

Plan for Receiving, Distributing, and Dispensing Strategic National Stockpile Assets



**Mississippi State Department of Health
Office of Emergency Planning and Response**

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Section I: Operational Plan

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1. Introduction

A. Purpose

The Mississippi State Department of Health (MSDH) Plan for Receiving, Distributing, and Dispensing Strategic National Stockpile (SNS) Assets (hereafter referred to as the MSDH SNS Plan) establishes a framework for the management of MSDH operations in response to public health and medical emergencies and events that require distribution of large quantities of medical assets from MSDH, Emergency Support Function - Public Health and Medical Services (ESF-8), or federal support programs. This plan covers all events and activities deemed by the State Health Officer, or designee, to require a coordinated agency response.

B. Objectives

1. Describe operational procedures related to the request, receipt, and distribution of SNS assets assigned to assist tribal, state, local, and agency jurisdictions during a major public health and medical emergency.
2. Provide coordinated management of SNS assets assigned to assist tribal, state, local, and agency jurisdictions during a major public health and medical emergency.
3. Coordinate public health and medical activities between the incident management authorities during receipt and distribution of SNS assets and the Director of Health Protection, or representative.

C. Overview

This plan describes the operational functions that MSDH uses to manage public health and medical personnel and responses assets, whether MSDH is leading the response under public health authorities, acting in support of another state agency, or acting support of requesting tribal, local, or federal or affected jurisdiction.

This document will be reviewed on an annual basis under the oversight of the DHP to ensure that current emergency plans reflect lessons learned from response experiences (both exercises and actual responses).

2. Assumptions

The MSDH has been designated as the primary agency to coordinate repackaging and distribution of SNS assets during a major public health and medical emergency.

Health and medical services will be provided through the Emergency Support Function-Public Health and Medical Services (ESF-8) of the *National Response Framework (NRF)*. The purpose of this function is to coordinate assistance to supplement state and local resources needed in response to an event.

The *Mississippi Comprehensive Emergency Management Plan (CEMP)* provides an organizational structure to allow emergency medical services personnel and health care facilities to work together in a collaborative way and to provide assistance in situations where local resources are overwhelmed.

The Governor will exercise all emergency powers to ensure the timely receipt, organization, repackaging, and distribution of medical material received from SNS assets to the citizens of Mississippi as outlined in the Mississippi CEMP.

Medical material received through Strategic National Stockpile (SNS) assets is intended to supplement local supplies and inventories when they have been exhausted.

Prophylaxis for the first responder community to include police, and fire personnel supporting the local response will be provided through a distribution system outlined in the Policy for First Responder Prophylaxis in Section IV of this plan.

Planning for the at-risk populations is occurring on several levels at Mississippi State Department of Health (MSDH). In each county in Mississippi, Hazards and Vulnerability Assessments have been written which include information for the medical and social demographics of that population. Also, MSDH has a resource guide that defines and locates vulnerable and at-risk population groups based on census data and Geospatial Informational Systems mapping. The State Medical Needs Shelter (SMNS) Plan outlines the plan to shelter persons requiring limited medical and nursing oversight who cannot be accommodated in a general population shelter during emergency conditions. Furthermore, Appendix G in this plan contains the contact information for Durable Medical Equipment Suppliers in each county/district. The Mississippi ESF-8 Healthcare Coalition will be called upon during an event to share information throughout the membership to ensure the needs for the at-risk are addressed. County and District Healthcare Coalitions will be utilized to make decisions about medical resources during an event.

3. Roles and Responsibilities

A. Applicability

This plan is applicable to those primary state departments and agencies and organizations that may be called upon to support a statewide

response and/or recovery tasking to implement the provisions outlined in this planning document. These departments, agencies, and organizations include, but are not limited to:

- Mississippi State Department of Health
- Mississippi Emergency Management Agency
- Mississippi Department of Public Safety
- Mississippi Department of Education
- Mississippi Military Department
- University of Mississippi Medical Center

This plan is applicable to those secondary state departments, agencies and organizations that may be called upon to support a statewide response and/or recovery tasking to implement the provisions outlined in this planning document. These departments, agencies and organizations include, but are not limited to:

- Office of the Governor
- Office of the Attorney General
- Mississippi Hospital Association
- American Red Cross
- Mississippi Department of Wildlife, Fisheries and Parks
- Mississippi Department of Human Services
- Mississippi Department of Transportation
- Mississippi Institutions of Higher Learning

This plan is applicable to the local units of governments in the 82 counties of Mississippi and the Mississippi Band of Choctaw Indians that may be called upon to support a statewide response and/or recovery tasking to implement the provisions outlined in this planning document. These local units of government include, but are not limited to:

- First responder organizations
- Local law enforcement
- Local emergency management agencies
- Local health departments

Specifically, roles and responsibilities of the following agencies include:

B. Federal

The Assistant Secretary for Preparedness and Response and the Director of Centers for Disease Control and Prevention (CDC) have entered into a Memorandum of Understanding for Implementation of Emergency Support Function-8 (ESF-8) and Direction of the Strategic National Stockpile and Cities Readiness Initiative. As a subset of ESF-8 planning and response

activities, the Memorandum of Understanding (MOU) provides specificity in how the Assistant Secretary for Preparedness and Response (ASPR) will exercise the responsibilities and authorities of the Secretary with respect to the coordination of the Strategic National Stockpile (SNS) and the Cities Readiness Initiatives (CRI) in accordance with the amendments made to the Public Health Service Act by the Pandemic and All-Hazards Preparedness Act (PAHPA), Pub. Law No. 109-417 (December 19, 2006). The complex matrix requirement between the ASPR and CDC's Director, Office of Public Health Preparedness and Response requires clear direction of SNS and CRI assets under three situations: 1) Day-to-day operations; 2) a non- Emergency Support Function-8 (ESF-8) response situation; and 3) response under an ESF-8 activation.

United States Public Law 93-288, the Robert T. Stafford Disaster Relief and Emergency Assistance Act, provides the federal government authority to respond to emergencies and provide assistance to protect public health. The Federal Emergency Management Agency (FEMA) implements this function.

Under section 2801 of the Public Health Service Act (PHS Act), added by PAHPA, the Secretary of Health and Human Services (HHS) leads all federal public health and medical response to public health emergencies and incidents covered by the National Response Framework (NRF). The NRF further designates the Department of Health and Human Services (DHHS) as the designated lead agency for direction and coordination of medical and public health response activities. This component of the NRF is called ESF-8. Under section 2811 of the PHS Act, as amended by PAHPA, subject to the authority of the Secretary, the ASPR serves as the principal advisor to the Secretary, HHS on all matters related to federal public health and medical preparedness and response for public health emergencies. The ASPR further is responsible under the statutory provision for federal integration, i.e., coordinating with relevant federal officials to ensure integration of federal preparedness and response to activities for public health emergencies, as well as for integration of and coordination with state, local, and tribal public health officials, the Emergency Management Assistance Compact, health care systems, and emergency medical service systems to ensure effective integration of federal public health and medical assets during a public health emergency. The ASPR carries out these duties by, among other things, directing ESF-8 activities and coordinating HHS assets, include the SNS and the CRI.

Health and Human Services Public Readiness and Emergency Preparedness Act (PREP Act) Declaration:

(<http://hhs.gov/disasters/emergency/manmadedisasters/bioterrorism/prepact-081001.html>). The PREP Act expands liability protection during declared emergencies.

C. State of Mississippi

The **Mississippi Emergency Management Agency (MEMA)** is responsible for the overall coordination of response and recovery programs through implementation of the Mississippi Comprehensive Emergency Management Plan (CEMP) as directed by the Governor. The MEMA Director or designee(s) maintains a constant liaison between the federal government, state agencies, disaster relief organizations and other states' disaster agencies.

The **Mississippi Department of Public Safety (MDPS)** is charged as the primary state agency to provide security, law enforcement, and communications support functions as directed by state code 45-3-21, 33-15-14, the State, Section 16, and the Mississippi State Department of Health (MSDH) Plan for Receiving, Distributing, and Dispensing Strategic National Stockpile (SNS) Assets.

The **Mississippi State Department of Health (MSDH)** has been designated as the primary agency to coordinate repackaging and distribution of SNS assets during a major public health and medical emergency.

The State Health Officer, or designee, is responsible for strategic command and control decisions on the distribution of SNS medical assets. The State Health Officer maintains a constant liaison between the Governor, MEMA Director, district/county health departments, medical organizations, and the Centers for Disease Control and Prevention.

The MSDH Office of Epidemiology oversees and coordinates planning and procedures for surveillance to ensure early detection of a potential emerging major medical health threat and containment strategies for prevention of local disease transmission. The MSDH Office of Epidemiology will provide local physicians and hospital administrators with updated guidance on clinical management and infection control.

The MSDH Office of Emergency Planning and Response oversees and coordinates planning and procedures for distributing public stocks of drugs and vaccines. Through the Mississippi Emergency Support Function-8 (ESF-8) Healthcare Coalition, the MSDH Public Health Command Center will communicate information to ESF-8 partners. This information pathway will flow from the Governor down to the grass roots level.

The State Health Officer, or designee, State Epidemiologist, or State Pharmacist is responsible for acceptance of federal medical assets from the Centers for Disease Control and Prevention.

D. Local Level

During a major public health and medical emergency, local jurisdiction are responsible for coordinating health care activities within the community and should work with local health departments and hospitals to:

1. Improve communication with medical care providers and health care organizations.
2. Monitor local hospital resources (e.g., adult and pediatric hospital beds, intensive care unit beds, emergency department beds, medical supplies, respirators and other equipment, mortuary capacity);
3. Address emergency healthcare staffing needs and other medical surge capacity issues;
4. Encourage coordination among state and federal healthcare facilities, such as Veterans Administration hospitals, Indian Health Service facilities, and Department of Defense hospitals;
5. Establish mutual aid agreements with adjacent jurisdictions within the state to share resources and request, receive, organize, and distribute medical material when a major public health and medical emergency occurs.
6. Conduct contingency planning with:
 - a. Private sector groups that support hospital and points of dispensing functions, to ensure continuity of operations during major public health and medical emergencies;
 - b. Local law enforcement agencies who can help maintain order at hospitals and/or POD sites;
 - c. Identify alternative care sites for client care (child and adult) and sites for quarantine;
 - d. Identify community-based organizations that can provide psychological and social support to healthcare workers, public health field workers, and other emergency responders.

4. Planning Partners, Authorities and Legal Issues

A. Planning Partners

The Mississippi State Department of Health (MSDH) Plan for Receiving, Distributing, and Dispensing Strategic National Stockpile (SNS) Assets is coordinated horizontally and vertically to ensure the overall response is operationally integrated and protocols and policies herein cover events and activities pertaining to preparedness, response, and recovery. This document is based upon the policies and procedures established in the MSDH Emergency Support Function (ESF-8) Operations Plan for Public Health and Medical Emergencies. Furthermore, this plan was developed with the assistance of emergency management and public health officials from Mississippi.

Members from the MSDH Office of Emergency Planning and Response (OEPR) conduct annual planning meetings with the Public Health Emergency Preparedness Senior Advisory Council (PHEPSAC) and hold regular discussions with representatives from the Governor's Office, local and state agencies, and nongovernmental organizations that are expected to support the SNS Plan and would respond during public health and medical emergencies.

B. Authorities and Legal Issues

The following summarizes significant emergency response authorities affecting distribution of SNS assets. The MSDH may exercise any of its legal authority as needed to respond to public health and medical emergencies.

1. Authority for direction of control

The Mississippi State Department of Health has the authority to investigate and control the causes of epidemic, infectious, and other diseases affecting the public health, including the authority to establish, maintain, and enforce isolation and quarantine and in pursuance thereof, to exercise such physical control over property and individuals as the department may find necessary for the protection of the public health. *Miss. Code Ann. Section 41-23-5.*

The overall authority for direction and control for the resources of MSDH that respond to a public health emergency is with the State Health Officer. *Miss Code Ann. Section 41-3-5.*

2. Rules and regulations governing reportable diseases and conditions

Suspects or contacts with communicable diseases to submit to examination: The local health officer is authorized to examine, treat, and/or isolate at his/her discretion or under the direction of the State Health Officer any person who, on credible information, is suspected of suffering from any communicable disease, or who is a contact with a known case of such disease or may be a carrier or have the disease in the incubation or prodromal phase. Said suspect or contact shall be notified in writing to report to a reasonable place at a reasonable time for such examination. Should the suspect or contact refuse to submit to examination satisfactory to the health officer, said suspect or contact shall be prosecuted by law to compel compliance and/or be isolated in a manner prescribed by the health officer until the danger of transmitting the disease in question has passed. In the event that the aforementioned suspect or contact is a minor, the parent or guardian shall be apprised of the facts and requested to deliver said minor for examination. In the event of refusal, the health officer shall maintain action at law to compel compliance of the parent or guardian and/or impose isolation as necessary.

3. Personnel authorized to dispense medications during a state of emergency

For distribution of pharmaceuticals during a state of emergency, the following definitions shall apply as defined by Section 73-21-73 of the Mississippi Pharmacy Practice Act, Mississippi Code of 1972, as amended 2014:

“Pharmacist” means an individual health care provider licensed by this state to engage in the practice of pharmacy. This recognizes a pharmacist as a learned professional who is authorized to provide client services.

“Practice of pharmacy” means a health care service that includes, but is not limited to, the compounding, dispensing, and labeling of drugs or devices; interpreting and evaluating prescriptions; administering and distributing drugs and devices; the compounding, dispensing and labeling of drug and devices; maintaining prescription drug records; advising and consulting concerning therapeutic values, content, hazards and uses of drugs and devices; initiating or modifying of drug therapy in accordance with written guidelines or protocols previously established and approved by the board; selecting drugs; participating in drug utilization reviews; storing prescription drugs and devices; ordering lab work in accordance with written guidelines or protocols as defined by paragraph (II) of this section providing pharmacotherapeutic consultations; supervising supporting personnel

and such other acts, services, operations or transactions necessary or incidental to the conduct of the foregoing.

“Dispense” or “dispensing” means the interpretation of a valid prescription of a practitioner by a pharmacist and the subsequent preparation of the drug or device for administration to or use by a client or other individual entitled to receive the drug.

“Distribute” means the delivery of a drug or device other than by administering or dispensing to persons other than the ultimate consumer.

“Deliver” or “delivery” means the actual, constructive or attempted transfer in any manner of a drug or device from one person to another, whether or not for a consideration, including, but not limited to, delivery by mailing or shipping.

4. Procurement of private property

The Governor shall have general direction and control of the activities of the Emergency Management Agency and Council and shall be responsible for the carrying out of the provisions of this article, and in the event of man-made, technological or natural disaster or emergency beyond local control, may assume direct operational control over all or any part of the emergency management functions within this state § 33-15-11 (a).

Powers include: To commandeer or utilize any private property if necessary to cope with a disaster or emergency, provided that such private property so commandeered or utilized shall be paid for under terms and conditions agreed upon by the participating parties. The owner of said property shall immediately be given a receipt for the said private property and said receipt shall serve as a valid claim against the Treasury of the State of Mississippi for the agreed upon market value of said property. §33-15-11 (c)(3).

5. Liability/ workers compensation

All employees are covered by Workers' Compensation. An employee injured on the job or while in travel status is entitled to immediate financial and medical aid, in accordance with state law. *Mississippi State Department of Health Administrative Procedure Manual Section 5.0.*

Neither the state nor any political subdivision thereof, nor, except in cases of willful misconduct, the agents, employees, or representatives of any of them engaged in any emergency

management activities, while complying with or attempting to comply with this article or any rule or regulation promulgated pursuant to the provision of this article, shall be liable for the death of or any injury to persons, or damage to property, as a result of such activity. The provisions of this section shall not affect the right of any person to receive benefits to which he would otherwise be entitled under this article, or under the workmen's compensation law, or under pension law, nor the right of or any such person to receive any benefits or compensation under any act of congress. §33-15-21 (a)

Any person owning or controlling real estate or other premises who voluntarily and without compensation grants a license or privilege, or otherwise permits the designation or use of the whole or any part or parts of such real estate or premises for the purpose of sheltering persons or providing assistance to persons during or in recovery from an actual, impending, mock or practice attack or any man-made, technological or natural disaster, together with his successors in interest, if any, shall not be civilly liable for negligently causing the death of, or injury to, any person on or about such real estate or premises by virtue of its use for emergency management purposes, or loss of, or damage to, the property of such person. § 33-15-21 (b).

6. Staff compensation

In the event of an emergency declaration, staff compensation will be according to agency policy.

5. Public Health and Medical Response

A. Command and Control

1. Background and issues

The Mississippi State Department of Health (MSDH) coordinates state public health and medical assistance in state declared emergencies and disasters through the Emergency Support Function (ESF-8) Public Health Command/Coordination Center as described in the MSDH ESF-8 Operations Plan. Existing departmental command system structures should be applied to receipt, distribution, and dispensing of MSDH, ESF-8, and federal medical assets. These include:

- a. The MSDH ESF-8 Plan for Public Health and Medical Emergencies, and
- b. The MSDH Mississippi Health Response Team System Description.

2. Planning

- a. The Mississippi State Department of Health (MSDH) Office of Emergency Planning and Response (OEPR) oversee all planning activities and will annually review and update the MSDH Strategic National Stockpile (SNS) Plan.
- b. The MSDH OEPR negotiates mutual-aid agreements and memoranda of agreement with other agencies, governments, jurisdictions, and nongovernmental organizations that support the SNS Plan and would respond during public health and medical emergencies.
- c. The MSDH OEPR defines and quantifies personnel essential to an SNS response and provides protection and a method for early prophylaxis for these responders. Definition and quantification of personnel essential to an SNS response is reviewed annually.
- d. The MSDH Office of Communications and the Office of Epidemiology review public information templates annually, and as deemed appropriate, to ensure inclusion of most recent information and recommendations.
- e. The MSDH Office of Health Informatics establishes methods of communications and ensures redundancy.
- f. MSDH Legal Office appraises legal issues that can affect planning, operations, healthcare staffing, and client care.
- g. The plan will be exercised as prescribed in MSDH preparedness guidance. Design of public health preparedness and response exercise will:
 - i. Be constructed so that skills utilized and tested in all exercises will further preparedness efforts in the receipt, distribution, and dispensing of SNS assets;
 - ii. Assist healthcare facilities to test healthcare response issues at the local level;
 - iii. Build partnerships among healthcare and public officials, community leaders, and emergency response workers.

3. Implementation
 - a. Through internal or external sources, the Mississippi State Department of Health (MSDH) Office of Emergency Planning and Response is notified of a credible threat, a potential emerging emergency, or actual event of significance.
 - b. The Director of Health Protection (DHP) will consult with the State Health Officer (SHO) for a recommendation for possible transition from normal operations to a coordinated agency emergency response operation by the MSDH Public Health Coordination Center (PHCC). Depending on the situation, coordinated agency response may be Level III, II, or I., as described in the MSDH Continuity of Operations Plan.
 - c. The DHP will provide a situational update to the Core Notification Response staff and the Office of the Governor.
 - d. The MSDH will name an Incident Commander as well as a liaison and serve as the focal point for coordinating MSDH response activities with Mississippi Emergency Management Agency and the Office of the Governor.
 - e. The Incident Commander shall provide status updates of activities to the SHO and the Governor.
 - f. As deemed appropriate, the Incident Commander may establish additional support cells for the purpose of coordinating activities assigned; all such support cells will coordinate operational information with the MSDH PHCC.
 - g. The Strategic National Stockpile (SNS) Technical Task Force Leader will convene with the Planning Section Chief and the Safety Officer and meet with partners and stakeholders to review the:
 - i. MSDH SNS Plan;
 - ii. Policy for First Responder Prophylaxis; and
 - iii. Appropriate clinical preparedness and response plan(s) for the suspected agent precipitating the public health and medical emergency.
 - h. The Logistics Section Chief will call for inventory of supplies and essential medications throughout the state.

- i. An alert will be issued to public health and medical entities using the Mississippi Health Alert Network (HAN).
 - j. The Mississippi State Department of Health (MSDH) Office of Health Informatics will assess status of tactical communications.
 - k. The MSDH Office of Epidemiology will notify district staff and ask to increase local surveillance and increase case detection.
 - l. The MSDH Office of Communications will implement its risk communications plan and link public information functions with federal and local counterparts in preparedness mode.
4. Deployment
- a. The MSDH Public Health Command/Coordination Center (PHCC) will upgrade activities to a Level I response.
 - b. The Public Health Incident Commander and State Health Officer will convene with the Governor, or designee, to recommend request for deployment of SNS assets; key state contacts will be notified that request for SNS assets has been made.
 - c. As deemed appropriate, the Incident Commander may establish additional support cells for the purpose of coordinating activities assigned; all such support cells will coordinate operational information with the PHCC.
 - d. The SNS Technical Task Force Leader will convene with the Planning Section Chief and the Safety Officer and meet with partners and stakeholders to review and fully activate the:
 - i. Mississippi State Department of Health (MSDH) Strategic National Stockpile (SNS) Plan;
 - ii. Policy for First Responder Prophylaxis; and
 - iii. Appropriate clinical preparedness and response plan(s) for the suspected agent precipitating the public health and medical emergency.
 - e. When Division of Strategic National Stockpile (DSNS) assistance is requested and approved, the Incident Commander and the SNS Technical Task Force Leader will communicate with the DSNS's Coordination Center to exchange information concerning place and time of arrival of the SNS assets and

Stockpile Service Advance Group (SSAG), if SSAG is requested by the state.

- f. The Public Health Incident Commander and the Strategic National Stockpile (SNS) Technical Task Force Leader will answer inquiries from the SSAG concerning the situation and the state's anticipated response.
- g. Mississippi State Department of Health (MSDH) Logistics Section will make arrangements to provide transportation vehicles and security escorts for the SSAG from the arrival airfield to the Receiving, Staging and Storing (RSS) facility and transportation of Federal Liaison Officers to their work locations(s).
- h. SSAG Liaison support will be co-located with the SNS Technical Task Force Leader of the MSDH Public Health Command Center.
- i. MSDH Operations Section will request the Mississippi Emergency Management Agency, throughout Unified Command, to activate law enforcement and security agencies to establish operations to secure all aspects of receiving, distribution, and dispensing SNS assets.
- j. The Operations Section chief will request the RSS Task Force Leader to arrange for operations of the RSS site.
 - i. The RSS Task Force Leader will activate and initiate call-down of RSS staff;
 - ii. The RSS Task Force Leader will contact the designated RSS facility and request preparation for receipt of SNS assets;
 - iii. If the SSAG is requested, the RSS Task Force Leader will identify an appropriate working space for the SSAG within the designated RSS facility; and
 - iv. The RSS Task Force Leader will report operational information routinely to the Strategic National Stockpile (SNS) Technical Task Force Leader of the Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center.

- k. The Operations Section Chief will activate the District Coordination Center (DCC) to arrange for operations of Point of Dispensing (PODs).
 - i. POD Strike Team Leaders will initiate call-down of POD staff;
 - ii. The DCC will coordinate activities with neighboring jurisdictions and with the Strategic National Stockpile (SNS) Technical Task Force Leader of the Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center(PHCC); and
 - iii. POD Strike Team Leaders will report POD operational information routinely to the DCC. The DCC will inform the SNS Technical Task Force Leader of the MSDH PHCC updates as needed.
 - l. The MSDH PHCC and the State Emergency Operations Center will coordinate response with neighboring states and the Mississippi Band of Choctaw Indians.
 - m. The Emergency Support Function-8 Public Information Officer will initiate communication with local and national counterparts as directed by the Incident Commander.
 - n. The MSDH PHCC will notify key state government officials and legislators of the need for additional resources (if not already available).
 - o. The Logistics Section Chief will notify the Incident Commander of need for additional resources, if necessary.
 - p. The Finance/ Administration Section will document expenses of any response.
5. Recovery
- a. The MSDH PHCC will convene with appropriate stakeholders to assess criteria for potential cessation of enhanced public health support and generate a demobilization plan to describe staged withdrawal of enhanced public health support.
 - b. The MSDH PHCC will arrange for provision of mental health counseling to all necessary staff members.

- c. The Planning Section will submit an After Action Report and revise the plan as appropriate.

B. Request for SNS assets

1. Background and issues

The process for requesting deployment of Strategic National Stockpile (SNS) assets will begin with the identification by Mississippi health officials of a possible or impending major public health and medical emergency. Reason to initiate a request for deployment of SNS assets may include a large scale natural disaster; an unusual number of people reporting to area hospitals with similar symptoms; the discovery of significant outbreaks of animal illness and/or mortality; or evidence of a credible biological or chemical threat to the region.

The Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center (PHCC) will brief the Office of the Governor; if the Governor thinks that the resources available within the state might not be sufficient for the situation, he/she can request assistance directly from the Division of Strategic National Stockpile (DSNS) or include the request as a part of an overall request for federal assistance through the National Response Framework.

In collaboration with state officials, federal agencies (which include the Centers for Disease Control and Prevention Director's Emergency Operation Center and may include the Health and Human Services (HHS) Secretary's Operation Center, the Department of Homeland Security Operations Center, and the DSNS Coordination Center) will evaluate the request by assessing the threat and the local response resources.

If the Secretary of HHS or designee concurs that local resources will be insufficient, he/she will order the deployment of SNS assets to the Mississippi Receiving, Staging and Storing site or designated airport as directed by the MSDH PHCC.

The Director of Health and Human Services is not required to wait for the President to activate the National Response Framework to deploy SNS assets. SNS assets can be deployed without a Presidential Disaster Declaration.

2. Planning

- a. The SNS Technical Task Force Leader confirms points-of-contact and documents to ensure rapid request procedures.

- i. Persons within the state of Mississippi who may request Strategic National Stockpile (SNS) assets;
 - ii. Table describing events that can provide justification for SNS asset deployment;
 - iii. The algorithm for requesting SNS assets; and
 - iv. Contact number for the Centers for Disease Control and Prevention (CDC) Director's Emergency Operations Center.
 - b. State and local law enforcement agencies coordinate with U.S. Marshals concerning security issues.
 - c. A formulary of drugs and medical supplies that may be requested from the Division of the Strategic National Stockpile is available and will be reviewed by the SNS Technical Task Force Leader and the Consultant Pharmacist.
 - d. Possible need for reordering SNS assets will be assessed and the SNS Technical Task Force Leader will work with the Receiving, Staging and Storing Task Force Leader to determine methods and procedures for reordering; the Strategic Service Advance Group team will aid in reordering, if available.
3. Implementation
 - a. Using existing health information systems, state, local, regional, and federal public health officials will be sharing data and analyses as the situation evolves.
 - b. The Mississippi State Department of Health Public Health Command/Coordination Center will convene with the Office of the Governor and review:
 - i. Table describing events that can provide justification for SNS asset deployment;
 - ii. The process for requesting SNS assets;
 - iii. Contact number for the CDC Director's Emergency Operations Center; and
 - iv. Formulary of drugs and medical supplies that may be requested from the Division of Strategic National Stockpile.

4. Deployment
 - a. The Governor, or designee, will request the deployment of the Strategic National Stockpile (SNS) assets by calling the Centers for Disease Control and Prevention (CDC) Director's Emergency Operations Center.
 - b. Information to be provided when requesting SNS assets:
 - i. A clear, concise description of the situation;
 - ii. Any results of specimen testing;
 - iii. Information on the decisions already made regarding the response to the event;
 - (1) Target population for prophylaxis;
 - (2) Quarantine measures; and
 - (3) Facilities to be used throughout the response process.
 - iv. Information on the availability of state and local response assets;
 - v. A description of the SNS assets needed to support a response to the situation; and
 - vi. Any evidence of terrorism or suspected terrorism.
 - c. Immediately upon conclusion of the request call, the Division of Strategic National Stockpile (DSNS) will call the SNS Technical Task Force Leader to get information DSNS needs to provide the most appropriate and effective response.
 - d. The DSNS Coordination Center will inform the Strategic Service Advance Group and state authorities about asset arrival locations and times.
 - e. The SNS Technical Task Force Leader or designee will provide the state's DSNS Program Services Consultant with a copy of the MSDH SNS Plan.
 - f. Reordering of additional SNS assets will be coordinated through the Public Health Command/Coordination Center to the DSNS Coordination Center.

5. Recovery

The Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center (PHCC) will notify key stakeholders, including the Receiving, Staging and Storing (RSS) Task Force Leader and Division of Strategic National Stockpile (DSNS), of potential cessation of enhanced public health support, plan for staged withdrawal of enhanced public health support, and no required need for additional Strategic National Stockpile (SNS) assets.

C. Receiving, Staging, and Storage (RSS) Operations

1. Background and issues

At the time the SNS is requested, MSDH PHCC will select an RSS site. This determination will be made in coordination with all involved parties and agencies and will take into consideration safety, security, traffic, location and all relevant issues. All initial and subsequent SNS assets will be received, stored, and staged at the chosen location.

RSS Operations involve:

- Accepting custody of SNS assets;
- Receiving, organizing, storing, and staging of SNS assets;
- Repackaging of bulk pharmaceuticals and compounding of pediatric suspension;
- Apportioning and replenishment of SNS assets;
- Transportation of SNS assets to treatment centers and points of dispensing;
- Recovery of SNS assets; and
- Inventory control.

Accepting custody involves the acceptance of SNS assets from the federal government at the designated airport or RSS site. The State Health Officer, or designee, State Epidemiologist, or State Pharmacist has the authority to sign for receipt of the SNS and must be present when it arrives to sign for it.

Receiving involves offloading assets from ground transportation vehicles at the designated RSS site, retaining all pertinent documents from inbound trucking personnel, and verification and organization of material to facilitate proper inventory management and storage.

Repacking bulk drugs and compounding of oral suspensions will remain as a backup to situations where the prepackaged medicines are inadequate or ineffective. The function of repackaging and

compounding includes creating individual, labeled regimens of specific drugs that will be staged for delivery.

Apportionment and movement of orders for medical material will be based upon projected exposures; the numbers of symptomatic clients at hospitals and treatment sites, as well as the numbers of persons reporting to dispensing sites; and the priority of shipping, considering critical needs, distance or time to dispensing sites, and number of vehicles available. Charts for apportioning material within the state of Mississippi may be found in Section III of the Mississippi State Department of Health (MSDH) Strategic National Stockpile (SNS) Plan. If the supply of prepackaged doses is not adequate to serve the public dispensing sites, medications will be apportioned using orders from Vendor Managed Inventory (VMI) that are packaged in units of use. If VMI shipments are delayed, bulk supplies will be repackaged and delivered to the dispensing sites as a contingency plan. Similarly, if quantities of oral suspension are inadequate or delayed, oral suspensions will be compounded at a delegated site for delivery to the dispensing sites as a contingency plan.

Staging involves the positioning of medical material at the designated Receiving, Staging and Storing (RSS) site in such a way that it can be easily broken down to support shipment to delivery points. Pick lists generated by the inventory control function will prompt storage personnel to pick material and staging personnel to organize it by delivery location in the shipping area. While in the staging area, quality assurance personnel should verify condition of product, count, and destination of each pallet. The pallet will then be wrapped and shipping will be notified.

Transportation of assets will be coordinated at the designated RSS site. The primary method of transporting SNS assets to delivery sites will be trucks. Helicopter transportation will be the alternate method of transportation in the event that traffic or other situations prohibit the use of trucks.

Recovery of SNS equipment, containers, and unused material are outlined in the memorandum of agreement between the state and the Division of Strategic National Stockpile. Unused medical assets include, but are not limited to specialized cargo containers, refrigeration systems, unused medications that remained at the Receiving, Staging and Storing (RSS) site, ventilators, and portable suction units.

Inventory control includes tracking and managing Strategic National Stockpile (SNS) assets transferred to state custody, stored within the RSS site, and delivered to the delivery sites. A dedicated Inventory

Management Team will oversee the functions of inventory management in coordination with the Receiving Staging and Storing (RSS) Task Force Leader.

2. Planning

- a. The Mississippi State Department of Health (MSDH) Office of Emergency Planning and Response (OEPR) negotiates mutual-aid agreements and memoranda of agreement with warehouse facilities that support the Strategic National Stockpile (SNS) Plan and would respond during public health and medical emergencies.
- b. The MSDH OEPR, in conjunction with the Mississippi Department of Public Safety (DPS) and the U.S. Marshals, assesses potential RSS warehouse sites to ensure facilities meet minimal location, layout, and operational criteria as set forth by the Division of Strategic National Stockpile.
- c. Precedence is given to warehouses that are existing operational facilities and are able to provide staff and sufficient material-handling equipment, office equipment, fuel, pallets, stretch wrap and safety materials/equipment to support the RSS operations.
- d. Memorandums of Understanding are reviewed annually with several sites that are geographically distributed throughout Mississippi.

3. Implementation

- a. MSDH Public Health Command/Coordination Center will notify the RSS Task Force Leader of the selected RSS site.
- b. The RSS Task Force Leader will arrange for operations of the RSS site.
 - i. The RSS Task Force Leader will activate and initiate call-down of RSS staff;
 - ii. The RSS Task Force Leader will contact the designated RSS facility and request preparation for receipt of SNS assets;
 - iii. The RSS Task Force Leader will identify an appropriate working space for the Strategic Stockpile Service Advance Guide (SSAG) within the designated RSS facility, if SSAG is requested;

- iv. The Receiving Staging and Storing (RSS) Task Force Leader will report operational information routinely to the Strategic National Stockpile (SNS) Technical Task Force Leader of the Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center (PHCC).
 - c. Through Unified Command, the MSDH PHCC will communicate with the Mississippi Department of Public Safety (MDPS) and request activation of law enforcement to secure RSS site.
 - d. The SNS Technical Task Force Leader will provide the Division of Strategic National Stockpile (DSNS) Program Services Consultant with a signed copy of the Memorandum of Understanding between the state and the Centers for Disease Control and Prevention (CDC).
 - e. The SNS Technical Task Force Leader will provide the DSNS Program Services Consultant with a list of all persons authorized to sign for SNS assets on behalf of the state.
- 4. Deployment
 - a. The RSS Task Force Leader will initiate readiness of RSS operations.
 - i. MDPS personnel will conduct security sweep of RSS site and execute internal and external security plans;
 - ii. Staff from MSDH will credential all persons at the RSS facility for entry into secure areas as outlined in the SNS Credentialing Plan.
 - iii. The RSS Task Force Leader will give an initial briefing; provide for distribution of job action sheets; and ensure just-in-time training, if needed;
 - iv. RSS personnel will set up stations within the RSS;
 - v. The RSS Task Force Leader and Repackaging Manager will review repacking and compounding plans; and
 - vi. The RSS Task Force Leader and the Safety Officer will review safety plans.
 - b. The Receiving, Staging and Storing (RSS) personnel will receive and store Strategic National Stockpile (SNS) assets.

- i. The authorized Mississippi Drug Enforcement Administration (DEA) Registrant will formally accept custody of SNS material from the Centers for Disease Control and Prevention (CDC); transfer documents will include the following:
 - (1) List of items in the SNS shipment;
 - (2) Custody transfer form;
 - (3) DEA Form 222 for transfer of and Schedule II controlled substances; and
 - (4) Memorandum of agreement describing the SNS material, and the material that the state must return after an event.
- ii. The RSS warehouse personnel will off load SNS material from ground transportation vehicles; and
- iii. Receiving Team(s) will receive and inspect material for quality and quantity:
 - (1) Controlled substances will be immediately identified by receiving personnel and given to the pharmacist(s) in charge of overseeing such items.
 - (2) Narcotics inventory within the specialized cargo container from the 12-hour push package will be immediately inventoried by the pharmacist(s) in charge and a Stockpile Service Advance Group team member if deployed.
 - (3) A perpetual inventory will be maintained by the pharmacist (s) in charge for all controlled substances.
 - (4) Refrigerated items will be immediately identified by receiving personnel and given to warehouse personnel for appropriate cold storage (see Vaccine Storage and Handling of Biologicals Plan in Section III of this document).
- c. Received items will transferred into storage by warehouse personnel under appropriate temperature controls.

- d. The Strategic National Stockpile (SNS) Technical Task Force Leader of the Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center will communicate apportionment needs to the Receiving, Staging and Storing (RSS) Task Force Leader.
 - i. The RSS Task Force Leader will communicate data to the RSS Operations Strike Team Leader for review and further dissemination to process orders in the inventory management system.
 - ii. The Inventory Management System Unit will generate pick lists.
- e. Pick lists will be forwarded to the Distribution Unit for allocation to Pick Teams for picking.
- f. Pallets of picked SNS material will be placed within the staging area for delivery to various delivery sites.
- g. The pick list will be forwarded to the Pick Teams to the Quality Assurance/Quality Control (QA/QC) Unit for verification of SNS material to be shipped.
- h. The RSS warehouse personnel will ship SNS material to designated treatment centers and points of dispensing (POD)s.
 - i. The priority of shipping will consider critical needs, distance or time to dispensing sites, and number of vehicles available.
 - ii. The process for delivery of controlled substances will comply with the Drug Enforcement Administration Code of Federal Regulations Title 21, Volume 9, Section 1301.77 Security controls for freight forwarding facilities.
 - iii. Transportation shall occur under proper temperature and security controls and with appropriate communication needs.
 - iv. Drivers will obtain signatures on delivery documents that accompany SNS shipments and return the documents to the Inventory Management System Unit.

5. Recovery
 - a. The Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center (PHCC) will notify key stakeholders, including the Receiving, Staging and Storing (RSS) team and Stockpile Service Advance Group (SSAG) team, of potential cessation of enhanced public support, plan for staged withdrawal of enhanced public health support, and no required need for additional Strategic National Stockpile (SNS) assets.
 - b. The RSS Task Force Leader will recover unused SNS assets as outlined in the memorandum of agreement between the state and the Division of the Strategic National Stockpile (DSNS).
 - c. The RSS Task Force Leader will make arrangements for disposition of any remaining SNS assets within the RSS site.
 - d. The RSS Task Force Leader will submit final reports to the SNS Technical Task Force of the MSDH PHCC.

D. Point of Dispensing (POD) Operations

1. Background and issues

Provision of prophylaxis is intended for all state residents, those visiting for business or as tourists, and to those who regularly commute to the affected area to work. Equal service is provided by all Points of Dispensing (POD)s. PODs are designed to be uniform when it comes to medication delivered, client flow, staff roles, operating procedures, projected throughput, hours of operation, information, products, and policies. Every effort will be made to keep families united throughout the POD process.

POD operations follow applicable federal and state laws governing distribution and administration of medication and/or procedures have received acceptance by all applicable licensure boards for appropriate procedures for distribution or administration of medication/vaccination during a declared state of emergency.

Administration of medication or vaccine pending Food and Drug Administration approval for the treatment/prevention of illness from agent of threat shall be administered under rules and regulations governing Investigational New Drug Application. Administration of medication or vaccine under Emergency Use Authorization shall be consistent with federal rules and regulations. Appropriate monitoring mechanisms shall be in place subsequent to either such administration.

Plans are designed to provide prophylaxis within 48 hours from the time of the Division of the Strategic National Stockpile (DSNS) approval of assets; Point of Dispensing (POD) operations are designed to be collapsed or expanded as necessary to increase or decrease the flow of people through the POD. Furthermore, it is understood that modifications of the proposed floor plan (Section II of the Mississippi State Department of Health (MSDH) Strategic National Stockpile (SNS) Plan) may be required within the structural confines of individual facilities to enable the client flow-through design. Use of the primary and alternate sites will depend on site availability, current threat, anticipated load, and transportation and parking accessibility.

The four basic health functions of the POD include:

- Intake
- Screening
- Dispensing
- Exit

Intake is the process, procedures, stations, and personnel involved in getting people into a POD. It also includes the completion of any paperwork. Possible stations involved in this layer include traffic/parking management, initial entry point, credentialing for staff and volunteers, and triage.

Screening is the process, procedures, stations, and personnel involved in sorting and classifying clients within the POD to optimize resources and maximize survival of clients. Possible stations and roles involved in this area include forms pickup, information area, runners to assist in all areas, first aid, medical transport, clinical evaluation, and special needs counseling.

Dispensing is the process, procedures, stations, and personnel involved in preparing and delivering medications to the public.

Exit is the process, procedures, stations, and personnel involved in moving the public out of the POD, as well as providing any necessary follow-up information.

2. Planning

- a. The MSDH Office of Emergency Planning and Response negotiates mutual-aid agreements and memoranda of agreement with the POD facilities that support the SNS Plan and would respond during public health and medical emergencies.
- b. The Mississippi State Department of Health (MSDH) Office of Emergency Planning and Response assesses potential Point of

Dispensing (POD) sites to ensure facilities meet minimal location, layout, and operational criteria as set forth by the Division of Strategic National Stockpile.

- c. The Mississippi Department of Public Safety, along with local law enforcement, reviews POD sites to ensure safety standards are met.
- d. Memoranda of Understanding are reviewed annually and updated as needed.
- e. Coordination with the local Emergency Management Agency should be a part of the planning process.

3. Implementation

- a. The MSDH Public Health Command/Coordination Center Operations Section Chief will request the District Coordination Center (DCC) to arrange for operations of PODs.
- b. The POD Strike Team Leader will arrange for operations of the POD site.
 - i. POD Strike Team Leader will contact designated POD facilities and request preparation for POD operation.
 - ii. POD Strike Team Leader will request from POD Logistics.
 - (1) Transport of the POD go-kit and any additional supplies.
 - (2) Set-up stations within POD.
 - iii. The POD Strike Team Leader will activate and initiate call-down of POD staff.
 - iv. The POD Strike Team Leader will report operational information routinely to the DCC. The DCC will then report operational information routinely to the Strategic National Stockpile (SNS) Technical Task Force of the MSDH Public Health Command/Coordination Center (PHCC).
- c. The DCC will communicate with county Emergency Management Agency and request activation of law enforcement to secure POD sites and other needs as necessary.

4. Deployment
 - a. The Point of Dispensing (POD) Strike Team Leader will initiate readiness of POD Operations.
 - i. The Mississippi State Department of Health (MSDH) Public Health Districts will credential all persons at the POD facility for entry into secure areas.
 - ii. The POD Strike Team Leader and POD Dispensing Unit Lead will review medical algorithms and dispensing plans.
 - iii. The POD Strike Team Leader will order SNS material through communications with the District Coordination Center (DCC). The DCC will then forward the information to the MSDH PHCC.
 - iv. The POD Strike Team Leader and the Safety Officer will review safety plans.
 - v. The POD Strike Team Leader will give an initial briefing; provide for distribution of job action sheets; and ensure just-in-time training, if needed.
 - b. The DCC will notify the SNS Technical Task Force of the MSDH PHCC of POD readiness for operations.
 - c. Upon notification of all activated PODs readiness for operations, the MSDH Emergency Support Function 8 Public Information Officer will work with the State Emergency Operations Center Joint Information Center for public notification of operational PODS.
 - d. Check-In (Triage) Station: All individuals presenting for prophylaxis will be screened before entry into the dispensing area.
 - i. Based upon the suspected agent, individuals will be asked most agent-appropriate questions.
 - ii. Individuals answering yes to any of the specified screening questions will be immediately escorted to the Clinical Evaluation Area.
 - (1) If it is determined that the individual has clinical symptoms related to exposure to the suspected

agent, the individual will be instructed to report to, or be transported to, a designated treatment resource.

- (2) The Physician Referral Form should be completed: one copy given to the individual to present to their physician, and a second copy retained at the Point of Dispensing (POD) for future follow-up.
- iii. Individuals with emergent medical conditions not related to the suspected agent will be escorted to the Clinical Evaluation Area.
- iv. Persons with other urgent medical conditions not related to the suspected agent may be transported to a designated treatment resource or, if deemed appropriate, be directed by the Forms Pick-Up Station to complete the process for receipt of prophylactic medication/vaccination.
- v. Individuals answering no to all the specified screening questions will be directed to the Forms Pick-Up Station.
- e. Forms Pick-Up Station: Staff will provide, in the appropriate language:
 - i. Health Information Form;
 - ii. Written material on the suspected agent; and
 - iii. Any required consent forms, prior to directing individuals to the Information Area.
- f. Forms Pick-Up Station staff will direct individuals to the Information Area.
- g. The information Area: Will be partitioned by ropes to allow transit of persons in an "S" configuration.
 - i. A video/DVD presentation will play repeatedly, at several locations.
 - ii. Health Information Forms have been developed to quickly and efficiently ascertain the critical information of persons to receive prophylaxis regimens/vaccination.
 - (1) Forms are to be filled out as people traverse through the Information Area.

- (2) Forms may be filled out by the individual, another household member(s), or representative of those who cannot come to a dispensing site.
- iii. Staff will be stationed throughout the Information Area to answer questions.
- h. Forms Review: Health Information forms will be reviewed to sort individuals/families into the following categories:
 - i. To receive alternative prophylaxis based on allergies (Blue mark);
 - ii. To receive prophylaxis after dosage adjustment and/or counseling (Red mark);
 - iii. To receive prophylaxis as a family unit (with children under 9 years or pregnancy) (Yellow mark); and
 - iv. To receive standard prophylaxis regimen (Green mark).
- i. Client Flow Assistant: Will expedite individuals/families toward the Medication Pick-Up Station that coordinates with the assigned color mark.
- j. Pharmacy Station: primary functions are storage, distribution, and accountability of Point of Dispensing (POD)-secured pharmaceuticals and provision of pharmaceutical consultation regarding the prescribed medication/vaccination. A secondary function is to prepare regimens or compound oral suspensions for use within the POD.
- k. First Aid Station: Shall provide first aid to individuals and personnel in the event of injury. If care greater than first aid is required, personnel within the First Aid Station may coordinate with the Clinical Evaluation Area and/or Transportation to arrange for transfer to another healthcare resource.
- l. Medication Pick-Up: Shall administer vaccination or assist with distribution of medication.
 - i. If weight for a child is not already indicated on the Health Information Form, the child will be weighed prior to receipt of medications or vaccination.
 - ii. The medication regimen will be determined by a health care professional from information provided in the Health

Information Form (medication allergies, drug-or disease-interactions, renal dysfunction, individual's age and/or weight). The regimen will be marked at the bottom of the health information form.

- iii. Medication will be distributed to individuals as indicated on the bottom of the health information form.
 - Prepackaged, individual regimens of oral antibiotics come in multi-day, unit-of-use, labeled, childproof bottles: Ciprofloxacin 500 mg (20 tablets) and Doxycycline 100 mg (20 tablets). Written material on offered medication/vaccination will be issued with Mississippi State Department of Health (MSDH) Hotline phone number to report adverse events.
 - Regimens that are not prepackaged shall be prepared by a licensed health care professional.
 - Non-licensed personnel may hand out medications to individuals/families under the supervision of a licensed health care professional.
- iv. Vaccination will occur in the following steps:
 - Individual's arm to be uncovered and wiped with an alcohol pad (1 volunteer);
 - Administration of vaccination (2 nurses or 2 nursing students administering vaccinations); and
 - Bandage placed over vaccination site and provide written materials on vaccination site care (1 volunteer).
- v. Nurses administering vaccine or persons distributing medication will collect the health information form and any informed consent forms, attach information identifying drug/vaccine administered, and initial the health information form thus indicating administration of vaccine or distribution of medication.
- m. Exit: Activities include answering any additional questions and providing counseling on home isolation/quarantine for those who have refused or have a contraindication to vaccine or prophylactic medication. Also, the exit station will remind clients

of the Mississippi State Department of Health (MSDH) Hotline number located on the written material about medication that was provided.

- n. The Point of Dispensing (POD) Strike Team Leader will convene with the Medication Dispensing Lead to request additional orders of Strategic National Stockpile (SNS) material through the District Coordination Center (DCC). Also, when medication levels reach the desired threshold (40%), the POD Strike Team Leader will order additional medications through the District Coordination Center (DCC).

5. Recovery

- a. The Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center (PHCC) will notify key stakeholders of potential cessation of enhanced public health support, plan for staged withdrawal of enhanced public health support, and no required need for additional SNS assets.
- b. The MSDH PHCC Operations Section Chief will request the DCC to prepare for cessation of POD operations. Priority of POD deactivation will be based upon considerations of urgency for the facility to return to normal conditions, past hours throughput, and number of people estimated to still need or potentially need medication.
- c. The MSDH PHCC will work with the DCC to develop a plan for the return of unused medications and supplies to the Receiving, Staging and Storing (RSS) site.
- d. The MSDH Emergency Support Function 8 Public Information Officer will work with the State Emergency Operations Center Joint Information Center for public notification of POD deactivation(s).
- e. The POD Strike Team Leader will submit final reports to the DCC for submission to the SNS Technical Task Force Leader.

E. Hospital and Alternate Care Facility Coordination

1. Background and issues

The MSDH prepares for and responds to mass casualty incidents (MCIs). The MSDH provides state public health and medical assistance in MCIs through the MSDH Public Health Command/Coordination Center in coordination with MCI plans set

forth by Mississippi State Department of Health (MSDH) and the Mississippi Emergency Management Agency.

Coordination exists between the Strategic National Stockpile (SNS) Technical Task Force Leader and the Hospital Preparedness Plan Coordinator to inform treatment centers on how to procure SNS material.

The Hospital/Alternate Care Facility (HACF) Coordinator is part of the MSDH PHCC staff and aids in coordination of distribution of Strategic National Stockpile (SNS) assets to treatment centers during a large scale public health and medical disaster.

2. Planning

- a. The Office of Emergency Planning and Response (OEPR) maintains points-of-contact, phone numbers, e-mail addresses, and radio frequencies of the staff at each center that will provide case-count information, request and receive SNS assets, and sign for controlled substances.
- b. The OEPR coordinates with hospitals by maintaining expected number of treatment centers that may operate under various disaster scenarios, their locations, and the estimated numbers of clients they can potentially treat for contagious or noncontiguous threats.
- c. The OEPR provides training and education for treatment centers on requirements for requesting, offloading, storage and inventory of SNS assets received by the center.
- d. The SNS Inventory Management Team maintains the location of each center for deliveries of SNS assets.

3. Implementation

- a. The SNS Technical Task Force Leader will activate the HACF for duty at the SNS Technical Task Force of the MSDH PHCC.
- b. The HACF Specialist will convene with the Operations Section Chief to gather preliminary case-count, epidemiology, and inventory information from treatment centers to support strategic decisions.
- c. The HACF Specialist will verify:
 - i. Contact information for people at each treatment and;

- ii. Location of each center for delivery of Strategic National Stockpile (SNS) assets.

4. Deployment

- a. The Hospital/Alternate Care Facility (HACF) will order SNS material communications with the HACF Specialist of the SNS Technical Task Force.
- b. The HACF Specialist will continue to gather case-count, epidemiology, and inventory information from treatment centers to better analyze supply and demand for follow-on requests of SNS assets and further support strategic decisions.

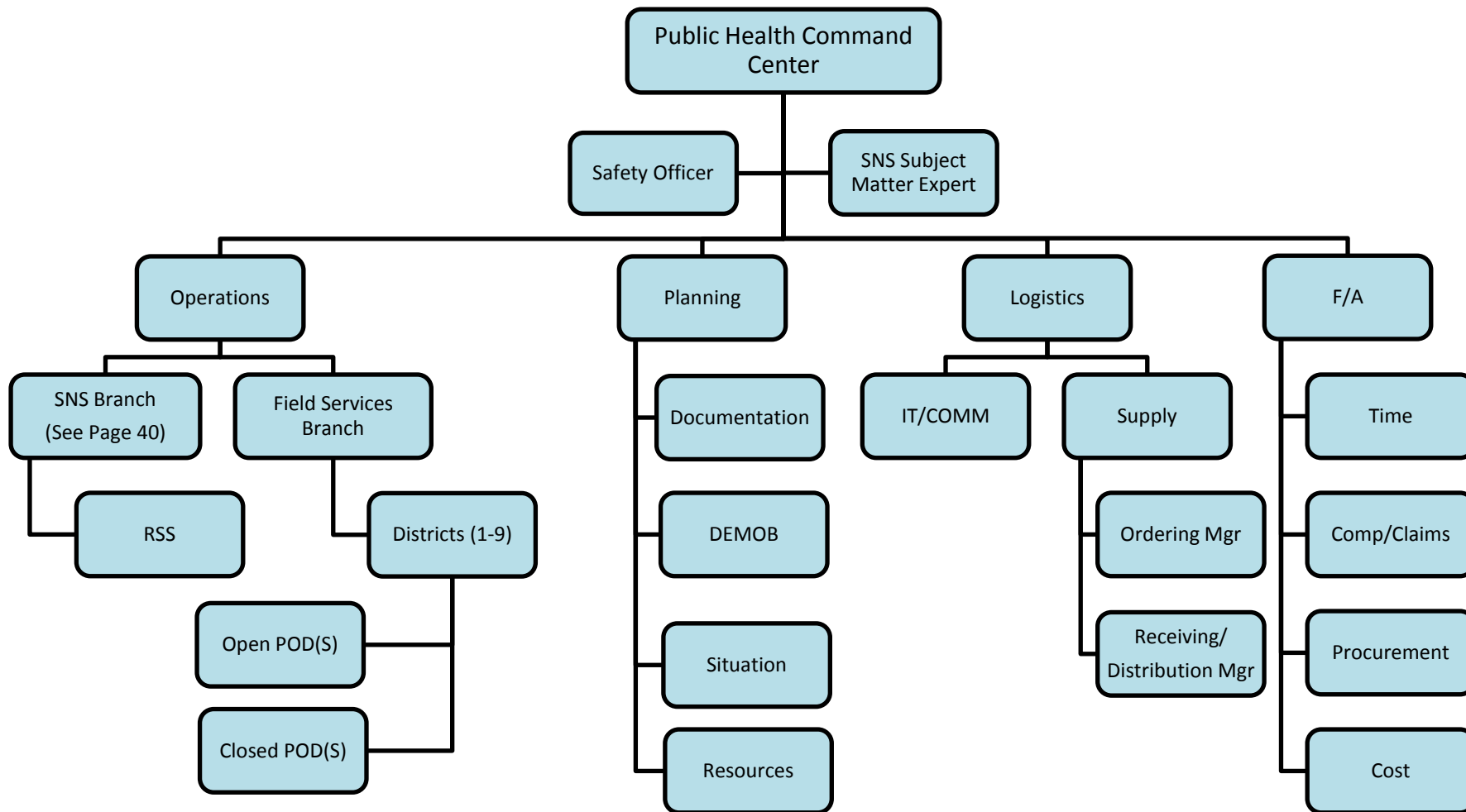
5. Recovery

- a. The HACF will verify inventory is sufficient to support continuing daily operations of treatment centers.
- b. The Mississippi State Department of Health Public Health Command/Coordination Center (PHCC) will notify key stakeholders of potential cessation of enhanced public health support, plan for staged withdrawal of enhanced public health support, and no required need for additional SNS assets.
- c. The MSDH PHCC will notify key stakeholders of the plan for return of unused unopened medications, supplies and any equipment that was sent from the Receiving, Staging, and Storing site.

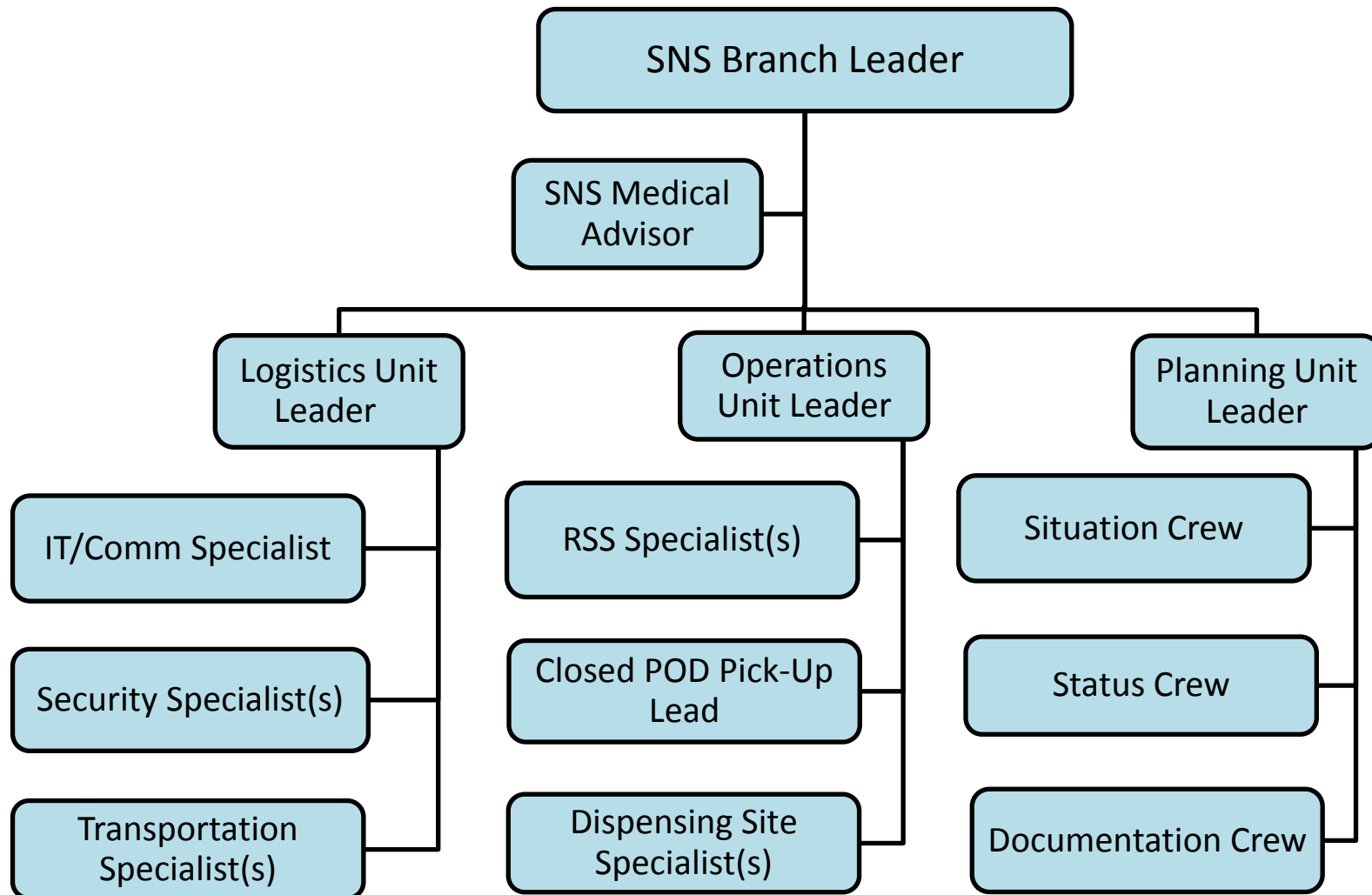
Section II: ICS and Job Action Sheets

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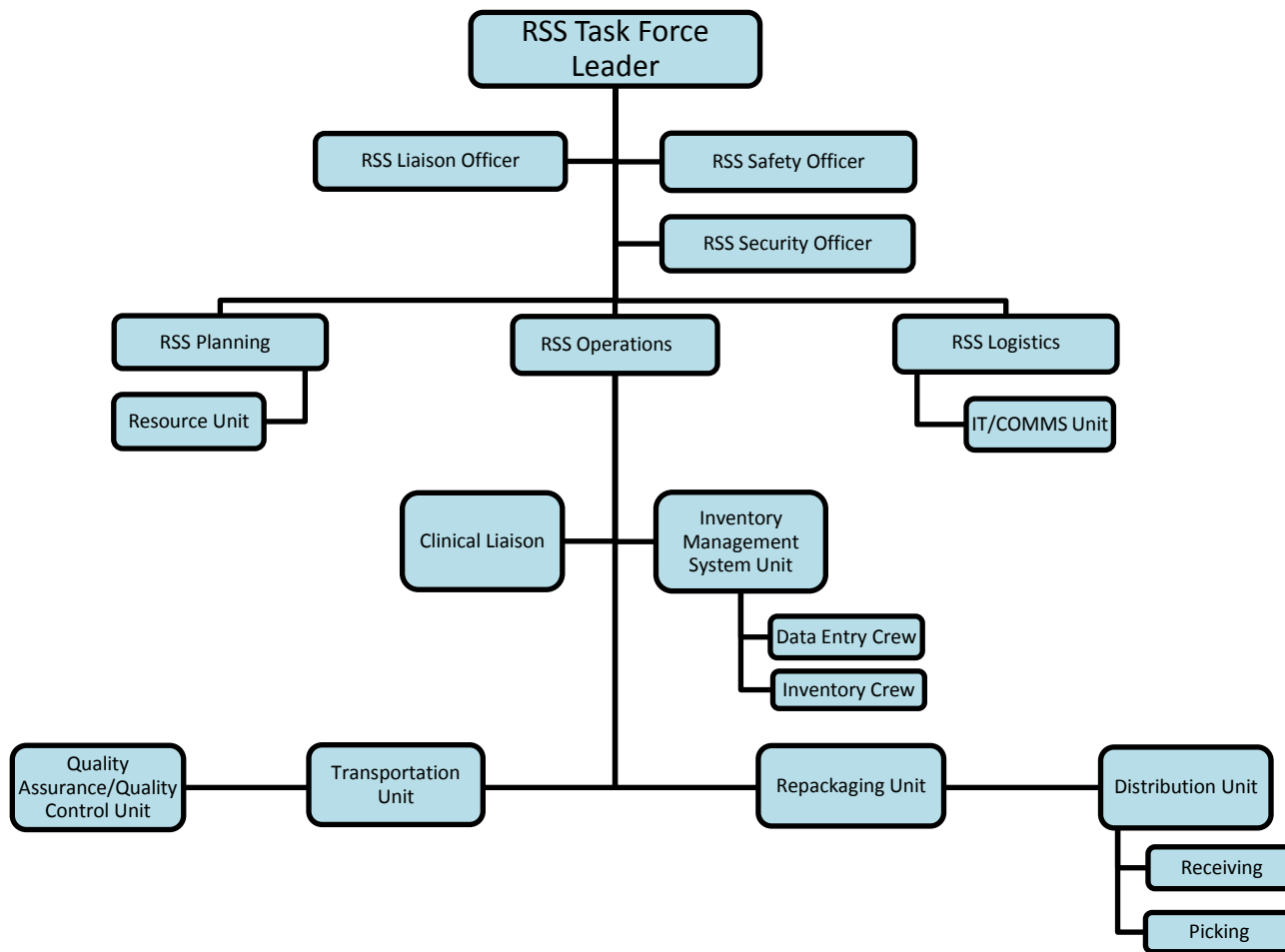
1. Command and Control Incident Command Structure



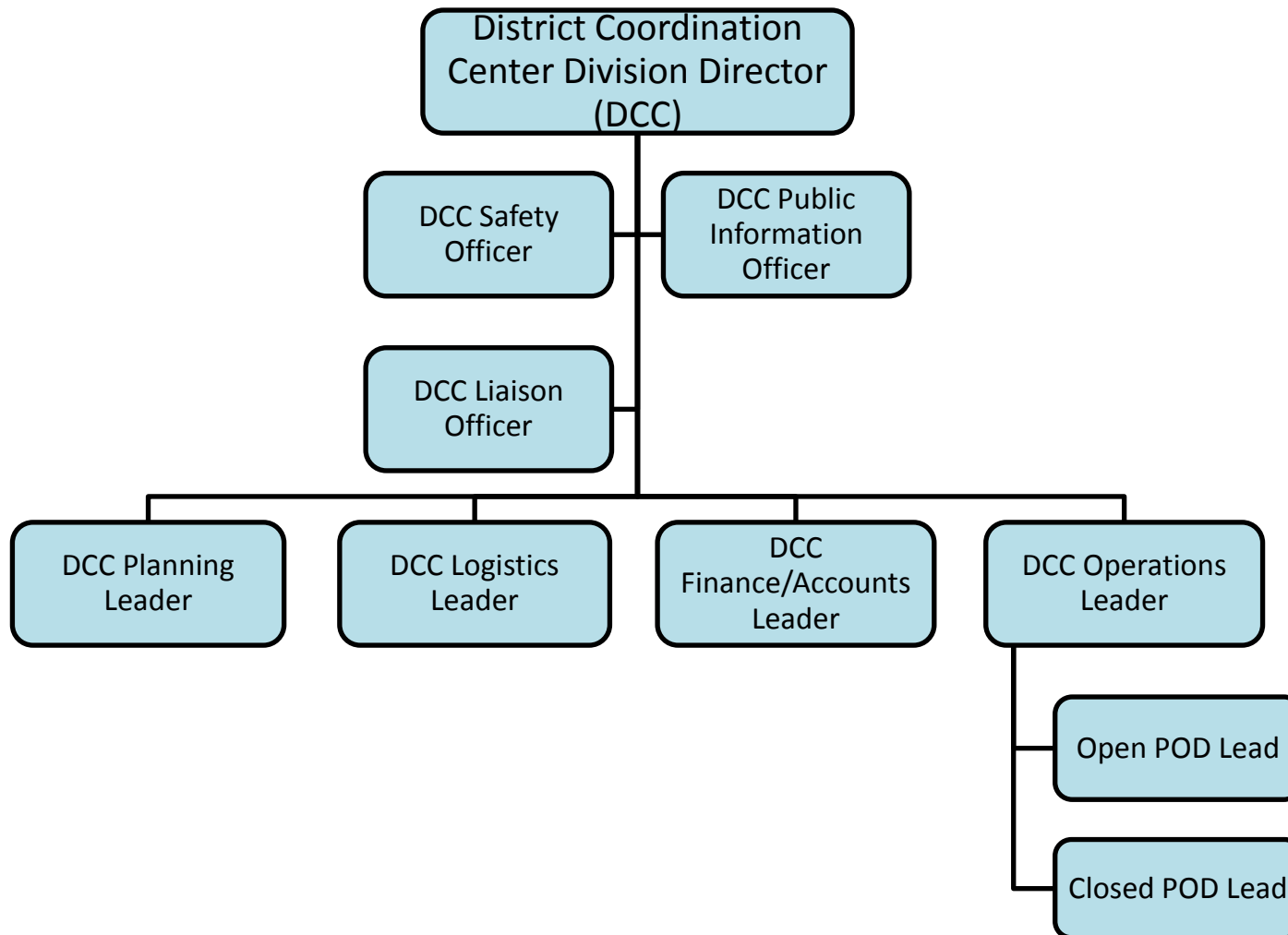
2. SNS Technical Task Force Incident Command Structure



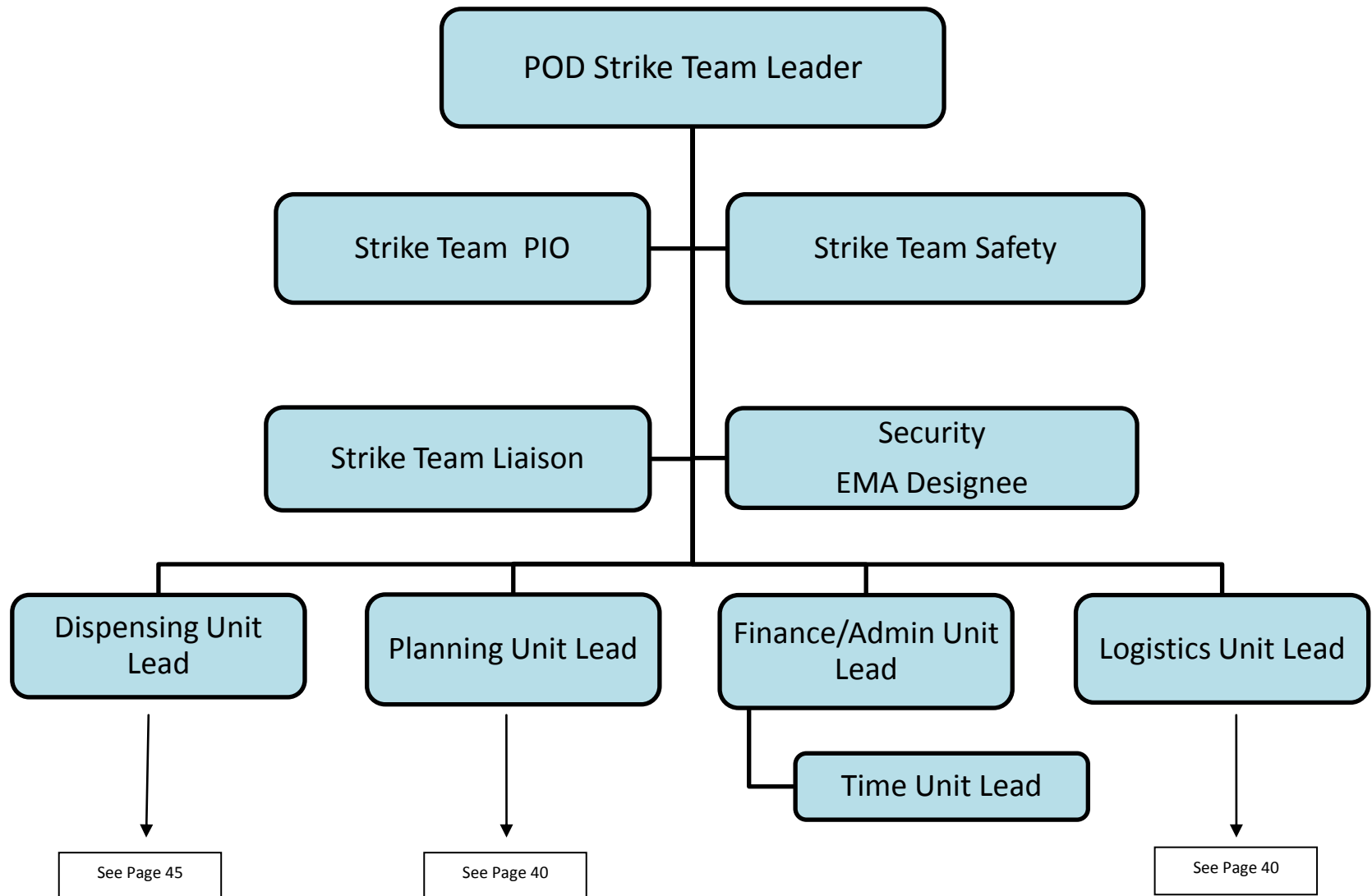
3. RSS Incident Command Structure



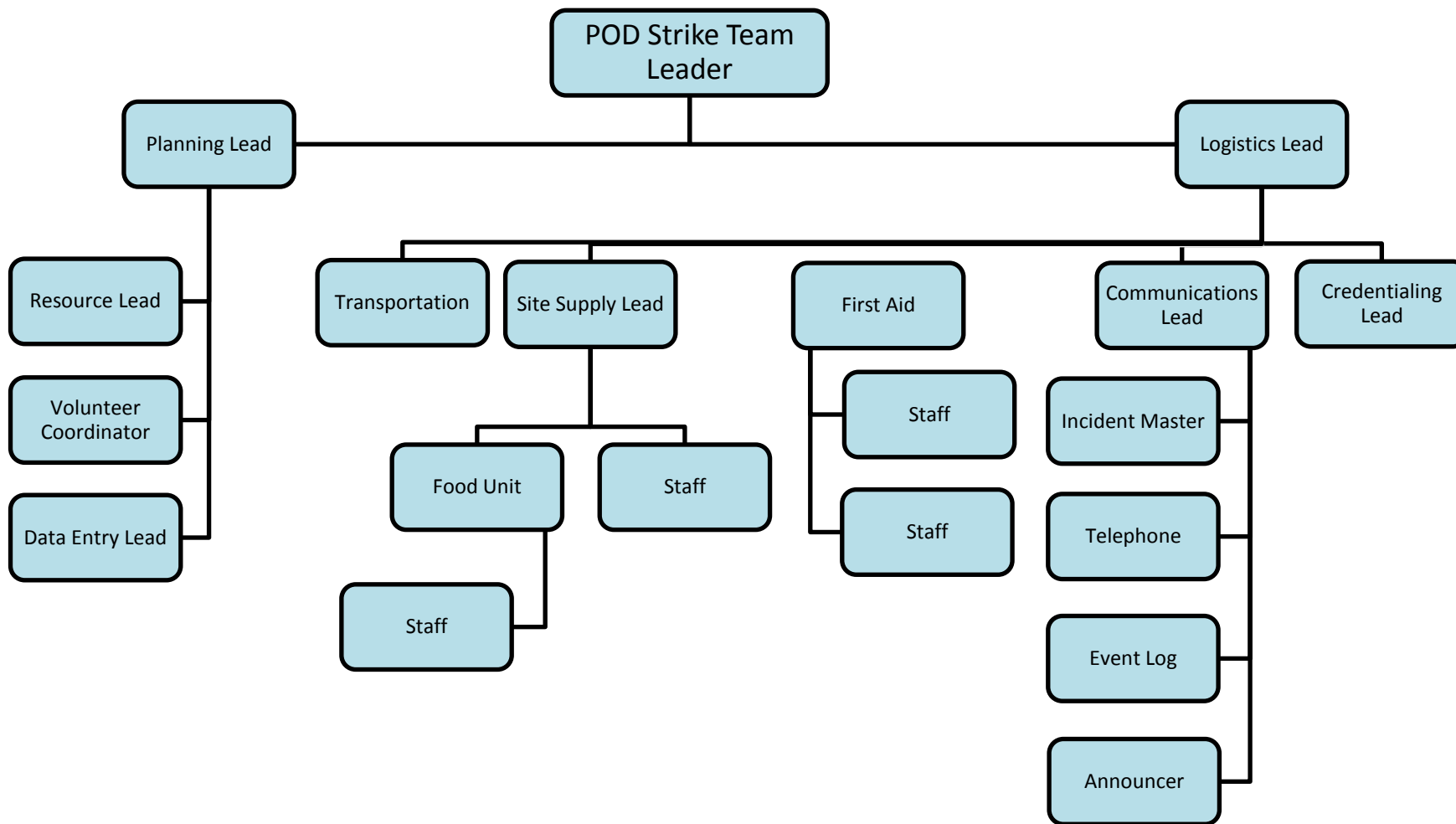
4. District Coordinator Center (DCC) Incident Command Structure



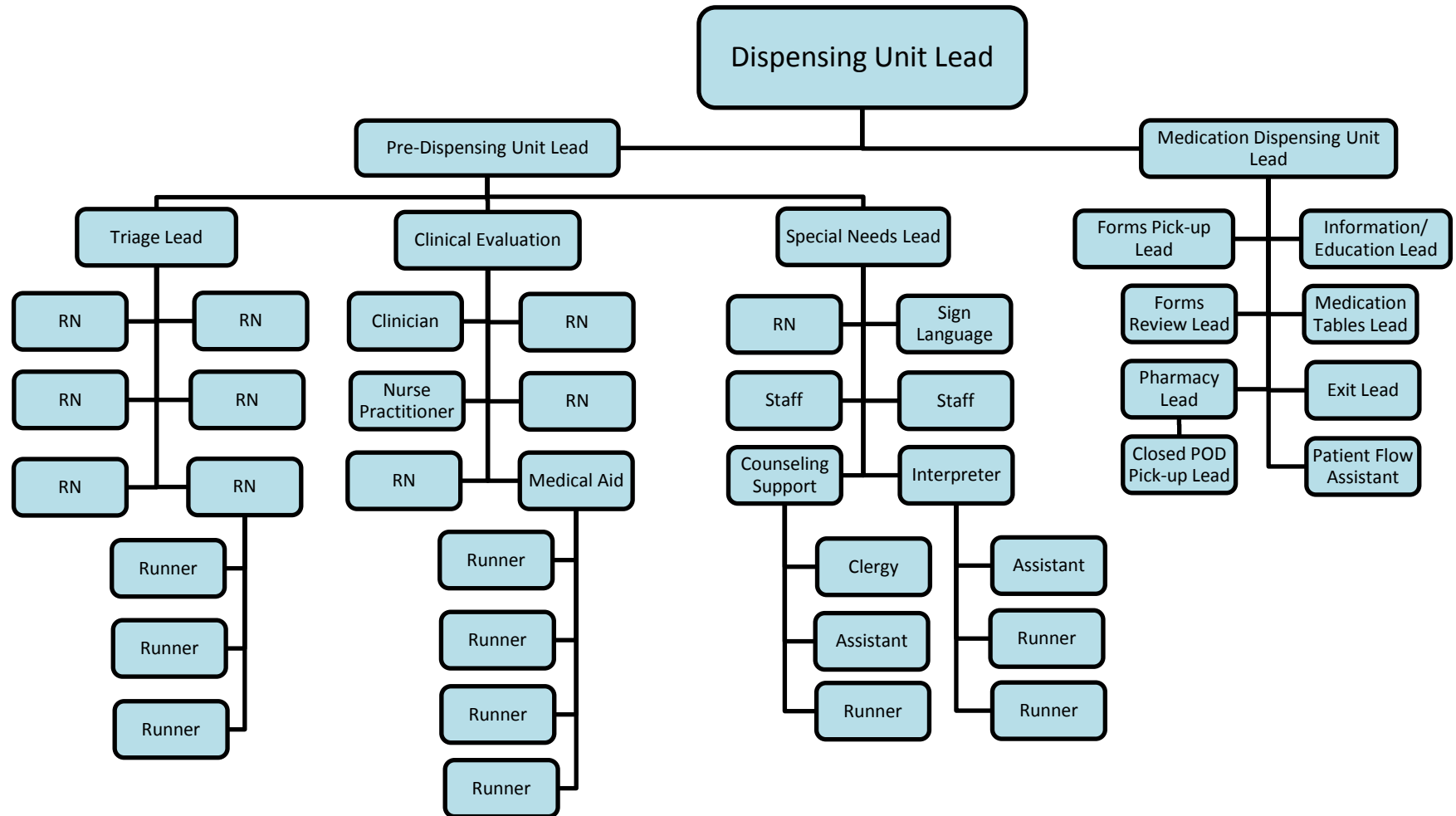
5. POD Incident Command Structure



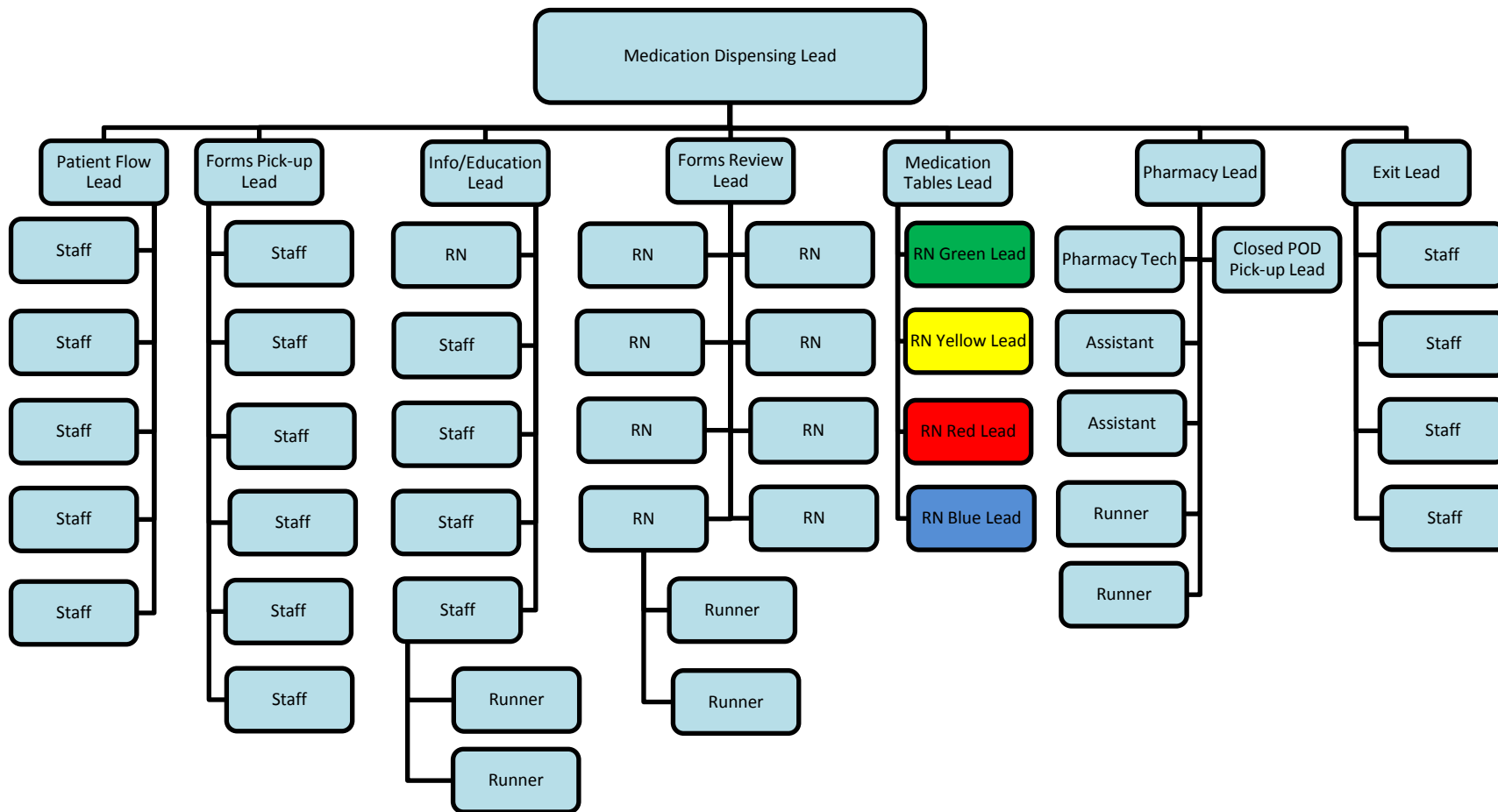
POD Strike Team Leader



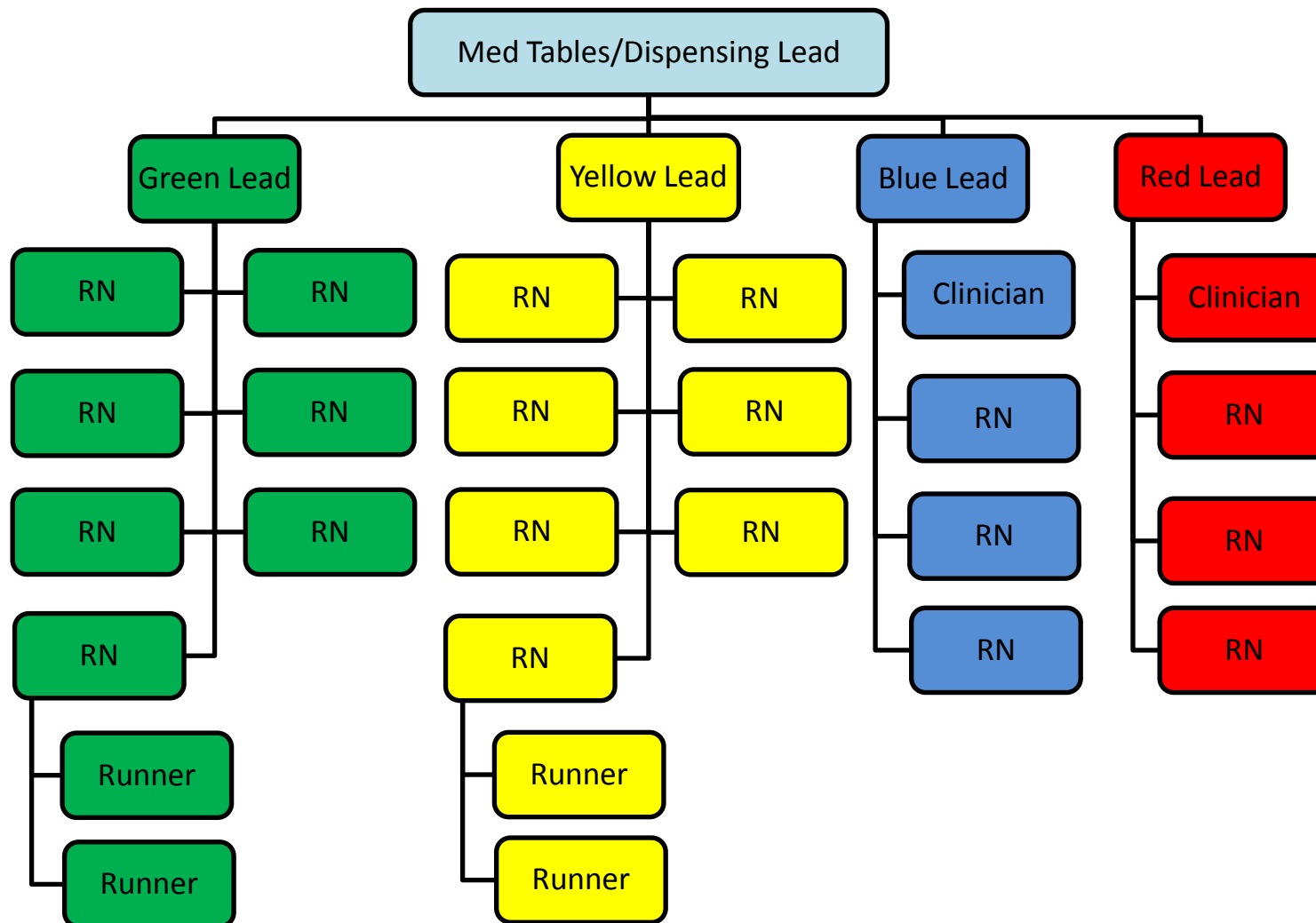
Dispensing Unit Lead



Medication Dispensing Lead

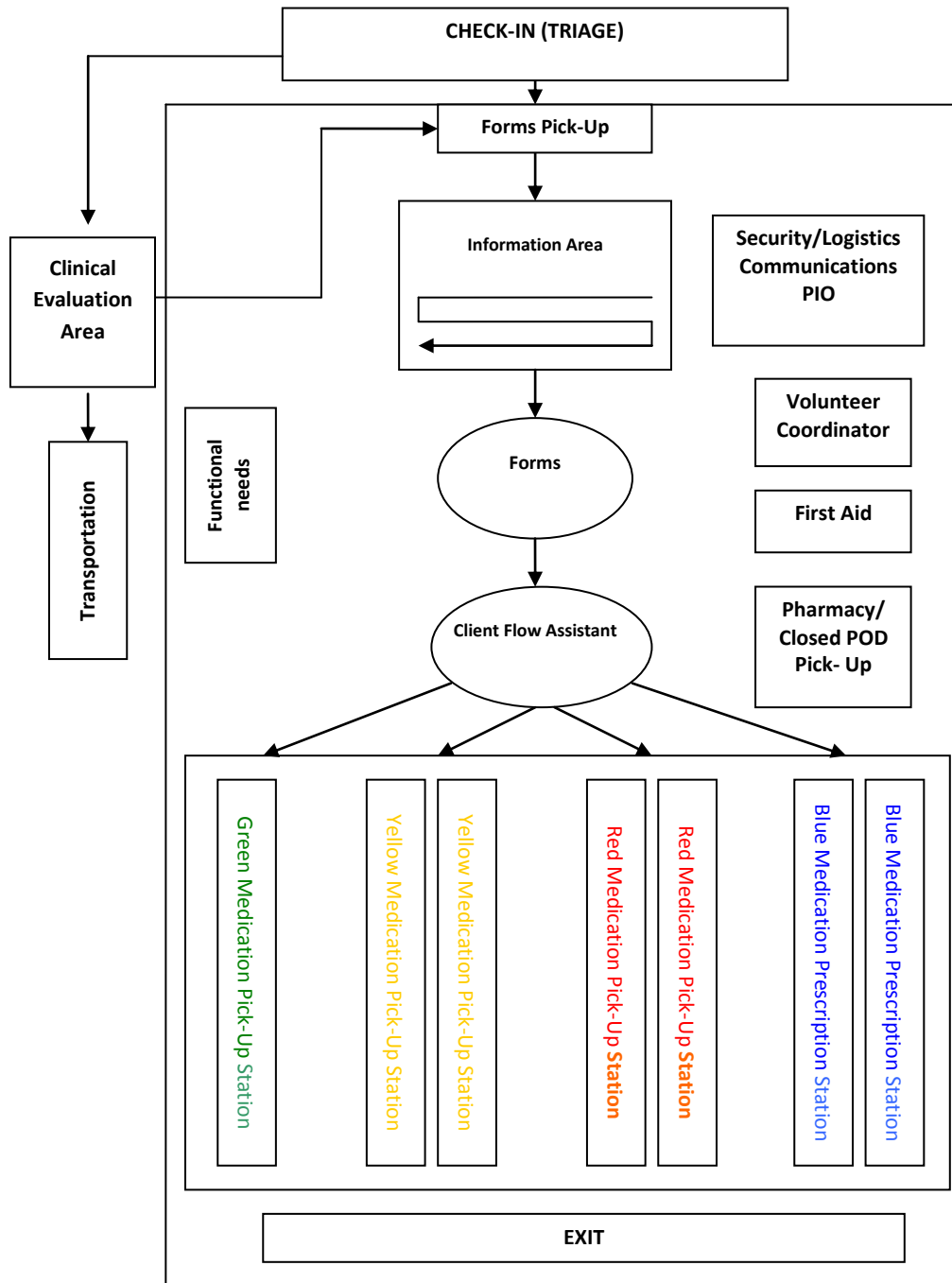


Medication Table/ Dispensing Lead



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6. POD Client Flow-Through Diagram



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7. SNS Technical Task Force Job Action Sheets

A. SNS Branch Leader

B. SNS Medical Advisor

C. Logistics Unit Leader

1. IT/Communications Specialist
2. Security Specialist
3. Transportation Specialist

D. Operations Unit Leader

1. RSS Specialist
2. Closed POD Pick-Up Lead Specialist
3. POD Specialist

E. Planning Unit Leader

1. Situation Crew
2. Status Crew
3. Documentation Crew

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**Mississippi State Department of Health
Job Action Sheet**

Strategic National Stockpile (SNS) Branch Leader

Reports to:

Operations Section Chief

Mission:

Organize, direct, and control assets of the Strategic National Stockpile (SNS) assets received from the Centers for Disease Control and Prevention (CDC).

Immediate:

- Receiving appointment from Incident Commander. Obtain Job Action Sheet.
- Liaison to the CDC - SNS in Atlanta.
- Liaison to the CDC-SNS Stockpile Service Advance Group (SSAG) team at MSDH Public Health Command/Coordination Center and Receiving, Staging, and Storing (RSS).
- Liaison to the Law Enforcement securing the SNS.
- Responsible for Action Request Forms for SNS assets and RSS.
- Coordinate all requests for pharmaceutical and medical SNS supplies to the RSS.
- Oversee and coordinate all requests for SNS pharmaceutical and medical supplies from the Treatment Center requests. Request forwarded to RSS after approving.
- Oversee and coordinate all requests for SNS pharmaceutical and medical supplies from the PODs. Request forwarded to RSS after approving.
- Forward to Logistics all requests not contained within SNS.
- Work with partners for donated pharmaceutical supplies and medication distribution.
- Work with Office of Communicable Diseases and Immunization Director to coordinate distribution of vaccine received from SNS.

Intermediate:

- Update Operations Section Chief of new developments and status of SNS.

Extended:

- Maintain documentation of all actions.
- Scale down SNS support and return supply requisition to the normal ordering procedures of facility.

**Mississippi State Department of Health
Job Action Sheet**

SNS Medical Advisor

Reports to:

SNS Branch Leader

Mission:

Provide medical expertise relating to clinical aspects surrounding Strategic National Stockpile (SNS) operations, including issues related to Client Services, Pharmacy Services, and Special Needs to ensure the dispensing of prophylaxis medications is carried out in an efficient and effective manner.

Immediate:

- Obtain briefing from SNS Branch Leader.
- Review standing orders and clinical algorithms approved by the State Health Officer of the Mississippi State Department of Health (MSDH).
- Obtain the most current medical information on the conditions (and their treatment) that are most likely to occur as a result of the event (e.g. biological, chemical, etc.)
- Review SNS Incident Action Plan (IAP) and SNS Section Action Plan (SAP) to recommend the specific medical operations sub-units to be activated.

Intermediate:

- Monitor the CDC, MSDH, and other resources for medical updates.
- Review all planned public information to assure medical accuracy and consistency with CDC and MSDH message.
- Serve as medical consultant to the MSDH and other agencies (physicians, treatment centers, laboratories, PODs).

Extended:

- Continue as above.
- Document all actions, decisions, and interventions.
- Prepare end of shift report for SNS Branch Leader and incoming SNS Medical Advisor.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Logistics Unit Leader

Reports to:

SNS Branch Leader

Mission:

Organize, direct and coordinate those operations associated with maintenance of the physical environment (facilities) and personnel deployment (movement) that support Strategic National Stockpile (SNS) operations and provide for adequate levels of shelter and supplies to support the SNS mission's objectives.

Immediate:

- Receive appointment from the SNS Branch Leader.
- Obtain briefing from SNS Branch Leader, including SNS Incident Action Plan (IAP).
- Confer with appointed MSDH Public Health Command/Coordination Center Logistics Section Unit Leaders and ensure the formulation and documentation of an SNS incident-specific Section Action Plan (SAP) as approved by the SNS Branch Leader.
- Advise SNS Branch Leader on current logistical service and support status.

Intermediate:

- Receive status reports and update MSDH Public Health Command/Coordination Center Logistics Section Unit and SNS Branch Leader of new developments.
- Review IAP and estimate section needs for next operational period or shift.
- Prepare to manage large numbers of potential volunteers.
- Obtain supplies as requested by SNS Planning Unit or SNS Operations Unit.

Extended:

- Maintain documentation of all actions and decisions on a continual basis.
- Forward completed unit activity log to MSDH Essential Support Function 8 (ESF-8) Finance/Administration Section Chief.
- Observe all staff for signs of stress, report issues to SNS Branch Leader and to MSDH ESF-8 Safety Officer.
- Participate in the development and execution of the demobilization of SNS staff and make recommendations to SNS Branch Leader as necessary.
- Prepare end of shift report and present to oncoming SNS Branch Leader and Logistics Section Chief.
- Plan for the possibility of extended deployments.

**Mississippi State Department of Health
Job Action Sheet**

IT/Communications Specialist

Reports to:

SNS Logistics Unit Leader

Mission:

Organize and coordinate IT asset support to ensure functioning of internal and external communication and data-related equipment.

Immediate:

- Obtain briefing from Strategic National Stockpile (SNS) Logistics Unit Leader.
- Review Incident Action Plan (IAP) and Section Action Plan (SAP) and assign specific personnel to tasks.
- Establish an SNS communications center.
- Assess current status and inventory of the internal and external communication resources and make a list of work to be done.
- Establish or maintain the system for receiving communication from RSS, PODs, treatment centers, and other field dispensing/distribution sites.

Intermediate:

- Maintain a log of all communication requests received and forward all new requests to SNS Technical Task Force Logistics Unit.
- Immediately report to the SNS Logistics Unit Leader issues that cannot be resolved with current resources.
- Work with MSDH Public Health Command/Coordination Center to facilitate hardware, equipment, and materials to produce communication products.
- Keep all communications equipment maintained and in working order.

Extended:

- Brief SNS Branch and MSDH Public Health Command/Coordination Center Logistics Unit about status of computers, communication requirements and prepare report for oncoming SNS Logistics Unit Leader.
- Observe all staff for signs of stress, and report concerns to SNS Logistic Unit Leader
- Document all actions, decisions, and interventions.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Security Specialist

Reports to:

SNS Logistics Unit Leader

Mission:

Organize and direct aspects relating to security in planning and executing distribution and dispensing of assets from the Strategic National Stockpile within the state of Mississippi. Coordinate and supervise all personnel within security.

Immediate:

- Initiate security personnel call-down procedures.
- Report to RSS site, process through credentialing, and put on proper identification and credentialing badges.
- Meet with RSS Task Force for initial incident briefing.
- Provide briefing to Mississippi Department of Public Safety (MDPS) Command Center.
- Read entire Job Action Sheet.
- Brief all security personnel as per call-down procedures.

Intermediate:

- Provide support and expertise to all aspects of operations.
- Obtain needed security equipment and supplies with assistance of MDPS and MEMA.
- Track; stay aware of incident expansion/contraction due to changes in conditions.
- Determine additional resources needed.
- Anticipate staff needs and request more staff if needed.
- Provide updates on security operations of the SNS Program to the MDPS Command Center.

Extended:

- Evaluate the need for demobilization of security staff.
- Complete an After Action Report and participate in the debriefing.

**Mississippi State Department of Health
Job Action Sheet**

Transportation Specialist

Reports to:

SNS Logistics Unit Leader

Mission:

Organize and arrange transportation for all SNS personnel and resources, including CDC SSAG.

Immediate:

- Obtain briefing from SNS Logistics Unit Leader.
- Establish a Transportation Unit Center.
- Review SNS Incident Action Plan (IAP) and Section Action Plan (SAP) to identify transportation requirements of SNS personnel and CDC SSAG.
- Conduct an inventory of available transportation staff and vehicles, including vehicle type and location.
- Assure vehicle energy resources and access/dispatch instructions are available.
- Assure trip and travel log formats are established.
- Assign reservationists, dispatchers, and drivers.

Intermediate:

- Communicate with Transportation Unit members the specific work to be done for the shift and assign specific personnel to tasks.
- Maintain a log of all transportation requests received, and staff and vehicles assigned.
- Immediately report issues that cannot be resolved with current resources to the SNS Logistics Unit Leader.

Extended:

- Brief SNS Logistics Unit Leader about status of drivers and vehicles availability and prepare report for the oncoming SNS Transportation Unit Leader.
- Observe all staff for signs of stress and report concerns to SNS Logistics Unit Leader.
- Document all actions, decisions, and interventions.
- Prepare end of shift report and present to SNS Logistics Unit Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Operations Unit Leader

Reports to:

SNS Branch Leader

Mission:

Activate and coordinate any units that may be required to achieve the goals of the Incident Action Plan (IAP). Direct the preparation of specific unit operational plans and requests and identifies and dispatches resources as necessary.

Immediate:

- Receive appointment from SNS Branch Leader.
- Read entire Job Action Sheet.
- Obtain briefing from SNS Branch Leader.
- Appoint SNS Operations Unit members; brief all SNS Operations Unit members on current situation.
- Identify and report to SNS Branch Leader and MSDH PHCC Finance/ Administration Section Chief any tactical resources needed for the SNS Incident Action Plan (IAP).
- Coordinate IT and data entry needs with SNS Logistical Unit and SNS Planning Unit.

Intermediate:

- Brief the SNS Branch Leader routinely on the status of the Warehouse Group.
- Coordinate and monitor SNS Operations Unit and available resources needed to achieve mission and request resources as needed.

Extended:

- Maintain documentations for all actions and decisions on a continual basis.
- Observe all staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to incoming SNS Operations Unit Leader and SNS Branch Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

RSS Specialist

Reports to:

SNS Operations Unit Leader

Mission:

Organize and direct aspects relating to RSS site coordination in planning and executing distribution of assets from the Strategic National Stockpile within the state of Mississippi.

Immediate:

- Report to MSDH Public Health Command/Coordination Center, process through credentialing, and put on proper identification and credentialing badges.
- Meet with SNS Branch Leader for initial incident briefing.
- Read entire Job Action Sheet.

Intermediate:

- Provide support and expertise to RSS Task Force Leader.
- Obtain needed RSS equipment and supplies with assistance of MEMA.
- Track; stay aware of incident expansions/contraction due to changes in conditions.
- Determine additional resources needed.
- Document all actions and decisions in Incident Master.
- Provide updates on RSS operations to the SNS Operations Unit.

Extended:

- Complete an After Action Report and participate in the debriefing.

**Mississippi State Department of Health
Job Action Sheet**

Closed POD Pick-Up Lead Specialist

Reports to:

SNS Operations Unit Leader

Mission:

Organize and direct aspects relating to treatment center coordination in planning and executing distribution and dispensing of assets from the Strategic National Stockpile within the state of Mississippi.

Immediate:

- Report to MSDH Public Health Command/Coordination Center, process through credentialing, and put on proper identification and credentialing badges.
- Meet with SNS Operations Unit Leader and SNS Branch Leader for initial incident briefing.
- Read entire Job Action Sheet.

Intermediate:

- Provide support and expertise to Treatment Center Coordinators.
- Obtain needed treatment center equipment and supplies with assistance of MEMA.
- Track; stay aware of incident expansion/contraction due to changes in conditions.
- Determine additional resources needed.
- Document all actions and decisions in Incident Master.
- Provide updates on treatment center operations of the SNS Program to the SNS Operations Unit.

Extended:

- Complete an After Action Report and participate in the debriefing.

**Mississippi State Department of Health
Job Action Sheet**

POD Specialist

Reports to:

SNS Operations Unit Leader

Mission:

Organize and direct aspects relating to POD site coordination in planning and executing distribution and dispensing of assets from the Strategic National Stockpile within the state of Mississippi.

Immediate:

- Report to MSDH Public Health Command/Coordination Center, process through credentialing, and put on proper identification and credentialing badges.
- Meet with SNS Branch Leader and SNS Operations Unit Leader for initial incident briefing.
- Read entire Job Action Sheet.

Intermediate:

- Provide support and expertise to POD Strike Team Leaders.
- Obtain needed POD equipment and supplies with assistance of MEMA.
- Track; stay aware of incident expansion/contraction due to changes in conditions.
- Determine additional resources needed.
- Document all actions and decisions in Incident Master.
- Provide updates on POD operations to the SNS Operations Unit.

Extended:

- Complete an After Action Report and participate in the debriefing.

**Mississippi State Department of Health
Job Action Sheet**

Planning Unit Leader

Reports to:

SNS Branch Leader

Mission:

Identify and establish data elements and data sources, and implement data collection and analysis procedures so that trends and forecasts can be identified related to the incident and SNS. Organize and direct all aspects of SNS Planning Unit Operations. Ensure the distribution of critical information/data. Compile scenario/resource projections from all SNS units and perform long range planning. Document and distribute SNS Incident Action Plan and measure/evaluate progress.

Immediate:

- Receive appointment from SNS Branch Leader.
- Obtain briefing from SNS Branch Leader.
- Activate the Planning Unit and distribute Job Action Sheets.
- Brief unit members after meeting with the SNS Branch Leader.
- Determine data elements required by the SNS IAP and SNS Section Action Plan (SAP).
- Identify and establish access to data sources as needed.
- Communicate all technical support and supply needs to SNS Logistics Unit Leader.
- Establish Planning Unit Data Collection Center and other data entry as needed.
- Ensure standardization of data collection.
- Collect, interpret, and synthesize data regarding status and response of incident and SNS management and provide reports to SNS Branch Leader.

Intermediate:

- Assemble information in support of the SNS IAP and or projections relative to SNS.
- Communicate SNS planning information to MSDH Public Health Command/Coordination Center Planning Section Chief and SNS Branch Leader.

Extended:

- Continue to receive projected activity reports from SNS units at appropriate intervals.
- Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to SNS Branch Leader and MSDH Public Health Command/Coordination Center Planning Section Chief.
- Observe staff for signs of stress. Report issues to SNS Branch Leader and MSDH Public Health Command/Coordination Center Safety Officer. Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Planning Unit Leader.
- Plan for possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Situation Crew

Reports to:

SNS Planning Unit Leader

Mission:

Ensure accurate and timely analysis and interpretation of data for the incident related to SNS, including preparation of reports and trend analysis.

Immediate:

- Obtain briefing from SNS Planning Unit Leader.
- Work with SNS Planning Unit Leader to select data elements required by the SNS Incident Action Plan (IAP) and the SNS Section Action Plan (SAP) and to determine essential reports.
- Assign specific personnel to interpret data received.
- Assure all data equipment is in working order, and required supplies are available.
- Communicate data analysis equipment needs to SNS Planning Unit Leader.

Intermediate:

- Maintain communication with data analysis staff to identify issues.
- Communicate to SNS Planning Unit Leader any issues with data.
- Maintain a log of all data requests received and staff assigned to each task.
- Immediately report to the SNS Planning Unit Leader any issues which cannot be resolved by Planning Unit with current resources.
- Notify SNS Planning Unit Leader of data that has not been received in a timely or correct fashion.
- Review assembled data and finalizes interpretations and reports.
- Compute projections for situation (disaster or response) based upon the data received.
- Communicate report findings and projections to SNS Planning Unit Leader.

Extended:

- Brief SNS Planning Unit Leader on status of data analysis activities.
- Document all actions, decisions, and interventions.
- Prepare end of shift report and present to oncoming SNS Situation Crew.
- Observe all staff for signs of stress, and report concerns to SNS Planning Unit Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Status Crew

Reports to:

SNS Planning Unit Leader

Mission:

Ensure the accurate and timely collection of data for the incident in regard to SNS activities.

Immediate:

- Obtain briefing from SNS Planning Unit Leader.
- Review Data Elements required by the SNS Incident Action Plan (IAP) and the SNS Section Action Plan (SAP).
- Assist SNS Planning Unit Leader in establishing data entry procedures that ensure data quality and consistency.
- Assure that all data equipment is in working order and required supplies are available.
- Communicate data equipment needs to SNS Planning Unit Leader.

Intermediate:

- Maintain communication with SNS Planning Unit members to identify issues.
- Maintain a log of all data requests received and staff assigned to each task.
- Report staffing needs/replacements to SNS Planning Unit Leader.
- Immediately report to the SNS Planning Unit Leader any issues that cannot be resolved by Planning Unit crew with current resources.
- Notify SNS Planning Unit Leader of data that has not been received in a timely fashion.

Extended:

- Brief SNS Planning Unit Leader on status of data collection and unit activities.
- Prepare end of shift report and present to oncoming SNS Planning Unit Leader.
- Document all actions, decisions, and interventions.
- Observe staff for signs of stress, and report concerns to SNS Planning Unit Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Documentation Crew

Reports to:

SNS Planning Unit Leader

Mission:

Responsible for the maintenance of accurate up-to-date documentation relative to the incident and SNS. Incident files will be generated using Incident Master and will be stored for legal, analytical and historical purposes.

Immediate:

- Receive appointment from SNS Planning Unit Leader.
- Review SNS Incident Action Plan (IAP).
- Establish a work area within the SNS Planning Unit.
- Arrange for equipment through SNS Logistics Unit Leader.
- Identify important phone numbers from master contact list and give to SNS Planning Unit Leader for internal and external distribution.

Intermediate:

- Review entries/records for accuracy and completeness.
- Provide for ongoing incident documentation as it pertains to SNS activities and maintenance of the SNS incident mission.
- Track deadlines for SNS IAP.

Extended:

- Store files for post-incident use.
- Review SNS Section Action Plans (SAPs) from SNS unit leaders as appropriate.
- Prepare end of shift report and present to oncoming SNS Documentation Crew.
- Plan for the possibility of extended deployment.

8. RSS Job Action Sheets

A. RSS Task Force Leader

B. RSS Safety Officer

C. RSS Liaison Officer

D. RSS Security Officer

E. RSS Planning

1. Resource Unit

F. RSS Operations

1. Clinical Liaison
2. Inventory Management System Unit Leader
 - a. Inventory Crew
 - b. Data Entry Crew
3. Distribution Unit
 - a. Receiving Clerk I, II, and III
 - b. Picking Unit Picker,
 - c. Picking Unit Recorder,
 - d. Picking Unit Stacker
4. Quality Assurance/ Quality Control (QA/QC) Unit
5. Transportation Unit
6. Repackaging Unit

G. RSS Logistics

1. IT/Communications Unit

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**Mississippi State Department of Health
Job Action Sheet**

RSS Task Force Leader

Reports to:

SNS Branch Leader

Mission:

Provide overall supervision and leadership for the RSS warehouse. Communicate all activities of the RSS warehouse to the MSDH Public Health Command/Coordination Center. Coordinate with SSAG (if activated), Security Officer, and RSS Site Manager via Unified Command and/or NIMS.

Immediate:

- Activate and initiate call-down of RSS staff.
- Contact the designated RSS facility and request preparation for receipt of SNS assets.
- Receive briefing from MSDH Public Health Command/Coordination Center.
- Communicate with transportation security (MDPS) regarding ETA of assets.
- Obtain proper RSS warehouse identification.
- Review RSS Field Operation Guide (FOG).
- Review RSS MSDH plan for Receiving, Distributing, and Dispensing Strategic National Stockpile Assets.
- Review site design layout in view of the current event situation and projected client numbers.
- Identify areas for Receiving, Storage, Bulk storage, Staging, Shipping, and Repackaging.
- Identify if cold storage is needed for event and activate cold chain storage plan if needed.
- Provide office space for Inventory Management System Unit and SSAG.
- Label areas with signs.
- Determine tasks/activities needed for RSS warehouse facility.
- Determine staffing needs and acquire appropriate staff resources.
- Confirm activation of direct reports.
 - Brief direct reports to establish chain of command.
 - Ensure all personnel are equipped for duty.
 - Distribute Job Action Sheets and guidelines to review.
- Review site security, medication storage, and traffic flow patterns with RSS Security Officer, RSS Liaison Officer, RSS Site Manager, and RSS Safety Officer.
- Prepare a briefing statement to be given to staff members.
 - Latest event information and environmental conditions.
 - Any hazards or threats to staff safety and health.
 - Shift considerations, and transition instructions to incoming staff.
 - Information flow and reporting requirements.
 - Review problem solving process and methods for establishing or changing priorities.

- Determine hours of operation and work with staff reporting directly to RSS Task Force Leader to provide staff coverage as needed.

Intermediate:

- Provide Situation Report to MSDH Public Health Command/Coordination Center as required.
- Alert MSDH Public Health Command/Coordination Center of any problems or needs that require their action.
- Determine distribution plan (in coordination with a licensed medial professional).
- Receive orders for product from MSDH Public Health Command/Coordination Center for supported sites or receive client counts from sites and determine needs based on treatment regimen.
- Coordinate with Clinical Liaison for RSS site on apportioning available product to sites if there are not enough products to fill all orders.
- Communicate MSDH Public Health Command/Coordination Center order fill and delivery priorities to IMS Unit Leader.
- Receive status updates from direct personnel reports.
- Problem solves any unresolved issues.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s) and at end of shift briefings:
 - Latest event information and environmental conditions.
 - Any Hazards or threats to staff safety and health.
 - Shift considerations, and transition instructions to incoming staff.
 - Information flow and reporting requirements.
 - Review problem solving process and methods for establishing or changing priorities.
 - Determine hours of operation and work with staff reporting directly to RSS Task Force Leader to provide staff coverage as needed.

Extended:

- Prepare end of shift report and present to oncoming RSS Task Force Leader.
- Ensure all records and reports are submitted to the MSDH Public Health Command/Coordination Center.
- Recover any unused assets from Dispensing Sites and Treatment Centers.
 - Coordinate and provide transportation to pick up assets.
 - Inspect asset conditions.
 - Coordinate the return of assets to DSNS and local stockpiles.

**Mississippi State Department of Health
Job Action Sheet**

RSS Safety Officer

Reports to:

RSS Task Force Leader

Mission:

Develop and recommend measures for assuring RSS personnel safety (Including psychological and physical), and to assess and/or anticipate hazardous and unsafe situations.

Immediate:

- Receive appointments from RSS Task Force Leader.
- Obtain proper RSS warehouse identification.
- Read entire Job Action Sheet.
- Obtain a briefing from RSS Task Force Leader.
- Review IAP for safety implications.
 - Only persons qualified to operate forklifts, pallet jacks, or other warehouse equipment will offload material and/or relocate material within the warehouse.

Intermediate:

- Exercise emergency authority to stop and prevent unsafe acts.
- Keep all staff alert to the need to identify and report all hazards and unsafe conditions and ensure that all accidents involving personnel are investigated and actions and observations documented.
- Advise the RSS Task Force Leader and Team/Unit Leaders immediately of any unsafe, hazardous situation.
- Establish routine briefings with RSS Task Force Leader.

Extended:

- Observe all staff for signs of stress.
- Report issues to RSS Task Force Leader.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Safety Officers for RSS.

**Mississippi State Department of Health
Job Action Sheet**

RSS Liaison Officer

Reports to:

RSS Task Force Leader

Mission:

Coordinates activities between public health personnel and contract warehouse personnel and normal operating procedures for the warehouse.

Immediate:

- Ensure warehouse cleared and prepared for set up of RSS operations.
- Obtain proper RSS warehouse identification.
- In coordination with the State RSS Task Force Leader and the RSS Site Manager.
 - Review site design layout in view of the current event situation and projected client numbers.
 - Identify areas for Receiving, Storage, Bulk storage, Staging, Shipping, and Repackaging.
 - Provide office space for Inventory Management Team and SSAG.
 - Label areas with signs.
- Confirm activation of contracted warehouse personnel.
- Brief contracted warehouse personnel to establish chain of command.
 - Ensure all personnel are equipped for duty.
 - Distribute Job Action Sheets and guidelines to review.

Intermediate:

- Determine contracted warehouse staffing needs and acquire appropriate staff resources.
- Determine tasks/activities needed for warehouse operation.
- Determine warehouse staff coverage needed.
- Provide necessary equipment and supplies to warehouse.
- Notify RSS Task Force Leader of any problems or needs that require action.

Extended:

- Monitor staff for fatigue and/or signs of stress.
- Problem-solve issues to ensure optimal coordination between warehouse staff and public health staff.

**Mississippi State Department of Health
Job Action Sheet**

RSS Security Officer

Reports to:

RSS Task Force Leader

Mission:

Organize and direct aspects relating to security in planning and executing distribution of assets from the Strategic National Stockpile within the state of Mississippi. Coordinate and supervise all personnel within security.

Immediate:

- Initiate security personnel call-down procedures.
- Report to RSS site, process through credentialing, and put on proper identification and credentialing badges.
- Meet with RSS Task Force Leader for initial incident briefing.
- Provide briefing to Department of Public Safety (DPS) Command Center.
- Read entire Job Action Sheet.
- Brief all security personnel as per call-down procedures.

Intermediate:

- Provide support and expertise to all aspects of operations.
- Obtain needed security equipment and supplies with assistance of DPS and MEMA.
- Track: stay aware of incident expansion/contraction due to changes in conditions.
- Determine additional resources needed.
- Anticipate staff needs and request more staff if needed.
- Provide updates on security operations of the SNS Program to the DPS Command Center.

Extended:

- Evaluate the need for demobilization of security staff.
- Complete an After Action Report and participate in the debriefing.

**Mississippi State Department of Health
Job Action Sheet**

RSS Planning Leader

Reports to:

RSS Task Force Leader

Mission:

Identify and establish data elements and data sources, and implement data collection and analysis procedures so that trends and forecasts can be identified related to the incident and RSS. Organize and direct all aspects of RSS Planning Unit operations. Ensure the distribution of critical information/data. Compile scenario/resource projections for RSS and perform long range planning. Document and distribute RSS Incident Action Plan and measure/evaluate progress.

Immediate:

- Receive appointment from RSS Task Force Leader.
- Obtain briefing from RSS Task Force Leader.
- Activate the Planning Unit and distribute Job Action Sheets.
- Brief unit members after meeting with the RSS Task Force Leader.
- Determine data elements required by the Public Health Command Center for the Incident Action Plan.
- Identify and establish access to data sources as needed.
- Communicate all technical support and supply needs to RSS Logistics Unit Leader.
- Establish Planning Unit Data Collection Center and other data entry sites as needed.
- Ensure standardization of data collection.
- Collect, interpret, and synthesize data regarding status and response of incident and SNS management and provide reports to SNS Technical Task Force Leader.

Intermediate:

- Assemble information in support of the RSS IAP and or projections relative to RSS.
- Communicate RSS Planning information to RSS Task Force Leader.

Extended:

- Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to RSS Task Force Leader.
- Observe staff for signs of stress. Report issues to RSS Task Force Leader. Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Planning Unit Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Resource Unit

Reports to:

RSS Planning Unit Leader

Mission:

Organize, direct and coordinate those operations associated with credentialing and provide for adequate levels of security through credentialing procedures. Record RSS daily log for the event. Coordinate Food and Care Plan when operating under status of no State declaration of emergency.

Immediate:

- Receive appointment from the RSS Planning Leader.
- Read entire Job Action Sheet.
- Obtain briefing from RSS Task Force Leader, including Incident Action Plan (IAP).
- Notify credentialing group team, if applicable.
- Distribute credentials to pre-credentialed personnel upon verification of state-issued identification.
- Refer non-credentialed personnel to Security Officer for credentialing approval.

Intermediate:

- Maintain log to credentialed personnel on-site.
- Begin and maintain daily log for the event.
- Coordinate meals for on-site security, reporting of meals through roster, and transmittal of roster for subsequent reimbursement of fee for meals when operating under status of no State declaration of emergency.
- Coordinate and obtain meals for public health staff when operating under status of no State declaration of emergency.
- Retrieve credentials from personnel upon their leaving the secured area.
- Notify Security Officer of security problems.
- Notify Planning Unit Leader of procedural problems.

Extended:

- Maintain documentation of all actions and decisions on a continual basis.
- Participate in the development and execution of the demobilization and make recommendations to AIC as necessary.
- Observe all staff for signs of stress, report issues to RSS Safety Officer.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming RSS Planning Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

RSS Operations Leader

Reports to:

RSS Task Force Leader

Mission:

Activate and coordinate any units that may be required to achieve the goals of the Incident Action Plan (IAP). Direct the preparation of specific unit operational plans and request, identify and dispatch resources as necessary.

Immediate:

- Receive appointment from the RSS Task Force for the RSS.
- Read entire Job Action Sheet.
- Obtain briefing from RSS Task Force Leader.
- Brief all Operations Strike Team members on current situation.
- Determine cold chain storage needs, if applicable to event.
- Ensure proper storage and handling of vaccine at the RSS site as well as ensuring proper storage during shipment to hospitals, Open PODs and Closed PODs.
- Layout the warehouse for receipt of SNS assets:
 - Identify areas for the Push Package, Bulk Storage, Receiving, Shipping Staging, and Repackaging.
 - Provide office space for the RSS Section Chief, Inventory Control, and SSAG.
 - Label areas with signs as needed.
- Communicate active status to RSS Task Force Leader and Liaison Officer for the RSS.

Intermediate:

- Brief the RSS Task Force Leader routinely on the status of the Operations Strike Team.
- Coordinate and monitor Operations Strike Team and available resources needed to achieve mission and request resources as needed.

Extended:

- Maintain documentation of all actions and decisions on a continual basis.
- Observe all staff signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming RSS Operations Leader and RSS Task Force Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Clinical Liaison for RSS

Reports to:

RSS Operations Leader

Mission:

Validate and interpret allocations strategies and orders for pharmaceuticals and aid in any changes in allocation strategies.

Immediate:

- Obtain proper RSS warehouse identification.
- Validate orders for product from MSDH Public Health Command/Coordination Center (provided by RSS Task Force Leader) for supported sites or receive client counts from sites and determine needs based on treatment regimen.
- Coordinate with RSS Task Force Leader on apportioning available product to sites if there is not enough product to fill all orders.
- Convert raw allocations to kit and/or cases as required.

Intermediate:

- Validate orders for product from MSDH Public Health Command/Coordination Center (provided by RSS Task Force Leader) for supported sites or receive client counts from sites and determine needs based on treatment regimen.
- Coordinate with RSS Task Force Leader on apportioning available product to sites if there is not enough product to fill all orders.
- Convert raw allocations to kit and/or cases as required.
- Provide consultation for consideration of therapeutic substitution of SNS material or related to use of SNS material for client care.
- Determine need for additional medical specialty consultation (e.g., respiratory therapist, registered nurse, physician, pharmacist)
- Notify RSS Operations Leader of any problems or needs that require action.

Extended:

- Monitor staff for fatigue and/or signs of stress.
- Problem-solve issues to ensure optimal coordination between warehouse staff and public health staff.

**Mississippi State Department of Health
Job Action Sheet**

Inventory Management System (IMS) Unit Leader

Reports to:

RSS Operations Leader

Mission:

Organize, direct and coordinate those operations associated with inventory systems used for distribution of SNS assets.

Immediate:

- Obtain proper RSS warehouse identification.
- Receive briefing by Operations Strike Team Leader.
- Review Job Action Sheet.
- Obtain all required supplies for execution of duties.
- Familiarize self with core data elements and redundant inventory systems methodologies.
- Determine staffing needs and acquire appropriate staff resources.
- Confirm activation of RSS Operations Leader direct reports.
 - Brief direct reports to establish chain of command.
 - Ensure all personnel are equipped for duty.
 - Distribute Job Action Sheets and guidelines to review.

Intermediate:

- Coordinate and monitor inventory systems activities needed to achieve mission and request resources as needed.
- Brief the RSS Operations Leader routinely on the status of inventory systems activities.
- Report any problems to the Operations Strike Team Leader.

Extended:

- Maintain documentation for all actions and decisions on a continual basis.
- Observes all staff for sign of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming IMS Unit Leader and RSS Operations Leader.
- Plan for the possibility of extended deployment.
- Maintain supplies for execution of duties.

**Mississippi State Department of Health
Job Action Sheet**

Inventory Crew

Reports to:

IMS Unit Leader

Mission:

Operate inventory systems for distribution of SNS material.

Immediate:

- Obtain proper RSS warehouse identification.
- Receive briefing by IMS Unit Leader.
- Review Job Action Sheet.
- Obtain all required supplies for execution of duties.
- Familiarize self with core data elements and redundant inventory systems methodologies.
- Assist Database Crew and IMS Unit Leader in setting up SNS material inventory systems.

Intermediate:

- Load all receipt data into database when file is received from SSAG Logistics Leader.
- Create four part pick lists, keeping one copy and sending three to pick team. Pick list should include, at a minimum:
 - Shipping address and point of contact, with telephone number.
 - Quantity field, for recording number of pallets.
 - Description of "medical supplies".
 - Comments that the MSDH EOC should be notified by dispensing site upon receipt of delivery.
- Indicate order fill priorities as set by IMS Unit Leader and Clinical Liaison.
- Notify Picking Unit when pick list is ready.
- Maintain current inventory counts.
- Receive direction on apportionment/reorders from IMS Unit Leader in conjunction with the Clinical Liaison.
- Notify IMS Unit Leader of problems.

Extended:

- Maintain documentation for all actions and decisions on a continual basis.
- Observes all staff for sign of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming IMS Unit Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Data Entry Crew

Report to:

IMS Unit Leader

Mission:

Accurately enter, file and report on SNS inventory data.

Immediate:

- Obtain proper RSS warehouse identification.
- Receive briefing by IMS Unit Leader.
- Review Job Action Sheet.
- Familiarize self with core data elements and redundant inventory systems methodologies.
- Obtain all required supplies for execution of duties.
- File reports, daily orders out and daily orders of new medications and supplies coming in.
- Enter information into inventory system in use during the event. Should an electronic system be unavailable, hand-tabulate data from paper records.

Intermediate:

- Enter supplemental data as needed.
- Check data accuracy.
- Immediately report any data or fields that seem unusual to the IMS Unit Leader.
- Provide support to Inventory Crew, as needed.
- Request additional supplies if needed.

Extended:

- Maintain documentation for all actions and decisions on a continual basis.
- Observe all staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming IMS Unit Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Distribution Unit Leader

Reports to:

RSS Operations Leader

Mission:

Activate and coordinate any units that may be required to achieve the goals of the Incident Action Plan (IAP). Direct the preparation of specific unit operational plans and request, identify and dispatch resources as necessary. Provide overall supervision and control over receiving of SNS assets. Organize, direct and coordinate activities associated with picking.

Immediate:

- Receive appointments from RSS Operations Leader for the RSS.
- Read entire Job Action Sheet.
- Obtain briefing from RSS Operations Leader.
- Brief all Distribution Unit members on current situation.
- Layout the warehouse for receipt of SNS assets:
 - Identify areas for the Push Package, Bulk Storage, Receiving, Shipping Staging, and Repackaging.
 - Provide office space for the RSS Task Force Leader, Inventory Management System unit, and SSAG (if activated).
 - Label areas with signs as needed.
- Supervise receiving of SNS material:
 - Ensure all incoming stock is inspected for quality and quantity.
 - Determine storage locations of received products.
 - Ensure that Inventory Management System Unit Leader is informed of all received stock and its condition.
 - Sign Bill of Lading from delivery trucks. Annotate discrepancies, as required.
 - Assist in unloading, inspecting, and storage of stock.
- Correct any reported problems/issues in receiving operations.
- If problem cannot be corrected, report to RSS Liaison Officer.
- Brief incoming Receiving Area personnel at end of shift.
- Communicate active status to RSS Operations Leader.
- Obtain pick lists to Pick Team.
- Distribute pick lists to Pick Teams.
- Brief the RSS Operations Leader routinely on the status of the Picking Team.
- Coordinate and monitor Picking Unit and available resources needed to achieve pick mission.

Intermediate:

- Brief the RSS Operations Leader routinely on the status of the Distribution Unit.
- Coordinate and monitor Distribution Unit and available resources needed to achieve mission and request resources as needed.

Extended:

- Maintain documentation for all actions and decisions on a continual basis.
- Observe all staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Distribution Unit Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Receiving Clerk I

Reports to:

Distribution Unit Leader

Mission:

Receive and inspect material for quality and quantity. Aid in preparation of material for storage within the RSS site.

Immediate:

- Obtain proper RSS warehouse identification.
- Report to Receiving Area for briefing by Distribution Unit Leader.
- Review documents on receiving procedures.
- Review Job Action Sheet.
- Obtain all required supplies for execution of duties.
- Review procedures for obtaining additional supplies, reporting security problems, reporting inventory issues, etc.
- Coordinate with Receiving Leader for set up of Receiving Area.

Intermediate:

- Inspect material for quality and quantity after the entire trailer has been offloaded.
- Inspect material on each pallet:
 - Call out item description and quantity to Receiving Clerk II.
 - Receiving Clerk III will call out BIN information for product; write BIN number on case or product, as appropriate.
 - With the aid of Receiving Clerk II and Receiving Clerk III, move item to designated area in Receiving Area as indicated by category.
 - If a carton looks damaged, open the carton to see if material is damaged.
 - Report damaged material to Receiving Clerk II.
- Sign and date all shipping documents.
- Problem-solving any problems/issues in receiving operations; if problem cannot be corrected, report to Receiving Leader.
- Assist other receiving clerks, as needed.

Extended:

- Maintain documentation for all actions and decisions on a continual basis.
- Observe all staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Receiving Unit and Distribution Unit Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Receiving Clerk II

Reports to:

Distribution Unit Leader

Mission:

Receive and inspect material for quality and quantity. Aid in preparation of material for storage within the RSS site.

Immediate:

- Obtain proper RSS warehouse identification.
- Report to Receiving Area for briefing by Distribution Unit Leader.
- Review documents on receiving procedures.
- Review Job Action Sheet.
- Obtain all required supplies for execution of duties.
- Review procedures for obtaining additional supplies, reporting security problems, reporting inventory issues, etc.
- Coordinate with Distribution Leader for set up of Receiving Area.

Intermediate:

- Retrieve from truck driver and documents accompanying shipment to be received by the RSS site.
- Notify Inventory Management System Unit that a truck has made a delivery.
- Review shipping documents for presence of controlled substances within the shipment:
 - If shipment contains controlled substances, notify the on-duty pharmacist for appropriate signature of receipt of controlled substances and safe storage.
 - Copy all documents identifying controlled substances and provide this copy to the on-duty pharmacist.
- Review shipping documents to determine if adequate detail provided to perform verification and reconciliation of product (i.e. itemized invoice and/or dialed BOL):
 - If shipping documents are not adequate to perform verification and reconciliation, obtain a copy of the master formulary to aid in receiving product.
- As Receiving Clerk I calls out item description and quantity, verify and/or reconcile inventory on shipment documents.
- With the aid of Receiving Clerk I, move item to designated area within Receiving Area as indicated by category.
- Sign and date all shipping documents.
- Place all documents in the "Inventory Received" file.
- Problem-solve any problems/issues in receiving operations; if problem cannot be corrected, report to Distribution Unit Leader.
- Assist other receiving clerks, as needed.

Extended:

- Maintain documentation for all actions and decisions on a continual basis.
- Prepare end of shift report and present to oncoming Distribution Leader and RSS Operations Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Receiving Clerk III

Reports to:

Distribution Unit Leader

Mission:

Receive and inspect material for quality and quantity. Aid in preparation of material for storage within the RSS site.

Immediate:

- Obtain proper RSS warehouse identification.
- Report to Receiving Area for briefing by Distribution Unit Leader.
- Review documents on receiving procedures.
- Review Job Action Sheet.
- Obtain all required supplies for execution of duties.
- Review procedures for obtaining additional supplies, reporting security problems, reporting inventory issues, etc.
- Coordinate with Distribution Unit Leader for set up of Receiving Area.

Intermediate:

- Retain a copy of master inventory list for BIN information.
- As Receiving Clerk I calls out item description and quantity, call back BIN information.
- Transfer verified and categorized items from original pallets to new pallets according to category.
- If qualified to operate warehouse equipment, new categorized pallets may be moved to temporary staging area within the Receiving Area.
- If not qualified to operate warehouse equipment, leave new categorized pallets in place until qualified person is notified.
- Problem-solve any problems/issues in receiving operations; if problem cannot be corrected, report to Distribution Unit Leader.
- Assist other receiving clerks, as needed.

Extended:

- Maintain documentation for all actions and decisions on a continual basis.
- Observe all staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Distribution Unit Leader and Operations Strike Team Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Picking Unit-Picker

Reports to:

Distribution Unit Leader

Mission:

Pick material for distribution to delivery points.

Immediate:

- Go to the location indicated on the pick list
 - If pickers are sent to an unopened container, break the seals with a quick snap or scissors/knife.
 - Pull the locking bars toward the center of the container. Use the strap to lift up and out from the bottom.
 - Remove the packing list and container layout from the front pocket and place them in the container.
 - Slide the container door to lean on the right side of the container.
- Select the required product.

Intermediate:

- The pick list will provide an item number and description of the product.
- If the product is not immediately seen, refer to the container layout to find where it is located.
- Check each carton to ensure the correct item is picked (many look alike) and to see the lot number. Tell the Recorder the lots and expiration dates of the product selected.
- Tell the person picking the product needed and the quantity.
- Annotate the lot number and expiration date for every product selected on the pick sheet.
- When all pallets are picked for the order, label each pallet with its destination and assign a pallet number (1 of 1, 1 of 3, 2 of 3, etc.).
- Verify that everything on the pick list is on a pallet for the order.
- Transport completed pallet to Quality Control.
- Leave pick list with Quality Control.
- Let Quality Assurance know that the order is complete.

Extended:

- Observe all staff for signs of stress.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Picking Unit-Recorder

Reports to:

Distribution Unit Leader

Mission:

Record material picked for distribution to delivery points.

Immediate:

- Obtain pick list from the Pick Unit Leader.
- Go to the location indicated on the pick list.

Intermediate:

- Tell the person picking the product needed and the quantity.
- Annotate the lot number and expiration date for every product selected on the pick sheet.
- When all pallets are picked for the order, label each pallet with its destination and assign a pallet number (1 of 1, 1 of 3, 2 of 3 etc.)
- Verify that everything on the pick list is on a pallet for the order.
- Transport completed pallet to Quality Control.
- Leave pick list with Quality Control.
- Let Quality Assurance know that the order is complete.

Extended:

- Observe all staff for signs of stress.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Picking Unit-Stacker

Reports to:

Distribution Unit Leader

Mission:

Stack material picked for distribution to delivery points.

Immediate:

- Go to the location indicated on the pick list.
 - If stackers are sent to an unopened container, break the seals with a quick snap or scissors/knife.
 - Pull the locking bars toward the center of the container. Use the strap to lift up and out from the bottom.
 - Remove the packing list and container layout from the front pocket and place them in the container.
 - Slide the container door to lean on the right side of the container.

Intermediate:

- Stack the pallet with the largest/heaviest cases on the base and work up. Restack, as needed. Do not let the product hang over the edge of the pallet and do not stack more than 4 ft. high.
- If the pallet is full and more picks are required, move the pallet to the appropriate staging area and start again with another pallet.
- Label multiple pallets for one orders as follows; (1 of 3, 2 of 3, 3 Of 3, etc.)
- Transport completed pallet to Quality Control.
- Leave pick list with Quality Control.
- Let Quality Assurance know that the order is complete.

Extended:

- Observes all staff for signs of stress.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Quality Assurance/Quality Control (QA/QC) Unit

Reports to:

RSS Operations Leader

Mission:

Ensure SNS product picked and staged for shipping is accurate and in good condition.

Immediate:

- Obtain proper RSS warehouse identification.
- Receive briefing by RSS Operations Leader.
- Review Job Action Sheet.
- Obtain all required supplies for execution of duties.
- Review documents on QA/QC procedures.
- Review procedures for reporting and resolving discrepancies noted during execution of QA/QC duties.

Intermediate:

- Ensure that all pallets are validated for each order:
 - The pick list is with the pallet(s).
 - Quantities are correct; if not, work with Distribution Unit Leader to correct.
 - Ensure that cases are in good condition and are properly stacked.
 - Pallet labeling is correct.
- Sign the pick list, keeping the QA/QC copy.
- Document number of boxes/cases/pallets of products to be shipped on Staging and Shipping Identifier.
- Wrap the cases on the pallet with stretch film.
- Notify Transportation Unit that order is ready for shipping.
- Report any problems to the RSS Operations Leader.

Extended:

- Maintain documentation for all actions and decisions on a continual basis.
- Observe all staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming RSS Operation Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Transportation Unit

Reports to:

RSS Operations Leader

Mission:

Plan the best possible route for distribution of SNS assets from the RSS site to dispensing sites (treatment centers, PODs, other dispensing sites) under existing circumstances for all required trips, and may provide written driving instructions for drivers.

Immediate:

- Obtain proper RSS warehouse identification.
- Receive briefing by RSS Operations Leader.
- Review Job Action Sheet.
- Obtain all required supplies for execution of duties.
- Review trips via electronic mapping systems or manual atlas/maps material under current road/traffic conditions.
- Determine most appropriate shipping routes to dispensing sites.

Intermediate:

- When notified by Quality Control that an order is ready to ship:
 - Confirm availability of carrier.
 - Oversee loading of shipment onto truck.
- Work with warehouse shipping staff:
 - Ensure trailer is chocked prior to entry of any personnel.
 - Notify carriers of transportation requirements.
 - Provide drivers with maps/driving instructions.
 - Get an estimated time of delivery from the driver and note on pick list.
 - Confirm that truck is sealed/secure
- When shipment is underway, notate time of departure on pick list.
- Return original pick list to IMS Unit.
- Report any problems to the RSS Operations Leader.

Extended:

- Maintain documentation for all actions and decisions on a continual basis.
- Observe all staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming RSS Operation Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Repackaging Unit

Reports to:

RSS Operations Leader

Mission:

Organize, direct and coordinate those operations associated with repacking SNS bulk pharmaceuticals. Organize, direct and coordinate those operations associated with compounding oral suspensions.

Immediate:

- Obtain proper RSS warehouse identification.
- Receive briefing by RSS Operations Leader.
- Review Job Action Sheet.
- Obtain all required supplies for execution of duties.
- Review repackaging methodologies and receive any required just-in-time from the CDC SSAG.
- Review compounding methodologies, as appropriate.
- Determine staffing needs and acquire appropriate staff resources.
- Confirm activation of Repackaging Unit direct reports.
 - Brief direct reports to establish chain of command.
 - Ensure all personnel are equipped for duty.
 - Review safety protocols.
 - Distribute Job Action Sheets and guidelines to review.

Intermediate:

- Coordinate and monitor repackaging and compounding activities and available resources needed to achieve mission and request resources as needed.
- Brief the Operations Strike Team routinely on the status of repackaging or compounding efforts.
- Update IMS Unit routinely on repackaging or compounding inventory data.
- Perform QA/QC of pharmaceuticals.
- Report any problems to RSS Operations Leader.

Extended:

- Maintain documentation for all actions and decisions on a continual basis.
- Observe all staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Repackaging Unit and RSS Operations Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Logistics Unit

Reports to:

RSS Task Force Leader

Mission:

Organize, direct and coordinate those operations associated with maintenance of the physical environment (facilities), personnel deployment (movement) and provide for adequate levels of shelter and supplies to support the mission's objectives.

Immediate:

- Receive appointment from the RSS Task Force Leader.
- Read entire Job Action Sheet.
- Obtain briefing from RSS Task Force, including Incident Action Plan (IAP).
- Obtain packet containing Unit's Job Action Sheets.
- Distribute the corresponding Job's Action Sheets with incident specific tasks.
- Advise RSS Task Force Leader on current logistical service and support status.

Intermediate:

- Obtain information and updates regularly from RSS Task Force Leader, RSS Safety Officer, and RSS Liaison Officer.
- Review IAP and estimate section needs for next operational period or shift.
- Obtain supplies as requested.

Extended:

- Maintain documentation for all actions and decisions on a continual basis.
- Participate in the developmental and execution of the demobilization and make recommendations to AIC as necessary.
- Observe all staff for signs of stress, report issues to RSS Safety Officer.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming RSS Task Force Leader and RSS Logistics Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

IT/Tactical Communication Crew

Reports to

Logistics Unit

Mission:

Organize and coordinate IT asset support to ensure functioning of internal and external communication and data-related equipment.

Immediate:

- Read entire Job Action Sheet.
- Obtain briefing from Logistics Unit.
- Review Incident Action Plan (IAP).
- Communicate RSS telephone and fax numbers to the RSS Task Force Leader.
- Assess current status and inventory of the internal and external communication resources and make a list of works to be done.
- Provide RSS Task Force Leader with a list of internal RSS contact numbers for the warehouse facility.
- Establish or maintain the system for receiving communication from external MSDH Public Health Command/Coordination Center.
- Provide RSS Task Force Leader with a list of contact numbers for the MSDH Public Health Command/Coordination Center.

Intermediate:

- Maintain a log of all communication requests received and forward all new requests to Logistics Unit.
- Immediately report to the Logistics Unit issues that cannot be resolved with current resources.
- Work with MSDH Public Health Command/Coordination Center to facilitate hardware, equipment, and materials to produce communication products.
- Keep all communications equipment maintained and in working order.

Extended:

- Brief Logistics Unit about status of computers, communication requirements, and prepare for oncoming Logistics Unit Leader.
- Observe all staff for signs of stress and report concerns to Logistics Unit.
- Document all actions, decisions and interventions.
- Plan for the possibility of extended deployment.

9. District Coordination Center (DCC) Job Action Sheets

A. District Coordination Center (DCC) Division Director

1. DCC Safety Officer
2. DCC Liaison Officer
3. DCC Public Information Officer (PIO)
4. DCC Planning Leader
5. DCC Finance/Administration Leader
6. DCC Logistics Leader
7. DCC Operations Leader

B. Additional Job Action Sheets to consider

1. DCC Medical Consultant
2. DCC Security Officer
3. Closed POD Leader
4. Open Public POD Leader

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**Mississippi State Department of Health
Job Action Sheet**

DCC Division Director

Reports to:

MSDH Public Health Command Center Field Services Branch

Mission:

Organize and direct the distribution of the SNS assets to the citizens of the District for the Mississippi State Department of Health (MSDH).

Immediate:

- Receive briefing from the MSDH Public Health Command/Coordination Center (PHCC).
- Brief all command staff on events and provide Job Action Sheets for those directly supervising.
- Liaison from the State Command Center to the local POD command staff.
- Notify State Command Center when PODs are operational.
- Oversee the call down of staff to position resources for opening of PODs.
- Oversee the coordination and support of all operations of the Public POD sites and support to the Closed POD sites.
- Oversee and coordinate all requests for SNS pharmaceutical and medical supplies from the Treatment Center requests in the District and forward requests to State Command Center after approving.
- Oversee and coordinate all requests for SNS pharmaceutical and medical supplies from the PODs and forward requests to PHCC after approving.
- Forward to Logistics all requests not contained within SNS.

Intermediate:

- Consult with Logistics Unit Leader to ensure that supplies and equipment are procured.
- Update State Command Center of new developments and status of Public and Closed POD's.
- Routinely hold briefings with staff.
- Routinely give briefings to PHCC.

Extended:

- Continue as above.
- Document all actions, decisions, and interventions.
- Observe staff for signs of stress.
- Provide rest and relief for staff.
- Notify PHCC when assignments are complete and POD operations are completed.
- Oversee the demobilization process.

**Mississippi State Department of Health
Job Action Sheet**

DCC Safety Officer

Reports to:

DCC Division Director

Mission:

Develop and recommend measures for assuring District personnel safety (including psychological and physical), and to assess and/or anticipate hazardous and unsafe situations. Assist the safety officers of the Public PODs as needed.

Immediate:

- Receive briefing from the District Division Director and receive Job Action Sheet.
- Review IAP for safety implications.
- Perform safety assessment of facility for any unsafe or hazardous conditions.
- Complete ICS Safety Form.
- Monitor weather and maintain weather radio notify District Division Director of inclement weather.

Intermediate:

- Exercise emergency authority to stop and prevent unsafe acts.
- Keep all staff alert to the need to identify and report all hazards and unsafe conditions and ensure that all accidents involving personnel are investigated and actions and observations documented.
- Advise the District Division Director immediately of any unsafe, hazardous situation.
- Establish routing briefing with District Division Director.

Extended:

- Continue as above.
- Observe all staff for signs of stress.
- Report issues to District Division Director.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Safety Officer.
- Document all actions, decisions, and interventions.

**Mississippi State Department of Health
Job Action Sheet**

DCC Liaison Officer

Reports to:

DCC Division Director

Mission:

Function as contact person for representatives from other agencies and organizations.

Immediate:

- Receive Job Action Sheet and briefing from DCC Division Director.
- Review Job Action Sheet and be familiar with duties.
- Review DCC Incident Action Plan (IAP).
- Review DCC Organizational Chart and be familiar with section duties.
- Establish contact with liaison counterparts of each assisting and cooperating agency.
- Keep the DCC Division Director and other agencies and organizations updated on changes in DCC response to the incident.

Intermediate:

- Respond to requests and complaints from personnel regarding inter-agency issues.
- Relay any special information obtained to appropriate personnel in other agencies and organizations (e.g., safety information).
- Keep agencies and organizations supporting POD operations aware of the incident status and POD operations status.
- Monitor the incident to identify current or potential inter-organizational problem.

Extended:

- Maintain a list of all assisting agencies including their resource availability.
- Monitor staff for fatigue and/or signs of stress, report to DCC Safety Officer.
- Prepare end of shift report and present to oncoming DCC Liaison.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

DCC Public Information Officer (PIO)

Reports to:

DCC Division Director

Mission:

Provide accurate and timely information to various stakeholder groups as appropriate to the event situation.

Immediate:

- Receive Job Action Sheet and briefing from District Division Director.
- Review Job Action Sheet and be familiar with duties.
- Review DCC Incident Action Plan.
- Establish time schedule for operational briefings, and conduct as scheduled.
- Work with the state PIO at the State Emergency Operations Center.
- Brief all personnel on media policy.
- Assist local government in briefing officials and media, as appropriate.
- Brief security personnel and greeters on medial handling procedures.
- Identify groups and populations that will need specific information.

Intermediate:

- Liaison and coordinate media activities/information releases with the Local POD site PIOs and State Command Center PIO.
- Provide media statements and answer questions as directed by local/state PIOs.
- Document all media contacts and submit documentation to District Incident Commander and State Command Center PIO.
- Keep District Division Director informed regarding press releases.

Extended:

- Continue as above.
- Maintain documentation for all actions and decisions on a continual basis.
- Prepare end of shift report and present to oncoming PIO.

**Mississippi State Department of Health
Job Action Sheet**

DCC Planning Leader

Reports to:

DCC Division Director

Mission:

Identify and establish data elements and data sources, and implement data collection and analysis procedures so that trends and forecasts can be identified related to the incident. Organize and direct all aspects of District Coordination Center Planning Unit operations. Ensure the distribution of critical information/data. Compile scenario/resource projections from all POD sites and assist the local planning unit leaders in performing long range planning.

Immediate:

- Receive briefing from the DCC Division Director and receive Job Action Sheet.
- Brief and distribute Job Action Sheets to those directly reporting.
- Review POD Incident Action Plan (IAP).
- Review and be familiar with each sections duty.
- Coordinate with the Finance/Administration Leader to set up event recorder function to maintain event log.

Intermediate:

- Brief DCC Division Director routinely regarding Planning activities.
- Document all actions and decisions.
- Monitor all actions and decisions.
- Work with individual staff to ensure appropriate forms are filled out correctly.
- Compute projections for situations based upon the data received.
- Assist the local POD Planning Unit Leads with collection of data on throughput and supply inventory.
- Assemble the information for the IAP and the Situation Report (Sitrep).

Extended:

- Continue as above.
- Document all actions, decisions, and interventions.
- Observe all staff for signs of stress.
- Provide rest and relief for staff.
- Complete the IAP and Situation reports for the DCC Division Director.
- Participate in the end of shift briefing.
- Give report to incoming Planning Leader.

**Mississippi State Department of Health
Job Action Sheet**

DCC Finance/Administration Leader

Reports to:

DCC Division Director

Mission:

Organize and direct all aspects relating to financial/administrative issues, including client record retention, compensation and claims, and personal time keeping for staff and volunteers. To procure and track all supplies and equipment invoices/expenses.

Immediate:

- Receive briefing from the DCC Division Director and receive Job Action Sheet.
- Brief and distribute Job Action Sheets to those directly reporting.
- Assist POD site Finance/Administration Unit Leader to set-up client record keeping function to maintain security of documents and records.
- Coordinate with Safety Leader on accident investigation reports.
- Set-up personnel tracking system to record time worked, duties performed, staff injuries and other problems encountered.
- Designate event recorder to document all actions and decisions.

Intermediate:

- Consult with Logistics Unit Leader to ensure that supplies and equipment are procured.
- Maintain daily totals of equipment and supplies.
- Maintain daily record of personnel time.
- Work with individual staff to ensure that forms are filled out appropriately.
- Ensure receipts of all expenditures and personnel time are retained for potential reimbursement.
- Monitor documentation process and flow. Make modifications as needed.
- Ensure that an Incident Report Form is completed on all injuries within the Command Center and assist the POD Finance/Administration Unit with completing forms at the PODs.
- Ensure that all records and reports are turned in to DCC Division Director.

Extended:

- Continue as above.
- Document all actions, decisions, and interventions.
- Observe all staff for signs of stress.
- Provide rest and relief for staff.
- At the end of the event, utilize records to audit supplies and equipment used or returned to RSS.
- Prepare end of shift report and give briefing to the DCC Division Director.

**Mississippi State Department of Health
Job Action Sheet**

DCC Logistics Leader

Reports to:

DCC Division Director

Mission:

Ensure that all resources needed to support the District Coordination Center are available and organized. Assist POD Logistics Unit Leader in obtaining needed supplies to support the POD.

Immediate:

- Receive briefing from the DCC Division Director and receive Job Action Sheet.
- Brief and distribute Job Action Sheets to those directly reporting.
- Ensure delivery of supplies/equipment to District Coordination Center and assist local logistics leads with the transportation of POD "to go kits" to individual PODs.
- Establish equipment for communications for District Coordination Center.

Intermediate:

- Participate in staff command center briefings.
- Brief Incident Commander routinely on logistic section status.
- Maintain logistics log.
- Document all actions and decisions.
- Arrange for procurement of additional supplies/equipment needed and as authorized by the Incident Commander.
- Make arrangements for food and beverages for all staff members.
- Set up regular supply checks, as needed.

Extended:

- Continue as above.
- Supervise the break-down and re-packing of all equipment/supplies at command center e.g., lap tops, phones, etc. and return to place of origins.
- Ensure facility is cleaned and returned to former operating conditions.
- Maintain daily totals of equipment, supplies, staff time, and client medications from local PODs and forward to the Public Health Command/Coordination Center.
- At the end of the event, collect records from local logistics leads, (audits of supplies and equipment). Forward to State Command Center after Incident Commander review.
- Assist local logistic leads with any inconsistencies in their reports.
- Observe all staff for signs of stress.
- Provide rest and relief for staff.
- Participate in the end of shift briefing.
- Give report to incoming Logistics Leader.

**Mississippi State Department of Health
Job Action Sheet**

DCC Operations Leader

Reports to:

DCC Division Director

Mission:

Activate and coordinates any units that may be required to achieve the goals of the Incident Action Plan (IAP). Direct the preparation of specific unit operational plan and requests and identifies and dispatches resources necessary. Assist all POD Strike Team Leaders with organizing and directing all operation at the dispensing site for the mass dispensing/administering of drugs or vaccine to the public. Coordinate with the State Command Center Operations Leader.

Immediate:

- Receive briefing from the DCC Division Director and receive Job Action Sheet.
- Brief and distribute Job Action Sheets to those directly reporting.
- Review SNS Plan and Algorithms for mass dispensing and closed POD operations.
- Assist local POD Strike Team Leaders with projected client numbers, staff health and safety considerations, staffing needs.
- Notify District Commander when POD site has received SNS material and medications.
- Notify DCC Division Director when POD ready to receive clients.
- Continue to brief DCC Division Director on throughput.

Intermediate:

- Monitor dispensing site activities with local POD Strike Team Leaders.
- Assist local POD Strike Leaders with demobilization procedure when event winds down.
- Ensure that all reports are submitted to the Public Health Command/Coordination Center after review by the DCC Division Director.
- Document all actions and decisions.
- Assist POD Strike Team Leaders with reorder of material through the State Command Center.
- Receive reports from the Closed POD Operations Leader and the Public POD Operations Leader and update the DCC Division Director.

Extended:

- Continue as above.
- Document all actions, decisions, and interventions.
- Observe all staff for signs of stress.
- Provide rest and relief for staff.
- Prepare end of shift report and give briefing to the District Operations Leader.

**Mississippi State Department of Health
Job Action Sheet**

DCC Medical Consultant

Reports to:

DCC Division Director

Mission:

Provide medical expertise relating to clinical aspects surrounding SNS operations, including issues related to client services, pharmacy services, and special needs to ensure the dispensing of prophylaxis medications are carried out in an efficient and effective manner.

Immediate:

- Obtain briefing from the Incident Commander.
- Review standing orders and clinical algorithms approved by the State Health Officer of the Mississippi State Department of Health (MSDH).
- Obtain the most current medical information on the conditions (and their treatment) that is most likely to occur as a result of the event (e.g., biological, chemical, viral, etc.).
- Consult with the State Medical Consultant in the Public Health Command/Coordination Center.
- Review SNS Incident Action Plan (IAP) and SNS Section Action Plan (SAP) to recommend the specific medical operations sub-units to be activated.

Intermediate:

- Monitor the CDC, MSDH, and other resources for medical updates.

Extended:

- Continue as above.
- Document all actions, decisions, and interventions.
- Observe all staff for signs of stress.
- Provide rest and relief for staff.
- Prepare end of shift report for DCC Division Director and incoming Medical Consultant.

**Mississippi State Department of Health
Job Action Sheet**

DCC Security Officer

Reports to:

DCC Division Director

Mission:

Organize and direct aspects relating to securing the District Coordination Center facility and staff. Coordinate and supervise all personnel within security.

Immediate:

- Receive briefing from DCC Division Director and Job Action Sheet.
- Sweep the facility and secure.
- Check all staff upon entry to command center for proper badges.
- Search all bags and purses coming into the facility.
- Brief all security personnel.

Intermediate:

- Provide support and expertise to all aspects of operations.
- Obtain needed security equipment and supplies with assistance of DPS and MEMA.
- Track; stay aware of incident expansion/contraction due to changes in conditions.
- Determine additional resources needed.
- Anticipate staff needs and request more staff if needed.
- Provide updates on security operations to the DCC Division Director.

Extended:

- Evaluate the need for demobilization of security staff.
- Complete an After Action Report and participate in the debriefing.

**Mississippi State Department of Health
Job Action Sheet**

DCC Closed POD Leader

Reports to:

District Operations Leader

Mission:

Activates and assists in the coordination of the closed dispensing site units. Assists the Closed POD point of contact with issues in operating their Closed POD site and assists with reordering of medications and supplies from the RSS by coordinating with the District Operations Leader.

Immediate:

- Receive briefing from the District Operations Leader and receive Job Action Sheet.
- Brief and distribute Job Action Sheets to those directly reporting in each county.
- Review SNS Plan including standing orders and clinical algorithms approved by the State Health Officer of the Mississippi Department of Health.
- Review Closed POD operations.
- Assist local POC with projected client numbers.
- Notify District Operations Leader when Closed POD site has received SNS material and medications.
- Notify District Operations Leader when Closed POD is ready to receive employees.

Immediate:

- Monitor dispensing site activities with local POC in Closed PODs.
- Ensure that all reports are submitted to District Operations Leader.
- Document all actions and decisions.
- Assist POC at Closed PODs with reorder of material through the District Operations Leader.
- Notify District Operations Leader when Closed POD has completed prophylaxis and ready to close.

Extended:

- Continue as above.
- Document all actions, decisions, and interventions.
- Observe all staff for signs of stress.
- Provide rest and relief for staff.
- Prepare end of shift report and give briefing to the District Operations Leader.

**Mississippi State Department of Health
Job Action Sheet**

DCC Open POD Leader

Reports to:

District Operations Leader

Mission:

Activates and assists in the coordination of the Public Point of Dispensing sites. Assists the Operations Leader with issues in operating the Open Public POD site and assists with reordering of medications and supplies from the RSS by coordinating with the District Operations Leader.

Immediate:

- Receive briefing from the District Operations Leader and receive Job Action Sheet.
- Brief and distribute Job Action Sheets to those directly reporting in each county.
- Review SNS Plan and algorithms for mass dispensing and Open Public POD county.
- Assist local POD Strike Team with projected client numbers.
- Notify District Operations Leader when POD site has received SNS material and medications.
- Notify District Operations Leader when POD is ready to receive clients.

Immediate:

- Monitor dispensing site activities with local POC Strike Team Leaders.
- Ensure that all reports are submitted to District Operations Leader.
- Document all actions and decisions.
- Assist local POD Strike Team with reorder of material through the District Operations Leader.
- Notify District Operations Leader when POD ready to close.
- Arrange for the Health Information Forms to be distributed according to the direction of the Public Health Command/Coordination Center.

Extended:

- Continue as above.
- Document all actions, decisions, and interventions.
- Prepare end of shift report and give briefing to the District Operations Leader.

10. POD Job Action Sheets**A. POD Strike Team Leader****B. Strike Team Public Information Officer****C. Strike Team Safety Officer****D. Strike Team Liaison****E. Dispensing Unit Leader**

1. Pre-Dispensing Unit Leader
 - a. Triage Crew Leader
 - b. Triage Crew
 - c. Clinical Evaluation-Leader
 - d. Clinical Evaluation Crew
 - e. Functional Needs Leader
 - f. Functional Needs Crew
 - g. Client Flow Assistant
2. Medication Dispensing Leader
 - a. Forms Pick-up Leader
 - b. Forms Pick-up Crew
 - c. Information Area Leader
 - d. Information Area Crew
 - e. Forms Review Leader
 - f. Forms Review Crew
 - g. Medication Pick-up Tables-Determine Dosage Regimen/Pick-up Medication-Leader
 - h. Medication Pick-up Table-Determine Dosage Regimen/Pick-up Medication-Crew

- i. Medication Tables-Vaccinator-Leader
- j. Pharmacy-Leader
- k. Pharmacy-Crew
- l. Closed POD Pick-up Leader
- m. Closed POD Pick-up Crew
- n. Exit-Leader
- o. Exit-Crew

F. Planning Unit Leader

- a. Resource Crew Leader
- b. Resource Crew Data Entry Leader
- c. Data Entry Crew
- d. Volunteer Coordinator

H. Logistics Unit Leader

- a. Communications Crew Leader
- b. Communications Crew
- c. Credentialing Crew Leader
- d. Credentialing Crew
- e. Transportation
- f. Site Supply Leader
- g. First Aid Leader
- h. POD Runners
- i. POD Assistants

I. Finance/Administration Unit Leader

- a. Time Unit Leader

**Mississippi State Department of Health
Job Action Sheet**

POD Strike Team Leader

Reports to:

District Coordination Center (DCC) Division Director

Mission:

Efficiently organize and direct all operations at the dispensing site for the mass distribution of drugs/vaccine to protect the public from any all hazards threat. Coordinate with the County Emergency Operations Center and the DCC.

Immediate:

- Receive briefings from District Coordination Center (DCC) Division Director.
- Review Dispensing Site Operations Plan [Mass Prophylaxis Plan/Medical Protocols/Standing Orders for adults and pediatrics].
- Review POD Incident Accident Plan (IAP).
- Review POD Organization Chart and be familiar with section duties.
- Review site design layout in view of the current event situation and projected client numbers, including staff health and safety considerations.
- Review site security, medication storage, and traffic flow patterns with Strike Team Safety Officer, Logistics Unit and Security.
- Determine staffing needs and acquire appropriate staff resources; implement personnel activations.
- Determine POD Operation method and alter if needed for rapid dispensing.
- Confirm arrival of activated staff; distribute Job Action Sheets and provide briefing to EOC staff and Command Staff.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s).
- Notify DCC when dispensing site is ready to accept clients.
- Establish interface with local officials.

Intermediate:

- Review and establish supply requisition process with Logistics Unit.
- Monitor dispensing site activities.
- As event winds down, begin to initiate demobilization procedures.
- Perform inventory check and procedures to assure SNS asset return.
- Ensure that all records and reports are turned in to the DCC.

Extended:

- Designate a scribe to maintain documentations for all actions and decisions on a continual basis.
- Observe all staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming POD Strike Team Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Strike Team Public Information Officer (PIO)

Reports to:

POD Strike Team Leader

Mission:

Provide accurate and timely information to various stakeholder groups as appropriate to the event situation.

Immediate:

- Receive Job Action Sheet and briefing from POD Strike Team Leader.
- Receive Job Action Sheet and be familiar with duties.
- Review POD Incident Action Plan.
- Review POD Organization Chart and be familiar with section duties.
- Establish time schedule for operational briefings, and conduct as scheduled.
- Brief all personnel on media policy.
- Assist local government in briefing officials and media, as appropriate.
- Brief security personnel and greeters on medial handling procedures.
- Identify groups and populations that will need specific information.

Intermediate:

- Liaison and coordinate media activities/information releases with the County EOC PIO and District Coordination Center (DCC) PIO.
- Provide media statements and answer questions as directed by local/state PIOs.
- Document all media contacts and submit documentation to POD Strike Team Leader and the DCC PIO.
- Keep POD Strike Team Leader informed regarding press releases.

Extended:

- Maintain documentation for all actions and decisions on a continual basis.
- Observe all staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming PIO Leader.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Strike Team Safety Officer

Reports to:

POD Strike Team Leader

Mission:

Develop and recommend measures for assuring POD personnel safety (including psychological and physical), and to assess and/or anticipate hazardous and unsafe situations.

Immediate:

- Receive Job Action Sheet and briefing from POD Strike Team Leader.
- Receive Job Action Sheet and be familiar with duties.
- Review POD Organization Chart and be familiar with section duties.
- Review POD Incident Action Plan (IAP) for safety implications.
- Perform safety assessment.
- Complete ICS Safety Assessment Form (#208/215A).

Intermediate:

- Exercise emergency authority to stop and prevent unsafe acts.
- Provide Safety briefing for POD staff.
- Keep all staff alert to the need to identify and report all hazards and unsafe conditions and ensure that all accidents involving personnel are investigated and actions and observations documented.
- Advise the POD Strike Team Leader and Team/Unit Leads immediately of any unsafe, hazardous situation.
- Establish routine briefings with POD Strike Team Leader.

Extended:

- Observe all staff for signs of stress.
- Report issues to POD Strike Team Leader.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Strike Team Safety Leader.

**Mississippi State Department of Health
Job Action Sheet**

Strike Team Liaison

Reports to:

POD Strike Team Leader

Mission:

Function as contact person for representatives from other agencies and organizations.

Immediate:

- Receive Job Action Sheet and briefing from POD Strike Team Leader.
- Receive Job Action Sheet and be familiar with duties.
- Review POD Incident Action Plan (IAP).
- Review POD Organization Chart and be familiar with section duties.
- Establish contact with liaison counterparts of each assisting and cooperating agency.
- Keep the POD Strike Team Leader and other agencies and organizations updated on changes in POD response to the incident.

Intermediate:

- Respond to requests and complaints from personnel regarding inter-agency issues.
- Relay any special information obtained to appropriate personnel in other agencies and organizations (e.g., safety information).
- Keep agencies and organizations supporting POD operations aware of the incident status and POD operations status.
- Monitor the incident to identify current or potential inter-organizational problems.

Extended:

- Maintain a list of all assisting agencies including their resource availability.
- Monitor staff for fatigue and/or signs of stress, report to Strike Team Safety Officer.
- Prepare end of shift report and present to oncoming Strike Team Liaison.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Dispensing Unit Leader

Reports to:

POD Strike Team Leader

Mission:

Organize and direct all aspects relating to the Dispensing Unit, and to ensure the dispensing of prophylaxis medications is carried out in an efficient and effective manner.

Immediate:

- Receive Job Action Sheet and briefing from POD Strike Team Leader.
- Review POD Incident Action Plan (IAP).
- Review POD Organizational Chart and be familiar with section duties.
- Receive Job Action Sheet and be familiar with duties.
- Confirm activation of direct reports; distribute Job Action Sheets to Section Leads.
- Provide initial briefing to direct reports.
- Collaborate with the POD Strike Team Leader to ensure POD is physically set up correctly and supplies are available for each work area.
- Review client information sheets to ensure correctness.
- Ensure sufficient medications are available on-site.
- Ensure that PPE is available for staff.

Intermediate:

- Participate in staff briefing(s) as scheduled by the POD Strike Team Leader.
- Maintain log, document all actions and decisions.
- Ensure consistency in information provided to clients at all stations.
- Monitor client flow patterns and work to correct any problems.
- Ensure that proper documentation is maintained for all activities.
- Ensure that forms are counted at designated intervals to determine the number of clients processed and medication dispensed.
- Ensure that PPE guidelines are followed.

Extended:

- Perform end of shift report to oncoming shift term.
- Perform daily and/or end of shift count of supplies.
- Monitor staff for fatigue and/or signs of stress, report to Strike Team Safety Officer.
- Review and confirm staffing levels for next day or shift.
- Ensure that all records and reports are turned in to the POD Strike Team Leader.
- Participate in After Action Review Meetings, as required.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Pre-Dispensing Unit Leader

Reports to:

Dispensing Unit Leader

Mission:

Organize and direct all aspects relating to the Pre-Dispensing Unit, and to ensure that all aspects of the pre-dispensing of prophylaxis medications is carried out in an efficient and effective manner.

Immediate:

- Receive Job Action Sheet and briefing from Dispensing Unit Leader.
- Receive Job Action Sheet and be familiar with duties.
- Provide Job Action Sheets and briefing to direct reports.
- Collaborate with the Dispensing Unit Leader to ensure POD is physically set up correctly and supplies are available for each work area.
- Ensure that Triage area is set up and is fully operational.
- Ensure that Clinical Evaluation area is physically set up and ready for operations.
- Ensure that Forms Pick-Up area has been appropriately set up and is fully operational.
- Ensure that Special Needs area is properly set up and is fully operational.
- Ensure that Information area is properly set up and is fully operational.
- Ensure that Forms Review area is properly set up and is fully operational.
- Review client information sheets to ensure correctness.
- Ensure that Client Flow Assistants have been briefed on how to effectively direct client flow.
- Ensure that PPE is available for staff.

Intermediate:

- Consult with section leaders to monitor clinic flow.
- Ensure that Incident Report Forms are fully completed and submitted to Dispensing Unit Leader.
- Ensure consistency in information provided to clients at all stations.
- Monitor Triage area and provide assistance as needed.
- Monitor client flow patterns and work to correct any problems.
- Monitor crowd control system (cones, ropes, etc.) and ensure client flow is optimal.
- Monitor Special Needs area and provide assistance as needed.
- Monitor Information/Educational area to ensure all clients have received adequate education on specific agent and treatment.
- Monitor Forms Review section and provide assistance as needed.
- Ensure that proper documentation is maintained for all activities.
- Ensure that PPE guidelines are followed appropriately.

Extended:

- Perform end of shift report to oncoming shift term to oncoming Pre-dispensing Unit Leader.
- Perform daily and/or end of shift count of supplies.
- Observe staff and clients for signs of stress.
- Review and confirm staffing levels for next day or shift.
- Participate in After Action Review meetings, as required.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Triage Crew Leader

Reports to:

Pre-Dispensing Unit Leader

Mission:

Screen individual for symptoms that may be related to a bioterrorism agent or communicable disease of threat. Screen individuals with urgent medical problems that may or may not be related to a bioterrorism agent.

Immediate:

- Receive Job Action Sheet and briefing from Pre-Dispensing Unit Leader.
- Receive Job Action Sheet and be familiar with duties.
- Provide Job Action Sheets and briefing to direct reports.
- Ensure that screening/triage area is set up and is ready for operations.
- Review and familiarize self with POD surroundings.
- Review questions for screening based on agent-specific information.
- Review personal protection equipment guidelines.
- Ensure that PPE is available for staff.

Intermediate:

- Screen all persons using agent-specific information.
- Ensure consistency in information provided to clients.
- Ensure that PPE is available and guidelines for use are followed.
- Monitor client flow patterns and work to correct any problems.
- Prevent ill persons from entering clinic.
- Provide early alert to Dispensing Unit Leader of situations that may require security staff.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Pre-dispensing Unit Leader.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Triage Crew Leader.

**Mississippi State Department of Health
Job Action Sheet**

Triage Crew

Reports to:

Pre-Dispensing-Triage Crew Leader

Mission:

Screen individuals for symptoms that may be related to a bioterrorism agent or communicable disease of threat. Screen individuals with urgent medical problems that may or may not be related to a bioterrorism agent.

Immediate:

- Receive Job Action Sheet and briefing from Triage Crew Leader.
- Receive Job Action Sheet and be familiar with duties.
- Assist in the set-up of Triage area to ensure area is fully operational.
- Review and familiarize self with POD surroundings.
- Review questions for screening based on agent-specific information.
- Review personal protection equipment (PPE) guidelines.

Intermediate:

- Screen all persons using agent-specific information.
- Follow guidelines for use of PPE.
- Ensure consistency in information provided to clients.
- Prevent ill persons from entering clinic.
- Provide early alert to Triage Crew Lead of situations that may require security staff.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Triage Crew Leader.
- Provide rest periods and relief for staff.

Mississippi State Department of Health
Job Action Sheet
Clinical Evaluation Leader

Reports to:

Pre-Dispensing Crew Leader

Mission:

Evaluate individual's symptoms that may be related to a bioterrorism agent or communicable disease of threat. Evaluate individuals with urgent medical problems that may or may not be related to a bioterrorism agent.

If after evaluation, it is determined that the individual has clinical symptoms of a potential biological agent, he/she will be instructed to report to or be transported to a designated regional bioterrorism hospital. The Physician Referral Form should be completed, one copy given to the individual to present to their physician, and a second copy retained at the dispensing site for future follow-up. Persons with other urgent medical conditions NOT related to a potential biological agent may be transported to one of the designated support hospitals or, if deemed appropriate, directed to the Information Area to complete the process for receipt of prophylactic medications/vaccination.

Immediate:

- Receive Job Action Sheet and briefing from Pre-Dispensing Crew Leader.
- Receive Job Action Sheet and be familiar with duties.
- Provide Job Action Sheet and briefing to Clinical Evaluation Crew.
- Review agent-specific medical information.
- Review emergency procedures, standing orders, protocols, and incident report forms.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- Ensure that clinical evaluation station site is physically set up and ready for operations.
- Ensure that emergency transportation is on stand-by status.
- Review communications procedure with Pre-Dispensing Crew Leader and transportation team (unit) to ensure notification for emergency transport, if indicated.
- Review personal protection equipment.
- Ensure appropriate PPE is available.

Intermediate:

- Inventory and restock emergency supplies.
- Ensure PPE guidelines are followed.
- Ensure that individuals/personnel receive appropriate emergency treatment/care and are referred for medical consultation or follow-up per emergency procedures/protocols.
- Provide early alert to Pre-Dispensing Crew Leader of situations that may require security staff.
- Ensure that incident report forms are fully completed and submitted to Pre-Dispensing Crew Leader.
- Maximize privacy of ill/injured individuals/staff.
- Report any accidental exposures (blood-borne or otherwise as per event characteristics) to the Pre-Dispensing Crew Leader.

Extended:

- Ensure collection of all paperwork and turn in to Pre-Dispensing Unit Leader.
- Identify issues for the After Action Report.

**Mississippi State Department of Health
Job Action Sheet**

Clinical Evaluation Crew

Reports to:

Clinical Evaluation Crew Leader

Mission:

Evaluate individual's symptoms that may be related to a bioterrorism agent or communicable disease of threat. Evaluate individuals with urgent medical problems that may or may not be related to a bioterrorism agent.

If after evaluation, it is determined that the individual has clinical symptoms of a potential biological agent, he/she will be instructed to report to or be transported to a designated regional bioterrorism hospital. The Physician Referral Form should be completed, one copy given to the individual to present to their physician, and a second copy retained at the dispensing site for future follow-up. Persons with other urgent medical conditions NOT related to a potential biological agent may be transported to one of the designated support hospitals or, if deemed appropriate, directed to the Information Area to complete the process for receipt of prophylactic medications/vaccination.

Immediate:

- Receive Job Action Sheet, appointment and briefing from Clinical Evaluation Crew Leader.
- Review agent-specific medical information.
- Review emergency procedures, standing orders, protocols, and incident report forms.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- Ensure that clinical evaluation station site is physically set up and ready for operations.
- Ensure that emergency transportation is on stand-by status.
- Review communications procedure with Clinical Evaluation Crew Leader and Transportation Team (unit) to ensure notification for emergency transport, if needed.
- Review personal protection equipment and proper use.

Intermediate:

- Inventory and restock emergency supplies.
- Ensure that individuals/personnel receive appropriate emergency treatment/care and are referred for medical consultation or follow-up per emergency procedures/protocols.
- Provide early alert to Clinical Evaluation Crew Leader of situations that may require security staff.
- Ensure that incident report forms are fully completed and submitted to Clinical Evaluation Crew Leader.
- Maximize privacy of ill/injured individuals/staff.
- Report any accidental exposures (blood-borne or otherwise as per event characteristics) to the Clinical Evaluation Crew Leader.

Extended:

- Ensure collection of all paperwork and turn in to Clinical Evaluation Crew Leader.
- Identify issues for the After Action Report.

**Mississippi State Department of Health
Job Action Sheet**

Functional Needs Crew Leader

Reports to:

Pre-Dispensing Crew Leader

Mission:

Assist clients with functional needs by providing special counseling and support, assisting clients with physical disabilities, and providing interpretation services as needed.

Immediate:

- Receive Job Action Sheet and briefing from Pre-Dispensing Crew Leader.
- Receive Job Action Sheet and be familiar with duties.
- Provide Job Action Sheet and briefing to Functional Needs Crew.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- Ensure that Functional Needs area is properly set up and ready for operation.
- Ensure that PPE is available.
- Assign Functional Needs staff to their appropriate duty.
- Provide Functional Needs staff with a packet of educational materials for reference.
- Ensure that all forms and educational material are reviewed to enable easier interpretation.

Intermediate:

- Ensure availability of private area to assist clients if needed.
- Ensure that PPE guidelines are followed.
- Ensure that counseling, support, education, and therapeutic intervention are provided as needed. Refer to outside sources of support as necessary.
- Ensure that interpretation services are provided as needed, Provide translation of forms and materials, if possible.
- Assure that clients have assistance completing necessary forms as needed.
- Ensure that clients with physical disabilities are assisted as needed. Communicate any equipment needs (wheel chairs, etc.) to the Pre-Dispensing Crew Leader.
- Ensure that all equipment is returned to the designated location.
- Provide early alert to Pre-Dispensing Unit Leader of situations that may require security staff.

Extended:

- Ensure collections of all records and reports and return them to the Pre-Dispensing Unit Leader.
- Identify issues for After Actions Report.

**Mississippi State Department of Health
Job Action Sheet**

Functional Needs Crew

Reports to:

Functional Needs Crew Leader

Mission:

Assist clients with functional needs by providing special counseling and support, assisting clients with physical disabilities, and providing interpretation services as needed.

Immediate:

- Receive Job Action Sheet and briefing from Functional Needs Crew Leader.
- Receive Job Action Sheet and be familiar with duties.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid and break rooms.
- Assist in set-up of the Functional Needs area as requested by Functional Needs Crew Leader.
- Review educational packet provided for reference.
- Ensure that all forms and educational material are reviewed to enable easier interpretation.

Intermediate:

- Provide a private area to assist clients if needed.
- Follow guidelines for PPE use.
- Provide counseling, support, education and therapeutic intervention as needed. Refer to outside sources of support as necessary.
- Maintain all records of referrals, incidents, and other documentation.
- Provide interpretation services as needed. Provide translation of forms and materials, if possible.
- Assist clients with completing necessary forms as needed.
- Assist clients with physical disabilities as needed. Communicate any equipment needs, such as wheel chairs, to the Functional Needs Crew Leader.
- Return all equipment to the designated location.
- Provide early alert to Functional Needs Crew Leader of situations that may require security staff.

Extended:

- Ensure collections of all records and reports and return them to the Functional Needs Crew Leader.
- Identify issues for After Actions Report.

**Mississippi State Department of Health
Job Action Sheet**

Client Flow Assistant

Reports to:

Assigned Crew Leader

Mission:

Direct individuals to the appropriate POD stations and medication tables.

Immediate:

- Receive briefings from Assigned Crew Leader.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid, and break rooms.
- Make sure color-coded marks for the Health Information Form mimic color-coded Medication Pick-up stations.

Intermediate:

- Continuously monitor and direct client activity throughout the facility.
- Direct medication recipients through the clinic process.
- Report any significant health trends in departing clients to Assigned Crew Leader.
- Provide early alert to Assigned Crew Leader of situations that may require security staff.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Assigned Crew Leader.
- Provide rest periods and relief for staff.

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**Mississippi State Department of Health
Job Action Sheet**

Medical Dispensing Unit Leader

Reports to:

Dispensing Unit Leader

Mission:

Organize and direct all aspects relating to the Medication Dispensing Unit, and ensure that the dispensing of prophylaxis medications is carried out in an efficient and effective manner.

Immediate:

- Receive Job Action Sheet and briefing from Dispensing Unit Leader.
- Review POD Incident Plan (IAP).
- Receive organizational chart and be familiar with section duties.
- Review Job Action Sheet and be familiar with duties.
- Confirm activation of your direct reports; distribute Job Action Sheets to section leaders.
- Provide initial briefing to direct reports.
- Verify credentials/staff identification.
- Collaborate with the Dispensing Unit Leader to ensure POD is physically set up correctly and supplies are available for each work area.
- Review client information sheets to ensure correctness.
- Ensure sufficient medications are available on-site.
- Ensure that PPE is available for staff.

Intermediate:

- Participate in staff briefing(s) as scheduled by the Dispensing Unit Leader.
- Maintain log; document all actions and decisions.
- Ensure consistency in information provided to clients at all stations.
- Ensure that Client Flow Assistants have been assigned to effectively direct client flow.
- Monitor client flow patterns and work to correct any problems.
- Ensure that Information area is properly set up and is fully operational.
- Ensure that Forms Pick-Up area has been appropriately set up and fully operational.
- Ensure that Forms Review area is properly set up and fully operational.
- Ensure that Medication Tables are properly set up and fully operational.
- Ensure that Pharmacy area is properly set up and supplies are available for pharmacy services.
- Ensure that Exit area is set up and is fully operational.
- Ensure that proper documentation is maintained for all activities.
- Ensure that forms are counted at designated intervals to determine the number of clients processed and medication dispensed.
- Ensure that PPE guidelines are followed.

Extended:

- Perform end of shift report to oncoming shift team.

- Perform daily and/or end of shift count of supplies.
- Monitor staff for fatigue and/or signs of stress, report to Dispensing Unit Leader.
- Review and confirm staffing levels for next day or shift.
- Ensure that all records and reports are turned in to the Dispensing Unit Leader.
- Participate in After Action Review meetings, as required.
- Plan for the possibility of extended deployment.

Mississippi State Department of Health
Job Action Sheet
Forms Pick-Up Leader

Reports to:

Medication Dispensing Unit Leader

Mission:

Provide written materials and consent forms (in the appropriate language) and direct persons to Information Area.

Immediate:

- Receive Job Action Sheet and briefing from Medication Dispensing Unit Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide Job Action Sheets and section briefing for Forms Pick-Up Crew.
- Assign Runners and Client Flow Assistants to designated area.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid, and break rooms.
- Ensure all forms available at station.
- Ensure that Forms Pick-Up area has been appropriately set-up and is operational.
- Ensure that crowd control system (cones, ropes, etc.) is set-up and is operational.
- Ensure that PPE equipment is available.

Intermediate:

- Instruct individuals that forms are to be completed for everyone who is to receive prophylactic antibiotics treatment/vaccination. Forms may be filled out by the individual, the representative of other household member(s), or the representative of those who cannot come to a dispensing site.
- Distribute a sufficient number of information materials.
- Conduct initial orientation of clinic/dispensing functions.
- Explain clinic process.
- Explain clinic documents.
- Answer general clinic questions such as entrances, exits, parking, and bathroom locations.
- Direct individual to Client Flow Assistant for assistance to Information Area.
- Notify the Medication Dispensing Unit Leader regarding individual special needs, concerns, or problems.
- Know the estimated length of time an average client will spend at the center.
- Keep the Medication Dispensing Unit Leader informed of the numbers of individuals waiting, to keep clinic flow moving.
- Ensure that PPE guidelines are followed.
- Provide basic information about the medication and dispensing process; refer all medical questions to the Medication Dispensing Unit Leader.
- Report any security/safety issues immediately to the Medication Dispensing Unit Leader. Document incidents appropriately.
- Keep waiting and work station areas clean and organized.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to the Medication Dispensing Unit Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Forms Pick-Up Crew

Reports to:

Forms Pick-up Crew Leader

Mission:

Provide written materials and consent forms (in the appropriate language) and direct persons to Information Area.

Immediate:

- Receive Job Action Sheet and briefing from Form Pick-up Crew Leader.
- Review Job Action Sheet and be familiar with duties.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid, and break rooms.
- Assist in ensuring all forms are available at station.
- Assist with set-up of Forms Pick-up area as requested by Forms Pick-up Crew Leader.
- Assist in ensuring crowd control system (cones, ropes, etc.) is set-up to ensure optimal client flow.

Intermediate:

- Instruct individuals that forms are to be completed for everyone who is to receive prophylactic antibiotics treatment/vaccination. Forms may be filled out by the individual, the representative of other household member(s), or the representative of those who cannot come to a dispensing site.
- Follow PPE guidelines.
- Distribute a sufficient number of information materials.
- Conduct initial orientation of clinic/dispensing functions.
- Explain clinic process.
- Explain clinic documents.
- Answer general clinic questions such as entrances, exits, parking, and bathroom locations.
- Direct individual to Client Flow Assistant for assistance to Information Area.
- Notify the Forms Pick-up Crew Leader regarding individual special needs, concerns, or problems.
- Know the estimated length of time an average client will spend at the center.
- Keep the Forms Pick-up Crew Leader informed of the numbers of individuals waiting, to keep clinic flow moving.
- Provide basic information about the medication and dispensing process; instruct that medical questions will be addressed by medical staff at designated stations in the POD.
- Report any security/safety issues immediately to the Forms Pick-up Crew Leader. Document incidents appropriately.
- Keep waiting and work station areas clean and organized.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to the Pick-up Crew Leader.

**Mississippi State Department of Health
Job Action Sheet**

Information Area Crew Leader

Reports to:

Medication Dispensing Crew Leader

Mission:

Reinforce the key messages; ensure that individuals have information materials, and answer appropriate questions as needed.

Immediate:

- Receive Job Action Sheet and briefing from Medication Dispensing Crew Leader.
- Provide Job Action Sheets and briefing to Information Area Crew.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid, and break rooms.
- Review all educational materials and be familiar with all of the information.
- Provide Information/Education Area staff with a packet of all printed educational material for reference.
- Ensure that PPE is available.

Intermediate:

- Ensure each individual is provided with adequate information concerning his or her prophylaxis or treatment regimens.
- Ensure that individuals are educated on communicable disease threat or bioterrorism agent-specific signs/symptoms:
 - What to expect from the medications.
 - Signs/symptoms of adverse effects from the medications.
 - When to seek medical care.
- Ensure that individuals have all required forms.
- Ensure that information staff assists in completion of forms, if necessary.
- Ensure that any questions/concerns the individual may have are answered appropriately.
- Ensure that individuals are provided contact/phone numbers for concerns or to report reactions.
- Ensure that PPE guidelines are followed.
- Report any significant health trends in departing clients to the Medication Dispensing Crew Leader.
- Provide early alert to Pre-Dispensing Crew Leader of situations that may require security staff.

Extended:

- Observe all staff and POD clients for signs of stress.
- Report issues to the Medication Dispensing Unit Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Information Area Crew

Reports to:

Information Crew Leader

Mission:

Reinforce the key messages; ensure that individuals have information materials, and answer appropriate questions as needed.

Immediate:

- Receive Job Action Sheet and briefing from Information Crew Leader.
- Review Job Action Sheet and be familiar with duties.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid, and break rooms.
- Review all educational materials and be familiar with all of the information.
- Review packet of all printed educational material for reference.

Intermediate:

- Provide each individual with adequate information concerning his or her prophylaxis or treatment regimens.
- Provide education to each individual on the communicable disease threat and/or bioterrorism agent-specific signs/symptoms:
 - What to expect from the medications.
 - Signs/symptoms of adverse effects from the medications.
 - When to seek medical care.
- Check to ensure individuals have all required forms.
- Assist in completion of forms, if necessary.
- Assist with any questions/concerns an individual may have and answer appropriately.
- Follow guidelines for use of PPE.
- Provide individuals with contact/phone numbers for concerns or to report reactions.
- Report any significant health trends in departing clients to Information/Education Crew Leader.
- Provide early alert to Pre-Dispensing Unit Leader of situations that may require security staff.

Extended:

- Observe all staff and POD clients for signs of stress.
- Report issues to the Information/Education Crew Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Forms Review Crew Leader

Reports to:

Medication Dispensing Crew Leader

Mission:

Review Health Information Forms to sort individuals/families into categories. Persons processing as individuals will be directed to the Medication Pick-up station that corresponds to the color mark received on his/her Health Information Form.

Persons processing as a “family” should have the Health Information Form Reviewed simultaneously for all members of the “family”. Once each member of “family” is assigned a color mark, all should be processed according to the color level: Blue>Red>Yellow>Green.

Immediate:

- Receive Job Action Sheet and briefing from the Medication Dispensing Crew Leader.
- Provide Job Action Sheets and section briefing from crew.
- Review and be familiar with Job Action Sheet.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid, and break rooms.
- Ensure that educational materials on medication and agent are available for staff to reference.
- Ensure that PPE is available.
- Ensure that standing orders issued concerning prophylaxis or treatment protocols are reviewed and available for reference.
- Review procedures for initial assessment of the Health Information Form and ensure comfort with categorization procedures.

Intermediate:

- Sort individuals/families to receive medication/vaccination as they process out of the Information Area.
- Answer any questions/concerns the individual may have.
- Report any significant health trends in departing clients to the Medication Dispensing Crew Leader.
- Provide early alert to Pre-Dispensing Crew Leader of situations that may require security staff
- Ensure that PPE guidelines are followed.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to the Medication Dispensing Crew Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Forms Review Crew

Reports to:

Medication Dispensing Crew Leader

Mission:

Review Health Information Forms to sort individuals/families into categories. Persons processing as individuals will be directed to the Medication Pick-up station that corresponds to the color mark received on his/her Health Information Form.

Persons processing as a “family” should have the Health Information Form Reviewed simultaneously for all members of the “family”. Once each member of “family” is assigned a color mark, all should be processed according to the color level: Blue>Red>Yellow>Green.

Immediate:

- Receive Job Action Sheet and briefing from the Forms Review Crew Leader.
- Provide Job Action Sheets and section briefing from crew.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid, and break rooms.
- Review all educational materials.
- Review standing orders issued concerning prophylaxis or treatment protocols.
- Review procedures for initial assessment of the Health Information Form and ensure comfort with categorization procedures.

Intermediate:

- Sort individuals/families to receive medication/vaccination as they process out of the Information Area.
- Answer any questions/concerns the individual may have.
- Report any significant health trends in departing clients to the Forms Review Crew Leader.
- Provide early alert to Forms Review Crew Leader of situations that may require security staff.
- Follow guidelines for use of PPE.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to the Forms Review Crew Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Medication Tables Crew Leader-Pick-Up Meds and Determine Dosage Regimen

Reports to:

Medication Dispensing Crew Leader

Mission:

Oversee the mass distribution of pharmaceuticals to the general population and ensure treatment protocols are adhered to for each individual receiving medication, including pediatric clients; ensure that each client is provided with the correct dosage of medication prescribed by the issued standing orders; ensure that each child is individually assessed and the child's legal guardian is provided with the correct dosage of medication or treatment prescribed by the issued standing orders.

Immediate:

- Receive Job Action Sheet and briefing from the Medication Dispensing Crew Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide section briefing and distribute Job Action Sheets.
- Ensure that PPE is available and review correct use (for vaccinations).
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid, and break rooms.
- Review all flow charts and forms including:
 - Information for persons who may have been exposed.
 - Prescribing orders
 - Client information form
 - Review standing orders issued concerning prophylaxis or treatment protocols.
- Aid in set up of Medication Pick-Up tables and workstations.
- Check and set up all pharmaceutical supplies for dispensing.
- Ensure that medication stock is not easily accessible to clients.

Intermediate:

- Review the Health Information Form for contradictions/allergies, requirements for dosage adjustment.
- Indicate dosage regimen at bottom of the Health Information Form: complete documentation, sign and date.
- Supervise dispensing personnel and assist in providing pharmacy consultation to medical staff, if needed.
- Ensure availability of and distribute drug interactions forms with each prescription.
- Ensure that each person is dispensed the correct drug and strength.
- Ensure proper ID and child weight information is available for family members not present.
- Ensure that PPE guidelines are followed.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to the Medication Dispensing Crew Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Medication Tables Crew- Pick-Up Meds and Determine Dosage Regimen

Reports to:

Medication Tables Crew Leader

Mission:

Oversee the mass distribution of pharmaceuticals to the general population and ensure treatment protocols are adhered to for each individual receiving medication, including pediatric clients; ensures that each client is provided with the correct dosage of medication prescribed by the issued standing orders; ensure that each child is individually assessed and the child's legal guardian is provided with the correct dosage of medication or treatment prescribed by the issued standing orders.

Immediate:

- Receive Job Action Sheet and briefing from the Medication Tables Crew Leader.
- Review Job Action Sheet and be familiar with duties.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid, and break rooms.
- Review all flow charts and forms including:
 - Information for persons who may have been exposed.
 - Prescribing orders
 - Client information form
 - Review standing orders issued concerning prophylaxis or treatment protocols.
- Aid in set up of Medication Pick-Up tables and workstations.
- Check and set up all pharmaceutical supplies for dispensing.
- Ensure that medication stock is not easily accessible to clients.

Intermediate:

- Review the Health Information Form for contradictions/allergies, requirements for dosage adjustment.
- Indicate dosage regimen at bottom of the Health Information Form: complete documentation, sign and date.
- Supervise dispensing personnel and assist in providing pharmacy consultation to medical staff, if needed.
- Ensure availability of and distribute drug interactions forms with each prescription.
- Follow PPE guidelines.
- Ensure that each person is dispensed the correct drug and strength.
- Ensure proper ID and child weight information is available for family members not present.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Medication Tables Crew Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Medication Tables - Vaccinator-Leader

Reports to:

Medication Tables Crew Leader

Mission:

Ensure each client is provided with the correct dosage of vaccine prescribed by the issued standing orders; to ensure each child is individually assessed and provided the correct dosage of vaccine prescribed by the issued standing orders.

Immediate:

- Receive Job Action Sheet and briefing from the Medication Tables Crew Leader.
- Review Job Action Sheet and be familiar with duties.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid, and break rooms.
- Review all flow charts and forms including:
 - Information for persons who may have been exposed.
 - Prescribing orders
 - Client information form
 - Review standing orders issued concerning prophylaxis or treatment protocols.
- Vaccination stations-brief assistant on the following steps:
 - Individual's arm to be uncovered and wiped with an alcohol pad (1 volunteer)
 - Administration of vaccination (2 nurses or nursing students administering vaccinations)
 - Bandage placed over vaccination site and written materials on site care provided (1 volunteer).
- Set up vaccination workstations.
- Check and set up all pharmaceutical supplies for vaccination.

Intermediate:

- Review for contraindications/allergies.
- Ensure that all prescriptions for oral medications are filled via the Health Information Form, and retain all forms.
- Apply an ink stamp to the right hand of each person that receives medication, and do not issue medication to someone who already has a hand stamp.
- Ensure that each person is given the correct dosage of vaccine.
- Ensure that all vaccine administrators sign and date the Health Information Form.
- Ensure all forms are completed and signed and lot numbers recorded.
- Ensure that all tracking paperwork on every departing client is correct and complete.
- Collect all paperwork from clients as they leave.
- Ensure all inventory paperwork is complete and turn it to Pharmacy Services Coordinator.

- Keep track of unit dose supplies and inform Pharmacy Services Coordinator of any impending shortages.
- Supervise non-licensed dispensing personnel.
- Follow guidelines for PPE use.
- Respond to medical emergencies, as necessary.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Medication Tables Crew Leader.
- Provide rest periods and relief for staff.

Mississippi State Department of Health
Job Action Sheet
Pharmacy Crew Leader

Reports to:

Medication Dispensing Unit Leader

Mission:

Ensure that each dispensing center staff member has access to current information concerning the prescribed medications and treatments by providing pharmaceutical consultation. Prepare/compound oral suspensions as indicated. Dispense medications to Closed PODs.

Immediate:

- Receive Job Action Sheet and briefing from the Medication Dispensing Unit Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide Job Action Sheets and briefing to Pharmacy Crew.
- Ensure that all physical set up and supplies are available for the pharmacy services area.
- Review standing orders issued concerning prophylaxis or treatment protocols, including pediatric protocols.
- Review pediatric client information sheets.
- Set up medication supplies required for preparation/compounding of oral suspensions.
- Ensure that PPE is available.
- Review Personal Protection Equipment guidelines.
- Meet with pharmacy services staff and review dispensing site operations with staff to ensure they have a clear understanding of client flow and are clear on dispensing protocols, as well as protocols for facilities which will pick up medications for Closed PODs.
- Provide pharmacy services staff with checklists, information sheets, recording documents, etc.
- Assign pharmacist(s) to provide counseling where needed.
- Brief all staff on procedures for additional supplies, security problems, medication issues, or other problems.

Intermediate:

- Monitor client flow through the process, and recommend movement of staff where necessary to reduce or eliminate bottlenecks in the process (i.e., recommend movement of staff to-and-from Pharmacy and Medication Pick-Up stations). Problem solve with the Dispensing and Treatment Manager.
- Prepare/compound oral suspensions as indicated.
- Ensure all pharmacy services staff is clear concerning supply procurement procedures.
- Ensure that PPE guidelines are followed.
- Supervise the breakdown and repacking of all equipment and supplies.
- Provide Supply Coordinator with pharmaceutical consultative help concerning the SNS medications and nomenclature.
- Supervise distribution of Closed POD medications.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Medication Tables Crew Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Pharmacy Crew

Reports to:

Pharmacy Crew Leader

Mission:

Ensure that each dispensing center staff member has access to current information concerning the prescribed medications and treatments by providing pharmaceutical consultation. Prepare/compound oral suspensions as indicated. Dispense medications to Closed PODs.

Immediate:

- Receive Job Action Sheet and briefing from Pharmacy Crew Leader.
- Review Job Action Sheet and be familiar with duties.
- Ensure that all physical set up and supplies are available for the pharmacy services area.
- Review standing orders issued concerning prophylaxis or treatment protocols, including pediatric protocols.
- Review pediatric client information sheets.
- Set up medication supplies required for preparation/compounding of oral suspensions.
- Follow PPE guidelines.
- Review dispensing site operations to ensure a clear understanding of client flow and dispensing protocols.
- Review dispensing site operations for dispensing medications to Closed PODs.
- Complete Inventory Transfer Forms, checklists, recording documents, etc.
- (Pharmacist(s)) Provide counseling as assigned by Pharmacy Crew Leader.

Intermediate:

- Prepare/compound oral suspensions as indicted.
- Ensure familiarity and knowledge of procedures concerning supply procurement.
- Assist with the breakdown and repacking of all equipment and supplies.
- Provide Supply Coordinator with pharmaceutical consultative help concerning the SNS medications and nomenclature.
- Dispense medications to designated persons from Closed PODs.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Pharmacy Crew Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Closed POD Pick-up Leader

Reports to:

Pharmacy Crew Leader

Mission:

Expedite the distribution of prophylactic medication to the affected population during a Bioterrorism or Pandemic Influenza event.

Immediate:

- Receive Job Action Sheet and briefing from Pharmacy Crew Leader.
- Review Job Action Sheet and be familiar with duties.
- Review and be familiar with "Closed Points of Distribution" Policy.
- Provide Job Action Sheets and briefing to Closed POD Pick-up staff.
- Ensure that physical set up and supplies are available for Closed POD delivery and pick-up.
- Review standing orders issued concerning prophylaxis or treatment protocols, including pediatric protocols.
- Review pediatric client information sheets.
- Complete Inventory Transfer Forms, checklist, recording documents, etc.

Intermediate:

- Check for proper identification of facility representative upon pick-up. Ensure that the representative has their facility issued ID and a state issued ID.
- Distribute the requested amount of prophylactic medications to the facility representative.
- Ensure that all Closed POD Pick-up staff knows supply procurement procedures.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Pharmacy Crew Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Closed POD Pick-up Crew

Reports to:

Closed POD Pick-up Leader

Mission:

Effectively expedite the distribution of prophylactic medication to the affected population during a Bioterrorism or Pandemic Influenza event.

Immediate:

- Receive Job Action Sheet and briefing from Closed POD Pick-up Leader.
- Review Job Action Sheet and be familiar with duties.
- Review and be familiar with "Closed Points of Distribution" policy.
- Assist with the physical set-up of the Closed POD Pick-up area.
- Complete inventory transfer forms, checklists, and clinic documents.

Intermediate:

- Check for proper identification of facility representative upon pick-up. Ensure that the representative presents a facility and state issues ID.
- Distribute the requested amount of prophylactic medications to the facility representative.
- Procure supplies as needed.

Extended:

- Observe staff for signs of stress.
- Report issues to Closed POD Pick-up Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Exit Leader

Reports to:

Medication Dispensing Unit Leader

Mission:

Ensure that each client is provided with adequate information concerning his or her prophylaxis or treatment regimens upon leaving the dispensing site.

Immediate:

- Receive Job Action Sheet and briefing from Medication Dispensing Unit Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide Job Action Sheets and briefing to Exit Crew.
- Review and familiarize self with dispensing site surroundings, work station locations, office areas, lavatories, first aid, and break rooms.
- Understand role at dispensing site as per briefing and assignment.
- Assist with the set-up of the Exit area and any other areas, as requested.
- Ensure that PPE is available.

Intermediate:

- Maintain clinic flow and reduce congestion/backlog.
- Answer questions related to general clinic operations such as entrances, exits, parking, and bathroom locations.
- Provide early alert to the Medication Dispensing Unit Leader of situations that may require additional security personnel.
- Ensure the client leaves with appropriate records, care instructions, and resource numbers.
- Answer any questions before client leaves.
- Ensure that client leaves only through the designated exit area.
- Follow guidelines for use of PPE.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Medication Dispensing Unit Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Exit Crew

Reports to:

Exit Crew Leader

Mission:

Ensure that each client is provided with adequate information concerning his or her prophylaxis or treatment regimens upon leaving the dispensing site.

Immediate:

- Receive Job Action Sheet and briefing from Exit Crew Leader.
- Review Job Action Sheet and be familiar with duties.
- Review and familiarize self with dispensing site surroundings, work station locations, office areas, lavatories, first aid, and break rooms.
- Understand role at dispensing site as per briefing and assignment.
- Assist with the set-up of the Exit area and any other areas, as requested.

Intermediate:

- Maintain clinic flow and reduce congestion/backlog.
- Answer questions related to general clinic operations such as entrances, exits, parking, and bathroom locations.
- Provide early alert to the Medication Tables Leader of situations that may require additional security personnel.
- Ensure the client leaves with appropriate records, care instructions, and resource numbers.
- Answer any questions before client leaves.
- Ensure that client leaves only through the designated exit area.
- Follow guidelines for use of PPE.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Exit Crew Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Planning Unit Leader

Report to:

POD Strike Team Leader

Mission:

Organize and direct all aspects relating to recording of events, client record retention, and coordination of personnel to ensure all POD personnel, client, and supply records are correctly kept and maintained throughout the entire event.

Immediate:

- Receive briefing and Job Action Sheet from POD Strike Team Leader.
- Review Job Action Sheet and be familiar with duties.
- Review POD Incident Action Plan (IAP).
- Review POD Organizational Chart and be familiar with section duties.
- Assemble and determine numbers of staff available by specialty and function and distribute Job Action Sheets for each of the functional areas.
- Set up event recorder function to maintain event log; document all actions and decisions.
- Set up client record-keeping functions utilizing SNS supplies forms.
- Set up supplies and equipment procurement record-keeping function.
- Ensure receipts of all expenditures are retained for potential reimbursement.

Intermediate:

- Brief POD Strike Team Leader routinely regarding Planning activities.
- Monitor the documentation process and flow. Make modifications, as needed.
- Work with the individual staff to ensure appropriate forms are filled out correctly.
- Compute projections for situation based upon the data received.
- Communicate report finding and projections to POD Strike Team Leader.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to POD Strike Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Resource Crew Leader

Reports to:

Planning Unit Leader

Mission:

Ensure the accurate and timely collection of POD data including preparation of reports and trend analysis.

Immediate:

- Receive briefing and Job Action Sheet from Planning Unit Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide Job Action Sheets to Resource Crew.
- Review POD Incident Action Plan (IAP).
- Set up event recorder functions to maintain event log; document all actions and decisions.
- Set up client record-keeping functions utilizing SNS supplies forms.
- Set up supplies and equipment procurement record-keeping function.
- Ensure receipts of all expenditures are retained for potential reimbursement.

Intermediate:

- Monitor the documentation process and flow.
- Collect, monitor and record the number of clients processed and medication regimens dispensed on a scheduled basis.
- Monitor and record the number of symptomatic clients transferred for care to outside facilities.
- Work with individual staff to ensure appropriate forms are filled out correctly.
- Communicate to Planning Unit any issues with data.
- Compute projections for situation based upon the data received.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Planning Unit Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Resource Crew – Data Entry Leader

Reports to:

Resource Crew Leader

Mission:

Ensure the accurate and timely collection of POD data including preparation of reports and trend analysis.

Immediate:

- Receive Job Action Sheet and briefing from Resource Crew Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide Job Action Sheets to Data Entry Crew.
- Review POD Incident Action Plan (IAP).
- Check availability of supplies and equipment to perform assigned tasks and report any anticipated needs to Resource Crew Leader.
- Set up client record-keeping functions utilizing SNS supplies forms.
- Set up supplies and equipment procurement record-keeping function.
- Ensure receipts of all expenditures are retained for potential reimbursement.

Intermediate:

- Monitor the documentation process and flow.
- Work with individual staff to ensure appropriate forms are filled out correctly.
- Enter information into data collection system in use during the event. If electronic system is not available, hand tabulate data from paper records
- Collect, monitor and record the number of clients processed and medication regimens dispensed on a scheduled basis.
- Monitor and record the number of symptomatic clients transferred for care to outside facilities.
- Communicate to Resource Crew Leader any issues with data.
- Compute projections for situation based upon the data received.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Planning Unit Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Data Entry Crew

Reports to:

Data Entry Crew Leader

Mission:

Ensure the accurate and timely collection of POD data including preparation of reports and trend analysis.

Immediate:

- Receive Job Action Sheet and briefing from Data Entry Crew Leader.
- Review Job Action Sheet and be familiar with duties.
- Assist in the set-up of client record-keeping functions utilizing SNS supplied forms.
- Assist in the set-up of supplies and equipment.
- Ensure receipts of all expenditures are retained for potential reimbursement.

Intermediate:

- Monitor the documentation process and flow.
- Work with individual staff to ensure appropriate forms are filled out correctly.
- Enter information into data collection system in use during the event. If electronic system is not available, hand tabulate data from paper records
- Record the number of clients processed and medication regimens dispensed on a scheduled basis.
- Record the number of clients transferred for care to outside facilities.
- Communicate to Data Entry Leader any issues with data.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Data Entry Crew Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Volunteer Coordinator

Reports to:

Planning Unit Leader

Mission:

Organize, direct and coordinate volunteer staffing for POD sections.

Immediate:

- Receive Job Action Sheet and briefing from Planning Unit Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide Job Action Sheets and briefing for volunteer staff.
- Review POD Incident Action Plan (IAP).
- Review POD Organization Chart and be familiar with section duties.
- Review site design layout and be familiar with POD section functions.

Intermediate:

- Ensure that work area had appropriate materials and equipment needed.
- Coordinate volunteer work schedule with Planning Unit Leader.
- Develop and maintain a log of volunteer workforce available per shift.
- Verify that copies of volunteer applications and any training are documented and retained.
- Ensure that volunteer staffs that are pre-credentialed through a volunteer data base are sent to the appropriate section for on-site credentialing.
- Ensure that medical volunteer staffs that are not pre-credentialed provide a copy of their professional license. Retain a copy to accompany volunteer application form.
- Communicate to Planning Unit Leader any issues which may arise.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Planning Unit Leader.
- Provide rest periods and relief for staff.

Mississippi State Department of Health
Job Action Sheet
Logistics Unit Leader

Reports to:

POD Strike Team Leader

Mission:

Ensure that all resources needed to support the POD are available and organized. The Logistics Unit will provide facilities, services, supplies and material to the various units of the POD operations by collaborating with the Dispensing Unit Leader and the POD Strike Team Leader.

Immediate:

- Receive Job Action Sheet and briefing from POD Strike Team Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide Job Action Sheets and briefing to direct reports.
- Review POD Incident Action Plan (IAP).
- Ensure delivery of equipment/supplies to the POD.
- Set up POD as per POD IAP schematics; ensure Dispensing Unit Leader and POD Strike Team Leader consulted during process.
- Establish communications protocols.

Intermediate:

- Participate in staff briefing(s) as scheduled by the POD Strike Team Leader, brief POD Strike Team Leader routinely on Logistics Unit status.
- Maintain Logistics Log; document all actions and decisions.
- Arrange for procurement of additional equipment/supplies as needed and as authorized by the POD Strike Team Leader.
- Make arrangements for food and beverages for all staff members. Provide plenty of fluids at each work location.
- Arrange for transportation of staff members to and from PODs.
- Provide logistical support, as needed, to each station.
- Set up regular supply checks with all centers.
- Arrange for local police (if warranted) for transportation of specimens to MSDH laboratory following chain of custody procedures.
- Ensure that all records and reports are turned in to the POD Strike Team Leader.

Extended:

- Supervise the break-down and re-packing of all equipment/supplies at each station and return to RSS.
- Arrange to have all equipment/supplies returned to place of origin and state of readiness.
- Ensure facility is cleaned and returned to former operating condition.
- Maintain daily totals of equipment, supplies, staff time, client medications, etc. and forward appropriately to DCC.
- At end of event, utilize records to audit supplies and equipment used or returned to RSS site. Ensure all supplies and equipment are accounted for.
- Ensure that all records and reports are turned in to the POD Strike Team Leader.

**Mississippi State Department of Health
Job Action Sheet**

Communications Crew Leader

Reports to:

Logistics Unit Leader

Mission:

Organize and direct all aspects relating to communications, including internal communications and external communications; ensure coordination of all communications systems and act as custodian of all logged/documented communications.

Immediate:

- Receive Job Action Sheet and briefing from Logistics Unit Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide Job Action Sheets and briefing to direct reports.
- Assemble and determine numbers of staff available by specialty and function.
- Establish contact with each section chief to discuss method of communication within the Dispensing Site.
- Establish contact with the Operations Manager to assure notification of alternate external communication if land lines fail.
- Coordinate with the Logistics Unit Leader to ensure all communications equipment (radios, telephones batteries, chargers, electrical cords, etc.) are included in the equipment cache set for the POD.
- Coordinate with the Logistics Unit Leader to create an operational site communications plan.

Intermediate:

- Test, maintain, and arrange for repair of all telecommunications equipment.
- Set up space to house communications support equipment such as back-up radios, phones, and batteries.
- Obtain information for a directory of significant contact phone/fax/page numbers.
- Obtain on-site operational radio frequencies, as needed.
- Establish and maintain a message system.
- Establish contact with lead agency and other cooperating agencies.
- Issue radio and/or phone equipment to personnel in collaboration with the Logistics Unit Leader.
- Maintain Communications Log: document equipment used, actions and decisions made, problem equipment.
- Establish and maintain Internet capabilities and computer applications as required.
- Account for all communications equipment issued to staff.
- Identify and tag all equipment needing repair and/or replacement.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Logistic Unit Leader.
- Provide rest periods and relief for staff.

Mississippi State Department of Health
Job Action Sheet
Communications Crew

Reports to:

Communications Crew Leader

Mission:

Organize and direct all aspects relating to communications, including internal communications and external communications; ensure coordination of all communications systems and act as custodian of all logged/documented communications.

Immediate:

- Receive Job Action Sheet and briefing from Communications Crew Leader.
- Review Job Action Sheet and be familiar with duties.
- Review POD Incident Action Plan (IAP).
- Confirm activation of direct reports, distribute Job Action Sheet.
- Assemble and determine numbers of staff available by specialty and function.
- Confirm activation of direct reports, distribute Job Action Sheet.
- Establish contact with each section chief to discuss method of communication within the Dispensing Site.
- Establish contact with the Operations Manager to assure notification of alternate external communication if land lines fail.
- Coordinate with the Communications Crew Leader to ensure all communications equipment such as radios, telephone, batteries, chargers, electrical cords are included in the equipment cache sent to the POD.
- Collaborate with the Communications Crew Leader to create an operational site communications plan.

Intermediate:

- Test, maintain, and arrange for repair of all telecommunications equipment.
- Set up space to house communications support equipment such as back-up radios, phones, and batteries.
- Obtain information for a directory of significant contact phone/fax/page numbers.
- Obtain on-site operational radio frequencies, as needed.
- Establish and maintain a message system.
- Establish contact with lead agency and other cooperating agencies.
- Issue radio and/or phone equipment to personnel in collaboration with the Communications Crew Leader.
- Maintain Communications Log: document equipment used, actions and decisions made, and problem equipment.
- Establish and maintain Internet capabilities and computer applications as required.
- Remove all communications equipment and pack it appropriately for transport at conclusions of site operations.
- Account for all communications equipment issued to staff.
- Identify and tag all equipment needing repair and/or replacement.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Communications Crew Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Credentialing Crew Leader

Reports to:

Logistics Unit Leader

Mission:

Organize, direct and coordinate those operations associated with credentialing and provide for adequate levels of security through credentialing procedures.

Immediate:

- Receive Job Action Sheet and briefing from Logistics Unit Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide Job Action Sheets and briefing to direct reports.
- Distribute credentials to pre-credentialed personnel upon verification of state-issued identification.
- Provide on-site credentialing for volunteers who are not registered in a volunteer data base.

Intermediate:

- Maintain log of credentialed personnel on-site.
- Maintain documentation of professional license on all volunteer staff.
- Retrieve credentials from personnel upon their leaving the secured area.
- Notify Logistics Unit Leader of procedural problems.

Extended:

- Maintain documentation of all actions and decisions on a continual basis.
- Participate in the development and execution of the demobilization and make recommendations to Area Incident Command as necessary.
- Observe staff for signs of stress, report issues to Logistic Unit Leader.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Logistics Unit Leader and Credentialing Crew.
- Plan for the possibility of extended deployment.

**Mississippi State Department of Health
Job Action Sheet**

Transportation-Emergency Transporter

Reports to:

Logistics Unit Leader

Mission:

Provide individuals emergency transportation to hospital/acute care center in the event of sudden illness or injury.

Immediate:

- Receive Job Action Sheet and briefing from Dispensing Unit and Logistic Unit Leader.
- Review Job Action Sheet and be familiar with duties.
- Review emergency procedures and protocols.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid, and break rooms.
- Remain on stand-by status until activated.
- Review communications procedure to ensure notification received for emergency transport, if indicated.

Intermediate:

- Provide early alert to Logistics Unit Leader of situations that may require security staff.
- Notify Logistics Unit Leader promptly of any communications equipment problems.
- Ensure that a Client Referral Form is completed on all clients or staff being transferred to an outside facility.

Extended:

- Report issues to Logistics Unit Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Site Supply Leader

Reports to:

Logistic Unit Leader

Mission:

Ensure adequate resources for required POD operations.

Immediate:

- Receive Job Action Sheet and briefing from Logistic Unit Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide Job Action Sheets and briefings to direct reports.
- Assist in set-up of POD per client flow-through diagram.
- Ensure delivery of equipment/supplies to the POD.

Intermediate:

- Maintain Logistics Log; document all actions and decisions.
- Obtain POD inventory documentation from Logistics Unit Leader.
- Establish documentation and sign-off procedures for supplies and equipment when delivered.
- Maintain an inventory and accountability record of supplies and equipment.
- Arrange for procurement of additional equipment/supplies as needed and as authorized by the Logistics Unit Leader.
- Make arrangements for food and beverages for all staff members. Provide plenty of fluids at each work location.
- Provide logistical support, as needed, to each station.
- Ensure that all records and reports are turned in to the Logistics Unit Leader.

Extended:

- Arrange for the break-down and re-packing of all equipment/supplies at each station and return to RSS.
- Arrange to have all equipment/supplies returned to place of origin and state of readiness.
- Ensure that facility is cleaned and returned to former operating condition.
- Maintain daily totals of equipment, supplies, staff time, client medications, etc. and forward appropriately to local EOC/LHD and MSDH Public Health Command/Coordination Center.
- At end of event, utilize records to audit supplies and equipment used or returned to RSS site. Ensure all supplies and equipment are accounted for.
- Ensure that all records and reports are turned in to the Logistics Unit Leader.

**Mississippi State Department of Health
Job Action Sheet**

First Aid Leader

Reports to:

Logistics Unit Leader

Mission:

Provide first aid to individuals and personnel in the event of injury. If care greater than first aid is required, personnel within the First Aid Station will coordinate with Transportation for transfer to another medical facility for evaluation.

Immediate:

- Receive Job Action Sheet and briefing from Logistic Unit Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide Job Action Sheets and briefing to direct reports.
- Review emergency procedures, standing orders, protocols, and incident report forms.
- Review and familiarize self with first aid stations surroundings for other dispensing site work station locations, office areas, lavatories, first aid, and break rooms.
- Ensure that first aid site is physically set up and ready for operations.
- Review procedure for referral if greater care is required for an individual.
- Ensure that PPE is readily available for all section staff.
- Review personal protection equipment guidelines.

Intermediate:

- Inventory and restock first aid supplies.
- Ensure that individuals/personnel receive appropriate care and are referred for medical consultation or follow-up.
- Provide early alert to Logistics Unit Leader of situations that may require Security staff.
- Ensure that incident report forms are fully completed and submitted to Logistics Unit Leader.
- Ensure that Client Referral Forms are completed and copies retained on all staff/clients that are transferred to outside facilities.
- Maximize privacy of ill/injured individuals/staff.
- Follow guidelines for PPE use.
- Report any accidental exposures (blood-borne or otherwise as per event characteristics) to the Logistics Unit and Logistics Unit Leader.
- Assist with tear down and re-packing of the First Aid Station.
- Ensure collection of all paperwork and turn in to Dispensing Unit.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Logistics Unit Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

POD Runner

Reports to:

Assigned Crew Leader

Mission:

To facilitate the flow of information or office supplies to sections or units in the POD.

Immediate:

- Receive Job Action Sheet and briefing from Assigned Crew Leader.
- Review Job Action Sheet and be familiar with duties.
- Review and familiarize self with dispensing site surroundings for work station locations, office areas, lavatories, first aid, and break rooms.

Intermediate:

- Procure supplies as requested by Section or Unit staff.
- Deliver messages as requested by Section or Unit staff.
- Report any significant health trends in departing clients to Assigned Crew Leader.
- Provide early alert to Assigned Crew Leader of situation that may require Security staff.
- Other duties as requested.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Assigned Crew Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

POD Assistant

Reports to:

Assigned Crew Leader

Mission:

Assist assigned section with duties as requested.

Immediate:

- Receive Job Action Sheet and briefing from Assigned Crew Leader.
- Review Job Action Sheet and be familiar with duties.
- Review and familiarize self with work station locations, office areas, lavatories, first aid, and break rooms.

Intermediate:

- Provide clerical assistance as requested by section staff.
- Tally medication dispensed and client counts as requested.
- Provide early alert to Assigned Crew Leader of situation that may require Security staff.
- Other duties as requested.

Extended:

- Observe staff and POD clients for signs of stress.
- Report issues to Assigned Crew Leader.
- Provide rest periods and relief for staff.

**Mississippi State Department of Health
Job Action Sheet**

Finance/Administration Unit Leader

Reports to:

POD Strike Team Leader

Mission:

Organize and direct all aspects relating to financial/administration issues, including client record retention, compensation and claims, and personnel time keeping for staff and volunteers. To procure and track all supplies and equipment invoices/expenses.

Immediate:

- Receive Job Action Sheet and briefing from POD Strike Team Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide Job Actions Sheets and briefing to direct reports.
- Set-up client record keeping function to maintain security of documents and records.
- Collaborate with Command Staff and Unit Leaders to ensure all forms are adequate.
- Coordinate with Safety Leader on accident investigation reports.
- Set-up personnel tracking system to record time worked, duties performed, staff injuries and other problems encountered.
- Designate event recorder to document all actions and decisions.

Intermediate:

- Consult with Logistics Unit Leader to ensure that needed supplies and equipment are procured.
- Maintain daily totals of equipment and supplies.
- Maintain daily record of personnel time.
- Work with individual staff to ensure that forms are filled out appropriately.
- Ensure receipts of all expenditures and personnel time are retained for potential reimbursement.
- Monitor documentation process and flow. Make modifications as needed.
- Ensure that an Incident Report Form is completed on all injuries within the POD.
- Ensure that all records and reports are turned in to the Strike Team Leader.

Extended:

- Maintain documentations for all actions and decisions on a continual basis.
- Observe staff for signs of stress.
- Provide rest periods and relief for staff.
- Plan for the possibility of extended deployment.
- At end of event, utilize records to audit supplies and equipment used or returned to RSS.

**Mississippi State Department of Health
Job Action Sheet**

Time Unit Leader

Reports to:

Finance/Administration Leader

Mission:

Track and maintain time keeping records for POD staff and volunteers.

Immediate:

- Receive Job Action Sheet and briefing from Finance/Administration Leader.
- Review Job Action Sheet and be familiar with duties.
- Provide Job Actions Sheets and briefing to direct reports.
- Set-up a work force time log to record working hours for personnel.
- Set-up a check-in and check-out procedure for personnel.
- Ensure that a place has been identified to maintain security of records and documents.

Intermediate:

- Maintain a workforce time log for personnel and volunteers.
- Maintain security of documents and records.
- Provide information and status report to Finance/Administration Leader as requested.
- Ensure that all records and reports are submitted to Finance/Administration Leader.

Extended:

- Observe staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Time Unit Leader.

Section III: Supporting Plans

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1. Plan for Request of SNS Assets

Overview

This section describes:

1. The process for requesting assets from the Strategic National Stockpile (SNS) to be deployed from the Centers for Disease Control and Prevention (CDC).
2. The process for requesting resupply of SNS materials from the CDC.

Responsibilities

The Mississippi Emergency Management Agency (MEMA) Director is responsible for the overall coordination of response and recovery programs through implementation of the Mississippi Comprehensive Emergency Management Plan as directed by the Governor. The MEMA Director, or designee(s), also maintains a constant liaison between the Federal government, state agencies, disaster relief organizations, and other states' disaster agencies.

- The Governor, or his designee, has the authority to request the SNS.
- The State Health Officer, or his designee, is responsible for advising MEMA on SNS request.
- The State Health Officer, or his designee, State Epidemiologist, or State Pharmacist is responsible for acceptance of the SNS from the CDC.
- The Mississippi State Department of Health (MSDH) is designated by the Governor as the lead agency for coordination of the SNS for the State of Mississippi.

Procedures for Initial Request

The process for requesting deployment of SNS assets will begin with the identification by Mississippi health officials of a possible or impending major public health and medical emergency.

1. The MSDH Public Health Command/Coordination Center will convene with the Office of the Governor and review:
 - a. Table describing events that can provide justification for SNS asset deployment;
 - b. The algorithm for requesting SNS assets;
 - c. Contact number for the Centers for Disease Control and Prevention (CDC) Director's Emergency Operations Center; and

- d. Formulary of drugs and medical supplies that may be requested from Division of Strategic National Stockpile (DSNS).
2. The Governor, or his designee, will request the deployment of the Strategic National Stockpile (SNS) assets by calling the Centers for Disease Control and Prevention (CDC) Director's Emergency Operations Center (DEOC) at 770-488-7100.
3. Information to be provided when requesting SNS assets:
 - a. A clear, concise description of the situation;
 - b. Any results of specimen testing;
 - c. Information on the decisions already made regarding the response to the event;
 - i. Target population for prophylaxis;
 - ii. Quarantine measures;
 - iii. Facilities to be used throughout the response process;
 - iv. Information of the availability of state and local response assets;
 - v. A description of the SNS assets needed to support a response to the situation; and
 - vi. Any evidence of terrorism or suspected terrorism.
4. The CDC Director will initiate an immediate conference call to consult with the Mississippi State Health Officer or designee and other federal, state, and local officials. The CDC Director and/or Department of Health and Human Services will determine if the available information suggests that a biological or chemical event threatens the public health and if the state has the capacity to appropriately respond.
5. Immediately upon conclusion of the request call, the Division of Strategic National Stockpile (DSNS) will call the state SNS Coordinator to get information DSNS needs to provide the most appropriate and effective DSNS response.
6. Through the Comprehensive Emergency Management Plan. The Mississippi Emergency Management Agency (MEMA) will notify key state contacts that the Governor has requested SNS assets. MEMA maintains 24-hour contact information for these officials. The MEMA 24-hour hotline number is 1-800-222-MEMA (6362) or 601-933-MEMA (6362) during normal business hours.

7. The Division of Strategic National Stockpile (DSNS) Coordination Center will inform the Strategic National Stockpile Services Advance Group (SSAG) and state authorities about asset arrival locations and times.
8. The Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center (PHCC) will provide the state's Division of State and Local Readiness (DSLRL) Program Services Consultant with a copy of the MSDH Plan for Receiving, Distribution, and Dispensing Strategic National Stockpile (SNS) Assets.
9. The State Health Officer will activate the MSDH Plan for Receiving, Distribution, and Dispensing SNS Assets.
10. The Centers for Disease Control and Prevention (CDC) Director will order the deployment of the SNS to the Mississippi Receiving, Staging, and Storing (RSS) site or designated airport as directed by the State Health Officer.

Procedures for Requesting Resupply of SNS Assets

If required for an appropriate response, further assistance from DSNS may be requested.

1. The RSS Inventory Management System Unit will generate daily reports of low stock.
 - The default threshold for system notification of low stock is 40% of original quantity; or
 - Threshold may be manually determined within the Inventory Management System (IMS), as deemed most appropriate for the situation.
2. Low stock notifications will be communicated to the Operations Section of the MSDH PHCC.
3. The RSS Task Force Leader, SSAG Team, the Operations Section and Planning Section of the MSDH PHCC convene to determine need to request additional assets.
4. The level of federal response will determine the avenues used to request additional assets; the SSAG Team will assist in requesting additional assets.

Procedures for Communication with Closed Points of Dispensing Sites during a Response

During an event that warrants opening of Points of Dispensing (PODs)/Closed PODs, the District Coordination Center (DCC) is the link of communication to the Closed PODs for that district. Information obtained from the PHCC to the DCC can then be pushed locally to the Closed PODs. While this can occur by email, phone,

or other public health messaging, the primary methods will be by phone and email. If there is a need for resupply of material from the Closed Point of Dispensing (CPOD), the request is made through the District Coordination Center (DCC) up to the Public Health Command/Coordination Center (PHCC) and then on to the Receiving, Staging, and Storing (RSS).

Within the Strategic National Stockpile program, an excel spreadsheet is updated monthly to validate current information on CPODs and is then linked to the RSS Inventory Management System, which in Mississippi is Fishbowl. The State Medical Countermeasure Coordinator, RSS Coordinator, and District Public Health Preparedness team members are all involved in this process.

Event Progression (SNS Technical Task Force Activated) Table

Some of the many things you need to consider in formulating a request for Strategic National Stockpile (SNS) assets are contained in Table 3.1. Note that this is not an all-inclusive list.

Table 3-1. Requesting Strategic National Stockpile Assets.

Events that can Provide Justification for SNS Asset Deployment
A chemical, biological, radiological, nuclear, or explosive (CBRNE) event
A medical emergency brought on by a natural disaster
Claim of release by intelligence or law enforcement
As indication from intelligence sources or law enforcement of an increased potential for a terrorist attack
Clinical, laboratory, or epidemiological indications including: <ul style="list-style-type: none"> • A large number of persons with similar symptoms, disease, syndrome, or deaths • An unusual illness in a population-single case of disease from uncommon agent, and/or disease with unusual geographic or seasonal distribution, and/or an endemic disease or unexplained increase in incidence. • A higher than normal morbidity and mortality from a common disease or syndrome • A failure of a common disease to respond to usual therapy • Multiple unusual or explained disease entities in the same client • Multiple atypical presentations of disease agents • Similar genetic type in agents isolated from temporarily or spatially distinct sources • Unusual, genetically engineered, or an antiquated strain of a disease agent • Simultaneous clusters similar illness in non-contiguous area • Atypical aerosol-, food-, or water-borne transmission of a disease • Deaths or illness among animals that precedes or accompanies human death
Unexplained increases in emergency medical service requests
Unexplained increases in antibiotic prescriptions or over-the-counter medications used

Regional and Local Resource Considerations for Deploying SNS Assets

A number of current casualties exceeding the local response capabilities available

The projected needs of the population of the area (including transients)

The hospital surge capacity at the time of the event

The availability of state resources including pharmaceutical distributors, oxygen distributor availability, nearby hospitals, and transportation services

Local resources (e.g., pharmacy distribution, oxygen availability, and transport capacity)

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2. Inventory Control

Overview

Inventory and resupply management includes tracking and managing Strategic National Stockpile (SNS) material transferred to state custody, stored within the Receiving, Staging, and Storing (RSS), and delivered to the delivered to the delivery sites. The designated Inventory Management Systems (IMS) Unit Lead and Repacking Manager will both serve to oversee inventory management.

As supplies are moved throughout Mississippi, the IMS Team needs to:

- Track all receipts
- Apportion supplies
- Process requests from dispensing sites and treatment centers
- Create issue documents for picking material
- Record the locations to which it sends all material, equipment, and cargo containers
- Monitor stock levels and work with the Stockpile Services Advance Group to replenish material
- Recover unused SNS material and assets.

Desired attributes for an inventory management system should include:

- Be compatible with the pipe-delimited file that the Centers for Disease Control and Prevention (CDC) will provide
- Upload push-package inventory
- Upload VMI inventory
- Upload other inventories as provided by the CDC
- Track all receipts
- Apportion supplies
- Create issue and report documents
- Record locations to which materials, equipment and cargo containers are sent
- Monitor stock levels and levels for replenishing supplies
- Recover unused SNS assets

Additional Attributes to consider:

- Separate pick lists for controlled substances
- Computer generated warning when stock has met a critical inventory minimal threshold
- Assign/read barcode for location, lot, expiration date
- Volumetric location capacity
- Track pallet/product to dispensing sites

- Track movement of product between dispensing site
- Report when shipment arrives to dispensing site
- User level security
- Back order capabilities
- Complete audit trail of stock movement
- Apportionment with map according to population/area for city, county, district, state
- Assign order priority
- Alternate dispensing site from original
- Review orders by site and time
- Reprint orders
- Break a case
- Apportion for multiple events

RSS Inventory Management System

Issuing and tracking Strategic National Stockpile (SNS) material consists of three basic levels:

- Receipts of SNS material from Centers for Disease Control and Prevention (CDC).
- SNS material stored in the Receiving, Staging, and Storing (RSS).
- Issues of SNS material to dispensing, treatment, and other delivery sites.

The Mississippi RSS Inventory Management System (IMS), Fishbowl®, is an “off the shelf” software solution which can be used as an add-on to QuickBooks or as a stand-alone system MSDH will use Fishbowl® as a stand-alone system.

The system offers capabilities satisfying multiple Mississippi State Department of Health/RSS criteria:

- Upload SNS electronic file: Data may be entered directly into the system via the application or bulk import using comma delimited files. A procedure has been written detailing steps necessary to upload the SNS electronic file, including formatting the pipe delimited file information into the required import format. Of note, if the SNS file format changes it will not impact the import of the data into Fishbowl®.
- Audit trail: users are created and assigned security roles within specific locations. Data activity is tracked by an audit trail.
- Track lot number, expiration date and serial number.
- Retain customer specific data to enhance tracking and inventory management: e.g., county of customer location, hospital bed count, and amount of medication needed.

- Unit of Measure (UOM) conversion: allows the sales order UOM to be different from the inventory UOM, while reducing the correct inventory amount from stock.
- Standard documents: sales orders pick lists and packing slips, and standard inventory reports.
- Customized reports: may be written using iReport which is JAVA based; Mississippi State Department of Health (MSDH) has utilized to generate labels and specific shipping reports.
- Reports will be generated to report inventory levels to the Public Health Command/Coordination Center (PHCC) regarding Receiving, Staging, and Storing (RSS) inventory levels and inventory levels sent to the Points of Dispensing (POD) at least weekly during an incident, but potentially more frequently based on the incident needs. However, the District Coordination Center will report POD inventory levels frequently to the PHCC and make any requests for resupply through the appropriate channels. The PHCC will report information to the federal partners regularly and upon request.
- Assembly of kits; inventory items may be grouped together in kits which allow efficient sales order entry. The Inventory Management System (IMS) team has created hospital kits for 50, 100, or 150 bed hospitals. Kits are entered as one item; however, both pick lists and packing slips identifying all line items found in the kit.
- Database support: The MSDH has created a database which contains the MSDH customer base of appropriately 124 hospitals, 58 licensed emergency medical services providers, 619 closed points of distribution and 175 open points of dispensing. All 82 County Health Departments have been entered plus the MSDH Pharmacy warehouse and all potential RSS sites. This eliminates the need to enter customer data when the RSS has been activated.

The IMS team has assembled a “to-go-kit” which contains everything needed to setup a mobile IMS. A Tough Book laptop serves as the Fishbowl® server. Multiple laptops can be connected to the server. Detailed procedures for Fishbowl® set up are stored within the go-kit and at remote locations. The go-kit is comprised of 2 bins containing office supplies, calculator, power strips, routers, wireless access points, air cards, clip boards, box cutters and packing tape dispensers. A network printer (copier/scanner/printer/fax) is also a component of the go-kit.

The IMS Unit Team consists of data systems professionals, pharmacy technicians, and clerical personnel. The inventory control plan is exercised, at a minimum, annually. Furthermore, proficiency is maintained through daily use of Fishbowl® by the pharmacy technicians within the MSDH Department of Pharmacy.

Event Background

In the event of a Bioterrorism agent release and medical reports of illness (cases), a natural disaster that hinders the medical material supply chain, or a

determination that the event requires assets of the Strategic National Stockpile (SNS), a request for deployment of SNS is executed by the State and approved by the Centers for Disease Control and Prevention (CDC).

Upon Arrival of SNS Material to RSS Site

1. Event is defined per the Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center (PHCC) and information communicated to the Receiving, Staging, and Storing (RSS) Inventory Management System (IMS) Team includes biologic agent and locale of event or the situation and locale of the event.
2. The SNS Technical Task Force Leader will be notified by the RSS Task Force Leader of arrival of SNS push package (and receipt of inventory file) and/or the arrival of managed inventory.
3. IMS Team sets up Fishbowl®.
4. IMS Team receives and uploads file from CDC or manually enters the inventory.
5. IMS Team prints initial inventory and faxes to the MSDH PHCC.
6. SNS Technical Task Force Leader and the RSS Task Force Leader will communicate to determine the apportionments to the various sites based on the inventory received.
7. On scarce resource allocations, the District Healthcare Coalitions will be consulted.
8. RSS IMS Team
 - a. Retains x% of SNS assets as determined by the MSDH PHCC.
 - b. Processes sales order for treatment centers (hospitals) including any orders for prophylaxis of healthcare workers at treatment centers.
 - c. Processes sales order for Points of Dispensing (Open and Closed).
 - d. Processes any request for reorders as determined by the MSDH PHCC.

Apportionment Examples

1. To treatment centers, apportionment based upon estimated maximum surge capacity

Hospitals	Estimated maximum surge capacity	% apportionment based upon estimated maximum surge capacity
WMD hospital 1	400	16.5
WMD hospital 2	100	4.1
WMD hospital 3	120	5
WMD hospital 4	200	8.2
WMD hospital 5	100	4.1
WMD hospital 6	300	12.3
WMD hospital 7	200	8.3
WMD hospital 8	150	6.2
WMD hospital 9	60	2.5
WMD hospital 10	80	3.3
WMD hospital 11	50	2.1
WMD hospital 12	100	4.1
WMD hospital 13	50	2.1
WMD hospital 14	50	2.1
WMD hospital 15	120	5
WMD hospital 16	20	1
WMD hospital 17	50	2.1
Support hospital 1	24	1
Support hospital 2	24	1
Support hospital 3	24	1
Support hospital 4	24	1
Support hospital 5	24	1
Support hospital 6	24	1
Support hospital 7	24	1
Support hospital 8	24	1
Support hospital 10	24	1
Support hospital 11	24	1
Total	2141	100

2. To a flexible number of Points of Dispensing (POD)s, with apportionment based on estimated client count

POD	Client Care	% apportionment based on estimated client count
POD1	6000	20
POD2	5000	17
POD3	1000	3
POD4	10000	33
POD5	8000	27
Total	30000	100

Staffing requirements

Staffing is outlined in the Receiving, Staging, and Storing Incident Command System chart (Section II) and includes two data systems specialist which serve as the Inventory Management System Unit Lead(s), two pharmacy technicians which serve as the Inventory Crew and two clerical staff which serve as the Data Entry Crew.

Equipment requirements

- Tough Book laptop as the Fishbowl server
- Additional laptops for order entry
- Office supplies, power strips, routers, wireless access points, air cards, clip boards, box cutters and packing tape dispensers.
- Network printer (copier/scanner/printer/fax)
- Shredder

3. Apportionment Charts Revised 4/21/2010

# of Prophy Points of Dispensing	CIPRO CASES PER POD	DOXY CASES PER POD	Amoxicillin Cases to the Indicated Numbers of PODS			
	1250 Cases of 100 10-Day Unit-of-Use Bottles [500mg Tabs]	3750 Cases of 100 10-Day Unit-of-Use Bottles [100mg Tabs]	# of Prophy Points of Dispensing	40 Cases of 40 10-Day Unit-of-Use Bottles [500mg Capsules]	40 cases of 80 10- Day Unit-of-Use Bottles [500mg Capsules]	40 Cases of 480 10-Day Unit-of-Use Bottles [500mg Capsules]
1	1250 to 1 site	3750 to 1 site	1	40 to 1 site	40 to 1 site	40 to 1 site
2	625 to 2 sites	1875 to 2 sites	2	20 to 2 sites	20 to 2 sites	20 to 2 sites
3	417 to 2 sites 416 to 1 site	1250 to 3 sites	3	16 to 1 sites---> 12 to 2 sites--->	20 to 1 site--> 10 to 2 sites-->	12 to 1 site 14 to 2 sites
4	312 to 2 sites 313 to 2 sites	1250 to 3 sites	4	10 to 4 sites	10 to 4 sites	10 to 4 sites
5	250 to 5 sites	750 to 5 site	5	8 to 5 sites	8 to 5 sites	8 to 5 sites
6	208 to 4 sites 209 to 2 sites	625 to 6 sites	6	10 to 4 sites--> 0 to 2 sites -->	9 to 4 sites--> 2 to 2 sites -->	6 to 4 sites 8 to 2 sites
7	178 to 3 sites 179 to 4 sites	535 to 2 sites 536 to 5 sites	7	2 to 5 sites --> 15 to 2 sites -->	6 to 5 sites --> 5 to 2 sites -->	6 to 5 sites 5 to 2 sites
8	156 to 6 sites 157 to 2 sites	468 to 2 sites 469 to 6 sites	8	5 to 8 sites	5 to 8 sites	5 to 8 sites
9	138 to 1 site 139 to 8 sites	416 to 3 sites 417 to 6 sites	9	4 to 1 sites --> 3 to 4 sites --> 6 to 4 sites -->	8 to 1 sites --> 8 to 4 sites --> 0 to 4 sites -->	4 to 1 site 4 to 4 sites 5 to 4 sites
10	125 to 10 sites	375 to 10 sites	10	4 to 10 sites	4 to 10 sites	4 to 10 sites
11	113 to 4 sites 114 to 7sites	340 to 1 site 341 to 10 sites	11	6 to 1 sites --> 3 to 6 sites -->	0 to 1 site --> 2 to 6 sites --> 7 to 4 sites	4 to 1 site 4 to 6 sites 3 to 4 sites
12	104 to 10 sites 105 to 2 sites	312 to 6 sites 313 to 6 sites	12	5 to 8 sites --> 0 to 4 sites -->	4 to 8 sites --> 2 to 4 sites -->	3 to 8 sites 4 to 8 sites
13	96 to 11 sites 97 to 2 sites	288 to 7 sites 289 to 6 sites	13	0 to 1 site --> 4 to 10 sites --> 0 to 1 site -->	0 to 1 site --> 0 to 1 site --> 4 to 10 sites --> 0 to 1 site -->	3 to 1 site --> 3 to 1 site --> 3 to 10 sites --> 4 to 1 site -->
14	89 to 10 sites 90 to 4 sites	267 to 2 sites 268 to 12 sites	14	2 to 2 sites --> 3 to 12 sites -->	8 to 2 sites --> 2 to 12 sites -->	2 to 2 sites 3 to 12 sites
15	83 to 10 sites 84 to 5 sites	250 to 15 sites	15	5 to 8 sites --> 0 to 4 sites --> 0 to 3 sites -->	4 to 8 sites --> 2 to 4 sites --> 0 to 3 sites -->	2 to 8 sites 3 to 4 sites 4 to 3 sites
16	78 to 14 sites 79 to 2 sites	234 to 10 sites 235 to 6 sites	16	3 to 8 sites --> 2 to 8 sites -->	5 to 8 sites --> 0 to 8 sites -->	2 to 8 sites 3 to 8 sites
17	73 to 8 sites 74 to 9 sites	220 to 7 sites 221 to 10 sites	17	20 to 1 site --> 2 to 10 sites --> 0 to 6 sites	0 to 1 site --> 4 to 10 sites --> 0 to 6 sites -->	2 to 1 site 2 to 10 sites 3 to 6 sites
18	69 to 10 sites 70 to 8 sites	208 to 12 sites 209 to 6 sites	18	2 to 2 sites --> 3 to 12 sites --> 0 to 4 sites	2 to 2 sites --> 3 to 12 sites --> 0 to 4 sites -->	2 to 2 sites 2 to 12 sites 3 to 4 sites
19	65 to 4 sites 66 to 15 sites	197 to 12 sites 198 to 7 sites	19	4 to 1 site --> 1 to 6 sites --> 3 to 10 sites --> 0 to 2 sites -->	2 to 1 site --> 3 to 6 sites --> 2 to 10 sites --> 0 to 2 sites -->	2 to 1 site 2 to 6 sites 2 to 10 sites 3 to 2 sites

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20	62 to 10 sites 63 to sites	187 to 10 sites 188 to 10 sites	20	2 to 20 sites	2 to 20 sites	2 to 20 sites
21	59 to 10 sites 60 to 11 sites	178 to 9 sites 179 to 12 sites	21	1 to 2 sites --> 2 to 3 sites --> 2 to 8 sites --> 2 to 8 sites-->	9 to 2 sites --> 2 to 3 sites --> 1 to 8 sites --> 1 to 8 sites -->	1 to 2 sites 2 to 3 sites 2 to 8 sites 2 to 8 sites
22	56 to 4 sites 57 to 18 sites	170 to 12 sites 171 to 10 sites	22	1 to 4 sites --> 2 to 8 sites --> 2 to 10 sites -->	8 to 4 sites --> 1 to 8 sites --> 0 to 10 sites -->	1 to 4 sites 2 to 8 sites 2 to 10 sites
23	54 to 15 sites 55 to 8 sites	163 to 22 sites 164 to 1 site	23	0 to 6 sites --> 0 to 1 site --> 1 to 8 sites --> 4 to 8 sites	5 to 6 sites --> 2 to 1 sites --> 1 to 8 sites --> 0 to 8 sites -->	1 to 6 sites 2 to 1 site 2 to 8 sites 2 to 8 sites
24	52 to 22 sites 53 to 2 sites	156 to 18 sites 157 to 6 sites	24	4 to 8 sites --> 0 to 8 sites --> 1 to 8 sites -->	4 to 8 sites --> 1 to 8 sites --> 0 to 8 sites -->	1 to 8 sites 2 to 8 sites 2 to 8 sites
25	50 to 25 sites	150 to 25 sites	25	8 to 1 site --> 4 to 8 sites --> 0 to 8 sites --> 0 to 8 sites -->	8 to 1 site --> 4 to 8 sites --> 0 to 8 sites --> 0 to 8 sites -->	0 to 1 site 1 to 8 sites 2 to 8 sites 2 to 8 sites
26	48 to 24 sites 49 to 2 sites	144 to 20 sites 145 to 6 sites	26	10 to 2 sites --> 2 to 10 sites --> 0 to 14 sites -->	1 to 2 sites --> 1 to 10 sites --> 2 to 14 sites -->	1 to 2 sites --> 1 to 10 sites --> 2 to 14 sites -->
27	46 to 19 sites 47 to 8 sites	138 to 3 sites 139 to 24 sites	27	16 to 1 site --> 2 to 12 sites --> 0 to 14 sites -->	4 to 1 site --> 3 to 12 sites --> 0 to 14 sites -->	0 to 1 site 1 to 12 sites 2 to 14 sites
28	44 to 10 sites 45 to 18 sites	133 to 2 sites 134 to 26 sites	28	1 to 4 sites --> 3 to 12 sites --> 0 to 12 sites -->	4 to 4 sites --> 2 to 12 sites --> >0 to 12 sites -->	1 to 4 sites 1 to 12 sites 2 to 12 sites
29	43 to 26 sites 44 to 3 sites	129 to 20 sites 130 to 9 sites	29	3 to 4 sites --> 2 to 14 sites --> 0 to 11 sites	3 to 4 sites --> 2 to 14 sites --> 0 to 11 sites	1 to 4 sites 1 to 14 sites 2 to 11 sites
30	41 to 10 sites 42 to 20 sites	125 to 30 sites	30	2 to 20 sites --> 0 to 10 sites -->	2 to 20 sites --> 0 to 10 sites -->	1 to 20 sites 2 to 10 sites
31	40 to 21 sites 41 to 10 sites	120 to 1 site 121 to 30 sites	31	10 to 2 sites --> 1 to 20 --> 0 to 9 sites -->	10 to 2 sites --> 2 to 20 --> 0 to 9 sites -->	1 to 2 sites 1 to 20 sites 2 to 9 sites
32	39 to 30 sites 40 to 2 sites	117 to 26 sites 118 to 6 sites	32	5 to 4 sites --> 1 to 20 sites --> 0 to 8 sites -->	0 to 4 sites --> 2 to 20 sites --> 0 to 8 sites -->	1 to 4 sites 1 to 20 sites 2 to 8 sites
33	37 to 4 sites 38 to 29 sites	113 to 12 sites 114 to 21	33	5 to 4 sites --> 1 to 20 sites --> 0 to 8 sites -->	8 to 2 sites --> 1 to 20 sites --> 0 to 9 sites -->	0 to 2 sites 1 to 2 sites 1 to 20 sites 2 to 9 sites
34	36 to 8 sites 37 to 26 sites	110 to 24 sites 111 to 10 sites	34	0 to 2 sites --> 0 to 6 sites --> 2 to 20 sites --> 0 to 6 sites -->	4 to 2 sites --> 2 to 6 sites --> 1 to 20 sites --> 0 to 6 sites -->	1 to 2 sites 1 to 6 sites 1 to 20 sites 2 to 6 sites
35	35 to 10 sites 36 to 35 sites	107 to 30 sites 108 to 5 sites	35	0 to 10 sites --> 2 to 20 sites --> 0 to 5 sites -->	10 to 10 sites--> >1 to 20 sites --> > 0 to 5 sites -->	1 to 10 sites 1 to 20 sites 2 to 5 sites
36	34 to 10 sites 35 to 26 sites	104 to 30 sites 105 to 6 sites	36	3 to 4 sites --> 1 to 8 sites --> 1 to 20 sites --> 0 to 4 sites -->	1 to 4 sites --> 2 to 8 sites --> 1 to 20 sites --> >0 to 4 sites -->	1 to 4 sites 1 to 8 sites 1 to 20 sites 2 to 4 sites

MSDH SNS Plan

37	33 to 8 sites 34 to 29 sites	101 to 24 sites 102 to 13 sites	37	5 to 4 sites --> 0 to 10 sites --> 1 to 20 sites --> 0 to 3 sites -->	0 to 4 sites --> 2 to 10 sites --> 1 to 20 sites --> 0 to 3 sites -->	1 to 4 sites 1 to 10 sites 1 to 20 sites 2 to 3 sites
38	32 to 4 sites 33 to 34 sites	98 to 12 sites 99 to 26 sites	38	4 to 4 sites --> 0 to 8 sites --> 1 to 24 sites --> 0 to 2 sites -->	0 to 4 sites --> 2 to 8 sites --> 1 to 24 sites --> >0 to 2 sites -->	1 to 4 sites 1 to 8 sites 1 to 24 sites 2 to sites
39	32 to 37 sites 33 to 2 sites	96 to 33 sites 97 to 6 sites	39	2 to 2 sites --> 1 to 16 sites --> 1 to 20 sites --> 0 to 1 sites -->	2 to 2 sites --> 1 to 16 sites --> 1 to 20 sites --> >0 to 1 sites -->	1 to 2 sites 1 to 16 sites 1 to 20 sites 2 to 1 site
40	31 to 30 sites 32 to 10 sites	93 to 10 sites 94 to 30 sites	40	1 to 40 sites	1 to 40 sites	1 to 40 sites

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4. Transportation Plan

Overview

The purpose of this plan is to ensure adequate transportation assets (people, vehicles, and material handling equipment) are available to move the Strategic National Stockpile (SNS) material throughout the SNS distribution system.

There are two basic support requirements:

- Movement of the SNS in bulk configuration to the designated Receiving, Staging, and Storing (RSS) site, after transfer of custody of the SNS to the State;
- Movement of material from the RSS to the designated dispensing site, treatment centers and other delivery points.

The primary method of transportation material from the RSS to delivery points will be trucks. An alternate method will be helicopters. The main delivery points are the dispensing sites and hospitals.

Responsible Agencies and Personnel

The Mississippi State Department of Health (MSDH) is responsible for planning and overseeing all aspects of SNS distribution.

- Trucks and drivers will be provided by the RSS site as designated under the current memorandum of agreement. Alternatively, trucks and drivers will be provided by the Mississippi Emergency Management Agency and/or the Mississippi Department of Transportation.
- The RSS Transportation Unit has the following responsibilities:
 1. Routing, tracking and monitoring all vehicles and shipments (this requires communications with the vehicle operators);
 2. Ensuring that all vehicles are fueled and maintained; and
 3. Coordinating with law enforcement to ensure roads can be cleared, routes are delineated, and vehicles can be escorted.

Tracking

The transportation and delivery of material will be monitored using a situation board at the Administrative and Security Command and Control Center, situated at the designated RSS and by the monitoring system currently used by the RSS sites.

- Routine reports on the status of deliveries will be made to the RSS Task Force Leader.

- Drivers will obtain signatures on the delivery documents (pick lists/bills of lading) that accompany Strategic National Stockpile (SNS) shipments and return those documents to the Inventory Management System (IMS) Unit.
- The process for delivery of controlled substances will comply with the Drug Enforcement Administration (DEA) double lock standard and also have separate bills of lading/pick sheets.

Fueling and Repair

Refueling of trucks will be handled as needed through Receiving, Staging and Storing (RSS) sites, Local Emergency Managers, Mississippi Emergency Management Agency (MEMA) and the Mississippi Department of Transportation (MDOT) depending on the specific locations.

Equipment Needs

- Approximately 20 temperature-controlled trucks will be required to make deliveries to the delivery points. Memorandums of Agreement are established with RSS site providers to make use of their trucks as well as contracts with MEMA and the MDOT.
- Situation board/route map.

Personnel Needs

Delivery of material will require 20 drivers and 20 additional ride-along attendants per shift. Deliveries will continue on a 24 hour basis using 2 12-hour shifts for a total personnel requirement of 40 drivers and 40 attendants.

Communications and Security

Every vehicle/mode of transportation used for delivery needs to have appropriate radios/communications equipment to communicate with the RSS Transportation Unit, State Emergency Operations Center, and Mississippi State Department of Health ESF-8 Support Cell.

Security will be provided for the transport of material by Mississippi Department of Public Safety or Mississippi Army National Guard.

5. Communications Plan

Overview

Communications is an essential element in ensuring an effective emergency response. Real time positive communications are critical to ensure continual and timely flow of medications and supplies to various dispensing and treatment sites. Communications modes and frequencies currently integrate with Mississippi's emergency communications plans. The Strategic National Stockpile (SNS) Communications Plan will provide positive communications between the various Points of Distribution (POD), District Coordination Centers (DCC), Receiving, Staging & Shipping (RSS) sites, and the Mississippi Public Health Command/Coordination Center (PHCC). MSDH Support Annex 5 – Communications Plan directs communication between MSDH and other state agencies and partners.

This plan involves technical communications, not to be confused with public information.

Responsible Personnel

The MSDH Agency Communication Unit Leader (COML) is responsible for:

- The overall communications among key personnel, PODs, DCCs, RSS sites, PHCC, and external agencies
- Ensuring the staff at the PODs, DCCs, RSS sites, and PHCC is able to communicate with each other. These responsibilities also include equipment maintenance and repair.
- Alerting SNS communications staff of the emergency and recalling them to their designated sites.

Communication Methods

The PRIMARY means of communications for the various sites will be through existing phone/fax lines. Phone will be used for coordination information. FAX will be used for critical or high-accuracy data needs.

The ALTERNATE means of communications for the various sites will be through email, when *available*. Email provides for greater flexibility and higher accuracy when communicating large volumes of information, and may be substituted for FAX.

The CONTINGENCY means of communication for the various sites will be through the Mississippi Wireless Information System (MSWIN), which provides statewide voice communications, and is detailed further in MSDH Support Annex 5 – Communication Plan. *Note: MSWIN equipment may not be available at all sites.*

The EMERGENCY means of communication for the various sites will be through Satellite-based push-to-talk and telephone units provide both radio and telephone voice via satellite, and is briefly outlined in MSDH Support Annex 5 - Communications Plan. *Note: Mississippi Wireless Information System (MSWIN) equipment may not be available at all sites.*

For facility-specific, internal communications, portable Ultra-High Frequency (UHF) radios may be utilized, as available.

Finally, runners may be utilized in the absence of all other means of communications.

FROM:	TO:	POD	DCC	RSS	PHCC
POD	Primary	UHF Handheld	Phone		Phone
	Alternate	Runner	Email/Fax		Email/Fax
	Contingency		MSWIN		MSWIN
	Emergency		SatCom		SatCom
DCC	Primary	Phone	UHF Handheld	Phone	Phone
	Alternate	Email/Fax	Runner	Email/Fax	Email/Fax
	Contingency	MSWIN		MSWIN	MSWIN
	Emergency	SatCom		SatCom	SatCom
RSS	Primary		Phone	UHF Handheld	Phone
	Alternate		Email/Fax	Runner	Email/Fax
	Contingency		MSWIN		MSWIN
	Emergency		SatCom		SatCom
PHCC	Primary	Phone	Phone	Phone	UHF Handheld
	Alternate	Email/Fax	Email/Fax	Email/Fax	Runner
	Contingency	MSWIN	MSWIN	MSWIN	
	Emergency	SatCom	SatCom	SatCom	

Key Mississippi State Department of Health (MSDH) personnel are able to access the Government Emergency Telephone Service (GETS). GETS provides emergency access and priority processing in the local and long distance segments of the Public Switched Network (PSTN). It is intended to be used in an emergency or crisis situation when the PSTN is congested and the probability of completing a call over normal or other alternate telecommunications means has significantly decreased.

Pre-determined MSDH emergency response personnel have cellular phones. All MSDH vehicles will be equipped with the Mississippi Wireless Information System (MSWIN)-capable radios. Further alternate sources of communications that may be available in some locations include volunteer amateur radio operators, and runners.

Limited quantities of portable data communications suites (TACPACKS) are available to augment communications at the various sites. Due to the limited number of these suites, priority will be given to the Receiving, Staging, and Storing (RSS) site(s) and District Coordination Centers (DCC).

Communications Staff

In addition to the MSDH Agency Communication Unit Leader (COML), the Receiving, Staging and Storing (RSS) site(s) and each Point of Dispensing (POD) will have a designated communications leader.

Communications System

Information on specific frequencies and call signs to be utilized is updated and maintained by MSDH Office of Emergency Planning and Response, and will be utilized for this Plan.

Communications with resources and assets from other state agencies will be conducted through liaisons with the various command/coordination centers, and the State Emergency Operations Center.

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6. Interim Risk Communication

Overview

The Mississippi State Department of Health (MSDH) must be able to successfully inform the public regarding the risk associated with potential outbreaks related to chemical or biologic agents of terrorism or pandemic influenza.

This plan is part of the overall Mississippi State Department of Health Response Plan for Bioterrorism and Emergency Response. MSDH will work through the Mississippi Management Agency (MEMA) and in coordination with the Governor's office. This current plan will be exercised and updated as part of the MSDH Bioterrorism Preparedness and Response Program.

Notification Procedures

The bioterrorism plan and the Mississippi Public Health Crisis Communication Plan outline the notification procedures to be followed during a health emergency. According to the procedures, the Mississippi State Department of Health would notify MEMA and the Governor's Office in the event of an emergency. A call down list (including bioterrorism communications staff, the State's Health Officer, Health Protection staff, Epidemiologists, 24-7 hotline volunteer operators, and MSDH print shop employees) would then be activated. First, of all bioterrorism staff will be notified. Other communications staff would be notified and placed on stand-by for support. The MEMA call down list of other agencies would be notified and other MSDH personnel as needed. MSDH's Health Alert Network includes all Mississippi media, and over 10,000 hospitals, physicians, and emergency first responders.

Establishing the Joint Information Center (JIC)

In the event of a public health emergency, MEMA will establish an Emergency Operation Center and the Joint Information Center (JIC) at MSDH and/or at the event site. Public Information Officers from all agencies participating in the response will come together at both locations to ensure the coordination and release of accurate and consistent information. Additional staff will mobilize and set up communications throughout the state.

The JIC will be staffed 24 hours per day and will be in continuous communication with the State Emergency Operations Center (SEOC) command center through a dedicated phone line and cell phones.

Staff Responsibilities

During an emergency, the MSDH spokesperson (the State Health Officer or his designee) is the chief person responsible for communicating health risk information to the public. The MSDH personnel listed in this section will coordinate with the state and local officials.

The Mississippi State Department of Health (MSDH) Public Information Officer will direct public information activities from the State Emergency Operations Center and coordinate with the Joint Information Center and dispensing sites. The MSDH Public Information Officer will report to the State Health Officer, the governor's office and the Mississippi Emergency Management Agency (MEMA).

Other staff members will be designated to serve as:

- Media representatives (SPO IV and PR II) – responsible for developing press releases, amending prepared templates, and other risk communication materials and coordinating their approval and release
- Call Center Specialist (SPO I and SPO IV) – responsible for updating the public information hotline and briefing the staff on recent news and information to be shared with the public to be assisted with Administrative Specialist (administrative support)
- Website (the Business System Analyst and the Systems Administrator II) will be responsible for inserting prepared bioterrorism and emergency preparedness pages and continually updating information
- Community Health Information Officers (Central Office, District and County staff) – responsible for distributing health risk information by means other than the media to the community (e.g., flyers, community meetings)

Response Activities

The MSDH Public Information Officer will be responsible for directing the following response activities:

- Evaluating the need to communicate risk information to the public
- Issuing prepared and new press releases
- Organizing and implementing press briefings and press conferences
- Developing materials templates that address agent and threat to health, location of dispensing sites, what to bring and what not to bring to the site. Information on drugs used for prophylaxis and importance of completing the regimen would be distributed to the public and posted on the MSDH web site (300,000 1-sided sheets can be produced in 24 hrs when printed at our internal print shop)
- Work with MEMA in coordinating the activation of communications systems (e.g., Emergency Alert System) and press releases
- Monitoring media reports
- Initiating rumor control activities
- Activating the public call center and expanding capability of 24/7 hotline capacity
- Setting up a phone line for press inquiries
- Contacting the Centers for Disease Control and Prevention Office of Communications.

Information Verification and Approval Procedures

There are two types of communications materials: medical and non-medical. Medical material is intended to communicate medical and scientific information such as disease risks and information on drug treatments. Non-medical material includes logistics and other information, such as where the public should report to receive prophylaxis or the hotline phone number.

Temporary procedures for reviewing, verifying, and approving medical and non-medical communications material follow. These procedures will be refined and updated as this plan is expanded and tested. Sample risk communications materials and resources are discussed in the next section.

Medical Material

This material is being developed by the Communications Office in conjunction with Mississippi State Department of Health (MSDH) medical professionals. This includes templates on bioterrorism agents and prophylaxis. Depending on the particular type of material and required expertise, material development and approval will be coordinated by the State Epidemiologist, State Pharmacy Director, Medical Director of Health Protection and the Director of the Office of Communications.

Following approval, the material will be turned over to the MSDH Public Information Officer (PIO) for release or distribution.

NOTE: All template language should be already pre-approved so that in an event, the approval process is quick (adding agent, prophylaxis, dispensing site etc.)

Non-Medical Material

This material will be developed by the Communications Office in coordination with and under the advisement of the appropriate and necessary MSDH staff. Most of this material will be prepared and fine-tuned in the event of an emergency. Following development, this material will be approved by the MSDH PIO and appropriate MSDH staff (if necessary).

Risk Communication Materials and Resources

The MSDH Communications Office is currently developing bioterrorism and emergency preparedness materials (a bioterrorism and emergency preparedness campaign). As part of the Centers for Disease Control and Prevention work plan, MSDH will be preparing permanent materials specific to a variety of emergency scenarios.

The following additional resources will be used during a health emergency:

- Web sites: sources of fact sheets and information on a variety of bioterrorism agents
- Centers for Disease Control and Prevention (CDC) bioterrorism web site (www.bioterrorism.cdc.gov) and Mississippi State Department of Health (MSDH) website (www.MSDH.state.ms.us)
- John's Hopkins University Center for Civilian Biodefense (www.hopkins-biodefense.org)
- Post-exposure Prophylaxis for Anthrax, Plague, and Tularemia CDC CD-ROM: Contains drug information sheets in 48 languages
- Expert consultation with CDC and the John Hopkins University Center for Civilian Biodefense
- Emergency Alert System (EAS), which can be accessed through the MEMA.

Call Center

The MSDH Public Information Officer will activate the full emergency operational aspects of the 24/7 hotline. During a health emergency, additional lines will be added and emergency messages in three different languages will be available. Designated staff will be mobilized to establish a temporary call center at the Joint Information Center.

Polices and Media Lists

The MSDH Office of Communications already maintains written policies and procedures and a list of statewide media contacts. This information will continue to be updated as necessary as this plan evolves and improves.

Debriefing and Evaluation System

Key public health staff involved during an outbreak will perform an evaluation of emergency communications activities after the event has ended. The MSDH Public Information Officer will be responsible for coordinating after-action reports and lessons-learned documents.

7. Repackaging Plan

Overview

This section outlines how bulk Strategic National Stockpile (SNS) pharmaceuticals will be repackaged into individual regimens that will be delivered to the dispensing sites for distribution to the public. This effort will be managed by the Repackaging Manager and will occur at the designated Receiving, Staging and Storing (RSS). The Repackaging Manager must be a licensed pharmacist in Mississippi or be a federalized pharmacist.

Responsibilities

The Repackaging Unit will coordinate directly with the RSS Task Force Leader. The function of repackaging includes creating individual, labeled regimens of specific drugs that will be staged for delivery by the Distribution Unit.

Procedures

Bulk pharmaceuticals or repacking equipment are not contained in the 12-Hour Push Package. All pharmaceuticals in a 12-Hour Push Package come in 10-day unit-of-use regimens. While 12-Hour Push Packages do not contain bulk drugs, bulk drugs may still be shipped to Mississippi from the Federal Stockpile if:

- Individual regimens in a 12-hour Push Package are insufficient;
- Shipments of prepackaged drugs from vendors are delayed; or
- Prepackaged medicines in the 12-Hour Push Package are not effective against a particular threat and new drugs arrive in bulk.

The federal Division of the Strategic National Stockpile (DSNS) has contracts in place to repackage bulk drugs at the federal level. However, time constraints and supply request may exceed this repackaging capability. Therefore Mississippi needs to be prepared for the possibility of having to repackage some medications at the RSS.

Repackaging personnel located at the RSS will complete the following operations:

- Unpack the SNS boxes and separate bulk medications from other medical supplies, such as surgical supplies that will be taken directly to hospitals.
- Count out individual doses depending on operational plans for multi-day regimens.
- Put individual doses in small packages (such as dispensing vials or sealed “baggies”).
- Label all individual packages. These labels should be printed in advance if possible.
- Assemble and load individual packages for distribution to dispensing sites.

Repackaging Methods

The Mississippi State Department of Health (MSDH) Department of Pharmacy owns two counting machines and 20 counting trays. Tests of repackaging output potential have been conducted utilizing this equipment and are described below.

i. Counting machines

These are table-mounted versions of a commercial tablet counting machine found in many pharmacies. They are modified to count a fixed number of tablets with every touch of a foot pedal, and are described in the following capacities:

- Capacity: 960 regimens per hour per machine with hand-affixed labels
- Staffing requirements: 18 persons per machine (to count; label; maintain supplies of tablets, baggies, labels; and pack repackaged drugs)
- Power requirement: 110 volts, 1 amp each

For each counting machine, there are teams of 9 people, whose duties are as follows:

- Machine operator: 1 person; counts tables from bulk into desired quantity in vial
- Bag unzipper: 2 persons
- Dumper: 2 persons; dumps from vial to baggie
- Bag zipper: 2 persons; re-zips bag after dumping
- Labeler: 1 person; labels baggie
- Assistant (runner): 1 person; keeps machine filled with tablets, rotates vials, etc

ii. Manual counting trays

Counting trays (and associated supplies) are common equipment in the pharmacy setting for preparation of drug regimens. The manual counting trays are described in the following capacities:

- Capacity: A filler can prepare an average of 420 regimens per hour. This consists of putting a 10-day regimen of ciprofloxacin or a 14-day regimen of Doxycycline into a Ziploc bag with labeling applied.
- Staffing Requirements: a three-member team for each counting tray (one person counts and dumps into baggie, one person unzips baggie, holds for dump, and re-zips baggie; one person labels). Every 5 teams would be supervised by a pharmacist.
- Power requirement: none.

Method	Capacity/hour	Staffing per shift	Total staffing (2 12-hr shifts)
2 counting machines	1,920	18	36
20 counting machines	8,400	64	128
Total	10,320	82	164

From the aforementioned calculations, the total number of pharmacists needed per 12 hours shift total six. From approximately 50 volunteer pharmacists that Mississippi has on our volunteer list, theoretically 25 would be available for each 12 hour shift. Pharmacist personnel resources would have to also serve in the capacity of compounding oral suspensions and is addressed in the Compounding Plan.

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8. Vaccine Storage and Handling of Biologicals (Cold Chain Management) Plan

Overview

There are several situations in which vaccines might be required during an emergency event. The most assumed situations include:

- Anthrax Attack (Anthrax Vaccine)
- Pandemic Influenza (Influenza Vaccine)
- Natural Disaster (Tdap Vaccine)

This section outlines how vaccine storage should occur at the Receipt, Staging, and Storage (RSS) Facility, the Open Point of Dispensing (POD) Site, and the Closed Point of Dispensing Site.

Vaccine should always be stored and handled according to the “Recommendations for Handling and Storage of Selected Biologicals” which can be found in the Epidemiology and Prevention of Vaccine Preventable Diseases, the “Pink Book”.

Vaccine Storage Responsibilities

- The RSS Operations Lead is responsible for the proper storage and handling of vaccine at the RSS site as well as ensuring proper storage during shipment to hospitals, open PODs and Closed PODs.
- At the Open POD, the Pharmacy Leader is responsible for the proper storage and handling of vaccine at the Open POD.
- The Closed POD representative is responsible for proper storage and handling of vaccine at the Closed POD.

Vaccine Storage Equipment

All vaccine should be stored in one of the following types of units and temperatures monitored by the appropriate thermometer.

- A standard household-style refrigerator/freezer or commercial-style refrigerator with separate doors for the refrigerator and freezer is sufficient. These units must have dual temperature controls.
- A stand-alone freezer or refrigerator.
- Dormitory-style refrigerators are not allowed to store vaccines because they do not maintain adequate temperatures.
- Each unit must have a continuous, certified and calibrated thermometer for the freezer and refrigerator.

Storage Procedures

All vaccines should be stored in the central areas of the refrigerator/freezer and stacked to allow air circulation around boxes.

- Never store vaccine in the door of the refrigerator or freezer or the vegetable bins.

- Bottles of water should be stored next to the refrigerator wall and ice packs placed along the freezer wall. This will aid in maintaining the cold chain if the freezer or refrigerator breaks down.
- Ideally, no more than one vial of the same type of vaccine should be open at one time.
- The date on which multi-dose vials are opened should be written on the vial.
- Over-stocking of vaccine should be avoided.
- DO NOT store food or drinks with vaccine.
- Diluent should be stored outside the refrigerator. It does not need to be refrigerated.
- **Record temperature readings of refrigerators and freezers every shift (every 12 hours) at the same time each day on a 30-day temperature chart using a continuous certified and calibrated digital recording thermometer.** Do not place the thermometer in the door of the refrigerator or freezer.
- The records should be maintained for three years.
- Refer to vaccine management storage and handling in the Pink Book, (page 189).

If possible, install devices to prevent accidental unplugging of equipment. Use of a plug guard or safety-lock plug; posting a warning sign above the plug and on the refrigerator, and labeling of fuses and circuit breakers are acceptable. Be sure that circuit breaker and power supply switch boxes are secure.

Follow the storage and handling instructions contained in the vaccine package inserts. Contact the Mississippi State Department of Health (MSDH) Pharmacy (601-713-3457) with any questions regarding vaccine storage, handling, or shipping.

Removing Vaccine from Central Storage at the Open or Closed POD

When removing vaccine from the central storage area (e.g., daily use) it should be stored in a thermally insulated container with cold packs. These cold packs should be separated from the vaccine.

Refrigerator or Freezer Breakdown

Upon the discovery of a refrigerator or freezer breakdown, the clinic staff must determine and document the current refrigerator and freezer temperature and place vaccine in a functional refrigerator or freezer. DO NOT assume that the vaccines are destroyed.

1. *POD Personnel Responsibility*
The Point of Dispensing (POD) personnel should contact their District Coordination Center (DCC) representative for evaluation of the vaccine and further instructions.
2. *DCC Personnel Responsibility*
The DCC personnel should call the vaccine manufacturer for recommendations and notify the Public Health Command/Coordination Center (PHCC) of known or possible vaccine storage problems, wastage or damage.
3. *RSS Personnel Responsibility*
The RSS personnel should call the vaccine manufacturer for recommendations and notify the PHCC of known or possible vaccine storage problems, wastage or damage.

Emergency Plan for Vaccine Storage

It is the responsibility of the District Public Health Emergency Preparedness Team, with guidance from the Office of Emergency Planning and Response (OEPR) Chief Nurse and Pharmacist Consultant, to develop an emergency plan for vaccine storage at the Open PODs. When a vaccine storage problem occurs (e.g., accidental freezing, power failure, inclement weather, or inadvertent unplugging of the refrigerator) there should be an official plan of action. Refer to vaccine management storage and handling in the Pink Book, (page 189).

Considerations in the Development of an Emergency Plan

Include a list of personnel to be notified in emergency situations. Make the list available to all key staff.

Identify and prepare a list of facilities with emergency generators which have agreed to provide temporary storage of the vaccine in an emergency situation. Include the names and telephone numbers of contact people for each site. List names and telephone numbers of county officials and offices that may offer assistance during an emergency.

Emergency Transfer of Vaccine

The RSS Operations Lead and the POD Logistics Leader with assistance from the PHCC and the DCC respectively are responsible any time there is a power outage of four hours or more to transport vaccine to an alternate facility.

Alternate Facilities

Move vaccine to a prearranged facility, (e.g., hospital, nursing home, or other generator supplemented location) until clinic power is restored.

Transporting Vaccine Stored at the Alternate Facility to the Clinic Site

When it is necessary to use vaccine stored in alternate facilities for Point of Dispensing (POD) activities, transport small amounts of vaccine from the alternate storage in a thermally insulated container.

Reference:

Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases, Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015.

9. Compounding Plan

Overview

Oral antibiotic suspensions and syrups are provided for the treatment of children and adults who have trouble swallowing tablets. In addition, antiviral suspensions are available for treatment and prophylaxis for children and adults who have trouble swallowing tablets. Chewable amoxicillin tablets are alternatives for pregnant women and people who are allergic to ciprofloxacin and doxycycline. The SNS contains limited quantities of oral suspensions, syrups, and chewable tablets because of high cost, relatively short shelf life, limited use in the private sector for doxycycline and ciprofloxacin suspension (thus making it difficult to rotate), and difficulty of predicting the numbers of people who might need these drugs. Therefore, converting ciprofloxacin and doxycycline tablets into oral suspension is recommended as an alternative for providing additional quantities of pediatric prophylactic regimens. Of note, if Tamiflu® suspension becomes unavailable or on shortage, compounding the suspension from capsules may be required.

Additionally, if the manpower is not available to produce bulk compounded suspensions, the staff at the Point of Dispensing (POD) can provide the caregiver with instructions on how to crush tablets.

Purpose

The purpose of this plan is to help state/local pharmacy staffs prepare ciprofloxacin and doxycycline oral suspensions during a biological terrorist event or a pandemic event. We provide systemic, simple instructions that people with limited compounding skills can follow. For those who wish to investigate the subject of oral suspensions further, we recommend the Paddock Laboratories, INC., web page at <http://www.paddocklabs.com/publications/secundum/secart21.html>.¹

Responsible Site and Personnel

Most extemporaneous compounding will need to be produced by the private sector. For that which Mississippi State Department of Health is responsible, the number of teams which one pharmacist can supervise is unknown, but is estimated to initially be two. Afterwards, when everyone is familiar with the procedure, then a pharmacist may supervise a larger number of teams.

As stated earlier, most compounding will need to be managed by the private sector, due to manpower shortages. It is highly instrumental to this program if:

- There are no restrictions/limits on the number of retail pharmacies which are utilized, and

- To make it more attractive to them, a reimbursement rate is set for each client treated to have this agreement written in contract form, or at least in the form of a memorandum of understanding.

The retail outlets which are considered to be high volume can be expected to serve only those clients in their immediate area. On the other hand, lower volume pharmacies (e.g. compounding centers), will have more time to devote to community projects, and can be expected to cover a larger number of clients.

Oral suspensions for which Mississippi State Department of Health (MSDH) is responsible will be prepared at the Receiving, Staging and Storing (RSS) site. This will require the following resources:

- 10-20 pharmacists available to compound oral suspension from pills; and
- Clean conditions for compounding.

While all pharmacists learn how to compound drugs, few do it frequently enough to be proficient. Therefore, pharmacists employed at the MSDH pharmacy will have the primary responsibility of compounding oral suspensions.

Preparing Oral Suspension of Ciprofloxacin and Doxycycline

Compounding Ciprofloxacin Oral Suspension

The instructions below produce 100 ml of 50-mg/ml ciprofloxacin hydrochloride oral suspension. If mortar and pestle allow, it is possible to double or triple ingredient quantities if able to triturate sufficient tablets. Typically, however, the size of the mortar and pestle will limit the amount of tablets that can be crushed, wet, and suspended at one time. Mechanized equipment can speed the process and becomes increasingly important when preparing large quantities.

MSDH instructions use 500 mg Bayer brand ciprofloxacin (Cipro) tablets, which are in the Strategic National Stockpile (SNS). This contains 500 mg of the active drug component. MSDH instructions do not require sieving, although the tablet contains a thin film coating.

Ingredients

The following ingredients prepare 100 ml of ciprofloxacin hydrochloride oral suspension in a strength of 50 mg/ml:

- Active ingredients: 10 Bayer Cipro 500 mg tablets
- Wetting agent: distilled water
- Suspending agent: Ora-Plus (Paddock Laboratories), 50 ml
- Vehicle: Ora-Sweet (Paddock Laboratories), to fill to (q.s) to a final volume of 100 ml.

Directions

Triturate tablets in a mortar with pestle. Finely grind tablets with a ceramic or Wedgwood mortar and pestle. The finer the powder, the better the suspension. The resultant powder should be uniform in color and particle size.

1. Wet powder with distilled water (CRITICAL STEP). Wet the powder mass with a MINIMAL amount of water to form a thick viscous paste. A common mistake in compounding suspensions is to use much wetting agent. Add water gradually to ensure minimal use and a thick paste. The mass should be smooth and uniform with no lumps.
2. Add 50 ml of Ora-Plus in geometric dilution. Add Ora-Plus to the powder in ever-increasing amounts, working in each addition until a uniform mix is achieved. The volume of the first addition of Ora-Plus should be similar to that of the Cipro/water paste. Geometric dilution means that each addition of Ora-Plus should approximately equal the volume of mixture in the mortar until all 50 ml are added. We suggest using Ora—Plus as the suspending agent. Its physical characteristics make it easier to achieve proper volume than some suspending agents. Veegum is a viable alternative to Ora-Plus for this recipe. Other agents may work in an emergency after trial and error. Make sure the resultant product is carefully inspected for desired physical characteristics.
3. Q.S. to 100 ml with Ora-Sweet. Transfer the mixture from step 3 into the final container and use Ora-Sweet as the vehicle to “wash” out the mortar. Add Ora-Sweet in portions to the empty mortar to lift any drug mixture that sticks to the mortar’s wall. Gradually add the washes to the final container. Top off the final container with Ora-Sweet to the desired volume and shake well. It is helpful to use a container that is slightly larger than the final desired volume for this step to allow for even dispersion after vigorous shaking. We recommend Ora-Sweet in this step. It is a berry-flavored vehicle that masks the bitter taste of drugs. It is compatible with Ora-Plus because the same manufacturer makes both. It may be more convenient to compound a volume that intentionally exceeds the desired dispensing volume so that the final volume can be poured directly from the mortar to the dispensing container even though some mixture will stick to the mortar walls.

Alternatives to Ora-Sweet are cherry syrup; sorbitol 70%; and simple syrup, USP. Cherry syrup, USP is a good substitute because it effectively masks drug taste. If using sorbitol or simple syrup, USP, add a flavoring agent because their sweetness alone does not mask drug taste.

To achieve the proper final volume, include the volume of the flavoring agent. A 3 to 4 ml addition of cherry flavor, USP (not the same as syrup) should be sufficient. Taste the final product to confirm its sweetness. If it is unpleasant, make adjustments. Flavoring is very important to achieve client compliance. Not all flavorings mask the taste of drugs equally. Cherry and berry flavors

usually work well at hiding bitter drug taste, as does unsweetened Kool-Aid powder. Add small amounts of the flavoring until the drug's bitterness is masked. The bitterness of ciprofloxacin suspension made from tablets makes it a particular challenge.

Several compounding pharmacists have told us that it is very difficult to mask its bitter taste. They indicated that the flavorings we suggest above might not be acceptable to all clients. We suggest that you try giving clients a dose dab of Hershey's syrup (assuming no chocolate allergy) before and after administering the suspension. This is common practice in children's hospitals. The dispensing pharmacist should also witness the administration of the first dose to ensure compliance.

4. Label the container as follows:

Do not freeze; store in refrigerator.
Preparation is stable for two months in refrigerator.
Shake well before use.

Mark filling levels (based on client weight) on the reusable calibrated oral dosing syringes in the SNS and use them to dispense this suspension.

Compounding Doxycycline Hyclate Oral Suspension

The instructions below produce 60 ml of Doxycycline hyclate oral suspension in a strength of 10 mg/ml. If mortar and pestle allow, it is possible to double or triple ingredient quantities if you are able to triturate sufficient tablets. Typically, however, the size of the mortar and pestle will limit the amount of tablets that can be crushed, wet, and suspended at one time. Mechanized equipment can speed the process and becomes increasingly important if preparing large quantities.

MSDH instructions use Zenith-Goldline and Schein brands of doxycycline tablet, which are in the SNS. These brands do not contain excessive film coatings or other formulation characteristics that require additional preparation steps, (e.g., sieving). This may not be true for other brands of doxycycline tablet. Note that a 100mg doxycycline hyclate tablet contains 100 mg of doxycycline. Thus, it is not necessary to make complicated adjustments to compensate for the hyclate portion in the tablet to deliver 100% active drug components.

Ingredients

The ingredients below prepare doxycycline hyclate oral suspension, 10 mg/ml, 60 ml:

Active ingredients: 6 Doxycycline hyclate tablets

- Wetting agent: glycerin, USP, 1 ml
- Suspending agent: Ora-Plus (Paddock Laboratories), 30 ml

- Vehicle: Ora-Sweet (Paddock Laboratories), to q.s. to final volume (60ml).

To provide flexibility, alternatives to the wetting agent, suspending agent, and vehicle are mentioned in the directions.

Directions

1. Triturate tablets in a mortar with pestle. Finely grind tablets with a ceramic or Wedgwood mortar and pestle. The finer the powder, the better the suspension. The resultant powder should be uniform in color and particle size.
2. Wet powder with 1 ml glycerin (CRITICAL STEP). Wet the powder mass with MINIMAL amounts of glycerin to form a thick viscous paste (may not need the full 1 ml). Adding too much wetting agent is a common mistake in compounding suspensions. Add glycerin gradually to ensure minimal use and a thick paste. The mass should be smooth and uniform with no lumps. If glycerin, USP is not available, ethanol, docusate sodium liquid, and Ora-Plus as wetting agents. Ora-Plus is primarily a suspending agent but also may be used as a wetting agent. Whichever wetting agents are used, make sure a smooth, uniform, thick paste is produced.
3. Add 30 ml Ora-Plus in geometric dilution. Add Ora-Plus to the paste in ever-increasing amounts, working in each addition until a uniform mix is formed. The volume of the first addition of Ora-Plus should be similar to that of the doxy/glycerin paste. Geometric dilution means that each addition of Ora-Plus should approximately equal the volume of mixture in the mortar until all 30 ml Ora-Plus is added as the suspending agent. Its physical characteristics make it easier to achieve proper volume than some suspending agents. ScripTech suggests no alternatives to Ora-Plus for this recipe; therefore, none are recommended. Other agents may work in an emergency after trial and error. Make sure the resultant product is carefully inspected for desired physical characteristics.
4. Q.S. to 60 ml with Ora-Sweet. Transfer the mixture from step 3 into the final container and use Ora-Sweet as the vehicle to “wash” out the mortar. Add Ora-Sweet in portions to the empty mortar to lift any drug mixture that sticks to the mortar’s walls. Gradually add the washes to the final container. Top off the final container with Ora-Sweet to the desired volume for this step to allow for even dispersion after vigorous shaking. We recommend Ora-Sweet in this step. It is a berry-flavored vehicle that masks the bitter taste of drugs. It is compatible with Ora-Plus because the same manufacturer makes both. It may be more convenient to compound a volume that intentionally exceeds the desired dispensing volume so the final volume can be directly poured from the mortar to the dispensing container even though some mixture will stick to the mortar walls. Alternatives to Ora-Sweet are cherry syrup, USP; sorbitol 70% and simple syrup, USP. Cherry syrup, USP is a good substitute

because it effectively masks drug taste. If using sorbitol or simple syrup, USP is a good substitute because it effectively masks drug taste. To achieve the proper final volume, include the volume of the flavoring agent. A 2ml addition of cherry flavor, USP (not the same as syrup) should be sufficient. Taste the final product to confirm its sweetness. If it is unpleasant, mask the taste of drugs equally. Cherry and berry flavors work especially well at hiding bitter drug taste. Unsweetened Kool-Aid powder also works well as a flavoring agent. Add small amounts of it until the drug's bitterness is masked.

5. Label the container as follows:

Do not freeze, store in refrigerator.
Preparation is stable for two months in refrigerator.
Shake well before use.

We suggest marking filling levels (based on client weight) on the reusable calibrated oral dosing syringes in the SNS and use them to dispense this suspension.

Directions for the Emergency Compounding of an Oral Suspension from Tamiflu 75 –mg Capsules (Final Concentration 6 mg/mL)

The following directions are provided for use only during emergency situations. These directions are not intended to be used if the FDA-approved, commercially manufactured TAMIFLU for Oral Suspension is readily available from wholesalers or the manufacturer. Find the same instructions in the [Prescribing Information](#).

Compounding an oral suspension with this procedure will provide 1 client with enough medication for a 5-day course of treatment or a 10-day course of prophylaxis.

Commercially manufactured TAMIFLU for oral suspension (6 mg/mL) is the preferred product for pediatric and adult clients who have difficulty swallowing capsules or where lower doses are needed. In the event that TAMIFLU for oral suspension is not available, the pharmacist may compound a suspension (6mg/mL) from TAMIFLU capsules 75 mg using one of these vehicles: Cherry Syrup (Humco®), Ora-Sweet® SF(sugar-free) Paddock Laboratories), or simple syrup. Other vehicles have not been studied.

This compounded suspension should not be used for convenience or when the FDA-approved TAMIFLU for oral suspension based on the table below.

Compounding instructions

First, determine the dose of TAMIFLU for the clients, then determine total volume of an oral suspension needed to be compounded based on the table below.

***Table 1: Volume of an Oral Suspension (6mg/mL) Needed to be Compounded Based Upon the Client's TAMIFLU Dose**

Tamiflu dose*	Total volume to compound per client (mL)
15 mg or less	37.5 mL
30 mg	75 mL
45 mg	100 mL
60 mg	125 mL
75 mg	150 mL

*If the TAMIFLU dose is between the doses listed, the total volume of oral suspension to compound should default to the next greater dose listed.

Second, determine the number of capsules and the amount of water and vehicle (Cherry Syrup, Ora-Sweet SF, or simple syrup) that are needed to prepare the total volume of compounded oral suspension (6mg/mL) by using the table below.

Table 2: Number if using TAMIFLU 75 mg Capsules and Amount of Vehicle (Cherry Syrup, Ora Sweet® SF, or Simple Syrup) Needed to Prepare the Total Volume of a Compounded Oral Suspension (6mg/mL)

Total volume of compounded oral suspension to be prepared	37.5 mL	75mL	100 mL	125 mL	150 mL
<i>Number of Tamiflu 75-mg capsules*</i>	<i>3 capsules (225 mg oseltamivir)</i>	<i>6 capsules (450 mg oseltamivir)</i>	<i>8 capsules (600mg oseltamivir)</i>	<i>10capsules (750 mg oseltamivir)</i>	<i>12capsules (900 mg oseltamivir)</i>
Amount of water	2.5 mL	5mL	7mL	8mL	10mL
Volume of vehicle Cherry Syrup (Humco®) OR Ora-Sweet® SF (Paddock Laboratories) OR simple syrup	34.5 mL	69 mL	91 mL	115 mL	137 mL

*Includes overage to ensure all doses can be delivered.

Third, follow the procedure below for compounding the oral suspension (6mg/mL) from 75-mg Tamiflu capsules:

1. Place the specified amount of water into a polyethylene terephthalate (PET) of glass bottle (see Table 2 above).
2. Carefully separate the capsule body and cap, and pour the contents of the required number of 75-mg Tamiflu capsules into the PET or glass bottle. Weighing paper may also be used to hold capsule contents for transfer into bottle.
3. Gently swirl the suspension to ensure adequate wetting of the Tamiflu powder for at least 2 minutes.
4. Slowly add the specified amount of vehicle to the bottle.
5. Close the bottle using a child-restraint cap and shake well for 30 seconds to completely dissolve the active drug and to ensure homogeneous distribution of the dissolved drug in the resulting suspension. (Note: the active drug, oseltamivir phosphate, readily dissolves in the specified vehicles. (The suspension is caused by inert ingredients if Tamiflu capsules that are insoluble in these vehicles.)
6. Put an ancillary label on the bottle indicating “Shake Well Before Use.”
7. Instruct the parent or caregiver that any unused suspension remaining in the bottle following completion of therapy must be discarded by either affixing an ancillary label to the bottle, or adding a statement to the pharmacy label instructions.
8. Place an appropriate expiration date on the label according to storage conditions below.

Storage of the emergency compounded suspension

- Refrigeration: stable for 5 weeks (35 days) when stored in a refrigerator at 2° to 8°C (36° to 46° F).
- Room temperature: Stable for 5 days when stored at room temperature, 25°C (77°F).

Note: The storage conditions are based on stability studies of compounded oral suspensions, using the aforementioned vehicles, which were placed in glass and polyethylene terephthalate (PET) bottles. Stability studies have not been conducted with other vehicles or bottles types.

Place a pharmacy label on the bottle that includes the client’s name, dosing instructions, and drug name, and any other required information to be in compliance with all state and federal pharmacy regulations.

10. Plan for Maintenance Warehouse Operations

Warehouse Infrastructure

Personnel Roles and Responsibilities

Long-term operations of a warehouse facility post disaster relief efforts shall be under the authority and direction of the Mississippi State Department of Health (MSDH). Personnel identified to sustain such operations will depend upon the magnitude of the operations, but generally will include:

1. Warehouse Operations Chief

This person is a MSDH employee and will function as a liaison between the Warehouse Operations Manager and the MSDH. He/she will facilitate any/all warehouse operations requests utilizing resources from the MSDH, state partners (including, but not limited to the Mississippi Emergency Management Agency, the Mississippi Department of Public Safety, the Mississippi Hospital Association, and the Mississippi Department of Transportation), and federal partners, as applicable. The Warehouse Operations Chief will operate mainly from the central office of the MSDH, but may assist on site at the warehouse as well.

2. Warehouse Operations Manager

This person is a Mississippi State Department of Health employee. He/she will oversee all operations of the warehouse and will be the daily point-of-contact for all contract personnel. He/she will be responsible for overview and coordination of receipt of pharmaceuticals and medical-surgical supplies, inventory management, order requests, shipping and transportation, pick-up of orders, and disposal of pharmaceuticals and medical-surgical supplies. He/she need not be licensed personnel, but must have good management skills. The Warehouse Operations Manager will be located at the warehouse.

3. Pharmacist Consultant

A pharmacist consultant assigned by the MSDH will be tasked on an as-needed basis to consult in areas requiring state-specified and warehouse operations-specific pharmacy policy and procedures.

4. Contract Licensed Professionals

To facilitate receipt of supplies, inventory management, and filling and staging of orders, a minimum of two contracts licensed pharmacists are required for operations of the warehouse. The roles and responsibilities of the contract pharmacists are limited to physical inventory upon receipt of pharmaceuticals and medical-surgical supplies, assistance in inventory management system

(i.e., clarification of product description, entering of information into the inventory management system when technical assistance is not available), and filling and staging of orders. Upon proper staging of product, duties of the contract pharmacists cease, and it is the responsibility of Mississippi State Department of Health (MSDH) representatives to coordinate shipping, transportation, or pick-up.

The primary role of the contract pharmacists will be to execute professional duties surrounding identification and description of physical inventory and filling and staging of order requests. It is recommended that if at all possible, technical assistance be provided for operations of the inventory management system.

The contract pharmacist may not accept verbal requests for orders (these are accepted by the MSDH; see “Receipt of orders” below), and may not authorize shipping, transportation, or pick-up of filled orders.

5. Inventory Management Support

One or two persons with skills in operating Excel spreadsheets are required for support of inventory management. It is recommended that if possible, technical assistance be provided for operations of the inventory management system. When technical assistance is not available, operations of the inventory management system may be performed by a license pharmacist.

6. Logistical Support Personnel

A minimum of two support personnel to aid in the logistics of return of medications and supplies to the warehouse from medical entities and order request shipping, transportation, and pick-up are required. These persons should optimally be employees of the MSDH, but may be contract personnel. Skill in operations of a pallet jack is recommended.

Hours of Operation

In general, the hours of operation will be Monday through Friday, 8:00 am to 5:00 pm. These hours may be extended through-out the week and may include operations on Saturday and Sunday as dictated by the situation.

Access into the Warehouse

Access into the Warehouse should, out of necessity and security, be limited. The number of entrances, keys to entry, and person authorized to have keys should be identified and posted within the warehouse. If the situation arises where a key needs to be temporarily assigned to an alternate person executing a specific task, this information should be posted within the warehouse including name of person, responsible task, and timeframe for assignment of access. A memorandum of

understanding (MOU) should be executed by either the Warehouse Operations Chief of the Warehouse Operations Manager with the owners of the physical facility being used as the warehouse. The MOU should describe access of their personnel into the facility and should detail extent of access and hours of access. This MOU should be posted within the warehouse.

Receipt of Supplies

1. Receipt of pharmaceuticals and medical-surgical supplies

Legend drugs and medical-surgical supplies received by the warehouse shall be inspected and inventoried. Upon inspection, those items expired or deemed unacceptable for distribution (due to lack of package integrity, adulteration of product, prior storage at improper temperature, or other reasons) will be placed separately within the warehouse for subsequent disposal. Inventory of items shall be captured on the inventory sheets provided in Section V.

2. Receipt of controlled substances

For details, refer to the Policy for Return of Controlled Substances to the Mississippi State Department of Health (MSDH) from Receiving Medical Entities.

Controlled substances that are returned to the MSDH from receiving medical entities shall be housed, inventoried, secured, maintained, and distributed by the MSDH Department of Pharmacy. Controlled substances may be shipped concurrently with other disaster relief medical assets as a part of recovery and return efforts. The policy outline below will guide actions concerning controlled substances:

- a. The party responsible for shipping controlled substances shall remain on site at the warehouse until controlled substances have been identified by warehouse personnel and arrangements for transport of controlled substances to the MSDH Department of Pharmacy are complete.
- b. Containers storing controlled substances entering the warehouse from return of assets by local medical entities should be identified immediately by both the sending and warehouse receiving parties.
- c. Containers storing controlled substances shall be separated from other assets, inspected by warehouse personnel for integrity of packaging, and given to the shipper for transport to the MSDH Department of Pharmacy.
- d. If the packaging is not intact, the shipper and warehouse personnel shall verify count and product integrity then shall sign the controlled substance and pick sheet to indicate accuracy and transfer to the Mississippi State

Department of Health (MSDH) Department of Pharmacy. The signed pick sheet should be placed inside the box of controlled substances and sealed for transport.

- e. The warehouse shall maintain a log of number of containers of controlled substances. This log shall include:
 - i. Name and address of medical entity returning controlled substances
 - ii. Name of driver/shipper
 - iii. Name of warehouse personnel inspecting integrity of container
 - f. At the end of each business day, receipt of these containers by the MSDH Department of Pharmacy shall be verbally verified in coordination with warehouse personnel and personnel from the MSDH Department of Pharmacy and the log annotated to reflect this information.
3. Receipt of medications requiring refrigeration

Pharmaceuticals and medical items requiring refrigeration that are returned to MSDH from receiving medical entities shall be housed, inventoried, secured, maintained, and distributed by the MSDH Department of Pharmacy. Containers storing refrigerated items entering the warehouse from return of assets by local medical entities should be identified immediately by both the sending and warehouse receiving parties. Containers storing refrigerated items shall be separated from other assets and given to the shipper for transport to the MSDH Department of Pharmacy.

Inventory Management

As items are received into the warehouse, they shall be inventoried and placed into the Excel spreadsheet being utilized for inventory management. Note that the Excel inventory management sheet is also utilized as the Request for Orders Sheet.) At the conclusion of each day, the inventory spreadsheet shall be emailed to MSDH. Currently, the following persons should receive this report:

- i. Finance Chief, Office of Emergency Planning and Response (OEPR)
- ii. Administration Chief, OEPR
- iii. Chief Nurse (SNS Coordinator), OEPR
- iv. Logistics/Operations Chief, OEPR
- v. Pharmacist Consultant, OEPR
- vi. MSDH Pharmacy Director

Receipt of Order Requests

1. Order requests for pharmaceutical and medical-surgical supplies

Request for pharmaceuticals and medical supplies may be received by Mississippi State Department of Health (MSDH) in two manners: the first is by a specific request from a medical entity directly to the MSDH Office of Emergency Planning and Response (OEPR); the second is by return of the Request for Orders Sheet generated by the warehouse and distributed by MSDH.

When a specific request from a medical entity is made to the OEPR, the person within the OEPR shall obtain the following information to aid in filling of the request:

- Date and time of request;
- Name of person making the request;
- Name of medical entity requesting pharmaceutical and supplies;
- Physical address of medical entity requesting pharmaceutical and supplies;
- Point of contact name, phone number, and email address (if applicable);
- Description of pharmaceuticals and medical-surgical items requested.

This information shall be transcribed onto a Request for Order Sheet.

The Excel inventory management sheet is also utilized as the Request for Orders Sheet and shall be faxed or emailed by personnel at MSDH to medical entities to facilitate generation of order requests. Requests received as a result of these actions shall be returned to MSDH OEPR either by email or fax. Again, all requests must contain name and physical address of medical entity requesting pharmaceuticals and supplies and point-of-contact name and phone number. This information is requested at the top of the Request for Orders Sheet.

Requests for pharmaceuticals and medical supplies will be forwarded to personnel at the warehouse; requests should be submitted to warehouse personnel in written format. Order requests received before 1:00 pm Monday - Friday will be processed for same day delivery to the local health department. Order requests received after 1:00 pm Friday will be processed for delivery to the local health department clinic office the following Monday. Deliveries may be picked up by the requesting medical entity from the local health department during regular business hours only, 8:00 am - 5:00 pm Monday-Friday. Please inform all persons placing requests that deliveries may arrive at the local health department after normal business hours and therefore will be available for pick-up the following day, or Monday, as the situation dictates.

2. Order requests for controlled substances

Registrants who transfer controlled substances must ensure that the people to whom they transfer the drugs have the proper Drug Enforcement Administration (DEA) registration. Proof of DEA registration must be submitted by the requesting medical entity upon request of controlled substances; DEA registration may be faxed to the Mississippi State Department of Health (MSDH). For Schedule II controlled substances, the requesting medical entity must submit a DEA Form 222.

Order requests that include requests for controlled substances shall be transcribed separately onto a Request for Order Sheet, Section V, and proof of DEA registration and the DEA Form 222, if applicable, should be attached. These requests shall be forwarded to the MSDH Department of Pharmacy for filling. To aid in coordination of transportation, warehouse personnel should be informed that such orders have been sent to the MSDH Department of Pharmacy and will need to be picked up prior to delivery to local health departments.

3. Order requests for items requiring refrigeration

Order requests that include items requiring refrigeration shall be transcribed separately onto a Request for Order Sheet, Section V. These requests shall be forwarded to the MSDH Department of Pharmacy for filling. To aid in coordination of transportation, warehouse personnel should be informed that such orders have been sent to the MSDH Department of Pharmacy and will need to be picked up prior to delivery to local health departments.

Filling of Order Requests

1. Filling order requests for pharmaceuticals and medical-surgical supplies

Orders requests received before 1:00 pm Monday - Friday will be processed for same day delivery to the local health department. Order requests received after 1:00 pm Friday will be processed for delivery to the local health department clinic office the following Monday.

Order requests may be filled by a licensed pharmacist or by non-licensed personnel with subsequent verification by a licensed pharmacist. Items distributed as a result of the request shall be indicated on the Request for Order Sheet. Therapeutic substitutions may be executed based on the licensed pharmacist's professional judgment and discretion; all therapeutic situations shall be clearly marked on the Request for Order Sheet.

A log shall be maintained of all order requests filled. The log should convey information about the order filled including name of the medical entity, date staged, date shipped, and name of shipper/driver. Name of the recipient shall

be annotated after the fact. This log shall be updated daily and emailed to personnel at the Mississippi State Department of Health (MSDH):

- i. Director, Office of Emergency Planning and Response (OEPR)
- ii. Chief Nurse (Strategic National Stockpile Coordinator), OEPR
- iii. Logistics/Operations Chief, OEPR
- iv. Pharmacist Consultant, OEPR

Once an order request has been filled, it shall be staged in the following manner:

All boxes/pallets shall be grouped together and the recipient clearly identified;

The form Staging and Shipping Identifier (Section V) shall be completed as appropriate.

A copy of the Request for Order Sheet, annotated with items distributed, should be placed in an envelope for transport with the order. (Please note that the originals should be retained by the warehouse.) Name and physical address of the medical entity should be placed on the envelope.

2. Filling order request for controlled substances

Order requests for controlled substances shall be filled at the MSDH Department of Pharmacy by licensed pharmacists. Registrants who transfer controlled substances must ensure that the people to whom they transfer the drugs have the proper Drug Enforcement Administration (DEA) registration. The registrants also must keep a detailed chain-of-custody record of all transfers. For C-II substances, that record must include a DEA Form 222.

Controlled substances shall be staged in portable lock boxes by two persons. Signatures of both person staging controlled substances shall be required on the pick list, thus verifying inventory staged. The pick list will serve as the detailed chain-of-custody record and is to be placed in the portable lock box prior to sealing the box. At the medical entity, the DEA registrant will sign all pick lists for controlled substances. Discrepancies of controlled substances shall be immediately reported to the MSDH Department of Pharmacy by the DEA registrant at the medical entity. Upon notification of such discrepancy, a licensed pharmacist from the MSDH Department of Pharmacy will take an immediate inventory of said controlled substance(s) in efforts to resolve the discrepancy.

3. Filling order requests for medications requiring refrigeration

Order requests for items requiring refrigeration shall be filled at the MSDH Department of Pharmacy and verified by a licensed pharmacist prior to staging and shipping.

Shipping and Transportation

All shipping and transportation shall be coordinated through the Mississippi State Department of Health (MSDH). Options for shipping and transportation include utilization of the existent carrier system, use of rented large capacity vehicles, or contract with trucking facilities. Size of order will determine mode of transportation.

Pick-up of Orders at the Warehouse

A representative from a medical entity may pick up filled orders at the warehouse upon authorization from the MSDH. If authorization is granted, warehouse personnel must be informed prior to pick-up that said representative will be picking up for the medical entity and information regarding day and time of pick-up provided. Additionally, such filled orders may not be distributed from the warehouse without the presence of a representative from MSDH. The following principles shall guide pick-up of orders:

1. The medical entity must be a duly recognized organization within the state of Mississippi.
2. The representative from the medical entity must present valid identification and credentials.
3. As the pharmaceuticals are located within the warehouse in a section that is separated and secure from the medical-surgical supplies, the representative from the medical entity may, at that time, view and select required medical-surgical supplies.
4. No pharmaceuticals may be selected on-site.
5. Representative from medical entities that are not organizations within the state of Mississippi (e.g., emergency medical clinics, Disaster Medical Assistance Teams, other temporary clinics) may not pick up filled orders at the warehouse. All requests from such medical entities will be delivered from the warehouse as described within this document.

Disposal of Expired or Unusable Pharmaceuticals and Medical-Surgical Supplies

Disposal of expired or unusable pharmaceuticals and medical-surgical supplies shall be dictated by the item for disposal.

Intravenous fluids containing no active drug component may be disposed of by drainage of contents into normal liquid waste receptacles.

Medical-surgical supplies with no “sharps” shall be disposed of through normal solid waste processes.

Pharmaceuticals and medical-surgical supplies containing “sharps” shall be disposed of through contracts with appropriate waste management companies or facilities.

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Section IV: Clinical Policies and Procedures

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1. Standing Orders

Mass Prophylaxis Treatment Clinics Dispensing of Antibiotics

I direct Registered Nurses (RNs) employed by, or serving as volunteers for, the _____ (name of agency), and working within the geographic area stated in the collaborative practice agreement, to distribute medications to individuals presenting for prophylactic treatment to a known or potentially harmful biological agent.

All medications must be distributed in accordance with the following prophylactic treatment guidelines and within the restrictions of the guidelines of the Strategic national Stockpile program.

Recommended Post-exposure Prophylaxis for Inhalational Anthrax Infection

Table 1: Oral Antimicrobial Post-Exposure Prophylaxis for infection with *Bacillus Anthracis**

a. For all strains, regardless of penicillin susceptibility or if susceptibility is unknown		
Non-pregnant Adults	Modifications for Pregnant Women	Duration of Post-Exposure Prophylaxis
Ciprofloxacin 500 mg every 12 hours OR Doxycycline 100 mg every 12 hours OR Levofloxacin 750 mg every 24 hours OR Moxifloxacin 400 mg every 24 hours OR Clindamycin 600 mg every 8 hours	Ciprofloxacin 500 mg every 12 hours is preferred	60 days
b. Alternatives for penicillin-susceptible strains		
Amoxicillin 1 gram every 8 hours OR Penicillin VK 500 milligrams every 6 hours	same	same

***Boldface** indicates preferred agent. Alternative selections are listed in order of preference for treatment for clients who cannot take first-line treatment, or if first line treatment is unavailable.

- Hendricks KA, Wright ME, Shadomy SV, Bradley JS Morrow MG, Pavia AT, et al. Centers for Disease Control and Prevention expert panel meetings on prevention and treatment of anthrax in adults. *Emerg Infect Dis* [Internet]. 2014 Feb [April 30, 2014]. <http://dx.doi.org/10.3201/eid2002.130687>
- Meaney-Delman D, Zotti ME, Creanga AA, Misegades LK, Wako E, Treadwell TA, et al; Workgroup on Anthrax in Pregnant and Postpartum Women. Special considerations for treatment of anthrax in pregnant and postpartum women. *Emerg Infect Dis* [Internet]. 2014 Feb [April 30, 2014]. <http://dx.doi.org/10.3201/eid2002.130611>

Recommended Post-exposure Prophylaxis for Pneumonia Plague

Table 2. Working Group Recommendations for Treatments of Clients With Pneumonic Plague in the Contained and Mass Casualty Settings and for Postexposure Prophylaxis*

Client Category	Recommended Therapy
Mass Casualty Setting and Postexposure Prophylaxis #	
Adults	<p>Preferred choices</p> <p><u>Doxycycline, 100 mg orally twice daily ††</u></p> <p><u>Ciprofloxacin, 500 mg orally twice daily ‡</u></p> <p>Alternative Choice</p> <p>Chloramphenicol, 25 mg/kg orally 4 times daily §**</p>
Children	<p>Preferred choices</p> <p>Doxycycline, ††</p> <p><u>If ≥45kg, give adult dosage</u></p> <p><u>If <45kg, then give 2.2 mg/kg orally twice daily</u></p> <p><u>Ciprofloxacin, 20 mg/kg orally twice daily</u></p> <p>Alternative choices</p> <p>Chloramphenicol, 25 mg/kg orally 4 times daily §**</p>
Pregnant Women¶	<p>Preferred choices</p> <p><u>Doxycycline, 100 mg orally twice daily ††</u></p> <p><u>Ciprofloxacin, 500 mg orally twice daily</u></p> <p>Alternative Choice</p> <p>Chloramphenicol, 25 mg/kg orally 4 times daily §**</p>
<p>*These are consensus recommendations of the Working Group on Civilian Biodefense and are not necessarily approved by the Food and Drug Administration. See "Therapy" section for explanations. One antimicrobial agent should be selected. Therapy should be continued for 10 days. Oral therapy should be substituted when client's condition improves. IM indicates intramuscularly; IV, intravenously.</p> <p>‡Other fluoroquinolones can be substituted at doses appropriate for age. Ciprofloxacin dosage should not exceed 1 g/d in children.</p> <p>§Concentration should be maintained between 5 and 20 µg/mL. Concentrations greater than 25 µg/mL can cause reversible bone marrow suppression.^{35,62}</p> <p> Refer to "Management of Special Groups" for details. In children, ciprofloxacin dose should not exceed 1 g/d, chloramphenicol.</p> <p>¶Refer to "Management of Special Groups" for details and for discussion of breastfeeding women. In neonates, gentamicin loading dose of 4mg/kg should be given initially.⁶³</p> <p>#Duration of treatment of plague in mass casualty setting is 10 days. Duration of postexposure prophylaxis to prevent plague infection is 7 days.</p> <p>**Children younger than 2 years should not receive chloramphenicol. Oral formulation available only outside the United States.</p> <p>††Tetracycline could be substituted for doxycycline.</p>	

Inlgos TV, Dennis DT Henderson DA, et al. Plague as a Biological weapon: Medical and Public Health Management. JAMA 2000; 283:2281

Recommended Post-exposure Prophylaxis for Tularemia

Table 3. Working Group Consensus Recommendations for Treatment of Clients With Tularemia in a Mass Casualty Setting and for Postexposure Prophylaxis*

Mass Casualty Recommended Therapy
Adults
Preferred choices Doxycycline, 100 mg orally twice daily Ciprofloxacin, 500 mg orally twice daily †
Children
Preferred choices Doxycycline, If ≥45kg, give 100 mg orally twice daily; If <45kg, give 2.2 mg/kg orally twice daily Ciprofloxacin, 15 mg/kg orally twice daily †‡
Pregnant Women
Preferred choices Ciprofloxacin, 500 mg orally twice daily † Doxycycline, 100 mg orally twice daily
<small>*One antibiotic, appropriate for client age, should be chosen from among alternatives. The duration of all recommended therapies in Table 3 is 14 days. †Not a US Food and Drug Administration-approved use. ‡Ciprofloxacin dosage should not exceed 1 g/d in children.</small>

Dennis DT, Inglesby TV, Henderson DA, et al. Tularemia as a Biological Weapon: Medical and Public Health Management. JAMA 2001; 285: 2763-73-90.

One of the attached post exposure prophylaxis dispensing algorithms must be followed (depending on which drug is designated by the Mississippi State Department of Health as the primary prophylactic drug);

Attachment 1: Anthrax Post-Exposure Prophylaxis Dispensing Algorithm
(Doxycycline Primary Drug and Ciprofloxacin Primary Drug)

Attachment 2: Plague Post-Exposure Prophylaxis Dispensing Algorithm

Attachment 3: Tularemia Post-Exposure Prophylaxis Dispensing Algorithm
(Doxycycline Primary Drug and Ciprofloxacin Primary Drug)

Review of this order, and agency policies and procedures related to carrying out this order, shall occur at least once every year.

This order will terminate on _____

Physician

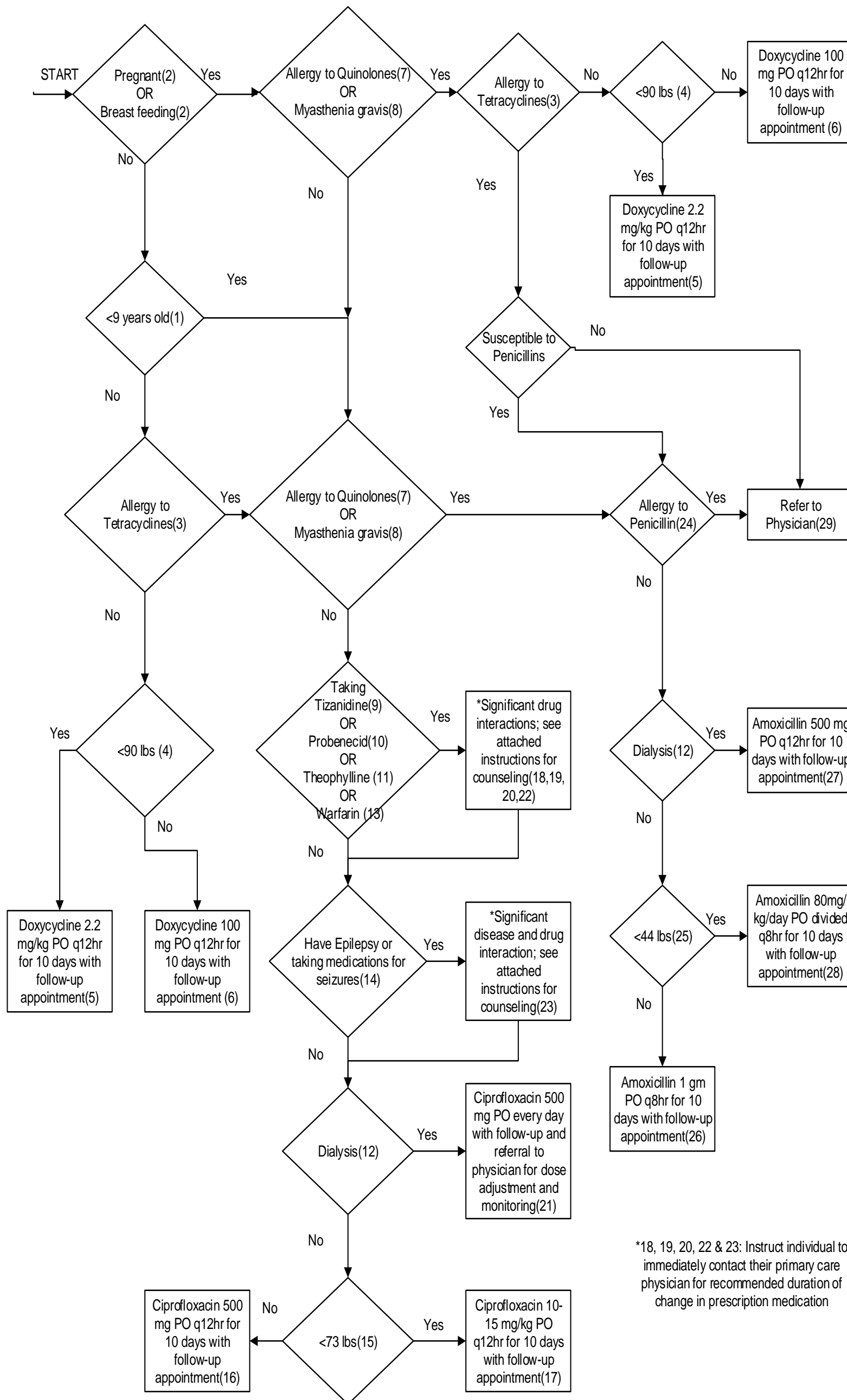
Date of Signature

RN (Agent of the LPHA)

Date of Signature

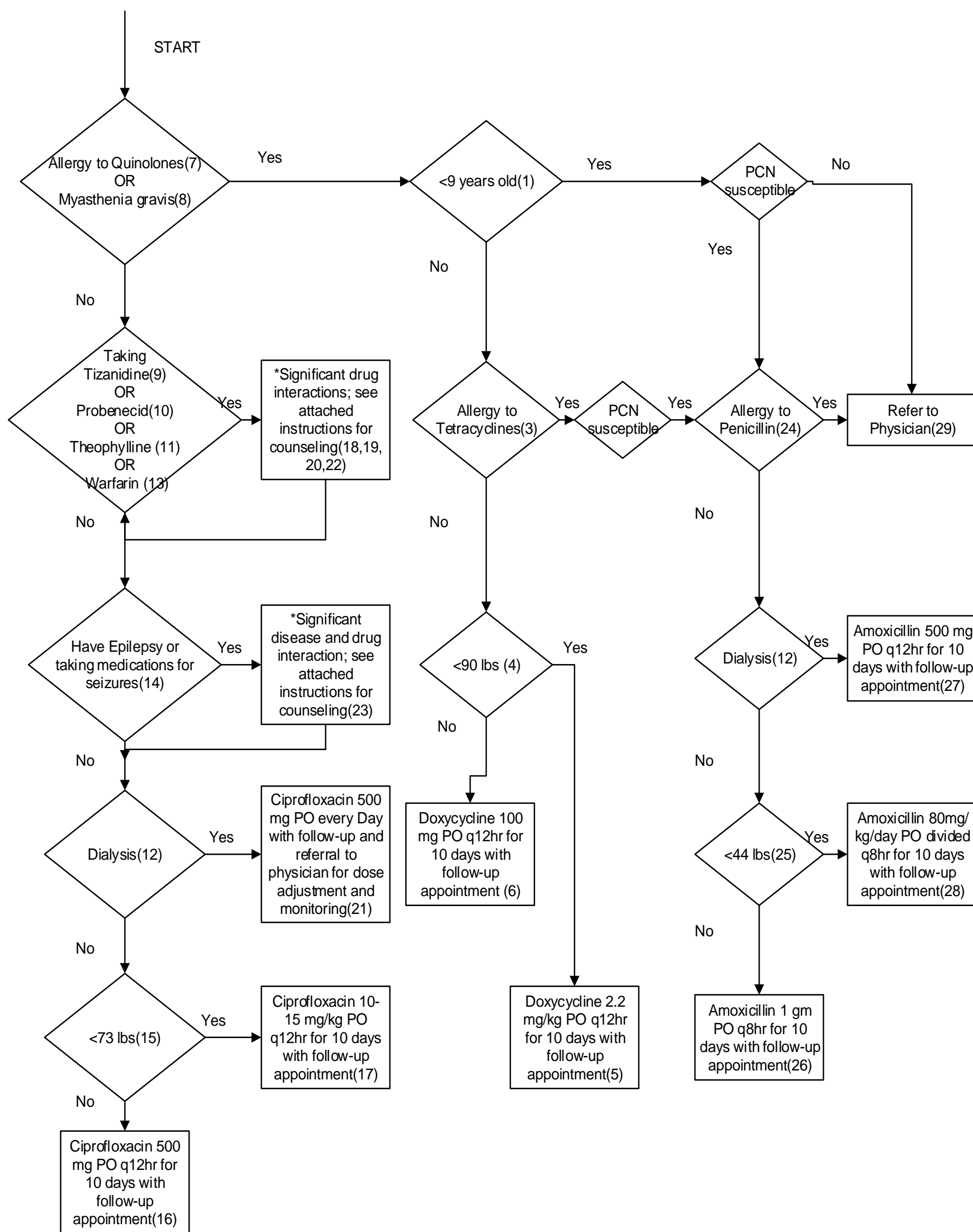
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2. Anthrax Post-Exposure Prophylaxis Dispensing Algorithm
 Doxycycline Primary Drug



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3. Anthrax Post-Exposure Prophylaxis Dispensing Algorithm
Ciprofloxacin Primary Drug



*18, 19, 20, 22 & 23: Instruct individual to immediately contact their primary care physician for recommended duration of change in prescription medication

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The flow diagrams and footnotes describe drug selection and dosing information for clients requiring post-exposure prophylaxis or preventive 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*.^{1,2} There is also a possibility for resistance to penicillin through induction of beta-lactamase enzymes. For these reasons, public health officials will test the antibiotic susceptibility of clinical specimens (blood, sputum), 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.¹

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.³ Following a terrorist attack, the Mississippi State Department of Health will designate which of these two drugs will be the primary drug for prophylaxis.

Doxycycline and other tetracycline 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. However, reviews of the literature of doxycycline use among pregnant women have not shown these findings. Therefore, given the low risk, the severity of inhalation anthrax, and the proven efficacy of doxycycline as post exposure prophylaxis (PEP), the risk-benefit ratio would suggest the use of doxycycline in this situation.¹⁷

Ciprofloxacin and other quinolones are not normally recommended in children and pregnant women due to the risk of arthropathy (joint disease).^{1,4} This recommendation is based on studies in animals. Data in humans have not confirmed this risk. In the recent recommendations from the Centers for Disease Control and Prevention Expert Panel Meeting, pregnant, postpartum, and lactating women (P/PP/L) should receive ciprofloxacin as the first line agent.¹⁸ Therefore, children and pregnant women 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.

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, DHSS will provide guidelines for administration.

All clients 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 client 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 nine 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 client is female, is she pregnant or breastfeeding? In the latest guidance from the Center for Disease Control and Prevention Expert Panel meeting, pregnant, postpartum, and lactating (P/PP/L) should ciprofloxacin as first line. However, if ciprofloxacin is unavailable, then the P/PP/L) women should receive the same prophylaxis as the non-pregnant adults. There is no compelling data for humans that support the occurrence of sustaining injury in developing bones or joints in children treated with fluoroquinolones. Also, reviews of ciprofloxacin have not demonstrated increased risks to the human feces.¹⁷
3. Has the client 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).^{6, 7}

Clients that are allergic to any medications in the tetracycline class should receive another form of therapy such as ciprofloxacin.

4. Does the client weight less than 90 pounds (lbs) or 41 kilograms (kg)?
5. Clients less than 90 pounds (41 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.³

Weight (lbs)	Weight (kg)	Dose (mg)	Available Dosage Forms of Doxycycline				
			20 mg tablet	50 mg tablet or capsules	100 mg tablet* or capsules	25mg/5mL suspension*	50mg/5mL syrup
5-10	2-5	10				2mL	1mL
11-20	6-9	20	1			4mL	2mL
21-30	10-14	30				6mL	3mL
31-40	15-19	40	2			8mL	4mL
41-50	20-22	50		1	1/2	10mL	5mL
51-60	23-27	60	3			12mL	6mL
61-70	28-32	70				14mL	7mL
71-80	33-36	80	4			16mL	8mL
81-90	37-41	90				18mL	9mL
91-100	≥ 42	100	5	2	1	20mL	10mL

*Dosage Forms available through the CDC National Pharmaceutical Stockpile Program

6. Clients greater than 90 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.³
7. Has the client 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 eosinophilia (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 (Acelox, ABC Pak); nadifloxacin (Acutim); norfloxacin (Chibroxin, Noroxin); nalidixic acid (NegGram); ofloxacin (Floxin, Ocuflor); oxolinic acid; pefloxacin (Peflacin); rufloxacin; sparfloxacin (Zagam, Respiac); temafloxacin; trovafloxacin or alatrofloxacin (Trovan).⁷

8. Does the client have Myasthenia Gravis? Myasthenia Gravis can be exacerbated by use of a fluoroquinolone. Fluoroquinolones including ciprofloxacin have neuromuscular blocking activity and may exacerbate muscle weakness in persons with neuromuscular blocking activity and may exacerbate muscle weakness in persons with Myasthenia Gravis. Post marketing serious adverse events, including death and requirements for ventilator support have been associated with fluoroquinolone use in persons with myasthenia gravis.¹⁴

9. Is the client taking tizandine? Tizandine (Zanaflex) is a skeletal muscle relaxant that is used to treat muscle spasms. Ciprofloxacin increases the systemic exposure of tizandine enhancing its sedative and hypotensive effects. Concomitant use of tizanidine and ciprofloxacin is contraindicated.¹⁵
10. Is the client taking probenecid (Benemid)? Probenecid may decrease the renal excretion of ciprofloxacin, therefore increasing the risk of ciprofloxacin toxicity.
11. Is the client 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.
12. Is the client receiving hemodialysis or peritoneal dialysis?

Clients 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.

13. Is the client taking warfarin (Coumadin, Jantoven)? Warfarin is a anticoagulant used to prevent blood clots in people at risk for stroke, deep vein thrombosis, and pulmonary embolism. Ciprofloxacin may enhance the effects of warfarin leading to increased bleeding risks. Coagulation tests should be monitored.¹⁶
14. Does the client have epilepsy or taking medications for seizures? Ciprofloxacin may cause central nervous system events and should be used with caution in clients with CNS disorders such as epilepsy or other risk factors that may predispose to seizures or lower seizure threshold.¹⁶
15. Does the client weigh less than 73 pounds (lbs) or 33 kilograms (kg)?
16. Clients 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.³
17. Clients 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.³ 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 dosing range of ciprofloxacin: 10-15 mg/kg.

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	3-5kg	50 mg PO BID	1/2	1/4		1 mL (1bottle)	0.5 mL (1bottle)
13-22lbs	6-10kg	100mg PO BID	1			2 mL (1bottle)	1 mL (1bottle)
18-22lbs	8-13kg	125mg PO BID		1/2	1/4	2.5 mL (1bottle)	1.25 mL (1bottle)
22-33lbs	10-15kg	150mg PO BID	1 1/2			3 mL (1bottle)	1.5 mL (1bottle)
29-44lbs	13-20kg	200mg PO BID	2			4 mL (1bottle)	2 mL (1bottle)
36-56lbs	16-25kg	250mg PO BID		1	1/2	5 mL (1bottle)	2.5 mL (1bottle)
55-72lbs	25-32kg	375mg PO BID		1 1/2	3/4	7.5 mL (2bottle)	3.75 mL (1bottle)
≥73lbs	≥33kg	500mg PO BID		2		10 mL (2bottle)	5 mL (1bottle)

*Dosage Forms available through the CDC national Pharmaceutical Stockpile Program.

18. Stop taking tizanidine and client should consult physician who prescribed medication for alternative medication. If the client cannot stop tizanidine temporarily then an alternative muscle relaxer will need to be taken in combination with ciprofloxacin.¹⁵
19. Due to interaction between probenecid and ciprofloxacin, probenecid should be temporarily stopped. The client should be referred to their primary physician regarding when to restart probenecid and whether a dosage adjustment is necessary.
20. Due to the interaction between theophylline and ciprofloxacin, the dose of theophylline should be decreased by 50%. The client should be referred to their primary physician regarding drug monitoring.
21. Clients receiving hemodialysis or peritoneal dialysis should receive ciprofloxacin 500 mg orally ONCE daily (administered after hemodialysis) with follow-up and referral to their primary physician for dosage adjustment and monitoring. Give all clients an initial supply of medication (10 day 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.³

22. Clients who are taking warfarin (Coumadin, Jantoven) should take ciprofloxacin 500 mg by mouth every 12 hours for 7 days with a follow-up appointment with their primary care physician for monitoring of warfarin therapy.
23. Clients who have epilepsy or are taking medications for seizures should take ciprofloxacin 500 mg by mouth every 12 hours for 10 days with a follow up appointment with their primary care physician for monitoring of seizures and seizure therapy.¹⁴ 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.³

24. Has the client had an allergic reaction to any medication in the penicillin class?

Allergic reactions may include: hives, redness of the skin, rash, difficulty breathing, fever, joint pain, swelling after taking a penicillin class drug, including: penicillin (Wycillin, Bicillin, Pen-Vee K); methicillin; nafcillin (Unipen); Cloxacillin; dicloxacillin; oxacillin, ampicillin; amoxicillin (Amoxil); ticarcillin (ticar); ticarcillin/clavulanic acid (Timentin); azlocillin; mezlocillin (Mezlin); piperacillin (Pipracil); piperacillin/tazobactam (Zosyn).

25. Does the client weigh less than 44 pounds (lbs) or 20 kilograms (kg)?
26. Clients 44 pounds (20 kilograms) or greater should receive amoxicillin 1000 mg (1 gram) by mouth every 8 hours for 10 days with a mandatory follow-up 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.¹⁸
27. Clients receiving hemodialysis or peritoneal dialysis should receive amoxicillin 500 mg by mouth TWICE a day (administered after hemodialysis; only minimal amounts appear to be removed by peritoneal dialysis) and refer them to a physician for further assessment. Give all clients an initial supply of medication (10 day 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.³
28. Clients less than 44 pounds (20 Kilograms) should receive an initial supply (10 days) of amoxicillin 80 mg/kg/day by mouth divided every 8 hours (as described in the chart below)¹³ 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.³ 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 dosing range of amoxicillin: 80 mg/kg/day.

Weight (pounds)	Weight (kilograms)	Dose (mg)	Available Dosage Forms of Amoxicillin				
			250mg chewable tablet	250mg capsule	500mg capsule	125mg/5mL suspension *	250mg/mL suspension
5-9 lbs	2-4 kg	75 mg PO Q8H				2.5 mL (1 bottle)	1 mL (1 bottle)
10 lbs	5 kg	125 mg PO Q8H	1/2			5 mL (1 bottle)	2.5 mL (1 bottle)
11-16 lbs	6-7 kg	175 mg PO Q8H				7mL (2 bottles)	3.5 mL (1 bottle)
17-21 lbs	8-10 kg	250 mg PO Q8H	1	1		10 mL (2 bottles)	5 mL (1 bottle)
22-31 lbs	11-14 kg	375 mg PO Q8H	1 1/2			15 mL (3 bottles)	7.5 mL (2 bottles)
32-43 lbs	15-19kg	450 mg PO Q8H				18 mL (4 bottles)	9 mL (2 bottles)
≥44 lbs	≥20 kg	500 mg PO Q8H	2	2	1	20 mL (4 bottles)	10 mL (2 bottles)

*Dosage forms available through the CDC Strategic National Stockpile

29. Refer the client to a physician for further assessment and drug selection. If a client has had allergic reactions to drugs in the quinolone and tetracycline classes, other options for prophylactic (preventative) therapy include: clindamycin, rifampin, imipenem, aminoglycosides, chloramphenicol, vancomycin, cefazolin, tetracycline or a macrolide (clarithomycin, erythromycin).^{1,9,18} These other drugs are not approved by the Food and Drug Administration for preventive treatment of anthrax and require individual prescribing by a medical doctor or dispensing under an investigational new drug application.

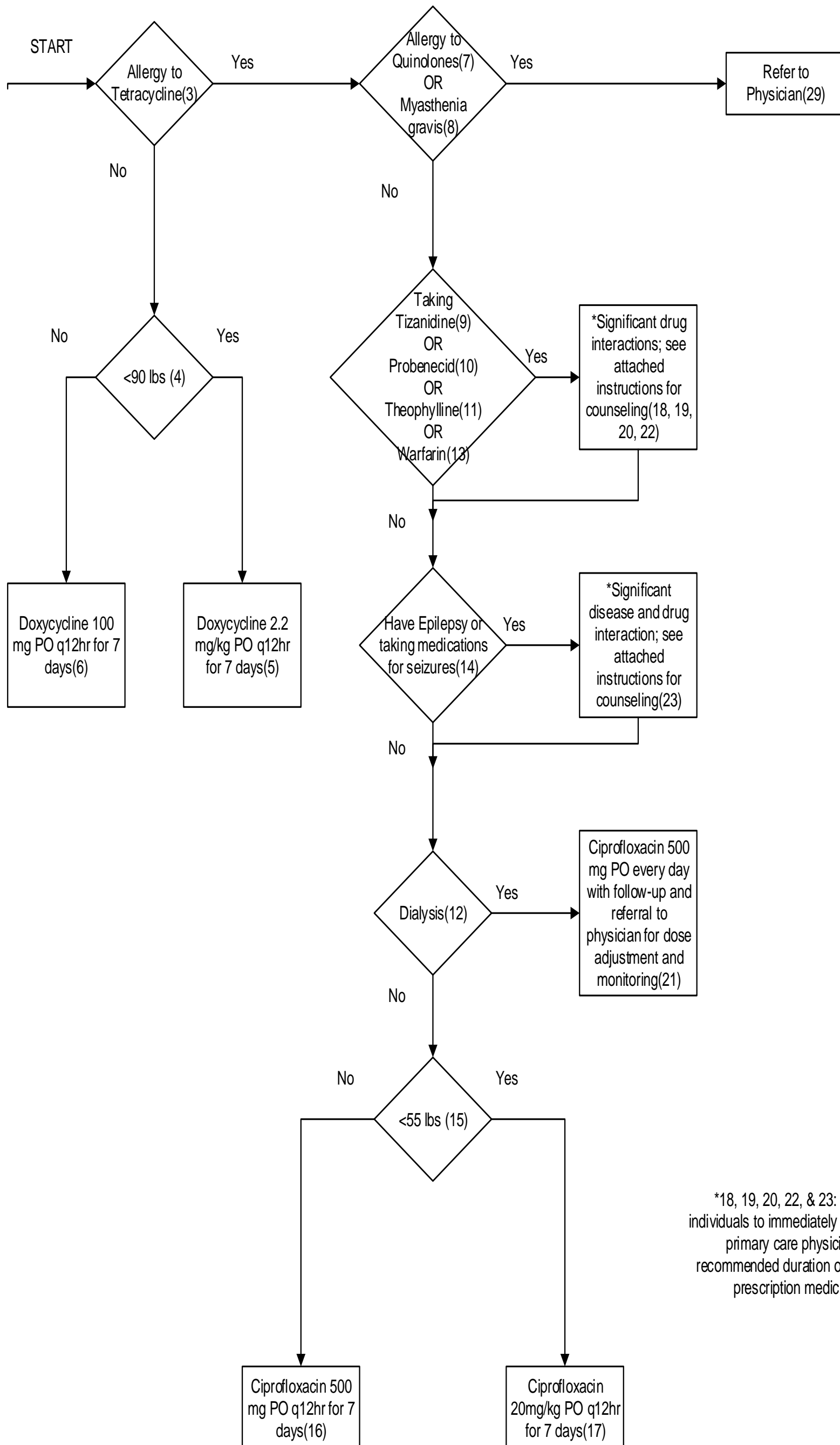
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- ³ Update: investigation of anthrax associated with intentional exposure and interim public health guidelines, October 2001. MMWR. October 19, 2001; 50 (41); 889-893.
- ⁴ Notice to readers; update: interim recommendations for antimicrobial prophylaxis for children and breastfeeding mothers and treatment of children with anthrax. MMWR. November 16, 2001; 50(45); 1014-16.
- ⁵ 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.
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- ⁸ Harrison's Principles of Internal Medicine, 14th Edition. USA, McGraw Hill Companies Inc. 1998.
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- ¹¹ Centers for Disease Control and Prevention. Receiving, distributing, and dispensing the National Pharmaceutical Stockpile. A guide for planners: 2002; Version 9, draft.
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- ¹³ Update: interim recommendations for antimicrobial prophylaxis for children and breastfeeding mothers and treatment of children with anthrax. MMWR. November 16, 2001: 50(45); 1014-1016.

- ¹⁴ Jones SC, Sorbello A, Boucher RM, Fluroquinolon-associated myasthenia gravis exacerbation: evaluation of post marketing reports from the US FA adverse event reporting system and a literature review. *Drug Safety*, 34 (2011); 839-47.
- ¹⁵ Ciprofloxacin Package Insert, Wayne, NJ, Bayer Healthcare Pharmaceuticals Inc. 11/11
- ¹⁶ Warfarin Package Insert. Princeton, NJ, Bristol-Myers Squibb. 10/11
- ¹⁷ Meaney-Delman D, Zotti ME, Creanga AA, Misegades LK, Wako E, Treadwell TA, et al; Workgroup on Anthrax in Pregnant and Postpartum Women. Special considerations for treatment of anthrax in pregnant and postpartum women. *Emerg Infect Dis* [Internet]. 2014 Feb [April 30, 2014]. <http://dx.doi.org/10.3201/eif2002.130611>
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4. Plague Post-Exposure Prophylaxis Dispensing Algorithm



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The flow diagram and footnotes describe drug selection and dosing information for clients 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.¹

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 post exposure prophylaxis in children.¹ 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 used 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.¹ If the woman is unable to take doxycycline or the medication is unavailable, ciprofloxacin would be recommended.

All clients 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 client 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, Monodox, Periostat, Vibra-Tabs, Vibramycin); minocycline (Arestin, Dynacin, Minocin, Vectrin); oxytetracycline (Terak, Terra-Cortril, Terramycin, Urobotic-250); tetracycline (Achromycin V, Sumycin, Topicycline, Helidac).^{7,8}

Clients that are allergic to any medication in the tetracycline class should receive another form of therapy such as ciprofloxacin.

4. Does the client weight less than 90 pounds (lbs) or 41 kilograms (kg)?
5. Clients less than 90 pounds (41 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	50 tablet or capsule	100 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	1/2	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. Clients greater than 90 pounds should receive a 7 day supply of doxycycline 100 mg by mouth every 12 hours.
7. Has the client 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 eosinophilia (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 (Acelox, ABC Pak); nadifloxacin (Acutim); norfloxacin (Chibroxin, Noroxin); nalidixic acid (NegGram); ofloxacin (Floxin, Ocuflor); oxolinic acid; pefloxacin (Peflacin); rufloxacin; sparfloxacin (Zagam, Respiac); temafloxacin; trovafloxacin or alatrofloxacin (Trovan).⁸

Clients 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. Does the client have Myasthenia Gravis? Myasthenia Gravis can be exacerbated by use of a fluoroquinolone. Fluoroquinolones including ciprofloxacin have neuromuscular blocking activity and may exacerbate

muscle weakness in persons with Myasthenia Gravis. Post marketing serious adverse events, including death and requirements for ventilator support have been associated with fluoroquinolone use in persons with myasthenia gravis.¹⁵

9. Is the client taking tizandine? Tizandine (Zanaflex) is a skeletal muscle relaxant that is used to treat muscle spasms. Ciprofloxacin increases the systemic exposure of tizandine enhancing its sedative and hypotensive effects. Concomitant use of tizanidine and ciprofloxacin is contraindicated.¹⁶
10. Is the client taking probenecid (Benemid)? Probenecid may decrease the renal excretion of ciprofloxacin, therefore increasing the risk of ciprofloxacin toxicity.
11. Is the client 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.
12. Is the client receiving hemodialysis or peritoneal dialysis? Clients 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.
13. Is the client taking warfarin (Coumadin, Jantoven)? Warfarin is a anticoagulant used to prevent blood clots in people at risk for stroke, deep vein thrombosis, and pulmonary embolism. Ciprofloxacin may enhance the effects of warfarin leading to increased bleeding risks. Coagulation tests should be monitored.¹⁷
14. Does the client have epilepsy or taking medications for seizures? Ciprofloxacin may cause central nervous system events and should be used with caution in clients with CNS disorders such as epilepsy or other risk factors that may predispose to seizures or lower seizure threshold.¹⁶
15. Does the client weigh less than 55 pounds (lbs) or 25 kilograms (kg)?
16. Clients 55 pounds (25 kilograms) or greater should receive ciprofloxacin 500 mg by mouth every 12 hours for 7 days.
17. Clients less than 55 pounds (25 kilograms) should receive a 7-day supply of ciprofloxacin 20 mg/kg by mouth every 12 hours.

Plague							
Weight (pounds)	Weight (kilograms)	Dose (mg)	Available Oral Dosage Forms of Ciprofloxacin				
			100 mg tablet	250 mg tablet	500 mg tablet	250 mg/ 5mL suspension (100mL)	500 mg/ 5mL suspension (100mL)
5-6 lbs	2 kg	50 mg	0.5			1 mL(1bottle)	0.5 mL (1bottle)
7-9 lbs	3-4 kg	75 mg	0.75			1.5mL (1bottle)	0.75 mL (1bottle)
10-14 lbs	5-6 kg	100mg	1			2mL (1bottle)	1mL (1bottle)
15-19 lbs	7-8 kg	150mg	1.0			3mL (1bottle)	1.5mL (1bottle)
20-27 lbs	9-12 kg	200mg	2			4mL (1bottle)	2 mL (1bottle)
28-34 lbs	13-15 kg	300mg	3			6mL (1bottle)	3 mL (1bottle)
35-45 lbs	16-20 kg	400mg	4			8mL (1bottle)	4 mL (1bottle)
46-54 lbs	21-24 kg	450mg	4.5			9mL(1bottles)	4.5 mL (1bottle)
≥ 55 lbs	≥ 25 kg	500mg	5	2	1	10mL(2bottle s)	5 mL (1bottle)
20 mg/kg every 12 hours for 7 days							
Ciprofloxacin dosage should not exceed 1 g/day in children							

18. Stop taking tizanidine and client should consult physician for an alternative medication. If the client cannot stop tizanditine temporarily then an alternative muscle relaxer will need to be taken in combination with ciprofloxacin.¹⁶
19. Due to interaction between probenecid and ciprofloxacin, probenecid should be temporarily stopped. The client should be referred to their primary physician regarding when to restart probenecid and whether a dosage adjustment is necessary.
20. Due to the interaction between theophylline and ciprofloxacin, the dose of theophylline should be decreased by 50%. The client should be referred to their primary physician regarding drug monitoring.
21. Clients receiving hemodialysis or peritoneal dialysis should receive ciprofloxacin 500 mg orally ONCE daily with follow-up and referral to their primary physician for dosage adjustment and monitoring. Give all clients a 7-day supply of medication. Clients who are taking warfarin (Coumadin, Jantoven) should take ciprofloxacin 500 mg by mouth every 12 hours for 7 days with a follow up appointment with their primary care physician for monitoring of warfarin therapy.
22. Clients who are taking warfarin (Coumadin, Jantoven) should take ciprofloxacin 500 mg by mouth every 12 hours for 7 days with a follow-up appointment with their primary care physician for monitoring of warfarin therapy.¹⁷

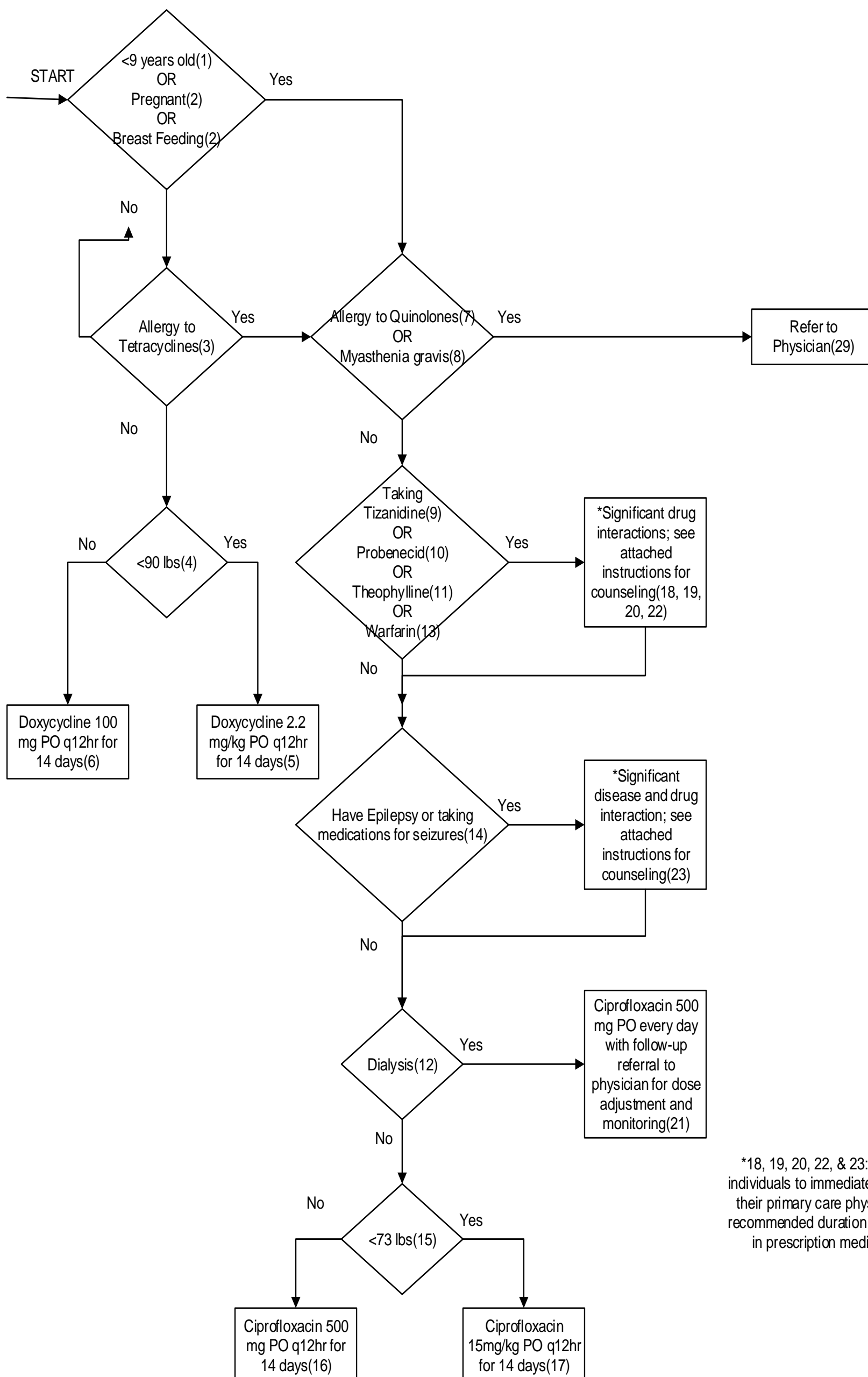
23. Clients who have epilepsy or are taking medications for seizures should take ciprofloxacin 500 mg by mouth every 12 hours for 7 days with a follow up appointment with their primary care physician for monitoring of seizures and seizure therapy.¹⁶
29. Refer the client to a physician for further assessment and drug selection.

References:

- ¹ Inglesby TV, Henderson DA, Bartlett JG, et al. Anthrax as a biological weapon, 2002. JAMA. 2002; 287: 2236-2252.
- ⁷ Vibramycin[®] Package Insert. NY, NY, Pfizer Inc. 11/01.
- ⁸ Sweetman SC. Martindale, The Complete Drug Reference, 33rd Edition. Great Britain; Pharmaceutical Press. 2002.
- ¹¹ Drug Information Handbook, 8th edition. Hudson, OH; Lexi-Comp. 2000-2001.
- ¹⁵ Jones SC, Sorbello A, Boucher RM, Fluroquinolon-associated myasthenia gravis exacerbation: evaluation of post marketing reports from the US FDA adverse event reporting system and a literature review. Drug Safety, 34 (2011); 839-47.
- ¹⁶ Ciprofloxacin Package Insert, Wayne, NJ, Bayer Healthcare Pharmaceuticals Inc. 11/11
- ¹⁷ Warfarin Package Insert. Princeton, NJ, Bristol-Myers Squibb. 10/11

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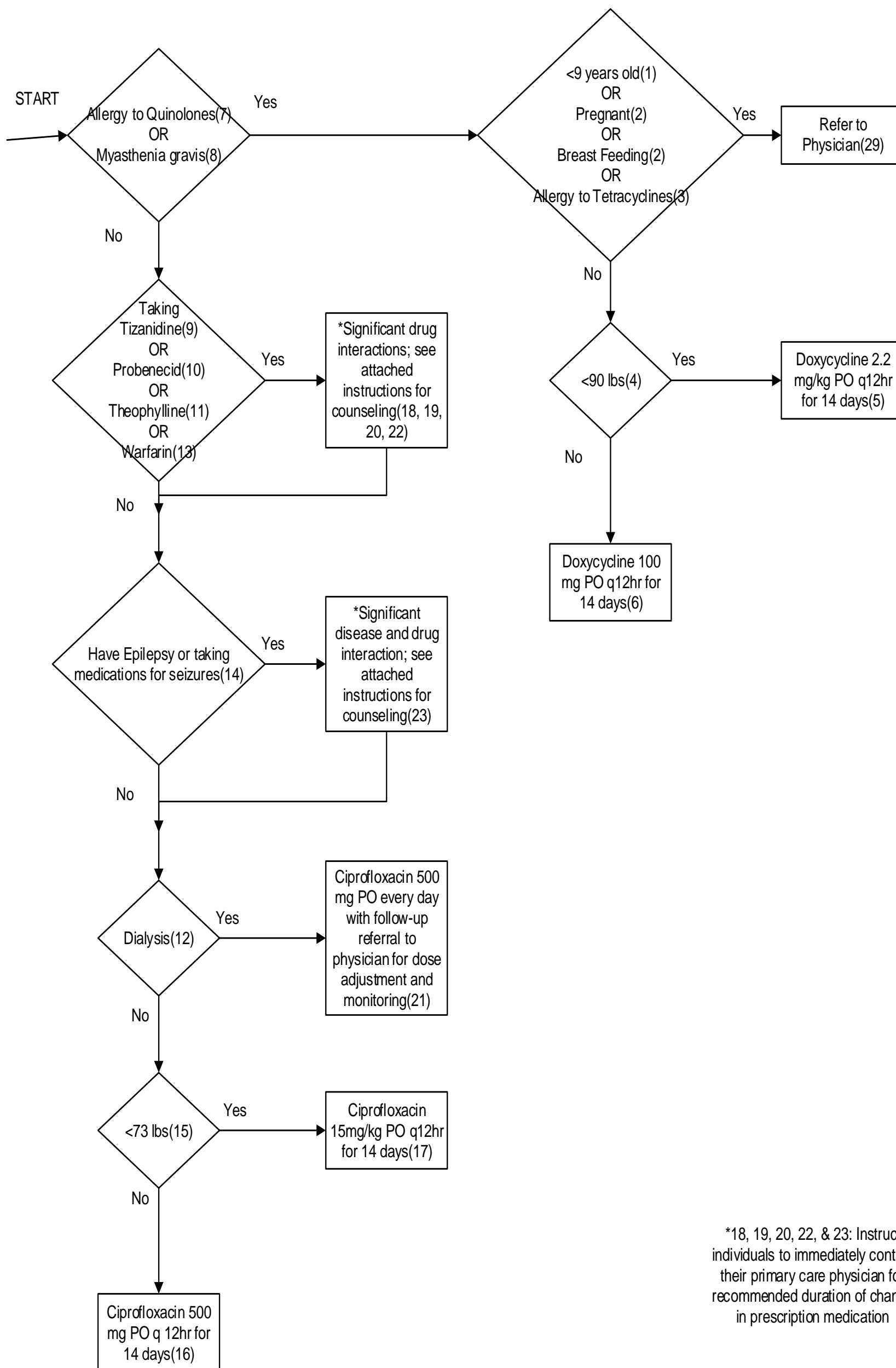
5. Tularemia Post-Exposure Prophylaxis Dispensing Algorithm
 Doxycycline Primary Drug



*18, 19, 20, 22, & 23: Instruct individuals to immediately contact their primary care physician for recommended duration of change in prescription medication

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6. Tularemia Post-Exposure Prophylaxis Dispensing Algorithm
Ciprofloxacin Primary Drug



*18, 19, 20, 22, & 23: Instruct individuals to immediately contact their primary care physician for recommended duration of change in prescription medication

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The flow diagrams and footnotes describe drug selection and dosing information for clients 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.¹ Following a terrorist attack, the Mississippi State Department of Health (MSDH) will designate which of these two drugs will be the primary drug for prophylaxis.

All clients 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 client younger than 9 years? Due to the risk of teeth discoloration associated with tetracycline, children without a quinolone allergy, who have not received all of permanent teeth, should be prescribed ciprofloxacin. Since the age at which obtains his/her permanent teeth varies, it is possible for children under the age of nine 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 client is female, is she pregnant or breastfeeding?
3. Has the client 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).^{7,8}

Clients that are allergic to any medications in the tetracycline class should receive another form of therapy such as ciprofloxacin.

4. Does the client weigh less than 90 pounds (lbs) or 41 kilograms (kg)?
5. Clients less than 90 pounds (41 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				
			20mg 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	1/2	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. Clients greater than 90 pounds should receive a 14 day supply of doxycycline 100 mg by mouth every 12 hours.
7. Has the client 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 eosinophilia (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 (Acelox, ABC Pak); nadifloxacin (Acuatim); norfloxacin (Chibroxin, Noroxin); nalidixic acid (NegGram); ofloxacin (Floxin, Ocuflor); oxolinic acid; pefloxacin (Peflacin); rufloxacin; sparfloxacin (Zagam, Respiac); temafloxacin; trovafloxacin or alatrofloxacin (Trovan).⁸

Clients 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. Does the client have Myasthenia Gravis? Myasthenia Gravis can be exacerbated by use of a fluoroquinolone. Fluoroquinolones including ciprofloxacin have neuromuscular blocking activity and may exacerbate muscle weakness in persons with neuromuscular blocking activity and may exacerbate muscle weakness in persons with Myasthenia Gravis. Post marketing serious adverse events, including death and requirements for ventilator support have been associated with fluoroquinolone use in persons with myasthenia gravis.¹⁵

9. Is the client taking tizandine? Tizandine (Zanaflex) is a skeletal muscle relaxant that is used to treat muscle spasms. Ciprofloxacin increases the systemic exposure of tizandine enhancing its sedative and hypotensive effects. Concomitant use of tizanidine and ciprofloxacin is contraindicated.¹⁶
10. Is the client taking probenecid (Benemid)? Probenecid may decrease the renal excretion of ciprofloxacin, therefore increasing the risk of ciprofloxacin toxicity.
11. Is the client 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.
12. Is the client receiving hemodialysis or peritoneal dialysis?

Clients 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.
13. Is the client taking warfarin (Coumadin, Jantoven)? Warfarin is a anticoagulant used to prevent blood clots in people at risk for stroke, deep vein thrombosis, and pulmonary embolism. Ciprofloxacin may enhance the effects of warfarin leading to increased bleeding risks. Coagulation tests should be monitored.¹⁷
14. Does the client have epilepsy or taking medications for seizures? Ciprofloxacin may cause central nervous system events and should be used with caution in clients with CNS disorders such as epilepsy or other risk factors that may predispose to seizures or lower seizure threshold.¹⁶
15. Does the client weigh less than 73 pounds (lbs) or 33 kilograms (kg)?
16. Clients greater than 73 pounds (33 kilograms) should receive ciprofloxacin 500 mg by mouth every 12 hours for 14 days.
17. Clients less than 73 pounds (33 kilograms) should receive a 14-day supply of ciprofloxacin 15 mg/kg by mouth every 12 hours.

Weight (pounds)	Weight (kilograms)	Dose (mg)	Available Dosage Forms of Ciprofloxacin				
			100 mg tablet	250mg tablet	500mg tablet	250mg/5mL suspension*	500mg/5mL suspension
5-7 lbs	2-3 kg	50 mg PO BID	1/2	1/4		1 mL (1 bottle)	0.5 mL (1 bottle)
8-12 lbs	4-5 kg	75 mg PO BID	3/4			1.5 mL (1 bottle)	0.75 mL (1 bottle)
13-16 lbs	6-7 kg	100 mg PO BID	1			2 mL (1 bottle)	1 mL (1 bottle)
17-20 lbs	8-9 kg	125 mg PO BID		1/2	1/4	2.5 mL (1 bottle)	1.25 mL (1 bottle)
21-26 lbs	10-12 kg	150 mg PO BID	1 1/2			3 mL (1 bottle)	1.5 mL (1 bottle)
27-35 lbs	13-16 kg	200 mg PO BID	2			4 mL (2 bottles)	2 mL (1 bottle)
36-42 lbs	17-19 kg	250 mg PO BID	2 1/2	1	1/2	5 mL (2 bottles)	2.5 mL (2 bottles)
43-48 lbs	20-22 kg	300 mg PO BID	3			6 mL (2 bottles)	3 mL (1 bottle)
49-53 lbs	23-24 kg	350 mg PO BID	3 1/2			7 mL (2 bottles)	3.5 mL (1 bottle)
54-57 lbs	25-26 kg	375 mg PO BID	3 3/4			7.5 mL (3 bottles)	3.75 mL (2 bottles)
58-64 lbs	27-29 kg	400 mg PO BID	4			8 mL (3 bottles)	4 mL (2 bottles)
65-73 lbs	30-32 kg	450 mg PO BID	4 1/2			9 mL (3 bottles)	4.5 mL (2 bottles)
≥ 74 lbs	≥33kg	500 mg PO BID		2	1	10 mL (3 bottles)	5 mL (2 bottles)

*Dosage Forms available through the CDC Strategic National Stockpile Program

18. Stop taking tizanidine and client should consult physician who prescribed medication for alternative medication. If the client cannot stop tizanidine temporarily then an alternative muscle relaxer will need to be taken in combination with ciprofloxacin.¹⁶
19. Due to interaction between probenecid and ciprofloxacin, probenecid should be temporarily stopped. The client should be referred to their primary physician regarding when to restart probenecid and whether a dosage adjustment is necessary.
20. Due to the interaction between theophylline and ciprofloxacin, the dose of theophylline should be decreased by 50%. The client should be referred to their primary physician regarding drug monitoring.
21. Clients receiving hemodialysis or peritoneal dialysis should receive ciprofloxacin 500 mg orally ONCE daily with follow-up and referral to their primary physician for dosage adjustment and monitoring. Give all clients a 14-day supply of medication.

22. Clients who are taking warfarin (Coumadin, Jantoven) should take ciprofloxacin 500 mg by mouth every 12 hours for 7 days with a follow-up appointment with their primary care physician for monitoring of warfarin therapy.¹⁷
23. Clients who have epilepsy or are taking medications for seizures should take ciprofloxacin 500 mg by mouth every 12 hours for 7 days with a follow up appointment with their primary care physician for monitoring of seizures and seizure therapy.¹⁶
29. Refer the clients to a physician for further assessment and drug selection.

References:

- ¹ Inglesby TV, Henderson DA, Bartlett JG, et al. Anthrax as a biological Weapon, 2002. JAMA. 2002; 287: 2236-2252.
- ⁷ Vibramycin[®] Package Insert. NY, NY, Pfizer Inc. 11/01.
- ⁸ Sweetman SC. Martindale, The Complete Drug Reference, 33rd Edition. Great Britain; Pharmaceutical Press. 2002.
- ¹¹ Drug Information Handbook, 8th edition. Hudson, OH; Lexi-Comp. 2000-2001.
- ¹⁵ Jones SC, Sorbello A, Boucher RM, Fluroquinolon-associated myasthenia gravis exacerbation: evaluation of post marketing reports from the US FDA adverse event reporting system and a literature review. Drug Safety, 34 (2011); 839-47.
- ¹⁶ Ciprofloxacin Package Insert, Wayne, NJ, Bayer Healthcare Pharmaceuticals Inc. 11/11
- ¹⁷ Warfarin Package Insert. Princeton, NJ, Bristol-Myers Squibb. 10/11

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7. Policies and Procedures

Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Policy for First Responder Prophylaxis

POLICY BACKGROUND:

Currently, the state of Mississippi has approximately 40,000 first responders. These responders may be deployed to an event which may unknowingly result in exposure to acts of biological terrorism or outbreaks of infectious diseases. Historically, the Mississippi State Department of Health (MSDH) purchased a cache of medications for a three day supply of medications for the first responder and two family members. However, due to the rising cost of medications and funding resources, MSDH is no longer able to purchase a cache for every first responder and two family members. There are three options available to first responders to receive their post exposure medications; the regional cache, enrolling as a closed point of dispensing, or acquiring a personal prescription. With each option, depending on the agent exposed to, additional days of medication may be required.

- Regional Cache - the state purchased a small cache of ciprofloxacin to be used initially in an incident for an affected area. The medications now will be prepositioned in central Mississippi. If an incident occurs within the state, the medications will be quickly distributed to the affected area.
- Closed Point of Dispensing (POD) - The first responder community can pre-enroll before the event to be in a closed POD. The medications would come in a timely fashion from the Strategic National Stockpile through Vendor Management Inventory (VMI) and be delivered to the Mississippi State Department of Health for further distribution to the first responder community. Presently, the district emergency preparedness teams are enrolling city and county staff as well as licensed emergency medical services providers across the state as closed PODs. Once the event occurs, the District Coordination Center will notify the emergency manager for each county to inform of the pickup locations and time.
- Acquiring a personal prescription - This plan calls for first responders to obtain a prescription for an initial 10-day supply of antibiotics from their primary care physician or nurse practitioner to be kept at home for direct access during an emergency.

PURPOSE:

This policy will ensure that first responder personnel receive prophylaxis in a timely manner when responding to a bioterrorism event or outbreak of infectious disease.

POLICY:

- **Regional Cache** - The State Health Officer or designee will issue an official declaration to start dispensing the regimens to essential personnel. Once the declaration has been issued, the cache of medicines will be deployed to the affected county. The Public Health Command/Coordination Center (PHCC) will issue orders to the Office of Emergency Planning and Response Logistics Section for the amount of medication required for the incident. Spreadsheets for the numbers of first responders and amount of medication available will be kept at the District Level as well as by the PHCC and Logistics Section. Transport for the medication will be handled through the Logistics Section. The District Coordination Center (DCC) will then notify the emergency manager of each county when the medications will arrive at the designated pick-up site. This site will be discrete and distinct from the mass dispensing site where the general public will be provided their medication. This plan is based on the assumption that this will be a localized event affecting a region and that the cache strategically placed in the state will provide the medicines to the first responders in that region in a timely manner until the Strategic National Stockpile (SNS) Push Package arrives.

First Responder Personnel will be given a three-day regimen for themselves and up to two additional members of their immediate household. Immediate household is defined as “those individuals that physically reside consistently in the same domicile.” Those members of the immediate household who are not covered by this policy may receive prophylactic treatment at the local SNS Point of Dispensing (POD) site.

The first responder medications are stored in Central Mississippi in an approved pharmacy warehouse where appropriate conditions are monitored in accordance with the Mississippi Board of Pharmacy regulations. Currently, the Mississippi State Department of Health maintains approximately 40,000 regimens of antibiotics. When additional medications are bought, the inventory will be rotated utilizing the first in first out inventory method.

- **Closed PODs** - First Responder personnel will be given a ten-day regimen for themselves and up to three additional members of their immediate household. Immediate household is defined as “those individuals that physically reside consistently in the same domicile.” Those members of the immediate household who are not covered by this policy may receive prophylactic treatment at the local SNS POD site.

The State Health Officer or designee will issue an official declaration to start dispensing the regimens to essential personnel. The District Coordination Center (DCC) will then notify the emergency manager of each county regarding the details of the designated medication pickup. This site will be discrete and distinct from the mass-dispensing site where the general public will be provided their medication.

In accordance with Closed Point of Dispensing (CPOD) policies, the District Public Health Emergency Planning team will annually update the CPOD enrollees.

- Acquiring a Personal Prescription - In a recent communication from the U.S. Department of Health and Human Services, an enhancement to first responder preparedness was presented. This proposal encourages first responders to keep an initial 10-day supply of appropriate antibacterial drugs at home to prevent the development of anthrax infection and disease in the event of an anthrax attack. To accomplish this, the U.S. Department of Health and Human Services encourages first responders to work with their primary care physician or nurse practitioner, who is authorized to prescribe in their state, to provide prescriptions for a 10-day antibacterial drug supply to be kept at home. The first 10-day supply is consistent with national plans to distribute an initial 10-day supply to the entire affected population following an anthrax attack. It is the belief of the U.S. Department of Health and Human Services that first responders should have more immediate access to antibacterial drugs during an anthrax emergency, so that they may devote immediate attention to the needs of the community. This recommendation does not extend beyond the immediate need of first responders, as family members would receive their medications with the general public. Additionally, the cost for medications would be voluntarily borne by the first responder.

A Health Information Form will also be provided for each individual receiving prophylaxis, including any household members for whom the representative is picking up medication. It will be the responsibility of the designated personnel from the first responder group to collect the forms from the individuals who receive medication and forward them to the county health department. The county health department will then forward to the District Coordination Center.

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Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Policy for Labeling of Medication

CURRENT POLICY

In accordance with Article XIV of the Pharmacy Practice Act, Mississippi Board of Pharmacy, before released from the dispensing area, a drug dispensed for an outpatient shall bear a label containing:

- the name and address of the pharmacy:
MSDH Pharmacy
PO Box 1700
Jackson, MS 39205
- the initials or identifying code of the dispensing pharmacist and a prescription number;
- the Director of the Mississippi State Department of Health Pharmacy;
- the name of the prescriber;
- the State Epidemiologist;
- the name of the clients;
- directions for taking the medication;
- the date of the filling of the prescription; and
- any other information which is necessary or required.

A toll-free 24 hour telephone number will be provided on the drug information sheet. This will allow access to medical/drug consultation for those who receive prophylaxis.

BACKGROUND

State and federal regulations specify the information that must be provided on the drug label and the clients information sheet that must be given to the public when dispensing prophylactic medicines.

CSR 21CFR1306.14 and Article XIV of the Pharmacy Practice Act, Mississippi Board of Pharmacy, outline the requirements for labeling of all medications.

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/CFRSearch.cfm?fr=1306.14&SearchTerm=label>

http://www.mbp.state.ms.us/mbop/Pharmacy.nsf/webpages/RegulationsLN_regdb?OpenDocument

The label must contain:

- Date medication dispensed;
- Sequential number;
- Individual's name;
- Prescriber's direction for usage including frequency and route of admission;
- Prescriber's name;
- Name and address of the agency dispensing;
- Name and strength of the drug dispensed;
- Quantity dispensed; and
- Number of times refillable, if appropriate or the words "no refill."

The Strategic National Stockpile (SNS) Program has designed the drug labels to facilitate the manual capture of drug, lot, and recipient information:

Unit-of use bottles have two tabs on their side. Each tab contains the drug name, expiration date, lot number, and a unique prescription number. By affixing one of the tabs to a recipient's health assessment form, the drug and its lot that each receives will be recorded. If the person who dispenses the drug further annotates the form with their identification, date, time and location, then where, when, and how a recipient received the drug can be tracked.

Labels on the unit-of-use bottles that the SNS Program vendor prepares will have only the drug name, strength, quantity, lot number, and unique prescription number. The dispensing sites must provide the above information plus a 24-hour telephone number to call with questions.

Packaging machine labels have a tear-off tab on the bottom of the label that contains the same unique prescription number as the label itself. If this tab is torn off and stapled to the recipient's health assessment form, there will be a link between a drug, its lot and its recipient.

The Centers for Disease Control and Prevention (CDC) has supplied each state with a CD titled Post-Exposure Prophylaxis for Anthrax, Plague, and Tularemia: Clients Drug Information Sheets and Dosing Instruction Labels in 48 Languages. When the software is used to create a label in a language other than English, the English version will contain FDA-required variable information such as prescribing agency, city and state, 24-hour number, prescriber, prescription number, prescription date, and number of tablets in the regimen. Labels in other languages only contain instructions for taking the drug and precautions for using it. The foreign language labels cannot be edited.

The CD is designed to print labels on plain Avery 5395 Name Badge Labels or its equivalent. This label was chosen for several reasons. It holds all required prescription information in English. Its font is readable, but unfortunately the label is too large to fit on the unit-of-use regimen bottles. Instead, affix it to the back of the client information sheet that is given to individuals with their unit-of-use regimen.

Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Prophylaxis of Household Members of Essential Personnel/Frontline Workers during a Bioterrorism or Pandemic Influenza Event.

CURRENT POLICY

Family members, members of household will be included when dispensing to essential personnel/frontline workers during a Bioterrorism event requiring dispensing of prophylaxis medication. This policy is to be utilized statewide at every mass dispensing site.

Traditionally, essential personnel include people commonly known as first responders; that is, those who initially respond to an emergency, such as:

- fire fighters,
- law enforcement officers,
- hazardous material specialists,
- emergency medical services personnel,
- key government leaders to ensure the continuity of operations,
- transportation and public works personnel,
- medical and public health personnel,
- SNS team members and volunteers who support SNS functions
- Essential employees of hospitals.

A person who is a frontline worker/essential and will be receiving prophylaxis at a dispensing site for essential personnel may pick up regimens for up to ten persons in their household. If a first responder has more than ten additional persons in their household, identification, i.e., Social Security card, passport, birth certificate, will be requested.

A household will be defined as persons living together in one home, whether related or not.

The frontline worker should present to the dispensing site with a state ID, address, and phone number. If they do not have ID, they will be turned away from the dispensing site. They should bring with them a list of the persons and pertinent health information for whom they are picking up medication and be able to fill out a health questionnaire on each member of the household. Each member of the household on that list will be assigned their own identifying number and the medication lot number. The list should include the following information:

- Names of household members
- Date of birth of all household members
- Mother's maiden name of all household members

Additional triage information needed for each member will be:

Adult

- Allergies
- Medical conditions
- Current drugs

Children (less than 12 years old)

- Weight
- Allergies
- Medical conditions
- Current drugs

BACKGROUND

Long before an emergency occurs, Mississippi needs to decide which personnel will be essential to response to a public health emergency. Health care agencies under the leadership of public health must also develop plans to provide prophylaxis to frontline workers/essential personnel as quickly as possible once a threat is identified. Inclusions of household members in the plan will ensure a higher level of compliance of workers willing to return to work.

These people and their household members must be protected first from a threat so they can care for the rest of the community. This policy must be consistent across the state to ensure consistency and fairness. Development of well thought out policies and procedures in advance of an event may assist with difficult decisions at that time. Plans made well in advance of an event allows for any training and exercise that may be necessary.

PLANNING ASSUMPTIONS

The following assumptions were carefully considered in the formulation of this policy.

Policy must be statewide; every person in the state will expect to receive the same screening and treatment procedures.

- Policy must have clear guidelines for what is acceptable.
- This could pertain to unrelated members of a “household” as well as relatives.
- The majority of the public/essential personnel will not abuse the system.
- Each member of the household for whom medication is dispensed will be assigned his/her own identifying number, and the medication lot number dispensed to each will be tracked.
- Stringent educational efforts and guidance must be provided to the head of household so that person can educate those receiving the medication.

Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Distribution of Multiple Regimens to a Household Representative

CURRENT POLICY

To expedite the distribution of prophylaxis to the affected population during a Bioterrorism or Pandemic Influenza event, a representative from a household may obtain medication for up to ten persons without them being present. This policy is to be utilized statewide at every mass dispensing site.

A representative from a household is someone 16 years of age or older, who has been designated by a group of persons who want to be viewed as a group or household for purposes of prophylaxis. The Mississippi State Department of Health (MSDH) recognizes that in cases it will be necessary for an individual who legally fits the definition of a minor, but plays a role of leadership within the family, to pick up medication regimens for his/her family. In such cases, the MSDH will distribute that family's medication to that presenting individual given that he/she provides the needed required documentation and completed Health Information Form(s).

If a representative from a household has more than ten additional persons in their household, identification, i.e., Social Security card, passport, birth certificate, will be requested. (A household will be defined as persons living together in one home, whether related or not.)

The representative from a household should present to the dispensing site with a state ID, address, and phone number. If one does not have a government issued ID, they should present with a utility bill or tax return form. If they do not have ID of any sort, they will not be turned away from the mass dispensing site. They should bring with them a list of the persons and pertinent information for which they are picking up medication and be able to fill out a health questionnaire on each member of the household. Each member of the household on that list will be assigned their own identifying number and the medication lot number. The list should include the following information:

- Names of household members
- Age for children under 12 years old
- Weight for children under 12 years old or for anyone weighing less than 90 pounds

Triage information needed for each member will be:

Adult

- Allergies
- Medical conditions
- Current drugs

Children (less than 12 years old)

- Weight
- Allergies
- Medical conditions
- Current drugs

The Interim Risk Communication Plan will include strategies to effectively inform the public about the above policy, so that the head of household will come to the dispensing site with the necessary information. Multi-language and multicultural issues will be addressed in the plan.

BACKGROUND

In a large Bioterrorism event, fast and efficient dispensing of medication will be required to get the population prophylaxis in a very short amount of time. In the worst-case scenarios offered by Centers for Disease Control and Prevention (CDC), that timeline is the entire population in 36 to 48 hours. Decreasing the number of persons standing in line would expedite the process. Development of well thought out policies and procedures in advance of an event may assist with difficult decisions. Plans made well in advance of an event allow for any training and exercises that may be necessary.

The CDC's Strategic National Stockpile programs offer the following guidance. A multiple regimen policy allows an adult to pick up medicines for other members in a family who are sick or incapacitated. A multiple regimen policy potentially shortens dispensing lines, gets people their drugs faster, and reduces public frustration and the staff that must deal with it. It also allows some individuals to acquire more drugs than they should have, but its benefits far outweigh that possibility.

CDC is encouraging states to adopt a policy that allows a representative from a household to pick up antibiotics for their family. It is up to the state to make that decision and to make guidelines for making that process simple.

Many states will allow a representative from a household to pick up antibiotics for other family members to expedite the dispensing process after providing required information - medical history for each, allergies, weight of child.

PLANNING ASSUMPTIONS

The following assumptions were carefully considered in the formulation of this policy.

Policy must be statewide; every person in the state will expect to receive the same screening and treatment procedures.

- Policy must have clear guidelines for what is acceptable.
- This could pertain to unrelated members of a “household” as well as relatives.
- The majority of the public will not abuse the system.
- No one will be turned away at a dispensing site because of lack of identification or any other reason.
- Each member of the household for whom medication is dispensed will be assigned his/her own identifying number, and the medication lot number dispensed to each will be tracked.
- Stringent educational efforts and guidance must be provided to the head of household so that person can educate those receiving the medication.

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Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Distribution of Prophylaxis Regimens to Closed Points of Dispensing (CPODs) such as Hospitals, Non-Hospital Institutions, Long Term Care Facilities, Home Health Agencies, Large Businesses, and Large Churches.

CURRENT POLICY

To expedite the distribution of prophylaxis to the affected population during a Bioterrorism or Pandemic Influenza event, a representative for populations that are distributing medications in CPOD populations housed in long term care facilities, institutions that are sheltering in place such as nursing homes, personal care homes, home health, detention center, and prisons or are associated with other entities such as large businesses or large churches, will be required to pick up medication for these entities from the pre-designated dispensing center. This policy is to be used statewide.

A representative from a CPOD may pick up medication for the populations of their facility if they are able to meet the following criteria.

- Complete a Provider Enrollment Form provided by Mississippi State Department of Health (MSDH) (which will be updated annually).
- Have a coordinating physician or pharmacist who will oversee the dispensing of medications and/or administration of vaccine according to the State Strategic National Stockpile (SNS) plan standing orders. The physician or pharmacist does not have to be on-site, but staff will work under his/her direction.
- The CPOD point of contact for the facility will be contacted annually by Mississippi State Department of Health (MSDH) for renewal of the Provider Enrollment Form and updates of the number of persons to receive medication and/or vaccine. MSDH will maintain specific information in the Receiving, Staging, and Storing Inventory Management System, and orders will be placed on a separate pallet and shipped to a specified dispensing site.
- A representative from the facility, with proper identification, will pick up medications, vaccine, and/or supplies from the pre-designated POD site. The facility will provide MSDH with the name of the representative designated to pick medications, vaccine, and/or supplies prior to pick up.
- Upon arrival at the designated dispensing site, the representative will present two personal ID's one issued by the facility, and a picture ID issued by the state.
- The representative will sign for the supplies.

- The facility will notify the Mississippi State Department of Health (MSDH) when the supplies reach the facility and if there are any discrepancies between the order and delivery. The contact information will be given to the facility at time of mediation/supply pick up.
- The facility will follow the same treatment algorithm as used in the standing orders for the state.
- The facility will be responsible for administration of the medications/vaccine, distribution of information sheets, and collection of completed health information forms. Health information forms will be returned to MSDH within 48 hours for client tracking.
- The facility agrees to make no charge for the medication/vaccine or for any of the services provided as a part of the administration of the medication/vaccine.
- For the purpose of State and/or Federal laws and regulations, the facility must maintain and make available all records to the Mississippi State Department of Health, the U.S. Department of Health, the U.S. Department of Health and Human Services, and/or their assignees or agents. The facility must also comply with Presidential Executive Order No. 12549, Certification Concerning Debarment and Suspension.

BACKGROUND

In a large Bioterrorism event, fast and efficient dispensing of medication will be required to get the population prophylaxis in a very short amount of time. In worst-case scenarios offered by the Centers for Disease Control and Prevention, that timeline is to provide prophylaxis to the entire population in 48 hours. With the knowledge that security and transport resources will be fully taxed during this time, it is not feasible to send delivery trucks with security personnel to every closed Point of Dispensing or long term care facility in the state. Also, allowing staff, or persons associated with a facility to receive medications at their place employment will ensure a higher level of compliance of workers willing to return to work.

Again, decreasing the number of persons standing in line would expedite the process. Development of well thought out policies and procedures in advance of an event may assist with difficult decisions. Plans made well in advance of an event allow for any training and exercise that may be necessary. This policy must be consistent across the state to ensure consistency and fairness.

PLANNING ASSUMPTIONS

The following assumptions were carefully considered in the formulation of this policy.

- Policy must be statewide; every person in the state will expect to receive the same screening and treatment procedures.
- Policy must have clear guidelines for what is acceptable.
- The majority of the public care facilities will not abuse the system.

Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Procedures for Administering Investigational New Drugs in accordance with the Food and Drug Administration (FDA) Regulations.

CURRENT POLICY

Informed Consent shall be obtained from individuals administered prophylactic medication(s) as investigational new drugs in accordance with FDA regulations. Informed consent shall be documented by the use of a written consent form provided by the Centers for Disease Control and Prevention (CDC) and signed and dated by the individual or the individual's legally authorized representative at the time of consent. A copy shall be given to the person signing the form.

BACKGROUND

All of the drugs in the SNS have long-established safety and efficacy records. However, some are not FDA-labeled to treat specific agents release by a terrorist. In the event of a Bioterrorism incident, CDC will send consent/assent forms, information sheets, protocols/treatment guidelines, case report forms, adverse event reporting forms, and other specialty items. States will be required to let CDC know the languages needed for the forms.

Currently, the following drugs in the Strategic National Stockpile (SNS) are considered investigational:

- Anthrax vaccine for anthrax post exposure prophylaxis
- Amoxicillin for anthrax post exposure prophylaxis
- Gentamicin for tularemia treatment
- Gentamicin for plague treatment
- Ciprofloxacin for tularemia post exposure prophylaxis
- Ciprofloxacin for tularemia treatment
- Ciprofloxacin for plague post exposure prophylaxis
- Smallpox vaccine (Wyeth)
- ACAM 1000 smallpox vaccine
- ACAM 2000 smallpox vaccine
- Cidofovir for treatment of adverse reactions to smallpox vaccine

Non-IND drugs in SNS (FDA-approved indications) include:

- Anthrax vaccine for pre-exposure prophylaxis
- Ciprofloxacin for Anthrax treatment and post-exposure prophylaxis
- Doxycycline for Anthrax treatment and post-exposure prophylaxis
- Doxycycline for plague and tularemia treatment or post-exposure prophylaxis
- Botulinum antitoxin trivalent beepers A, B, E, for botulism

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Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Procedures for Adverse Event Reporting after Medical Countermeasures have been Administered during a Public Health Emergency.

CURRENT POLICY

The following assumptions are made in developing this policy:

- There has been a declaration of emergency.
- Adverse events may occur following the administration of medication/vaccination.
- The Vaccine Adverse Event Reporting System (VAERS) shall be the method for reporting adverse events related to vaccine administration
- Vaccine Safety Coordinator shall be designated for the event where vaccines are administered.

Policies specific to the Mississippi State Department of Health (MSDH):

If a client exhibits symptoms of an adverse event while still at the Point of Dispensing (POD) site, the client will be sent to POD site First Aid for medical evaluation and triage to local medical provider or Emergency Room (ER).

Upon exit, clients will be advised to call contact phone # listed on exit documents for potential problems that might include adverse events. At call center, the client will be triaged to determine if further medical attention from their local provider or nearest ER is needed. A contact phone number for the individual will be collected at call center to do public health follow-up for completion of the Food and Drug Administration adverse event form at a later date.

VACCINES:

- Reported events shall be recorded through the normal VAERS channels.
 - Complete the Adverse Event Report form.
 - Ensure client information form is kept confidential.
- Form is to be delivered to Vaccine Safety Coordinator.
- Vaccine Safety Coordinator is to report to Office of Epidemiology who will then contact the Centers for Disease Control and Prevention VAERS office.

ORAL MEDICATION

- The State Strategic National Stockpile (SNS) Coordinator will contact the US Food and Drug Administration Adverse Event Reporting System (AERS) phone # 1-888-463-6332 for serious adverse events as classified on their website at:

<http://www.fda.gov/Safety/MedWatch/HowToReport/ucm053087.htm>

- The State SNS Coordinator will contact the Centers for Disease Control and Prevention (CDC) Emergency Response Hotline at 770-488-7100 or phone # designated at the time of the event.

BACKGROUND

In the event of a mass medical countermeasure event where either vaccines or medications are dispensed, there is the potential for an adverse event. The policy in the SNS plan title “Client Information Sheets” explains that Mississippi will utilize the CDC Information template and apply the 24-hour Hotline contact phone # prior to printing sheets.

National adverse event reporting systems will be utilized by the Mississippi State Department of Health (MSDH) in situations requiring administration of medical countermeasures through the strategic national stockpile. MSDH recognizes and adheres to the CDC Vaccine Adverse Event Reporting System (VAERS) processes and these would also be followed systematically during a Point of Dispensing (POD) event. In the Mississippi Public Health Nursing manual under the standing orders for immunization, the guidance is given regarding adverse event reporting/VAERS reports. The Office of Epidemiology is the primary CDC conduit to VAERS. The CDC # of 770-488-7100 is utilized for VAERS. The US Food and Drug Administration (FDA) adverse event reporting program MedWatch will be used for adverse events related to oral medication administration.

The CDC operates the VAERS program while the US FDA operates the AERS program.

Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Client Information Sheets

CURRENT POLICY

Agent-specific and drug-specific Client Information Sheets, as developed by the Centers for Disease Control and Prevention (CDC), shall be provided to all individuals receiving prophylaxis. These Client Information Sheets are available on the CDC web page (www.cdc.gov). Additionally, the latest copy is held with the Mississippi State Department of Health (MSDH) Office of Emergency Planning and Response - Medical Support Branch.

Additional copies of information pieces can be produced by the MSDH print shop at the rate of 300 pieces a minute or 300,000 per 24 hours.

BACKGROUND

The CDC will provide a CD with software that can be used with a computer to print multi-language Client Information Sheets for each drug and threat. These appear as electronic templates on the CD in Adobe Acrobat® format. They allow the user to insert the dispenser's name, the prescriber's name, and a 24-hour phone number for questions.

The following information should be provided to all individuals receiving prophylaxis:

- Conditions for which the medications has been prescribed;
- Investigational New Drug form (if required);
- Effects of medications, expected and untoward actions;
- How, when, what, and amount of medication to take;
- When to return for refill of medication;
- The 24/7 number to call if they experience side effects or become ill;
- Warning to keep the adult medication out of reach of children, and to not give children the adult medication;
- Explanation of why they may not be getting the same drug given to their family members, or a neighbor;
- The importance of taking the prescribed treatment for the full period prescribed; and
- Care of vaccination site (if smallpox vaccination).

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Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Storage, Control, and Chain of Custody for Strategic National Stockpile (SNS) Material

CURRENT POLICY

SNS material stored in staging, storage, and in transit shall be under appropriate temperature and security controls, including appropriate chain of custody procedures. Controlled substances shall have additional criteria for chain of custody in accordance with all applicable State and Federal laws governing storage and transfer of controlled substances.

BACKGROUND

Chain of custody aids in tracking SNS material to treatment centers and dispensing sites. Identification of end-point distributors is important in the event of drug or product recall, requirement for alternate drug regimen, and tracking of controlled substances and material designated by the State and Centers for Disease Control and Prevention for return to the Division of the Strategic National Stockpile. Registrants who transfer controlled substances must ensure that the people to whom they transfer the drugs have the proper Drug Enforcement Administration registration. The registration must keep a detailed chain-of-custody record of all transfers.

Warehouse personnel, in accordance with a floor plan that is optimal for the chosen facility, will store the cargo containers. The color-coded document pouch cover on the side of each container identifies the type of product it holds. Within the document pouch is a list of the container's contents and a diagram of the position of the products in the container.

SNS material in staging, storage, and in transit must remain at appropriate temperatures to ensure its potency (58-86°F). Refrigeration is available at each Receiving, Staging, and Storing (RSS) site. Appropriate manual, electromechanical or electronic temperature and humidity recording equipment, devices, and/or logs shall be utilized to document proper storage of SNS material. Temperature data shall be recorded daily.

Requests for SNS medical material will be logged by the RSS Inventory Management System Unit and pick lists will be generated. Once an order request has been picked, it shall be staged in the following manner:

- All boxes/pallets shall be grouped together in the warehouse staging area and the recipient clearly identified;
- The Quality Assurance/Quality Control unit shall verify pallets and the Staging and Shipping Identifier shall be completed;
- Copies of the pick sheet and Staging and Shipping Identifier shall be utilized to document chain of custody. These forms should be placed in an envelope for transport with the order. (Please note the originals should be retained by the Inventory Management System Unit.) Name and physical address of the medical entity should be placed on the envelope.
- Controlled substances shall have additional criteria for chain of custody, which is detailed below.

Controlled substances stored at the Receiving, Staging and Storing (RSS) site shall remain in the specialized hardened air cargo containers that have met the Drug Enforcement Administration's (DEA) approval for secure storage until of dispersal. Upon arrival of the specialized hardened air cargo containers, the Clinical Liaison shall immediately inventory controlled substances in the presence of a member of the Centers for Disease Control and Prevention Stockpile Service Advance Group (SSAG), if SSAG was activated for event. Perpetual inventory for all controlled substances shall be immediately initiated.

Requests for Schedule II controlled substances shall be executed by the DEA registrant at the treatment center/dispensing site by faxing a signed DEA Form 222 to the RSS site. Controlled substances of Schedule III, IV, or V may be requested under standard procedures for requesting other medications and supplies from the SNS.

Two persons shall stage controlled substances in portable lock boxes. Signatures of both persons staging controlled substances shall be required on the pick list, thus verifying inventory staged.

The pick list will serve as the detailed chain-of-custody record and is to be placed in the portable lock box prior to sealing the box. For C-II substances chain of custody records must also include a DEA Form 222. At the treatment center/dispensing site the DEA registrant will sign all pick lists for controlled substances and provide the appropriate section of the original signed DEA Form 222, if applicable.

Signed forms are to be returned to the RSS site. Discrepancies of controlled substances shall be immediately reported to the Pharmacy Unit at the RSS site by the DEA registrant at the treatment center/dispensing site. Upon notification of such discrepancy, the Pharmacy Unit Leader will order an immediate inventory of said controlled substance(s) in efforts to resolve the discrepancy.

Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Procedures for Return of Controlled Substances to the Mississippi State Department of Health (MSDH) from Receiving Medical Entities

CURRENT POLICY

This policy is executed in two parts: the first part speaks to actions required by the receiving medical entity; the second part addresses policies specific to the MSDH.

Return of controlled substances by the receiving medical entity:

- A representative from the MSDH will contact each medical entity to verify request for return of assets, including controlled substances, and to coordinate a time for pick-up of assets.
- A representative wearing appropriate identification from MSDH shall pick-up assets from the medical entity.
- A copy of all paperwork received by the medical entity with the Strategic National Stockpile (SNS) assets (e.g., pick-sheets) will be provided by the medical entity to the MSDH representative.
- Controlled substances will be inspected and counted prior to transfer of custody. The MSDH representative and person from medical entity verifying count and product integrity shall sign the controlled substance pick sheet to indicate accuracy and transfer of product back to MSDH. The signed pick sheet should be placed inside the box of controlled substances and sealed for transport.
- The Return of SNS Assets transport form (presented by the MSDH representative) will be signed by the individual returning SNS assets from your institution. A copy of this form should be retained by the medical entity.

Policies specific to the MSDH:

- Controlled substances returned to MSDH from receiving medical entities shall be housed, inventoried, secured, maintained, and distributed by the MSDH Department of Pharmacy.
- In the event that MSDH is operating a warehouse other than the Receiving, Staging and Storing site for inventory and distribution of assets in emergency response efforts, controlled substances shall not be housed at that warehouse, but shall be housed by the MSDH Department of Pharmacy as state above.
- It is understood that controlled substances may be shipped concurrently with other disaster relief medical assets as part of recovery and return efforts. The policy outlined below will guide actions concerning controlled substances:

- The party responsible for shipping controlled substances shall remain on site at the warehouse until controlled substances have been identified by warehouse personnel and arrangements for transport of controlled substances to the Mississippi State Department of Health (MSDH) Department of Pharmacy are complete.
- Containers storing controlled substances entering the warehouse from return of assets by local medical entities should be identified immediately by both the sending and receiving parties and receiving parties.
- Containers storing controlled substances shall be separated from other assets, inspected by warehouse personnel for integrity, and given to the shipper for transport to the MSDH Department of Pharmacy.
- The warehouse shall maintain a log of numbers of containers of controlled substances. This log shall include:
 - Name and address of medical entity returning controlled substances
 - Name of driver/shipper
 - Name of warehouse personnel inspecting integrity of container
- At the end of each business day, receipt of these containers by the MSDH Department of Pharmacy shall be verbally verified in coordination with warehouse personnel and personnel from the MSDH Department of Pharmacy and the log annotated to reflect this information.
- In the event that MSDH is operating a warehouse other than the Receiving, Staging and Storing site for inventory and distribution of assets in emergency response efforts, the MSDH Department of Pharmacy is responsible for receiving, inspecting, counting, distributing, and maintaining a perpetual inventory of all controlled substances. Controlled substances may be received as part of distribution efforts or as part of recovery and return efforts.

BACKGROUND

A “medical entity” is considered to be any facility providing medical care within the state of Mississippi to victims of a disaster. These entities may include, but are not limited to, hospitals, clinics, mobile emergency clinics, and Disaster Medical Assistance Team clinics.

Extenuating circumstances surrounding each emergency may dictate Federal and State policies on distribution, dispensing, and return of controlled substances. After Hurricane Katrina slammed into the Mississippi Gulf Coast in 2005, Federal relief efforts to expedite distribution of Schedule II controlled substances included issuance of a waiver by the Drug Enforcement Administration (DEA) on immediate collection of DEA Forms 222; these forms were obtained from DEA Registrants at state and local levels “after the fact.” Additionally, during state recovery efforts from Hurricane Katrina, the DEA allowed the execution of an Order Form 222 from the recipient for only the amount of Schedule II Controlled Substances used by the dispensing/administering hospitals. The return of Schedule II controlled Substances to MSDH was deemed to have never been distributed and thus, required no Order Form 222 from the hospital.

The State of Mississippi, in accordance with the Mississippi Board of Pharmacy, will correspond with the Food and Drug Administration and the Drug Enforcement Agency for guidance on specific policies and/or procedures issued in response to each emergency.

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Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Procedures for Disposal of Biomedical Waste at the Receipt, Stage and Store (RSS) Warehouse and at Points of Dispensing (PODs)

CURRENT POLICYSharps (including needles and syringes)

Purpose	To safeguard personnel against needle stick or other sharps injuries
Equipment/Supplies	<p>Commercially prepared containers for disposal of sharps with special feature to allow for safe disposal of needles.</p> <p>Safety needle devices as available, such as retractable venipuncture needle holders, retractable syringes.</p>
Procedures	<p>Venipuncture needle holders/syringes with engineering controls allowing for retraction of the contaminated needle are recommended.</p> <p>Never recap a needle. In disposing of needles and syringes, place the syringe and uncapped needle into the hard plastic, non-porous container. In disposing of venipuncture needles from a needle cuff, use a one handed technique.</p> <p>Other sharps items include but are not limited to lancets, capillary tubes, hemacue cuvettes, and microscope slides.</p>
Precautions	<p>Exercise extreme precaution in disposal of contaminated needles and sharps to prevent injury.</p> <ul style="list-style-type: none"> • Do not cut, clip, bend, or break needles.

	<ul style="list-style-type: none"> • Do not recap contaminated needles. • Do not over fill container. Do not fill past FILL line or greater than 2/3 full. <p>Store containers out of the reach of children.</p>
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Used Sharps: Filled Containers

Purpose	To assure safe disposal of used sharps/needles.
Equipment/Supplies	Commercially prepared hard plastic needle/sharps disposal container which is leak-proof, rigid, puncture resistant with a tight fitting lid for safe disposal of sharps/needles.
Procedures	<p>The container should be closed and labeled with closure date and tightly lidded to preclude loss of the contents.</p> <p>An appropriate waste contractor for removal from the facility will be utilized</p> <p>Infectious Medical waste must be removed from the facility within 90 days.</p>
Precautions	<p>Sharps containers shall be stored in a closet storage area limited to access by authorized personnel only.</p> <p>The entrance of the storage area should be labeled as "Biohazard" or Infectious Medical Waste".</p>

BACKGROUND

Medical waste is defined according to the Medical Waste Tracking Act of 1988 as “any solid waste that is generated in the diagnosis, treatment, or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biologicals.” The definition includes discarded needles used to give shots (medical sharps). Proper disposal of medical waste is of utmost importance to ensure the safety of the public, staff, and waste workers.

PLANNING ASSUMPTIONS

The following assumptions were considered in the formulation of this policy.

- The policy is consistent and follows normal procedures for disposal of biomedical waste at the Mississippi State Department of Health.
- The Points of Dispensing Sites will rely on the District Coordination Center to arrange pick up of biomedical waste.

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Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Distribution of Prophylactic Medication Regimen or Vaccination to an Unaccompanied, Unemancipated Minor

CURRENT POLICY

An unaccompanied, unemancipated minor 12 years of age or older may consent for receipt of prophylactic medication regimen or vaccination at a point-of-dispensing facility if he/she is of sufficient intelligence to understand and appreciate the consequences of the proposed prophylactic drug regimen or vaccination.

If it is deemed that the unaccompanied, unemancipated minor 12 years of age or older does not satisfactorily appreciate the consequences of the proposed prophylactic drug regimen, he/she will be routed to the Blue Medication table where a physician will be available for consultation.

BACKGROUND

The following pertinent sections of *Miss. Code Ann. § 41-41-3* addresses response authorities regarding consent to surgical or medical treatment and procedures. The Mississippi State Department of Health may exercise its legal authority as needed to respond to public health and medical emergencies.

§41-41-3. Consent for surgical or medical treatment or procedures on unemancipated minors.

(1) It is hereby recognized and established that, in addition to such other persons as may be so authorized and empowered, and one (1) of the following persons who is reasonably available, in descending order of priority, is authorized and empowered to consent on behalf of an unemancipated minor, either orally or otherwise, to any surgical or medical treatment or procedures not prohibited by law which may be suggested, recommended, prescribed or directed by a duly licensed physician:

- (a) The minor's guardian or custodian.
- (b) The minor's parent.
- (c) An adult brother or sister of the minor.
- (d) The minor's grandparent.

(2) If none of the individuals eligible to act under subsection (1) is reasonably available, an adult who has exhibited special care and concern for the minor and who is reasonably available may act; the adult shall communicate the assumption of authority as promptly as practicable to the individuals specified in subsection (1) who can be readily contacted.

(3) Any female, regardless of age or marital status, is empowered to give consent for herself in connection with pregnancy or childbirth.

Sources: Codes, 1942, § 7129-81; Laws, 1966, ch. 478, § 1; Laws, 1984, ch. 347; Laws, 1998, ch. 542, § 17 eff from and after July 1, 1998.

PLANNING ASSUMPTIONS

The following assumptions were considered in the formulation of this policy.

- Policy must be statewide: every person in the state will expect to receive the same screening and prophylaxis procedures.
- The Mississippi State Department of Health recognizes that in the event of a catastrophic biologic attack of terrorism, the importance of distributing appropriate vaccine or medication to the public in a 36 to 48 hour post event time frame cannot be minimized; thus the terminology Mass Prophylaxis.
- Further MSDH recognizes that in cases it will be necessary for an individual who legally fits the definition of a minor, but plays a role of leadership within the family, to pick up medication regimens for himself/herself as well as for his/her family.
- As such, distribution is based on the Health Information Form. Persons are not expected to take the medication at the Point of Dispensing; but rather, self-administer at home. Self-administration is accomplished without personalized physician advice or physical examination and minimal expectation of medical history.

Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Distribution of Prophylaxis Regimens to Mississippi State Department of Health (MSDH) Closed Point of Dispensing (POD)

CURRENT POLICY

To expedite the distribution of prophylaxis to the affected population during a Bioterrorism or Pandemic Influenza event, the Receipt, Staging, and Storage (RSS) will deliver a direct shipment to the MSDH Central Office and District Offices in the areas affected. Any discrepancies, questions, or resupply needs would be directed to the Public Health Command/Coordination Center.

- **Central Office**
The shipment at Central Office will be delivered to the Osborne Auditorium where the State Epidemiologist or designee will sign for the medication. The amount of medication will be the number of staff times four (to account for three family members). The amount estimated would be 1,000 for staff and 3,000 for family members with the total estimated amount being 4,000. Staffing support will come from the Central Office chief nurses and other departments as needed.
- **Field**
At the District Offices, the medication will be received and signed by the District Administrator or designee. The amount of medication will be determined by the situation.

Two options include:

- There are an estimated 175 staff members employed at each district times four (to account for three family members). Each district would need 700 regimens, 175 for staff and 525 for family members.
- Approximately 125 staff members are needed to work one 12 hour shift of an Open POD. For a 24 hour shift, 250 staff members are needed times four (to account for three family members). The total amount would be 1,000 regimens per POD site, 250 for staff members and 750 for family members for a 24 hour operational period.

-H**	H to H+12 hours	H + 12 to 24 hours	H +24 to 36 hours	H+ 36 to 48 hours	H + 48 hours ->
<ul style="list-style-type: none"> • Surveillance • Bioterrorism event suspected • Lab Testing/ Possible Confirmation • PHCC Activation 	<ul style="list-style-type: none"> • Decisions: <ul style="list-style-type: none"> ➢ Counties affected ➢ Number and location of POD sites to open ➢ Priority of Shipments* <ul style="list-style-type: none"> ○ Hospitals with treatment needs ○ PODS – Open ○ PODS-Closed • RSS Activation • POD Activation/ Setup 	<ul style="list-style-type: none"> • RSS Distribution • Continued POD Preparation • First Responder Prophylaxis • Staff Prophylaxis (MSDH Closed POD) 	<ul style="list-style-type: none"> • RSS Distribution • Dispensing of Medications to Public 	<ul style="list-style-type: none"> • RSS Distribution • Dispensing of Medications to Public 	<ul style="list-style-type: none"> • Potential 50 day resupply • Demobilization

* Within a given geographic radius, priority will be determined by RSS Transportation Lead until altered by PHCC.

** H stands for occurrence of event

BACKGROUND

In a large Bioterrorism event, fast and efficient dispensing of medication will be required to get the population prophylaxis in a very short amount of time. In the worst-cast scenarios offered by the Centers for Disease Control and Prevention, the timeline is to provide prophylaxis to the entire population in 48 hours.

Decreasing the number of persons standing in line would expedite the process. Also, allowing staff or persons associated with a facility to receive medications at their place of employment will ensure a higher level of compliance of workers willing to return to work.

Development of well thought out policies and procedures in advance of an event may assist with difficult decisions. Plans made well in advance of an event allow for any training and exercise that may be necessary. This policy must be consistent across the state to ensure consistency and fairness.

PLANNING ASSUMPTIONS

The following assumptions were considered in the formulation of this policy:

- Policy must be statewide; every person in the state will expect to receive the same screening and treatment procedures.
- Policy must have clear guidelines for what is acceptable.

Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Mississippi State Department of Health (MSDH) Strategic National Stockpile (SNS) Point of Dispensing (POD) Modified Medical Model

CURRENT POLICY

MSDH has developed a plan using the Centers for Disease Control and Prevention's SNS program guidance on how to carry out the mass dispensing process. Within the plan, Public Health Nurses (PHN) or appropriate volunteers will be utilizing the PHN standing orders set forth by agency policy in order to complete the dispensing process. These standing orders coincide with the algorithms that are in Section IV of the SNS plan. The standing orders are functions, tasks, or acts that have been delegated to the PHN by the State Health Officer.

The closed point of dispensing sites will need a medical consultant to provide support in POD operations. This medical professional could be a physician, nurse practitioner, or pharmacist. The medical professional does not have to be physically present at the Closed POD site and would be responsible for two functions:

1. Guide the Closed POD site to dispense the medications or vaccinations according to the algorithms set forth in Section IV of the SNS plan and utilize the Health Information Form found in Section V of the SNS plan.
2. Be available to answer any questions regarding potential issues with the medication dispensed that might arise from the Closed POD staff during the event.

In case of adverse events, the SNS plan guides the POD site (whether open or closed) to issue the following upon exit from the facility:

- Information pertaining to the drug issued (updated forms located on the Centers for Disease Control and Prevention website at the time of the event)
- Hotline phone numbers set forth by MSDH for potential adverse events

BACKGROUND

The mass dispensing process will present many challenges during times of a disaster. Therefore, it is imperative that proper planning be done in advance to ensure the nearly three million residents in our state have access to life-saving medications during an emergency event such as plague, tularemia, or anthrax. There are various models utilized around the country with the three main models

being the traditional medical model, the modified medical model, and the non-medical model. Mississippi State Department of Health (MSDH) follows the modified medical model for its mass dispensing processes.

The medical model follows the traditional system of a physician-client interaction that will lead to a decision of the necessary care and medication. This model would be extremely difficult, virtually impossible to achieve, during a biological emergency that warranted mass dispensing. The non-medical model is utilized using non-medical personnel to ensure the entire population is medicated during a crisis. One such state, Kentucky, utilizes this model in Louisville, where the postal delivery system is the conduit to issuing the ordered prophylaxis medication for mass dispensing. In Mississippi, a modified medical model is utilized in order to have an approved medical consultant to support the process while still working toward the goal of mass dispensing in a timely manner.

REFERENCE DOCUMENTATION

The Centers for Disease Control and Prevention established the POD Standards Guide in April 2008. This document was an excerpt from the draft report entitled: *Recommended Infrastructure Standards for Mass Antibiotic Dispensing*, C. Nelson, E. Chan, A. Chandra, et al., RAND Corporation.

Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE:

Procedure for Training Mississippi State Department of Health (MSDH) Staff and Others in Point of Dispensing (POD) Operations

PROCEDURE BACKGROUND:

In a large Bioterrorism event, fast and efficient dispensing of medication will be required to get the population prophylaxed in a very short amount of time. In the worst-case scenarios offered by Centers for Disease Control and Prevention (CDC), that timeline is the entire population in 36-48 hours post exposure. The MSDH has conducted training and full scale Strategic National Stockpile (SNS) exercises for the staff of MSDH and private providers since 2003. Through the years, there is significant staff turn-over. Therefore, it is important to maintain the high level of competence and knowledge in SNS Operations and management of the POD, including both general population PODs run by MSDH and the Closed PODs run by private providers. Planning, training, and exercise are essential to ensure that the citizens of Mississippi receive medications in the desired timeframe to prevent illness and even death. Through the Homeland Security Exercise and Evaluation Program (HSEEP) process, MSDH has captured the need for on-going training and exercising in After Action Reports which will assist in maintaining the level of competence to manage POD operations.

PURPOSE:

The purpose of this training procedure is to ensure that MSDH staff and private provider staff maintain a level of competence in SNS POD operations. This medical countermeasure capability will help to ensure that the entire population of Mississippi can be cared for in the event of Bioterrorism, a Pandemic Influenza event, or other hazard.

PROCEDURE:

The SNS training schedule will be based on CDC Cooperative Agreement guidance and the availability of funding. Training will also be based on the needs assessment and requests from MSDH employees. The SNS Program in the Office of Emergency Planning and Response in conjunction with the MSDH Office of Field Services will review training and exercise plans for MSDH staff.

Through utilization of the South Central Public Health Partnership's Preparedness & Emergency Response Learning Center, the SNS Program will offer on-line training for Open Point of Dispensing and Closed Point of Dispensing. On-line courses will be offered to staff and staff will receive certificates at the completion of these courses.

Recommended training to be offered to the Public Health districts are as follows:

- SNS Point of Dispensing (POD) Strike Team Leader Training every 3-5 years based on the district needs
- SNS POD Dispensing Unit Lead Training every 3-5 years based on the district needs
- SNS District Coordination Center Training every 5 years
- SNS and POD Administration Unit Lead Training every 5 years
- SNS and POD Planning Unit Lead Training every 5 years
- SNS and POD Finance Unit Training every 5 years
- SNS and POD Logistic Unit Lead/Team Training every 5 years
- Training/Introduction to the University of Alabama Birmingham (UAB) Learning Management System and courses offered by UAB to be conducted by the District Emergency Preparedness team for all new hired employees within the District
- SNS modules available on the MSDH Learning Management System

Recommended training to be offered to the Closed Point of Dispensing (CPOD) enrollees and volunteers are as follows:

- Three regional CPOD Trainings for hospitals, nursing homes, and others, annually.
- SCPHP Learning Management System courses offered by UAB

Recommended Exercises:

Based on feedback from MSDH employees, Point of Dispensing Exercises are needed to maintain knowledge and competence in POD operations. MSDH county and district employees have requested/recommended yearly POD Exercises. Due to financial constraints, yearly POD exercises are recommended to be rotated among districts.

Strategic National Stockpile
Office of Emergency Planning and Response
Policy Recommendation

POLICY TITLE

Procedure for Training MSDH Staff and Others in Receipt, Stage and Store (RSS) Operations

PROCEDURE BACKGROUND

In a large Bioterrorism event, fast and efficient dispensing of medication will be required to get the population prophylaxed in a very short amount of time. In the worst-case scenarios offered by the Centers for Disease Control and Prevention (CDC), that timeline is the entire population in 36-48 hours post exposure. The Mississippi State Department of Health (MSDH) has conducted training and full scale Strategic National Stockpile (SNS) exercises for the staff of MSDH and private providers since 2003. Through the years, there is significant staff turn-over. Therefore, it is important to maintain the high level of competence and knowledge in SNS Operations and management of the RSS. Planning, training, and exercises are essential to ensure that the citizens of the Mississippi receive medications in the desired timeframe to prevent illness and even death. Through the Homeland Security Exercise and Evaluation process, MSDH has captured the need for on-going training and exercising in After Action Reports which will assist in maintaining the level of competence to manage RSS operations.

PURPOSE

The purpose of this training procedure is to ensure that MSDH staff and private provider staff maintain a level of competence in SNS RSS operations. This medical countermeasure capability will help to ensure that the entire population of Mississippi can be cared for in the event of Bioterrorism, a Pandemic Influenza event, or other hazard.

PROCEDURE

The SNS training schedule will be based on CDC Cooperative Agreement guidance and the availability of funding. Training will also be based on the needs assessment and requests from MSDH employees and private warehouse partners. The SNS Program in the Office of Emergency Planning and Response will review training and exercise plans for MSDH staff and private warehouse partners.

Core Competencies and Training:

1. All RSS team members should receive the following training:
 - a. Training on the SNS Plan.

- b. Watch the Centers for Disease Control and Prevention (CDC) provided Strategic National Stockpile (SNS) video.
 - c. Watch the CDC provided Receiving, Staging, and Storing (RSS) video.
 - d. Training on the specific role and responsibilities for the job to perform at the RSS.
 - e. The RSS team will have quarterly drills in which push package procedures and managed inventory procedures will be reviewed.
 - f. Fishbowl Software training for all new team members as soon as possible once on team and refresher training done yearly.
 - g. RSS Warehouse team members (private partners) should receive refresher training at least yearly.
 - h. Incident Command System (ICS) position specific courses should be taken if available for the following positions:
 - Task Force Leader
 - Operations Section Chief
 - Logistics Section Chief
 - Planning Section Chief
 - Safety Officer
2. All RSS team members should enroll in the Health Alert Network and the Mississippi Responder Management System (MRMS).
 3. All RSS team members should complete ICS training based on deployment level:
 - a. Tier Three: Personnel who, in a public health emergency, have the potential to be deployed to the field to participate in the response, including personnel who are already assigned to a field location.

Applicable training courses are listed below:

- IS-0100.b: Introduction to Incident Command System
- IS-0200.b: Incident Command System for Single Resources and Initial Action Incidents
- IS-0700.a: National Incident Management System, An Introduction
- IS-0701.a: National Incident Management System Multi-Agency Coordination System Course
- IS-0702.a: National Incident Management System Public Information Systems
- IS-0703.a: National Incident Management System Resource Management
- IS-0704: National Incident Management System Communications and Information Management
- IS-0800.b: National Response Framework, An Introduction

- ICS 300: Intermediate Incident Command System for Expanding Incidents
- b. Tier Four: Personnel who, in a public health emergency, are activated to Incident Management System leadership and liaison roles and are deployed to the field in leadership positions.

Applicable training courses are listed below:

- IS-0100.b: Introduction to Incident Command System
- IS-0200.b: Incident Command System for Single Resources and Initial Action Incidents
- IS-0700.a: National Incident Management System, An Introduction
- IS-0701.a: National Incident Management System Multi-Agency Coordination System Course
- IS-0702.a: National Incident Management System Public Information Systems
- IS-0703.a: National Incident Management System Resource Management
- IS-0704: National Incident Management System Communications and Information Management
- IS-0800.b: National Response Framework, An Introduction
- ICS 300: Intermediate Incident Command System for Expanding Incidents
- ICS 400: Advanced Incident Command System for Command and General Staff- Complex Incidents

Recommended Exercises: Exercises for the Receiving, Staging, and Storing (RSS) team are to be held in accordance with Centers for Disease Control and Prevention grant guidance or more frequently if needed.

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Code of Federal Regulations

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TITLE 21—FOOD AND DRUGS

**CHAPTER II—FOOD AND DRUG ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
PART 1301—REGISTRATION OF MANUFACTURERS, DISTRIBUTORS, AND
DISPENSERS OF CONTROLLED SUBSTANCES**

Sec. 1301.77 Security controls for freight forwarding facilities

(a) All Schedule II-V controlled substances that will be temporarily stored at the freight forwarding facility must be either:

- (1) Stored in a segregated area under constant observation by designated responsible individual(s); or
- (2) Stored in a secured area that meets the requirements of Section 1301.72(b) of this Part.

For purposes of this requirement, a facility that may be locked down (i.e., secured against physical entry in a manner consistent with requirements of Section 1301.72(b)(3)(ii) of this part) and has a monitored alarm system or is subject to continuous monitoring by security personnel will be deemed to meet the requirements of Section 1301.72(b)(3) of this Part. (b) Access to controlled substances must be kept to an absolute minimum number of specifically authorized individuals. Non-authorized individuals may not be present in or pass through controlled substances storage areas without adequate observation provided by an individual authorized in writing by the registrant. (c) Controlled substances being transferred through a freight forwarding facility must be packed in sealed, unmarked shipping containers.

[65 FR 44678, July 19, 2000; 65 FR 45829, July 25, 2000]

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Section V: Forms

1. Health Information Forms

- A. Health Information Form for Post-Exposure Prophylaxis for Public (Form 810)**
- B. Health Information Guide for Post-Exposure Prophylaxis for Health Care Workers**
- C. Formulario de la Información de la Salud para la profilaxis de post-exposición (Form 812)**

Head of Household Post-Exposure Prophylaxis Registration Form

Enter the name and age of each person for whom you are picking up medications. List Your Name First		Drug Allergy to any drug in Tetracycline Class (Doxycycline)	Drug allergy to any drug in Quinolone class?	Pregnant or Breastfeeding	Do you have myasthenia gravis?	Do you take tizanidine/ zanaflex (a muscle relaxer)	Do you have epilepsy (seizures) or are you currently taking medication for seizures?	Are you currently taking warfarin/ Coumadin (a blood thinner)?	Are you on dialysis (kidney machine)?	Shaded Area to be Completed by Staff (Do not write in shaded area)	
1	Name (Last, First): _____	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
	Age: _____ Weight if less than 90 pounds: _____	No	No	No	No	No	No	No	No		
2	Name (Last, First): _____	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
	Age: _____ Weight if less than 90 pounds: _____	No	No	No	No	No	No	No	No		
3	Name (Last, First): _____	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
	Age: _____ Weight if less than 90 pounds: _____	No	No	No	No	No	No	No	No		
4	Name (Last, First): _____	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
	Age: _____ Weight if less than 90 pounds: _____	No	No	No	No	No	No	No	No		
5	Name (Last, First): _____	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
	Age: _____ Weight if less than 90 pounds: _____	No	No	No	No	No	No	No	No		
6	Name (Last, First): _____	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
	Age: _____ Weight if less than 90 pounds: _____	No	No	No	No	No	No	No	No		
7	Name (Last, First): _____	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
	Age: _____ Weight if less than 90 pounds: _____	No	No	No	No	No	No	No	No		
8	Name (Last, First): _____	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
	Age: _____ Weight if less than 90 pounds: _____	No	No	No	No	No	No	No	No		
9	Name (Last, First): _____	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
	Age: _____ Weight if less than 90 pounds: _____	No	No	No	No	No	No	No	No		
10	Name (Last, First): _____	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
	Age: _____ Weight if less than 90 pounds: _____	No	No	No	No	No	No	No	No		
11	Name (Last, First): _____	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
	Age: _____ Weight if less than 90 pounds: _____	No	No	No	No	No	No	No	No		

Address: _____ City: _____ State: _____ Zip Code: _____ Primary Phone: _____

- I **decline** treatment at this time. The risk and benefit of the use of antibiotics to prevent exposure has been explained to me.
- I am picking up medications for myself. I agree to take them as prescribed.
- I am picking up medications for others in my household. I am authorized to sign for these people, and I agree to provide the medications and instructions to all of them.

Reviewed by: _____ Signature: _____ Date: _____

Examples of medications in the Tetracycline class:

Democlocycin (Declomycin)

Doxycycline (Adoxa, Bio-Tab, Doryx, Monodox, Periostat, Vibra-Tabs, Vibramycin)

Minocycline (Arestin, Dynacin, Minocin, Vectrin)

Oxytetracycline (Terak, Terra-Cortril, Terramycin, Urobiotic-250)

Tetracycline (Achromycin V, Sumycin, Topicycline, Helidac)

Examples of medications in the Quinolone class:

Acrosoxacin or Rosoxacin (Eradacil)

Cinoxacin (Cinobac)

Ciprofloxacin (Cipor, Ciloxan)

Gatafloxacin (Tequin)

Grepafloxacin (Raxar)

Levofloxacin (Levaquin, Quixin)

Lomefloxacin (Maxaquin)

Moxifloxacin (Avelox, ABC Pak)

Nadiflocacin (Acuatim)

Norfloxacin (Chibroxin, Noroxin)

Nalidixic acid (NegGram)

Ofloxacin (Floxin, Ocuflax)

Oxolinic Acid

Pefloxacin (Peflaxine)

Rufloxacin

Sparfloxacin (Zagam, Respipac)

Temafloxacin

Trovafloxacin or Alatrofloxacin (Trovan)

B. Guide for Health Care Workers on Health Information Form for Post-Exposure Prophylaxis (PEP) for Public

Health Information Forms will be reviewed to sort individuals/families into the following categories:

- **Green** - To receive standard prophylaxis regimen [answers NO to all of the questions and weighs greater than 90 pounds, no pediatrics (GREEN MEANS GO - easy client/family)]
- **Yellow** - To receive prophylaxis as a family unit (with children less than 9 years of age or pregnancy)
- **Blue** - To receive alternate prophylaxis based on allergies (drug allergies to tetracycline and/or quinolone class of medications)
- **Red** - To receive prophylaxis after dosage adjustments and/or counseling (if person is an adult and weighs less than 90 pounds and/or if they are an adult and answers yes to any questions)

***The whole family goes to the table with the highest degree of difficulty!**

1. Assess each person on the form to find the most difficult one, and then send the entire family to the table that corresponds either Green, Yellow, Blue, or Red (Examples Below):
 - a. If a child (less than 12 years of age) weighs less than 90 pounds, then send the entire family to the yellow medication pick-up station.
 - b. If ADULT weight is less than 90 pounds, then mark form RED and direct family to the red medication pick-up station.
 - c. If one person is allergic to tetracycline AND quinolone, then mark form BLUE and direct family to the blue medication pick-up station. Examples of medications in the tetracycline and quinolone class are located on the back of the Health Information Form.
 - d. If client is allergic to tetracycline, but NOT allergic to quinolone, and answers NO to all of the questions, send family to green medication pick-up station.
 - e. If not allergic to tetracycline or a quinolone and answers NO to all of the questions send client to the green medication pick-up station.
 - f. If YES to any questions, then mark form RED and direct individual to red medication pick-up station.
2. Refer to the Post Exposure Prophylaxis Drug Algorithms based on agent for help to determine which antibiotic a client needs.
 - a. Anthrax
 - b. Plague
 - c. Tularemia
3. Have client fill out address and phone number.
4. Have client check the box that corresponds to either receive medication for the individual or to receive medication for the family or to decline medication.
5. Have client sign and date form.

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C. Formulario de Información de Salud

Formulario de información de Salud para la Profilaxis de post-exposición

Health Information Form for Post-Exposure Prophylaxis

Fecha ____/____/____ Exposición Verificada: Sí No Número de Identificación: _____ #SS Pasaporte Licencia de Conducir
 Primer nombre: _____ Apellido(s): _____ Edad: _____ Peso: _____
 Fecha de Nacimiento: (mes) ____/ (día) ____/ (año) _____
 Dirección: _____ Ciudad: _____ Estado: _____
 Código Postal: _____
 Número de teléfono: Casa: (____)____ - _____ Trabajo: (____)____ - _____ Celular: (____)____ - _____

Escriba el nombre del padre si es diferente al nombre del niño (Menor de 18 años de edad)

Nombre: _____ Apellido(s): _____

¿Le gustaría ser tratado por una posible exposición a un agente biológico?	<input type="radio"/> Sí	<input type="radio"/> No
Sección I		
¿Es usted alérgico a algún medicamento en el grupo de las tetraciclinas (<i>tetracycline</i>)? <i>Ejemplos en la parte posterior de la forma</i>	<input type="radio"/> Sí	<input type="radio"/> No
¿Es usted alérgico a algún medicamento en el grupo de las quinolonas (<i>quinolone</i>)?	<input type="radio"/> Sí	<input type="radio"/> No
Sección II		
¿Tiene usted <i>Miastenia Gravis</i> ?	<input type="radio"/> Sí	<input type="radio"/> No
¿Toma usted <i>tizanidina/zanaflex</i> (un relajante muscular)?	<input type="radio"/> Sí	<input type="radio"/> No
¿Tiene usted epilepsia (convulsiones) o actualmente está usted tomando medicamento para las convulsiones?	<input type="radio"/> Sí	<input type="radio"/> No
¿Está usted actualmente tomando <i>warfarin/coumadin</i> (un anticoagulante)?	<input type="radio"/> Sí	<input type="radio"/> No
¿Está usted actualmente tomando <i>theophylline/Theo-Dur Sto-BID Uniphyll</i> ?	<input type="radio"/> Sí	<input type="radio"/> No
¿Está usted actualmente tomando <i>probenecid/Benemid</i> (un medicamento para la gota)?	<input type="radio"/> Sí	<input type="radio"/> No
¿Está usted siendo sometido a diálisis (máquina renal/ del riñón)?	<input type="radio"/> Sí	<input type="radio"/> No
Sección III		
¿Hay posibilidad que usted esté embarazada?	<input type="radio"/> Sí	<input type="radio"/> No
¿Está usted Amamantando /dando Leche Materna?	<input type="radio"/> Sí	<input type="radio"/> No
¿Es usted menor de 9 años (< 9)?	<input type="radio"/> Sí	<input type="radio"/> No
¿Cuál es su peso actual ? (solamente para adultos)	Más de 99 libras <input type="radio"/>	73 - 99libras <input type="radio"/> Menos de 73 libras <input type="radio"/>

Yo, _____, estoy buscando medicina antibiótica (medicamento antibiótico) de acuerdo con las recomendaciones del Departamento de Salud de Mississippi. He recibido y leído la hoja de información sobre la enfermedad y el medicamento.

INDIVIDUOS QUE ACEPTAN EL TRATAMIENTO CON ANTIBIÓTICO

Doy mi consentimiento para el tratamiento prescrito

 Firma (su firma o la firma del Guardián legal) Fecha Testigo (Escriba su nombre en Letra de Imprenta/Firme)

INDIVIDUOS QUE RECHAZAN EL TRATAMIENTO CON ANTIBIÓTICO

Se me ha explicado el riesgo y el beneficio del uso de antibióticos para prevenir la enfermedad por la exposición. Rechazo el tratamiento en este momento.

 Firma (su firma o la firma del Guardián legal) Fecha Testigo (Escriba su nombre en Letra de Imprenta/ Firme)

No Escriba Debajo de esta Casilla		
<input type="checkbox"/> Ciprofloxacin 500 mg q12 hrs x 14 days <input type="checkbox"/> or 10 days <input type="checkbox"/> or 7 days <input type="checkbox"/> or _____ mg PO for _____ days RX# _____	Quantity _____	Lot _____
<input type="checkbox"/> Doxycycline 100 mg q12 hrs x 14 days <input type="checkbox"/> or 10 days <input type="checkbox"/> or 7 days <input type="checkbox"/> or _____ mg PO for _____ days RX# _____	Quantity _____	Lot _____
<input type="checkbox"/> Amoxicillin _____ mg PO for _____ days RX# _____	Quantity _____	Lot _____

 Firma del Profesional de la Salud

 Fecha

Ejemplos de medicamentos en el grupo de las tetraciclinas:

Examples of medications in the Tetracycline class:

Demeclociclina (Demeclocycline) / (Declomycin)
Doxiciclina (Doxycycline)/ (Adoxa, Bio-Tab, Doryx, Doxy Monodox, Periostat, Vibra-Tabs, Vibramycin)
Minociclina (Minocycline)/ (Arestin, Synacin Minocin, Vectrin)
Oxitetraciclina (Oxytetracycline)/ Terak, Terra-Cortril, Terramicina, Urobiotic-250)
Tetraciclina (Tetracycline)/(Achromycin V, Sumycin, Topicycline, Helidac)

Ejemplos de medicamentos en el grupo de las Quinolonas:

Examples of medications in the Quinolone class:

Acrosoxacin or Rosoxacin (Acrosoxacina o Rosoxacina)/ Eradacil)
Cinoxacina (Cinoxacin) / (Cinobac)
Ciprofloxacina (Ciprofloxacina)/ (Cipro, Ciloxan)
Gatifloxacina (Gatafloxacina)/ (Tequin)
Grepafloxacina (Grepafloxacina)/ Raxar)
Levofloxacina (Levofloxacina)/ Levaquin, Quixin)
Lomefloxacina (Lomefloxacina)/ (Maxaquin)
Moxifloxacina (Moxifloxacina)/ (Avelox, ABC Pak)
Nadifloxacina (Nadifloxacina)/ (Acuatim)
Norfloxacina (Norfloxacina)/ (Chibroxin, Noroxin)
Nalidixico (Nalidixidic)/ (NegGram)
Ofloxacina (Ofloxacina)/ NegGram)
Ácido Oxolínico (Oxolinic Acid)
Pefloxacina (Pefloxacina)/ Peflacine)
Rufloxacina (Rufloxacina)
Esparflofloxacino (Sparfloxacina)/ (Zagam, Respipac)
Temafloxacina (Temafloxacina)
Trovafofloxacina o alatrofloxacina (Trovafofloxacina or Alatrofloxacina)/ (Trovan)

2. Disease Information Forms from the Centers for Disease Control and Prevention (CDC)

The Mississippi State Department of Health (MSDH) utilizes disease information provided by the CDC. This information is accessible by redundant mechanisms:

1. <http://www.bt.cdc.gov/bioterrorism>
2. A hard copy and a CD of the latest update is stored within the MSDH Office of Communications.
3. A hard copy and a CD of the latest update is stored by the MSDH Office of Emergency Planning and Response-Medical Support Branch.

The CDC webpage is reviewed quarterly to ensure acquisition of the most up-to date disease information sheets. Disease information sheets retained by the MSDH include English, Spanish, and Vietnamese translations.

3. Drug Information Sheets from the Centers for Disease Control and Prevention (CDC)

The Mississippi State Department of Health (MSDH) utilizes drug information sheets provided by the CDC. This information is accessible by redundant mechanisms:

1. <http://www.bt.cdc.gov/bioterrorism>
2. A hard copy and a CD of the latest update is stored within the MSDH Office of Communications.
3. A hard copy and a CD of the latest update is stored by the MSDH Office of Emergency Planning and Response-Medical Branch.

The CDC webpage is reviewed quarterly to ensure acquisition of the most up-to-date disease information sheets. Disease information sheets retained by the MSDH include English, Spanish, and Vietnamese translations.

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5. Inventory Check-In Sheet

Date:

RPh name/signature:

Inventory received from:

Major therapeutic class	Specific therapeutic class	Item description	Strength	Packaging	Quantity
Cardiovasculars	ACE Inhibitor	Lisinopril	10 mg	100 count bottles	3 bottles
Med-surg supplies	Bandages	Guaze wrap	4 inch x 10 m	50 rolls/case	2 cases

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6. Staging and Shipping Identifier

Date and time of request:

Name of medical entity:

Physical address of medical entity:

Number of pallets/boxes _____

Point of contact name, phone number, and email address (if applicable):

=====

Date and time of filing: _____ RPh initials: _____

=====

Name of shipper/driver (please print) _____

Signature of shipper/driver _____

Date/time of shipping _____

Name of recipient at the local health department (please print) _____

Signature of recipient _____

Date/time _____

Name of recipient at medical entity (please print) _____

Signature of recipient _____

Date/time _____

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7. SNS and Pandemic Influenza Programs Provider Enrollment



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Strategic National Stockpile (SNS) / Pandemic Influenza Program Provider Enrollment

Initial Enrollment
 Renewal

Facility Name _____

Type of Facility _____ County _____

Physical address _____
Street City State Zip Code

Mailing address _____
(If different from above) Street / P.O.Box City State Zip Code

Telephone (____) _____ Fax(____) _____

1. Primary 24-hour Facility Contact Name _____
Last First Title
 Primary 24-hour Phone _____ E-Mail _____

2. Secondary 24-hour Facility Contact Name _____
Last First Title
 Secondary 24-hour Phone _____ E-Mail _____

Staff /Employees /Faculty /Students 1. _____

Family members = Line 1 multiplied by 3 2. _____

Patient beds 3. _____

TOTAL number of persons needing medications/vaccinations _____

To participate in the SNS/Pandemic Influenza Program and receive, free of cost, Federal Strategic National Stockpile antibiotics, vaccine and medical supplies through the Mississippi State Department of Health, I agree to the conditions below, on behalf of myself and all the practitioners, nurses, pharmacists, and others associated with this: healthcare facility, academic institution, correctional facility, military installation, community/faith based facility, government agency, or private business.

1. I agree to provide the MSDH with the number of staff and clients to receive medication and/or vaccine; this information will be updated annually upon renewal of Provider Enrollment.
2. I agree to have a medical consultant who will oversee the dispensing of medications and/or administration of vaccine. The medical consultant does not have to be on-site, but staff will work under his/her direction.
3. The facility will follow the same treatment algorithms as used in the standing orders for the state.
4. A representative from the facility, with proper identification, will pick up medications, vaccines, and/or supplies for clients and staff from the pre-designated Point-of-Dispensing (POD) site. The facility will provide MSDH with the name of the representative designated to pick up medications and/or vaccine prior to pick up.
5. Upon arrival to the designated POD site, the representative will present two personal ID's, one issued by the facility, and a picture ID issued by the state.
6. The representative will sign for all medications, vaccines and/or supplies received.
7. The facility will notify MSDH when the supplies reach the facility and if there are any discrepancies between the order and delivery.
8. The facility will be responsible for administration of the medication/vaccine, distribution of information sheets, and collection of completed health information forms. Health information forms will be returned to MSDH within 48 hours for patient tracking.
9. The facility agrees to make no charge for the medication/vaccine or for any of the services provided as a part of the administration of the medication/vaccine.
10. Upon conclusion of event, facility agrees to follow MSDH guidance to return all unused, unopened medications, vaccines and/or supplies.
11. For the purpose of State and/or Federal Laws and regulations, I will:
 - a. Maintain and make available all records to the Mississippi State Department of Health, the U.S. Department of Health and Human Services, and/or their assignees or agents;
 - b. Comply with Presidential Executive Order No. 12549, Certification Concerning Debarment and Suspension.
12. The State may terminate this agreement at any time for failure to comply with these requirements and I may terminate this agreement at any time for personal reasons.

Signature of Administrative Representative for Facility Title Date

Signature of Medical Consultant Print Name Date

Medical Consultant Title Medical Consultant License #

Facility Ship to Location
(for facilities over 5,000 regimens /or special circumstances deemed necessary by MSDH)

For Official Use Only:

<p style="text-align: center;">Facility GPS Coordinates</p> <p>_____ Latitude (Ex. 00.000000)</p> <p>_____ Longitude (Ex. -00.000000)</p>	<p style="text-align: center;">MSDH Staff Reviewing Application</p> <p>_____ Print</p> <p>_____ Signature Date</p> <p>_____ Entered by Date</p>
---	---

- Original Enrollment Form to be kept on file at the MSDH District Office by District Emergency Preparedness Nurse and will be updated as necessary.**
- Copy to be sent to SNS Program at MSDH Central Office.**
- Copy to be given to CPOD Facility.**

8. Point of Dispensing (POD) Evaluation Checklist

Point of Dispensing (POD) Evaluation Checklist	
County:	_____ Date of Evaluation: _____
Evaluator Name:	_____
Title & Phone #:	_____
Facility Name:	_____
Street Address:	_____
City and Zip Code:	_____
Mailing Address:	_____
City and Zip Code:	_____
GPS Coordinates:	_____
Driving Directions:	_____ _____ _____
MOU on File:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Site's Physical Characteristics: (i.e., school, clinic, library, etc.)	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>

Contact Person(s) Site Management
--

Business Hours Primary

Name:
Title:
Work Phone:
Cell Phone:
Pager:
Email:

Business Hours Alternate

Name:
Title:
Work Phone:
Cell Phone:
Pager:
Email:

Emergency Contact 24/7 (After Hours) Primary

Name:
Title:
Work Phone:
Cell Phone:
Pager:
Email:

Emergency Contact 24/7 (After Hours) Alternate

Name:
Title:
Work Phone:
Cell Phone:
Pager:
Email:

County EMA Director

Name:
Title:
Work Phone:
Cell Phone:
Pager:
Email:

Assistant County EMA Director

Name:
Title:
Work Phone:
Cell Phone:
Pager:
Email:

Local Police Point of Contact

Name:
Title:
Work Phone:
Cell Phone:
Pager:
Email:

County Sheriff's Dept. Point of Contact

Name:
Title:
Work Phone:
Cell Phone:
Pager:
Email:

Fire Department

Name:
Title:
Work Phone:
Cell Phone:
Pager:
Email:

Mississippi State Department of Health Contacts

MSDH Assigned POD Strike Team Leader

Name:
Work Phone:
Cell Phone:
Email:

County Health Department - Office Director

Name:
Work Phone:
Cell Phone:
Email:

County Health Department - County Coordinating Nurse (CCN)

Name:
Work Phone:
Cell Phone:
Email:

District Office - Health Officer

Name:
Work Phone:
Cell Phone:
Email:

District Office - Administrator

Name:
Work Phone:
Cell Phone:
Email:

District Office - Chief Nurse

Name:
Work Phone:
Cell Phone:
Email:

District Office - Emergency Preparedness Nurse (EPN)

Name:
Work Phone:
Cell Phone:
Email:

District Office - Emergency Response Coordinator (ERC)

Name:
Work Phone:
Cell Phone:
Email:

District Office - CRI Planner (if applicable)

Name:
Work Phone:
Cell Phone:
Email:

District Office - All Hazards Planner

Name:
Work Phone:
Cell Phone:
Email:

GENERAL SITE INFORMATION		
(All fields are required)		
	YES	NO
Facility Size (Estimated usable square feet) _____ <u>Sq Ft</u>		
Number of usable rooms _____		
Is the site available 24/7?	<input type="checkbox"/>	<input type="checkbox"/>
Is the site air conditioned?	<input type="checkbox"/>	<input type="checkbox"/>
Is the site heated?	<input type="checkbox"/>	<input type="checkbox"/>
Are there multiple levels (steps between rooms/floors)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are there elevators available?	<input type="checkbox"/>	<input type="checkbox"/>
Is the site located in a flood prone area?	<input type="checkbox"/>	<input type="checkbox"/>
Can the facility be available for use in exercise or trainings?	<input type="checkbox"/>	<input type="checkbox"/>
Has the facility been designated for other functions during an emergency? If yes, please explain _____	<input type="checkbox"/>	<input type="checkbox"/>
Is a separate/adjacent setting for Triage area available?	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility and surrounding environment free of hazardous materials and chemical, biological, mechanical hazards?	<input type="checkbox"/>	<input type="checkbox"/>
If no, please explain: _____		
Is regular garbage pick-up and disposal available? How will medical waste be handled? _____	<input type="checkbox"/>	<input type="checkbox"/>
ADA Compliance for bathrooms and showers?	<input type="checkbox"/>	<input type="checkbox"/>
Generator Converter Switch?	<input type="checkbox"/>	<input type="checkbox"/>
Can site obtain supplemental portable toilets?	<input type="checkbox"/>	<input type="checkbox"/>
Can site obtain additional toiletries?	<input type="checkbox"/>	<input type="checkbox"/>
General Comments about the site (include storage and staging area for logistical supplies): 		

SITE ACCESSIBILITY		
(All fields are required)		
	YES	NO
Access to more than one major road or highway from site (2+lanes)?	<input type="checkbox"/>	<input type="checkbox"/>
Do the roads leading to the site allow for easy access?	<input type="checkbox"/>	<input type="checkbox"/>
Is public transportation available to and from the site?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have a helicopter accessibility area?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what type of pad surface exists? _____		
Is the pad surface lighted?	<input type="checkbox"/>	<input type="checkbox"/>
Pad GPS Coordinates: Latitude: _____ Longitude: _____		
Closest Airport, Air Field or Heliport Name: _____ Address: _____		
Approximate number of miles to location from site _____		
Closest Medical Facility/Hospital Name: _____ Address: _____		
Approximate number of miles to location from site _____		
General Comments about the site: _____		
	** Attach driving directions & map.	

SITE EXTERIOR INFORMATION		
(All fields are required)		
	YES	NO
Number of external entrance/exit doors to site? _____		
Are handicap accessible entrances and exits available?	<input type="checkbox"/>	<input type="checkbox"/>
Are loading dock(s) available?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many? _____		
Can the loading dock accommodate up to a 53' trailer?	<input type="checkbox"/>	<input type="checkbox"/>
Are there external electrical outlets available?	<input type="checkbox"/>	<input type="checkbox"/>
On-site parking available?	<input type="checkbox"/>	<input type="checkbox"/>
Estimated number of on-site parking spaces? _____		
Is the parking area well lit?	<input type="checkbox"/>	<input type="checkbox"/>
Ancillary parking area in close proximity?	<input type="checkbox"/>	<input type="checkbox"/>
Distance to ancillary parking location _____		
Estimated spaces of ancillary parking area _____		
Is ancillary parking area well lit?	<input type="checkbox"/>	<input type="checkbox"/>
Does facility exterior have the capability to place large number of people under cover/out of weather?	<input type="checkbox"/>	<input type="checkbox"/>
If no, what contingency plan is available for providing this type of shelter?		
Other exterior notes:		

SITE INTERIOR INFORMATION		
(All fields are required)		
	YES	NO
Does facility have a large, open unobstructed space available?		
If yes, estimated total square footage of space. _____		
Separate offices/rooms near large open area (excluding kitchen)?	<input type="checkbox"/>	<input type="checkbox"/>
Number of separate offices/rooms? _____		
Are number of electric al outlets sufficient in open spaces?	<input type="checkbox"/>	<input type="checkbox"/>
Are number of electrical outlets sufficient in nearby offices/rooms?	<input type="checkbox"/>	<input type="checkbox"/>
Do doorways and hallways accommodate wheelchairs?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an area for audio/video orientation?	<input type="checkbox"/>	<input type="checkbox"/>
Are adequate bathroom/toilets available?	<input type="checkbox"/>	<input type="checkbox"/>
Are bathroom/toilets handicap accessible?	<input type="checkbox"/>	<input type="checkbox"/>
Are shower facilities available on-site?	<input type="checkbox"/>	<input type="checkbox"/>
Are there kitchen facilities available?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a refrigerator or cold storage available?	<input type="checkbox"/>	<input type="checkbox"/>
Is a break room available for staff/volunteers?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a secure storage area for receipt/storage of medical supplies?	<input type="checkbox"/>	<input type="checkbox"/>
Is a large waiting/assembly area(s) available?	<input type="checkbox"/>	<input type="checkbox"/>
Is there sufficient interior lighting to allow completion of forms, etc?	<input type="checkbox"/>	<input type="checkbox"/>
Are separate rooms or area for behavioral health assessments and interventions available?	<input type="checkbox"/>	<input type="checkbox"/>
Are separate rooms or area for evaluations of exposed and/or ill individuals available?	<input type="checkbox"/>	<input type="checkbox"/>
Other interior notes:	<u>**Floor plans and photos of the site should be provided with this checklist.</u>	

SITE EQUIPMENT & SUPPLY INFORMATION		
(All fields are required)		
	YES	NO
Is there a generator onsite?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, can generator supply entire facility with power?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is fuel available onsite?	<input type="checkbox"/>	<input type="checkbox"/>
Is material handling equipment (MHE) available?		
Carts?	<input type="checkbox"/>	<input type="checkbox"/>
Hand Trucks?	<input type="checkbox"/>	<input type="checkbox"/>
Pallets?	<input type="checkbox"/>	<input type="checkbox"/>
Pallet Jacks or Lifts?	<input type="checkbox"/>	<input type="checkbox"/>
Are tables, chairs or stanchions/security barriers on-site?	<input type="checkbox"/>	<input type="checkbox"/>
#Tables (approx.) _____ #chairs (approx.) _____		
#Stanchions/Security Barriers (approx.) _____		
Will POD Go-Kits be used?	<input type="checkbox"/>	<input type="checkbox"/>
Pre-assembled?	<input type="checkbox"/>	<input type="checkbox"/>
Assembled at time of event based on checklist?	<input type="checkbox"/>	<input type="checkbox"/>
(A sample list of supplies and equipment that may be needed is included in POD Book Inventory section)		
Are information signs printed and ready for used?	<input type="checkbox"/>	<input type="checkbox"/>
If not, list should be created.		
Other Equipment & Supply notes:		

SITE COMMUNICATIONS INFORMATION		
(All fields are required)		
	YES	NO
Do the separate office/rooms have phone accessibility?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many phones are available?		
If yes, how many land lines are available? _____		
Is there adequate cellular phone reception inside the site?	<input type="checkbox"/>	<input type="checkbox"/>
Do the separate office/rooms have a fax machine available?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does it operate on a dedicated line?	<input type="checkbox"/>	<input type="checkbox"/>
Does the site facility have internet accessibility?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what type (broadband, wireless, etc.)? _____		
If yes, who is the Internet Service Provider? _____		
Are copy machine(s) available on site?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have public use phones available?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it handicap accessible?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does it have TBB capabilities?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have a Public Address (PA) system?	<input type="checkbox"/>	<input type="checkbox"/>
Are computers available for use?	<input type="checkbox"/>	<input type="checkbox"/>
If no, will computers be brought to the site during an event?	<input type="checkbox"/>	<input type="checkbox"/>
Are printers available for use?	<input type="checkbox"/>	<input type="checkbox"/>
If no, will printers be brought to the site during an event?	<input type="checkbox"/>	<input type="checkbox"/>
If IT support available on site?	<input type="checkbox"/>	<input type="checkbox"/>
IT is provided by: _____		
Will any of the following methods of communications be used?	<input type="checkbox"/>	<input type="checkbox"/>
Web EOC?	<input type="checkbox"/>	<input type="checkbox"/>
Satellite phone?	<input type="checkbox"/>	<input type="checkbox"/>
HAM/Amateur Radio?	<input type="checkbox"/>	<input type="checkbox"/>
UHF/VHF/800 MHz Radios?	<input type="checkbox"/>	<input type="checkbox"/>
2-Way Radios?	<input type="checkbox"/>	<input type="checkbox"/>
Is POD staff trained on those marked "yes"?	<input type="checkbox"/>	<input type="checkbox"/>
Other Communications notes:		

SITE SAFETY INFORMATION		
(All fields are required)		
	YES	NO
Are First Aid Kits available on site?	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers available?	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarms/Smoke Detection System?	<input type="checkbox"/>	<input type="checkbox"/>
Fire Sprinkler/suppression system?	<input type="checkbox"/>	<input type="checkbox"/>
Annual fire inspection conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Marked exits/fire evacuation plans posted?	<input type="checkbox"/>	<input type="checkbox"/>
Is emergency lighting available?	<input type="checkbox"/>	<input type="checkbox"/>
Maximum rated occupancy for largest room? _____		
Maximum rated occupancy for entire POD site? _____		
Closet Fire Station Name: _____ Address: _____ _____		
Approximate number of miles to locations from sites _____		
Other Safety notes:		

SITE SECURITY INFORMATION		
(All fields are required)		
	YES	NO
Can the site be secured/access controlled?	<input type="checkbox"/>	<input type="checkbox"/>
Are external doors to the building property secured?	<input type="checkbox"/>	<input type="checkbox"/>
Are windows that could be used for entry protected with locks?	<input type="checkbox"/>	<input type="checkbox"/>
Are windows that could be used for entry protected with secondary closures (e.g., screws/pins, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Are windows on the ground level secured with bars or steel mesh?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are bars or mesh securely fastened to prevent easy removal?	<input type="checkbox"/>	<input type="checkbox"/>
Are openings to the roof (doors, skylights, etc.) securely fastened or locked from the inside?	<input type="checkbox"/>	<input type="checkbox"/>
Is internal access to the roof controlled?	<input type="checkbox"/>	<input type="checkbox"/>
Do all walls extend to the ceiling?	<input type="checkbox"/>	<input type="checkbox"/>
Are drop/pull or removable walls used in this facility?	<input type="checkbox"/>	<input type="checkbox"/>
Is the perimeter of the facility's grounds clearly defined by a fence, wall, or other type of physical barrier?	<input type="checkbox"/>	<input type="checkbox"/>
Is the entire perimeter lighted?	<input type="checkbox"/>	<input type="checkbox"/>
Are lights on all night?	<input type="checkbox"/>	<input type="checkbox"/>
Excluding parking areas, is the lighting of the building grounds adequate?	<input type="checkbox"/>	<input type="checkbox"/>
Are entry points sufficiently lighted to discourage unlawful entry attempts or placement of explosives against the walls?	<input type="checkbox"/>	<input type="checkbox"/>
Are parking areas sufficiently lighted to discourage attacks against persons or vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
Are parking area monitored by the use of closed-circuit cameras?	<input type="checkbox"/>	<input type="checkbox"/>
Do landscape features provide places for potential intruders to hide?	<input type="checkbox"/>	<input type="checkbox"/>
Other Security notes:		

SITE STAFFING				
(All fields are required)				
	POC		Job Action Sheets	
	YES	NO	YES	NO
Have the following been identified with POC and Job Action Sheets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POD Strike Team Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POD POI Strike Team Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strike Team Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispensing /TX Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logistics Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT/Communications Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credentialing Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate staff available?			<input type="checkbox"/>	<input type="checkbox"/>
Can the POD operate for 24-hours per day for several days and maybe longer?			<input type="checkbox"/>	<input type="checkbox"/>
Can staff be available with 12-24 hours?			<input type="checkbox"/>	<input type="checkbox"/>
Is there a POD operating guide for the staff?			<input type="checkbox"/>	<input type="checkbox"/>
Has the assigned POD staff been trained?			<input type="checkbox"/>	<input type="checkbox"/>
Will there be just-in-time training available for volunteer staff?			<input type="checkbox"/>	<input type="checkbox"/>
Has a written careful/feed plan been developed for staff?			<input type="checkbox"/>	<input type="checkbox"/>
Other Staffing notes:				

SITE UTILITIES CONTACT INFORMATION

Electricity

Company Name:
Address:
Phone number:
After Hours Number:

Gas

Company Name:
Address:
Phone number:
After Hours Number:

Water

Company Name:
Address:
Phone number:
After Hours Number:

Plumbing

Company Name:
Address:
Phone number:
After Hours Number:

Telephone

Company Name:
Address:
Phone number:
After Hours Number:

Internet

Company Name:
Address:
Phone number:
After Hours Number:

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9. Order Documentation and Chain of Custody

Order Documentation and Chain of Custody

(This section to be filled out by the RSS site)

Date and time of receipt of request:

Name of medical entity:

Physical address of medical entity:

Point of contact name, phone number, and email address (if applicable);

(This section to be filled out by the RSS site)

Date and time of filling: _____ RPh initials: _____

Number of pallets/boxes _____

Name of shipper/driver (please print) _____

Signature of shipper/driver _____

Date/time of shipping _____

Name of recipient at the local health department (please print) _____

Signature of recipient _____

Date/time _____

Name of recipient/representative for medical entity (please print) _____

Signature of recipient _____

Date/time _____

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Abbreviations and Acronyms

AAR	After Action Report
AERS	The U.S. Food and Drug Administration's Adverse Event Reporting System
ASPR	Assistant Secretary for Preparedness and Response
Bulk	Packages of medications that have not been repackaged into individual doses
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosives
CDC	Centers for Disease Control and Prevention
CEMP	Comprehensive Emergency Management Plan
COML	Communications Unit Leader
COOP	Continuity of Operations Plan
CRI	Cities Readiness Initiative
DCC	District Coordination Center
DEA	Drug Enforcement Administration
Delivery point	A site where SNS supplies are delivered, includes dispensing sites, hospitals, first responders, etc.
DEOC	Director's Emergency Operations Center
DHP	Director of Health Protection
DPS	Department of Public Safety
DSLRL	Division of State and Local Readiness
DSNS	Division of Strategic National Stockpile
EMA	Emergency Management Agency
EOC	Emergency Operations Center
ESF-8	Emergency Support Function - Public Health and Medical Services
EUA	Emergency Use Authorization
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FOG	Field Operation Guide
GETS	Government Emergency Telephone Service
GIS	Geospatial Information System
HACF	Hospital/Alternate Care Facility
HAN	Health Information Network
HHS	Health and Human Services
HPP	Hospital Preparedness Program
HVA	Health Vulnerability Assessment
IAP	Incident Action Plan
IMS	Inventory Management System
IND	Investigational New Drug
JIC	Joint Information Center
LNO	Liaison Officer

MCI	Mass Casualty Incidents
MDOT	Mississippi Department of Transportation
MDPS	Mississippi Department of Public Safety
MEHC	Mississippi ESF-8 Healthcare Coalition
MEMA	Mississippi Emergency Management Agency
MHRT	Mississippi Health Response Team
MOU	Memorandum of Understanding
MSARNG	Mississippi Army National Guard
MSDH	Mississippi State Department of Health
MSHAN	Mississippi Health Alert Network
NRF	National Response Framework
OEPR	Office of Emergency Planning and Response
PAHPA	Pandemic and All-Hazards Preparedness Act
PEP	Post Exposure Prophylaxis
PHCC	Public Health Command/Coordination Center
PHEPSAC	Public Health Emergency Preparedness Senior Advisory Council
PHN	Public Health Nurses
PHS	Public Health Services
POD	Point of Dispensing; site that dispenses prophylaxis to asymptomatic patients
PREP Act	Public Readiness and Emergency Preparedness Act
Prophylaxis	Measures designed to preserve health and prevent the spread of disease
PSTN	Public Switched Network
Push Package	SNS medical material that can arrive anywhere in the Continental United States within 12 hours. There are 12 Push Packages pre-positioned at strategic locations nationwide
QA/QC	Quality Assurance/ Quality Control
Receipt	Acceptance of the SNS from the federal government
RSS	Receiving, Storing, and Staging Site; the site where the material is taken to be stored, broken down, and distributed to dispensing sites, hospitals, and other sites.
SAP	Section Action Plan
SEOC	State Emergency Operations Center
SHO	State Health Officer
SMNS	State Medical Needs Shelter
SNS	Strategic National Stockpile; consists of medical supplies pre-positioned to aid state/local emergency response to acts of chemical or biological terrorism
SOC	Health and Human Services Secretary's Operational Center

SSAG	SNS Services Advance Group - By request, a tailored pool of specialized DSNS responders, to assist the partners and stakeholders during a public health emergency. This terminology replaces the Technical Advisory Response Unit (TARU).
Staging	Positioning the SNS at the designated receiving facility in such a way that it can be easily broken down to support shipment to dispensing sites.
UHF	Ultra High Frequency
UOM	Unit of Measure
VAERS	The Center for Disease Control and Prevention's Vaccine Adverse Event Reporting System
VMI	Vendor Managed Inventory; this is the resupply portion of the SNS; the state will need to determine whether, and if so how much, to request from the VMI
WMD	Weapons of Mass Destruction