

Division of Strategic National Stockpile  
Local Technical Assistance Review Tool Users Guide

**January 2010**

**Centers for Disease Control and Prevention  
Office of Public Health Preparedness and Response  
Division of Strategic National Stockpile**

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**PURPOSE**

The Centers for Disease Control and Prevention’s (CDC) Division of Strategic National Stockpile (DSNS) Local Technical Assistance Review (TAR) Tool Users Guide provides a blueprint for understanding and conducting an SNS TAR at the local level. The guide may be used in conjunction with the TAR tool which outlines 12 planning elements to be assessed annually for evidence of overall readiness to manage, distribute and dispense SNS materiel during a public health emergency. These elements include:

- Developing an SNS plan
- Requesting SNS assistance
- Managing SNS operations
- Tactical communications
- Public information and communications
- Security
- Regional/Local Distribution Sites
- Controlling inventory
- Distribution
- Dispensing
- Hospitals and alternate care facilities coordination
- Training, exercising and evaluating

OVERALL SCORE							
SECTION	FUNCTION	Points	Max Points	Section Fraction	Weight	Weighted Score	
1	Developing a SNS plan		7		.03		
2	Management of SNS/Command & Control		6		.10		
3	Requesting SNS		6		.03		
4	Tactical Communications		6		.03		
5	Public Information and Communication		6		.07		
6	Security		6		.10		
7	Receipt, Store, Stage		24		.14		
8	Controlling Inventory		6		.03		
9	Repackaging		4		.02		
10	Distribution		8		.10		
11	Dispensing		9		.22		
12	Treatment Center		5		.03		
13	Training, Exercise and Evaluation		23		.10		
		Overall Score = Sum of 13 Function Scores =					

This guide offers examples as a base threshold for the minimal documentation required to submit as verification of achievement for the range of scores assigned to each element outlined in the TAR tool. The examples included in the guide do not represent the entire spectrum of documentation, and, as such, there may be further examples not cited in this document.

In 2010, the CDC Office for Public Health Preparedness and Response (OPHPR) plans to publish the level of readiness for each Cities Readiness Initiative (CRI) Metropolitan Statistical Area (MSA) in the annual report entitled *Public Health Preparedness: Mobilizing State by State*.

**ROLES AND RESPONSIBILITIES**

The SNS is a collection of large quantities of medical materiel, equipment and pharmaceuticals. The mission of CDC’s DSNS is to deliver critical medical assets to the site of a national emergency. The states are responsible for ensuring their ability to receive, stage and distribute medical materiel and assets to the localities within their borders. The localities are responsible for dispensing those assets to the population in need. DSNS staff provides technical assistance to both state and local SNS programs with planning, exercising, evaluating and training in order to achieve and maintain overall readiness in these critical preparedness functions.

The local TAR will be conducted on an annual basis. In an annual scheduling process between the DSNS program consultants and the state and local coordinators, DSNS is responsible for reviewing 25% of the CRI MSA planning/local jurisdictions, and the state is responsible for reviewing 75% of the CRI MSA planning/local jurisdictions using the DSNS Local TAR tool.

For those reviews (25%) conducted by the DSNS program services consultant, the SNS/CRI coordinator is asked to gather all materials that will be presented during the review and make the necessary materials available to the program services consultant at least two weeks prior to the date of the review. The materials and documentation can be made available electronically. Additional materials and documentation may also be presented during the on-site assessment. It is recommended that the local SNS/CRI coordinator use both the TAR tool and the automated scoring tool to conduct a self-assessment prior to the official review. The self-assessment can be provided to the DSNS program services consultant prior to the official review.

There are some sections on the TAR that may not be the direct responsibility of some local jurisdictions. Section VII (Regional/Local Distribution) and Section IX (Distribution) may be scored as not applicable (N/A) when the local jurisdiction is not responsible for these elements. For example, if the state is responsible for distribution of medical countermeasures, the local jurisdiction would not be scored on this element. Section XI (Hospitals/Alternate Care Facilities) may also be scored as N/A because there may not be any hospitals or alternate care facilities in the local jurisdiction. If a section receives an N/A, it is not considered in the final score and the final score is adjusted to reflect the removal of this section.

Questions 4 and 5 in Section VIII (Controlling Inventory) can also be scored as N/A. If the local jurisdiction plan does not require a Drug Enforcement Administration (DEA) registrant and/or is not responsible for chain of custody procedures involving controlled substances, these questions will not be scored. The questions identified as N/A will not be considered in the total for that section.

The DSNS program services consultant will review all materials prior to the official review. On the day of the official review, the local SNS/CRI coordinator and associated partners will have the opportunity to present the local SNS plan and accomplishments in each of the applicable 12 functional areas of the TAR tool. The SNS/CRI coordinator is encouraged to invite local area partners and organizations to present during the official review.

The consultant will compute the score and complete a narrative report that describes the accomplishments and gaps identified during the review. The report also will note recommendations and action items to correct gaps in planning. The local SNS/CRI coordinator will have the opportunity to review the draft TAR report and provide comments to the DSNS program services consultant five days after receipt of the report. The DSNS program services consultant will make the necessary revisions and officially file the report within 30 days from the date of the review. The report will be used as the baseline for subsequent reviews.

State SNS coordinators who conduct the remaining 75% of the reviews should use this same process to conduct the TAR assessment. CDC requests that the SNS coordinator submit the automated score sheet to the CDC program services consultant within 30 days from the time the TAR is conducted.

The directly funded cities (DFC) will be assessed using the local TAR tool. Although repackaging is a scored function of the state TAR tool, the DSNS program services consultant may discuss that function with the DFC due to the implications that there may be on the DFC. Repackaging will not be scored as part of the local TAR tool; however, the program services consultant will include comments in the report narrative to address this function.

## **SCOPE AND APPLICABILITY**

This guide is applicable to all local departments and agencies responsible for some aspect of managing, receiving, storing, staging, distributing and/or dispensing SNS materiel during a public health emergency. It serves as an adjunct to, not a replacement of, existing documentation and tools used for SNS planning and management.

In addition, the guide:

- Augments the TAR tool to establish the minimal documentation and material to be assessed during a standard annual review.
- Draws on existing SNS documents to provide references for the requirements outlined in the TAR tool.
- Identifies assumptions and considerations inherent to assessment of the required elements in the TAR tool.

## **ASSUMPTIONS AND CONSIDERATIONS**

- All persons in the United States are at risk during a public health emergency, and this necessitates a comprehensive response plan for distributing and dispensing SNS materiel quickly and efficiently.
- Programmatic funding will be available for required local SNS elements of all-hazards plans, which includes medical countermeasure plans.
- There will be ongoing assessment of the components of the TAR tool. Outcomes of these assessments could prompt further revisions to the TAR tool and the guide.
- The TAR tool and the guide will comply with regulatory statutes. Statutory changes or policy directives could influence revisions to existing guidelines for all-hazards plans, inclusive of medical countermeasure plans.

## **ACKNOWLEDGEMENT**

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## Strategic National Stockpile Technical Assistance Review Elements

### BASELINE DATA FOR REVIEW

The baseline data is noted on the first page of the TAR tool (August 2009 version). These data include information about the size of the population, dispensing throughput measures, POD standards, types of PODs, and alternate dispensing methods. The data provide information used to describe general characteristics of local SNS programs across the nation. It is important to provide updates of any changes in the data during the interim between reviews.

### SECTION I. Developing a Plan With Strategic National Stockpile Elements

**1.1** Local SNS planning elements are incorporated into an up-to-date local all-hazards plan; plan is National Incident Management System (NIMS) compliant.

**RATIONALE:** A comprehensive, written plan is essential to facilitating the receipt, distribution and dispensing of SNS assets quickly and efficiently.

**REFERENCE:** V10.02 – page 1.2; TCL page 479 Res.C2a 1.1-1.3  
FEMA Comprehensive Preparedness Guide 101  
[http://www.fema.gov/pdf/about/divisions/npd/cpg\\_101\\_layout.pdf](http://www.fema.gov/pdf/about/divisions/npd/cpg_101_layout.pdf)  
National Incident Management System (December 2008)  
[http://www.fema.gov/pdf/emergency/nims/NIMS\\_core.pdf](http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf)

#### SCORING CRITERIA:

**1**—Award a full score if the local plan is presented and includes a medical and health annex, which contains the SNS functional areas of support, and meets NIMS requirements.

**0**—Award a zero score if local plan is not presented.

**1.2** Local SNS planning elements are updated annually based on deficiencies revealed during TARs, annual review of plans, state/local trainings and exercises.

**RATIONALE:** A robust plan is a working document, which is revised based on gap analyses identified in the annual review and through exercises, trainings, workgroups and various other methods for lessons learned. It should be supported by an ongoing action plan with identified gaps aligned with corrective actions and a timeline for achieving improvement.

**REFERENCE:** V10.02 – page 1.3; TCL page 479 Res.C2a 1.1-1.3  
Homeland Security Exercise and Evaluation Program Guide  
[https://hseep.dhs.gov/pages/1001\\_About.aspx](https://hseep.dhs.gov/pages/1001_About.aspx)

**SCORING CRITERIA:**

**1**–Award a full score if updates to the plan are noted and presented. An example would be a page that serves as tracking version control that includes a log of when the plan was updated and type of changes noted.

**0**–Award a zero score if plan has not been updated based on identified gaps and corrective actions or recommendations provided by the DSNS program services consultant or state SNS coordinator.

**1.3** A multi-discipline planning/advisory group meets annually to review and update the SNS planning elements in the plan.

**RATIONALE:** SNS planning requires the coordination, collaboration and integration of a multi-disciplinary approach. It will take the collective effort of many diverse agencies to support the response to a public health emergency. A list of suggested agencies is provided on the TAR tool, and it is possible that not all agencies from that list exist within the target jurisdiction or are important to the local plan. The intent for this element is to engage the agencies that have the responsibility or authority for the functions that are relevant to the local plan.

**REFERENCE:** V10.02 – page 1.3, TAR tool – page 2; FEMA Comprehensive Preparedness Guide 101  
[http://www.fema.gov/pdf/about/divisions/npd/cpg\\_101\\_layout.pdf](http://www.fema.gov/pdf/about/divisions/npd/cpg_101_layout.pdf); National Incident Management System (December 2008)  
[http://www.fema.gov/pdf/emergency/nims/NIMS\\_core.pdf](http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf)

**SCORING CRITERIA:**

**1**–Award a full score if meeting agendas and minutes of proceedings are presented and 50% of the applicable agencies are listed and are represented on the local planning /advisory group.

**0.5**–Award half score if meeting agendas are presented and less than 50% of the applicable agencies are listed and represented on the local planning /advisory group.

**0**–Award a zero score if a planning /advisory group has not been formed or meeting agendas are not available for review.

**1.4** The roles and responsibilities of state and local agencies and other organizations concerning SNS planning elements are documented. Local coordination efforts should consider including related Emergency Support Function partners in their designated roles and responsibilities for emergency response.

**RATIONALE:** An emergency will require the coordinated efforts of both state and local personnel to deliver SNS assets quickly to those in need. The plan must clearly identify the responsibilities of both state and local authorities during the deployment of SNS assets.



**REFERENCE:** V10.02 – page 1.3

**SCORING CRITERIA:**

**1**–Award a full score if there is documentation that all agencies and/or other organizations have acknowledged their roles and responsibilities in SNS planning elements. (A signatory page contained within the plan presenting signatures from local authorities can be provided as evidence.)

**0**–Award a zero score if there is no documentation to show that local agencies and other authorities have acknowledged their roles and responsibilities in SNS planning.

**1.5** Policies and procedures to support medical supplies management and distribution and mass prophylaxis operations are outlined in plan. The following issues should be addressed:

- Process for requesting SNS assistance
- Number of regimens that a family member can pick up at a dispensing site
- Unaccompanied minor
- Minimum identification requirements in order to receive medication
- Use of force guidelines for law enforcement
- Providing prophylaxis to tribal nations (if applicable)
- Providing prophylaxis to military installations within jurisdictions (if applicable)

**RATIONALE:** To maintain order, policies must be in place prior to a public health emergency and the public should be informed of all applicable dispensing policies.

**REFERENCE:** V10.02 – pages 1-7, 1-8, 1-9

**SCORING CRITERIA:**

**1**–Award a full score if at least five of the policy issues cited in section 1.5 of the TAR tool have been reviewed and documentation is presented to demonstrate that the policy issues have been incorporated into the plan. Documentation in the plan may include references to statutes, citations or other guidance provided by state or local partners.

**0.5**–Award half score if two to four policy issues cited in section 1.5 of the TAR tool have been reviewed and documentation is presented to demonstrate that the policy issues have been incorporated into the plan.

**0**–Award a zero score if fewer than two of policy issues cited in section 1.5 of the TAR tool have been addressed.

**1.6** Legal issues to support medical supplies management and distribution and/or mass prophylaxis operations are outlined (origin citations should be included) in plan. The following issues should be addressed:

- Medical practitioners authorized to issue standing orders and protocols for dispensing sites
- Personnel authorized to dispense medications during a state of emergency
- Procurement of private property
- Liability protection
- Workers compensation
- Staff compensation

**RATIONALE:** To sustain an effective and efficient response, all legal issues must be reviewed and understood prior to a public health emergency. Medical practitioners should know and understand their responsibilities and liabilities.

**REFERENCE:** V10.02 - page 1-4

**SCORING CRITERIA:**

**1**—Award a full score if at least five of the policy issues cited in section 1.6 of the TAR tool have been addressed in the plan.

**0.5**—Award half score if two to four of the policy issues cited in section 1.6 of the TAR tool have been addressed in the plan.

**0**—Award a zero score if fewer than two of the policy issues cited in section 1.6 of the TAR tool have been addressed

## **SECTION II. Management of the Strategic National Stockpile (10%)**

**2.1** The local SNS coordinator and backup are identified and have point-of-contact (POC) information.

**RATIONALE:** Management of the SNS aspects of the all-hazards plan will require a leader. The local SNS coordinator will be the most knowledgeable person concerning local SNS planning and execution. A backup SNS coordinator is necessary in the event that the primary SNS coordinator is unavailable.

**REFERENCE:** V10.02 – page 4.3

### **SCORING CRITERIA:**

**1**–Award a full score if the local SNS coordinator and backup have been identified and contact information (more than one phone number) is documented as an appendix in the plan.

**0.5**–Award a half score if the local SNS coordinator has been identified, but no back-up has been identified or no POC information is presented.

**0**–Award a zero score if the local SNS coordinator has not been identified.

**2.2** At the local level, and dependent upon the placement of the activities in the locality's NIMS-compliant organizational structure, the following functions have personnel (primary and backup) identified with documented contact information.

- Staffing/volunteer coordination
- Tactical communications/information and technology (IT) support
- SNS security coordination
- RSS leader (if applicable)
- Distribution leader/manager (if applicable)
- Repackaging leader/manager (if applicable)
- Dispensing site supervisor/leader
- Hospital/alternate care facilities coordination (if applicable)
- Public information and communication

**RATIONALE:** A team comprised of experts in the various functions described in the TAR tool's section 2.2 will augment the overall construction and execution of the plan.

**REFERENCE:** V10.02 – Section 4

**SCORING CRITERIA:**

**1**—Award a full score if all personnel (primary and backup) for each applicable function described in the TAR tool’s section 2.2 have been identified and documentation of contact information is presented in the plan. Documentation could include, but is not limited to, a spreadsheet listing names with associated functions, an organizational chart, a tabular form in a document, a printout from a database or other electronic personnel management system.

**0.5**—Award a half score if all applicable personnel (primary and backup) for each function described in the TAR tool’s section 2.2 have been identified and documentation of contact information is accessible for 50% of applicable functions described in the TAR tool’s section 2.2.

**0**—Award a zero score if personnel for less than 50% of the applicable functions described in the TAR tool’s section 2.2 have been identified.

**2.3** Call-down rosters for personnel identified in item 2.2 are current and updated at least quarterly.

**RATIONALE:** To support an effective and efficient response to a public health emergency, it is necessary to have accurate information for notification and activation of essential personnel.

**REFERENCE:** V10.02 – Section 3

**SCORING CRITERIA:**

**1**—Award a full score if there is a mechanism that identifies those personnel listed in item 2.2 and their point of contact information such as a:

- table
- spreadsheet
- database
- automated system (e.g. health alert network, workspace, etc.)

**0.5**—Award a half score if a mechanism is presented, but is not updated quarterly.

**0**—Award a zero score if a mechanism is not documented.

**2.4** Locality conducts and documents call-down exercises of all personnel identified in item 2.2 to test response rates quarterly.

**RATIONALE:** It is necessary to test the notification systems to maintain readiness for a public health emergency.

**REFERENCE:** V10.02 – page 3.7

**SCORING CRITERIA:**

**1**–Award a full score if the locality provides a log-type mechanism that tracks the reviews and updates to the call-down rosters for those personnel listed in item 2.2 and corrective actions have been executed. Documentation may include a report that describes protocol and procedures of the drill with results, such as the number of people reached and acknowledged.

**0.5**–Award a half score if the locality has conducted call-down drills but less than quarterly.

**0**–Award a zero score if there is no documentation of call-down drills

**2.5** SNS functions are integrated within local Incident Command System (ICS) structure and are NIMS compliant.

**RATIONALE:** As part of any event involving emergency management, government agencies will use ICS.

**REFERENCE:** V10.02 – page 2.2 to 2.7; FEMA Comprehensive Preparedness Guide 101 – page 4-2 to 4-4 [http://www.fema.gov/pdf/about/divisions/npd/cpg\\_101\\_layout.pdf](http://www.fema.gov/pdf/about/divisions/npd/cpg_101_layout.pdf)

**SCORING CRITERIA:**

**1**–Award a full score if documentation is presented that shows NIMS compliancy and an ICS organizational chart is presented that integrates the SNS functions.

**0**–Award a zero score if no ICS organizational chart is presented that integrates the SNS functions

**2.6** The locality has a plan to annually test and exercise notification and activation of volunteers below the local level positions identified in item 2.2.

**RATIONALE:** It is necessary to have a documented plan for testing volunteer notification systems to maintain readiness for a public health emergency.

**REFERENCE:** V10.02 – page 2.2 to 2.7

**SCORING CRITERIA:**

**1**–Award a full score if the locality provides documentation of an annual exercise plan, illustrates that the exercise plan has been tested and provides documentation indicating a corrective action plan. Examples of documentation are:

- an exercise plan
- an after action report (AAR) from an annual exercise
- a corrective action plan that meets the Homeland Security Exercise and Evaluation Program (HSEEP) requirements

**0.5**–Award a half score if the locality provides documentation of an exercise plan, but it is not an annual plan.

**0**–Award a zero score if the locality does not have an exercise notification and activation plan.

### **SECTION III. Requesting Strategic National Stockpile Assets (3%)**

**3.1** Plan to communicate with key local officials to discuss the incident and to determine when to request state assistance.

**RATIONALE:** Local 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/or treatment to the population at risk.

**REFERENCE:** V10.02 – page 3.2-3.5

#### **SCORING CRITERIA:**

**1**–Award a full score if a written systematic process for requesting SNS material is presented. The process should include instructions on information that should be available when requesting assets, such as:

- a clear, concise description of the situation
- other mitigation measures
- availability of local response assets
- a clear description of the assets needed to support the response

**0**–Award a zero score if a written systematic process for requesting SNS material is not presented

**3.2** Person(s) authorized by the local health director to request assistance from the state are identified in the plan with contact information.

**RATIONALE:** Authorized person(s) (by name or position) and contact information should be available to eliminate delays during an emergency. Authorized person(s) identified should be included in training and exercises to gain knowledge and understanding of roles and responsibilities in this function.

**REFERENCE:** V10.02 – page 3.5

#### **SCORING CRITERIA:**

**1**–Award a full score if documentation is presented that lists all authorized personnel with current contact information and position title, such as a memo or other official written communication from local health director delegating/assigning authority for identified personnel/positions.

**0**–Award a zero score if no documentation is presented to show that all authorized personnel are listed in the plan.

**3.3** Plans and procedures contain initial request justification guidelines and procedures for locality to request SNS materiel from state.

**RATIONALE:** A plan that details who to call and how to justify requests for SNS assets should be in place to illustrate a clear communications process.

**REFERENCE:** V10.02 – page 3.2-3.5

**SCORING CRITERIA:**

**1**–Award a full score if written, systematic guidelines and procedures for the initial request of SNS materiel are documented in the plan and are presented. The guidelines should include information about an expedited communication process for rapidly informing local officials of an actual or potential public health emergency. Information should also include how the locality can make the request to the state and who is involved in the decision-making processes.

**0**–Award a zero score if written, systematic guidelines and procedures for the initial request of SNS materiel is not presented.

**3.4** Local plans contain procedures to request re-supply of SNS materiel from the state.

**RATIONALE:** It is possible that the situation during a public health emergency will exceed the local response capabilities and additional assets will be needed. Contingency plans should document guidelines and procedures for requesting additional SNS materiel and resupply of SNS materiel during a crisis.

**REFERENCE:** V10.02 – page 3.9

**SCORING CRITERIA:**

**1**–Award a full score if a written systematic process for requesting re-supply of SNS materiel is documented in the plan and is presented.

**0**–Award a zero score if a written systematic process is not presented.

**3.5** Local plans contain the request procedures for dispensing sites to request SNS materiel

**RATIONALE:** To expedite an appropriate response, it is imperative that the local authorities have knowledge and exercise the procedures for making a timely request for initial supply or resupply of SNS materiel.

**REFERENCE:** V10.02 – page 3.2-3.9, TCL page 482 Res C2a 3.3.1, Res. C2a. 4.4

**SCORING CRITERIA:**

**1**–Award a full score if written systematic guidelines and procedures for local authorities to request SNS materiel is documented in the plan and presented.

**0**–Award a zero score if plan does not describe systematic guidelines and procedures for local authorities to request SNS materiel.



## **SECTION IV. Communications Plan (Tactical) (3%)**

### **4.1 Tactical communications and IT support call-down lists are reviewed and updated quarterly.**

**RATIONALE:** During an event, communications pathways cannot be interrupted. Communications/IT support personnel are responsible for keeping these tactical communication platforms up and running.

**REFERENCE:** V10.02, page 5-4, 5-5; TCL page 479, Res.C1a 1.3.3

#### **SCORING CRITERIA:**

**1**—Award a full score if the locality can provide a log-type mechanism that tracks the reviews and updates to the call-down rosters including the tactical communications and IT support personnel.

**0**—Award a zero score if the locality cannot provide a quarterly log-type mechanism

### **4.2 Communications/IT support has a job-action sheet.**

**RATIONALE:** During an event, it is vital that the communications and IT personnel understand their roles and responsibilities, as well as their place in the ICS.

**REFERENCE:** V 10.02, page 5-4

#### **SCORING CRITERIA:**

**1**—Award a full score if the locality can provide a job-action sheet that states the roles, responsibilities and place within the ICS for the communication/IT support personnel.

**0**—Award a zero score if the locality cannot provide a job-action sheet that states the roles, responsibilities and place within the ICS for the communication/IT support personnel

**4.3** Communication pathways are established between command and management locations and support agencies.

**RATIONALE:** During an event, it is vital that all involved agencies or locations know the agency or position with whom they must communicate for guidance, requests and information.

**REFERENCE:** V10.02, page 5-2, 5-3

**SCORING CRITERIA:**

**1**—Award a full score if the locality has established a procedure that details how information and requests will flow in an organized manner. Examples of documentation could include:

- flow charts
- matrices
- graphs
- maps using geographic information system (GIS)
- lists/paragraphs within the plan

**0**—Award a zero score if the locality cannot present an established procedure that details how information and requests will flow in an organized manner

**4.4** Redundant communication systems are in place and are tested quarterly to ensure communications remain available in the event primary communication systems are unavailable.

**RATIONALE:** Because communications plays a key role in the success of public health emergency response, every method of communications should have some form of backup system.

**REFERENCE:** V10.02, page 5-2; RAND Corporation POD Drills Working Paper (draft); TCL page 481, Res.C2a 3.5; National Incident Management System [http://www.fema.gov/pdf/emergency/nims/NIMS\\_core.pdf](http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf)

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation that the identified backup systems are tested at least quarterly. For example:

- call logs
- computer tracking mechanisms
- after-action reports (AAR)
- DSNS metric sheets
- drill summary sheets
- memos for record

**0.5**—Award a half score if the locality can provide documentation that the identified backup systems are tested, but the system is not tested on a quarterly basis.

**0**—Award a zero score if the locality cannot provide documentation illustrating that the backup communications systems has been tested.

**4.5** Communication networks (equipment/hardware) between command and management locations and support agencies are tested and exercised quarterly.

**RATIONALE:** Communications will be the key element for a smooth and effective operation of distributing, transporting and dispensing assets in an event. Ensuring the modes of communication between decision-making agencies are in a continual state of readiness is vital.

**REFERENCE:** V10.02, 5-1

RAND Corporation Points of Dispensing (POD) Drill Working Paper (draft)

**SCORING CRITERIA:**

**1**—Award a full score if the locality conducted call-down drills, site activation drills, set-up drills, other exercises or real-world events that used the communication equipment or networks and documented corrective actions for discrepancies. Documentation of those activities could include:

- AAR
- call logs
- memos for record
- DSNS metric sheets
- drill summary sheets

**0.5**—Award a half score if the locality conducted documented call-down drills, site activation drills, set-up drills, other exercises or real-world events that used the communication equipment or networks at least within the 12 months before the TAR but did not indicate corrective actions for discrepancies.

**0**—Award a zero score if the locality conducted call-down drills, site activation drills, set-up drills, other exercises or real-world events that used the communication equipment or networks but did not present any documentation. The locality conducted call-down drills, site activation drills, set-up drills, other exercises, or real-world events that used the communication equipment or networks more than 12 months before the TAR.

**4.6** Designated personnel (identified in item 2.2) are trained in the use of redundant communications equipment.

**RATIONALE:** While testing and exercising primary and redundant communications systems are one important piece of a response, it would be incomplete if the personnel utilizing those systems were not well-versed in the operation.

**REFERENCE:** V10.02, page 5-4, 5-5  
TCL page 480 Res.C2a 2.1.2

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation that tracks those personnel who need to be well versed in the operation of communication equipment during a response. For example:

- AARs
- training rosters
- call logs
- memos for record

**0**—Award a zero score if the locality cannot provide any documentation that personnel are trained in the operation of communication equipment.

## **SECTION V. Public Information and Communication (7%)**

**5.1** Public information and communication (PIC) personnel – primary and backup – have been identified and trained regarding responsibilities associated with a mass prophylaxis campaign.

**RATIONALE:** PIC personnel inform and educate the public and externally communicate regularly. When there is an event that requires mobilizing the public to perform specific actions, it is critical that PIC personnel understand and are involved in the nuances, details and policy deviations/changes that make up the planning for such an event.

**REFERENCE:** V10.02, pg 6-1, 6-2  
TCL page 480, Res.C2a 2.1.3

### **SCORING CRITERIA:**

**1**–Award a full score if PIC personnel identified in section 2.2 have been trained in mass prophylaxis campaigns and job-action sheets are completed for their roles and responsibilities during a mass prophylaxis campaign. Examples of training documentation include:

- tracking mechanisms from databases
- training summary reports
- memos for record
- training rosters
- sign-in sheets
- certificates of completion

**0.5**–Award a half score if only a job-action sheet is provided or if only training opportunities were documented.

**0**–Award a zero score if the locality cannot provide any documentation on either job-action sheets or training opportunities for PIC personnel.

**5.2** Written PIC plan is part of the all-hazards public information plan, addresses coordination between local jurisdictions and with the state to ensure message consistency, and identifies a media policy for dispensing sites.

**RATIONALE:** The development of a written communication plan serves as a way to develop the public information process and coordinate with other partners to ensure consistency of messages used during a mass prophylaxis campaign.

**REFERENCE:** V10.02, page 6-4; TCL page 480 Res.C2a 1.3.3.1

### **SCORING CRITERIA:**

**1**–Award a full score if locality can provide a consolidated group of documents

(integrated with the all-hazards PIC plan) that include coordination with state and other local jurisdiction PIC personnel to ensure consistency of messaging and methods, procedures, and policies to identify and handle media at dispensing sites.

**0.5**–Award a half score if the locality can address only one or two of the items listed in item 5.2.

**0**–Award a zero score if the locality cannot provide documentation of any of the items listed in 5.2.

**5.3** The following PIC responsibilities appear on the job-action sheet of the PIC liaison or other designated dispensing site staff: coordinate information with the lead public information officer (PIO) and/or the joint information center (JIC); serve as a point of contact for the media; and handle public information messages, methods, and materials at the POD.

**RATIONALE:** In an event, having trained, knowledgeable personnel interfacing with the media and providing PIC support at dispensing sites is invaluable. Job-action sheets serve as quick reminders of previous training for those personnel whose primary functions are not PIC related.

**REFERENCE:** V10.02 – page 6-4  
TCL page 481 Res.C2a 3.4, page 485 Res.C2a 9.1., 9.1.2

**SCORING CRITERIA:**

**1**–Award a full score if state has developed job-action sheets and incorporated guidance on each of the points indicated in 5.3.

**0.5**–Award a half score if the job-action sheets incorporate only one or two of the points indicated in 5.3.

**0**–Award a zero score if the state cannot provide documentation.

**5.4** Messages have been developed for dispensing at the local level.

**RATIONALE:** Well-crafted messages are important during an emergency to help gain trust and encourage the public to make the right choices regarding their health. These key messages are the basis for all communication materials used before, during and after an event.

**REFERENCE:** V10.02 – page 6-4  
TCL page 481 Res.C2a 3.4, page 485 Res.C2a 9.1., 9.1.2

**SCORING CRITERIA:**

**1**–Award a full score if the locality has developed messages that contain specific wording that will provide the population with information about what is happening, with actions to take immediately (such as go to a dispensing site or other dispensing modality), with actions to take over time (such as medication compliance, allergic reaction signs and symptoms, etc.) and with information on what to expect at the dispensing sites.

**0.5**–Award a half score if the locality has developed, coordinated and incorporated three to five of these messages into their planning.

**0**–Award a zero score if the locality can only provide documentation for two or fewer of these messages that have been developed, coordinated and incorporated into their planning.

**5.5** Method to disseminate the messages indicated in item 5.4 above have been developed, including

- Methods of communication for the messages that get people to the dispensing sites
- Methods of communication for the messages that get people through the dispensing sites
- Alternate methods to disseminate messages in case of electrical outages
- Development of pre-event media relationships

**RATIONALE:** During an emergency, the use of multiple, pre-determined methods of distributing the message to the public will reduce the time it takes to reach the affected population.

**REFERENCE:** V10.02, page 6-6 – 6-9

**SCORING CRITERIA:**

**1**–Award a full score if the locality has determined how to reach its population using traditional and non-traditional methods that can be disseminated with or without electricity and how to develop relationships with local media. Messages should motivate people to go to the dispensing sites and educate how to navigate those sites.

**0.5**–Award a half score if the locality can provide the documentation described for only three to five of the items listed in the TAR tool.

**0**–Award a zero score if the locality can provide the documentation described for one or fewer of the items listed in the TAR tool.

**5.6** Materials (fact sheets, press releases, signs) or templates have been developed and cleared.

**RATIONALE:** During an emergency, the use of pre-developed, cleared materials and templates will assist in getting messages out quickly. When materials are developed at the broadest level and then customized to the specific locality and event, it ensures that there is consistent information being disseminated.

**REFERENCE:** V10.02, page 6-6 – 6-9

**SCORING CRITERIA:**

**1**–Award a full score if the locality has messaging materials for a mass prophylaxis campaign and documentation illustrating examples have been presented. For example:

- fact sheets
- media kits
- press releases
- flyers
- brochures
- videos
- podcasts
- signage
- pictograms
- scripts for announcers
- posters

and the locality provides materials indicating how messaging will be reproduced during the event. For example:

- contracts with printing company
- priority use of department’s document reproduction services

**0.5**–Award a half score if the locality can provide the documentation described for only three to five of the items listed in the TAR tool.

**0**–Award a zero score if the locality can provide the documentation described for two or fewer of the items listed in the TAR tool.



## 5.7 Local plan for communication needs of at-risk populations

**RATIONALE:** Plans to provide information to those segments of the population that may need targeted messages and materials and/or alternate methods of receiving those messages and materials for a variety of reasons: language barriers, trust issues, literacy issues, etc.

**REFERENCE:** V10.02, page 6-5; TCL page 480 preparedness measure #5, #6

### **SCORING CRITERIA:**

**1**—Award a full score if the locality has included messaging that identify those segments of the population that may need targeted materials or methods to mobilize a response.

**0.5**—Award a half score if the locality can provide described documentation for two to four of the items on the TAR tool.

**0**—Award a zero score if the locality can provide described documentation for only one or none of the items on the TAR tool.

## **SECTION VI. Security (10%)**

**6.1** The local-level position (identified in item 2.2) that coordinates the overall security issues should be trained on the specific security requirements for medical supplies management and dispensing operations.

**RATIONALE:** Security planning is an essential, yet complex, component of overall planning efforts for mass prophylaxis campaigns. Enlisting the aid of law enforcement and other security professionals provides a subject matter expert in security and protection.

**REFERENCE:** V10.02, page 7-1, 7.6  
TCL page 480, Res.C2a 1.5.1 and Res.C2a 2.1.4; TCL page 481 Res.C2a 3.3.4

### **SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation that includes the names, positions, agency and contact information for the primary and backup security coordinator. Documentation illustrating orientation and/or training of those coordinators regarding mass prophylaxis campaigns also can be presented, such as,

- meeting minutes
- training rosters
- training aids
- other correspondence

**0.5**—Award a half score if the locality can provide only the contact information for the primary and backup coordinator or cannot provide documentation illustrating orientation and/or training of those coordinators regarding mass prophylaxis campaigns.

**0**—Award a zero score if the locality has not yet identified a primary or backup security coordinator or support agency for security.

**6.2** Security plans for transportation of medical materiel have been developed.

**RATIONALE:** Crossing jurisdictional lines and governmental sovereignty, if not addressed and coordinated early, may result in delays or restrictions in the delivery of medical materiel.

**REFERENCE:** V10.02, page 7-5; TCL page 481 Res.C2a 3.3.4

**SCORING CRITERIA:**

**1**—Award a full score if the security portion of the plan has been developed in conjunction with law enforcement and addresses the protection of medical materiel in transit and when crossing state and/or local jurisdictional boundaries.

**0**—Award a zero score if the security portion of the plan does not address protection of medical materiel in transit or when crossing jurisdictional boundaries.

**6.3** Security plans have been developed for dispensing sites and/or the regional distribution site (if applicable) and include:

**RATIONALE:** Utilizing the expertise of law enforcement and other security professionals to ensure the safety and security of the facility, ingress and egress of vehicular and pedestrian traffic, and emergency response plans for each dispensing site allows local departments to conduct life-saving operations quickly and effectively.

**REFERENCE:** V10.02, page 7-1, 7-2, 7-8, 7-9

**SCORING CRITERIA:**

**1**—Award a full score if the site-specific security plans for dispensing sites address all the items listed in 6.3.

**0.5**—Award a half score if the site-specific security plans for dispensing sites address two to five of the items in 6.3

**0**—Award a zero score if the site-specific security plans for dispensing sites address fewer than two of the items in 6.3

**6.4** Procedures are in place to provide badges/identification for all personnel responding to a public health event involving medical materiel and resources.

**RATIONALE:** Establishing access-control measures lessens the probability that unauthorized individuals will gain access to sensitive and/or confidential response areas.

**REFERENCE:** V10.02, page 7-7  
TCL page 482 Res.C2a 4.2.3, Res.C2a 4.3.1

**SCORING CRITERIA:**

**1**—Award a full score if the locality has a system in place to provide badges for personnel involved in the response effort. Examples of this system can be illustrated by a standard operating procedure that details how the system will be activated, implemented, tracked and maintained during a response effort.

**0**—Award a zero score if the locality cannot provide written documentation addressing a badge identification system.

**6.5** Site-specific security plans have been developed for dispensing sites and regional distribution sites (RDS) (as applicable).

**RATIONALE:** The dispensing and regional distribution sites are a vital component of a mass prophylaxis campaign. Any incident that compromises security, maintenance, receipt and distribution activities may result in materiel not reaching the affected population.

**REFERENCE:** V10.02, page 7-11, 7-12  
TCL page 482, Res.C2a 4.3.2

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide a security plan for all the dispensing sites (and RDS, if applicable).

**0.5**—Award a half score if at least 50% of the dispensing sites (and RDS, if applicable) have a security plan.

**0**—Award a zero score if less than 50% of the dispensing sites (and RDS, if applicable) have a security plan.

## **SECTION VII. Regional/Local Distribution Site (14%) (If applicable)**

**7.1** The local RDS strategy expedites the movement of materiel to the sites designated in the local plan (such as regional distribution sites, PODs, hospitals, alternate care facilities, etc.).

- The locality has identified adequate RSS facilities to ensure delivery of medical materiel
- Primary and backup locations have been identified
- Locations are based on time and distance
- Locations are based on population

**RATIONALE:** The RDS facility is used as a hub to support the locality. The site should be strategically located to move assets quickly to those in need during an emergency.

**REFERENCE:** V10.6-0 – page 8.8  
TCL page 479 Res C2a 1.2, page 483 Res C2a 5.2

### **SCORING CRITERIA:**

**1**–Award a full score if a map of strategically located RDS sites is presented along with a rationale that demonstrates feasible timelines for delivery of medical materiel (The primary criterion is proximity to PODs and treatment centers).

**0.5**–Award a half score if evidence is presented that RDS planning is underway but not complete.

**0**–Award a zero score if no documentation is presented to demonstrate RDS planning.

**7.2** RDS facilities reviewed and validated by state SNS coordinator using the RSS site survey tool.

**RATIONALE:** It is critical that the RDS sites meet the standards in the receipt, stage and store (RSS) site survey tool and are validated by the state SNS coordinator.

**REFERENCE:** V10.02 – page 1.2

### **SCORING CRITERIA:**

**1**–Award a full score if all locations have been reviewed and validated by the state SNS coordinator.

**0.5**–Award a half score at least 50% of all locations have been reviewed and validated by the state SNS coordinator.

**0**–Award a zero score if less than 50% of the locations have been reviewed and validated by the state SNS coordinator.

**7.3** Memoranda of agreement (MOAs) are in place for reviewed and validated RDS sites.

**RATIONALE:** An MOA will help ensure a facility will be available during a public health emergency.

**REFERENCE:** V10.02 – page 1.2

**SCORING CRITERIA:**

**1**–Award a full score if the state has a signed MOA for all RDS sites (a signed letter of agreement is acceptable).

**0.5**–Award a half score if signed MOAs (or signed letters of agreement) are presented for at least 50% of the RDS sites.

**0**–Award a zero score if no MOA (or signed letter of agreement) is presented for any RDS site.

**7.4** The following RDS managers/staff have been identified with backup and POC information for each RDS facility identified.

- RDS manager/leader
- Security manager/leader
- Safety manager/leader
- Communications/IT manager/leader
- Inventory control/manager/leader
- Shipping/receiving manager/leader
- Pick team manager/leader
- Quality control manager/leader

**RATIONALE:** It is critical for a safe and efficient warehouse operation to have trained leads.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

Five points are awarded for each lead position when a primary and a backup along with redundant POC information are documented in the plan. The maximum that can be received in this element is eight points.

**7.5** RDS leaders/managers and backups have job-action sheets and have been trained in RDS operations.

**RATIONALE:** It is critical the leads know their responsibilities/job elements, including who they supervise and to whom they report.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

1–Award a full score if job-action sheets and RDS operations training documentation is presented for all RDS leads and backups. Position descriptions also are acceptable for job-action sheets. Examples of training documentation include:

- sign-in sheets
- training rosters

**0.5**–Award a half score if the state has presented job-action sheets for all RDS leads and backups but no documentation of training in RDS operations.

**0**–Award a zero score if no job-action sheets or documentation of training are presented.

**7.6** Safety manager/leader and backups have job-action sheets and have been trained in their RDS functions.

**RATIONALE:** It is critical the leads know their responsibilities/job elements, including who they supervise and to whom they report.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

1–Award a full score if job-action sheets and RDS operations training documentation is presented for all safety leads and their backups. Position descriptions also are acceptable for job-action sheets. Training documentation can include:

- sign-in sheets
- training rosters

**0.5**–Award a half score if the state has presented job-action sheets for all safety leads and backups but no training documentation.

**0**–Award a zero score if no job-action sheets or documentation of training are presented.

**7.7** Communications/IT support and backups have job-action sheets and have been trained in their RDS functions.

**RATIONALE:** It is critical the leads know their responsibilities/job elements, including who they supervise and to whom they report.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

**1**–Award a full score if job-action sheets and RDS operations training documentation is presented for all communication and IT leads and their backups. Position descriptions also are acceptable for job-action sheets. Training documentation can include

- sign-in sheets
- training rosters

**0.5**–Award a half score if all communication and IT leads and their backups have job-action sheets available for review but no training documentation.

**0**–Award a zero score if no job-action sheets or documentation of training are presented.

**7.8** Inventory manager/leader and backups have job-action sheets and have been trained in their RDS functions.

**RATIONALE:** It is critical for a safe and efficient warehouse operation to have trained leads.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

**1**–Award a full score if job-action sheets and RDS operations training documentation is presented for all inventory manager leads and backups. Position descriptions also are acceptable for job-action sheets. Training documentation can include:

- sign-in sheets
- training rosters

**0.5**–Award a half score if all inventory manager leads and their backups have job-action sheets available for review but no training documentation.

**0**–Award a zero score if no job-action sheets or documentation of training are presented.



**7.9** Shipping/receiving manager/leader and backups have job-action sheets and have been trained in their RDS functions.

**RATIONALE:** It is critical for a safe and efficient warehouse operation to have trained leads.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

**1**–Award a full score if job-action sheets and RDS operations training documentation is presented for all shipping/receiving manager/leads and their backups. Position descriptions also are acceptable for job-action sheets. Training documentation can include:

- sign-in sheets
- training rosters

**0.5**–Award a half score if all shipping/receiving manager/leads and their backups have job-action sheets available for review, but no training documentation.

**0**–Award a zero score if no job-action sheets or documentation of training are presented.

**7.10** Pick team manager/leaders and back-ups have job-action sheets and have been trained in their RDS functions.

**RATIONALE:** It is critical for a safe and efficient warehouse operation to have trained leads.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

**1**–Award a full score if job-action sheets and RDS operations training documentation is presented for all pick team manager/leaders and their backups. Position descriptions also are acceptable for job-action sheets. Training documentation can include:

- sign-in sheets
- training rosters

**0.5**–Award a half score if all pick team manager/leads and their backups have job-action sheets available for review but no training documentation.

**0**–Award a zero score if no job-action sheets or documentation of training are presented.

**7.11** Quality control managers/leaders and back-ups have job-action sheets and have been trained in their RDS functions.

**RATIONALE:** It is critical for a safe and efficient warehouse operation to have trained leads.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

**1**–Award a full score if job-action sheets and RDS operations training documentation is presented for all quality control managers/leads and their backups. Position descriptions also are acceptable for job-action sheets. Training documentation can include:

- sign-in sheets
- training rosters

**0.5**–Award a half score if all quality control manager and leads and their backups have job-action sheets available for review but no training documentation.

**0**–Award a zero score if no job-action sheets or documentation of training are presented.

**7.12** Call down rosters for 24/7 operations for all RDS managers and staff/volunteers are reviewed for accuracy and tested at least quarterly.

**RATIONALE:** It is critical to warehouse operations to be able to reach trained leads and other staff quickly.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

**1**–Award a full score if the locality can provide documentation that the call-down rosters are tested at least quarterly. For example:

- call logs
- computer tracking mechanisms
- AARs
- DSNS metric sheets
- drill summary sheets
- memos for record

**0.5**–Award a half score if documentation of call down lists is presented.

**0**–Award a zero score if no documentation of call-down lists is presented.

**7.13** Just-in-time (JIT) training materials have been developed for each of the RDS functions to familiarize personnel working within those functions:

- Safety
- Shipping/Receiving
- Communications/IT
- Pick teams
- Quality control
- Inventory management
- Other functions, as appropriate

**RATIONALE:** It is critical for a safe and efficient warehouse operation to have trained leads. There is potential that some personnel have not received training in their RDS function prior to an event. JIT training will need to be available for untrained personnel or for surge personnel who might be called upon to assist in a large-scale or long-term response.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

**1**–Award a full score if training materials are presented for each of the RDS functions.

**0.5**–Award a half score if training materials are presented for at least four of the above listed RDS functions.

**0**–Award a zero score if no training materials are presented.

**7.14** An inventory of material-handling equipment for each RDS site should be documented along with a list of materials/supplies that need to be procured and/or delivered at the time of event.

**RATIONALE:** Equipping each RDS facility properly will significantly reduce the time and effort to process SNS assets for delivery to dispensing, treatment and intermediate distribution sites.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

**1**–Award a full score if an inventory listing of appropriate handling equipment is presented for 100% of the local RDS sites.

**0.5**–Award a half score if an inventory listing of appropriate handling equipment is presented for 75% of the local RDS sites.

**0**—Award a zero score if no inventory listing of appropriate handling equipment is presented for the local RDS sites.

**7.15** An inventory of office equipment for each RDS site should be documented along with a list of materials/supplies that will need to be delivered and/or procured at time of event.

**RATIONALE:** Equipping each RDS facility properly will significantly reduce the time and effort to process SNS assets for delivery to dispensing, treatment and intermediate distribution sites.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

**1**—Award a full score if an inventory listing of appropriate office equipment is presented for 100% of the local RDS sites.

**0.5**—Award a half score if an inventory listing of appropriate office equipment is presented for 75% of the local RDS sites.

**0**—Award a zero score if no inventory listing of appropriate office equipment is presented for the local RDS sites.

**7.16** The local plan lists individuals who are authorized to sign for SNS materiel.

**RATIONALE:** The SNS materiel is a national security asset that must be received by a competent authority.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

**1**—Award a full score if documentation is presented as evidence that an individual(s) has been identified as an authority to sign for SNS materiel. Documentation (contact information and official letter for authority) for the identified individual(s) must be included in the plan.

**0**—Award a zero score if no documentation is presented as evidence that an individual(s) has been identified as an authority to sign for SNS materiel.

**7.17** The local plan addresses staff/volunteer management (for example, work breaks, shift schedules, meals/snacks, lodging, family care, etc.).

**RATIONALE:** An emergency response will require the coordinated efforts of many local personnel with diverse backgrounds. It is vital to protect the essential personnel responsible for the various SNS functions to ensure an efficient and effective response during an emergency.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

**1**—Award a full score if staff/volunteer management issues are incorporated in the plan, and written agreements between the locality and organizations that will provide services during an emergency are presented.

**0**—Award a zero score if no documentation of a management plan is presented

## **SECTION VIII. Controlling Inventory (3%)**

### **8.1** An inventory management system (IMS) is in place with backup:

- Inventory management software system
- Electronic spreadsheet
- Paper system

**RATIONALE:** For an efficient and effective response, it is vital to have an IMS in place to manage, allocate, control and re-order SNS materiel.

**REFERENCE:** V10. – page 9.1-9.2

#### **SCORING CRITERIA:**

**1**–Award a full score if documentation is presented as evidence that the locality has more than one functional IMS in place.

**0.5**–Award a half score if documentation is presented as evidence that the locality has one functional IMS in place.

**0**–Award a zero score if the locality does not have any functional IMS in place.

### **8.2** All inventory staff is trained in IMS functions.

**RATIONALE:** An emergency response will require the coordinated efforts of many local personnel from diverse backgrounds. It is vital to protect the essential personnel responsible for the various SNS functions during an emergency.

**REFERENCE:** V10.02 – page 9.1-9.4

#### **SCORING CRITERIA:**

**1**–Award a full score if documentation is presented as evidence that inventory management staff have been identified and trained on IMS functions.

**0.5**–Award a half score if management staff have been identified, but have not attended IMS training. Documentation must include contact information and must be included in an appendix of the plan.

**0**–Award a zero score if management staff have not been identified.

**8.3** Chain-of-custody procedures are outlined in the plan, including the ability to track pharmaceutical lot numbers.

**RATIONALE:** During an event, particularly in the first several days of a large-scale emergency, treatment centers may be overwhelmed with casualties. It will be necessary to have a plan in place that dictates the procedures for shipment of SNS materiel to and receipt by PODs and treatment centers in a timely manner.

**REFERENCE:** V10.02 – page 9.1-9.4

**SCORING CRITERIA:**

**1**–Award a full score if documentation is presented showing a written plan is in place for shipping, receiving and tracking lot numbers of SNS materiel. A procedure for how the inventory should be maintained and a list of responsible parties should be included in the plan.

**0**–Award a zero score if no documentation of a plan is presented

**8.4** The procedure for chain of custody involving controlled substances received from DSNS is outlined in plan.

**RATIONALE:** During an event, particularly in the first several days of a large-scale emergency, treatment centers may be overwhelmed. It will be necessary to have a plan in place that dictates the procedures for shipment of SNS materiel to and receipt by PODs and treatment centers in a timely manner.

**REFERENCE:** V10.02 – pages 8.2-8.5, 9.1-9.6

**SCORING CRITERIA:**

**1**–Award a full score if documentation is presented showing a written plan is in place for shipping, receiving and tracking lot numbers of SNS materiel. The plan also documents personnel who are authorized to sign for controlled substances.

**0**–Award a zero score if no documentation of a plan is presented

**8.5** The local plan lists DEA registrants designated to receive materiel from DSNS. This requires DEA Form 222.

**RATIONALE:** A DEA number is required by law. The DEA regulates the storage and transfer of Schedule II substances in accordance with Title 21 of the U.S. Code of Federal Regulations. The DEA registers individuals and organizations like hospital pharmacies to handle specific classes of controlled substances by issuing a distributor's license. If transfer of controlled substances to the local SNS site is necessary but the DEA registrant is unavailable, it is necessary for the state to know the name and DEA number of the person who will eventually sign the Form 222.

**REFERENCE:** V10.6-0– page 8.5-8.6

**SCORING CRITERIA:**

**1**–Award a full score if documentation is presented as evidence that the locality has identified and documented more than one DEA registrant to issue DEA Form 222.

**0.5**–Award a half score if documentation is presented as evidence that the locality has identified one DEA registrant to issue DEA Form 222.

**0**–Award a zero score if no documentation is presented.



## **SECTION IX. Distribution (10%) (if applicable)**

**9.1** Distribution manager and backup(s) have a job-action sheet and have been trained in their function.

**RATIONALE:** It is critical for a safe and efficient distribution operation to have trained leads that are able to effectively manage the frequency and urgency of deliveries to multiple locations using the delivery fleet, routes, personnel and reporting requirements.

**REFERENCE:** V10.02, page 11-6; TCL Rec.C1c 6.6 page 469

### **SCORING CRITERIA:**

**1**—Award a full score if all distribution managers have job-action sheets that are presented for review and documentation is presented that demonstrates all distribution leads are trained in roles and responsibilities.

**0.5**—Award a half score if only documentation of the job-action sheet is presented

**0**—Award a zero score if no job-action sheets or documentation of training are presented

**9.2** Plan includes distribution strategy for delivery of medical materiel, such as delivery locations, routes, delivery schedule/frequency, fueling, repair, recovery, etc.

**RATIONALE:** Effective, timely and uninterrupted deliveries are essential to the success of a mass prophylaxis campaign.

**REFERENCE:** V10.02, page 11-6 ; TCL Rec.C1c 6.6 page 469, Res.C1c 3.2 page 468

### **SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation on a detailed distribution strategy. These details include:

- Maps showing potential routing based on exercises
- Traffic-flow patterns
- Results from modeling programs
- Advice from local public works officials
- Public safety
- Plans are presented on how to handle vehicle repairs, maintenance, fueling/refueling, or other emergent issues with vehicles
- Delivery locations are identified or mapped either by using manual maps or GIS software

**0.5**—Award a half score if the locality cannot provide documentation of a distribution plan or if the documentation lacks detailed planning but provides only general plans for distribution operations and/or the distribution operations have not been coordinated with supporting agencies.

**0**—Award a zero score if the locality cannot provide documentation of any type of distribution plan or strategy

**9.3** Primary agency/organization has been assigned to distribute medical materiel and a written agreement is in place.

**RATIONALE:** It is vital that the agency/organization responsible for providing distribution assets, such as vehicles, drivers, mechanics, etc., are identified along with a form of contractual agreement for those services.

**REFERENCE:** V10.02, page 11-6  
TCL Rec.C1c 6.6 page 469

**SCORING CRITERIA:**

**1**—Award a full score if the locality can produce contractual agreements with agencies/organizations that have agreed to provide distribution assets and identifies which assets are covered under the agreement. These contractual agreements can be in the form of MOUs or MOAs or can be letters from delegating authorities (if other legal documentation is not required or cannot be obtained) or written and referenced in other annexes of the plan.

**0**—Award a zero score if the locality cannot produce documentation listed above.

**9.4** Backup agency/organization has been assigned to distribute medical materiel and a written agreement is in place.

**RATIONALE:** In the event the primary distribution source is not able to either fulfill its requirements or needs additional assistance due to the severity of the incident, an alternate source of assets with agreements in place would be essential.

**REFERENCE:** V10.02, page 11-6; TCL Rec.C1c 6.6 page 469

**SCORING CRITERIA:**

**1**—Award a full score if the locality can produce contractual agreements with agencies/organizations that have agreed to provide distribution assets and identifies which assets are covered under the agreement. These contractual agreements can be in the form of MOUs or MOAs or can be letters from delegating authorities (if other legal documentation is not required or cannot be obtained) or written and referenced in other annexes of the plan.

**0**—Award a zero score if the locality cannot produce documentation listed above.

**9.5** Resource needs have been identified and include the necessary number and type of vehicles, drivers and support personnel.

**RATIONALE:** Knowing the appropriate numbers and types of resources that can best support the distribution strategy is of utmost importance.

**REFERENCE:** V10.02, page 11-6; TCL Rec.C1c 6.6 page 469

**SCORING CRITERIA:**

**1**– Award a full score if the local, documented distribution strategy outlines the types and number of vehicles and the types of drivers, mechanics, dispatchers, etc., needed for the those vehicles that would best serve the geographic area. This strategy should result from information gathered during exercises, modeling and other tools or from advice and assistance from subject-matter experts.

**0.5**–Award a half score if the local documented distribution strategy has not listed all of the resource needs but has listed at least half of what is needed

**0**–Award a zero score if the local documented distribution strategy lists less than half of what is needed

**9.6** Dispensing sites have been inventoried to determine what, if any, material-handling equipment (MHE) are available for sites that are designated to receive materiel (off-loading and loading, as needed, such as pallet jacks, handcarts/dollies and forklifts).

**RATIONALE:** Timely dispensing is impacted by multiple factors associated with distribution, including off-loading capability at receiving sites. Sites without proper handling equipment can delay dispensing activities.

**REFERENCE:** V10.02, page 11-6; TCL Rec.C1c 6.6 page 469.

**SCORING CRITERIA:**

**1**–Award a full score if the locality can produce documentation that it has completed an inventory of receiving sites for the off-loading capabilities required for timely and effective receipt of deliveries. This documentation can include:

- Spreadsheets
- Computer/database printouts
- Log-type mechanism
- Checklists

**0.5**–Award a half score if the locality can produce documentation for at least 50% of the resources needed.

**0**–Award a zero score if the locality can produce documentation for less than 50% of the resources needed.

**9.7** JIT training materials have been developed for the distribution function, including chain-of-custody protocols, routing information, security/communication procedures, appropriate use of MHE and loading and off-loading of materiel.

**RATIONALE:** Even when using skilled, qualified and trained staff, there are certain details that will be specific to a mass prophylaxis campaign and must be communicated effectively to those staff.

**REFERENCE:** V10.02, page 11-6; TCL Rec.C1c 6.6 page 469

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation that supports the JIT training materials for the distribution function. Documentation can include:

- Checklists
- Job-action sheets
- Brochures
- Flyers
- Wallet cards, posters or other signage
- Videos
- Computer-based training

**0.5**—Award a half score if the locality can provide documentation, but the information only covers two to four items in the TAR tool.

**0**—Award a zero score if the locality can provide documentation, but the information only covers fewer than two of the items

## **SECTION X. Dispensing prophylaxis (24%)**

**10.1** The local mass prophylaxis/dispensing plan addresses procedures for operational issues:

**RATIONALE:** In order for a dispensing campaign to operate smoothly and effectively, there are a myriad of operational issues that must be considered during the planning phase.

**REFERENCE:** V10.02, page 12-3, 12-5; TCL, page 479 Res.C2a 1.4.2; page 481 Res.C2a 3.2.4

### **SCORING CRITERIA:**

**1**—Award a full score if the local plan addresses the implementation procedures of all the items listed in 10.1. Documentation of these procedures could include:

- Process descriptions
- Algorithms
- Flow charts
- Checklists
- Field-operating guides

**0.5**—Award a half score if the locality can only provide the documentation for six to eight of the items in 10.1

**0**—Award a zero score if the locality cannot provide documentation for fewer than six of the items in 10.1

**10.2** Modified clinical involvement: The local mass prophylaxis/dispensing plan includes a rapid dispensing strategy for dispensing sites/PODs.

**RATIONALE:** In a large-scale mass prophylaxis/dispensing event, there may be a need to quickly modify the clinic flow at a site to increase the throughput. Advance planning for this situation can make the modification transition smoother and more efficient.

**REFERENCE:** Point of Dispensing (POD) Standards (April 2008), page 5, standard 2.1

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation, such as

- Algorithm
- Flow chart
- Decision matrix
- Floor plan
- Procedures
- Guide

**0.5**—Award a half score if the locality can verbalize the plans and procedures that would be implemented but cannot provide documentation.

**0**—Award a zero score if the locality has not considered rapid dispensing strategy.

**10.3** Alternate dispensing modalities are included in the plan.

**RATIONALE:** A completely robust mass prophylaxis/dispensing strategy encompasses many different modalities of dispensing. These variations on the clinical dispensing method can reduce the burden of staffing, reduce the time it takes to conduct dispensing, and encourage partnerships with a variety of community organizations and agencies.

**REFERENCE:** V10.02, page 12-12, 12-13

**SCORING CRITERIA:**

**1**—Award a full score if the locality has pursued alternate dispensing modalities and documented those in the local plan. For example:

- Descriptions of alternate modalities
- Procedures to initiate, execute, maintain and demobilize alternate modalities
- Identification of partners involved in alternate modalities
- Identification of staffing and resource needs for alternate modalities

**0.5**—Award a half score if the locality is planning for alternate dispensing modalities but has not yet documented those efforts.

**0**—Award a zero score if the locality has not yet considered or begun planning for alternate dispensing modalities.

**10.4** The local mass prophylaxis/dispensing plan includes established criteria, authorization and procedures to alter the clinical-dispensing model to increase client throughput.

**RATIONALE:** Understanding when, why and by whom changes to the dispensing model can occur is best determined before the need arises. Identifying those triggers that would cause a change and knowing who is in the best position to make those decisions is not an action to take during an event.

**REFERENCE:** Point of Dispensing (POD) Standards (April 2008), page 6, standard 2.3

**SCORING CRITERIA:**

**1**—Award a full score if the locality has documentation that plans are in place. For example:

- Decision matrix
- Authorization letter
- Checklist
- Algorithm
- Flow plan

**0**—Award a zero score if no plans are in place or documented.

**10.5** The plan specifies procedures for providing prophylaxis to first responders and critical infrastructure personnel.

**RATIONALE:** Certain groups of personnel are critical to maintain certain functions and to assist with the execution of the mass prophylaxis/dispensing plans. Therefore, it is essential to determine how best to provide for these groups and their families while allowing them to continue supporting the operation.

**REFERENCE:** V10.02, page 1-5, 12-30

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation that plans are in place, such as defined critical infrastructure personnel and first responders, flow charts, specific procedures detailing the distribution and dispensing for these groups, initiation and execution details, tracking details

**0**—Award a zero score if the locality cannot provide documentation for these plans.

**10.6** The plan specifies procedures for providing prophylaxis to homebound and other at-risk populations.



**RATIONALE:** Within each locality, there are certain populations that will be unable to access dispensing sites. Working with community partners is essential to gaining the trust necessary to provide prophylaxis to this population.

**REFERENCE:** V10.02, page 6-5

**SCORING CRITERIA:**

**1**–Award a full score if the locality can present documentation for these plans, such as

- Meeting minutes with community agencies servicing at-risk populations
- Procedures detailing operational steps to reach at-risk populations
- Written agreements with community partners providing services to at-risk populations

**0**–Award a zero score if the locality cannot present documentation for these plans.

**10.7** There are site specific plans for each of the dispensing/POD sites that need to include specific information (as listed in TAR tool).

**RATIONALE:** Having a pre-established plan to set up and begin operations at a site shortens the time it takes to begin dispensing to the population in need.

**REFERENCE:** V10.02, chapter 12 - Dispensing

**SCORING CRITERIA:**

**1**-Award a full score if the locality can produce site specific plans for each dispensing site, such as:

- Floor plans
- Set-up procedures
- Guides
- Flow charts
- Ingress/egress routes for vehicular traffic

**0.5**–Award a half score if the locality can produce site specific plans for 50% of its dispensing sites.

**0**–Award a zero score if the locality cannot produce any documentation for site-specific plans.

**10.8** The plan specifies how the items listed on the TAR tool will be made available at every dispensing/POD site before dispensing starts.

**RATIONALE:** Set-up procedures at a dispensing site are conducted more efficiently when administrative details have been considered prior to the opening of the site. Signs and vests are critical for helping people navigate the site and identifying those who are working to help.

**REFERENCE:** V10.02, page 6-6, 6-8, appendix S

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation that each dispensing site will have the identified items at the time of the event. For example:

- Procedures to obtain communication resources at time of event
- Procedures that detail steps to initiate the movement of pre-packaged equipment, supplies, signs and information sheets to sites

**0.5**—Award a half score if the locality can provide documentation that each dispensing site will have at least 75% of the items at the time of the event.

**0**—Award a zero score if the locality does not have a plan for these items.

**10.9** Core management teams with backups have been identified and trained for each dispensing/POD site.

**RATIONALE:** Pre-trained personnel who perform in leadership roles at each dispensing site reduce the stress of operating a site during an event.

**REFERENCE:** V10.02, page 4-8, 4-10, 14-2

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation that training has occurred for those individuals identified as core management teams for each of the dispensing sites. For example:

- Sign-in sheets
- Training rosters
- Printouts from database/other electronic tracking system
- Agenda
- Lesson plans

**0.5**—Award a half score if the locality provides documentation that training has occurred for those individuals identified as core management teams for 50% of the dispensing sites.

**0**—Award a zero score if the locality provides documentation that training has occurred for those individuals identified as core management teams at less than 50% of the dispensing sites.

**10.10** Personnel available to staff dispensing/POD sites.

**RATIONALE:** Volunteers are the backbone of any mass prophylaxis/dispensing campaign.

**REFERENCE:** V10.02, page 1-4, 12-18; Point of Dispensing (POD) Standards (April 2008), page 6, standards 3.2, 3.3

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation that personnel is available to staff 100% of dispensing sites. For example:

- Printouts from database/other electronic tracking system
- Spreadsheet
- Volunteer registry

**0.5**—Award a half score if the locality can provide documentation that personnel is available for 50% of the dispensing sites.

**0**—Award a zero score if the locality provides documentation that personnel is available for less than 50% of the dispensing sites.

**10.11** Volunteer/staff database is maintained and current.

**RATIONALE:** Since volunteers and staff working the mass prophylaxis/dispensing campaign are the lifeblood, it is vitally important to be able to maintain current contact information to reach them quickly during activation.

**REFERENCE:** Point of Dispensing (POD) Standards (April 2008), page 7, standard 2.1, Appendix I

**SCORING CRITERIA:**

**1**–Award a full score if the locality can provide a mechanism that tracks and maintains those individuals who have volunteered to work during a mass dispensing/prophylaxis campaign.

- Database
- Workspace
- Web-based tracking system
- Spreadsheet

**0.5**–Award a half score if the locality has identified volunteers but cannot produce documentation that a method or mechanism of tracking those volunteers is in place in a database.

**0**–Award a zero score if the locality does not have a database in place.

**10.12** The plan includes a job-action sheet and just-in-time training materials for all dispensing/POD roles identified in the plan.

**RATIONALE:** Although training may occur for volunteers, often just-in-time training and job aids are needed to refresh certain aspects of each position at the time of an event. This also may be the only method of training available for some volunteers who have not previously attended courses or exercises.

**REFERENCE:** V10.02, page 12-22 – 12-24

**SCORING CRITERIA:**

**1**–Award a full score if the locality can produce training materials and job-action sheets for each role. For example:

- Checklists
- Guides
- Position descriptions
- Training videos
- Power point slides
- Lesson plans for training materials to be used at time of event

**0.5**–Award a half score if the locality can produce job-action sheets for each role.

**0**–Award a zero score if the locality has not yet developed job-action sheets for each role.

**10.13** The local plan addresses staff/volunteer management (for example, work breaks, shift schedules, meals/snacks, lodging, family care, etc.).

**RATIONALE:** An emergency response will require the coordinated efforts of many local personnel with diverse backgrounds. It is vital to protect the essential personnel responsible for the various SNS functions to ensure an efficient and effective response during an emergency.

**REFERENCE:** V10.6-0 – page 8.2-8.7

**SCORING CRITERIA:**

**1**—Award a full score if staff/volunteer management issues are incorporated in the plan and written agreements between the locality and organizations that will provide services during an emergency are presented.

**0**—Award a zero score if no documentation of a management plan is presented

## **SECTION XI. Hospitals and Alternate care facilities coordination (3%)**

**11.1** Process established to inform hospitals and alternate care facilities on how to procure emergency medical materiel.

**RATIONALE:** Dispensing will not be the only activity occurring during a mass prophylaxis campaign. People displaying signs and symptoms of illness will be seeking medical care, as well. Thus, it is essential that early coordination occurs and appropriate procurement channels are utilized.

**REFERENCE:** TCL page 479 Res.C2a 1.4.1, V10.02 page 13-2

### **SCORING CRITERIA:**

**1**–Award a full score if the locality can provide documentation, such as

- Meeting minutes
- Training class rosters
- Working groups including both SNS and hospital preparedness coordinators
- Written procedures, protocols or checklists within the plan

**0**–Award a zero score if the locality cannot provide documentation

**11.2** Persons authorized to request emergency medical materiel on behalf of the hospitals and alternate care facilities have been identified and documented. Contact information is updated quarterly.

**RATIONALE:** Timely and accurate communication with hospitals and alternate care facilities is vital during a response. Redundant contact information for multiple contacts at each facility is recommended.

**REFERENCE:** TCL page 479 Res.C2a 1.4.1, V10.02 page 13-2

### **SCORING CRITERIA:**

**1**–Award a full score if the locality provides a mechanism to ensure the contacts for every hospital are identified and updated quarterly. The mechanism may be through other agencies such as emergency management or hospital associations. If the mechanism is through other agencies, the locality should provide procedures on how it accesses the information from those agencies.

**0.5**–Award a half score if the locality provides mechanism for ensuring at least half of the hospital contacts are identified and updated quarterly.

**0**—Award a zero score if the locality provides a mechanism for ensuring less than half of the hospitals.

**11.3** Procedures are documented in the local plan for hospitals and alternate care facilities to request emergency medical materiel.

**RATIONALE:** Consistent procedures for requesting emergency medical materiel are vital for effective and expedient distribution and delivery.

**REFERENCE:** TCL page 479 Res.C2a 1.4.1, V10.02 page 13-2

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation identifying the specific procedures hospitals and alternate care facilities should use to request emergency medical materiel. Documentation may include written protocols and procedures, checklists or other agreed upon documentation (such as MOA, MOU, letters of acknowledgement).

**0**—Award a zero score if the locality cannot provide documentation.

**11.4** Hospitals and alternate care facilities are trained on the emergency medical materiel request procedures.

**RATIONALE:** Dispensing will not be the only activity occurring during a mass prophylaxis campaign. Those displaying signs and symptoms of illness will be seeking medical care, as well. Thus, it is essential that early coordination occurs.

**REFERENCE:** TCL page 481 preparedness measure #7

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation of training for all hospitals, such as:

- Meeting minutes
- Training class rosters
- Webcasts or other web-based products

**0.5**—Award a half score if at least half of the hospitals were trained.

**0**—Award a zero score if the locality cannot provide documentation that any hospital was trained.

**11.5** Request procedures for hospitals and alternate care facilities have been exercised.

**RATIONALE:** Dispensing will not be the only activity occurring during a mass prophylaxis campaign. Those displaying signs and symptoms of illness also will be seeking medical care. Thus, it is essential that testing the coordination effort occurs.

**REFERENCE:** TCL page 479 Res.C2a 1.4.1  
V10.02 page 13-2

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation of coordination for all hospitals, such as:

- Meeting minutes
- Training class rosters
- Working groups to include SNS and hospital preparedness coordinators
- Written procedures, protocols or checklists

**0.5**—Award a half score if the locality can provide documentation that 50% of hospitals and alternate care facilities have been exercised.

**0**—Award a zero score if the locality cannot provide documentation.



## **Section XII. Training, Exercise and Evaluation (10%)**

**12.1** Personnel have been assigned to lead, plan and oversee SNS-related training, exercise and evaluation.

**RATIONALE:** Personnel dedicated to lead and plan SNS-related training and Homeland Security Exercise and Evaluation Program (HSEEP)-compliant exercises and evaluations increases the potential for successful implementation of plans.

**REFERENCE:** V10.02, page 14-1

### **SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation. For example:

- Letters of designation
- Organizational chart

**0**—Award a zero score if the locality cannot provide documentation.

**12.2** The locality has a training plan that incorporates mass prophylaxis, medical supplies management and distribution, and other SNS-specific topics to include objectives, schedule and targeted audience for each (to include volunteers).

**RATIONALE:** An all-inclusive plan increases the potential that the training will be understood, retained, and useful during an actual incident, event, or emergency.

**REFERENCE:** U.S. Department of Homeland Security Target Capabilities List, page 267, <http://www.fema.gov/pdf/government/training/tcl.pdf>; Preparedness Measures for Develop and Maintain Training and Exercise Programs, V10.02, chapter 14 – Train, Exercise and Evaluate; Homeland Security Exercise and Evaluation Program Guide, [https://hseep.dhs.gov/pages/1001\\_About.aspx](https://hseep.dhs.gov/pages/1001_About.aspx)

### **SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation of a written, approved and coordinated plan that specifically addresses SNS-related topics, including training objectives, frequency, methodology and targeted audiences. Documentation could include:

- Course lesson plans
- Workbooks
- Videos
- Manuals

- Pre/post testing, when applicable

**0**—Award a zero score if the locality cannot provide documentation

**12.3** Training plan components specific to mass prophylaxis and/or medical supplies management and distribution are implemented.

**RATIONALE:** Training plans are effective only when those plans have been implemented and personnel have attended the appropriate courses.

**REFERENCE:** V10.02, page 14-5

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation of training courses conducted, such as:

- Student sign-in sheets
- Class rosters
- Evaluation summaries

**0**—Award a zero score if the locality cannot provide documentation.

**12.4** The locality has an exercise plan developed in accordance with the HSEEP guidance that allows medical supplies management and distribution and/or mass prophylaxis plans to be tested and evaluated.

**RATIONALE:** Planning exercises can be time consuming and expensive; therefore, it is vital to take a long-term approach to exercising. Planning exercises provide opportunities to consolidate exercises to relieve the burden on jurisdictions.

**REFERENCE:** V10.02, page 14-8; Homeland Security Exercise and Evaluation Program Guide, [https://hseep.dhs.gov/pages/1001\\_About.aspx](https://hseep.dhs.gov/pages/1001_About.aspx)

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation of exercise planning. For example:

- Exercise schedule
- Exercise objectives
- Types of exercises
- Meeting minutes that discuss exercise planning

**0**—Award a zero score if the locality cannot provide documentation

**12.5** Exercise plan components are specific to mass prophylaxis and/or medical supplies management and distribution.

**RATIONALE:** Exercises provide opportunities to identify planning areas needing improvement, after action reporting provides the written vehicle to document those areas, and corrective action planning tracks the efforts undertaken to improve those areas.

**REFERENCE:** V10.02, chapter 14  
Homeland Security Exercise and Evaluation Program Guide,  
[https://hseep.dhs.gov/pages/1001\\_About.aspx](https://hseep.dhs.gov/pages/1001_About.aspx)

**SCORING CRITERIA:**

**1**—Award a full score if the locality can provide documentation, such as:

- After-action reports that indicate areas needing improvement
- Action plans that indicate what steps will be taken to improve
- Tracking mechanism to ensure those steps are taken

**0.5**—Award a half score if documentation is provided only for identifying areas needing improvement and indicating the steps to take to improve those areas

**0**—Award a zero score if the locality cannot provide documentation

## 12.6 Listing of training, exercises, after-action reporting and corrective-action planning.

**RATIONALE:** Although training, exercising, evaluating and updating plans are critical, there are instances when a required response to a situation provides the same mechanisms, processes, procedures and personnel normally used during exercises.

**REFERENCE:** Homeland Security Exercise and Evaluation Program Guide, [https://hseep.dhs.gov/pages/1001\\_About.aspx](https://hseep.dhs.gov/pages/1001_About.aspx)

### **SCORING CRITERIA:**

**For the training column,** if there are sign-in sheets, course rosters, etc., that indicate training courses or opportunities were held, then assign a 0.5 to each appropriate row.

**For the exercise column,** determine the type of exercise that occurred within the time period since the last TAR for each row. The choices are full-scale, functional, drill, table-top, games, workshop, seminar and real-world.

**For the after-action report column,** determine if the exercises that were conducted resulted in an evaluation that identified areas needing improvement. Then, assign a 0.5 to each appropriate row.

**For the corrective-action plan column,** determine if the exercises that were conducted and had a resulting evaluation have a mechanism to track the work to make these needed improvements. If there is tracking, then assign a 0.5 to the appropriate row.

## **APPENDIX A**

### **REFERENCES**

Capabilities-based Planning Tools - Tools are accessible at <https://www.llis.dhs.gov>. LLIS.gov is password protected and requires user registration.

Capabilities-based Planning Fact Sheet

Department of Defense Support to Domestic Incidents

Division of Strategic National Stockpile Technical Assistance Review Tool

Emergency Management Assistance Compact (EMAC): Overview

FEMA Comprehensive Preparedness Guide 101,  
[http://www.fema.gov/pdf/about/divisions/npd/cpg\\_101\\_layout.pdf](http://www.fema.gov/pdf/about/divisions/npd/cpg_101_layout.pdf)

Homeland Security Grant Program

Homeland Security Information Network (HSIN)

Homeland Security Exercise and Evaluation Program (HSEEP),  
[https://hseep.dhs.gov/pages/1001\\_About.aspx](https://hseep.dhs.gov/pages/1001_About.aspx)

National Incident Management System (NIMS),  
[http://www.fema.gov/pdf/emergency/nims/NIMS\\_core.pdf](http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf)

National Preparedness Guidance

National Preparedness Goal

National Priorities Fact Sheet

National Emergency Management Association.

National Exercise Program (NEP)

National Infrastructure Protection Plan (NIPP)

National Response Framework (NRF)

Pandemic and All-Hazards Preparedness Act (PAHPA)

Point of Dispensing (POD) Standards (April 2008). <https://www.ora.gov/snsnet/guidance.htm>. Accessed December 2009.

RAND Corporation Points of Dispensing (POD) Drill Working Paper (draft)

Stakeholder Engagement Fact Sheet

Target Capabilities List (TCL)

Version 10.02 Strategic National Stockpile Guidance (V10.02)

White House. Homeland Security Presidential Directive 5: Management of Domestic Events. [http://www.dhs.gov/xabout/laws/editorial\\_0607.shtm](http://www.dhs.gov/xabout/laws/editorial_0607.shtm). Accessed on March 31, 2008.

White House. Homeland Security Presidential Directive 7 : Critical Infrastructure, Identification, Prioritization, and Protection. [http://www.dhs.gov/xabout/laws/editorial\\_0607.shtm](http://www.dhs.gov/xabout/laws/editorial_0607.shtm). Accessed on March 31, 2008.

White House. Homeland Security Presidential Directive 8: National Preparedness. [http://www.dhs.gov/xabout/laws/editorial\\_0607.shtm](http://www.dhs.gov/xabout/laws/editorial_0607.shtm). Accessed on March 31, 2008.

White House. Homeland Security Presidential Directive 21: Public Health and Medical Preparedness. [http://www.dhs.gov/xabout/laws/editorial\\_0607.shtm](http://www.dhs.gov/xabout/laws/editorial_0607.shtm). Accessed on March 31, 2008.

**APPENDIX B**  
**TECHNICAL ASSISTANCE REVIEW TOOL**

**SECTION I - Development of State Plan With SNS Elements**

- 1.1** Local SNS planning elements are incorporated into an up-to-date state all-hazards plan and are NIMS-compliant.
- 1.2** Local SNS planning elements are updated annually based on deficiencies revealed during DSNS TARs, state/local trainings.
- 1.3** A multi-discipline planning/advisory group meets annually to review and update the SNS planning elements in the all-hazards plan.
- 1.4** The roles and responsibilities of local agencies and other organizations concerning SNS planning elements are documented.
- 1.5** Policies and procedures to support local mass prophylaxis operations and/or medical supplies management and distribution are outlined in plan.
- 1.6** Legal issues to support medical supplies management and distribution and/or mass prophylaxis operations are outlined in plan.

**SECTION II - Management of the Strategic National Stockpile**

- 2.1** The local SNS coordinator and backup are identified and have POC information.
- 2.2** At the local level and dependent upon the placement of the activities in the state's NIMS-compliant organizational structure,...
- 2.3** Call-down rosters for personnel identified in item 2.2 are current and updated quarterly.
- 2.4** Local jurisdiction conducts and documents call-down exercises of all personnel identified in item 2.2 to test response rates quarterly.
- 2.5** SNS functions are integrated within the local ICS structure and all are NIMS compliant.
- 2.6** The local jurisdiction has a plan to annually test and exercise notification and activation of volunteers below the state-level positions identified in item 2.2.

### **SECTION III - Requesting Strategic National Stockpile Assets**

**3.1** Plan to communicate with key local officials to discuss the incident and to determine need to request state assistance.

**3.2** Person(s) authorized by the local health director to request state assistance are identified in the plan with contact information.

**3.3** Plans and procedures contain initial request justification guidelines and procedures for local jurisdiction to request SNS materiel from the state.

**3.4** Plans contain procedures to request re-supply of SNS materiel from the state.

**3.5** Plans and procedures contain the request procedures for locals to request SNS materiel from the state.

### **SECTION IV - Tactical Communications Plan**

**4.1** Tactical communications and IT support call-down lists are reviewed and updated quarterly.

**4.2** Communications/IT support has a job-action sheet.

**4.3** Communication pathways are established between command and management locations and support agencies.

**4.4** Redundant communications systems are in place and are tested quarterly to ensure communications remain available in the event primary communication systems are unavailable.

**4.5** Communication networks (equipment/hardware) between command and management locations and support agencies are tested and exercised quarterly.

**4.6** Designated personnel (identified in item 2.2) are trained in the use of redundant communications equipment.

### **SECTION V - Public Information and Communication**

**5.1** Local public information and communication personnel (primary and backup) have been identified and trained regarding responsibilities associated with a mass prophylaxis campaign.

**5.2** Written communication plan is part of the all-hazards public information plan, addresses coordination between local jurisdictions as well as with state to ensure message consistency, identifies a media policy for dispensing sites.



**5.3** PIC responsibilities (listed in question 5.3) appear on the job action sheet of the PIC liaison other designated dispensing site staff.

**5.4** Messages have been developed for dispensing at the local level, including...

**5.5** Methods to disseminate the messages indicated in item 5.4 have been developed, including...

**5.6** Materials (fact sheets, press releases, signs) or templates have been developed and cleared.

**5.7** Local plans for information needs of at-risk populations include...

## **SECTION VI - Security**

**6.1** The local level-position (identified in item 2.2) that coordinates the overall security issues should be trained on the specific security requirements for medical supplies management and distribution operations, local security support agencies identified and oriented, and contact information is available for security support agencies.

**6.2** Security plans for transportation of medical materiel have been developed.

**6.3** Security plans have been developed for dispensing site(s) and/or Regional Distribution Site(s) (if applicable) and include...

**6.4** Badging procedures are in place for all personnel responding to a public health event involved medical materiel and resources.

**6.5** Site-specific security plans have been developed for dispensing sites and/or regional distribution sites (if applicable).

## **SECTION VII - Regional/Local Distribution Site**

**7.1** Local jurisdiction has a regional distribution site (RDS) strategy that expedites the movement of medical materiel to the PODs and hospitals and/or alternate care facilities.

**7.2** RDS facilities review and validated by state SNS Coordinator using RSS Site Survey Tool.

**7.3** MOAs are in place for reviewed and validated RDS sites.

**7.4** The following RDS managers/staff and backups have been identified with POC information for each RDS facility.

**7.5** RDS leaders/managers and backups have job-action sheets and have been trained in RDS operations.

**7.6** Safety manager/leader and backups have job-action sheets and have been trained in their RDS function...

**7.7** Communications/IT support and backups have job-action sheets and have been trained in their RDS functions.

**7.8** Inventory manager/leader and backups have job-action sheets and have been trained in their RDS functions.

**7.9** Shipping/receiving manager/leader and backups have job-action sheets and have been trained in their RSS functions.

**7.10** Pick team manager/leaders and backups have job-action sheets and have been trained in their RDS functions.

**7.11** Quality control managers/leaders and backups have job-action sheets and have been trained in their RDS functions.

**7.12** Call-down rosters for 24/7 operations for all RDS managers and staff/volunteers are reviewed for accuracy and tested at least quarterly.

**7.13** Just-in-time (JIT) training materials have been developed for each of the RDS functions to familiarize personnel working within those functions...

**7.14** An inventory of material-handling equipment for each RDS site should be documented along with a list of materials/supplies that need to be procured and/or delivered at the time of event.

**7.15** An inventory of office equipment for each RDS site should be documented along with a list of materials/supplies that will need to be delivered and/or procured at time of event.

**7.16** The local plan lists individuals who are authorized to sign for SNS materiel.

**7.17** The local plan addresses staff/volunteer management (for example, work breaks, shift schedules, meals/snacks, lodging, family care, etc.).

## **SECTION VIII - Controlling Inventory**

**8.1** Plan for IMS in place with backup.

**8.2** All inventory staff is trained in IMS functions.

**8.3** Chain-of-custody procedures are outlined in plan, including the ability to track pharmaceutical lot numbers.

**8.4** Procedure for chain of custody involving controlled substances from DSNS is outlined in the plan.

**8.5** Local plan lists DEA registrant(s) to received materiel from DSNS requiring DEA Form 222.

## **SECTION IX - Distribution**

**9.1** Distribution manager and backup(s) have job-action sheets and have been trained in their functions.

**9.2** Plan includes distribution strategy for delivery of medical materiel such as delivery locations, routes, delivery schedule/frequency, fueling, repair, recovery, etc. (pages 57-58)

**9.3** Primary agency/organization has been assigned to distribute medical materiel and a written agreement is in place.

**9.4** Backup agency/organization has been assigned to distribute medical materiel and a written agreement is in place.

**9.5** Resource needs have been identified and include the necessary number and type of vehicles, drivers and support personnel.

**9.6** Dispensing sites have been inventoried to determine what, if any, MHE is available for sites that are designated to receive materiel (off-loading and loading such as pallet jacks, hand carts/dollies and forklifts).

**9.7** JIT training materials have been developed for the distribution function such as chain of custody protocols, routing information, security/communication procedures, appropriate use of MHE, and loading and off-loading of materiel.

## **SECTION X - Dispensing prophylaxis**

**10.1** The local mass prophylaxis/dispensing plan addresses procedures for operation issues.

**10.2** The local mass prophylaxis/dispensing plan includes a rapid dispensing strategy for dispensing sites/PODS.

**10.3** Alternate dispensing modalities are included in the plan.

**10.4** The local mass prophylaxis dispensing plan includes established criteria, authorization and procedures to alter the clinical-dispensing model to increase client throughput.

**10.5** The plan specifies procedures for providing prophylaxis to first responders and critical infrastructure personnel.

**10.6** The plan specifies procedures for providing prophylaxis to homebound and other at-risk populations.

**10.7** There are site specific plans for each of the dispensing/POD sites that need to include specific information (as listed in TAR tool).

**10.8** The plan specifies how the items listed on the TAR tool will be made available at every dispensing/POD site before dispensing starts.

**10.9** Core management teams with backups have been identified and trained for each dispensing/POD site.

**10.10** Personnel available to staff dispensing/POD sites.

**10.11** Volunteer/staff database is maintained and current.

**10.12** The plan includes a job-action sheet and just-in-time training materials for all dispensing/POD roles identified in the plan.

**10.13** The local plan addresses staff/volunteer management.

## **SECTION XI - Hospitals and Alternate Care Facilities Coordination**

**11.1** Process established for hospitals and alternate care facilities to be informed on how to procure emergency medical materiel.

**11.2** Persons authorized to request emergency medical materiel on behalf of the hospitals and alternate care facilities have been identified and documented. Contact information is updated quarterly.

**11.3** Procedures are documented in the local SNS plan for hospitals and alternate care facilities to request emergency medical materiel.

**11.4** Hospitals and alternate care facilities are trained on the emergency medical materiel request procedures.

**11.5** Hospitals and alternate care facilities request procedures have been exercised.

## **Section XII - Training, Exercise and Evaluation**

**12.1** Personnel have been assigned to lead, plan and oversee SNS-related training, exercise and evaluation.

**12.2** Local jurisdictions have a training plan that incorporates mass prophylaxis, medical supplies management and distribution, and other SNS-specific topics to include course objectives, schedule and targeted audience for each (includes volunteers).

**12.3** Training plan components that are specific to mass prophylaxis and/or medical supplies management and distribution are implemented.

**12.4** The local jurisdiction has an exercise plan developed in accordance with the HSEEP guidance that allows medical supplies management and distribution and/or mass prophylaxis plans to be tested and evaluated.

**12.5** Exercise plan components are specific to mass prophylaxis and/or medical supplies management and distribution.

**12.6** Lists training, exercises, after-action reporting and corrective action planning.