2018

<<LOCAL PUBLIC HEALTH AUTHORITY NAME>>

BASE PLAN FOR MEDICAL COUNTERMEASURES DISPENSING AND DISTRIBUTION

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Plan Approval and Receipt

Primary Author:		**Original Date:**	
Revised By:		**Last Revised Date:**	
Approved By:		**Approved Date:**	
OAR/ORS:			

SUBJECT:

PLAN STRUCTURE: *(eg this is an appendix to the EOP)*

Key Stakeholder Receipt Log

Stakeholder (Organization and POC)	**Sent Plan Date**	**Acknowledged Roles/Responsibilities Date**	**Proof of acknowledgment***
City fire and rescue	*12/7/2017*	*12/15/2017*	*Email*

* Proof of Acknowledgement could be an email stating they have received and reviewed the plan and agree with the roles/responsibilities outlined for their organization or an official signed statement.

BASE PLAN FOR MEDICAL COUNTERMEASURES DISPENSING AND DISTRIBUTION

Record of Changes

Changes made by:	Date:	Section(s) Changed:	Notes:

Acronyms

<<N>>CPH – <<Name>> County Public Health

CDC - Centers for Disease Control and Prevention

CRI – Cities Readiness Initiative

DOC – Department of Operations Center

EMS - Emergency Medical Services

EOC – Emergency Operations Center

HAN – Health Alert Network

ICS - Incident Command System

IT – Information Technology

JAG – Job Action Guide

JIC - Joint Information Center

JOC - Joint Operations Center

LPHA - Local Public Health Authority

MAC – Multi-Agency Coordinating

OHA – Oregon Health Authority

MOU – Memorandum of Understanding

MRC – Medical Reserve Corps

MSA – Metro Statistical Area

NIMS - National Incident Management System

EOP – Emergency Operations Plan

PIO - Public Information Officer

POD - Point of Dispensing

PPE - Personal Protective Equipment

RSS - Receiving, Staging and Storing Site

AOC - Agency Operations Center (OHA)

ECC – Emergency Coordination Center (OEM)

OEM – Oregon Office of Emergency Management

SNS - Strategic National Stockpile

SOP - Standard Operating Procedures

UIC – Unified Incident Command

WebEOC - Web based Emergency Operations Center

MAC-G – Multi Agency Coordination Group

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BASE PLAN FOR MEDICAL COUNTERMEASURES DISPENSING AND DISTRIBUTION

Mission Statement

This base plan for medical countermeasure dispensing and distribution provides <<Name>> County Public Health for managing, dispensing and distributing medical materiel and other resources and assets.

Purpose

The base plan is referenced during a public health emergency when local and regional resources are expended and it becomes necessary to request resources and assets. This document and corresponding annexes and appendices contains operational procedures necessary for materiel management, including point-of-contact information, maps, flow charts, and Point of Dispensing (POD) field operation guidance, and legal considerations.

General Considerations

After an exposure is identified for the specific incident, (e.g. how close to the release, amount of time for exposure, etc.), the first task in prophylaxis for an exposure is to separate the people who were truly exposed from those who fear that they might have been exposed. People need to be separated into two groups: those who are granted entry for treatment or prophylaxis and those who are deemed to be non-exposed. Those who are turned away may need to be referred to behavioral health resources for their anxieties and concerns. In any case, names and contact information may be taken on all people in case more information determines that they were indeed exposed or further treatment is deemed appropriate. **Exposure versus non-exposure determination would not be a consideration in the incident if it is determined that the entire population may be at risk and may require prophylaxis.**

Governing Body

The <<Name>> Local Public Health Authority formed an Advisory Committee to assist with the Standard Operating Procedures (SOP) and related plans for managing, dispensing and distributing medical materiel. The Advisory Committee is comprised of <<elected officials, emergency management, health agencies, hospitals,>> and other community partners. The Advisory Committee meets yearly or more often as needed.

Commented [HKL1]: LPHA/Tribe - need to define who is governing body for the LPHA or Tribe. Form example: Policy group who provides direction and governance for Public Health as an agency. It is desirable for the governing body to provide guidance and oversight for emergency preparedness planning, response and recovery.

Legal Authority

During a medical countermeasure response, the appropriate federal, state, county, and department laws/statutes/ resolutions/policies are followed. Legal issues covered in Appendix <<##>> include personnel authorized to dispense medications, procurement of property, liability protection, and personnel compensation.

Direction and Control

Regardless of which agencies are available and capable of responding, communication and coordination among all local, regional, state, and federal public health and emergency

management professionals are crucial to prevent confusion, miscommunication, and duplication of efforts throughout the public health response. In <<Name>> County, Public Health Emergency Preparedness Coordinator and Public Health Administrator coordinate all activities with <<Name>> County Emergency Management (EM) and other response agencies.

- ❑ Oregon Health Authority (OHA) Public Health Division (PHD) may operate as a collaborative or lead agency dependent on the nature and extent of the incident and with the mutual understanding of both agencies. OHA PHD Health Security Preparedness and Response, Acute and Communicable Disease Prevention, and Public Health Laboratory provides technical and consultative assistance, upon request.
- ❑ The <<Name>> County Commissioners provide leadership support to <<Name>> County Public Health and are involved in health policy decisions, emergency declarations, and requests for assistance.
- ❑ The <<Name>> County Administrator provides work direction and guidance for the Public Health Administrator and reports directly to the County Commissioners. All activities of Public Health Emergency Preparedness must be consistent with direction and practices established by the County Administrator in accordance with the County Commissioners. In a public health emergency, the County Administrator may serve as <<Liaison>> to the County Commissioners, other local units of government, state and federal agencies, elected officials, and executive level public officials.
- ❑ The Public Health Administrator activates the department's Incident Command System (ICS), if necessary, and assumes the position of <<Incident Commander (IC)>> or delegates this position to appropriate designee.
- ❑ Direction and control of the County's response is carried out at the <<Name>> County Emergency Operations Center (EOC).

Assumptions

In the development of this document, the following assumptions were made:

- ❑ The highest priorities of any incident management system are always life and safety for responders and all people served.
- ❑ Public Health personnel are available for emergency response activities on an as-needed basis, acting under the direction of the Public Health Administrator and, when activated, the Incident Commander (IC).
- ❑ Emergency Management (EM) coordinates the county's response and resources and, if appropriate, <<N>>CPH is represented at the EOC.
- ❑ Public Health takes into consideration the needs of access and functional needs populations within <<Name>> County during all response and recovery efforts and take the necessary steps to address these needs.
- ❑ Public Health and County Staff receives the necessary training, materials and supplies prior to engaging in emergency response activities.
- ❑ PREP Act declaration is enacted.
- ❑ An Emergency Use Authorization (EUA) for authorized doxycycline products was issued by the U.S. Food and Drug Administration (FDA) July 27, 2011. The purpose of the EUA is for pre-event planning and for authorization of a post-event scenario. This document addresses the dispensing-related requirements and waivers described by the Doxycycline Emergency Order; however, an Doxycycline Emergency Order could be

released by the FDA pre-incident or during an incident, which could necessitate changes in OHA PHD procedures or written materials. Updates to EUAs can be found on www.fda.gov.

- ❑ OHA PHD works with the LPHA to determine the need for antibiotic dispensing.
- ❑ OHA PHD maintains ongoing communication with all Local Public Health Authorities (LPHA) throughout the State and within affected jurisdictions via standard and emergency communication mechanisms.
- ❑ The estimated size and description of a potentially exposed or "target population" is provided by <<LPHA or OHA PHD>>, as well as any changes in dispensing materials or procedures.
- ❑ At the time of the incident <<LPHA or OHA PHD>> Health Officer signs an emergency prescribing protocol for the agent exposure. This protocol is then issued to impacted to Counties.
- ❑ LPHA and OHA PHD issue messages through the media and other public information channels about who should go to Points of Dispensing (POD) or medication centers.
- ❑ Medical Countermeasures (MCM) are dispensed initially. Instructions for dispensing additional medication to complete further regimens are provided in a separate protocol, if needed, following the initial dispensing period.

Roles and Responsibilities

Collaboration with state and local agencies and organizations are necessary for the response to an emergency requiring mass medical countermeasure dispensing. Appendix <<##>> provides a list of agencies with contact information. <<Name>> County Public Health (<<N>>CPH) coordinates with local healthcare providers (e.g. hospitals, medical clinics, long-term care facilities), community partners and businesses to ensure that the entirety of <<Name>> County's population is cared for and protected. In the table below, roles and responsibilities of participating community partners are defined.

Community Partner Roles and Responsibilities *(examples filled in for content)*

Task/Element	Primary	Secondary	Tertiary
Inventory Control	*<<Name>> County Public Health*	*<<Name>> Fire*	*<<Name>> Fire*
Security of Assets in Route	*Sheriff's Office*	*<<Name>> Police*	*Oregon State Patrol*
Security of Assets at Open POD	*Sheriff's Office*	*Sheriff's Office Reserved Officer and/or Volunteers*	*Oregon State Patrol*
Distribution and Transportation of Assets	*<<Name>> County Roads Department*	*Sheriff's Office*	*<<TBD>>*
Transportation of People; Transportation Manager	*<<Name>> County Transportation Company*	*School District Buses*	
Transportation of Ill people	*<<Name>> Fire and Rescue*	*<<Name>> Fire District*	*<<EMS>> Agency*

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Request Assets/ Re-supply request	*Public Health Administrator*	*Emergency Manager*	*<<Name>> County Public Health Officer*
Tactical Communications	*<<Name>> County Emergency Management and Information Systems*	*<<Name>> County 9-1-1 Communications District*	*Information and Technology personnel from School District*
Public Information and Communication	*<<Name>> County Public Affairs and Communication Officer*	*<<Name>> County Administrator*	*<<Name>> County Sheriff*
Safety Officer	*For individual Open PODs, identified school personnel*		
Training (pre-incident)	*PHEP Coordinator*	*Public Health Preparedness Liaison*	*MCM Coordinator*
Just-In-Time Training (during incident or at POD)	*POD Supervisor*	*County Volunteer Coordinator*	*Public Health Preparedness Liaison*
Triage	*<<Name>> County Medical Reserve Corps, if available or similar organization*	*Local EMS for POD Site*	
Behavioral Health	*<<Name>> County Behavioral Health*		
Staff/Volunteer Coordination	*Public Health Community Worker*	*Open POD Personnel Coordinator*	

Command

<<Name>> County uses the Incident Command System (ICS) in accordance with National Incident Management System (NIMS) requirements. Please see Appendix <##> for a complete ICS organizational chart for point of dispensing site and positions fulfilled.

Incident Command System

The Incident Command System (ICS) model is used to operate the Point of Dispensing (POD). In the event that mass dispensing is required, it is probable that Unified Command is established with other agencies participating in the response.

Incident Commander

The Incident Commander has overall incident management responsibility delegated by the appropriate jurisdictional authority. For Public Health Incidents, the <<Public Health Administrator>> will fulfill the position of Incident Commander in the Public Health agency.

Operations Section

Operations Section is charged with the primary medical services delivery unit of the ICS for the POD. This section has the most contact with the public and the medical community. The <<Name>> County Public Health <<Position>> fulfills the position of Operations Section Chief. The back-up Operations Section Chief is the <<Position>> from <<Name>> Fire and Rescue.

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Logistics Section
Logistics supports the mission of the POD operations at the Point of Dispensing and at the Emergency Operations Center (EOC). The POD logistics section's mission is the opening and closure of facilities to accommodate POD activities, set-up of equipment and supplies, staff services, maintenance of physical site and equipment, waste management, communication and technology, and transportation of patients and staff. Logistics Section Chief is fulfilled by the <<Emergency Management Deputy Director>>.

Planning Section
Planning Section is responsible for monitoring, assessing, evaluating, and reporting POD activities and incident status. This section is responsible for planning for contingencies impacting future POD operations and completing the Incident Action Plan (IAP) for each operational period. <<identified position>> fulfills the role of Planning Section Chief during a medical countermeasure response.

Finance and Administration Section
Finance and Administration is responsible for the financial health of POD, including payroll, accounts payable and receivable. This section is also charged with procurement of equipment and recruitment of staff and volunteers. Cost-tracking for resources and supplies is the function of the Finance and Administration Section. <<Name>> County Finance Director fulfill the position of Finance and Administrator Section Chief.

Emergency Operations Center (EOC)

During a public health event or emergency, the <<Public Health Administrator or Emergency Manager>> functions as the Public Health Incident Commander at the Emergency Operations Center (EOC). The <<Name>> County's EOC is located at <<Address>>, <<City Name>>, Oregon.

Activation of POD Operations

<<Name>> County Public Health Administrator, Emergency Manager and County Commissioner Chair, in consultation with OHA PHD's Acute and Communicable Disease Prevention Program and Health Security, Preparedness and Response Program, and in accordance with local response planning and meeting criteria for medical countermeasures found in Annex <<XX>>, activate the Open POD if and only if medical countermeasures are not available within the County and/or Region.

POD Operations

The POD is operated by <<Name>> Public Health Agency and all functions at the POD are supervised by the POD Site Supervisor. The POD Supervisor position is fulfilled by <<various identified agencies and positions>>.

For complete information on Point of Dispensing Operations Field Operations Guide (POD FOG), please refer to Annex <<XX>>.

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Requesting Medical Countermeasure Materiel and Other Assets:

The criteria by which the medical countermeasure materiel requests are generated are found in a checklist in Annex <<XX>>.

When local and regional resources are expended and the criteria as described Annex <<XX>>, the Public Health Incident Commander in coordination with <<County Name>> EOC fulfills the requests for medical countermeasure materiel.

When it is warranted to request medical countermeasures and materiel, the Public Health Administrator, County Emergency Manager, Public Health Emergency Preparedness Coordinator and County Commissioner Chair convene and determine the need for materiel.

For step-by-step procedures on requesting medical countermeasures and materiel, please see Annex <<XX>>.

Requesting Medical Materiel and Assets:
Initial and Specific Request of the Medical Materiel and Assets
The request is discussed by the appropriate parties within <<N>>CPH, <<Name>> County Emergency Management, and the Unified Incident Command. The Public Health Incident Commander proceeds through the appropriate channels using County Emergency Operations Center, as described in Resource Requesting Field Operations Guide, Annex <<XX>>. Oregon Health Authority, working with the Oregon Office of Emergency Management (OEM), Oregon State Police, and/or Centers for Disease Control and Prevention (CDC), confirms that the medical materiel is needed. If the medical materiel is determined to be the Strategic National Stockpile (SNS), the Governor for the State of Oregon makes a formal request to the CDC for the SNS assets needed. If the incident is isolated within <<Name>> County, the Receiving, Staging and Storing Site may not be activated and the materiel is directly shipped to the designated <<Name>> County site.

Please see the algorithm on the next page for full example of the requesting medical materiel and assets process.

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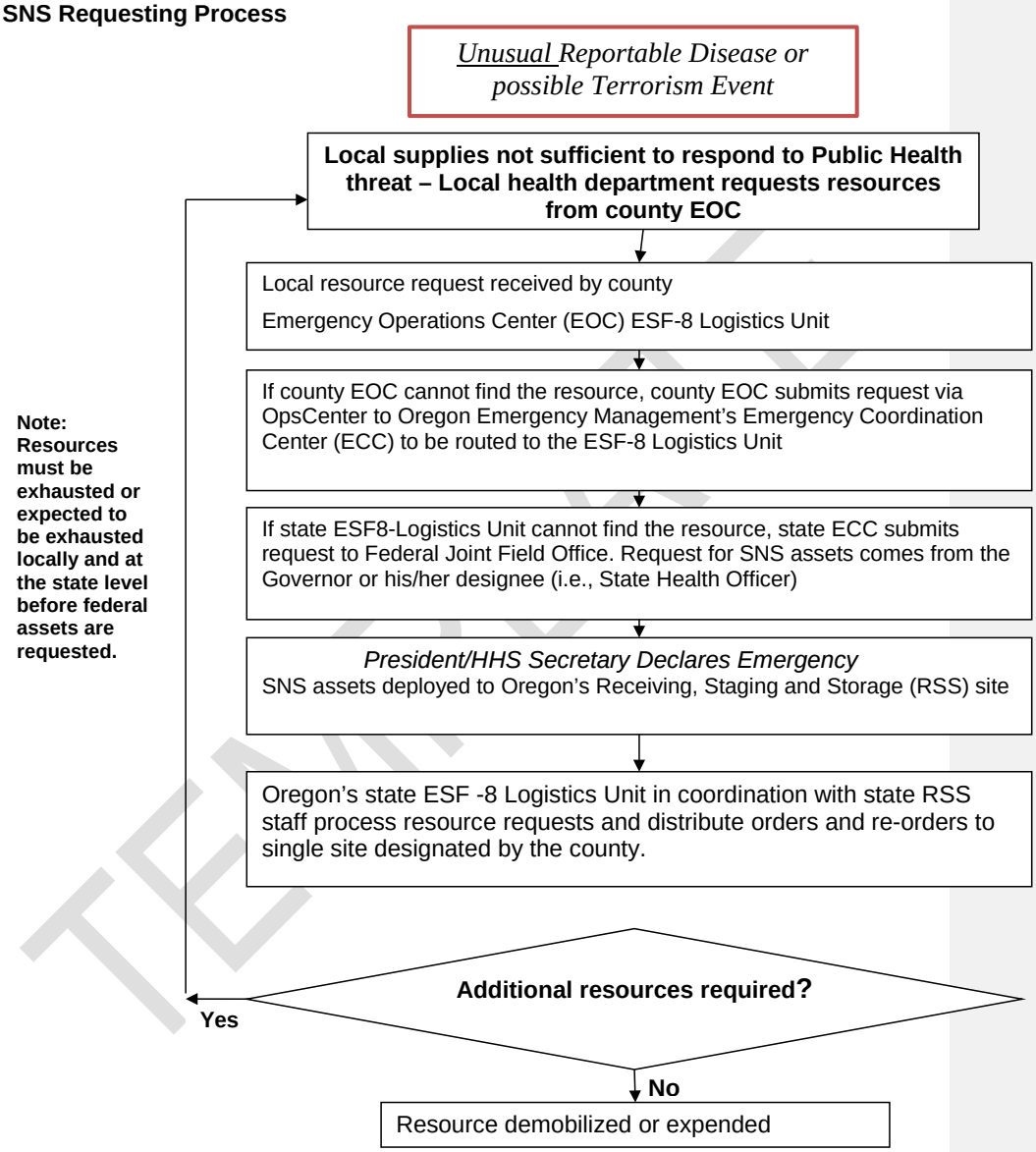
SNS Requesting Process



Note: Resources must be exhausted or expected to be exhausted locally and at the state level before federal assets are requested.

Receiving, Staging, and Storage Site
Once the medical materiel has reached Oregon, the assets, depending on the incident, are held at a Receiving, Staging and Storage (RSS) site, located in pre-determined sites located in the State.

Local Distribution Site
At the Local Distribution Site (LDS), supplies are received from the RSS, or through other means such as Direct Shipments, and broken down into units-of-use and other appropriate packaging sizes. For in-depth information on the Local Distribution Site, please refer to the Distribution Plan, Annex <<XX>>.

Transportation of Assets
For detailed instructions on the transportation of assets from Local Distribution Site (LDS) to POD, please see Annex <<XX>>.

A transportation of medical materiel is coordinated by the transportation manager and <<Name>> County Roads Department in coordination with <<Name>> County Sheriff's Office, the Operations Section Chief and Logistics Section Chief from the EOC. <<Name>> County Sheriff's Office provides security and the <<Name>> County Roads Department transports the SNS assets from Local Distribution Site to POD. SNS Materiel Transfer Form is used to show chain of custody. See Annex <<XX>> for the Chain of Custody transfer form.

The Security Officer for the POD(s) is the <<Name>> County Sheriff or assigned designee. The Security Officer is responsible for security at the POD site(s) and subsequent transport of medical materiel throughout <<Name>> County. If the <<Name>> County Sheriff cannot assume responsibility of security, then security detail is transferred to <<Name>> Police. All transportation personnel will fuel the county vehicles at the <<City Maintenance>> Fueling or Gas Station in <CITY>, <STATE>.

Vehicle routes are determined by the pending emergencies and weather conditions. Maps and alternative routes are provided in Annex <<XX>>, Distribution FOG and Annex <<XX>>, Transportation FOG. Annex <<XX>> contains regional maps and further detail on the Transportation Plan.

Requests for Additional Assets and Re-supply
As medical materiel appears to run low, contact is made to the County Emergency Operations Center to request additional supply. The request for asset resupply is completed within OpsCenter System. Communications with OHA PHD Agency Operations Center (AOC) representative must be made in conjunction with the OpsCenter request for awareness to ensure resupply request is understood. The LPHA Administrator and the Logistics Section at the Oregon Health Authority AOC discusses the need and determines whether filling the request is indicated and whether sufficient supplies of the requested item are available from the RSS. If it is determined that additional materiel should be shipped, the Logistics Section Chief at the AOC notifies the RSS Operations Chief (or designee) of the request to be filled and the timeline of need. In addition, the Logistics Section Chief at the AOC sends the order form to the RSS. OpsCenter is used to formally requesting re-supply and additional assets.

Redistribution of Assets

Commented [KLH2]: For LPHAs/Tribes - Suggested name for department overseeing County Roads. Public Safety and Public Works may be involved in transportation of assets in a County.

Commented [HKL3]: For LPHAs/Tribes - This is an example of what could be stated in a base plan. Suggested to have planning in place to refuel and maintain vehicles in emergencies.

Commented [KLH4]: For LPHAs/Tribes: This is a suggested person. Each LPHA and Tribe needs to determine who will lead the discussions on requesting re-supply and additional assets and determine the amount needed.

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Asset redistribution between jurisdictions is directed by the Logistics Section at the AOC. For example, if <<Name>> County closes its Open POD, the Logistics Section Chief directs the medical materiel to the RSS for redistribution throughout the region's remaining open sites. Security detail for returning assets to RSS is coordinated by the Security Officer from the RSS.

Medical Countermeasures and Category A Agents

If the incident is directly related to a release of anthrax, pneumonic plague or tularemia, doxycycline and ciprofloxacin antibiotics are dispensed for prophylaxis. The appropriate antibiotics must be given to the affected population within forty-eight (48) hours of detection of the agent. The antibiotics typically arrive by ground transportation. An initial push package arrives first after all local and regional pharmaceutical cache are depleted. Following the initial push package arrival is the Strategic National Stockpile for that should treat the entire population affected by the agent.

The initial course for anthrax, plague or tularemia exposure given at a POD is for ten (10) days. For the population who has contraindications to antibiotics due to medical conditions or other medications, referrals are made at the POD for the individual to receive amoxicillin or another antibiotic as prescribed by a physician. All medication given for treatment and prophylaxis is free and no payment should be made for the medication.
Currently there is protocol provided by the Food and Drug Administration (FDA) on crushing doxycycline for adults who cannot swallow. During the screening process at the Point of Dispensing, personnel assigned will determine the needs if crushing doxycycline is necessary and instructions are provided. Oregon Health Authority, Acute and Communicable Disease Prevention Program has example standing orders available for dispensing medical countermeasures during a mass prophylaxis response. These standing orders are provided at times of response and upon request. Identified pediatric dosing and select geriatric dosing may require liquid medication preparation and are in limited supply within the Strategic National Stockpile assets. The preparation of these medications takes place under the direction of the Operations Section Chief and performed by registered nurses deployed to individual Open PODs. The CDC recommends preparation procedures are followed as closely as possible.

For medications requiring a DEA form 222, the <<Name>> County Health Officer assumes responsibility. If <<Name>> County Health Officer is unavailable, the <<Name of Agency>> Medical Director serves as the Medical Consultant until County Health Officer can respond. Please see Appendix <<##>> for contact information.

Priority Prophylaxis, Alternative Dispensing Methods and Closed PODs

In an incident requiring mass prophylaxis of <<Name>> County residents, Priority Prophylaxis Plans and other Alternative Dispensing Plans address the process of providing first responders, critical infrastructure personnel, and populations with access and functional needs with medication in the earliest stages of response to allow continuity of response operations.

Priority Prophylaxis
Priority Prophylaxis of community responders is determined by the Incident Commander at the time of the incident and rest on recommendations from the Oregon Health Authority. For

example, the following list describes who may receive prophylaxis first to continue response activities.

- ❑ Public Health and Law Enforcement POD staff and household contacts
- ❑ Public Health POD volunteers (dosage for household contacts is provided following the first shift worked)
- ❑ Emergency Medical Services personnel and household contacts
- ❑ Law Enforcement and volunteers
- ❑ Fire Departments and volunteers
- ❑ <<Name>> County Roads Department
- ❑ Public Works
- ❑ <<Name>> County 9-1-1 Communications District
- ❑ Identified household contacts for planned responders mentioned above
- ❑ Designated local government officials

The Operations Section Chief oversees the priority prophylaxis process. The Operations Section Chief position is fulfilled by the <<Name>> County Public Health <<position>> or designee.

Alternatives for management of the priority prophylaxis process include onsite prophylaxis at the recipient organization or at the POD in <<Name>> County.

For further detail on Priority Prophylaxis procedures, please see Annex <<XX>> for Priority Prophylaxis, Closed PODs and Alternative Dispensing Field Operation Guides (FOGs).

Access and Functional Needs Populations
During a public health emergency involving medical countermeasures, the <<Name>> County residents are asked to attend the Open POD. <<Name>> County does provide assistance for visually- and hearing-impaired individuals and semi-ambulatory individuals through the Open POD.

In the preparedness phase for POD planning, <<N>>CPH is addressing populations for Access and Functional Needs by attending to specific challenges. The following list is an example of challenges and planning process being undertaken to ensure accessibility for all populations to attend the Open POD:

(examples filled in for content)

Challenge for Identified Population	Planning Solutions
Hearing impaired or hard of hearing	Signage placed at eye level
	Reader boards
	Emergency Alert System television scrolling
	American Sign Language Interpreters provided
Visually impaired or legally blind	Escorts provided
	Forms in braille
	Wide walkways
Limited mobility	Escorts provided
	Provide chairs and resting opportunities
	POD personnel hold place in lines

	Wheelchairs accessible within POD
	Ramps used
English as a Second Language	Language Interpreters provided
	Forms printed in various languages reflecting the community
	Signage posted is translated in various languages reflecting the community
Continue table for identified access and functional needs populations and planning process	

<<Name>> County has determined that there may be undocumented residents residing within the jurisdiction of the local health department. Undocumented residents do receive medical countermeasures in the Open POD setting. No proof of residency is required to receive appropriate medications. The Public Information Officer develops and implements a public health education campaign prior to the POD opening to inform undocumented residents that they may attend the POD sites and are not required to show proof of residency. Please see Appendix <<##>> for further legal information concerning undocumented residents.

Closed PODs

Closed Points of Dispensing sites are designated for private organizations and businesses and designed to alleviate number of persons entering the Open POD or serve populations that are better served outside of a Public POD. Plans for Closed PODs are implemented in coordination with the LPHA and Memorandums of Understanding are signed prior to incident. For further detail on Closed POD procedures, please see Annex <<XX>>.

Private organizations and facilities with residents having restricted mobility may distribute medical countermeasures to their clients through Closed PODs operations. Plans for Closed PODs are created and implemented with the LPHA and Memorandums of Understanding are signed prior to incident. Considerations must be made by the LPHA in serving populations who are not unable to attend the Open POD due to medical or behavioral health conditions, transportation capabilities, or other populations with access and functional needs. The following list provides examples of how <<N>>CPH is addressing populations who can access medical countermeasures through a Closed POD:

(examples filled in for content)

Challenge for Identified Population	Planning Solutions
Institutionalized	Closed POD
Homebound	Meals on Wheels as a Closed POD
	Dispensing Task Force visiting identified homes
Hospitalized or Residential Community Living	Closed POD
Continue table for identified access and functional needs populations and planning process	

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Security

Security operations for the Open POD are staffed by personnel from <<Name>> County Sheriff's Office, <<Name>> County Sheriff's Reserve Officers and Volunteers, and <<City>> Police Department. Other agencies and organizations may fulfill the role of security at an Open POD such as Community Emergency Response Teams, Search and Rescue Volunteers, Bureau of Land Management and United States Forest Service employees. The Security Officer position is fulfilled by the <<Name of Position>> at <<identified agency>> or designee.

Commented [HKL5]: For LPHAs/Tribes: Each jurisdiction will need to identify who can and will fulfill roles of security personnel to ensure traffic flow, perimeter security, parking accessibility. The names agencies and organizations are examples. Please identify agencies that have agreed to assist in the security role.

At Open PODs, and Closed PODs for when discussing Security measures, the personnel on site serve on the Security Team as each person is responsible to ensure doors are locked, appropriate badging and identification is visible and correctly worn, and medical countermeasures and supplies are provided accordingly to the protocols identified in policies, plans and operation guides.

Further specific procedures for POD Security, please refer to the POD Security Plan, Appendix XX.

Safety

The Safety Officer for the Open POD is a <<designated employee of the identified agency/facilities/organization or a trained MRC Volunteer>>. In an emergency that involves an infectious agent or has the potential to produce community infections, infection control procedures are implemented. Safety Officer is responsible for working within identified resource ordering process to procure any needed Infection control supplies.

As with Security, POD personnel are also a part of the Safety Team, ensuring personal protective equipment if assigned, is worn correctly, hand washing occurring before and after breaks occur, recognizing signs of stress and fatigue to avoid mistakes and accidents, and taking care of oneself during the response.

For further detail on the POD Safety Procedures and Infection Control, please see Annex <<XX>>. The Safety Officer Job Action Guide (JAG) is found in Appendix <<##>>.

Inventory Management

Management of the medical countermeasures and materiel inventory requires specific protocols and procedures to match expectations of the CDC for tracking of materiel and recovery of unused assets, including durable medical equipment (DME). Inventory management is handled through use of POD Inventory Management Systems or Inventory Management and Tracking System (IMATS). An example of one system can be an Excel spreadsheet program. The other example system to track inventory is a paper system using Inventory Management Cards for each medical countermeasure and supply dispersed during the POD response. The detailed information on Inventory Management, including spreadsheets and inventory cards are accessed in Annex <<XX>>.

If further repackaging or dividing into units-of-use is necessary at the POD, it is handled by Inventory Control Manager in Logistics Section. The Inventory Control Manager(s) at the POD(s) is (are) assigned to <<identified position(s) from designated agency(ies)>>.

Tactical Communications

The <<Name>> County Emergency Management and Information Systems are the primary agencies in the County that establishes and maintains communications networks and backup systems to support command and control. The <<Name>> Local Public Health Authority uses the communications networks established by <<Name>> County Information Systems, Emergency Management and Emergency Operations Center. For more information on Tactical Communication equipment, use of the equipment and pathways for communication during a response is found in Annex <<XX>>.

Information and Communications

The <<Name>> County Public Affairs and Communication Officer assumes the role of Public Information Officer (PIO). Please see Annex <<XX>> for detailed information concerning the Information and Communication Plan.

When the Joint Information Center (JIC) is activated for the <<Health Care Coalition>> Region, public health messages are developed within this center and by community partners including Public Health, Hospitals, and Law Enforcement. These public health messages are also coordinated with Oregon Health Authority, and/or the Centers for Disease Control and Prevention, as the situation warrants. The JIC Plan is also located within Annex <<XX>>.

Demobilization

The Operations Section Chief, Incident Commander, and Emergency Manager consults with Oregon Health Authority before demobilizing to assure the population targeted has received needed medical countermeasures. The Planning Section Chief creates demobilization plans to begin the process of returning staff to daily activities. Staff is notified of the date/time they are released from duties at the POD. The demobilization plan is implemented by the Logistics Section after approval through Incident Commander. The Open POD facility is returned to original condition and the equipment and supplies returned to the appropriate source. Supplies that are unusable are properly disposed. Durable medical equipment is retrieved and accounted for from hospitals and other medical facilities. All timecards and other finance/administrative paperwork are collected and placed at County Finance Office is designated for POD records. The public is informed in advance and a location is designated for their follow-up questions and possible further medical countermeasures.

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Plans and Field Operation Guides

For medical countermeasure dispensing and distribution operations, the following annexes and appendices are associated with forms, procedures, and polices. Please refer to these documents during medical countermeasure responses.

Annexes to the Public Health All-Hazards Response and Recovery Plan

- ❑ Medical Countermeasure Response Base Plan
- ❑ Closed POD Operations
- ❑ Distribution of Assets
- ❑ Transportation of Assets
- ❑ Security of Assets
- ❑ Requesting Assets FOG
- ❑ Inventory Management FOG
- ❑ Chain of Custody FOG
- ❑ Badging FOG
- ❑ POD Field Operations Guide (POD FOG)
    - o Job Action Guides (JAGs) and Just-In-Time Training (JITT) FOG
    - o POD Operations
    - o POD Floor Plans and Flow
    - o POD and Incident Staffing
    - o Forms and Dispense Assist
- ❑ Information and Communications FOG
- ❑ Tactical Communications Plan
- ❑ Infection Control and Safety Plan
- ❑ Public Health Command Center FOG
- ❑ Volunteer Activation and Deployment Plan

Appendices

- ❑ Contact Lists
- ❑ Incident Command System
- ❑ Legal Authorities
- ❑ Supplies and Equipment
- ❑ Memorandums of Understand and Mutual Aid Agreements
- ❑ Reporting Adverse Events

Commented [HKL6]: For LPHAs/Tribes: This list is an example of plans to have for a Medical Countermeasure response. Each LPHA is different and may not have the need for all plans listed. A good number of the plans listed are found in the POD Field Operations Guide.