Public Health-Dayton and Montgomery County

Strategic National Stockpile Operational Plan

May 11, 2016

Public Health Dayton and Montgomery County
Office of epidemiology & Emergency preparedness
Reibold Building
117 So. Main St.
Dayton Oh 45422
## RECORD OF CHANGES

This plan is reviewed and updated after exercises and assessments identify improvements needed.

<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
<th>NAME OF POSTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW: Added attachments A through C. Attachment A Vaccine Antibiotics fact sheets, attachment B is Agent fact sheets, and attachment C is the NAPH form.</td>
<td>June 21, 2010</td>
<td>L Cleek</td>
</tr>
<tr>
<td>MODIFIED: All job actions sheets were removed From the actual plan and placed in the POD binders for each POD. New state standing orders added to plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW: Completely reformatted to follow the CDC SNS Local Assistance Review tool. All sections of the LTAR 10.1 through 10.13. Additionally all U.S. Census data was updated with the 2010 information. New state standing orders added to plan.</td>
<td>Mar-Apr 2011</td>
<td>L Cleek</td>
</tr>
<tr>
<td>MODIFIED: 10.1 updating information regarding head of household and functional needs. Also updated 1A information with the most current census data for the county.</td>
<td>May 11, 2012</td>
<td>L Cleek</td>
</tr>
<tr>
<td>MODIFIED: New state standing orders added to plan. Attachment C added to cover all protocols effecting both SNS and Mass Prophylaxis plans.</td>
<td>May 16, 2013</td>
<td>L Cleek</td>
</tr>
<tr>
<td>MODIFIED: New State Standing orders added to plan. Additional protocols added to Attachment C. Deleted L-Tar reference under authority and references.</td>
<td>May 7, 2014</td>
<td>L Cleek</td>
</tr>
<tr>
<td>MODIFIED: New State Standing orders added to plan. Additional protocols added to Attachment C. Deleted L-Tar reference under authority and references.</td>
<td>May 6, 2015</td>
<td>L Cleek</td>
</tr>
<tr>
<td>MODIFIED: New State Standing orders added to plan. Additional protocols added to Attachment C. Deleted L-Tar reference under authority and references.</td>
<td>May 11, 2016</td>
<td>L Cleek</td>
</tr>
</tbody>
</table>
Table of Contents

I. Table of Contents................................................................. 2

II. Introduction.............................................................................. 3

III. Situations and Assumptions...................................................... 4

IV. Concept of Operations............................................................ 5

   A. Management of SNS (Section 2)*........................................... 5
   B. Requesting SNS (Section 3)*.................................................. 6
   C. Communications Plan (Section 4)*.......................................... 8
   D. Public Information and Communication (Section 5)*.............. 9
   E. Security (Section 6)*........................................................... 11
   F. Controlling Inventory (Section 8)*......................................... 12
   G. Distribution (Section 9)*....................................................... 13
   H. Dispensing Prophylaxis (Section 10)*.................................... 13
   I. Hospitals and Alternate Care Facilities (Section 11)*............... 13
   J. Training exercise and Evaluate (Section 12)*........................ 14

V. Assignment of Responsibility.................................................. 14

VI. Plan Development and Maintenance....................................... 15

VII. Authorities & References..................................................... 15

VIII. Acronyms............................................................................ 16

Attachment A: Primary/Secondary POD locations....................... 17
Attachment B: ODH Standing Orders for Antibiotic Use................. 18
Attachment C: List of SNS/Mass Propy Protocols......................... 20
Attachment D: SNS Key Contact Listing...................................... 21

*This plan follows the Local Technical Assistance Review (L-Tar) based on sections (1-12) breakdown.
I. Introduction

The Strategic National Stockpile (SNS) is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration materials, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply various state and local public health agencies in the event of a national emergency, anywhere and at anytime within the United States or its territories.

Quantities of medicine and medical supplies are available to protect Montgomery County Citizens when there is a public health emergency (e.g., terrorist attack, pandemic influenza or natural disaster) severe enough to cause the depletion of local caches.

The SNS is organized for flexible response. The first and immediate line of support lies with the 12-hour Push Package. These caches of pharmaceuticals, antidotes, and medical supplies are designed to rapidly deliver a broad spectrum of assets. If the incident requires additional pharmaceuticals and/or medical supplies, follow-on Managed Inventory (MI) supplies arrive within 36 hours of the request. If the agent is well defined, MI can be tailored to provide pharmaceuticals, supplies and/or products specific to the suspected or confirmed agent(s).

Purpose

The purpose of this plan is to outline under what circumstances SNS assets can be requested, how they are requested and what types of resources are included within the SNS. Further, this plan outlines how SNS assets may be received and distributed, Memorandums of Understanding/Memo of Agreements (MOU/MOAs) that may be activated, and staff roles during a SNS response.

This plan also outlines necessary tasks for partner agencies throughout Montgomery County to ensure a successful SNS deployment operation that may potentially provide medication and/or vaccine to all citizens over the course of an incident.

Scope

This plan describes SNS operations for Public Health - Dayton Montgomery County (PHDMC) and partner organizations in Montgomery County only. This Plan describes the process for managing the contents of the SNS 12-hour Push Package and Managed Inventory.

II. Situations and Assumptions

Situation

- The protection of life, health and safety of response personnel takes precedence over all response activities.
Montgomery County has a population of 535,153 (2010 census), with 29 political jurisdictions. The City of Dayton, with an estimated population of 141,527 is the most densely populated area in the county.

This plan anticipates mass dispensing greater than 171,000 regimens to head of household members at pre identified Points of Dispensing (POD).

Approximately 20% of the population will be handled by pre-identified closed PODs.

Agencies and resources tasked in this document are aware of their responsibilities and have agreed to fulfill these responsibilities in an emergency.

Memorandums of Understanding (MOU) between local public health agencies, community partners and volunteer groups will be relied upon to assist the staffing of PODs.

The majority of identified volunteers will be available for use in an emergency, including use for staffing a POD.

Assumptions

- PHDMC is the public health authority for Montgomery County, and is responsible for the protection of the health and welfare of its citizens.
- A public health emergency in Montgomery County may result in multiple casualties and fatalities, displaced individuals, property loss, disruption of essential public services and infrastructure, and environmental damage.
- A public health emergency in Montgomery County will require a coordinated, multi-disciplinary, multi-jurisdictional local response, as well as regional, state and national assistance.
- A Mutual Aid Agreement exists among all local health departments in the West Central Region of Ohio to provide emergency mutual aid for reciprocal emergency management aid and assistance during a public health emergency.
- Incident management activities will be conducted under an Incident/Unified Command System structure as outlined in the National Incident Management System (NIMS) and National Response Framework (NRF).
- A large-scale public health emergency may require cancellation of most routine PHDMC programs to direct available resources to emergency public health initiatives.
- PHDMC staff receives appropriate emergency preparedness training regularly, and have been assigned specific emergency responsibilities.
- Public health emergency infection control measures may include mass immunization/prophylaxis, and recommendations for limitations on movement.
- PHDMC has established plans and procedures for crisis communication to provide timely, accurate, and effective public information/education.
### III. Concept of Operations

#### A. Management of SNS (Section 2)

In the majority of SNS deployment events, coordination may take place within the County EOC. However, it is possible that some SNS events may not require EOC activation and may be coordinated from the PHDMC DOC. When the emergency event covers a large geographical area, SNS operations may be coordinated by a unified command center.

The Incident Commander with input from command and general staff will be involved with the determination of POD location(s) and hours of operation for both the PODs and the County Drop-Site (CDS). Multiple POD locations have been pre-identified (See Attachment A) and MOUs are in place for each of these facilities. POD and CDS locations with contact information are located in the PHDMC Mass Prophylaxis Plan.

The Incident Commander with input from command and general staff may also determine all POD policies unique to each SNS event, including, but not limited to, how medications may be dispensed, when a head of household can pick up medications for other family members, administration of an Investigational New Drug (IND) and if pre-event clinics may be utilized.

In some circumstances, SNS deployment would not require PODs, but would provide supplies for hospitals and alternate care facilities (ACS). Management of the SNS distribution process would follow the steps listed, including ICS/UCS.

Staff members involved in SNS operations can be notified in a number of ways including, but not limited to, the following:

- Communicator (automated call-down system)
- Call-down phone tree
- Health Alert Network (HAN) Directory, Attachment D, Emergency Communications SOG

Legal issues applied to Mass Prophylaxis Operations:

- Standing Orders from the State address the medical practitioners authorized to set protocols for dispensing Sites. (See Attachment B)
- Procurement of private property will be through pre-established MOUs.
- Liability for Medical Reserve Corps (MRC) volunteers will be handled through the MRC. Liability for Academic Nursing Coalition for Disaster Preparedness (ANCDP) will be handled through the individual schools.
- Workers Compensation for public health employees will follow PHDMC employee policy.
- Staff compensation will also follow the PHDMC’s personnel policies.
- Use of Emergency Medical Services (EMS) personnel in some circumstances (e.g., administering vaccinations during the 2009 H1N1 pandemic) requires a gubernatorial declaration of emergency.
Incident Command System (ICS) Structure
All PHDMC SNS operations outlined in this plan are in compliance with the National Incident Management System (NIMS) and follow Incident Command Structure (ICS). ICS terminology for each organizational division is in Figure 1.

![Pic](image)

Figure 1

B. Requesting SNS (Section 3)
- Requests for the SNS will only be made when local resources are exhausted or will be exhausted before the mitigation of an incident.
- Key local organizations (PHDMC, GDAHA, MMRS, MCOEM, etc) will meet and jointly discuss and determine if state assistance is required. Locals will use the request justification table listed below during discussions.
- Personnel authorized to request the SNS through the MC EOC include specific PHDMC and hospital personnel listed below:
  - PHDMC Health Commissioner*
  - PHDMC Assistant to the Health Commissioner*
  - PHDMC Emergency Preparedness Coordinator*
  - Primary and back-up SNS coordinator for each hospital*

*Names and contact information in HAN Directory, Emergency Communications SOG

All requests for the SNS will go through the Montgomery County Emergency Operations Center (EOC) to the Ohio EOC and tasked to the Ohio Department of
Health (ODH). See request algorithm (figure 3) for requesting SNS from the locals to the state.

<table>
<thead>
<tr>
<th>Request Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overt release of a chemical, biological, or radiological agent</td>
</tr>
<tr>
<td>Claim of release by intelligence or law enforcement</td>
</tr>
<tr>
<td>Indication from intelligence or law enforcement of a likely attack</td>
</tr>
<tr>
<td>Clinical or epidemiological indications</td>
</tr>
<tr>
<td>♦ Large number of ill persons with similar disease or syndrome</td>
</tr>
<tr>
<td>♦ Large number of unexplained disease, syndrome, or deaths</td>
</tr>
<tr>
<td>♦ Unusual illness in a population</td>
</tr>
<tr>
<td>♦ Higher than normal morbidity and mortality from a common disease or syndrome</td>
</tr>
<tr>
<td>♦ Failure of a common disease to respond to usual therapy</td>
</tr>
<tr>
<td>♦ Single case of disease from an uncommon agent</td>
</tr>
<tr>
<td>♦ Multiple unusual or unexplained disease entities in the same patient</td>
</tr>
<tr>
<td>♦ Disease with unusual geographic or seasonal distribution</td>
</tr>
<tr>
<td>♦ Multiple atypical presentations of disease agents</td>
</tr>
<tr>
<td>♦ Similar genetic type in agents isolated from temporally or spatially distinct sources</td>
</tr>
<tr>
<td>♦ Unusual, genetically engineered, or antiquated strain of the agent</td>
</tr>
<tr>
<td>♦ Endemic disease or unexplained increase in incidence</td>
</tr>
<tr>
<td>♦ Simultaneous clusters of similar illness in non-contiguous areas</td>
</tr>
<tr>
<td>♦ Atypical aerosol, food, water transmission</td>
</tr>
<tr>
<td>♦ 3 people presenting the same symptoms near the same time</td>
</tr>
<tr>
<td>♦ Deaths or illness among animals that precedes or accompanies human death</td>
</tr>
<tr>
<td>♦ Illnesses in people not exposed to common vent systems</td>
</tr>
<tr>
<td>Laboratory results</td>
</tr>
<tr>
<td>Unexplainable increase in EMS requests</td>
</tr>
<tr>
<td>Unexplained increase in antibiotic prescriptions or over-the-counter medication use</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local Resource Considerations For Deploying the SNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of current casualties</td>
</tr>
<tr>
<td>Projected needs considering the population of the area (including transients), and possible infections versus non-infections</td>
</tr>
<tr>
<td>Presence of an identifiable coordinated SNS annex to the state or local terrorism response plan</td>
</tr>
<tr>
<td>Hospital capacity at the time of the event, including intensive care unit beds and ventilator needs</td>
</tr>
<tr>
<td>State resources identified, including pharmacy distributors, oxygen availability, other nearby hospitals, and in-state alternative care centers</td>
</tr>
<tr>
<td>Local resources, e.g., pharmacy distribution, oxygen availability, and transport capacity</td>
</tr>
<tr>
<td>Whether or not plans and preparations have been made for receiving, distributing, and dispensing the SNS, and plans are substantive enough to be fully activated</td>
</tr>
</tbody>
</table>

Figure 2 Request Justification
Re-supply Procedures
Re-supply procedure for requesting additional SNS materials.

- The PHDMC Logistics Chief will monitor the POD supply levels in coordination with the County drop-site.
- Pharmacists at each hospital will monitor their levels and will request additional supplies from the county drop-site when needed.
- Re-supply requests will follow the same procedure as the original request.

---

**Figure 3 Request Algorithm**
C. Communications Plan (Section 4)

**Tactical Communications**

Montgomery County (MC) maintains redundant communications networks and backup systems to support command and control. Any public health emergency in Montgomery County requiring local public health officials to request the SNS will be coordinated through the Incident Command and the Montgomery County EOC. Montgomery County EOC coordination of communications is provided for in the MC Emergency Operations Plan (EOP). Emergency Support Function #2 of the EOP outlines communications support between local, state, and federal organizations. Communications seminars throughout the year for all PHDMC IMT members will focus on different aspects of the communications processes and procedures needed to support PODs and Incident Command during a Public health emergency.

**External Communications**

Telephones (landline, cell), internet, and 800 MHz radios will be the primary methods of communication used during an event to communicate to the command and control function, between SNS functions, and to SNS distribution system support personnel.

**Internal Communications**

At a minimum, each dispensing site in Montgomery County will have telephone (landline and cell), MARCS radios, facsimile, and internet capability. The primary methods of communication will be by telephone. MARCS will serve as a backup method. In the event that primary and backup communication methods are not available, contingency measures will be implemented. These measures include public address system, the use of law enforcement, designated drivers and/or couriers to deliver information. See breakdown of communications at external locations as well as internal dispensing site locations in the table below.

<table>
<thead>
<tr>
<th>External Communication</th>
<th>Internal Dispensing Site Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land-line telephones</td>
<td>Land-line telephones</td>
</tr>
<tr>
<td>Cell phone</td>
<td>Cell phone</td>
</tr>
<tr>
<td>800 MHz</td>
<td>MARCS</td>
</tr>
<tr>
<td>Satellite Phones</td>
<td>Fax</td>
</tr>
<tr>
<td>E-mail</td>
<td>Ham/Amateur Radios</td>
</tr>
<tr>
<td>Fax</td>
<td>P.A. System</td>
</tr>
<tr>
<td>Ham/Amateur Radios</td>
<td>Runners</td>
</tr>
<tr>
<td>Emergency Notification System</td>
<td>Runners</td>
</tr>
</tbody>
</table>

For two-way radio use in Montgomery County, drivers, dispatchers, and support personnel will adhere to standard radio communications protocols/procedures established by ICS and the Montgomery County Regional Dispatch Center (RDC). All personnel associated with the SNS program that will utilize a two-way radio receive training on the operation of the unit and the established communication protocol/procedure.
D. Public Information and Communication (Section 5)

Risk communication will ensure effective information, education, and communication. It must be clear, concise, and consistent. It will assure the public that any emergency situation is being addressed competently and timely. This information will be critical to the mobilization of the public and effectiveness of the dispensing operations to minimize widespread fear and panic. Communicating information to the public about mass dispensing activities will be conducted according to procedures described in the PHDMC County Crisis Communication Plan.

Specific objectives of communication are to:
- Instill and maintain public confidence in public health’s ability to respond to and manage the public health threat by providing accurate, rapid, and complete information to address their questions.
- Rapidly provide the public, health care providers, policy-makers, and the media access to accurate, consistent, and comprehensive information about public health threats and how the situations are managed.
- Minimize as much as possible, public panic and fear.
- Address, as quickly as possible, rumors, inaccuracies, and misperceptions.

All media inquiries in a SNS response need to be coordinated through the PHDMC PIO, or the Joint Information Center (JIC), if activated. The JIC may consist of PIOs from all or some partner agencies. The media can also be helpful in sharing information with the public regarding POD locations and operation hours, information needed to receive medications, and assurance there is enough medication to meet the needs of the population. All outreach regarding times and locations of POD operations may be coordinated by the PIO. Additional information regarding risk communications for SNS events is located in the Emergency Communications SOG.

A Public Information Officer (PIO) is part of each POD Command Staff. A job action sheet for this position is provided in POD Binders located in the Emergency Preparedness Office. All information at the POD is channeled through this person. Information released will be coordinated with local, regional, and state PIO through the Joint Information Center (JIC) depending on the size of the event.

Messaging to ensure that the public receives timely and accurate information should include:
- Basic information about the disease or threat in question, including high-risk populations and recommended preventive practices (e.g., what to do if a patient is pregnant, breast-feeding, or requires special doses of antibiotic)
- Basic information about the antibiotics or medications in question
- The availability of antibiotics or medications and the rationale for the prophylaxis scenario that is employed
- The persons who should seek prophylaxis at the PODs (only head of household will be encouraged to go to PODs)
- The persons who should not seek prophylaxis at the PODs
• Instructions for persons unable to reach PODs
• Symptoms that individuals should be aware of and what to do if they are experiencing symptoms described, including when not to present to hospital emergency departments, and other healthcare alternatives.
• Specific instructions for persons who seek prophylaxis at PODs such as:
  ✓ Nearest POD Location in their community, hours of operation, who should go, how to get there with map, traffic information, parking, public transportation routes, type of dispensing, what to bring, and what not to bring.
  ✓ Information needed to bring to the dispensing site, particularly for heads of households, who need to know the names, dates of birth, medications individuals are currently receiving, allergies and significant health history for those individuals he/she is representing, height and weight of children he/she is representing. Head of households will need to bring a form of identification (See Head of Household Guidance – Annex I: Mass Prophylaxis Plan)
  ✓ What to expect at PODs: procedures at POD, current estimates of time to move through POD, etc.
  ✓ How to identify staff
  ✓ What individuals can do to help:
    • Car pool to sites
    • Help neighbors with childcare
    • Drive physically disabled, etc.
• Instructions for informing the public of POD closings during deactivation

Information and messages will be provided in different languages and/or graphically. The public will be informed through various sources including:
• Local media – television, radio, and newspaper
• Posted to Public Health Websites
• 24/7 Information Hotline
• Local community announcements (Public Service Announcements)
• Flyers, fact sheets, posters
• Videos

In case of electrical outages, public information may be disseminated by various means including: the RDC emergency notification system (ENS), flyers, fact sheets, posters, marquis signs at schools and other places of business, bullhorn, and ham radio operators. Generators may also be employed.

E. Security (Section 6)

Security for each POD location and the CDS will vary depending on site layout conditions. The overall goal for security at PODs/CDS is protection of staff, public, equipment and supplies. Security will be provided by local law enforcement, with mutual aid assistance if required, and trained support security personnel. Security plans
and procedures for POD site staff, crowd control and traffic control are included in the local security plans for each jurisdiction’s POD sites. Law enforcement will follow all rules of engagement per the jurisdiction’s policies, laws, and statutes.

Law enforcement and/or security will include each of the items below:

- Provide security of SNS material at the PODs once received from State or from the Distribution Nodes (depending on state/local plans).
- Provide and maintain a safe working environment for all volunteers and staff during all phases of POD operations.
- Identification of staff, volunteers, general public entering the POD.
- Maintain order of the POD flow operations (internal and external).
- Control access at all entrances and exits to the POD.
- Maintain crowd control (manage belligerent/violent behavior).
- Maintain perimeters around specific areas (i.e., staff only areas, supply storage areas).
- Ensure SNS assets are secured and access is limited to credentialed staff at POD. Provide security escort when transporting medical materials between POD sites.
- Maintain communications with POD management staff and other local and state agencies.

Security for transport of medical material from the county drop-site will be provided by the Montgomery County Sheriff’s Office or other law enforcement agencies coordinated through MCOEM. These agencies will be used if deemed necessary, based on the incident and if resources are readily available to meet demands.

**F. Controlling Inventory (Section 8)**

SNS medical materials are shipped to the state, which has the main control of inventory once in state. The state then will distribute the assets to the local level, which is responsible for management of shipment received at the PODs, hospitals, or County Drop Site (CDS). Notification for which local PODs/hospitals/Drop Site to ship to will be made through the OPHAN system. The State of Ohio will only deliver one time in a 24-hour period to each POD. Medical materials will be distributed among closed PODs (i.e., WPAFB, universities, etc), as necessary. Local health jurisdictions are responsible for distribution on a local level.

- The CDS/POD locations provide staffing for receipt, staging, storage and management of SNS medical materials. The Facility Supply Unit Leader (Logistics) is responsible for supply receipt, management, storage, inventory control, security, and tactical communications once the assets are at the POD. An excel spreadsheet will be the primary way for tracking inventory. A paper tracking system will be used as a backup to track inventory.
- The local SNS coordinators are PHDMC’s Emergency Preparedness Coordinator (primary) and Planning and Training Specialist (back-up). SNS
Contact Persons for each POD Location are listed in POD binders located in Emergency preparedness section of PHDMC and the HAN Directory in Emergency Communications SOG.

- Call down list maintained on Communicator (automated call down) and excel spreadsheet by Emergency Preparedness staff. Call down exercises will be conducted quarterly.

G. Distribution (Section 9)

See Attachment C: Protocol for Local Distribution of SNS

H. Dispensing Prophylaxis (Section 10)

See: Annex I: PHDMC Mass Dispensing and Vaccination Plan

PHDMC Mass Dispensing and Vaccination Plan commonly called the Mass Prophylaxis Plan, details the PHDMC’s preparedness activities and response actions associated with an incident that requires mass prophylaxis of the Montgomery County population.

POD Managers are responsible for supervising all aspects of POD operation, including staffing and operational readiness. A site binder for each POD is located in the PHDMC Epidemiology and Emergency Preparedness section, and includes facility point-of-contact information, maps and driving directions, assigned PHDMC staff, a POD ICS organizational chart and position checklists, the MOU between the facility and the PHDMC, a site security plan, and a floor plan depicting POD layout.

Emergency Preparedness Coordinator is responsible for contacting the facility and local law enforcement to initiate activation.

I. Hospitals and Alternate Care Facilities (Section 11)

All hospitals in WCO are trained annually on the requesting process for SNS materials. This is accomplished during the spring of each year in conjunction with the March GDAHA Domestic Preparedness meeting each year. A copy of the sign-in sheet for this meeting will be maintained by emergency preparedness.

Primary and back-up personnel authorized to request emergency medical material have been identified for each hospital in the county. Contact information for these individuals is located in attachment 4. Contact information will be updated on a quarterly basis in this plan as well as the communicator.

Hospitals were tested on request procedures for SNS during drills in both 2013 and 2014. Identified discrepancies were identified on the after action report/improvement plan and are being tracked for ensuring improvements are tracked and corrected.
J. Train, Exercise and Evaluate (Section 12)

Local and state health agencies will provide various levels of training annually. Training will consist of seminars, workshops, web site and satellite courses, drills, exercises (table top and functional) to test, document and improve specific components of this plan. Training plans are also developed based on the areas identified in exercises and real world incident after action reports.

Training areas include:
- NIMS Courses 100, 200, 300, 400, 700, 701, 800
- Command structure (Identification of supervisors)
- Dispensing site layout and flow diagram
- POD Training for POD Managers
- Review of Job Action Sheets
- Use of forms
- Information on the biological agent(s)
- Information on dispensing medications
- Security Procedures
- Communication Procedures

Cross training of personnel is encouraged.

Just-in-Time Training:

Just-in-time training will be used in multiple facets during POD activation.
- A general over-brief will be given to all personnel by the POD Manager.
- Review of Job Action Sheets for area of responsibility by individual and supervisor.
- Review of communication procedures and use.
- Review of security procedures.

IV. Assignment of Responsibility

The following agencies are involved in our planning processes as well as direct involvement with the operational response. Each agencies/organization’s roles and responsibilities are listed below:

- Public Health Dayton Montgomery County
  - Requests SNS through MC EOC
  - Opens PODS as needed
  - Coordinates Security with LE partners
  - Gives clear messages to public through PIO
  - Coordinates CDS operations
  - Maintains communications with key partners (ODH, MCOEM, and Hospitals)
  - Manage county drop-site
• Montgomery County Office of Emergency Management
  ➢ Coordinates additional resource requests
  ➢ On request from PHDMC or hospitals, contacts State of Ohio to request SNS
  ➢ Liaison to PHDMC Department Operations Center
  ➢ Management of Emergency Operations Center
  ➢ Opening of Rumor Control
  ➢ Coordinate communications between agencies

• Dayton Metropolitan Medical Response System
  ➢ Liaison to PHDMC Department Operations Center
  ➢ Point of contact for EMS
  ➢ Disseminates information to EMS partners throughout county

• Montgomery County Sheriff/Local Law enforcement
  ➢ Participant to County EOC
  ➢ Create security plans
  ➢ Identify operational resources
  ➢ Support operational activities

• Greater Dayton Area Hospital Association
  ➢ Participant to County EOC
  ➢ Liaison to PHDMC Department Operations Center
  ➢ Direct point of contact for all hospitals

• County public works
  ➢ Participant to County EOC
  ➢ Supply moving equipment to the county drop site

V. Plan Development and Maintenance

The Office of Epidemiology and Emergency Preparedness is responsible for ongoing management and maintenance of the *Strategic National Stockpile Operational Plan*. The plan will be updated annually as required to incorporate new directives and strategies, new information technology, legislative changes, and procedural changes based on lessons learned and best practices identified during exercises and actual events. A full review, update, and approval of the plan will be conducted annually. The review will follow the L-TAR and have a Multi-discipline planning /advisory group meet to review and modify the plan.

VI. Authority & References

• Centers for Disease Control and Prevention’s “Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness, Version 11”.
• PHDMC Public Health Emergency Preparedness Plan for Montgomery County
• Emergency Support Function #8 of the Montgomery County Emergency Operations Plan
• Public Health-Dayton & Montgomery County ANTIVIRAL DISTRIBUTION PLAN, July 2015.

Acronyms:
AOHC – Association of Ohio Health Commissioners
CDC – Center for Disease Control
CDS – County Drop-Site
COOP – Continuity of Operations Plan
EOP – Emergency Operations Plan
EMS – Emergency Medical Services
HAN – Health Alert Network
HAZMAT – Hazardous Materials
ICS – Incident Command System
IMT – Incident Management Team
IND – Investigational New Drug
LHD – Local health Department
MARCS – Multi-Agency Radio Communications System
MCOEM – Montgomery County Office of Emergency Management
NIMS – National Incident Management System
NRF – National Response Framework
ODH – Ohio Department of Health
OPHCS – Ohio Public Health Communication System
OTC – Over the Counter
PHDMC – PUBLIC Health Dayton & Montgomery County
POD – Point of Dispensing
RMRS – Regional Medical Response System
SNS – Strategic National Stockpile
SOG – Standard Operating Guideline
USPS – United States Postal Service
WCO – West Central Ohio
## Attachment A: PHDMC Points of Dispensing

<table>
<thead>
<tr>
<th>Facility</th>
<th>Address</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Hara Arena</td>
<td>1001 Shiloh Springs Road</td>
<td>Dayton</td>
</tr>
<tr>
<td>Primary UD Arena</td>
<td>1801 Edwin C. Moses Blvd.</td>
<td>Dayton</td>
</tr>
<tr>
<td>Secondary Wayne High School</td>
<td>5400 Chambersburg Road</td>
<td>Huber Heights</td>
</tr>
<tr>
<td>Secondary West Carrollton High School</td>
<td>5833 Student Street</td>
<td>West Carrollton</td>
</tr>
</tbody>
</table>
Attachment B: Ohio Dept of Health standing Order for Ohio Local Health Departments: Prophylactic Use of Antibiotics.

In Re: Ohio Department of Health Standing Medical Order/Protocol for Ohio Local Health Departments: Prophylactic Use of Antibiotics and Vaccination

Director's Journal Entry

Recognizing the authority of the United States Food and Drug Administration (FDA) to promulgate an Emergency Use Authorization (EUA) as to the use of antibiotics and vaccine in the Strategic National Stockpile (SNS), in accordance with Ohio Revised Code 3701.13, this standing order for preventing the spread of contagious or infectious diseases is directed to the health officers of Ohio local health departments to establish mass clinics with approved protocols for the rapid and appropriate dispensing and administration of prophylactic antibiotics to persons with known or suspected exposure to *Bacillus anthracis* for the prevention of anthrax disease, *Yersinia pestis* for the prevention of plague; or *Francisella tularensis* for the prevention of tularemia; and for the rapid administration of vaccine to persons with known or suspected exposure to *Bacillus anthracis* for the prevention of anthrax disease.

This medical order does not cover treatment of persons with known or suspected disease from the bioterrorism agents *Bacillus anthracis*, *Yersinia pestis*, or *Francisella tularensis*. Such persons must be under the care of a physician and public health authorities. All persons with known or suspected disease must be reported immediately to the Ohio local health jurisdiction in which the person resides.

I order public health staff employed in or anyone volunteering for a nationally, state, or locally declared emergency involving the public’s health as contemplated and set forth in this medically informed standing public health order to directly, or by delegation and supervision, dispense antibiotic medications herein prescribed by me, to individuals and members of their households, in order to protect against infection by the bioterrorism agents *Bacillus anthracis*, *Yersinia pestis*, or *Francisella tularensis*.

If the licensed anthrax vaccine adsorbed (AVA) is made available for use under an Emergency Use Authorization and the Centers for Disease Control and Prevention (CDC) releases the vaccine to Ohio for post-exposure prophylaxis, I order public health staff employed in or anyone volunteering for a nationally, state, or locally declared emergency involving the public’s health as contemplated and set forth in this medically informed standing public health order to directly, or by delegation and supervision, vaccinate individuals in order to protect them against infection by the bioterrorism agent *Bacillus anthracis*. This part of my order is not in effect if the CDC does not release the vaccine for use in a mass vaccination setting or the AVA is released under an Investigational New Drug protocol.
All medications are prescribed, and must be dispensed in accordance with the national prophylactic treatment recommendations and within the stated restrictions and guidelines of the CDC's Division of Strategic National Stockpile (SNS) Program. When a mass dispensing site is activated and operational in Ohio in response to a public health event involving anthrax, plague or tularemia, one of the attached post-exposure prophylaxis dispensing orders/algorithms must be followed:

1. *Bacillus anthracis* Dispensing Orders and Vaccination Recommendations
2. *Yersinia pestis* Dispensing Orders
3. *Francisella tularensis* Dispensing Orders

Review of this order, and agency policies and procedures related to carrying out this order, will occur at least once a year with changes made as necessary.

Mary DiOrio, MD, MPH  
Medical Director

Rick Barges, MPA, Director  
Ohio Department of Health
<table>
<thead>
<tr>
<th>DATE</th>
<th>CHANGE/REVIEW</th>
<th>BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/7/2013</td>
<td>Annual Review&lt;br&gt;Tularemia recommendations updated&lt;br&gt;Record of change/review document added</td>
<td>Rebecca Sandholdt</td>
</tr>
<tr>
<td>6/30/14</td>
<td>Annual Review by Dr. Wapner&lt;br&gt;Updated signatures</td>
<td>Viola Webber</td>
</tr>
<tr>
<td>3/20/15</td>
<td>Annual Review, Update to Peds</td>
<td>Viola Webber</td>
</tr>
<tr>
<td>2/11/16</td>
<td>Annual Review, Update to Pediatrics to specifically identify the maximum daily dose for the medications.</td>
<td>Viola Webber</td>
</tr>
</tbody>
</table>
**Bacillus anthracis** Dispensing Orders and Vaccination Recommendations

Recommended initial antimicrobial agent and anthrax vaccine adsorbed (AVA) dosages for post-exposure prophylaxis (PEP) after exposure to aerosolized *Bacillus anthracis* spores.

<table>
<thead>
<tr>
<th>Population</th>
<th>Antimicrobials for 60-day* PEP</th>
<th>AVA dosage and route† ‡§</th>
</tr>
</thead>
</table>
| Adults (18-65 years)          | One of the following for 60 days:  
  - Ciprofloxacin, $500mg orally twice daily for 60 days  
  - Doxycycline, 100mg orally twice daily for 60 days  
  in conjunction with antimicrobial therapy. 3-dose subcutaneous (SC) series: first dose administered as soon as possible, second and third doses administered 2 and 4 weeks after the first dose. |
| Children (<18 years)† ‡§      | One of the following for 60 days:  
  - Doxycycline, † ‡§§ (maximum of 100 mg/dose)  
  - >8 years and >45 kg: 100 mg every 12 hours for 60 days  
  - >8 years and ≤45 kg: 2.2 mg/kg every 12 hours for 60 days  
  - ≤8 years: 2.2 mg/kg every 12 hours for 60 days  
  - Ciprofloxacin, † ‡§§ 15 mg/kg every 12 hours for 60 days (Not to exceed 500 mg/dose)  
  If isolate is proved susceptible:  
  Amoxicillin, ** 75mg/kg/day, PO, divided every 8h (not to exceed 1g/dose for 60 days;  
  Recommendations for use of AVA in children are made on an event-by-event basis. |
| Pregnant women† ‡§§ ***       | One of the following for 60 days:  
  - Ciprofloxacin, 500 mg orally twice daily for 60 days  
  - Doxycycline, 100 mg orally twice daily for 60 days  
  Alternate choice (if isolate is proved susceptible):  
  Amoxicillin, 1g orally every 8 hours for 60 days  
  In conjunction with antimicrobial therapy. 3-dose SC series; first dose administered as soon as possible, second and third doses administered 2 and 4 weeks after the first dose. |

Table 1 was adapted from: Use of Anthrax Vaccine In the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009, Morbidity and Mortality Weekly Report (MMWR), 58( RR6), July 23, 2010. NOTE: Web version indicates the article is “archived” only because it was published in MMWR before January 2013. This IS a current recommendation, The American Academy of Pediatrics Red Book: 2012 Report of the Committee on Infectious Diseases, P 228 to 232, PEDIATRICS Volume 133, Number 5, May 2014, Pediatric Anthrax Clinical Management, CDC Emerging
Infectious Disease journal, Volume 20, Number 2; February 2014, Special Considerations for Prophylaxis for and Treatment of Anthrax in Pregnant and Postpartum Women.

* Antimicrobials should continue for 14 days after administration of the third dose of vaccine.
† AVA used for PEP must be administered subcutaneously.
∞ Data on the safety of AVA are only available for persons aged 18-65 years; no information is available on the safety of this vaccine in children or older adults (>65 years).
§ Levofloxacin is a second-line antimicrobial agent for PEP for persons aged ≥6 months with medical issues (e.g., tolerance or resistance to ciprofloxacin) that indicate its use. Children: 16 mg/kg/day divided every 12 hours; each dose should not exceed 250 mg. Adults: 500 mg every 24 hours. Safety data on extended use of levofloxacin in any population for ≥28 days are limited; therefore, levofloxacin PEP should only be used when the benefit outweighs the risk.
¶ The antimicrobial of choice for initial prophylactic therapy among pregnant women is ciprofloxacin. Doxycycline should be used with caution in asymptomatic pregnant women and only when other appropriate antimicrobial drugs are contraindicated. Although tetracyclines are not recommended during pregnancy, their use might be indicated for life-threatening illness.
** If susceptibility testing demonstrates an amoxicillin MIC ≤0.125 μg/mL, oral amoxicillin should be used to complete therapy.
†† Use of tetracyclines and quinolones in children can have adverse effects. These effects must be weighed carefully against the risk for developing life-threatening disease. If exposure to B. anthracis is confirmed, children may be treated initially with ciprofloxacin or doxycycline as prophylaxis. However, amoxicillin is preferred for antimicrobial PEP in children when susceptibility testing indicates that the B. anthracis isolate is susceptible to penicillins.
§§ Each ciprofloxacin dose should not exceed 500 mg, or 1 g/day.
¶¶ In 1991, the American Academy of Pediatrics (AAP) amended the recommendation to allow treatment of young children with tetracyclines for serious infections such as Rocky Mountain spotted fever for which doxycycline might be indicated. Doxycycline is preferred for its twice daily dosage and low incidence of gastrointestinal side effects.
** Because of the lack of data on amoxicillin dosages for treating anthrax (and the associated high mortality rate), AAP recommends a higher dosage of 80 mg/kg/day, divided into 3 daily doses; each dose should not exceed 500 mg. If this higher dosage of amoxicillin is used, recipients should be carefully monitored for side effects from long-term treatment.
*** Antimicrobial drug use in pregnant women in the setting of anthrax must be viewed in the context of the high mortality risk and the benefits of treatment for the mother and fetus, as well as possible effects on the fetus resulting from the infection or from administration of antimicrobial drugs to the mother. Although safety and pharmacokinetic data for pregnant women are limited, antimicrobial drugs used for anthrax post-exposure prophylaxis and treatment for pregnant/pregnancy/lactating women are generally the same as those for non-pregnant adults.
**Yersinia pestis Dispensing Orders**

Prescribed Post-exposure Prophylaxis for Pneumonic Plague

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Category</strong></td>
<td><strong>Recommended Therapy</strong></td>
</tr>
</tbody>
</table>
| Adults | **Preferred choices:**  
Doxycycline, 100 mg orally twice daily for seven days  
IF adult is allergic to doxycycline, THEN  
Ciprofloxacin, 500 mg orally twice daily for seven days € |
| Children | **Preferred choices:**  
Doxycycline  
* If child’s weight is ≥45 kg, give adult dosage (100 mg orally twice daily) for seven days  
* If child’s weight is <45 kg, give 2.2 mg/kg orally twice daily for seven days (Not to exceed 100 mg/dose)  
IF child is allergic to doxycycline, THEN  
Ciprofloxacin, 20 mg/kg orally twice daily for seven days € |
| Pregnant women and breastfeeding mothers | **Preferred choices:**  
Ciprofloxacin, 500 mg orally twice daily for seven days €  
IF individual is allergic to Ciprofloxacin THEN,  
Doxycycline, 100 mg orally twice daily for seven days # |


# Recommendations were reached by consensus of the Working Group on Civilian Biodefense and may not necessarily be approved by the FDA.

* Although fetal toxicity may occur with doxycycline use and toxic effects on the liver in pregnancy have been noted with the tetracycline class, the Working Group on Civilian Biodefense recommend doxycycline or ciprofloxacin for post-exposure prophylaxis of pregnant women.

€ Other fluoroquinolones may be substituted at doses appropriate for age. Ofloxacin (and possibly other quinolones) may be acceptable alternatives to ciprofloxacin or levofloxacin; however, they are not approved for use in children. Each ciprofloxacin dose should not exceed 500 mg and maximum daily dosage for ciprofloxacin should not exceed 1 g.
**Francisella tularensis Dispensary Orders**

Prescribed Post-exposure Prophylaxis for Tularemia

<table>
<thead>
<tr>
<th>Patient Category</th>
<th>Recommended Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults (including pregnant women)</td>
<td>One of the following: Ciprofloxacin, 500 mg orally twice daily for 14 days or Doxycycline, 100 mg orally twice daily for 14 days.</td>
</tr>
</tbody>
</table>
| Children | **Preferred choices:** Doxycycline  
- If child’s weight is ≥45 kg, give adult dosage (100 mg orally twice daily) for 14 days  
- If child’s weight is <45 kg, give 2.2 mg/kg orally twice daily for 14 days (Not to exceed 100 mg/dose)  
If child is allergic to doxycycline, THEN  
Ciprofloxacin, 15 mg/kg orally twice daily for 14 days. |


* Recommendations were reached by consensus of the Working Group on Civilian Biodefense and may not necessarily be approved by the United States Food and Drug Administration.

€ Although fetal toxicity may occur with doxycycline use, the Working Group on Civilian Biodefense recommended ciprofloxacin or ciprofloxac in for post-exposure prophylaxis of pregnant women.

§ Other fluoroquinolones may be substituted at doses appropriate for age. Ofloxacin (and possibly other quinolones) may be acceptable alternatives to ciprofloxacin or levofloxacin; however, they are not approved for use in children. Each ciprofloxacin dose should not exceed 500 mg and maximum daily dosage for ciprofloxacin should not exceed 1 g.
Contraindications and Precautions:

Please refer to medication and vaccine package inserts for information regarding contraindications and precautions.

Persons taking other medications, including those sold over-the-counter, should check with their healthcare provider or pharmacist regarding possible medication interactions and whether any of the medications need dosage adjustments.
Attachment C. List of SNS/Mass Prophylaxis Protocols

1. MCD1 Process to request medical material
2. MCD2 Protocol for POD Activation
3. MCD3 Protocol POD Set-up
4. MCD4 Protocol Triage
5. MCD5 Protocol Screening
6. MCD6 Data Recording Protocol
7. MMMD1 Reporting Levels of SNS Materials on Hand to ODH
8. MMMD2 Resupply SNS Medical Counter Measures
9. MMMD3 Reporting Medical Materials to ODH
10. MMMD4 Security SNS Distribution
11. MMMD5 Allocation-Distribution
12. MMMD6 Storage & Distribution
13. MMMD7 Disposal and Return of Material
Attachment D: SNS Contact Listing:

Not for Public Viewing