

Functional Annex E

Medical Countermeasures

I. Background

A. Goals of Mass Dispensing/Vaccination

1. To mass dispense or vaccinate all citizens and visitors within 48 hours of an incident occurring
2. Limit morbidity and mortality

B. Strategic National Stockpile

1. Two divisions
 - i. 12 Hour Push Package: A variety of medical supplies and equipment used for initial response or when disease is not known. Should arrive in State within 12 hours of federal decision for deployment.
 - ii. Managed Inventory: A specific shipment of supplies to meet a specific medical need. Shipment normally arrives between 24 to 72 hours of federal decision for deployment.
2. Used in addition to local resources

II. Community Preparedness

A. Risk Assessment

1. Risk assessments performed for the County have shown that disasters could highly impact medical facilities.
2. Due to varying circumstances local medical resources are being depleted and par levels decreased.
3. Disasters, including pandemics and epidemics, could occur within the County at any time as local history and risk assessments have shown.

B. Critical Infrastructure Assessment

1. Critical infrastructure is vital for daily living.
2. An interruption of this critical infrastructure for short periods of time for most citizens would not cause much issue.
3. Interruption of critical infrastructure for long periods of time and loss for special needs citizens even for short periods of time could be devastating causing effects such as illness and death.

C. Community Partnerships

1. This Plan is developed in conjunction with local partnerships.
2. Partnerships are made through:
 - i. Local
 - a. Local Emergency Planning Committee (LEPC) including community representatives
 - b. Private businesses
 - ii. Regional
 - a. Regional Preparedness Meetings
 - b. Trauma Regional Advisory Committee
 - c. Domestic Preparedness Regions
 - iii. State
 - a. NC Association of Local Health Directors
 - b. NC Public Health Preparedness and Response (PHP&R)

III. Requesting the SNS

A. Needs Assessment

1. Analyze data
 - i. Sick or ill persons
 - ii. Communicability period
 - iii. Local resources on hand
2. Emergency Conditions
 - i. Critical Infrastructure status
 - ii. Estimated length of incident impact

B. Triggers for Request

1. A credible threat or attack with supporting evidence
2. An attack of a chemical, nuclear, biological or radiological agent
3. An unusual number of medical cases with similar symptoms
4. The presence of a large number of dead animals without known cause
5. A natural epidemic or infectious disease outbreak
6. Any event which would cause the eradication of local medical supplies or medications
7. At the request of State or Federal officials
8. Any reason the EOC or authorized personnel deem necessary for the health of the people

C. Request Procedure

1. The request for the SNS should be made immediately upon analysis and determination of need
2. The request for the SNS will be made from the County Public Safety Department to State Emergency Management through the use of WebEOC
3. The persons authorized to make the request to the State can be found in Table 1.

Table 1: Authorized Persons to Request SNS Resources

Name	Title	Agency
Bryan Phillips	Director	Public Safety
Scot Brooks	Deputy Director	Public Safety
Robert Wittmann	Health Director	Health Department
Matt Garner	Deputy Health Director	Health Department

4. Flow of Request (Supply or Resupply)
 - i. Request from outside agency/Determination of need
 - ii. Health Director or designee contacts Public Safety for request to be submitted
 - iii. Public Safety personnel input request into WebEOC (a phone call may also be made initially or as a follow-up with the State EOC Call Center)
 - iv. Request follows State and Federal plans
 - v. Public Safety and Health Department notified of request result.
5. Resupply Information
 - i. During operations if resupply is required staff (e.g. LRS or POD staff) will follow chain of command in letting the Incident Commander/Unified Command know of need.
 - ii. SNS resupply request will follow initial request procedures.

IV. Emergency Operations Coordination

A. Purpose

1. To maintain proper incident command procedures for response
2. Partners come together to plan and coordinate incident response

B. See Base Plan Chapter 3: Command and Control for locations.

C. Subject Matter Experts to aid in response will be called to staff EOC per County Emergency Operations Plan (EOP).

D. EOC will be activated per County EOP.

E. Communication systems used during EOC activation will vary depending on incident but could include:

1. Cell Phones
2. Landline or Internet Based Phones
3. VIPER Radios
4. Email
5. Fax

F. Information Sharing with Stakeholders

1. Information Sharing will occur through the EOC/PHCC.
2. Information should only be shared when the requestor has a need to know that information.
3. The IC is the authority on approving information to be shared.
4. The IC will designate what information can and cannot be released based on the incident.
5. It will be up to the Liaison Officer as to what method (e.g. phone, email) the information will be released through.

G. Special Considerations of SNS Operations

1. Standing Orders for Medications

- i. The Health Department employs multiple medical doctors to be able to write standing orders allowing nursing to dispense medications.
- ii. If an additional physician is needed for creating standing orders the IC should consider contacting the Moore County EMS Medical Director and FirstHealth of the Carolinas, Moore Regional Hospital.

2. Dispensing Authorization

- i. The North Carolina Pharmacy Practice Act allows physicians, pharmacists, and nurses to dispense medications.

- ii. In certain events, and under approval of the Governor, the Board of Pharmacy may relax or waive requirements for dispensing medications. If this occurs the Health Department will consider using other medical practitioners such as paramedics, EMTs, and nursing aides to support mass dispensing.

3. Liability Protection and Workers Compensation

- i. The County provides under its current policies liability protection and workers compensation coverage for the staff.
- ii. Under emergencies these policies will also cover individuals working on behalf of the department or County.

4. Controlled Substances

- i. The SNS could contain controlled substances that are required to be handled via guidance from the US Drug Enforcement Agency.
- ii. If this occurs physicians on staff will take possession of the controlled substances including signing for them.
- iii. These substances will be locked within the Health Department in accordance with DEA requirements.

V. Public Information

A. Public information will follow IAP and will be handled through the PIO and/or JIC.

B. Information that is essential for release for SNS operations:

- 1. Agent/illness information,
- 2. POD operations including opening,
- 3. Procedures for individuals who are sick,
- 4. What information to bring to the PODs,
- 5. What not to bring to the PODS, and
- 6. Other information required based on the incident.

C. PIO and other staff should monitor social media and local news outlets as needed to ensure proper message.

D. PIO and other staff should provide rumor control as needed.

E. All staff should refer any media to the PIO or their supervisor and not speak to the media concerning the response.

F. The IC may approve a Phone Bank for citizens. If so the EOP will be followed for setup and management.

G. The PIO will work within a JIC to ensure a single and united message.

VI. Local Receiving Site (LRS)

A. Purpose

1. Receive supplies from the SNS
2. Break down and organization of supplies
3. Inventory of supplies
4. Pick and package shipments of supplies
5. Ship supplies

B. Location of LRS

1. All LRS locations are County owned buildings and can be used without an MOU due to County policy
2. LRS locations can be found in Table 2.

Table 2: LRS Locations and Information

Location	Address	City/Town	Zip	Phone Number
XXXXXX	XXXXX	XXXX	XXXX	XXXXXX
XXXXXX	XXXXX	XXXX	XXXX	XXXXXX

A. Required Supplies and Material Handling Equipment

1. The LRS designated has certain supplies on hand and they have been inventoried and included in the Resource Manual.
2. The LRS will need additional supplies which are also noted in the Resource Manual.

B. Security of the LRS

1. Coordination of Security is a function of the County Sheriff’s Department in conjunction with the local municipal law enforcement agencies.
2. The Sheriff’s Department is tasked with vital facilities security in the EOP.
3. The LRS is designated as a vital facility during SNS operations.
4. Security procedures will follow Standard Operating Guidelines (SOGs) by the authority having jurisdiction as per the EOP.
5. Secure areas in the LRS will be designated through coordination with LRS staff and law enforcement
6. The EOP is approved and appropriate signatories sign said document thus no MOU is required.

C. LRS Staffing

1. Activation of LRS staff will be planned immediately upon request for SNS.
2. LRS staffing roster is located in the Resource Manual.
3. Staffing will be contacted via Base Plan Chapter 4: Notification Procedure.

D. Inventory Management

1. Efforts will be given to manage all inventory in the LRS.
2. The Supply Unit Leader will be responsible for inventory management.
3. Cold chain management will follow current Health Department policies and procedures.
4. Inventory Management Systems (IMS)
 - i. Excel Spreadsheet version
 - ii. Paper version (See Attachment 2)
5. Tracking
 - i. All IMS allow for tracking using lot number, expiration date, or other information.
 - ii. The Supply Unit Leader will be responsible for being able to track any supplies.
6. Chain of Custody Form/Controlled Substances
 - i. The SNS may come with controlled substances or other supplies that require custody verification.
 - ii. Both types of IMS have chain of custody forms.
 - iii. The Supply Unit Leader will be responsible for ensuring these forms and maintaining these forms.

E. Distribution to the Points of Dispensing (POD)

1. The Supply Unit Leader will be responsible for scheduling and ensuring distribution of supplies to PODs.
2. Distribution specialists will transport the supplies to the PODs.
3. Transportation Source
 - i. Transportation of supplies will be determined based on the incident.
 - ii. Transportation sources (non-exhaustive listing):
 - a. Moore County Sheriff's Office
 - b. Moore County Property Management
 - iii. Transportation Needs
 - a. The following are estimates of transportation needs:
 1. Three vans, trucks, or larger vehicles
 2. Three drivers licensed to drive vehicle being used

3. Potential for Three law enforcement officers with vehicles for escort
4. Routes
 - i. Routes should be discussed during planning for the SNS operations and should include consideration of security and escorts.
 - ii. See Resource Manual for most direct route from LRS to each POD.
5. Delivery Schedule/Frequency
 - i. Deliveries should be made prior to opening the POD and prior to shift change if at all possible.
 - ii. Deliveries will be made to ensure PODs have enough supplies to maintain operations.
 - iii. Frequency will depend on stock levels at the PODs and should occur at a frequency to ensure that PODs maintain 5,000 regimes of medication at all times.

F. LRS Demobilization

1. LRS staff will begin combining equipment and supplies upon notification for demobilization.
2. LRS staff will also perform a final inventory of SNS supplies and all other supplies.
3. All documentation will be sent or delivered to the EOC.
4. Personnel will be debriefed and cleared for sign out.
5. Remaining SNS Supplies will be handled as per State and CDC guidance.

II. Points of Dispensing

A. Purpose

1. Dispensing medications to the public
2. Vaccinating the public with vaccine

B. Types of PODs

1. Open: All citizens and visitors can come and obtain their medication or vaccine at this location.
2. Closed: An agency that agrees to dispense or vaccinate their employees and their families with medication provided by the Health Department. This is only for the employees and their families.
3. Medical: A dispensing or vaccination site where the goal is to provide treatment to clients who are sick or ill.
4. Non-medical: A dispensing site or vaccination site where the goal is to provide prophylaxis to those not exposed and not ill. This is the main focus of local Health Department dispensing and vaccination.

5. Drive Through: A dispensing site or vaccination site where clients remain in their car while driving through the parts of the dispensing/vaccination site.

C. Location of PODs

1. Six POD sites have been determined.
2. Additional sites could be chosen based on the incident.
3. Contact information for sites can be found in the Resource Manual.
4. See Table 3 for Location of PODs.

Table 3: Location of PODs

Location	Address	City/Town	State	Zip Code
XXXX	XXXX	XXXX	XXXX	XXXX
XXXX	XXXX	XXXX	XXXX	XXXX
XXXX	XXXX	XXXX	XXXX	XXXX
XXXX	XXXX	XXXX	XXXX	XXXX
XXXX	XXXX	XXXX	XXXX	XXXX
XXXX	XXXX	XXXX	XXXX	XXXX

D. POD Staffing

1. Activation of POD staff will be planned immediately upon request for SNS.
2. POD staffing roster is located in the Resource Manual.
3. Staffing will be contacted via Base Plan Chapter 4: Notification Procedure.
4. Moore County employees may be called upon to respond as part of the Health Department SNS operation.

E. Security of the PODs

1. Coordination of Security is a function of the County Sheriff’s Department in conjunction with the local municipal law enforcement agencies.
2. The Sheriff’s Department is tasked with vital facilities security in the EOP.
3. All PODs are designated as a vital facility during SNS operations.
4. Security procedures will follow Standard Operating Guidelines (SOGs) by the authority having jurisdiction as per the EOP.
5. Secure areas in the PODs will be designated through coordination with POD staff and law enforcement
6. The EOP is approved and appropriate signatories sign said document thus no MOU is required.

F. POD Staffing

1. Activation of POD staff will be planned immediately upon request for SNS.
2. POD staffing roster is located in the Resource Manual.
3. Staffing will be contacted via Base Plan Chapter 4: Notification Procedure.

G. Required Supplies and Material Handling Equipment

1. The PODs designated have certain supplies on hand and they have been inventoried and included in the Resource Manual.
2. The PODs will need additional supplies which are also noted in the Resource Manual.

H. POD Flow

1. Triage: To determine if person is sick.
 - i. If sick refer to hospital or local medical provider.
 - ii. If not sick then proceed.

I. Registration

1. Obtain registration form.
2. Complete registration form.

J. Forms Check

1. Staff will confirm registration form has been completely filled out.
2. Staff will aid if needed for completion of form.

K. Education Station

1. If possible education will be given out in hard copy format.
2. Staff will be available to answer questions.

L. Dispensing/Vaccination

1. Staff will review registration form.
2. Staff will administer or dispense medication.

M. Exit

VI. POD Operational Procedures

- A. Setup of POD will occur prior to the opening of the POD.
- B. Supervisors will be responsible for ensuring staff sign in and briefing prior to beginning work/operations.
 1. The POD Division Supervisor will be responsible for determining exact flow of POD.

2. The POD Division Supervisor should follow the overall flow as based in this Annex but shall be able to set up exact flow based on their assumption of need.
3. The POD Division Supervisor also has the authority to review the client flow and make adjustments to the flow and setup as needed.
 - i. Staff should be briefed on changes prior to implementation.
 - ii. Operations Section Chief should be notified of change when time allows.

VII. Resources Required for POD Operation

1. Drug Fact Sheets or other educational material as deemed allowable by the IC. The HD will use the drug fact sheets from the Centers for Disease Control as a primary option when available which can be found online at www.cdc.gov.
2. Agent Fact Sheets or other educational material as deemed allowable by the IC. The HD will use the agent fact sheets from the Centers for Disease Control as a primary option when available which can be found online at www.cdc.gov.
3. Medical supplies as required by the incident/agent. This will be determined by the IC and prepared for delivery at the PODs.
4. Name, Address, Personal History Forms (NAPH) will be required. The exact NAPH form (or revision of it) will be determined by the IC.
5. Office supplies and equipment are essential for operation. A recommended list of office supplies can be found in the Resource Manual.
6. Communications equipment should be included based on the Incident Action Plan (IAP) and the Communications Plan therein.
7. Signage will be required to assist with the flow of the POD.
8. The POD will open at the direction of the IAP or the Operations Section Chief and based on information provided to the public in the press releases.
9. PODs should attempt to maintain at least 5,000 regimes of medication if at all possible.
 - i. This is approximately 8 hours of stock.
 - ii. Immediately upon determination of par levels at 5,000 or below, POD Division Supervisor should contact the Operations Section Chief requesting resupply.

VIII. Special POD Considerations

A. Adverse Reactions

1. Clients will be provided information concerning adverse reactions at the POD.
2. Procedures
 - i. If a client is having an immediate adverse reaction then the POD Division Supervisor should be notified and depending on the severity should be referred to their personal physician, the local hospital per their own

transportation, or if in an emergent situation 911 should be contacted for an emergent ambulance transport.

- ii. Clients will be given the main health department phone line to contact should they feel they are experiencing an adverse reaction. The operator will forward the information to the Epi Clinic. The Epi Staff will be responsible for logging the information and providing the client guidance as needed. Consequently Epi Staff will be responsible for logging this adverse reaction in VAERs if warranted.

B. Regimen Limitations

1. There will not be any limitations for the number of regimens a person can be dispensed as long as they can provide the minimum information as required for that incident.
2. This procedure follows current North Carolina Pharmacy Law.

C. Minimum Data Collection

1. The amount of information collected on an individual during an SNS operation will depend on the severity and the threat of illness or sickness.
2. At a minimum the following should be collected except in very extreme circumstances:
 - i. Name
 - ii. Phone number
 - iii. Allergies
 - iv. Medical History
 - v. Date of Birth

D. Symptomatic Individuals

1. If a person who is sick or exposed presents to a POD then they will be referred to their personal medical provider, the hospital, or sent via Emergency Medical Service (EMS) to the hospital.
2. Symptomatic individuals should not be allowed in the POD to reduce possible contamination.

E. Communication Limited Individuals

1. If an individual does not speak English then staff should try to:
 - i. Locate a family member to translate
 - ii. Locate another client who may be able to translate
 - iii. Contact the EOC for resources for translation
2. If an individual cannot speak or is deaf then staff should try to:

- i. Locate a family translator,
 - ii. Communicate through written notes, or
 - iii. Contact the EOC for resources for translation.
3. If an individual is blind then staff should try to:
 - i. Locate a family member for assisting individual around the POD
 - ii. Assign a staff member to assist individual through the POD
 - iii. Contact the EOC for resources for translation
4. If an individual is illiterate then staff should try to:
 - i. Locate a family member to assist individual
 - ii. Assign a staff member to assist individual through the POD
 - iii. Contact the EOC for resources for translation
5. Other needs will be handled on a case by case basis.

F. Unaccompanied Minors

1. Unaccompanied minors may present to the POD
2. Staff should determine the location of their parents or guardians
3. Department of Social Services may be consulted for handling unaccompanied minor. DSS will have lead on decision for guardianship of minor
4. The POD Division Supervisor should make the decision on whether the minor should be given the medication. This will be based on the threat of illness and sickness

IX. Demobilization

- A. Demobilization should begin at the onset of the operations. Plans should be in place to determine when to begin the demobilization process.
- B. Triggers for considering demobilization:
 1. POD flow does not warrant operation of POD,
 2. Guidance is offered from the State or CDC that advises no need for dispensing or vaccination, or
 3. The ability to handle the needs of the community through standard procedures (e.g. using local medical providers and local health department building for dispensing).
- C. The EOC/PHCC should make plans for demobilization which would include:
 1. Collection of all NAPH forms,

2. Collection of remaining medication and supplies,
3. Reduction or elimination of POD operation and timing of closing,
4. Reduction of staffing, and
5. Returning facilities back to an operational status.

X. Hospital Coordination

- A. In the event that Moore County requests the SNS, the CDC may ship a secondary supply to the local hospital.
- B. Requests for the SNS from the local hospital will follow normal request procedures for resources.