

# **Public Health-Dayton and Montgomery County**

## **Strategic National Stockpile Operational Plan**

*May 2011*



**Public Health Dayton and Montgomery County  
Office of epidemiology & Emergency preparedness  
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Public Health-Dayton & Montgomery County

SNS Plan

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

## **I. Introduction**

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

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

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

### **Purpose**

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

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

### **Scope**

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

## **II. Situations and Assumptions**

### **Situation**

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

- This plan anticipates mass dispensing greater than 171,000 regimens to head of household members at pre identified Points of Dispensing (POD).
- Approximately 20% of the population will be handled by pre-identified closed PODs.
- Agencies and resources tasked in this document are aware of their responsibilities and have agreed to fulfill these responsibilities in an emergency.
- Memorandums of Understanding (MOU) between local public health agencies, community partners and volunteer groups will be relied upon to assist the staffing of PODs.
- The majority of identified volunteers will be available for use in an emergency, including use for staffing a POD.

### **Assumptions**

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

## **III. Concept of Operations**

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

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

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

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

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

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

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

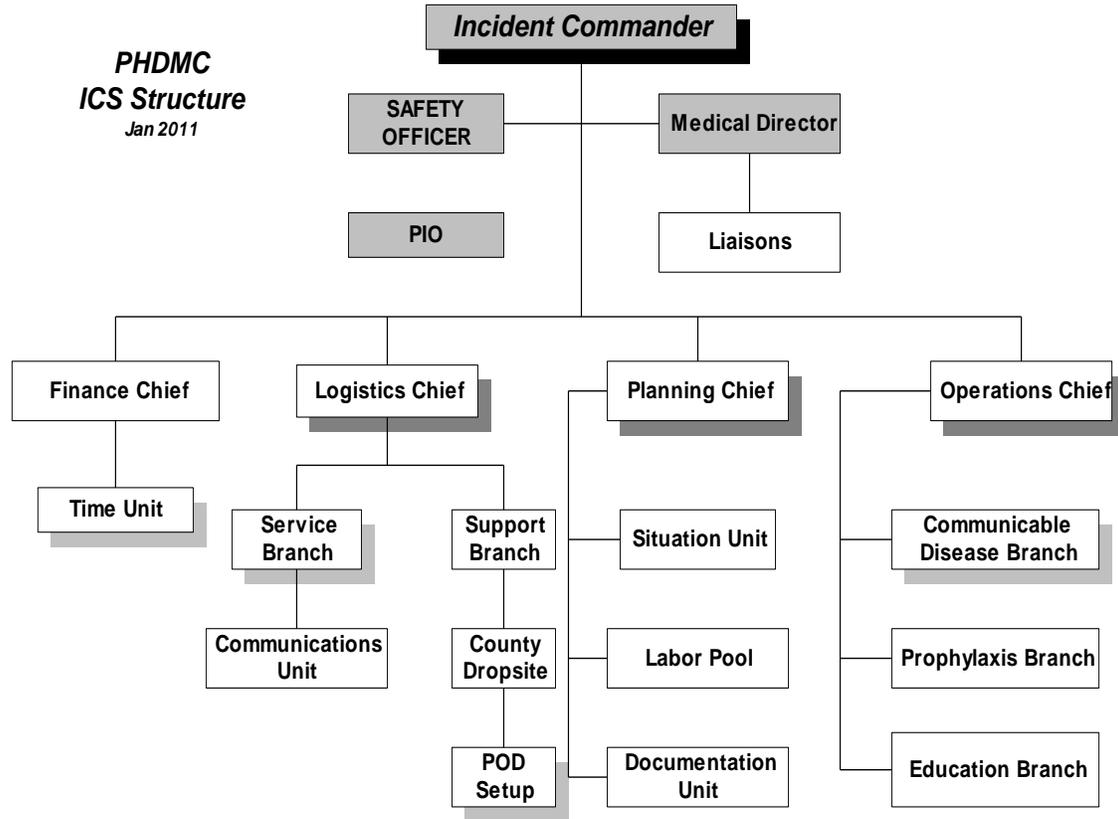
Legal issues applied to Mass Prophylaxis Operations:

- Standing Orders from the State address the medical practitioners authorized to set protocols for dispensing Sites. (See Attachment B)
- Procurement of private property will be through pre-established MOUs.
- Liability for Medical Reserve Corps (MRC) volunteers will be handled through the MRC. Liability for Academic Nursing Coalition for Disaster Preparedness (ANCDP) will be handled through the individual schools.
- Workers Compensation for public health employees will follow PHDMC employee policy.
- Staff compensation will also follow the PHDMC's personnel policies.
- Use of Emergency Medical Services (EMS) personnel in some circumstances (e.g., administering vaccinations during the 2009 H1N1 pandemic) requires a gubernatorial declaration of emergency.

#### **Incident Command System (ICS) Structure**

All PHDMC SNS operations outlined in this plan are in compliance with the National Incident Management System (NIMS) and follow Incident Command Structure (ICS).

ICS terminology for each organizational division is in Figure 1.



**Figure 1**

**B. Requesting SNS (Section 3)**

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

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

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

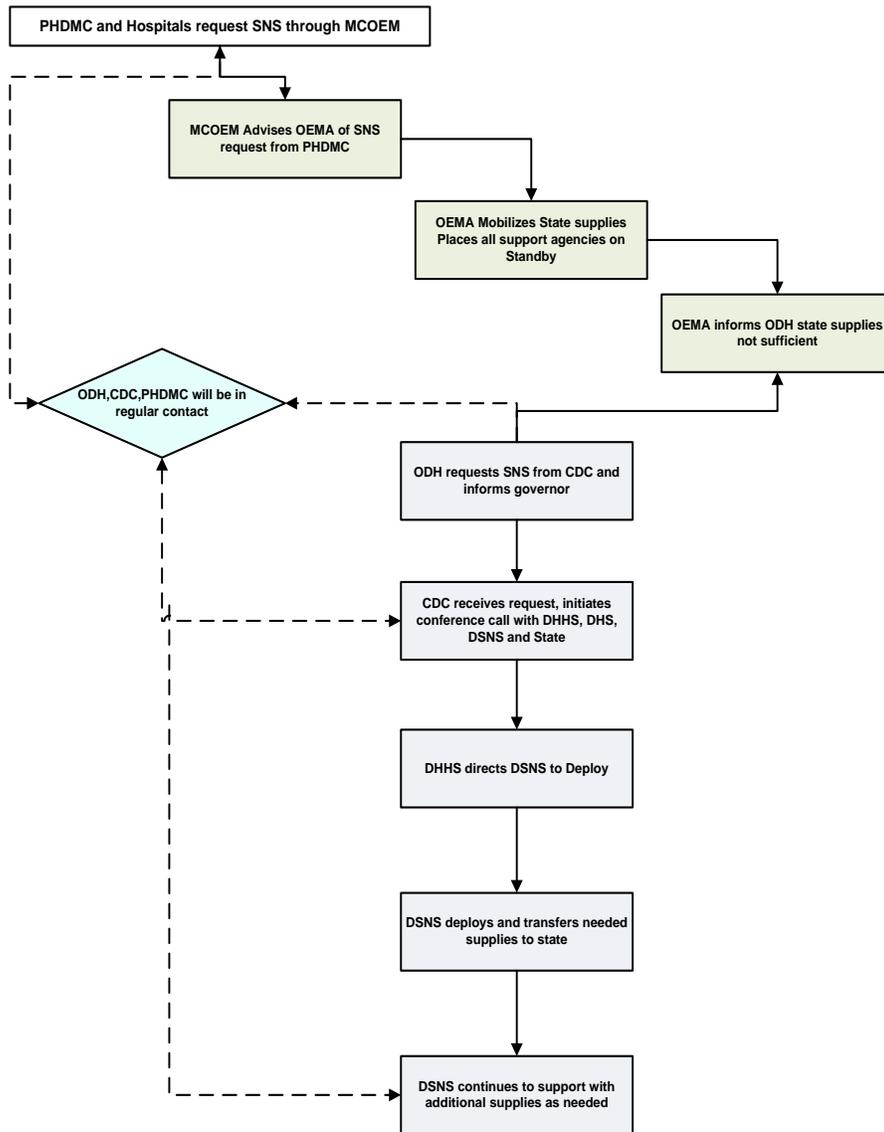
<b>Request Justification</b>
<p>Overt release of a chemical, biological, or radiological agent</p> <p>Claim of release by intelligence or law enforcement</p> <p>Indication from intelligence or law enforcement of a likely attack</p> <p>Clinical or epidemiological indications</p> <ul style="list-style-type: none"> <li>◆ Large number of ill persons with similar disease or syndrome</li> <li>◆ Large number of unexplained disease, syndrome, or deaths</li> <li>◆ Unusual illness in a population</li> <li>◆ Higher than normal morbidity and mortality from a common disease or syndrome</li> <li>◆ Failure of a common disease to respond to usual therapy</li> <li>◆ Single case of disease from an uncommon agent</li> <li>◆ Multiple unusual or unexplained disease entities in the same patient</li> <li>◆ Disease with unusual geographic or seasonal distribution</li> <li>◆ Multiple atypical presentations of disease agents</li> <li>◆ Similar genetic type in agents isolated from temporally or spatially distinct sources</li> <li>◆ Unusual, genetically engineered, or antiquated strain of the agent</li> <li>◆ Endemic disease or unexplained increase in incidence</li> <li>◆ Simultaneous clusters of similar illness in non-contiguous areas</li> <li>◆ Atypical aerosol, food, water transmission</li> <li>◆ 3 people presenting the same symptoms near the same time</li> <li>◆ Deaths or illness among animals that precedes or accompanies human death</li> <li>◆ Illnesses in people not exposed to common vent systems</li> </ul> <p>Laboratory results</p> <p>Unexplainable increase in EMS requests</p> <p>Unexplained increase in antibiotic prescriptions or over-the-counter medication use</p>
<b>Local Resource Considerations For Deploying the SNS</b>
<p>Number of current casualties</p> <p>Projected needs considering the population of the area (including transients), and possible infections versus non-infections</p> <p>Presence of an identifiable coordinated SNS annex to the state or local terrorism response plan</p> <p>Hospital capacity at the time of the event, including intensive care unit beds and ventilator needs</p> <p>State resources identified, including pharmacy distributors, oxygen availability, other nearby hospitals, and in-state alternative care centers</p> <p>Local resources, e.g., pharmacy distribution, oxygen availability, and transport capacity</p> <p>Whether or not plans and preparations have been made for receiving, distributing, and dispensing the SNS, and plans are substantive enough to be fully activated</p>

**Figure 2 Request Justification**

**Re-supply Procedures**

Re-supply procedure for requesting additional SNS materials.

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



**Figure 3 Request Algorithm**

**C. Communications Plan (Section 4)**  
***Tactical Communications***

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

**External Communications**

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

**Internal Communications**

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

External Communication	Internal Dispensing Site Communication
Land-line telephones	Land-line telephones
Cell phone	Cell phone
800 MHz	MARCS
Satellite Phones	Fax
E-mail	Ham/Amateur Radios
Fax	P.A. System
Ham/Amateur Radios	Runners
Emergency Notification System	
Runners	

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

**D. Public Information and Communication (Section 5)**

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

Specific objectives of communication are to:

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

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

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

Messaging to ensure that the public receives timely and accurate information should include:

- Basic information about the disease or threat in question, including high-risk populations and recommended preventive practices (e.g., what to do if a patient is pregnant, breast-feeding, or requires special doses of antibiotic)
- Basic information about the antibiotics or medications in question
- The availability of antibiotics or medications and the rationale for the prophylaxis scenario that is employed
- The persons who should seek prophylaxis at the PODs (only head of household will be encouraged to go to PODs)
- The persons who should not seek prophylaxis at the PODs
- Instructions for persons unable to reach PODs

- Symptoms that individuals should be aware of and what to do if they are experiencing symptoms described, including when not to present to hospital emergency departments, and other healthcare alternatives.
- Specific instructions for persons who seek prophylaxis at PODs such as:
  - ✓ Nearest POD Location in their community, hours of operation, who should go, how to get there with map, traffic information, parking, public transportation routes, type of dispensing, what to bring, and what not to bring.
  - ✓ Information needed to bring to the dispensing site, particularly for heads of households, who need to know the names, dates of birth, medications individuals are currently receiving, allergies and significant health history for those individuals he/she is representing, height and weight of children he/she is representing. Head of households will need to bring a form of identification (See Head of Household Guidance – Annex I: Mass Prophylaxis Plan)
  - ✓ What to expect at PODs: procedures at POD, current estimates of time to move through POD, etc.
  - ✓ How to identify staff
  - ✓ What individuals can do to help:
    - Car pool to sites
    - Help neighbors with childcare
    - Drive physically disabled, etc.
- Instructions for informing the public of POD closings during deactivation

Information and messages will be provided in different languages and/or graphically. The public will be informed through various sources including:

- Local media – television, radio, and newspaper
- Posted to Public Health Websites
- 24/7 Information Hotline
- Local community announcements (Public Service Announcements)
- Flyers, fact sheets, posters
- Videos

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

## **E. Security (Section 6)**

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

local security plans for each jurisdiction's POD sites. Law enforcement will follow all rules of engagement per the jurisdiction's policies, laws, and statutes.

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

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

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

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

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

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

POD binders located in Emergency preparedness section of PHDMC and the HAN Directory in Emergency Communications SOG.

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

## **G. Distribution (Section 9)**

See Attachment C: Protocol for Local Distribution of SNS

## **H. Dispensing Prophylaxis (Section 10)**

See: Annex I: PHDMC Mass Dispensing and Vaccination Plan

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

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

## **I. Hospitals and Alternate Care Facilities (Section 11)**

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

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

Hospitals and PHDMC will be tested on request procedures for SNS during the May 2011 functional exercise. Any identified discrepancies will be identified on the after action report/improvement plan.

## **J. Train, Exercise and Evaluate (Section 12)**

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

Training areas include:

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

Cross training of personnel is encouraged.

Just-in-Time Training:

Just-in-time training will be used in multiple facets during POD activation.

- A general over-brief will be given to all personnel by the POD Manager.
- Review of Job Action Sheets for area of responsibility by individual and supervisor.
- Review of communication procedures and use.
- Review of security procedures.

#### **IV. Assignment of Responsibility**

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

- Public Health Dayton Montgomery County
  - Requests SNS through MC EOC
  - Opens PODS as needed
  - Coordinates Security with LE partners
  - Gives clear messages to public through PIO
  - Coordinates CDS operations
  - Maintains communications with key partners (ODH, MCOEM, and Hospitals)
  - Manage county drop-site
- Montgomery County Office of Emergency Management

- Coordinates additional resource requests
- On request from PHDMC or hospitals, contacts State of Ohio to request SNS
- Liaison to PHDMC Department Operations Center
- Management of Emergency Operations Center
- Opening of Rumor Control
- Coordinate communications between agencies
- Dayton Metropolitan Medical Response System
  - Liaison to PHDMC Department Operations Center
  - Point of contact for EMS
  - Disseminates information to EMS partners throughout county
- Montgomery County Sheriff/Local Law enforcement
  - Participant to County EOC
  - Create security plans
  - Identify operational resources
  - Support operational activities
- Greater Dayton Area Hospital Association
  - Participant to County EOC
  - Liaison to PHDMC Department Operations Center
  - Direct point of contact for all hospitals
- County public works
  - Participant to County EOC
  - Supply moving equipment to the county drop site

## V. Plan Development and Maintenance

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

## VI. Authority & References

- Centers for Disease Control and Prevention’s “Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness, Version 10”.
- Division of Strategic National Stockpile, Local Technical Assistance Review Checklist, October 2009.
- PHDMC Public Health Emergency Preparedness Plan for Montgomery County
- Emergency Support Function #8 of the Montgomery County Emergency Operations Plan
- Public Health-Dayton & Montgomery County ANTIVIRAL DISTRIBUTION PLAN, August 2010.

- Standard Operation Guideline, Office of the Health Commissioner, Epidemiology and Emergency Preparedness, Strategic National Stockpile (SNS) Plan

## **Acronyms:**

### **Acronyms:**

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

## **Attachment A: PHDMC Points of Dispensing**

	<b>Facility</b>	<b>Address</b>	<b>City</b>
Primary	Hara Arena	1001 Shiloh Springs Road	Dayton
Primary	UD Arena	1801 Edwin C. Moses Blvd.	Dayton
Secondary	Wayne High School	5400 Chambersburg Road	Huber Heights
Secondary	West Carrollton High School	5833 Student Street	West Carrollton

**Attachment B: Ohio Dept of Health standing Order for Ohio Local Health Departments: Prophylactic Use of Antibiotics.**



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

Director's Journal Entry

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

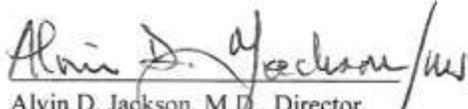
This medical order does not cover treatment of persons with known or suspected disease from the bioterrorism agents *Bacillus anthracis*, *Yersinia pestis*, or *Francisella tularensis*. Such persons must be under the care of a physician and public health authorities. All persons with known or suspected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

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

All medications are prescribed, and must be dispensed in accordance with the national prophylactic treatment recommendations and within the stated restrictions and guidelines of the Centers for Disease Control and Prevention's (CDC) Division of Strategic National Stockpile (SNS) Program. When a mass dispensing site is activated and operational in Ohio in response to a public health event involving anthrax, plague or tularemia, one of the following post-exposure prophylaxis dispensing orders/algorithms must be followed:

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

Review of this order, and agency policies and procedures related to carrying out this order, will occur at least once a year. This medical protocol will terminate one year from the date when it was signed.

  
Alvin D. Jackson, M.D., Director  
Ohio Department of Health

May 26, 2010  
Date

I hereby certify this to be a true and correct copy of the Order to Journal Entry of the Ohio Director of Health.

May 27  
Date

\_\_\_\_\_  
Custodian of the Director's Journals  
Ohio Department of Health

**Prescribed post-exposure regimens are maintained in each POD binder.**

## **Attachment C. Protocol for Distribution of SNS Locally**

1. Distribution Manager – The current distribution manager would be the facilities manager from PHDMC logistics section. All members of the twenty-seven person Incident Management Team (IMT) will receive training with the job action sheet for distribution management. This ensures flexibility in the system with sufficient backups.

2. Distribution Sites - SNS will be distributed from the state to POD locations or the county drop-site. If medical supplies are need they will be forwarded directly to hospitals. Antibiotics will not be delivered directly to hospitals due to hospitals maintaining a 72-hour supply for all staff. Hospitals will get additional antibiotics if needed through the county drop-site. Distribution from the county drop-site to additional sites may be by pick-up only. A designated representative from that organization will be scheduled to pick up their allotment. Examples of these agencies could include but are not limited to:

- WPAFB
- Long Term Care/Assisted Living
- Universities
- Large Businesses
- Other POD locations if necessary
- Other organizations deemed necessary by incident command

3. Pick-up Schedules - The pick-up frequency will be dependent upon many variables.

- The magnitude of the emergency
- Timeframe that prophylaxis/vaccine would need to be provided to the populace
- Number of close PODs that have been identified before hand

4. Resource Needs – PHDMC would staff the drop-site. Security if necessary would be provided by law enforcement. MCOEM would be the point of contact for forklifts if needed.

5. Dispensing Sites – A majority of the 26 identified POD locations in Montgomery County do not have off-loading and loading equipment. We will request this equipment from MCOEM at the time we request the SNS. This equipment would only need to be available during the delivery of the SNS. Distribution to other sites would deal with small enough numbers that heavy equipment would not be needed.

6. Training – PHDMC maintains a thirty person IMT for handling Public Health emergencies. Members from this group will receive ongoing training in the following areas:

- Chain of custody protocol
- Routing information
- Security/communication procedures
- Appropriate use of material handling equipment
- Loading and off-loading materials

**Attachment D: SNS Contact Listing:**

No for Public Viewing