

MASS DISPENSING

PURPOSE

The CHP Mass Dispensing/vaccination plan establishes an organized county-wide decision-making process to minimize mass casualties and to determine requirements and needed resources for activated local dispensing sites. It provides guidance to request, receive, organize and distribute life saving pharmaceuticals, antidotes, other medical supplies, and equipment provided by the Center for Disease Control and Prevention (CDC) Strategic National Stockpile (SNS) program in response to a biological or chemical threat or incident of a natural or deliberate act that has the capability of depleting or has depleted local resources. Furthermore, the plan serves to coordinate local efforts, identifies required resources and defines scope of responsibilities among governmental officials, Boards of Health, partner agencies, and cooperative private, public, and volunteer organizations.

BACKGROUND

The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply state and local public health agencies in the event of a national emergency any where and at anytime within the US or its territories.

The SNS is organized for flexible response. The first line of support lies within the immediate response 12 hour Push packages. These are caches of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill defined threat in the early hours of an event. These Push Packages are positioned in strategically located, secure warehouses ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets.

If the incident requires additional pharmaceuticals and/or medical supplies, follow-on vendor managed inventory (VMI) supplies will be shipped to arrive within 24 to 36 hours. If the agent is well defined, VMI can be tailored to provide pharmaceuticals, supplies, and/or products specific to the suspected or confirmed agent(s). In this case, the VMI could act as the first option for immediate response from the SNS.

See attachment D1 for info on obtaining the SNS.

SITUATIONS

In the aftermath of September 11, 2001 terrorist attack, mysterious mailings of anthrax-tainted letters, spread of the West Nile Virus, and the emergence of SARS suddenly shifted the nation's attention on the critical role of public health. Local public health agencies and government agencies tasked with protecting the public's health, found themselves thrust into the front lines of an unfamiliar frontier only to expose their fragile, disconnected, and fragmented infrastructure. Such discovery brought forth the realization that our public health system was ill prepared to respond to an event of mass casualties caused by Bioterrorism or other public health threats and emergencies.

The fact remains, public health agencies are not funded well enough to respond to a large-scale event of Bioterrorism or other public health threats and emergencies. Though under-funded and lacking adequate resources, public health is quickly organizing to renew and improve their response capabilities to rapidly mobilize for treatment of thousands of victims and care for mass casualties.

The Mass Dispensing/Vaccination Plan, in coordination with our local hospital, health partners, and homeland security agency, is one of many initiatives within a comprehensive plan to renew and improve our response capacity to once again assure the public's health needs will be met.

ASSUMPTIONS

- Communities in the US, rural or urban, are not immune to large-scale events of Bioterrorism or other public health threats and emergencies.
- Events can be sudden, unexpected, and result in overwhelming numbers of casualties without warning.
- The local health department will have the primary responsibility to activate the plan and coordinate the efforts of local health partners.
- The local health department will execute all available emergency powers to assure the timely request, receipt, organization, and distribution of life-easing pharmaceuticals, antidotes other medical supplies, and equipment provided by the CDC SNS program.
- Local health partners are committed to providing personnel required to operate the mass dispensing/vaccination plan.
- Medical resources received from CDC SNS are intended to supplement limited local supplies and inventory that have been exhausted.
- Mass dispensing/vaccination sites are accessible to all individuals in need.

ORGANIZATION RESPONSE STRUCTURE AND RESPONSIBILITIES

CHP is the agency responsible for management system coordination of the Sioux County mass dispensing/vaccination clinic response and recovery efforts. CHP will coordinate the request to local partner agencies for access and utilization of all necessary emergency medical supplies and personnel to respond and contend with the emergency bio-event until SNS arrival. CHP will initiate the request to Iowa Department of Public Health and coordinate Sioux county's plan to receive, organize, and distribute SNS resources.

The complexities and overwhelming effects on local county resources associated with responding to a bio-event in our county will necessitate the use of Incident Management system. The incident command structure provides a standard system by which local partners, state, and federal agencies can work together to manage a bio-event in a practical and competent demeanor.

INCIDENT COMMAND STRUCTURE

The CHP incident management system identified positions for the mass dispensing/vaccination clinic will be assigned as specified in Annex A-Direction and Control. The Incident Management system organizational structure identifies the required branches, teams, groups, and units. The public health command team will continue its duties, but additional duties will be added for mass dispensing/vaccination. Sections are identified in Attachment D2: Mass Dispensing/Vaccination clinic Incident Management system.

OPERATION SECTION

OPERATION SECTION CHIEF (MDV)

- Responsible for managing tactical operation of:
 - Clinical resource acquisition Branch
 - Advance Clinic Set Up Team
 - Mass Dispensing/Vaccination Branch
- Assemble an Advance Clinic Set Up Team with assistance from the Liaison Officer and Incident Commander and appoint a Team Leader
- Maintain close contact with:
 - Clinic Site Dispensing Team
 - Volunteer Family dispensing Team
 - Institutions Dispensing Team
 - Homebound Dispensing Team

And assure adequate resources (personnel, medical supplies, medical equipment, and transportation) are available to support tactical operation. Communicate resource needs to the Liaison and follow up to assure resources have been procured and arrived.

- Ensure safe tactical operations for response teams.
- Notify the IDPH upon completion of SNS onsite recovery and termination and request pickup.

RESOURCE ACQUISITION UNIT

- Receive and record the incident Command Liaison updated report on staff positions reporting for mass dispensing clinic duty, compare to staff needs required in Attachment D4: Minimum Staffing Needs and determine staff need shortfall.

Report back to Liaison and provide staff need shortfall.

ADVANCE CLINIC SET UP TEAM

- There is a go-kit for clinic manager in storage at CHP, it will have supplies needed to start a clinic, see attachment D5 for list of inventory.

- An advance Clinic Set Up team Leader will be appointed by the Operation Section chief.
- Report inventory needs to the operation section chief who will report to the Liaison Officer and Logistic Section Chief.
- Assemble an Advance Clinic Set Up Team with assistance from the Liaison Officer and Incident Commander.
- Coordinate transportation of medical equipment/supply, communication/information equipment and office supply with the Liaison Officer.
- Provide the Team with mass dispensing or vaccination floor plan, see attachment D6, review the plan and assure the members understand their responsibilities prior to deployment.
- Deployment must occur within two hours and set up completed within four hours from the time of activation notification.
- Advance Clinic Set Up Team Leader will provide a clinic set up program report every half hour to the Operation Section Chief.

MASS DISPENSING VACCINATION BRANCH

Responsible for assuring the following teams are assembled as directed by the Incident Commander and all functional responsibilities and duties are successfully completed as assigned:

- Clinic Site Dispensing Team
- Volunteer Family Dispensing Team
 - Institution Dispensing Team
 - Home Bound Dispensing Team
- Maintain frequent communication with the Operation Section Chief and Incident Commander Liaison and report all teams' situation status.
- Provide instructions to all teams' regarding their assigned role.
- Report to the Operation Section chief completion of SNS assets recovery and termination process.
- Participate in all teams debriefing sessions.
- Assign Home Bound Special Need Individuals Team to individuals listed on Attachment D7: Home Bound Special Need Individuals upon receipt from the Public Information/Referral Center Unit. Upon assignment, record Team number assigned, date and time assigned and record date, time and name reporting after completion.

Clinic Site Dispensing Team

- Implement Mass Clinic Plan according to protocol and flow chart on Attachment D6.
- Appointed by the incident Commander and managed by the Mass Dispensing Site Manager.
- Team responsibilities and duties are further defined within contents of the Plan following the Mass Vaccination Clinic Site Plan.

Volunteer Family Dispensing Team

- responsible for providing mass dispensing or vaccinations to family members of volunteers responding to and functioning within the Mass Dispensing/Vaccination Clinic Plan.
- The team will be assembled in coordination between the Operation Section Chief and Liaison in cooperation with local public health partners.
- The team will report to the health department at an established time to receive further instructions regarding method of treatment, required administrative form completion, receive necessary supplies, assigned clinic site location, and provided a list of qualified volunteer family members.
- Upon completion, the team members will return to the Health Department, debrief the Operation Section Chief, submit completed forms, and return all unused supplies.

Institution Dispensing Team

assembled in coordination between the Operation Section chief and Liaison in cooperation with local public health partners.

- The team will report to the health department at an established time to receive further instruction regarding method of treatment, required administrative form completion, and receive necessary supplies.
- Operation Section Chief will provide the team a list of institutions requiring assistance as described in Attachment D8: Listing of Institution with Special Needs
- The team will report to the assigned institutions as prioritized, provide necessary supplies, and serve as an advisor to the institution, and organization institution staff, in coordination with the institution Administrator, to administer the treatment of choice.

Special Note: institution dispensing team primary responsibility is to advise and not administer the treatment of choice. Institution staff, if available and qualified, will serve this primary role.

- Upon completion, the team members will return to the Health Department, debrief the Operation Section Chief, submit completed forms, and return all unused supplies.

Home bound dispensing team

- assembled in coordination between the Operation Section Chief and the Liaison in cooperation with local public health partners.
- The team will report to the Health Department at an established time to receive further instructions regarding method of treatment, required administrative form completion, receive necessary supplies, provide a list of home bound special need

individuals requiring treatment as provided on Form D1: Home Bound Special Need Individuals and receive assignments.

- Upon completion, the team members will return to the health department, debrief the Operation Section Chief, submit completed forms, and return all unused supplies.

RECOVERY, TERMINATION, AND RETURN SNS UNIT

- Identify, assemble, and package all SNS assets not utilized, considered non disposable and required return. List of SNS assets to be returned include:
 - Special cargo containers
 - Refrigerator system
 - Unusual medication maintained at proper temperature
 - Ventilators
 - Portable suction units
 - Generators
 - Computer and Communication equipment
- Notify Mass Dispensing/Vaccination Branch completion of the SNS recovery and termination process
- Remain on –site until IDPH arrives and secures all SNS assets.
- Report to the Health Department and debrief the Mass Dispensing/Vaccination Branch, Operation Section Chief, and Incident Commander.

MASS DISPENSING/VACCINATION PRIORITY

A serious outbreak of any type of bio-event during times of limited medical supplies will necessitate local, state, and federal officials to make a decision as to the priority of dispensing oral medication or the vaccination of individuals. Certain principles will require consideration in determining recommendation for priority treatment.

The basic principles, as described by IDPH in their SNS educational toolkit for local planners are as follows:

Selection criteria. At the time of the incident, the following criteria should be used to determine the exact priority for using the available supplies:

Nature of disease. Does it target certain groups more than others? Which groups are at highest risk for death from the disease?

Geographic location and possible spread of the disease. Is it most likely to be contained in one area, which should get a higher priority for supplies?

Disease time factors. Can sick people be effectively treated once they show symptoms? Would drugs and supplies be better used prophylactically or for treatment once symptoms appear?

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Annex D: Mass Dispensing/Vaccination

Can other actions such as self-isolation or quarantine be effectively applied to reduce the need for drug use? How at risk are family members, remaining at home, for getting the disease?

How many people fall into each category? Are there enough supplies to effectively treat desired groups?

How fast will supplies be available to conduct further dispensing to the various groups?

Recommended priority Groups:

	Priority 1	Priority 2	Priority 3	Priority 3
Level 1	Essential local government	High risk by age, condition, disability	Secondary government, medical, public service personnel	Others-health individuals, transits
Level 2	Essential medical physicians, nurses and paramedics	Essential civilians: food service workers, mortuary personnel		
Level 3	Essential public service-EMS, law enforcement, public health, utilities			
Level 4	Family members of response personnel			

TRANSPORTATION TO CLINICS

From surrounding towns to clinic sites, church buses, school buses, allow EMA and city officials to organize. Communicate with PIO so that information on transportation can be communicated via the media.

Attachment D7 non-mobile populations

– Special Needs Facilities (jails and prisons, long term care facilities, group homes, etc)

During a bio-emergency, facilities that house populations with special needs may experience severe staffing shortages due to illness among employees. Contingency plans should be established to meet the needs of special populations during periods of high absenteeism on the part of their caregivers.

NAME OF FACILITY	POPULATION	CONTACT	TELEPHONE
Sioux County Jail			712-737-2280
Orange City Health System Long Term Care		Marty Guthmiller	712-737-4984
Pleasant Acres			712-439-2758
Sioux Center Nursing Facility			712-722-8229
Hillcrest			712-551-1074
Heritage House			712-737-4811

Communication with Special Needs Groups

LPHAs should identify groups in their communities that will require special efforts to ensure that they receive all the information necessary to protect them during a bio-emergency. Outreach conducted during the pre-emergency period will ensure that channels are in place to facilitate communication with special groups during a real emergency. Special groups include non-English speaking populations, the hearing or vision impaired, the homeless, etc.

POPULATION	SPECIAL NEED	TELEPHONE	LOCATION
Hispanic	Language	722-3324	CASA 303 N. Main Av. Sioux Center, IA 51250
Laotian	Language		
Hearing Impaired	AEA IV	722-4378	AEA IV 1382 4 th Av. N.E. Sioux Center, IA 51250
Homeless and Low Income	DHS/County Relief	737-2943	Sioux County DHS 213 Central Av. S.E. Orange City, IA 51041

Attachment D2

CHP mass dispensing/vaccination
Incident Management System

