generally be established to address regional and community-wide strategies, response policies, resource prioritization, and requesting outside resources. Hidalgo County Health EOC Command could apply to the DSHS/R-11.

The purpose of the Hidalgo County Health EOC is to:

- Identify region-wide or community-wide incident objectives and priorities.
- Develop an integrated, area-wide incident action plan.
- Make strategic and policy decisions affecting the entire area.
- Prioritize and allocate critical resources that may be in short supply.
- Request external resources from surrounding jurisdictions and the state.

### **Hidalgo County EOC Activation**

Activation of the Hidalgo County EOC and agency representatives who are requested to respond will vary depending on the nature of the incident, threat, or other developments. The agencies represented will generally be limited to those necessary to make key decisions in view of the sensitive nature of the information being discussed and the decisions that must be made. The Hidalgo County Health EOC will coordinate implementation of response measures and interaction with other responding agencies

with the DSHS Regional Office upon activation of the DSHS-R-11 ESC. The Hidalgo County EMC or designee will make the final decision about requested agencies, if necessary.

### **SNS Deployment Interactions**

The Hidalgo County Health EOC, as the lead for the Command-and-Control function section of the SNS, is the main point of contact for all involved agencies and elements of the SNS deployment. Information comes into the Hidalgo County Health EOC from several locations including:

- DSHS/R-11 RSS warehouse site
- Closed PODs
- School Districts (ISDs)
- Dispensing sites (PODs)
- Other delivery points
- Disaster District Committee (DDC)
- Joint Information Center (JIC)

SNS Deployment Interactions diagram can be found under Tab B in this Attachment.

### **Health and Hospitals Branch of the Incident Management System**

In an event involving chemical, biological, or radioactive agents that would call for SNS deployment, Unified Command will be established at the incident site (if one exists) and dispensing sites while Regional EOC Command will be established at DSHS Region 11 RMOC. Major decisions regarding public health response to an incident will be coordinated through a Health and Hospitals Branch established as part of Area Command at the EOC. The Health and Hospitals Branch will include:

- Hidalgo County
- Health Service Region 11
- HPP
- Hospital Liaisons that are not HPP members
- EMS that are not part of HPP or TRAC V
- Other entities as appropriate to the event

Others with specific expertise may be added based on the nature of the event. The diagram below illustrates the structure of the Hospitals Branch.

### **Health and Hospitals Branch Organizational Structure**

Health and Hospitals Branch Organizational Structure can be found in Tab C of this Attachment.

### **National Incident Management at the Dispensing Site**

The typical NIMS structure at the site of an incident is depicted in the diagram in Tab D. It is important to remember that NIMS is a highly flexible system that may vary from what is outlined in the diagram, depending on circumstances. It is also important to remember

that NIMS is a function-based management system, not an agency-based management system. This means that agency personnel may be assigned to various organizational elements (sections, branches, sectors, units) throughout the NIMS.

## **Organization & Assignment of Responsibilities**

### **Assignment of Responsibilities**

1. The Department of State Health Services Commissioner will:
  - a. Determine, with advice from the Regional Director(s) and other officials, whether to declare a regional or local state of disaster, which authorizes extraordinary government action and legally implements the State's SNS RSS Plan.
  - b. Provide overall policy guidance to the Governor.
  - c. Make appropriate public statements and preside over news conferences and briefings regarding major community issues.
2. The Regional Director will:
  - a. Oversee the direction of all regional assets during SNS deployment.
  - b. Provide information and recommendations to the DSHS Commissioner concerning declaring a local state of disaster and other policy issues.
  - c. Assure that the DSHS Commissioner is kept informed of the status of the SNS deployment and the Region's response and recovery activities.
3. The Regional Public Health Preparedness Coordinator will:
  - a. Coordinate regularly with the Regional Preparedness Planner with respect to the security issues and appropriate readiness actions during periods of increased threat.
  - b. In coordination with the Regional Epidemiologist, issue the appropriate Emergency Level for a terrorist incident or substantial, credible threat.
  - c. Coordinate with the Public Safety DDC Liaison and the Regional Director on the need for coordination meetings or DDC activation.
  - d. Activate and manage the Regional EOC at an appropriate level when indicated.
4. The Unified Command will:
  - a. Establish incident command posts (ICP) at dispensing sites and deploy a Unified NIMS organization.
  - b. Establish a communication link with the RMOC, other involved Local EOCs and DDC to provide status updates and request resources and information.
  - c. Demobilize site personnel once the situation has been brought under control.
5. The Hidalgo County Sherriff Department will:
  - a. Provide site, personnel, and equipment security.
  - b. Provide transportation escort.
  - c. Provide traffic and crowd control.
  - d. Conduct intelligence operations and share with other local, state, federal, and military agencies as indicated.
  - e. Determine whether intelligence or threat information needs to be shared with non-law enforcement agencies and provide information and guidance to TDEM.

Hidalgo County  
Appendix 8: Medical Countermeasures Plan

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- f. Send a senior level representative to the DDC if activated.
  - g. Participate in Unified Command at the incident site, if applicable, and dispensing sites.
  - h. Implement the Terrorism Security Plan that delineates pre-determined critical facilities and security priorities in the event of threat or incident.
  - i. Make notifications of terrorist or threats of incidents to the FBI, and other law enforcement agencies.
  - j. Brief emergency response personnel on crime scene protection.
  - k. Coordinate the deployment and operation of counter-terrorist response elements.
  - l. Conduct reconnaissance in vicinity of the incident site to identify threats from delayed action and secondary weapons.
  - m. Organize and conduct, in coordination with the DDC and, local fire and EMS, evacuation of the public and of special facilities if required.
  - n. In coordination with other state and federal authorities, investigate incidents and identify and apprehend suspects.
  - o. Enforce quarantine orders developed by the DSHS Commissioner, including senior public health officials and the local Health Authority.
6. Local Fire Departments may be asked to:
- a. Participate in Unified Command at the incident site, if applicable, and dispensing sites.
  - b. Conduct search and rescue operations pertaining to fire, structural collapse, hazardous materials, and trench (ground collapse) operations.
  - c. Participate in evacuation, particularly operations that require advanced personal protection in the immediate vicinity of the hot zone.
  - d. Set up decontamination area for emergency responders and victims, if needed.
  - e. Carry out initial decontamination of victims, if required, including mass decontamination of large numbers of people.
  - f. Assist hospitals with significant decontamination operations.
  - g. Identify apparently unsafe structures; restrict access to such structures pending further evaluation by the local public works/engineering staff.
  - h. Identify requirements for debris clearance to expedite fire response and search and rescue.
  - i. Activate fire and rescue mutual aid, as needed.
  - j. Provide assistance in patient medical management in support of EMS operations at search and rescue operations pertaining to fire, structural collapse, hazardous materials, and trench (ground collapse) operations.
  - k. Be responsible for application of rescue technologies in all rescue situations, in coordination with EMS patient management priorities.
  - l. Transport clients from dispensing sites to treatment facilities, if needed.
7. Local Emergency Management Coordinator may be asked to:
- a. Participate in Unified Command at the incident site, if applicable, and dispensing sites.
  - b. Activate the Medical Countermeasure plan at the appropriate level.
  - c. Request medical mutual aid if necessary.

Hidalgo County  
Appendix 8: Medical Countermeasures Plan

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- d. Provide patient medical management at search and rescue operations pertaining to fire, structural collapse, hazardous materials, and trench (ground collapse) operations.
  - e. Support evacuation.
  - f. Support and assist in decontamination operations.
  - g. Transport clients from dispensing sites to treatment facilities, if needed.
8. HCHHSD may be asked to:
- a. Activate health emergency operations center in support of regional responses.
  - b. Participate in Unified Hidalgo County EOC Command incidents involving biological agents with HCHHSD being the lead agent.
  - c. Support local hospitals with health facility-based triage.
  - d. Assist with mental health recovery and response activities.
  - e. Manage SNS assets and processes as directed by the DSHS, Region 11.
9. Local Public Utilities may be asked to:
- a. Carry out emergency repairs to water, wastewater, gas, and electric systems as necessary to support emergency operations and restore essential public services.
  - b. In coordination with local and state public health agencies and law enforcement agencies, ensure the safety of water, wastewater, gas, and electric systems. Initiate conservation procedures, if required.
10. Other Departments and Agencies may be asked to:
- a. Provide personnel, equipment, and supply support for emergency operations.
  - b. Provide technical assistance to the Incident Commander and the DSHS/R-11 (RMOC).

## Direction & Control

### General

When a threat affects multiple regions the structure and operation of the Command-and-Control function becomes considerably more complex; the Command-and-Control function also becomes more important for effectively receiving, distributing, and dispensing SNS material.

DSHS, Region 11 will coordinate with the TDSHS, Central Office to:

- Request deployment of the SNS.
- Decide on the central warehouse location for receiving, storing, and staging the SNS that would serve the entire region.
- Identify how to staff central receipt, storage, staging, repackaging, if necessary, and distribution functions.
- Determine how much to distribute initially to each dispensing site and treatment center based on data about health (case count), epidemiological, intelligence, or inventory availability and send that information to the regional SNS inventory control function.
- Coordinate the release of information to the public and to private health providers.

- Coordinate the RSS warehouse site and other jurisdictions in the region if it is used as a regional RSS warehouse site.

## Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
3. Once the Public Health & Medical Services Plan Appendix 8: Medical Countermeasures has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders. Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures are kept at HCHHSD's main offices at **1304 S. 25<sup>th</sup> Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

Public Health Emergency Preparedness Division (PHEP)

Clinical Health Services

Information Technology Services

Safety Officer

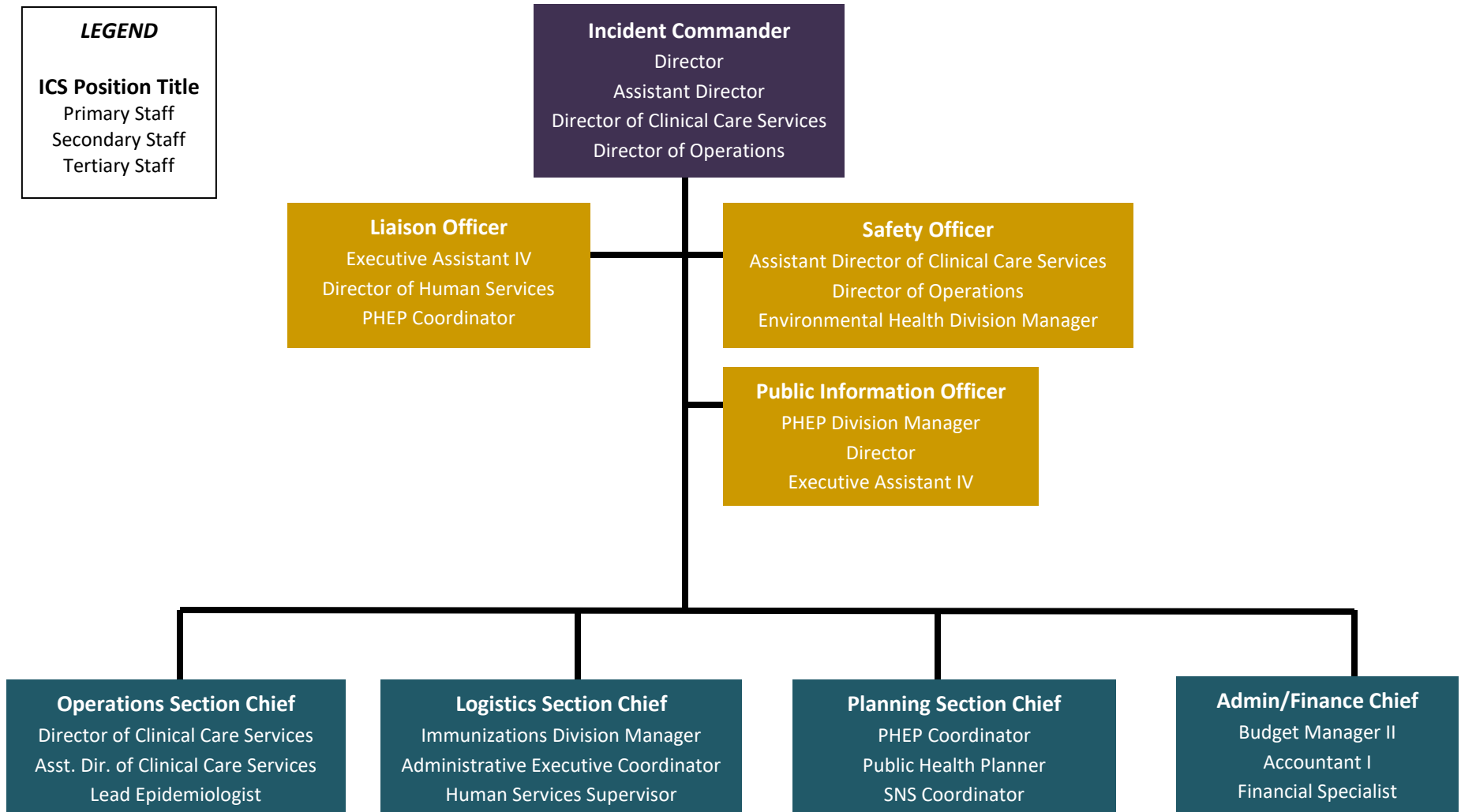
Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

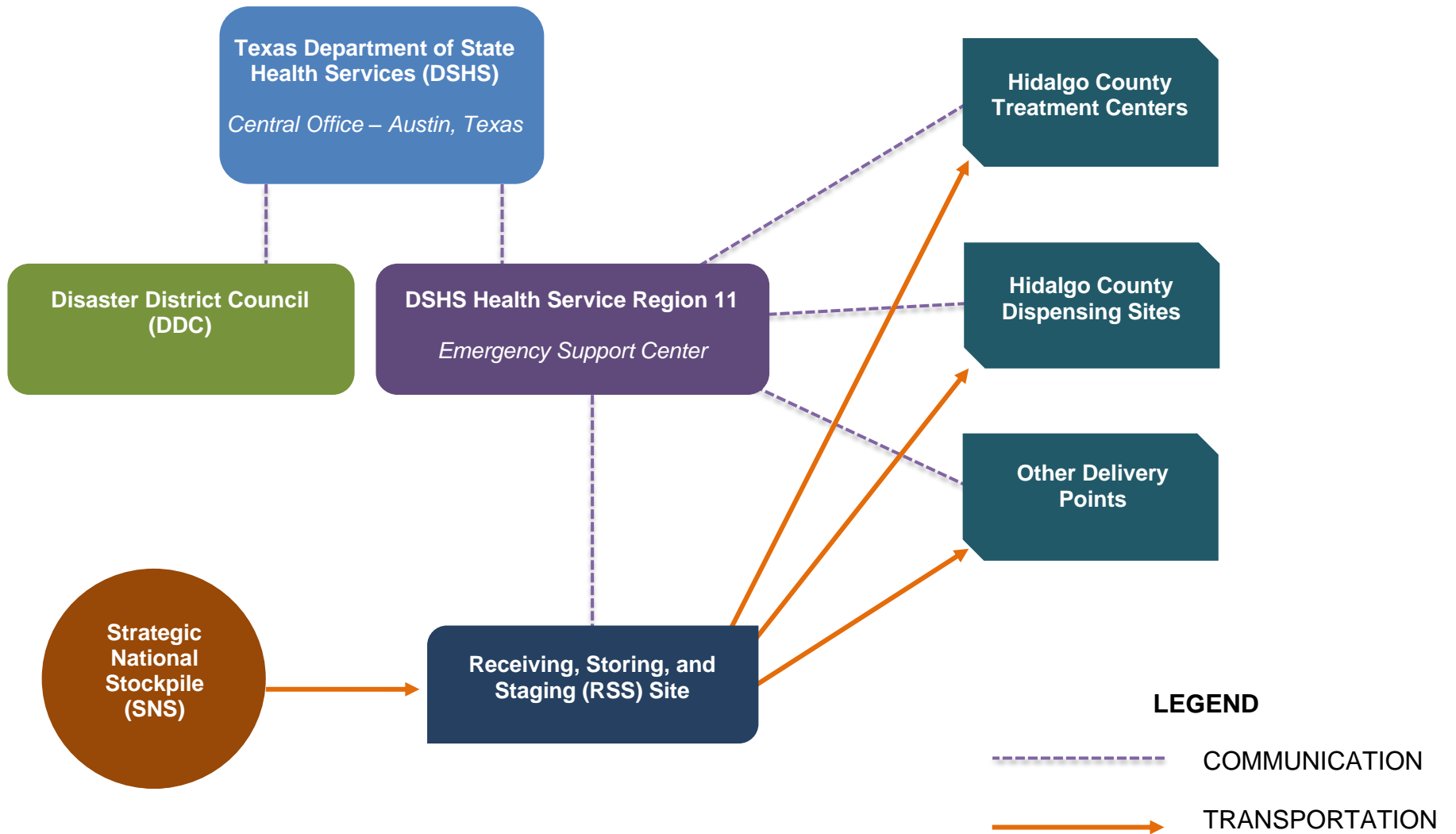
Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

## **Attachments**

- Tab A – Health EOC Organizational Structure
- Tab B – SNS Deployment Interactions
- Tab C – Health and Hospitals Branch Organizational Structure
- Tab D – Incident Command at the Point of Dispensing
- Tab E – Job Action Sheets

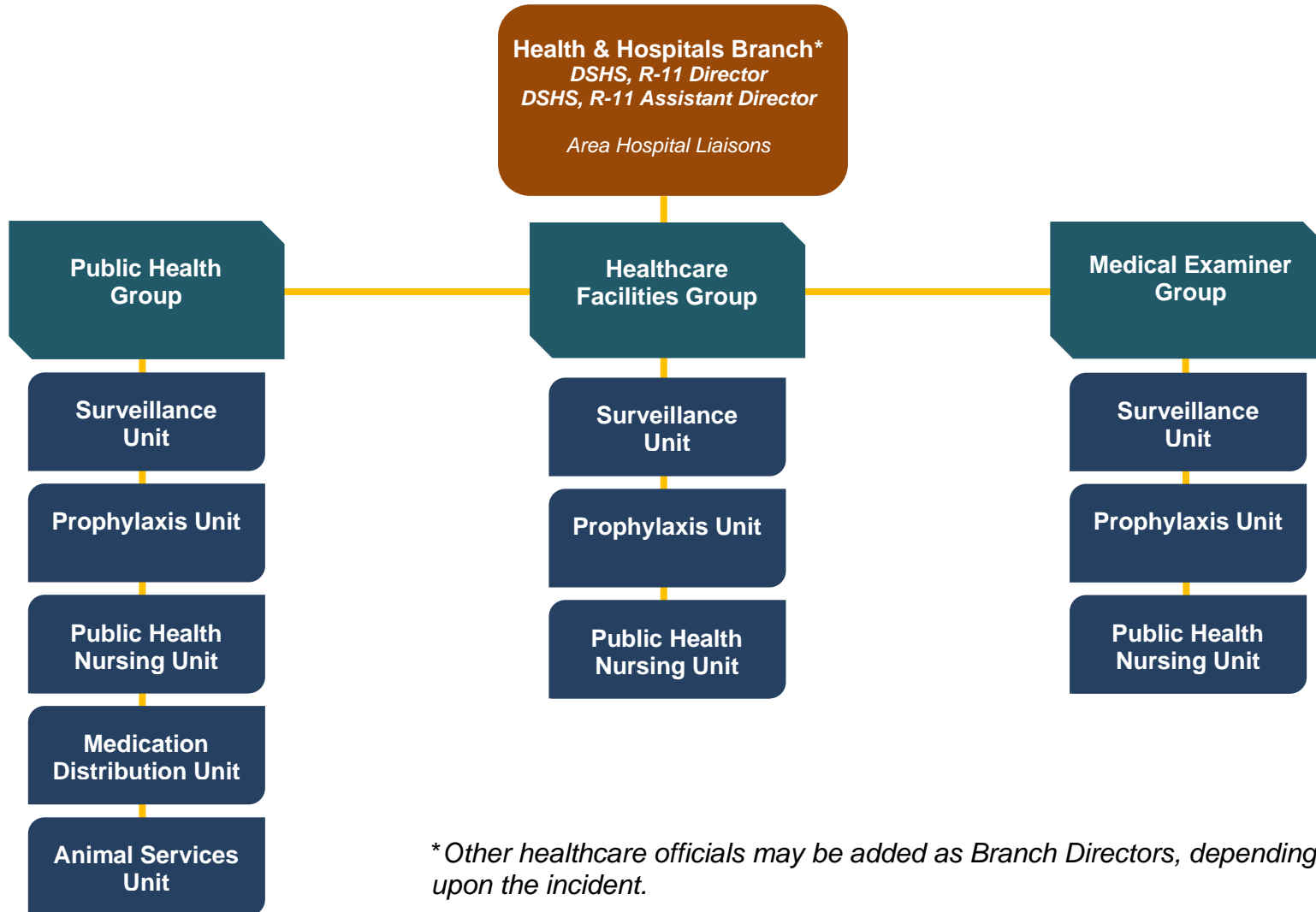


## STRATEGIC NATIONAL STOCKPILE (SNS) DEPLOYMENT INTERACTIONS



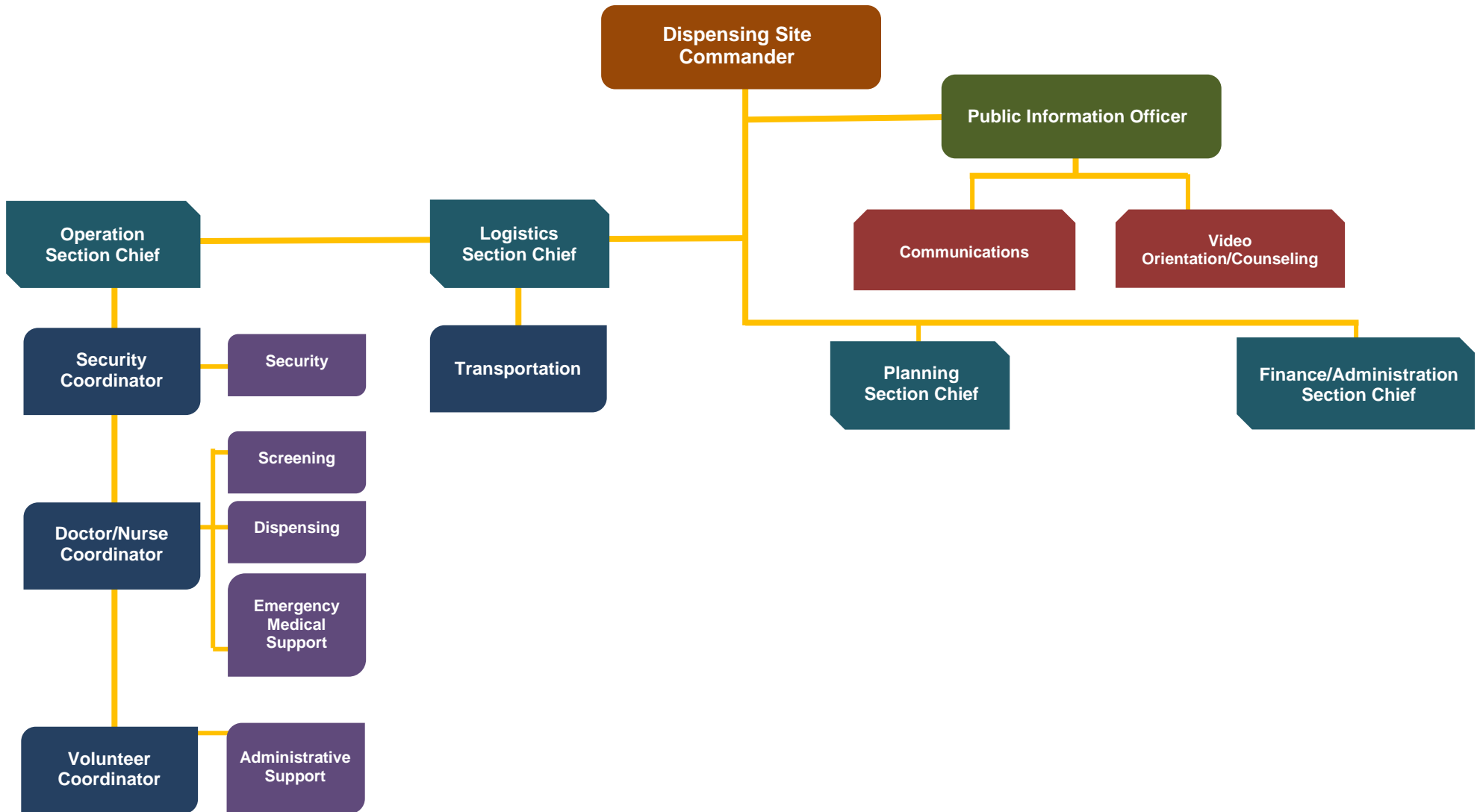
The diagram depicts the overall flow and coordination of SNS supplies.

## HEALTH AND HOSPITALS BRANCH ORGANIZATIONAL CHART



*\*Other healthcare officials may be added as Branch Directors, depending upon the incident.*

## INCIDENT COMMAND AT THE POINT OF DISPENSING



# Hidalgo County



## **Appendix 8: Medical Countermeasures Plan**

**Attachment 7: Command and Control  
Tab E: Job Action Sheets**

**April 2023**

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**ADMINISTRATION/FINANCE MANAGER**  
**ADMINISTRATION/FINANCE SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Non-medical, administrative, finance background preferred.

**REPORT TO:** Command & Control - Site Director

**JOB ACTIONS UPON ACTIVATION:**

- Supervise Admin/Finance staff and oversee all personnel and record functions/problem solving.
- Make staffing assignments for Admin/Finance section. Distribute job action guidelines for assigned staff.
- Ensure that all Admin/Finance staff members complete the training process specific for their job and have received vaccination and/or prophylaxis.
- Maintain log of on-site training conducted.
- Provide staffing support for all clinic sections.
- Ensure that all Admin/Finance staff members receive instruction regarding client information confidentiality.
- In conjunction with Safety Officer, ensure that all Admin/Finance staff has been advised of appropriate personal protective equipment.
- Maintain listing of appropriate emergency communications systems and phone numbers.
- Monitor staff for stress and fatigue. Make arrangements for staff breaks.
- Maintain client records.
- Oversees client data entry and record storage procedures.
- Documents costs incurred in clinic operation.
- Documents staff time in support of clinic operations.
- Send appropriate reports to the Site Director.

**SHIFT CHECKLIST:**

- Report to Site Director.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Turn in required forms to Site Director.
- Receive client forms and all clinic records for central storage and access.
- Provide briefing to oncoming Admin / Finance Manager.
- At end of shift report to Site Director and sign out.

**VOLUNTEER COORDINATOR**  
**ADMINISTRATION/FINANCE SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Non-medical (background experience in managing volunteer programs or large events with basic computer and internet skills)

**REPORT TO:** Admin/Finance Section -- Admin/Finance Manager

**JOB ACTIONS:**

- Supervise actions of Volunteer area staff. Act in these positions as necessary.
- Make staffing assignments for Volunteer area staff. Distribute job action guidelines for assigned staff.
- Ensure all Volunteer area staff members complete the training process for their job and have received vaccination and/or prophylaxis.
- Maintain log of on-site training conducted.
- In conjunction with Safety Officer, ensure all volunteer area staff has been advised of appropriate personnel protective equipment.
- Review clinic flow and stations with staff members.
- Coordinate with Site Director and section managers as to staffing needs.
- Access community organizations for volunteer staff and coordinate recruitment efforts.
- Maintain roster of persons available for volunteer assignments.
- Maintain schedule of times that volunteers will be available to work.
- Ensure appropriate recognition and retention activities for ongoing participation of volunteers.
- Conduct recall of volunteers when clinic is activated for real event or for exercise.
- Validate volunteer credentials at clinic check-in and log time and labor. Issue appropriate vest and badge to clinic staff at shift check-in. Collect vests and badges at end of shift.

**SHIFT CHECKLIST:**

- Report to Admin/Finance Manager.
- Sign personnel checklist and report to assigned work area.
- Wear badge at all times.
- Provide briefing to oncoming Volunteer Coordinator.
- At end of shift, report to Admin/Finance Manager and sign out.

**RECORDS CLERK/DATA ENTRY**  
**ADMINISTRATION/FINANCE SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Non-medical/Volunteer

**REPORT TO:** Admin/Finance Section -- Admin/Finance Manager

**JOB ACTIONS:**

- Collects and stores all vaccination, prescription or medical history forms in a secure area hourly until the clinic is demobilized.
- Enters appropriate client information into provided data entry system.
- Prepares reports for Site Director and other clinic staff as needed.
- Ships records to appropriate public health region when directed.

**SHIFT CHECKLIST:**

- Report to Admin / Finance Manager.
- Sign personnel checklist.
- Wear badge at all time.
- Provide briefing to oncoming Records Clerk / Data Entry staff.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Admin / Finance Manager.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Records Clerk / Data Entry.
- When activated, familiarize self with computer equipment, internet access, computer access codes, and available software at specific clinic location.
- Review privacy issues in mass-clinic setting.

**FLOATER**  
**ADMINISTRATION/FINANCE SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Non-medical, volunteers

**REPORT TO:** Admin/Finance Section -- Volunteer Coordinator

**JOB ACTIONS:**

- Make rounds of clinic stations frequently to assist clinic personnel and deliver supplies as needed.
- Help maintain clinic flow.
- Assist with handicapped and elderly.
- Answer telephones.
- Collect forms.
- Additional duties as assigned by the Volunteer Coordinator.

**SHIFT CHECKLIST:**

- Report to Volunteer Coordinator.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming Floater.
- At end of shift, report to Volunteer Coordinator and sign out.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Volunteer Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Floater.
- Receive specific job training from Volunteer Coordinator or assigned supervisor before assuming duties of that job.
- Review privacy issues in mass-clinic setting.

**SAFETY OFFICER**  
**SAFETY SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Safety/security experienced preferred.

**REPORT TO:** Command & Control – Site Director

**JOB ACTIONS:**

- Ensure safety of clients and staff.
- Ensure adequate inventory of safety supplies and personal protective equipment. Issue personal protective equipment to site staff.
- Request additional supplies as needed from EOC.
- Maintain open communication with all section managers.
- Provide safety training as may be appropriate.
- Ensure medical and biohazard waste is properly handled and disposed of.
- Document all clinic staff or client accidents/injury on designated city/county forms.
- Monitor clinic site for safety concerns on a continual basis.
- Correct identified hazards immediately. Notify Site Director of hazards which cannot be corrected immediately. Isolate hazards which cannot be corrected if possible.

**SHIFT CHECKLIST:**

- Report to Site Director.
- Sign personnel checklist.
- Wear badge at all times.
- Provide briefing to oncoming Safety Officer.
- At end of shift, report status of any accidents/injuries concerning clinic staff or clients to Site Director. Sign out.

**CLINIC MANAGER**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Licensed health care professional.

**REPORT TO:** Command & Control - Site Director

**JOB ACTIONS:**

- Supervise Operations / Clinic staff and oversee all clinic functions / problem solving.
- Make staffing assignments. Distribute job action guidelines for assigned staff.
- Ensure that all clinic staff members complete the training process specific for their job and have received vaccination and/or prophylaxis.
- Maintain log of on-site training conducted.
- Ensure that all clinic staff members receive instruction regarding client information confidentiality.
- In conjunction with Safety Officer, ensure that all clinic staff has been advised of appropriate personal protective equipment.
- Assist with emergency medical situations.
- Review storage, handling and cleanup instructions for the vaccine/medication being used with appropriate staff before the beginning of each shift.
- Ensure that Incident Reports are filled out as necessary for injuries or loss/damage to property and filed with Safety Officer.
- Maintain listing of appropriate emergency communications systems and phone numbers.
- Post appropriate blood-borne pathogen exposure control protocols.
- Monitor staff for stress and fatigue. Make arrangements for staff breaks.
- Maintain records reflecting client throughput, waiting times, number of clients assigned to isolation and / or quarantine, number of clients transported, and locations to where clients were sent.
- Send appropriate reports to the Site Director.

**SHIFT CHECKLIST:**

- Report to Site Director.
- Sign personnel checklist and report to Operations work area.
- Wear badge at all times.
- Visit all operations section stations during each shift.
- Turn in required forms to Site Director.
- Take reports from all stations.
- Receive from Triage Coordinator Bio-agent Contact Referral and EMS transport forms. Notify Local / Regional Health Authority of all contact cases and disposition.
- Provide briefing to oncoming Clinic Manager. Conduct tour of Operations Section stations.
- At end of shift, report to Site Director and sign out.

**CRISIS COUNSELOR**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Counseling experience (Mental Health Workers, Social Workers, School Counselor, and Clergy).

**REPORT TO:** Operations Section – Education Coordinator

**JOB ACTIONS:**

- Provide crisis counseling for clients and clinic staff.
- Observe clients and clinic staff for sign of fear, frustration, anger and attempt to provide comfort.
- Monitor the environment and alert Security staff of concerns of potential violent situations.
- Coordinate prophylaxis / vaccination of adult mentally challenged clients or minor children who self-present without adult / guardian supervision present. Client will be evaluated by licensed medical evaluator and prophylaxis / vaccinated, with written instructions provided for follow-up care.

**SHIFT CHECKLIST:**

- Report to Education Coordinator.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming Counselor.
- Sign off/report to Education Coordinator.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training
- Complete familiarization of clinic ICS organization with Education Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Crisis Counselor
- Review CDC bio-agent fact sheets.
- Review privacy issues in mass-clinic setting.
- Review policies on minor children and mentally-challenged people self-presenting for medication.

**DISPENSING COORDINATOR**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Registered Pharmacist or Licensed Physician, Physician Assistants, Clinical Nurse Specialist, Nurse Practitioner (with prescriptive authority)

**REPORT TO:** Operations Section - Clinic Manager

**JOB ACTIONS:**

- Supervise actions of Dispensing area personnel. Act in these positions as necessary.
- Make staffing assignments. Distribute job action guidelines for assigned staff.
- Ensure that all Dispensing area personnel complete the training process specific for their job and have received vaccination and/or prophylaxis.
- Maintain log of on-site training conducted.
- In conjunction with Safety Officer, ensure that all Dispensing area staff has been advised of appropriate personal protective equipment.
- Meet with Dispensing / Vaccination staff and review dispensing site operations to ensure they have a clear understanding of client flow and dispensing protocols. Train medical and pharmaceutical staff in use of algorithms and other prescribing tools.
- Defer from prophylaxis those clients who are contraindicated (unless health authority waives deferrals due to contraindications). Prescribe alternative solutions if possible to preclude contraindications.
- Ensure young children and guardians / parents are directed to appropriate dispensing stations for algorithm determination.
- If appropriately licensed, direct the reconstitution / compounding of drugs per Standing Delegation Orders.
- Oversee the dispensing of appropriate drugs / vaccines per Standing Delegation Orders and recording of comments on the back of the Screening & Consent Signature Form.
- Monitor client throughput and resolve bottlenecks. Make recommendations for throughput improvement.
- Dispense drugs to clients as duties allow.
- Direct non-consent and contraindicated clients to shelter-in-place. Document client disposition on back of Screening and Consent form.

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming Dispensing Coordinator.
- At end of shift, report to Clinic Manager and sign out.

**EDUCATION COORDINATOR**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Volunteers with some teaching experience

**REPORT TO:** Operations Section – Clinic Manager

**JOB ACTIONS:**

- Supervise actions of Education area staff. Act in these positions as necessary.
- Make staffing assignments. Distribute job action guidelines for assigned staff.
- Ensure that all Education area staff complete the training process specific for their job and have received vaccination and/or prophylaxis.
- Maintain log of on-site training conducted.
- In conjunction with Safety Officer, ensure that all Education area has been advised of appropriate personal protective equipment.
- Ensure assigned staff has a badge with name, job title and assigned station.
- Review clinic flow and stations with staff members.
- Review information with staff members regarding client confidentiality and proper completion of forms.
  - If all “NO” answers sign as a witness after client has signed the Medical History/Consent form, send to dispensing area.
  - If any “YES” or “BLANK” answers highlight the contraindication, **do not sign as a witness** and send to medical evaluator/screener area.
  - Do not separate family members. If separation deemed necessary, contact Clinic Manager for assistance.

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to appropriate station.
- Wear badge at all times
- Monitor staff for stress and fatigue. Make arrangements for staff breaks.
- Provide briefing to oncoming Education Coordinator.
- At the end of the shift report to Clinic Manager, and sign out.

**EDUCATOR**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Volunteers with some teaching experience

**REPORT TO:** Operations Section – Education Coordinator

**JOB ACTIONS:**

- Pick up enough clients from the holding area to fill your room.
- Conduct client orientation (show film and/or explain fact sheets).
- Distribute and explain Medical History/Consent form to clients.
- Assist clients with completing forms.
- Review forms for completeness and accuracy.
  - If all “No” answers sign as a witness after client has signed the Medical History/Consent form, send to dispensing area.
  - If any “Yes” answers highlight the contraindication, do not sign as a witness and send to medical evaluator/screener area.
  - Route families with mixed History / Consent forms to the Medical Evaluator in order to not separate families.

**SHIFT CHECKLIST:**

- Report to Education Coordinator.
- Sign personnel checklist and report to Educator station.
- Wear badge at all times.
- Ensure each client has a Screening and Consent form and Record of Immunization / Prophylaxis.
- Provide briefing to oncoming Educator personnel.
- Sign off/report to Education Coordinator.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Education Coordinator.
- Complete review of dispensing clinic functions, site familiarization, and job action sheets for Educator.
- Review CDC bio-agent fact sheets.
- Review privacy issues in mass-clinic setting.

**EMERGENCY MEDICAL SUPPORT**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Certified/licensed EMS personnel or other medical personnel trained in emergency care.

**REPORT TO:** Operations Section – Triage Coordinator

**JOB ACTIONS:**

- Provide first aid for clients and clinic personnel within the scope of licensure and protocols.
- Use universal precautions to prevent exposure to blood-borne pathogens. Immediately report any blood-borne pathogen exposure to the Triage Coordinator.
- Maintain an EMS form of emergency care given and provide a copy to the Triage Coordinator.
- Transport clients and/or clinic personnel as needed.

**SHIFT CHECKLIST:**

- Report to Triage Coordinator.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming Emergency Medical Support personnel.
- At end of shift, report to Triage Coordinator; turn in all forms used during the shift, and sign out.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Triage Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Emergency Medical Support.
- Review CDC bio-agent web-based curricula. If not available, review bio-agent fact sheets.
- Review standing delegation orders.
- Review isolation / quarantine / medical treatment options for clients who may have been exposed but not symptomatic, and for symptomatic clients.
- Review privacy issues in mass-clinic setting.

**EXIT EDUCATOR**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Volunteers, Teachers, Social Workers

**REPORT TO:** Operations Section – Education Coordinator

**JOB ACTIONS:**

- Ensure that the client has all of the necessary information sheets and instructions. (Example: prophylaxis drug information sheet, follow-up medication procedures, smallpox vaccination site care, etc.)
- Answer any final questions and remind participant to keep and follow all instructions received.
- Inform client to report adverse reactions to medical provider.
- Maintain supply of extra information and instruction sheets for distribution, if necessary.

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming Exit Educator personnel.
- Sign off/report to Clinic Manager.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Education Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Exit Educator.
- Review CDC bio-agent fact sheets.
- Review privacy issues in mass-clinic setting.

**CONTACT EVALUATOR**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Public Health Personnel, preferred

**REPORT TO:** Operations Section – Triage Coordinator

**JOB ACTIONS:**

- Register identified contacts and their household contacts for surveillance using Bio-agent Contact Referral Form. Forward form to Triage Coordinator.
- Provide client Screening and Consent, Record of Immunization / Prophylaxis, and client advisory forms as needed. Assist in completing forms as necessary.
- Instruct and provide written Contact Instructions to identified contacts and their household contacts regarding:
  - Sign/symptoms of exposure to bio-agent(s)
  - Any travel restrictions
  - Contact surveillance process
  - Reporting requirements
- If client is confirmed not to be exposed, direct /escort to Education station for normal client mainstreaming.
- If contact has symptoms of bio-agent exposure:
  - Give Contact Instructions
  - Notify the Triage Coordinator, Clinic Manager, and Site Director
  - If appropriately licensed and trained, begin prophylaxis of contact clients by dispensing approved drugs, alternative drugs, or vaccinating rather than mainstreaming into the normal prophylaxis / vaccination process.
  - Direct client to isolation, or Emergency Medical Support for immediate treatment
- If contact is confirmed to be exposed, but has no symptoms:
  - If contact has contraindications precluding prophylaxis but no symptoms of bio-agent exposure:
    - Provide Dispensing Coordinator list of client symptoms that preclude prophylaxis and attempt to gain alternative prophylactic method.
    - If appropriately licensed and trained, begin prophylaxis of potential contact clients by dispensing approved drugs, alternative drugs, or vaccinating rather than mainstreaming into the normal prophylaxis / vaccination process.
  - Give Contact Instructions
  - Notify Triage Coordinator, Clinic Manager, and Site Director
  - Direct client to quarantine
- Assist other evaluation / dispensing stations as situation allows.

**SHIFT CHECKLIST:**

- Report to Triage Coordinator.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Register all contacts.

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- Provide briefing to oncoming Contact Evaluator.
- At end of shift, report to Triage Coordinator and sign out.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Triage Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Contact Evaluator.
- Review CDC bio-agent web-based curricula. If not available, review bio-agent fact sheets.
- Review standing delegation orders.
- Review Screening and Consent and record of immunization / prophylaxis forms and documentation processes.
- Review isolation / quarantine / medical treatment options for clients who may have been exposed but not symptomatic, and for symptomatic clients.
- Review privacy issues in mass-clinic setting.

**GREETER**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Clerical/Volunteer

**REPORT TO:** Operations Section – Education Coordinator

**JOB ACTIONS:**

- Review and familiarize self with dispensing site surroundings for workstation locations, office areas, lavatories, first aid, and break room.
- Maintain traffic control around the entrance into the triage area.
- Greet clients as they arrive.
- Attempt to separate well clients from ill clients.
- Keep families together.
- Do not allow anyone into clinic area until they have been triaged.
- Direct clients as necessary to maintain order at the entry area and client flow into triage station.
- Assess client and notify Education Coordinator regarding client special needs, concerns, or problems.
- Call clinic security for backup as necessary.
- Obtain translator or other assistance for special needs clients, if necessary.

**SHIFT CHECKLIST:**

- Report to Education Coordinator.
- Sign personnel checklist and report to proper station.
- Wear badge at all times.
- Provide briefing to oncoming Greeter personnel.
- At the end of the shift, report to Education Coordinator, report all problems encountered during the shift, and sign out.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Education Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Greeter.
- Review CDC bio-agent fact sheets.
- Review privacy issues in mass-clinic setting.

**SICK CLIENT EVALUATOR**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Licensed Physician, Physician Assistant, Nurse Practitioner

**REPORT TO:** Operations Section – Triage Coordinator

**JOB ACTIONS:**

- Evaluate/examine sick clients identified at Triage station.
- Provide backup consultation for contacts and/or individuals with possible contraindications identified by the Medical Evaluators.
- Evaluate any immediate problems (e.g. fainting or anaphylaxis) following dispensing; complete documentation.
- Direct clients to next appropriate station.
- Direct / escort contact clients to EMS station for transportation to hospital/isolation/quarantine facility.

**SHIFT CHECKLIST:**

- Report to Triage Coordinator.
- Sign personnel checklist and report to appropriate station.
- Wear badge at all times.
- Provide briefing to oncoming Sick Client Evaluator.
- Provide Triage Coordinator hourly all Bio-agent Contact Referral forms and EMS transport forms.
- At the end of the shift report to Triage Coordinator and sign out.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Triage Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Sick Client Evaluator.
- Review CDC bio-agent web-based curricula. If not available, review bio-agent fact sheets.
- Review standing delegation orders.
- Review Screening and Consent and record of immunization / prophylaxis forms and documentation processes.
- Review isolation / quarantine / medical treatment options for clients who may have been exposed but not symptomatic, and for symptomatic clients.
- Review privacy issues in mass-clinic setting.

**MEDICAL EVALUATOR**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Licensed Physician, Physician Assistant, Nurse Practitioner

**REPORT TO:** Operations Section – Dispensing Coordinator

**JOB ACTIONS:**

- Evaluate and provide counseling to clients referred by medical screener or other evaluation stations.
- Determine appropriate prophylaxis / vaccination options or deferral.
- Direct to appropriate dispensing station, isolation / quarantine / shelter in place location or treatment facility.

**SHIFT CHECKLIST:**

- Report to Dispensing Coordinator.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming Medical Evaluator.
- At the end of the shift, report to Dispensing Coordinator, and sign out.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Dispensing Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Medical Evaluator.
- Review CDC bio-agent web-based curricula. If not available, review bio-agent fact sheets.
- Review standing delegation orders.
- Review Screening and Consent and record of immunization / prophylaxis forms and documentation processes.
- Review privacy issues in mass-clinic setting.

**MEDICAL SCREENER**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Physician Assistant, Nurse Practitioner, Nurse, other medical professionals, certified/licensed EMS personnel

**REPORT TO:** Operations Section – Dispensing Coordinator

**JOB ACTIONS:**

- Gives the appropriate fact sheets.
- Review client history for contraindications.
- Note highlighted contraindications and record comments on the back of the Screening & Consent Form.
- Direct to:
  - Medical Evaluator, if necessary due to contraindication
  - Vaccination / prophylaxis, if not contraindicated
- Sign Screening and Consent forms as witness if informed consent is given by client.
- Direct non-consent cases to Dispensing Coordinator.

**SHIFT CHECKLIST:**

- Report to Dispensing Coordinator.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming Medical Screener.
- At end of shift, report to Dispensing Coordinator, and sign out.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Dispensing Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Medical Screener.
- Review CDC bio-agent web-based curricula. If not available, review bio-agent fact sheets.
- Review privacy issues in mass-clinic setting.
- Review standing delegation orders.

**TRANSLATOR**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATONS:** Ability to communication in foreign language(s) or sign language.

**REPORT TO:** Operations Section – Education Coordinator

**JOB ACTIONS:**

- Work with greeters to identify clients with language barriers requiring translators.
- Maintain log identifying numbers of clients and what non-English languages were served by the translator. Record count of services provided, to include:
  - Assistance in filling out forms
  - Answering questions
- Translate for individuals who are non-English speaking or in need of sign language and are not accompanied by someone who can translate for them.
- Assist clients with completion of forms.

**SHIFT CHECKLIST:**

- Report to Education Coordinator.
- Sign personnel checklist.
- Wear badge at all times.
- Provide briefing to oncoming Translator personnel.
- Sign off/report to Education Coordinator.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Education Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Translator.
- Familiarize self with CDC-provided translation guides (computer-based). Learn process to produce forms in hard-copy for specific languages.
- Review CDC bio-agent fact sheets in English and Spanish, where applicable.
- Review privacy issues in mass-clinic setting.

**TRIAGE COORDINATOR**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Nurse, Nurse Practitioner, Physician Assistant, EMT, or Paramedic

**REPORT TO:** Operations Section – Clinic Manager

**JOB ACTIONS:**

- Supervise actions of Triage personnel. Act in these positions as necessary.
- Make staffing assignments. Distribute job action guidelines for assigned staff.
- Ensure that all Triage area personnel complete the training process specific for their job and have received vaccination and/or prophylaxis.
- Maintain log of on-site training conducted.
- In conjunction with Safety Officer, ensure that all clinic staff has been advised of appropriate personal protective equipment.
- Screen clients for disease or contact with identified agent. Utilize triage protocol for screening clients for disease or contact with identified agent.
- Direct / escort ill clients to Ill Client Evaluation Area.
- Direct / Escort symptomatic or exposed individuals and their family members to Contact Surveillance Area.
- Direct all others to the main clinic flow.

**SHIFT CHECKLIST:**

- Report to Clinic Manager.
- Sign personnel checklist and report to the appropriate station.
- Wear badge at all times.
- Distribute laminated triage sheet to personnel.
- Monitor staff for stress and fatigue. Make arrangements for staff breaks.
- Provide briefing to oncoming Triage personnel.
- Receive from Ill Client Evaluator Bio-agent Contact Referral forms and EMS transport forms. Provide to Clinic Manager hourly.

**TRIAGE STAFF**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Nurse, Nurse Practitioner, Physician Assistant, EMT, or Paramedic

**REPORT TO:** Operations Section – Triage Coordinator

**JOB ACTIONS:**

- Screen clients for disease or contact with identified agent. Utilize triage protocol for screening clients for disease or contact with identified agent.
- Direct / escort ill clients to Ill Client Evaluation Area.
- Direct / Escort symptomatic or exposed individuals and their family members to Contact Surveillance Area.
- Direct all others to the main clinic flow.

**SHIFT CHECKLIST:**

- Report to Triage Coordinator.
- Sign personnel checklist and report to the appropriate station.
- Wear badge at all times.
- Screen clients using triage questions.
- Provide briefing to oncoming Triage personnel.
- At the end of the shift, report to Triage Coordinator and sign out.
- At the end of the shift, report to Clinic Manager.

**VACCINATOR/DISPENSER**  
**OPERATIONS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Pharmacist, Pharmacy Technician, Physician, Physician Assistant, Nurse Practitioner, Nurse, Paramedic, Veterinarian, Dentist, or other approved personnel

**REPORT TO:** Operations Section – Dispensing Coordinator

**JOB ACTIONS:**

- Review protocols.
- Verify that the client is to be vaccinated / treated.
- Verify that the Screening and Consent Signature Form has been signed and witnessed.
- Address any remaining questions.
- Administer vaccination / prophylaxis according to protocol.
- Fill out labels and apply identification number to Screening and Consent Form. Sign consent form as dispenser.
- Hold client forms until picked up by records management staff.
- Immediately request assistance from EMS or the Dispensing Coordinator if signs or symptoms of an adverse reaction appear. Follow adverse reaction protocols.
- Immediately report any blood-borne pathogen exposure to the Dispensing Coordinator.
- Collect Screening and Consent Forms.
- Send client to Exit station.

**SHIFT CHECKLIST:**

- Report to Dispensing Coordinator.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming Vaccinator / Dispenser personnel.
- At the end of the shift report to Dispensing Coordinator, and sign out.
- TREAT CONTAMINATED MATERIALS AS INFECTIOUS WASTE AND PAY STRICT ATTENTION TO HAND HYGIENE.**

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Dispensing Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Vaccinator / Dispenser.
- Review CDC bio-agent web-based curricula. If not available, review bio-agent fact sheets.
- Review standing delegation orders.
- Review and practice proper vaccination/dispensing techniques, methods to prevent contamination of the vaccine, exposure risks, preparation of the vaccination site, immediate normal and abnormal post-vaccination responses, and proper follow-up care of the vaccination site.

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- Familiarize self with blood-borne pathogen / hazardous / medical waste protocols and waste disposal instructions.
- Review Screening and Consent and record of immunization / prophylaxis forms and documentation processes.
- Review privacy issues in mass-clinic setting.

**COMMUNICATIONS COORDINATOR**  
**LOGISTICS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Non-medical, computer and telecommunications systems experience preferred; general knowledge of audiovisual, radio, telephone, and networking systems.

**REPORT TO:** Logistics Section -- Logistics Manager

**JOB ACTIONS:**

- Supervise actions of communications staff and operation of telecommunications / audiovisual equipment. Act in these positions as necessary.
- Determine special telecommunication / audiovisual needs and obtain material and staff support as situation dictates.
- Make staffing assignments. Distribute job action guidelines for assigned staff.
- Ensure that all Communications staff members complete the training process specific for their job and have received vaccination and/or prophylaxis.
- Maintain log of on-site training conducted.
- In conjunction with Safety Officer, ensure that all Communications staff has been advised of appropriate personal protective equipment.
- Ensure assigned staff has a badge with name, job title and assigned station.
- Review clinic flow and stations with staff members.
- Responsible for troubleshooting and repair of all telecommunications / audiovisual equipment used in clinic operations.
- Provide messaging support for clinic staff.
- Obtain access codes for installed facility security systems and copier systems and control usage.
- Establish and maintain redundant communications with EOC, local law enforcement, RCC and other locations as directed.
- Maintain local emergency phone number and radio frequency list.

**SHIFT CHECKLIST:**

- Report to Logistics Manager.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming Communications Manager.
- At end of shift, report to Logistics Manager and sign out.

**FOOD SERVICE COORDINATOR**  
**LOGISTICS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Non-medical, food service experience preferred.

**REPORT TO:** Logistics Section – Logistics Manager

**JOB ACTIONS:**

- **Ensure that there are adequate food and beverages for site personnel.**
- In coordination with Safety Officer, provide necessary fluids for clients.
- Coordinates all food, beverages and food service support from community or outside resources.
- Coordinate serving times with section managers.
- Ensure proper food temperature, sanitation and garbage disposal at all times.
- Document donations and/or purchases.

**SHIFT CHECKLIST:**

- Report to Logistics Manager.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming Food Service Coordinator.
- At end of shift, report to Logistics Manager and sign out.

**INVENTORY CONTROL TECHNICIAN**  
**LOGISTICS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Non-medical, computer skills in databases, spreadsheets, with internet and email skills; inventory management experience helpful.

**REPORT TO:** Logistics Section, Supply Coordinator

**JOB ACTIONS:**

- Maintains accurate records reflecting receipt, issuance, and distribution of external shipment of Strategic National Stockpile assets.
- Provides routine reports to Supply Coordinator reflecting type and quantity of SNS assets on hand.
- Use standardized electronic record keeping and reporting software as provided.
- Maintain backup hard copy records for use in the event that electronic software fails.
- Upon demobilization, provide consolidated records of all SNS transactions to Supply Coordinator.

**SHIFT CHECKLIST:**

- Report to Supply Manager.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming Inventory Control Technician.
- At end of shift, report to Supply Coordinator and sign out.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Supply Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Inventory Control Technician.
- When activated, familiarize self with computer equipment, internet access, computer access codes, and available software at specific clinic location.

**INFORMATION TECHNOLOGY (IT) TECHNICIAN**  
**LOGISTICS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Experienced IT support individual with school district/facility IT personnel preferred. Microsoft database and spreadsheet software experience, internet, email capabilities preferred an addition networking experience helpful.

**REPORT TO:** Logistics Section -- Communications Coordinator

**JOB ACTIONS:**

- Set up all IT systems needed to collect data, report data, and connect to the internet and intranets.
- Set up special communications systems, including internet-based emergency management programming (WEBEOC).
- Work with facility staff to obtain and manage password systems for installed computer systems.
- Provide training and support to data entry personnel. Act in data entry role as required.
- Troubleshoot system problems. Obtain support services if needed.
- Upon demobilization return all equipment and software to original state.
- Ensure software licensing regulations are followed and that unauthorized copying of software does not occur.

**SHIFT CHECKLIST:**

- Report to Communications Coordinator.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide debriefing to oncoming IT Technician.
- At end of shift report to Communications Coordinator and sign out.

**TRAINING GUIDELINES**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Communications Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Information Technology Technician.
- When activated, familiarize self with computer equipment, internet access, computer access codes, and available software at specific clinic location.
- Locate and familiarize self with telephone numbers for clinic and emergency support sites, including local emergency operations centers and the RCC.
- Familiarize self with translation document process, inventory control programs/databases, and client data entry and volunteer management systems.

**LOGISTICS MANAGER**  
**LOGISTICS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Non-medical, experienced in supply and / or merchandise management, warehouse management. Have good organizational skills and management experience.

**REPORT TO:** Command & Control - Site Director

**JOB ACTIONS:**

- Supervise Logistics staff and oversee all site support functions / problem solving.
- Make staffing assignments for Logistics section. Distribute job action guidelines for assigned staff.
- Ensure that all Logistics staff members complete the training process specific for their job and have received vaccination and/or prophylaxis.
- Ensure that all Logistics staff members receive instructions regarding client and Strategic National Stockpile information confidentiality.
- Maintain log of on-site training conducted.
- In conjunction with Safety Officer, ensure that all Logistics staff has been advised of appropriate personal protective equipment.
- Ensure adequate restrooms available onsite or arrange for portable sanitation facilities.
- Oversee emergency communications systems and phone numbers.
- Notify Site Director of requirements and order needed supplies through the EOC.
- Monitor staff for stress and fatigue. Make arrangements for staff breaks.
- Assist with emergency situations.
- In conjunction with Safety Manager, ensure that Incident Reports are filled out as necessary for injuries or loss/damage to property.
- Upon demobilization, oversee the recovery of all remaining Strategic National Stockpile assets and prepare for return as directed. Ensure site facility is returned to original condition.
- Send appropriate reports to the Site Director at required intervals.

**SHIFT CHECKLIST:**

- Report to Site Director.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming Logistics Manager.
- At end of shift, report to Site Director and sign out.

**FACILITY MAINTENANCE AND CUSTODIAL CARE**  
**LOGISTICS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Non-medical, maintenance and custodial experience preferred. Existing facility staff preferred.

**REPORT TO:** Logistics Section – Logistics Manager

**JOB ACTIONS:**

- Ensures cleanliness of site, to include restrooms, break rooms, workstations, and office areas.
- Keep restrooms and break rooms, and other areas stocked with appropriate consumable supplies such as toilet paper, paper towels, trash bags, etc. Notify Logistics Manager if supplies must be procured.
- Monitor clinic areas for spills, etc. that might compromise the safety of clients and staff.
- Monitor and arrange for portable restroom servicing.
- Ensure compliance with blood-borne pathogen / hazardous / medical waste protocols.
- Perform minor maintenance as required. Coordinate major facility repair issues.
- Assist with clinic setup and breakdown.

**SHIFT CHECKLIST:**

- Report to Logistics Manager.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming facility maintenance and custodial care staff.
- At end of shift, report to Logistics Manager and sign out.

**TRAINING GUIDELINES:**

- Complete Community Emergency Medication Clinic Orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with Logistics Manager.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for Maintenance Custodian.
- Familiarize self with blood-borne pathogen / hazardous / medical waste protocols and waste disposal instructions.
- Locate and familiarize self with telephone numbers for waste disposal and facility maintenance contractors.

**SUPPLY COORDINATOR**  
**LOGISTICS SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Non-medical, shipping/receiving, inventory control and warehouse management backgrounds.

**REPORT TO:** Logistics Section -- Logistics Manager

**JOB ACTIONS:**

- Supervise actions of inventory control staff and material handlers. Act in these positions as necessary.
- Make staffing assignments. Distribute job action guidelines for assigned staff.
- Ensure that all clinic staff members complete the training process specific for their job and have received vaccination and/or prophylaxis.
- Maintain log of on-site training conducted.
- In conjunction with Safety Officer, ensure that all Supply staff has been advised of appropriate personal protective equipment.
- Ensure assigned staff has a badge with name, job title and assigned station.
- Review clinic flow and stations with staff members.
- Oversee all clinic supply needs.
- Order supplies through channels determined by EOC and / or RCC.
- Supply all stations with needed equipment, supplies, forms, etc.
- Ensure that vaccine is properly handled and stored.
- Oversee inventory control of received, distributed, and used vaccine, drugs, and equipment.
- Provide reports at directed intervals to Logistics Manager.
- Oversee redistribution / transshipment of Strategic National Stockpile assets as directed.
- Upon demobilization, recover all remaining Strategic National Stockpile assets and prepare for return as directed.

**SHIFT CHECKLIST:**

- Report to Logistics Manager.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Coordinate with section managers at the beginning of each shift to determine supply needs.
- Monitor staff for stress and fatigue. Make arrangements for staff breaks.
- Provide briefing to oncoming Supply Coordinator.
- At end of shift, report to Logistics Manager and sign out.

**PLANS/INTEL MANAGER**  
**PLANNING SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Emergency Management background.

**REPORT TO:** City / County Emergency Operations Center, Public Health Regional Command Center, Local Health Department Command Center and Liaison to the Site Director.

**JOB ACTIONS:**

- Perform planning functions prior to event.
- Work in conjunctions with emergency management teams from local and regional operations centers.

**SHIFT CHECKLIST:**

- Report to Emergency Management Coordinator.
- Perform functions assigned at EOC / RCC.

**TRAINING GUIDELINES:**

**THE FOLLOWING TRAINING SHOULD BE COMPLETED PRIOR TO AN EVENT:**

- Complete community emergency medication clinic orientation and other regularly scheduled training.
- Complete state/federal approved ICS course via internet or classroom training.
- Complete familiarization of county ICS organization with local Emergency Management Coordinator.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for all clinic staff.
- Review regional volunteer recruitment and credentialing plans.

**SECURITY DIRECTOR**  
**SECURITY SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Licensed peace officer preferred.

**REPORT TO:** Command & Control - Site Director

**JOB ACTIONS:**

- Supervises Security Staff; coordinates clinic security, ingress, egress and parking issues with local law enforcement.
- Supervise Transportation Coordinator if assigned.
- Make staffing assignments for Security stations. Distribute job action guidelines for assigned staff.
- Maintain security of clinic supply storage site.
- Maintain perimeter and interior security of clinic.
- Ensure that all clinic staff members complete the training process specific for their job and have received vaccination and/or prophylaxis.
- Maintain log of on-site training conducted.
- Supervises identification and badging of clinic staff at shift check-in.
- In conjunction with Safety Officer, ensure that all clinic staff has been advised of appropriate personal protective equipment.

**SHIFT CHECKLIST:**

- Report to Site Director.
- Sign personnel checklist and report to assigned station.
- Wear badge at all times.
- Provide briefing to oncoming Security Manager.
- At end of shift report to Site Director and sign out.

**TRANSPORTATION COORDINATOR**  
**SECURITY SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Be familiar with local roadways and licensing requirements for commercial and bus drivers. Mass transportation experience preferred.

**REPORT TO:** Local Emergency Management Coordinator and / or clinic Security Director (as determined by local plan)

**JOB ACTIONS:**

- Arrange for transportation of clinic volunteers and the mass population from staging area to clinic site and return.
- Schedule arrivals/departures of public at clinic site to maintain good clinic/traffic flow.
- Communicate transportation issues with Security Director, Clinic Manager, EOC, and local law enforcement.
- Supervise/coordinate bus drivers.
- Coordinate transportation of special populations to the clinic site.
- Coordinate maintenance of transportation assets.

**SHIFT CHECKLIST:**

- Report to Emergency Management Coordinator and / or clinic Security Director.
- Sign personnel checklist and report to assigned station.
- Wear badge at all time.
- Provide briefing to oncoming Transportation Coordinator.
- At end of shift report to supervisor and sign out.

**SITE DIRECTOR**  
**COMMAND AND CONTROL SECTION**  
*Job Action Sheet*

**QUALIFICATIONS:** Skilled management/supervision of clinical functions and personnel.

**REPORT TO:** Incident Commander of appropriate EOC and to the public health regional command center incident commander.

**JOB ACTIONS UPON ACTIVATION:**

- Locate Clinic Instruction Manual in pre-deployed supplies kit.
- Activate clinic section managers for staff recall.
- Receive briefing from LHD/local EOC. Ensure knowledge of mission and communicate any concerns or problems prohibiting mission completion.
- Review Clinic Instruction Manual with section managers. Review all SOGs and clinic plans.
- Review site design layout and hours of operation in view of current event situation and projected client numbers.
- In conjunction with section managers, determine staffing needs and acquire appropriate staff resources through volunteer coordinator.
- Implement personnel activations.
- Oversee staffing schedule and assignments.
- Oversee staff credentialing / identification in collaboration with the Admin / Finance Manager and the Volunteer Coordinator.
- Review chain-of-command and performance expectations per job action guidelines.
- Review clinic forms for appropriateness and accuracy.
- Review site security, medication storage, and traffic flow patterns with Logistics Manager and Safety Manager and Security Manager.
- Receive briefing statement from EOC and / or RCC and ensure staff receives latest event information concerning environmental conditions, identification of the affected local emergency management structure, any hazards or threats to staff safety and health, pertinent or unique cultural or local considerations, shift considerations, transition instructions to incoming staff, information flow, and reporting requirements.
- Notify EOC and RCC when dispensing site is ready to accept clients.
- Establish interface with local officials (EOC, county judge, mayor, law enforcement, etc.).
- Prepare and transmit situation reports as required by the RCC and EOC.
- Refer media inquiries to appropriate public information officers.

**ONGOING JOB RESPONSIBILITIES:**

- Review and establish supply requisition process with the Section Managers.
- Monitor dispensing site activities.
- Regularly interface with RCC and local officials.
- Requisition supplies and personnel from local EOC.
- Attend local EOC briefings as necessary.

**DEMOBILIZATION RESPONSIBILITIES:**

- Initiate demobilization procedures.

Hidalgo County  
Public Health & Medical Services Plan

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- Perform inventory check and procedures to ensure SNS asset return.
- Ensure that all records and reports are submitted to the appropriate officials.
- Conduct exit interviews with local officials and Section Managers.
- Submit an “After Action Review” and participate in any meetings as required.
- Return clinic facility and assets to original state. Document damages incurred during event.

**TRAINING GUIDELINES:**

- Complete community emergency medication orientation and other regularly scheduled training.
- Complete familiarization of clinic ICS organization with appropriate clinic section manager.
- Complete review of dispensing clinic functions, site familiarization and job action guidelines for assigned clinic section.

# Hidalgo County



## Appendix 8: Medical Countermeasures Plan

### Attachment 8: Tactical Communications

April 2023

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**Approval and Implementation**

# **Appendix 8: Medical Countermeasures Plan**

## **Attachment 8: Tactical Communications**

This attachment is hereby approved for implementation and supersedes all previous editions.

\_\_\_\_\_  
Eduardo Olivarez  
Director, Health & Human Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ricardo Saldaña  
Emergency Management Coordinator

\_\_\_\_\_  
Date

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## Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

## Purpose

The purpose of the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Attachment 8: Tactical Communications is to provide guidance in communication during public health emergencies such as but not limited to terrorist attacks and natural disasters. This attachment outlines the local organization, operational concepts, responsibilities, and procedures to accomplish coordinated communication in Hidalgo County.

## Explanation of Terms

### Acronyms

CERC	Crisis Emergency Risk Communication
JIC	Joint Information Center
SOG	Standard Operations Guidelines

### Definitions

**Healthcare:** The prevention, treatment and management of illness and the preservation of mental and physical well-being through services offered by the medical and allied health professions.

**Medical Operation Center:** A site that is activated when the Health Authority and the Emergency Management Coordinator deem it necessary to collect, collate, interpret medical information and response, and formulate recommendations for the overall medical response.

**Joint Information Center (JIC)** - a collocated group of representatives from agencies and organizations involved in an event that are designated to handle public information needs. The JIC structure is designed to work equally well for large or small situations and can expand or contract to meet the needs of the incident.

## Situation & Assumptions

### Situation

1. The communications function ensures the timely flow of information used in the decision-making process as well as in operational effectiveness.

2. The communications function involves three distinct areas: healthcare communication, logistical communication, and available communication modalities.

### **Assumptions**

1. Hidalgo County OEM and HCHHSD's SNS Communications Plan for Hidalgo County will adhere and follow the criteria and guidance in the current edition of HCHHSD's Crisis and Emergency Risk Communication (CERC) Plan.
2. HCHHSD will utilize the Crisis and Emergency Risk Communication Guidelines (or its replacement document) as a resource. These guidelines are developed and administered by the Texas DSHS, Center for Consumer and External Affairs.
3. Hidalgo County PIOs will coordinate all public information releases with the DSHS-Austin Press Officer, or designee, in accordance with the CERC Plan.

## **Concept of Operations**

### **General**

During a mass casualty event, public information will be disseminated in accordance with public information provisions in the all-hazards Hidalgo County Emergency Management Basic Plan. To prevent or minimize loss of life, damage to property, and harm to the environment Hidalgo County will provide consistent, coordinated, accurate, and timely information to the at-risk public. The information flow will begin as early as possible, be maintained throughout the event, and continue well after the event ends.

The public will be made aware of potential adverse effects and of actions recommended to safeguard lives and property. Information regarding prudent protective actions will be conveyed to the public as time allows during a real event and will continue into the recovery stage.

The County information of greatest public interest during and immediately following a mass casualty incident may include, but may not be limited to: quarantine and isolation issues, medical-care issues, including listings of available functional hospitals and health-care facilities, family assistance services, pet and livestock care issues, traffic management, law enforcement, transportation issues including road closures, shelter locations, water quality, water-borne disease, nursing home issues, bridge closures, urban search and rescue issues, city/county office closings, school closures, no public gatherings, insurance issues, power outages, telephone service, and motel availability.

In general, City and County news releases will be issued to the mass news media city and countywide and will also include neighboring counties and border cities. The department disseminating the information will be chosen at the Hidalgo County EOC.

## **Organization & Assignment of Responsibilities**

### **Organization**

HCHHSD will plan and carry out public health and medical operations during all-hazards emergency situations. HCHHSD functions as the local Medical Health Authority. HCHHSD has primary responsibility for health and medical services and shall designate its Director to plan and coordinate these services during emergency situations. The Director or designee shall serve as a member of the EOC and will coordinate the public health response through the Incident Commander. Large-scale health and medical efforts shall also be coordinated from the EOC.

Upon receipt of official notification of an actual or potential emergency condition, it is the responsibility of the Director in conjunction with the Medical Health Authority and the Emergency Management Coordinator to receive and evaluate requests for health and medical assistance and to notify all other public health, medical, and mortuary services, as needed.

### **Assignment of Responsibilities**

1. Sheriff's Department will:
  - a. Ensure that the warning information received at the warning station (Dispatch/Communication Center), is disseminated to all the County officials and to the public when appropriate.
2. Hidalgo County Health and Human Services Department will:
  - a. Ensure the Director or designee will disseminate the appropriate/warning information received to the appropriate city, county, regional and state officials and to the public when appropriate.
  - b. Provide health communication procedures.
  - c. Develop and maintain a communication resource inventory.
  - d. Communicate between DOC, EOC and DSHS-R 11.
  - e. Develop procedures for the dissemination of public health messages to the community.

## **Direction & Control**

### **General**

The Medical Health Authority, working as a staff member of the County of Hidalgo, shall direct and coordinate the efforts of local health and medical services, agencies, and organizations during major emergencies and disasters requiring coordinated communication response.

### **Line of Succession**

During emergency situations, communications will be maintained between Region 11, other local health departments, the local medical community, health care providers,

DSHS Austin, supporting DDC, local EOC, and other stakeholders, as appropriate for a specific emergency.

## Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
3. Once the Public Health & Medical Services Plan Appendix 8: Medical Countermeasures has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders. Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures are kept at HCHHSD's main offices at **1304 S. 25<sup>th</sup> Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

Public Health Emergency Preparedness Division (PHEP)

Clinical Health Services

Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

# Hidalgo County



## **Appendix 8: Medical Countermeasures Plan**

### **Attachment 9: First Responder Prophylaxis and Vaccination**

**April 2023**

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## Approval and Implementation

# Appendix 8: Medical Countermeasures Plan

## Attachment 9: First Responder Prophylaxis and Vaccination

This attachment is hereby approved for implementation and supersedes all previous editions.

\_\_\_\_\_  
Eduardo Olivarez  
Director, Health & Human Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ricardo Saldaña  
Emergency Management Coordinator

\_\_\_\_\_  
Date

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## Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

## Purpose

The purpose of the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Attachment 9: First Responder Prophylaxis and Vaccination is to define responsibilities of HCHHSD when providing prophylaxis/vaccination to first responders in Hidalgo County and their immediate family members in the event of deployment of the SNS. HCHHSD has designated first responder clinics to provide prophylaxis/vaccination to these individuals.

## Explanation of Terms

### Acronyms

See the Public Health and Medical Services Plan, Appendix 8: Medical Countermeasures Plan, Explanation of Terms.

### Definitions

First responders:

- a. Local law enforcement officers, fire fighters, emergency medical services personnel, and hazardous-material specialists.
- b. Essential public officials such as county judges, city mayors, and emergency management officials.
- c. Certain federal emergency response and law enforcement personnel.
- d. SNS team members who must set up and operate the community SNS distribution system as soon as the SNS assets arrive.
- e. CEMC/SNS volunteer staff that support SNS functions such as distributing and dispensing assets.
- f. State and local public health support personnel.
- g. Transportation and public works personnel who must support the state and local SNS distribution system.
- h. Critical infrastructure personnel, including individuals responsible for ensuring continuity of service by electrical, natural gas, water, and telephone system companies, as defined by local emergency management officials.
- i. Other critical infrastructure personnel, such as food and shelter providers who support emergency operations and are designated by local emergency managers.
- j. Certain hospital staff members and medical personnel supporting emergency operations.

Family Members: Family members of first responders residing within the immediate household will be considered when developing the number of 1st responder dosages needed in a given area. This recommendation is based on the belief that responders are more willing and apt to assist with mass prophylaxis efforts if they know they (and their families) have been adequately protected. Generally, this group consists of:

- a. Spouse,
- b. Children,
- c. and/or other household members.

## **Situation & Assumptions**

### **Situation**

1. Hidalgo County is vulnerable to a number of hazards that may occur with or without warning.
2. Infectious disease events will cause a risk of exposure to individuals who respond to the public health emergency, requiring prophylactic treatment or vaccinations so that these first responders may remain on duty during the course of an emergency.

### **Assumptions**

1. HCHHSD does not maintain stocks of prophylactic medicines or vaccines and thus cannot provide immediate prophylactic support to first responders.
2. Local emergency management and public/private health officials may establish first responder antibiotic stockpiles under local funding and management.
3. If available, pharmaceutical caches from local hospitals will be used.
4. In the absence of a local supply, HCHHSD will provide appropriate antibiotics and/or vaccines to essential personnel from the first shipment of SNS assets, and as directed by the HCHHSD Director.
5. Prophylaxis and/or vaccination must be completed within the first 12 hours of the emergency to qualify as a first response measure.

## **Concept of Operations**

### **General**

HCHHSD in conjunction with the Emergency Management Coordinator will inform the first responders that need to be vaccinated or treated via, cell phone, text, pager, radio, and/or email, and notify them to report to the designated POD to obtain appropriate control or prevention measures, as indicated by DSHS.

Depending on the incident and the identification of first responders designated as essential personnel, the HCHHSD Director and Emergency Management Coordinator, along with other representatives, will prioritize by assignments who will be obtaining the medication/vaccinations of the local stockpile (i.e., if there are only 500 doses of the smallpox vaccine or 500 doses of Ciprofloxacin within the local stockpile).

The prophylaxis of the immediate family members may be delayed until the SNS or Vendor Management Inventory arrives, and those individuals will be medicated at the First Responders' Point of Dispensing Clinics.

The following information will be needed for everyone prior to obtaining the medications at the POD's:

1. First and Last Name
2. Birth Date & Sex
3. Weight – Children
4. Relationship to the individual picking up medication
5. Any Symptoms
6. Allergic to any medications
7. Pregnant
8. Breast Feeding
9. Organ Transplant
10. Hepatitis/Liver disease
11. Epilepsy
12. Kidney disease

## **Direction & Control**

### **Designation of First Responders**

1. The HCHHSD PHEP Division will designate first responders and critical infrastructure support team members for the County of Hidalgo.
2. Hospitals maintaining local caches of antibiotics/vaccines will designate appropriate hospital staff as first responders. Hospitals which do not have a pharmaceutical cache will notify HCHHSD of first responder needs.
3. Federal agency responders will notify DSHS-R 11 of first responder needs but may receive prophylaxis/vaccination at local site(s) from HCHHSD or at their own site by their own personnel.

### **Designation of First Responder Medication Sites**

HCHHSD has designated site(s) to conduct first responder prophylaxis/vaccination in the County of Hidalgo. Hospitals maintaining antibiotic caches will operate prophylaxis/vaccination sites per internal instruction.

### **Receipt and Shipment of Medications**

Upon activation of the SNS Plan, or other plan as directed by DSHS–Austin, DSHS-R 11 will receive and ship appropriate medications to HCHHSD as determined by SNS guidelines and as directed by the DSHS-R 11 Director. HCHHSD will set up designated clinic sites for dispensing.

### **Medication Dispensing**

1. HCHHSD will medicate first responders as local plans dictate. HCHHSD standing delegation orders will apply.
2. Hospitals with caches will medicate first responders per internal instruction and in accordance with local mutual aid agreements.

3. Federal first responders may receive medications at HCHHSD site(s), or as otherwise arranged. Regional standing delegation orders will apply, unless superseded by qualified medical professional representing the federal agency.
4. At the local level, all prophylaxis dispensing/vaccination will be in accordance with orders issued by the HCHHSD Director, in coordination with the DSHS, R-11 Director.
5. If permitted by the HCHHSD Director, and with an ample supply of antibiotics, first responders will be permitted to take additional dosages to family members.
6. Second shift staff requiring medication should obtain medications from HCHHSD/POD sites prior to reporting on shift.

### **Special Considerations**

Family members of first responders will be considered when developing the number of dosages needed; however, resources may be inadequate at the commencement of a biological event. The volume of prophylactic medications shipped to a particular area will be directed by the DSHS-R-11 Regional Director based on the situation. When reporting the number of first responders, family member numbers should be split from actual response personnel numbers.

### **Countermeasures Tracking and Records**

HCHHSD will maintain records of those first responders who receive prophylaxis following similar protocols as those used for civilians receiving prophylaxis through SNS POD sites in the community (Appendix 8, Attachment 8). Once countermeasures are distributed to first responders, the records created will be stored in physical form in compliance with HCHHSD record management protocols. As applicable by law, HCHHSD will manage these records including storage, disposition, destruction, and release. Each dispensing site will aggregate collected records for each operational period and secure such records for delivery to HCHHSD for final disposition and management.

HCHHSD will coordinate with private facilities/agencies that are providing prophylaxis to their personnel/employees (i.e., hospitals, military installations, residential and institutional facilities) to ensure that, within legal limits, data is collected on those receiving medical countermeasures from sources other than from HCHHSD through the SNS program or for which the SNS program directly supplies. Due to first responder's role in responding to a community emergency, the HCHHSD Director may direct further actions to monitor the vaccination/ prophylaxis status of first responders, as applicable by law or statute. In doing so, the HCHHSD Director will coordinate with first responder agencies to ensure updated personnel lists match against collected data from the dispensing sites.

### **Plan Development & Maintenance**

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.

Hidalgo County  
Appendix 8: Medical Countermeasures Plan

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2. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
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Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

# Hidalgo County



## Appendix 8: Medical Countermeasures Plan

### Attachment 10: CHEMPACK Program

April 2023

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**Approval and Implementation**

**Appendix 8: Medical  
Countermeasures Plan  
Attachment 10: CHEMPACK  
Program**

This attachment is hereby approved for implementation and supersedes all previous editions.

\_\_\_\_\_  
Eduardo Olivarez  
Director, Health & Human Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ricardo Saldaña  
Emergency Management Coordinator

\_\_\_\_\_  
Date

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## Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

## Purpose

An attack or accident involving nerve agents may occur in Hidalgo County or the Region. CDC has established CHEMPACK as a voluntary participation project for the forward placement of sustainable repositories of nerve agent antidotes in numerous locations throughout the United States so they can be immediately accessible for the treatment of affected persons. Under this plan, the CDC SNS Program will:

1. Maintain ownership of the CHEMPACK stockpile.
2. Place the antidotes in numerous strategically placed containers under controlled and monitored storage conditions for use in the event of an emergency involving nerve agents.
3. Implement strategies to maximize the shelf life of the antidotes to minimize re-procurement costs and maintain quality, specifically through the Food and Drug Administration's (FDA) Shelf-Life Extension Program (SLEP). This approach allows the SNS Program to maintain accountability and the centralized control of the caches to fulfill the criteria for the SLEP program while making the caches immediately available to state and local authorities in case of an actual event involving nerve agents.

To meet the objectives of CHEMPACK deployment, states and the SNS Program incur specific responsibilities as set forth below:

The state of Texas will provide overall management of the CHEMPACK Project and will oversee the receipt, storage, monitoring, maintenance, and deployment of the CHEMPACK assets.

## Explanation of Terms

### Acronyms

DCED	Disease Control and Epidemiology Division
DEA	Drug Enforcement Administration
FDA	Food and Drug Administration
SLEP	Shelf-Life Extension Program

### Definitions

**CHEMPACK:** The CHEMPACK program is a voluntary component of the federal SNS operated by the CDC for the benefit of the U.S. civilian population. The CHEMPACK

program's mission is to provide state and local governments a sustainable nerve agent antidote cache that increases their capability to respond quickly to a nerve agent event such as a terrorist attack.

## Situation & Assumptions

### Situation

1. The CDC and DSHS provided the placement of federally owned nerve agent antidotes in the County of Hidalgo. Depending on the dose, nerve agents can cause immediate nervous system failure and death. Nerve agent antidotes include:
  - a. Atropine sulfate, which blocks the effects of excess acetylcholine at its site of action.
  - b. Pralidoxime chloride, (2-P AM), which reactivates acetyl cholinesterase, and therefore reduces the levels of acetylcholine.
  - c. Diazepam, which reduces the severity of acetylcholine-induced convulsions that can contribute to death or long-term neurological effects in survivors.
2. The CDC SNS Program has numerous caches of medical equipment, pharmaceuticals, and vaccines in strategic locations throughout the United States. While the CDC SNS Program maintains a 12-hour response time to the states, this response time is inadequate in the event of a nerve agent release, when treatment must be accomplished quickly to save lives. Since the availability of nerve agent antidotes on emergency vehicles is limited and hospitals maintain limited supplies of these antidotes, CHEMPACK was developed to fill this gap.

### Assumptions

1. It is possible that the County of Hidalgo would not have sufficient stocks of antidotes if there were a chemical or nerve agent attack today.
2. To avoid a catastrophic situation, HCHHSD has voluntarily joined the ranks of other cities/counties in participating in CDC's SNS Program, CHEMPACK.
3. Hidalgo County has been allocated several thousands in assets that will be maintained in cache in a confidential location for future use.

## Concept of Operations

### General

HCHHSD is the Primary Agency for the CHEMPACK Plan in Hidalgo County.

### CHEMPACK Control

1. Diazepam is a DEA schedule IV-controlled substance; security must always be maintained. The CHEMPACK is stored in a secure confidential cache site.
2. Access to CHEMPACK is controlled at the site where it is located. The DCED Chief, in coordination with the SNS Coordinator, will ensure access is limited to predesignated staff, positively identified, with a justified need to access the cache site.
3. A master key control roster and a master access roster will be developed and maintained by HCHHSD and Knapp Medical Center. Rosters will be updated on

- any changes by the SNS Coordinator, based on feeder information from the DCED Chief.
4. Any unauthorized intrusion into the CHEMPACK compromises the SLEP longevity status and results in the loss of that asset for future use once its shelf life expires.
  5. Unauthorized access must be reported immediately to the HCHHSD PHEP Division, DCED Chief, and SNS Coordinator.
  6. Temperature control must always be maintained by Knapp Medical Center except during transport to a nerve agent event.
  7. CDC will monitor centrally located automated monitoring devices.
  8. At any time, CDC may request physical inspection of the containers. SLEP re-inspection will be conducted jointly by HCHHSD, CDC, and an FDA SLEP representative.
  9. A declaration of emergency by the Governor of Texas is NOT required to use the CHEMPACK contents.
  10. HCHHSD Director and/or Medical Health Authority, and/or DSHS, and/or CDC personnel will analyze the situation and determine the need for breaking the CHEMPACK container seal and using the packaged products only when a competent authority, in coordination with an Incident Commander at the scene, determines an accidental or intentional nerve agent release has threatened the medical security of the community, has put multiple lives at a risk, is beyond local emergency response capabilities, and the materiel is medically necessary to save lives.
  11. Containers will be opened only by a competent authority and only when the situation is beyond local capabilities. Competent authority is defined as a credentialed medical professional who is required to immediately treat for chemical exposure.
  12. Opening a CHEMPACK container will result in the loss of that CHEMPACK asset for future use. Once the drug content expiration dates have been achieved there is no funding for restocking.
  13. Transportation of CHEMPACK supplies to sites will follow the guidance set forth in reference to information contained in the SNS Plan.
  14. Treatment supplies will be used in accordance with dosing guidance.

## **Organization & Assignment of Responsibilities**

### **Assignment of Responsibilities**

1. The HCHHSD PHEP Division will:
  - a. Maintain, in coordination with the pertinent staff, a current list of personnel with access to the CHEMPACK containers at the cache location.
  - b. Ensure storage facility has the capability to rapidly move CHEMPACK materiel, as required.
  - c. Notify the SNS CHEMPACK Logistics Team within two hours if a CHEMPACK cache storage location loses climate control.
  - d. Designate local authorization for breaking the CHEMPACK container seal and using the products only when it is determined an accidental or intentional nerve agent release has threatened the public health security of the community. The

HCHHSD Director agrees to maintain an unbroken seal on the CHEMPACK container and use the materiel only when it is determined other means to save human life will not be sufficient.

## **Direction & Control**

### **General**

CHEMPACK pharmaceuticals include atropine, pralidoxime (2-P AM), and diazepam. These drugs are designed to counteract the effects of nerve agent exposures. The CHEMPACK program packages enough of these drugs in a large container to treat up to 1,000 people. Currently, Knapp Medical Center is in possession of the CHEMPACK and will be used only when authorized.

## **Administration & Support**

### **Reporting**

The HCHHSD Director may authorize breaking the CHEMPACK container seal and making use of the packaged products only when it is determined that an accidental or intentional nerve agent release has threatened the public health security of the community. Providing treatment to the American people after a nerve agent incident through CHEMPACK assets is very expensive. The project will remain economically feasible only if its materiel is used prudently and maintained under conditions that allow the SNS Program to extend its shelf-life in cooperation with the FDA. Therefore, the HCHHSD Director agrees to maintain the seal on all CHEMPACK containers unbroken and use project materiel only when it is determined that other means to save human life will not be sufficient.

## **Plan Development & Maintenance**

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
3. Once the Public Health & Medical Services Plan Appendix 8: Medical Countermeasures has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders.

Hidalgo County  
Appendix 8: Medical Countermeasures Plan

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Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 8: Medical Countermeasures are kept at HCHHSD's main offices at **1304 S. 25<sup>th</sup> Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

Public Health Emergency Preparedness Division (PHEP)

Clinical Health Services

Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.