

**STATE OF FLORIDA
Department of Health**



**Strategic National Stockpile Appendix to the Logistics Support Annex
of the
Emergency Operations Plan**

Version 1.2
Last Update: December 2010

I. Introduction

The 2010 Florida Department of Health (FDOH) Strategic National Stockpile (SNS) Appendix to the Logistics Support Annex documents the procedures needed to optimize Florida's management and distribution of pharmaceuticals, medical supplies and equipment obtained from the Centers for Disease Control and Prevention's (CDC) Division of Strategic National Stockpile (DSNS).

The SNS Appendix supports the Florida Department of Health Emergency Operations Plan (EOP)'s Logistics Support Annex and Mass Prophylaxis and Treatment Annex, the FDOH EOP Biological Incident Annex as well as Appendix VIII: Emergency Support Function 8 – Public Health and Medical Services of the Florida Comprehensive Emergency Management Plan (CEMP). This Appendix is also compliant with guidance from the Centers for Disease Control and Prevention (CDC).

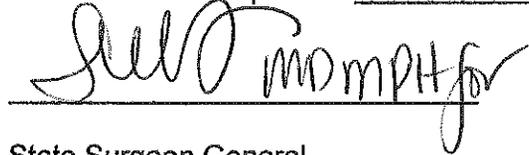
In order to maintain state public health and medical readiness and in response to changes prescribed by the CDC, this Appendix is reviewed annually and updated as necessary.

A. Signature Page

The Strategic National Stockpile Appendix to the Logistics Support Annex of the Florida Department of Health Emergency Operations Plan outlines the Department's all-hazards approach to request, receive, manage and distribute pharmaceuticals, medical supplies and equipment from the Centers for Disease Control and Prevention's (CDC) Division of Strategic National Stockpile (DSNS). This Appendix aligns with the Mass Prophylaxis and Treatment Annex, as well as state and federal emergency management documents and principles.

Email your questions and comments regarding this document to the Emergency Operations Plans at EOP@doh.state.fl.us

Reviewed and adopted on 3-1-11 by:

A handwritten signature in black ink, appearing to read "Julio M. M. P. H. for", is written over a horizontal line.

State Surgeon General
Florida Department of Health

B. **Approval and Implementation**

The Strategic National Stockpile (SNS) Appendix to the Logistics Support Annex to the Florida Department of Health Emergency Operations Plan (FDOH EOP) provides direction regarding the request, receipt, management and distribution of pharmaceuticals, medical supplies and equipment from the Centers for Disease Control and Prevention's (CDC) Division of Strategic National Stockpile (DSNS). It is to be used by personnel deployed for any threat or incident requiring SNS materiel to assist county health departments that have exceeded their capability or capacity to respond.

The Department activates this Appendix when an emergency threat or incident has the potential to overwhelm routine departmental procedures, or when CDC notifies the state of incoming SNS shipment(s).

The Florida Department of Health, Division of Emergency Medical Operations (DEMO), Bureau of Preparedness and Response (BPR) updates this Appendix as needed to maintain operational readiness. Email your questions and comments regarding this document to the Division of Emergency Medical Operations at EOP@doh.state.fl.us.

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II. Purpose, Scope, Situation and Assumptions

A. Purpose and Intent

The purpose of the Strategic National Stockpile (SNS) Appendix to the Logistics Support Annex is to identify procedures regarding the request, receipt, management, and distribution of medications and medical equipment from the Centers for Disease Control and Prevention's (CDC) Division of Strategic National Stockpile (DSNS). Materiel obtained from the SNS is designed to provide supplemental medications for prophylaxis, as well as medical supplies and equipment, for state and public health agencies during an emergency which threatens the public's health and has overwhelmed local response capabilities.

FDOH activates this Appendix when SNS resources are needed or directly shipped to Florida by CDC as part of its overall response to the event or incident. The Appendix is in compliance with the CDC guidelines found in *Receiving, Distributing and Dispensing Strategic National Stockpile Assets Guide for Preparedness, Version 10.02 – Draft August 2006*, the Logistics Support Annex to the Florida Department of Health Emergency Operations Plan, and the state of Florida CEMP. When activated, this Appendix supports local health and medical activities.

B. Scope

The scope of this Appendix is limited to logistical management of the federal Strategic National Stockpile materiel. It ties closely to FDOH's EOP base plan, FDOH Logistics Support Annex, FDOH EOP Mass Prophylaxis and Treatment Annex, the FDOH EOP Biological Incident Annex, and county SNS/Cities Readiness Initiative (SNS/CRI) plans at the local level.

C. Situation Overview

The Department activates this Appendix in support of local or regional medical response to an event which overwhelms the local community's or region's ability to provide prophylaxis, or other medical needs which can be supplemented with the deployment of the Strategic National Stockpile (SNS) push package or with Managed Inventory (MI). Though initially designed for response to a biological terror attack, the SNS may also be deployed for:

- Tropical Cyclones and Severe Weather - tornadoes with mass casualties or damaged medical infrastructure
- Environmental Events - wildfire, lightning, floods, heat waves, earthquake, tsunami
- Technological Events - nuclear power plants leaks, other hazardous material spills or leaks
- Mass Migration
- Biological Events - zoonotic diseases, disease pandemic

D. **Planning Assumptions**

1. The SNS Appendix is activated when an event requiring distribution of pharmaceuticals and/or medical materiel exceeds local and state resources.
2. CDC may directly deliver (“push”) SNS assets to Florida, without a request from the state, based on a credible intelligence threat or actual activities which make such an action prudent prior to a declaration.
3. SNS assets can be deployed without a Presidential Disaster Declaration.
4. The Florida Department of Health coordinates Florida’s request for the SNS and subsequent implementation of this Appendix.
5. The Strategic National Stockpile materiel is available in two forms: 1) SNS Push Package: Caches of pharmaceuticals, antidotes and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill-defined threat within the early hours of a response¹; 2) Managed Inventory: Managed Inventory (MI) is available upon request by FDOH. The MI provides a larger number of pharmaceuticals and medical supplies than the push package. Specific pharmaceuticals and/or medical supplies may be ordered from the MI to meet demands.
6. The federal SNS Push Package arrives in the state within 12 hours of a formal request. State Receipt, Stage, and Store (RSS) distribution operations begin within four (4) hours after the arrival of the SNS materiel.
7. Federal SNS Managed Inventory (MI) is available at the designated RSS facility within 24-36 hours after requested by the state. Product shipment to counties begins within 4 hours of receipt.
8. An RSS operated by the Florida Department of Health is established to receive SNS material. The RSS receives, stages, stores, and distributes pharmaceuticals, medical supplies and equipment to the affected area.
9. An RSS facility accepts mission requests that come from the state personnel designated to validate and approve requests.
10. Each county has developed and validated its Strategic National Stockpile Plan.
11. The amount of pharmaceuticals and medical supplies contained within the SNS Push Package may be insufficient to meet local needs, necessitating apportionment of materiel.
12. The population(s) to receive medications is determined by the nature, scope and severity of the incident.
13. Locally identified Points of Dispensing (PODs) are the primary locations for the public dispensing of materiel from the SNS cache, and are included in local SNS plans and procedures. County health departments may choose alternate dispensing sites (such as prisons, detention centers, healthcare facilities, large industries, first responder prophylaxis sites, residential communities, military installations, Tribal Nations) as PODs. The PODs may be open to the public or closed PODs.

¹ www.bt.cdc.gov/stockpile

E. **Measure of Success**

The successful execution of this Appendix is measured by:

- Impacted populations receive prophylaxis within 48 hours of an approved SNS request for the push package.
 - Initiate shipments of SNS material to the designated counties within 4 hours of receiving materiel at the RSS.
- Accurate accounting of all distributed assets.
- Recovery of assets (if applicable) and return to normalcy for the affected area(s).

III. **Concept of Operations**

FDOH's concept of operations for management of the SNS is focused on the following objectives:

- A. Request the SNS Push Package or MI through a collaborative effort among local, state and federal officials. [Note: CDC may deploy SNS assets, without a Florida request.]
- B. Receive, stage and store medications and supplies.
- C. Distribute medications or supplies.
- D. Recover unused medications or supplies, if appropriate.

IV. **Direction, Control, and Coordination**

A. **FDOH Emergency Management Team (EMT)**

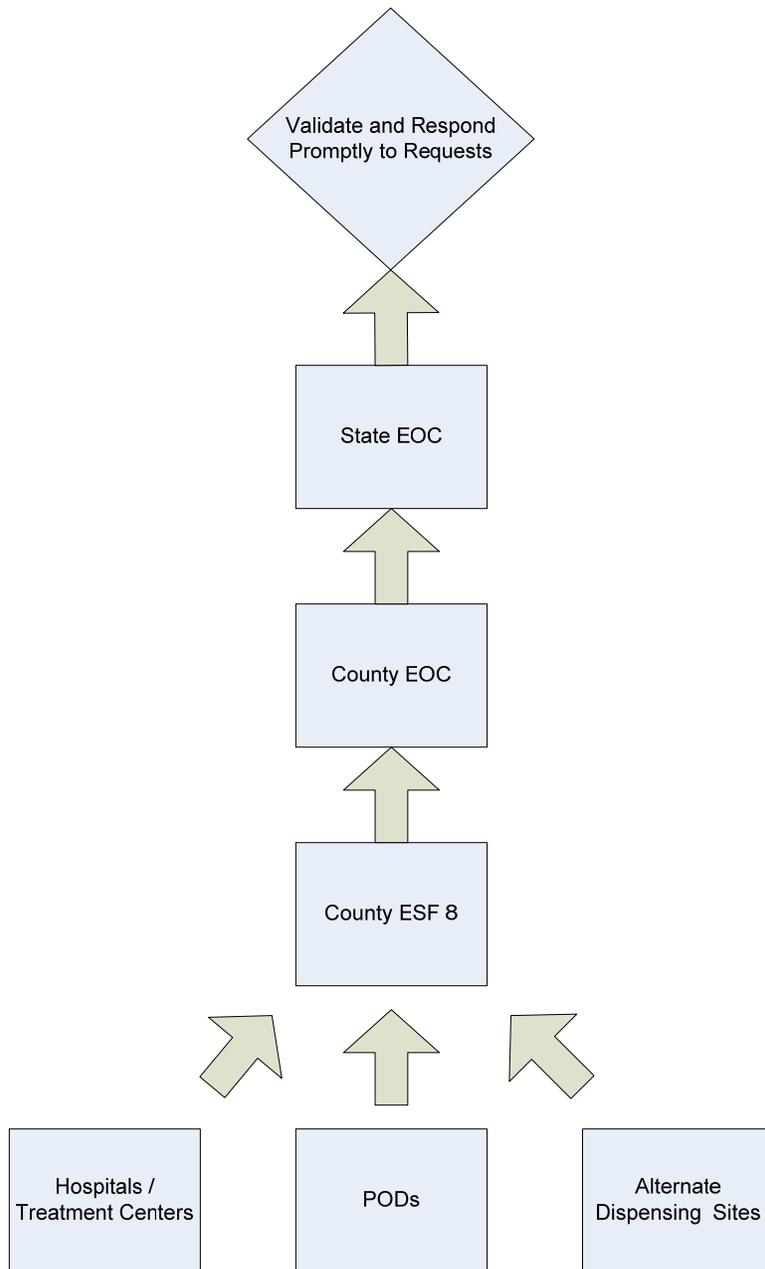
As described in the FDOH EOP base plan, the FDOH EMT is responsible for overall direction and control of public health and medical resources. This includes policy decisions related to waivers of dispensing laws, materiel allocation and apportionment, and setting response strategies.

1. The State Surgeon General (SSG) provides direction, control and coordination for the Department of Health as outlined in the FDOH EOP.
2. The FDOH EMT **coordinates key policy decisions**, in compliance with state and FDOH emergency response structures and procedures. *Attachment A8* provides a summary of select policy decisions that may be addressed during activations of the SNS appendix.
3. The FDOH EMT **coordinates threat assessments/analyses**. Between activations, this function is coordinated by the FDOH Division of Emergency Medical Operations, in conjunction with the State's Warning Office. During emergency activations, the threat assessment/analysis activities continue through the Planning – Situation Unit of the activated command structure.
4. The FDOH Emergency Coordination Officer (ECO) **notifies State Emergency Management** of a potential/imminent SNS request. The ECO requests the activation of the State Emergency Response Team (SERT), if not previously activated.

5. The FDOH ECO supervises the state SNS program staff, who
 - a. **Develop and disseminate to counties guidelines for dispensing/POD Management.** Attachment C5: SNS County Guidance contains the current guidance document.
 - b. **Coordinate RSS training and exercise activities** in accordance with FDOH, state and federal guidelines.
6. The FDOH ECO coordinates **SNS resource requests.**
 - a. Requests often are triggered by biological threats listed in the Biological Incident Annex of the FDOH Emergency Operations Plan. Circumstances that exceed local and state capability to provide appropriate mass prophylaxis or other medical countermeasures may also trigger an SNS activation, such as:
 - 1) A verified, positive test result from the BioWatch System.
 - 2) A chemical, biological, radiological, nuclear or explosive (CBRNE) threat or incident.
 - 3) A public health emergency resulting from a natural disaster.
 - 4) An intelligence report noting release or potential release of a biological or chemical weapon. This may result in a pre-event deployment of SNS assets.
 - b. Requests are restricted to those individuals whose names are on file with the CDC and updated annually. Positions authorized to request the SNS are:
 - 1) State Governor
 - 2) State Surgeon General
 - 3) FDOH Deputy Secretary for Health
 - 4) FDOH Division of Emergency Medical Operations Director
 - 5) FDOH/ESF8 Emergency Coordination Officer (ECO)
 - c. *Attachment A1: Requesting SNS Assets* provides the information needed at the time the request is made to CDC, as well as the CDC SNS contact information.
7. The FDOH ECO **coordinates key SNS Appendix activation actions.** Many of these activities occur simultaneous to requesting SNS resources.
 - a. Directs the Planning Section, in conjunction with technical specialists, to develop allocation and apportionment plans.
 - b. Coordinates approval of any appropriate Executive Order/Public Health Emergency. *Attachments A4 and A5* provide verbiage examples of either a Governor's Executive Order or Public Health Emergency, that may be needed to optimize SNS operations.
 - c. Initiates RSS set-up.
 - 1) At the time the SNS is requested, the ECO, in coordination with appropriate agencies, selects the RSS site(s). This determination takes into consideration issues such as impacted area, safety, security, traffic. All initial and subsequent SNS assets are received, stored, and staged at the chosen location. *Attachment A2, RSS Sites* is confidential. The current list of approved RSS sites for Florida SNS operations is maintained by state SNS staff and is available on a need-to-know basis.

- 2) Management of SNS materiel is a logistical mission, and is coordinated by the Logistics Section of the incident management structure. The Logistics Section Chief activates staff in accordance with *Attachment A3: Activation and Notification Checklist*. Key activities include activation and deployment of:
 - (a) Designated staff to open the RSS site,
 - (b) An RSS management team and related resources.
 - (1) *Attachment A6* contains a RSS Table of Organization template.
 - (2) *Attachment A7* contains the current RSS roster.
 - d. Assures the CDC's SNS State Assistance Group (SSAG) needs are met. The SSAG are federal SNS staff that coordinate with state and local officials to assure the SNS assets are efficiently received and distributed upon arrival at the site.
8. The FDOH ECO assures that **local requests for SNS materiel receive prompt validation and response**. All requests for medications come first to the County EOC, where they are entered into the established requisition system. County EOC requests are validated by State staff, utilizing SNS strategy and guidelines. Once these requests have been approved by State ESF-8 Command, a mission to fill the request is generated and entered into the same requisition/tracking system and tasked to the RSS facility. After the product has been delivered, the same system is used to document the mission's completion. The following diagram provides an overview of Florida's resource request procedure.
 - a. Orders are accepted only from the local CHD through established requisition systems. Individuals with delegated authority to request SNS assets are indicated in each county's SNS Plan.
 - b. The RSS fills orders from a Tribal Nation or a Department of Defense (DOD) facility requesting materiel from the SNS. These requests must be placed through the county CHD in which these entities reside.

Overview of Florida's Resource Request Procedure



B. RSS Site

The RSS site is the location in which the assets received from the CDC are managed prior to distribution to counties.

1. Prior to the arrival of the state RSS management team, a designated staff member located near the RSS site, is deployed to the site to serve as the RSS Branch Director. This staff member initiates RSS set-up in accordance with the procedures found in Section 1 of the RSS Operations Manual. *Attachment B1* contains the RSS Operations Manual's table of contents.
2. An RSS Branch Director manages RSS operations in accordance with state objectives. *The RSS Operations Manual* includes a sample RSS Table of Organization. The RSS is primarily a logistics function. The incident management structure provides the following support for the RSS: Public Information (if needed), Planning and Finance & Administration Sections. Because of the need for current information from the RSS (e.g. status of shipments and staff), the RSS Management Team includes a Planning Liaison. Although Finance & Administration activities are primarily coordinated at the state level, positions within the RSS roster have been designated that can procure needed resources in accordance with FDOH and state procedures.
3. RSS operations involve:

- a. Accepting custody of SNS assets

Accepting custody involves the acceptance of SNS assets from the federal government at the designated RSS site. Section 1 of the RSS Operations Manual documents Florida's chain of custody procedures, including the management of controlled substances.

The RSS operations comply with required procedures of the Controlled Substances Act of 1970 and the Florida Statutes Chapter 893, Drug Abuse Prevention and Control, in regards to the controlled substances received from the Strategic National Stockpile and distributed to PODs or other health care facilities or practitioners.

- b. Receiving, storing, and staging of SNS assets

Receiving involves offloading assets from vehicles at the designated RSS site, retaining all pertinent documents from inbound vehicle personnel, and verification and organization of materiel to facilitate proper inventory management and storage.

Staging involves the positioning of medical materiel at the designated RSS site to support shipment to delivery points. Pick lists generated by the Order Triage Specialist prompts designated personnel to pick materiel and shipping personnel to organize it by delivery location.

While in the shipping staging area, quality assurance personnel verify condition of product, count, and destination of each pallet. The Shipping Unit Leader assures that the pallet is wrapped and that the Transportation Unit is notified.

Section 1 of the RSS Operations Manual documents Florida's procedures and related forms for receiving, storing and staging SNS assets.

- c. Repackaging of bulk pharmaceuticals; re-palletizing of pre-packaged medications or medical supplies

Repackaging bulk drugs and compounding of oral suspensions remains a backup to situations where the prepackaged medicines are inadequate or ineffective. The function of repackaging includes creating individual, labeled regimens of specific drugs staged for delivery.

The Bureau of Statewide Pharmaceutical Services (BSPS) is responsible for the repackaging of bulk pharmaceuticals into the appropriate regimens. Section 1 of the RSS Operations Manual contains the repackaging procedures.

- d. Distribution of SNS assets to approved sites in impacted areas

Distribution of assets is coordinated at the designated RSS site to one site in each impacted county. The county, in turn, delivers to their respective PODs and alternate distribution sites.

The RSS Distribution Unit Leader coordinates asset distribution. The primary method of transporting SNS assets to delivery sites is ground transportation. Air transport is used in the event that traffic or other situations prohibit the use of trucks. Resources are distributed in accordance with the state and FDOH logistics plans and procedures.

- e. Recovery of SNS assets

Recovery of SNS equipment, containers, and unused materiel is outlined in the memorandum of agreement between the State and the DSNS. Unused medical assets include, but are not limited to, specialized cargo containers, refrigeration systems, unused medications that remained at the RSS site, ventilators, portable suction units, repackaging and tablet-counting machines, and computer and communications equipment.

- f. Inventory control

Inventory control includes tracking and managing SNS assets transferred to state custody, stored within the RSS site, and delivered to the delivery sites. The RSS Management Team oversees the functions of inventory management. Section 1 of the RSS Operations Manual contains the inventory control procedures and forms.

Florida's RSS inventory control system allows the Planning and Logistics Sections to be able to generate reports from multiple warehouses in the FDOH system. The system is also scalable, allowing the addition of authorized users and the activated Receipt, Stage and Store facility at time of SNS Appendix activation. Electronic spreadsheets and/or paper forms are utilized if the primary inventory control system is unavailable.

4. Staffing

- a. The RSS Management Team establishes and maintains a staff check-in and credentialing system. The RSS Staffing Liaison coordinates this process. Section 1 of the RSS Operations Manual contains the procedure and related forms.
- b. The RSS Management Team periodically briefs staff regarding the current situation and safety issues.
- c. The RSS Staffing Liaison works with the state Logistics Section staff to assure RSS staffing needs are met via established FDOH and state staffing procedures.
- d. Personnel staffing the RSS receive priority prophylaxis. Medications are obtained from the State Pharmaceutical Stockpile. The RSS staff includes the state RSS teams, support agencies (security support, medical support, etc) facility staff and vendors (transportation, etc.). *Attachment B3: Staff Prophylaxis Procedures* outlines the prophylaxis process. All staff prophylaxis activities comply with the current FDOH EOP - Responder Safety & Health Support Annex.
- e. RSS staffing is maintained according to FDOH and state procedures. RSS operations are expected to be needed for 1-3 days, with 2 staffing shifts per day.

5. Security

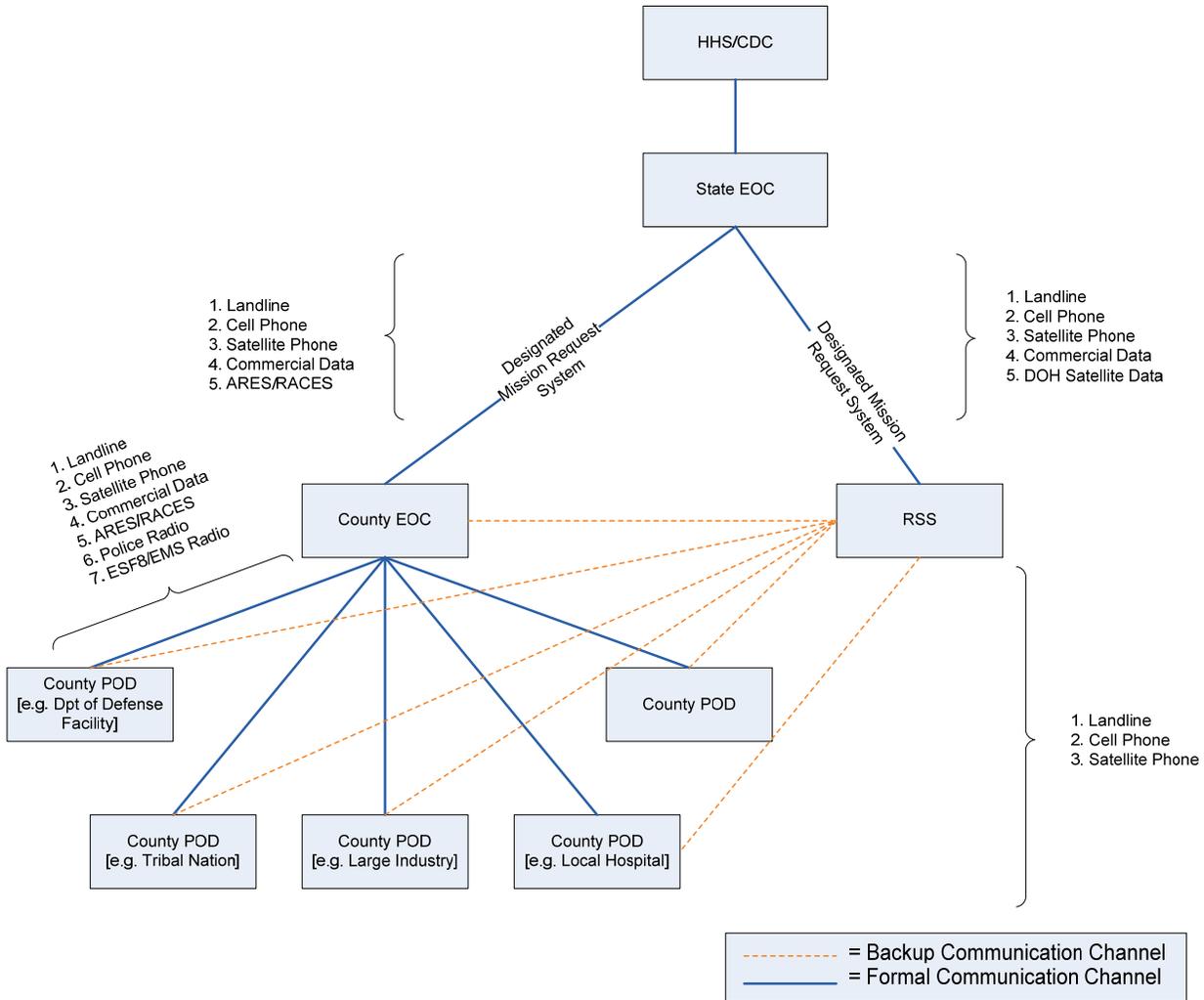
- a. Once the SNS shipment has been received and signed for by an authorized representative of the Florida Department of Health, the state is responsible to provide security for the RSS and shipments en route to designated drop sites.

FDOH coordinates the state's emergency security measures through ESF 16, Law Enforcement (LE). The Florida Department of Law Enforcement (FDLE), as authorized by Chapter 23, Part 1, Florida Statutes (F.S.) maintains a state law enforcement mutual aid plan. The Florida Mutual Aid Plan addresses SNS activities. *Attachment D5: Florida Emergency Security – Related Statutes and Mutual Aid Information* provides the related statutes and mutual aid information.
- b. Controlled substances are handled per state and federal law. Section 1 of the RSS Operations Manual documents Florida's chain of custody procedure, including the management of control substances.
- c. Escalation of force for law enforcement agencies is determined by existing law enforcements' policies.

6. Communications

- a. Florida Division of Emergency Management and FDOH each have robust and resilient communications systems that are utilized to support SNS operations. The systems include two-way radios, satellite phones, cell phones, video conferencing, and internet.
- b. All legs of the SNS communications system are redundant from the standpoint of media, equipment, and in many cases, personnel. Examples include but are not limited to:
 - 1) Voice & FAX over telephone landline.
 - 2) Voice over cellular
 - 3) Data (Including email & worldwide web traffic) connectivity over dedicated landline
 - 4) Video Conferencing
 - 5) High and Low Speed Data over cellular modem
 - 6) Voice and High Speed Data over facility deployable FDOH satellite system
 - 7) Voice (“Radio” and Telephone) and Low Speed Data over vehicle satellite systems
- c. Communications links are tested and used at least quarterly by the owning emergency management agencies. FDOH satellite phones and cell phones are also used or tested at least quarterly and documented in an email sent to participants.
- d. Due to the rapid nature of the kinds of events the SNS is designed to address, a complete data communications infrastructure may not be immediately available at the chosen RSS site. As a result, the RSS may receive requests through a cellular modem rather than a commercial high speed data connection or a FDOH high speed satellite network connection. Slow data connections can also be established over FDOH vehicle satellite telephones. The RSS can also accept mission requests by voice or FAX over a landline or by voice over a cell phone or satellite phone. Although FDOH does not normally use long range radio systems, they are in inventory and additional radio assistance can be requested through State ESF-2 (Communications). **The RSS accepts mission requests that come from state personnel designated to validate and approve requests.**
- e. The following diagram depicts normal communication channels by the solid lines. The backup channels are depicted with the dashed lines. It must be noted that these lines represent relationships and not specific communications media. As shown on the diagram, it is possible for any given SNS element to communicate with any other element using a variety of technologies.

RSS Communications Diagram



- f. Tactical communication (COMM) staff provides, maintains, and organizes the radio system used within the RSS facility and assists with voice communication to and from the RSS.
- g. Information Technology (IT) personnel are charged with establishing and maintaining the RSS's internal computer and data transmission to and from the RSS. Depending on the data technology involved, COMM personnel may support the lower level communications medium and IT may support the higher levels of the data protocol stack.

C. Points of Dispensing (PODs)

The PODs are the local sites for distribution or administration of pharmaceuticals and/or vaccinations. *Attachment B2* depicts the regional distribution of identified POD locations.

1. Each of the 67 Florida counties has an emergency management structure that is activated in times of emergencies.
2. Florida also has seven Regional Domestic Security Task Forces (RDSTFs) which work to coordinate emergency efforts across county lines. The county and regional emergency structure involves multi-agency cooperation.
3. The PODs are a local function and the SNS plan in each county establishes POD procedures, which are updated at least annually. County SNS Plans are aligned with the local All Hazards Plan, and address the responsibilities identified in *Attachments C1 – C5*.

V. Organization and Assignment of Responsibilities

The FDOH EOP base plan and Logistics Support Annex document assigned FDOH state responsibilities described in this Appendix. *Attachment A6: RSS Table of Organization* and the job action sheets found in the RSS Operations Manual (table of contents found in *Attachment B1*) document assigned state RSS responsibilities. County SNS plans include local responsibilities, including POD management. *Attachments C1-C5* provide guidance regarding county SNS responsibilities.

VI. Information Collection and Dissemination

The Planning Section established as a part of the Incident Management Team is responsible for the collection and dissemination of information.

Information needed for efficient RSS operations includes:

1. Available amount(s) of pharmaceuticals and medical supplies and equipment.
2. Estimated number of people to be treated.
3. Number of distributed regimens or vaccinations.
4. Estimated or actual burn/usage rate of pharmaceuticals or supplies.
5. Status of shipment.
6. Status of RSS workers.
7. Unmet needs.

VII. Communications

Communications with the Department's internal and external partners are conducted in accordance with the FDOH EOP base plan, the FDOH EOP Emergency Notification Annex, and the FDOH EOP Crisis and Emergency Risk Communications (CERC) Annex.

1. Especially for large scale disasters, communications incorporate:
 - a. Formal and informal agreements between agencies.
 - b. Contingencies to avoid single points of failure
 - (1) Identification of diverse communication dissemination venues and modalities.
 - (2) Identification of primary and back-up contacts for key information.
2. Robust redundant/back-up communication equipment which is tested/exercised regularly.

Specific SNS-related technical information, location(s), and operational procedures determined to be confidential/sensitive are not released to the public.

As part of its overall CERC activities, FDOH maintains all-hazards communication message/procedure templates, including scenarios involving deployment of SNS assets.

A. Intra-Agency

The Office of Communications (OOC) maintains an established system to communicate with FDOH staff (e.g. email, FDOH employee Information Line, FDENS). The related processes and procedures are documented in the FDOH Emergency Notification and Crisis and Emergency Risk Communications Annexes.

B. Inter-Agency

Emergency communications with all stakeholders outside of the Department are conducted in accordance with the FDOH EOP Crisis and Emergency Risk Communications Annex, Florida's CEMP, Florida's Interoperable Communications Plan, Public Information and Joint Information System (JIS) and Joint Information Center (JIC) Guidelines, as well as other related protocols set forth by Florida's Division of Emergency Management, and the FDOH Office of Communications.

VIII. Administration, Finance and Logistics

- A. In order to receive and utilize national SNS materiel, each state signs a Memorandum of Agreement (MOA) with CDC. *Attachment D1* contains the current FDOH/CDC MOA.
- B. The CDC is responsible for all costs associated with shipping and providing security for SNS materiel en route to the state's designated delivery sites.
- C. The state is responsible for all costs associated with the operation of the RSS, including transport of materiel from the RSS to the impacted county(ies).
- D. The state seeks maximum reimbursement for incurred costs through federal funding mechanisms established for the response.

- E. Protocols for administrative and finance activities are addressed in the FDOH EOP and includes such items as:
1. Staff Compensation: Overtime hours are paid in accordance with the State of Florida Employee Handbook produced and maintained by the Department of Management Services.
 2. Procurement processes.
 3. Required documentation for reimbursement of purchases.
 4. Coordination with other entities (e.g. FEMA) for reimbursement.
 5. The “RSS” component of the Direction, Control and Coordination section of this Appendix includes additional logistical issues.

IX. Plan Development and Maintenance

- A. Central Office SNS staff coordinate and monitor SNS-related planning activities.
1. State Plan Updates:
 - a. The FDOH Bureau of Preparedness and Response coordinates annual reviews and revisions to the SNS Appendix following CDC and EOP guidance. The updates are made utilizing a multi-disciplinary planning team, following the current FDOH Plan Development guide for State-level Operational Plans.
 - b. In addition, the Bureau works with stakeholders to assure updates are made to address CDC program changes, After Action Reports (AAR) Improvement Plans (IPs) and other information received indicating a need for plan revisions.
 - c. *Attachment D2* contains the SNS Appendix's Record of Changes and Distribution.
 2. County Plan Updates – State's Role:
 - a. Central Office SNS program staff review and provide feedback to local SNS staff regarding County SNS Plans in accordance with federal guidance, including CDC's local Technical Assistance Review tool. Plan reviews address the following areas:
 - 1) Appropriate single county distribution drop site.
 - 2) Appropriate numbers of PODs to cover each jurisdiction's population.
 - 3) Adequate staffing for drop site and PODs.
 - 4) Development of alternate methods of dispensing.
 - 5) Procedures for the prophylaxis of first responders and critical infrastructure staff.
 - 6) Development of consistent dispensing messages.
 - 7) Methods of disseminating information.
 - 8) Special/vulnerable populations.
 - 9) Treatment center coordination.
 - 10) Annual training and exercise documentation.
- B. The State SNS staff coordinates and monitors SNS-related training and exercise activities.
1. FDOH's Training and Exercise Plan (TEP) provides an overarching public health and medical training and exercise plan. The TEP provides a roadmap to accomplish the priorities of Florida's Strategic National Stockpile Program, and in defining and refining the roles and responsibilities of ESF8 functions. Training

and exercises play a crucial role in attaining, practicing, validating, and improving the capabilities required to carry out the SNS Plan.

2. State SNS training and exercise objectives include:
 - a. Design and conduct drills, workshops and other training in preparation for the full or functional exercise.
 - b. Design and coordinate a functional or full scale exercise to be conducted yearly.
3. Central Office SNS program staff assist county SNS and Cities Readiness Initiative (CRI) planners in training and exercise activities. *Attachment C4: State Technical Assistance for County Training and Exercise* and *Attachment C5: SNS County Guidance* contain the related guidance documents.
4. County SNS training and exercise plans are maintained in each county. In accordance with guidance, counties training, exercise and real world activities include the following functions:
 - a. Staff call down.
 - b. Site activation.
 - c. Facility set up.
 - d. Pick list generation.
 - e. Dispensing throughput.

X. Authorities and References

Federal

- A. Receiving Distributing and Dispensing Strategic National Stockpile Assets, A Guide for Preparedness, Centers for Disease Control & Prevention, Version 10.02 – Draft, May, 2006.
- B. Public Health and Emergency Preparedness Budget Period 10 Extension Guidance, Drill and Exercise Requirements, Centers for Disease Control and Prevention, Appendix 6, May 13, 2010.
- C. Public Health and Emergency Preparedness Budget Period 10 Extension Guidance, Non-Exercise Requirements, Centers for Disease Control and Prevention, May 13, 2010.

State

- D. Section 23.1225 *Florida Statutes (F.S.)* provides Florida's Department of Law Enforcement's Mutual Aid Plan.
- E. Section 110.501-.504 *F.S.* allows state agencies to recruit and train volunteers to effectively administer or support agency services.
- F. Section 120.54(4), *F.S.* allows state agencies to adopt temporary emergency rules when there is immediate danger to public health, safety, or welfare, without going through the normal rule-making process.
- G. Section 252.35, *F.S.* allows Governor to declare a state of emergency and gives the Governor direction and control of emergency management and allows Governor and the Division of Emergency Management to delegate authority to carry out critical functions to protect the peace, health, safety, and property of the people of Florida.

- H. Section 381.0012, *F.S.* authorizes the Department of Health to maintain the necessary legal action and request warrants for law enforcement assistance and directs state and county attorney, law enforcement, and city and county officials, upon request, to assist the department to enforce the state health laws and rules adopted under Chapter 381, *F.S.*
- I. Section 381.003, *F.S.* authorizes the department to administer rules relating to the control of communicable disease.
- J. Section 381.00315, *F.S.* authorizes the State Surgeon General to declare public health emergencies and issue public health advisories.
- K. Section 768.28 *F.S.* protects state employees who administer vaccinations as part of their official duties.
- L. Section 465.015(2)(b), *F.S.* identifies certain qualified staff authorized to fill, compound, or dispense prescriptions.
- M. Florida Comprehensive Emergency Management Plan, Florida Division of Emergency Management, February 2010.
- N. FL Unified Logistics Plan, Florida Division of Emergency Management, 2009.
- O. FL Interoperable Communications Plan, Florida Domestic Security State Working Group, Interoperable Communications Committee, November 1, 2007.
- P. Memorandum of Agreement for Individual FL RSS Sites, multiple dates.
- Q. Florida Department of Health Employee Handbook, November 2009.
- R. Department of Health, Chapter 110 Volunteer Program – Policies and Procedures, DOHP 365-1-05 (includes forms).
- S. SERV-FL Procedures, Florida Department of Health, Office of Public Health Nursing, Responder Guide 4.8, 2010.
- T. Florida Activation Procedures of ESF8.
- U. Florida Department of Health – Emergency Operations Plan.
 - 1. Base Plan, March 2009.
 - 2. Logistics Support Annex, October 2010.
 - 3. Crisis and Emergency Risk Communications Annex, August 2010.
 - 4. Mass Prophylaxis Support Annex, August 2010.

Local

- V. Individual Florida County SNS Plans, multiple dates.

XI. Attachments

A. State Health Office

Attachment A1: Requesting SNS Assets (released on a need to know basis – contains contact information)

Attachment A2: Florida's Approved RSS Sites (confidential)

Attachment A3: Initial SNS Activation and Notification Checklist

Attachment A4: Sample Governor's Executive Order Verbiage

Attachment A5: Sample Public Health Emergency Verbiage

Attachment A6: RSS Table of Organization – template

Attachment A7: RSS Staff Roster (released on a need to know basis – contains contact information)

Attachment A8: Select SNS-related State Policy Decisions

B. RSS Operations

Attachment B1: RSS Operations Manual – Table of Contents (select components of the manual are released on a need to know basis)

Attachment B2: Regional Distribution of POD Locations – diagram

Attachment B3: Staff Prophylaxis Procedures

C. POD Operations

Attachment C1: Overview of SNS County Responsibilities

Attachment C2: County Request Checklist

Attachment C3: Standard Patient Information Form - Sample

Attachment C4: State Technical Assistance for County Training and Exercise

Attachment C5: SNS County Guidance

D. General

Attachment D1: Signed SNS MOA_CDC_FDOH

Attachment D2: Record of Changes and Distribution

Attachment D3: Acronyms

Attachment D4: Definitions

Attachment D5: Florida Emergency Security – Related Statutes and Mutual Aid Information



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment A1: Requesting SNS Assets

Last Update: March 16, 2011

Florida Requests SNS Assets

The following individuals are authorized to request SNS assets for Florida:

Position	Name	Contact Numbers
State Governor	current	
State Surgeon General	Frank Farmer	O: 850-245-4321
Deputy Secretary for Health	Shairi Turner, MD, MPH	O: 850-245-4245
Director, Division of Emergency Medical Operations	Jean Kline, RN, BSN, MPH	O: 850-245-4444 x 4054
FDOH/ESF8 Emergency Coordination Officer (ECO)	Mike McHargue	O: 850-245-4444 x 2103

Information to address when making the request:

- A clear concise description of the situation including
 - o Any results of specimen testing (BioWatch data if positive).
 - o Any evidence of terrorism or suspected terrorism.
 - o What agent was used in the incident.
 - o Information on any decisions made regarding the response to this event (target population for prophylaxis, quarantine measures and facilities to be used throughout the response process).
 - o A description of the assets needed to support a response to the situation.
 - o The current number of casualties exceeding the local response capabilities available.
 - o The projected needs of the population of the area (including tourists and transients).
 - o The hospital surge capacity at the time of the event
 - o The availability of local and state resources including pharmaceutical distributors, oxygen distributor availability, and transportation services.
- Request an electronic inventory file for the package en route

CDC Promptly Responds to Request

- The CDC DEOC will quickly arrange a telephone conference call to include key local, state and federal stakeholders, e.g. :
 - The Department of Health and Human Services (HHS) Secretary's Operation Center (SOC)
 - The Department of Homeland Security National Operations Center (NOC)
 - The Division of Strategic National Stockpile (DSNS) Coordination Center
 - Florida's representatives

- Collectively, these agencies will quickly evaluate the request by rapidly assessing the threat and the local response resources. If the Secretary of HHS or designee concur that local and state resources are insufficient, the deployment of SNS assets will be ordered.

- If the request is approved during the call, immediately upon conclusion of the request call, DSNS will call Florida to obtain the following information:
 - Significant change in the status of the event, such as change in the agent, known boundaries of the hazard, likelihood of a subsequent attacks
 - Any change in the status of critical resources or any resource shortfalls
 - Any non-stockpile items being requested
 - Verification of contact information for state SNS Coordinator and RSS Branch Manager
 - Location and information about the RSS facility that will be activated
 - Any pre-identified routes or areas that are likely to be unsafe and the impact this may have on SSAG operations and movement of DSNS personnel and assets
 - The number of PODs activated
 - Confirmation of appropriate security support
 - Treatment protocols the state will follow to respond to the situation
 - State policies and decisions concerning the use of investigational new drugs
 - Population identified to receive prophylaxis
 - Planned media announcements, press releases, risk communications and health alerts
 - Asset transportation plans



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment A2: Florida's Approved Receipt, Staging and Storage (RSS) Sites

Last Update: August 31, 2010

Multiple Florida sites have been approved by both CDC and USMS for receipt of Strategic National Stockpile assets.

The site locations are confidential per F.S. 381.95(1).

Contact Charlie Gaylor within the Florida Department of Health, Bureau of Preparedness and Response for additional information.



Florida Department of Health
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Attachment A3: Initial SNS Activation Notification

Last Update: December 17, 2010

In accordance with established FDOH and state procedures, the State Health Office will assure the following SNS actions are completed (*Many of these tasks will occur simultaneously*):

- A. Identify RSS
 1. Contact primary/secondary site contact to confirm availability and condition of site
- B. Document RSS activation in establish mission tracking system
 1. Site address
 2. Facility Contact information
 3. Safety Issues
- C. Assure rental/lease of additional equipment needed for particular site (e.g. copiers, forklifts, loading ramps, telephone lines, data lines)
- D. Activate SNS staff
 1. Utilize Florida Department of Health Emergency Notification System (FDENS) to provide the following information:
 - a). Current Situation
 - b). Staging Area and reporting time
 - If staff will not prestage at one location,
 - Site address
 - Contact information for RSS Branch Director and responding RERAs
 - Safety Issues
 - Route map
 - Driving directions
 - c). Instructions on how to respond to the message
 2. Activation includes the following:
 - a). Deployment of Regional Emergency Response Advisor (RERA) in whose region the RSS is located and two backup RERAs to report to the RSS
 - RERAs begin RSS Setup Procedures for receipt of the SNS Push Package.
 - b). Deployment the RSS Management Team to RSS location
 - c). Request for ESF16 security support
 - d). Request for IT trailer(s) and staff
 - e). Deployment of staff and resources
 - Procure rental cars, trucks or vans as necessary to transport RSS staff to the RSS site
 - Assure at least two RSS staff have ability to make emergency purchases
 - Arrange for staff prophylaxis (to include truck drivers transporting RSS materiel to county drop site)
 - Food/lodging



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment A4: Sample Governor's Executive Order Verbiage

Last Update: November 17, 2010

Mass dispensing of medications

For an event requiring mass prophylaxis / vaccinations:

WHEREAS, mass numbers of Florida Citizens require prophylaxis and / or vaccination...

(Declaration of the following by the Governor)

Section X

I hereby suspend Florida Statute 465 and all other restrictions on medical licensures and certifications as it relates to the dispensing of xxx (prophylaxis medications, vaccines, and / or antivirals, to be specified at time of event). Any person working in a point of dispensing operated by the Florida Department of Health, healthcare facility, and private businesses may dispense xxx as directed by the Florida Department of Health. Each point of dispensing must have one medical professional licensed to dispense pharmaceuticals present at all times.

Section Y

I hereby suspend Florida Statute 499.001-499.081 as it relates to the supply and delivery of xxx to mass points of dispensing operated by the Florida Department of Health, including county health departments; Children's Medical Services; private businesses; and private healthcare settings such as hospitals and long term care facilities; and the supply of xxx from wholesalers and supply houses properly licensed in states other than Florida.



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

STATE OF FLORIDA

DEPARTMENT OF HEALTH

DECLARATION OF PUBLIC HEALTH EMERGENCY

As a consequence of confirmed cases of Swine Influenza A (swH1N1) in Broward and Lee Counties, the potential for the disease to further spread throughout the State of Florida, and after consultation with Governor Charlie Crist and public health officials within the Department of Health, I, Ana M. Viamonte Ros, M.D., MPH, State Surgeon General, pursuant to the authority vested in me under section 381.00315(1)(b), Florida Statutes, do hereby determine that a public health emergency exists in the State of Florida involving swH1N1 that has the potential to result in substantial injury or harm to the public health.

In order to protect the public health, I hereby suspend the pharmaceutical pedigree requirements under section 499.01212(1), Florida Statutes, as applicable to the wholesale distribution of the prescriptions drugs Tamiflu and Relenza needed to cope with this emergency.

In accordance with section 381.00315(1)(b), Florida Statutes, this Declaration shall remain in effect for sixty days unless amended, rescinded, or renewed with the concurrence of the Governor.

Ana M. Viamonte Ros, M.D., MPH
State Surgeon General

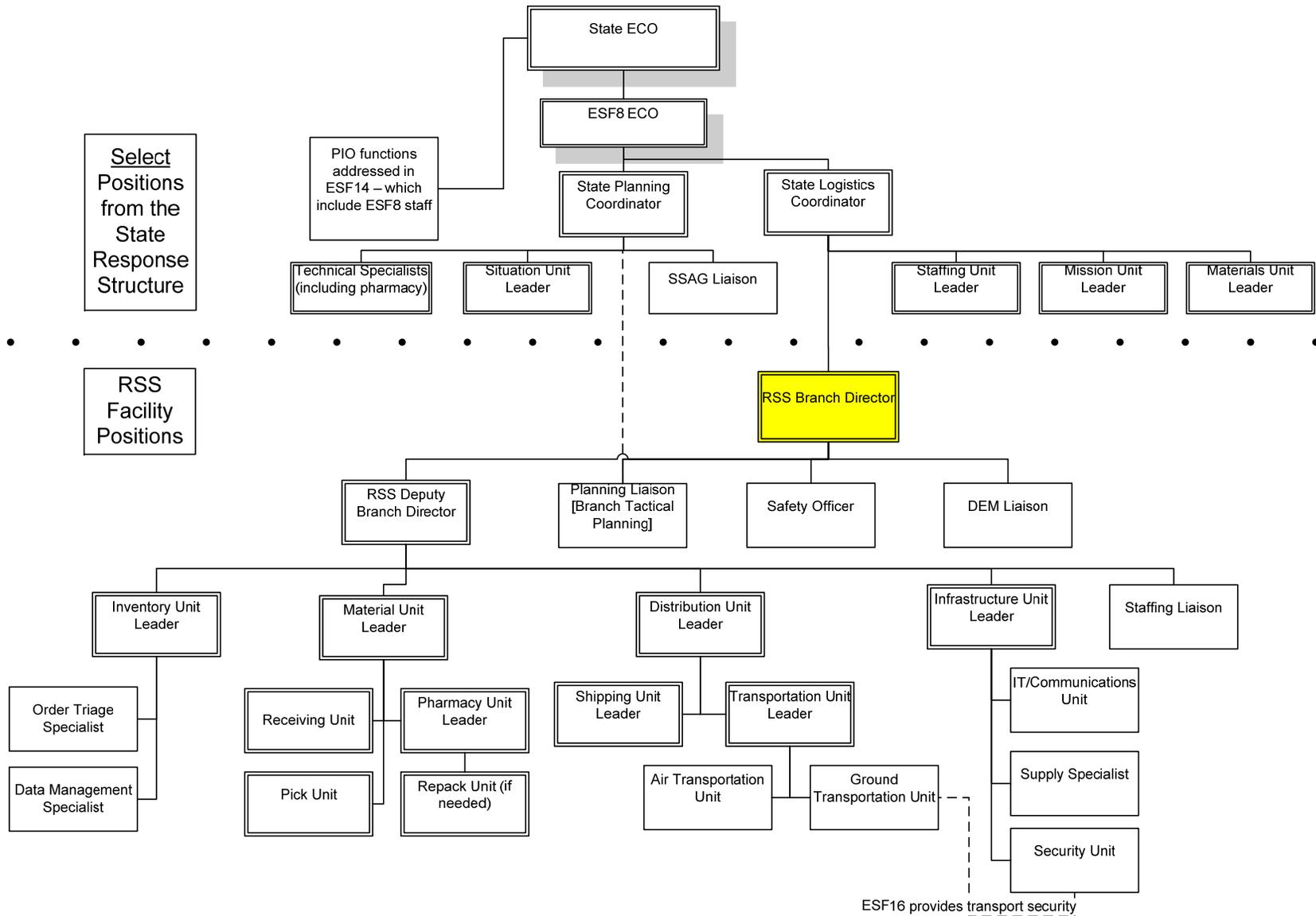
SAMPLE

OFFICE OF THE CLERK
2009 MAR 17 PM 5:15
RECEIVED



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment A6: SNS RSS Table of Organization - template
Last Update: November 17, 2010



**Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex
Attachment A7: RSS STAFFING ROSTER**

Section	Position	Staff Level	Shift A	Shift B
Command	RSS Branch Director	Command	State SNS Coordinator retains roster names.	
Command	Deputy Branch Director	Command		
Command	RSS Site Liaison	Command		
Command	Safety	Command		
Command	SSAG	Command		
Command	Branch Tactical Planner	Command		
Logistics	Inventory Unit Leader	General - Supervisory		
	Order Triage Specialist	General		
	Data Management Specialist	General		
Logistics	Materials Unit Leader	General - Supervisory		
	Pick Unit	General		
	Receiving Unit	General		
	Pharmacy Unit Leader	General		
	Repack Unit Leader	General		
	Distribution Unit Lead	General - Supervisory		
	Shipping Unit Leader	General		
	Transportation Unit Leader	General - Supervisory		
	Ground Transportation	General		
	Air Transportation	General		
Logistics	Staffing Liaison	General		
Logistics	Infrastructure Unit Leader (Facility Related) *	General - Supervisory		
	IT/Communications	General		
	Supply Specialist *	General		
	Security	General		

Color
Legend
Indicates
Staff
Source:

DOH
External

***Needs P-card commodities
purchasing rights**

Shift A and B



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment A8: Select SNS-related State Policy Decisions

Last Update: December 17, 2010

Allocation and Apportionment:

FDOH coordinates public health response-based policy decisions, including SNS allocation and apportionment issues. Allocation and apportionment is added to the Incident Action Plan (IAP) as an objective, assigned to the Planning Section. The Situation Unit and technical specialists define event parameters which influence need, estimate the impacted population and demand for product, and allocate product to the jurisdictions as a proportion of the total product available. This information is provided to Logistics who distribute and identify possible solutions for additional product to fill any gap. Allocation/apportionment guidance complies with the Mass Prophylaxis and Responder Safety and Health Annexes of the Florida Emergency Operations Plan.

The counties will be responsible for determining the allocation of medications within their jurisdiction, to include those for first responders. To mitigate potential absenteeism, and because of the concern for first responders, prophylaxis medications may be made available to affected first responders prior to, or simultaneously with, the arrival of SNS materiel.

SNS Re-supply:

The FDOH Emergency Coordination Officer (ECO) coordinates the request for SNS resupply, if necessary. If additional assets are required for an appropriate response, authorized personnel may request additional assets from DSNS. Procedures for requesting re-supply may vary depending on event status. The state's re-supply requests may be requested via an Action Request Form (ARF) or DSNS request.

Liability and Workers Compensation for State Employees:

Workers' compensation provides all reasonable and necessary medical care, and supplies including surgical, hospital, and dental care resulting from a work-related illness or injury for state employees working this SNS Plan.

Florida law allows for the use of managed care for workers' compensation for medical services. The Division of Risk Management contracts with a private provider as outlined in the State of Florida Employee Handbook, Sec. II, Salary and Benefits, paragraph G, page 26, to provide these services.

Benefits may be owed to surviving dependents of a worker who dies of complications arising from injuries incurred in a deployment related accident or illness.

Liability and Worker's Compensation for Volunteers:

Volunteer benefits, including liability and worker's compensations are described in Chapter 110.504, Florida Statutes. (See Referenced Document 4, Chapter 110, Volunteer Program Policy and Procedures Manual (DOHP 365-1-05) – includes forms).

Procurement of Private Property:

Florida Statutes allow for the Governor to procure property, if necessary, to address an emergency. Chapter 252.36 (5)(d) F.S. Emergency Management – Powers of the Governor: Subject to any applicable requirements for compensation under 252.43 F.S. the Governor may commandeer or utilize any private property if she or he finds this necessary to cope with the emergency. 252.43 (3) F.S. Compensation - Compensation for property shall be owed only if the property was commandeered or otherwise used in coping with an emergency and its use or destruction was ordered by the Governor or a member of the emergency forces of this state.

Use of Force:

Justifiable use of force is defined in Chapter 776.05, Florida Statutes (Law Enforcement Use of Force in Making an Arrest), 776.06 F.S. (Deadly Force) and 776.07 F.S. (Use of Force to Prevent Escape). Force will be used in accordance with state statute and each law enforcement department's standard operating procedures.



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment B1: RSS Operations Manual – Table of Contents

Last Update: November 17, 2010

Florida maintains a comprehensive RSS Operations Manual for all approved RSS sites.

The RSS Operations Manual provides comprehensive information to establish and operate a Strategic National Stockpile (SNS) Receipt, Stage and Store (RSS) facility.

Section 01: Procedures and Related Forms

- **Initial Facility Set-up Procedures**
- **Sign-in/credentialing Procedures**
 - Check-in List (ICS 211)
- **Staffing Materials**
 - Table of Organization (template)
 - Unit Log (ICS 214)
 - Job Action Sheets
 - Safety
 - Safety Briefing
 - Medical Plan (ICS 206)
 - Communications
 - Radio Communications Plan (ICS 205)
 - Radio Frequency Assignment (ICS 217)
- **Receipt of SNS Assets (Chain of Custody)**
 - Listing of Persons authorized to receive the SNS
 - Sample receipt of custody form
 - Controlled Substance protocol
 - Sample DEA Form 222
- **RSS Product Flow (Procedures)** (for Unit Leaders and their staff)
 - Receiving
 - A. Push Package
 - B. Managed Inventory
 - Picking
 - Shipping

- Distribution
- Recovery
- **Inventory Control**
 - Operations Manuals for inventory application (primary system)
 - Electronic and/or paper back-up systems
- **Repackaging**
- **Demobilization**
 - Demobilization Plan (221)

Section 02: Site-specific Information

This section of the manual is organized by Florida regions.

- **Floor Plans – facility and area**
- **Facility specifications (approved CDC site checklist)**
- **Nearby Hotel, Food and Medical Resources**
- **Security Plans**
- **Evacuation Plans**
- **Start up Needs e.g. forklifts, ramps [SNS and IT trailers contain general RSS start up supplies and equipment]**

Section 03: Legal and Policy Documents

- **Power of Attorney forms for RSS staff who have been authorized by the Bureau of Statewide Pharmaceutical Services (BSPS) to sign for the SNS materiel**
- **Bureau of Preparedness and Response's Drug Enforcement Agency (DEA) Distributor license**
- **DEA ARCOS Exemption letter**
- **State of Florida distribution license for the State Logistics Response Center**

Additional legal, policy documentation is available from the State SNS staff.



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment B3: RSS Staff Prophylaxis Procedures

Last Update: December 17, 2010

When an SNS RSS is activated, RSS personnel and their families receive prophylaxis, when necessary, utilizing the following procedures.

A. ESF 8 ECO or designee is responsible for the following:

- Contacting Bureau of Statewide Pharmaceutical Services (BSPS) responding pharmacist, at minimum, at activation of the RSS team.
- Activating, through the State Surgeon General, the treatment protocol (i.e. generate prescription for the state).
- Determining what to give to whom (e.g. which treatment protocol to activate, number of responders and associated family members to treat). This action will be based upon situation reports (SIT REP), intelligence information or other surveillance trigger information.
- Determining if it is appropriate to provide prophylaxis to the family of the RSS staff. RSS staff will fill out a patient information form, indicating how many regimens they need (maximum of 15). Medications will be passed out as per standard Point of Dispensing protocols upon completion of the form.
 - Responders are encouraged to have a family member or other responsible person who can drive, wait for the medications after driving the responder to the rally point.

B. BSPS will be responsible for the following:

- Pre-printing labels for approx 100 regimens of prophylaxis for RSS staff prophylaxis.
- Maintaining adequate levels of inventory to enable the prophylaxis of a small number of responders (approximately 80) while continuing operations, rotate stock, and ensure product is in-date and useable.
- Identifying locations of ciprofloxacin, doxycycline, amoxicillin, and prescription vials and providing this information to the responding pharmacists.

- The responding pharmacist will be responsible for collecting patient information (name, date of birth, allergies, contact info, etc) and providing same to the Central Pharmacy to cover medications dispensed.

C. RSS staff will be provided as follows:

1. RSS staff reporting to the Florida Department of Health – Central Office (FDOH-CO)
 - Upon notification/activation of an event, the BSPS Pharmacy lead or designee will make arrangements for the pharmacy to supply the selected medicine(s) to FDOH-CO, at the building designated in the activation call.
 - RSS staff reporting to the FDOH-CO will fill out a patient information form, indicating how many regimens they need (maximum of 15). Medications will be passed out as per standard Point of Dispensing protocols upon completion of the form.
 - It is the responsibility of the staff member to get the medications to their families. Responders are encouraged to have a family member or other responsible person who can drive, wait for the medications after driving the responder to the rally point. This will help alleviate space issues related to parking at FDOH-CO.
2. RSS staff reporting directly to the RSS facility
 - RSS staff reporting to the RSS will fill out a patient information form, indicating how many regimens they need (maximum of 15). Medications will be passed out as per standard Point of Dispensing protocols upon completion of the form.
 - Responders are encouraged to have a family member or other responsible person who can drive, wait for the medications after driving the responder to the RSS. This will help alleviate space issues related to parking at the RSS.



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment C1: Overview of SNS County Responsibilities

Last Update: December 17, 2010

The following is an outline of SNS county responsibilities, as defined by SNS program references located at the bottom of this document.

A. Assure SNS procedures address the following issues:

1. Coordinate SNS activities with local emergency management of the situation, including requesting an emergency activation.
2. Documentation that training and exercise is conducted annually including After Action Reports (AARs).
3. Document personnel available to staff dispensing sites
4. Document call down rosters are reviewed and tested quarterly.
5. Document Job action sheets and just in time training materials for all roles identified in the plan
6. Document procedures to regularly test local radio and other communication systems
7. Address a rapid dispensing strategy to include:
 - a. Established criteria, authorization and procedures to alter clinical dispensing model to increase client throughput.
 - b. Alternate dispensing modalities.
 - c. Procedures for providing prophylaxis to first responders and critical infrastructure personnel.
 - d. Procedures for providing prophylaxis to homebound and other special populations.
8. Address procedures to request SNS assets utilizing the:
 - a. Epidemiological information and resource depletion.
 - b. Established mission request system. County requests for SNS materials will address items listed on *SNS Appendix Attachment C2: County Request Checklist*.
9. Address procedures related to persons authorized to issue orders and protocols for dispensing sites

Per F.S. 381.001, (13), any medical practitioner licensed by the state of Florida who has prescriptive authority and is employed by the Florida Department of Health may issue Standing Orders and Protocols to allow dispensing of SNS pharmaceuticals and supplies. This responsibility begins with the State Surgeon General, or designee with prescriptive authority. Further information can be found in the Mass Prophylaxis and Treatment

Annex of the FDOH EOP. Attachment D4: Definitions, defines “prescriptive authority”.

10. Address procedures related to medical practitioners authorized to issue standard orders and protocols for dispensing sites:
 - a. State Surgeon General
 - b. Delegate with prescriptive authority
 - c. County Health Department Director or Medical Director in the impacted area.

11. Address procedures related to persons authorized to dispense medication during a public health emergency

Any person working in a point of dispensing operated by the Florida Department of Health may dispense as directed by FDOH, per Florida Statutes Chapter 252.35, Chapter 381.00315, Chapter 465.015(2)(b) and Chapter 120.54. This permission is dependent on the approval and execution of Public Health Emergency or Governor’s Executive Order and any supplemental orders and Memoranda of Agreement or Understanding (as appropriate) between the local CHD and the participating entities. *Attachment A4* provides sample Executive Order language.

12. Address procedures related to multiple regimen pick up policy
 - a. An individual may receive pharmaceuticals for up to 15 people including themselves.
 - b. A patient information form, sample found in *Attachment C3: Standard Patient Information Form*, must be completed for each person for whom pharmaceuticals are being obtained. Unaccompanied minors may pick up for a household (see *Attachment D4: Definitions*) as long as the minor is able to fill out patient information for all persons for whom they are receiving medication.

13. Address minimum identification required for medication pick-up
 - a. Neither identification nor proof of citizenship is required to obtain pharmaceuticals at a POD, as this requirement might cause certain members of the public to balk at obtaining life-saving medicine(s).
 - b. A patient information form still must be completed for each person receiving prophylactic pharmaceuticals

B. Assure availability of site specific point of dispensing (POD) plans for each of the sites which include:

1. Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA) for the use of the facility.
2. Facility manager contact information and procedures for accessing the site.
3. Address and telephone numbers at the facility.
4. Inventory of available equipment and supplies on site.
5. Written floor plans/clinic flow charts (traditional and streamlined).
6. Specify how required equipment and supplies will be made available at every dispensing site before dispensing starts.

7. Specific delivery location identified with Plans to ensure 24/7 unblocked access by delivery trucks.
8. Tactical communications
 - a. Ability to encrypt sensitive information
9. Security. Security requirements for all PODs and treatment centers will be the responsibility of local law enforcement with coordination through the County EOC ESF 16. Assistance will be provided, as requested, in accordance with the Florida Mutual Aid Plan. See the SNS County Guidance – Section 6: Security Planning.

C. Address POD operational issues:

1. Minimum data elements that need to be collected for each unit of medication dispensed.
2. Addressing symptomatic individuals.
3. Addressing non-English speakers, hearing and visually impaired, functionally illiterate and others with functional and access needs.
4. Crowd/traffic control.
5. A care and feeding plan for staff.
6. Shift hours and shift change procedures.
7. Established hotlines.
8. Established mechanisms to monitor adverse affects.

Key References:

- County Technical Assistance Review (TAR) Tool
- Receiving Distributing and Dispensing Strategic National Stockpile Assets, A Guide for Preparedness, Centers for Disease Control & Prevention, Version 10.02 – Draft, May, 2006.
- Department of Health, Chapter 110 Volunteer Program – Policies and Procedures, DOHP 365-1-05 (includes forms)
- Additional components of SNS Appendix to FDOH EOP:
 - County Request Checklist
 - Standard Patient Information Form – Sample
 - State Technical Assistance for County Training and Exercise
 - SNS County Guidance



Florida Department of Health
 Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment C2: County Request Checklist

Last Update: December 17, 2010

The following information is critical when making requests for SNS materiel.

- The “*” items are mandatory items to include in any SNS mission request; the others may be requested prior to approval of the mission.
- Attach a completed checklist to each mission request.

Basic Request Information*	
Date *	
County Name *	
Person Making this Request *	
Point of Contact for Request Questions	
Contact information for on-scene contact (cell, email, facility number, any other) * [Goal is to have 24/7 contact info to assure there is no response delay due to incomplete data] *	
<i>Related EM Constellation # (if applicable)</i>	
Projected Medical Needs*	
Summary of Situational Status (to include the items noted below) *	
Projected Population of Infected Area *	
Summary of Predicted Rate of Infection *	
Number of People that Require Treatment (adult/child breakdown, breakdown of other special needs, if possible) *	
Desired Medications and Types *	
POD Information*	
Facility Name *	
Facility Address: City, Zip code *	

Receiving Location (e.g. south side loading dock) *	
On Scene Contact Person*	
On Scene Contact Information (cell, email, facility number, any other) *	
Receiving POC (if different than on-scene contact person) *	
Receiving POC Contact information *	
<i>Hours of operation</i>	
<i>How many people are available to staff the POD</i>	
<i>How many people do you plan to treat at each location</i>	
Casualties	
<i>Number of people exposed</i>	
<i>Number of suspected cases</i>	
<i>Number of confirmed cases</i>	
<i>Number of ill persons</i>	
<i>Number of fatalities</i>	
Current Hospital Capacity	
<i>Number of hospitals</i>	
<i>Number of licensed beds</i>	
<i>Staff to patient ratio</i>	
<i>Number of ICU beds</i>	
<i>Number of ventilators available</i>	
Other Local Resources	
<i>Pharmacy distributors</i>	
<i>Oxygen availability</i>	
<i>Other nearby hospitals</i>	
<i>Alternative care centers</i>	
<i>Other local resources</i>	

[There is a more generic State ESF8 Mission Processing Checklist available for general health & medical material & staffing requests.]



Florida Department of Health
 Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment C3: Standard Patient Information Form - Sample

Last Update: August 2008

Information to be completed by person picking up medication:

Home address: _____ Apt. or Unit Number: _____
 City: _____ State: _____ Zip Code: _____
 Primary phone number _____ Alternate phone number: _____
 Email: _____

I am picking up medications for the person(s) listed below. If I am picking up medications for people other than myself, I am authorized to sign for these people and I agree to provide the medications and instructions to all of them.

Signature (of person picking up medication): _____ Printed _____
 Name: _____ Date: _____

	Name: (Last, First)	Weight under 100 pounds?	Is this person possibly pregnant / breastfeeding Circle Yes or No		Is this person allergic to any drugs? Circle Yes or No		Staff	Medication provided	Lot number: (Affix labels on back side of this form)
1			Yes	No	Yes	No			
2			Yes	No	Yes	No			
3			Yes	No	Yes	No			
4			Yes	No	Yes	No			
5			Yes	No	Yes	No			
6			Yes	No	Yes	No			

Information to be completed by person picking up medication:

Home address: _____ Apt. or Unit Number: _____
 City: _____ State: _____ Zip Code: _____
 Primary phone number _____ Alternate phone number: _____
 Email: _____

I am picking up medications for the person(s) listed below. If I am picking up medications for people other than myself, I am authorized to sign for these people and I agree to provide the medications and instructions to all of them.

Signature (of person picking up medication): _____ Printed
 Name: _____ Date: _____

	Name: (Last, First)	Weight under 100 pounds?	Is this person possibly pregnant / breastfeeding		Is this person allergic to any drugs?		Medication provided	Lot number: (Affix labels on back side of this form)
			Circle Yes or No	Circle Yes or No	Circle Yes or No	Circle Yes or No		
7			Yes	No	Yes	No		
8			Yes	No	Yes	No		
9			Yes	No	Yes	No		
10			Yes	No	Yes	No		
11			Yes	No	Yes	No		
12			Yes	No	Yes	No		
13			Yes	No	Yes	No		
14			Yes	No	Yes	No		
15			Yes	No	Yes	No		

To be completed by Staff:

Issuing County: _____ POD/TX CTR Location: _____ Person
 Dispensing: _____

Information to be completed by person picking up medication:

Home address: _____ Apt. or Unit Number: _____
 City: _____ State: _____ Zip Code: _____
 Primary phone number _____ Alternate phone number: _____
 Email: _____

I am picking up medications for the person(s) listed below. If I am picking up medications for people other than myself, I am authorized to sign for these people and I agree to provide the medications and instructions to all of them.

Signature (of person picking up medication): _____ Printed
 Name: _____ Date: _____

	Name: (Last, First)	Weight under 100 pounds?	Is this person possibly pregnant / breastfeeding Circle Yes or No	Is this person allergic to any drugs? Circle Yes or No		Medication provided	Lot number: (Affix labels on back side of this form)



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment C4: State Level Technical Assistance Available for County Training and Exercise

Last Update: December 17, 2010

Contact the Bureau of Preparedness and Response (BPR) at least 30 days in advance of a scheduled training or exercise to request any of the following:

- **Simulated Medications:** BPR has a cache of simulated medications that can be loaned out to the counties for use in dispensing exercises. Currently, the following simulated medications are available:
 - Doxycycline: 4619 bottles and 2046-Repack bags with 20 in each bag
 - Ciprofloxacin: 1880-Bottles and 786-Repack bags with 20 in each bag
- **Local/State Interface:** The state is able to simulate state and county interface for the following:
 - Situation Assessment
 - Request Process
 - Allocation/Apportionment
 - Distribution
- **Exercise Evaluators:** The state can provide a limited number of evaluators to document and evaluate county level exercise events. Exercise programs must be compliant with the Homeland Security Exercise and Evaluation Program (HSEEP).
- **EM Constellation:** The Division of Emergency Management is able to set up a “practice” system for counties that wish to use the EM Constellation system during an exercise.
- **Bioshield 2006 Materials:** These materials are available and can be adapted for use in the counties.
- **After Action Reports:** AARs generated as a result of the Florida Department of Health’s H1N1 response for the Spring and Fall of 2009 are available for review.



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment C5: Guidance Document for County Strategic National Stockpile (SNS) Plans
Last Update: December 17, 2010, Version 3.1

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Introduction

This document provides guidance to Florida Department of Health County Preparedness Planners as they write local Strategic National Stockpile (SNS) plans or modify their existing plans to be compatible with the Centers for Disease Control and Prevention's (CDC's) "Local Technical Assistance Review," dated August 2009. CDC's "Receiving, Distributing, and Dispensing Strategic National Stockpile Assets, A Guide for Preparedness", and the State SNS Appendix. A copy of the current CDC Local Technical Assistance Review (TAR) is needed to use this guidance as they are matched section-by-section. These documents, along with all others referenced herein, can be found at the Florida SNS/CRI Program Intranet Sharepoint Site:

<http://dsh.SharePoint.doh.ad.state.fl.us/DEMO/OEO/SNS/default.aspx>

Current county SNS plans will be reviewed by the Bureau of Preparedness and Response (BPR) utilizing the August 2009 version of the CDC's Technical Assistance Review (TAR) Tool. Refer to Florida's 2007 County SNS Plan Review Summary for an overview of the current status of Florida's county SNS plans, general trends and challenges that were observed during this review, and overall recommendations for improvement.

Scoring Clarification



In order to foster a clearer understanding of the scoring criteria by which your SNS plan is assessed, an explanation is provided in this guidance for those criteria that have been indicated as being too vague or ambiguous. The provision of credit for criteria listed throughout the TAR will be based on the scoring explanations provided herein, thus ensuring consistency in scoring of the TAR for all counties.

CDC Operational Guidance Documents

The CDC released several guidance documents related to the 08–09 grant guidance to further assist state and local jurisdictions in their SNS planning activities. The guidance documents, referenced herein, are as follows:



- *RAND Point of Dispensing (POD) Standards, April 2008* – Developed in collaboration with federal, state and local agencies, this document provides detailed guidance regarding POD infrastructure and POD operations.
- *RAND Working Paper, Operational Assessments for SNS Readiness* – Provides instructions for using an assessment system based on five (5) building block capabilities that would be required in response to situations requiring mass prophylaxis.

Baseline Data and Information

This page of the TAR is designed to collect demographic and operational information that can be used to think through the number of Points of Dispensing (PODs) and staff needed to conduct SNS operations. Each POD is different and may serve different numbers of clients, and may use different modalities and methodologies. In other words, a POD may serve people much as a traditional walk-in-clinic does, or it may serve people who drive by in a similar manner as driving through a turnpike toll booth.

Educated guesses can be made as to the staffing and throughput potential of PODs by looking at the numbers of people that have been vaccinated or treated in a number of different exercises and real world events. Staff numbers and throughput can also be derived by using one of several mathematical models related to SNS POD design. The models can be found on the SNS/CRI sharepoint site at:

<http://dsh.sharepoint.doh.ad.state.fl.us/DEMO/OEO/SNS/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2fDEMO%2fOEO%2fSNS%2fShared%20Documents%2fModeling&View=%7bCE8B0BA5%2dBA07%2d4C6F%2d9C1F%2d6A0A42277C8E%7d>

The purpose of this section is to assist the preparedness planner in realistically assessing the number of PODs that are needed for prophylaxis of the county's entire population within 48 hours with oral medications and the number of staff required to support this number of PODs. Additionally, the planner should explore alternate dispensing modalities that might be available to decrease the number of people reporting to general population PODs. It is important to realize that under the CDC standards, 48 hours is not really 48 hours worth of time to treat the impacted population – the 48 hour clock starts ticking from the time Florida's request is approved by the CDC. In actuality, there will be between 24 and 36 hours to carry out operations. Assure that your county has established baseline data with which to conduct planning activities. Much of the information revealed in the baseline data section of the TAR will assist in determining your population needs; the number of points of dispensing (PODs) needed to prophylax that population within 48 hours, and your staffing needs.

Scoring

There is no actual scoring that is done for this section. This section is intended to get the county planner thinking about the resources (both staff and PODs) that will be required to prophylax their entire population within 48 hours.

CDC Operational Guidance for Baseline Data and Information

RAND Point of Dispensing (POD) Standards, April 2008

Standard 1.1 – The jurisdiction shall estimate the number of people who will likely come to PODs to pick up medication, along with their geographic information.

Standard 1.2 – The number of PODs shall be greater than or equal to (a) the number of persons needing to receive prophylaxis at PODs divided by (b) per POD throughput multiplied by 24 hour (48 hours minus 12 hours for initial CDC delivery to warehouse and 12 hours to get materiel from warehouse to PODs).

Standard 3.1 – Jurisdiction shall estimate the number of individuals who are likely to visit each POD location and determine the required hourly throughput at each POD.



SECTION 1 – Developing a Plan with SNS Elements (3%)

This section addresses the actual steps to be taken to develop and introduce an SNS plan. Every county in Florida already has an SNS plan which should demonstrate thorough and comprehensive planning efforts with partner agencies within their community. Additionally, the county level SNS Plan should be aligned with the state SNS Appendix, as well as all pertinent policies, guidelines, and applicable laws. The county level SNS Plan should detail and reflect activities that will occur at the county level. While state level activities are helpful in understanding the SNS process, they should not be included in great detail in the county level plan.

1.1 – Local SNS planning elements are incorporated into the Local All Hazards Plan and are NIMS compliant

A county's SNS plan is a key document in that area's public health preparedness strategy. The local plan should have been accepted as part of the county's set of emergency management plans. It is the responsibility of the county health department's (CHD's) preparedness planner to double check this "plan connection" and to ensure that the county SNS plan is properly integrated with local county emergency management plans.

1.2 – Local SNS planning elements are updated at least annually based on deficiencies revealed during plan reviews, training and exercise.

Utilize a "Record of Review & Maintenance" log to document SNS plan updates (sample found below). Updating the plan version naming convention is an important function; always update the plan's version number or date on the cover of the plan to denote changes. Also note the update on the "Record of Review & Maintenance" log. Obviously, when a plan is in draft format it can change very rapidly; standardize a plan review/version procedure based on the expected plan's official release date.

The following is an example of a format that could be used to track plan review and maintenance.

Plan Version	Activity*	Date Completed*	Person Responsible*	Additional Comments*

*Field Descriptions:

Plan Version: Version of plan under review

Activity: Document the following activities in this record:

- Date of Related Training(s), Exercise(s) and/or Call-down List Update
- Date Document is Distributed to Stakeholders (for review or final distribution)
 - Comment Section should include:
 - List of Who Received Plan (Who/Position/Agency)
 - Method of Distribution (e.g. Sharepoint site/email, hard copy)
 - Number of Copies Received (if applicable)

Date Completed: Self-explanatory

Person Responsible: Current Document Owner or designee

Additional Comments: Utilization of this field is left to the discretion of the document owners & related workgroup

1.3 – Multi–discipline planning/advisory group meets annually to review and/or update the plan.

In revising a county's SNS plan, discuss the plan and its revisions with as broad an audience as is reasonable. It is recommended the following groups, at a minimum, are included: county sheriff's office, any local hospitals or community health centers as well as the county emergency management agency. Other likely agencies to involve include fire and EMS agencies, public works, Veteran's Administration, Florida National Guard, and the school board. Many agencies have a good understanding of other agencies in the county and their roles, so the number of agencies involved may grow as the plan review process continues. Lastly, if the county is working with private business organizations, volunteer organizations, or organizations that service at–risk populations, be sure to indicate those organizations and document their attendance at any SNS planning meetings.

CDC provides an exhaustive list of agencies to be involved in the plan revision or design process in their August 2009 Local Technical Assistance Review. It is crucial to note that not all agencies may exist in a particular county or be important to SNS planning within that jurisdiction. Therefore, not all of those agencies listed *per se* must be involved but the agencies with authority over the functions relevant to a local SNS plan's operation must be involved at some point. The other thing to remember is that having an extremely large working group can be inefficient. Sometimes it is better to actually create the plan components in a smaller group setting and then invite more agencies to discuss the components once a draft has been completed.

Please note that even though the SNS planning function is considered a domestic security concern and is not under obligation to Florida's public disclosure requirements, minutes and attendance logs of SNS planning meetings that are held may be requested during the annual SNS plan review.

Scoring Clarification for 1.3



To obtain full credit for this criterion, the county must demonstrate it is conducting comprehensive SNS planning and community outreach with identified partner agencies and organizations within its jurisdiction at least annually. A score of 1 will be provided if the county provides a list or roster of community planning partners, as well as meeting minutes/notes, meeting sign–in sheets, communications (emails, etc.), or any other documentation indicating community acknowledgement of their role in the county's SNS planning efforts. A score of 0.5 will be given if the county produces a list of community partners and organizations available within that jurisdiction but outreach efforts are not documented as required for full credit. A score of 0 will be given if no documentation is submitted as required for full credit, or if no community participation is indicated.

1.4 – Roles and responsibilities of local agencies and other organizations are documented

Documentation should be available to demonstrate that appropriate agencies and organizations have been briefed on and have agreed to the responsibilities that have been delegated to them in the SNS Plan. A sign off sheet could be added to the plan to document this information.

1.5 – State and local Policies

The current State Level SNS Appendix is available on the SNS Share Point site and addresses the issues described in the "Local Technical Assistance Review."

- 1) The request process is outlined in the State SNS Appendix: Section IV. A .

- 2) A multiple regimen pick up policy allows a person to pick up medicines for up to fifteen people, including themselves. This policy may be adjusted depending on the event and impact. (Section III C.7).
- 3) Unaccompanied minors can pick up medicines as outlined in the multiple regimen pick up policy if they can answer the required questions and fill out the patient information forms (Section III.C.8).
- 4) There is no ID requirement for picking up medications but basic patient information including name, address, age, and gender must be collected for each dose issued (Section III.C.9). is this reference accurate
- 5) Badging process required to identify volunteers and staff. Information about badging at the Receipt Stage and Store (RSS) facility can be found in the State SNS Appendix, section (IV.C.5).
- 6) Use of Force Guidelines: Force will be used in accordance with state statute and department standard operating procedures. Refer to the following resources: Justifiable Use of Force is defined in Florida Statutes 776.05 (Law Enforcement); Use of Force in Making an arrest, 776.06 (Deadly Force), and 776.07 (Use of Force to Prevent Escape).
- 7) Native American reservations may operate their own PODs using their own staff, or county health department staff, or they may simply send people to regular county PODs. This strategy must be agreed upon by both the applicable tribe as well as the county health department. The affiliated county will provide guidance to the local Native American reservation(s) to include the request process. Further, they will make sure that each of their planning efforts is coordinated. Exercises should be conducted to ensure these plans are operational.
- 8) Military Installations follow the same guidelines as #7 above.

1.6 – Legal Issues

Legal issues must be identified, reviewed, and addressed in the SNS plan to clarify roles and responsibilities and to protect those that are conducting SNS operations.

- 1) Standing orders and protocols will generally be given by the State Surgeon General or State Health Officer, the CHD Director or the CHD Medical Director.
- 2) Personnel authorized to dispense medications can be either personnel who normally dispense medications, personnel under the direct supervision of a pharmacist, doctor, or anyone so named in an executive order signed by the Governor or a special order signed by the State Surgeon General.
- 3) Rules concerning the procurement of private property are found in most county emergency management statutes and regulations or may reflect FS 252.36 & 252.43, Florida Statutes.
- 4) Liability/worker's compensation information is outlined in the Logistics Support Annex (4.g) .

5) Staff compensation, much as in any disaster, is covered in a number of ways depending on if the incident was a Federally Declared Disaster.

CDC Operational Guidance for 1.6

RAND Point of Dispensing (POD) Standards, April 2008



Standard 2.2 – Jurisdictions shall ensure that legal and liability barriers to rapid dispensing are identified, assessed, prioritized and communicated to those with the authority to address such issues. Such issues include standards of care, licensing, documentation of care, civil liability for volunteers, compensation for health department staff, rules governing changes in dispensing protocols, and appropriation of property needed for dispensing medications.

SECTION 2 – Management of SNS (10%)

Most counties have strong, basic SNS management documented in their plans. The functions defined by CDC are crucial in a SNS activation and, although local job action sheets may divide these functions slightly differently than as defined below, it is critical that specific staff positions/individuals are identified to accomplish each function.

2.1 – SNS Coordinator and Backup

Because of the need to rapidly implement a county's SNS plan, it is important to identify a person (by position or name) who is in charge of running the SNS operation. A backup should also be identified in case the primary SNS coordinator is busy, unavailable, needs to take a break or has to attend meetings. Similarly, under the Incident Command System, an Incident Commander (IC) is allowed to have a Deputy who can take over operations for the IC. A Deputy IC is someone who has the same qualifications as the Incident Commander and is capable of serving as the Incident Commander at any time, for any reason. Point of Contact (POC) information should be referenced and not actually included in the plan.

When identifying a county's SNS Coordinator and backup (or deputy) SNS Coordinator, it is important to keep the following in mind:

- 1) The SNS Coordinator and backup must be well respected within the department.
- 2) Department Directors and Administrators are not the best choice to lead an SNS operation because there will be many simultaneous demands on their time and such people may be out of practice when it comes to actually managing clinics and medical operations.
- 3) Preparedness Planners may be a reasonable choice for coordinating an SNS operation, but will most likely also have many other incident related tasks to accomplish that will prevent them from adequately running an SNS operation. Additionally, many preparedness planners have no clinical or medical operations background.
- 4) An SNS coordinator and backup should ideally be someone from whom clinic staff are accustomed to taking orders.
- 5) An SNS coordinator should, obviously, be familiar with State and Local SNS plans and other relevant disaster related protocols and procedures.

Having rostered points of contact (POCs) is of little value if they cannot be located quickly, regardless of the time or date. It is imperative that the personnel roster of an SNS plan clearly state who is to coordinate the operation (i.e. the SNS Coordinator and backup) and how to reach this person in as many ways as possible. It must be clear to anyone who looks at the plan who they should contact to get the operation moving. It is not adequate to assume someone looking at the plan will automatically know how to reach the appropriate person, nor is it efficient for the person wishing to activate the plan to have to hunt through other documents to find a person's contact information.

Keep notification requirements in mind when choosing an SNS coordinator and backup. For example, if a good candidate for the position lives a long distance away or in an area with unreliable communications then that candidate may be better suited in a different SNS role.

The effectiveness of all Emergency Services relies on the ability to contact personnel and have them respond appropriately. Combine emergency rosters whenever possible. For example, Special Needs Shelters (SpNS), SNS and Continuity of Operations (COOP) rosters and contact lists can be combined as long as each person's role in each particular operation is defined on the roster.

Scoring Clarification for 2.1



To obtain full credit for this criterion, the county must identify, either by name or position, an SNS Coordinator and a back-up, along with primary and secondary contact numbers. If this information is not contained directly within the plan, the county must provide a reference in the plan as to where this information is kept, and be able to provide the roster or alternate documentation upon request. A score of 1 will be given if all required information is documented as indicated above. A score of 0.5 will be given if there is no back-up identified or if contact information is not documented. A score of 0 will be provided only if an SNS coordinator is not identified.

CDC Operational Guidance for 2.1



RAND Point of Dispensing (POD) Standards, April 2008

Standard 3.3 – Jurisdictions shall recruit sufficient command staff and provide plans for recruiting and training of spontaneous, unaffiliated volunteers, in sufficient numbers to operate all the planned PODs in the jurisdiction at the levels of throughput required to meet the CRI timeline.

2.2 – Functional SNS Personnel

CDC refers to local SNS functions that represent operational roles which will need to be accomplished during activation. These SNS functional roles should be listed and identified by position of the person who will be filling the function because the person in a job may change, but the position title usually remains the same. Actual names of employees, their peacetime position (daily job title) and their contact information (primary and backup), as well as their SNS functional role, should be contained in a separate roster. Indicate in the plan where the roster is located, who is responsible for maintenance and how often it is updated.

Keep in mind that under the Incident Command System (ICS), if the IC – in this case, the SNS Coordinator – does not delegate these functional roles to an individual, then the IC retains the responsibility for ensuring that the function is performed. For example:

Tactical Communications & IT Coordinator – Although these roles have been grouped together by some sources, they are actually different roles with different responsibilities and skill sets. It may be necessary to define a separate person for each role, or assign them to a single, talented individual. Tactical communications is in charge of providing voice communications methods within PODs, as well as between PODs, the Emergency Operations Center (EOC) and the county health department administration. This person should understand radios and cell phones, as well as have access to department radio cache(s), and should be charged with testing the radios quarterly and verifying that any required maintenance is accomplished. The IT specialist is responsible for data connectivity within the PODs and between command and control centers. Depending upon the number of PODs and the scope of operations, this task may be simple or very complicated. This person may ultimately be charged with maintaining or running any inventory control software.

Security Coordinator – The purpose of this function is to make sure there is a sufficiently coordinated Law Enforcement role at each POD location and integration of law enforcement elements to assist in prioritizing law enforcement coverage. The security coordination role may be accomplished in the field at a POD, at the CHD command & control facility, or at the County EOC. If placed at the EOC, this position will serve as a direct liaison between Emergency Support Function 8 (ESF–8, Health and Medical) and ESF–16 (Law Enforcement).

Distribution Coordinator – The state is responsible for distributing (transporting) assets from the RSS to the designated drop site. The Distribution function, at the local level, is responsible for moving assets from the designated drop site to PODs, treatment centers or alternate treatment sites, and for moving assets between PODs.

Dispensing Site Coordinator – This position is responsible for maintaining contact between the PODs and the rest of the response command and control operation. Typically, the Dispensing Site Coordinator will be located in the County EOC at the ESF–8 desk or at the CHD command and control facility. As the operation continues, this position is responsible for getting status reports from each POD as well as tracking their inventory (via Inventory Management Coordinator) and what supplies are likely to run out and when those supplies are likely to reach critical levels. This person must coordinate with the County ESF–8 function to ensure accurate requests are made to the State ESF–8 desk so resupply missions are accomplished. Additionally, this person ultimately reports when the requested supplies are received so the resupply mission can be "closed out" in the state mission tracking system.

Inventory Management Coordinator – This position is the primary liaison within the county between the PODs and the county EOC who can provide a county–wide snapshot of current inventory levels at all PODs in the county, and can relay inventory and resupply requests to the state through the appropriate request channels. Depending on county infrastructure, the Inventory Management Coordinator may be located in the Logistics section within the county ICS structure, or the duties of this position could be included as the responsibility of the Dispensing Site Coordinator. The goal is to ensure the responsibilities of this function are covered regardless of whether there is one individual handling the duties or two separate individuals.

SNS Treatment Site Coordinator – It is a frequent assumption that the SNS system is designed to deliver only drugs; however the SNS system can also deliver a wide assortment of medical equipment and supplies. If local resources are overwhelmed, Federal Medical Stations (FMS) may also be requested by the county via the state. It is strongly advised that hospitals, medical facilities or even drug stores NOT be used as PODs since these facilities are not designed for high throughput and are mission critical facilities for other medical emergencies aside from dispensing SNS medications. Additionally, the CDC frequently wants to know how patient flow and diversion/bypass are handled within a jurisdiction's health care system. In the vast majority of cases, diversion and hospital load balancing is accomplished routinely by EMS dispatch. In the state of Florida, the SNS Treatment Site Coordinator is not normally expected to route patients or ambulances. Pre–event, this person will be responsible for training hospitals on request procedures. During an event, this person will monitor and coordinate materiel requests from hospitals or alternate treatment facilities to ensure requests are realistic and the information provided to the State Emergency Operation Center (SEOC) contains all

relevant information to support the mission. Post event activities may include assisting in obtaining outstanding inventories and mission closure.

Public Information Officer (PIO) – Most CHDs have some form of PIO function. It is the duty of this PIO to work with local media and message delivery systems to send appropriate messages to the public. The PIO must be very careful to coordinate these messages with other PIOs in the community and the Department of Health Communications Office in Tallahassee. The reason for coordination is not to control what a particular county says, but to make sure all counties are delivering the same information and to verify the accuracy of that information. In many counties, the Health Department PIO function is performed by the Department Director or Administrator or another person that may have other pressing duties in an SNS scenario. Do not allow public information to "fall between the cracks." Allowing a non-health PIO to deliver SNS messages is permissible. For example, if a county already has a well known public safety PIO, it is perfectly acceptable to allow that county PIO to deliver SNS information as long as they have coordinated the message with the state PIO.

Staffing/Volunteer Coordinator – Depending on the size and number of PODs a county is activating, there will be a need for someone to manage volunteers. In the state of Florida, ESF-15 has responsibility for volunteers at the county and state EOCs. It would be logical to have the Staffing/Volunteer Coordinator function serve as a liaison between ESF-8 and ESF-15. Other groups that may be able to supply a volunteer coordinator are Community Emergency Response Team (CERT) leaders, as well as any Medical Reserve Corps (MRC) leaders.

In addition to identifying the positions that will fill these roles, reference the appropriate job action sheets for each in a separate addendum.

Scoring Clarification for 2.2



To obtain full credit for this criterion, the county must identify, either by name or position, all functional SNS personnel as indicated in the criterion, along with primary and secondary contact numbers. (*Note: Since Florida does not utilize Regional Distribution Sites, identification of this position is not required*). If this information is not contained within the plan, the county must provide a reference as to where this information is kept, and be able to provide the roster or alternate documentation upon request. A score of 1 will be given if all required information is documented for all positions. A score of 0.5 will be given if at least 6 of the positions and backups are identified, along with primary and secondary contact numbers. A score of 0 will be provided if less than 6 of the positions are documented as described above, or if no contact information has been documented, and no references are found to indicate where the contact information is kept.

CDC Operational Guidance for 2.2



RAND Point of Dispensing (POD) Standards, April 2008

Standard 3.3 – Jurisdictions shall recruit sufficient command staff and provide plans for recruiting and training of spontaneous, unaffiliated volunteers, in sufficient numbers to operate all the planned PODs in the jurisdiction at the levels of throughput required to meet the CRI timeline.

2.3 – Call Down Rosters

As mentioned above for the SNS functions themselves, anyone activating a county SNS plan must know who is to fill the functions described in section 2.2. All of these positions must have identified people, back ups, and methods to reliably communicate with them. These key SNS

positions must be listed on the county SNS roster and updated quarterly. Remember that the positions in section 2.2 are really functions that must be performed. Even if one individual is assigned more than one function, note specifically that the function exists, who is to fill it, and how to contact that person. Following the philosophy of ICS – it is far better to define positions separately in the plan and note that they are consolidated in each location than to list "mega positions" and attempt to break them out organizationally later.

Scoring Clarification for 2.3



To obtain full credit for this criterion, the county must maintain a roster (which can be an addendum to the plan rather than included directly within the plan) that is updated at least quarterly. The county should indicate in the SNS plan how the roster is maintained and updated, and it is good practice to indicate the date of last update directly on the roster to provide anyone who is looking at it with an idea of when the roster was last updated and whether or not it is current. A score of 1 will be given if the county includes a roster with its plan submission, and indicates the roster is updated quarterly (through FDENS or other means). A score of 0.5 will be given if the county can provide a written roster, but indicates less than quarterly updates to the roster. A score of 0 will be provided if the county cannot provide a written roster.

CDC Operational Guidance for 2.3



RAND Point of Dispensing (POD) Standards, April 2008

Standard 3.4 – Jurisdictions shall assess the availability of the command staff on their call-down rosters on a quarterly basis, via a no-notice call-down drill.

2.4 – Roster Call-down Tests

The entire call down roster must be tested and documented quarterly. Having a single multi-function roster will make the quarterly update process more efficient and will increase familiarity among involved staff. This roster should not be included as part of the SNS plan *per se*, but should be in an easily accessible location documented in the SNS plan and available to anyone who might reasonably be expected to activate the SNS plan. Please remember that notifications, be they for actual events or exercises, require response. The positive or negative response of everyone on the roster as well as the time it took to respond should be noted in a log when the call down roster is tested quarterly.

Logs of successful response and the time involved to respond must be recorded and be available in the event of a CDC assessment of local SNS planning efforts. If a department does not already have an established call-down mechanism, many EOCs or public safety dispatch units have a system that is capable of mass automated call-downs and logging procedures. The Florida Department of Health has also implemented the Florida Department of Health Emergency Notification System (FDENS). An advantage of FDENS is that in addition to contacting personnel using a variety of communications pathways, it does so without tying up personnel. It can also be used to routinely test a call-down roster while logging the results in a report. For additional information regarding the FDENS System, please send a message to FDENS-Help@doh.state.fl.us.

Scoring Clarification for 2.4



To obtain full credit for this criterion, the county must conduct quarterly drills and document these drills in some manner so as to identify response rates, any response issues and actions taken to correct these issues. If the county currently utilizes FDENS, submission of an FDENS report will meet this criterion. However, if a phone tree notification system is in place, data collection may be more cumbersome. The CDC has

released call-down drill data collection worksheets that would be helpful in collecting data to meet this requirement for users of both automated and manual notification systems. A score of 1 will be given if the county conducts and documents quarterly call down drills as indicated in the criterion. A score of 0.5 will be given if the county does not conduct drills at least quarterly, but can still provide documentation of call down drills that have occurred in the last review period. A score of 0 will be provided if the county cannot provide documentation of their call-down drills, no matter how frequently the drills are conducted.

CDC Operational Guidance for 2.4

RAND Working Paper, Operational Assessments for SNS Readiness

Call Down Drill



Applicable to several functions of a response and tests the ability to contact and mobilize staff to perform emergency response duties.

RAND Point of Dispensing (POD) Standards, April 2008

Standard 3.4 – Jurisdictions shall assess the availability of the command staff on their call-down rosters on a quarterly basis, via a no-notice call-down drill.

2.5 –Incident Command System (ICS) Integration

ICS is the national standard for managing disasters, and all public safety and emergency management functions in the State of Florida must be ICS compliant. ICS integration is also a requirement of the CDC Cooperative Agreement. In addition to compliance, integration into ICS is a logical idea. An SNS plan must be organized within the ICS structure not only for general incident command, but also for POD level functions as well.

2.6 – Annual testing and exercise of the notification/activation of volunteers

Typically, most counties face the problem of not having enough staff within the county health department structure to staff all of their identified PODs. Thus, they have turned to volunteer organizations to fill this staffing need. Regardless of the means or organization used to identify volunteers within the county, a database of available volunteers should be available or maintained for SNS activation. Additionally, those identified as volunteers should participate in testing and exercise for notification and activation. The county should document all training, exercising and testing of their volunteer component and identify areas for improvement in a corrective action plan.

Scoring Clarification for 2.6



To obtain full credit for this criterion, the county must develop as part of its training and exercise plans, a plan to test and exercise the notification and activation of all volunteers that have been identified to fill SNS positions below those identified in 2.2. The state recognizes it may be difficult to test/exercise volunteers from outside agencies and entities; however, it is a good practice to test this concept at least once annually to ensure familiarity with the potential shortfalls with the activation of volunteer resources. A score of 1 will be given if the county can demonstrate a plan to annually test volunteer notification and activation and provide documentation of the test/drill and planned corrective actions. A score of 0.5 will be given if the county has developed a plan, and can provide documentation that it has notified the identified volunteers of the need to test/exercise the activation/notification process, either through email communications, meeting minutes/notes, or any other means, even if the county has been unable to actually test/exercise the plan. A score of 0 will be provided if the county does not have any plan in place, and if no documentation can be provided to verify that volunteers have

been advised of the need to test and exercise the call-down process.

CDC Operational Guidance for 2.6

RAND Working Paper, Operational Assessments for SNS Readiness

Call Down Drill

Applicable to several functions of a response and tests the ability to contact and mobilize staff to perform emergency response duties.



RAND Point of Dispensing (POD) Standards, April 2008

Standard 3.3 – Jurisdictions shall recruit sufficient command staff and provide plans for recruiting and training of spontaneous, unaffiliated volunteers, in sufficient numbers to operate all the planned PODs in the jurisdiction at the levels of throughput required to meet the CRI timeline.

Standard 3.4 – Jurisdictions shall assess the availability of the command staff on their call-down rosters on a quarterly basis, via a no-notice call-down drill.

SECTION 3 – Requesting SNS (3%)

Section Three is designed to ensure that a plan documents the standard method used by the State of Florida for requesting SNS assets and that all participating agencies are in agreement over who can request supplies, when they can do so, and what mechanisms they should use.

3.1 – Plan to Communicate with Local Officials

Requesting the SNS is an important decision. Although the County Health Department alone is vested with the authority to request SNS assets through the State Department of Health, it is a decision that is probably of great interest to other county and perhaps city governmental agencies. At a minimum, it is expected that a county SNS plan explain the mechanism by which the health department will inform other local agencies and officials about the possible need for SNS and include them in any decision making process for requesting SNS assets. As with everything addressed by the CDC's Local TAR, the plan must actually document the agencies that will be involved and describe how discussion will occur. For example, will meeting(s) occur at the county EOC, or will there be one-on-one conversations between the County Health Officer and local officials? The approach will depend on county structure and resources. Regardless, an initial plan of action must be developed so that anyone new to the process can understand their role and what is expected of them by reading the plan. This process can be detailed in a narrative or simply displayed in a diagram.

3.2 – Authorized Requestors Identified with Contact Information

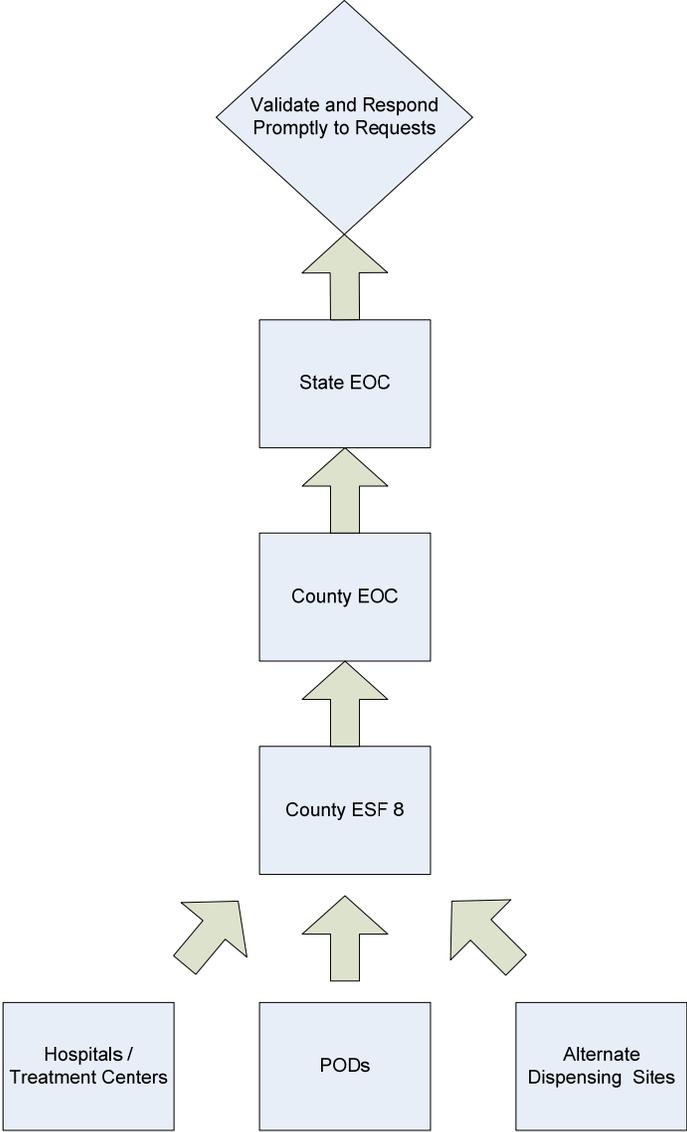
The current plans generally include information about who is authorized to request SNS assets through the State and it is wise to review that list to ensure it is up-to-date. It is also recommended that each person empowered to request the SNS receive a copy of the plan along with an oral explanation of duties and responsibilities.

3.3 – Request Justification and Procedures

The current county plans include lists of situations in which SNS assets may be useful and their request justified. This is a similar list in the current State SNS Plan as well as in the current guidance document from CDC. Integrate these situational examples into after-hours procedures so the appropriate person can be notified and empowered to decide if SNS resources should be requested.

The information for this section should be the same as the information outlined in the State SNS Appendix, section IV.A When requesting materiel from the State, the request is accomplished using the state mission tracking system. It is important to follow mission request procedures, provide as much specific information about the situation as possible, and provide the actual, reliable, contact information for the people or the positions involved. On the following page is a reprint of the schematic diagram from the state SNS Plan. Refer to the SNS SharePoint site for a selection of sample forms, including a County Request Checklist that may be useful for planning purposes.

Overview of Florida's Resource Request Procedure



Requests should go through the regular emergency management structure (Local ESF-8 Lead / Local Health and Medical "Branch" to the County EOC to the State EOC to the State ESF-8 Desk).

3.4 – Resupply

The SNS plan must include information about how PODs will be resupplied. This can be broken down into equipment and supplies and drugs. Equipment and supplies should be handled through whatever logistics and resupply mechanism is included in the local SNS plan. Drugs should be resupplied through the standard ESF–8 logistics mechanism as used during every incident and as explained in the State SNS Appendix. Briefly, all requests for SNS materiel shipments, whether initial orders or resupplies, must be routed through the county EOC's ESF–8 function to State ESF–8 where the appropriate RSS will be tasked with the mission to send medications to a specified POD or health care facility. Resupply capability rests firmly upon inventory management at and between PODs, as well as robust communication between PODs, health care facilities, and command and control facilities (Please see Section 4 below).

3.5 – Request Procedures from PODs

Each POD Manager must remain in contact with the County Dispensing Site Coordinator who will help ensure sufficient medications and other supplies are sent to the PODs in the county. PODs should not ordinarily be in direct contact with the State EOC or the State RSS Facility. Document how POD Managers and Dispensing Site Coordinator will communicate. The state SNS SharePoint site includes a County Request Checklist.

SECTION 4 – Communications Plan (Tactical) (3%)

Communications (COMM) and Information Technology (IT) personnel are both critical to the smooth functioning of POD operations; however each group provides distinct sets of skills and carry different responsibilities. COMM staff provides, maintains, and organizes the radio system used within the POD facility and assist with voice communication to and from the POD. IT personnel are charged with establishing and maintaining the POD's internal computer and data infrastructure and assisting with data communications to and from the POD. Depending on the data technology involved, COMM personnel may support the lower level communications medium and IT may support the higher levels of the data protocol stack.

4.1 – Call Down Rosters

To optimize operations, consider that COMM and IT staff have different roles and responsibilities and should be considered as different functions. Although many IT groups are stove piped within their respective departments, it is important that IT personnel be listed on the same roster as regular SNS personnel. Having a single roster will ensure that it:

- 1) Will be found in a crisis
- 2) Will be familiar to people
- 3) Is more convenient to update quarterly
- 4) Will avoid schedule clashes with people that perform diverse roles

Avoid having separate call down systems for different types of personnel. SNS teams need to be a unified group, and they need to be handled that way for both logistics and *esprit de corps*.

CDC Operational Guidance for 4.1

RAND Point of Dispensing (POD) Standards, April 2008



Standard 3.3 – Jurisdictions shall recruit sufficient command staff and provide plans for recruiting and training of spontaneous, unaffiliated volunteers, in sufficient numbers to operate all the planned PODs in the jurisdiction at the levels of throughput required to meet the CRI timeline.

4.2 – Communications and IT Job Action Sheets

Many of the current plans already contain adequate communication job action sheets (JAS). Local preparedness planners may work with county health department's IT supervisors to determine a reasonable expectation for IT's SNS performance and to generate a suitable JAS. These JASs, along with all others, should be referenced in local SNS plans as an attachment or addendum.

4.3 – Communication Pathways

Refer to the communications section of the state SNS Appendix; section VII. Communications for an overview of the communications architecture surrounding the SNS process.

Essentially, command and control centers must be linked with established, documented, and reliable communications systems. SNS resource requests operate in the same fundamental manner as natural disaster resource requests. All requests are funneled from a county SNS command location, which may or may not be located at the County EOC. The County's needs are sent via the County EOC to the State EOC using the statewide Emergency Management

mission tracking system. Once the request reaches the State, it moves through an apportionment process and is tasked to the appropriate RSS facility.

In addition to the communications channels between the County EOC, State EOC and RSS, it is important to define the communications to be used between all county partners that play a role in the SNS process. For example, if SNS command operations are conducted outside of the County EOC, describe where and how communications will occur from that location to the County EOC. The benefit of working at the EOC is that most community partners will probably be there. However, space may be limited. In some cases it is better to work elsewhere and have an experienced liaison at the EOC's ESF-8 desk. Whatever the decision, document the flow of communications in the SNS plan as it relates to the county. As with most complex plan concepts, a diagram or picture can be created to express these concepts rather than using text. There are examples in the State SNS Plan.

4.4 – Redundant communications systems and Testing

When reviewing the CDC's concept of redundancy listed in the current Local Technical Assistance Review, realize the checklist includes methods of communication that rely on the same infrastructure which minimizes the level of operational redundancy. For example: a single blackberry device may provide email, World Wide Web (WWW) services, voice telephone, direct connect and PIN-routed text messaging – yet all services rely on the same company's underlying cellular infrastructure. Other examples include fax and voice over landline telephone or data, fax and voice over ISDN. Although redundancy is considered most important between command and control locations, POD to command and control locations are also important. Documentation of usage in real world incidents may be utilized to meet these criteria.

Scoring Clarification for 4.4



To obtain full credit for this criterion, the county must have more than four (4) communications systems in place and these systems must be tested quarterly. Usage of land line telephones and cell phones, as well as email are the primary methods of communications that are used daily, at least on an intra-agency basis. However, the county must demonstrate quarterly testing of communications systems between command/management locations, and support agencies using available and redundant communications equipment, to ensure that in the event primary communications systems are unavailable, there are other available means of communications. A score of 1 will be given if the county conducts and documents quarterly testing of at least 4 of its existing and backup communications systems. A score of 0.5 will be given if the county has less than 4 systems in place, and does not conduct quarterly testing; documentation will be required to demonstrate that the communications systems have been test at least once within the last review period. A score of 0 will be provided if the county does not provide documentation that communications systems have been tested, even if the county states that the systems are tested quarterly or otherwise.

CDC Reference Document for 4.4

RAND Working Paper, Operational Assessments for SNS Readiness

Call Down Drill

Applicable to several functions of a response and tests the ability to contact and mobilize staff to perform emergency response duties.

Site Activation Drill

Tests the ability to contact and ensure facilities are available for emergency response functions.



4.5 – Testing and Exercise of communications networks

Communications equipment should be documented and tested regularly, in conjunction with testing the actual systems detailed in 4.4 above. Not all communications equipment used in an SNS event is under a county health department's control; however, some may be. It is important, not only to test, but also to document the status of the communications equipment. Most county health departments do not have a centralized communication support system; individuals are typically responsible for their own phones and other hand-held communication devices. However, a central person within the county health department should be responsible for determining if these devices and their posted contact numbers do, indeed, work. More specialized equipment such as satellite telephones and radios should be checked by the custodians and the results should be documented. If a county health department uses radios issued by another public safety agency, those radios should also participate in a regular function test – and the results should be documented. Documentation of usage in real world incidents may be utilized to meet these criteria.

Scoring Clarification for 4.5



To obtain full credit for this criterion, the county must demonstrate that physical communications equipment and hardware is tested and exercised on at least a quarterly basis. The documentation maintained to meet this criterion may be done in conjunction with the documentation for 4.4 above. A score of 1 will be given if the county conducts and documents quarterly testing of its communications equipment and hardware, and has a plan to correct any issues discovered during the exercise. A score of 0.5 will be given if the county does not conduct quarterly testing, however documentation will be required to demonstrate that the communications equipment and hardware have been test at least once within the last review period. A score of 0 will be provided if the county does not provide documentation that communications hardware has been tested, even if the county states that the equipment is tested quarterly or otherwise.

4.6 – Trained Staff

If staff will utilize radios and satellite telephones during an SNS activation, it is important they are trained to use them. Although people who use the equipment regularly build up confidence, people who are unfamiliar with the equipment have a tendency to look at it as if it is completely alien. Additionally, many people are not comfortable taking the skills they have with something like Nextel's Direct Connect technology and transferring it to a radio. Another example is that people who spend hours each week using a telephone are often intimidated by a satellite telephone even though the technology works essentially the same way. Standard "in-service" training, as well as the annual refresher courses, are perfect times to reacquaint staff with communications technology and etiquette. Another useful technique is to use the same kinds of equipment for special needs shelter (SpNS) activities as well as SNS – which gives staff additional familiarity. Satellite phone training materials are available on the SNS Sharepoint site.

<http://dsh.sharepoint.doh.ad.state.fl.us/DEMO/OEO/SNS/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2fDEMO%2fOEO%2fSNS%2fShared%20Documents%2fSNS%20County%20Guidance%20Materials%2fDocuments%20Referenced%20in%20County%20Guidance&View=%7bCE8B0BA5%2dBA07%2d4C6F%2d9C1F%2d6A0A42277C8E%7d>

SECTION 5 – Public Information and Communication (PIC) (7%)

Public Information is second in importance only to the ability to dispense medications. It is critical to think of both subjects together because they are so intertwined. Each step of a successful SNS campaign is linked to an information component:

- 1) Notifying the public there is a problem and the nature of the problem.
- 2) Informing the public regarding the general plan and rumor control.
- 3) Establishing information hot lines for the public.
- 4) Assuring two–way communication between local media and the Department.
- 5) Informing the public of the different medicines available, how they use them, and what they do, in addition to the importance of follow–up compliance.
- 6) Telling the public where to get their medications and what they should bring with them to the POD.
- 7) Continue to release information concerning the progress of the campaign.

It is up to local preparedness planners and public information staff to "set the tone" for the public information using the principles of risk communications. For example: getting information out quickly that is correct and credible demonstrates that the local area is prepared and that the public can count on the reporting entity for information and steps that need to be taken to protect themselves and their families. In addition to whatever public information personnel are available in a county, there is often an assortment of people from the region and the State that can help coordinate messages and help with materials and supplies. Investigate these alternatives and document contingencies in the SNS plan.

5.1 – Public Information Officers (PIO) have been Identified and trained

County health departments have identified a PIO at the county level. These designated PIOs are trained in the Incident Command System and Crisis and Emergency Risk Communications, and training should be documented. They will be the primary point of contact for public information at the CHD level. Some may have other job duties that are also mission critical during an SNS event, so it is important for local preparedness planners to work closely with the county identified PIOs regarding their planned activities during an event. "Non–disaster" time is the most appropriate time to have a discussion with the county health officer regarding any concerns related to the PIO's knowledge, skills and/or abilities. Do not underestimate the amount of work involved in supplying public information at the county level or at the county Joint Information System or Center (JIS/JIC). The PIO must be rostered along with all other SNS personnel and must be provided with appropriate information and Job Action Sheets. PIOs are to be trained in the Incident Command System, be familiar with the SNS system in advance of an event and be trained in how to run a Joint Information System/Center. The CDC has a video entitled, "Improving POD flow through Public Information" that might be helpful: <http://www2.cdc.gov/phtn/webcast/antibiotic4/media.asp>

CDC Operational Guidance for 5.1



RAND Point of Dispensing (POD) Standards, April 2008

Standard 3.3 – Jurisdictions shall recruit sufficient command staff and provide plans for recruiting and training of spontaneous, unaffiliated volunteers, in sufficient numbers to operate all the planned PODs in the jurisdiction at the levels of throughput required to meet the CRI timeline.

5.2 – Written PIC plan

There is no state “Public Information Coordinator (PIC)” *per se*, but as mentioned earlier, the Department’s Office of Communication in Tallahassee houses both the Communications Director as well as the DOH Press Secretary. They serve the vital functions of helping to coordinate messages and ideas across county and regional boundaries. As with all public information communications during emergencies, there should be a strong link from the County PODs to the County ESF–14 apparatus up to the State ESF–14 group. In a real event, getting consistent public information out is vital and must be done rapidly. The only method to assure this is effectively and efficiently accomplished is to plan ahead with the appropriate people in an area and ensure that planned messages are compatible with surrounding counties. Public information is such an important function that the SNS plan documentation must include the solutions to PIO issues. Planning for a rumor or information hotline is another activity that requires coordination. County health departments or emergency operations centers may be able to provide this service.

5.3 – PIC responsibilities

Because of the vast nature of SNS PIO operations, county SNS plans must identify not only a PIO, and an assistant, but also “Public Information Coordination” Liaisons (PICs). The role of the PIO is traditional and involves meeting with the media and working at the Joint Information Center (JIC), but the PIC Liaison function is a new concept to SNS and was only introduced in the most recent Local Technical Assistance Review. Essentially, during an SNS event, the PIO should be at the EOC, Command and Control Center or Joint Information Center, and working closely with the PIC function at the PODs. However, as demonstrated in Florida via work with special needs shelters, as well as flu clinics, the media show up where the action is. In this case, the action is located at the POD. The county health department PIO typically will not be located at a POD, so the PIC function must be covered by:

- 1) Someone who understands that the media will come and that they must be accommodated during the event.
- 2) Someone who can answer basic questions and redirect the media to the county health department PIO at the JIS/JIC.
- 3) Someone who is empowered within the plan procedures to provide basic information about the POD and the campaign as a whole.
- 4) Someone who realizes that the worst thing they can say is “No Comment,” and will not speak unprofessionally or otherwise about things for which they are not directly knowledgeable.

Although SNS operations will almost invariably be conducted during a declared state of

emergency, the PIC needs to actively work with the media, POD visitors/dignitaries, and key staff involved in other communications components of the system (signage, handouts, etc). It may not be possible to assign a dedicated PIC individual to each POD, but following ICS, ensure that the PIC function is performed by someone such as the POD Manager or one of the POD command staff. Note that the PIC function is considered part of the command staff operation. As with the PIO position discussed in section 5.1, assistance and materials may be obtained by contacting the regional PIO or the Department of Health's Office of Communications. Although there are advantages to having as much material as possible tailored to a specific county, it will not always be possible. The Office of Communications has many examples of materials and also provides training information and training opportunities.

5.4 – Messages Have Been Developed

The DOH Office of Communications has developed two useful resources to help preparedness planners and public information staff conduct SNS operations: 1) The SNS Communications Kit with handouts, and Frequently Asked Questions in English, Spanish and a written version of Haitian Creole; and 2) "Category A" agent fact sheets also available in the same languages. These materials help ensure factual information and consistency. They are available to county health department designated Public Information Officers from the State Office of Communications. County plans should include location(s) and planned reproduction and distribution procedures of these materials.

CDC Operational Guidance for 5.4

RAND Point of Dispensing (POD) Standards, April 2008



Standard 2.1 – Jurisdictions shall have at least one viable and exercised rapid dispensing protocol that addresses the following minimal functions: (a) directing clients through the POD, (b) deciding which medication to dispense, (c) dispensing medication, and (d) disseminating information about the medication. Note that this standard does not mandate that these functions be provided by medically licensed personnel, and does not mandate that all of these functions be provided in-person or on-site at the POD.

5.5 – Dissemination of Messages

The local plans need to include evidence that message delivery issues are addressed. The described solutions need to be flexible in order to conform to the variety of contexts that may call for an activation of the SNS plan. Disseminating messages through traditional media channels is the most obvious method for spreading information, but communities with extensive hurricane experience have also used highway message signs as well as simple paper-based message boards with great success. The specifics of how to tell people to come to a particular POD should be well coordinated with law enforcement or public works. For example, if traffic control plans lead to an alteration of traffic flow around a POD, then that information should be made available. Since the State SNS Appendix recommends that a single person is able to pick up 15 total regimens for family, friends or neighbors, this information should be made available in advance to cut down on traffic. Since medication selection and dosing may depend on the age and weight of a person, as well as allergies, it should advise, as mentioned previously, that someone coming to a POD should know basic information about the people for whom they are picking up medication. People will have generators, batteries, and radios and in most SNS scenarios, the basic power and communication infrastructure will be functional. However, it is always best to understand some alternatives for communication as they are often surprisingly effective in other ways – for example, consider the use of media markets outside the impacted area, which can not only broadcast to the community during a power outage, but also deliver messages to people who have a stake in the county but may temporarily be in a neighboring county. A sustained public information campaign should be planned for. It is not enough to

simply get the message out about PODs. The County PIO must also publicize information about possible adverse reactions, alternative treatments, if any, encourage full regimen compliance and inform the population about any follow up doses that may be required. Although the "standard" SNS regimen length is 10 days, the CDC's recommended length of prophylaxis in the case of Anthrax is 60 days. Yet, research has shown that anthrax spores remain viable in animal models for over 180 days. Prepare for the possibility of an SNS campaign that may literally last for months. Example materials, documentation of exercise message delivery, and PIO media contact books are all wonderful ways to prove compliance to CDC consultants or State reviewers.

CDC Operational Guidance for 5.5

RAND Point of Dispensing (POD) Standards, April 2008



Standard 2.1 – Jurisdictions shall have at least one viable and exercised rapid dispensing protocol that addresses the following minimal functions: (a) directing clients through the POD, (b) deciding which medication to dispense, (c) dispensing medication, and (d) disseminating information about the medication. Note that this standard does not mandate that these functions be provided by medically licensed personnel, and does not mandate that all of these functions be provided in-person or on-site at the POD.

5.6 – Materials or templates developed and cleared

One of the reasons for preparing public information materials in advance of the event is that it allows those materials to be circulated and approved locally. It is crucial that all public safety agencies in the county understand the essential purpose and message of the materials and that there is sufficient buy-in and acceptance before the materials go to press for public consumption. Plan to put the same kind of "sign off" page at the front of the SNS public information material kit to document who approved of the materials and when. Each county has its own political and pragmatic issues which much be addressed appropriately in that county's material.

CDC Operational Guidance for 5.6

RAND Point of Dispensing (POD) Standards, April 2008



Standard 2.1 – Jurisdictions shall have at least one viable and exercised rapid dispensing protocol that addresses the following minimal functions: (a) directing clients through the POD, (b) deciding which medication to dispense, (c) dispensing medication, and (d) disseminating information about the medication. Note that this standard does not mandate that these functions be provided by medically licensed personnel, and does not mandate that all of these functions be provided in-person or on-site at the POD.

5.7 – Vulnerable or Special Populations

As discussed earlier, an SNS campaign is based upon rapidly and accurately dispensing drugs and information. In the same way that the county SNS plan must have contingency components for getting drugs to special or vulnerable populations, they must also develop mechanisms for conveying information to the same kinds of people. As with dispensing, one way to make sure the plan covers information flow to challenging audiences is by working closely with government and non-government agencies that work with those populations. For example, home health care organizations can provide tremendous resources to help with SNS efforts. The Office of Communication has taken special care to develop relationships with, and materials for, hard-to-reach populations that are considered special or vulnerable from the standpoint of communications, as well as for drug dispensing. These groups may include but are not limited to:

- 1) Physically impaired
- 2) Developmentally or cognitively impaired
- 3) People with other cultural barriers
- 4) Non-English speaking or people with other language barriers.
- 5) Low literacy
- 6) Elderly
- 7) Tourists
- 8) Homeless or transient populations
- 9) Migrant workers or their families
- 10) People belonging to a tribal nation and military families.

SECTION 6 – Security (10%)

Security is important in everything involving SNS. Identify certain people and concepts within the plan to ensure that the issue has been carefully addressed.

In addition to working local security issues, many points of security must be accomplished by other agencies. When it comes to the SNS project, law enforcement agencies are usually very quick to collaborate. Assure that county and city partners in law enforcement understand the SNS concept, understand the plan, are involved in developing reasonable expectations, and are involved in planning and exercising.

6.1 – Security Coordinator

As stated previously, the Security Coordinator is the person in charge of "coordinating" security but not necessarily in charge of "implementing" security. It will improve the Security Coordinator's position if they are in charge of both operations. It will also get improved buy-in if a law enforcement officer is assigned the security coordination role. Such an assignment will also minimize CHD personnel that are involved in SNS security, which is not normally their primary role day-to-day. Whoever is chosen as the Security Coordinator must be fully informed of all SNS plans and concepts. Involve the Security Coordinator in trainings, exercises and planning meetings. In addition to assigning a Security Officer, assign a Deputy, or backup, for that position, and ensure that the Coordinator has good contacts with the various agencies in the local law enforcement community. The agency contact information and protocols should be part of the Security Coordinator's work materials. An additional advantage to "drafting a cop" to perform this function is that they most likely already have this information and it is up-to-date.

Scoring Clarification for 6.1



To obtain full credit for this criterion, the county must identify the local level liaison who will be responsible for overall security issues in an SNS activation and a back-up, as well as other support agencies that will be involved in security planning and support. Contact information must be documented as well for all personnel and agencies involved. A score of 1 will be given if the county documents a security lead and back-up with contact information, and identifies all support agencies with contact information. A score of 0.5 will be given if the county identifies a security lead and back up, with contact information, but does not provide information for any supporting agencies that will support an SNS activation. A score of 0 will be given if the county does not identify at least a security coordinator and/or security support agencies.

CDC Operational Guidance for 6.1

RAND Point of Dispensing (POD) Standards, April 2008



Standard 3.3 – Jurisdictions shall recruit sufficient command staff and provide plans for recruiting and training of spontaneous, unaffiliated volunteers, in sufficient numbers to operate all the planned PODs in the jurisdiction at the levels of throughput required to meet the CRI timeline.

Standard 4.2 – The agency (ies) responsible for security functions at PODs shall be consulted on the security aspects of the overall mass prophylaxis plan.

6.2 – Security Plans for Transportation (Escorts)

Security and escort plans cover four main areas under the CDC Local Technical Assistance Review:

- 1) Material from the RSS – This is handled by the State and is conceived of in a way that will not impact local law enforcement operations.
- 2) Material from the Designated Drop Site – The local area will have to provide all required security from the designated drop site to the PODs.
- 3) Material between PODs or treatment centers – In the event material needs to be moved from POD to POD or other facilities within the area, assure that the SNS plan documents the related procedures.
- 4) Personnel to and from other sites.

These four areas are not equally applicable to all CHDs. For example, a county SNS plan should not need to address transport from the RSS, but may need to address security for moving material from a designated drop site. However, as stated in Section 7, issues related to securing shipments to "push" populations may need to be addressed. Large quantities of material may not need to be moved from any particular location in a county to another location. Most health departments have seen no need for special escort of personnel. If escort procedures are to be developed, this is probably best left to local law enforcement to devise. When thinking about escorts, there is a certain elegance to understated movement of material or personnel. In some situations, it may be better to move material in unmarked trucks with a discreet security escort following the delivery vehicle. A security escort fully activated with lights and siren may be needed to move supplies or personnel through heavily congested traffic arteries but will also draw significant attention to the vehicles and the facilities they are traveling between. Anything that can be done to keep SNS related activities "under the radar" will greatly improve the security of the entire operation. Ultimately, the decision of what kind of escort to provide will be best determined by the law enforcement personnel on the local SNS planning team.

Another thing to remember is the amount of supplies moving at any given time to a particular POD is probably quite small in dimension. It may be better to consider transporting supplies in a single police vehicle if possible. This will dramatically ease the burden of moving the vehicles through traffic and will embed the security function within the transportation vehicle. It may also be feasible to have a police officer "ride along" with the delivery vehicle, although this may not be appropriate in many cases. Security itself must remain flexible. Part of a good security architecture is the ability to ramp up security efforts if needed, and reduce them when they are not needed. After an initial heavy security presence, it may be possible to reduce the amount of security for escorts and facilities once the SNS campaign is under way.

CDC Operational Guidance for 6.2



RAND Point of Dispensing (POD) Standards, April 2008

Standard 4.2 – The agency(ies) responsible for security functions at PODs shall be consulted on the security aspects of the overall mass prophylaxis plan.

6.3 – Development of Security Plans for PODs

This section is a reminder of things that must be accomplished during the planning phase to ensure security of identified SNS facilities. Every item on this list is important to consider.

However, many of these items are best assigned to the Security Coordinator and local law enforcement personnel. In many cases, the local law enforcement personnel already know how to secure a particular facility or will have to adjust the way in which they secure the facility based upon the availability of resources and the type of activity and reaction they find at the facility.

It is important to have clear, detailed layouts and related descriptions for every facility that may be utilized during SNS activation. Work with local law enforcement organizations and ensure that they are familiar with the facilities and have identified related security needs. They may be able to create a simple vulnerability and security page for the designated drop site and each POD. Vulnerability and security pages should list the name of the law enforcement jurisdiction that is responsible for the facility's protection, how to get in touch with them, as well as a list of security considerations or factors. During an event, this document will help key SNS staff understand security concerns for each location and will remind the POD manager of things they may need to know about at each facility.

In addition to crowd and traffic control, each facility used in SNS operations must be able to handle a variety of other special types of threats that may involve additional kinds of teams such as: Explosive Ordinance Disposal, Tow Trucks, SWAT or other Tactical groups, Mounted or Canine resources.

Security planning is just as important as staffing, demography, and building location. In other words, feedback from law enforcement partners may actually change the number and types of PODs that will be employed in an actual event. For example: A drive-through POD involves Traffic Control, but a walk-up POD requires both traffic control and crowd control. Some police agencies may be more comfortable protecting a larger number of small PODs, which in turn attract fewer people. Other departments may feel more comfortable working with "mega-PODs" that service a large percentage of the county's population. Regardless, work with security partners to document security aspects related to each site, and assure these documents include some redundancy in case primary plans are not available or adequate during an actual event.

Scoring Clarification for 6.3



To obtain full credit for this criterion, the county must be able to demonstrate that security planning has been conducted for each of the identified POD locations. Many counties currently utilize local law enforcement officers (LEO) (i.e. Sheriff's office or police department) to develop POD security plans as part of a coordinated effort. Due to jurisdictional policy, many counties' vulnerability/security assessments and security plans are maintained by the LEO and are not released to the county health department. An email or other documentation between the SNS planner and the LE liaison may serve to meet the criterion as detailed in 6.3, if the county health department does not maintain or have access to these documents. A score of 1 will be given if the county can provide documentation that security planning is being conducted for identified POD locations to address all of the specific security issues listed in 6.3. A score of 0.5 will be given if the county documents less than six (6) of the security issues listed have been addressed. A score of 0 will be given if the county documents less than two (2) of the security issues have been addressed.

CDC Operational Guidance for 6.3



RAND Point of Dispensing (POD) Standards, April 2008

Standard 1.3 – All POD locations shall meet relevant SNS site guidelines and security criteria.

Standard 4.1 – Site security assessments shall be conducted on every POD location in coordination with the agency (ies) responsible for security functions at the PODs.

Standard 4.2 – The agency(ies) responsible for security functions at PODs shall be consulted on the security aspects of the overall mass prophylaxis plan.

6.4 – Identification for all Personnel

Facility badging shouldn't be complicated. It may be best to simply use standard, locally recognized, photo ID cards and perhaps some sort of wrist band or colored sticker that denotes level of access. For example, people without the red sticker are allowed access to most of the POD and the red sticker affixed to the photo ID grants access to the drug storage areas. While such a system is relatively easy to forge, it would probably prove sufficient for most POD operations – particularly in smaller communities where most public safety people know each other.

There is an extremely small chance that controlled substances will be shipped to local PODs. However, procedures should be documented in the SNS plan for receiving and maintaining these medications. The simplest system would involve locking the substances in a room that can only be accessed by the POD manager or their designee. The controlled substances should be inventoried at every shift change. While it is critical that the plan addresses controlled substances, give this unlikely situation the attention it deserves and absolutely no more.

6.5 – Site-specific security plans for PODs

Ensure that all of the criteria in Section 6.3 are contained in individual POD profiles and have been conducted for all of the county's potential POD sites.

Scoring Clarification for 6.5



To obtain full credit for this criterion, the county must demonstrate security plans have been developed for all identified POD locations. Similar to, and in conjunction with 6.3, many counties' vulnerability/security assessments and security plans are maintained by LE and are not released to the county health department due to jurisdictional policy. An email or other documentation between the SNS planner and the LE liaison may serve to meet this criterion as well as the criterion detailed in 6.3, if the CHD does not maintain or have access to these documents. A score of 1 will be given if the county can provide documentation that there is a site-specific security plan in place for 100% of its identified POD locations. A score of 0.5 will be given if the county documents that at least 50% of its identified POD locations has a site-specific security plan. A score of 0 will be given if the county documents less than 50% of its identified POD locations has a site-specific security plan.

CDC Operational Guidance for 6.5



RAND Point of Dispensing (POD) Standards, April 2008

Standard 1.3 – All POD locations shall meet relevant SNS site guidelines and security criteria.

Standard 4.1 – Site security assessments shall be conducted on every POD location in coordination with the agency(ies) responsible for security functions at the PODs.

Standard 4.2 – The agency(ies) responsible for security functions at PODs shall be consulted on the security aspects of the overall mass prophylaxis plan.

SECTION 7 – Regional and Local Distribution Site – *If Applicable* **(14%)**

Currently, Florida is developing a strategy that includes the use of Regional Distribution Sites. Until this strategy is developed and incorporated into the State SNS Appendix, county by county implementation and scoring should be noted during the TAR review. The Local Technical Assistance Review can be scored with or without this section.

Within the SNS system, there are three primary facilities that must be identified: The POD, Designated Drop Sites and the RSS (Receipt, Stage and Store) facility:

- 1) The POD is where non-symptomatic people should go to receive medications. A Treatment Center is where symptomatic people should go.
- 2) The Designated Drop Sites are essentially warehouse facilities designed to take a single stream of supply shipments from the RSS and/or managed inventory (MI) supplier, and disseminate it to designated PODs and alternative dispensing sites in impacted areas.
- 3) The RSS is essentially a warehouse facility designated and staffed by the state, that is designed to take a single stream of supply shipments from CDC or their industry partners and break that stream down into multiple supply streams that effectively serve impacted areas.

The RSS concept is very similar to the Division of Emergency Management Logistical Staging Area (LSA) concept. An LSA is a large facility that can store and supply many kinds of commodities, while an RSS is a very specific *kind* of LSA that meets CDC requirements and only processes SNS materiel. Traditionally, in Florida, RSS facilities were actually called "LSAs" – however there was tremendous confusion within and outside of the State because we had two types of facilities that were in many ways rather different, yet had the same name. We also went through a stage where we called RSS facilities an "LSA/RSS" or even "RSS/LSA." The official term for the facility within Florida is now the national standard term "RSS," however please be patient with people that have been around for a while and may still refer to them as "SNS LSA facilities."

In the State of Florida, responsibility for identifying and pre-qualifying RSS sites is a state function. Because of the importance of RSS facilities to the system as a whole, "candidate RSS facilities" ultimately must be approved by the CDC and the United States Marshals Service (USMS). Job action sheets, staffing, training, and Standard Operating Guidelines (SOGs) related to distribution sites are a state responsibility in the current Florida plan. For local staff, the good news is that Florida's SNS architecture does not require local staff to identify, qualify, staff, secure or run any type of RSS or distribution facility; this is a state function. In the local SNS plan, simply reference the State SNS Plan as having responsibility for this function.

In the State of Florida, responsibility for identifying and pre-qualifying designated drop sites and POD sites is a county function. Because of the importance of drop site and POD facilities to the system as a whole, "candidate facilities" are coordinated with local emergency management. Job action sheets, staffing, training, and Standard Operating Guidelines (SOGs) related to drop sites and POD facilities are a county responsibility.

To summarize, in Florida, SNS supplies come from an external source, arrive at the State-run RSS, are stored there and are subsequently shipped out to designated drop sites. Counties then assure materiel is shipped to county PODs or other locations as requested.

SECTION 8 – Controlling Inventory (3%)

Inventory Control is an integral part of SNS operations. It is important to know what is on hand to determine future needs and to appropriately make additional requests for materiel. Currently, there is not a national or state system that can track to the local level, therefore local plans must address an Inventory Management System (IMS) that can track product once it is received at the local level until it is dispensed or returned. A relatively straightforward chain-of-custody system must be in place for regular SNS assets.

The state of Florida does not intend to deliver controlled substances to the designated drop sites and PODs. If the county anticipates the receipt of controlled substances at the designated drop site, a list of those personnel authorized as DEA Registrants must be included in the plan. Otherwise, a statement by the county within its SNS plan that they do not intend to receive controlled substances at the designated drop site and PODs will negate the need to designate a DEA registrant and will not count against the county for TAR scoring purposes.

8.1 – Inventory Management System (IMS) and Back Up

CDC recommends having a plan for an Inventory Management System (IMS) utilizing two of these methods:

- 1) Inventory Management Software System
- 2) Electronic Spread Sheet
- 3) Paper System

Some counties may utilize existing clinic-based electronic inventory systems if they have them. Otherwise, developing a simple ledger will suffice.

8.2 – Inventory Staff Trained in IMS Functions

Identify or reference the staff roster for this function and document training that has been conducted. Training should focus on whatever IMS has been identified above. This training can be conducted in conjunction with SNS related exercises or in special training sessions. If an existing inventory system will be utilized, it is still important to document who knows how to use this system and how they learned to use it. Keep the inventory management training rosters in the same set of files where other SNS related training information is kept.

8.3 – Chain of Custody Procedures for SNS Materiel

This procedure must be outlined in the plan to understand how inventory is maintained and who is responsible. All items that come to the designated drop site or POD will be accompanied by forms – a chain of custody form will be signed and returned to the RSS and a copy of the form will be left with the unloading personnel at the designated drop site or POD. It is probably easiest to plan to let the same person who signs for SNS materiel deliveries also maintain these records because he/she must ultimately report the delivery of supplies, their type and quantity to the dispensing coordinator or other person assigned to keep track of designated drop site or POD inventory at the EOC or health department command center so the mission status in the State mission tracking system can be updated. It is also important to determine if anything is missing in the shipment so the State can correct the problem.

8.4 – Chain of Custody Procedures for Controlled Substances

Document the procedure for chain of custody involving controlled substances in the local SNS plan. The information in this section should be helpful in understanding the federal requirements for this procedure.

In addition to the standard delivery form, if there are controlled substances (e.g., schedule II, morphine) in the shipment, an authorized Drug Enforcement Administration (DEA) registrant or their designee must execute DEA 222 custody–transfer form. If the registrant is not present, they will be identified on the SNS custody–transfer form, the executed DEA 222 form shall be affixed at a later date. Even if an alternate is signing for the controlled substances, the following tasks must be completed:

- 1) Provide the name and the DEA number of the person who will eventually sign the Form–222.
- 2) Produce a government issued ID.
- 3) Sign copies of the shipping manifest that itemize the controlled substances being transferred.
- 4) Ensure the official registrant signs a DEA Form–222 for each transfer of Schedule II items as soon as practical after the physical transfer

The DEA will hold the registrant or designee responsible for the security and record–keeping requirements of the controlled substances until the drugs have been transferred to another registrant. DEA allows the transfer of the controlled substances to multiple registered treatment centers as long as a chain of custody record is maintained and DEA Form 222 is executed for transfers of C–II medications. Record keeping requirements can be found in the Controlled Substance Guidance (Addendum 21) of the State SNS Appendix. It may also be helpful to examine the basic State protocol for handling controlled substances in the State SNS Appendix Attachment 6, Controlled Substance Guidance.

8.5 – DEA Registrants

The SNS plan may list, by position, those who are authorized to sign for controlled substances at the hospital/alternate treatment care facilities. Keep in mind, however, the State does not intend to deliver controlled substances to the designated drop site or PODs but rather to hospitals or treatment centers. A statement in the county SNS plan indicating this will negate the need to identify a DEA registrant at the designated drop site or POD. However, the county may wish to identify DEA registrants at the hospitals and alternate treatment facilities that might be receiving SNS controlled substances.

Scoring Clarification for 8.4 and 8.5



As indicated in the current version of the state SNS Appendix, the state does not intend to deliver controlled substances to any designated drop site or PODs, and will instead deliver them to hospitals and/or alternate care facilities. While it does not detract from the SNS plan to outline the procedure for chain of custody involving controlled substances, the county is not required to identify a DEA registrant in the SNS plan as long as the statement indicating that designated drop site or PODs will not receive controlled substances is included within the SNS plan. Scoring for this criterion will be given at full credit in order to maintain integrity of scoring as long as the county indicates the state level intention regarding controlled substances.

SECTION 9 – Distribution – *If Applicable* (10%)

There has been much confusion pertaining to the distinction between **distribution** and **dispensing** according to the CDC. Distribution is the act of transporting SNS assets from one location to another. Dispensing is providing medications to their end users.

Each county designates a drop site to receive SNS shipments from the RSS, and establishes procedures to distribute to county PODs and alternative dispensing sites.

SECTION 10 – Dispensing Prophylaxis (24%)

The dispensing function is the most important, complex, and resource-consuming of all SNS planning functions. The ultimate goal of requesting stockpile assets is to prophylax the citizens of the county in as time-efficient manner as possible. CDC recommends planning to prophylax all citizens and visitors within 48 hours from Florida's approved request. This may or may not be realistic, however, by planning for it, the county will have prepared for the most difficult response scenario. This section outlines many planning considerations. In prioritizing where to begin, the primary emphasis should focus on rapid dispensing strategies and alternate dispensing modalities with special considerations for first responders, critical infrastructure personnel, special need populations and other vulnerable populations. Secondary emphasis should be placed on establishing criteria, authorization, and procedures to alter the clinical dispensing model to increase client throughput.

The CDC released a set of POD Standards developed in cooperation with RAND Corporation which help counties identify strategies and planning concepts for meeting the 48-hour goal for providing prophylaxis to 100% of a county's population. This document was established as a standard wherein specific elements of POD infrastructure are distinguished and explained, and contains many of TAR criteria related to PODs by which counties are currently being assessed.

In order to facilitate a more operational plan, we recommend developing site specific POD "profiles." Procedures that will be the same from one POD site to another can be outlined in the base plan, and those that will be site specific can be included in the POD profiles. Examples of information specific to PODs are outlined below in 10.7.

10.1 – Operational Issues are addressed

There are many operational issues that should be addressed ahead of time for plan implementation to be successful. Ultimately, each county has to decide what works best and perhaps discuss when the policies within the County SNS Plan may need to be changed. However, for the sake of consistency across the State, we encourage adopting the following guidelines:

- 1) It is recommended the plan allow up to fifteen regimens be picked up by a single individual for their family, friends or neighbors. The person picking up the medications must provide basic information for each regimen they pick up, and this information needs to be included in the POD's records. Some may argue that 15 regimens are too many to give out to a single individual; however it is probably better to push as many medications into the community as possible. While the POD may run out of medications, the alternative to reducing the number of regimens that may be picked up by a single person is that more people will come to the POD. Based on numerous conversations with CDC and many county health departments, we feel this is a reasonable compromise. The policy can be adjusted as necessary depending on the situation.

- 2) At absolute minimum, each regimen must be tied to a name, address, telephone number, age, and weight (for children only). Counties are free to add to these elements, but should try to keep data collection to a minimum to speed POD throughput. Allergies, age and weight are particularly important. For women, it may also be important to know if they are pregnant or breastfeeding. Remember that it may not be known exactly what medication is going to be distributed through the POD, so there may be special procedures that require other types of information. There is a sample patient information

sheet on the SNS SharePoint that contains the required data elements. Counties can use this form or any other form they choose, as long as the specified minimum data elements are collected.

3) Handling of symptomatic individuals – Symptomatic individuals should be referred or transported to treatment centers. It is desirable to have symptomatic individuals self-transport to alleviate unwanted or unattended vehicles at the POD location. Be prepared to transport if an individual is not in suitable condition to self-transport.

4) Handling of unaccompanied minors – In a situation where an adult member of a family is unable or unwilling to go to a POD to pick up medicines, unaccompanied minors may pick-up medicines for themselves and others in accordance with the multiple regimen pick-up policy. The minor will need to have the capacity to fill out the patient information sheets for the requested regimens. Remember, in most cases the medications dispensed in the PODs will be relatively safe, and it is better to allow a competent minor to pick up medications than to risk a family not receiving treatment because of an inflexible policy.

5) Creative thinking and community partners will be necessary to deal with the handling of non-English speakers and the hearing or visually impaired. Some solutions include working with associations that cater to people with particular communication difficulties, ensuring that materials are translated, keeping a list of personnel who speak particular languages, and setting up telecommunications device for deaf (TDD) numbers as part of your public information campaign.

6) Crowd control, traffic management, and security should already be addressed in the part of the plan relating to Section six (Security) of the Local Technical Assistance Review. Local law enforcement personnel will be needed to assist with this part of the dispensing plan.

7) Every POD must have a schedule of operations and procedures for smooth shift change. If each POD will keep separate hours, this should be noted in each POD's separate profile document.

8) A county may consider using a citizens' information hotline for SNS information and consultation. A hotline could be used as a communications feedback loop; if there are many questions about a certain topic, a mass media announcement can be coordinated to clarify any confusion or misinformation. Some issues to consider include:

- a) Who will be answering the calls?
- b) Will the hotline use a live person, a recording or some combination of the two (a touch-tone menu for example)?
- c) What is the process needed to ensure that the hot line is providing the most current and accurate information and that this information matches the public information campaign and messages?
- d) Will translation services and TDD devices be available?
- e) What is the capacity for the phone lines? Is there a roll-over?
- f) What are the hours of operation for the hotline?

9) Established mechanisms to monitor adverse events – It is expected that adverse events will be reported. CDC has not provided a specific form for reporting events

related to antibiotics so develop a process similar to that used every day in clinics called the "Vaccine Adverse Event Reporting System" (VAERS). The VAERS website (<http://vaers.hhs.gov/>) can be used for online reporting or to download forms. Additionally, the Food and Drug Administration (FDA) provides adverse experience forms at the following website <http://www.fda.gov/medwatch/>

CDC Operational Guidance for 10.1

RAND Working Paper, Operational Assessments for SNS Readiness

Timed Metrics for POD Exercise

Collects objective performance data from POD drills/exercises where persons receive countermeasures in some sort of central location.



RAND Point of Dispensing (POD) Standards, April 2008

Standard 2.2 – Jurisdictions shall ensure that legal and liability barriers to rapid dispensing are identified, assessed, prioritized, and communicated to those with the authority to address such issues. Such issues include standards of care, licensing, documentation of care, civil liability for volunteers, compensation for health department staff, rules governing the switch between dispensing protocols, and appropriation of property needed for dispensing medications.

Standard 2.3 – Jurisdictions shall have viable and exercised procedures for selecting an appropriate dispensing protocol (e.g., medical model vs. rapid dispensing).

10.2 – Rapid Dispensing Strategy

CDC uses the rather confusing terms of "strategy" and "modality" when referring to POD operations. Additionally, the questions in the Local Technical Assistance Review relating to each topic are out of order conceptually. CDC's term "strategy" is really not a strategy at all, but rather a "tactic" or "technique." A "modality" refers to a "style" of POD. So essentially, this section of the plan should address things that can be done at each POD (regardless of style or modality) to streamline throughput as compared to the traditional clinical model for dispensation. For example, in a walk-up POD there could be a "consultation" line and an "express" lane. People could be allowed to take a number and have a seat to fill out forms, or could be kept in a moving line. Paperwork could be reduced by allowing visitors to list information for all pick-ups on a single form rather than a separate form for each pick-up.

The following are examples of common modalities using different strategies:

- 1) When implementing a drive-through POD, there could be several "lanes" with a table and awning for each lane attendant. An approach similar to a hurricane ice and water POD could be used, where people drive along a sidewalk and attendants go back and forth to each car collecting information and loading the vehicle.
- 2) In a vaccination setting, there could be a single individual who collects data, prepares the injection and then administers the injection. Teams could have one person collect the data, a second person prepare the syringe and a third actually inject the POD visitor. Perhaps one skilled "injector" could alternate between lanes on either side of them and administer injections for two separate teams of data collectors.

Another concept that may be valuable to consider is pre-defining specific "tiers" of response. For example, plans could be structured so that certain PODs with specific dispensing strategies are to be activated for particular types of events. Ultimately, The Bureau of Preparedness and Response would like to type PODs in a National Incident Management System (NIMS)

compliant manner much as other assets are undergoing typing. More work will have to be done before developing a true state-wide POD typing standard, and the typing of a POD will depend more on procedures and staffing than on the actual facility in use. In the meantime, it would be useful to begin thinking about the concept of typing PODs and what would be involved in a state-wide POD typing standard.

The speed of each POD layout will have to be verified during exercises. For example, exercises of walk-through and drive-through PODs have shown significant delays in the triage function that sorts “uncomplicated” patients from “complicated” patients. Furthermore, the same exercises have shown significant difficulties balancing patients and staff between “complicated” and “uncomplicated” dispensing sections. In some cases, it may be more effective to avoid dedicated express lanes and train all POD personnel to deal with all types of patients. The performance of express lanes and the over-all POD will depend on staff flexibility and the efficiency of the protocols used to sort patients.

Scoring Clarification for 10.2



To obtain full credit for this criterion, the county must be able to document planning and implementation of some type of rapid dispensing strategy within the SNS plan. Acknowledgement may include a revised patient information form, combination of greeting and triage functions, or any other modification of the traditional clinical model of dispensing. A score of 1 will be given if the county can document modified clinical involvement which will allow for rapid dispensing and increased throughput. A score of 0.5 will be given if the county indicates that rapid dispensing methods have been identified, but does not document specific plans and related procedures. A score of 0 will be given if the county does not identify any rapid dispensing methods.

CDC Operational Guidance for 10.2

RAND Working Paper, Operational Assessments for SNS Readiness

Timed Metrics for POD Exercise



Collects objective performance data from POD drills/exercises where persons receive countermeasures in some sort of central location.

RAND Point of Dispensing (POD) Standards, April 2008

Standard 2.1 – Jurisdictions shall have at least one viable and exercised rapid dispensing protocol that addresses the following minimal functions: (a) directing clients through the POD, (b) deciding which medication to dispense, (c) dispensing medication, and (d) disseminating information about the medication. Note that this standard does not mandate that these functions be provided by medically licensed personnel, and does not mandate that all of these functions be provided in-person or on-site at the POD.

10.3 – Identify and Document Alternate Dispensing Modalities

"Modalities" is the CDC's term for different styles of PODs to dispense medications. For example, walk-up PODs, drive-through PODs, mobile teams and bulk distribution to facilities are all different "modalities." Each modality may, in turn, encompass different strategies.

Scoring Clarification for 10.3



To obtain full credit for this criterion, the county must be able to document that it has planned for more than one type of dispensing modality. This may include the use of “closed PODs” for private business, first responders, or special needs populations, or the use of walk through and drive through PODs. A score of 1 will be given if the county can document within the SNS plan more than one dispensing modality along with associated

procedures for implementing and utilizing that specific modality. A score of 0.5 will be given if the county identifies more than one dispensing modality, but does not include plans and procedures for that modality. A score of 0 will be given if the county does not identify any alternate dispensing modes.

CDC Operational Guidance for 10.3

RAND Working Paper, Operational Assessments for SNS Readiness



Timed Metrics for POD Exercise

Collects objective performance data from POD drills/exercises where persons receive countermeasures in some sort of central location.

10.4 – Authorization and Procedures to Alter Clinical Dispensing Model

This question is in place to ensure that POD management is empowered to adjust their procedures, within limits, to handle any problems or opportunities that may occur at that POD location. Because of the nature of SNS events and the possibly large numbers of PODs that may be in play, it could be very impractical to require POD management to ask permission to change basic procedures.

CDC Operational Guidance for 10.4

RAND Point of Dispensing (POD) Standards, April 2008



Standard 2.2 – Jurisdictions shall ensure that legal and liability barriers to rapid dispensing are identified, assessed, prioritized, and communicated to those with the authority to address such issues. Such issues include standards of care, licensing, documentation of care, civil liability for volunteers, compensation for health department staff, rules governing the switch between dispensing protocols, and appropriation of property needed for dispensing medications.

Standard 2.3 – Jurisdictions shall have viable and exercised procedures for selecting an appropriate dispensing protocol (e.g., medical model vs. rapid dispensing).

10.5 – Dispensing Strategies for First Responders, and Critical Infrastructure Personnel

In case of medication shortage, we must prioritize how medicines will be allocated. The Florida Department of Health will rely on certain key health officers to develop an apportionment strategy for determining the appropriate allocation of all medicines between counties in and out of the immediately impacted areas of the state.

To mitigate potential absenteeism, and because of the concern for first responders, prophylaxis medications should be available to first responders prior to, or simultaneously with, the arrival of the SNS. Ultimately, the plan must describe who in the county is considered "first responders," "critical personnel," or any other euphemism used to describe people that must receive medications first.

For example, priority prophylaxis might be conducted in the following order:

- 1) Hospitals and emergency health and medical staff
- 2) Hospital and health department clinic volunteers (including designated drop site and POD staff)
- 3) Emergency Medical Services Personnel
- 4) Law Enforcement Personnel
- 5) Fire Departments
- 6) Other critical infrastructure staff (Public Works and SNS tasked drivers)
- 7) General Public

A common concern is families of responders. Although responders will certainly want their families treated quickly and conveniently, counties will most likely not get enough medications to immediately prophylax every responder and their family. Instead, perhaps "Public Safety PODs" could be set up where responders could pick up medications and then come back later for more, or send their family to pick up later, when additional medications arrive. This system may not get medications for responder's families more quickly than the general public, but it would be more convenient and faster for them. It may also allow for some labor to be off loaded by using each agency's occupational health staff to deal with all of those families, rather than to see them at the "general public" PODs. Ultimately, the County Health Department must determine who these priority people are and how to best reach them. The State may prioritize certain counties, but the county is primarily responsible for how to prioritize the citizens, visitors, and workers of their county.

CDC Operational Guidance for 10.5



RAND Working Paper, Operational Assessments for SNS Readiness

Call Down Drill

Applicable to several functions of a response and tests the ability to contact and mobilize staff to perform emergency response duties.

10.6 – Homebound, and Special Need Populations

Many county plans have already addressed how these special groups will receive prophylaxis. If the county has already planned for meeting the needs of these groups in their SpNS or all-hazards plans, that material may be referenced, provided it will accomplish the same goals of SNS. Willing partners may be found in government agencies and private associations that serve particular vulnerable populations.

10.7 – Contents of POD Specific Plans or POD “Profiles”

The POD profile is the place where all of the information specific to each POD location should be kept and should be an attachment to the plan to facilitate updates and distribution. It is not useful to have a generic POD floor plan that does not even represent what your actual PODs look like. The POD profile should contain all of the information needed to allow someone who has never set up a POD before to turn a facility into a working POD. The profiles are also an obvious place to include security documents, traffic documents, procedures, contacts, and POD specific call down lists that may be mentioned in other parts of the Local Technical Assistance Review.

There are, however, ways these profiles can be simplified. For example, if the county plans to conduct POD operations in the main cafeteria or gymnasium of high schools, then a generic "big room floor plan" can be created that is applicable to all of the POD locations. If the procedures are standardized in every POD, then those procedures can be used for each POD profile.

There should be a written document with each organization that owns the buildings that will be used as PODs. Memoranda of Agreement (MOAs) or Memoranda of Understanding (MOUs) are important because they remind both parties of the operational possibility and also clearly state the expectations for each party in the agreement. Obtain 24 hour contact information for the actual people in charge of a particular building rather than simply recording the location's day-time phone number in the POD profile. All contact information and directions to the facility are useful not only for aiding personnel and drivers in finding the POD, but also to help State drivers and the general public find the POD. Useful maps should contain enough detail so that out-of-county delivery drivers can find the location.

Prior to including such needs in MOAs, the county will need to know what resources they have on hand to determine what needs exist. Some facilities used as PODs will already have much needed equipment; others will have virtually nothing.

Scoring Clarification for 10.7



To obtain full credit for this criterion, the county must be able to document that it has developed comprehensive plans and obtained appropriate authorizations to utilize locations identified as Points of Dispensing. Utilizing the list in 10.7 as a guideline, the county can develop a “POD profile” as indicated in the explanation above for use as the POD site specific plan.

A score of 1 will be given if the county can document and produce as part of its SNS plan, site specific plans that have been developed for ALL identified POD locations, to include at least the following information:

- MOU for facility use (if required)
- Facility liaison with contact information and procedures for access to the site
- Address and telephone number of the facility
- Inventory of available office equipment on site or how equipment will be made available
- Inventory of available material handling equipment on site or how equipment will be made available
- Written floor plans/clinic flow charts
- Specific delivery locations on-site, with delivery truck access points

A score of 0.5 will be given if the county can provide site specific plans which include the minimum information required as indicated above for at least 50% of its identified POD locations. A score of 0 will be given if the county does not have site specific plans for at least 50% of its identified POD locations or cannot produce documentation as indicated above.

CDC Operational Guidance for 10.7

RAND Working Paper, Operational Assessments for SNS Readiness

Site Activation Drill



Tests the ability to contact and ensure facilities are available for emergency response functions.

Set Up Drill

Tests the amount of time it takes to completely set up a facility with materiel, layout, and supplies necessary to perform its function.

Timed Metrics for POD Exercise

Collects objective performance data from POD drills/exercises where persons receive countermeasures in some sort of central location.

10.8 – Supplies & Equipment

Each POD requires certain equipment and supplies to function, some of which are stored on-site while remainder is kept off-site. Those supplies and equipment must be transported to the POD(s) before opening for operation. This role may be relatively simple for a single POD operation or may be a staggering logistical undertaking if multiple PODs and multiple supply storage facilities are in play. POD activations must be coordinated with the CHD, as well as the community partners that may fulfill a role in getting supplies moved. Some counties have designated special "set up" teams that are meant to rapidly move through the POD locations to

set them up before the POD operations shift arrives. Other counties rely on the first POD operation team to set up the POD for the public. Regardless, someone has to do this function, and it is best if this person is not assigned other duties early on in the operation so that the PODs are set up as rapidly as possible. This role may include materiel movement from areas of excess to areas of need once operations have been established within the county

It is best to have agreements in place before an actual event. Responsibility for detailing within your plan the process for getting needed equipment and supplies to the PODs lies with the CHD, but you may have an agreement with another agency, organization, or vendor to actually provide the service. In some counties, responsibility for materiel movement lies with the EOC. The EOC identifies a team that will provide driving, dispatching, traffic control, security, communications, and material handling equipment, and the EOC provides the vehicles and equipment. If you intend to use, for example, school district vehicles to supply PODs at schools, then it would be best to incorporate those issues into the same MOU you may already have created when you decided to work with your school district to secure the schools as SNS PODs in the first place.

Contingency planning is also important. For example, it would be reasonable to fall back on CHD vehicles or transportation assets requested through ESF-1 at your county EOC. You can have many ideas, and they need not be fully developed, but it would be helpful to list possible alternate options to help anyone charged with implementing your plan.

Scoring Clarification for 10.8



To obtain full credit for this criterion, the county's SNS plan must specify how the items listed in 10.8 will be made available to the POD locations. Some counties have agreements to store supplies on-site; however, if this is not the case, where are these supplies stored and how will they be delivered to the PODs at the time of the event? A score of 1 will be given if the county can document how all supplies listed in 10.7 will be made available to all POD locations at the time of an SNS event. A score of 0.5 will be given if the county identifies that at least 75% of the items listed in 10.7 can be made available to all POD sites at the time of an SNS event. A score of 0 will be given if the county does not have a plan in place to provide supplies indicated in 10.7 to their POD locations.

CDC Operational Guidance for 10.8



RAND Working Paper, Operational Assessments for SNS Readiness

Timed Metrics for POD Exercise

Collects objective performance data from POD drills/exercises where persons receive countermeasures in some sort of central location.

10.9 – Identify Core Management

It is imperative that your SNS plan makes it clear who is to coordinate core management functions at each POD location, as well as their back ups. Training for these positions should occur with all new employees who are in positions responsible for core functions, as well as on an annual basis with documentation of such training. As mentioned earlier in the section concerning over-all county SNS operations, all of the POD core management personnel must be identified, rostered and have documented training. Although it sounds obvious, please ensure that you actually inform personnel they have been selected for a particular SNS operations role.

CDC Operational Guidance for 10.9

RAND Working Paper, Operational Assessments for SNS Readiness

Timed Metrics for POD Exercise



Collects objective performance data from POD drills/exercises where persons receive countermeasures in some sort of central location.

RAND Point of Dispensing (POD) Standards, April 2008

Standard 3.3 – Jurisdictions shall recruit sufficient command staff and provide plans for recruiting and training of spontaneous, unaffiliated volunteers, in sufficient numbers to operate all the planned PODs in the jurisdiction at the levels of throughput required to meet the CRI timeline.

10.10 – Personnel to Staff Dispensing Sites

Most positions discussed in the Local Technical Assistance Review relate to "core" or "command and control" positions, but the majority of your SNS workforce may be harder to identify – perhaps they are volunteers, or school board personnel, Medical Reserve Corps, ESF-15 contacts or Community Emergency Response Team members. It may be impossible or impractical to identify all of these individuals, but your plan must make an effort to identify sources for these people. Document community partner efforts to retain contacts and identify personnel. Keep these materials in a convenient place in case State reviewers or CDC consultants wish to see them during an SNS assessment. Please remember the new emphasis on documentation and proof of components that impact the plan's operational capacity.

CDC Operational Guidance for 10.10

RAND Working Paper, Operational Assessments for SNS Readiness

Call Down Drill

Applicable to several functions of a response and tests the ability to contact and mobilize staff to perform emergency response duties.



Timed Metrics for POD Exercise

Collects objective performance data from POD drills/exercises where persons receive countermeasures in some sort of central location.

RAND Point of Dispensing (POD) Standards, April 2008

Standard 3.2 – Using a combination of exercises and/or computer models, jurisdictions shall determine and verify the number of staff required to administer prophylaxis to the population identified pursuant to Standard 1.1.

10.11 – Volunteer and Staff Database is Maintained and Current

Create and maintain some sort of database or set of rosters to keep track of SNS personnel. If your county collaborates with an outside volunteer agency or private organization, and they maintain the rosters/database, indicate this in your plan.

Scoring Clarification for 10.11



While many planners are responsible for locating volunteer resources for an SNS activation in their counties, they do not maintain the actual database in which these volunteers are on roster. The key to obtaining credit for this criterion is to ensure that you are aware of whether or not a staff/volunteer database exists and whether or not that database contains sufficient numbers of volunteers to staff your PODs and compensate for staffing shortfalls. To obtain full credit for this criterion, the county must indicate the entity or organization that will be used to obtain volunteers in an SNS activation, approximately how many volunteers are available, and who maintains the roster or database of those volunteers. A score of 1 will be given if the county can provide the information as indicated. A score of 0.5 will be given if the county identifies they have obtained volunteers but are unable to identify the agency or organization, and how many volunteers are available. A score of 0 will be given if the county does not identify any volunteer resources.

CDC Operational Guidance for 10.11



RAND Point of Dispensing (POD) Standards, April 2008

Standard 3.3 – Jurisdictions shall recruit sufficient command staff and provide plans for recruiting and training of spontaneous, unaffiliated volunteers, in sufficient numbers to operate all the planned PODs in the jurisdiction at the levels of throughput required to meet the CRI timeline.

10.12 – Job Action Sheets and Just-In-Time Training Materials

Many counties already have JASs for most of the functions listed in this section of the Local Technical Assistance Review. When developing your county SNS JASs, remember that a JAS should be short and sweet. A complicated JAS is sure to confuse the user and may cause unnecessary delays.

10.13 – Staff/Volunteer management (breaks, meals, shift schedules, etc.)

Document how POD personnel are to be fed and cared for, how breaks will be accommodated, length of shifts, and how shift changes will occur, etc. Use the Department's Hurricane experience and refer to it in the plan. This may be a collaborative effort with ESFs 6, 7, & 11. For example, most CHDs plan to run 12 hour shifts. However, real world events have shown dramatic productivity loss after about 6 hours of work. It may be better to have shorter shifts and actually close the POD in the small hours of the morning rather than run it for 24 hours. One health department proposes having enough personnel on hand to allow people to cycle through 2 hour shifts at different positions within the POD to try to keep the staff engaged.

SECTION 11 – Hospitals and Alternate Care Facilities Coordination (3%)

Most communities have regular preparedness meetings involving hospital partners. Local preparedness planners are the obvious conduits for organizing these types of meetings if they are not already conducted.

11.1 – Informing Hospitals

During community meetings with hospital and medical community partners, tell them about the SNS system and the types of materials available to them, as well as the system in place for requesting these materials. Emphasize to the medical community that they cannot contact the State or the Federal Government directly to request SNS assets and that those resources must be requested through the county emergency management structure.

11.2 – Hospital Contacts

Ask each hospital to provide several people who can officially request external resources on behalf of the facility; county health department staff may not need to update this information. Chances are there is a contact at the county emergency operations center that has this information and keeps it current. If this information is kept elsewhere, make sure the plan explicitly references who has the information and where to find that person or organization.

Scoring Clarification for 11.2



To obtain full credit for this criterion, the SNS plan must document or reference a roster of persons who are authorized to request emergency medical materiel on behalf of hospitals/alternate care facilities, and as with all rosters, this information should be updated quarterly. A score of 1 will be given if the county can provide a roster listing authorized personnel with contact information for 100% of the hospitals within its jurisdiction. A score of 0.5 will be given if the county has a roster which identifies contacts for at least 50% of its hospitals/alternate care facilities. A score of 0 will be given if the county's roster identifies contact information for less than 50% of its area hospitals and alternate care facilities.

11.3 – Procedures are Documented

After explaining to local treatment centers how they can request SNS assets, please make sure the county SNS plan documents this same procedure. The annual SNS update and review time can be utilized to revisit the issue with local health care partners so they remember how things are supposed to work. Please stress that all requests from medical facilities must go through the County ESF-8 structure. The State will not fulfill requests from hospitals or other facilities that do not flow through the proper authorities and channels.

11.4 – Hospitals are Trained

Document when local health care partners have been trained in regards to how SNS materials are requested. If this is to be part of a regular county hospital or disaster exercise, that will be sufficient. Real world events may be utilized and documented to meet this criterion.

11.5 – Hospitals are Exercised

Build an SNS or external resource request component into any exercises with hospital involvement. This need not be complicated and could be simulated with a simple telephone conversation between the hospital representative and the County EOC during exercise play. Whatever activities are undertaken, document them. Real world events may be utilized and documented to meet this criterion.

SECTION 12 – Training, Exercise and Evaluation (10%)

There are two important things to understand from this section of the CDC's Local Technical Assistance Review:

- 1) Exercise and Training are absolutely critical. If staff members are not trained, and the plan has not been exercised, the NIMS "Preparedness Cycle" has not been completed.
- 2) Homeland Security Exercise and Evaluation Program (HSEEP) compliance is vital. <https://hseep.dhs.gov/>

12.1 – Oversight of Training, Exercising and Evaluation

Someone must be formally tasked with this requirement. Some CHDs have someone who usually designs exercises or oversees training; others may rely on another staff position to accomplish this task. Regardless, the position must be identified in the plan or roster and that person should be familiar with their duties.

12.2 – Training Plan Exists

A training plan need not be complicated. Identify realistic goals, audiences and time lines. The training plan should include familiarization for people within, and external to, the health department, as well as more detailed training for staff and volunteers. The training plan should not be a part of the county SNS plan but should be an external document that is updated yearly, available for inspection, and annotated regularly to show how many of the documented training and exercise goals have been achieved. The training plan can be combined with the exercise plan referenced in 12.5 below. If you need assistance with a training plan, please contact the state SNS Program Unit for assistance.

Scoring Clarification for 12.2



To obtain full credit for this criterion, the SNS plan must provide documentation which demonstrates the county has a training plan that includes SNS specific topics. Keep in mind that one training session may train several SNS topics at a time, and there does not have to be a separate training for each SNS function. This training plan must include course objectives, a tentative schedule, and the targeted audience for each scheduled training session. A score of 1 will be given if the county can provide a training plan which contains all of the elements indicated in this scoring clarification. A score of 0 will be given if the county does not provide documentation containing all of the elements indicated in this scoring clarification.

12.3 – Training Plan Implemented

Training records must be kept in order to document progress toward the goals and objectives stated in the training plan. Maintain copies of course objectives, sign in sheets, course materials and course evaluations for review during an assessment by state personnel or CDC consultants.

Scoring Clarification for 12.3



To obtain full credit for this criterion, the county must provide documentation in the form of sign-in sheets or certificates of completion as evidence that the county's training plan has indeed been implemented. A score of 1 will be given if the county can provide documentation for training efforts. A score of 0 will be given if the county does not provide documentation for training participation. (*Note: this documentation is not required to be a part of the county's SNS plan, and should be submitted in conjunction with the SNS plan as part of the county's comprehensive documentation efforts.*)

12.4 – A SNS–Specific Exercise Plan has been Developed in Accordance with HSEEP Guidance

As stated above, all training and exercise activities must be HSEEP compliant. HSEEP is essentially the NIMS standard for exercise and evaluation. If HSEEP architecture is not followed, the training and exercise activities are not NIMS compliant. Specifically, the HSEEP standard provides very productive suggestions for training plan structure and content as well as information regarding After Action Reports. Following HSEEP guidelines will improve the quality and consistency of training and exercise products. The state–level SNS Training and Exercise Plan is available on the SharePoint.

12.5 – After Action Reports and Corrective Action Plans

As above with training, please document all SNS related exercise activity. Following the HSEEP standards, a structured After Action Report (AAR) should be created for each exercise activity that explains the good and bad results from the exercise, what remedial action is required, who will implement these AAR documented changes, and by what date.

Scoring Clarification for 12.5



Many counties are beginning to move towards HSEEP compliance, but it is recognized that HSEEP is a very labor–intensive effort. To obtain full credit for this criterion, the SNS plan must provide documentation which demonstrates the county has made good faith efforts to follow HSEEP formatted training and exercise conduct. This includes providing After Action Reports and Corrective Action Plans. An excellent way to demonstrate the county has developed and implemented its corrective action plan is through indication within the SNS plan, that something was changed as part of the county's corrective action efforts, as a result of reviewing After Action Reports. A score of 1 will be given if the county can provide documentation of after action reports and corrective action plans as indicated for this criterion, and can demonstrate resulting corrective actions taken as a result of the analysis of those reports. A score of 0.5 will be given if the county can produce documentation, but does not demonstrate corrective actions. A score of 0 will be given if the county does not provide documentation, even if the county states that after action and corrective action reports are done and considered in their SNS planning process.

12.6 – Training and Exercise Components

Each SNS plan component is expected to have been offered for training, exercised and analyzed in some way every year. While this may sound daunting – please remember the ideas presented early on in this document: SNS is not a "doomsday special purpose system". SNS is a multi–purpose tool that provides a systematic way to design and implement one of the most critical core functions of any public health department. By creatively integrating SNS as a system into the local county health department's concept of operation, there will be ample opportunities to train, exercise, and learn how to use SNS during the year. In fact, the hardest part of the entire exercise section of the Local Technical Assistance Review is to simply

remember to document everything that has occurred during the year that can satisfy your SNS requirement.

The Technical Assistance Review is not specific regarding what kind of exercise activities have been conducted, nor does it specify that all plan components must be practiced in the same exercise or training session.

CDC Operational Guidance for Section 12



RAND Point of Dispensing (POD) Standards, April 2008

Standard 3.3 – Jurisdictions shall recruit sufficient command staff and provide plans for recruiting and training of spontaneous, unaffiliated volunteers, in sufficient numbers to operate all the planned PODs in the jurisdiction at the levels of throughput required to meet the CRI timeline.

CLOSING REMARKS

Preparedness Planners:

Thank you for reading this document and taking on the challenge of updating your county's SNS plan. Although SNS is a complicated system with many requirements, these requirements are actually in place to assist you. We sincerely hope this document was useful to you in your planning process. However, it is only a document and may not address the wide array of specialized situations you may find in your own county. If you have any questions, concerns or would like to discuss Florida's SNS system in any way, please contact Brandi Keels, SNS/CRI County Program Coordinator, at 850/245-4444 *3705. Current SNS Program Unit contact information can be found under the "SNS_CRI Points of Contacts" section on the SNS SharePoint site: <http://dsh.SharePoint.doh.ad.state.fl.us/DEMO/OEO/SNS/default.aspx>

MEMORANDUM OF AGREEMENT
Between
The Centers for Disease Control and Prevention
And
The State of Florida

I. Purpose

To effectively respond to public health emergencies, the Centers for Disease Control and Prevention (CDC) agrees to transfer SNS Assets from its Strategic National Stockpile (SNS) to State of Florida (“RECIPIENT”) for use in responding to public health emergencies. The CDC and the RECIPIENT agree to the terms, conditions, and responsibilities contained in this Memorandum of Agreement (MOA). This MOA replaces and supersedes any previous agreements concerning SNS assets.

II. Definitions

“SNS Assets” means Durable Assets and Medical Materiel, as defined in this section.

“Durable Assets” means Assets listed in Appendix I.

“Medical Materiel” means any SNS Asset that is not a Durable Asset.

III. Responsibilities

A. Following a decision to deploy SNS Assets, CDC agrees to deliver such assets to a mutually agreed upon site within the RECIPIENT’s jurisdiction. CDC will pay the costs of delivery to the agreed upon site. The RECIPIENT is responsible for all costs associated with transportation, distribution, and administration of SNS Assets after delivery.

B. CDC is responsible for handling and care of SNS Assets until delivery. CDC will provide an inventory manifest, handling instructions, and appropriate Medical Materiel treatment guidelines. RECIPIENT agrees to evidence delivery by signature of an authorized official of the RECIPIENT on a transfer document provided by CDC, whereupon CDC’s handling and care responsibilities terminate.

C. The RECIPIENT agrees to maintain records accounting for SNS Assets received, used, returned, transferred to another state, local government, tribe, or territory or disposed of, and to provide CDC with access to, or copies of, such records.

- D. Upon delivery, the RECIPIENT assumes responsibility for maintaining the physical security and integrity of SNS Assets, including compliance with CDC handling instructions and applicable federal laws and regulations.
- E. CDC retains title to Durable Assets at all times, and the RECIPIENT agrees to return unused or reusable Durable Assets to CDC upon request, at CDC expense, or when no longer needed for its public health emergency response purposes, unless the CDC has agreed, in writing, to another disposition of the Durable Assets.
- F. Title to Medical Materiel transfers to the RECIPIENT upon RECIPIENT'S signature of delivery as provided for in section III.B., subject to the following two conditions: (1) the Medical Materiel must be used for public health emergency response purposes and use for other purposes must be approved by CDC. (2) At the conclusion of a public health emergency response, CDC will assess the return of unused medical materiel to determine if sealed, non-pharmaceutical items stored in accordance with manufacturer recommendations can be returned to federal custody. CDC will not otherwise accept return of any unused Medical Materiel.
- G. RECIPIENT agrees to provide SNS Assets to patients free-of-charge. RECIPIENT may charge an administration fee provided such fee does not exceed the regional Medicaid allowable charge, or, if billed to Medicaid, the state Medicaid allowable charge. RECIPIENT is encouraged to not charge a fee for patients unable to pay. Any other fee must be approved by CDC.
- H. In the event RECIPIENT transfers SNS Assets to another jurisdiction or entity, RECIPIENT agrees to use its best efforts to ensure the jurisdiction or entity complies with sections III.C., D., E., and G., above, and all applicable laws and regulations.

IV. No Reimbursement

Except as detailed above, CDC will not be responsible for any costs related to this MOA.

V. Authority

This MOA is made under the authority of § 319F-2 of the Public Health Service Act, as amended (42 U.S.C. § 247d-6b).

VI. Duration

This MOA shall remain in place until otherwise agreed to by the parties. It may be terminated at any time, upon 120 days advance written notice from either party.

VII. Amendments

Any provision of the MOA may be amended by signature approval of the Points of Contact or their designees.

VIII. Liability

Each party to this agreement shall be responsible for its own acts and omissions and those of its officers, employees and agents. No party to this agreement shall be responsible for the acts or omissions of entities not a party to this agreement. Neither party to this MOA agrees to release, hold harmless or indemnify the other party from liability that may arise from or relate to this MOA.

Section 319F-3 of the Public Health Service Act (42 U.S.C. 247d-6d), as enacted by the Public Readiness and Emergency Preparedness Act (“PREP Act”) (Pub. L. No. 109-148), may provide additional liability protections for actions carried out under this MOU. For additional information on the PREP Act, including the declarations issued by the Secretary of HHS invoking the Act’s protections, see: <http://www.hhs.gov/disasters/discussion/planners/prepact/index.html>.

IX. No Private Action and Effect on Procedures and Laws

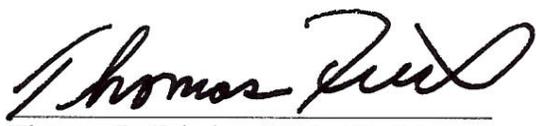
This document is an internal agreement between CDC and the RECIPIENT and does not create or confer any right or benefit on any other person or party, private or public. Nothing in this agreement is intended to restrict the authority of either signatory to act as provided by law or regulation or to restrict any agency from enforcing any laws within its authority or jurisdiction.

X. Points of Contact

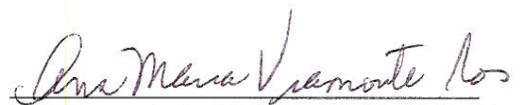
CDC: Director
 Centers for Disease Control and Prevention
 1600 Clifton Road
 Atlanta, GA 30333

RECIPIENT: Charles Gaylor
State Strategic National Stockpile Coordinator
Florida Department of Health
4052 Bald Cypress Way, A-22
Tallahassee, FL 32399

The undersigned represent and warrant that they have the right, power, legal capacity, and appropriate authority to enter into this MOA on behalf of the party for which they sign.



Thomas R. Frieden, M.D., M.P.H.



Signing on behalf of the State of Florida

Thomas R. Frieden
Name of Signatory

Ana Viamonte Ros, M.D., MPH
Name of Signatory

Director, CDC
Title of the Signatory

State Surgeon General
Title of the Signatory

MAY 3 2010
Date Signed

1/25/2010
Date Signed

APPENDIX I

Table One: Recoverable SNS Assets, non-Federal Medical Station

DSNS Durable Assets

Equipment deployed in support of a public health emergency response

Item
12-Hour Push Package Cargo Containers
CHEMPACK Containers
Portable Ventilators
Ventilator Storage Cases
Ventilator Cargo Containers
Vaxi-Cool™ Mobile Refrigerators
Automatic Pill Counters
SNS equipment used to support SNS deployed personnel (laptops, communications equipment, etc.)

APPENDIX I

Table Two: Recoverable Durable Assets, Federal Medical Station

General Items
Folding Chairs
Tables, Folding
Lamps, Gooseneck
Lighting, Perimeter
Electrical Distribution Kits #1, #2, #3 and Switch, Auto Transfer
Ride-over Cord Protector
GFI Temporary Power Supply
Outlet Box, Electrical
Sink/Wash Station Portable
Pallet Jacks
Dolly, Hand-trucks
Shipping Containers
Refrigerator (Portable) with Battery Pack
Medical Equipment
Beds, Enhanced Care
Beds, Exam
Beds General Use, Metal Frame w/springs and Mattress
Backboards (Adult/Child)
Stretchers, Wheeled (General Use & Bariatric)
Transfer Benches
Commodes, Bedside
Masks, Hepa, N95
IV Poles
Glucometers
Pulse Oximeters
Oxygen Cylinders & Regulators
Aspirator/ Portable Suction
Continuous Positive Airway Pressure (CPAP) Machines
Portable Ventilators
Thermometers, Electronic and Battery Powered
Aneroid Set, Blood Pressure Cuffs (Adult, Infant, Child, and Obese)
Broselow Pediatric Kits
Adult Crash Cart Kit
Automated External Defibrillators (AED)
Special Needs Equipment
Wheelchairs, 18", 22" 24" and 26"
Walkers
Bariatric Beds and Mattresses
Patient Lifts (1000lb, 400lb)



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment D2: Record of Changes and Distribution

Last Update: December 15, 2010

Plan Version	Activity*	Date Completed*	Person Responsible*	Additional Comments*
V 1.2 Dec 2010	Routed for DOH signature	December 2010	Bobby Bailey DEMO – BPR Unit Director	Final routing includes: OEO Director, DEMO Director, General Counsel, Deputy Secretary for Health, State Surgeon General
V 1.2 Dec 2010	Distributed 2 nd edition for statewide review	November 2010	Melanie Black, DEMO – BPR Unit Director	Review group included: Regional co-chairs, RERAs, county & regional planners
V 1.1 Dec 2010	Distributed for statewide review	October 2010	Melanie Black, DEMO – BPR Unit Director	Review group included: Regional co-chairs, RERAs, county & regional planners
V 1.1 Dec 2010	Convened plan development team to rewrite current plan	March 2010	Melanie Black, DEMO – BPR Unit Director	Review group included: Regional co-chairs, RERAs, county & regional planners
Previous Florida SNS plans had been approved by CDC, but not within FDOH.				

*Field Descriptions:

Plan Version: Version of plan under review

Activity: Document the following activities in this record:

- Date of Related Training(s), Exercise(s) and/or Call-down List Update
- Date Document is Distributed to Stakeholders (for review or final distribution)
 - Comment Section should include:
 - List of Who Received Plan (Who/Position/Agency)
 - Method of Distribution (e.g. Sharepoint site/email, hard copy)
 - Number of Copies Received (if applicable)

Date Completed: Self-explanatory

Person Responsible: Current Document Owner or designee

Additional Comments: Utilization of this field is left to the discretion of the document owners & related workgroup



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment D3: Acronyms
Last Update: December 10, 2010

Acronym	Definition
AAR	After Action Report
ARES	Amateur Radio Disaster Services
ARF	Action Request Form
BPR	Bureau of Preparedness and Response
BSPS	Bureau of Statewide Pharmaceutical Services
CEMP	Comprehensive Emergency Management Plan
CDC	Centers for Disease Control and Prevention
COMM	Communications (tactical)
DEMO	Division of Emergency Medical Operations
DSNS	CDC's Division of the Strategic National Stockpile
ECO	Emergency Coordination Officer
EM	Emergency Management
EMS	Emergency Medical Services
EOP	Emergency Operations Plan
ESF	Emergency Support Function
ESF 8	Emergency Support Function 8 – Health and Medical
FBI	Federal Bureau of Investigation
FDENS	Florida Department of Health Emergency Notification System
FDLE	Florida Department of Law Enforcement
FDOH	Florida Department of Health
F.S.	Florida Statute
HHS	Health and Human Services
JAS	Job Action Sheet
JITT	Just In Time Training
ICS	Incident Command System
IP	Improvement Plan
IT	Information Technology
IRMS	Inventory Resource Management System
MI	Managed Inventory (formerly Vendor Managed Inventory, VMI)
MOU	Memorandum of Understanding
NIMS	National Incident Management System
OOC	FDOH Office of Communications
POC	Point of Contact
POD(s)	Point(s) of Dispensing
RACES	Radio Amateur Civil Emergency Services
RSS	Receiving, Staging, and Storing Facility
RDSTF	Regional Domestic Security Task Force
SSAG	SNS State Assistance Group
SNS	Strategic National Stockpile
TEP	Training and Exercise Plan



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment D4: Definitions

Last Update: December 10, 2010

The FDOH EOP base plan includes additional, related acronyms and definitions.

Term	Definition
Alternate Dispensing Sites	Specialized Points of Dispensing (POD), such as large corporations, first responder prophylaxis sites, military installations, Native American Reservations.
Closed Point of Dispensing (POD)	Any location dispensing medications which is not open to the public, but is intended to serve only that business or entity at which the POD is set up.
Dispensing	The preparation and delivery of a prescription drug in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug pursuant to a lawful order of a practitioner.
Distribution	The method in which medication and/or medical supplies are allocated and transported to dispensing sites.
Emergency Coordination Officer (ECO)	Per F.S. 252.365, an individual designated by an agency head to coordinate emergency management activities for that agency.
Executive Order	A rule or regulation having the force of law promulgated directly by the Governor under his statutory authority. Executive Orders take effect unless the legislature takes action to disapprove them within a specified period of time.
Florida Department of Health Emergency Notification System (FDENS)	An electronic system that can simultaneously alert select response personnel of a situation and provide a brief message. The system is designed to alert individuals on multiple devices as they designate.
Household	A social unit composed of those living together in the same dwelling
Managed Inventory (MI)	Additional pharmaceuticals and/or medical supplies that can be shipped to arrive within 24 to 36 hours. If the agent is well defined, MI can be tailored to provide pharmaceuticals, supplies and/or products specific to the suspected or confirmed agent(s). In this case, the VMI could act as the first option for immediate response from the SNS Program.
Point of Dispensing (POD)	Local/county site that dispenses medication to individuals.
Prescriptive Authority	Authority given to medical professionals by Florida Statute to write orders for prescription medications (e.g. physicians (MD/DO), nurse practitioners, physician assistants)

Term	Definition
Prophylaxis	Any medical or public health procedure whose purpose is to prevent, rather than treat or cure disease.
Public Health Advisory	Any warning or report giving information to the public about a potential public health threat.
Public Health Emergency	Any occurrence, or threat thereof, where natural or man-made, which results or may result in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or natural disasters.
Push Package	These are caches of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill defined threat in the early hours of an event. These Push Packages are positioned in strategically located, secure warehouses ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets.
Receiving, Staging and Storing (RSS)	A temporary site established in close proximity to an impacted area where the Strategic National Stockpile will be received, and maintained until distributed to the counties.
Regimen	A medication treatment plan that specifies the dosage, the schedule, and the duration of treatment.
SNS State Assistance Group (SSAG)	Federal SNS staff that coordinate with state and local officials to assure the SNS assets are efficiently received and distributed upon arrival at the site.



Florida Department of Health
Strategic National Stockpile Appendix to the Logistics Support Annex

Attachment D5: Florida Emergency Security – Related Statutes and Mutual Aid Information

Last Update: August 1, 2010

Chapter 23, Part 1, 23.1225, of the Florida Statutes calls for the creation of Mutual Aid agreements between law enforcement agencies within the state. The Florida Department of Law Enforcement (FDLE) is the lead agency per this law. FDLE is the state's lead law enforcement agency when F.S. 252 is activated by the Governor in a disaster response.

Subsequently, FDLE created the Florida Mutual Aid Plan (MAP). Included within the Florida Mutual Aid Plan, under the section "State Emergency Operations," is the concept of supporting the rapid deployment of the Strategic National Stockpile (SNS) materiel and providing security for these critical resources by ESF-16 member agencies (includes Florida Sheriff's Task Force).

From the Florida Mutual Aid Plan:

STATE LAW ENFORCEMENT EMERGENCY RESPONSE

Initial incident response to any law enforcement emergency may include local or regionally based state law enforcement resources who frequently respond to requests for local emergency assistance under their agency's general operating policies.

Expanding Impact or Escalating Needs

When a law enforcement emergency exceeds the response capability of locally (city, county, state) available resources this Mutual Aid Plan should be activated.

- The FDLE Mutual Aid Administrator will (1) brief all ESF-16's law enforcement command staff and partners and DEM command, (2) prepare for activation of ESF-16 to coordinate the deployment of law enforcement resources into the disaster area, and (3) coordinate the actual deployment of law enforcement resources to the event/incident.
- The FDLE Regional Special Agent in Charge (SAC) will notify the FDLE Executive Director and Mutual Aid Administrator, and will direct the FDLE Regional Assistant Special Agent in Charge (ASAC) responsible for coordinating mutual aid to oversee the coordination and management of deployed regional law enforcement resources to the event/incident.
- The FDLE Regional ASAC coordinating mutual aid will assign an FDLE Special Agent Supervisor (SAS) or Special Agent (SA) as a state law enforcement liaison to the impacted sheriff's/police command post or County EOC to monitor and assess the event, the incident response, and to confirm law enforcement response needs.

- A regional state law enforcement agency commander requesting additional agency manpower or equipment from beyond the impacted region, shall notify the appropriate FDLE Regional Special Agent in Charge (SAC) to ensure that all such state resource requests are coordinated and to provide for the alert of other state law enforcement resources.

Responding State Law Enforcement Agencies

- Each responding state law enforcement commander shall coordinate support efforts with the FDLE Regional Mutual Aid Coordinator. When appropriate, a Law Enforcement Multi-agency Coordination Group (LEMAC) will be formed to provide response coordination to a defined impacted area of operations.
- Responding state commanders represent the ESF-16 component of the State Emergency Response Team (SERT) and ensure coordination between FDLE and any on-scene representative from the Division of Emergency Management (DEM).

State Emergency Operations

- Activation of the State Emergency Operations Center (SEOC) may occur if an event escalates beyond the capacity for local response or if a disaster is of immediate critical magnitude.
- State agencies other than law enforcement may respond to the SEOC for monitoring/deployment of resources.
- When necessary, the Mutual Aid Administrator, at the direction of the Executive Director, will brief the Governor, State Coordinating Officer, and any other designated advisors as to the potential need for an Executive Order declaring a State of Emergency (required to activate the Florida National Guard).
- If an event requires the rapid deployment of Strategic National Stockpile materiel, support for safeguarding these critical resources will be coordinated through ESF-16.