

# FLORIDA STRATEGIC NATIONAL STOCKPILE STANDARD OPERATING PROCEDURE

Approved: January 27, 2015

Version 1.4

- I. **PURPOSE:** The purpose of this Standard Operating Procedure (SOP) is to describe the procedures the Florida Department of Health (FDOH) will use to request, receive and distribute the Centers for Disease Control and Prevention (CDC) Strategic National Stockpile (SNS).

Florida's Public Health and Medical system is charged with supporting monitoring, investigating and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions as a core mission in the State Comprehensive Emergency Management Plan. This SOP describes the procedures for one aspect of that mission: securing, managing, distributing and resupplying critical pharmaceuticals, medical supplies and equipment from the SNS.

To meet this expectation, FDOH will follow the procedures outlined in this SOP to ensure:

- a. County Health Departments (CHDs) have an adequate supply of pharmaceuticals, medical supplies and equipment necessary to provide prophylaxis and/or treatment to affected populations within 48 hours of an approved SNS request.
- b. Shipments of SNS materiel to the designated counties are initiated within four (4) hours of receipt at the designated Receipt, Stage and Store (RSS) facility.
- c. FDOH maintains accountability over all distributed assets.
- d. FDOH properly recovers assets, as applicable.

- II. **SITUATION:** FDOH is the primary organization responsible for the receipt and distribution of SNS materiel. FDOH activates the SNS Standard Operating Procedure (SOP) when SNS resources are needed or directly shipped (pushed) to Florida by the CDC as part of its overall response to an incident or event. FDOH will activate this SOP when an incident requiring distribution of pharmaceuticals and/or medical supplies exceeds the local and state resources, regardless of the precipitating cause.

In order to receive and utilize SNS materiel from the CDC, Florida signed a Memorandum of Agreement (MOA) with the CDC. *Attachment D1: FDOH/CDC MOA*. When activated, the SOP supports local health and medical activities.

The SNS is comprised of the following assets:

- a. 12-Hour Push Package: 130 cargo containers of pharmaceuticals, antidotes, medical supplies and equipment designed to provide rapid delivery of broad spectrum assets for an ill-defined threat within the early hours of a response<sup>1</sup>;
- b. Managed Inventory (MI): Represents the largest percentage of the SNS (98%) and is comprised of bulk pharmaceuticals and medical supplies that can be individually requested. MI may be requested as a complement to the 12-Hour Push Package, or sent as the first-line response if the disease agent is known.

Though initially designed for response to bioterrorism, the SNS may also be deployed for:

- a. Naturally occurring incidents that cause mass casualties or damage the health and medical infrastructure (e.g. tropical cyclones, wildfires, heat waves).
- b. Technological disasters such as a radiological release at a nuclear power plant or other hazardous material incident.

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<sup>1</sup> <http://www.cdc.gov/phpr/stockpile/stockpile.htm>

- c. Infectious disease outbreaks and pandemics.

**III. ASSUMPTIONS:** This SOP is based on the following planning assumptions:

- a. SNS assets may be deployed with or without a Presidential Disaster Declaration.
- b. The CDC may deploy SNS assets directly to Florida without a request from the state. This action would be based on credible intelligence of a threat or actual activities which make such an action prudent prior to a declaration.
- c. FDOH coordinates Florida's request for the SNS.
- d. An RSS facility operated by FDOH is established to receive SNS materiel. The RSS receives, stages, stores, and distributes pharmaceuticals, medical supplies and equipment to the affected area(s).
- e. The Push Package is expected to arrive at the designated RSS within 12 hours of an approved request. Distribution operations from the RSS to a county's Local Distribution Site (LDS) will begin within four (4) hours of the receipt of SNS materiel.
- f. MI will arrive at the designated RSS facility within 24-36 hours an approved request.
- g. The RSS receives only processed mission requests approved and tasked by Tate ESF8 Logistics based on established allocation and apportionment strategy for the incident.
- h. Each county has developed a plan that describes how they will receive and manage SNS materiel. County plans are reviewed at the local level and validated by the state on a routine basis.
- i. Each county has identified an LDS facility to receive materiel from the RSS.
- j. Locally identified Point of Dispensing (POD) sites are the primary locations for dispensing medical countermeasures to impacted populations and are included in local SNS plans and procedures.
- k. POD sites have two configurations:
  - o Open PODs are open to the public.
  - o Closed PODs are intended to provide countermeasures to a predefined segment of the population, lessening the burden on Open PODs. Closed PODs include, but are not limited to: prisons, detention centers, healthcare facilities, large industries, first responder prophylaxis sites, residential communities, military installations and tribal nations.
- l. The amount of pharmaceuticals and medical supplies contained within the 12-hour Push Package may be insufficient to meet local needs, necessitating apportionment of materiel, as necessary. Apportionment methodology is dictated by the incident and information available to the technical specialists of the Medical Advisory Group at time of their activation.
- m. The population to receive medications will be determined according to the nature, scope, and severity of the incident. Decisions as to who is eligible to receive the countermeasures will be made through collaboration between federal, state, and local officials.

**IV. AUTHORITIES:**

- a. Ch. 23.1225, Florida Statutes (F.S.) provides Florida's Department of Law Enforcement's Mutual Aid Plan.
- b. Ch. 110.501-.504 F.S. allows state agencies to recruit and train volunteers to effectively administer or support agency services.
- c. Ch. 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.
- d. Ch. 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.
- e. Ch. 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.
  - f. Ch. 381.003, F.S. authorizes the department to administer rules relating to the control of communicable disease.
  - g. Ch. 381.00315, F.S. authorizes the State Surgeon General to declare public health emergencies and issue public health advisories.
  - h. Ch. 768.28 F.S. protects state employees who administer vaccinations as part of their official duties.
  - i. Ch. 465.015(2)(b), F.S. identifies certain qualified staff authorized to fill, compound, or dispense prescriptions.

**V. CONCEPT OF OPERATIONS:**

**a. General Operations**

- Except as noted below, SNS operations are addressed in accordance with existing alert/notification, logistics, and mass prophylaxis plans, guidelines and procedures.

**b. Requesting SNS**

- The FDOH Emergency Coordination Officer (ECO), or delegated official, coordinates SNS mission requests between the state and the federal government.
- A federal SNS request is only approved after its appropriateness is validated and only under the direction of those authorized to make a request to the CDC. This list is updated annually, or as necessitated by organizational changes. Positions authorized to request the SNS are as follows:
  - State Governor
  - State Surgeon General
  - Deputy Secretary for Health
  - Director, FDOH Division of Emergency Preparedness and Community Support (DEPCS)
  - Chief, FDOH Bureau of Preparedness and Response
  - Emergency Coordination Officer (ECO), FDOH/Emergency Support Function 8 (ESF 8)
  - State Coordination Officer (SCO), Florida Division of Emergency Management.

Attachment A1: Requesting SNS Assets outlines the information needed at the time the request is made to CDC, as well as the CDC SNS contact information.

**c. Request Procedure and Resource Management**

- FDOH is responsible for requesting SNS assets from CDC.
- Local jurisdiction is responsible for receiving and validating incoming shipments and entering mission requests into the established requisition system.
- The FDOH ECO, or delegated official, ensures that local requests for SNS materiel receive prompt validation and response.

- Local jurisdiction requests are validated by State ESF8 staff and triaged based on the allocation and apportionment strategy that has been defined for the incident.
- Once a request has been approved, a mission to fill the request is generated, entered into the established requisition system and tasked to the RSS facility.
- After the product has been delivered to the local jurisdiction, the same system is used to document mission completion.
- Figure 1 provides an overview of the formal resource request process.
- Key Points:
  - SNS mission requests are accepted only through established state requisition systems.
  - Individuals authorized to request SNS assets are identified in each county's plan.
  - Requests for state assistance by tribal nations are placed through the local jurisdiction.
  - Tribal nations may request SNS assets directly from the federal government, or from the state.
  - Department of Defense (DoD) military installations cannot request SNS assets directly from the federal government and do not maintain medical countermeasure caches for active duty personnel, civilian contractors, or their family members.
  - Requests for state assistance by a DoD military installation are placed through the local jurisdiction.
  - Request for additional SNS medications or supplies follow the same request process.

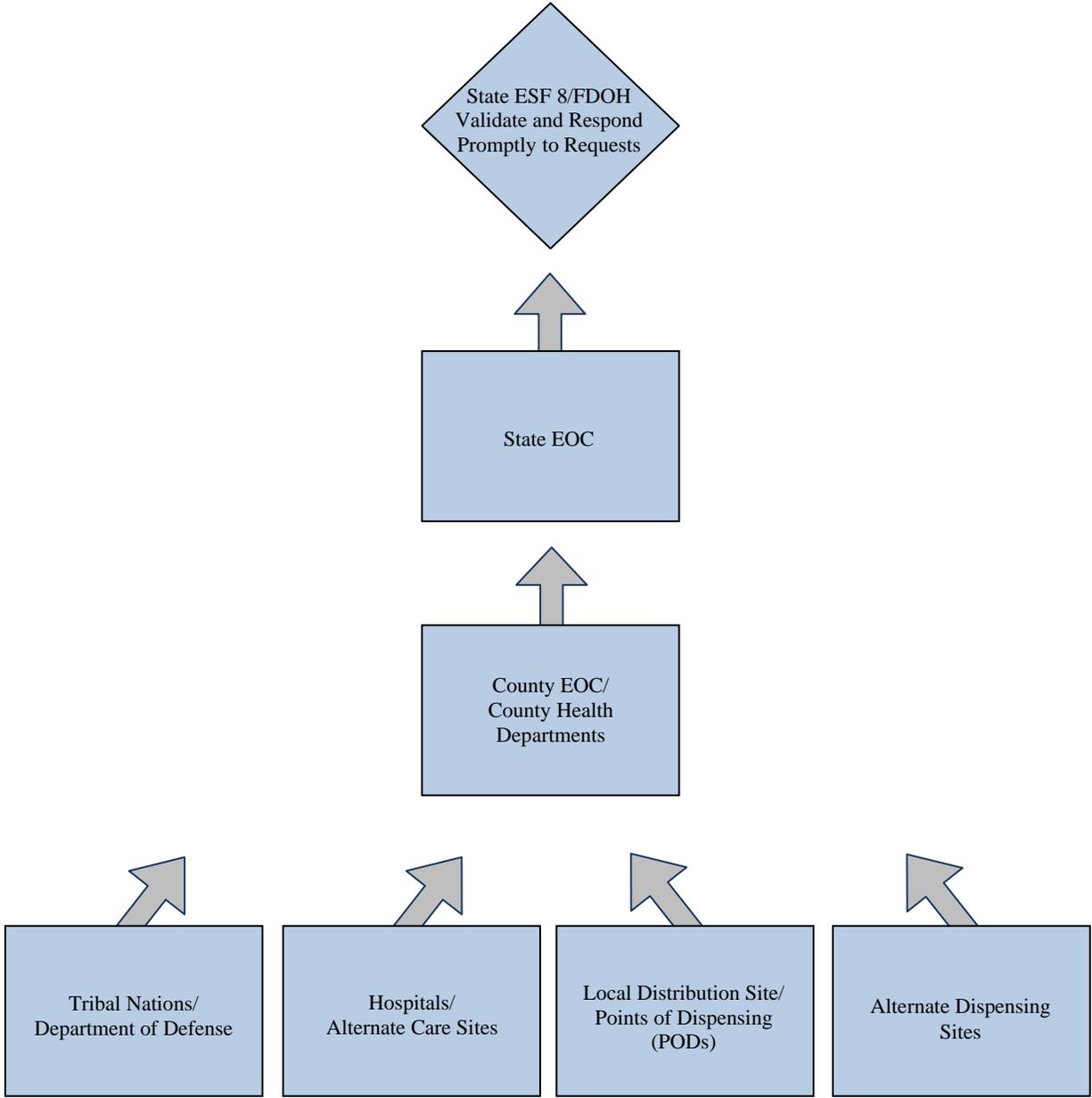


Figure 1. Overview of Florida's resource request procedure

**d. Financial Responsibilities**

- The CDC is responsible for all costs associated with shipping and providing security for SNS materiel en route to the state's designated RSS sites.
- After receipt of the SNS, the state is responsible for all costs associated with the operation of the RSS, including transport of materiel from the RSS site to LDS in the impacted jurisdiction(s).
- The state seeks maximum reimbursement for incurred costs through federal funding mechanisms established for the response.
- Procedures for administrative and finance activities are addressed in the FDOH Financial Management and Recovery SOP and include the following:
  - Staff Compensation: Overtime hours are paid in accordance with the state of Florida Employee Handbook, produced and maintained by the Department of Management Services.
  - Procurement processes including required documentation for reimbursement of purchases (Financial Management and Recovery SOG, June 2012).
- Coordination with other entities (e.g. FEMA) for reimbursement.
- Volunteer management guidelines are addressed in Florida Statute (F.S.) 110.501-110.504 and the "Florida Volunteer Protection Act (2009) F.S., 768.1355. The information contained in these documents includes but is not limited to the provision of work and break schedules and liability protection.

**e. Demobilization**

SNS assets will be demobilized when related tasks are complete or when the appropriate state and local officials determine that they are no longer needed. FDOH oversees the demobilization of resources and arranges asset transportation as necessary.

**f. Receipt, Stage and Store Operations**

*NOTE: The concept of operations for the Receipt Stage and Store (RSS) warehouse are detailed in the RSS Operations Manual. Portions of that information are protected under F.S. 381.95.*

- **Receipt, Stage and Store (RSS) Site**
  - The RSS primarily serves a logistics function. The RSS is the location where CDC assets are received and prepared for distribution to local jurisdiction(s).
  - 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 initial RSS Branch Director. This staff member initiates RSS set-up in accordance with the procedures found in Section 1 of the RSS Operations Manual. See *Attachment B1: RSS Operations Manual - Table of Contents*.
  - The RSS Branch Director manages RSS operations in accordance with state objectives. The RSS Operations Manual includes a sample RSS Table of Organization.
  - The State ESF8 Incident Management Team will coordinate the following incident management functions on behalf of the RSS:
    - ❖ Coordinated situational awareness and data reporting
    - ❖ Public Information
    - ❖ Finance & Administration

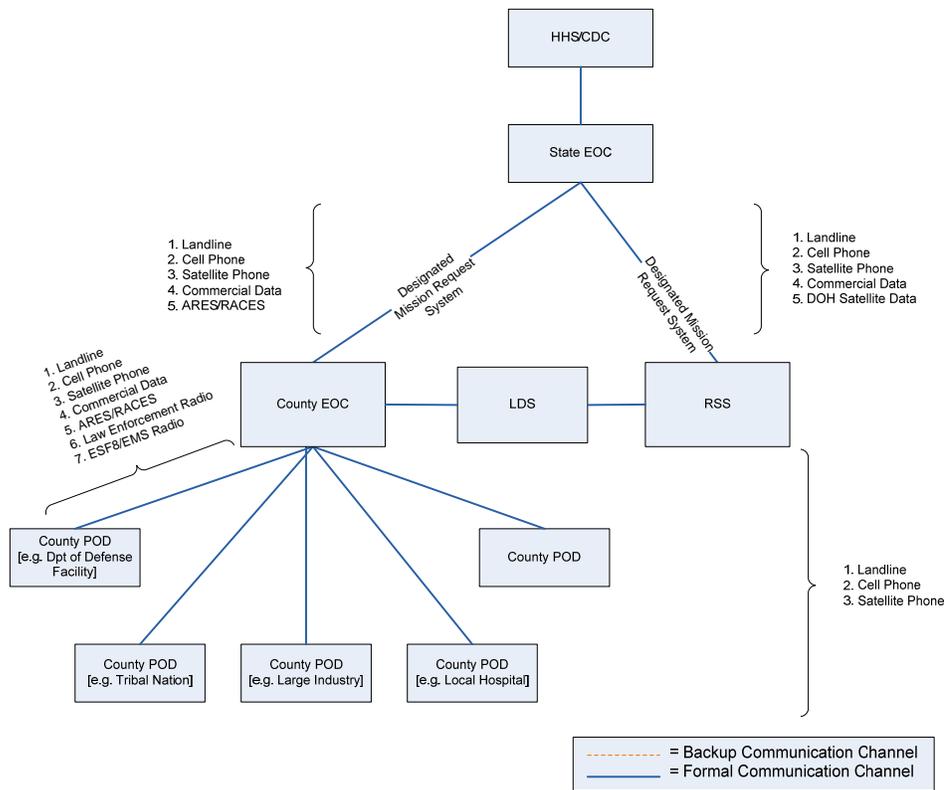
- **RSS Operations Involve:**
  - Accepting custody of SNS assets:
    - ❖ Accepting custody involves the acceptance of SNS assets from the federal government at the designated RSS site. Section 1 of the *RSS Operations Manual* documents Florida's chain of custody procedures, including the management of controlled substances.
    - ❖ The RSS operations comply with required procedures of the Controlled Substances Act of 1970 and Chapter 893, Florida Statutes, Drug Abuse Prevention and Control, in regard to the controlled substances received from the Strategic National Stockpile and distributed to PODs or other health care facilities or practitioners.
    - ❖ Personnel with Power of Attorney to receive SNS assets are found in *RSS Operations Manual 03\_Legal\_Policy\_Documents*.
  
- Receiving, storing, and staging of SNS assets:
  - Section 1 of the *RSS Operations Manual* documents Florida's procedures and related forms for receiving, staging and storing 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.
  - Storing involves placing materiel in secure, environmentally controlled storage until it is picked and packaged for subsequent shipment(s) to County LDS facilities.
  - 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 prompt designated personnel to pick materiel and shipping personnel to organize it by delivery location.
  - While in the shipping staging area, quality assurance personnel verify the products and the condition of products, counts of each product per pallet, and destination(s) of each pallet. The Shipping Unit Leader assures that the pallet is wrapped and that the Transportation Unit is notified.
  - Refrigeration or freezer units, as appropriate, will be ordered on an as needed basis for RSS facilities without these capabilities.
  
- Repackaging of bulk pharmaceuticals; re-palletizing of pre-packaged medications or medical supplies:
  - The FDOH Bureau of Public Health Pharmacy is responsible for the repackaging of bulk pharmaceuticals into appropriate regimens. Section 1 of the *RSS Operations Manual* contains the repackaging procedures.
  - Repackaging bulk drugs and compounding of oral suspensions remains the contingency plan for those situations in which the prepackaged medicines are inadequate or ineffective. The function of repackaging includes creating individual, labeled regimens of specific drugs staged for delivery;
  - Re-palletizing of pharmaceuticals and medical supplies is a function of the RSS staff, and will be done to ensure accurate filling of orders placed through the County EOCs.
  
- Distribution of SNS assets to approved sites in impacted areas:

- Distribution is coordinated at the designated RSS for assets to be received at one LDS in each impacted county. The county ensures delivery of the SNS materiel from the LDS to their PODs, hospitals and alternate treatment sites.
  - The RSS Distribution Unit Leader coordinates asset distribution. The primary method of transporting SNS assets to LDS facilities is ground transportation. Air transport may be used in the event that traffic or other situations prohibit the use of trucks. Resources are distributed in accordance with procedures outlined in state and FDOH logistics plans.
  - If cold-chain transportation is required, refrigerated trucks or units and/or trucks or units with freezer capabilities, as appropriate, will be requested through logistics. Arrangements should be made to leave the chiller unit at the county delivery site. If the chiller unit cannot be left at the county site, an appropriate cold storage capability will be ordered for the county location receiving SNS materiel.
- Recovery of SNS assets:
    - Recovery of SNS equipment, containers, and unused materiel is outlined in the memorandum of agreement (MOA) between the State and the Division Strategic National Stockpile. See: *Attachment D1: Signed SNS MOA\_CDC\_FDOH*. Unused medical assets include, but are not limited to:
      - ❖ Specialized cargo containers.
      - ❖ Refrigeration systems (to include freezers, if any).
      - ❖ Unused medications that remained at the RSS.
      - ❖ Ventilators.
      - ❖ Portable suction units.
      - ❖ Repackaging and tablet-counting machines.
      - ❖ Computer and communications equipment.
    - If the return of unused pharmaceuticals is requested by the CDC Division of SNS, then the procedures outlined in the Bureau of Public Health Pharmacy Internal Operating Procedures for return of pharmaceuticals will be followed, along with actions described in the CDC/FDOH Memorandum of Agreement.
- Inventory Control:
    - Inventory control includes tracking and managing SNS assets transferred to state custody, stored within the RSS site, and delivered to the delivery site within any given county. 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 management system is web-based and scalable. This allows the addition of authorized users at the county and state levels.
    - The Planning and Logistics Sections have access to all warehouses in operation. This visibility allows them to produce reports on resource availability and burn rate of these resources.
    - Electronic spreadsheets and/or paper forms are utilized if the primary computer-based inventory control system is unavailable.
- Staffing

- 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.
  - The RSS Management Team periodically briefs staff regarding the current situation and safety issues.
  - 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.
  - Personnel staffing the RSS receive priority prophylaxis. Other state-level first responders and critical infrastructure personnel will also receive 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.). See: *Attachment B3: Staff Prophylaxis Procedures*. All staff prophylaxis activities comply with the current FDOH Responder Management Plan.
  - 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.
- Security:
    - 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 LDS locations. 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. See: *Attachment D5: Florida Emergency Security – Related Statutes and Mutual Aid Information*.
    - Controlled substances are managed per state and federal law. Section 1 of the *RSS Operations Manual* documents Florida's chain of custody procedure, including the management of controlled substances.
    - Escalation of force for law enforcement agencies is determined by existing law enforcements' policies.
- Tactical Communications:
    - Florida Division of Emergency Management and FDOH have robust and resilient communications systems to support SNS operations. The systems include two-way radios, satellite phones, cell phones, video conferencing, and internet.
    - FDOH Information Technology and Tactical Communication (COMM) personnel maintain and organize radio, telephone, and computer systems used at an RSS facility, for communications inside the RSS and to the Central Office.
    - All components 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:
      - ❖ Voice & FAX over telephone landline.
      - ❖ Voice over cellular.

- ❖ Data (Including email & worldwide web traffic) connectivity over dedicated landline.
  - ❖ Video Conferencing.
  - ❖ High and Low Speed Data over cellular modem.
  - ❖ Voice and High Speed Data over facility deployable FDOH satellite system.
  - ❖ Voice (“Radio” and Telephone) and Low Speed Data over vehicle satellite systems.
  - ❖ Voice or Data via Voice Over Internet Protocol (VOIP) and (Radio Over Internet Protocol).
- Communications links are tested and used at least quarterly by the owning agency. FDOH satellite phones and cell phones are also used or tested at least quarterly and documented in an email sent to participants.
  - 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 an FDOH high speed satellite network connection. An alternative data connection can also be established over FDOH vehicles equipped with satellite telephones. It should be noted this contingency will be slower in transmission capability. 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 diagram on Page 11 depicts standard communication channels by the solid lines. The backup channels are depicted with the dashed lines. The diagram represents 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



**g. Points of Dispensing (PODs)**

- PODs are the local sites for distribution or administration of a variety of medical countermeasures. *See: Attachment B2: Regional Distribution of POD locations – diagram.*
- Each of Florida’s 67 counties has an emergency management structure that is activated during times of emergencies. Florida also has seven (7) Regional Domestic Security Task Forces (RDSTFs) that coordinate emergency efforts across county lines. Both the county and regional emergency management structures involve multi-agency coordination.
- 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 – C4.
- Adverse reaction reporting and tracking is a function of the county health department. Guidance for reporting adverse reactions to vaccines or medications are given at time of dispensing. Further information on adverse reaction reporting may be found in the Florida Department of Health (FDOH) Emergency Operations Plan (EOP) Mass Prophylaxis and Treatment Annex.

**V. Organization and Assignment of Responsibilities:**

The FDOH EOP Base Plan and Logistics Support Annex document assign FDOH state responsibilities described in this SOP. *Attachment A6: RSS Table of Organization* and the job action sheets found in the **RSS Operations Manual** (Table of Contents found in *Attachment B1: RSS Ops Manual Table of Contents*) document assigned state RSS responsibilities. County SNS plans include local responsibilities, including single-delivery site and POD management. *Attachments C1-C5* provides guidance regarding county SNS responsibilities.

**VI. Information Collection and Dissemination:**

The Planning Section of the Incident Management Team in coordination with the local operational entities is responsible for the collection and dissemination of information. Information needed for efficient RSS operations includes:

- a. Available amount(s) of pharmaceuticals and medical supplies and equipment.
- b. Estimated number of people to be treated.
- c. Number of distributed regimens or vaccinations.
- d. Estimated or actual burn/usage rate of pharmaceuticals or supplies.
- e. Status of shipment.
- f. Status of RSS workers.
- g. Unmet needs.

**VII. Communications:**

- a. 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. As part of its overall CERC activities, FDOH maintains all-hazards communication message/procedure templates, including scenarios involving deployment of SNS assets.
  - Especially for large scale disasters, communications incorporate:
  - Formal and informal agreements between agencies.
  - Contingencies to avoid single points of failure
    - Identification of diverse communication dissemination venues and modalities.

- Identification of primary and back-up contacts for key information.
  - Robust redundant/back-up communication equipment which is tested/exercised regularly
- a. Intra-Agency: The Office of Communications uses various systems to communicate with FDOH staff including email, SERVFL Everbridge, and the FDOH Employee Information Line. The FDOH Emergency Notification and Crisis and Emergency Risk Communications Annexes detail the procedures that might be used for these notifications.
  - b. Inter-Agency: Emergency communications with the Department's external stakeholders 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 modalities established by Florida's Division of Emergency Management, and the FDOH Office of Communications.

### **VIII. Points of Dispensing (PODs):**

- a. County Plan Updates – State's Role: Central Office SNS program staff review and provide feedback to local SNS planners regarding County SNS Plans in accordance with federal guidance, including CDC's local Technical Assistance Review (TAR) and Operational Readiness Review (ORR) tools. Plan reviews address the following areas:
  - Appropriate LDS facilities and locations.
  - Appropriate number of PODs to cover each jurisdiction's population.
  - Adequate staffing for LDS and POD sites.
  - Development of alternate methods of dispensing.
  - Procedures for the prophylaxis of first responders and critical infrastructure staff.
  - Development of consistent dispensing messages.
  - Methods of disseminating information.
  - Dispensing to special/vulnerable populations.
  - Coordinating with any local treatment center(s).
  - Annual training and exercise documentation.
- b. The State SNS staff coordinates and monitors SNS-related training and exercise activities. FDOH's Multi-Year Training and Exercise Plan (MYTEP) provide an overarching public health and medical training and exercise plan. The MYTEP 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.
- c. State SNS training and exercise objectives include:
  - Design and conduct drills, workshops and other training in preparation for the full or functional exercise;
  - Design and coordinate a functional or full scale exercise to be conducted yearly.
  - 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 contains the related guidance documents.

- County mass prophylaxis plans are maintained in each county.
  - Counties that receive federal Cities Readiness Initiative (CRI) funding are required to participate in a Metropolitan Statistical Area (MSA) -wide, full-scale exercise within the 5-year grant period and perform the following functions in accordance with federal grant deliverables:
    - ❖ Staff call-down
    - ❖ Site activation
    - ❖ Facility set up
    - ❖ Pick list generation
    - ❖ Dispensing throughput
    - ❖ Other functions as per federal guidance
  - Counties that do not receive federal CRI funding are required to maintain up-to-date plans based on state and federal guidance and conduct one (1) medical countermeasure functional exercise every three (3) years in accordance with the FDOH CHD Preparedness Expectations. CHD medical countermeasure exercises incorporate the following functions:
    - ❖ Request
    - ❖ Receipt
    - ❖ Dispensing
    - ❖ Reporting medical countermeasure inventory
    - ❖ Reporting adverse events

**IX. Attachments: State Health Office**

- a. Attachment A1: Requesting SNS Assets (released on a need to know basis – contains contact information).
- b. Attachment A3: Initial SNS Activation and Notification Checklist.
- c. Attachment A4: Sample Governor’s Executive Order Verbiage.
- d. Attachment A5: Sample Public Health Emergency Verbiage.
- e. Attachment A8: Select SNS-related State Policy Decisions.
- f. Attachment D1: Signed SNS MOA\_CDC\_FDOH.
- g. Attachment D2: Record of Changes and Distribution.
- h. Attachment D3: Acronyms.
- i. Attachment D4: Definitions.
- j. Attachment D5: Florida Emergency Security – Related Statutes and Mutual Aid Information.

**X. References:**

- a. **Federal**
  - Receiving Distributing and Dispensing Strategic National Stockpile Assets, A Guide for Preparedness, Centers for Disease Control & Prevention, Version 11, February 2014.
  - Public Health and Emergency Preparedness Budget Period 3, Performance Measure Specifications and Implementation Guidance, Centers for Disease Control and Prevention.
- b. **State**
  - Florida Comprehensive Emergency Management Plan, Florida Division of Emergency Management, February 2014.
  - Florida State Unified Logistics Plan, Florida Division of Emergency Management, 2009.
  - Florida Statewide Communications Interoperability Plan, Florida Domestic Security State Working Group, Interoperable Communications Committee, November 1, 2007.
  - Memorandum of Agreement for Individual Florida RSS Sites, multiple dates.

- Florida Department of Health Employee Handbook, November 2009.
- Department of Health, Chapter 110 Volunteer Program – Policies and Procedures, DOHP 365-1-05 (includes forms).
- SERV-FL Procedures, Florida Department of Health, Office of Public Health Nursing, Responder Guide 4.8, 2010.
- Florida Department of Health – ESF8 Standard Operating Procedure (SOP), November 2012.
- Logistics Standard Operating Guidelines (SOG), October 2013.
- Crisis and Emergency Risk Communications Annex, August 2010.
- Mass Prophylaxis and Treatment Annex, July 2010.
- Florida Department of Health Financial Management and Recovery SOG for Emergency Response, June 2012
- Biological Incident Annex, November 2011

c. **Local**

- Individual Florida County SNS Plans, multiple dates.

**XI. Record of Changes & Approval:**

The Bureau of Preparedness and Response coordinates annual reviews and revisions to the SNS SOP 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.

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.

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 Division of Emergency Preparedness and Community Support

Signature of Approval: \_\_\_\_\_ Signature on file \_\_\_\_\_

Date: \_\_\_\_\_ 1/27/15 \_\_\_\_\_