



**THE SOUTHERN NEVADA HEALTH DISTRICT
EMERGENCY OPERATIONS PLAN**

**MASS PROPHYLAXIS PLAN
ANNEX K**

November 2008
Reference Number 2-211

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SECTION: ANNEX K

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	SECTION: ANNEX K
	TITLE: MASS PROPHYLAXIS
	Standards: Centers for Disease Control and Prevention (CDC); Federal Emergency Management Agency (FEMA); National Incident Management System (NIMS)

2-211.01 AUTHORITIES

For general authorities, see the SNHD EOP, section 1-200.01. (Appendix M)

2-211.02 PURPOSE

The purpose of this Annex is to outline the process for receiving, distributing, and dispensing Strategic National Stockpile (SNS) assets in the event of a large-scale public health emergency in Southern Nevada. This Annex is part of the Clark County All Hazards Emergency Operations Plan. This plan is updated annually by the Local Emergency Planning Committee (LEPC).

2-211.03 EXPLANATION OF TERMS

A. Acronyms

BP	Biopreparedness Planner
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive
CCOEM	Clark County Office of Emergency Management
CCSD	Clark County School District
CDC	Centers for Disease Control and Prevention
CERC	Crisis and Emergency Risk Communications
CHO	Chief Health Officer
CRI	Cities Readiness Initiative
DEOC	Director's Emergency Operations Center
DHHS	Department of Health and Human Services
DOC	District Operations Center
DSNS	Division of Strategic National Stockpile
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FDA	Food and Drug Administration
GIS	Geographic Information System
HSEEP	Homeland Security Exercise and Evaluation Program
IC	Incident Commander
ICS	Incident Command System

JIC	Joint Information Center
LVMPD	Las Vegas Metropolitan Police Department
MACC	Multi-Agency Coordination Center
MMRS	Metropolitan Medical Response System
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NHA	Nevada Hospital Association
NIMS	National Incident Management System
NSHD	Nevada State Health Division
ODP	Office of Domestic Preparedness
OPHP	Office of Public Health Preparedness
PIC	Public Information Communication
PIO	Public Information Officer
POD	Point of Dispensing
RACES	Radio Amateur Civil Emergency Service
RSS	Receiving, Storage and Staging
RTC	Regional Transportation Commission
SNHD	Southern Nevada Health District
SNS	Strategic National Stockpile
TARU	Technical Advisory Response Unit
TC	Treatment Center
UC	Unified Command
USPS	United States Postal Service
VA	Veteran's Administration
VMI	Vendor-Managed Inventory

B. Definitions

After Action Report – A written summary of the exercise that reflects strengths, weaknesses and areas for improvement.

Disaster – An occurrence of a natural catastrophe, technological accident, or human-caused event that has resulted in severe property damage, deaths, and/or multiple injuries.

Distribution – The process of delivering SNS assets from the RSS site.

District Operations Center – The protected site from which the Health District officials coordinate, monitor, and direct emergency response activities in an emergency.

Emergency – A condition of disaster or of extreme peril to the safety of persons and property within the State, caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake or other conditions.

Emergency Operations Center – The protected site from which State and Local civil government officials coordinate, monitor, and direct emergency response activities during an emergency.

Emergency Response Personnel – Personnel involved with response to an emergency.

First Responders – First responders in time of disaster; i.e., police, fire, EMS, public health, etc.

Incident – An occurrence or event, either human-caused or through natural phenomena, that requires action by emergency response personnel to prevent or minimize loss of life or damage to property and/or natural resources.

Incident Commander – The individual responsible for the command of all functions at the field response level.

Incident Command System – A nationally used, standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the field-level component of NIMS. It is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

Inventory Control – Function that manages the SNS inventory, which includes: tracking all receipts; apportioning supplies; processing requests from dispensing sites and treatment centers; creating issue documents for choosing materiel; recording the locations to which all materiel equipment, and cargo containers are sent; monitoring stock levels and working with SNS technical advisors to replenish materiel; and recovering unused SNS assets.

Medical Reserve Corps – A volunteer organization of Health Care Professionals who strengthen their communities by offering their expertise throughout the year as well as during times of community need.

POD – A site used to dispense medication to the public.

Regional Transportation Commission – A regional government agency which performs many transportation activities within the Southern Nevada community.

State of Emergency – The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the State caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy or conditions causing a "state of war emergency." This pertains to conditions that are, or are likely to be, beyond the control of the services, personnel, equipment, and facilities of any single county, city and county, or city and require the combined forces of a mutual-aid region or regions to combat.

Strategic National Stockpile – The Nation's most important resource for provisioning critical medical materiel to re-supply and sustain emergency medical operations related to major disasters.

Technical Advisory Response Unit – The SNS Program’s unit of skilled individuals who arrive with the first shipment of the SNS to assist State and Local officials.

Terrorism – The unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives.

Treatment Center – A location in a community where the sick receive treatment. These include hospitals, clinics, and other sites that treat the sick.

USL Inventory Control System – An accounting system used by SNHD, to track inventory and material.

Vendor-Managed Inventory – Medical and pharmaceutical materiel that is delivered directly from the manufacturer to the disaster site.

2-211.04 OVERVIEW

The Strategic National Stockpile (SNS) is a collection of large quantities of medical materiel, equipment, and pharmaceuticals designed to augment depleted state and local resources needed for responding to terrorist attacks or other public health emergencies. The Division of Strategic National Stockpile (DSNS) manages the SNS and provides personnel to augment state and local responders during an emergency. It is the responsibility of the state and local governments to prepare to receive SNS assets and to provide them to the people who are in need.

A. State Responsibilities

The Nevada State Health Division (NSHD) will assume primary responsibility for receiving, staging and storing, security and transporting the materiel contained in the SNS, allowing local resources to be directed toward local response activities such as operating Points of Dispensing (PODs).

B. Local Responsibilities

The Southern Nevada Health District’s (SNHD) Mass Prophylaxis Annex to the SNHD Emergency Operations Plan in conjunction with the NSHD’s Strategic National Stockpile Plan serves as the plan for receiving, storing and staging for mass antibiotic and/or vaccine distribution with Clark County, Nevada. This Annex combines the use of local antibiotic inventories for first responders, essential personnel, health care workers and volunteers while deploying SNS assets for the general population.

This plan was developed with participants from the following agencies:

- Clark County Office of Emergency Management (CCOEM)
- Las Vegas Metropolitan Police Department (LVMPD)
- Emergency Medical Services (EMS)
- Fire Departments
- Hospitals
- Metropolitan Medical Response System (MMRS)
- Medical Reserve Corps (MRC)

- Resort Properties
- Clark County School District (CCSD)
- Major Shopping Malls
- United States Postal Service (USPS)

Memoranda of Understanding (MOUs) have been created with multiple agencies who partner with public health. (Appendix C)

The SNHD Biopreparedness Planner will serve as SNHD's SNS Coordinator. Contact information for the SNS Coordinator and backup are located in Appendix B. The SNS Coordinator shall:

- Maintain and update the SNHD Mass Prophylaxis Plan as needed.
- Maintain Memoranda of Understanding with POD locations and other services to assist in operating PODs.
- Ensure call down lists are current and conduct tests of the Emergency Notification System.
- Collaborate with the NSHD in planning for receipt of the SNS and distribution to designated POD locations.
- Ensure personnel receive training related to their functions in a mass prophylaxis event.

C. Protecting Essential Personnel

SNHD has identified the following personnel as essential personnel to receive prophylaxis from the MMRS cache. (Appendix A)

- Firefighters
- Law enforcement officers
- Hazardous material specialists
- Key county and city officials
- Emergency medical services personnel and families
- SNHD personnel
- Medical Reserve Corps
- Transportation and public works personnel
- State/Local SNS team members
- Volunteers who support state/local SNS
- Family members of essential personnel
- Volunteers

D. Local Medical Inventories

This inventory provides for protection against biological threats and contains sufficient amounts for the identified essential personnel and is located in a local fire department for 24/7 access.

Additional local inventories include the Veterans Administration (VA) cache, local retail pharmacies, the Nevada Hospital Association (NHA) inventories, NHA cache and Chempacks.

2-211.05 COMMAND AND CONTROL

As part of any event involving emergency management, the SNHD will use the Incident Command System (ICS) to organize management of the incident. The SNHD manages its response to public health emergencies guided by the SNHD Emergency Operations Plan (EOP) which is integrated with the Clark County Emergency Operations Plan (an all-hazards plan) and guided by the National Incident Management System (NIMS). All public agencies in Clark County operate under the NIMS and maintain command and control logs according to the NIMS design. These are utilized in evaluation and After Action Reports (AAR) post event.

The District Operations Center (DOC) is the command and control center for the SNHD during an emergency. The DOC is activated according to the District Operations Center Annex to the SNHD Emergency Operations Plan (EOP Annex A). The Clark County Office of Emergency Management opens the County Emergency Operations Center (EOC) at the request of the Chief Health Officer (CHO) for support in response to an event. The Office of Public Health Preparedness (OPHP) Manager or designee is the liaison to the EOC.

The overall authority for direction and control of the SNS within Clark County as well as for direction of a response to and resources needed for a public health emergency rests with the SNHD CHO or designee. The CHO will appoint an Incident Commander (IC) to whom all responding agencies will report. The IC will determine how the command will be structured for the response to include all components of ICS. The SNHD SNS Coordinator will provide primary coordination between the SNHD and the NSHD SNS Operations Management Team and will work closely with the NSHD to get materiel to the PODs. If the event expands to a regional or statewide event it will quickly become a Unified Command (UC) and the State will take control of the incident. The SNHD will provide a liaison from the SNHD OPHP to the Multi-Agency Coordination Center (MACC). (Appendix M)

All tactical communications within Clark County are maintained through the Clark County Tactical Interoperable Communications (TIC) Plan (Appendix G). Command and control tactical communications for an event requiring SNS activation and deployment will be established as part of this TIC Plan. All forms and correspondence transmitted during SNS deployment will be maintained and include date and time notations. This includes, but is not limited to, the documents transmitted between NSHD, Receiving, Staging and Storing (RSS) site(s) and the PODs.

Along with the SNS, DSNS will deploy a Technical Advisory Response Unit (TARU) and two US Marshals to accompany the materiel. The TARU will advise and assist in effective use of deployed SNS assets. The TARU will be primarily staged at the RSS facility and the State EOC but may provide a Liaison Officer to the SNHD District Operations Center (DOC) or the Clark County EOC if the State deems necessary.

2-211.06 REQUESTING SNS ASSETS

The decision to request the SNS will be a collaborative effort between local, state and other federal officials.

A. Sequence of Events for Requesting SNS Assets

The decision to deploy will be a collaborative effort among local, state, and federal officials. Local officials will contact their state emergency management agency or health department, which will notify the governor if the problem appears to be serious enough to require resources that local authorities may not have. If the governor supports that conclusion, he or she will formally request assistance from the DSNS or include the request as part of a formal request for federal assistance through the national emergency response system.

Depending on a wide variety of factors (such as the threat situation, its nature, and how it is spreading), local and state health officials may know that there is a public health concern before they recognize it as a public health emergency. Thanks to existing health information systems, state, local, regional and federal (CDC and the Department of Health and Human Services (DHHS)) public health officials will be sharing data and analyses as the situation progresses. Public health officials' making a timely request during the early stages of a public health emergency will maximize the amount of available time to provide prophylaxis and treatment to the endangered population.

Some local issues that are taken into consideration when requesting the SNS:

- Number of current casualties
- Projected needs considering the population of the area including transients and possible infections versus non-infections
- Hospital capacity at the time of the event including intensive care unit beds, ventilator needs and available healthcare personnel
- State resources identified including pharmacy distributors, oxygen availability, other nearby hospitals and in-state alternative care centers
- Local resources such as pharmacy distribution, oxygen availability and transport capacity

Local private resources may be procured by CCOEM with the expectation that the owner will be reimbursed within 90 days of the event as per the Clark County Code §3.04.060 and NRS §414.070(3).

Once a public health emergency or its potential is recognized, and the emergency appears to have the capacity to overwhelm local, regional, and/or state resources, state health officials should recommend that the governor request assistance from the Federal Government and quickly contact the CDC Director's Emergency Operations Center (DEOC) at 770-488-7100.

B. Requesting the SNS

In the event that specific medical supplies are needed to supplement the Initial Push Package, requests will be made for medications and/or supplies from the Vendor Managed Inventory (VMI).

Figure 1 illustrates the process for requesting SNS assets. Table 1 lists the type of health events and resource issues that would justify a State request. The CHO or designee notifies the State Health Officer in consultation with the Clark County

Emergency Manager at [REDACTED] and the Nevada State Division of Emergency Management at [REDACTED].

The information necessary for requesting the SNS assets should include:

- A clear, concise description of the situation.
- Any results of specimen testing.
- Decisions already made regarding the response to this event: target population for prophylaxis, quarantine measures, facilities to be used, etc.
- Indicate plans and actions to use existing response capabilities to respond to the situation.
- A description of the anticipated SNS assets needed to support response to the situation.
- Describe any evidence of terrorism or suspected terrorism.
- Notify key state contacts that the governor has requested SNS assets.

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Figure 1 – Process for Requesting SNS Assets

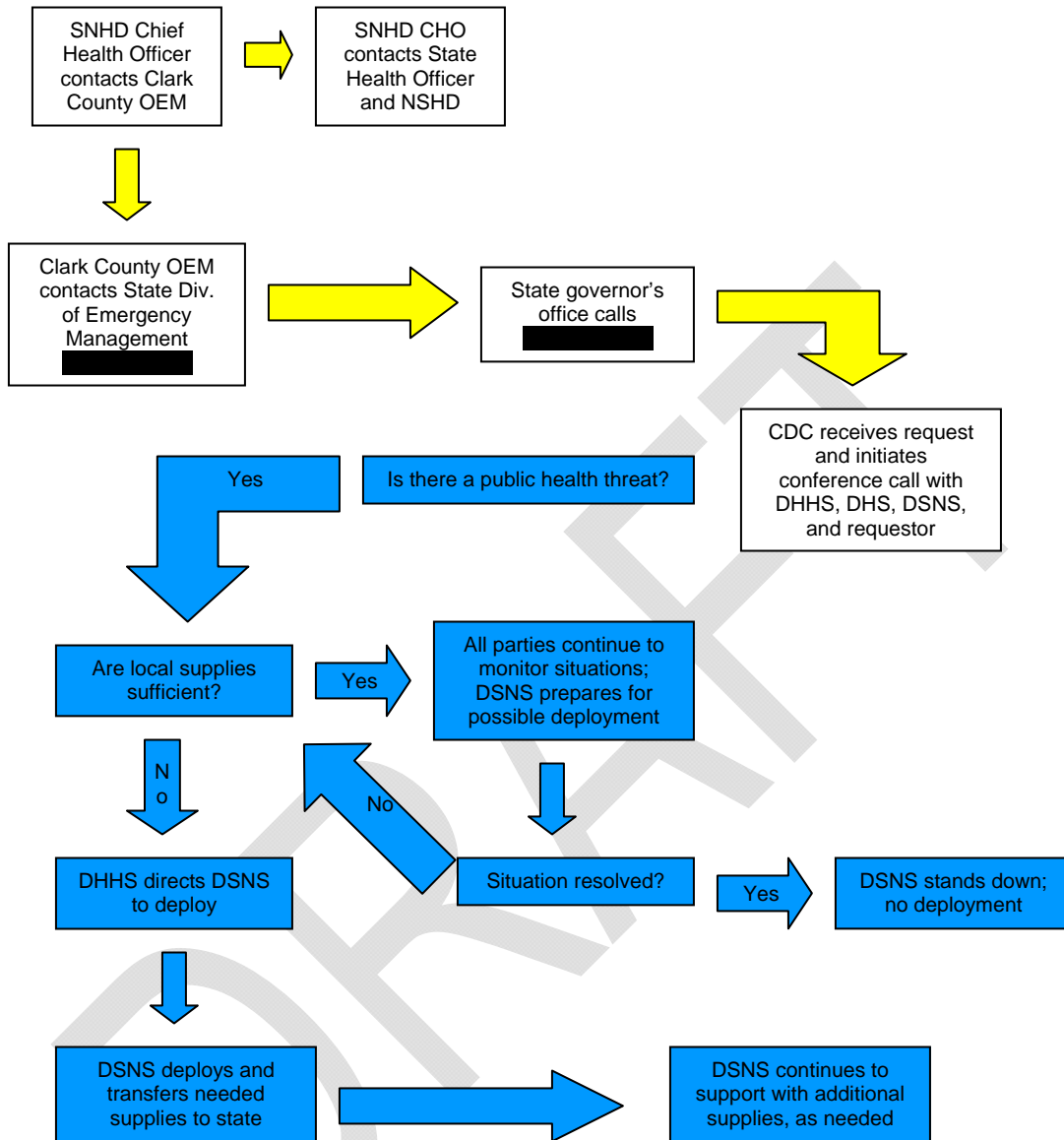


Table 1: Requesting Strategic National Stockpile Assets
Request Justification
<p>Overt occurrence of a chemical, biological, radiological, nuclear or explosive (CBRNE) event</p> <p>Medical emergency caused by a natural disaster</p> <p>Claim of release by intelligence or law enforcement</p> <p>Indication from intelligence or law enforcement of a likely attack</p> <p>Clinical, laboratory or epidemiological indications</p> <ul style="list-style-type: none"> • Large number of ill persons with similar disease, syndrome or deaths • Unusual illness in a population-single case of disease from uncommon agent and/or a disease with unusual geographic or seasonal distribution, and/or an endemic disease or unexplained increase in incidence • Higher than normal morbidity and mortality from a common disease or syndrome • Failure of a common disease to respond to usual therapy • Multiple unusual or unexplained disease entities in the same patient • Multiple atypical presentations of disease agents • Similar genetic type in agents isolated from temporarily or spatially distinct sources • Unusual, genetically engineered or antiquated strain of the agent • Simultaneous clusters of similar illness in non-contiguous areas • Atypical aerosol, food, water transmission • Deaths or illness among animals that precedes or accompanies human death <p>Unexplained increase in emergency medical service requests</p> <p>Unexplained increase in antibiotic prescriptions or over-the-counter medication use</p>
Regional and Local Resource Considerations for Deploying the SNS Assets
<p>Number of current casualties</p> <p>Projected needs considering the population of the area (including transients) and possible infections versus non-infections</p> <p>Hospital capacity at the time of the event including intensive care unit beds and ventilator needs</p> <p>State resources identified including pharmacy distributors, oxygen availability, other nearby hospitals, and in-state alternative care centers</p> <p>Local resources (e.g., pharmacy distribution, oxygen availability, and transport capacity)</p>

C. Activation of the State SNS Plan

The State will arrange for the TARU and SNS assets. The State SNS Mobile Support Unit (MSU) alerts the security coordinators to provide escorts for TARU and SNS assets to the State RSS facility.

The SNHD will expect communications from the State that they have activated their SNS Plan. The SNHD will prepare to receive the SNS assets at the designated POD locations and activate the SNHD local Mass Prophylaxis plan.

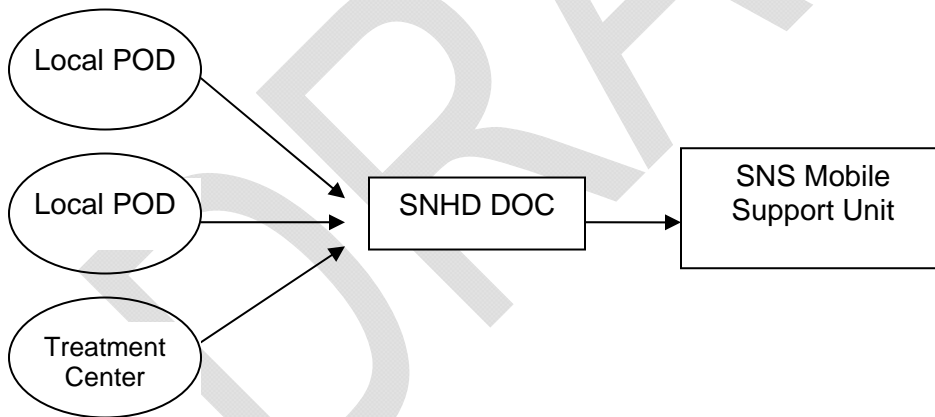
The SNHD local plan includes:

- Activation of PODs
- Activation of volunteer rosters
- Activation of doctors, nurses, pharmacists, and other medical support personnel on call
- Ensuring that security is in place at the PODs before beginning dispensing operations
- If repackaging might be required, notify volunteers for potential repackaging of any bulk material. No repackaging will be required for any Push Package shipments. Follow-on shipments may require repackaging.

D. Reordering SNS Assets

To fulfill local and regional requirements for additional resources at the PODs and Treatment Centers, such requests will be placed to the RSS through the SNHD DOC for resource acquisition and delivery. Figure 2 provides an illustration of the reordering process to the state. PODs and Treatment Centers will complete the SNS Order and Tracking Form and submit it to the SNHD DOC. The request will then be placed directly to the State SNS MSU at the RSS. The MSU will then determine the methods and procedures for reordering and replenishing requested supplies. The SNHD EOC representative will coordinate with the NSHD EOC representative.

Figure 2 – Local Process for Reordering SNS Supplies from PODs to State



2-211.07 MANAGEMENT OF SNS OPERATIONS

The NSHD will create an SNS Mobile Support Unit (MSU) who will conduct the overall management and distribution of assets supplied by the SNS. In the event that the State is unable to perform this function, SNHD has a contingency plan for transportation including security from the RSS to the PODs. This support comes through the Clark County EOC who will obtain vehicles from the Regional Transportation Commission (RTC) and security through County contracts.

A. The SNS Operations Management Team

The State MSU will work with the local SNS Operations Management Team (OMT) to manage distribution to the dispensing sites. The SNHD SNS OMT will consist of the following pre-identified positions:

- Tactical Communications/IT Support
- Security Coordinator
- Dispensing Coordinator
- Distribution Coordinator
- Inventory Management Coordinator
- Treatment Center Coordinator
- Public Information Officer
- Staffing/Volunteer Coordinator
- Safety Coordinator

These positions will be located in the ICS Structure at SNHD's DOC. Personnel have been pre-identified to fill these positions and the list can be found in Appendix B.

In the event the State is unable to provide an SNS Mobile Support Unit, the SNHD has a contingency plan for the management of the RSS site. This contingency would require just-in-time training for those functioning in this capacity.

B. Security

SNHD's Security Coordinator has a law enforcement background and able to interface with law enforcement within the County for the security of SNHD's entire operations and will coordinate security within and between the PODs or treatment centers. (Appendix B)

C. POD Management

SNHD has identified 53 POD sites including schools, resorts, treatment centers, mass distribution sites and drive-through clinics (Appendix B). POD Managers will work closely with the Dispensing Site Coordinator. A list of those trained as POD Managers is located in Appendix B.

D. Treatment Centers

Certain hospitals may be designated by state or local as treatment centers. SNHD has pre-identified designated leads in these treatment centers. These managers or leads, will work closely with the local Treatment Center Coordinator at the SNHD DOC.

(Appendix L) SNHD has also identified certain ambulatory care centers affiliated with hospitals will be used as alternate care sites. During an anthrax event, alternate care sites will be used as overflow from hospitals to provide IV antibiotics to symptomatic individuals.

E. Public Information

Informing the public with accurate and timely information will assist the SNS Operations Management Team in the execution of a successful response.

The SNHD SNS OMT will work through the Joint Information Center (JIC) at the Clark County EOC to provide information on POD treatment center activities, public education and rumor control.

The SNHD SNS Communications Plan and the Crisis and Emergency Risk Communication (CERC) Plan (Appendix H) were developed in collaboration with state and local Public Information Officers (PIO) and are in place to coordinate local and state PIO activities.

F. Training, Exercise, Evaluation

- The SNHD writes exercises and evaluations according to the Office of Domestic Preparedness (ODP) Homeland Security Exercise and Evaluation Program (HSEEP) Volumes 1, 2, and 3
- The SNHD does a variety of exercises, both discussion-based and operations-based, to test policies, plans and procedures; clarify and train personnel in roles and responsibilities; improve interagency coordination and communication; identify gaps and resources; improve individual performance and identify opportunities for improvement. Evaluators from outside agencies enable SNHD to evaluate performance from a different perspective.

2-211.08 TACTICAL COMMUNICATIONS

Communications are a key element in the continual and timely flow of assets to dispensing, treatment, and other locations. Communication support enables:

- Oversight of the SNS distribution system by the SNS Operations Management Team and timely status reports to command and control.
- Driver reports of deliveries and en route problems.
- Orders from PODs and treatment centers for assets.
- Coordination with law enforcement for protection and traffic/crowd control.

SNHD is a part of the Las Vegas Urban Area Tactical Interoperable Communications (TIC) Plan (Appendix G). Clark County provides regular maintenance on all SNHD equipment. Any additional equipment will be requested through the Clark County Office of Emergency Management. In addition to SNHD and County communications equipment, each dispensing site and treatment center is equipped with phone and fax capabilities. The State will provide their own communications equipment and support for TARU communications.

A. Communication Methods

During an Event/Exercise the SNHD has a number of systems in place to be able to communicate. The primary systems SNHD will utilize are Radio, Internet, Land line, and satellite phone (RAILS). Specific communications systems within the DOC, ADOC and MCC to transmit and receive information that can be utilized as a redundant form of communication from a POD are:

- Radio: VHF, UHF, 800MHz and HAM
- Satellite phones and Internet systems
- Land-line and cell-phone capable
- Web-based communication: WebEOC, HAN and ENS
- TPU switching to allow any radio frequency to be linked to another frequency statewide.

These systems are currently in place at the Health District main facility as well as back up at the Henderson satellite facility. SNHD also has radio and internet communications capability through its Mobile Command Center.

Proper radio procedures are the lifeline during any real incident or exercise. The ability to communicate between the Emergency Operations Center (EOC), District Operations Center (DOC) and POD comes from a formulated process. Within the TIC Plan, SNHD will follow the guidelines for establishing communications during a real incident or exercise:

- **Communications Lead:** Within the SNHD DOC, ADOC or MCC the Communications Lead (COMML) will be the sole person to designate the communications plan for the incident or exercise. The COMML will designate the radio frequencies to be utilized for the event and prepare the ICS 205 form. The COMML will designate personnel to operate the communications equipment within the Operations Center. The COMML position can be manned by a communications specialist or trained IT specialist.
- **Communications Tech:** The Communications Tech will be responsible for all communications via the RAILS format within the Operations Center. All communications coming in/out of the operations center will be tabulated on a message form and routed to the appropriate section within the operations center. All information that needs to be transmitted between the SNHD, NSHD and LHA's will be communicated by this position only.
- **POD Manager:** The POD Manager will be responsible for all communications between the POD and the operations center. All pertinent information related to the incident/exercise that needs to be relayed to the operations center will be performed only by the POD Manager.
- **Operations Supervisor:** The Operations Supervisor will perform all communications regarding the operational arena to the POD Manager. For certain incidents/exercises where specific operations sectors have been designated, this position could be a lead position.
- **Operations Staff:** Operational staff working at the POD will perform all communication directly to the Operations Supervisor. Operational staff should never communicate directly to the POD Manager or Operations Center directly. Operation staff may be considered a lead position working within the POD site.

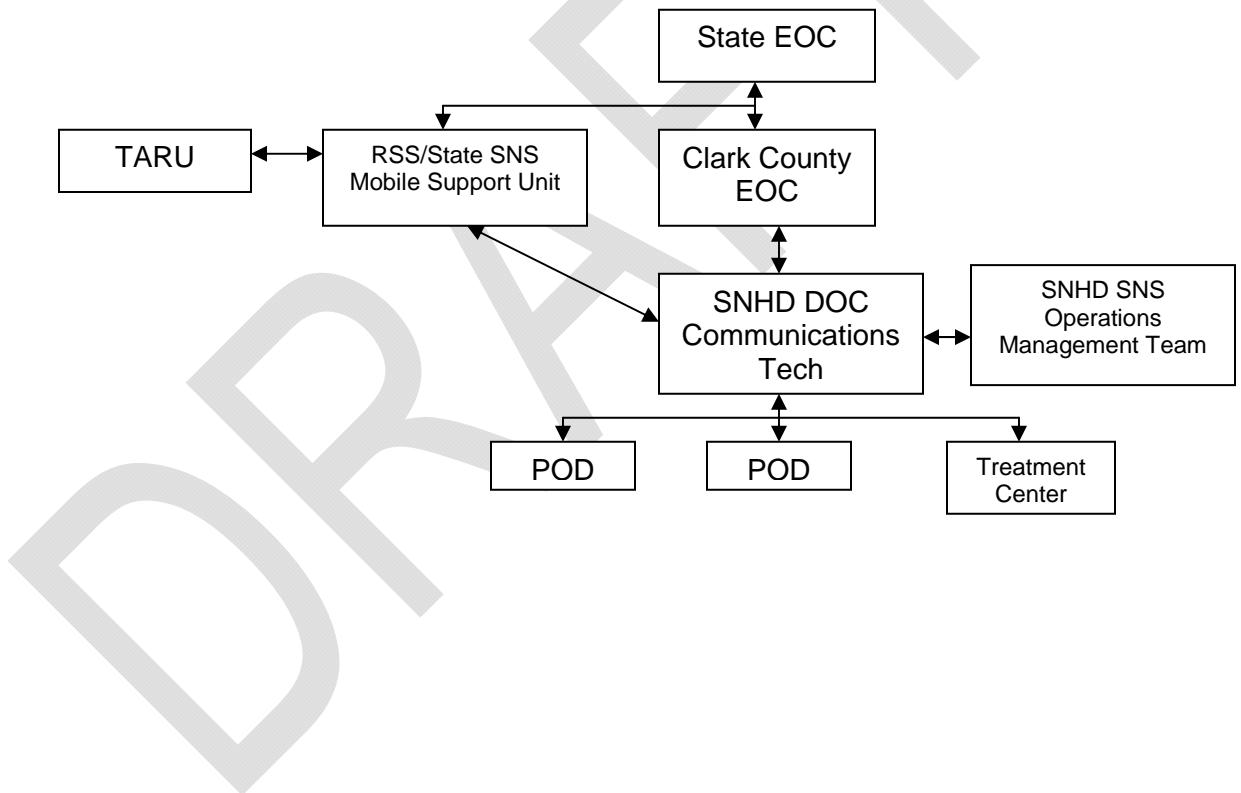
- **Logistics Supervisor:** Logistics supervisor will receive all communications regarding the logistics section and report directly to the POD Manager.
- **Logistics Staff:** the Logistics staff will report all incident/event information to the Logistics Supervisor to be reported to the POD Manager.

The SNHD DOC will be able to communicate with the State SNS Operations Management Team as well as other emergency management agencies throughout the event using any of this equipment. A satellite hook up is located in the Mobile Command Center to allow for internet capability.

SNHD will request ARES/RACES and other communications support through the Clark County EOC to provide reliable communications.

Figure 3 illustrates the established communications pathways between command and management locations and support agencies.

Figure 3 – Communications Pathways



2-211.09 PUBLIC INFORMATION AND COMMUNICATION

The SNHD Public Information Office and health educators deal with informing, educating and communicating with the public about health and emergency situations on a regular basis.

When SNS assets are deployed there is the added challenge of mobilizing the public to obtain prophylactic medications. Other challenges would be quarantine movement restrictions, shelter in place or mass evacuations.

A. Getting People to the POD

Public Information Communication (PIC) planning focuses on the SNS communication for a worst case scenario of mass prophylaxis campaigns and getting pre-event public information to and through PODs, and reaching special populations. The SNHD Public Information Office has developed “canned” messages to deliver to the media outlets when a public health event requiring the SNS to be deployed to Clark County occurs. Prepared messages for volunteer recruitment are also available.

In the event of an incident warranting mass prophylaxis and the deployment of the SNS, SNHD will enact the SNHD Strategic National Stockpile Communication Plan through the County Joint Information Center (JIC) (Appendix H). This plan informs the public of:

- The nature of the emergency.
- Those in need of post exposure or prophylactic antibiotics.
- How to obtain the antibiotics and additional information.
- Public Alert Awareness Broadcasts will be initiated through the Clark County EOC.

Methods of disseminating information during the event may include, but is not limited to, the following methods. The JIC will determine the best methods of communication depending on the event:

- Television
- Radio
- Internet (SNHD website)
- Local Special Population Service Providers
- Hotline (759-INFO) with TTY capability
- Print media
- Health Alert Network
- Blast FAX to health care providers

The SNHD through the JIC will inform the public that SNS assistance has been requested, will be arriving, where and when medications and treatment will be available, what threats are being faced and what methods are being used to counter these threats, that this emergency assistance is free, no identification is necessary, what the public should do, what each person should bring to the POD, i.e., list of current medications, ages and weights of children, etc., and how one can get more information (Appendix H). The public may also be instructed to send one family representative to the POD to

receive medication for the entire family to decrease the number of people presenting at the dispensing sites.

At-Risk and Special Populations

SNHD defines “at-risk populations” as those individuals who are directly affected by the event (i.e. they have been exposed or are symptomatic) and may need special messages to ensure they get the proper treatment. These individuals will be directed through the media to go directly to the hospital rather than a POD.

Certain classes of people, identified as “special populations” may need special forms of communication. SNHD defines “special populations” as groups whose needs are not fully addressed by traditional service providers or who feel they cannot comfortably or safely access and use the standard resources offered in disaster preparedness, relief and recovery. They include but are not limited to, those who are physically or mentally disabled (blind, deaf, hard of hearing, cognitive disorders, and mobility limitations), limited or non-English speaking, geographically or culturally isolated, medically or chemically dependent, homeless, incarcerated, frail elderly and children.

The SNHD PIO maintains a current list of organizations that provide services to each of these groups. All organizations will be notified and provided with all public information materials and current information to distribute to their clients/members (Appendix H). In addition to service providers, public information messages will ask the public to ensure their family members, friends, and neighbors who fall under the category of “special population” receive their medication.

B. Getting People through the POD

Signs will be posted outside and throughout the POD directing people where to go. These signs are printed in multiple languages and are available with the POD supplies along with stands. A diagram is located in the POD Manager Book in each POD cage which identifies where each sign should be placed in the POD.

Information sheets will also be provided at the dispensing sites to inform people about: the threat; the drugs being dispensed including side effects; instructions on how to take the medication; instructions on how to give the medication to children; the importance of taking and continuing to take the medication; hotline information for people to ask questions or report adverse reactions.

Clark County has a diverse population of residents and visitors. SNHD will have the following available at the dispensing sites for non-English speaking individuals:

- Bi-lingual (English and Spanish) text of all material used to inform the public during an emergency are available. Materials include, but are not limited to, informational material, forms, scripts and videos.
- The Clark County Court interpreters have the capability to provide translation services in 48 languages. The DSNS also provides a CD with patient information sheets in 48 languages in the 12-hour push package that can be printed in a short period of time by the SNHD Print Shop.

- Volunteers will serve as on-site translators for people who do not speak English or are hearing impaired.
- SNHD contracts with Tele-Interpreters. A 24/7 telephone language service is currently utilized for client's language needs that can not be accommodated by clinic staff. Telephone numbers for Tele-Interpreters are [REDACTED] or [REDACTED].

SNHD OPHP maintains a supply of signs and sign holders for dispensing sites. The SNHD Print Shop has the capability to reproduce large amounts of printed material on short notice and is available as needed. Printed material may also be requested through the Clark County EOC.

2-211.10 SECURITY SUPPORT

Security of the SNS and the POD locations is of critical importance during an event. The Overall Security Plan (Appendix N) will outline the responsibilities of local law enforcement agencies and other security personnel in the event the SNS is requested in Clark County.

Each POD site is unique and SNHD will use a variety of methods to get medication to the public (see Section 2-211.17). Each site will require different security operations. The individual POD Security Plans can be found in Appendix N. Each plan addresses the following:

- Vulnerability Assessments
- Interior physical security
- Exterior physical security of location
- Command and Management
- Evacuation plans
- Security breach plans

A. Badging

Badging allows positive identification of individuals. All SNHD personnel are photo badged upon hire. Provision of a photo badge for MRC volunteers is distributed at the time of deployment for security purposes. All responding agencies are issued photo badges upon hire and their agency's badge will serve as their badge for the event. Spontaneous and other non-MRC volunteers will be required to wear their driver's license visible on their person. ID pouches and clips are available among the POD supplies maintained by SNHD. All POD staff will wear a colored arm band identifying them as a POD worker. Lead staff (i.e. POD Manager, Safety Officer, Operations Supervisor, etc.) will wear blue arm bands, Dispensers will wear red, and all others will wear yellow arm bands.

B. Credentialing

Credentialing is a state managed process. Credentialing verifies that individuals have the proper training and licenses to perform specific roles. Only licensed SNHD personnel will be assigned to oversee dispensing operations at the PODs. Credentialed and badged volunteers are requested through the Clark County EOC.

2-211.11 RECEIVING STAGING AND STORING SNS ASSETS

The location of the RSS facility has been identified by the NSHD which meets the following standards and requirements of the asset: 12,000 square feet of open level floor; and properly equipped with loading docks, phones, office equipment, security, temperature control and multiple access points. The State has defined how the RSS team will work with the SNS Operations Management Team and other SNS teams and has designated a state official to sign for SNS assets.

In the event the State is unable to identify an RSS facility for the SNS assets, the SNHD may suggest previously identified sites described in the Metropolitan Medical Response System (MMRS) which can meet the standards required for the SNS asset.

Team responsibilities will be handled by the NSHD.

SNHD will provide an SNS Operations Management Team to assist the State Mobile Support Unit in coordinating SNS Operations in Clark County.

2-211.12 INVENTORY CONTROL

The NSHD will handle control of the SNS inventory at the RSS location. Each POD Manager will take custody of the materiel from the State by signing the Custody Transfer Form which identifies received items by container number. Each Treatment Center will take custody of any controlled substances arriving with the package using the DEA Controlled Substance Transfer Form 222. This form will come from the State Health Officer and will be signed by the Treatment Center's Emergency Room Physician-in-Charge to take custody of the items. If the Emergency Room Physician-in-Charge is unavailable, the Treatment Center Pharmacist has the authority to take custody of the items. If the State Health Officer is unable to issue the DEA Form 222, the SNHD Chief Health Officer will issue the form. The SNHD Inventory Management Coordinator will maintain the SNS inventory received at the PODs. Each POD has a Supply Unit Leader which will maintain the inventory at the POD location using a pen-and-paper system with the SNS Supply Order and Tracking Forms. The Inventory Management Coordinator at the SNHD DOC will keep track of all POD supplies and orders using an Excel spreadsheet. (Appendix E)

2-211.13 REPACKAGING

Repackaging is part of the responsibility of the NSHD and the oversight of the RSS.

The process for repackaging bulk medication into individual prophylactic regimens has been replaced with prepackaged units of these dosages. If it would be necessary to repackage bulk items, Las Vegas Fire and Rescue has an MOU with Merck and Company through the Metropolitan Medical Response System (MMRS) to repackage SNS materiel. (Appendix C)

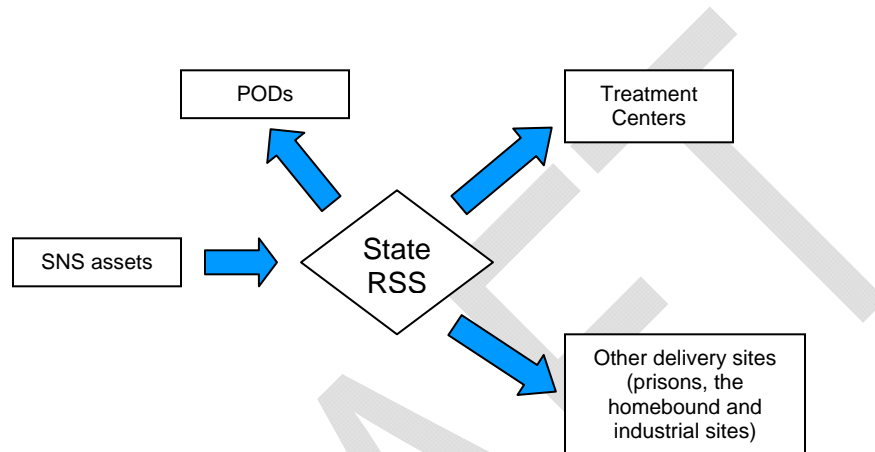
2-011.14 DISTRIBUTING SNS ASSETS

The SNS Distribution Team performs the function of delivering the SNS assets from the RSS facility to dispensing sites and treatment centers. Trucks will be the primary method to deliver SNS assets.

A. Network Design Factors

The distribution plan for the SNHD is a single level model (as shown in Figure 4) moving SNS assets directly from the State’s RSS facility to local PODs and treatment centers.

Figure 4 – The Single-Level Model



B. Transportation Requirements

Transportation requirements are to anticipate and plan to use various modes of transportation, i.e., trucks, helicopters, etc., based on the recommendations listed in “Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness”.

C. Transportation Resources

The NSHD has provided vehicles through the Nevada Department of Public Safety to transport the assets to PODs and treatment centers. The Nevada Highway Patrol may also assist with security if tasked by the State EOC.

If the above resources are not available, the SNHD has a contingency plan to work with the following alternative methods of delivery in coordination between SNHD DOC, Clark County EOC, and the RTC to ensure safe and efficient distribution of the SNS.

The Clark County EOC will arrange transportation for distributing the SNS from the RSS site to PODs depending on the scope of an event.

As a secondary means of delivering SNS materiel from the RSS storage sites to PODs, SNHD vehicles and staff can deliver medication and equipment. Only SNHD vehicles that can maintain the SNS in transit at appropriate temperatures will be utilized.

Transportation resources are assumed to come with drivers, fuel and maintenance.

Distribution Team Drivers Delivery Checklist contains necessary information for delivering the SNS assets.

D. Dispatching Vehicles

Commercial transportation companies will be responsible for dispatch and tracking of their vehicles as well as keeping SNHD DOC informed of deliveries, progress toward deliveries and any issues in transport.

In the event that county or city vehicles are employed as outlined in Clark County EOC documentation, the Transportation Lead will direct vehicle dispatch. This centralized system will ensure that all materiel will be delivered to the appropriate places.

Vehicle dispatch will be electronically tracked through WebEOC and a large wall chart to identify all delivery locations and the preferred routes to those locations. Vehicles will be linked to the SNHD DOC through dispatch by cell phones, pagers and/or two-way radios or RACES.

Dispatch will track the status of each vehicle as it travels to and from the designated sites and locations. Delivery trucks will be dispatched from the RSS storage sites with SNS materiel, chain of custody form (Appendix E) and a delivery manifest which accompanies the SNS package indicating the inventory, delivery location, phone number and point of contact.

SNHD DOC will also ensure that the following information and actions will be executed in a timely fashion during the event and will be noted on the Distribution Team Drivers Delivery Checklist and disseminated to the appropriate agencies:

- Road closures or detours
- Any construction or areas that will slow delivery

2-211.15 DISPENSING ORAL MEDICATIONS

A. General

This section addresses the mass antibiotic dispensing clinic model with additional options for closed dispensing sites and drive-through venues. Mass dispensing includes the following activities:

- Issue prophylaxis to Emergency Responders and their immediate family members if needed.
- Set up and operate a highly efficient operation that serves thousands or millions of people quickly before they become symptomatic.
- Locate and coordinate the use of highly skilled, but relatively scarce pharmacists, doctors and nurses to staff and manage dispensing operations.
- Overcome routine legal/regulatory barriers that prevent non-pharmacists from dispensing prescription drugs during a large scale emergency.
- Isolate symptomatic individuals and transport them to treatment centers.
- Provide the public comprehensive, accurate, reassuring information about community efforts to protect them from a threat.

The ultimate goal of these activities is to provide protection for the entire population of Clark County within 48 hours of the decision to do so.

These options provide flexibility to scale up or scale down to fit the response situation. The POD design will be modified as needed based on throughput as observed by the POD Manager and lead staff. Necessary modifications to increase throughput will be determined at the regularly scheduled Planning Meetings.

PODs are the foundation for this dispensing campaign. SNHD has determined the number of 96 PODs to meet the needs of residents, tourists and visitors. Due to the lack of resources to support 96 PODs, SNHD will consider alternate dispensing modalities to dispense medication to Clark County's 2.4 million residents and visitors within 48 hours. The PODs are schools located throughout Clark County which aid in the uniformity of POD design. SNHD also has MOUs with certain local casino resorts which can also serve as PODs.

B. Legal Issues to Support Mass Prophylaxis Operations

During an emergency, it may be necessary to resort to altered standards of care in order to prophylax the entire population within 48 hours of the decision to do so. The Nevada Revised Statutes and Clark County Government Code have identified certain legal issues that pertain during emergencies which support mass prophylaxis operations in a declared emergency:

- *Issuance of standing orders and protocols.* The CHO has the authority under NRS §439.470 to issue emergency protocols authorizing medical practitioners to issue standing orders and protocols for POD sites in order to preserve the lives and the health of the people in Clark County.
- *Personnel authorized to dispense medication during a declared emergency.* Any requirement for a license to practice any professional, mechanical or other skill does not apply to any authorized worker who, in the course of performing his duties as such, practices that professional, mechanical or other skill during an emergency or disaster (NRS §414.110).
- *Procurement of private property.* Local private resources may be procured by CCOEM with the expectation that the owner will be reimbursed within 90 days of the event as per the Clark County Code §3.04.060 and NRS §414.070(3).
- *Staff compensation.* SNHD Staff will be compensated for their time as per NRS §608.016 and §608.018. SNHD personnel code also stipulates in section 74.4 that employees will be compensated at a rate of one and one-half times their regular rate. The employee will be paid a minimum of three hours. Other workers who are acting under the auspices of their agency (law enforcement, Clark County, etc.) will abide by their agency's call back procedures. All other workers are considered to be volunteers will not be compensated.
- *Workers compensation.* If a staff member is injured or becomes ill as a result of the duties performed under the auspices of this plan, they will be compensated as per NRS §616C.
- *Liability protection.*
 - Any person who owns property or premises where emergency functions are being performed are not civilly liable for negligently causing the death

- of, or injury to, any person on or about the property or premises, or for loss of, or damage to, the property of such a person (NRS §414.120).
- Any worker acting in an emergency function is not liable for the death of or injury to persons, or for damage to property, as a result of any such activity (NRS §414.110).
- All volunteers of a government agency are protected under specific circumstances by the Volunteer Protection Act (42 USC §14501 et. Seq.) which provides qualified immunity from liability for harm caused by an act of omission on the part of the volunteer.
- SNHD staff and MRC volunteers pre-registered with the health district are eligible for protection under the *Cooperative Agreement for Coverage of Liability Claims and Related Expenses* to which SNHD is a party.
- *Investigational New Drugs (INDs)*. If an Investigational New Drug (IND) has been approved under an Emergency Use Authorization (EUA) for distribution to the general public in a declared emergency, a POD may be dispensing such a product. If the POD is dispensing antibiotics or vaccines under IND protocols, patients will be made aware that the product has been authorized for emergency use and informed of the known and potential benefits and risks. The patients will also be informed of their right to refuse treatment with this product. Patients will be directed to contact the SNHD Adverse Reaction Hotline at 1-800-822-7967 if they have adverse reactions to the IND. These calls will be carefully monitored and reported to the Federal Drug Administration (FDA) (21 CFR Part 312).

C. POD Activation

After the SNS has been requested, the SNHD Chief Health Officer will initiate the health district's call down procedure and activate the SNHD District Operations Center according to the District Operations Center Annex (EOP Annex A). Managers, Supervisors and the SNS Operations Management Team will be notified through the Emergency Notification System and instructed to report to the health district for a situation briefing and information on the location of the staging area and where PODs will be set up and when. The Managers and Supervisors will then be instructed to notify their staff using their call down lists and to direct them to the staging area at a designated time. If there are any managers or supervisors not present at the briefing, the CHO will direct an alternate person to notify the missing person's staff. The MRC Coordinator will be notified at this time and will follow the MRC activation procedures as stated in the MRC Standard Operating Guidelines.

The DOC Logistics Chief will contact the points of contact for the identified POD locations to ensure someone will be available to open the building and provide support to the POD staff during set up.

SNHD POD supplies will be delivered to the identified POD locations by SNHD personnel. POD supplies are located in 6x4x2 wheeled cages for ease of transport. The POD cages contain the following items:

- POD Manager Book – contains instructions for running the POD, job action sheets, POD floor plan and sign list, POD cage instructions, diagram and

inventory list, supply forms, dispensing information, ICS forms, and guidelines for mental health services.

- Office supplies
- Signs
- Dispensing/medical supplies
- Barricade Tape
- Badge holders and clips for spontaneous volunteers
- Colored arm bands for staff

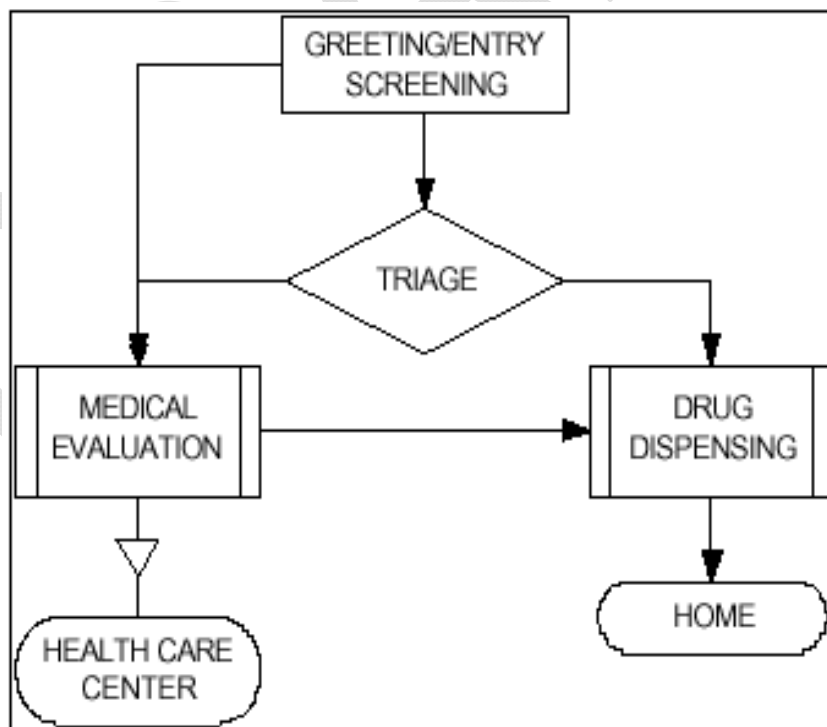
A complete list of POD cage contents is located in Appendix D. Drug fact sheets, medical screening forms and agent fact sheets will be copied and distributed to the PODs when the agent is determined and prior to the opening of the POD. Each dispensing location has office equipment and crowd control equipment on-site and available for use.

First shift POD staff will be given their job assignment at the staging area and will be directed to their respective locations to assist in set up of the POD.

D. Process and Flow for POD Operations

The SNHD will perform all POD steps in one place (single level model). The basic high flow POD model shows areas of entry, triage, dispensing and exiting (Figure 5).

Figure 5: Basic High Flow POD Model



SNHD has assumed that, during an event requiring SNS deployment, the basic POD Flow model must be altered and has planned accordingly. The following section outlines

the SNHD POD Design. Depending on the event, however, the CHO may consider further altering the dispensing model to better accommodate client throughput. Under NRS §439.470, the CHO has the authority to alter the basic clinic model and will do so in consultation with the Health District Attorney. This decision may be made prior to PODs opening or after POD operations have begun, based on information received by the Dispensing Site Coordinator. All POD Managers will be notified of the changes in operations through the communication network described in section 2-211.08 of this document. In order to maintain consistency of operations, all POD locations will convert to the altered model.

E. POD Design

Patient Flow

Patient flow at the POD location is the process of receiving people, getting basic health history via screening forms (Appendix E), dispensing the medication and exiting with educational and follow-up information while keeping the lines moving quickly. Interpreters will also be available in the greeting area to assist those who do not speak English, either through direct interpretation or by taking them to the phone for tele-interpretation services.

Medical Screening

The Medical Screening Unit at the POD location involves triage, medical screening, mental health screening, and exit. The triage area is located outside the POD area so that symptomatic individuals arriving at the POD can self-transport to a hospital or be transported to a hospital by ambulance rather than enter the POD. If a symptomatic individual is accompanied by family members, they will all be directed to the nearest hospital where the asymptomatic individuals will receive their medication. The Greeting and Triage sections may also be combined.

After Triage, the patient will go to the medical screening area which is located in the POD area. In this area, patients complete the Medical Screening Form to determine if the patient has any contraindications to the pharmaceuticals being dispensed. Mental health screeners will also be available in the line to assess the patients entering the POD. If an individual appears to be in an agitated state, they will be taken to a counseling area within the POD location, but away from the primary operations area.

In order to increase client throughput, the CHO may alter the process by limiting the amount of information requested on the medical screening form or the form may be eliminated.

Dispensing

After medical screening, individuals and families are directed to the dispensing area to receive their medication. Individuals who do not have children and do not have contraindications to the medications being dispensed will be directed to one of the Express Lanes. Families with children and individuals with contraindications will be directed to an Assisted Lane where a pharmacist consult will be available to obtain weights of children if necessary and determine the best course of medication to give. If

oral suspensions are not available, the head of household will receive instructions on proper child dosing.

Education

Every step of the POD process gives the opportunity to educate. Greeters have FAQ sheets, video tapes provide information about biological threats, if applicable and/or medication FAQs. The bottle label itself is an information product. Upon exit, information regarding who to contact in the event an individual has an adverse reaction will be provided and told how follow-up will occur if needed. Education will also be provided through the public information campaign.

Security

Each POD location has a site-specific security plan which includes plans for crowd control, traffic management, and overall security of the site. The jurisdictional law enforcement agency has authority for security of the POD site.

Closed POD locations will develop their own security plans and will use either their own security staff (Resort Partners) or volunteers from their own staff.

2-211.16 SETTING UP THE POD

SNHD has primarily chosen schools as POD sites (Appendix C). These sites meet the required characteristics recommended by CDC operated on a 24/7 regimen.

A. Patient Information Documentation

Data Collection

The medical screening form tracks the patient history, meets relevant state regulations for dispensing, documentation and tracking the drug in case of recall. The CHO will determine the need to collect patient information based on the situation (Appendix E). The patient will be given 24-hour hotline information ([REDACTED]) to contact if they have any questions or adverse affects from the medication. Rocky Mountain Poison and Drug Center (RMPDC) (759-INFO) will be used to assist with call surge to the health district. RMPDC will be given a list of frequently asked questions developed by SNHD to answer questions that patients have regarding the drugs and the agent.

If an individual is experiencing an adverse reaction to the medication, they will be directed to their primary care physician or urgent care facility. Physicians' offices and other facilities will be instructed through the Health Alert Network to notify the Health District Office of Epidemiology when a patient presents with adverse reactions to the dispensed medication.

B. Staffing the POD

Staffing of clinics is scalable according to need based on the population being prophylaxed. A large scale event will require a proportionate amount of dispensing sites to process the public quickly enough to prevent the onset of symptoms. The potentially

enormous number of patients seeking treatment will immediately overwhelm the medical system. Staffing for the prophylaxis clinics will require medical and non-medical personnel from all or some of the following agencies:

- Medical Reserve Corps (MRC)
- Temporary staffing agencies
- Clark County School District
- Clark County
- Cities in the region
- Community Emergency Response Teams
- Other volunteer organizations.

In addition, depending on the scale of the event, National Guard units, Army Reserve units, or Disaster Medical Assistance Teams (DMAT) may be necessary. Whatever the size of the population being served, three types of people are necessary to staff the POD

- Professionals (MDs, RNs, pharmacists, public health workers and social workers).
- Volunteers (pre-trained and untrained)
- Management and support staff

Staff training for all assignments and positions occurs on an ongoing basis as well as just-in-time training as needed.

Staff/Volunteer Management

POD shifts are twelve hours long. Staff and volunteers will stage at a Volunteer Reception Center to be assigned to a specific POD location (Staging Annex X). Workers will receive their prophylaxis as well as just-in-time training at the Volunteer Reception Center. Once training is complete, workers will be bused to their appropriate POD location where they will receive a POD-specific briefing from the POD Manager (e.g. safety issues, break policy, reporting procedures, etc). Any equipment POD workers will use (i.e. radio equipment) will be issued at the individual PODs by the POD Logistics Section.

The Logistics Section – Food Unit will provide food for the POD workers. A staff rest area will be available at each POD location. Workers will be allotted a fifteen (15) minute rest period per four hours worked. Rest periods will be staggered within each section to ensure continual patient flow through the POD. Relief workers should be available to allow POD staff to take breaks. If relief workers are unavailable, patient flow will be diverted to other lanes so staff may take breaks. Mental Health Screeners will be monitoring staff for signs of fatigue. Cots may be requested from the Nevada Hospital Association through the Clark County EOC.

At the end of each shift, POD staff will follow the end of shift duties identified in their job action sheet, attend a brief debriefing session with their supervisor, and equipment will be returned to the POD Logistics Section. Staff will then be bused back to the Volunteer Reception Center to sign out and be rescheduled for the next shift. At the end of operations, all staff will be asked to participate in the After Action process.

C. Operating the POD

The POD Manager is in command of the POD and oversees shifts, patient flow, storage space for stock, conducting shift changes and re-ordering materiel.

Worried well patient needs are addressed through the public information campaign and also at POD sites with available counselors at counseling stations.

The State of Nevada and SNHD allow the head of a household to pick up medication for their family without all family members being present. There is no limit to the number of medications that a single person may pick up. The Medical Screening form for multiple regimens is found in Appendix E.

No identification will be necessary to receive medication. Unaccompanied minors are triaged, counseled and treated. Ethnic populations and undocumented aliens with language issues are assisted as described in the SNHD SNS Communications Plan and the SNHD CERC Plan (Appendix H).

The public information campaign will advise symptomatic individuals to seek medical treatment and not go to a POD. If symptomatic individuals present at a POD site, they will be directed to the First Aid station where the determination will be made whether or not to send the individual to a medical facility.

D. Communications at the POD

Key positions in the PODs will be issued radios to communicate within the POD. Communications equipment will be issued through the Communications Tech in the POD Logistics Section. Only the POD Manager will communicate to Command and Control or to another POD. See also Section 2-211.08 of this document.

E. Receipt and Storage of SNS Assets at the POD

All POD sites have been evaluated according to the established CDC criteria and therefore, are temperature controlled with receiving areas and loading dock capable of materiel handling equipment with forklifts and pallet jacks and temperature controlled storage areas. These delivery areas are out of public view and will be monitored by security staff.

2-211.17 ALTERNATE DISPENSING METHODS

Since not everyone in a community will be able to get to a dispensing site, some populations that will need special dispensing methods are:

- Inmates of correctional facilities
- Patients in nursing homes, long term or assisted living facilities
- Hospital patients
- Home-bound residents
- Homeless
- Undocumented aliens
- Military personnel on bases

SNHD plans include dispensing drive-through clinics, dispensing in resorts/hotels and businesses, dispensing to correctional facilities and nursing homes, and an emergency responder model.

A. Emergency Responder Model

Emergency Responders and members of their household may need to be among the initial recipients of post-event, pre-exposure prophylactic medication to help protect them from an infectious disease outbreak or similar public health emergency. The term “Emergency Responder” refers to those individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence and the environment. For the purposes of this guidance, Emergency Responder is defined as any of the following:

- Fire fighters
- Law enforcement officers
- Hazardous medical services personnel
- Key government leaders to ensure the continuity of operations
- Transportation and public works personnel
- SNS team members and volunteers who support the SNS functions

A household member is defined as any person living in the same dwelling as the Emergency Responder regardless of relationship.

For situations involving a localized response effort in which medications will not be provided to the population at large, the CHO will work directly with the involved response agencies to ensure appropriate prophylactic medications or vaccines are made available for Emergency Responders and, if necessary, their household members who might be at risk for exposure.

However, events may occur which necessitate the immediate availability of prophylactic medications to a large number of Emergency Responders as well as the general public. It is for this situation that arrangements for the issuance of emergency medications to the responder community in advance of the general public are needed.

It must be understood that medications will be provided to Emergency Responders and their household members only if there is a health risk due to exposure. The decision on whether or not to issue prophylactic medications will be made by the SNHD at the time of an event and will relate specifically to the identified hazard associated with the health risk.

A detailed First Responder Prophylaxis Plan can be found in Appendix A.

B. Drive-through POD Model

Drive-through PODs allow for more efficient patient processing than the traditional method. They can accommodate a larger number of people while alleviating other problems such as parking availability and patient-to-patient contact. The drive-through POD will have the same process as the traditional POD outlined in this plan. A specific Drive-Through POD plan can be found in Appendix D.

C. Resort and Business Partner Dispensing Sites

As a popular tourist destination, Las Vegas has the unique responsibility of providing prophylaxis to a tourist population that can reach up to 400,000 on any given day. SNHD will set up closed PODs in participating resorts to provide medication to visitors, resort staff, and their families. Resort staff will also be trained to assist in dispensing processes.

Large businesses are also an ideal resource to assist SNHD in dispensing medication to Clark County's population. Business Partner Dispensing sites will work similarly to Resort Partner Dispensing Sites. Large businesses can pre-screen their employees and family members. When the SNS has been requested, businesses will be notified and medication will be delivered directly to them.

Smaller businesses will also have the opportunity to provide needed medication to their staff and families while reducing the number of individuals coming to the public PODs. Two to four PODs will be used as specific Business Partner Dispensing Sites where businesses may send representatives from their staff to obtain enough medication for their staff and families to take back to their business to dispense there. These Business PODs will not need as much staff as a public POD and will not be advertised to the public. Only registered businesses will know about these particular sites and will be allowed to enter. An identification badge from the registered business and a list of employees and family members with each person's date of birth, and known allergies will be required to receive medication. The Resort and Business Partner Plans are located in Appendix D.

D. Special Populations

Correctional facilities, nursing homes and other similar facilities will receive medications in a similar manner to small businesses. Each facility will send representatives to a pre-designated location to obtain medication for their residents. Facility representatives must have the following in order to receive medication:

- Photo identification badge issued by the facility
- List of facility residents and staff with each person's name, date of birth, known allergies, current medical conditions and medications.

Home-bound individuals who do not live in a nursing home or other long term care facility will receive their medications through their primary care giver. Organizations which support special populations will be notified as per the SNHD CERC Plan (Appendix H). These organizations contact their clients in order to ensure that they receive their medication.

The homeless population will receive their medication through local service providers. SNHD currently has an MOU with Catholic Charities of Southern Nevada to serve as a POD for the homeless.

E. Nellis Air Force Base

SNHD has an MOU with Nellis Air Force Base to provide prophylaxis to all military personnel stationed at base. The materiel will be delivered to the base directly from the

RSS. Family members of military personnel who live off base will be prophylaxed at local PODs because, during a terrorist event, the base will be in lock down mode and family members will not be allowed on the campus nor will anyone be allowed to leave for an indefinite period of time. This will also prevent unnecessary traffic on the roads as family members are located throughout the Las Vegas Valley.

F. Native American Population

The Indian Health Board of Nevada is coordinating the development of mass prophylaxis plans with the Tribal Nations who have clinics and programs in Clark County. Each Tribal Clinic will have their own dispensing plan and they will be used as closed PODs. SNHD will coordinate the distribution of medications to these clinics just as any other POD, public or closed. Medication will be delivered directly to the clinic by NSHD and clinic staff will dispense the medication.

2-211.18 HOSPITALS AND ALTERNATE CARE SITE COORDINATION

During an emergency with the possibility of large numbers of casualties, medical resources can easily be taxed. Pre-event coordination is a necessity in order to ensure the local hospitals will be able to handle the surge of patients and still continue to provide other necessary services. The Community Coalition for Medical Surge in Clark County, a multi-organizational committee, has developed a draft Medical Surge Plan to coordinate emergency operations for medical surge during a mass casualty event (Annex S). This plan identifies sources for additional resources as well as guidance on managing those resources, altering standards of care, and activating alternate care sites.

SNS assets will be needed to continue emergency operations and the Treatment Center Coordinator at the SNHD DOC will be the primary point of contact for the hospitals regarding the SNS. The Treatment Center Coordinator will provide information on delivery of correct assets in correct amounts to the treatment centers. Hospitals will need to provide the hospital liaison in the Clark County EOC with case-count, epidemiological, intelligence, and inventory information in order to support strategic decisions.

A. Requesting SNS Assets for Hospitals

All requests for SNS assets from the hospitals will go through the Treatment Center Coordinator. The hospital will complete the SNS Supply Order Form (Appendix E) and submit it by fax to the District Operations Center. The Treatment Center Coordinator will order the supplies from the RSS through the NSHD Mobile Support Unit (see Figure 3 in Section 2-211.08). If there is no fax capability, the assets will be requested by radio through the documented radio procedures. In addition to supplies for providing care to symptomatic and exposed individuals, hospitals should receive oral antibiotics for their staff and families as well as family members of symptomatic patients who have been redirected to the hospital from a POD location.

Requesting SNS Assets for an Alternate Care Site

SNHD has identified UMC Quick Cares as alternate care sites for patients needing IV antibiotics. These sites will request SNS assets through UMC. After the alternate care

site has contacted UMC, the representative from UMC will request the assets through the SNHD Treatment Center Coordinator as identified above.

Contact information for the Clark County hospitals can be found in Appendix L and is updated on a quarterly basis.

2-211.19 TRAIN, EXERCISE AND EVALUATE

Training Plans are described in Appendices B. Training plans include:

- Orientation
- Functional group training
- Evaluation of an exercise
- POD management training
- Just in Time training

SNHD global training needs will be assessed by the Training Coordinator using the Northwest Center for Public Health Practice – the Public Health Workforce Survey for Training Needs Assessment for Emergency Preparedness. The Training Coordinator provides CRI orientation for all new employees as part of their orientation. (Appendix B)

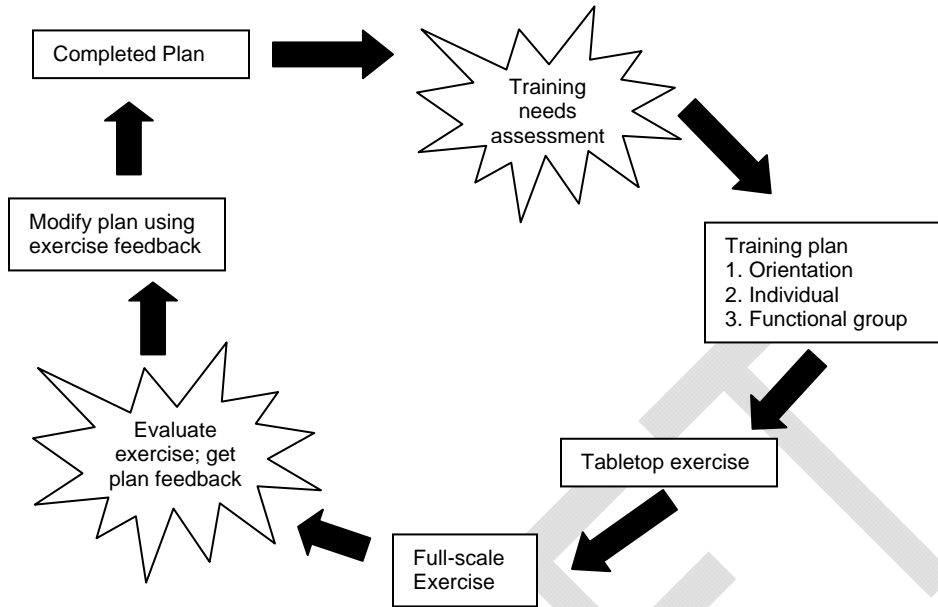
SNHD designs and writes plans for exercises centered on written plans, i.e., CRI, Pandemic Influenza, Smallpox, etc. Designing a POD, staffing and equipping, and mass prophylaxis has been exercised several times since the beginning of the program. Annual flu drills exercise mass prophylaxis integrating ICS into exercises. Smallpox training is provided on a quarterly basis. During the flu drill exercises, the DOC is opened and staffed following ICS. POD Manager training is conducted on an as needed basis.

Elements of plans are tested during food borne outbreaks, New Year's Eve preparation, flash floods, etc.

Exercises are planned using the HSEEP guidelines from planning, designing, exercising and evaluation through After Action Reports and the Corrective Action Plan (Office of Domestic Preparedness HSEEP Volumes 1, 2 and 3).

SNHD participates in tabletop, functional and full-scale exercises ongoing since 2000. SNHD participates in NSHD planned exercises as well as the After Action Reports and Corrective Action Plans (Appendix J).

Figure 6 – From Plan to Full-Scale Exercise Evaluation



2-211.20 REFERENCES

Centers for Disease Control and Prevention. "Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness". Version 10, June 2005.