



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

**MASS PROPHYLAXIS
ANNEX K**

Version 2

April 2010

Executive Summary

Recent intentional and natural disease outbreaks in the United States, such as the 2001 anthrax attacks and the 2009 Novel H1N1 Influenza outbreak, have focused increased attention on the continued need for state and local public health authorities to provide affected individuals and communities with rapid, reliable access to prophylactic medications. In light of the substantial health risks posed by anthrax, influenza, and other bacteria, spores, toxins, or viruses, the United States Federal government has called on all states to develop comprehensive mass prophylaxis plans to ensure that the nation's civilian populations have timely access to necessary antibiotics and/or vaccines in the event of future outbreaks.

The Strategic National Stockpile (SNS) is a collection of large quantities of medical materiel, equipment, and pharmaceuticals designed to quickly augment depleted state and local resources necessary 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 Nevada's Governor to request this resource and the Nevada State Health Division (NSHD) and Division of Emergency Management (DEM) to receive the SNS assets. Once received by the state, NSHD will distribute the medications to hospitals and local sites called Points of Dispensing (PODs) where the affected and exposed population can receive medication or vaccine.

While the receipt and distribution of the stockpile is a monumental task, this is only a component of a much larger operation that must occur in order to get necessary medicines and medical supplies to hospitals, residents and visitors of Nevada's largest populated communities. The dispensing process, which can be the most challenging and labor intensive function, is critical to ensuring that needed resources reach populations quickly and efficiently. The Southern Nevada Health District (SNHD) must be prepared to receive Clark County's portion of the stockpile should a biological emergency occur and plan for mass pharmaceutical dispensing, as well as mass vaccination.

SNHD's Mass Prophylaxis Annex will assist the local Incident Management Team by outlining the process for receiving, distributing, and dispensing SNS assets in the event of a large-scale public health emergency.

The annex components and a brief description of the procedures identified include but are not limited to:

- Command and Control
- Requesting the SNS
- Public Information and Communication
- Security
- Controlling Inventory
- Mass Dispensing
- Mass Vaccination
- Hospital Coordination
- Demobilization Procedures

Command and Control

As part of any event involving emergency management, SNHD will use the Incident Command System (ICS) to organize management of the incident. SNHD manages its response to public health emergencies guided by the SNHD Emergency Operations Plan (EOP), the Clark County EOP (an all-hazards plan) and by the principles of the National Incident Management System (NIMS) and the National Response Framework (NRF). The Clark County EOP identifies SNHD as the primary response agency for all public health emergencies. Therefore, the overall authority for direction and control of the SNS and other necessary resources within Clark County lies with SNHD leadership.

Requesting the SNS

When there is a public health threat that has the potential to overwhelm and exhaust local resources, the Southern Nevada Health District will notify the State Health Officer in consultation with the Clark County Emergency Manager. The Emergency Manager will notify local county officials through the Multi-Agency Coordination Center (MACC) and then the Nevada Department of Public Safety, Division of Emergency Management (DEM). DEM and the Governor's office will contact the Centers for Disease Control and Prevention (CDC) to make a formal request for federal assets for Nevada and CDC will then determine if the situation calls for the deployment of the SNS.

Public Information and Communication

Throughout the public health emergency, the SNHD Public Information Office will be working closely with media outlets (i.e. radio, television, newspapers, etc.) to ensure the public is aware of the situation as it develops, where they can go to receive medication, and what to expect at a POD. The SNHD Public Information Office maintains current contact information for: local media outlets, including those that are in languages other than English; other Public Information Offices in the county; and community service groups, including those that serve persons with functional needs.

Security

Security and public safety at Points of Dispensing locations are of critical importance during any event. SNHD has collaborated with local law enforcement agencies and have developed security plans to be used during a public health emergency.

Controlling Inventory

SNHD personnel will maintain the SNS inventory received at the PODs and track medications dispensed and/or vaccine administered. Each POD has a designated person which will maintain the inventory at the POD location using a pen-and-paper system with the Dispensing Site Equipment and Supply Log. The Inventory Management Coordinator at the SNHD DOC will keep track of all POD supplies and orders using WebCRA. In the event that WebCRA is unable to be used, the Inventory Management Coordinator will use a Microsoft Excel spreadsheet to track inventory. The Medical Screening form has a place to affix SNS lot numbers on the form. WebCRA has the ability to log lot numbers easily in the program.

Mass Dispensing/Vaccination

Mass dispensing and mass vaccination are the most arduous of the SNS functions with the ultimate goal to provide protection to the residents and visitors of Clark County when there is a threat to public health. The methods for achieving this goal are similar for both mass dispensing and mass vaccination. Each POD, regardless of medication provided, will have the same basic format: Greeting/Triage – Screening – Dispensing/Vaccination – Exit. Each individual entering the POD will complete a medical screening form and provided with information specific to the medication

offered. The information sheet also contains information for who a person should contact should they have any adverse reaction to the medication or vaccine received. The screening form will be available on the Internet to be completed prior to the client's arrival at the POD as well as at the POD. A POD staff member will review the screening form to determine if the individual(s) can take the medication and direct them to the Dispensing/Vaccination area to receive the appropriate medication. An "express" lane may be available for those individuals who have no contraindications with the primary medication being offered.

Mass Dispensing of Oral Antibiotics. Planning for dispensing oral antibiotics is based on a worst-case scenario in response to an aerosolized anthrax attack that affects the entire county. In this scenario, the goal of the local health department is to provide antibiotics to the resident and visitor population of Clark County within 48 hours of the decision to do so. In order to successfully provide medication to Clark County's entire population, 41 POD locations will be necessary to meet the demand. Depending on the agent at the time of the event, medical professionals may not be required to dispense the medication. Dispensers will be trained on a simple, yet effective algorithm to assist in determining the appropriate medication. Questions regarding the medication will be directed to a hotline. For more complicated questions regarding the client's medical history, a Physician-in-Charge will be available by phone to provide medical consultation or they will be directed to their family physician. To assist in speeding up the process at the POD, a "head of household" model may be used. One person from a single household may pick up medication for an unlimited number of people as long as the information for each individual is listed on the medical screening form.

Mass Vaccination. Vaccination PODs are set up the same as a Dispensing POD. Because vaccinations require an injection, only medical professionals will be allowed to serve as Vaccinators. Unlike a dispensing POD, every individual intending to receive the vaccine must present at the POD. It is likely that vaccine will be in short supply at the beginning of the emergency. Therefore, priority groups have been established at the local level to receive the vaccine first. These groups are identified based on those responsible for maintaining critical infrastructure (i.e. law enforcement, fire response, utilities, city/county government, public health, medical, etc.) or those individuals at higher risk of contracting, spreading, and becoming significantly ill from the disease in question.

Hospital Coordination

During a public health emergency, hospitals and other treatment centers will be overwhelmed and their resources will be taxed quickly. SNHD will work closely with the hospitals to ensure that hospitals have access to the SNS assets. Local and state health authorities have worked closely with the Nevada Hospital Association to develop detailed requesting procedures for the hospitals to use when it becomes evident that their own resources will be depleted or exhausted and they will need outside assistance.

Demobilization and Return to Normal Operations

Demobilization is an important aspect of any emergency response. The demobilization process allows the local jurisdiction to ensure that all inventory, personnel, and other resources are accounted for and returned to the appropriate agency or facility. Demobilization planning should begin as soon as possible after resources have been deployed to ensure a smooth and cost efficient transition back to normal operations.