

**Madison County Public Health
Strategic National Stockpile Plan
Revised 3/7/11**

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Guidance and messaging materials will come from the State. They will be added as appendices when received.

Madison County Public Health Department Strategic National Stockpile Plan Revised 3/7/11

SCOPE

This is the most recent version of the Madison County Strategic National Stockpile (SNS) Plan. It is a local level plan, and is a living document that must be actively maintained and regularly updated.

The format of this document is consistent in each chapter. There are three standard areas that are addressed in each chapter; Situation, Mission and Operating Procedures.

- I. **Situation.** The situation provides a brief description of what the reader should expect in each area of focus, the purpose of the chapter, and what objectives will be covered.
- II. **Mission.** The intent of the mission section is to ensure that each area of focus is in line with the overall mission of both Madison County and of the Montana Department of Public Health and Human Services.
- III. **Operating Procedures.** The Operating Procedures specifically outline the “how to” guidelines for each area of focus. It is the most important section of each chapter.

Purpose of the SNS Plan

The purpose of the Strategic National Stockpile is to provide pharmaceutical and/or medical supplies and equipment to the local level from the CDC in the event of an emergency. This may include events such as natural disasters, terrorist attacks, or any other incident in which local supplies cannot meet the need of the event. During such an event, the local authorities would receive the SNS from the state and would then deliver the medical assets to designated Points of Dispensing (PODs) as set forth in this document. The medical supplies would then be dispensed to the public.

This plan is not a stand alone plan, but works in conjunction with the Madison County Disaster and Emergency Plan. This plan is an annex.

In the following chapters, the areas of focus will be as follows:

1. Developing an SNS Plan
2. Command and Control
3. Requesting the SNS
4. Managing SNS Operations
5. Tactical Communication
6. Public Information and Communication
7. Security Support
8. Controlling the SNS Inventory

Madison County Strategic National Stockpile Plan

9. Receiving the SNS Assets
10. Dispensing Oral Medications
11. Treatment Center Coordination
12. Training, Exercise and Evaluation

Chapter 1

Developing an SNS Plan

I. Situation: A comprehensive Strategic National Stockpile (SNS) Plan is essential to facilitate the receipt and dispensing of the SNS assets quickly and efficiently. However, the planning process does not end with this document. Thorough dissemination of the plan, coordination of resources, execution of agreements, training, and other activities are ongoing. Planning is never finished and will evolve as new information becomes available and situations change.

A. Purpose: The Strategic National Stockpile has a variety of resources to respond to a local emergency that requires a large quantity of medical supplies. Depending on the need, options include a generic 12-hour “Push Package,” and managed inventory. Understanding what is available, and who is responsible for each phase of the SNS Plan is critical.

II. Mission: To receive medical assets from the state during an emergency and dispense them to the general population.

III. Operating Procedures:

A. Responsibilities: The county is responsible for developing an SNS Plan that would work in conjunction with the state SNS plan and would not depend on resources of neighboring jurisdictions. The county Public Health Department is responsible for developing a plan with Madison County specific resources, personnel and population base in mind.

B. State Memorandums of Agreement (MOU’s): The State has MOU’s with the following entities.

1. **Disaster and Emergency Services**
2. **Army/National Guard**
3. **Montana Highway Patrol: Lead Security Agency**
4. **Montana Dept. of Transportation: Maintenance Division**
5. **Montana Dept. of Revenue: Liquor Control Division (RSS Facility)**
6. **Montana Dept. of Labor and Industry (for pre-event licensing)**
7. **Montana Board of Pharmacy**
8. **US Dept. of Health and Human Services: CDC**

C. Legal Issues: In order to establish consistency statewide, the following guidance is intended to clarify some of the legal issues that may arise during an emergency.

1. **Standing Orders:** The Madison County Health Officer has developed standing orders to prescribe medications for individuals at Point of Dispensing sites during a mass prophylaxis event.
2. **Authority to Dispense:** During an event that follows the Chain of Command described in Chapter 2, and that requires the use of the

Strategic National Stockpile; the following authority will go into effect.

- a. **As per Montana Code Annotated (MCA) 37-2-104** a medical practitioner may furnish a patient any drug during an emergency. Additionally, the furnishing of drugs by a medical practitioner will only be conducted in special incidents requiring the SNS and is not a usual course of doing business. Therefore, all licensed medical practitioners (as defined in III.C.2.b) who have a relationship with dispensing medications are potential candidates to dispense at the POD.
 - b. **A “Medical Practitioner” is defined in MCA 37-2-101** as any person licensed by the State of Montana to engage in the practice of medicine, dentistry, osteopathy, podiatry, optometry, or a nursing specialty and is in the licensed practice to administer or prescribe drugs.
 - c. **Madison County will ultimately decide eligibility to dispense depending on the event, however, it may not supersede the above.**
3. **Liability:** During an event, the Finance section of the County EOC/ICS will keep track of all expenditures. At the end of the event (or during the event if need be), the county will determine whether or not state and/or federal assistance is needed.
 4. **Workers Compensation:** As per MCA 10-3-911, a person responding to a request for assistance is entitled to all applicable benefits, including workers compensation, normally available from their home jurisdiction.
 5. **Staff Compensation:** As per MCA 10-3-310, once a county spends the equivalent of two mils for authorized expenses, at least once per year, the County Commissioners can request state assistance by contacting DES. Documentation of those being covered for compensation, meal reimbursement, and incidentals must be maintained.
 6. **Procurement of Private Property:** The county will ensure that MOU’s are in place pre-event with POD facilities in order to avoid private property procurement issues.

D. Policy Issues: In order to establish consistency statewide, the following guidance is intended to clarify some of the legal issues that may arise during an emergency.

1. **Doses:** The number of doses that an individual will be allowed to pick up will be determined at the time of the event based on availability. However, if medication availability is not an impeding issue, each individual over the age of 18 may pick up as many as five doses of medication, unless their immediate family is greater than 5 minors. In such an event, medication for all

family members can be picked up. The names of recipients of the medication will be collected at each POD along with the name of the person picking up the medication.

2. **Identification Requirements:** Individuals picking up medication for others must have a picture ID to determine that they are over 18 years of age. Proof of citizenship is not required. Madison County residents will be encouraged to pick up medication in Madison County. Residents from neighboring counties will be encouraged to pick up medication in that county. Individuals visiting Madison County will be allowed to pick up medication if it is not possible for them to return home. This influx of population (especially during winter and summer months) will be considered when requesting the SNS.
 3. **Badge Requirements at POD:** Badge requirements at PODs will be standard across the state. Along with the SNS supplies received in Madison County, a shipment of badging materials will also be included. The requirements are as follows:
 - a. **A picture ID will be worn in a clear lanyard or shirt clip (included in shipment of supplies from DPHHS)**
 - b. **The reverse will hold medical pocket license if applicable (staff must bring with them)**
 - c. **For ease of recognition, a red dot sticker will be placed on the front of the badge to identify those who are authorized to dispense medications (also included in the supplies from DPHHS)**
 4. **Law Enforcement Rules of Engagement:** Madison County Public Health will work with county law enforcement authorities pre-event to develop a security plan for the POD facility. This plan will take into consideration: traffic flow, crowd management, physical security concerns, and what steps will be taken in the event of a riot or unruly population. It will also be determined whether or not the facility would need an officer on site, and if additional law enforcement support would be needed.
- E. **SNS Materials:** The SNS has a variety of resources to respond to a local emergency requiring a large quantity of medical supplies. Options include generic 12-hour push packages, or managed inventory (MI). Depending on the nature of the emergency, either one or a combination of assets may be requested.
1. **12-Hour Push Package:** Push Packages 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. Push packages are positioned in strategically located, secure warehouses ready for immediate deployment to a designated site (at the state level) within 12 hours of the federal decision to deploy SNS assets. Madison County should plan on a push package, broken down by DPHHS to a smaller size based on population, within 19 hours of the federal decision to deploy the SNS assets.
 2. **Managed Inventory (MI):** Managed Inventory is a palletized stockpile of pharmaceuticals, medical supplies and equipment for use in large scale

emergencies. Normally, it can be sent within 24 - 36 hours after the approval for deployment. This inventory would be sent to the state and the state would distribute it to Madison County based on the needs and the incident.

3. **Field Medical Stations (FMS):** The CDC SNS program maintains a FMS cache that can be deployed through the same channels as the request for SNS assets. FMS is designed to respond to potential shortfalls in all-hazards mass casualty care. There are three modules that have enough supplies and medicine to treat 250 people for up to 3 days.
 - a. **Basic Support Module**
 - **Contains supplies for administrative, food supply, housekeeping, first aid, quarantine, basic medical, and pediatric needs. It is available in 5 bed sets of 50 beds, with bedding and bed packs/personal hygiene.**
 - b. **Treatment Module**
 - **Contains medical/surgical items, primary care, special needs, and non-acute care supplies.**
 - c. **Pharmacy Module**
 - **Contains pharmaceuticals, prophylaxis, and special medications.**

Chapter 2

Command and Control

- I. **Situation:** Responding to an event with SNS assets will be somewhat different from other emergency operations because the material being dispensed may need special care and must be handled appropriately. To receive and dispense appropriately, all personnel involved in the response must understand how the county Chain of Command and Control operates.
 - A. **Purpose:** To understand the Chain of Command at the county level.
- II. **Mission:** To outline a clear Chain of Command at the county.
- III. **Operating Procedures:**
 - A. **Madison County EOC Operations:** Once activated, the county Emergency Operations Center (EOC) will be located in the Madison County Communications Center until the situation forces it to move to a bigger location.

1. **Incident Commander (IC):** Typically, the Incident Commander of an event requiring the SNS will be the Public Health Administrator or Public Health Officer. Contact information can be found in Appendix A or on the County Resource List.
2. **Multi-Jurisdictional Response Management:** For events that cross county lines, the ultimate control and distribution of SNS assets is a state responsibility. Any event requiring SNS that crosses a jurisdictional boundary must be coordinated through the EOC.
3. **Declaration of Emergency:** The Incident Commander would be the most likely person to request a formal Declaration of Emergency for the county. Other individuals that could request such a declaration would be the Director of Emergency Management, Emergency Communications Coordinator, the County Commissioners or their designees. Contact information for the above can be found in Appendix A or the county resource list.

Chapter 3

Requesting the SNS

- I. **Situation:** There are two steps in the process to request the SNS assets. Regardless of population or location, all public health emergencies occur at the local level. Therefore, the first request is from the county to the state. This is a necessary step because there is no guarantee an emergency in the state is isolated to one jurisdiction. Second, the state will analyze the impact and then coordinate with the Centers for Disease Control and Prevention (CDC) to request the stockpile.
 - A. **Purpose:** To establish the proper protocols for requesting the SNS assets.
- II. **Mission:** To have a better understanding of the necessary steps to take to request and receive the SNS assets.
- III. **Operating Procedures:** Unless it is an immediate, catastrophic event, a public health emergency will likely emerge over an extended period of time. State and local health officials may know there is a *concern* before it is fully recognized as an *emergency*.
 - A. The following list is an **example** of possible events to consider that may justify requesting the SNS. It is not intended to be all inclusive. Additionally, if local and state resources are sufficient for the event, SNS assets will not be requested.

1. SNS Event Justification

- A chemical, biological, radiological, nuclear, or explosive event
- A medical emergency brought on by a natural disaster
- Indications from intelligence or law enforcement of a likely attack
- Clinical or epidemiological indications such as:
 - Large number of ill persons with similar disease or syndrome
 - Large number of unexplained disease, syndrome, or death
 - Unusual illness in a population
 - Higher than normal morbidity and mortality from a common disease or syndrome
 - Failure of a common disease to respond to usual therapy
 - Single case of a disease from an uncommon agent
 - Multiple unusual or unexplained disease entities in the same patient
 - Similar genetic type in agents isolated from temporarily or spatially distinct sources
 - Unusual, genetically engineered, or antiquated strain of the agent
 - Endemic disease or unexplained increase in incidence
 - Simultaneous cluster of similar illness in non-contiguous area
 - Atypical aerosol, food, or water transmission
 - Deaths or illness among animals that precedes or accompanies human death
- Unexplained increase in emergency medical service requests
- Unexplained increases in antibiotic prescriptions or over-the-counter medication use.

B. Authorization: Only the governor, or his designee, is authorized to request the deployment of SNS assets by calling the CDC Director’s Emergency Operations Center (DEOC).

1. Authorization on the county level would require the following:

- a. A Declaration of Emergency signed by the senior county commissioner, or his designee.
- b. A formal request from the county commissioners, IC, or Director of Emergency Management to the State.

C. Necessary Steps to Release the SNS: Event type and resource needs ultimately dictate release of the SNS assets. The steps below outline procedures for requesting the SNS beginning with a sudden recognized problem at the local level.

Step 1: Madison County officials discuss the threat or emergency within the jurisdiction and have determined that the need for medical supplies exceeds local resources.

Step 2: Madison County DES or Madison County Public Health request a Declaration of Emergency from the county commissioners.

Step 3: Madison County DES or Public Health will submit a request for resources to the state DES and confirm the location(s) to deliver the supplies.

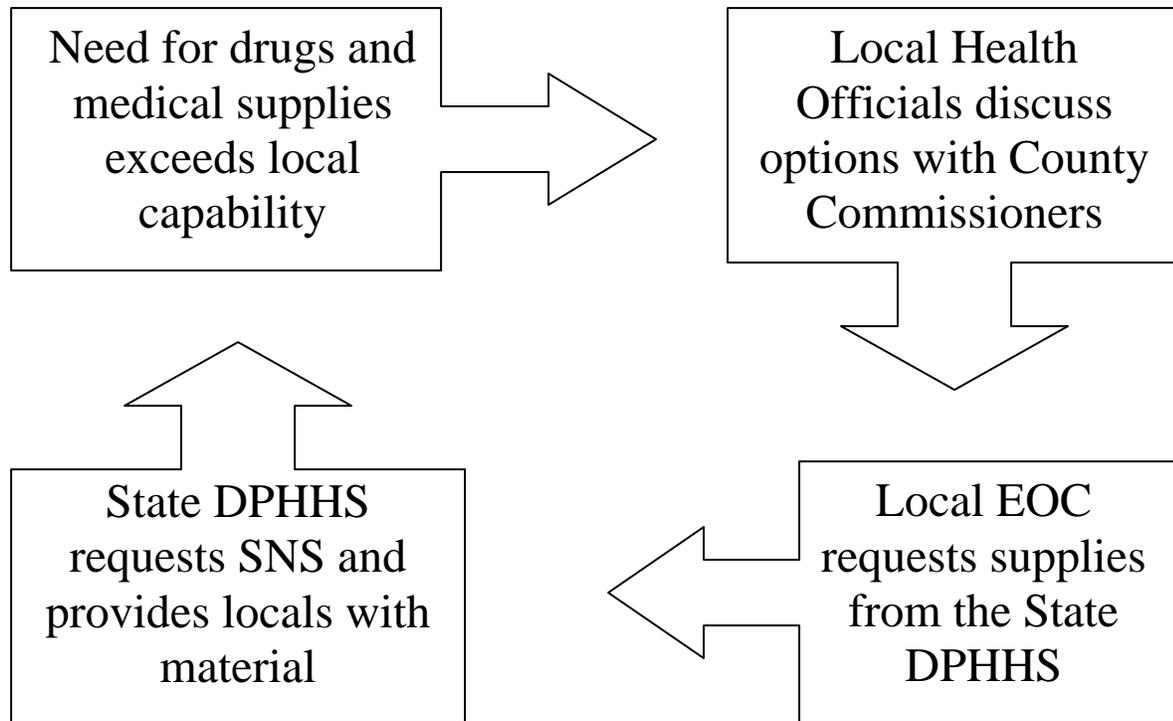
Step 4: The State DES and DPHHS will go through proper steps to determine the need for the SNS and then request it once the need is established.

Step 5: Upon consensus from the state level meeting, the Governor or his designee may request the SNS by calling the CDC Director's Emergency Operations Center (DEOC).

Step 6: The State will Receive, Stage and Store the SNS assets and then deliver the requested inventory to the Madison County drop point(s) outlined in this document.

Step 7: Madison County Public Health will request additional supplies as needed by informing the EOC. The EOC will then notify the DPHHS EOC.

Flowchart for Madison County SNS Asset Request



Chapter 4 Managing SNS Operations

- I. **Situation:** There are many tasks involved in Strategic National Stockpile Operations. In order to effectively manage the wide variety of responsibilities the county must ensure that a team of trained individuals are prepared to respond to an event. Whenever possible, the role that the team member plays in SNS operations should match closely with their everyday job in order to reduce confusion during an event and reduce the amount of time spent on training. An example of this would be to use the Madison County Sheriff's Office or Montana Highway Patrol for security assistance.

- A. Purpose:** The previously mentioned Command and Control chapter (Ch. 2) outlines the over-arching command structure for public health emergencies. This chapter determines specific SNS management needs which include: communication, security, dispensing, and pre-event training and exercise.
- II. Mission:** To maintain control over all SNS operations by ensuring that personnel are assigned to management roles that best fit their skills and that a clear relationship is established between Madison County SNS management, Madison County EOC and DPHHS EOC.
- III. Operating Procedures:** An SNS Management Team will be established at both the state and local level. These procedures outline how the *county* team will be structured.

 - A. Interfacing with the Madison County EOC:** SNS Operations is one of the many operational arms of the EOC and Incident Command Structure. Many of the support functions that the SNS Management Team requires will be fulfilled by the EOC and Incident Command Structure.

 - 1. SNS Operations Chief:** The SNS Operations Chief will be located at the Madison County EOC. He/She is there to answer all SNS questions that are fielded from the Local PIO and Liaison. Additionally, he/she disseminates local SNS needs to the SNS Manager and keeps the DPHHS EOC informed of SNS issues. The SNS Operations Chief will also receive input, feedback, and status reports from the SNS manager.
 - 2. SNS POD Manager:** The SNS POD Manager is typically the Madison County Public Health Officer, Administrator or Nurse. The SNS Manager will almost always be located between the PODs. If that is not possible, there will be a manager assigned for each POD. The SNS Manager oversees Dispensing operations, security concerns, POD flow, and tactical communications that are vital to SNS operations.
 - 3. Security:** The Security function of the SNS Management Team is responsible for ensuring that proper badging is in effect at the POD, notifying the POD Manager if there are any noticeable security concerns in or around the facility, and to gather road condition reports prior to vehicles delivering the assets to the POD. These individuals will also ensure that the POD facility has limited access and that all personnel are signed in on an ICS form.
 - 4. CERT Volunteers:** CERT (Community Emergency Response Teams) have general training in several areas. These volunteers can be utilized in several areas within the POD such as: Directing people, helping with forms, screening for special needs, errands, and light first aid. Outside the POD, CERT members can help block unused entrances, direct traffic and unload materials from trucks and pallets. **CERT Coordinator: Wayne Redfield 684-5233 (h)**
 - 5. Dispensing:** When at all possible, those people dispensing the drugs within the SNS should be licensed medical practitioners. For

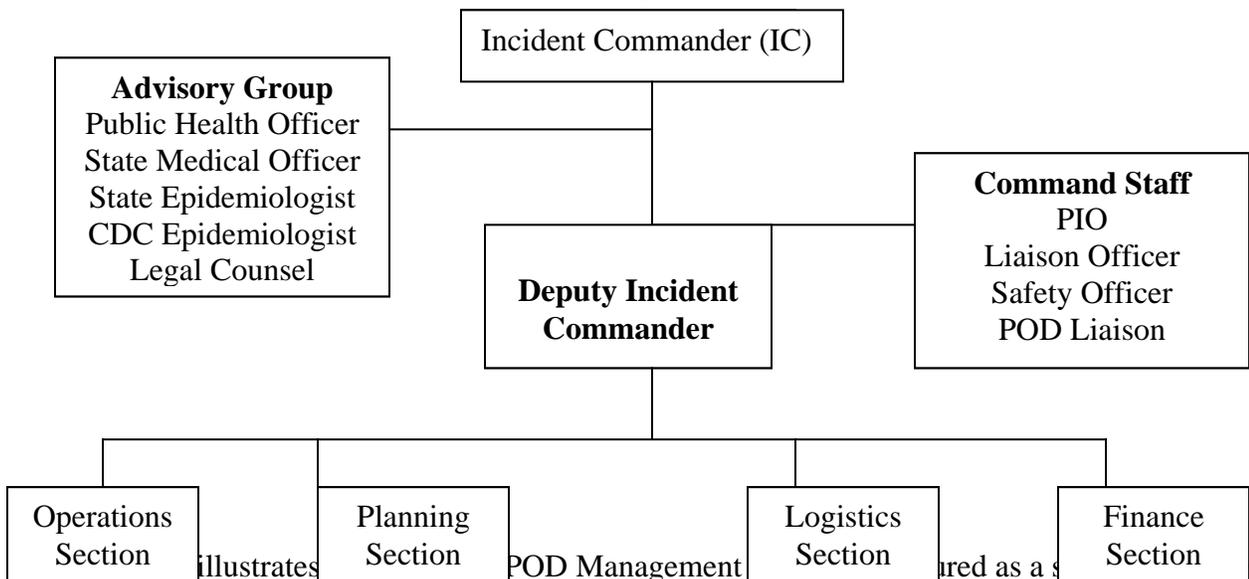
the Montana Code Annotated definition of a “medical practitioner” see Chapter 1.III.C.2b (page 6) of this document.

- 6. **Liaison Officer:** The Liaison Officer of the Incident Command Structure is usually located in the EOC. This person ensures that the communication needs of the POD, Management Team, PIO and EOC are met.

- B. **Assigned SNS Management Team:** Individuals assigned to the SNS Management Team can be found in Appendix A of this document. When at all possible, name should be two deep. The Madison County Public Health Department will update the team roster on a bi-annually basis.

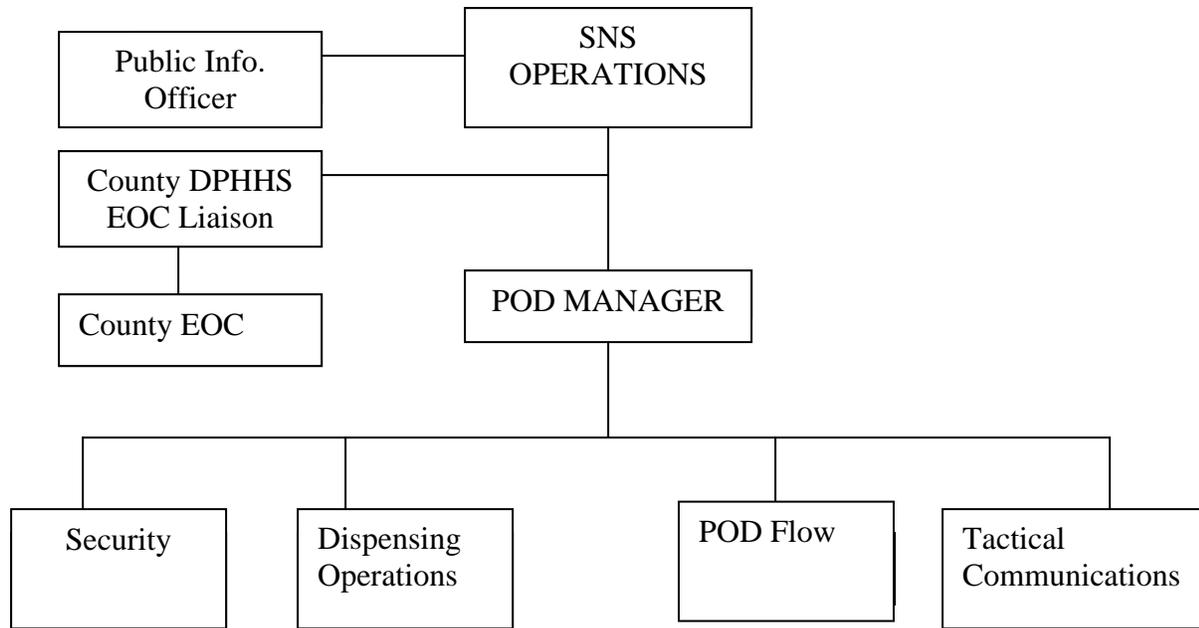
Figure 4-1 illustrates how SNS Operations fit in the EOC Incident Command Structure (EOC ICS).

Figure 4-1



Operations Branch of the EOC ICS. It is important to remember that the SNS Management Team structure can be scaled up, down or even modified based on the event.

Figure 4-2



Chapter 5 Tactical Communication

- I. Situation:** A situation large enough to require Strategic National Stockpile (SNS) assets may interrupt everyday communication methods. All primary means of communication must be backed up with a redundant source specific to SNS Operations.

- A. Purpose:** A robust and redundant communication plan is critical for effective execution of the SNS Plan. Communications is a key element in the continual and timely flow of assets in the PODs.
- II. Mission:** To ensure that SNS operations will be supported by a reliable tactical communications network and ensure that contact information is accurate.
- III. Operating Procedures:**
 - A. Available Communication Methods:** Madison County communication methods include land-line and cell phones, fax, internet, portable and stationary radios, and satellite phones. Additionally, the simplest communications method can often be the most effective. Examples include paper forms and reports, deliveries by drivers, law enforcement personnel, or even couriers on foot or bicycles. These basic methods may be the only available options depending on the complexity of the event. Madison County also has the Health Alert Network system, which is designed to communicate important information to state and local health partners.
 - B. Communication Maintenance Plan:** Equipment in the Madison County EOC will be maintained by the county GIS/IT person. A test of the equipment and hardware between the EOC and DES will be conducted and documented at least bi-annually.
 - C. Accurate Contact Information:** The Madison County Public Health Administrator will review and update the critical contact information in Appendix A quarterly. This list contains essential phone numbers and e-mail addresses, and will be maintained by the PH Administrator.
 - D. Communications Security:** It is not likely that an encrypted, secure communication system will be needed. Caution users that conversations on two-way radios are often picked up and may reveal information that could potentially hinder SNS operations.
 - E. Communication Needs:** Each POD will need at least one ground phone line and one fax line. If possible, cell phones can be used, but should not be depended on. Radios would be best for communication between the EOC, DES and the POD. Refer to the Madison County Communications Plan for specifics on radio usage during an emergency.

Chapter 6

Public Information

- I. Situation:** When SNS assets are deployed there may be the added challenge of mobilizing the public to obtain prophylactic medications in a short period of time to adhere to a treatment regimen. Similar Public Information and Communications (PIC) challenges would accompany emergencies requiring mass vaccination, quarantine, movement restrictions, shelter-in-place, and mass evacuations.

- A. Purpose:** Madison County has a Public Information Annex to the Disaster and Emergency Plan. This Public Information Plan is reviewed at least annually by the LEPC and Director of Emergency Management. During a large scale event that would require the SNS assets, it is extremely important that public information efforts at the local level and at the state are coordinated with the Joint Information Center (JIC) when disseminating information to the public. The ability to effectively inform, educate, and mobilize the public will be critical to the success of any mass treatment effort.
- II. Mission:** To inform, educate and communicate emergency public health situations to the public through a consistent and controlled network of communication.
- III. Operating Procedures:**
- A. Public Information Annex:** The Madison County Public Information Annex was developed to outline the means, organization and process by which appropriate information and instructions are to be provided to the public before, during and after emergency situations. It sets forth public communications procedures and policies designed to enable the coordination and dissemination of timely public information related to incidents involving Madison County residents and visitors. The following is included in the Public Information Annex:
- 1. Information Dissemination:** Which means the county will use to provide emergency information and instructions to the public in case of emergency.
 - 2. Methods of delivering information to Special Needs Populations:** These include EAS advisories on public radio, captioned messages on television, door-to-door notification, or a “buddy system.” Refer to Madison County Special Populations Plan for further detail.
 - 3. Assignment of Responsibilities:** Detailed responsibilities for the County Commissioners, PIO, and Director of Emergency Management.
 - 4. Direction and Line of Succession:** The Chairman of the Board of Commissioners, or his designee, has overall responsibility for the emergency public information program. The line of succession to PIO is: 1) Director/Deputy of Emergency Management, 2) Public Health Administrator, 3) Public Health Officer, 4) Public Health Nurse
 - 5. Training:** The PIO, Public Health Department, and Director of Emergency Management shall work together to conduct disaster education programs on a continuing basis to increase citizen awareness.
- B. Public Information Officer:** The role of the Public Information Officer (PIO) is to provide complete, accurate, timely, consistent, and credible information to the media and public, taking into consideration the unique customs and needs of Montana’s diverse population. Primary responsibilities include:
- 1. Gather Incident Data:** Obtain verified, up-to-date information from appropriate sources, including subject matter experts within the Public Health Department (most likely the Public Health

Officer if available), the Incident Commander, and staff of the Emergency Operations Center.

2. **Inform the Public:** Serve as the source of accurate and comprehensive information about the incident, taking into account the unique needs of diverse audiences such as the elderly, people with disabilities both physical and mental, American Indians, non-English speaking residents, home-bound residents, schools, daycares, nursing homes, and individuals in rural communities who cannot be reached by mass communication.
3. **Analyze Public Perceptions of the Response:** Employ techniques for getting feedback in order to 1) stop rumors and correct information in a timely fashion and 2) provide response agencies with insight into community information needs, their expectations for the role to be played by the response agencies, and the lessons to be learned from specific response efforts.
4. **Share Information with Partners and Stakeholders:** Communicate with designated public information counterparts in the state agencies, other local and tribal health jurisdictions, and medical centers.

C. PIO Contact Information: Contact information for individuals specifically trained in being a Public Information Officer (PIO) can be found in Appendix A of this document. It is the responsibility of the county to keep this list updated on an annual basis or if the information changes.

D. SNS State and Local Communication Messages and Materials: State and local communication messages will likely be required if SNS assets are deployed. Designated PIOs on the local level will need more specific communications materials, developed in coordination with the state in order to ensure message consistency. DPHHS will provide SNS dispensing messages and guidance to the local health department on:

1. Pre-event preparedness
2. Directing people to the dispensing sites, using county of residence when possible
3. Informing people about alternative dispensing methods (for example, pushing medications to a large business)
4. Helping people navigate the dispensing sites, (for example, providing POD videos to news stations or physically helping individuals navigate)
5. Providing information to people once they leave the dispensing sites
6. Follow-up messages to ensure medication compliance
7. Information on Category A agents
8. Information on medications used for prophylaxis and treatment

E. SNS Templates and Materials: The state will provide guidance, templates and materials to Local Health Jurisdictions. During an event of crisis, electronic versions will be available on the virtual Training & Communication Center (TCC) under shared statewide PIO materials. Additionally, DPHHS will mass produce

and distribute bulk Public Information Communication materials with SNS assets. Materials will be produced on the following subjects:

1. Agent-Specific Materials (State Produced):

- a. Fact sheets on the agent, including its threat to the public and its potential for being contagious;
- b. Information about who should be concerned about exposure to the agent;
- c. Signs and symptoms of exposure;
- d. Who should seek preventive treatment at a POD and who should seek symptomatic treatment at treatment centers;
- e. What an individual should do if exposed to the agent

2. Points of Dispensing (POD) Sites and Treatment Locations (Locally produced):

- a. Instructions on accessing appropriate dispensing sites or treatment locations;
- b. Description of the dispensing process;
- c. Forms of Identifications needed
- d. How to pick up medication for family members
- e. How individuals in special populations may access sites
- f. Information about alternative dispensing sites
- g. Information videos for mass media use to instruct public how to proceed at dispensing sites

3. Drugs to Be Dispensed (State Produced):

- a. Reasons for using particular medications or for changing drug regimens;
- b. Considerations of cultural and ethnic sensitivities when providing information;
- c. Importance of taking medication as directed;
- d. Dangers of overmedicating;
- e. Dangers to self and society if medication regimens are not strictly adhered to;
- f. Patient History Forms, which include: weight, age, health information, drug allergies, current medications;
- g. Adults: health information, drug allergies, current medications

4. Additional Considerations:

- a. When possible, communications materials should be developed in advance of an incident;
- b. Use of county emergency website, Reverse 911 messages, and print media should be encouraged for consistent message delivery;
- c. Development of information should be coordinated through the SNS PIO/Operations Manager within the Incident Command Structure (ICS).

Chapter 7

Security Support

- I. Situation:** A large scale public health event may produce casualties, widespread anxiety, fear, and possible panic. The arrival of the Strategic National Stockpile (SNS) assets may be newsworthy, which may make it a focus point for individuals too impatient to wait for medications or treatment. As a result, the SNS assets require protection.
 - A. Purpose:** The Point of Dispensing (POD) site will require security in order to: prevent interruptions in SNS operations by controlling access to key facilities, facilitating vehicle movement if traffic congestion is problematic, controlling crowds waiting at a POD, and protecting staff and volunteers from injury.
- II. Mission:** Provide security for SNS assets as they are received from the DPHHS and dispensed to citizens and visitors of Madison County.
- III. Operating Procedures:** Each POD will require a pre-event security assessment performed by local law enforcement. This assessment will help determine what type of security needs can be covered by local resources and those that will require additional resources. The following is a list of security considerations for the pre-event assessment:
 - A. Pre-Event Assessment:**
 - 1. Interior/Exterior physical security
 - a. Crowd control
 - b. Entrance/Exit security
 - c. Unused entrance security
 - d. Traffic Control
 - e. Protection of staff, equipment and SNS assets
 - B. During an actual event the following will need to be considered:**
 - 1. Interior/Exterior physical security
 - a. Entrance/Exit Security – Each entrance around the perimeter of the building will need to be guarded. At the

main entrance of the POD, this will most likely need to be a person from law enforcement.

- b. Unused Entrance Security – Members of the CERT (Community Emergency Response Team) have been trained in general areas of responding to an event. CERT members could guard doors that are not to be used to enter or exit the POD.
- c. Crowd Control – Depending on the situation, anxiety of the public could cause a problem for the POD. Law Enforcement or contract security guards may be needed to keep the crowd under control and safe.
- d. Traffic Control – CERT members could also be used for traffic control. They participate in on-going training for traffic control, and should be prepared to direct traffic approaching and leaving the POD.
- e. Protection of Staff, Equipment & Assets – At least 1 member of law enforcement should be present inside the POD to ensure protection of staff, equipment and assets. CERT members and other volunteers could also be used to provide protection of staff and guard equipment and assets.

C. SNS Asset Storage: For security reasons, the receiving area of the POD should be kept out of direct site to the public. Delivery of SNS assets cannot be left unaccompanied outside. A lockable, temperature controlled building is preferred for storage of POD material that is not for immediate use.

D. Treatment Centers: Treatment centers will be asked to verify with the Madison County Public Health Department that they have security plans in place for their facility.

Chapter 8

Inventory Control

- I. Situation:** To effectively address an event requiring Strategic National Stockpile (SNS) assets, the state must have the proper resources, in the proper quantities that a Point of Dispensing (POD) requires, in a configuration they can use.
 - A. Purpose:** The purpose of inventory control is to record the receipt, storage location, orders, and all tracking issues at the local level, so that the state has a better understanding of our needs.
- II. Mission:** To provide the state with accurate, up-to-date information regarding our needs and wants of the SNS assets.
- III. Operating Procedures:**
 - A. Apportionment:** Apportionment, the decision to allocate a quantity of resources from the state, ultimately rests with the DPHHS Emergency Operations Center. The amount of assets a county receives will depend on the situation and will be assessed by the State Medical Officer and subject matter experts at DPHHS.
 - B. Countermeasure Response Application (CRA):** The CDC has required that a Countermeasure Response Application be used to track dispensed vaccinations from the local level. The DPHHS Informatics section has done much work to incorporate the information into the Public Health Database. CRA is only intended to be used during an event. The look and feel of CRA is similar to WIZRD (Web-based Immunization Registry Database) used by Madison County to track immunizations. This will help minimize the learning curve when the time comes to use the CRA.
 - 1.** Currently, the state lab uses hand written paper forms that can be scanned into a computer database, verified, and uploaded into functional lab databases. The Informatics Section is developing CRA with this same functionality. When going through a POD, an individual would fill out a form created pre-event that would capture all necessary data for a mass dispensing operation. When leaving the POD, the form is collected, sent to DPHHS, scanned, and uploaded into a database allowing near-real-time dispensing information. This system may alleviate the data entry strain put on the local health department during mass dispensing events. DPHHS will notify us as soon as the application is operational.

2. The local PODs must provide resource/inventory status to their local Emergency Operations Center who is overall responsible for resource accountability. The local EOC will then notify the DPHHS EOC when shortages occur. The state will provide an order form the local health department can fax or deliver to the EOC to place an order.
- C. Recovering SNS Assets:** There are specific items that the state must return at the conclusion of an event. Madison County Public Health is responsible for tracking the items marked with an asterisk (*). The state will arrange for items to be returned via FedEx or UPS after the event.
1. Items for Return:
 - Specialized Cargo Containers*
 - Refrigeration Systems*
 - Unused medications that remained at the POD and can be verified that they were temperature controlled
 - Ventilators*
 - Portable Suction Units*
 - Computer and communication equipment*

Chapter 9

Receiving the SNS Assets

- I. **Situation:** The Receiving, Staging, and Storing of SNS assets will happen at the state level; however, Madison County needs to be prepared to receive the assets from the state. The POD sites must be determined pre-event and assessed on a bi-annual basis.
 - A. **Purpose:** The county must identify two POD sites that would receive SNS assets and notify the state of those locations. The county must also devise a plan to distribute the assets between PODs. This chapter will identify the actions necessary to safely and efficiently distribute assets to the PODs in a timely manner.
- II. **Mission:** To safely and efficiently receive critical medical supplies in a timely manner.
- III. **Operating Procedures:** The county has identified two locations for a Point of Dispensing (POD) unit and two back-up locations. One POD will be located on the Madison Valley side of the Tobacco Root Mountain Range and the other will be located on the Ruby Valley side of the Tobacco Root Mountain Range. Not only will two locations make it easier to reach all citizens of Madison County within a timely manner, but will also give an alternate spot in case one side of the county is not accessible.
 - A. **POD Locations:**
 1. Ennis Elementary School
323 S. Charles St.
Ennis, MT 59729
Contact: Doug Walsh, Superintendent, 682-4258 (w)
 2. Back-up location:
Madison Valley Rural Fire Station #1
5037 US Hwy 287 N.
Ennis, MT 59729
Contact: Shawn Christensen, Chief, 682-4748 (w), 682-7864 (h)
 - B. **Ruby Valley POD:**
 1. Twin Bridges School
216 W. 6 Ave.
Twin Bridges, MT 59754
Contact: Chad Johnson, Superintendent, 684-5656 (w), 684-5022h
 2. Back-up location:
Twin Bridges Fairgrounds
#9 Fairgrounds Loop Rd.
Twin Bridges, MT 59754
Contact: Dana Escott, Manager, 684-5824 (h), 596-0450 (c)

- C. Distribution Between PODs:** In most situations the state will only deliver the assets to 1 POD within a county. The county is then responsible for distributing the assets to the other POD in the county. Madison County road crews have access to large trucks and heavy equipment that can haul assets between PODs.
- D. Material Handling Equipment:** The PODs will need to be prepared to off-load SNS material from the delivery trucks. The assets will be packaged on 4' x 4' pallets. Loading docks are the preferred method of offload, and the county road crew equipment can be used to unload the pallets.

Madison County Road Crew Contact Information:

District 1:

Ray Rowberry, Supervisor, 596-0188 (c), 842-5394 (h)

District 2:

Shane Escott, Supervisor, 596-0177 (c), 684-5292 (h)

District 3:

Dean Stemler, Supervisor, 596-0189 (c), 682-5222 (h)

Chapter 10

Dispensing Oral Medications

- I. Situation:** Points of Dispensing (PODs) are the foundation of a dispensing campaign and are the most important part of the Strategic National Stockpile (SNS) Plan. In the event of a worst case scenario, ideally, Madison County should be able to prophylaxis its entire population in 48 hours or less. Time begins when the Governor or his designee makes a formal SNS request to the CDC. The DPHHS predicts Madison County can expect assets to arrive within 19 hours of the Governor’s request. This leaves *29 remaining hours* to dispense the assets to the entire county population and visitors.
 - A. Purpose:** Madison County must prophylaxis approximately 7,000 residents, and depending on the season, a high number of tourists within 29 hours. Individuals seeking treatment for an illness should go to a treatment center (i.e. hospital, clinic).
- II. Mission:** To dispense the SNS assets to the entire Madison County population in 29 hours or less.
- III. Operating Procedures:** To meet a 29 hour dispensing goal, Madison County must prepare to respond to a worst case scenario. It is easier to scale back than it is to ramp up.
 - A. POD Goals:** Prophylaxis of an entire population in less than 29 hours is an incredible undertaking. For planning purposes, we must make several *assumptions*:
 1. PODs are operational 24 hours a day
 2. Population is equally distributed among both PODs
 3. PODs perform at 100% capacity at all times
 4. There is a constant, static throughput at each POD
 5. Staffing is constant and adequate
 6. The population can physically come to a POD
 - B. POD Facility Considerations:** Several items must be considered when choosing a POD site. The sites Madison County has chosen for PODs and the back-up locations are all well-known facilities within the county, have easy traffic flow capabilities, and are easy to find.
 - C. POD Layout Considerations:** This list is not meant to be all-inclusive, but should provide some guidance on things to consider.
 1. **Intake:** Getting people into the POD and completing paperwork.
 - a. Traffic Management
 - b. Greeting
 - c. Registration
 - d. Triage
 - e. Distribute health history forms
 - f. Reviewing forms for completion, legibility, accuracy
 - g. Routing patients to medication tables
 2. **Screening:** Sorting patients to optimize resources.

- a. Screeners, Greeters, Roamers
 - b. Medical Transport
 - c. First Aid
 - d. Clinical Resources (physician or pharmacist)
 - e. Mental Health Counseling
 3. **Dispensing:** Preparing and delivering the medications to the public.
 - a. Special Needs populations (wheelchairs navigating through the lines, allergies to the primary medication being dispensed, small children and babies)
 4. **Exit:** Moving people out of the POD and providing follow-up information.
- D. Security:** As described in the Security Chapter, PODs present the largest security challenge because they invite a potentially scared population to their facility. Considerations for a pre-event security assessment should be as follows:
1. Traffic Control for vehicles
 2. Crowd control (orderly movement thru the POD)
 3. Protection of staff and equipment
 4. Controlled entry into the POD
 5. Badging staff and volunteers
 - While uniformed law enforcement is ideal for security, the situation may warrant their presence elsewhere. T-shirt security armed with a two-way radio is a technique that can be used. CERT members may also help with security functions.
 - For security reasons, the receiving area of the PODs should be kept out of direct site of the public. Delivery of the SNS assets cannot be left unaccompanied outside.
- E. Additional Considerations:** The following is a list of additional considerations to keep in mind for PODs:
1. Method for PODs to request materials from the EOC
 - a. Fax requests
 2. Methods to alert the public and get them to a POD
 - a. Messages from PIO on TV, radio and in the newspaper
 - b. Mass mailing – most people have post office boxes, so it would be delivered in one day.
 - c. Digital signs at the First Madison Valley Bank and the Ennis Schools, Ruby Valley Banks
 - d. County website & county emergency website
 - e. Reverse 911 callout
 3. Methods to alert health care providers
 - a. Faxes, emails, pages, and phone calls
 - b. Health Alert Network
 4. Availability of staff and supplies
 5. Staff and Volunteer training
 - a. Annual drills
 - b. On-going CERT training for volunteers
 6. Medical Consultation

7. Duties of Staff and Volunteers
8. Clinic layout
9. Different lines for different scenarios
 - a. Individuals v. families
 - b. Allergies to medications
 - c. Handicap accessible
10. Tactical communication needs
11. Inventory control
12. Active Surveillance
13. Keeping the media informed
14. Gather lessons learned
15. Document the event

F. Memorandums of Understanding (MOUs): Memorandums must be in place **pre-event** with the facilities that could potentially serve as the POD site. Written agreements are necessary documentation for federal disaster reimbursement under a Stafford Act Declaration. Madison County must send a copy of the MOUs once they are signed by both the county and the facility. MOUs should include the following:

1. Immediate use of the facility during an event
2. Periodic inspection of the facility prior to an event
3. Both day and night contact info.
4. Financial compensation agreement (if any)
5. Liability or indemnification issues
6. Authority for use during exercise

G. Dispensing Guidance: The DPHHS EOC in conjunction with Madison County EOC will develop guidance for dispensing the assets based on the event. This may include quantity of doses, duration, and other critical information. As outlined in Chapter 1, the prescribing authority can be modified during an emergency. All licensed medical practitioners who have a relationship with dispensing medications are potential candidates to dispense at a POD.

Also mentioned in Chapter 1, the number of doses that an individual will be allowed to pick up will be determined at the time of the event based on availability. However, if availability is not an impeding issue, each individual over the age of 18 may pick up as many as five doses of medication, unless their immediate family is greater than 5 minors. In such an event, medication for all family members can be picked up. The names of the recipients of the medication will be collected at each POD along with the name of the person picking up the medication.

H. Special Populations: Madison County will work with special population groups to get signed agreements pre-event. The list below gives an idea of these special population groups and how they will receive medication.

1. Inmates of the County Jail

- a. Enough medication for at the very least the prisoners, jailers, dispatch, and deputies will be delivered to the jail. If coordinated in advance, doses for staff family members may also be delivered.
 2. Nursing homes, assisted living, Senior Centers
 - a. Enough medication for at the very least the residents and the staff will be delivered to the facilities. If coordinated in advance, doses for staff family members may also be delivered.
 3. Large businesses (Moonlight Basin Resort, First Madison Valley Bank, Luzenac Mine, Madison County)
 - a. Medication for the employees and their families (depending on availability) will be delivered to the businesses.
 4. Hospitalized Patients & Hospital Staff
 - a. Medication for hospitalized patients and the staff will be delivered to the hospital. Depending on availability, enough for the families of the hospital staff will also be delivered.
 5. Home-bound, quarantined, or shut-in's
 - a. During an event, the Meals on Wheels volunteers, or other volunteers, can deliver to homebound, quarantined or shut-in people.
- I. Data Collection:** The CDC has required that a Countermeasure Response Application (CRA) be used to track dispensed vaccinations from the local level. The DPHHS Informatics Section has incorporated the information into the Public Health Database. CRA is only intended to be used during major campaigns. The look and feel of CRA is similar to WIZRD (Web-based Immunization Registry Database), which the Madison County Public Health Department uses regularly to track immunizations.
- J. Staff Recruitment:** Many staff may be needed to successfully operate a POD. It is likely that Madison County will need a mixture of professionals, volunteers, and support staff that is familiar with the facility.
1. Possible sources for professionals
 - a. Pharmacists
 - b. Board of Medical Examiners
 - c. Professional Associations
 2. Possible sources for volunteers
 - a. CERT Members
 - b. Churches
 - c. Students
 - d. Walk-in volunteers
 3. Facility Support Staff
 - a. School staff
 - b. Polling place volunteers
 - c. County employees

Chapter 11

Treatment Center Coordination

- I. **Situation:** In a Strategic National Stockpile event, public information campaigns will include messages for both healthy and ill people. Points of Dispensing (PODs) should not be a gathering place for symptomatic or sick individuals and are not to be considered “treatment centers.” Individuals seeking treatment must go to the local hospitals, clinics, or other designated site.
 - A. **Purpose:** Prior to an event needing SNS assets, Madison County must identify potential treatment facilities. Coordination must be done prior to an event that will determine how to best serve the general public. Understanding the capabilities of local hospitals and clinics will ensure the public receives the right message on where to seek help. Health workers and hospital staff need to work together when planning alternate treatment centers.

- II. **Mission:** To interface with treatment centers and ensure that avenues to request additional support during an emergency are established.

- III. **Operating Procedures:** Much like a POD, a treatment center may require assets that are available from the SNS. Planning must be done pre-event to determine the treatment center capacity and potential needs. Requesting assets for either a treatment center or POD will be processed through the EOC.
 - A. **Pre-event Planning:** Madison County keeps a list of local hospitals and clinics and the contact people within those facilities. This list is updated bi-annually. The following should also be established before an event:
 - 1. Individuals at the hospital or clinic who are authorized to locally request SNS material from the county EOC. This contact information, once established will be reviewed quarterly.
 - 2. Procedures for treatment centers to request SNS materials. These procedures must be shared with the local hospitals and clinics and practiced at least once a year.

Chapter 12

Train, Exercise and Evaluate

- I. Situation:** As part of the Public Health Emergency Preparedness (PHEP) grant application, as well as the Phase II Pandemic Flu grant application, there are specific training, exercise, and evaluation (TEE) requirements that must be met in order to receive funding.
 - A. Purpose:** Training, Exercise, and Evaluation (TEE) are effective ways to ensure that plans written on paper are feasible in a medical emergency. Training is the responsibility of the state as well as the county. However, they should always work in concert with one another.
- II. Mission:** To outline training, exercise, and evaluation (TEE) requirements in order to better prepare the county for a public health emergency.
- III. Operating Procedures:**
 - A. Annual Responsibilities:** The following is a list of items Madison County must do on an annual basis:
 1. Submit a mature SNS Plan to the State SNS Coordinator
 2. Include POD facility worksheet in SNS Plan
 3. Maintain local MOUs to reflect current, accurate information
 4. Ensure that all county partners associated with SNS planning are trained and understand their role in SNS operations.
 5. Ensure all PODs have a security plan
 6. Ensure treatment centers are trained in SNS request procedures
 7. Ensure that a minimum of two people are identified to receive training on the Countermeasure Response Application to track vaccinations given during an SNS event.
 - B. Quarterly Responsibilities:** The following is a list of items Madison County must do on a quarterly basis:
 1. Ensure accurate distribution drop point information is maintained and provided to the State SNS Coordinator
 2. Ensure accurate public information officer contact information is maintained and provided to the State SNS Coordinator
 3. Ensure primary SNS Contact Information is accurately maintained with the State SNS Coordinator

Signature Page

Madison County Strategic National Stockpile Plan

2011

Signature

Date

Public Health Administrator

Commissioner Chair

Director of Emergency Management

2012

Signature

Date

Public Health Administrator

Commissioner Chair

Director of Emergency Management

2013

Signature

Date

Public Health Administrator

Commissioner Chair

Director of Emergency Management

Documented Changes

Madison County Strategic National Stockpile Plan

3/7/11: Added Signature Page & Documented Changes Page, updated contact information for POD sites, added road crew information to page 25, updated Appendix A (contact list) with new commissioner information, new DPHHS staff information

Appendix A
Key Contacts

<p>State Level DPHHS Governor's Office DPHHS Emergency Preparedness</p>	<p>SNS Coord.; Michael Radke mradke@mt.gov Section Supervisor, Delila Bruno dbruno@mt.gov</p>	<p>406-444-3111 444-6072 (w), 438-1967 (h), 438-5361 (c) 444-1611 (w), 933-8417 (h), 431-3161 (c)</p>
<p>Madison County Public Health Public Health Officer Public Health Administrator, SNS Coordinator/Back-up PIO Public Health Nurse, Back-up SNS Coordinator Public Health Clerk Environmental Health Sanitarian</p>	<p>Dr. Sarah Googe sgooge@3rivers.net Jill-Marie Steeley madcophd@3rivers.net Christine Durham, RN madcophn@3rivers.net Sheri Jarvis Ralph Hamler mcsani@3rivers.net</p>	<p>842-5103 (w), 842-5147 (h) 843-4295 (w), 843-5395 (h), 579-1174 (c) 843-4295 (w), 682-7848 (h), 596-0811 (c) 843-4295(w), 865-0578 (c) 843-4276 (w), 842-5788 (h), 596-0190 (c)</p>
<p>Madison County Emergency Mgt. Director/PIO Communications Coordinator</p>	<p>Chris Mumme direms@3rivers.net Steve DiGiovanna homesec@3rivers.net</p>	<p>843-4253 (w), 842-5625 (h), 596-0171 (c) 843-4211 (w), 842-7787 (h), 596-8810 (c)</p>
<p>Madison County Commissioners Chairman, District 1 District 2 District 3 Sheriff's Office/EOC Sheriff/Coroner</p>	<p>David Schulz madco@madison.mt.gov Dan Happel madco@madison.mt.gov Jim Hart madco@madison.mt.gov Dave Schenk</p>	<p>843-4277 (w), 842-5466 (h), 596-0810 (c) 843-4277 (w), 685-3419 (h), 596-0683 (c) 843-4277 (w), 682-7227 (h), 596-7227 (c) 843-5301 or 911</p>

Appendix B

Explanation of Terms

12 Hour Push Package	A cache of pharmaceuticals, antidotes, and medical supplies delivered from the CDC to the State to respond to a broad spectrum, ill-defined threat
CDC	The Centers for Disease Control & Prevention
DEA	Drug Enforcement Agency
DES	Disaster and Emergency Services
DPHHS	Montana Dept. of Public Health and Human Services
Drop Point	A single site in the County where the State will deliver the SNS supplies
EOC	Emergency Operations Center
IC	Incident Commander
ICS	Incident Command System
LHJ	Local Health Jurisdiction
Managed Inventory	A cache of pharmaceuticals and/or medical supplies that are delivered from the CDC in response to a specific, well-defined threat
MOU	Memorandum of Understanding
Prophylactic Drugs	Drugs intended to prevent illness to an entire population
Points of Dispensing (POD)	County designated locations where the asymptomatic public received prophylactic medicines or supplies
SNS	The Strategic National Stockpile of drugs and medical materials that the CDC will deliver to Montana
S/L	State or Local, as opposed to a federal response
Treatment Centers	The locations in the community where the sick receive treatment. These include hospitals and acute care clinics.