

**ARKANSAS
DEPARTMENT OF HEALTH**

County Guidance for

Developing a Mass Dispensing Plan



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DISPENSING PROPHYLAXIS

Strategic National Stockpile (SNS) functions are divided into two main functions: state and local. Dispensing is the responsibility of the local pre-selected Mass Dispensing sites. Each site has a dispensing plan, which is kept on E-file at the Arkansas Department of Health (ADH), Preparedness and Emergency Response Branch.

First Responders and Essential Populations

For purposes of this planning effort, “first responders” will be identified as those individuals directly serving the needs of the citizens of the state in SNS functions. As such, this population will receive necessary medical countermeasures at their duty station. The situation surrounding the response will dictate the population to be considered “essential”. The Arkansas Pandemic Influenza Plan covers, in detail, the definition of essential population.

ADH will operate an Employee Dispensing operation for central office employees, warehouse volunteers and immediate family members of those assisting in the emergency. This process will be implemented in the same manner as the annual seasonal influenza vaccination clinics in the ADH Main Campus, at 4815 West Markham Street, Little Rock Arkansas. Upon notification to the worker/volunteer, they will be told where to report to receive medication. State and local assets will be provided to those required to assist in the initial push of receiving and distributing the SNS assets. Depending on the severity of the event, workers and volunteers will be instructed to pick up medication for family members or will be able to arrange for family members to report and pick up medication at an alternate time and date.

Personnel not reporting first to the staging site, such as law enforcement, warehouse facility employees and distribution drivers, will be provided prophylaxis at the RSS warehouse. A pharmacist, nurse or physician will be on site to provide medications to these persons.

Baptist Hospital will operate an Essential Population/First Responder POD, for those individuals not working directly at the RSS or in the ADH Main Campus Building. This POD will be operated at the Baptist Hospital Location in West Little Rock, off Colonel Glen Road. This location will provide prophylaxis for Pulaski County Responders, and essential populations.

Local Efforts

Plans for first responders assisting with local dispensing efforts are documented in each of the County SNS Plans. Some communities have agreements with local pharmacies to provide medications to first responders prior to SNS arrival. Other communities are planning on treating first responders first prior to the public dispensing or immunization clinics.

PODs to administer vaccine or dispense antibiotics are likely to be part of the response to infectious disease outbreaks of any magnitude.

With technical assistance provided by the Arkansas Department of Health, every County has written Protocol for Dispensing oral prophylaxis (County SNS Plan). In a declared emergency, ADH, working through the Arkansas Department of Emergency Management (ADEM), will respond to identified local POD for vaccine/medication and medical. Each county utilizes their County SNS plan during seasonal influenza clinics, to maintain a trained and effective workforce.

Each County will maintain a record of the PODs, and maintain a current Memorandum of Agreement (MOA) with the facility to ensure access. Starting in 2009, as the MOAs are reevaluated, the counties will utilize a standardized MOA for that purpose (see Appendix D, of this plan).

This document provides guidance to help counties develop their local SNS plans. It is a dynamic document and will be updated as new information becomes available, as drills and exercises are reviewed, and as best practices are identified.

The Cities Readiness Initiative

In Arkansas the Cities Readiness Initiative (CRI) affects the Little Rock, Arkansas Metropolitan Statistical Area (MSA) which is comprised of six counties (Pulaski, Faulkner, Grant, Lonoke, Perry, and Saline).

The Cities Readiness Initiative (CRI) is a dispensing model provided by the Centers for Disease Control and Prevention (CDC). This program is intended to develop best practices to achieve a maximum treatment throughput, in target cities across the nation. Under this project, participating jurisdictions will plan for the dispensing of antibiotics to their entire population over approximately 48 hours. Participating cities in the CRI project have been challenged with developing a dispensing plan in which the initial 24 hours calls for the ramping-up of multiple dispensing sites. In the subsequent 24-hour period all residents of the participating city will receive antibiotics dispensed via POD and other modalities, traditional, and non-traditional

The objectives for the Point of Dispensing are:

- To be set up within 12 hours or less, of official notification
- To provide initial vaccination/prophylaxis for the affected population
- To be sufficiently flexible to adjust to the scope of the event.

While most events requiring the implementation of a POD will be relatively controlled and localized, a worst-case scenario may require the ability to administer vaccine or dispense

medication to the affected population in the jurisdiction within 48 hours from the initial exposure to the causative agent.

Depending upon the extent of the event and the geographic distribution of their population, communities may decide to establish:

- One POD,
- Multiple PODs, or
- A regional POD in collaboration with neighboring communities.

Alternate modalities to deliver medication

- Drive Thru Clinics
- Worksite Dispensing
- Others

Although every community must have a plan to provide mass prophylaxis or vaccination to its residents, several communities may decide to work together to share resources, to enhance efficiencies, and to create one plan. For example, local health officials may choose to coordinate with other partners in adjacent counties or public health regions, or across state lines. Each plan may differ as to whether communities will utilize a staging area, how communities will transport persons to the dispensing site locations, and how communities will notify their residents to report to the sites. The operational organization of sites should remain constant across a community or region to allow for the ready exchange of staff from one site to another in the event of a widespread event.

As the planning committees meet, they should focus on the areas as identified in the Local Technical Assistance Review Tool, based on Receiving, Distributing, and Dispensing State National Stockpile Assets, A guide for Preparedness, Version 10.02 – Draft August 2006, to begin the planning process.

- Developing a SNS plan
- Management of SNS/Command & Control
- Requesting SNS
- Tactical Communications
- Public Information and Communication
- Security
- Regional/Local Receipt, Store, Stage
- Controlling Inventory

- Distribution
- Dispensing
- Treatment Center
- Training, Exercise and Evaluation

A general format has been developed and distributed based on the afore mentioned items, to Local Health Units across the state, and can be obtained from the State SNS Coordinator, Arkansas Department of Health, Preparedness and Emergency Response Branch.

In order to facilitate the transfer of medical assets to municipalities during an event, communities must provide information about their POD(s) to ADH (Appendix S and T, of this Plan). ADH will use this information to develop transportation modalities from the RSS warehouse to eventually the Dispensing Sites. In addition, SNS medical materials will be apportioned at the RSS warehouse to meet the daily dispensing/administration of each POD. ADH must, therefore, know what the anticipated individual 24-hour antibiotic and/or vaccine are for each POD identified in the State before an emergency occurs.

Understanding the Vaccination/Medication Dispensing Strategy

As soon as possible in the course of an outbreak or a suspected outbreak, state and local health and emergency management officials, in collaboration with CDC if necessary, will determine the appropriate scope (who, where, and when) of the POD response, based on the following criteria:

- Size of the initial exposure or outbreak,
- Number of individuals to receive vaccine/prophylaxis,
- Status of vaccine/medication supply chain, and
- Possibility that additional new and related cases of disease or potential exposure will be identified in subsequent days based on epidemiologic surveillance.

If necessary because of shortages, the Director of ADH may decide to prioritize vaccination/prophylaxis for selected groups of individuals. This information will be communicated to local public health officials to aid in determining the extent and magnitude of the event and to help in planning the response needed. However, as plans are put in place, it is important to consider the worst-case scenario and the potential need to vaccinate/provide medication for the entire population of the jurisdiction.

County Guidance for Local SNS Planning:

A template for local planning can be obtained from the Preparedness and Emergency Response Branch, SNS program.

Establish Your Planning Team and Incident Command Structure

- Develop the planning team

- Inform and invite political leadership
- Include representation from local EMS, fire, public safety, public works, health centers, hospitals, schools, pharmacists, civic organizations
- Understand your city or town's role and responsibilities
- Form an incident command structure to assist in designing plans
- Designate Dispensing Site coordinator
- Designate additional coordinators
- Put roles and responsibilities in writing and get sign-off by all relevant parties
- Determine the geographic area that will be served

Assess Your Community Resources and Mass Dispensing

- Assess Current Health Care System/EMS Resources
- Hospitals (Will need to be aware of plan and possible transfer of patients)
- Health centers (May have assets that can be used in an emergency)
- Long-term care facilities (May have assets such as wheelchairs, buses, etc. that can be used in an emergency)
- EMS (May be utilized onsite and for transport)
- Demographic Considerations
- Identify resident population

Identify changes in day/evening population

- Identify dramatic increases in population i.e., special events or seasonal changes
- Identify adult population
- Identify child population
- Identify most used languages
- Identify special populations for alternative mechanisms to provide prophylaxis
- Homebound
- Homeless
- Prisons/jails
- Elder Housing
- Long-term care facilities
- Residential facilities/group homes
- Residential schools/colleges/universities
- Child care centers
- Hotels
- Immigrant populations (languages, ability to connect with

Identify and Establish Emergency Dispensing Site(s)

- Determine number of sites needed for the specific community identified

- Identify location(s) of site(s) using criteria outlined in this document
- Determine if and where there will be staging areas

Security Considerations (see Attachment 6, Checklist for Local Law Enforcement)

- Resources available in community
- Local police
- Other security resources (private security companies, volunteers)
- Traffic control
- Mechanism to receive state/federal assets
- ID requirements
- Site security
- Internal
- External

Other Considerations

- Develop a clinic flow chart for each site
- Develop multilingual signage for all stations of the clinic
- Develop a plan for vaccination/prophylaxis of people who cannot come to the clinic
- Coordinate community POD plans with hospitals, long-term care facilities, residential colleges/universities and prisons/jails in the community

Planning for Operations

Communications

- Complete the ADH local health risk communication template. The following data elements are critical:
- Plan for informing community of clinic location/times and other preventive
- Measures
- Call-down list and mechanism for notifying clinic volunteers
- Development of internal site communications
- Development of media lists and contacts
- Mechanism to receive communication from ADH (re: recommendations/guidelines, press releases, etc.)
- Ensure that adequate staff are trained and have access to the
- Health Alert Network (HHAN)
- Mechanism to reproduce materials for communication with the public

Staffing Considerations

- Estimate number of volunteers needed for each role
- Recruit volunteers for clinical and non-clinical positions
- Develop identification system for clinic staff/volunteers (credentialing)

- Develop a work force protection plan to provide vaccine/prophylaxis to clinic staff/volunteers, and their families, prior to opening clinic to the public

Plan Training

- Provide pre-event training for all coordinators
- Provide pre-event clinical refresher training for clinical volunteers
- Plan for just-in-time training for clinic volunteers using job action sheets (Appendix B)

Other Operation Considerations

- Develop a system to document costs for potential reimbursement
- Develop a system for data management
- Develop a plan for annual review and updating of the local POD plan
- Plan for regular exercises and drills of the POD plan

Memorandums of Understanding (MOU)

- Develop and sign a memorandum of understanding (MOU) with:
- All facilities/agencies participating in the Incident Command Structure that clearly delineates each party's roles.
- Any agency/facility that will be providing space or services.
- Any communities that will be working together (e.g. members within a local health regional coalition)

Activate Incident Command Structure and Notify Stakeholders

- Activate Incident Command Structure
- **Notify**
- Planning group
- Political leaders
- Site (s)
- Hospitals (Review plan for transfer of patients should the need for additional PODs arise)
- Health centers (Obtain any additional assets that can be used in an emergency)
- Long term care facilities (Obtain assets wheelchairs, buses, etc that can be used in an emergency)
- EMS (Will they be utilized on-site and/or for transport?)
- Visiting nurse agencies (Identify staff that can assist)
- Local Fire, Public Safety, schools, civic organization
- Volunteers
- Neighboring communities

Prepare to Operate Emergency Dispensing Site

- Assess the need for additional assets

- Contact State Emergency Operations Center (SEOC) if needed
- Review event-specific standing orders, patient education materials and clinic forms.
- Obtain signature for standing orders
- Begin reproduction (copying) of all materials OR contact business that will make copies
- Determine start of prophylaxis
- Assign Emergency Dispensing Site coordinator
- Assign additional coordinators
- Arrange for the opening of all facilities to be used
- Arrange for the closure of same facility for other purposes

Set-up Dispensing Site(s): Set up Emergency Dispensing Site(s) (POD)

- Mark/Delineate traffic patterns
- Obtain buses, drivers if staging area used
- Organize public transportation system if it is to be used
- Obtain barriers, cones, etc. for parking and traffic control
- Obtain walkers, wheelchairs for use in clinics
- Label all rooms at facilities including rest rooms
- Mark entrances and exits in large, clear signs
- Prepare screening, dispensing rooms
- Arrange for EMT/EMS support for emergencies (EMT with to-go kit, EMS on site)
- Arrange for facility engineering and janitorial support
- Prepare refrigerator and /or space for receipt of prophylaxis
- Test back-up electrical power capabilities
- Set-up system for communication between stations (walkie-talkie, phone, etc.)
- Test Internet and phone and other communication tools capability

Demographics Considerations

- Identify resident population
- Identify translators for most used languages (as well as translations of materials)
- Identify any visiting population
- Identify Special Populations and their needs
- Children and families (system, counselors, etc)
- Plan for alternative mechanisms to provide prophylaxis to group population (see list below)
- Timeline
- Responsible agency_____ Contact_____
- Check all that apply to community:
- Homebound
- Prisons/jails
- Homeless

- Elderly Housing
- Long-term care facilities
- Rest homes
- Colleges
- Child care centers
- Hotels
- Immigrant populations (languages, ability to connect with)

Security Considerations

- Gather team
- Develop schedule
- Assign traffic control members
- Mechanism to receive state/federal assets
- Prepare and distribute It's
- Assign site security members
- Internal
- External

Communications

- Follow pre-established risk communication plan
- Notify community of clinic location
- Notify community of methodology of attendance
- Determine timing of press events
- Notify media lists and contacts
- Review communication from ADH (re: agent, protection, treatment for the public)
- Review materials for communication with the media

Staffing

- Prepare staffing charts
- Estimate number of volunteers available
- Review licensures of all professional staff
- Assign staff
- Obtain regulations regarding retired providers, assign these roles
- Obtain any additional emergency regulation changes, assign associated staff
- If needed develop a mechanism to inform public of need for volunteers
- Newspaper articles
- Local meetings
- Websites
- Document names of all volunteers and shifts worked

Workforce Protection

- Provide prophylaxis for staff and families
- Utilize this opportunity to practice plan
- Make any changes to plan based on lessons from providing prophylaxis to workforce, share with all volunteers

Commence Dispensing Site Operations

- Assess daily
- Make adjustments as needed
- Documentation
- Document costs daily
- Assigned to _____
- Collect data on all participants of dispensing site
- Transmit data as able (internet system versus hard copy of data)
- Maintain all records

PLANNING

Establish the Planning Team

It is important that planning teams be inclusive. Members of the community who represent public health, behavioral health (mental health, substance abuse, social service), public safety, EMS, emergency management, the medical community (include pharmacists, veterinarians), schools, and colleges and universities should be represented along with others (local business, local volunteer/civic groups) who may contribute to the planning process.

Determine Number of Dispensing Site Locations Needed in Your Jurisdiction

Develop your plan for Emergency Dispensing Sites based on the worst-case scenario: the need to provide prophylaxis to and/or vaccination of the entire population of your community. Plans can be scaled back for smaller-scale events.

Plans should provide for prophylaxis and/or vaccination to the population within 2 days from the opening of the dispensing site.

The specifics of the Dispensing Sites – including the number of sites, duration of hours of operation, and number of staff required – should be calculated using the model described below. The number of personnel needed for any one Emergency Dispensing Site will vary depending on the size and layout of the facilities, the location of the site, the geographic or regional area served, and the estimated number of recipients at each site.

Model

For planning purposes, including determining staffing needs, you may use the estimate of 450 people/hour x 24-hour day

- Determine the number of people in your jurisdiction, by the latest US Census Data.
- Include permanent and temporary residents (e.g. seasonal, hotel, private schools, college residents, homeless, etc.)
- Consult with neighboring jurisdictions to avoid overlap or gaps in populations covered.
- Use the following formula to determine the maximum number of Dispensing Sites needed. If your planning indicates that your clinic sites can process more than 450 people/hour, adjust the formula accordingly.

Total population X 80% divided by 2 = number of individuals to treat/day

Number of individuals to treat/day divided by 5,000 = maximum number of dispensing sites

For example, for a population of 50,000 and an estimated throughput of 5,000 people/site/day:

50,000 x 80% = 40,000 ÷ 2 days = 20,000 individuals to treat each day

20,000 ÷ 5,000 = 4 emergency dispensing sites needed

* Communities with populations less than 10,000 should consider collaborating with neighboring communities to implement regional POD with communities included in their local health regional coalitions, as these communities may not have sufficient resources to establish their own POD.

Develop Dispensing Plan

Dispensing plans should include special populations, including elders, those with disabilities, those with serious mental illness, minority populations, non-English speaking populations, and children including those in private schools. Utilize agencies and groups who work with these special populations in the planning process.

Plans are in development for the state SNS to provide direct deliveries to long term care facilities, prisons and jails, and hospitals. These facilities will be responsible for providing

vaccine/prophylaxis to their employees and residents/inmates/patients. Community POD planning groups should contact these facilities in their communities or regional coalition areas to ensure that plans are in place and are consistent with the local/regional plan for POD.

Additionally, local regional planners should communicate with colleges and universities as well as military bases and any other special residential facilities/institutions to determine the need to include students, faculty and military families in their dispensing site plan.

Dispensing Teams

Consider having dispensing teams that can travel to different sites. Dispensing teams to provide medications/vaccinations may include staff from community institutions, visiting nurse associations (VNAs), etc.

Memorandums of Agreement (MOU)

Develop, sign, and review memorandums of agreement with all agencies/facilities/companies that will play a role in the emergency. See Appendix E for sample MOUs.