

Arkansas Department of Health

Center for Health Protection

Preparedness and Emergency Response Branch

Strategic National Stockpile (SNS) Plan



Version 4.1

Revised April 2011

For Public Release

Using the Arkansas Department of Health's Strategic National Stockpile (SNS) Plan

1. The title of this document is:

Arkansas Strategic National Stockpile (SNS) Plan, V 4.1, Revised 2010

2. The Arkansas SNS Plan was first developed in 2004. Since that time several revisions, and eventually a complete rewrite of the SNS plan has occurred. The current version (Version 4.1, Revised) is the most recent revision of the planning effort. This version is based on Receiving, Distribution, and Dispensing Strategic National Stockpile Assets, A Guide for Preparedness, Version 10.02 – Draft August 2006. This planning process will continue, and periodic revisions will be made to the plan.
3. For more information, please consult the following points of contact (POCs):

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Arkansas Department of Health Off Sheet
Strategic National Stockpile Plan: Acceptance Sheet



Director and State Health Officer
Paul Halverson, DrPH, FACHE
Date: 26 Feb 08



Arkansas Department of Emergency Management
Date: 26 Feb 08



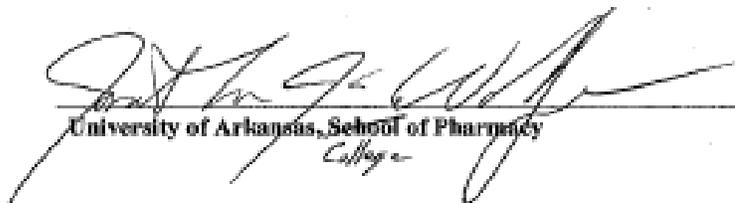
Arkansas Department of Highway and Transportation
Date: 26 Feb 2008



Arkansas State Police
Date: 2-26-08



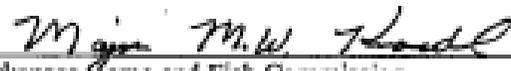
Arkansas Hospital Association
Date: 3/17/08



University of Arkansas, School of Pharmacy
College
Date: 2/27/2008



Arkansas National Guard
Date: 3/17/08



Arkansas Game and Fish Commission
Date: 2-26-08



Little Rock Police Department
Date: 08 01 - 08

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Executive Summary

This document defines roles, responsibilities and plans for requesting, receiving, organizing, repackaging and distributing materials by the State of Arkansas for the SNS Program.

Policy Issues

This procedure is based upon the requirements to request and utilize assets from the Strategic National Stockpile (SNS). The clinic operations are based upon the need to medicate citizens in the timeframe depending on the situation/agent involved. Because the timeframes of treatment/prophylaxis range from 48 hours to 10 days, the response must be scalable, and all planning will be developed for the worst case scenario of 48 hour prophylaxis.

In the event of a terrorist attack (chemical, biological, radiological, or incendiary) or a large scale natural disaster, it is likely that Arkansas will rapidly deplete in supplies of pharmaceuticals and other medical items available in the state. Anticipating that likelihood, the federal government established the Strategic National Stockpile (SNS) to augment local supplies of critical medical items. Managed by the Centers for Disease Control and Prevention (CDC), the SNS contains large quantities of medicines, antidotes and medical supplies needed to respond to a wide range of expected problems including nerve agents and biological agents.

Once a decision has been reached to deploy the SNS, it will arrive in two phases: The first phase will arrive in 12 hours or less and the second phase, if requested, within 24-36 hours. CDC describes the first phase as a “12-hour Push Package”. “12-hour . . .” because it will arrive in 12 hours or less and “...Push...” because the state only needs to request the SNS, not specific items, and CDC will ship/push material for a variety of expected threats. The first shipment will be packed in more than 100 specialized shipment containers, arrive in seven 48-foot tractor trailers or a wide-bodied jet (747 or 767), weigh approximately 50 tons and require a minimum storage space of 5,000 square feet when offloaded and a minimum of 12,000 square feet when fully set-up. The second phase shipments are designated as Managed Inventory (MI). While the Push Package contains products for a broad range response, the MI consists of large quantities of specific items to combat identified/specific threats. If the State were to identify the threat and knew exactly what supplies to request, the PP would not be sent. Instead, MI would be sent.

To address the large packages being transported into Arkansas, the state will assemble and rely upon a large number of volunteers to assist in receiving, organizing, repackaging and distributing those supplies. The SNS plan includes volunteers from the state and local health departments as well as private citizens and organized volunteer organizations. Volunteers will be tracked and credentialed through the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program,

The State of Arkansas has adopted the strategy herein to ensure equal access to SNS assets. The Arkansas Department of Health’s Major Disaster Incident Response Plan (MDIRP) and the Arkansas State Emergency Operations Plan (EOP), under Emergency Support Function (ESF) 8

- Public Health and Medical Services, will employ the plan as specified and directed. The State EOP describes responsibilities of designated state departments, agencies, boards and volunteer organizations in the event of a disaster. The MDIRP also incorporates the Pandemic Influenza (PI) Plan.

Confidentiality

Due to the nature of this issue and to ensure the safety of responders, assets and the citizens of Arkansas, much of the information relating to the Strategic National Stockpile plan must be kept confidential. Locations of the RSS warehouse will be kept confidential. In addition, mass-dispensing locations (PODS) will be kept confidential until the time that they are needed. During an emergency, the ADH will conduct massive public information campaigns to assist and guide the public to the appropriate dispensing sites. Names and contact information for volunteers and partners will be kept as a separate attachment to protect the privacy and safety of those individuals.

SECTION ONE: DEVELOPING A SNS PLAN

The Arkansas Department of Health (ADH), Office of Preparedness and Response, is responsible for developing and maintaining the Strategic National Stockpile (SNS) plan for Arkansas.

Incorporation in State Emergency Operations Plan (EOP)

The plan is a component of the agency's Major Disaster Incident Response Plan (MDIRP). The MDIRP is incorporated into the Arkansas Emergency Operation Plan, Emergency Support Function (ESF) #8. The Arkansas Department of Emergency Management (ADEM) is responsible for the overall coordination of response and recovery programs as directed by the Governor. The director of ADEM, or designee, maintains a constant liaison between the Federal government, state agencies, disaster relief organizations and other states' disaster agencies.

Plan Update Process

This plan will be reviewed and updated annually based on deficiencies revealed during the SNS Program Assessments, and state and local trainings and exercises. Refer to "Record of Changes" immediately following cover page.

Planning-Advisory Group

The Preparedness & Emergency Response Advisory Committee (Formerly known as the CDC/HRSA BT Advisory Committee), will serve as the oversight body for SNS planning, as well as for hospital response planning.

ADH works closely with ADEM to coordinate the SNS Plan with other state agencies. ADEM is the liaison with state agencies involved in the plan. These agencies include, but are not limited to the Arkansas State Police, Arkansas Department of Transportation, and the Arkansas National Guard.

Arkansas has a centralized public health system. The seventy-five (75) counties in Arkansas are divided into 5 public health regions:

1. Central
2. Northwest
3. Northeast
4. Southeast
5. Southwest

Each County is responsible for developing and maintaining county specific plans and strategies, for immunization and/or prophylaxis, based on recommendations as provided by the Office of Preparedness and Response, Center for Public Health Protection, Arkansas Department of Health.

ADH collaborates with other agencies and groups including, but not limited to:

- Local Health Units
- Arkansas Department of Emergency Management (ADEM)
- Arkansas Department of Highway and Transportation (ADHT))
- Arkansas State Police (ASP)
- Arkansas Hospital Association
- Fay Boozeman School of Public Health
- University of Arkansas Medical School (UAMS)
- UAMS School of Pharmacy
- Arkansas Department of Environmental Quality
- Medical Reserve Corps

SNS Plan Acknowledgement

All planning partners shall review this document, and recommend revisions as necessary, annually. Following the review and revision, each entity shall acknowledge in writing, their agreement to changes that are necessary.

Policy Issues

The Arkansas Department of Health shall develop and maintain sound public health policy concerning the development and maintenance of this plan. Statewide policy shall include, but not be limited to:

The official process of requesting SNS asset from the Centers for Disease Control and Prevention CDC:

- The number of doses that a family member can pick-up at a dispensing site
- Procedures for Prophylaxis of a unaccompanied minor
- Minimum identification requirements in order to receive medication
- Badging and Credentialing process used to identify volunteers and staff at SNS sites, including the RSS, Staging Areas, Transportation, and PODS
- Official Rules of Engagement for Law Enforcement
- Providing prophylaxis to military installations within the State of Arkansas

National Incident Management System (NIMS)

ADH complies with NIMS. In a public health emergency, ADH is the lead responding State Agency, and is the lead state agency for Emergency Response Function (ESF) # 8, and will participate in a Unified Command with other state and local agencies. ADH will make final decisions regarding public health issues. More information regarding Command and Control can be found in Section 3, of this document, Management of SNS and Command and Control.

Process for Requesting SNS Assistance from the Centers for Disease Control and Prevention (CDC)

The State Emergency Operations Plan (EOP) will be utilized to coordinate agency responses. In Arkansas, the ADEM Director is the Governor's Authorized Representative (GAR) during large emergencies that require the enactment of the State EOP. This designee works with the State Controlling Officer and Federal Controlling Officer (depending on State and Federal declarations). However, for purposes of the SNS plan, the ADEM Director and the ADH Director, along with the Governor, determine the need for SNS assistance. Section 3 of this plan describes the procedures for requesting SNS assets, from the Centers for Disease Control and Prevention (CDC).

ADH will activate an ICS structure during Strategic National Stockpile activation or other public health emergency. This structure may be scaled up or down, as the emergency requires. An overview of the ADH ICS structure is included in an appendix as well as a more detailed ICS structure for the Receiving, Staging and Storing (RSS) warehouse. Local clinic ICS structures are included in each individual County SNS plan. All ICS structures are created flexible to respond to differing incidents.

During a declared public health emergency in Arkansas, the Director of the Arkansas Department of Health has authority over the emergency. The Director of ADH will provide a written delegation of authority that will identify an Incident Commander for the situation based on the event. Arkansas has a centralized Public Health System, where all Public Health Centers and Local Health Units, will respond as one entity. Directive to Local Health Units shall come from the ADH Emergency Operations Center (EOC).

Family Member Pickup

To expedite the delivery of mass antibiotics or prophylaxis, one person can receive doses for up to nine (9) additional family members. The total course of prophylaxis one individual can pick up shall be ten (10). The current and approved Name, Address, Personal History (NAPH) form will be completed to ensure appropriate documentation (Attachment 1). Each County Local Health Unit (LHU) has electronic copies of the master document to allow copies to be made in an emergency. NAPH form is included in the appendices as Attachment 1.

Unaccompanied Minor

Persons under the Age of 18 must have parental consent to obtain controlled medications. If an unaccompanied minor presents to a Local Dispensing Clinic, the clinic manager shall notify the County office of County Operations, Department of Human Services, who will attempt to contact the minor's legal guardian. If the guardian cannot be located, at the time of the mass dispensing clinic, medication will not be dispensed, to the minor. Contact information will be collected for follow up of patient. If the minor is legally emancipated, the medication will be dispensed. The Appendix for Unaccompanied Minors visually represents process for Unaccompanied Minors.

Identification Requirements

The goal of the Mass Dispensing/Vaccination clinics is to provide necessary medical countermeasures to those individuals that have the need to receive medication as a result of an exposure. The ADH will allow individuals to pick-up medication at a dispensing site without identification.

Credentialing and Badging

Credentialing is the process of verifying professional credentials, such as medical licenses. Badging is the process of providing identification to workers at specific locations, such as a Point of Dispensing (POD), or a Receipt, Store, and Stage (RSS) warehouse, etc. Pre-credentialing will be conducted through the Arkansas Department of Health (ADH) ESAR-VIP program. The volunteer registry is maintained redundantly in dual locations. Both locations are maintained off site. The ADH EOC will have access to this registry. Local Health Unit Representatives can request verification through their Public Health Region Representative in the ADH EOC, if activated. During normal business, inquiries can be made to the ESAR VHP at 501-280-4425.

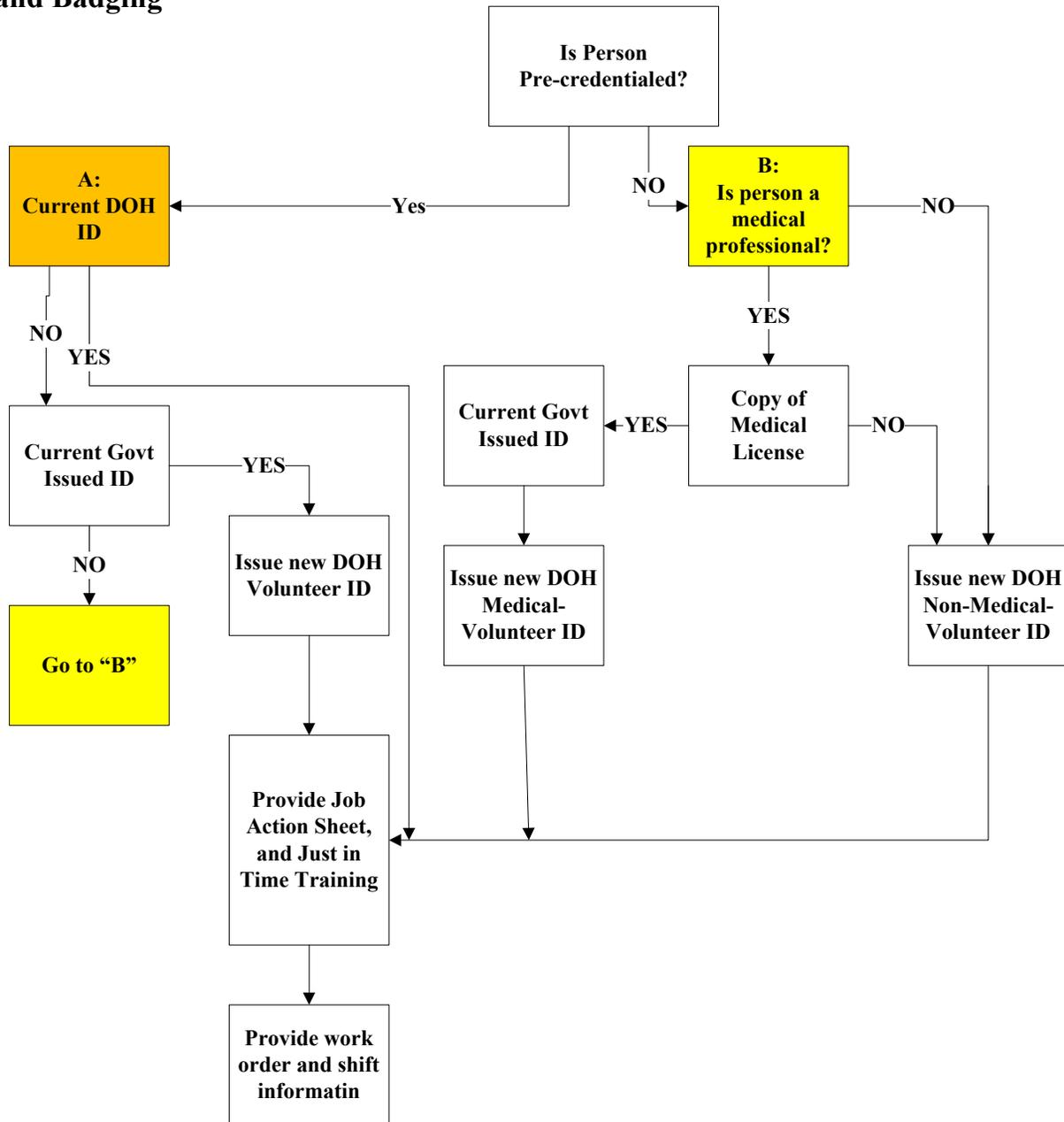
If a medical professional is not pre-credentialed, upon activation of the State SNS plan, copies of the following information will be collected at a minimum, prior to being allowed to serve in a medical capacity:

1. Valid Medical License and/or certification
2. Valid Government issued identification
 - a. Drivers License
 - b. State-Federal issued ID Card

Every attempt shall be made to verify good standing of medical license. If verification cannot be made either through, the ESAR VHP, state licensure governing body, national board, or personal verification of another credentialed medical professional, that person shall be utilized in a non-medical capacity, until licensure verification can be achieved.

It is necessary to have consistent Badging across the state. State employees, institutions of higher education, and law enforcement agencies will utilize their organization's standardized badging processes. During an event, that would require activation of the SNS, a sample of varying ID badges will be provided to the appropriate law enforcement agencies, and entities participating in the response. For pre-Credentialed volunteers and trained RSS staff, outside of ADH will be issued an ID Badge from the ADH, with an expiration date. Badging will be consistent with current Arkansas Department of Health Employee badging design, as indicated in agency policy GEN 152, or the current badging process.

Diagram 1.2: Credentialing and Badging



Rules of Engagement for Law Enforcement

It is assumed that there will be an elevated level of anxiety in the population, if this plan has to be activated. The goal of this process is to provide medication to as many people as possible. Security is discussed in detail in Section 6. Rules of engagement at all security levels will follow applicable statutes of the State of Arkansas and any local ordinances within a jurisdictional boundary. Arkansas State Statutes that apply are:

- 5-2-603 Execution of public duty.
- 5-2-604 Choice of evils.
- 5-2-605 Use of physical force generally.
- 5-2-606 Use of physical force in defense of a person.
- 5-2-607 Use of deadly physical force in defense of a person.
- 5-2-609 Use of physical force in defense of property.
- 5-2-610 Use of physical force by law enforcement officers.

The level of force to be used by law enforcement will vary depending on the situation at hand. Officers are authorized to use lethal force against persons, including fleeing felons, only when they reasonably believe that such action is in defense of human life (including the officer's own life) or in defense of any person in immediate danger of serious injury.

Law Enforcement, at each security function, will be prepared to detain and hold any party causing a disturbance or otherwise obstructing the operation of any facility receiving, storing, staging, or dispensing assets of the Strategic National Stockpile.

Military Installations

Agreements are in place with the 19th Medical Group, Little Rock Air Force Base, with the Jacksonville Health Unit (Pulaski Co CRI Plan) to provide prophylaxis to their base census. The Base will receive an apportionment for their current census, from the RSS, and administer medication through their own medical resources.

Legal Issues

Most public health authority in Arkansas is derived from the Board of Health, **Ark. Code Ann. §20-7-109.**

Medical Practitioners

The Arkansas Department of Health (ADH) has developed standing orders for specific events that the State Medical Officer or designee may activate. Once activated, pharmacists, physicians and nurses may dispense/issue these medications in ordinance of these. Also, pharmacy interns and nursing students may issue these medications if overseen by a preceptor or instructor licensed in that profession. The ADH will develop and maintain and annually update Standing Orders for anthrax, tularemia, plague, smallpox, brucellosis and botulism.

Personnel Authorized to Dispense Medications

Currently, Arkansas does not have an Emergency Powers Act, for Mass Prophylaxis. The Governor, can at his discretion, relax licensure for dispensing. For a worst case scenario,

Counties may begin training & exercising non-medical volunteers in proper medication issuance in the event the Governor relaxes the license requirements.

Procurement of Private Property

The State of Arkansas, may obtain necessary equipment and supplies during an emergency. Care should be taken to procure said necessary goods following state procurement laws. If an emergency purchase has to be made, receipts should be obtained for reimbursement.

Liability and Worker's Compensation

Full Time employees of the state of Arkansas will be covered as normal in day-to-day operations. Volunteers will be asked to sign an Indemnity Form (See Appendix Entitled Indemnity), prior to operations. This document will provide assurance of indemnity from liability as an agent of the state, during SNS operations. Volunteers will not be protected under Worker's Compensation.

Staff Compensation

Full time staff of ADH will be compensated as normal, in the event of an emergency response. Normal procedures allow state employees to either adjust workweeks or accrue compensatory time. Volunteers will not be paid. Normal procedures allow state employees to either adjust workweeks or accrue compensatory time. State, city and county employees assigned to work during a public health emergency, in lieu of normal duties, will be covered by workers compensation. Volunteers will be asked to sign a pre-determined indemnity form that will provide protection to them as a temporary state employee, while they are volunteering, in a mass dispensing, or RSS role.

SECTION TWO: MANAGEMENT OF SNS & COMMAND AND CONTROL

The Office of Preparedness and Response, Arkansas Department of Health, oversees the Strategic National Stockpile (SNS) program at the Arkansas Department of Health (ADH). Both the Centers for Disease Control and Prevention (CDC) and the Assistant Secretary for Preparedness and Response (ASPR) preparedness grants are managed in this office, allowing the SNS Coordinator to work closely on all aspects of preparedness efforts across the state.

State Planning Leads

Refer to Appendix F, Job Action Sheet (JAS) Matrix and Contacts, for personnel identification contact information for essential staff, alternates and critical contact for the ADH, RSS, and other essential positions. The following roles with contact information will be found in the Appendix entitled “SNS Planning Leads”. Job Action Sheets (JAS) have been created for these roles. The JAS can be found in Appendix U.

- Staffing/Volunteer Coordinator
- Repackaging Lead
- Tactical Communications
- Dispensing Site Coordinator (State)
- SNS Security Coordinator
- Treatment Center Coordinator
- RSS Lead
- Public Information Officer
- Distribution Lead

Integration with NIMS

The ADH will activate a generalized ICS structure during Strategic National Stockpile activation or other public health emergency. This structure may be scaled up or down, as the emergency requires. Overviews of the local clinic ICS structures are included in the Appendix entitled “ICS structure”. All ICS structures are created flexible to respond to differing incidents.

Command and Control

ADH will follow defined protocol for operations, and Command and Control. ADH is the ESF # 8 (Public Health and Medical Services Annex) coordinating agency for Arkansas. The following is an excerpt from the Arkansas Emergency operations plan, as revised, August 2008, pages 124-133: ESF # 8:

Authorities and References:

- Arkansas Code Annotated 12-75-101 et al.
- Homeland Security Presidential Directive/HSPD-9
- Arkansas Code Annotated 12-12-301 through 12-12-324
- Arkansas Influenza Pandemic Response Plan
- Major Disaster and Incident Response Plan (MDIRP)
- Arkansas Rapid Mortuary Response Mass Fatality Plan (ARMOR)

Emergency Support Function (ESF) #8

Public Health and Medical Services provides the mechanism for coordinated State assistance to supplement local resources in response to public health and medical care needs for potential health and medical situations requiring a coordinated State response. ESF #8 is coordinated by the Director of the Arkansas Department of Health (ADH) which has the responsibility to provide the Emergency Management Liaison Officer (EMLO) to the State EOC. ESF #8 can be activated by notification from the ADEM Disaster Management Division Leader or the Team Chief of the State EOC.

ESF #8 provides supplemental assistance to State and local governments in identifying and meeting the public health and medical needs of victims of an incident requiring a coordinated State response. This support is categorized in the following core functional areas:

1. Assessment of public health/medical needs;
2. Public health surveillance;
3. Medical care personnel;
4. Health/Medical equipment and supplies;
5. Patient Evacuation;
6. Radiological/Chemical/Biological hazards consultation;
7. Vector Control;
8. Mass Fatality Management Services.

ADH coordinates the provision of State health and medical assistance to fulfill the requirements identified by the affected State and local authorities. ESF #8 uses resources primarily available from/through coordination with:

The Director of ADH, through the State EOC, coordinates state ESF #8 preparedness, response, and recovery actions. These actions do not alter or impede the existing authorities of any department or agency supporting ESF #8.

ADH coordinates all ESF #8 response actions consistent with ADH internal policies and procedures (e.g., Major Disaster Incident Response Plan—MDIRP).

Each ESF #8 organization is responsible for managing its respective response assets after receiving coordinating instructions from ADH.

The ADH Emergency Operations Center (EOC) facilitates the coordination of the overall state ESF #8 response. During ESF #8 activations, the ADH EOC maintains frequent communications with the State EOC by providing a representative at the State EOC.

ADH, as the primary agency for ESF #8, is responsible for consulting with and organizing State public health and medical subject-matter experts, as needed.

ADH maintains the ADH Major Disaster Incident Response Plan (MDIRP), the Arkansas Influenza Pandemic Response Plan, and the Arkansas Strategic National Stockpile (SNS) Plan. ADH will follow the existing Command and Control structure in place, as described in the Basic Plan Section of the State Emergency Operations Plan* The Basic Plan section of the Arkansas

Emergency Operations Plan (also referred to as the EOP or AR EOP) is a guide to how the state conducts all-hazards incident response. It defines the responsibilities of local, state and federal governments, the capabilities of volunteer agencies, and the levels of magnitudes of disasters. It also provides broad guidance to state agencies and outlines the aid and assistance available to local and state government in the event of an emergency. The plan outlines the aid and assistance available to local and state governments, individuals and businesses when a Presidential disaster declaration is issued as well as outlines the actions required of state and local governments to be eligible for federal and/or state assistance under Public Law 93-288, as amended by Public Law 100-707, Arkansas Code Annotated 12-75-101 et al.

It is built upon flexible, scalable and adaptable coordinating structures to align key roles and responsibilities across the state. It is intended to capture specific authorities and best practices for managing incidents that range from the serious but purely local, to large-scale terrorist attacks or catastrophic natural disasters.

It builds upon the *National Incident Management System (NIMS)* **, which provides a consistent national template for managing incidents.

***Arkansas Emergency Operations Plan, Revised August 2008**

<http://www.adem.arkansas.gov/documents/Planning/AREOPinfo.htm>

****More information on NIMS can be obtained at: <http://www.fema.gov/emergency/nims/>**

SECTION THREE: REQUESTING SNS

Overview

Arkansas's plan, to request Strategic National Stockpile (SNS) assets, will remain consistent with the US Department of Homeland Security's, National Response Framework.

Emergency Support Function (ESF) #8—Public Health and Medical Services provides the mechanism for coordinated State assistance to supplement local resources in response to public health and medical care needs for potential health and medical situations requiring a coordinated State response. ESF #8 is coordinated by the Director of the Arkansas Department of Health (ADH) which has the responsibility to provide the Emergency Management Liaison Officer (EMLO) to the State Emergency Operations Center (EOC). ESF #8 can be activated by notification from the ADEM Disaster Management Division Leader or the Team Chief of the State EOC.

Arkansas' decision to request the SNS in response to a biological threat will be based on surveillance activities accomplished through a collaborative effort between the Arkansas Department of Health (ADH) and the state's medical community.

Response Situations

Based on federal guidance, there are different response situations, which require situational dependent request process to obtain DSNS assets.

No Federal Disaster Declaration in Place:

In the absence of a federal disaster declaration or if it is an isolated or small scale event, such as a possible smallpox vaccine exposure, state or territorial health officials may request SNS asset by calling CDC's emergency operations center (EOC).

If there is a time critical emergency, health officials can call CDC's EOC and the request will be routed to the appropriate agency. Once this occurs, CDC's EOC will quickly arrange a telephone conference call that may include the HHS Secretary's Operation Center (SOC), the DHS Security Operations Center, the DSNS team room, and the state health officer, or designee. If the HHS Secretary or designee concurs that local resources will be insufficient, he or she may direct SNS to deploy countermeasures.

The Department of Health and Human Services (HHS) may direct SNS to deploy assets prior to the president initiating a coordinated federal response in accordance with the NRF. DSNS may deploy assets without a federal disaster declaration.

The federal government may direct the Division of Strategic National Stockpile (DSNS) to deploy assets as part of a coordinated federal response which may, or may not, include a national emergency or a public health emergency (PHE) declaration. Examples typically include terrorism or natural disaster events such as floods, earthquakes or hurricanes.

The federal government may direct DSNS to deploy assets based on a state's request for assistance. For example, ADH officials may identify a potential or actual situation that they

believe may threaten the health of their community and require resources that are not readily available locally or at the state level. In this instance the DSNS may deploy a 12-hour Push Package for a Bio-terrorism incident.

Federal Disaster Declaration in Place

The federal government may direct DSNS to deploy assets as part of a coordinated federal response: public health emergency declaration or federal emergency or disaster declaration. This type of deployment may or may not involve a state request. With the exception of catastrophic events, all requests for federal disaster assistance follow the emergency management request process indicated below.

Once ADH recognizes that a public health emergency may overwhelm local, regional, and state pharmaceutical and medical materiel response assets, ADH will request federal assistance through DHS/FEMA using the following process:

ESF # 08 will submit a request through the Arkansas Department of Emergency Management (ADEM), ESF # 05, to DHS/FEMA per the established mission assignment request process during a declared federal disaster. This will follow the prescribed request process as defined by DHS/FEMA in 44 Code of Federal Regulations (CFR).

In that request process, an Action Request Form (ARF) (*f.1 ADH SNS v4.1 2010 Form – FEMA Form ff90_136 ARF*) is completed by ADEM describing the federal assistance and capability required. This process is done at the State Emergency Operations Center (SEOC) in conjunction with the DHS/FEMA Regional Response Coordination Center (RRCC) or a Joint Field Office (JFO), if established, and submitted to DHS/FEMA.

Upon submission of the ARF, DHS/FEMA will then direct HHS, through the Mission Assignment process to provide the appropriate assistance; HHS will analyze the request and determine which operating division is best suited to fill the request and direct the deployment of assets. In some instances HHS may determine that the best option is to purchase the assets directly from the vendor; the vendor would ship the assets directly to the SLTT and would not involve DSNS.

National Special Security Event (NSSE)

The federal government may direct DSNS to deploy assets in support of an NSSE. This directive may or may not be the result of a state or territorial request. An example is during a national political convention in which a state will conduct a gap analysis based on capabilities, capacities and a threat analysis. If the state determines there are capability and capacity gaps, the state may then request federal support to augment their resources.

Isolated or small scale incidents may occur, which result in DSNS deploying specific countermeasures in some instances the SNS may be the single global source. An example is when a hospital contacts a local health official regarding a possible smallpox vaccine exposure.

The state health official requests SNS assets directly from CDC and HHS will determine if SNS will deploy the appropriate medical material.

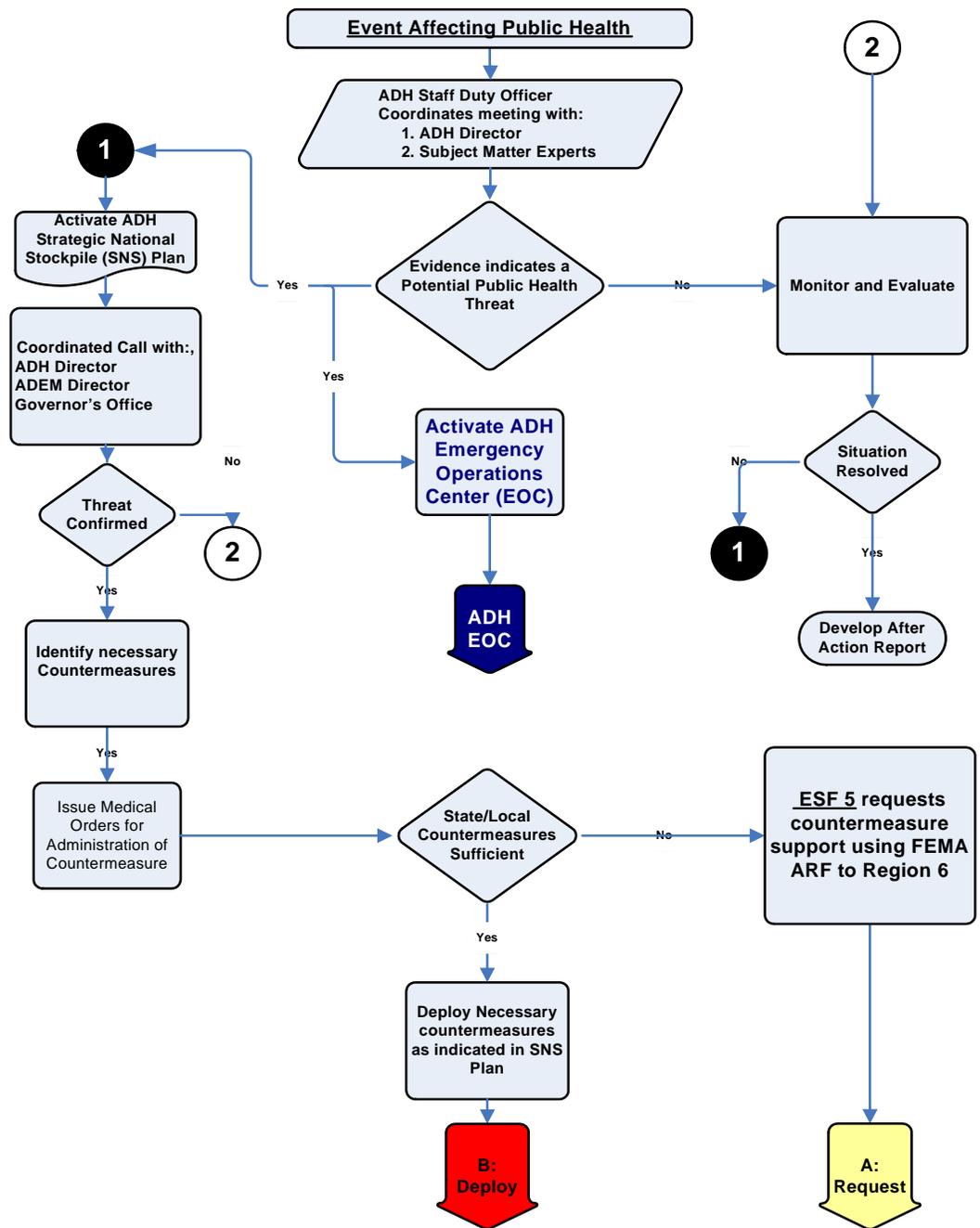
Responsibilities

The Arkansas Department of Emergency Management (ADEM) maintains 24-hour contact information for these officials. The ADEM 24-hour emergency number is **501-730-9751**. The ADH maintains a 24-hour Emergency Communications Center; this facility may be used as an alternate contact point. The 24-hour emergency number for ADH is **501-661-2136 or 800-633-1735**.

Procedures to request re-supply of SNS Assets

If the State wishes to request a re-supply of SNS countermeasures, the governor or other health official must submit a request for federal assistance through DHS/FEMA using the prescribed request process defined by DHS/FEMA in 44 Code of Federal Regulations (CFR) as noted above to ensure proper reimbursement for the event. If additional assets are required, further assistance from FEMA Region 6 will be requested.

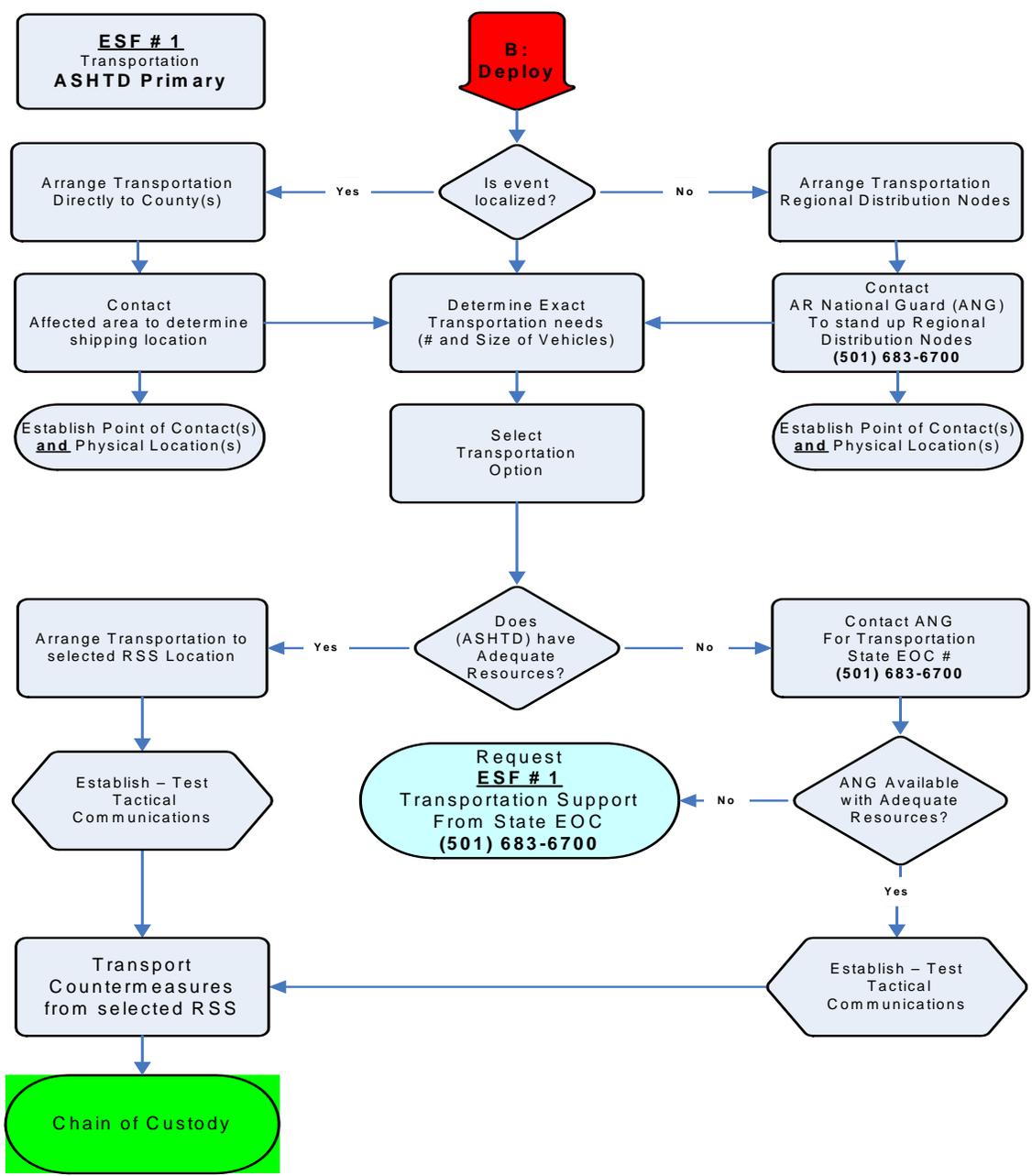
Figure 3.1 Decision to request Federal Medical Countermeasures



Once the decision has been made to deploy federal SNS assets to Arkansas, the focus of state operations will be shifted to deployment within the State.

The process to deploy SNS assets in the state is depicted in Figure 3.3 Process to Deploy SNS Assets in State. Specific protocol for distribution of assets can be found in section 10 of this document.

Figure 3.3 Process to deploy SNS Assets in State

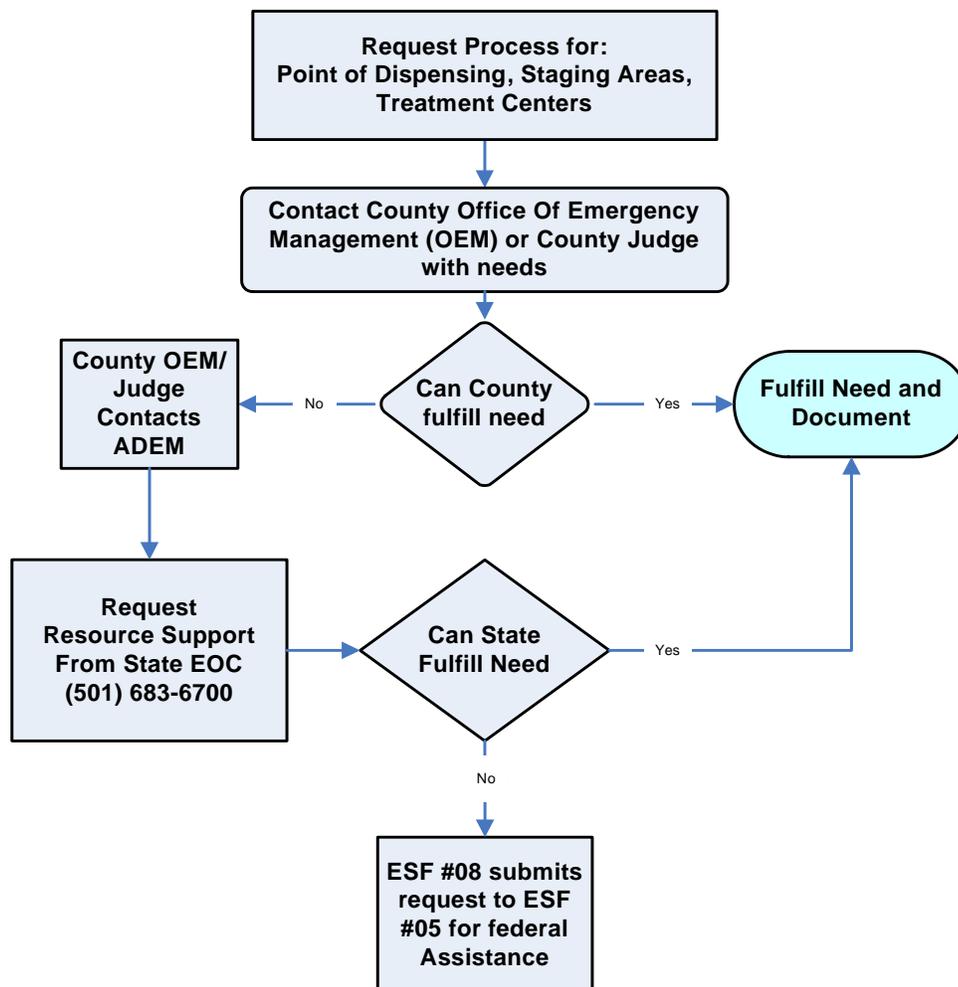


Procedures for PODS and Treatment Centers to request re-supply of SNS Assets

If additional assets are required, from the local level, the following will apply (See Figure 3.4 Request process for PODS, Staging Areas, and Treatment Centers):

1. **All requests for ESF #08 Assets should be made through the local Office of Emergency Management (OEM) or County Judge, to the Arkansas Department of Emergency Management (ADEM).**
2. **ADEM will then task the request to the appropriate Emergency Support Function (ESF).**

Figure 3.4 Request process for PODS, Staging Areas, and Treatment Centers



SECTION FOUR: TACTICAL COMMUNICATION

Communication includes many aspects and remains an essential component of an effective response to any event. The ability to communicate internally and then an effective information outreach campaign are essential to effective distribution and dispensing.

The Arkansas Department of Information Systems (DIS) is responsible for Emergency Support Function (ESF) # 2, Communications, in the State EOP. This Section of the Arkansas Strategic National Stockpile (SNS) Plan will support and augment those process outlined in ESF # 2 of the State EOP,

The Arkansas Department of Health (ADH) is a support agency for ESF # 2 and will provide the following support on a state wide basis in all emergencies:

- Supports disaster operations as requested by utilizing the agency's personnel and communications equipment throughout the state
- Provides alternate EOC communications centers support at the level dictated by the situation
- Provide guidance and radio contact to area hospitals, air and ground ambulances and Emergency Medical Service (EMS) providers
- Response by the Health Department (ADH) includes: collecting, reviewing, disseminating and tracking public health information
- Provide communication for health providers through the Health Alert Network (HAN)

The purpose, of this section of the Arkansas SNS Plan, is to outline procedures for establishing and maintaining communications between the State Emergency Operations Center (EOC), the ADH EOC, The Receive Store Stage (RSS) Site, Transport vehicles, Security, Dispensing/Vaccination Sites (PODS), during emergencies or disasters, which have a public health impact. This section will provide procedures for notification of SNS personnel in the event of an emergency or disaster. Functions that may be undertaken in response to this section are to:

- Identify lines of communications
- Maintain phone / call down lists
- Maintain lists of radio frequencies
- Identify alternate communications
- Ensure a system of back-up power for communications

This guidance is to delineate the roles and functions of agencies responding to an event that requires the request, deployment, and the distribution of the SNS and will require communications at all levels.

The order of equipment use will depend upon the circumstances and specifics unique to each situation and will be updated as appropriate. Information Technology and Health Alert Network (HAN) staff will work with the ADH EOC, SNS Operations Management Team, and RSS

Communication Lead to ensure that all the different areas are functioning smoothly and efficiently. The RSS Communication Lead Job Action Sheet is included in Appendix U.

ADH will utilize the HAN to conduct a call down for ADH responders in the event of a public health emergency. Quarterly exercises are conducted to ensure accuracy and effectiveness of the process.

During a public health emergency, that would necessitate requesting SNS from the federal government, ADH will activate the ADH EOC and all public health and medical concerns will be filtered through this site. If the RSS warehouse is activated, direct contact between the EOC and the RSS warehouse will be maintained. All medical supply and equipment requests will be filtered through the ADH EOC before being forwarded to the RSS warehouse. The RSS warehouse will communicate solely with the ADH EOC unless all redundant communication sources are down, in which case the RSS will attempt to contact the State EOC.

The incoming information will enter through the State EOC (501-683-6700) or the ADH emergency line (501-661-2136 or 800-554-5738)

Local communications capability will be augmented by higher levels of County, State, and Federal government.

Department and Agency communications centers shall maintain control of the operations and equipment under their jurisdiction. When possible, these centers will use their existing facilities and maintain contact with the State EOC and the ADH EOC through radio, telephone, and fax networks (see Figure 4.1).

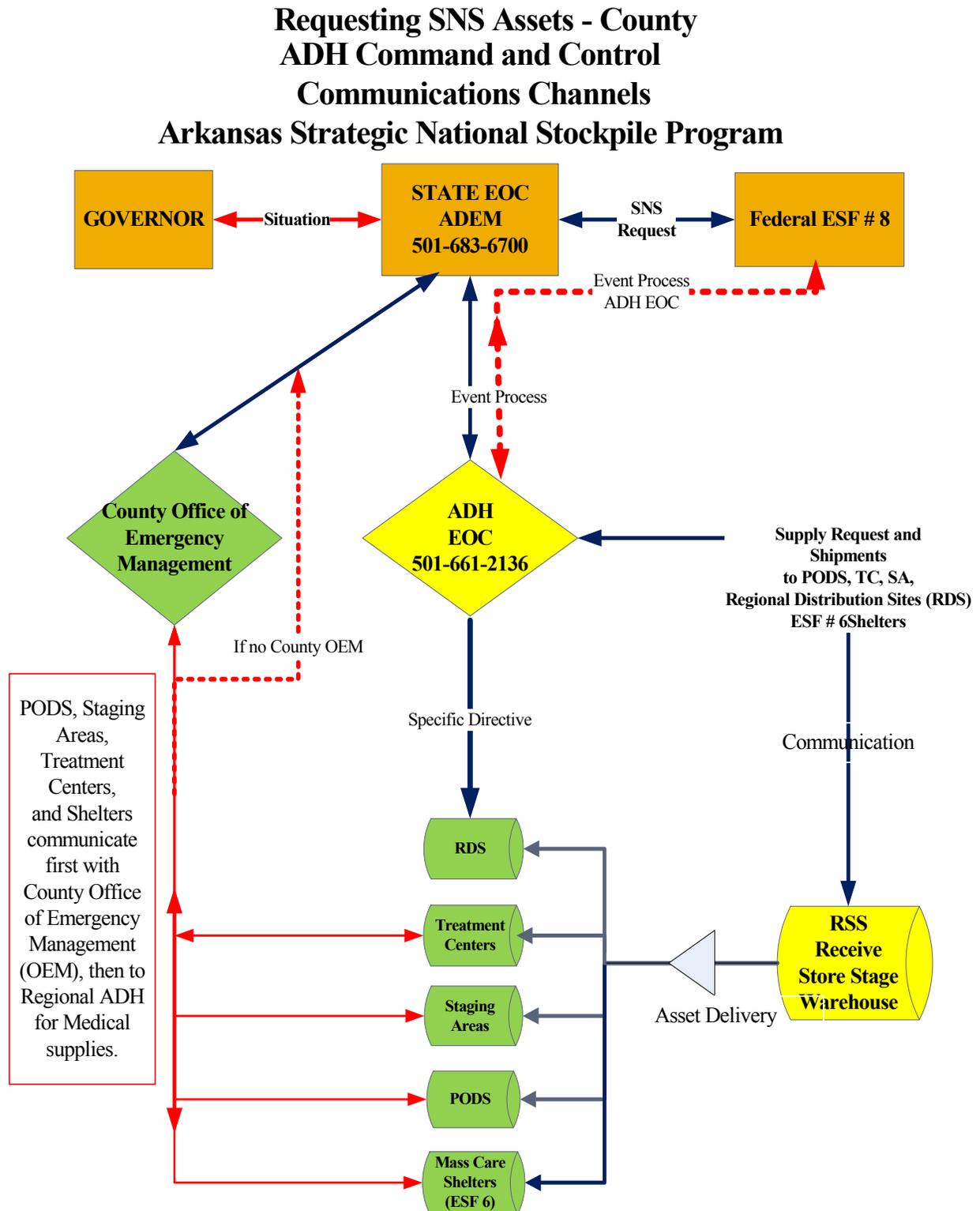
Request of the SNS

Upon the approval of the Governor of Arkansas, the SNS will be requested by whatever necessary means. Normal day-to-day phone communications systems and procedures will be used to contact CDC SNS DEOC unless otherwise directed. If situations warrant, alternate emergency communications equipment may be necessary.

Call Down / personnel activation

- Call down will be done by the SNS Contact List.
- The State SNS Coordinator will contact the SNS Operations Leader per contact list and ask the Operations leader to call down required staff.
- The CODESPEAR system will be used to call down for groups. CODESPEAR can be activated through the ADH.

Figure 4.1, Communications Pathways



Lines of Communication / Information

The State Emergency Operations Center (EOC) will maintain communication with:

- The Local Emergency Operations Center;
- The ADH EOC

The ADH EOC will communicate with:

- ESF # 08 ADH Emergency Management Liaison Officer (EMLO) at the State EOC,
- The RSS Manager for status of the RSS, dispensing orders and distribution system activities,
- Treatment centers for case-count information to make SNS-asset-allocation decisions if the supply is temporarily unable to satisfy all demands,
- ADH Regional Command Posts (If Active) for POD allocation and reordering needs,
- The RSS Site;
- Others as necessary.

The Regional Command Posts (if active) will communicate with:

- The ADH EOC for Direction and Control.
- Their PODs for POD allocation and reordering needs.

Types of Communications

- Primary: Landline
- Fax
- Alternant: AWINS or other two-way communications
- 1st Alternant: e-mail / Blackberry
- Contingency: Satellite phones if available
- Emergency: State EOC Communications
- HAM / RACES.

12-hour Push pack / SNS Assets interception at state-line and Package Escort

U.S. Marshals escorting 12-push pack will need AWIN radios to communicate with state police escorting the package.

- 2 handheld AWIN radios shall be given to the U.S. Marshals upon meeting at the Arkansas state line (which ever state line that may be (Missouri, Oklahoma, Texas, Louisiana, Mississippi, or Tennessee).

Receipt, Store, Stage (RSS) Site

- Communications Center will be set up in the Command Post at the RSS Site.
- 8 analog phone lines, this includes the TARU lines will be needed.
- 2 analog phone lines will be needed for an in-coming fax line and one for an out-going fax line.
- Phones will be primary means of communications.
- Faxes will be used to receive orders of pharmaceuticals and medical supplies.
- State E-mail will be used to receive orders of pharmaceuticals and medical supplies; and other communications.
- Base stations and portable AWIN radios; and cellular phones will be available at Receipt, Stage, and Storage (RSS).
- A MAC Channel will be requested from ADEM for the event and will be briefed or handed out in the Incident Action Plan (IAP).

Distribution dispatcher and Drivers “trucks on the road delivering to PODs”

- Cell Phone or;
- AWIN.

Internal Communications:

Established Phones.

- A MAC Channel will be requested from ADEM for the event and will be briefed or handed out in the Incident Action Plan (IAP).
- HAM / RACES Groups

Interoperability Communications

- 800 MHz Radios (AWIN) will be used for joint operations communication.

Point of Dispensing (POD)

- Phones will be primary means of communications.
- Portable AWIN radios and cellular phones will be available at the PODs “Dispensing Sites”.
- Communications network are identified in the AWIN Radio Communications Users Manual for AWIN Radio system.
- Channels are identified in the user’s manual.
- Channels are omitted for security reasons.
- A MAC Channel will be requested from ADEM for the event and will be briefed or handed out in the Incident Action Plan (IAP).

Internal Communications

- 800 MHz Radios (AWIN) will be used for joint operations communication. A MAC Channel will be requested from ADEM for the event and will be briefed or handed out in the Incident Action Plan (IAP).
- Support may be provided by the local chapter of the Radio Amateur Civil Emergency Services (RACES) or Amateur Radio Emergency Service (ARES) organizations or other public service and private organizations in the community.

ORGANIZATION AND RESPONSIBILITIES

Primary Responsibility for Communications

Department of Information Systems (DIS)

Actions / Responsibilities

Agency / Organization	Responsibilities / Functions
Department of Information Systems (DIS)	<p>Supports disaster operations through provisioning of equipment, personnel and technical support during the restoration of voice and data information systems</p> <p>Overall responsibility for planning and coordinating the emergency telecommunications, warning and information technology programs within the state, including assistance to local jurisdictions</p> <p>Work with commercial telecommunications companies to restore telecommunications capabilities and services</p> <p>Coordinates the acquisition and deployment of additional</p>

	<p>telecommunications equipment, personnel and resources necessary to establish temporary communications capabilities within the affected area(s)</p> <p>Supplements State emergency communications systems requirements within capabilities.</p>
Agency	Functions
Arkansas Department of Emergency Management	<p>Conduct monthly checks of all telecommunications and IT equipment and systems in the State EOC.</p> <p>Receive and disseminate on a 24-hour basis, warning information Statewide and locally at the request of the local jurisdiction through the State warning points.</p> <p>Plan and prepare the notification systems to support the establishment of staging areas, distribution sites, a Joint Field Office, Recovery Centers, Joint Information Centers, the deployment of strike teams, mutual aid teams, and other local, State, and federal recovery facilities and emergency workers in the impacted area.</p> <p>Assign and schedule sufficient communications personnel to cover an activation of the State EOC and/or mobile communications center for an extended period of time</p> <p>Coordinates and maintains a statewide communication and warning capability and provide warning of impending emergencies or disasters to affected political subdivisions</p> <p>Activates and issues EAS messages as requested by the Governor or Governor's designated authority</p> <p>Coordinates with voluntary agencies to supplement state and local communications</p>
Arkansas State Police	<p>Supports disaster operations as requested by utilizing the agency's personnel and communications equipment throughout the state</p> <p>Provides alternate EOC communications centers support at the level dictated by the situation</p>
Arkansas Department	Supports disaster operations as requested by utilizing the

of Health	<p>agency's personnel and communications equipment throughout the state</p> <p>Provides alternate EOC communications centers support at the level dictated by the situation</p> <p>Provide guidance to area hospitals, air and ground ambulances and Emergency Medical Service (EMS) providers</p> <p>Response by the Department of Health (ADH) includes: collecting, reviewing, disseminating and tracking public health information</p> <p>Provide communication for health providers through the Health Alert Network (HAN)</p>
Arkansas Highway and Transportation Department	<p>Support disaster operations as requested by utilizing the agency's personnel and communications equipment throughout the state</p> <p>Staff the HD Radio Room at the level dictated by the situation</p> <p>Provide technical assistance for the restoration of communications systems</p> <p>Provide radio systems backup for ADEM communication staff through 2 private radio systems.</p>
Arkansas Highway Police	Provide escorts and trucks for sites on wheels (SOWS)
Arkansas Department of Education-AETN	Provide communication to the public through statewide television network
Arkansas Military Department-Arkansas National Guard	<p>Provide escorts and people for sites on wheels</p> <p>Provide equipment for onsite operations</p>
Arkansas Game & Fish Commission	<p>Provide law enforcement staff</p> <p>Provide generators</p> <p>Provide transportation of SOW's</p> <p>Provide alternate communication via radio communication system and technicians in the central Arkansas area</p>
Arkansas Forestry Commission	<p>Provide aircraft to transport mobile AWIN repeaters</p> <p>Provide heavy equipment when necessary</p> <p>Provide law enforcement staff</p> <p>Provide alternate communication via high-band radios</p>
Arkansas Amateur Radio Emergency Services (ARES) &	<p>Provide alternate communication via volunteer HAM Radios users throughout the state</p> <p>Apply for use of radio cache from Connecticut</p>

Arkansas Amateur Civil Emergency Services (RACES)	
Arkansas Civil Air Patrol	VHF Bases located around the state VHF repeater network-stand alone HF radio system Provide aircraft to transport mobile AWIN repeaters
Telecommunications Network Service Provider	Provide 24/7 hotlines to escalate according to situation Provide technical support and repair/replacement of telecommunications systems to local jurisdictions
Federal Government	Provides a national telecommunications system, including NAWAS, capable of connecting State, federal, and commercial systems for appropriate emergency operations and to other Federal Government Agencies and systems. Coordinate through ADEM National Public Health Radio Network (NPHRN), which is a direct radio link with the CDC. This asset is located in the ADH Communications Center.
National Warning Center	Operates, directs and controls NAWAS except when emergency or disaster situations exist only in the State of Arkansas Coordinate through ADEM
National Earthquake Information Center	Issues seismic activity advisories and confirmations Coordinate through ADEM
National Weather Service	Issues weather forecasts, weather related watches and/or warnings, and information pertaining to other natural and man-made technological disaster incidents Coordinate through ADEM

<p>Local Jurisdiction Emergency Management Organizations</p>	<p>Primary Warning Point</p> <p>Determines methods of conveying warning to citizens Prepares, maintains, and exercises warning plans, SOPs, and call lists Trains all personnel staffing a warning point in the reception and dissemination of warning information Maintains warning point records Maintains a continuing record of the status of the warning system and advises the local jurisdiction emergency management director of any deficiencies</p> <p>Non-NAWAS Relay Warning Points</p> <p>Responds to state tests of the warning network in accordance with the Statewide Warning Fan-out Trains personnel in the receipt and dissemination of warning information Tests local jurisdiction procedures and warning systems Maintains a continuing record of the status of local jurisdiction warning systems and advises the local jurisdiction emergency management director of any deficiencies</p>
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SECTION FIVE: PUBLIC INFORMATION AND COMMUNICATION (PIC)

The Office of Communications at the Arkansas Department of Health (ADH) handles all aspects of public information during a public health emergency. This office also works with the remaining local county health department employees or local designees selected as the local PIO for a Mass Dispensing Plan (MDP) operation.

A Crisis and Emergency Risk Communication (CERC) Plan is kept on file and updated as needed by the ADH Risk Communications Officer. This plan is included in its entirety as Appendix H: SNS Risk Communications Plan (under separate cover for security), and includes the following:

- Contact information for regional and state public information officers,
- Procedures and policies on the activation and operation of a Joint Information Center (JIC) during a public health emergency,
- Plans for mass reproduction of public handouts,
- Plans for communicating with special populations,
- Procedures for disseminating information to the public, and
- Procedures for the operation of a 24/7 Public Information Hotline.

In addition to the plan, the Communication Division has developed media shelf kits for Level A threat agents and Pandemic Influenza which include handouts and media information, refer to Appendix H of this plan for detailed information.

SECTION SIX: SECURITY

SNS Security Overview

A large-scale chemical or biological event in Arkansas may produce many casualties, local antibiotic shortages, fear, panic and widespread demands for action. In this environment, arrival of the SNS will be newsworthy and may draw citizens who are disinclined to patiently wait for establishment of neighborhood dispensing sites. This plan provides security to federal, state and local response partners working to receive manage and dispense SNS assets. The Arkansas State Police (ASP) is responsible for Emergency Support Function (ESF) #13, Public Safety and Security in the Arkansas State Emergency Operations (EOP) Plan, supporting agency responsibilities can be found in Table 6.1, and a complete copy of the State EOP can be found at: (<http://www.adem.arkansas.gov/documents/Planning/AREOPinfo.htm>).

ESF 13 is responsible for providing a mechanism for coordinating and providing state to state support or state to local authorities to include criminal law enforcement, public safety, and security capabilities and resources during potential or actual incidents of significance.

ESF 13 capabilities support incident management requirements including force and critical infrastructure protection, security planning and technical assistance, technology support, and public safety in both pre-incident and post incident situations. ESF 13 generally is activated in situations requiring extensive assistance to provide public safety and security and where local government resources are overwhelmed or are inadequate, or in pre-incident or post-incident situations that require protective solutions or capabilities unique to state government. Aid may include manpower, equipment and/or expertise.

State, local, private-sector, and specific federal authorities have primary responsibility for public safety and security, and typically are the first line of response and support in these functional areas.

In most incident situations, local jurisdictions have primary authority and responsibility for law enforcement activities, utilizing the Incident Command System (ICS) on-scene. In larger-scale incidents, additional resources should first be obtained through the activation of mutual aid agreements with neighboring localities and/or state authorities, with incident operations managed through a Unified Command structure. In this context, a state's resources would include members of the State National Guard that the Governor calls into state service in a law enforcement, security, and/or public safety capacity.

Through ESF 13, state resources supplement local resources when requested or required, as appropriate, and are integrated into the incident command structure using National Incident Management System (NIMS) principles and protocols.

ESF 13 facilitates coordination among supporting agencies to ensure that communication and coordination processes are consistent with stated incident management missions and objectives.

When activated, ESF 13 coordinates the implementation of state authorities that are appropriate for the situation and may provide protection and security resources, planning assistance, technology support, and other technical assistance to support incident operations, consistent with state agency authorities and resource availability.

ESF 13 Supports for Strategic National Stockpile

There are three major security requirements:

1. Escort of SNS from point of entry to the state to the RSS Warehouse.
2. Security of fixed facilities where the SNS is stored repackaged or dispensed.
3. Security of SNS assets during movement from the RSS Warehouse to the dispensing sites and treatment centers.

In addition, there will be limited security requirements for movement of emergency response colleagues throughout the system.

SNS Security Responsibilities

The Arkansas State Police (ASP) will be the lead agency for SNS security. Other participating agencies and organizations include the Arkansas Highway Police (AHP), the Arkansas Game and Fish Enforcement Officers (AGF), the Arkansas National Guard (AR NG), the Arkansas Highway and Transportation Department (AHTD), Little Rock Police Department, and other local law enforcement agencies.

The Security Coordinator, designated in Appendix F, of the AR SNS Plan v4.1, as revised, will oversee all agencies and personnel involved in SNS security.

The primary responsibilities are designated below.

Responsibility Primary agency Support agencies for SNS Security Support

1. SNS (Medical Countermeasure) escort: ASP AHP, AGF, AHTD, and AR NG.
2. Fixed facilities: Local Law Enforcement, ASP, AHP, AGF, AR NG, and Little Rock Police Department (LRPD).
3. SNS supply distribution and transportation: ASP, AHP, AGF, AHTD, and AR NG

Procedures

Procedures for securing the RSS Warehouse and dispensing sites include:

- Controlling access into, within, and out of the facility
- Perimeter protection
- Crowd control
- Traffic control
- Protection of staff, material, and equipment.

For each site:

- A risk assessment will be performed

- Personnel will be identified to perform security functions
- A detailed security plan will be developed.

A credentialing system will be established by the Arkansas Department of Health (ADH) ESAR-VHP Program, to ensure that all personnel involved in SNS distribution activities will have identification badges recognized by the security agencies. These badges will ensure that SNS staff is granted access to the facilities and locations described in this plan and are able to move throughout the jurisdictions to carry out their duties.

Specific Security details and RSS site Specific Security planning is maintained under separate cover. This information will be deemed “**Security Sensitive**”, and can be obtained by relevant law enforcement agencies, by contacting the Arkansas Department of Health, Preparedness and Emergency Response Branch, at 501-661-2000.

Table 6.1: **Support Agencies and Responsibilities/Capabilities for ESF #13**

Agency	Responsibilities	Capabilities
Arkansas Commission on Law Enforcement Standards and Training / Arkansas Law Enforcement Training Academy	Provide personnel for traffic management, security and other missions (in Camden or NW AR area)	ALETA students attend class in two locations: East Camden and Springdale. Check the ALETA schedule to see when & where classes are in session.
Arkansas Crime Information Center	Provide crime information and research data to law enforcement personnel	Responsible for providing information technology services to law enforcement and other criminal justice agencies in Arkansas
Arkansas Department of Correction	Provide personnel for traffic management, security and other missions.	<ol style="list-style-type: none"> 1. A portion of ADC officers are certified law enforcement officers and can be used to assist ASP and local law enforcement officials to direct traffic and patrol disaster areas 2. JTF coordination (gang activity, terrorism, etc) 3. Search/rescue operations
Arkansas Department of Education	Provide transportation support	
Arkansas Department of Emergency Management	Coordination with other ESF's and support agencies.	Notifies appropriate state, federal and volunteer agencies of the disaster and requests assistance.
Arkansas Department of Finance and Administration	Supply procurement necessary to support emergency operations	
Arkansas Department of Parks and Tourism	Provide personnel for traffic management, security and other missions.	<ol style="list-style-type: none"> 1. Park rangers are certified law enforcement officers & can be used to assist ASP and local law enforcement officials 2. Can conduct search/rescue operations
Arkansas Forestry Commission	Provide personnel for traffic management, security and other missions.	<ol style="list-style-type: none"> 1. Forestry Commission rangers have the authority to enforce fire laws 2. Search/rescue operations

		3. Firefighters
Arkansas Game and Fish Commission	Provide personnel for traffic management, security and other missions. Watercraft provision.	Game & Fish enforcement agents are commissioned, uniformed, armed law enforcement officers with full police powers. They may be utilized to augment local police and ASP in disaster situations.
Arkansas Highway and Transportation Department	Provide transportation support, equipment provision.	1. Assist ASP and local LE, establish cordons, notify evacuees, control traffic and access points, furnish barricades 2. During disaster, control traffic flow and assign highway use priority
AHTD Arkansas Highway Police Division	Provide law enforcement personnel for traffic management, security and other enforcement missions.	1. Enforce State Highway System size & load laws 2. Enforce HAZMAT & commercial vehicle safety laws 3. Enforcement agents for Commissioner of Revenues
Arkansas Municipal Police Departments / Arkansas Association of Chiefs of Police	Provide law enforcement personnel for traffic management, security and other enforcement missions.	
Arkansas National Guard	Provide personnel and equipment for security, transportation and evacuation.	1. Provide protection of life and property in emergency/disaster situations & assist LE agencies. 2. Furnish manpower for flood assistance, debris clearance, fire fighting, etc. 3. Supply transportation equipment for supply and evacuation actions
Arkansas Sheriff Offices / Arkansas Sheriffs Association	Provide LE personnel for traffic management, security and other enforcement missions.	
Arkansas State Crime Laboratory	Perform autopsies and identification of	1. Forensic DNA, fingerprint technology, and odontology

	remains.	capabilities. 2. Nationwide DNA database 3. Digital evidence section for computer assistance
Civil Air Patrol – Arkansas Wing	Provide aerial transportation and reconnaissance support.	1. Search & rescue services. 2. CAP CANNOT engage in LE activities other than reconnaissance of property or transport of personnel and equipment, while on an Air Force mission (per Posse Comitatus Act)
Joint Terrorism Task Force	Provide LE personnel, crime information and research data for terrorism related incidents	
State Fusion Center	Provide crime information and research data to law enforcement personnel	

SECTION SEVEN: RECEIVING, STAGING, STORING (RSS)

RSS STRATEGY

ADH has developed a strategy for the efficient and effective method for receiving, staging, storing, controlling inventory, and distributing the life-saving drugs, medical equipment, and supplies from the SNS. This strategy consists of the following:

- Identify facilities and secure MOU's with primary and backup RSS warehouse sites meeting Current CDC/DSNS criteria in various locations in Central Arkansas.
- Ensure that necessary equipment and supplies are on site, or available for efficient operations (refer to Appendix M: RSS Facility Checklists, of this plan for details of available materiel).
- The RSS warehouse site selected for use during deployment will depend on the location, nature, availability, and scope of the incident. Selection of the RSS location will be determined prior to requesting SNS assets from CDC. The site selected as an RSS site during an emergency will be a collaborative decision between the ADH SNS Coordinator, the ADH Management Team, the CDC/DSNS, state and federal law enforcement agencies.
 - The RSS warehouse site selected for use during deployment should be located as close to the incident as is safe and feasible.
- Distribution of the drugs, medical equipment, and supplies will be **directly** from the RSS to Regional Distribution Nodes or:
 - Directly to POD/Treatment Centers
 - Cities Readiness Initiative (CRI) PODs
 - Large Closed PODs
 - State Prisons and other locations as the situation merits.
- Staffing of the RSS site is accomplished through a pool of RSS workers consisting of:
 - A minimum of 10 volunteers who are:
 - Willing to travel to the RSS warehouse selected.
 - Willing to stay at the RSS site or at a shelter provided by various volunteer organizations for 5-7 days.
 - Willing to participate in Just-in-training or annual RSS volunteer trainings.

RECEIVING, STAGING, STORING (RSS): FUNCTION

The location, nature, and scope of the emergency will impact the selection of an RSS warehouse site. This will include:

- Proximity of the RSS warehouse to dispensing sites and treatment centers.
- Conditions of roads, highways, and bridges and estimated delivery times from an RSS site to those areas most affected.
- Epidemiological information regarding the disease and its likely spread to other areas.
- Law enforcement / intelligence information regarding possible terrorist activities.

The RSS site selected for use during an emergency could be located as close to the incident as is safe and feasible; however, it is preferable that the RSS warehouse site **NOT** be located in the city/county where the incident has occurred.

Activation of the RSS warehouse site

Once the decision has been made to activate a specific RSS site, the SNS Coordinator, or designee will contact the RSS Manager, and inform him/her of the RSS warehouse site selected, and notify of intent to open facility. Site specific RSS facility information is maintained under separate cover for security.

The RSS Manager will contact the appropriate facility liaison to initiate opening of facility.

The RSS Manager will initiate call down of the RSS Staff. RSS Staff will contact the key personnel and inform them of the need to activate the RSS. This will be accomplished via the Arkansas Health Alert Network (HAN).

If, at the time of activation, the preferred RSS site is unavailable/ not useable at the time, the ADH EOC Operations Manager, or Designee, will inform the RSS Manager, the decision making process will be repeated and another RSS site will be selected. In the event that all pre-identified RSS locations are unavailable, the ADH EOC will contact the State EOC, (501) 683-6700; and request ESF # 7: Resource Support, to locate a suitable location.

RSS Staff

The ADH representative will contact the manager of the pre-identified staging location to inform them that RSS Workers will be staging at the location.

The Activation Message for RSS workers will include information for transportation and/or parking, for each location.

It is necessary to have consistent Badging. State employees, institutions of higher education, and law enforcement agencies will utilize their organization's standardized badging processes. During an event, that would require activation of the SNS, a sample of varying ID badges will be provided to the appropriate law enforcement agencies, and entities participating in the response. For pre-credentialed volunteers and trained RSS staff, outside of ADH, will be issued an ID Badge from the ADH, with an expiration date. Badging will be consistent with current Arkansas Department of Health Employee badging design, as indicated in agency policy GEN 152, or the current Badging process (See Section 1, page 6).

The ADH EOC, Operations Manager, or designee, will notify the Security Lead and Facility Liaison of the names of the RSS workers who will be working on each shift. The ADH representative will provide the RSS function leader with a list of the names of members who are in transport to the RSS. If there are insufficient numbers of RSS workers the RSS manager will request additional volunteers from the ADH EOC. RSS workers should be prepared to staff the RSS an extended period, until the RSS is no longer needed.

As part of the RSS activation, the ADH EOC will ensure care and feeding for RSS workers. Agreements have been made with the Camp Robinson Canteen for food to the volunteers housed at the RSS site; in addition, existing contracts and purchase orders for food vendors are maintained in the Preparedness and Response branch at ADH.

Notification of Function Leads

ADH EOC, in conjunction with the ADH RSS Manager will initiate call-down procedures for all SNS function leads. The following function leads will report directly to the RSS warehouse site:

RSS Manager (Operational Manager)	Shipping/Receiving Manager (Warehouse Manager)
Safety Manager	Inventory Control Manager
Quality Control Manager	Distribution Manager
Communication Lead	Security Manager
Pick Team Manager	Repackaging Manager, if needed

*Names and 24/7 contact information of the function manager/leads and their backups for reporting directly to the RSS warehouse are maintained by the preparedness and emergency response branch, Strategic National Stockpile (SNS) Program.

The ADH EOC will provide the RSS Manager, the Communication (Facility) Lead, the state agencies/partners where the RSS site is located.

RSS Warehouse Procedures

RSS Manager will conduct a walk-thru of the facility to ensure readiness

- Ensure all necessary doors are unlocked

- Ensure operational sanitary facilities

- Etc. Identify needs, and contact the ADH EOC with situation report.

The RSS Manager will designate a RSS storage area in the Facility that is activated.

This area will contain the needed items to operate the RSS in activation, and shall include (but will not be limited to):

Pallets	Pallet jacks	Plastic wrap	Cones
Tape for Floor	Gloves	Vests	Communications equipment
Office supplies			

Prophylaxis treatment for RSS Workers and families

Upon check-in -RSS RSS Workers will receive a Health History (NAPH) form, and an Indemnity Form, if they are not an ADH employee.

During transport to the RSS warehouse, volunteers will complete, and sign, the Name Address Patient History (NAPH) form and the Indemnity form. Workers can obtain Prophylactic Medication for their families as necessary.

At the RSS, after the SNS cargo containers have been unloaded and appropriately positioned in the warehouse, the Quality Control (Distribution) Manager will supervise the dispensing of medication to the RSS volunteers – beginning with those who are not working the current shift.

Additional supplies and resources needed

If additional supplies and resources are needed, the Shipping/Receiving (Warehouse) Manager may request, thru the RSS Manager, assistance from the Facility Lead, or ADH EOC (501-661-2136).

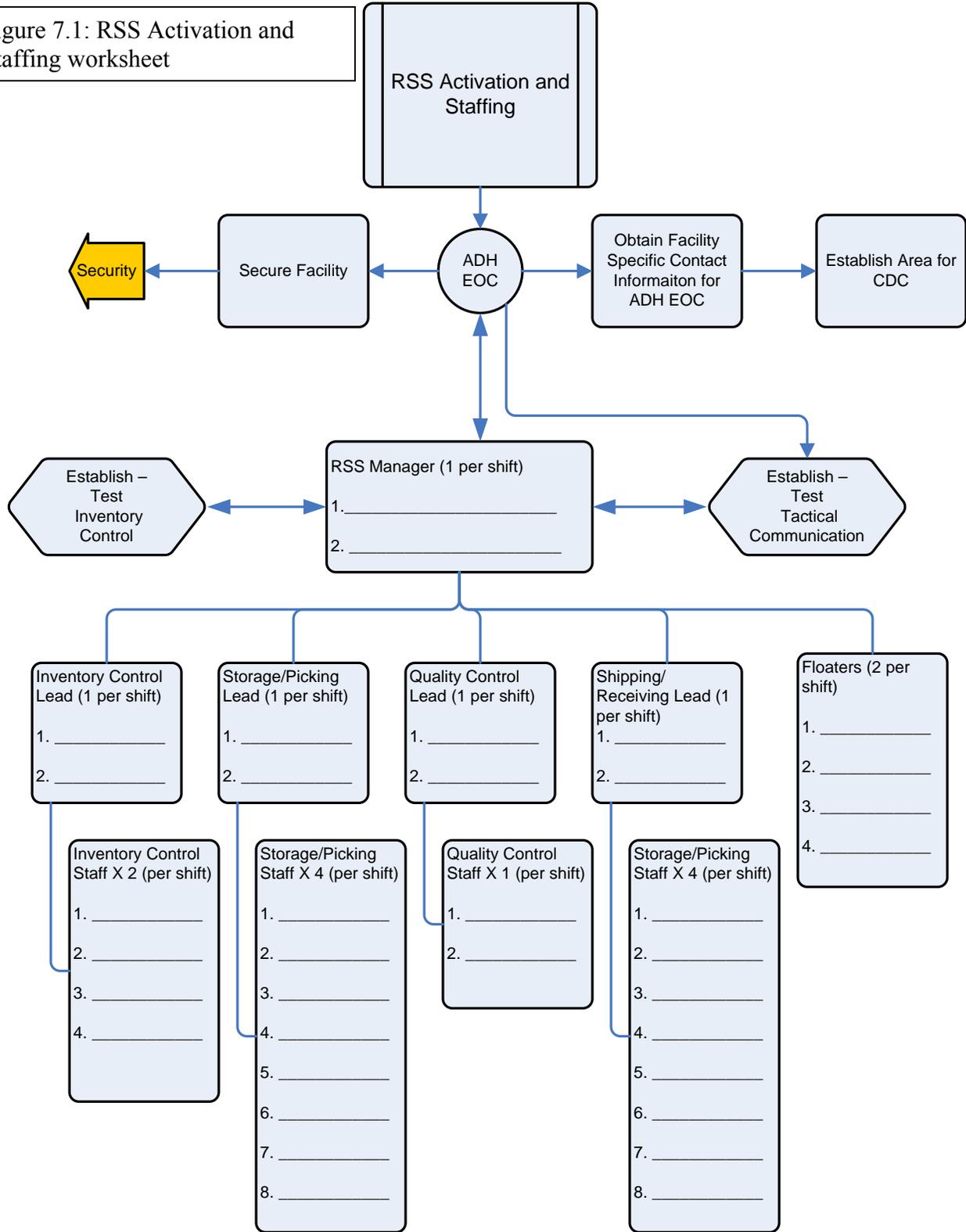
Evacuation plan for the RSS warehouse

Each RSS will develop an evacuation plan in coordination with the Facility Lead, Safety Officer and existing evacuation plan. The evacuation plan will be activated if information is received from law enforcement, or the EOC indicating a need to do so.

RSS manager shall conduct a situation briefing to all RSS workers

- Include information on current situation
- Outline mission
- Outline hazards of work environment,
- Safety Manager shall conduct safety briefing for equipment, and facility.

Figure 7.1: RSS Activation and Staffing worksheet



Assign Roles to the reporting RSS Staff and Identify leads for each category as follows (additional roles may be identified as each event is situation specific) *Figure 7.1 depicts a generic process to activate and staff a RSS:

Inventory Control Picking teams Quality Control
Shipping and Receiving Communications

Conduct Just in Time Training – Walk teams through specific job functions, cross train as necessary. Each worker will be provided a Job Action Sheet delineating specific roles and tasks that they are expected to accomplish. Job Action Sheets (JAS) are maintained by the ADH SNS program.

Arrival of SNS Push Package and/or Managed Inventory, at the RSS

Transfer of the 12-hour push package and/or managed inventory from the CDC to the State of Arkansas. A signature authority, designated by ADH, will be at the RSS site to sign for the SNS materials. A list of those authorized to sign for the SNS shall be maintained under separate cover for security purposes.

Transfer of controlled substances.

The DEA registrant signing for the controlled substances will initiate a DEA form 222 .

If any Schedule II controlled substances are accepted, the authorized signature authority will fax / Courier a signed copy of DEA Form 222 to the EOC. For detailed information about federal controlled-substance regulations, examine DEA's Diversion Control Program website at <http://www.deadiversion.usdoj.gov>.

Offloading the SNS material at the RSS site.

The RSS Manager in conjunction with core RSS team will determine which area of the RSS site will be utilized for the storage of containers, for staging and reloading, and for repackaging of bulk drugs if needed.

RSS sites with loading docks.

In coordination with the Safety Officer, the Shipping/Receiving (Warehouse) Manager, and the RSS Manager will determine which docks will be utilized for unloading the trucks and which docks will be utilized for reloading of distribution trucks.

Following the established procedures and safety protocols of the RSS site, the trucks will be backed up to the specified loading docks and the cargo containers removed (rolled) from the trucks by the Shipping/Receiving Team.



The number of docks utilized / trucks unloaded at one time will be determined by specific factors relating to the RSS site, the number of Shipping/Receiving Team personnel available and other issues specific to the site and the circumstances.

RSS sites without loading docks.

In the RSS sites without loading docks, plans have been made to use forklifts (portable loading ramp Camp Robinson) for offloading the cargo containers from the trucks.

If the RSS site has forklifts/portable loading ramps at the facility, the Shipping/Receiving Team will remove the cargo containers from the trucks using the specified forklifts/portable loading ramp. Shipping/Receiving Team will follow established safety protocols in the use of the forklifts/portable loading ramp.



If the RSS site does not have forklifts in the facility, and/or the loading ramp cannot be utilized, upon notification that the RSS site is being activated, the RSS Manager will contact the ADH EOC and request forklifts be obtained and sent to the RSS site. Once the forklifts have been delivered to the facility, the Shipping/Receiving Team will remove the cargo containers from the trucks. The Shipping/Receiving Team will follow established safety protocols in the use of the forklifts.

As the cargo containers are offloaded from the trucks, the Shipping/Receiving Manager will ensure that the Quality Control Team inspects each container for damage and reports any damages found to the TARU liaison.

Organization of SNS material in the RSS site.

As the SNS material is offloaded from the trucks by the Shipping/Receiving Team, the Shipping/Receiving Manager will assist the Pick Team Manager to ensure that cargo containers are arranged in numbered sequence, grouped by colors.

Containers will be arranged in rows as follows:

1 row of 18 containers (Container #'s 1-18)

7 rows of 16 containers

Material in the containers is color-coded as follows:

Red - Oral antibiotics and supplies. (#1- 38)

Yellow - Intravenous drugs and supplies.
(#39-101)

Blue - Airway supplies. (#105-119)

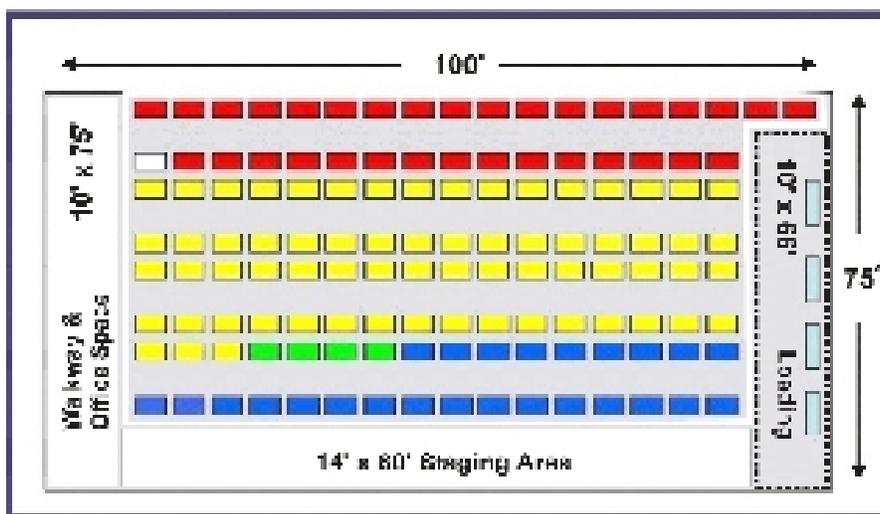
Pink - Pediatric supplies. (#120-128)

White - Medical/surgical supplies. (#130)

The Pick Team Manager will arrange the cargo containers so that the open side is facing an aisle and the Pick Team Manager will ensure that aisles are approximately 6' wide, allowing enough space to load and move pallets.

The Pick Team Manager will ensure that there is a staging area of approximately 1120 sq. feet.

The Shipping/Receiving Manager will ensure that there is a loading area of approximately 660 sq. feet. Cargo containers containing controlled substances will be moved to the pre-identified, secure location within the RSS site.



A sample diagram of an RSS lay-out is shown below. The arrangement of the cargo containers will be consistent regardless of the RSS site in use. Space requirements will also be consistent; however, office space, staging area, and loading area locations may deviate from the sample diagram depending on the RSS site in use.

Maintenance of temperature controls in the RSS site.

The RSS Manager will work with the Facility Lead to ensure that SNS material remains at controlled room temperatures between 58°F and 86°F.

Inventory Control.

A complete description of the Inventory Control function can be found in Section 8: Inventory Control.

Tactical Communications at the RSS.

A complete description of the Communications function can be found in Section 4: Tactical Communications. Every effort will be made to ensure effective communication within the RSS, which may include, but not limited to:

Types of pre-existing communications equipment at the site.
Hand held radios Bull Horns
Cell phones PA systems Runners

The RSS Manager will provide the ADH EOC, with situation reports from the RSS every hour or as needed.

Communications with trucks making deliveries:

Reliable means of redundant 24/7 communications such as A-WIN radio, 2-way radios, and cellular phones will be used.

Relationship to Distribution

Driving directions and approximate drive times to regional distribution nodes, as well as directly to CRI POD, have been established. An Excel Spreadsheet is maintained by the SNS coordinator with current, comprehensive information. ADH, preparedness and emergency response, maintains Cache of Garmin GIS units that the pre developed routes can be easily downloaded to, and followed.

SECTION EIGHT: CONTROLLING INVENTORY

Arkansas will utilize the Arkansas Immunization Network for Children (INC) SNS Module, as the Primary inventory control tool, for the RSS Function. The Strategic National Stockpile (SNS) system is a web-based application that facilitates management of outbreaks and bio-terrorism events. When such an emergency occurs, the Centers for Disease Control (CDC) will ship an SNS push package to help the governmental body respond to the event. The SNS application is designed to work in conjunction with the Arkansas Immunization Network for Children (INC). the INC can be accessed by any Personal Computer with internet access with windows 98 or above at: https://www.inc.arkansasir.com/inc-prd/security_ui.showLogin **Only users with preauthorized access can utilize RITS. A list of individuals can be obtained from the Arkansas SNS Coordinator.**

The Event Management System allows the user to record the details of an event, which is a single specific disaster or occurrence that the governmental body must address. Throughout the SNS application, the user may link inventory and clients to an event. The Inventory management System tracks medications, personal protective equipment, and other supplies. Users may load inventory from a text file according to a specialized format, make adjustments to inventory associated with sites, and transfer and order inventory between organizations and their sites. The inventory system is capable of handling products in different units, such as case, package, and bottle. There are also several reports within the inventory management system. For example, the Transactions Report gives a detailed record of each addition or subtraction to inventory.

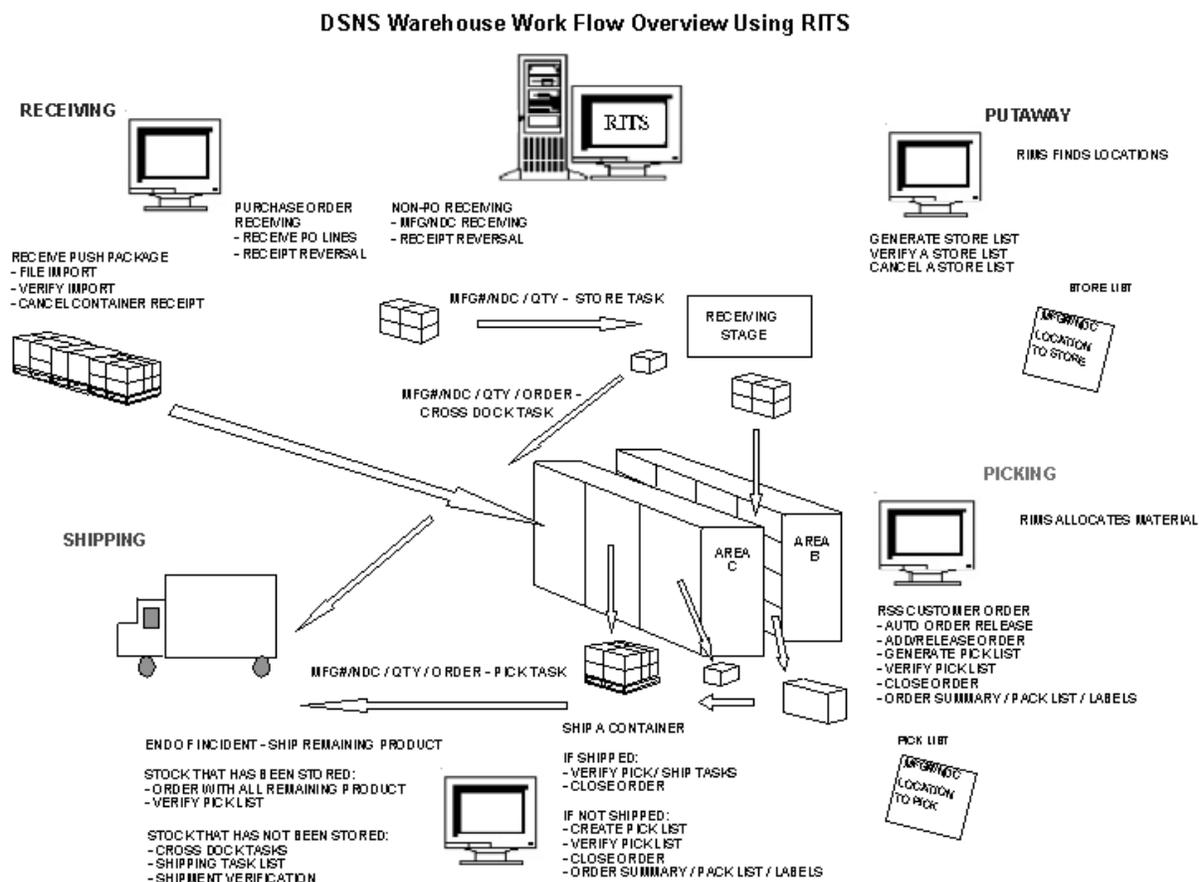
The Clinical Management System tracks people receiving medication and prophylaxis. Users may record a person's symptoms and the prophylaxis that the person has received in response to the event. Users may also enter adverse reactions to any prophylaxis administered to the client.

The Monitoring System tracks people who are quarantined or isolated and the treatment they have received. The user may enter details regarding the isolation/quarantine episode, such as the location where the client is isolated, whether the case is confirmed Or probable, disease notes, and special needs.

There are several reports users may run for a client. For example, the I/Q Individual Follow-Up Report allows the user to see details of the patient's isolation/quarantine episode and gives contact information so that the user can follow up with the patient. The other two client reports are legal documents that the patient may sign to indicate acceptance of conditions of isolation or quarantine.

Arkansas will utilize the RITS (RSS Inventory Tracking System), as provided by CDC COPTTER, as the secondary inventory control tool. RITS Rules of Behavior was signed on October 23, 2007, and is on file with ADH and the CDC Office of Public Health Preparedness and Response (OPHPR). RITS is a web based system, as such, it is not necessary to pre install the software on standalone computers.

Copies on use of RITS user's manual (Appendix N of this plan) will be maintained in the ADH EOC, as well as central file in the preparedness and response branch of ADH.



RITS can be accessed by any Personal Computer with internet access with windows 98 or above at: <https://rits.cdc.gov/sitemap/index.htm>. Only users with preauthorized access can utilize RITS. A list of individuals can be obtained from the Arkansas SNS Coordinator. If pre-authorized users of RITS are unavailable, the TARU team, if deployed, can obtain access from CDC OPHPR for immediate usage. If the TARU is not on site, access can be granted by requesting from the CDC DEOC, as indicated in Section 3 of this plan.

Arkansas is also investigating the potential to utilize Tour Solver, an additional web-based software suite, maintained by CDC, to track SNS asset from the point it leaves the RSS to its

final destination, at either a POD or treatment center, to further control inventory on a statewide scale. Once SNS asset is at the POD, or treatment center, inventory control will be the responsibility, of each location.

If, INC Application SNS, RITS, or the other internet Inventory Control Components are unavailable due to internet disruption, or for other reasons, alternate methods for inventory control will be utilized in the following order:

1. ESS EOC suite inventory management system
2. Excel based spreadsheet, designed by ADH, to accept the Push Package inventory file.
3. Microsoft Access database system designed to upload container information and print user-friendly reports.
4. A paper based inventory system

At the RSS: Two to four computers will be connected to a server that will allow up to four separate inventory groups to prepare pick-sheets simultaneously. Oral antibiotics will be apportioned, as outlined in the Apportionment Standard Operating Procedures, to each of the activated areas based on pre-identified weighted populations.

In the event the database is not accessible, the RSS staff will be instructed to switch to the secondary inventory management system within ten minutes of the database failure. (This will be instructed only after the SNS pipe delimited file is received from the TARU team, or in the case of Managed Inventory, the truck manifest, or individual packing sheets, that will accompany the SNS asset). The file will be downloaded into an Excel format and alphabetized by item name. Inventory teams will then utilize the pre-formatted Excel spreadsheet or handwrite the orders onto hardcopy pick-sheets.

If electricity is not available, the RSS warehouse will be instructed to request a hardcopy or fax, of the inventory from the TARU team, or from CDC if TARU is not deployed with SNS asset. If a hardcopy is not available, this will require the inventory team to remove all containers, or palletized boxed, asset pouches to create an inventory log while working closely with pick teams. All orders will be handwritten on pick-sheets. Preprinted quadruplicate NCP pick sheet forms are available for manual pick sheet creation.

Treatment centers will receive apportioned material of all other supplies. A treatment center order form will be created in a database or Excel inventory list. Order forms will be emailed to effected treatment centers and/or Medical Emergency Response Centers. Each recipient will be instructed to order from the form and if additional supplies are needed, which are not included on the form, make another list of those supplies and submit them to the ADH EOC. If communications are down, the ADH EOC will identify effected treatment centers and divide all SNS supplies received.

If a POD or treatment center requires SNS asset, plans will include surrounding treatment centers, or County Emergency Management to pick up SNS asset. Treatment center supplies will be delivered to one of the pre-identified regional distribution locations. Treatment centers will then be required to provide transportation and security to pick up their apportioned material

at the local regional distribution site (see section 10, Distribution, of this plan, for further details on the distribution plan).

Antibiotic Dimensions

For local planning, boxes of antibiotics will arrive in the following dimensions:

Product	Pills Per Bottle	Bottles Per Case	Dimensions	Weight lbs.
Cipro 500mg	20	100	12*8*8	7.8
Doxy 100mg	20	100	12*8*8	5.1
Doxy 100mg	50	720	18*18*18	45.41
Amox 500mg	30	40	10*8*8	5
Amox 500mg	30	80	14*10*10	9
Amox 500mg	30	480	18*18*18	49

Most antibiotics from the SNS will be in boxes of 100 bottles per case. About 47-52 boxes will fit on a single pallet stacked about four feet high. Antibiotics received by Managed Inventory (bulk antibiotics) may have as many as 112 boxes – totaling 112,000 bottles.

SECTION NINE: REPACKAGING

The ADH joined efforts with the UAMS, School of Pharmacy to utilize 3rd and 4th year students in manual counting and repackaging of treatment courses of Antibiotics. Upon receipt of SNS assets, the SNS Pharmacist, or his designee will be responsible for contacting the School of Pharmacy. The Arkansas Department of Health and Human Services (ADH) Standing Orders will also be utilized to determine the dosing and directions unless the ADH Director or medical director determines otherwise.

Repackaging Plan

This section outlines how bulk 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 RSS, or other location to be determined at the time of the event, depending on the situation. The Repackaging Manager must be a licensed pharmacist in Arkansas or be a federalized pharmacist.

The Repackaging Team will coordinate directly with the SNS RSS Lead. The function of repackaging includes creating individual, labeled regimens of specific drugs that will be staged for delivery by the Material Manager.

Procedures

The only time this effort would be utilized is if the SNS is unable to deliver Unit-of-Use antibiotics. SNS staff will have to repackage bulk items when:

Individual Regimens in a 12-hour push package, VMI, or SMI are insufficient.
Shipments of prepackaged drugs from vendors are delayed
Prepackaged antibiotics in the SNS are not effective against a particular threat and new drugs arrive in bulk

Repackaging bulk antibiotics will remain in the SNS plan as a backup to situations where the prepackaged medicines are inadequate or ineffective.

Repackaging personnel will complete the following operations:

- Obtain the bulk medication, after it has been separated from the rest of the 12 hour push pack, or VMI/SMI
- Count out individual doses depending on operational plans for multi-day regimen (event Specific).
- Put individual doses in small packages such as dispensing vials or sealed bags.
- Label all individual packages. These labels should be printed in advance if possible.
- Assemble and load individual packages for distribution to dispensing site(s).

Methods for repackaging

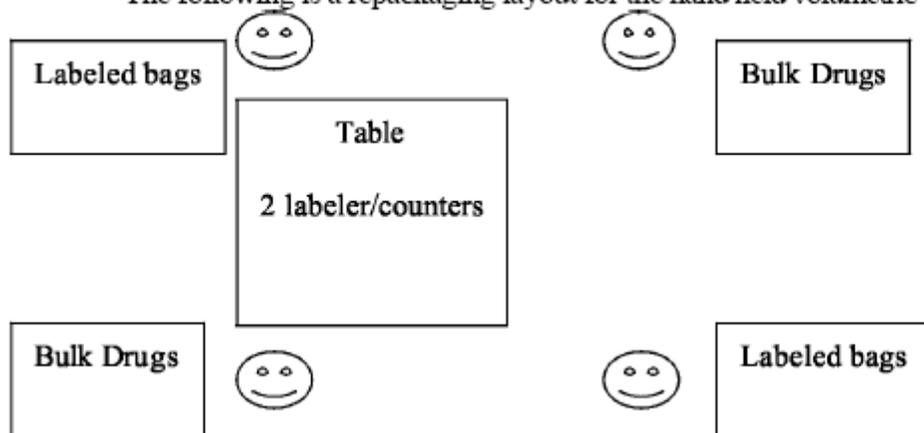
Primary Method of Repackaging

Most repackaging will be completed utilizing Manual volumetric counting devices. One hundred (100) manual volumetric counting devices are included in every 12-hour Push Package. This hand-held device looks like a melon scoop with different size scoops on each end: one-end scoops 10 Cipro tablets at a time, and the other scoops 14 Doxy tablets, which can then be placed in a sealed bag, or dispensing vial. Before use training should be conducted to determine process. The manual counters are described in the following capacities:
 Repackaging layout and procedure hand repackaging

The following is a repackaging layout for the hand held volumetric tablet counters.

The proposed chain of events for this design is as follows:

The following is a repackaging layout for the hand held volumetric tablet counters.



Filler can prepare an average of 150 regimens per hour. This consists of putting a 10-day regimen of Cipro or a 14-day regimen of Doxy into a sealable bag. This does not include labeling.

Staffing requirements: 100 workers operating in two person teams, switching on and off counting and labeling. The total personnel required to conduct this operation will vary with circumstance. The UAMS School of Pharmacy 3rd and 4th year pharmacy students will be utilized for this effort. The UAMS School of Pharmacy has included repackaging of SNS into the curriculum at the School of Pharmacy. The training and student census is maintained by the Dean of the School of Pharmacy and is included in Annex (?) of this plan.

It is expected that at this rate of repackaging, ADH can expect to repackage 15,000 individual regimens of antibiotics per hour with a staff of 100 workers, and one licensed pharmacist supervisor, utilizing manual repackaging techniques.

High-volume packaging machines

The Kirby Lester Tablet counting machines have been removed from the standard push package. The equipment may be requested if a large volume of repackaging is anticipated. They require special training that will be provided by the TARU. They are described in the following capacities:

Capacity: 2400-labeled individual regimens per hour per machine.

Staff requirements: two CDC TARU members assisted by 6 local staff members. The total personnel required from ADH/School of Pharmacy is 12 per shift.

Power requirement: 110 volts, 10 amps each.

Kirby Lester tablet counting machines (modified Kirby Lester model KL50)

Modified Kirby Lester KL50 tablet counting machines come with the Push Package. 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: 1,000 regimens per hour per machine with hand-affixed labels.

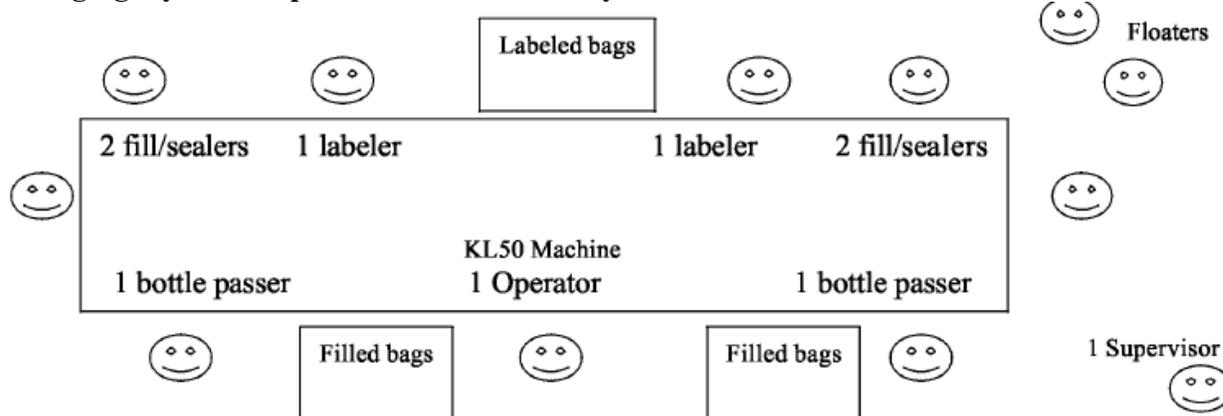
Staffing requirements: a 12-member team on each machine (to count; label; maintain supplies of tablets, baggies, labels; and pack repackaged drugs). The total personnel required from ADH/School of Pharmacy are 96 per shift.

Power requirement: 110 volts, 1 amp each.

According to CDC Guidance¹, ADH can expect to produce a total of 27,800 regimens per hour utilizing the following:

Method	Capacity/hour	Staffing/shift	total staffing (2 shifts/12 hrs each)
2 Kirby Lester Machines	4,800	12	24
8 tablet counting machines	8,000	96	192
100 volumetric counters	15,000	100	200
total	27,800	208	416

Repackaging layout and procedure for the Kirby Lester machines



- Machine operator at KL50 machine fills appropriate tablet amount into 2 oz. glass bottles. · Bottles are slid to 2 staff bottle passers.
- Passer slides bottles to filler sealers and retrieve empty bottles to return to machine operator.
- Filler/sealers fill 3” x 5” zipper type bags with bottle contents and place filled bags into box.
- Bags are then labeled, counted, and rubber-banded into a unit quantity (e.g., 25, 50).
- The supervisor announces rotations and overlooks all processes from a quality assurance perspective.
- The floaters fill in for staff that need to break, move boxes from filling to labeling tables, provide bags to fillers, and keep the KL50 hopper filled with tablets.

This layout was tested at the SNS Program Headquarters and produced 460 filled bags in a 27 minute period without labeling. This represents a fill rate of approximately 900 per hour.

¹Receiving, Distributing, and Dispensing National Stockpile Assets, *A Guide for Planners*, Version 10.02 – Draft August 2006, Chapter 10 Repackaging

- Two staff members work as a team counting and filling appropriate tablet amounts into 2 oz. glass bottles.
- One staff member counts and fills bottles.
- Second staff member takes bottles, fills 3’ x 5” zipper type bags with bottle contents, labels the bag, places filled bags into box, and returns empty bottles to counter.
- After half an hour, the team members switch positions and duties.
- Pharmacists and supervisors announce rotations and overlook all processes from a quality assurance perspective.

This layout is based upon CDC guidance and upon tested methods from the SNS Program Headquarters.

Personnel requirements

Pharmacist—3 per 12-hour shift

Repackaging worker—208 per 12-hour shift with at least 1 per 12-hour shift with IT expertise

Equipment Requirements

- Electronic files for labels and patient information sheets are provided within the SNS.
- ADH will need to provide adequate resources for computing equipment, printers, paper, and labels.

Oral suspension preparation

Oral antibiotic suspensions and syrups are provided for the treatment of 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 due of high cost, short shelf life, limited use in the private sector, and difficulty of predicting the numbers of people who might need these drugs. Converting ciprofloxacin and Doxycycline tablets into oral suspensions is

recommended as an alternative for providing additional quantities of pediatric prophylactic regimens.

All medications must be issued in accordance with the prophylactic treatment guidelines in ADH SNS Standing orders, and within the restrictions and guidelines of the Centers for Disease Control and Prevention (CDC), and the Food and Drug Administration (FDA), including current guidelines for Emergency Use Authorizations (EUA). An Emergency Use Authorization (EUA) may be issued by the Food and Drug Administration (FDA) to allow either the use of an unapproved medical product or an unapproved use of an approved medical product during certain types of emergencies with specified agents. Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act), amended by the Project BioShield Act of 2004, permits authorization of such products for use in diagnosing, treating, or preventing serious or life-threatening diseases or conditions caused by biological, chemical, radiological, or nuclear agents, if certain statutory criteria are met.

If a EUA accompanies SNS Assets, it will include specific guidance for crushing and compounding for off label use of medications.

This plan is intended to help local and state pharmacy staff prepare ciprofloxacin and Doxycycline oral suspensions, as needed in a large scale prophylactic campaign. The following instructions are intended to assist individuals with limited Reconstitution skills, and should only serve as a starting point.

Oral suspensions will be prepared at the dispensing sites. An alternate plan is to prepare these at the RSS. This will require the following additional resources at the RSS:

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

Reconstitution of Ciprofloxacin into Oral Suspension

These instructions produce 100 ml of 50 mg/ml ciprofloxacin hydrochloride oral suspension. The following instructions utilize 500mg Bayer™ brand Cipro tablets, as found in the SNS inventory. The tablet contains 500 mg of the active drug component. These instructions do not require sieving, but the tablet does contain a thin film coating.

Ingredients

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

Active ingredient: 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.

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 Reconstitution suspensions is to use too much wetting agent. Add water gradually to ensure minimal sue and a thick paste. The mass should be smooth and uniform with no lumps when you are done.

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 you add all 50 ml. The recommendation of Ora-Plus™ as the suspending agent is due to its physical characteristics making it easier to achieve proper volume that some other 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 you carefully inspect the resultant product for desired physical characteristics.

Q.S. (Quantity Sufficient) to 100 ml with Ora-Sweet™. Transfer the mixture from step 3 into 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 drub 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 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. It is recommended to use 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 produces both vehicles. You may find it more convenient to compound a volume that intentionally exceeds the desired dispensing volume so that you can pour the final volume 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, USP (United States Pharmacopoeia) : sorbitol 70%; and simple syrup, USP. Cherry syrup, USP is a good substitute because it effectively masks drug taste. If you use orbital or simple syrup, USP, you need to add a flavoring agent because their sweetness alone does not mask drug taste. To achieve the proper final volume, you need to include the volume of the flavoring agent. A 3-4 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 important to achieve patient compliance. Not all flavorings mast the taste of drugs equally. Cherry and berry flavors usually work well at hiding the better drug taste, as does un-sweetened Kool-Aid™ powder. Add small amounts of the flavoring until you mask the drug's bitter taste. Flavorings suggested might not be acceptable to all patients.

Label the Container (as follows)

Do not Freeze, store in refrigerator.

Preparation is stable for 2 months in refrigerator.
Shake well before use.

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

Reconstitution of Doxycycline Hyclate into Oral Suspension

These instructions produce 60 ml of 10 mg/ml Doxycycline Hyclate oral suspension. The following instructions utilize Zenith-Goldline and Schein brands of Doxycycline tables, as found in the SNS inventory. 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 tablets. Note that a 100 mg Doxycycline Hyclate tablet contains 100 mg of the active drug component, Doxycycline, therefore it is unnecessary to make adjustments to compensate for the Hyclate portion in the tablet to deliver 100% active drug component.

Ingredients

The following ingredients prepare 60 ml Doxycycline Hyclate oral suspension in strength of 10 mg/ml.

Active ingredient: 6 Doxycycline Hyclate Tablets

Suspending agent: Ora-Plus™ (Paddock Laboratories), 30 ml

Vehicle: Ora-Sweet™ (Paddock Laboratories), to fill to (q.s.) to a final volume of 60 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.

Wet powder with 1 ml glycerin (CRITICAL STEP). Wet the powder mass with a minimal amount of glycerin to form a thick viscous paste. A common mistake in Reconstitution suspensions is to use too much wetting agent. Add glycerin gradually to ensure minimal sue and a thick paste. The mass should be smooth and uniform with no lumps when you are done. If glycerin, USP, is not available, you may also use ethanol, docusate sodium liquid, and Ora-Plus™ as wetting agents. Ora-plus™ is primarily a suspending agent, but you can also use it as a wetting agent. Whichever wetting agents you use, make sure you produce a smooth, uniform, thick paste.

Add 30 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 Doxy/glycerin paste. Geometric dilution means that each addition of Ora-Plus™ should approximately equal the volume of mixture in the mortar until you add all 30

ml. Make sure you carefully inspect the resultant product for desired physical characteristics.

Q.S. to 60 ml with Ora-Sweet™. Transfer the mixture from step 3 into 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 drub 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 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. It is recommended to use 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 produces both vehicles. You may find it more convenient to compound a volume that intentionally exceeds the desired dispensing volume so that you can pour the final volume 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, USP ; sorbitol 70%; and simple syrup, USP. Cherry syrup, USP is a good substitute because it effectively masks drug taste. If you use orbital or simple syrup, USP, you need to add a flavoring agent because their sweetness alone does not mask drug taste. To achieve the proper final volume, you need to include the volume of the flavoring agent. A 3-4 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 important to achieve patient compliance. Not all flavorings mast the taste of drugs equally. Cherry and berry flavors usually work well at hiding the better drug taste, as does un-sweetened Kool-Aid™ powder. Add small amounts of the flavoring until you mask the drug's bitter taste. Flavorings suggested might not be acceptable to all patients.

Label the Container (as follows)

Do not Freeze, store in refrigerator.

Preparation is stable for 2 months in refrigerator.

Shake well before use.

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

SECTION TEN: DISTRIBUTION

The Arkansas State Highway and Transportation Department (AHTD) is responsible for Emergency Support Function (ESF) #1, Transportation, in the Arkansas State Emergency Operations (EOP) Plan (<http://www.adem.arkansas.gov/documents/Planning/AREOPinfo.htm>).

Distribution is the process of transporting the necessary supplies and SNS assets from the RSS warehouse to Regional Distribution Sites (RDS), PODs, and Treatment Centers. The Arkansas Department of Emergency Management (ADEM), Arkansas State Police, and the Arkansas National Guard all assist AHTD and ADH (see table 10.1 at the end of this section for details) with transportation of supplies by supplying vehicles, drivers and/or security. Antibiotics will be delivered to pre-identified sites. Each County SNS plan has procedures on how they plan to distribute it even further (if applicable). Treatment Centers will be required, during a statewide event, to pick up Medical Countermeasures from one of those pre-identified sites. However, if the event is localized and the state has enough transportation/security assets, supplies will be delivered directly to the hospital.

Driver Credentials

First line drivers will be state government employees with state badges. They will be required to show their badge upon arrival at the RSS warehouse. In addition, a list of drivers' names will submit to the DPS liaison. The DPS liaison will then inform onsite security of expected arrivals.

Vehicle Repair

The Department of Transportation has local offices situated around the state. In the event a truck breaks down and notifies the state Emergency Operations Center (EOC), AHTD will dispatch service from the nearest location.

Dispatch

RSS warehouse staff will be onsite at the warehouse to handle all driver needs. This person will ensure the driver has all necessary forms, receives medication and knows where they are traveling. They will also ensure all drivers are setup with escorting law enforcement to review routes and other pertinent information such as contact information.

Chain of Custody

A general bill-of-lading will be used for drivers to deliver supplies. The bill-of-lading will only report how many pallets or individual boxes the driver is to drop-off. In the event there is more than one delivery per truck, the packages will be marked with colored tape and the bill-of-lading forms will be annotated according to delivery color.

Routing Information

Strip maps will be onsite for pre-identified delivery locations. If a hospital is identified for delivery the dispatch officer will work with the driver to create a route. Before leaving, drivers will be instructed to coordinate routes with escorting law enforcement and document those routes warehouse staff.

Security/Communication/Tracking

Trucks will be escorted by law enforcement personnel that will be equipped with radios. Also, all drivers will be required to leave current contact information (cell phone) with warehouse staff before departing.

Material Handling Equipment

Only trained forklift drivers will be allowed to operate the appropriate material handling equipment as defined in OSHA regulation 1910.178.

Loading and Off-loading

Ideal warehouses will have docks and ramp levelers. If docks are not available, forklifts will be utilized to unload the CDC shipment. Local sites have been trained on the type of delivery each will receive. They have all planned for forklifts to be on-site or delivered to the site, or they have made plans to have extra personnel on-site to unload by hand.

Vehicle Loads

Example vehicle loads can be maintained by the ADH SNS program, to account for transportation needs for each county in the state of Arkansas for a worst case scenario (Anthrax exposure). This information is scalable and has been shared with Transportation partners.

Table 10.1, Transportation support agencies

Agency	Functions
Department of Emergency Management	Overall coordination of the emergency response and recovery efforts
Arkansas State Police	Assist with enforcement of traffic routes and traffic control or as otherwise necessary.
Arkansas National Guard	Provides equipment and personnel for emergency debris removal Vehicles may be used for transportation of people, supplies, water, etc. Air support to include pilots as available
Forestry Commission	Provides alternate modes of transportation (all terrain vehicles, off road vehicles) Air support (fixed wing assets) to include pilots A limited inventory of equipment deployed around the state that can be used for emergency debris removal
Game and Fish Commission	Can provide all terrain and 4x4 vehicles as well as all sizes/types of watercraft and manpower for evacuation
Department of Parks and Tourism	A limited inventory of heavy equipment deployed around the state that can be used for emergency repairs or debris removal. Uniformed staff can assist in evacuation of lakes and streams
Department of Finance and Administration	Responsible for processing all claims for disbursement of state and federal disaster funds.

Department of Education	School buses and drivers will be available, on concurrence of individual school superintendents, to transport disaster victims. Requests will be coordinated through the Arkansas Division of Public School Academic Facilities and Transportation.
Department of Aeronautics	Provides information on airport and runway condition When feasible, provides aerial transportation Identify the need for temporary flight restrictions, and coordinate requests with FAA
Department of Human Services	Will coordinate requests for emergency non-medical transportation through DHS funded programs.
Department of Correction	May provide vehicles and drivers to transport emergency supplies or to move people. A limited inventory of equipment deployed around the state that can be used for emergency debris removal
Arkansas Energy Office Arkansas Public Service Commission	ESF #12 Coordinating Agencies Will coordinate with ESF# 1 Primary Agency to obtain information regarding pre-designated transportation/evacuation routes in order to determine the location of fuel supplies (primarily gasoline and diesel fuels).
Civil Air Patrol	Provides assistance in aerial damage surveys of transportation infrastructure The ability to provide air and ground transportation of medicines, blood plasma, personnel, supplies, and equipment etc.
Railroad Owners/Operators	Railroad operators are solely responsible for their damage assessments and repairs.
Arkansas Trucking Association	Will provide types and numbers of for-hire vehicles and drivers in the affected area and a telephone number to reach responsible persons in each company who could dispatch these vehicles.
National Defense Transportation Association	Local Chapter of the NDTA in Little Rock may provide vans and drivers to transport emergency supplies or to move people.
United States Coast Guard	Provides support agency capabilities with Disaster Assistance Rescue Boat Team with normal and shallow water capabilities
Port Owners/Operators	Each port is solely responsible for their damage assessments and repairs
U.S. Army Corps of Engineers	Takes measures such as dredging and/or removal of debris and obstructions to insure that navigation on Federal Navigation Channels is maintained.

SECTION ELEVEN: 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. 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 their assigned duty station. A pharmacist, nurse or physician will be on site to provide medications to these persons.

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), and Crittenden County in east Arkansas (Part of the Shelby County TN CRI MSA).

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 in 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 (HAN)
- 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

- **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:
 $50,000 \times 80\% = 40,000 \div 2 \text{ days} = 20,000 \text{ individuals to treat each day}$
 $20,000 \div 5,000 = 4 \text{ emergency dispensing sites needed}$

* 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.

SECTION TWELVE: TREATMENT CENTER COORDINATION

The Hospital Preparedness Coordinator and SNS Coordinator at the ADH work closely with hospitals and provide education on the Strategic National Stockpile (SNS). ADH also works closely with Hospital Infection Control Practitioners through the ADH Communicable Disease Program to conduct surveillance. This service is able to communicate with hospitals via the Health Alert Network and receives responses from an electronic reporting system. In addition, hospitals are able to receive instant communication from the Hospital Preparedness Section with the use of EM Resource, a web-based data system in use for bed availability. In addition to state coordination with hospitals receiving SNS apportioned material, locals also plan with hospitals to treat symptomatic patients arriving at the POD sites. Persons presenting at a POD Site that is symptomatic, will be routed out of the POD flow and referred to the County's predefined location (either a Hospital or established Treatment Center), as per the County SNS Plan, and Hospital Preparedness Plan.

Treatment Center – Materials Request Procedures

Figure 4.1 identifies procedures for Treatment Centers to request State supported assets of the Strategic National Stockpile.

It is vital to maintain a coordinated effort for request of assets. Request procedures will follow standard Incident Command Structure across the state. The treatment center director, or Hospital Chief Executive officer, or designee, will follow the subsequent protocol, assuming the State EOC, has been activated.

If the Treatment Center cannot meet medical material needs, using their normal procurement procedure, the CEO or designee will request needed supplies/medications from the County EOC, where the treatment center is located. Specific information for contact in each county will be found in the County Emergency Operations Plan (EOP). If the County does not have an EOC, they will contact the County Office of Emergency Management, or County Judge. If the County does not have an EOC, or the OEM and County Judge is unavailable, they should contact the Arkansas Department of Emergency Management (ADEM) State EOC for all material requests. The contact number for the State Communications Center is **1-800-322-4012**.

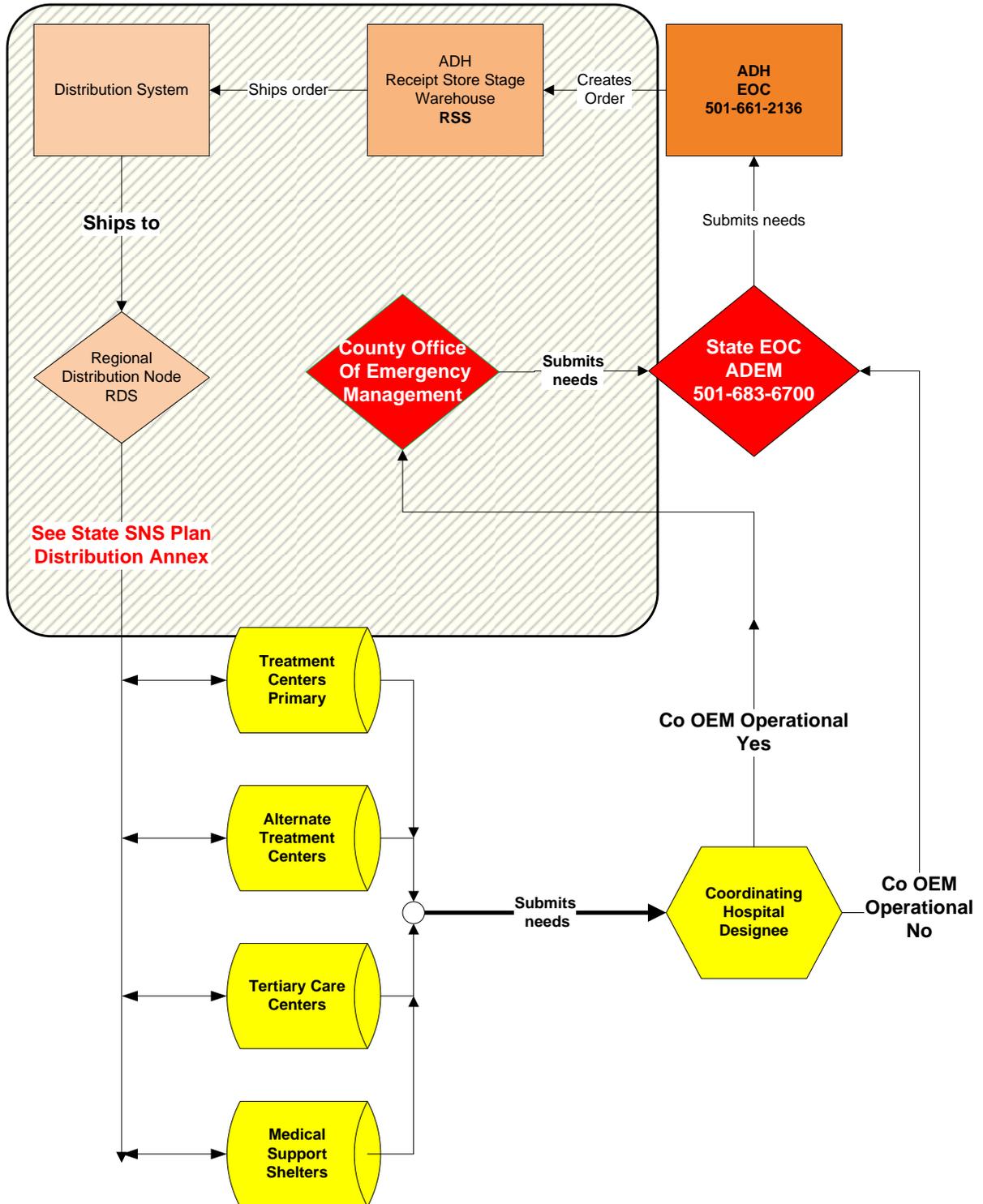
1. The Treatment Center will attempt to obtain necessary durable medical supplies utilizing their existing infrastructure.
2. The County EOC will attempt to fulfill the request with local assets.
3. If the County EOC is unable to meet the needs, they will then contact the State EOC at **1-800-322-4012**, and make the request for assets.
4. The State EOC will attempt to fulfill the request with available assets.
5. If the State EOC is unable to meet the needs, the State ESF 6 and ESF 8 Liaison will contact the Arkansas Department of Health Services, Arkansas Department of Health EOC with the request.
6. The ADH EOC will then attempt to fulfill the request based on available assets.

If the asset is located at the RSS, a pick sheet will be generated, and the supply order will be filled following protocol as established in sections 7, 9, and 10 of this plan. Communication will be routed back to the requesting facility of availability and status of request and shipment, and anticipated time of arrival.

If the request cannot be fulfilled by the RSS, or other available asset, the ADH EOC will request additional supplies via the Centers for Disease Control and Prevention (CDC), following protocol as defined in Section 3 of this plan. Communication will be routed back to the requesting facility of availability and status of request and shipment, and anticipated time of arrival.

Figure 4.1, Treatment Center Request diagram

**Arkansas Department of Health
Preparedness and Emergency Response Branch
Communication Process for Treatment Centers
REQUESTING MEDICAL COUNTERMEASURES**



SECTION THIRTEEN: TRAINING, EXERCISE AND EVALUATION

Training

The Arkansas Department of Health, ADH, employs a full-time Training and Education Coordinator to concentrate on public health response courses, which include the Strategic National Stockpile. All required or recommended trainings for staff, dispensing site volunteers or RSS warehouse volunteers are organized and/or coordinated by this position. ADH has developed a Multi Year Training and Exercise plan, following HSEEP guidance and this plan has been submitted and posted on LLIS (Lessons Learned and Information Sharing (See: Appendix Y Multi Year Training – Exercise Plan, and Attachment 8 Training Plan Matrix).

Exercise

All ADH exercises will be conducted as per HSEEP Guidelines. The Exercise program for ADH will be conducted by means of a multi-disciplined Exercise Planning Team.

The ADH Exercise Planning Team ensures all exercises conducted by ADH are consistent and meet grant guidelines, and are HSEEP (Homeland Security Exercise and Evaluation Program) compliant. (Guidelines for HSEEP can be found at: <https://hseep.dhs.gov/>). The Exercise planning team will coordinate all ADH exercises to assure maximum learning potential, implement standardized processes, and reduce redundancy, and establish a mechanism to ensure Improvement Plans are being followed, and necessary planning changes are occurring.

Team Construction. Membership of the Exercise planning team shall include, but not be limited to:

1. Exercise Coordinator
2. ADH Subject Matter Experts (SME) and ADH employees that have completed the Master Exercise Practitioners (MEP) Course, as administered by FEMA.
3. Regional PHP Coordinators.
4. Representatives of all Public Health Centers at ADH.
5. Other experts as each situation merits.
6. The Exercise Planning Team will coordinate all exercises, utilizing predetermined criteria, based on HSEEP, and will make recommendations for proposed exercises, utilizing an adopted exercise request form. All exercise proposals will be submitted within recommended planning timetables, to be established by the exercise planning team.
7. All After Action Reports (AARs) and Improvement Plans (IP) will be approved by the ADH Preparedness and Response Branch Management, prior to being submitted to the appropriate state or federal agency.
8. The lead exercise planner will represent ADH on the statewide exercise task force, as facilitated by the Arkansas Department of Emergency Management (ADEM), and coordinate ADH exercises with ADEM as appropriate, to conserve resources, and foster multi-agency, all-hazards response and planning.

Evaluation

The ADH follows the Homeland Security Exercise & Evaluation Program (HSEEP) Guidelines when developing and evaluating preparedness exercises and drills. All after action reports (AAR) are posted to the HSEEP Website, or on LLIS Preparedness Channel. The AARs are maintained in a central file with the ADH Preparedness and Response Branch Exercise Coordinator.

Acronyms

AAR-IP	After Action Report-Improvement Plan
ACF	Alternate Care Facility
ADH	Arkansas Department of Health
ADEM	Arkansas Department of Emergency Management
ADEQ	Arkansas Department of Environmental Quality
ADHT	Arkansas Department of Highway and Transportation
AGF	Arkansas Game and Fish Commission
AHP	Arkansas Highway Police
AI	Avian Influenza
ANG	Arkansas National Guard
ANO	Arkansas Nuclear One
APHL	Association of Public Health Laboratories
ASP	Arkansas State Police
ATU	Arkansas Technical University
AVDISTRO	Antiviral Distribution
AWIN	Arkansas Wireless Information Network
BT	Bioterrorism
CANA	Diazepam Auto Injector
C&C	Command and Control
CD	Communicable Disease
CDC	Centers for Disease Control and Prevention
CERC	Crisis and Emergency Risk Communications
COPTER	Coordinating Office of Preparedness , Terrorism and Emergency Response
CRI	Cities Readiness Initiative
CSEPP	Chemical Stockpile Emergency Preparedness Plan
CT	Critical Task
CUI	Controlled Unclassified Information
DEA	Drug Enforcement Administration
DHS	Department of Homeland Security
DHHS	Department of Health and Human Services, Federal
DOB	Date of Birth
DSNS	Division of Strategic National Stockpile, Centers for Disease Control
EEC	Exercise Evaluator Corps

ESF	Emergency Support Function
DEOC	Directors Emergency Operations Center, CDC
DIS	Department of Information Systems
ECC	Emergency Communications Center
EMAC	Emergency Management Assistance Compact
EMLO	Emergency Management Liaison Officer
EMS	Emergency Medical System
EMT	Emergency Medical Technician
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals Resources
ESF	Emergency Support Function
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FADH	Federal Department Of Health and Human Services
FE	Functional Exercise
FEDEX	Federal Express
FEMA	Federal Emergency Management Agency
FMS	Federal Medical Station
FSE	Full Scale Exercise
FOUO	For Official Use Only
GMRS	General Mobile Radio Service – Radios
HAM	Amateur Radio
HAN	Health Alert Network
HIPPA	Health Insurance Portability and Accountability Act
HSEEP	Homeland Security Exercise and Evaluation Program
ID	Identification
ICS	Incident Command System
JAS	Job Action Sheet
JIC	Joint Information Center
JITT	Just in Time Training
JOC	Joint Operations Center
LEOSAT	Low Earth Orbit Satellite Phone
LNO	Liaison Officer, CDC TARU Team
MAD	Mass Antibiotic Dispensing
MHz	Megahertz
MCS	Mass Clinic/Vaccine Administration Supplies

MDIRP	Major Disaster Incident Response Plan , ADH
MDP	Mass Dispensing Plan
MEP	Master Exercise Practitioners
MI	Managed Inventory, CDC/DSNS
MMRS	Metropolitan Medical Response System
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MSA	Metropolitan Statistical Area
MVP	Mass Vaccination Plan
NAAK	Nerve Agent Antidote Kit
NAPH	name/address/phone/health history
NER	Northeast Public Health Region, ADH
NIMS	National Incident Management System
NMRT	National Medical Response Team
NRF	National Response Framework
NSEC	National Standard Exercise Curriculum
NWR	Northwest Public Health Region, ADH
OEM	Office of Emergency Management, County
OIC/NCOIC	Officer In Charge/Non Commissioned Officer In Charge, ANG
OSHA	Occupational Safety and Health Administration
PC	Personal Computer
PHP	Public Health Preparedness
PI	Pandemic Influenza
PIC	Public Information and Communications
PIO	Public Information Officer
PPE	Personal Protective Equipment
POD	Point of Dispensing (Dispensing site)
PP	Push Package, CDC/DSNS
PRB	Preparedness and Response Branch, Arkansas Department of Health
QC	Quality Control
SME	Subject Matter Expert
SNS	Strategic National Stockpile
RACES	Radio Amateur Civil Emergency Service
RITS	RSS Inventory Tracking System
RDN	Regional Distribution Node

RPD	Respiratory Protection Devices
RSS	Receipt, store, stage
RX	Prescription
SER	Southeast Public Health Region
SLEP	Shelf Life Extension Program
SOC	Secretary's Operation Center, Federal Department of Health and Human Services
SDO	Staff Duty Officer
SUV	Sport Utility Vehicle
SWFI	Sterile Water for Injections
SWR	Southwest Public Health Region
TALON	Texas, Arkansas, Louisiana, New Mexico – FEMA Region 6
TAR	Technical Assistance Review
TARU	Technical Advisory Response Unit
TEP	Training and Exercise Plan
TC	Treatment Center
TCL	Target Capabilities List
TTX	Table Top Exercise
UAMS	University of Arkansas Medical School
UHF	Ultra High Frequency
UPS	United Parcel Service
VHF	Very High Frequency
WMD	Weapon of Mass Destruction

Glossary

12-HOUR PUSH PACKAGE: a unit shipment from caches of pharmaceuticals, antidotes, and medical supplies designed to address a variety of biological or chemical agents that are positioned in secure regional warehouses ready for immediate deployment to the airfield closest to the affected area following the federal decision to release SNS assets

ACTION PLAN: a verbal or written plan reflecting the coordinating officer's priorities with tactical objectives for the next operational period

AGENCY: a division of government with a specific function offering a particular kind of assistance; in the Incident Command System, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance)

AGENCY REPRESENTATIVE: a person assigned by a primary, assisting, or cooperating federal, state, local, or tribal government agency or private entity that has been delegated authority to make decisions affecting that agency's or organization's participation in incident management activities following appropriate consultation with the leadership of that agency

ALL-HAZARD: covering all possible dangers, whether natural, accidental, negligent, or intentional

ALL-HAZARDS PREPAREDNESS: preparedness for domestic terrorist attacks, major disasters, and other emergencies

ANTIVIRAL DRUG: class of medication used specifically for treating viral infections. Like antibiotics for bacteria, specific antivirals are used for specific viruses.

ANTHRAX: a noncontiguous, potentially fatal disease caused by breathing, eating, or touching spores of the skin bacterium *Bacillus anthracis*

ANTITOXIN: an antibody formed in response to and capable of neutralizing a biological poison; an animal serum containing antitoxins

AUTHENTICATION: pertaining to the process by which information on the health volunteer is checked against a credible source in order to establish information legitimacy

AUTHORITY: the power to control, judge, or prohibit the actions of others based on statutory, regulatory, or delegated right

BIOLOGICAL AGENT: a living organism, or the materials derived from a living organism that causes disease in or harms humans, animals, or plants or causes deterioration of material; biological agents may be found as liquid droplets, aerosols, or dry powders; a biological agent can be adapted and used as a terrorist weapon, such as anthrax, tularemia, cholera, encephalitis, plague, and botulism; biological agents come in three types: bacteria, viruses, and toxins

BIOLOGICAL ATTACK: the deliberate release of germs or other biological substances that can cause sickness

BIOLOGICAL INCIDENT: an event in which a biological agent is used as a terrorist weapon

BIOTERRORISM: the use of a biological agent in a terrorist incident; the intentional use of microorganism or toxins derived from living organisms to produce death or disease in humans, animals, or plants

CAPACITY: the ability to perform or produce; the strengths and resources of a community, society, or organization that can reduce the risk or effects of a disaster; the ability to perform health-service functions, including having the necessary facilities (e.g., clinics), equipment (e.g., respiratory equipment), human resources (e.g., physicians, nurses, and pharmacists), and operational financing; capacity may include (1) physical, institutional, social, or economic means, (2) skilled personnel and human resources, and (3) attributes, such as leadership and management; it may also be described as capability

CERTIFIED: officially authorized and recognized by a formal authority

CERTIFICATION: the process by which an agency or association evaluates and recognizes an individual, institution, or educational program as meeting predetermined standards; certification programs are generally nongovernmental and do not exclude the uncertified from practice as do licensure programs

CHAIN OF COMMAND: a series of command, control, executive, or management positions in a hierarchical order of authority

CHEMICAL AGENT: a substance that produces incapacitation, serious injury, or death

CHEMICAL ATTACK: the deliberate release of a toxic gas, liquid, or solid that can poison people and the environment

CHEMICAL INCIDENT: an accidental or deliberate exposure involving chemical agents

CHEMICAL TERRORISM: the use of a chemical agent in a terrorist incident to intentionally inflict harm upon others

COMMAND: the act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority

COORDINATE: to advance systematically an exchange of information among principals who have or may have a need to know certain information in order to carry out their roles in a response

COMMUNICABLE DISEASE: an illness caused by a specific infectious agent or by toxic products that arises through transmission of that agent or its products from an infected person or animal to a susceptible host

CONTINGENCY PLAN: a predetermined approach to a specific issue or event that may arise during the course of a disaster operation, presenting alternative actions to respond to this situation

COUNTERTERRORISM: the full range of activities directed against terrorism, including preventative, deterrent, response, and crisis-management efforts

CREDENTIAL: an element of the individual's qualifications; these include education, training, work experience, or hospital affiliation

CREDENTIALING: the recognition of professional or technical competence; the credentialing process may include registration, certification, licensure, professional association membership, or the award of a degree in the field; certification and licensure affect the supply of health personnel by controlling entry into practice and influence the stability of the labor force by affecting geographic distribution, mobility, and retention of workers; credentialing also determines the quality of personnel by providing standards for evaluating competence and by defining the scope of functions and how personnel may be used

CONTROLLED UNCLASSIFIED INFORMATION: a categorical designation that refers to unclassified information that does not meet the standards for National Security Classification under Executive Order 12958, as amended, but is pertinent to the national interests of the United States or to the important interests of entities outside the Federal Government, and (ii) under law or policy requires protection from unauthorized disclosure, special handling safeguards, or prescribed limits on exchange or dissemination. Henceforth, the designation CUI replaces "Sensitive But Unclassified" (SBU).

DATABASE: an organized collection of information often stored in electronic form

DEPLOYMENT: sending resources or assets to a specific site and assignment; distributing forces or resources in preparation for battle or work

DISASTER, MAJOR (FEDERAL): any natural catastrophe or any fire, flood, or explosion, in the United States, which in the determination of the President, causes damage of sufficient severity and magnitude to warrant disaster assistance under the Stafford Act to supplement the efforts and available resources of states, local governments, and disaster-relief organizations in alleviating damage, loss, hardship, or suffering

DISPATCH: the ordered movement of a resource or resources to an assigned operational mission or an administrative move from one location to another

DIVISION OF STRATEGIC NATIONAL STOCKPILE (DSNS): a group of professionals dedicated to supplementing and resupplying state and local public health agencies in the event of a national emergency, including biological or chemical terrorism incidents anywhere, anytime within the United States or its territories

DSNS PROGRAM SERVICES CONSULTANT: the DSNS staff member who is the point of contact for a particular state; each state has a DSNS staff member who is knowledgeable about DSNS and about the emergency-response infrastructure of that state and who is best suited to answer questions and provide direction both for preparedness activities and during an emergency; the DSNS Program Services Consultant works closely with the State SNS Coordinator

EMERGENCY (FEDERAL): any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement state and local efforts and capabilities to save lives; to protect property, public health, and safety; or to lessen or avert the threat of a catastrophe in the United States

EMERGENCY MANAGEMENT: a systematic program of activities that governments and their partners undertake before, during, and after a disaster to save lives, prevent injury, and protect property and the natural environment

EMERGENCY OPERATIONS CENTER: a pre-designated facility established by an agency or jurisdiction to coordinate the overall agency or jurisdictional response to an emergency and the support provided

ENDUROTHERM™: a shipping container specially designed to meet FDA handling requirements for the transport of vaccines, maintaining the internal temperature for the duration of the transport but not requiring any external or battery power

EPIDEMIC: the occurrence in a community or region of cases of an illness (or outbreak) with a frequency clearly in excess of normal expectancy

EXERCISE: a simulated emergency condition carried out for the purpose of testing and evaluating the readiness of a community or organization to handle a particular type of emergency

FIRST RESPONDER: a local police, fire, or emergency medical person who arrives first on the scene of an incident and takes action to save lives, protect property, and meet basic human needs

FUNCTION: in the Incident Command System, the five major activities (i.e., command, operations, plans/information, logistics, and finance/administration); the activity involved (e.g., the planning function)

FUNCTIONAL PLAN: a subset of the action plans developed by individual elements, setting out their operational priorities for addressing the most pressing problems

HAZARD: a source of potential harm from past, current, or future exposures

HEALTH EFFECT: the result of exposure to substances that cause harm to a person's well-being

HEALTH VOLUNTEER: medical or healthcare professional who renders aid or performs health services without remuneration

HOSPITAL: a healthcare organization that has a governing body, an organized medical staff and professional staff, and inpatient facilities and provides medical, nursing, and related services for ill and injured patients 24 hours per day, 7 days per week; for licensing purposes, each state has its own definition of a hospital

IMPLEMENTATION: taking steps to reach a specific objective after goals have been set and a strategy has been developed: putting all program functions and activities into place; putting recommendations into practice; giving practical effect to and ensuring actual fulfillment of a policy or plan by concrete measures; and carrying out a project or program, including all the support activities, such as setting up an organizational structure, communicating, and evaluating a project

INCIDENT: an occurrence or event, natural or human-caused, that requires an emergency response to protect life or property; incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response

INCIDENT COMMAND SYSTEM: a standardized on-scene emergency-management concept specifically designed to allow its users to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries

INCIDENT COMMANDER: the individual responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources; the Incident Commander has overall authority and responsibility for conducting incident operations and is responsible for the management of all operations at the incident site

INCIDENT MANAGEMENT: the totality of activities to be aware of, prevent, prepare for, respond to, and recover from incidents

JURISDICTION: a range or sphere of authority; public agencies have jurisdiction at an incident related to their legal responsibilities and authority; jurisdictional authority at an incident can be political or geographical (e.g., city, county, tribal, state, or federal boundary lines) or functional (e.g., law enforcement or public health)

LEAD AGENCY: the federal department or agency assigned the primary, directive responsibility under the U.S. law to manage and coordinate the federal response in a specific functional area

LEAD FEDERAL AGENCY: the agency designated by the President to lead and coordinate the overall federal response to an emergency

LIAISON OFFICER: a member of the Command Staff responsible for filling the senior liaison functions with representatives from cooperating and assisting agencies

LICENSURE: affirmation by a duly constituted body, usually a state, that an individual has met certain prescribed qualifications and is therefore recognized under the laws of the state as a licensed professional

LOCAL GOVERNMENT: any county, city, village, town, district, or political subdivision of any state; Indian tribe or authorized tribal organization; or Alaska Native Village or organization, including any rural community or unincorporated town or village or any other public entity

MANAGED INVENTORY: unit shipments from caches of pharmaceutical and/or medical supplies that are shipped in response to a state's request for follow-on materials; they can be tailored to provide pharmaceuticals, supplies, and/or products specific to the medical needs produced by the emergency

MEDICAL DOCTOR: A licensed physician who is a graduate of an accredited medical school and practices allopathic medicine

METROPOLITAN MEDICAL RESPONSE SYSTEM: a Department of Homeland Security program intended to increase cities' ability to respond to a terrorist attack by coordinating the efforts of local law enforcement, fire, hazmat, EMS, hospital, public health and other personnel

MOBILIZATION: the process and procedures used by all organizations (federal, state, local, and tribal) for activating, assembling, and transporting all resources that have been requested to respond to or support a response to an incident

MUTUAL-AID AGREEMENT: written agreement between agencies and/or jurisdictions that they will assist one another on request, by furnishing personnel, equipment, and/or expertise in a specified manner

N95: filtering characteristic of an effective mask that is resistant to aerosol hazards

NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS): the single all-hazard incident-management system required by Homeland Security Presidential Directive 5 that will govern the management of the National Response Plan; the National Incident Management System will replace the National Inter-Agency Incident Management System

NATIONAL RESPONSE PLAN (NRP): the single all-hazard incident-management plan required by Homeland Security Presidential Directive 5 that will govern all incident management beginning in 2005; the National Response Plan will replace multiple specific-purpose response plans currently in use.

NERVE AGENT: a substance that interferes with the central nervous system; exposure occurs through contact with the liquid and through inhalation of the vapor

NONGOVERNMENTAL ORGANIZATION (NGO): An entity with an association that is based on interests of its members, individuals, or institutions and that is not created by a government but may work cooperatively with government; such organizations serve a public purpose, not a private benefit

OUTBREAK: the occurrence of a number of cases of a disease or condition in any area over a given period of time in excess of the expected number of cases

PLACARD: a standard device or sign attached to the outside of a vehicle to identify the hazards or importance associated with the cargo

PLANNING: setting objectives and identifying methods to achieve those objectives, a continuing process of analyzing data, making decisions, making plans for future actions, and revising those plans, all aimed at achieving program goals

POINT OF DISPENSING: a location where pharmaceuticals and other medications are distributed to end users; these facilities may range from small clinics to large operations with multiple staging and operation areas; these facilities may also support a range of methods of distributing drugs and medications to the patients

PREPAREDNESS: the range of deliberate, critical tasks and activities necessary to build, sustain, and improve the capability to protect against, respond to, and recover from hazard impacts; preparedness is a continuous process; within the National Incident Management System, preparedness involves efforts at all levels of government and the private sector to identify threats, to determine vulnerabilities and to identify required response plans and resource

PREVENTION: actions to avoid a hazard occurrence or to avoid or minimize the hazard impact (consequences) if it does occur; prevention involves actions to protect lives and property

PRIVILEGES: verified scope of practice as termed by the organization in which the clinician practices

PROPHYLAXIS: prevention of disease or of a process that can lead to disease

PUBLIC HEALTH: organized efforts of society to protect, promote, and restore people's health; it is the combination of science, skills, and beliefs that is directed to the maintenance and improvement of the health of all the people through collective or social actions; the programs, services, and institutions involved emphasize the prevention of disease and the health needs of the population as a whole; public health activities change with variations in technology and social values but the goals remain the same: to reduce the amount of disease, premature death, and disease-produced discomfort and disability in the population

PUBLIC HEALTH EMERGENCY: occurrence or imminent threat of exposure to an extremely dangerous condition or the occurrence of a highly infectious disease or toxic agent that poses in imminent threat of substantial harm to the population

QUARANTINE: precautionary physical separation of persons who have or may have been exposed to a threatening or potentially threatening communicable disease from the general population to protect against the transmission of the disease to uninfected persons

REPACKAGING SITE: the location where bulk pharmaceuticals will be separated into individual-dose regimens

RESPONSE: those activities or programs designed to address the immediate and short-term effects of an emergency or disaster; includes immediate actions to save lives, protect property, and meet basic human needs as well as executing the plan and resources created to preserve life,

protect property, and provide services

RESOURCES: personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained

RESOURCE MANAGEMENT: a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident; the National Incident Management System includes mutual-aid agreements; the use of special federal, state, local, and tribal teams, as well as resource mobilization protocols in resource management

RISK: a measure of the harm to human health that results from being exposed; uncertainty that surrounds future events and outcomes

RISK ASSESSMENT: a process that involves determining the likelihood that a specific adverse health effect will occur in an individual or population following exposure to a hazardous agent

SMALLPOX: variola, a virus that causes a serious, contagious and sometimes fatal disease producing substantial morbidity and mortality; there is no specific treatment for smallpox, and the only prevention is vaccination

SNS OPERATIONS MANAGEMENT TEAM: the people who specifically manage the SNS assets and any supplemental assets already available through the state, providing a management framework to handle SNS assets from receipt to dispensing; an interface with the state C&C; the execution of directives from the C&C concerning SNS assets; and the training, exercising, and evaluating involved with a plan with the state C&C; the execution of directives from the C&C concerning SNS assets; and the training, exercising, and evaluating involved with a plan

SNS PROGRAM PREPAREDNESS: the ability of state and local programs to assemble a robust capacity to effectively manage, receive, store, stage, distribute, and dispense SNS assets once they are deployed

SPECIAL POPULATIONS: people who might be more sensitive or susceptible to exposure to hazardous substances because of such factors as age, occupation, sex, or behaviors (for example, cigarette smoking); populations with special needs for translations, special services (such as the physically handicapped), or alternative channels of communication (such as the deaf); populations with distinct cultural or community needs; children, pregnant women, and older people are often considered special populations

SPONTANEOUS VOLUNTEER: a person who arrives to provide services in response to an incident without being solicited for help or being specifically requested by a sponsoring agency involved in the emergency response

STAGING AREA: location established where resources can be placed while awaiting a tactical assignment

STATE: any state of the United States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, or the Republic of the Marshall Islands

STATE SNS COORDINATOR: the individual in a project area who develops and implements and/or ensures the development and implementation of a plan that will create a project area infrastructure capable of administering pharmaceuticals and/or medical supplies to any segment of the project area's population; will securely receive SNS assets and support personnel at the pre-designated and approved site(s); and will store, secure, apportion, deliver, inventory, and track SNS assets during a public health emergency necessitating these resources

STRATEGIC NATIONAL STOCKPILE: a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, intravenous-administration and airway-maintenance supplies, and medical or surgical materiel for use in a declared biological or chemical terrorism incident or other major public health emergency

TACTICAL: characterized by the execution of specific actions or plans in response to an actual incident or, prior to an incident, the implementation of individual or small unit activities, such as training or exercises

TERRORISM: the unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof in the furtherance of political or social objectives

TERRORIST INCIDENT: a violent act or an act dangerous to human life in violation of the criminal laws of United States or of any state to intimidate or coerce a government, the civilian population, or any segment thereof in furtherance of political or social objectives

THREAT: the likelihood of a hazard occurring

TOOLS: those instruments and capabilities that allow for the professional performance of tasks, such as information systems, agreements, doctrines, capabilities, and legislative authorities

TREATMENT FACILITY: hospitals or other facilities where symptomatic persons will receive intravenous medications

TRIBAL: any Native American tribe, band, nation, or other organized group or community, including any Alaskan Native village, that is recognized as eligible for the special programs and services provided by the United States to Native Americans

UNIFIED COMMAND: an application of the Incident Command System used when there is more than one agency with incident jurisdiction; agencies work together through their designated incident commanders or managers at a single location to establish a common set of objectives and strategies and a single incident action plan

UNITY OF COMMAND: the concept by which each person within an organization reports to one and only one designated person; the purpose of unity of command is to ensure unity of effort under one responsible commander for every objective

VACCINATION: the injection or inoculation of a vaccine for the purpose of inducing active immunity

VaxiCool™: shipping containers that will maintain vaccine at a proper temperature for up to 2 days during shipment using external electrical or self-contained battery power

VERIFICATION: the act of confirming truth or authority

VIRUS: the simplest type of microorganism, lacking a system for its own metabolism; it depends on living cells to multiply and cannot live long outside a host

VOLUNTEER: a medical or healthcare professional who renders aid or performs health services without remuneration

WEAPON OF MASS DESTRUCTION: any device, material, or substance used with the intent to cause death or serious injury to persons or significant damage to property

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APPENDICES

Effective Date: 3-1-88

ARKANSAS STATUTE 82-363

82-363. Consent to medical or surgical treatment.--It is hereby recognized and established that, in addition to such other persons as may be so authorized and empowered, any one (1) of the following persons is authorized and empowered to consent, 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) Any adult, for himself.
- (b) Any parent, whether an adult or a minor, for his minor child or for his adult child of unsound mind whether the child is of the parent's blood, is an adopted child, is a stepchild, or is a foster child; provided, however, the father of an illegitimate child cannot consent for said child solely on the basis of parenthood.
- (c) Any married person, whether an adult or a minor, for himself.
- (d) Any female, regardless of age or marital status, for herself when given in connection with pregnancy or childbirth, except the unnatural interruption of a pregnancy.
- (e) Any person standing in loco parentis whether formally serving or not, and any guardian, conservator, or custodian, for his ward or other charge under disability.
- (f) Any unemancipated minor of sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures for himself.
- (g) Any adult for his minor sibling or his adult sibling of unsound mind.
- (h) During the absence of a parent so authorized and empowered any maternal grandparents and if the father so authorized and empowered any paternal grandparent for his minor grandchild or for his adult grandchild of unsound mind.
- (i) Any married person for a spouse of unsound mind.
- (j) Any adult child for his mother or father of unsound mind. [Acts 1973, No. 328, § 1, p. 1028; 1981. No. 511, § 1, p. --.]

Definitions

1. In loco parentis (in (e)): refers to a person charged with a parent's rights and responsibilities. This would include a child living with a relative or non-relative who acts like a

parent (tells him when to be home, makes him take a bath, etc.), but would exclude a babysitter or local school personnel.

2. Minor: Any child less than 18 years old.

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3. Emancipated minor: Any minor who is married, is a parent or provides his own means of support.
4. Unemancipated minor: A minor who is still single, has no children and is supported by his parents.

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Transmittal No.: 09-20

GENERAL POLICIES

Effective Date: 6-22-09

REPORTABLE COMMUNICABLE DISEASES

Policy:

The "Rules and Regulations Pertaining to Communicable Disease Control" adopted by the Arkansas State Board of Health in 1977 pursuant to the authority conferred by Act 96 of 1913 (Arkansas statutes, 1947, Section 82-110) Section III, states "The responsibility for reporting certain communicable diseases is the duty of EVERY physician, practitioner, nurse, superintendent or manager of a dispensary, hospital, clinic, nursing or extended care home and laboratory personnel examining human specimens resulting in the diagnosis of notifiable diseases or any person in attendance on a case of any disease or conditions declared notifiable."

The following diseases (suspected or confirmed) must be reported immediately to the Arkansas Department of Health. They are of special importance or may indicate a bioterrorism event.

Anthrax	Botulism	Hepatitis A	Meningococcal Inf.
Pertussis	Plague	Q Fever	SARS
Smallpox			
Tularemia	Typhus	Viral Hemorrhagic Fever	Emerging Threat Agents

TO REPORT DISEASES IMMEDIATELY VIA TELEPHONE,
CALL 501-661-2893 (Local/Pulaski Co. - 8:00-4:30, M-F).
FOR AFTER HOURS AND ON WEEKENDS, CALL 1-800-554-5738.

The following diseases of public health significance must be reported to the Arkansas Department of Health within 24 hours of diagnosis. Reports should include: 1) the reporter's name, location and phone number; 2) the name and onset date of the disease; 3) the patient's name, address, phone number, age, sex and race; 4) the attending physician's name, location and phone number; 5) any pertinent clinical, laboratory, and treatment information. Report by fax to 501-661-2428; 24 hour answering machine 800-482-8888; in person to 501-661-2893.

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GENERAL POLICIES

Effective Date: 6-22-09

REPORTABLE DISEASES AND CONDITIONS

AIDS**	Histoplasmosis	Syphilis**
Blastomycosis	H.I.V. (Human Immuno-	Tetanus
Brucellosis	deficiency Virus)	Toxic Shock Syndrome
CD4+ T-Lymphocyte Count	Influenza (viral type,	Toxoplasmosis
Campylobacteriosis	if known)	Tuberculosis
Chancroid	Kawasaki Disease	Vancomycin-resistant
Chlamydial Infections	Legionellosis	enterococci
Cholera	Leprosy	Varicella
Congenital Rubella	Listeriosis	(chickenpox)
Syndrome	Lyme Disease	West Nile Virus
Congenital Syphilis	Malaria	Yellow Fever
Creutzfeld-Jakob Disease	Measles (Rubeola)	
Cryptosporidiosis	Meningitis	
Cyclosporiasis	Mumps	
Diphtheria	Poliomyelitis	
Ehrlichiosis	Psittacosis	
Encephalitis, all types	Rabies, animal	
Enterotoxigenic E. coli	Rabies, human	
Food Poisoning, all types	Rheumatic Fever	
Giardiasis	Rocky Mountain	
Gonorrhea	Spotted Fever	
Haemophilus influenzae	Rubella	
Invasive Disease	Salmonellosis (including	
Hantavirus Pulmonary	Typhoid)	
Syndrome	Shigellosis	
HbsAg-positive pregnant	Streptococcal Disease,	
female	invasive, group A	
Hemolytic-Uremic	Streptococcus pneumoniae,	
Syndrome	invasive, indicate if	
Hepatitis (type A, B,	antibiotic resistant	
C, or Unspecified)		

REPORTABLE OCCUPATIONAL DISEASES AND OTHER CONDITIONS

Asbestosis
 Blood Lead Levels*
 Byssinosis
 Chemical Poisoning, all
 types***
 Mesothelioma
 Pesticide Poisoning
 Pneumoconiosis (Coal
 Workers)
 Silicosis

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Transmittal No.: 09-20GENERAL POLICIESEffective Date: 6-22-09REPORT ANY UNUSUAL DISEASES OR OUTBREAKS THAT MAY REQUIRE PUBLIC HEALTH ASSISTANCE

*Blood lead levels over 10 ug/dl for patients 14 years or younger and levels over 25 ug/dl for patients 15 years old and up.

**Any woman infected with AIDS, HIV or Syphilis, who is pregnant, must be so reported indicating the trimester of pregnancy. This applies each time the woman becomes pregnant.

***Includes chemical agents of terrorism.

The following bacterial isolates must be submitted to the Arkansas Department of Health Laboratory for further testing: *Neisseria meningitides*; *Salmonella sp.*; *Enterotoxigenic E. coli*; *Listeria sp.*; *Staph. aureus*, vancomycin resistant or intermediate susceptible; outbreak-related *Campylobacter sp.* and *Shigella sp.*, or on request; *Haemophilus influenzae (invasive)*.

**TO REPORT DISEASES OTHER THAN THE ONES THAT MUST BE REPORTED IMMEDIATELY, CALL THE NON-EMERGENCY DISEASE REPORTING SYSTEM AT 1-800-482-8888, OR
FAX A DISEASE REPORT TO 1-501-661-2428.**



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

MEMORANDUM OF AGREEMENT

BETWEEN

ARKANSAS DEPARTMENT OF HEALTH [ADH]

AND

FACILITY NAME [Facility Acronym]

I. PURPOSE: EMERGENCY FACILITY USE FOR ADMINISTRATION OF MEDICAL COUNTERMEASURES.

The Arkansas Department of Health (hereafter referred to as ADH) and **FACILITY NAME [Facility Acronym]** (Hereafter referred to as the Facility, hereby enter into this Memorandum of Agreement (hereafter MOA) for the purpose of effectively responding to acts of biological and chemical terrorism and other public health emergencies. The Centers for Disease Control and Prevention (CDC) has stockpiled sustainable repositories of lifesaving medical countermeasures as needed to respond to an act of Terrorism, Pandemic, Natural Disaster or public health emergency in the Strategic National Stockpile Program at CDC (CDC SNS). The Arkansas Department of Health has developed plans for the Receipt, Distribution, and Dispensing/Administering medical countermeasures. Those plans are combined in what shall be referred to as the Arkansas Strategic National Stockpile Plan (AR SNS). This Agreement will augment those plans, for rapid deployment of those medical countermeasures.

II. SCOPE OF SERVICES:

A. Responsibilities of Facility: Under the terms of this Agreement, the Facility, **FACILITY NAME [Facility Acronym] agrees to:**

1. Designate a 24 hour Point of Contact (POC) and Alternate Point of Contact (APOC) for the emergency utilization of Medical Countermeasures and provide contact information to the ADH Preparedness and Emergency Response Branch, Strategic

National Stockpile (ADH/SNS) Program, at the time of agreement on this MOA and notify the ADH/SNS Program of any changes in POC personnel within 48 hours of the assignment of a new POC.

2. To not charge individuals for medications or administration of that have been provided through this agreement, except as permitted by the State of Arkansas or by CDC.
3. To participate in ADH-sponsored dispensing/vaccination training/education opportunities.

B. The Arkansas Department of Health (ADH) Agrees:

1. To provide suitable staff and materiel to accomplish a Mass Dispensing/Vaccination Campaign to a large scale public health event.
2. To provide Mass Prophylaxis Dispensing/Vaccination specific training/education opportunities to identified staff of the Facility.
3. To provide pre-event planning and technical assistance, including but not limited to supply lists, POD layouts, fact sheets, dispensing algorithms, etc.
4. To provide coordination as outlined in the County SNS Plan to the Facility to the best of their ability.
5. To make arrangements to collect any unused medications as well as copies of all medical documentation.

C. It Is Mutually Agreed That:

1. The confidentiality of patients and patient information will be maintained as written and enforced by the Health Insurance Portability and Accountability Act (HIPAA).
2. This Memorandum will go into effect only at the request and direction of the ADH.
3. The Facility would be considered a **Public POD** in that the physical facility would be utilized to Dispense Medications/Administer Vaccinations to the “general public”, identified staff, family members, patients, contacts, and specific groups outlined in the Facility’s Mass Prophylaxis Dispensing Site Plan as a component of the County SNS Plan.
4. It is understood that the Facility’s participation is completely voluntary and may not be available/utilized at the time of the event. If so, the Facility would not be

considered a POD and their staff and/or specific groups would be required to attend a Public POD operated by ADH and not receive any preferential treatment.

II. Definitions

1. **Arkansas Department of Health (ADH)** - the State's public health agency and Emergency Support Function (ESF) # 8 lead agency.
2. **Arkansas SNS Plan** - a plan developed by the Arkansas Department of Health to Receive, Distribute, and Dispense/Administer the Strategic National Stockpile, as Managed by the Centers for Disease Control and Prevention (CDC). This plan is updated annually with the assistance from partners identified as having a role in the AR SNS Plan.
3. **County SNS Plan** - - a plan developed by the County Health Department, Arkansas Department of Health Dispense/Administer Medical Countermeasures, as identified in the Arkansas Strategic National Stockpile plan. This plan is updated annually with the assistance from partners identified as having a role in the AR SNS Plan.
4. **Medical Countermeasure** - includes those drugs, biological products, and devices that are intended to prevent or lessen the onset or duration of disease.
5. **Point of Dispensing (POD)** - a location where pharmaceuticals and other medications are distributed to end users; these facilities may range from small clinics to large operations with multiple staging and operation areas; these facilities may also support a range of methods of distributing drugs and medications to the patients.
6. **Public POD** - a POD that would Dispense Medications to the “general public” and to identified staff, family members, patients, contacts, and specific groups outlined in the Facility’s Mass Prophylaxis Dispensing Site Plan as a component of the County SNS Plan
7. **Facility** - the Business/Organization willing to become a POD.
8. **Strategic National Stockpile (SNS)** - CDC's Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if

there is a public health emergency (terrorist attack, flu outbreak, and earthquake) severe enough to cause local supplies to run out. Once Federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. within 12 hours. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible. (<http://www.bt.cdc.gov/stockpile/>)

III. Terms and Conditions

1. **Effective Dates** - This MOA shall be effective when all parties have signed, and will be automatically renewed for a period of 1 year increments, based on an annual review of criteria listed under Section II, Scope of Services and agreement by both parties.
2. **Termination** - Subject to the provisions contained below, this MOA may be terminated by either party providing sixty (60) days advance written notice of termination. Furthermore, in the event of budgetary reasons the ADH can no longer support this MOA it shall terminate immediately upon written notification to the FACILITY.
3. **Amendment** - Any changes to this MOA, which are mutually agreed upon between ADH and the Facility shall be incorporated in a written amendment to this MOA and will not become effective until the amendment is signed by both parties.
4. **Nondisclosure** - To the extent permitted by law, the parties agree that neither will disclose the location of SNS materiel or the nature of this effort except as is necessary to fulfill its mission, and statutory and regulatory responsibilities.
5. **Liability** - Neither party shall be liable for any claims, demands, expenses, liabilities and losses (including reasonable attorney's fees) which may arise out of any acts or failures to act by the other party, its employee or agents, in connection with the performance of Services pursuant to this MOA.
6. **Non-Discrimination** - No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to any activities carried out under this MOA on the grounds of race, disability, color, sex, religion, age, health status or national origin.

7. **Evaluation of MOA** - Appropriate staff of the FACILITY and the ADH will review this MOA annually to evaluate this MOA based on the responsibilities for each party listed under section II, Scope of Services, of this Agreement.
8. **Governing Law** - This MOA shall be construed and enforced in accordance with appropriate federal Laws and the laws of the State of Arkansas specifically, the Arkansas State Claims Commission laws.
9. **Licenses** - The parties agree that during the term of this MOA, each party shall maintain its respective federal and state licenses, certifications, and accreditations required for the provision of services herein.
10. **Expenses** - Each party shall bear and be responsible solely for its own costs and expenses necessary to comply with this MOA.
11. **Severability** - Should a court of competent jurisdiction rule any portion of this Agreement invalid, null, or void, that fact shall not affect or invalidate any other portion or section of the Agreement and all remaining portions and sections of the remains in full force and effect.

IV. Signatures

Arkansas Department of Health

[Facility - Facility Name]

Deputy Directory for Administration
Arkansas Department of Health

Signing Authority for Facility
Authority Title

Facility Name

DATE:

DATE:

4815 West Markham Street

Facility Physical Address (No P.O.
Boxes)

Slot H-39
Little Rock, Arkansas 72203-1437

City, State, Zip

501-661-2000
www.healthyarkansas.com

Signatory Phone #
Facility Phone #
Alternate Point of Contact:
Phone:

Pharmacy Point of Dispensing (Pharm-POD)**Memorandum of Agreement****Between****Arkansas Department of Health****And****[Facility Name]**

This Agreement is made and entered into between the **Arkansas Department of Health** and **[Facility Name]** for the purpose of developing one or more “points of dispensing” (“POD”) for mass prophylaxis dispensing of antibiotics, antiviral medications or vaccine to the general public at the direction of the local health officer, during times of health and medical disasters.

I. Introduction

The **Arkansas Department of Health** would serve as the primary organization directing the county-wide health and medical response to a disease outbreak, bioterrorist attack, or natural disaster affecting **[County(ies) Name(s)]**, as designated in Emergency Support Function (ESF) 8 – Health, Medical and Mortuary services. The health and medical response could include vaccinating and/or dispensing medication to large numbers of people over a relatively short period of time. It is in the interest of public health and community resiliency to maximize the public’s access to vaccines, antiviral medications and antibiotics throughout **[County(ies) Name(s)]** when such medicines are necessary to prevent illness and death during emergencies requiring a public health response.

A POD is a location where vaccines, antiviral medications or antibiotics are dispensed or administered to the general public during an emergency requiring a public health response. A POD may be developed jointly by a local public health jurisdiction and a public or private organization, whereby the organization receives medications from or under the authority of the local or state public health agency for the specific purpose of dispensing or administering those medications under the direction of the local health officer to the general public during emergencies requiring a public health response.

[Facility Name] provides Facility services to the public during its posted hours of operation, and maintains occupational health capabilities for the purposes of protecting employee health and safety.

This Agreement identifies the responsibilities of the **Arkansas Department of Health** and **[Facility Name]** with regard to requesting, transporting and storing medications and dispensing and administering same to the general public during times of health and medical disasters.

The **Arkansas Department of Health** intends to activate community-wide mass vaccination and dispensing plans, to include delivery of medications by **[Facility Name]** with **[Facility Name]**'s agreement, only (a) after a declaration made by the Secretary of the Department of Health and Human Services under the Public Readiness and Emergency Preparedness Act (PREP Act), 42 U.S.C.A. §247d-6d, (b) a locally or state declared emergency, under chapter 38.52 RCW, requiring a medical response, or (c) the issuance of an event mission number by the Emergency Management Division of the State Military Department for a medical response. The parties agree that **[Facility Name]**'s participation in community-wide mass vaccination and dispensing activities is purely voluntary and would occur based on mutual agreement, as outlined in Section II of this Agreement.

Nothing in this plan should be construed as independent of or bypassing established emergency management procedures, the provisions of county or state declarations of emergencies, or any conditions for the distribution and dispensing of the SNS or administration of vaccines established by the federal or state governments.

II. Initiation of **[Facility Name]** PODs

The authorized representative of the **Arkansas Department of Health** may request **[Facility Name]** participation as soon as possible after the **Arkansas Department of Health** decides to initiate community-wide mass vaccination or counter-measures dispensing plans. The authorized representative of **[Facility Name]** will provide confirmation of its willingness to participate as soon as possible after receiving the request. The request and confirmation will be in writing.

III. Responsibilities of the **Arkansas Department of Health**

Arkansas Department of Health shall:

- Provide planning and technical assistance to **[Facility Name]**, including but not limited to supply lists, POD layouts, fact sheets, dispensing algorithms, and mandatory conditions.
- Provide medical screening forms to **[Facility Name]** as a guidance for implementing dispensing operations
- Provide technical assistance and training, as mutually agreed upon by the **Arkansas Department of Health** and **[Facility Name]**
- Activate community-wide mass dispensing plans as necessary
- Notify **[Facility Name]** that POD dispensing plans should be implemented
- Request appropriate amounts and type of medication from local, state or federal sources, including use of Strategic National Stockpile resources

- Request the Arkansas State Department of Health to deliver, or have delivered medications to specific addresses as determined by **[Facility Name]**, after assessing the locations to ensure they meet all conditions for the distribution of the countermeasures or administration of the vaccines.
- Provide **[Facility Name]** with medical protocols regarding dispensing activities including, but not limited to, dosing and follow-up procedures
- Provide **[Facility Name]** with releasable information regarding the public health emergency situation
- Manage public information activities with regard to the overall health and medical response across **[County(ies) Name(s)]**
- Provide educational materials to **[Facility Name]** for the purposes of distributing to all persons receiving medications in the PODs
- Make arrangements to retrieve any unused medications from **[Facility Name]** facilities and collect documentation forms.

IV. Responsibilities of **[Facility Name]**

[Facility Name] will use its commercial best efforts to meet the following obligations:

- Identify the approximate number of medication doses that could be administered by **[Facility Name]** in a specified time period and communicate that information to the **Arkansas Department of Health**
- Identify **[Facility Name]** sites to receive medication deliveries, communicate site locations to the **Arkansas Department of Health**, and make the site locations available for inspection by local and state public health representatives
- Receive and store medication deliveries, consistent with federal, state or local government requirements, at **[Facility Name]**-identified facilities during incidents
- Ensure that **[Facility Name]** PODs are open to the general public
- Conduct medical screening of individuals receiving medications, based on guidance provided by the **Arkansas Department of Health**, to identify potential contraindications, and assure dispensing and administration consistent with federal, state and local government requirements
- Dispense medications under the supervision of licensed medical personnel
- Administer medications consistent with federal, state and local government requirements
- Maintain accurate records of medications dispensed, administered, and remaining inventory
- Track contact information of individuals receiving medications
- Communicate information regarding medications dispensed, administered, and contact information to the **Arkansas Department of Health** as required by the **Arkansas Department of Health**
- Provide education materials, supplied by the **Arkansas Department of Health** to all individuals receiving medications

- Secure any unused medications until a time when the **Arkansas Department of Health** can make arrangements for retrieval
- Participate, as appropriate, in **Arkansas Department of Health**-sponsored mass medication dispensing or administration training and exercises
- Take all actions necessary to qualify and maintain qualifications of all **[Facility Name]** personnel working under this Agreement as Emergency Workers within the **Arkansas Department of Health** Reserve Corps, or covered volunteer emergency workers, as appropriate, pursuant to RCW 38.52 et seq., WAC 118-04 et seq., and any other applicable statute, regulation or law.

[Facility Name] and the **Arkansas Department of Health** agree that prior to invoking this Agreement during emergencies, **Arkansas Department of Health**, through the local department of emergency management, will request the issuance of a mission number from the Arkansas Military Department, Emergency Management Division.

V. Cost and Payment

Arkansas Department of Health shall provide to **[Facility Name]** the medications that are to be dispensed or administered by **[Facility Name]** as specified in this Agreement at only the cost authorized by federal or state authorities. **[Facility Name]** shall dispense or administer these medications to patients or customers, at only the cost authorized by the federal or state government.

All other costs incurred by either **Arkansas Department of Health** or **[Facility Name]** through implementation of this Agreement shall be borne by each respective agency.

VI. Immunity, Indemnifications, and Limitations

If this Agreement has been triggered after a federal public health emergency declaration by the Secretary of the Department of Health and Human Services under the PREP Act, immunity under state and federal law will extend to covered persons involved in dispensing, distributing, and administering countermeasures/prophylaxis under 42 U.S.C.A. §247d-6d. Immunity under the PREP Act does not apply to willful misconduct or acts conducted outside the scope of the declaration.

If there has been no declaration by the Secretary of the Department of Health and Human Services under the PREP Act, and this Agreement has been triggered after a locally or state declared emergency, for activities within the scope of assigned responsibilities and under the direction of the local emergency management organization. Immunity and indemnification does not apply to gross negligence, willful or wanton misconduct, or acts outside the scope of the assigned responsibilities or not under the direction of the local emergency management organization.

VII. Information Sharing.

[Facility Name] will provide the **Arkansas Department of Health** with information the **Arkansas Department of Health** deems necessary for documentation of the actions taken and services provided under this Agreement, all of which is available under the public health exemption of HIPAA, 45 CFR §164.512(b), and the Health Care Information Act, RCW 70.02.050 (2)(a).

The **Arkansas Department of Health** will advise **[Facility Name]** of the information needed to protect the public health and to prevent or control disease, injury or disability and will only request the information necessary to protect the public health and to prevent or control disease, injury or disability.

VIII. Term and Termination

This Agreement is effective upon signature by both parties and remains in effect unless and until terminated by either party.

Either the **Arkansas Department of Health** or **[Facility Name]** may terminate this Agreement for convenience with written notification to the other party no less than thirty (30) calendar days in advance of the termination date.

Either the **Arkansas Department of Health** or **[Facility Name]** may immediately terminate this Agreement upon written notification of a breach of any of the terms of this Agreement, including dispensing or administering the medication contrary to the local, state or federal conditions or a breach of patient confidentiality.

IX. Amendments

This Agreement may be amended by mutual agreement of the parties. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties.

X. Independent Capacity

The employees or agents of each party who are engaged in the performance of this Agreement shall continue to be employees or agents of that party and shall not be considered for any purpose to be employees or agents of the other party.

XI. Severability

If any provision of this Agreement or any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, if such remainder conforms to the requirements of

applicable law and the fundamental purpose of this Agreement, and to this end the provisions of this Agreement are declared to be severable.

XII. No Third Party Beneficiaries

This Agreement is entered into solely for the mutual benefit of the parties. This Agreement is not entered into with the intent that it shall benefit any other person and no other such person shall be entitled to be treated as a third-party beneficiary of this Agreement.

XIII. Dispute Resolution

If a dispute between the parties to this Agreement arises out of or related to this Agreement, or the breach thereof, and if the dispute cannot be settled through direct discussions, the Parties agree to first endeavor to settle the dispute in an amicable manner by mediation. If this Agreement has been immediately terminated due to a breach, the termination remains in effect unless and until the dispute resolution is resolved favorably for the breaching party. Any unresolved controversy or claim arising out of or related to this Agreement, or breach thereof, may be settled in a court having jurisdiction thereof. This Agreement shall be governed by and construed according to the laws of the State of Arkansas. Any claim or suit concerning this Agreement may only be filed in the **[County Name]** Circuit court.

XIV. Notices

Whenever this Agreement provides for notice to be provided by one party to the other, such notice shall be in writing and directed to the Authorized Representatives identified in Section XV of this Agreement.

XV. Survivorship

The following clauses survive the termination of this Agreement:

- VI. Immunity, indemnification, and Limitations
- XI. Severability
- XII. No Third Party Beneficiaries
- XIII. Dispute Resolution

XVI. Authorized Representatives

The Authorized Representatives for Arkansas Department of Health:

Deputy Director for Administration: _____

The Authorized Representative for **[Facility]** is: _____

XVII: Signatures

Arkansas Department of Health

[Facility - Facility Name]

Deputy Directory for Administration
Arkansas Department of Health

Signing Authority for Facility
Authority Title

Facility Name

DATE:

DATE:

4815 West Markham Street

Facility Physical Address (No P.O.
Boxes)

Slot H-39
Little Rock, Arkansas 72203-1437

City, State, Zip

501-661-2000
www.healthyarkansas.com

Signatory Phone #
Facility Phone #
Alternate Point of Contact:
Phone:

Closed Point of Dispensing (Closed –POD)**MEMORANDUM OF AGREEMENT****BETWEEN****ARKANSAS DEPARTMENT OF HEALTH [ADH]****AND****PROVIDER/FACILITY NAME [Provider Acronym]****I. PURPOSE: EMERGENCY DISPENSING AND/OR ADMINISTRATION OF MEDICAL COUNTERMEASURES.**

The Arkansas Department of Health (hereafter referred to as **ADH**) and **PROVIDER/FACILITY NAME [Provider Acronym]** (Hereafter referred to as the **Provider**, hereby enter into this Memorandum of Agreement (hereafter MOA) for the purpose of effectively responding to acts of biological and chemical terrorism and other public health emergencies. The Centers for Disease Control and Prevention (CDC) has stockpiled sustainable repositories of lifesaving medical countermeasures as needed to respond to an act of Terrorism, Pandemic, Natural Disaster or public health emergency in the Strategic National Stockpile Program at CDC (CDC SNS). The Arkansas Department of Health has developed plans for the Receipt, Distribution, and Dispensing/Administering medical countermeasures. Those plans are combined in what shall be referred to as the Arkansas Strategic National Stockpile Plan (AR SNS). This Agreement will augment those plans, for rapid deployment of those medical countermeasures.

II. SCOPE OF SERVICES:

B. Responsibilities of Provider: Under the terms of this Agreement, the Provider, PROVIDER/FACILITY NAME [Provider Acronym] agrees to:

4. Designate a 24 hour Point of Contact (POC) and Alternate Point of Contact (APOC) for the emergency utilization of Medical Countermeasures and provide contact information to the ADH Preparedness and Emergency Response Branch, Strategic National Stockpile (ADH/SNS) Program, at the time of agreement on this MOA and

- notify the ADH/SNS Program of any changes in POC personnel within 48 hours of the assignment of a new POC.
5. To request medical countermeasures according to the number of employees (or essential population, i.e. first responders as the clinic dictates) and identified household family members (if applicable).
 6. To assume responsibility of providing necessary medical countermeasures (mass prophylaxis/vaccination) to those individuals identified above by the Provider's trained staff, at a site chosen by the Provider and with no liability assumed by the ADH.
 7. To utilize pharmaceuticals in accordance with the policies and procedures, as determined by ADH policies and procedures, and the Provider's own Mass Prophylaxis/Vaccination Plan (on file with the ADH).
 8. To dispense medications per established medical protocols/algorithms (provided by ADH at time of the event) under the supervision of licensed medical personnel.
 9. To provide any updates of the Provider's Mass Prophylaxis Dispensing Plan to the ADH.
 10. To provide training and education to all Providers' staff that will be utilized in Mass Prophylaxis Dispensing Operations in regards to specifics of the Mass Prophylaxis Dispensing Plan provided by the Provider.
 11. To not charge individuals for medications or administration of that have been provided through this agreement, except as permitted by the State of Arkansas or by CDC.
 12. To participate in ADH-sponsored dispensing/vaccination training/education opportunities.
 13. To maintain accurate records (inventory) of medications dispensed and then provide those to ADH in a timely manner.
 14. To secure any unused medications until a time ADH can make arrangements for retrieval.
 15. To compile and file an after-action report with the ADH, identifying shortfalls and accomplishments of the operation.

B. The Arkansas Department of Health (ADH) Agrees:

6. To provide Mass Prophylaxis Dispensing specific training/education opportunities to identified staff of the Provider.
7. To provide pre-event planning and technical assistance, including but not limited to supply lists, POD layouts, fact sheets, dispensing algorithms, etc.
8. To, conditionally, ensure delivery/availability of the appropriate amount of medications in a reasonable, timely manner.
9. To provide coordination as outlined in the ADH SNS Plan to the Provider to the best of their ability.
10. To provide the Provider with proper standing orders and medical protocols regarding Dispensing/Vaccination activities including but not limited to, dosing, follow-up procedures and releasable information regarding the public health emergency situation.
11. To provide the Provider with consultation and assistance as needed and available for the given public health emergency.
12. To make arrangements to collect any unused medications as well as copies of all medical documentation.
13. To provide after-action consultation to the Provider.

C. It Is Mutually Agreed That:

5. The confidentiality of patients and patient information will be maintained as written and enforced by the Health Insurance Portability and Accountability Act (HIPAA).
6. This Memorandum will go into effect only at the request and direction of the ADH.
7. The Provider would be considered a **CLOSED POD** in that it would not Dispense Medications to the “general public” but to identified staff, family members, patients, contacts, and specific groups outlined in the Provider’s Mass Prophylaxis Dispensing Plan and the ADH SNS Plan.
8. The Provider will follow the dispensing directives of the ADH during Mass Dispensing/Vaccination Operations.
9. It is understood that the Provider’s participation is completely voluntary and may not be available/utilized at the time of the event. If so, the Provider would not be considered a CLOSED POD and their staff and/or specific groups would be required

to attend a Public/OPEN POD operated by ADH and not receive any preferential treatment.

II. Definitions

9. **Arkansas Department of Health (ADH)** - the State's public health agency and Emergency Support Function (ESF) # 8 lead agency.
10. **Arkansas SNS Plan** - a plan developed by the Arkansas Department of Health to Receive, Distribute, and Dispense/Administer the Strategic National Stockpile, as Managed by the Centers for Disease Control and Prevention (CDC). This plan is updated annually with the assistance from partners identified as having a role in the AR SNS Plan.
11. **Closed POD** - a POD that is limited in scope, in that it would not Dispense Medications to the “general public” but to identified staff, family members, patients, contacts, and specific groups outlined in the Provider’s Mass Prophylaxis Dispensing Plan and the Arkansas Department of Health's Emergency Plans.
12. **Medical Countermeasure** - includes those drugs, biological products, and devices that are intended to prevent or lessen the onset or duration of disease.
13. **Point of Dispensing (POD)** - a location where pharmaceuticals and other medications are distributed to end users; these facilities may range from small clinics to large operations with multiple staging and operation areas; these facilities may also support a range of methods of distributing drugs and medications to the patients.
14. **Provider** - the Business/Organization willing to become a CLOSED POD.
14. **Strategic National Stockpile (SNS)** - CDC's Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack, flu outbreak, and earthquake) severe enough to cause local supplies to run out. Once Federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. within 12 hours. Each state has plans to receive and distribute SNS medicine and

medical supplies to local communities as quickly as possible.
(<http://www.bt.cdc.gov/stockpile/>)

III. Terms and Conditions

12. **Effective Dates** - This MOA shall be effective when all parties have signed, and will be automatically is renewed for a period of 1 year increments, based on an annual review of criteria listed under Section II, Scope of Services and agreement by both parties.
13. **Termination** - Subject to the provisions contained below, this MOA may be terminated by either party providing sixty (60) days advance written notice of termination. Furthermore, in the event of budgetary reasons the ADH can no longer support this MOA it shall terminate immediately upon written notification to the PROVIDER.
14. **Amendment** - Any changes to this MOA, which are mutually agreed upon between ADH and the provider shall be incorporated in a written amendment to this MOA and will not become effective until the amendment is signed by both parties.
15. **Nondisclosure** - To the extent permitted by law, the parties agree that neither will disclose the location of SNS materiel or the nature of this effort except as is necessary to fulfill its mission, and statutory and regulatory responsibilities.
16. **Liability** - Neither party shall be liable for any claims, demands, expenses, liabilities and losses (including reasonable attorney's fees) which may arise out of any acts or failures to act by the other party, its employee or agents, in connection with the performance of Services pursuant to this MOA.
17. **Non-Discrimination** - No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to any activities carried out under this MOA on the grounds of race, disability, color, sex, religion, age, health status or national origin.
18. **Evaluation of MOA** - Appropriate staff of the PROVIDER and the ADH will review this MOA annually to evaluate this MOA based on the responsibilities for each party listed under section II, Scope of Services, of this Agreement.

- 19. **Governing Law** - This MOA shall be construed and enforced in accordance with appropriate federal Laws and the laws of the State of Arkansas specifically, the Arkansas State Claims Commission laws.
- 20. **Licenses** - The parties agree that during the term of this MOA, each party shall maintain its respective federal and state licenses, certifications, and accreditations required for the provision of services herein.
- 21. **Expenses** - Each party shall bear and be responsible solely for its own costs and expenses necessary to comply with this MOA.
- 22. **Severability** - Should a court of competent jurisdiction rule any portion of this Agreement invalid, null, or void, that fact shall not affect or invalidate any other portion or section of the Agreement and all remaining portions and sections of the remains in full force and effect.

IV. Signatures

Arkansas Department of Health

[Facility - Facility Name]

 Mary Leath
 Deputy Directory for Administration
 Arkansas Department of Health

 Signing Authority for Facility
 Authority Title

Facility Name

DATE: _____
 4815 West Markham Street

DATE: _____
 Facility Physical Address (No P.O. Boxes)

Slot H-39
 Little Rock, Arkansas 72203-1437

City, State, Zip

501-661-2000

Signatory Phone #

www.healthyarkansas.com

Facility Phone #
Alternate Point of Contact:
Phone:



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Memorandum of Agreement
Between
Arkansas Department of Health
And
Community Partner [Insert Name]

I. Purpose

The Arkansas Department of Health (hereafter referred to as ADH) and **Community Partner** (hereafter referred to as “Partner”) hereby enter into this Memorandum of Agreement (hereafter MOA) for the purpose of effectively responding to acts of chemical, biological, radiological, or nuclear terrorism and other public health emergencies (terrorist attack, pandemic influenza, natural disasters, etc). The Centers for Disease Control and Prevention (CDC), manages the Strategic National Stockpile (SNS). The Arkansas Department of Health has developed plans for the receipt, distribution, and use of both federal SNS, and State managed caches of medical and non-medical countermeasures. Those plans are combined in what shall be referred to as the Arkansas Strategic National Stockpile Plan (AR SNS).

This Agreement will augment Arkansas’ plan, for rapid deployment, and use, of medical and non-medical countermeasures.

II. Definitions

- a) Arkansas Department of Health (ADH): the State’s public health agency and Emergency Support Function (ESF) # 8 lead agency.
- b) Arkansas SNS Plan (AR SNS): a plan developed by ADH to receive, distribute, and utilize the federal Strategic National Stockpile (SNS), as managed by the Centers for Disease Control and Prevention (CDC), as well as the State Cache of medical and non-medical countermeasures.
- c) Health Insurance Portability and Accountability Act (HIPAA): The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.
- d) Medical Countermeasure: includes those drugs, biological products, and devices that are intended to prevent or lessen the onset or duration of disease.

- e) Non-Medical Countermeasure: includes medical supplies, equipment, personal protective equipment, respirators, etc., used to respond to a large scale medical emergency.
- f) Medical Point of Dispensing (Med POD): a location where pharmaceuticals and other medications are distributed to end users; these facilities may range from small clinics that support the staff and families of the partnering organization (Closed POD), to large operations with multiple staging and operation areas, serving the general population (Public PODs). These facilities may support a range of methods of distributing medical countermeasures.
- g) Partner: the business or organization willing to assist the State of Arkansas in the receipt, distribution, or delivery of medical and/or non-medical countermeasures during a large scale emergency
- h) Preparedness Exercise: A scenario based “practice” event, designed to test plans, and garner areas for improvement.
- i) Receiving, Staging, and Storing (RSS) facility: A facility, typically a warehouse, that has been selected, based on criteria provided by CDC, for the receipt and processing of SNS assets. This location will be the central “hub” that medical, and non-medical, countermeasures are received, processed and staged. This location is staffed according to a set standard, and is scalable, depending on the event.
- j) SERV Arkansas (formerly known as ESAR-VHP): The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a federal program to establish and implement guidelines and standards for the registration, credentialing, and deployment of medical professionals in the event of a large scale national emergency. The program is administered under the Assistant Secretary for Preparedness & Response (ASPR) within the Office of Public Health Emergency Preparedness of the United States Department of Health and Human Services.
- k) Strategic National Stockpile (SNS): Large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack, pandemic influenza, natural disasters, etc) severe enough to cause state and local supplies to become exhausted. Once Federal and State authorities agree that the SNS is needed, medicines will be delivered to one Receive, Store, and Stage location (hereby referred to as RSS) in Arkansas within 12 hours. The Arkansas Department of Health also maintains a cache of medical and non-medical countermeasures, and has developed plans for the receipt, distribution, and use of those medical countermeasures.

III. Responsibilities/Scope of Service

- a) Arkansas Department of Health (ADH)
 - i) Agrees to request use of the partner facilities/workforce only for the receipt, warehousing, distribution, and utilization, of necessary medical and non-medical countermeasures received from the Strategic National Stockpile (SNS), in the case of a large scale event, that would require its use. Any other use by ADH is prohibited unless otherwise approved by [Community Partner Name], in writing prior to such use.
 - ii) ADH agrees to operate in accordance with any and all restrictions, limitations and conditions set forth by [Partner Name] with regard to the use of the equipment and/or space. ADH

and all ADH employees and agents, shall comply with all [Community Partner Name] rules and regulations, including but not limited to safety and conduct rules as reasonable and necessary while in the facility, including the parking area and the area surrounding the building. ADH and all ADH employees and agents, shall comply with all federal, state and local laws, ordinances, orders, rules and regulations applicable to ADH use of [Community Partner Name] facilities and/or equipment.

- iii) ADH agrees to provide pre-event planning guidance, and necessary staff, to assure the effective and efficient utilization of federal and state cache, medical and non-medical countermeasures.
 - iv) ADH agrees to provide scenario specific training and education opportunities to identified staff of [Community Partner Name].
 - v) ADH agrees to collect any unused medications as well as copies of all medical documents.
 - vi) ADH agrees that the facility will be returned in a previously used state.
 - vii) ADH agrees to assist [Community Partner Name] in registering all staff and volunteers in the SERV Arkansas Volunteer Registry, and provide available worker liability protection, during activation and response activities.
 - viii) ADH agrees to assist [Community Partner Name] in tracking of expenses and provide guidance on reimbursement, if available.
- b) [Community Partner Name]
- i) Designate a 24 hour point of contact (POC) and Alternate POC (APOC) for the emergency utilization of necessary facilities, for assistance to use necessary warehouse space, equipment, and staff, to receive SNS assets. [Community Partner Name], may limit or increase the scope of the assistance, in its sole discretion determines appropriate.
 - ii) [Community Partner Name] agrees to assist in the development of a RSS and distribution plan for receipt and distribution of SNS assets.
 - iii) [Community Partner Name] agrees to provide necessary warehouse space, equipment, and available staff to operate a RSS, and assist in the physical distribution of medical and non-medical countermeasures, as possible.
 - iv) [Community Partner Name] agrees to assist in the development of a Closed Med POD for the treatment and or prophylaxis of their employees, and their families.
 - v) [Community Partner Name] agrees to assist in the development of a Public Med POD for the treatment and or prophylaxis of the general population as necessary.
 - vi) [Community Partner Name] agrees to assist in the development and participation in, relevant trainings, and preparedness exercises.

IV. Confidentiality

- a) The confidentiality of patients and patient information will be maintained as written and enforced by the Health Insurance Portability and Accountability Act (HIPPA).

V. Terms and Conditions

- a) Effective Dates - This MOA shall be effective when all parties have signed, and will be automatically renewed for a period of 1 year increments, based on an annual review of criteria listed under Section II, Scope of Services and agreement by both parties.

- b) Termination - Subject to the provisions contained below, this MOA may be terminated by either party providing sixty (60) days advance written notice of termination. Furthermore, in the event of budgetary reasons the ADH can no longer support this MOA it shall terminate immediately upon written notification to the PROVIDER.
- c) Amendment - Any changes to this MOA, which are mutually agreed upon between ADH and the provider shall be incorporated in a written amendment to this MOA and will not become effective until the amendment is signed by both parties.
- d) Nondisclosure - To the extent permitted by law, the parties agree that neither will disclose the location of SNS materiel or the nature of this effort except as is necessary to fulfill its mission, and statutory and regulatory responsibilities.
- e) Liability - Neither party shall be liable for any claims, demands, expenses, liabilities and losses (including reasonable attorney's fees) which may arise out of any acts or failures to act by the other party, its employee or agents, in connection with the performance of Services pursuant to this MOA.
- f) Non-Discrimination - No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to any activities carried out under this MOA on the grounds of race, disability, color, sex, religion, age, health status or national origin.
- g) Evaluation of MOA - Appropriate staff of the PROVIDER and the ADH will review this MOA annually to evaluate this MOA based on the responsibilities for each party listed under section II, Scope of Services, of this Agreement.
- h) Governing Law - This MOA shall be construed and enforced in accordance with appropriate federal Laws and the laws of the State of Arkansas specifically, the Arkansas State Claims Commission laws.
- i) Licenses - The parties agree that during the term of this MOA, each party shall maintain its respective federal and state licenses, certifications, and accreditations required for the provision of services herein.

VI. Authorized Representatives

The Authorized Representative for Arkansas Department of Health:
Paul Halverson, DrPH, Director and State Health Officer

The Authorized Representative for [Community Partner Name]:

VII. Signatures

Arkansas Department of Health

Community Partner [Insert Name]

Deputy Director for Administration
Office of the Director
Arkansas Department of Health

DATE:

DATE:

4815 West Markham Street
Slot H-39
Little Rock, Arkansas 72203-1437
501-661-2000
www.healthylarkansas.com

VIII. Points of Contact

Arkansas Department of Health
4815 West Markham Street, Slot 61
Little Rock, AR 72205
Richard Taffner, SNS Coordinator
Richard.taffner@arkansas.gov
870-430-5511

[Community Partner Name]
1110 West 7th Street
Little Rock, AR 72201
Name: Title: Email: Phone: