APPENDIX 1:

MEDICAL COUNTERMEASURE (MCM)

PCHD/SCHD hereby adopts the "Appendix 1: Medical Countermeasures", as evidenced by the signature of the Health Commissioners on the table below.

_____   _12-14-21_
Chris Smith, Health Commissioner- Portsmouth City   date

_____   _12-14-21_
Michael Martin, Health Commissioner-Scioto County   date

Portsmouth City and Scioto County Health Departments Emergency Response Plan

This page was intentionally left blank

Portsmouth City and Scioto County Health Departments Emergency Response Plan

Table of Contents

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Portsmouth City and Scioto County Health Departments Emergency Response Plan

INTRODUCTION AND PURPOSE

Every public health jurisdiction in the country has a responsibility to develop and maintain the capability to carry out first response and ongoing (Federally assisted) mass dispensing campaigns related to prophylaxis/ medical treatment tailored to its local population in the event of a catastrophic/wide spread event, such as: radiological/nuclear accident; bioterrorism attack; or naturally-occurring disease outbreak.

The purpose of mass dispensing is to establish an effective public health response to a catastrophic event requiring the dispensing of prophylaxis/medical treatment to a large number of individuals within Scioto County and to communicate with the affected population and all supporting services.

The PCHD & SCHD prepares for a large-scale campaign to dispense medical countermeasures (MCM) to the general public, specifically where the demand for local resources exceeds supply or there is an interruption in the supply chain that affects resource availability. Current pre-event preparations are based on a planning scenario for a response to a bioterrorist attack over a large geographic area (i.e., statewide) with an agent such as Bacillus anthracis (b. anthracis or anthrax). Medical supplies may be insufficient to support tactical operations for state and local responses to a public health emergency, including outbreaks, intentional attacks, and environmental disasters, presenting a life/safety risk. Mobilization of cache materiel from the Strategic National Stockpile (SNS) is based on a state or local request or a federal decision to deploy resources to increase resource availability in advance of a response to a public health threat.

The purpose of the SNS portion of this plan is to provide an overview of how emergency countermeasures will be distributed to the health department in order to prophylax everyone in, or a large portion of, Scioto County within 48 hours of a MCM request approval, in a medical Point of Dispensing (POD) site.

This plan will address six main focus areas to operate an efficient Point of Dispensing site (POD).

- Command and Control
- Site Selection and Security
- Dispensing site design
- Operational issues
- Public Information/Communications
- Special Populations

Definitions

Points of Dispensing (POD): A physical site where the sole purpose is to quickly dispense (mass dispensing) preventive countermeasures (mass prophylaxis) to large numbers of people during an emergency in an effort to PREVENT ILLNESS.

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Distribution of Countermeasures: The shipment/movement of large amounts of countermeasures to sites of dispensing. Example: movement from PCHD & SCHDs drop-site to a local pharmacy, or hospital for dispensing to the affected population. See "Implementing Instruction (II):MCM: Countermeasure Distribution" for details of distribution activities.

Drop Site: Site that is identified as the point within the county where SNS supplies will be delivered for the purpose of sorting, inventorying, and for further distribution.

Full medical (clinical) POD: In the medical model, each person receives a medical assessment and MCMs from a licensed medical professional. Under this model, medical personnel would dedicate more time to providing a personalized medical evaluation and education on the agent and MCMs to each client at the dispensing site.

Mass Dispensing: The movement of large amounts of countermeasures to a large number of people (end-user) in an effort to provide "mass prophylaxis". A mass dispensing event would be a public health emergency in which authorization of local health departments (LHDs) to be a "dispensing" agent has occurred and Points of Dispensing (PODs) would be activated.

Mass Prophylaxis: The capability to protect the health of the population through administration of critical interventions (e.g., antibiotics, vaccinations, antivirals, countermeasures) to prevent the development of disease among those who are exposed or potentially exposed to public health threats.

Medical Countermeasures (MCM): Vaccines, antiviral drugs, antibiotics, antitoxin, etc. in support of treatment or prophylaxis to the identified population in accordance with public health guidelines or recommendations. This includes the Strategic National Stockpile (SNS), a Center for Disease Control and Prevention (CDC) program developed to provide rapid delivery of pharmaceuticals, medical supplies and equipment for an ill-defined threat in the early hours of an event, a large shipment of specific items when a specific threat is known or technical assistance to distribute SNS materiel. SNS program support includes the 12- hour Push Pack, vendor managed inventory (VMI), and Federal Medical Stations Mass Prophylaxis: The capability to protect the health of the population through administration of critical interventions (e.g., antibiotics, vaccinations, antivirals, countermeasures) to prevent the development of disease among those who are exposed or potentially exposed to public health threats.

Non-medical (rapid dispensing) POD: The non-medical model refers to a modification of the medical model that streamlines dispensing operations to achieve rapid dispensing. The goal of rapid dispensing is to increase the number of people who can go through a POD, also known as increasing throughput. In light of the anticipated large number of individuals requiring MCMs during an emergency and the timeframe in which the jurisdiction must accomplish dispensing, the non-medical model takes into account limited medical staffing and decreased time to provide MCMs. In this model, individuals might receive a less comprehensive screening form; steps in the dispensing process might be combined or eliminated; or trained nonmedical

personnel may dispense MCMs under limited supervision from licensed medical professionals.

Operational Readiness Review (ORR): The annual evaluation tool assessing the LHD City Readiness Initiative (CRI) Program's: materials, products, plans, exercises, and activities. This assessment is conducted by a team of Federal, state, and local preparedness staff using a worksheet developed by Federal and state program partners (formerly the "Annual Technical Assistance Review"). The ORR is used to assess how ready LHDs are to respond to a Medical Countermeasure Distribution and Dispensing (MCMDD) response.

Strategic National Stockpile (SNS): The United States' **national** repository of antibiotics, antivirals, chemical antidotes, antitoxins (countermeasures) and other critical medical equipment and supplies. In the event of a **national** emergency involving bioterrorism or a natural pandemic, the SNS has the capability to supplement and re-supply local health authorities that may be overwhelmed by the crisis, with response time as little as 12 hours. The SNS is jointly run by the CDC and the Department of Homeland Security.

SITUATION AND ASSUMPTIONS

Situation

A disease or health condition requiring the dispensing of emergency countermeasures, and/or supplies to members of the population at a Point of Dispensing (POD)/Vaccination Center, or other dispensing site has occurred.

Assumptions

1. Scioto County may at any time experience a terrorism event (e.g., biological, chemical or radiological), a major natural disaster or technological accident that requires mass prophylaxis for all or a large portion of its residents.

2. The Portsmouth City and Scioto County Health Commissioners/PCHD & SCHD Boards of Health will have declared a Public Health Emergency.

3. Events necessitating the deployment of PODs and the medical countermeasure resources will involve multiple jurisdictions, as well as Scioto County.

4. Pre-identified POD facilities are available during the incident for use as "PODs".

5. The appropriate countermeasure will be available at the state level, whether obtained from the SNS, or the state stockpile.

6. The SNS will bolster insufficient state and/or local medical materiel.

7. Arrival time for SNS "push" materiel to the state is approximately 12 hours following CDC deployment.

8. Due to the emergency situation, many routine public health activities will be curtailed, freeing up staff to be redeployed in support of a mass dispensing campaign.

9. A large number of volunteers may be needed.

CONCEPT OF OPERATIONS

Notification and Communication (Diagram1)*
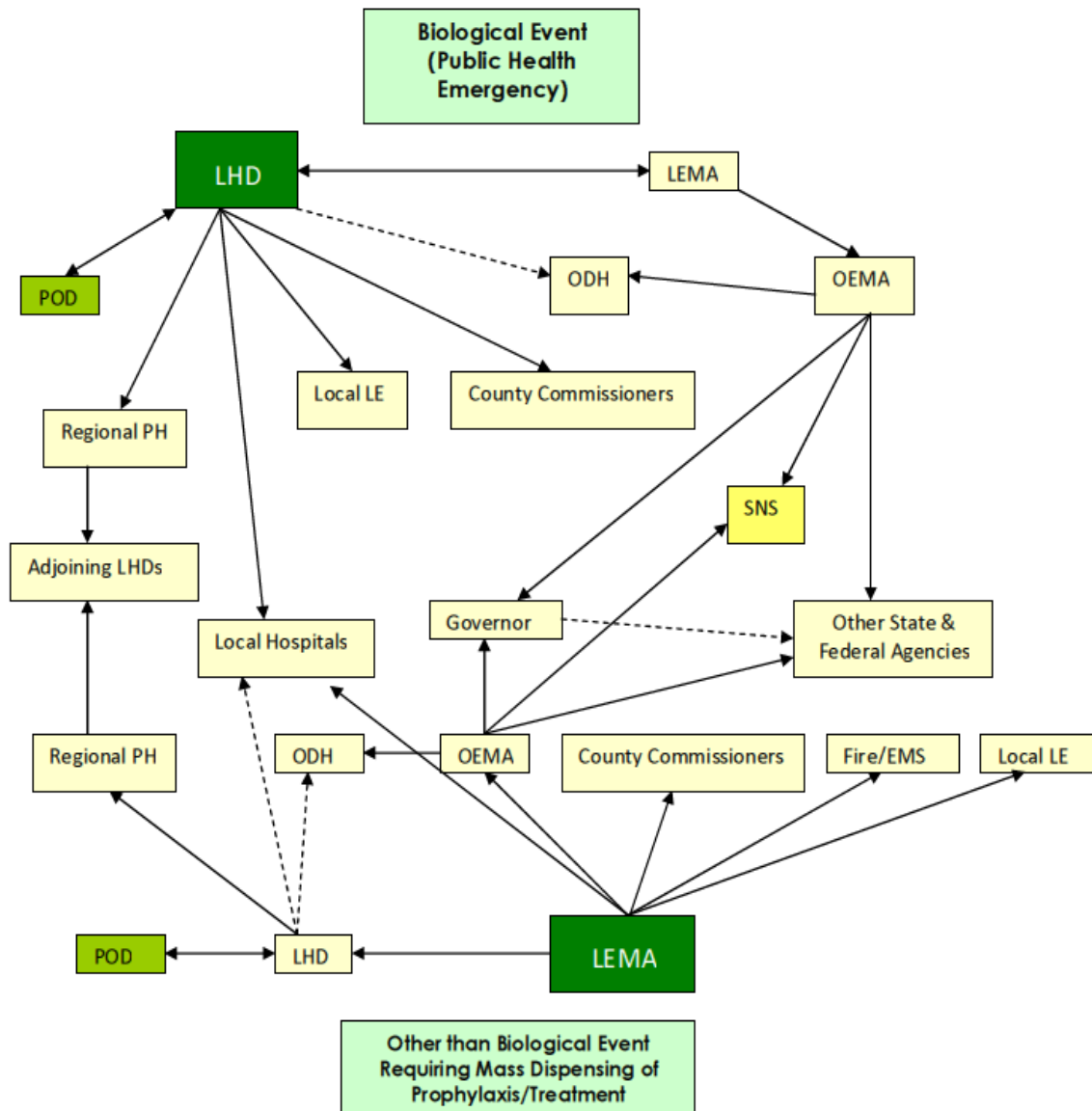
* See: "ERP Attachment A: Acronyms" for definition of acronyms found in this diagram.

Response Actions

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

<u>ERP Activation</u>

- The Portsmouth City and Scioto County Health Department Emergency Response Plan (PCHD & SCHD ERP) must be activated in order to implement this Appendix.

- See the "Concepts of Operations, Emergency Response Plan Activation Authority" section of the PCHD & SCHD ERP.

<u>Typical Sequence of Activities</u>

- The PCHD & SCHD ERP has been activated.

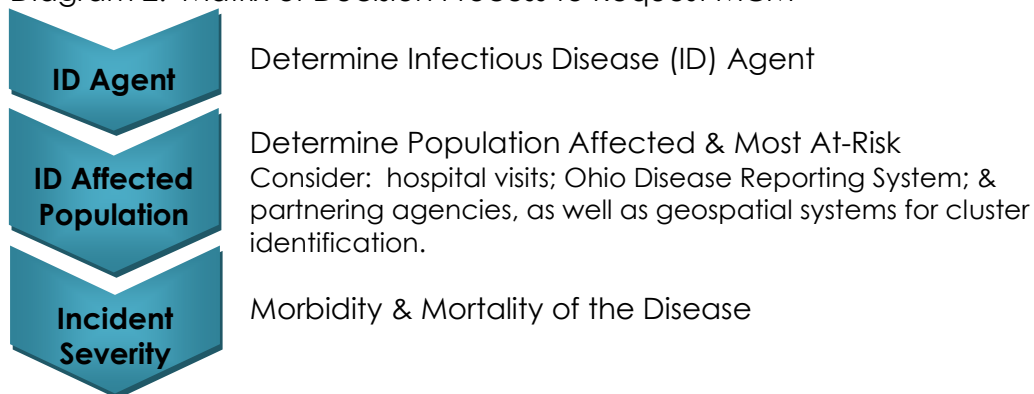- If the incident is biological, the Portsmouth City and Scioto County Boards of Health and/or Health Commissioners will notify the County Commissioners and City Council as to the need for countermeasures via a POD(s), population to be served, and will provide any other appropriate specific guidance. Guidance for determining the appropriate medical countermeasure for the affecting agent, a timeline for completion of dispersion of the countermeasure, and an analysis of Scioto County's medical & social demographics can be found in Implementing Instruction (II): MCM: Countermeasure Selection Guidance.

- If the incident is "other than biological", the Emergency Operations Center (EOC)/Emergency Management Agency (EMA) will notify the Portsmouth City and Scioto County Boards of Health and/or Health Commissioners as to the need for countermeasures via a POD(s) and population to be served.

- This Appendix will be activated.

- Documentation and a description of the activation, notifications, services enhanced, services reduced/eliminated, and other pertinent information may be included on the Incident Command System (ICS) form 201.

- Assessment of local resources/medical materials will begin (See Diagram2 below). The Scioto County Health Alert Network (HAN) Directory has a list of local pharmacies and medical supply stores, along with their contact information. If the need to request MCM is determined, the Health Commissioner/Administrator, or their designee, has the authority to make the request outside the normal supply chain.

Diagram 2. Matrix of Decision Process to Request MCM

ID Agent — Determine Infectious Disease (ID) Agent

ID Affected Population — Determine Population Affected & Most At-Risk
Consider: hospital visits; Ohio Disease Reporting System; & partnering agencies, as well as geospatial systems for cluster identification.

Incident Severity — Morbidity & Mortality of the Disease

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

ID MCM — Choose Effective Treatment/Prophylactic/Medical Countermeasure (MCM)
Consider an alternative for those who cannot receive 1st choice.

Timeline — Develop Timeline Related to Urgency & Time
Can this be delivered to population in a timely manner?

Availability of MCM — MCM Available Locally at pharmacies, hospital, medical suppliers, etc?

Population vs MCM — Population < or = to Amount of MCM Available? Then **NO** MCM to be requested outside of local.

Availability of MCM — MCM Available in Surrounding Counties at pharmacies, hospital, medical suppliers, etc?

Shortfall? — Population < or = to Amount of MCM Available Locally & from Surrounding Counties? Then **NO** MCM to be requested outside of the region.

Notify LEMA — Request MCM Through County EMA Director to meet the needs if the needs goes beyond local/regional resources. The State will determine if SNS materiel needs to be requested.

Re- Assess & Notify LEMA

- Periodically Re-Assess the Population Need vs. the Availability of MCM.
- Request Additional MCM Resources following this SAME Decision Matrix.

- Alternative pathway: Especially for large events, the state may request and purchase large amounts of material, then distribute the materiel throughout the incident without a request from the local Emergency Management Agency, or local health department

- As soon as possible, the County Commissioners, or their representative, will convene a meeting of the necessary personnel in order to begin the prophylaxis process for "First Responders" and essential government. Those personnel may include representatives from local EMA, Scioto County Job and Family Services, fire, EMS, law enforcement, Red Cross, hospitals, and others as deemed necessary.

- See Implementing Instruction (II): MCM: Activation and Demobilization Process Checklist for details of the POD site activation.

- If local resources/medical materials are found to be not sufficient, resources will be requested, via the EMA Director, from adjacent counties and/or state agencies to be utilized.

  o There are NO medication caches in Scioto County

o   There is a limited cache of Personal Protective Equipment, such as N-95 masks, located in Scioto County. SCEMA is responsible for the acquisition, management, and distribution of PPE. Requests should be forwarded to the SCEMA Director.

- If it is determined that the resources/medical materials locally and regionally will be insufficient to provide the projected need of the community, State and Federal assets may be considered. See "Strategic National Stockpile – Requesting SNS Assets" section of this document.

Command & Control

Incident Command and POD Site Command Structure

- Each POD site will have an incident command structure and an Incident Command Center.

- See Implementing Instruction (II): MCM: POD Management Team Assignments in the POD Notebook.

- See diagram of "Incident Command Structure" below. Job Action Guides for the POD Site incident command structure above can be found in the POD Notebook and in Ohio Point of Dispensing (OPOD).

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Diagram 3. Incident Command Structure
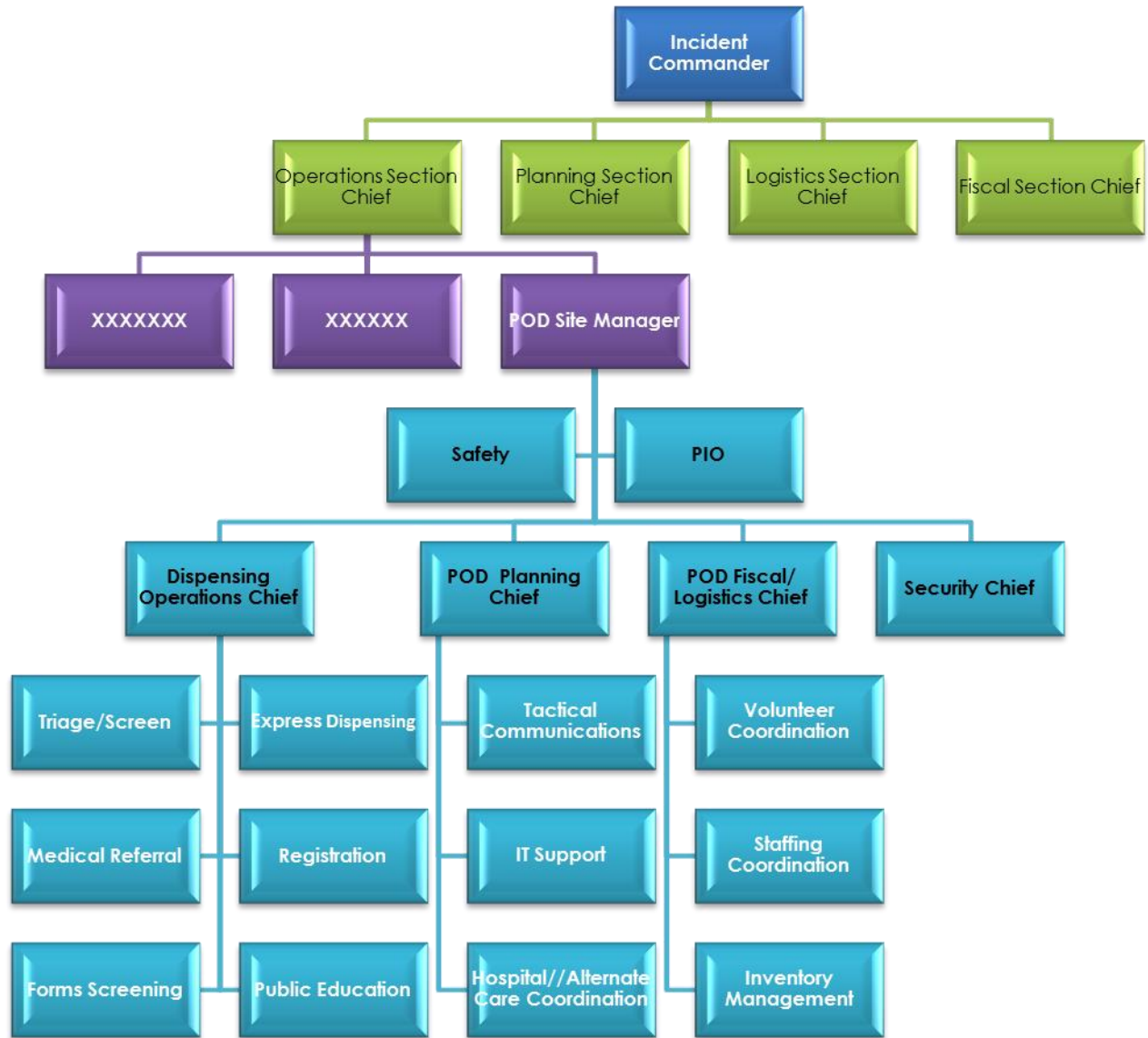
Access and Functional Needs Populations,

The PCHD & SCHD will contact the appropriate advocacy group to reach populations with functional needs. The "Functional Medical Needs Resource List" has been developed to assist in reaching populations that might not be serviced by a POD otherwise. Some populations that will need special dispensing methods include, but are not limited to:

- People who are incarcerated (jails, prisons, and juvenile-detention facilities);

- People in nursing homes, assisted living facilities, and other long-term care institutions;

- People who are hospitalized;

- People who are home-bound who may or may not get care at home through local home healthcare service providers;

- People experiencing homelessness and individuals who are undocumented aliens;

- Infants and young children;

- People with limited English fluency / people with hearing loss/people with a visual impairment/ people with limited illiteracy.

Prophylaxis for "functional needs populations" that cannot utilize the POD may occur after the completion of the POD activities. Public health and home health care nurses will distribute prophylaxis to high-risk populations unable to utilize PODs as personnel and time allows.

STRATEGIC NATIONAL STOCKPILE

Description

ChemPack

Centers for Disease Control and Prevention (CDC) has established this voluntary participation project for the "forward" placement of sustainable repositories of nerve agent antidotes in numerous locations throughout the United States, so that they can be immediately accessible for the treatment of affected persons.

Push Packs

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

Vendor Managed Inventory

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

In the event of a large-scale incident, man-made or natural disaster, declared public health emergency or intentional act of terrorism using weapons of mass destruction, the Strategic National Stockpile asset is available when local and state assets are depleted, or near depletion. Some examples of incidents that

might justify a request for medical countermeasures from the Strategic National Stockpile include, but is not limited to:

- An overt occurrence of chemical, biological, radiological, nuclear, explosive (CBRNE) event;

- Medical emergency caused by a natural disaster;

- Claim of release or use of CBRNE by intelligence or law enforcement;

- Indication from intelligence or law enforcement of a likely attack;

- Unexplained increase in emergency medical requests;

- Unexplained increase in antibiotic prescriptions or over-the-counter medication use; or

- Clinical, laboratory or epidemiological indications of a (an):

    o Large number of ill persons with similar disease, syndrome, or deaths;

    o Unusual illness in population – single case of disease from uncommon agent and/or a disease with unusual geographic or seasonal distribution and/or endemic disease unexplained increase in incidence;

    o Higher than normal morbidity or mortality from a common disease or syndrome;

    o Failure of a common disease to respond to therapy;

    o Multiple unusual or unexplained disease entities in the same patient;

    o Multiple atypical presentation of disease agents;

    o Similar genetic type in agents isolated from a temporally or spatial distinct sources;

    o Unusual, genetically engineered, or antiquated strain form of an agent;

    o Simultaneous clusters of similar illness in non-contiguous areas;

    o Atypical aerosol, food, or water transmission; or

    o Deaths or illness among animals that precedes or accompanies human death.

Requesting SNS Assets

The request for the Strategic National Stockpile (SNS) can be initiated when:

- Local resources/medical materials have been utilized, or if it is determined that the local resources/medical materials will be insufficient to provide the projected need of the community;

- Resources/medical materials have been requested from the regional and/or state, via Ohio Emergency Management Agency (OEMA), by the

Scioto County Emergency Management Agency (SCEMA), and if it is determined that the regional and state resources/medical materials will be insufficient to provide the projected need of the community, the request may be moved to the federal level.

The governor of Ohio, or Ohio Department of Health (ODH) as designee, may request SNS assets from CDC.

- ODH will receive federal materiel from CDC at the primary state Receive, Store, and Stage (RSS) facility for repackaging (if necessary) and apportionment of materiel.

- Transport will occur from RSS to the designated drop-site(s) in Scioto County utilizing Ohio Highway Patrol or Ohio National Guard for security.

- Request needs will be dependent on the event.

- Request of SNS material will be submitted, via ICS Form 213 RR. SNS requisition forms must be completed by the local Boards of Health, or its designee - Health Commissioners. Instructions for completion of the form is included with the form document.

- Submit ICS 213 RR to SCEMA and ODH.

See "Implementing Instruction (II): MCM: SNS Request, Movement, Return, and Disposal" for:

- An algorithm for requesting, deploying, and receiving the SNS; and

- A PCHD/SCHD Supply Requisition Form

Command and Control of SNS

State SNS Responsibilities

It is the role of the State to plan for receiving materiel from the federal level, storing, staging and distributing SNS supplies to the local drop-site and/or PODS and hospitals. Depending on the size of the incident, the SNS assets may be deployed from the State, via a "Scenario" level. See diagrams below.

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Scenario 1: Localized distribution to a single site.
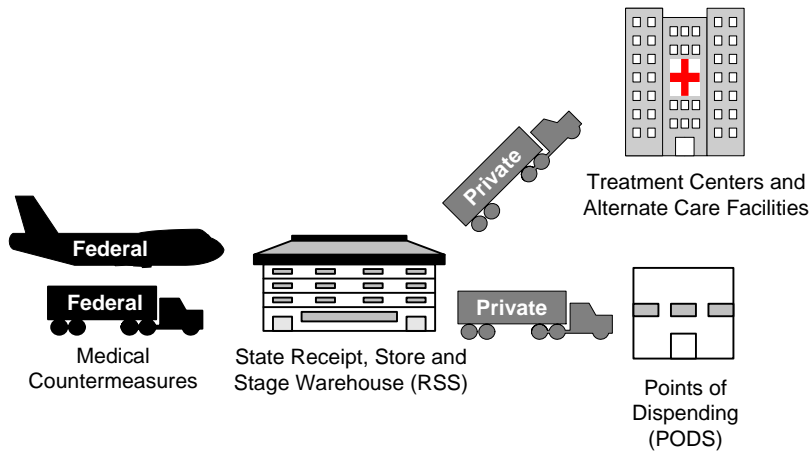
Scenario 2: Localized to a single CRI area, or greater than one county in SCO.
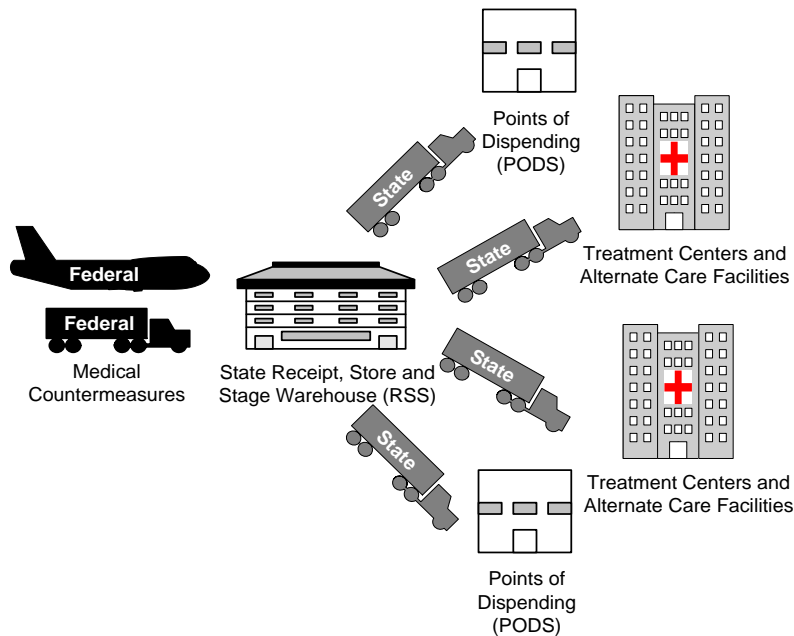
Portsmouth City and Scioto County Health Departments Emergency Response Plan

Scenario 3: Simultaneous event in two (2) or more major cities, or across two (2) or more regions.
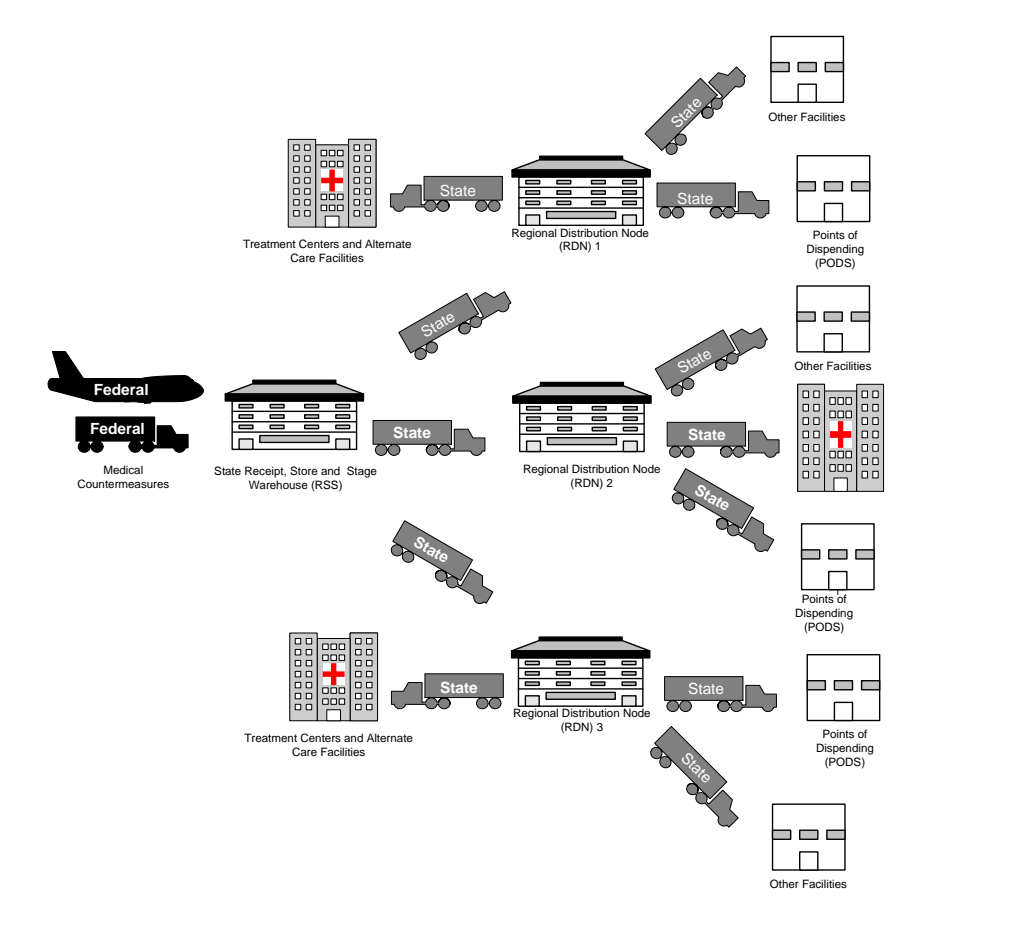
Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Scenario 4: The entire state is impacted by the disaster.
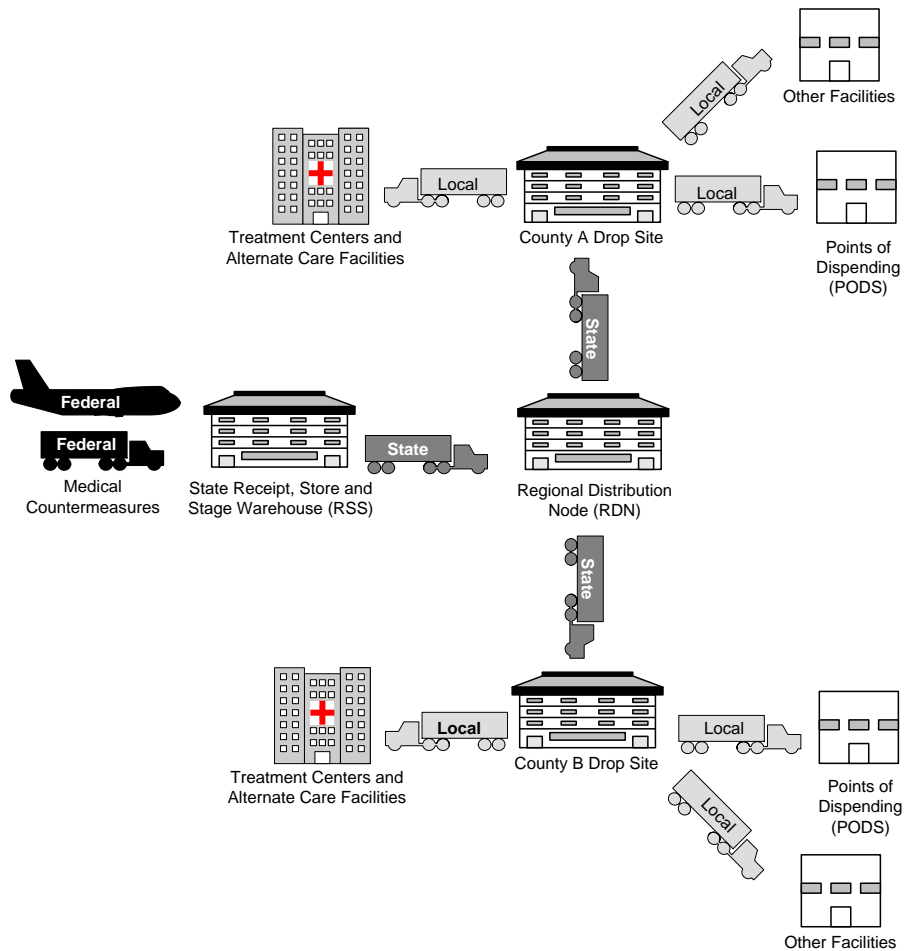
Local/County SNS Responsibilities

Once the SNS material arrives at the designated drop-site and is a local asset, the health department and hospitals may move the materiel as they see fit. However, they must:

- Maintain inventory control of all issued product for return to the State post-incident; and

- Have escort plans for transport of materials from the drop-site to other sites (PODs) that may need material.

  o Details of SNS movement can be found below in the "SNS Logistics: Movement of Medical Materials" and "SNS Logistics: Controlling SNS Inventory".

- Local ICS will integrate SNS functions, including elected officials, EMA, and Emergency Response Organizations (law enforcement, fire, Red Cross, etc.). The health department will act as incident commander per Emergency Support Function (ESF) 8.

Receipt of the SNS

The Ohio Strategic National Stockpile Program will deliver supplies and countermeasures to designated drop-site(s) via the State's Receipt, Storage, and Stage (RSS) site. In many cases the supplies will be staged and stored at the (removed words) RDS which will be managed by ODH.

The drop-site(s) should have either a loading dock or forklift available to receive the SNS. See Implementing Instruction (II): MCM: POD Selection Criteria for details.

To ensure the efficacy of the SNS countermeasures and supplies, dispensing sites will maintain the temperature for the countermeasure and/or supplies as specified by the manufacturer. Certain items in the formulary will arrive in temperature-controlled containers for transport. See Implementing Instruction (II): MCM: Cold Chain Management.

SNS Logistics

Controlling SNS Inventory

The health department will maintain inventory control, what materiel is moved where and how it is returned post incident.

The Logistics Chief will oversee inventory and maintain an electronic spread sheet, as well as a paper backup.

It is the responsibility of the health department and other local response agencies to distribute SNS materiel from the drop-site to PODs, other facilities, and access and functional needs populations. This includes, but is not limited to working with/on:

- County responders and agencies to secure Material Handling Equipment (MHE) for availability for ease of distribution;

- PCHD & SCHD to identify and credential drivers and vehicles;

- Chain of custody protocols for transfer to other facilities, including routing and security. See "II:MCM: SNS Request, Movement, Return, and Disposal"; and

- Cold Chain Management from the drop-site through the administration/dispensing of countermeasures to the consumer. See "II: MCM: Cold Chain Management".

Movement of Medical Material (SNS)

Portsmouth City and Scioto County Health Department is responsible for movement of SNS materials from the pre-designated drop-site to PODs, other dispensing sites, and/or functional needs populations within the county (including nursing homes and correctional institutions).

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

The Incident Commander will ensure that adequate transportation assets are available to move SNS assets throughout the county.

- The Scioto County EOC/EMA may be used as a conduit to obtain the needed resources.

- The primary method of transporting SNS materials from the Drop-site to designated facilities (PODs) will be health department vehicles; however, if this is not possible due to safety, amount of the material or staffing issues, PCHD/SCHD will utilize city and or county engineer trucks, township trucks or Ohio Department of Transportation (ODOT) vehicles. This would be requested through the Scioto County EMA.

- Primary and back-up transportation routes have been mapped out for each site that will be receiving MCM. The maps are located in their respective "notebook".

- Entire County Coverage: MCM needed for an anthrax incident would equal 7 pallets. The pallets are 48' X 48' X 40" & could be transported with 1 – 4 full-size pick-ups or a full-size pick-up with a 5' X 9' trailer. This would likely only be a shipment from the Regional Distribution Site to the city/county. This would require up to 1 drivers & an additional individual per truck to escort & assist the driver.
    - Shipments going to other facilities within the county: Full-size pick-up truck, with the load off the pallet(s) (no facility would require a full pallet of MCM/pharmaceuticals) could likely transport to multiple facilities (depending on size of the facility) and require only 1 truck with a single driver.
- Other methods of transportation of MCM into the county includes:
    - Air – there three small airports that could be potentially utilized
    - Rail – There is rail access throughout the county.
    - Water – there is one large waterway available within the county, the Ohio River.
- A security escort provided by Portsmouth City Police Department or the Scioto County Sheriff may be requested if circumstances warrant an escort.

The transportation and delivery of materials may be monitored using a situation board at the Scioto County EOC, or PCHD & SCHD DOC. See Implementing Instruction (II): MCM: SNS Request, Movement, Return, and Disposal.

Other considerations for "Movement of Medical Material" includes:

- Tracking of cost of fueling and repair of vehicles;

- Need for "Ride-Along" personnel for transporting;

- Communications during transportation

<u>Security of SNS Inventory</u>

When it is determined that there is a risk of high-jacking or theft of the SNS during transport of SNS from drop-site to POD site, or POD site to another dispensing site, a Law Enforcement escort will be requested.

SNS materials will be kept in a location that is appropriately climate controlled as well as secure. The level of security required will be determined by protocols and requirements set by the state, as well as the demand and risk of theft of the materials.

See: "Support Services: POD Site Security" section of this document.

Short- and Long-term MCM Needs

<u>Initial 10-day Drug Regimen for Treatment/Prophylaxis/Post-exposure Prophylaxis</u>

SNS materiel configured in a 12-hour Push Package may be used for a rapid response to an emerging situation where the threat is ill-defined. Standardized packages contain a broad range of medicines and medical supplies, including oral medications for several hundred thousand people who have been exposed or potentially exposed. Oral medications in 10-day unit-of-use, tamper-proof bottles are employed as part of a strategy to contain or suppress the development of disease through treatment, prophylaxis and post-exposure prophylaxis. Implementation instructions from the MCM Operational Guide for mass dispensing operations are included as an attachment to this plan. Adjust Security Needs Security considerations for medical countermeasure distribution and dispensing operations will be determined by participating partner agencies. Detailed documentation will describe the steps required to protect medical materiel, the essential facilities used to support a public health response, the people that support public health response operations, and the transportation infrastructure that supports medical countermeasure distribution. Actions to protect and defend will adapt to the emerging situation, and ongoing assessments will be made to increase or decrease security measures as required. Unique security considerations are described in supplemental documentation to this plan. Stabilize the affected area MCM dispensing strategies should be reassessed on an ongoing basis throughout the duration of the public health emergency. Surveillance, investigation, and testing will continue to inform the development of incident objectives over multiple operational periods. Timely implementation of dispensing strategies and non-pharmaceutical interventions will help to mitigate risk during a public health threat.

<u>Sustaining Dispensing Operations</u>

Provision of medical countermeasures to individuals within an affected jurisdiction may become more targeted after continued analyses of the agent or exposure. Mass dispensing plans focus on a planning scenario for aerosolized anthrax for which the full course of antibiotics for post-exposure prophylaxis is sixty days of either ciprofloxacin or doxycycline. Pre-event planning for such a scenario requires the ability to distribute and dispense an initial 10-day supply of the appropriate medical countermeasure, followed by

the remaining 50-day supply if needed. Specific item support from CDC/DSNS may cover a wide range of medications, medical equipment, or consumable medical supplies that may be needed for a response that spans multiple operational periods or when the situation is clearly understood.

Based on clinical recommendations, CDC will execute a multipronged response plan. Initially, CDC will deploy a 10-day supply of oral antimicrobial drugs to affected jurisdictions. This will be followed by a 50-day supply of oral antimicrobial drugs and anthrax vaccine to complete the 60- day oral and vaccine courses. In consultation with jurisdictional officials, CDC may continue distributing MCMs for an extended period of time.

MCMs are deployed from the SNS using a two-phased strategy. The initial Post-Exposure Prophylaxis (PEP) MCM deployment consists of 10-day u/u oral antimicrobial drugs. The initial round is followed by a second deployment of 50-day u/u oral antimicrobial drugs and vaccine (a three-dose course administered at 0, 2, and 4 weeks) to complete the 60-day PEP course. CDC will deliver these MCMs in the ratio in which they are available in the SNS inventory at the time of the response. The following is a description of the types of MCMs that CDC can deploy in response to an anthrax incident by type of medication and SNS response phase.

Once epidemiological data is available, officials may be able to pinpoint the population that was most likely affected by the release and scale back dispensing operations, utilizing fewer dispensing sites to target those who will need to continue prophylaxis for the additional 50 days.

The PCHD & SCHD can best sustain MCM activities during the response through continuous situation assessments; rotation of personnel; reordering of MCMs, supplies, and equipment; and other actions according to the guidance and directions outlined in the MCM plan. The critical activities of the MCM operations team during this phase include, but are not limited to

- Augmenting personnel and resources from outside agencies supporting the response (federal, state, local, and private sector);

- Addressing issues related to the safety and welfare of staff and volunteers;

- Ensuring the continued dissemination of timely and accurate information to the public and the public health responder force;

- Monitoring usage of MCMs, medical supplies, and equipment, and ensuring timely replenishment;

- Maintaining lines of communication between command management and other MCM activities managers (e.g., RSS manager, volunteer managers, POD managers);

- Providing security for MCM activities in accordance with established policies; and

- Maintaining partnerships and agreements with both government and private sector support agencies for use of facilities and other resources.

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

PCHD & SCHD's dropsite and storage facility is the same site. The storage facility is able to manage the additional 50-day supplies of oral medication and PEP. If the cold storage items, exceeds the vaccine storage space available, the back-up cold storage site will be utilized.

Re-Supply of SNS MCM Material

The decision to request additional SNS resources will use the same decision tree to determine the need for additional requests from the federal SNS. Additional SNS resources for re-supply are requested and coordinated through Scioto County EMA, using the Incident Command System (ICS) 213 RR Form, who in turn will request re-supply through the State Emergency Operations Center.

Return of the MCM/Federal Assets (SNS) Materials

Demobilization of the POD(s) includes the movement of MCM materials back to the designated drop-site. At the designated drop-site, all unused MCM materials will be:

- Inventoried;

- Stored; and

- Await instructions for return/shipment from ODH.

ODH will:

- Coordinate transportation from local drop-site to the RSS warehouse; and

- Ensure transfer custody of materials from RSS to back to the proper owner.

- Planners should remember that MCMs will remain property of the state and will not need to be returned to CDC. However, it is important to note that MCMs distributed from federal caches for an emergency may come with restrictions on use. For instance, if the state has MCM-supplied antimicrobials left in its holdings after receiving these in response to an anthrax attack, the state cannot dispense these MCM-supplied antimicrobials as treatments for other uses. State Planners will work with CDC to determine how to properly store, maintain, and use federally supplied MCMs that remain in the state's possession after an incident.

- State or local jurisdictions must return certain items, such as refrigerated shipping containers and ventilators, to CDC following an incident. Planners should work with CDC to determine how to return this property.

- The Health Commissioner is ultimately responsible for the return of state and/or federal assets/materiel. Other members of the HD staff may be assigned to manage the collection, storage, and shipment of the assets. For example:

  · Nursing Directors - collection, storage, & shipment of vaccines

  · Emergency Response Coordinator - completion of necessary paperwork

  · Emergency Response Coordinator - collection, storage, & shipment of durable medical supplies.

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

Lead Agency

Portsmouth City and Scioto County Health Departments are the Lead Agency
for SNS-related response requiring mass dispensing of countermeasures.
Responsibilities include, but are not limited to:

- POD operations;

- Public Information & Warning/Education;

- Providing situational awareness information to local, regional, & state
  partners;

- Locating affected population;

- Receipt & dispensing of countermeasure material; Protect/treatment to
  first responders; and

- Drop-Site operations.

Supporting Agencies

Agency	Responsibilities
Hospitals Southern Ohio Medical Center	• Protect/treatment to frontline staff
Emergency Medical Services	• Protect/treatment to frontline staff • Support POD operations, if medical transport needed
Emergency Management Agency (EMA) Scioto County EMA	Coordinate County EOC Operations, which includes: • supplying vehicles, along with drivers for SNS transport within county • monitor movement of supplied vehicles • maintenance & refueling of supplied vehicles • providing material handling equipment (pallet jacks, forklifts, etc.) • Procuring needed supplies and (private) property
Law Enforcement/Sheriff Scioto County Sheriff's Office Portsmouth City Police Department	Upon request & availability: • Chain of Warning; • Pod site security (including SNS materials); • Traffic control; & • Area control.

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Agency	Responsibilities
Law Enforcement/State Patrol	Upon request & availability: • Transport of SNS from state to local dispensing site; • Provide security of SNS &/or staff
Public Works/County Garage/City Service Garage _____	• Traffic Access Equipment • Vehicles and Drivers
Fire Services/Inspector _____	• POD site security check
Advocacy Support Agencies Scioto County Jobs and Family Services Portsmouth Community Action Office Scioto County Board of Disabilities	Assist with location of, education of, and assessing the need of individuals with functional and/or special needs: • Elderly; • Developmental disabilities; • Physical disabilities; • Transportation issues; • Language barriers.
School Systems/Superintendents	• Public education and information; • Transportation resources (upon request); and • Provide access to POD site (if school facility identified as such) and POD staff.
Elected Officials Scioto County Commissioners Portsmouth City Council	• Responsible for the emergency operations in their jurisdictions; • Cooperation with the EMA director and support of EOC operations; • Access City/Township assets to support operations per EOC requests; and • Participate and support Joint Public Information Center operations.

Regional Responsibilities

Agency	Responsibilities (may be)
Regional (Public Health) Coordination Center (RCC)	• Assist in location of available public health assets within the region, including staffing; • Dissemination of information between health departments in the region; and • Collection & dissemination of data/inventory.

Healthcare Incident Liaison (HIL)	• Assist in location and movement of hospital assets within the region.

State Responsibilities

The Ohio Emergency Management Agency (OEMA) is usually the state's Lead Agency and center for a "Common Operations Picture" during an incident that goes beyond the local jurisdiction. All resource requests that cannot be met by the local EMA director should be directed to them, via the local EMA. The OEMA will pass the request to the appropriate Emergency Support Function (ESF) desk for action. Requests for medical materiel will likely go to the ESF #8 "desk" (Public Health and Medical). The OEMA should receive situational updates from the local EMA director.

The Ohio Department of Health (ODH) is responsible for operating the ESF #8 desk and handling the requests made of that support function. However, during a public health emergency, ODH will be the state's Lead Agency. Requests for resources should be made to that agency. The ODH should receive situational updates from the PCHD and SCHD. Scioto County's EMA director should be made aware of any requests made to ODH during a public health emergency.

The Governor of Ohio has the ability to request federal assistance and to waive or suspend state laws and regulations in the event of an emergency.

POD ADMINISTRATION AND LOGISTICS

The activation and management of a POD requires numerous protocols and resources, including the need to request SNS and a drop-site to receive medical countermeasure materiel. The protocols and resources have been pre-identified locally and can be found in "dispensing" implementing instructions either attached to this document or in the POD site specific "POD Notebook". Below is just a brief sample of protocol needs.

- Confirm availability of pharmaceuticals
- Particular POD Site activation protocols
- Staff orientation and training

Drop-Site Selection

The primary and back-up sites selected will accommodate the medical countermeasures needed to treat the entire population of Scioto County. The actual sites locations are maintained on the Point of Dispensing (OPOD), along with contact information for the site and command staff. OPOD is a "limited access" site, which allows Ohio Department of Health (ODH) to have the information needed to deliver the medical countermeasures to Scioto County.

"Implementing Instruction (II): MCM: POD Site Security Worksheet" was used to ensure adequate safety of the medical countermeasures

Portsmouth City and Scioto County Health Departments Emergency Response Plan

Primary Drop Site– Southern Ohio Correctional Facility-1724 OH-728, Lucasville, OH 45699

Back-up Site – Portsmouth City Health Department – 605 Washington St. Portsmouth, OH 45662

Dispensing Modalities

Modes of MCM delivery being considered include:

Open Point of Dispensing (POD) Sites: A physical site where the sole purpose is to quickly dispense (mass dispensing) preventive countermeasures (mass prophylaxis) to large numbers of the public during an emergency in an effort to PREVENT ILLNESS. These sites would be managed by local health departments and volunteers. These sites are set-up to accommodate walk-in/walk-through clients;

Drive-through PODs: A physical site where the sole purpose is to quickly dispense (mass dispensing) preventive countermeasures (mass prophylaxis) to large numbers of the public during an emergency in an effort to PREVENT ILLNESS. These sites would be managed by local health departments and volunteers. These sites are set-up to accommodate clients who are in the automobiles/motor vehicles. The goal would be for them (individuals and family members) to remain in their vehicle; and

Closed PODS: Pre-identified sites that serve a specific subset of the population to reduce the strain on open PODs. Examples of organizations that serve as closed PODs are private businesses, hospitals, nursing homes and correctional facilities. Delivery to these external agencies with occupational health clinics or medical staff that could provide MCM to their own staff, staff families, and/or clients.

Open Point of Dispensing Site (POD) Selection

Specifications for a POD

The sites selected will accommodate the entire population at a rate of 800 per hour in 36 hours. If the incident is smaller, the site can be scaled down in size accordingly. The POD site may be used in the event of pre-attack vaccination for targeted populations (e.g. healthcare workers and the smallpox vaccination program), during an incident (pandemic influenza), or following and incident (prophylaxis/treatment following a radiological incident).

The pre-selected POD site(s) should have:

- Parking lots, long corridors, large rooms, private offices, and possibly a cafeteria;

- Available resources such as computers, fax machines, (IT assets), tables, chairs, and restrooms; and

- Ability to provide for one-way or continual traffic flow, easy ingress and egress (both foot traffic and auto traffic), as well as handicap accessibility

- See "POD Site Design" section of this document, as well as the individual ("s" removed) "POD Site Notebook".

- Accommodations for intense triage activities at the site may be needed to make the dispensing site a safe and efficient place to prophylax the healthy public.

  o If the incident involves a highly infectious agent that can be spread easily person-to-person, such as smallpox, triage would be especially important; or

  o See "Implementing Instruction (II): MCM: POD Selection Criteria" and the individual "POD Site Notebooks".

- Accommodations for limited triage activity at the site may still be needed for an agent that is not spread easily/aerosolized/droplet person-to-person when using good hand hygiene, such as: plague, anthrax, cholera, tularemia, and malaria.

  o If an individual(s) presents with symptoms, or has known contact with an individual with symptoms, they may need to be moved from the "healthy" individuals.

Determination of Number and Size of PODs

The Center for Disease Control and Prevention (CDC) recommended "RealOpt program", or the Weill-Cornell Prophylaxis Vaccination Model formula may be used to determine the number of PODs needed for the affected jurisdiction.

Weill-Cornell Prophylaxis Vaccination Model formula

Total Population (TP)/(Hours to provide prophylaxis (HPP or 48 hours) – Time to setup POD(S)) ÷ People per hour (throughput or PPH) = PODs

62,062 / (48-12) / 800 = 2 PODs

Assumptions:

- The PODs operate 24 hours a day
- The PODs perform at 100% capacity at all times
- A constant flow of people enters (and leaves) each POD
- Staffing is constant and adequate

The estimated throughput is the *target number* for each POD. These are estimates and will continue to be validated in tabletops and exercises.

Open POD Locations

There are 2 primary and 2 secondary POD locations identified in Scioto County. Identified POD sites are registered in the Ohio Point of Dispensing (OPOD), including population, sites, through-put of population, and points of contact. Access to the OPOD website is password protected and access is granted to only those who need to know. The POD information will be updated quarterly (March, June, September, December) each year by the Emergency Response Coordinator. A three (3)-ring Notebook is reviewed and maintained for each primary and back-up POD annually. The Notebook contains, but not limited to:

- Actual location

- 24/7 contact information

- Specific delivery locations/instructions

- Floor plans/POD flow charts

- Crowd control plans

- Traffic management plans

- Security plans

- Job Action Guides

The use of all or some of the dispensing sites will depend on the current threat, site availability, transportation and parking accessibility, and proximity to the actual event. The exact POD locations are entered into the OPOD so that routing maps can be created for transportation to the PODs.

Primary POD sites – Shawnee State University- 940 2nd St. Portsmouth, OH 45662

Back-up POD site – Valley Local High School-1821 State Route 728

Lucasville, Ohio OH 45648

Activation of Individual Point of Dispensing Sites (POD)

Open PODs

Activation of the PODs is detailed in the Implementing Instruction (II): MCM: Activation and Demobilization Process Checklist. The health department will contact PODs points of contact to activate PODs. Under most circumstances, the Primary Open POD site would be activated first in any dispensing campaign. Activation of Secondary or Tertiary Open POD sites during a dispensing campaign would be at the discretion of the Incident Commander and/or Health Commissioner. In addition, the activation of additional dispensing site or sites will be subject to the following factors:

- actual threat/event;

- available staffing;

- site availability;

- transportation and parking accessibility; and

- proximity to the actual threat/event.

The procedure for contacting POD responders and activating access is maintained within each POD Notebooks, located in the Emergency Response Coordinator' Office, based on the Ohio SNS Site Specifications for Mass Dispensing worksheets.

Call down rosters for local POD responders are current and will be updated quarterly by March, June, September, and December. The health department will be responsible for managing POD operations.

Closed PODs

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Closed PODs are pre-identified sites that serve a specific subset of the population to reduce the strain on open PODs. Examples of organizations that serve as closed PODs are private businesses, hospitals, nursing homes and correctional facilities. Closed PODs may be activated if their staff or population they serve is identified as a general population that should receive MCM.

Typically, "Closed POD" organizations/agencies will have a closed POD plan in place that identifies:

- Any resources they must seek from outside their own facility;

- Who the closed Pod will provide MCM to;

- How MCM from the PCHD and SCHD dropsite will be received and transported to their own facilities; and

- Management and tracking of the MCM inventory received appropriately;

Closed POD partners in Scioto County are:

1. Southern Ohio Medical Center - An MOU is in place. HVCH has agreed to:

   a. Dispense MCM to: their staff; up to five (5) members of each staff member's families; and their inpatient population that meet the "high-risk" definition.

   b. Projected Amount of MCM needed: 5000

   c. Use/provide the staff needed to facilitate their closed-POD.

   d. Manage and track the inventory of MCM received appropriately.

   e. Transport of MCM from the dropsite to their own facility.

Note: Contact information for both Open and Closed PODs can be found in PCHD and SCHD hard copy POD binder.

Medical vs. Non-Medical PODS

Intent: Jurisdictions should understand, prior to an MCM incident, when, why, and by whom changes to the dispensing model can be made. Jurisdictions must pre-determine these protocols, including identifying individuals authorized to alter the clinical model and the steps necessary to transition between models. This element applies to open (public) PODs. For this element, the following terms are defined as

- Full medical (clinical) POD: In the medical model, each person receives a medical assessment and MCMs from a licensed medical professional. Under this model, medical personnel would dedicate more time to providing a personalized medical evaluation and/or medical intervention, such as an injection of to each client at the dispensing site.

- Non-medical (rapid dispensing) POD: The non-medical model refers to a modification of the medical model that streamlines dispensing operations to achieve rapid dispensing of medication. The goal of rapid dispensing is to increase the number of people who can go through a POD, also known as increasing throughput. In light of the anticipated large number of individuals requiring MCMs during an emergency and the timeframe in which the jurisdiction must accomplish dispensing, the non-medical model takes into account limited medical staffing and decreased time to provide MCMs. In this model, individuals might receive a less comprehensive screening form; steps in the dispensing process might be combined or eliminated; or trained nonmedical personnel may dispense MCMs under limited supervision from licensed medical professionals.

The Incident Commander along with the POD management team will decide the type of POD used with each event. Subject Matter Experts will be used in the determination also. These Subject Matter Experts (SMEs) include; ODH, EMA, CDC and others depending on the event.

Transitioning from medical to non-medical would likely result in the movement of professional staff from the "screening" station to:

- The "dispensing" station, if the change was to accommodate for vaccine administration, or

- A "triage" station, if the change was to accommodate for a more intense medical evaluation.

Scalability – This MCM plan is a flexible document and can also be scalable to cover a smaller incident, such as a meningitis outbreak in a single school district, which may require screening and providing MCMs only to a localized population. Even though the affected school may not have been identified as a possible dispensing site for a full-scale incident, public health officials could use this plan to set up a vaccination/prophylaxis center at that facility. An MOU is on file with Shawnee State University for use of any of their buildings as needed.

In addition, this MCM plan can be adapted to maintain operations during a long-term response, such as an influenza pandemic, in which multiple waves of disease outbreaks may occur over several months.

POD Site Operations

POD Site Design

Design Flow

- Client flow through the POD has been pre-determined and specific to each POD site. The "POD site Notebook" will contain the mapped out client flow chart.

- The POD will be laid out in "stations" for various activities and are described in the "POD Site Notebook". Not every POD will have every station. The incident and prophylaxis/ treatment will determine the stations need. Below are examples of those stations:

- o Registration and Greeting Station

- o Triage Station

- o Drug/Clinical Review Station

- o Express Dispensing /Vaccination Station

- o Pharmacy/Medical Consult Station

- o Form Collections and Exit Education Station

- o Special Services/Interpreter Station

- o Mental and Physical Disabilities Station

- o Mental Health Station

- o Data Entry Station

- o Supply Staging Area

- o Medical Waste Storage Area

- o Staff Staging Area

- POD managers need to carefully (and constantly) monitor their throughput numbers and make adjustments accordingly to alleviate congestion/back-ups and successfully meet their target numbers. This may include:

  1. increasing the number of stations for one particular activity, while decreasing the number of less busy activity stations; OR

  2. combining stations.

  Only the POD Manager or his designee can authorize changes to the POD layout.

POD Signage

- Signage is completed and stored at the health department materials building and ready to be posted in PODs.

Open POD Staffing

Two types of staff are required:

- Professionals (Doctors, nurses, pharmacists, public health workers, and social workers)

- Management/support staff

  - o Housekeeping

  - o Office support: errands, making copies, etc

  - o Assisting individuals through POD

  - o Providing childcare

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

The number of staff members needed per shift of operation (12 hours), calculated using the RealOpt is documented in the individual POD Site Notebooks.

See II: MCM: POD Staffing Recommendations. This implementing instruction lists staff members/title and stations they are able to staff in the POD.

Job Action Guides are located in the individual POD Notebooks.

To significantly improve a site's efficiency, health professionals will supervise volunteers. Volunteers with a well-written script can provide information to people, freeing professionals to perform other tasks.

Refer to PCHD and SCHD's Policies and Procedures, the Scioto County Emergency Operations Plan, Ohio Revised Code (ORC) 3701.04 (B) and ORC 5502.281 (A) for liability, workman's compensation, and staff compensation.

Depending on the size of the incident, tracking of staff and volunteer personnel may be done with an ICS form 211 (Incident Check-In List) and ICS form 203 (Organizational Assignment List) and/or 204 (Division Assignment List), or expanded to a larger display, such as a white board.

Requesting volunteers is done through the county EMA for documentation purposes, at a minimum. PCHD and SCHD will contact the point of contact for staffing pools listed below to request available volunteers. If PCHD and/or SCHD is unable to find enough available volunteers through the volunteer pools, the PCHD and SCHD may request volunteers through the county EMA.

Possible Additional Staff for POD(s):

- Portsmouth City Fire Department
- Scioto County Emergency Medical Services
- Other groups (e.g. schools of nursing, pharmacy and public health)
- Other health departments within Region 7

Communications and Public Information

Tactical Communication

- A job action guide and training for the Communications Lead, having networks and a back-up system between command-and-control locations, a plan for rapid communications network repair, and maintenance of call-down lists. All equipment must be consistent and interoperable;

- The primary means of communication will be existing phone lines, internet access and cell phones. Multi-Agency Radio Communications System (MARCS) radios or other two way radio systems may also be used. Alternate types of communication equipment may need to be used and these could include Amateur (HAM) radios, and runners;

- Each branch of command will have personnel designated for communication issues. The communication specialist will stay in contact with other dispensing and treatment sites as well as the emergency

operation centers of the state and county. This person will be responsible for relaying information regarding material usage and the need for re-supply;

- PODs with internet connectivity may access forms and enter data entered directly, or use paper forms and enter the information at a central site after the POD closes. If available, 2-way radios, cell phones, and/or pagers will be distributed to the POD staff. Replacement batteries and chargers will be available for all devices. A list of contact phone numbers will be distributed to all POD staff.

Information Technology (IT) and Communications Systems

IT systems may be utilized to:

- Manage inventory of equipment, pharmaceuticals, and supplies (Inventory Management System (IMS));

- Track client flow, client throughput, and queue times (Inventory Management System (IMS)); and/or

- Input client information (data entry) and transmit the information to ODH electronically. PCHD and SCHD currently uses the Impact SIIS program for data entry. This program has been and can be tailored by ODH to meet the data collection requirements of the state and Center for Disease Control and Prevention (CDC). OR PCHD and SCHD currently uses the Health Department Information System (HDIS) program for data entry. This program has been and can be tailored by the private developer to meet the data collection requirements of the state and Center for Disease Control and Prevention (CDC). HDIS can interface with the Impact SIIS program currently utilized by ODH.

- Manage inventory (movement and dispensing) of Strategic National Stockpile (SNS).

- PCHD and SCHD will track vaccine/medical countermeasure by lot number and expiration date.

- Communication systems, including telephone lines, fax machines, copy machines, and computers (tabletop and/or laptops, printers and internet access) may be used to maintain communications with appropriate partners, ODH, and other government/non-government agencies.

- The back-up plan if communications equipment, including radio communications, needs maintenance or becomes unavailable includes:

  o Contacting the EOC and EMA to send IT support;

  o Contacting any available POD site IT personnel; and/or

  o Contacting the health department's contractual IT support company.

- PCHD and SCHD County Health Department's communications equipment is interoperable. Radio channels/frequencies will be pre-

designated, and security measures will be taken to ensure efficient communications among all POD site personnel.

  o Detailed information is maintained within Annex 2: Interoperative Communication of the Portsmouth City and Scioto County Health Department Emergency Response Plan and the POD Communications Implementing Instruction (II: MCM: POD Communications).

- See Annex 2: Interoperative Communications of the Portsmouth City and Scioto County Health Department Emergency Response Plan and the Multi-Year Training and Exercise Plan for testing and exercising of POD communications systems.

- See POD Notebook for Job Action Guides for Local Communication Leads and other POD communications related functions.

Public Information

A Public information officer (PIO) will be assigned at every dispensing site and all public information should funnel through this person to:

- Ensure that information released will be closely coordinated with the local, regional, and state PIO;

- Ensure that all staff members provide consistent information to clients and household members

- A job action sheet and training for the Public Information Lead is located in the individual POD Site Notebook.

- Clinical and drug information have been compiled and public information campaigns have been developed. There are plans for coordinating local media efforts and disseminating information to the public and health care professionals

- Public information templates have been developed, as well as a list of potential resources for agent specific information and are located in Implementing Instruction (II):EPI&W: Pre-scripted Messages

Design Strategies to Improve Site Efficiency

Head of Household Policy

The PIO will utilize strategies to effectively and efficiently inform the public about the policy, so that the head of household will come to the dispensing site with the necessary information. The need to have information in multiple languages is a necessary part of the communication plan. See "Dispensing Policies" in this plan for details of Head of Household/Multiple Regimen Policy

Public Site and Time Assignments

Strategies to achieve a steady, controlled stream of people include assigning individuals to specific times of the day or even to specific sites using various criteria (e.g. zip code, polling site, school district, first letter of last name, township or village, etc).

POD Modalities

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Modes of delivery being considered in addition to the traditional public health operated POD to decrease the needed throughput include:

- Deliveries to external agencies with occupational health clinics or medical staff (Reference: MCM: Closed PODs);

- Drive-through PODs (Drive-Thru POD Notebook);

- Changing of POD Flow Plans to accommodate individuals with functional needs and/or to increase the efficiency of the POD and/or

- Pharmacies.

Modes of delivery being considered to accommodate individuals who are unable to utilize the traditional public health operated POD may include, but not limited to:

- Providing a "Call In" service for individuals who are unable to prophylaxis in a POD setting, but are considered high-risk;

- Deliveries to incarceration facilities; and

- Deliveries to identified Closed PODs which serve/care for individuals with functional needs, if they are considered "high-risk";

Identification and Badging

The Portsmouth City and Scioto County Health Departments will utilize badging equipment to produce badges for affiliated volunteers.

- Badging procedures identify by name, role, venue, and access.

- Just-in-time training will be conducted for badging procedures.

- Spontaneous volunteers will need to report to the local EMA volunteer center. It is there that they will be registered, assigned and credentialed, if appropriate and receive their incident Identification badge.

- See Implementing Instruction (II): DirectControl: Credentialing & Badging for details of the credentialing and badging process

Dispensing Priorities and Considerations

Unless otherwise determined by the State or Federal government, First Responders, Critical Responders, and their immediate families will be among the "First Receivers" of prophylaxis.

- "First Responders" are identified as: local police, fire, or emergency medical personnel who work to save lives, protect property, and meet basic human needs.

- "Critical Responders" are public health staff, associated volunteers, critical infrastructure personnel, and Medical Reserve Corp personnel who in the early stages of an incident are responsible for the protection and preservation of life.

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Prophylaxis will be provided for critical-infrastructure personnel and their families at the health department prior to opening the POD doors to the public as directed by ODH.

Factors influencing the priority of dispensing would be:

- Availability and/or

- Population at highest risk

Local supplies and caches of countermeasures may be used prior to the arrival of SNS assets (estimated to arrive within 12 hours).

Prophylaxis for individuals requiring liquid oral countermeasures may require re-constitution of the countermeasure either prior to or after dispensing. Directions and recommendations for re-constitution will be given by the countermeasure manufacturer, CDC, and/or ODH. Special instructions may include, but are not limited to:

- Refrigeration requirements

- Reconstitution directions for countermeasure

Dispensing Policies

Minimum Identification Requirements

Unless the countermeasure being dispensed is required by law to have proof of identification (controlled substances) prior to dispensing, or the State and/or Federal government requires proof of identification, no identification will be required. The client can simply enter their information on the "Name, Address, Phone, and Health History" (NAPH) forms provided.

If proof of identification is required, a picture-identification (ID) or two non-picture IDs with an address on the ID will be accepted.

Standing Orders

There are standing orders that have been written and signed by the health department's medical director, as well as the Ohio Department of Health's medical director.   See Implementing Instruction (II): MCM: PREP Act, Standing Orders, and Emergency Use Authorizations (EUAs).   If additional standing orders are needed during an incident, Portsmouth City and Scioto County Health Department's Medical Director, or his/her designee will need to be consulted.

Dispensing Pharmacist's License Ratio

An Emergency Powers Act, would allow individuals other than pharmacists to hand out prescription drugs at PODs during an emergency. Every state has pharmacy laws that regulate who may dispense prescription drugs. There are waivers ready for the governor to sign that will allow volunteers, under a pharmacist's supervision, to dispense medicine during an emergency. One (1) registered pharmacist is allowed by the Ohio State Board of Pharmacy to oversee approximately twenty (20) non-professional dispensers.

Head of Household/Multiple Regimen

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

To expedite the delivery of prophylactic countermeasures to the affected population, Ohio allows the head of household to obtain countermeasure regimens **for up to *twenty*** (20) persons in a household without all of these individuals being present. The "head of household" is an adult (18 years of age or older) member of a household or family who has been designated as the "head of household" for purposes of obtaining prophylactic countermeasure for the group. **This policy is to be utilized statewide at every POD Site.**

Investigational New Drugs

When pharmaceuticals are used for purposes that have not been specifically approved by the Federal Drug Administration (FDA), their use is referred to as "off-label" and clients must be informed of and consent to their use in that manner. The use of these drugs must comply with the FDA's Investigational New Drug (IND) protocol. In addition to client informed consent, the protocol requires that clients receiving the drugs be monitored for adverse side effects. (Title 21 of the Code of Federal Regulations, part 312)

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

Unaccompanied Minors

Children (under the age of 18 years) will not be permitted to receive countermeasure without a legal guardian present or appropriate documentation signed by a legal guardian. Health department staff may refuse to administer/dispense countermeasure if they believe documentation of legal guardianship is not valid.

Out of County Individual

Individuals can not be refused treatment/care based on residency or legal status alone.

Resources/Medical Supplies

The ability to effectively run a very large dispensing site requires many other supply items that will need to be ordered, delivered and organized at each dispensing site. Management of supplies is a logistic function. The Logistics Section Chief of the operation is specifically in charge of all aspects of supply management at the site. See Implementing Instruction (II): MCM: Activation and Demobilization Process Checklists.

The Health Department has pre-identified local public health & medical (ESF8) resources in advance of an emergency/disaster based on the Needs Assessment located in the Hazard Analysis/Risk Assessment, including nursing/medical, clerical, environmental health, educational, and administrative needs. (See the Scioto County Hazard Analysis/Risk Assessment).

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

The health department will utilize the protocol in place in the Scioto County Emergency Operations Plan (EOP)that specifies requesting instructions to acquire public health & medical (ESF8) resources (to include requesting medical materiel through proper channels (Ohio SNS)) from the County EOP during an emergency/disaster.

Cold Chain Management

Cold Chain Management means that proper temperature control will be maintained throughout the SNS process including receipt, distribution and dispensing. The need for storage of these products is incorporated into all general storage site plans at all POD sites. The products must be transferred to a temperature-controlled storage area, i.e., climate-controlled facility, monitored refrigerator/freezer, etc. The temperatures should be monitored and recorded two (2) times a day (ODH temperature log form can be accessed at the ODH Statewide Immunization Information System (SIIS) website https://ohioimpactsiis.org/siisprod/. Details for Cold Chain Management can be found in Implementing Instruction (II):MCM: Cold Chain Management.

Support Services

Drop-Site Security

The local role for security for the "Drop-site" must include protection of staff /volunteers, as well as the medical countermeasure. Consult with local, regional, and state prior to an incident and prior to opening the" Drop-Site", regarding the use of law enforcement for the above-mentioned purposes.

- Local law agencies may be requested for providing security at the "Drop-Site" when medical countermeasure materiel is being delivered or transported to the POD(s). Local security support agencies are aware of role and oriented to the tasks necessary. Contact information for law enforcement agencies can be found in the HAN Directory.

- The "Drop-Site" is a locked facility outside of business hours and has limited access during business hours, with:

  o Alarms, placed on each exit/external door, are monitored by Southern Ohio Correctional Facility, whom would notify local law enforcement when alarms sound.

  o Actual storage space within the "Drop-Site" may be locked in addition to the external doors.

- The "Drop-Site" has received a security assessment, which has been reviewed by local Law Enforcement. See the Drop-Site security assessment (II: MCM: POD Site Security Worksheet), which is located in OPOD. The security assessment will be reviewed as needed by PCHD and SCHD and local Law Enforcement.

- When it has been determine that the "Drop-Site" will be receiving Medical Countermeasure, the Health Commissioners, or Incident Commanders, will designate a Security Officer for the site.

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

POD Site Security

The local role for security for PODs and treatment centers must include protection of staff and volunteers, crowd control, and credentialing of staff. Consult with local, regional, state, and federal partners prior to an incident and prior to opening a POD, regarding the use of law enforcement for the above mentioned purposes.

- Local law agencies may be requested for providing security at the dispensing sites. Local security support agencies are made aware of role and oriented to the tasks necessary at POD sites. Contact information for law enforcement agencies can be found in the HAN Directory.

- Security Coordination positions should receive training on specific security requirements for medical supplies management and distribution operations, which is beyond the capacity for the Health Department to provide for Security Coordination at this time.

- Each identified POD site has received a security assessment, which has been reviewed by local Law Enforcement.   See the individual site security assessment (II: MCM: POD Site Security Worksheet), which is located in the Site's POD Notebooks. The security assessment will be reviewed as needed by PCHD and SCHD and Portsmouth City Police Department and Scioto County Sheriff's Office.

- Job Action Guides that describe the expected function and capability of individuals assigned to the security position are located in the POD Notebooks.

- Portsmouth City Police Department and Scioto County's Sheriff and other law enforcement agencies have a policy for "Use of Force". This policy will remain in force when local "on-duty" law enforcement (LE) is used for security at the POD site. Non-local LE and off-duty law enforcement personnel serving as security may only show "use of force" when protecting themselves. No weapons will be allowed in the POD except for local law enforcement.

Transportation

Movement of Pharmaceuticals and Related Supplies

- Movement of pharmaceuticals and related supplies is discussed in the "Strategic National Stockpile" section of this appendix.

Medical Transportation

- ICS form 206 should be completed for each POD site activated describing the medical plan, which could include transport of staff or individuals:

  o Becoming ill and unable to transport themselves; or

  o Experiencing a reaction to the countermeasure while still at the POD site.

- Transportation of ill persons from a dispensing site to a hospital or treatment center may include: ambulance, medic transport vans, and buses.

Staff Transportation

- Escort of personnel to and from site venues may be arranged by the Scioto County EOC & EMA Director.

Copying services

MOUs are in place with Shawnee State University to duplicate an adequate number of all forms such as; vaccine information sheets (VIS), IND forms, contraindications, and vaccination cards for each day of POD operation. Dedicated trucks, staff, and drivers to deliver daily supplies to all PODs will be provided by city and or county garage.

Disposal of Needles and Medical Supplies

All vaccination operations will observe universal precautions for preventing blood borne exposures. Guidelines for the disposal of instruments and contaminated material are listed below:

- Medical waste sharps containers should be available at every injection station.

- Sharps should be deposited into a sharps container immediately after use.

- Arrangements are be in place for the transport and destruction of the filled sharp containers.

Medical waste, including gauze or cotton used during the administration of countermeasure, other possibly contaminated material, and empty countermeasure (vaccine) vials should be bagged in biohazard bags. Arrangements are in place for bio-hazardous/medical waste management including the transport and incineration the medical waste.

Information Forms and Tracking

Prescription Labeling and Client Information Sheets

- State and federal regulation specify the information that must be provided on the drug label and the client information sheet that will be given to the public when dispensing prophylactic medicines (medical countermeasures). The FDA requirements and Ohio Board of Pharmacy recommendations can be found in Implementing Instruction (II): MCM: Countermeasure Labeling and Documentation".

- PCHD and SCHD will track by lot number and expiration date.

- The Dispensing site needs to add a secondary label to be placed on the bag and/or the information statement. This information can be found in "II: MCM: Countermeasure Labeling and Documentation" as well.

- Labels can be preprinted in bulk and delivered to the POD(s), with only the "Client Name/Information" being added at the actual time of dispensing.

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

- The compact disc (CD) entitled "Post-Exposure Prophylaxis for Anthrax, Plague, and Tularemia", has client information sheets and dosing instruction/labels in 48 languages.

POD Forms - Administrative

- All the forms listed in the table below may not be required in every event. Some forms may contain the same information provided in another.

- See "Implementing Instruction (II): MCM: List of POD Forms" for copies, or templates of the forms listed in the table below.

- See "Implementing Instruction (II): MCM: PREP Act, Standing Orders, and EUAs".

ODH/CDC/ PCHD and SCHD Forms				
Form	**Who Created**	**Completed**	**Where Used In Design Flow**	**Purpose**
Initial Sign-in (optional)	Local	Yes	Registration	• Tracking client flow
Name, Address, Phone, & Health History (NAPH) form	ODH	Yes	Registration	• Key tracking device for SNS • Provide ways to investigate adverse reactions (required by FDA) • Provide a way to track drug lots • Statewide consistency • Use for one individual/ one for each individual who will receive countermeasures
South Central Ohio Name, Address, Phone, & Health History (NAPH) form	SCO	Yes	Registration	• Same as ODH NAPH form • Allows documentation of education given. • Allows collection of demographics (gender, age, primary language, etc)

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

ODH/CDC/ PCHD and SCHD Forms				
Form	**Who Created**	**Completed**	**Where Used In Design Flow**	**Purpose**
Drug/Countermeasure Screening Form (if not on NAPH form)	ODH	Yes	Registration	• Provide an opportunity to ask about specific health issues related to prophylaxis/treatment
Consent form	Local	Yes	Registration	• Provide proof of understanding & consent to receive countermeasures
Vaccine Information Sheet (VIS) form	CDC	Yes	Registration/ Triage	• Allows for "informed" consent • Aids triage screening
Triage Screening form	ODH	Yes	Triage	• Provide an opportunity to ask about specific health issues related to countermeasures
Fact sheets in multi language	CD ROM-CDC	Yes	Registration/ Client Education	• Provide information to those who's primary language is not English
Client Exit Instruction Form	CDC		Dispensing or Exit	• Provide understanding of "normal" side effects • Provide contact information for suspected side effect • Provide instruction when to seek urgent medical attention • Provide instruction when to return for follow-up (if required)
Signage	Local	Yes	All areas	• Assists in client flow • Decreases client confusion • Emergency Dispensing Site Tools CD

Database Use

Portsmouth City and Scioto County Health Departments Emergency Response Plan

The Health Department will utilize the database programs available per CDC/ODH recommendation. The Health Department will utilize paper forms as directed by ODH, including the Name, Address, Phone, and Health History (NAPH) form.

Adverse Event Reporting

Physicians and health care facilities are reminded to contact the U.S. Food and Drug Administration's (FDA) Adverse Event Reporting System (FAERS) for suspected medication adverse events and utilize Vaccine Adverse Effects Reporting System (VAERS) for suspected vaccine adverse events.

The Southeast Central Ohio Epidemiologists and Portsmouth City and Scioto County Infectious Disease Nurses continue to provide pre-incident education to health care providers and the public regarding events. In addition, all staff in the POD will be responsible for monitoring and reporting adverse reactions of clients in the POD, per the health department's "Reporting Adverse Events" training policy. This duty has been added to all job action guides.

Clients receiving MCM through the health department's Open POD will receive a Client Information Sheet with instruction on how to report adverse effects related to the MCM dispensed to them. This information will be available in English and Spanish and/or German, if applicable.

Tracking of Administered/Dispensed Countermeasures & Surveillance Records

Currently, these records will be maintained by Public Health Nurses, Health Department Clerical staff, Hospital staff, and Volunteers (trained and utilized as needed).

Add details of database, paper record keeping, electronic medical records, etc. Mention the tracking of your local public health responders.

POD De-Mobilization

The Incident Commander will work with the local government to determine when the functions of the mass dispensing POD are complete or near completion. When this determination has been made, the Incident Commander will work with the Logistics Section Chief and the Operations Section Chief to arrange the de-mobilization activities, such as:

- Staff reassignment
- Equipment/Supplies cleaning, replacement, storage, and return
- Documentation of Incident related POD activities
- Debriefing of POD staff and support staff
- Facility Security: clean-up and "lock-up"

See Implementing Instruction (II): MCM: Activation and Demobilization Process Checklist for additional guidance.

ACTUAL INCIDENT EVALUATION

Post-dispensing activities are necessary to ensure that the event is documented for the public record, to determine the costs of the event, and to enhance efficiency of operations for future efforts. In this regard, the evaluation of mass dispensing PODs should include the following information:

- Expenditures and in-kind costs incurred in the operation
- Identified POD successes and opportunities for improvement
- Recommended changes in emergency response plan
- Implications for the public health infrastructure

An After Action Report needs to be completed after the POD operations have been completed. It is important to collect (removed word) key information that will improve any POD activity. ODH requires the use of the Homeland Security Exercise and Evaluation Program's (HSEEP) template. The template can be found on the HSEEP website: https://hseep.preptoolkit.org/

- What occurred, including
  - number of clients treated
  - start and stop dates/times
  - total number of hours of operation
  - listing of all personnel involved
  - how the process took place
- Problems identified throughout the process
- Suggestions for improvement

PLAN DEVELOPMENT AND MAINTENANCE

Reference:

See the "Plan Development and Maintenance" section of the Portsmouth City and Scioto County Health Department All- Hazards Emergency Response Plan - Base Plan.

POD Site Notebooks

Updated annually

TRAINING, EXERCISE, AND EVALUATION

The health department will ensure training for Mass Dispensing and Requesting SNS Materiel following further modifications to the Mass Dispensing/SNS plan. Components of Mass Dispensing will be exercised individually annually, including call down roster, communications, requesting SNS, and actual dispensing (POD) at the health department. The POD training, exercise, and evaluation plan is contained in the Multi-Year Training and Exercise Plan.

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Personnel Training Objectives

The team should:

- Understand the SNS, its mission, contents, and methods of operation;

- Possess the knowledge and skills to perform tasks effectively;

- Be cross-trained to work in other functional areas assigned; and

- Understand the performance standards and measures for successfully activating and operating all the functions in the plan.

Training Strategies

Pre-event training

Large numbers of POD staff can be trained through a "train the trainer" approach and "Just in Time" training with the aid of ODH materials, Federal Emergency Management Agency (FEMA) courses, National Center for Domestic Preparedness courses, and locally developed materials.

Cross-training individuals for various POD roles is ideal. This will allow individuals to rest without affecting the flow of the POD, as well as allow for flexibility of the POD.

If time is available, a mock POD or role-playing session should be conducted to train and evaluate the performance of the staff.

Community orientation training gives participants who will respond to an emergency a basic understanding of SNS; why the community will need it; and expectations of how to request, receive, distribute, and dispense SNS assets. The audience for Community Orientation training might include:

- Local/state elected/ appointed leaders

- Members of state/local ICS or Command & Control structure

- Essential emergency response personnel

- Emergency planners

Functional Group Training

Group training ensures that all team members can function in their assigned jobs; group members understand how their job supports their group's function; teams are familiar with their work location, facilities, equipment, and leadership; all groups understand how they integrate into the overall SNS operational plan; and everyone understands how to work safely.

Individual Training

Individual training ensures that individuals understand their specific tasks and their part in a functional team.

Turnover of staff occurs frequently. This training would allow for an individual's understanding of the POD objectives and to become familiar with their role should this plan be activated.

POD Staff Orientation Training

Event orientation is the responsibility of the Logistics Manager at each POD. All staff and volunteers that will work within the POD operations need to receive orientation to the overall purpose, function and flow of the POD. This orientation is outlined in Implementing Instruction (II): MCM: Just-In-Time Training.

MEMORANDUMS OF UNDERSTANDING (MOU)

Written agreements between the health department and organizations of POD sites for printing client information sheets material are in place.

MOUs may outline the following information:

- Availability of materiel-moving equipment, office equipment, and on-site storage;
- Liability for facility damage;
- Liability for personal injury; and
- Responsibility for credentialing of personnel.

After an event, written agreements are critical for federal disaster reimbursement under the Stafford Act which was enacted to support State and local governments and their citizens when disasters are overwhelming. The FEMA is tasked with coordinating the response.

IMPLEMENTING INSTRUCTIONS

Title	Location
II: MCM:	
Activation & Demobilization Process Checklist	POD Notebook
Cold Chain Management	
Countermeasure (MCM) Distribution	
Countermeasure (MCM) Labeling & Documentation	POD Notebook
Countermeasure (MCM) Selection Guidance	
Just-In-Time Training	
POD Communications	POD Notebook
POD Forms	POD Notebook
POD Maintenance in OPOD	

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Title	Location
POD Selection Criteria	
POD Site Security Worksheet	POD Notebook
POD Staffing /Recommendations	POD Notebook
POD Station Layout & Description	POD Notebook
PREP Act, Standing Orders, & EUAs	POD Notebook
Responder Health & Safety	
SNS Antiviral Pharmaceutical Flowchart	
SNS Request, Movement, Return, and Disposal	
Triage and Infection Control	POD Notebook
II: DirectControl:	
Credentialing & Badging	
II: EPIW:	
Pre-Scripted Messages	
II: EPI:	
Guidance for Collecting & Shipping Specimens for Influenza Diagnostics	
Human Influenza A (H5) Screening Form	

AUTHORITIES AND REFERENCES

Title	Location
"Vaccines for Children Manual". ODH. January 2019.	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Immunization/Vaccines-for-Children-VFC/
Immunization Action Coalition. Standing Orders for Administering Pneumococcal Vaccine to Adults. October 2014.	http://www.immunize.org/catg.d/p3075.pdf
Immunization Action Coalition. Standing Orders for Administering Influenza Vaccine to Adults. August 2015.	http://www.immunize.org/catg.d/p3074.pdf
SCO Regional Public Health Emergency	RPH SCO Region dropbox → SCO

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Title	Location
Response Plan (SCO RPH ERP)	RPH ERP 2018 →
Ohio Emergency Management Agency. ESF #8 Public Health & Medical Services. " TAB A Ohio Medical Countermeasure and Dispensing Plan." May 2017.	http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_TabA_MCM_MANAGEMENT_AND_DISPENSING_PLAN.pdf
U.S Food and Drug Administration (2019). **"MCM Legal, Regulatory and Policy Framework".**	https://www.fda.gov/emergency-preparedness-and-response/medical-countermeasures-initiative-mcmi/mcm-legal-regulatory-and-policy-framework
Ohio Department of Health. Multi-Language Drug Information Sheets & Labels	CD ROM – mass mailing dated November 2005
Closed POD Guidance	OPHCS → documents → local folders → SNS → Preparedness for LHDs Guidance → Closed PODS
"Vaccine Adverse Events Reporting" training policy	DON Offices
PCHD and SCHD ERP – Appendix 7: Functional Needs Plan	

POD NOTEBOOK

CONTENTS
POD Location & MOU
II: MCM: Activation & Demobilization Process Checklist
POD Management Team
II: MCM: POD Staffing Recommendation
Job Action Guides
II: MCM: POD Site Security Worksheet
II: MCM: Station Layout & Description
II: MCM: POD Communications
II: MCM: List of POD Forms
Dispensing Protocols
II: MCM: Countermeasure Labeling & Documentation
II: MCM: Triage & Infection Control

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Contents	
	II: MCM: PREP Act, Standing Orders, & EUAs
Directory of Local Emergency Resources & Contacts	

SUMMARY OF CHANGES

Date of Change	Version	Change #	Summary of Change	Initials*
082316	2016	1	Reference websites verified as still active	PCHD/ SCHD-MD
		2	Additional reference websites added	PCHD/ SCHD-MD
		3	Implementing instruction titles verified & needed changes made	PCHD/ SCHD-MD
081817	2017	1	Changed title from SNS to MCM	PCHD/ SCHD-MD
		2	Changed OPHAN to OPOD	PCHD/ SCHD-MD
		3	Added Medical vs. Non-medical PODs descriptions	PCHD/ SCHD-MD
		4	Moved "Strategic National Stockpile" section to follow "Concept of Operations" section.	PCHD/ SCHD-MD
		5	Changed Implementing Instructions' title to reflect new Appendix title (MCM)	PCHD/ SCHD-MD
		6	Edited II: MCM: POD Staffing Recommendations	PCHD/ SCHD-MD
		7	Verified acronym definitions & people-first language	PCHD/ SCHD-MD
		8	Re-set TOC	PCHD/ SCHD-MD
071718	2018	1	Hyperlinks verified.	PCHD/ SCHD-

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

Date of Change	Version	Change #	Summary of Change	Initials*
				MD
		2	ODH rubric objective delayed annual update review	PCHD/ SCHD- MD
071619	2019	1	Acronyms, spelling, readability reviewed.	PCHD/ SCHD- MD
		2	Hyperlinks verified.	PCHD/ SCHD- MD
		3	OPHAN information removed & replaced with OPOD information	PCHD/ SCHD- MD
		4	Links replaced in: • II: MCM: PREPAct, Standing Orders & EUAs • II: MCM: MCM SelectionGuidance	PCHD/ SCHD- MD
		5	Acronym definition added to II: MCM: SNSRequestMovementReturnDisposal	PCHD/ SCHD- MD
		6	II: MCM: OPOD revised	PCHD/ SCHD- MD
		7	Additional details for transitioning from non-medical to medical added	PCHD/ SCHD- MD
		8	Staffing Recommendation for medical vs non-medical POD added to II:MCM:POD Staffing Recommendations	PCHD/ SCHD- MD
		9	Additional details about Adverse Effects training policy added	PCHD/ SCHD- MD
		10	Additional details added volunteers availability	PCHD/ SCHD- MD
04/20/ 2020		11	Xx dist workbook changes	

* Key for "initials" column

Portsmouth City and Scioto County Health Departments
Emergency Response Plan

END OF DOCUMENT.