

Annex H1: Medical Countermeasure Dispensing



Public Health
Prevent. Promote. Protect.

Review History

This Plan will be reviewed and revised as needed by the Noble County Board of Health, Health Commissioner, Administrative staff, and regional and local planning partners annually or as required by mandate, law, policy, directive, or order. The Plan may also be revised based on best practices, changes in government equipment and/or infrastructure.

References to Ohio Revised Code and Ohio Administrative Code are for information purposes only. Legal opinion must be sought through Health Department legal counsel.

Date	Reviewed By	Comments
August 2013	Kirby Moore	
August 2014	David Plummer	POD Addresses Updated
August 2015	John Carr	Dispensing Site Changed
May 2017	Batty King	Change Date

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Purpose

Annex H1: Medical Countermeasure Dispensing will outline policies and procedures used to establish and operate medical countermeasure Points of Distribution (PODs) to serve the population of Noble County as per Center for Disease Control and Prevention, the Ohio Department of Health and Noble County Board of Health guidance.

Scope

Annex H1: Medical Countermeasure Dispensing is a comprehensive plan for establishment and operation of emergency countermeasure dispensing sites within Noble County. It may be scaled to serve a small percentage of the population or the entire 14,645 residents of Noble County. The plan includes identification of dispensing sites and individual site plans, as well as details on site staffing. Walk through as well as drive thru dispensing sites may be utilized depending on disease, resources available, and the timeframe for completion. Training of volunteers whether pre-identified or unaffiliated is also included. The plan includes guidance for communicating with all supporting agencies and the citizens of Noble County as necessary.

Situation and Assumptions

Situation:

The activation of this plan will be as a result of an infectious disease outbreak or other health condition that requires the distribution of medical countermeasures or Strategic National Stockpile assets. Activation requires the approval and direction of Noble County Health Commissioner.

Assumptions: The following assumptions have been made regarding planning for an event that requires establishment and operation of medical countermeasure dispensing sites:

1. The Noble County Emergency Management Agency (EMA) in coordination with the County Commissioners may declare an emergency and activate the Emergency Operations Center (EOC). The Noble County Health department will have representatives at the EOC and to provide coordination of response activities and resources.
2. The EOC will manage all County/City/Township resources that are mobilized to support the emergency.
3. The Noble County Health Department (NCHD) will establish a Department Operations Center (DOC), and the Health Commissioner will assume the role of Incident Commander. The Health Commissioner will organize all available personnel, equipment and facilities within the Incident Command System framework.
4. Medical supplies and necessary documentation needed for the incident will be primarily controlled by the NCHD.
5. Since smallpox represents the most complicated and time consuming medical countermeasure dispensing operation this plan is structured according to the response to an outbreak of the smallpox virus
6. The Primary and Secondary facilities to be used as PODS are public schools. It is assumed that the classes in these facilities will be cancelled for the duration of the emergency response.

POD/Medical Countermeasure Dispensing Legal Considerations

Concept of Operations

General Rapid Dispensing

The Noble County Health Department will utilize closed and open POD configurations and walk through services to provide rapid and efficient dispensing operations. Distribution priorities may vary with type of agent, affected population and protocols set forth by HHS, CDC and ODH. Emergency medical countermeasure distribution to the residents of Noble County will occur in four phases over a period not to exceed 48 hours.

Phase One: Dispense to all NCHD employees and volunteers who will be staffing the countermeasure dispensing sites and their immediate families. Closed POD at NCHD.

Phase Two: Dispense to fire, EMS, and law enforcement responders and their immediate families. Closed POD at NCHD.

Note: Phases I & II will happen in rapid succession of one another in order to prompt responders to report for duty realizing that their families are protected.

Phase Three: Determinates such as the arrival of countermeasures, available staff, completion of just-in-time training and site setup will guide the Health Commissioner's decision to announce opening a public/general POD. Specific dispensing site information will be released through the Public Information Officer (PIO) to the local media.

Phase Four: Dispensing To Homebound and Other "At-Risk" Populations

As staff becomes available they may be assigned to assist dispensing teams at nursing homes or other facilities where residents are considered to be non-transportable/home-bound. These facilities are considered closed PODS in which staff, residents/clients and their families may receive medical countermeasures.

Volunteers: The process for rapidly recruiting, assigning, credentialing, and training volunteers is provided in Annex F: Resource Management. The Volunteer Reception Center will be allotted medical staff to provide countermeasures to those who are assigned as unaffiliated volunteers.

Head of Household: Up to 20 regimens may be dispensed to an individual who completes all necessary medical (age, weight, etc. including contra indications) and contact information for each individual they are "picking-up" utilizing the [Name and Personal History Form](#).

Any person presenting to triage/check in with symptoms indicative of exposure to the agent in question will be referred to the nearest treatment center.

Just-In-Time training for all personnel will be conducted following Phase I and II. This training will be used to ensure that all staff understand their responsibilities and are ready to begin site operation shortly after they move to their designated site. [Attachment 1: Job Action Sheets \(JAS\)](#)

Residents will be asked to proceed to a specific site based on the township, city or village in which they reside, and to proceed to their designated site on a specific day based on the first letter of their last name. **Table 1:** A list of primary and secondary medical countermeasure dispensing sites and the portion of the population they may serve.

Dispensing to Unaccompanied Minors

A minor is a person younger than 18 years of age. An unaccompanied minor is a person younger than 18 years of age who presents to a POD unaccompanied by a parent or guardian requesting prophylaxis. ODH Policy states no one will be turned away at a dispensing site because of lack of identification, place of residence or any other reason. Every attempt will be made to contact the parent or guardian; however, if not successful the minor will not be turned away but will only be permitted to receive medication for up to 10 household members if they have the following information available for each household member:

- Name
- Date of birth
- Weight
- Current medications
- Allergies
- Pregnancy or breastfeeding information

The minor will be provided with all necessary information regarding medication administration, storage of antibiotics, medication interaction information and contact telephone number(s) to access information.

An unaccompanied minor cannot receive IND medications for themselves, nor can they pick-up IND medications for anyone else in the household.

Communications Barriers: Will be addressed thru use of alternate communication systems such as CDC translation tools, medical pictograms included in POD kit, interpreters requested from schools and businesses, through the EOC, and the use of cell phones to contact family members who may be able to interpret.

Security and Crowd Control: Is the responsibility of all POD staff, however local law enforcement should be able to provide support. If during an incident in which local law enforcement cannot provide staff the EOC through the State Law Enforcement Mutual aid plan can request support.

Shift procedures include work hours of 8-16 shifts dependent on the type of situation, and the role assigned. Shifts can vary from 3- 8 hour shifts, 2- 12 hour shifts, or 16 hour single shift. All shifts will remain over 30 minutes to brief their relief crew on events, new procedures and current assignments.

Public Information: Through media, the NCHD Website, or a call center staffed by local volunteers may be activated to monitor adverse events, address questions and concerns and provide recommendations for seeking medical treatment.

Minimum Identification Requirements for Receiving Medical Countermeasure

Ideally the head of household will present at the POD with a valid photo identification card. However, if the head of household does not have an identification card, he/she should not be turned away from the POD.

The head of household will not be allowed to pick-up additional medications dispensed as investigational new drugs (IND). Each adult is required to sign a consent form before he/she is given an IND medication. The head of household will be able to obtain and sign consent forms for minor children.

A minor is a person younger than 18 years of age. An unaccompanied minor is a person younger than 18 years of age who presents to a POD unaccompanied by a parent or guardian requesting prophylaxis. ODH Policy states no one will be turned away at a dispensing site because of lack of identification, place of residence or any other reason. Every attempt will be made to contact the parent or guardian; however, if not successful the minor will not be turned away but will only be permitted to receive medication for up to 10 household members if they have the following information available for each household member:

Organization

The National Incident Management System (NIMS) and Incident Command System (ICS) will be implemented for command, control, and coordination of all emergency response activities.

Notification

The Noble County Board of Health will notify the County Commissioners of the need for medical countermeasure dispensing operations, and will provide appropriate guidance. As soon as possible the Health Commissioner will convene a meeting of the key personnel and agencies. Agencies expected to participate in this meeting are as follows:

- County Health Commissioner
- Medical Director
- County Commissioners
- County EMA Director
- County Sheriff
- County EMS Coordinator
- Mayors
- Police Chief
- Fire Chiefs
- Ohio Highway Patrol District Supervisor
- Noble Correctional Institute Representative

The order to begin countermeasure dispensing will be issued to the Noble County Health Commissioner from the Ohio Department of Health. It is highly likely that notification of an impending order to begin countermeasure dispensing will come through the Health Alert Network system.

Once the order to begin dispensing has been received, the Health Commissioner will notify the personnel listed above. The Health Commissioner will subsequently order the activation of this plan and establish communications with the Ohio Department of Health in order to prepare for the delivery of the Strategic National Stockpile (SNS).

The Health Commissioner will ensure the notification of medical dispensing site points of contact to ensure their facilities are prepared for personnel from the NCHD.

Health Department POD staff and volunteers will utilize the POD Notebooks for guidance regarding walk thru, or delivery dispensing to home bound as necessary. The POD notebooks are guides only and maybe deviated from when necessary to improve throughput and flow.

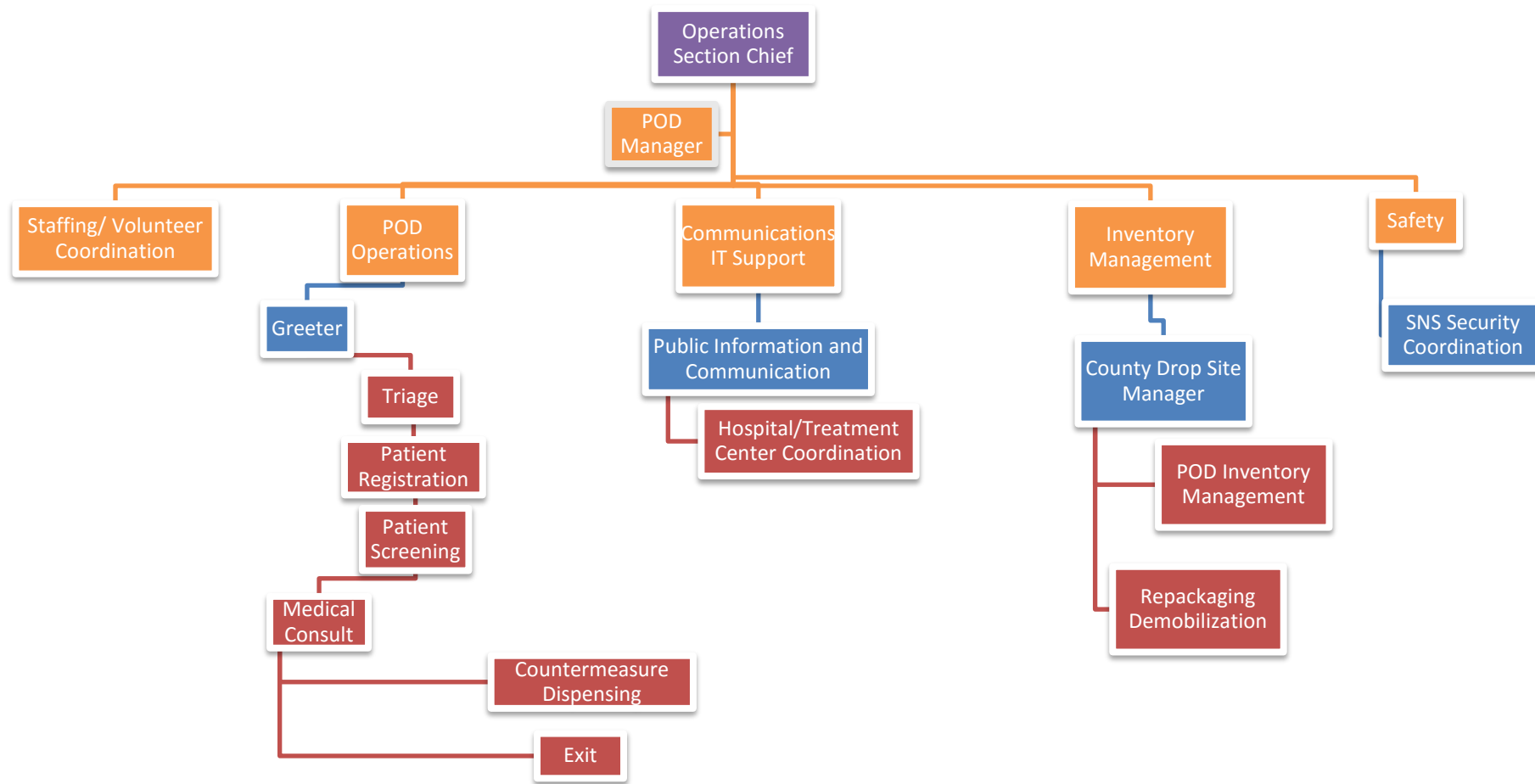
Roles & Responsibilities

Primary Agency: Noble County Health Department

1. ***POD Site Manager(s)***
 - a. On-Site Management
 - b. Operate the site
 - c. Coordinate staff and training in order to operate the site efficiently

2. ***Noble County Board of Health***
 - a. Provide all required medical supplies to support medical countermeasure dispensing sites.

POD Incident Command Structure (On-Site Incident Management)



Support Agencies:

1. County Commissioners/Mayors

- a. Task County/City/Township assets to support operations.

2. Emergency Management Agency

- a. Be familiar with planning and coordination for emergency dispensing sites, including volunteer recruitment
- b. Manage emergency assets through the EOC in support of the dispensing sites
- c. Serve as the chief point of contact (through EOC activities) for external agencies
- d. Participate in an annual training event to test site set-up
- e. Participate in development and maintenance of an emergency communications plan

3. Sheriff/Police Chiefs

- a. Supervise and assist in all security needs within the County/City
- b. Supervise and assist in all traffic control needs within the County/City

4. Fire Chiefs

- a. Provide EMS support
- b. Provide security and traffic control augmentation support

Table 1: Proposed Sites for Medical Countermeasure Dispensing in Noble County

Site Name	Facility	Communities Served	Approx. Population Served
Site A	Caldwell Elementary 44350 Fairground Road Caldwell, OH 43724	All	14,500
Site B	Shenandoah Elementary 20977 Zep Road E Sarahsville, OH 43779	All	14,500
Site C	Noble County Fairgrounds Fairground Road Caldwell, OH 43724	All	14,500

Public Health Name –Address-& Personal History: (NAPH) Form

<p><u>Answer All Questions Below:</u></p> <p>Full Name of Person Picking up Medication: _____</p> <p>Address: _____ City/State/Zip: _____</p> <p>Date of Birth: _____ Phone: _____ Date: _____</p> <p>Race (circle one): White, Black, American Indian, Alaskan Native, Asian, Hawaiian Native, Pacific Islander</p>					<p>To Be Completed By Staff</p> <p>Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____</p>	
<p>Ethnicity: Hispanic or Non-Hispanic</p>						
<p>Instructions for this form:</p> <ul style="list-style-type: none"> • Provide the name, age, & gender of each person receiving medication. • Provide the weight of any child or person that weighs less than 99 pounds (lbs.). • Answer YES or NO to questions A, B, C, and D for any person you are picking up medication for. 	A	B	C	D	<p>Education Material:</p> <p>Drug information <input type="checkbox"/> Doxycycline <input type="checkbox"/> Ciprofloxacin (Cipro) <input type="checkbox"/> Cipro Liquid <input type="checkbox"/> Other _____</p> <p>Vaccine Information <input type="checkbox"/> VIS date _____ <input type="checkbox"/> Adverse Effect Reporting <input checked="" type="checkbox"/> _____</p>	
	<p>Is the person listed on this line:</p> <ul style="list-style-type: none"> • Breastfeeding • Pregnant 	<p>Is the person listed on this line allergic to</p> <ul style="list-style-type: none"> • Doxycycline • Tetracyclines <p>Or are they taking:</p> <ul style="list-style-type: none"> • Accutane/ Isotretinoin • Benemid/ Probenecid • Coumadin 	<p>Is the person listed on this line allergic to</p> <ul style="list-style-type: none"> • Ciprofloxacin • Quinolones <p>Are they taking:</p> <ul style="list-style-type: none"> • Benemid/ Probenecid • Coumadin • Cyclosporine • Dilantin • Glyburide • Theophylline • Tizanadine 	<p>Does the person listed have a history of:</p> <ul style="list-style-type: none"> • Kidney/Renal failure • Kidney dialysis • Parkinson’s Disease • Myasthenia Gravis 	<p>Medication Given Label</p>	
	<p>1) SELF:</p> <p>Age: Gender: M F Weight: (If under 99 lbs.)</p>	NO / YES	NO / YES	NO / YES	NO / YES	<input type="checkbox"/> Doxy 100mg <input type="checkbox"/> Cipro 500mg <input type="checkbox"/> Cipro Liquid <input type="checkbox"/> Other _____
<p>2) Name:</p> <p>Age: Gender: M F Weight: (If under 99 lbs.)</p>	NO / YES	NO / YES	NO / YES	NO / YES	<input type="checkbox"/> Doxy 100mg <input type="checkbox"/> Cipro 500mg <input type="checkbox"/> Cipro Liquid <input type="checkbox"/> Other _____ <input type="checkbox"/> Medical Referral	

Instructions for this form: <ul style="list-style-type: none"> • Provide the name and age of each person receiving medication. • Provide the weight of any child or person that weighs less than 99 pounds (lbs.). • Answer YES or NO to questions A, B, C, and D for any person you are picking up medication for. 	A	B	C	D	To Be Completed By Staff	
	Is the person listed on this line: <ul style="list-style-type: none"> • Breastfeeding • Pregnant 	Is the person listed on this line allergic to <ul style="list-style-type: none"> • Doxycycline • Tetracyclines Or are they taking: <ul style="list-style-type: none"> • Accutane/ Isotretinoin • Benemid/ Probenecid • Coumadin 	Is the person listed on this line allergic to <ul style="list-style-type: none"> • Ciprofloxacin • Quinolones Are they taking: <ul style="list-style-type: none"> • Benemid/ Probenecid • Coumadin • Cyclosporine • Dilantin • Glyburide • Theophylline • Tizanadine 	Does the person listed have a history of: <ul style="list-style-type: none"> • Kidney/Renal failure • Kidney dialysis • Parkinson's Disease • Myasthenia Gravis 	Medication Given	Label
3) Name:						
Age: Gender: M F Weight: (If under 99 lbs.)	NO / YES	NO / YES	NO / YES	NO / YES	<input type="checkbox"/> Doxy 100mg <input type="checkbox"/> Cipro 500mg <input type="checkbox"/> Cipro Liquid <input type="checkbox"/> Other _____ <input type="checkbox"/> Med Referral	Label
4) Name:						
Age: Gender: M F Weight: (If under 99 lbs.)	NO / YES	NO / YES	NO / YES	NO / YES	<input type="checkbox"/> Doxy 100mg <input type="checkbox"/> Cipro 500mg <input type="checkbox"/> Cipro Liquid <input type="checkbox"/> Other _____ <input type="checkbox"/> Med Referral	Label
5) Name:						
Age: Gender: M F Weight: (If under 99 lbs.)	NO / YES	NO / YES	NO / YES	NO / YES	<input type="checkbox"/> Doxy 100mg <input type="checkbox"/> Cipro 500mg <input type="checkbox"/> Cipro Liquid <input type="checkbox"/> Other _____ <input type="checkbox"/> Med Referral	Label
6) Name:						
Age: Gender: M F Weight: (If under 99 lbs.)	NO / YES	NO / YES	NO / YES	NO / YES	<input type="checkbox"/> Doxy 100mg <input type="checkbox"/> Cipro 500mg <input type="checkbox"/> Cipro Liquid <input type="checkbox"/> Other _____ <input type="checkbox"/> Med Referral	Label

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Instructions for this form: <ul style="list-style-type: none"> • Provide the name and age of each person receiving medication. • Provide the weight of any child or person that weighs less than 99 pounds (lbs.). • Answer YES or NO to questions A, B, C, and D for any person you are picking up medication for. 	A	B	C	D	To Be Completed By Staff	
	Is the person listed on this line: <ul style="list-style-type: none"> • Breastfeeding • Pregnant 	Is the person Is the person listed on this line allergic to: <ul style="list-style-type: none"> • Doxycycline • Tetracyclines Or are they taking: <ul style="list-style-type: none"> • Accutane/ Isotretinoin • Benemid/ Probenecid • Coumadin 	Is the person listed on this line allergic to: <ul style="list-style-type: none"> • Ciprofloxacin • Quinolones Are they taking: <ul style="list-style-type: none"> • Benemid/ Probenecid • Coumadin • Cyclosporine • Dilantin • Glyburide • Theophylline • Tizanadine 	Does the person listed have a history of: <ul style="list-style-type: none"> • Kidney/Renal failure • Kidney dialysis • Parkinson's Disease • Myasthenia Gravis 	Medication Given	Label
7) Name:	NO / YES	NO / YES	NO / YES	NO / YES	___ Doxy 100mg ___ Cipro 500mg ___ Cipro Liquid ___ Other _____ ___ Med Referral	Label
Age: Gender: M F Weight: (If under 99 lbs.)						
8) Name:	NO / YES	NO / YES	NO / YES	NO / YES	___ Doxy 100mg ___ Cipro 500mg ___ Cipro Liquid ___ Other _____ ___ Med Referral	Label
Age: Gender: M F Weight: (If under 99 lbs.)						
9) Name:	NO / YES	NO / YES	NO / YES	NO / YES	___ Doxy 100mg ___ Cipro 500mg ___ Cipro Liquid ___ Other _____ ___ Med Referral	Label
Age: Gender: M F Weight: (If under 99 lbs.)						
10)Name:	NO / YES	NO / YES	NO / YES	NO / YES	___ Doxy 100mg ___ Cipro 500mg ___ Cipro Liquid ___ Other _____ ___ Med Referral	Label
Age: Gender: M F Weight: (If under 99 lbs.)						

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Prescription Key

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Answer A	Answer B	Answer C	Answer D	Provide
No	No	No	No	Cipro or Doxy
No	No	Yes	No	Doxy
Yes	No	Yes	No	Doxy
Yes	No	No	No	Cipro
Yes	Yes	No	No	Cipro
No	Yes	No	No	Cipro
No	Yes	No	Yes	Med Refer
No	Yes	Yes	No	Med Refer
Yes	Yes	Yes	No	Med Refer
No	No	No	Yes	Med Refer
No	Yes	No	Yes	Med Refer
No	No	Yes	Yes	Med Refer
Yes	No	No	Yes	Med Refer
Yes	Yes	No	Yes	Med Refer
Yes	No	Yes	Yes	Med Refer
Yes	Yes	Yes	Yes	Med Refer

Answer A	Answer B	Answer C	Answer D	Provide
No	No	No	No	Cipro or Doxy
No	No	No	Yes	Med Refer
No	No	Yes	No	Doxy
No	No	Yes	Yes	Med Refer
No	Yes	No	No	Cipro
No	Yes	No	Yes	Med Refer
No	Yes	Yes	No	Med Refer
No	Yes	Yes	Yes	Med Refer
Yes	No	No	No	Cipro
Yes	No	No	Yes	Med Refer
Yes	No	Yes	No	Doxy
Yes	No	Yes	Yes	Med Refer
Yes	Yes	No	No	Cipro
Yes	Yes	No	Yes	Med Refer
Yes	Yes	Yes	No	Med Refer
Yes	Yes	Yes	Yes	Med Refer

Pediatric Dosing

Doxycycline* - 2.2 mg/kg twice a day

**Based on availability of 100 mg tablets & 25 mg/5 ml (60ml) suspension*

Age	Approximate Weight (lbs.)	Doxycycline Dose	25 mg/5 ml suspension	# of bottles
Newborn	5 – 7 lbs.	6.25 mg Every 12 hrs.	¼ teaspoon (1.25 ml) every 12 hrs.	1
Newborn – 2 months	Over 7 – 12 lbs.	12.5 mg Every 12 hrs.	½ teaspoon (2.5 ml) every 12 hrs.	1
Over 2 – 7 months	Over 12 – 18 lbs.	18 mg Every 12 hrs.	¾ teaspoon (3.75 ml) every 12 hrs.	2
Over 7 – 18 months	Over 18 – 25 lbs.	25 mg Every 12 hrs.	1 teaspoon (5ml) every 12 hrs.	2
Over 18 – 4 yrs.	Over 25 – 38 lbs.	37.5 mg Every 12 hrs.	1 ½ teaspoons (7.5 ml) every 12 hrs.	3
Over 4 yrs. – 7 yrs.	Over 38 – 50 lbs.	50 mg Every 12 hrs.	2 teaspoons (10 ml) every 12 hrs.	4
Over 7 yrs. – 9 yrs.	Over 50 – 63 lbs.	62.5 mg every 12 hrs.	2 ½ teaspoons (12.5 ml) every 12 hrs.	5
Over 9 yrs. – 10 yrs.	Over 63 – 75 lbs.	75 mg Every 12 hrs.	3 teaspoons (15 ml) every 12 hrs.	5
Over 10 yrs. – 12 yr	Over 75 – 88 lbs.	87.5 mg every 12 hrs.	3 ½ tsp (17.5ml) every 12 hrs.	6
Over 12 yrs.	Over 88 lbs.	100 mg every 12 hrs.	4 tsp (20 ml) every 12 hrs. OR Give Pills	6

Ciprofloxacin*

** Based on availability of 250 mg/5 ml (100 ml) suspension & 500mg tablets*

Age	Approximate Weight (lbs.)	Ciprofloxacin Dose	250 mg/5ml suspension	# of bottles
Newborn – 1 month	5 – 9 lbs.	62.5 mg Every 12 hrs.	¼ teaspoon (1.25 ml) every 12 hrs.	1
Over 1 – 6 months	Over 9 – 18 lbs.	125 mg Every 12 hrs.	½ teaspoon (2.5 ml) every 12 hrs.	1
Over 6 months – 2 yrs.	Over 18 - 27 lbs.	187.5 mg Every 12 hrs.	¾ teaspoon (3.75 ml) every 12 hrs.	1
Over 2 yrs. – 4 yrs.	Over 27 – 36 lbs.	250 mg Every 12 hrs.	1 teaspoon (5 ml) every 12 hrs.	1
Over 4 yrs. – 8 yrs.	Over 36 – 55 lbs.	375 mg Every 12 hrs.	1 ½ teaspoon (7.5 ml) every 12 hrs.	2
Over 8 yrs.	Over 55 lbs.	500 mg Every 12 hrs.	2 tsp (10 ml) every 12 hrs. OR Give Pills	3

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Emergency Vaccine Management Plan

Contacts for receiving vaccine:

Primary:

Shari Rayner RN, BSN, DON
Office: 740-732-4958 ext.34
Cell: 740-581-1412
Emergency: 740-581-1412
Email: shari.rayner@noblecohd.org

Secondary:

Angie Feldner, RN, BSN
Office: 740-732-4958 ext. 40
Cell: 740-509-0162
Emergency: 740-509-0162
Email: angie.feldner@noblecohd.org

In the event of a power outage the following steps will be followed:

1. Determine the cause of the power outage, i.e. mechanical failure of the unit, circuit breaker, etc....
2. Determine duration of power outage.
3. Take inventory of the ODH vaccine, including lot numbers and expiration dates.
4. Document the current temperature of the failed vaccine storage unit. *
5. **Refrigerator temperature - must be between 36 F and 46 F (2 C and 8 C) at all times**

*** IMPORTANT***

If temperatures are not within the specified range, the vaccine should be placed back in recommended storage, but **CLEARLY SEPARATED** from the undamaged supply. Contact the ODH office at (614) 752-1352. **DO NOT USE THE VACCINE** until the Ohio Department of Health has been contacted for instructions on how to proceed.

1. Contact your designated emergency personnel and inform them of the situation.
2. Before transporting vaccine, call emergency vaccine storage site to ensure power is maintained and space is designated.
3. Utilize insulated coolers/ice packs to ensure cold chain procedures for transport to emergency storage facility.

****Temperature data loggers must remain with the vaccine at all times during transport****

Name	Title	Emergency Phone	Cellular
Madeline Watson	Director of Nursing	740-581-1412	740-581-1412
Shawn Ray	Health Commissioner		
Shari Rayner	Asst. Director of Nursing	740-509-0162	740-509-0162
Angie Feldner	PH Clinics Team Leader	740-581-1505	740-581-1505
Emergency Vaccine Storage Site			
Facility Name/Contact			
Noble Correctional Institute	Warden	740-732-5188	Tim Buchanan
Power Company		Power Company Phone Number	
American Electric Power Company		1-800-277-2177	

All staff including custodial and security when applicable, should receive a copy of this plan in writing and be trained on initiation of the plan. All staff should know the standard procedure to follow and where/how the individual vaccines are to be stored.

A current Emergency Vaccine Management Plan must be on file with ODH.

- Provision of appropriate security should be made for the following:

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- Vaccine storage sites (site and non-site) to include security personnel and locked limited access areas for vaccine storage.
 - Primary vaccine storage/site facility is the Noble County Health Department, 44069 Marietta Rd, Caldwell, Ohio 43724.
 - Vaccine is stored inside a locked refrigerator, inside a locked room with walls to the roof.
 - Personnel are required to pass through three locked doors to gain entry to the vaccine room.
 - Only those persons listed in Vaccine Emergency Management Plan have keys.
 - If American Electric Power notifies the Noble County Health Department of a power outage in the facility the vaccine will be moved the Noble Correctional Institute which meets/exceeds all CDC/ODH requirements.
 - The Noble County Sheriff's Department will provide security for vaccine transport.
- The backup generator at the NCHD is hard wired into an automatic transfer switch. If power fails the generator will start automatically, and continue to run until commercial power is restored. The generator is fueled by natural gas as a primary fuel. If natural gas utilities fail, propane may be used to fuel the generator. The control box and system indicators are located in the main facility of the NCHD in the custodial room.
 - NCHD maintains portable refrigeration on site. Units are powered by 12-volt dc vehicle power.

Secondary Vaccine Storage Site:

Back-up power is available at Health Department by:

Specifications:

- Generac Natural Gas Powered generator
- Auto start on power outage
- On unlimited timer

Company (Installer)	POC	Contact Information
Generator Systems	Karen Wilde	888-637-7100

POC: Karen Wilde
Office: 888-637-7100

Vaccine Transportation to Storage and Dispensing Sites

Transportation security to the Noble County storage facility will be provided by ODH. Once turned over to the NCHD Medical Director or designated representative, the vaccine will be secured within the facility. During dispensing operations, the security will be provided locally

- Vaccine may only be shipped to/stored at an approved storage facility

Contact Name, Phone and Address for person responsible for receiving vaccine.

Primary: Shawn Ray, Health Commissioner

Office: 740-732-4958 ext.22

Cell: 740-525-1345

Chain of Custody Procedures

General Principles

1. This Chain of Custody Protocol shall be used whenever medical materials are transported off site during a response
2. The intent of this protocol is to ensure that the integrity and security of the material can be maintained and records are available for State and Federal Agencies during the recovery process
3. The two major components are security and documentation.

Specific Protocol

1. Chain of Custody packages will be labeled with a blue dot over the top of the container to prevent unauthorized opening.
2. Items will be logged into the Chain of Custody Register.
3. The Log Sheet shall be annotated to describe every movement of the material from receipt from state to delivery to client.
4. Material shall be stored to maintain their integrity.
5. Vital medical material shall be stored under locked storage

References

Authorities

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Attachment 1: Forms

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Countermeasure Tracking Form

Product Description	Unit of Use	Lot Number	Product Size	National Drug Code (NDC)	Expiration Date mm/dd/yyyy

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Chain of Custody Form

**Noble County Health Department
 Supply Requisition and Chain of Custody Form**

Supply Request

Transfer of Materiel/Bill of Lading

Date: _____

Distribution Site/Agency: _____

Site/Agency Representative: _____

Receiving Site/Agency: _____

Receiving Site Contact: _____

Item Description	Unit of Use	Quantity Requested	Quantity Transferred	Lot Number	Expiration Date	National Drug Code

Special Instructions (If applicable)

Signature of Distribution Site Agency Representative:

Date:

Signature of Receiving Site Agency Representative:

Date:

Blank

Point of Dispensing (POD) Routing Slip

Time Arrived: _____

Station

Time

1. Greeting/Forms Distribution/Triage

2. Education (video/briefing)

3. Medical Screening

4. Receive medical countermeasure

5. Monitor/Forms Collection

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Attachment 2: Job Action Sheets

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POD Manager

Reports to: Operations Section Chief

- Contact the Operations Chief for briefing.
- Determine the arrival time of medical countermeasures.
- Arrive at assigned site 2.5 hours prior to start time and check in.
- Contact all in-clinic groups (all shifts), arrange a meeting time and place (at clinic if possible) for briefing on current situation and review individual responsibilities, clinic operations, shift times, problem identification and solving
 - Operations Manager
 - Clerical Staff Manager
 - Supply Manager
 - Security/Safety Manager
- Review job tasks of all staff.
- Meet with staff and review roles 1-2 hours prior to start time.
- Review response plan with Security Staff and Greeter, in anticipation of any security problems.
- Confirm with Supply Manager at least 1.5 hours prior to start time that all equipment and supplies are on on-site and facility is ready.
- Arrange for orderly medical countermeasure administration to all first responders, clinic workers and volunteers.
- Confirm at least 1 hour prior to start time that staffing is adequate.
- Maintain contact with clinic Public Information Officer to refer all media inquiries.
- Develop/maintain a signature list of all medical screeners and vaccinators.
- Maintain contact with appropriate local health authorities to update on clinic progress.
- Assign the Clinic Flow staff to the critical flow areas
- Deal with issues brought forth by other staff.
- Maintain Log of Activities on ISC Form 214
- Supervise clean-up of the clinic.
- Check with Supply Manager to assess supply needs.
- Check with Security on facility's security, and ensure that medical countermeasures are securely stored.
- Participate in scheduled debriefing sessions.
- Ensure all stations are equipped and ready for operation.
- Monitor clinic flow and identify / eliminate problem areas.
- Refer distressed, upset and anxious clients to the consultation area.
- Refer media inquiries to Public Information Officer
- Respond to security concerns in coordination with Security staff as appropriate.
- Attend Incident Command After Action briefing.

Dispensing Unit Leader

Reports to: POD Manager

- Assist/oversee the setup and staffing of dispensing function.
- Conduct Orientation of Dispensing staff.
- Coordinate needs with POD Branch Director
- Review disease symptoms and information.
- Review mass medical countermeasure dispensing process flow charts and ensure staff is clear on protocols.
- Monitor client flow, solve problems, maximize throughput.
- Coordinate supply needs POD Branch Director
- Assist POD Branch Director with paperwork form 214 and POD Daily Use Form.
- Assist/oversee site clean-up.
- Participate in scheduled debriefing.
- Receive briefing from POD Manager
- Ensure POD is set up correctly and supplies are available for each work area
- Ensure that Triage station is set up and is fully operational
- Ensure that screening station is set up and ready for operations
- Ensure that special needs station is properly set up and is fully operational.
- Ensure that information station is properly set up and is fully operational.
- Ensure that Forms Review station is properly set up and is fully operational.
- Review patient information sheets to ensure correctness
- Consult with section leads to monitor client flow.
- Ensure consistency in information provided to clients at all stations.
- Monitor stations and provide assistance as needed.
- Monitor client flow patterns and work to correct any problems.
- Monitor crowd control system (cones, ropes, etc.) and ensure client flow is optimal.
- Monitor information/education station to ensure all clients receive adequate education
- Monitor Forms Review station and provide assistance as needed.
- Perform daily and/or end of shift inventory of supplies
- Participate in After Action Review meetings as required.

Triage Group Leader

Reports to: Dispensing Unit Leader

- Review Briefing from Dispensing Unit Leader
- Ensure that screening/triage station is set up and ready for operations.
- Review questions for screening based on agent-specific information.
- Screen all persons using agent-specific information
- Ensure consistency in information provided to clients.
- Prevent ill persons from entering dispensing site
- Provide early alert to Dispensing Unit Leader of situations that may require security staff.
- Report issues to Dispensing Unit Leader

Screening Group Supervisor

Reports to: Dispensing Unit Leader

- Receive briefing from Dispensing Unit Leader
- Review agent-specific medical information
- Review emergency procedures, standing orders, protocols, and incident report forms
- Ensure that screening station is set up and ready for operations.
- Ensure that emergency transportation is on stand-by
- Review communications procedure with Dispensing Unit Leader and transport team to ensure notification for emergency transport if indicated
- Inventory and restock supplies
- Ensure PPE guidelines are followed
- Ensure individuals receive appropriate emergency referral for medical consultation or follow-up per emergency procedures
- Provide early alert to Dispensing Unit Leader of situations that may require security staff
- Ensure incident report forms are completed and submitted to Dispensing Unit Leader
- Maximize privacy of individuals
- Report exposures (blood-borne or otherwise as per event characteristics) to the Dispensing Unit Leader
- Ensure collection of all paperwork and turn in to Dispensing Unit Leader

Special Needs Group Supervisor

Reports to: Dispensing Unit Leader

- Receive Job Action Sheets and briefing from Dispensing Unit Leader
- Provide Job Action Sheets and briefing to special needs group
- Be familiar with dispensing site lay out
- Ensure that the special needs station is properly set up and ready for operation.
- Ensure that PPE is available and guidelines are followed
- Assign special needs staff to duty
- Provide special needs staff with educational materials for reference
- Ensure all forms and educational material is reviewed to enable easy interpretation.
- Ensure availability of private area to assist clients if needed.
- Ensure that counseling, support, education, and therapeutic intervention are provided
- Refer to outside sources of support as necessary.
- Ensure that interpretation services are provided
 - Provide translation of forms and materials
- Assure that clients have assistance completing necessary forms
- Ensure that clients with physical disabilities are assisted
- Communicate any equipment needs (wheel chairs, etc.) to the Dispensing Unit Leader
- Ensure that all equipment is returned to the designated location.
- Alert Dispensing Leader of situation that may require security staff.
- Ensure collection of all records and reports and return them to the Dispensing Leader
- Identify issues for after actions report

Patient Flow Group Supervisor

Reports to: Dispensing Unit Leader

- Receive briefing from Dispensing Unit Leader.
- Continuously monitor and direct patient activity throughout the facility.
- Direct countermeasure recipients through the dispensing process.
- Alert Dispensing Unit Leader of situations that may require security staff.

Forms Group Supervisor

Reports to: Dispensing Unit Leader

- Receive briefing from the Dispensing Unit Leader
- Ensure educational materials on medical countermeasure and agent is available for staff
- Ensure that standing orders are reviewed and available for reference.
- Review NAPH Form and ensure understanding of categorization procedures.
- Guide individuals/families to medical countermeasure administration station
- Answer any questions/concerns the individual may have.
- Report any significant health trends in departing patients to the Dispensing Unit Leader
- Alert Dispensing Unit Leader of situations that may require security staff.

Information/Education Group Supervisor

Reports to: Dispensing Unit Leader

- Arrive at assigned site 1.5 hours prior to start time and check in
- Receive orientation and set up educational area
- Stock education area with medical countermeasure and disease information forms.
- Ensure that video equipment is set up and operational
- Greet and provide basic information (verbally or with a video presentation) regarding the disease in question and the medical countermeasure being dispensed
- Explain the clinic process; distribute disease medical countermeasure information sheets
- Guide clients to medical screening station or designated waiting area.
- Refer distressed, upset and anxious clients to the consultation area.
- Request additional forms and other supplies from Supply Manager
- Re-pack supplies for next clinic and notify Dispensing Unit Leader of any supply needs.
- Assist with final site clean-up.
- Check out with Dispensing Unit Leader
- Participate in scheduled debriefing sessions

**Medical Countermeasure Group Supervisor
Reports to: Dispensing Unit Leader**

- Obtain briefing from Dispensing Unit Leader
- Review POD Incident Action Plan (IAP).
- Verify credentials/staff identification.
- Collaborate with the Dispensing Unit Leader to ensure POD is set up correctly and supplies are available for each work area.
- Review client information sheets to ensure correctness.
- Ensure sufficient medical countermeasures are available on-site.
- Ensure that PPE is available for staff.
- Participate in staff briefing(s) as scheduled by the Dispensing Unit Leader.
- Maintain log; document all actions and decisions (ICS Form 214)
- Ensure consistency in information provided to clients at all stations.
- Ensure that Medication Tables are properly set up and fully operational.
- Ensure that proper documentation is maintained for all activities.
- Ensure that forms are counted at designated intervals to determine the number of clients processed and medical countermeasures dispensed.
- Perform daily and/or end of shift count of supplies.
- Ensure that all records and reports are turned in to the Dispensing Unit Leader.
- Participate in After Action Review meetings, as required.

Security Branch Director

Reports to: Operations Section Chief

- Initiate security personnel call-down procedures.
- Report to County Drop Site, process through credentialing, and put on proper identification and credentialing badges
- Meet with County Drop Site Task Force Leader for initial incident briefing
- Provide briefing to Sheriff Department
- Read entire Job Action Sheet
- Brief all security personnel as per call-down procedures
- Provide support and expertise to all aspects of operations
- Obtain needed security equipment and supplies with assistance of Sheriff Department
- Track and stay aware of incident expansion/contraction due to changes in conditions
- Determine additional resources needed.
- Anticipate staff needs and request more staff if needed.
- Provide updates on security operations of the SNS Program to the Sheriff Department
- Evaluate the need for demobilization of security staff
- Complete an After Action Report and participate in the debriefing.