



TRUMBULL COUNTY COMBINED HEALTH DISTRICT (TCCHD) Medical Countermeasure (MCM) Dispensing Annex

Version 1.1

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Jurisdictions Covered by this Plan:

Trumbull County Combined Health District and
Warren City Health District

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INTRODUCTION

APPROVAL AND IMPLEMENTATION

The Trumbull County Combined Health District (TCCHD) **Medical Countermeasure (MCM) Dispensing Annex** provides operational guidance for coordination of public health resources and response during an emergency that requires medical and pharmaceutical distribution to the residents of Trumbull County. It also includes guidance for the receipt and distribution of the Strategic National Stockpile (SNS) as well as proper management of these resources as outlined in ***Appendix 11 – TCCHD Cold Chain Management SOP***. This Annex encompasses both the Trumbull County Combined Health District (TCCHD) and the Warren City Health District (WCHD). TCCHD will be used throughout the Annex but the plan pertains to and is endorsed by both health districts. This Annex would be implemented during an incident that requires TCCHD to execute the policies and procedures contained in this plan in response to an incident that requires pharmaceutical prophylaxis to the residents of Trumbull County. This annex will be implemented in conjunction with the **TCCHD Emergency Response Plan – Basic Plan (ERP)** and its Annexes and Appendices and the **Trumbull County Emergency Operations Plan (EOP)**.

EXECUTIVE SUMMARY

The **TCCHD Medical Countermeasure (MCM) Dispensing Annex** is an incident specific plan that provides operational guidance for the management of the distribution of pharmaceutical and medical supplies to the population of Trumbull County. This Annex becomes activated when there is a disease outbreak or epidemic, a terrorist attack, or a catastrophic natural disaster that requires pharmaceutical prophylaxis to prevent deaths and/or poor health outcomes. It coexists with the **TCCHD Emergency Response Plan (ERP) - Basic Plan** and is an Annex to this plan.

The decision to perform mass vaccination or medication distribution to Trumbull County residents will be derived by the TCCHD Health Commissioner from consultation with other TCCHD administrative personnel, the Trumbull County Emergency Management Agency (TC EMA), the Ohio Department of Health (ODH), the Trumbull County Commissioners, the North East Central Ohio (NECO) Region Public Health, the Ohio Governor’s Office, and/or the Centers for Disease Control (CDC).

The decision to request the SNS will be made during consultation between the TCCHD Health Commissioner, the TCCHD Medical Director, TC health organizations, TC EMA, ODH, and the Governor’s Office.

This Annex identifies public health’s roles and responsibilities for medical countermeasure response operations in Trumbull County. This plan is to be used in conjunction with the more detailed **TCCHD ERP-Basic Plan** and its Attachments and Appendices and other TCCHD Annexes that might be needed during a public health emergency event. Additionally, this Annex is designed to work in conjunction with the **Trumbull County Emergency Operating Plan (TC-EOP)**, administered by the Trumbull County Emergency Management Agency (TC-EMA).

The successful implementation of the **TCCHD Medical Countermeasure (MCM) Dispensing Annex** is dependent upon the collaboration of Trumbull County partner agencies and organizations that are responsible for crucial resources and tasks during a medical countermeasure incident in Trumbull County.

SIGNATURE PAGE

The Trumbull County Combined Health District (TCCHD) **TCCHD Medical Countermeasure (MCM) Dispensing Annex** provides the guidance for coordination of public health resources and response during an incident that requires pharmaceutical or medical materiel distribution to the population of Trumbull County. During a medical countermeasure incident, healthcare systems may become overwhelmed and exhaust their resources. This Annex will be used to provide mitigation of medical counter measures in Trumbull County.

All TCCHD program areas are directed to provide training and exercise these plans in order to maintain the overall preparedness and response capabilities of the agencies. TCCHD will maintain this plan, reviewing it and reauthorizing it at least annually; and utilize exercise or real event After Action Reports (AAR) to make changes and updates.

This **Medical Countermeasure (MCM) Dispensing Annex** is hereby adopted, and all TCCHD program areas are directed to implement it.

This plan has been approved and adopted by the following individuals at TCCHD:



Robert Biery, Jr., Board President
Trumbull County Combined Health District

6/26/2019

Date

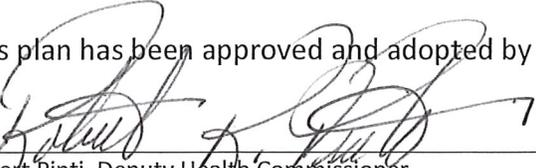


Frank J. Migliozi, MPH, REHS, RS, Health Commissioner
Trumbull County Combined Health District

6/26/2019

Date

This plan has been approved and adopted by the following individuals at WCHD:



Robert Pinti, Deputy Health Commissioner
Warren City Health District

7-12-2019

Date



Subash Khaterpaul, M.D. Health Commissioner
Warren City Health District

7/12/2019

Date

RECORD OF CHANGES

The Health Commissioner authorizes all changes to the **TCCHD Medical Countermeasure (MCM) Dispensing Annex**. Change notifications are sent to those on the distribution list. The following should be completed when changes are made:

1. Add new pages and destroy obsolete pages.
2. Record changes on this page.
3. File copies of change notifications behind the last page of this Annex.

Date	Revision Number	Version Number	Description of Change	Pages Affected	Reviewed or Changed By (Name & Title)
10/19/2018	1	1.1	Compiled all TCCHD MCM documents into one plan and formatted it to align with ERP-Basic Plan Style/Guide.	All pages.	S Swann
11/16/2018	2	1.1	Created Request, Receipt, Storage of SNS Procedure.	Attachment I	S Swann
11/18/2018	3	1.1	Created TCCHD POD Procedure.	Attachment II	S Swann
11/14-2019	4	1.1	Changed name of Appendix 11	Pages 3, 32	S. Swann
11/14/2019	5	1.1	Added a link between Appendix 11 and the MCM	Page 4	S. Swann

For questions about this plan, contact:

Sandra Swann, RN, BSN
 Director of Nursing
 Emergency Preparedness Coordinator
heswann@co.trumbull.oh.us
 330-675-7821

RECORD OF DISTRIBUTION

A single hard copy of the **TCCHD Medical Countermeasure (MCM) Dispensing Annex** is distributed to each person in the positions listed below.

Date Received	Program Area	Title	Name
	TCCHD	Health Commissioner	Frank Migliozi, MPH, REHS/RS
	WCHD	Deputy Health Commissioner	Robert Pinti
		Title	Name
		Title	Name

This Annex is available to all staff and agency partners through the TCCHD internet site. One hard copy and one electronic copy can be found in the TCCHD Department Operations Center (DOC). Additionally, each Department Coordinator possesses an individual electronic copy. Staff may view the plan via the internet at any time or request to view one of the available hard copies.

SECTION I

1.0 PURPOSE

The purpose of the Medical Countermeasure (MCM) Dispensing Annex C to the TCCHD Emergency Response Plan – Basic Plan (ERP) is to outline the operational concepts, responsibilities, and actions of TCCHD public health during an incident that requires medical material and pharmaceutical distribution to the population of Trumbull County. It defines NIMS compliant roles and responsibilities for supporting a mass dispensing campaign. The public health and medical systems of Trumbull County could become overwhelmed by the healthcare demands of a disaster due to a naturally occurring or man-made incident. The primary goal of this plan is to coordinate local efforts in the use and management of medical counter measures (MCM) in response to public health and medical emergencies that require the distribution of pharmaceutical and medical materials.

Furthermore, this Annex establishes strategies to enhance the ability of the local public health agencies to work with local healthcare systems (hospitals, treatment centers, and healthcare providers) and effectively integrate with them during a MCM incident. It will identify the roles and responsibilities of TCCHD public health, actions to be taken during a MCM incident, and develop a coordinated approach for the management of resources when responding to a MCM incident.

Additionally, if local and regional healthcare supplies are exhausted, the Governor of Ohio, on behalf of the local government, may request SNS assets to support local healthcare needs. This plan also addresses how the SNS materiel will be requested, received and managed throughout an incident.

2.0 SCOPE

This Annex is applicable to medical counter measures - dispensing operations within Trumbull County to be carried out by TCCHD Public Health. It is applicable to both small and large operations. A Medical Counter Measures (MCM) incident is defined as an incident that requires the dispensing of pharmaceuticals and/or medical materials to the population of Trumbull County.

Additionally, this plan addresses supplemental assistance by regional and state partners when responding to MCM needs. It outlines what actions are necessary to request the deployment and management of the Strategic National Stockpile (SNS) during an MCM event.

3.0 SITUATION

1. Trumbull County public health and healthcare systems (hospitals, treatment centers, and health care providers) have an adequate supply of Medical Counter Measures (MCMs) to conduct business under normal circumstances.
 2. Planning for the distribution and dispensing of MCMs is a continuous process involving all levels of government.
 3. There are agreements in place to acquire additional resources locally and regionally if needed.
 4. Trumbull County public health and healthcare systems could become overwhelmed by the healthcare demands of a disaster due to a naturally occurring or man-made incident.
 5. The protection of life, health and safety of response personnel takes precedence over all response activities.
 6. This plan anticipates mass dispensing to greater than 200,000 people or greater than 68,000 head of households (per Real-OPT software calculations).
 7. TCCHD has identified 118 agencies that have agreed to be a Closed POD and would serve more than 60,000 people.
 8. Memorandum of Understanding (MOU) between local public health and community partners, agencies, and volunteer groups will be relied upon to assist the staffing of Points of Dispensing (PODs).
 9. Some of the identified volunteers will not be available due to their obligated role(s) during a MCM event.
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4.0 ASSUMPTIONS

1. **TCCHD's Medical Countermeasure (MCM) Dispensing Annex** encompasses both the TCCHD jurisdiction and the Warren City Health District (WCHD) jurisdiction.
2. The **TCCHD's Medical Countermeasure (MCM) Dispensing Annex** is not a stand-alone plan, but is used in conjunction with the **TCCHD ERP-Basic Plan** and the **TC EOP**.
3. The activation of this plan assumes there is a suspected or actual release of a biological, radiological or chemical agent, a natural or man-made disaster, a disease outbreak,

insufficient resources, or another type of incident that adversely impacts public health and may quickly overwhelm local response resources.

4. If this plan is activated, the TC EOC may be activated.
5. Incidents that necessitate the deployment of a MCM may involve contingent and multiple counties in Ohio.
6. Existing local resources will be utilized prior to processing a request for regional and/or state level MCM support.
7. Pre-identified PODs, drop site facilities, and staffing will be available to support and facilitate MCM-related activities.
8. The Ohio Department of Health (ODH) will ensure delivery of the SNS assets to the pre-identified local or regional drop site facility within 24 hours.
9. TCCHD will receive an adequate supply of requested resources.
10. Responders and critical infrastructure staff (and their families) will be among the first to receive prophylactic medication and/or personal protective equipment (PPE).
11. Non Pharmaceutical Intervention (NIP), e.g. social distancing, isolation, quarantine, will delay adverse outcomes and “buy time” for the implementation of a MCM.
12. Information and instructions will be disseminated when appropriate to facilitate the dispensing of the MCMs to the public.

SECTION II

5.0 CONCEPT OF OPERATIONS

5.1 SCOPE OF RESPONSIBILITIES

A medical countermeasure (MCM) dispensing operation happens when local or state officials identify a situation they believe has the potential to threaten the health of a population. TCCHD is the lead agency responsible for planning and facilitating a MCM dispensing campaign for Trumbull County. This involves effectively distributing and administering medical countermeasures to a large number of people in a short period of time. Although this is primarily led by public health, close coordination with local partners and healthcare systems is essential to fulfill the overall responsibility of safeguarding and minimizing the adverse health factors which may affect persons during and/or after an emergency or disaster.

The decision to deploy assets from the SNS is a collaborative effort by local, state and federal officials. TCCHD is the local coordinating agency for the receipt, management, and further distribution of the Strategic National Stockpile (SNS), specifically when the demand for local resources exceeds supply or there is an interruption in the supply chain that affects resource availability. Mobilization of cache material from the SNS is based on a state or local request, or a federal decision to deploy resources to increase resource availability in advance of a response to a public health threat.

5.2 MEDICAL COUNTERMEASURES (MCM) MANAGEMENT

As the lead agency for medical countermeasures (MCM) management in Trumbull County, TCCHD will provide incident management and initial local interagency coordination for MCM health specific actions. TCCHD's MCM level of activation will be dependent upon the type of incident and the level of assistance requested by local healthcare systems.

TCCHD will provide situational awareness and coordinate the local MCM response. Information related to biological, epidemiological, and environmental surveillance activities will be shared, as appropriate, with response agencies to ensure they can safely respond to mass care. Additionally, actions will be taken to provide the necessary oversight, situational awareness and decision support to local leaders, including the TCCHD Board of Health.

Coordination of the MCM cache between TCCHD and the state of Ohio will be facilitated through the Trumbull County EOC, the State EOC and ODH.

5.3 MEDICAL COUNTERMEASURES (MCM) DISPENSING STRATEGIES AND MODELS

Dispensing strategies are necessary to provide medical countermeasures (MCM) to the entire population of Trumbull County. TCCHD employs three dispensing strategies:

1. Open (public) Points of Dispensing (PODs);
2. Closed (not public) PODs; and
3. Alternate dispensing modalities for persons with access and functional needs.

The model(s) used to dispense emergency mass prophylaxis will be dependent upon the nature of the incident, the number of people affected, and the service(s) to be provided. If a vaccine is recommended, then all persons who are deemed at risk will require prophylaxis. If bottles of pills are to be dispensed, then one person may pick up the medication for an entire household.

Selection of a dispensing model may also be dependent upon priority groups for prophylaxis, disease severity, prevalence, and patterns of disease outbreak(s).

These dispensing strategies provide a tiered approach to deploy medical countermeasures to assure all population needs are being met in Trumbull County. The following is a description of each strategy.

5.3.1 OPEN POINTS OF DISPENSING (PODs)

Open PODs are pre-identified, community-based facilities where services, such as vaccination or medicine distribution, are provided to the general public. This is also known as a “pull-method” of dispensing where POD operations are established at an announced location and the at-risk population is pulled to the site to receive prophylaxis. TCCHD will use Open POD sites to dispense prophylaxis vaccine or medication and use one or more of the following models at the Open POD location:

1. Through-put Open POD Model – Individuals arrive at the POD location and follow a simple basic process to receive their prophylaxis. TCCHD will use a 5 step process for throughput: 1) Entrance/Triage; 2) Registration/Forms; 3) Medical Screening; 4) Medications Dispensing/Vaccination; and 5) Exit/Review. Each of these steps is described in (**Attachment I – ADM 1600 – Point of Dispensing (POD) Site Procedure**).
2. Head of Household Model – Certain emergencies may allow for an adult representative from each household to pick up medication for all household members at the Open POD location. The Head of Household dispensing model significantly reduces the number of clients who need to be seen at the POD site(s). When utilizing the Head of Household dispensing model, pediatric doses will be dispensed to a parent or guardian with

instructions for preparation and administration of medication. TCCHD will provide guidance on the number of regimens that can be dispensed to households based on threat assessment and available resources. For planning purposes average household size for Trumbull County will be used.

3. Drive Thru Model – Prophylaxis is dispensed to clients while they are in their vehicle. This potentially increases throughput, allows for infection control by limiting interactions between the public, and can serve populations with functional needs. TCCHD will use this model at Open POD locations for persons with mobility issues.

Each of TCCHD’s Open PODs has been assessed for security, layout, approach, parking, and access for people with functional needs. Necessary documentation for each Open POD has been completed and is compiled in its own “POD Notebook”. These notebooks contain the following required ODH POD information:

1. Facility Cover Page;
2. Facility Location Section;
3. Facility Logistics Section;
4. Facility Contact Section;
5. Facility Documents Section; and
6. Facility Jurisdiction Data Sheet (JDS) Section (**Appendix 2 – TCCHD JDS - ORR**).

For security reasons, the information in these notebooks, e.g. location, contact number, etc., is not for public disclosure until the time of the event.

Additionally, TCCHD’s identified Open POD dispensing sites are required to be documented in the Ohio POD (OPOD) secure internet site. All information pertaining to the POD, including completed forms is available to ODH through this secure site. TCCHD checks the status of our OPOD information, updates it as needed, and provides a report to ODH quarterly.

TCCHD also has a Memorandum of Understanding (MOU) (**Appendix 3 – Memorandums of Understanding**) with partner agencies, such as law enforcement, functional needs agencies, mental health and other partners to assist with operations of our Open PODs. Job Action Sheets and just in time training will be provided to all volunteers that assist with MCM distribution (**Appendix 4 – TCCHD Job Action Sheets**). Partner agency assistance and collaboration will be essential for a successful Open POD campaign.

5.3.2 CLOSED POINTS OF DISPENSING (PODs)

For certain populations, access to emergency prophylaxis is improved by bringing vaccines or medication directly to them. Nursing facilities, retirement communities, college campuses, and correction facilities are examples of congregate points for defined populations. Pushing

dispensing resources to these locations provides the defined population with emergency prophylaxis in a familiar, comfortable, or required setting. It also reduces the logistics challenges of bringing the defined population to an announced dispensing site. The following is the “push method dispensing” model that will be utilized by TCCHD.

Closed POD Dispensing Model – TCCHD has several pre-identified sites that serve a specific subset of Trumbull County’s population that are designated as Closed PODs. These PODs are “closed” to the general public. These sites provide an alternate dispensing modality that help to reduce the strain on TCCHD’s Open PODs by providing prophylaxis to the staff and occupants at the Closed POD location. It also provides a method of providing prophylaxis to people with functional needs. Staff associated with the Closed POD facility will dispense the medication or vaccine to the workers and occupants of the facility.

TCCHD has MOUs in place with nursing homes, assisted living facilities, adult residential facilities, correctional facilities, schools, and the Red Cross to serve as Closed PODs in Trumbull County. Yearly counts of staff and residents for each of these facilities are provided to TCCHD either through direct contact with the facility and/or CMIST data.

During a MCM dispensing campaign, TCCHD would provide an adequate regimen of prophylaxis or medical material for staff and occupants of each pre-identified Closed POD. Logistically, this would be pre-packaged in advance for each facility to be delivered or picked up at a designated location. Prophylaxis regimens that require a higher skill of administration, such as vaccinations will reduce TCCHD’s number of Closed PODs capable of providing medical countermeasures to their staff and residents. TCCHD would rely heavily on Medical Reserve Corps (MRC) volunteers, NECO Region and ODH support for a Closed POD vaccination campaign.

5.3.3 DISPENSING MODALITIES FOR PEOPLE WITH ACCESS AND FUNCTIONAL NEEDS

TCCHD will use a combination of models to address the population of Trumbull County that has access and functional needs. These needs include those with limited mobility, very young, elderly, those without transportation, vision impairment, language barriers, cultural barriers, etc. The following “push” and “pull” dispensing modalities will be used to address these needs:

1. Open POD Head of Household Model – An adult would pick up the medication for the person with access and functional needs.
2. Open POD Drive thru – The person with a mobility issue would receive the prophylaxis without having to get out of their vehicle.
3. Close POD – The medication would be delivered to the person that has the access and functional need.

TCCHD has MOUs in place with partner agencies to assist MCM dispensing to people with access and functional needs. These agencies include the TC Mental Health and Recovery Board (MHRB), TC Area on Aging, TC Veteran Services, Mercy Healthcare, Steward Healthcare, TC Fire Departments, TC Emergency Management Agency, TC Nursing Homes, TC Assisted Living facilities, and TC Adult Residential facilities, American Red Cross (ARC), TC Correctional facilities, and TC Schools. These partners have agreed to assist TCCHD during a MCM event. These agencies will either assist getting people with functional needs to the Open POD(s), pick up medical countermeasures to provide to them as a Closed POD, and/or assist TCCHD in locating where they reside.

TCCHD has plans in place, **TCCHD Communication Response Annex** that addresses communication with diverse populations and people with limited English proficiency. TCCHD has a contract in place with VOCALINK for both written and verbal interpretation, and Affordable Language Services as a backup. Additionally, TCCHD selected Open POD sites that are ADA (American Disabilities Act) compliant and certified.

To assure all individuals within Trumbull County are addressed during a MCM campaign, TCCHD will rely heavily on our partners for assistance and cooperation. All MOUs with Trumbull County agency partners are kept on file at TCCHD.

5.4 MEDICAL COUNTERMEASURES DISPENSING (MCM) CAMPAIGN PLANNING

TCCHD's MCM plan is for a "worst case scenario" in order to be proficient in both initiating and sustaining a MCM dispensing campaign. For example, an aerosolized anthrax scenario will call for an initial 10-day regimen of prophylaxis followed by a 50-day regimen of prophylaxis. A pandemic influenza response may only necessitate an initial push for vaccine administration. However, a pandemic influenza response might also necessitate a transition from an initial vaccine to a sustained vaccine administration. TCCHD must be able to sustain a prolonged dispensing operation for 100% of Trumbull County's population. By planning for the "worst case scenario" this plan can be adapted for a scenario that involves only an initial MCM dispensing campaign and/or a less severe scenario.

Initiation of a POD response will involve the activation of the **TCCHD ERP – Basic Plan** and all of its Attachments and Appendices therein, as well as the opening of the TCCHD Department Operation Center (DOC). Notification and mobilization of vital response staff and resources, including local, regional and state partners is essential for the successful operation of TCCHD's PODs.

Notification and activation of staff, volunteers and partners will be accomplished using TCCHD's wireless emergency network (WENs), OPHCS, and Ohio Responds as described in the **TCCHD ERP – Basic Plan** and the **TCCHD Communication Response Annex**. Mobilization and operation

of a POD is a local responsibility with assistance and support from regional, state and federal resources.

TCCHD will utilize local resources for initiating a MCM dispensing campaign. TCCHD assesses local pharmacies and medical supply facilities for MCM inventories yearly (**Appendix 5 – TCCHD MCM Inventory Assessment**). This MCM assessment would be conducted weekly during an event to determine when local assets are depleted. When local MCM resources are inadequate or exhausted, TCCHD will request for additional MCM resources through the TC EMA. Special stockpiles, called the Strategic National Stockpile (SNS), have been created that allow for rapid distribution of MCM resources. Medical countermeasures are deployed from the SNS using a two phase strategy:

1. The initial post exposure prophylaxis (PEP) consists of a 10-day regimen of oral antimicrobial drugs.
2. The second deployment of PEP consists of a 50-day regimen of oral antimicrobial drugs.

These MCMs will be delivered in the ratio in which they are available. The second phase will be sufficient to cover the same initial population or a refined exposed population based on epidemiological data.

TCCHD will use a tiered approach for dispensing PEP. The following three-tier system will be considered in prioritizing assets in response to an exposure:

- Tier 1 – First responders and those from affected areas with the highest risk of exposure. Families of first responders will also be considered for Tier 1.
- Tier 2 – Individuals without exposure but are at risk of exposure due to entry into contaminated areas.
- Tier 3 – Lowest risk of exposure due to distance from affected areas.

Additionally, TCCHD will use non-pharmaceutical interventions (NPI), as fully described in the **TCCHD Community Containment (Quarantine) Annex**. These measures include early surveillance, social distancing, event closures, isolation and quarantine. This will allow TCCHD to have some time for acquiring MCM resources and mobilization of dispensing sites.

5.5 REQUEST, RECEIPT AND STORAGE OF THE STRATEGIC NATIONAL STOCKPILE (SNS)

The decision for SNS assistance is a collaborative decision by local, state and federal officials. The request is made to the CDC or the Department of Homeland Security (DHS) by the Governor of the State of Ohio (see Figure 1).

The following are indicators that could trigger a request for the Strategic National Stockpile (SNS):

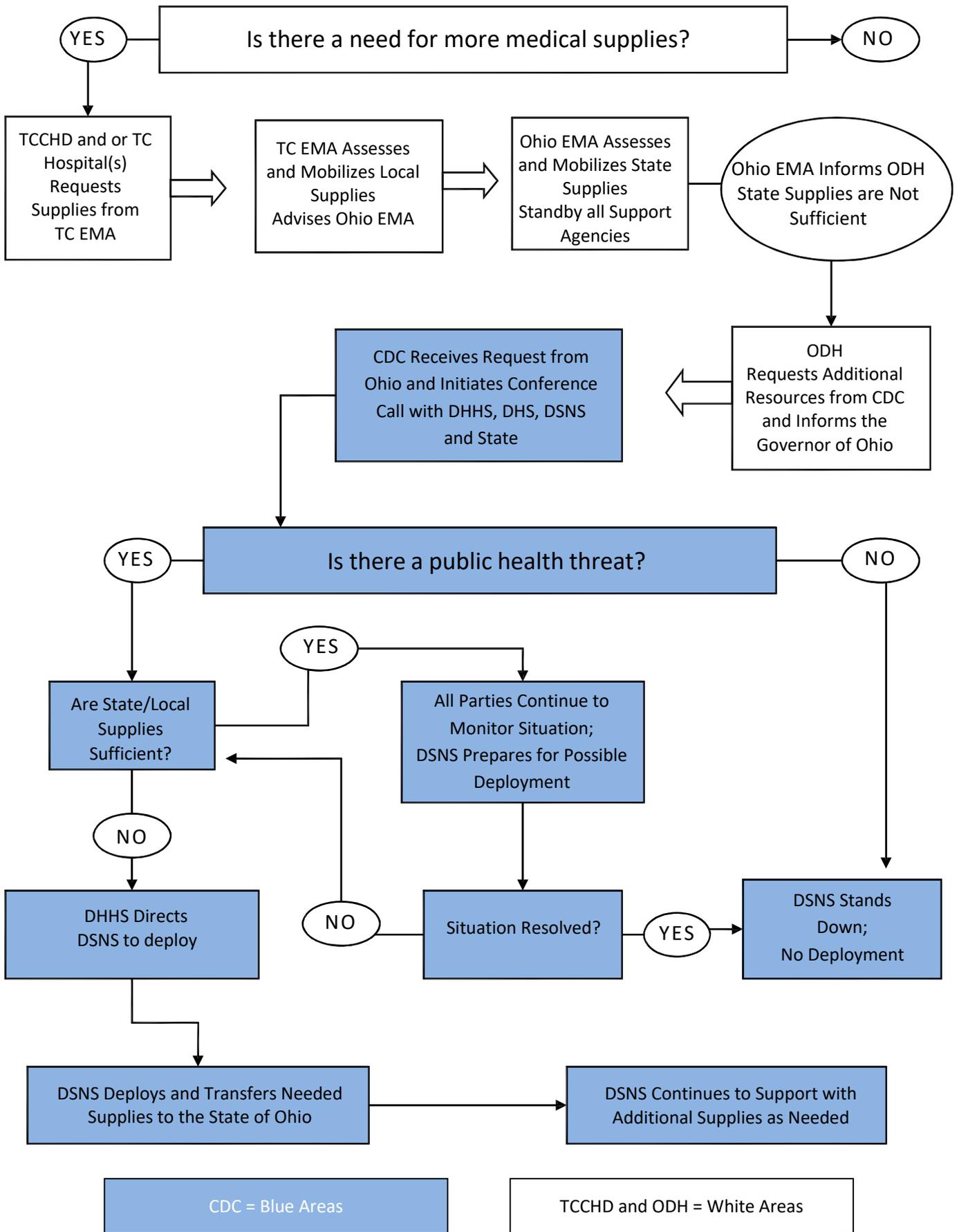


Figure 1 – Local – State – Federal SNS Request Flow

1. Medical surge beyond Trumbull County’s capacity;
2. Credible, imminent threat that would require large quantity of MCM assets;
3. Detection or presence of a biological agent; or
4. Epidemiology surveillance reveals suspect cases that may require large quantities of prophylaxis or other MCMs.

Once the decision is made to deploy the SNS, it will arrive within twelve (12) hours to the State of Ohio. The Ohio Department of Health’s (ODH) receipt, storage and staging (RSS) facility will be staffed and the MCM’s will be sorted and packaged as ordered by TCCHD. Depending on the size and location of the event, TCCHD’s requested MCM’s will be transported directly to Trumbull County’s local distribution site (LDS) or the regional distribution site (RDS) in which case TCCHD would be required to pick up the requested assets. This process could take another twelve (12) hours.

TCCHD’s requested MCM’s will be stored at a pre-identified location in Trumbull County called a Local Distribution Site (LDS). The LDS will be staffed with individuals that will oversee the security, inventory, and transfer of the MCM’s to local PODs and healthcare facilities. This complete process is described in **Attachment II – ADM 1610 – Request, Receipt, and Storage of SNS**.

5.6 POINTS OF DISPENSING (PODs) SITUATIONAL AWARENESS AND DEVELOPMENT

Local and state health officials, along with healthcare practitioners, maintain systems for routine monitoring for unusual medical and public health activity. Once a health threat has been identified and characterized, an appropriate control measure shall be recommended by local and/or state health authorities.

If POD operations are recommended to support emergency mass dispensing, the TCCHD Department Operations Center (DOC) and the TC Emergency Operations Center (EOC) shall be activated to coordinate communication and activation of POD facilities and resources (Figure 2).

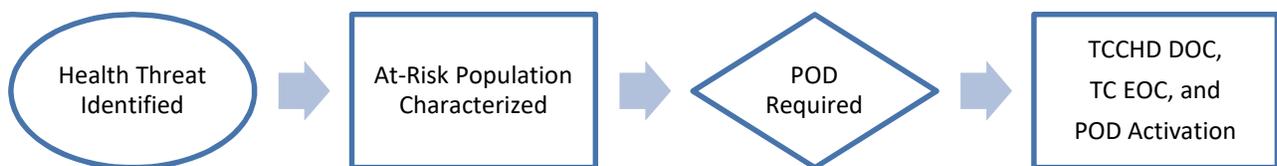


Figure 2 – POD Situational Awareness

Following activation, the TCCHD DOC Planning Team will develop an Incident Action Plan (IAP) for POD operations. A POD Management Team will be appointed. The POD IAP will include response activities for management of the POD as well as for traffic management and security operations. Below are key factors to consider when developing the IAP for POD operations:

1. Explain Health Threat & Control Measure – Local and state health officials will identify the public health threat, characterize the at-risk population, and recommend prophylaxis to protect the public. TCCHD’s IAP will include information resources about the risk and recommended protective action(s). The information shall be formatted to communicate to both emergency responders and the public – taking into account the communication needs of functional needs populations.
2. Select Pod Site Locations – TCCHD’s Open and Closed POD sites have been pre-identified and have a defined service area. Should these sites not meet the needs of the emergency circumstance, this plan and the IAP may be utilized to establish a POD at an alternate location. Site-specific operation plans for the pre-designated Open POD sites are found in TCCHD’s POD Notebooks.
3. Develop Response Objectives – The response objectives guide POD setup and operations. TCCHD objectives will include throughput or service rate, number of people needed to staff the POD, duration of operation, configuration of client flow, prophylaxis of first responders and their families, and incident-specific transportation and security plans. TCCHD will use the most current MCM Operational Readiness Review (ORR) Jurisdictional Data Sheet (JDS) for development of these operational guidelines (**Appendix C-2 – TCCHD JDS - ORR**).
4. Plan For Functional Needs Populations – TCCHD will use current CMIST and JDS data to guide resources for populations that may require additional assistance when accessing POD services. The IAP will outline available communication resources and other services available for these populations.
5. Mobilize Pod Resources – TCCHD’s POD Command Management structure will be customized based on identified and available human resources as illustrated in Figure 3. TCCHD will use twelve (12) hour shifts to achieve POD throughput as based on TCCHD JDS-ORR data. POD Command Management positions will be assigned to TCCHD trained personnel. Trained volunteers from the Medical Reserve Corps (MRC) and community service personnel will also support operations. Job Action Sheets (JAS) describing each role will be provided to all staff. Material resources are also identified in the IAP, as are procedures for tracking resource expenditures. In addition to local resources, regional, state, and deployment of SNS resources will be considered for immediate deployment to the POD site(s).

6. Pod Policies & Guidelines – The IAP outlines key policies and guidelines that must be observed throughout POD operations e.g. emergency response personnel and their families will receive prophylaxis prior to opening a POD; identification requirements to receive prophylaxis; etc.

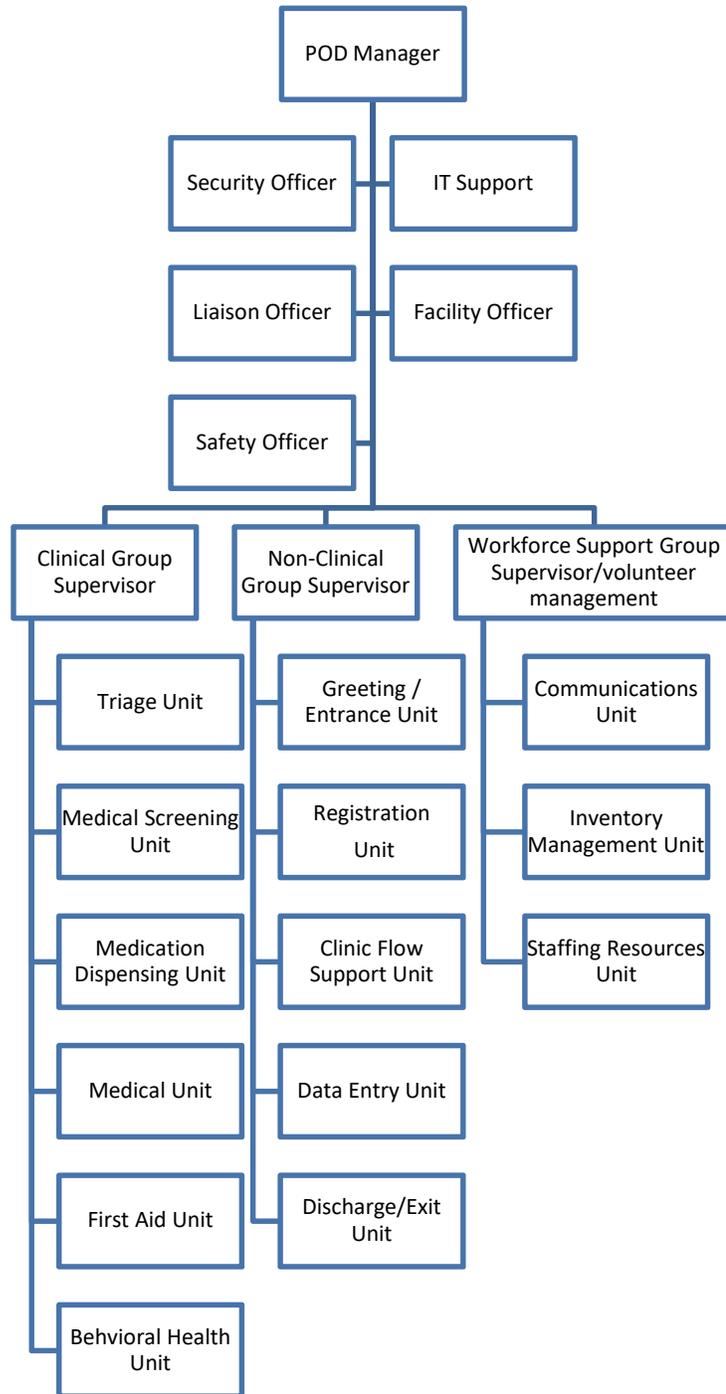


Figure 3 – POD Command Management Structure

5.7 ACTIVATION OF POINTS OF DISPENSING (PODs)

TCCHD's decision to activate POD operations will be based on the nature and type of event. TCCHD's PODs can be used to respond to a range of health events or emergencies. The following are some examples:

- Prevent exposure to an infectious disease;
- Treat an infectious disease outbreak;
- Distribution of essential supplies during a natural disaster e.g. water, food; or
- Response to an intentional biological or chemical agent

When activated, TCCHD's PODs are intended to:

- Dispense vaccine or medication quickly and accurately;
- Maintain a safe environment for staff and the public;
- Serve all clients, including those with functional needs (language and literacy barriers, physical and cognitive disabilities, elders and children);
- Expand or contract to the needs of the operation; and
- Provide adequate staffing for the duration of the operation.

TCCHD's PODs are not designed to:

- Provide services found at a healthcare facility or clinic; or
- Provide extensive medical treatment or evaluation.

Triage of the public is part of TCCHD's POD operations and ill people will be directed or transported away from the POD to a healthcare facility for further follow up and treatment. TCCHD will have Emergency Medical Service (EMS) providers staged at the activated POD to address any complex medical situation.

Additionally, Open POD dispensing may be one of two models:

1. Full Medical (Clinical) POD – Each person receives a medical assessment and MCMs from licensed medical personnel. Under this model, medical personnel would dedicate more time to providing personalized medical evaluation and education on the agent and MCMs to each client at the dispensing site.

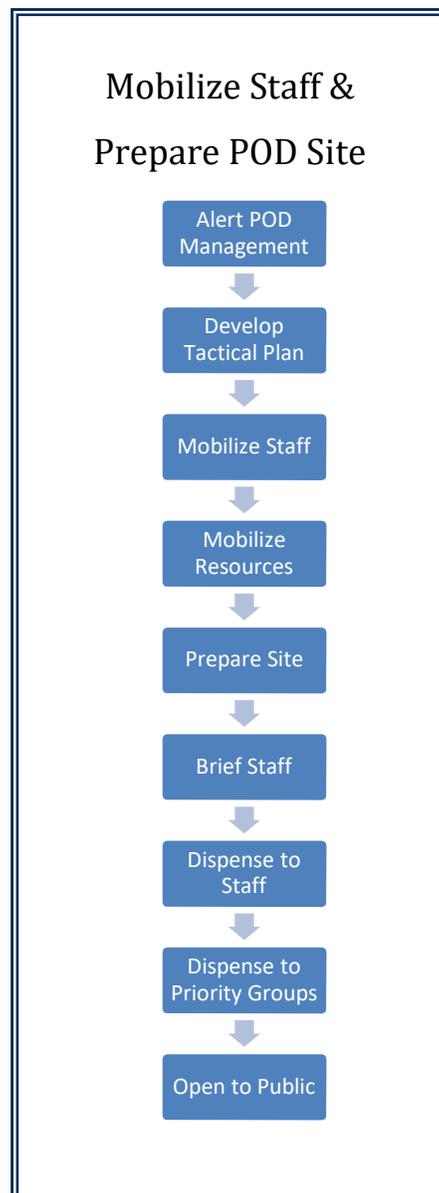


Figure 4 – Mobilize and Prepare POD

2. Non-Medical (Rapid Dispensing) POD – The non-medical model refers to a modification of the medical model that streamlines dispensing operations to achieve rapid dispensing. The goal of rapid dispensing is to increase throughput. In this model individuals might receive a less comprehensive screening form, steps in the dispensing process might be combined or eliminated, or trained nonmedical personnel may dispense MCMs under limited supervision from licensed medical professionals.

TCCHD plans to use the Clinical POD model as illustrated in **Appendix 8 – TCCHD POD Site Layout**. Prior to dispensing, there will be a brief review of medical contraindications, referral to medical professional for a more extended medical evaluation when needed, and the use of licensed medical staffing at the medical screening and dispensing station. The decision to move from this model to the Rapid Dispensing model will be a collaborative decision made by the TCCHD DOC, POD Manager, Medical Director, TC EOC, and/or ODH and will be contingent on the throughput needed and the nature of the agent.

TCCHD has policies and procedures in place to support activation of TCCHD POD site(s) (**Attachment I – ADM 1600 – Point of Dispensing (POD) Site Procedure**). Steps to carry out the activation of TCCHD’s PODs are depicted in Figure 4 and further described below:

1. Alert POD Management Team – Notify TCCHD POD facility(s) of activation of the MCM plan and mobilization of site(s). Alert and recruit POD management staff and trained volunteers to report to the designated POD site.
2. Develop Tactical Plan – TCCHD POD Management Team will review the IAP, POD layout, management structure and Job Action Sheets (JAS). The management team will clarify staff roles and responsibilities; and create a schedule to open and operate the POD.
3. Mobilize POD Staff – TCCHD POD Management Team will coordinate the deployment and arrival of POD staff. The number of staff needed shall be determined based on the requirements of the incident and staffing recommendations found in **Appendix 6 – TCCHD Real-Opt Models of Throughput**. Volunteer activation will be coordinated with the volunteer organization and follow all policies and procedures of the **TCCHD Volunteer Reception Center (VRC) Plan** and Standard Operating Guidelines for the TCCHD Medical Reserve Corp (MRC). Volunteers will be given “just in time” training and clear guidance on any infection control measures e.g. PPE.
4. Mobilize POD Resources – TCCHD POD Management Team will coordinate the deployment of POD resources. Initial POD resources will be mobilized to the POD site(s) using the TCCHD POD trailer and vehicles. The TCCHD POD trailer contains general inventoried POD supplies, e.g. paper, pens, clip boards, vests, signs, etc., and is ready to be deployed at any time. Other resources will be requested, e.g. MCMs from SNS, as needed. TCCHD will follow all required procedures, e.g. chain of custody, inventory management, etc., of all regional, state and federal assets requested. The TCCHD POD

Management Team will assign Inventory Management Staff (IMS) to oversee resource inventory and needs.

5. Prepare POD Site – TCCHD POD Management Team will ensure that the POD site(s) is fully operational (power, heat, or air conditioning) and accessible (streets open and plowed, parking lots empty). The management team will ensure that supplies are received and security and traffic plans are activated. TCCHD POD manager will complete a pre-opening POD walk through with the facility security officer using the POD Site Survey guidelines (**Appendix 7 – POD Site Survey**). A minimum of one law enforcement officer will be assigned to the POD site as the Security Officer. Other non-law enforcement staff will be assigned to work under the Security Officer. The security staff will assist with medical material security, crowd control, and parking. TCCHD has MOUs in place for Ohio State Highway Patrol, Trumbull County Sherriff Department and Warren City Police to assist with traffic control in and out of the POD site(s).
6. Brief POD Staff – Prior to opening the POD, the TCCHD POD Manager will brief POD staff and volunteers about the following:
 - The incident, health threat, and control measures;
 - The POD schedule, staffing, and operations;
 - The support services for staff (meals, breaks, behavioral health) and clients (translations, behavioral health, families);
 - The POD layout, client flow, and walk-through of the facility;
 - The POD staff assigned roles and responsibilities;
 - The Command Structure and shift changes;
 - An overview of all client forms and information sheets;
 - The evacuation and emergency procedure; and

Just-In-Time Training (JITT) will be provided to POD staff and volunteers. Training will cover an overview of the operations, command structure, and job-specific functions. Staff and volunteers may be cross-trained to perform multiple roles in a POD.

7. Dispense to POD Staff – In the event that the POD is operating in response to a contagious event, all TCCHD POD personnel (including volunteers) and their family members will be offered prophylaxis before the opening of the POD to the public. Those who do not receive medication/vaccine prior to the opening of the POD to the public should receive medication/vaccine before the start of their first shift. If there is a limited

quantity of medication/vaccine, TCCHD will provide guidelines on the prophylaxis of POD personnel and their family members at the time of the event.

8. Dispense to Priority Groups – Prior to opening a POD, TCCHD will provide prophylaxis to other high priority groups such as first responders, e.g. police, fire, EMS, EOC personnel, etc., and critical infrastructure personnel. These priority groups will be served in the same manner as POD staff and volunteers when supplies are limited.
9. Open POD – During the opening phase first responders and priority treatment groups receive prophylaxis. Priority treatment groups may include family members of first responders, essential personnel, or persons who are particularly vulnerable to the threat. Once TCCHD POD stations are fully resourced and the POD Manager has completed a site walk through, the POD Manager will notify the TCCHD Incident Commander that the POD is ready to open.

5.8 POINTS OF DISPENSING (PODs) OPERATIONS

The authorization to open the POD shall be made in consultation with the TCCHD POD Manager and Incident Commander. Upon receiving authorization to open POD services to the at-risk population in Trumbull County, the TCCHD POD Management Team shall monitor and evaluate all stages and aspects of the operation. The TCCHD POD Manager shall provide periodic situation updates to the TCCHD DOC Manager. Adjustment to POD services and process shall be made based on the progress of meeting the objectives outlined in the IAP for POD operations. The basic POD operation process is illustrated in Figure 5.

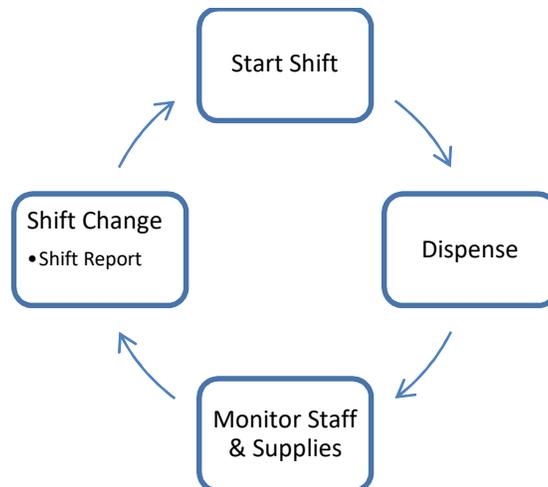


Figure 5 – POD Operation Process

The following objectives should be achieved during TCCHD POD operations:

- Provide safe and efficient services to all clients throughout POD operations;
- Monitor and maintain staff morale and wellness;
- Monitor supplies and request resupply as needed;
- Execute smooth shift transitions; and
- Submit shift reports to the TCCHD DOC Manager.

The following strategies and guidance will be observed during the operation of TCCHD POD site(s) and services:

1. Site Layout – Clinic areas will have clearly marked entrance and exit points with adequate waiting space for groups of people seeking medication/vaccine. Security staff will be posted at such locations to maintain order. Traffic flow within each dispensing site will be controlled and will follow a logical path from entry into the dispensing site to exit from the dispensing site. Large, easy-to-read signs printed in multiple languages, e.g. English, Spanish, etc., with pictograms will be provided to guide the public through the dispensing site process. (**Appendix 8 – TCCHD POD Site Layout**)
2. Flow – The functions and routing procedures remain essentially the same at each TCCHD POD site location. See the TCCHD POD Notebooks for information specific to each clinic. Each POD Manager will have the authority to alter routing and queuing procedures as necessary to increase client throughput. Triggers may include limited staffing resources, long lines or inclement weather. Alterations may include combining the screening and dispensing stations, creating express lines for individuals as well as head-of-household dispensing.
3. Symptomatic Individuals – As persons seeking medication or vaccine arrive at the POD site, security personnel who are handling outside traffic flow and parking will route them to the clinic entrance. Upon entering the dispensing site, they will be triaged by a medically trained person such as a nurse, EMT or paramedic. A physician will be available when any medical triage occurs at the TCCHD POD site. Persons who are symptomatic or ill will be removed from the general flow and escorted to special evaluation areas e.g. First Aid Station. First aid personnel will perform a basic health assessment on such persons and will arrange for their transport to a treatment facility via the on-site ambulance if necessary. Those without illness or contact history will proceed to registration.
4. Greeting/Registration – All forms must be completed prior to receiving the prophylaxis. Clients will not be required to show any identification in order to receive the medication/vaccine unless otherwise instructed by state or federal authorities. Greeters will identify persons who are unable to complete the forms on their own or who have

other needs. Such persons will be connected to someone who can assist them for example, an interpreter or behavioral health professional.

5. Client Education – Signs and handouts in relevant languages and literacy level will be used to educate the public. Both internal and external signs will be posted. Handouts with information on the agent and the medication or vaccine to be dispensed will be distributed to those people who are waiting in line at the clinic. If an educational video must be shown, groups of clients will be directed to video screening rooms before completing their paperwork, where they will view the video. Information will also be made available on all of TCCHD’s web site and social media e.g. Facebook, Twitter, etc. before and after the POD operations.
6. Use of Force Guidelines – During TCCHD POD operations, every attempt shall be made to avoid use of force to maintain security. Sworn law enforcement officers shall comply with the “Use of Force Policy” for their respective agency during POD operations. The POD Security Officer shall instruct non-sworn security staff on permitted civilian actions to maintain security.
7. Unaccompanied Minors – TCCHD POD staff will make every attempt to contact the legal guardian(s) of any unaccompanied minor seeking POD services. If the legal guardian(s) cannot be contacted the POD Manager will document the minor’s name, contact information, and vaccine or medication needed for follow-up at a later time.
8. Shift Hours and Shift Change Guidelines – Shift hours will be determined by the type and nature of the event. Most likely, shift hours will be a minimum of 8 hours and a maximum of 12 hours for POD staff. All shifts will overlap by a minimum of thirty minutes and will include breaks of 15 min every four hours. Briefings will occur at the change of shift. Food and drink will be provided for staff and volunteers. The TCCHD DOC Manager will determine the frequency of reporting from TCCHD’s POD site(s). At minimum reporting shall be completed at the end of each shift. The POD Manager will provide the shift report to the DOC Manager and will collect any pertinent data needed for the next POD operation period.
9. Identification Requirements – Identification such as proof of residency or citizenship will not be required to receive emergency prophylaxis services, unless otherwise instructed by state or federal authorities. All clients will be asked to complete a registration and screening form to determine appropriateness of prophylaxis. Most likely, ODH will provide the registration and screening forms, along with vaccine and medication information sheets. In situations involving multiple regimen dispensing such as head of household dispensing, documentation demonstrating the number of people within a household will not be requested, unless otherwise instructed by state or federal authorities.

10. Client Information, Documentation & Data Collection – State and federal officials have developed the forms and information sheets used during the client intake process. The TCCHD POD completed POD form will serve as the client’s medical record and should capture health history, exposure risk, and signature verifying informed consent. Local and state officials may determine that throughput demand at POD sites requires modification to the amount of client information that is collected. POD forms will also be used for data collection purposes.
11. Post-Prophylaxis Monitoring – In response operations where vaccines are dispensed all vaccine recipients shall wait at the POD site(s) “Wait Station” for 15-minutes following vaccination. The staff at the “Exit/Review Station” will provide outgoing clients with information about how to report adverse effects after leaving the POD site(s). State and federal officials have developed and maintain systems for post-prophylaxis monitoring for adverse effects. TCCHD will use the Vaccine Adverse Event Reporting System (VAERS) to report any adverse reaction(s) a client might experience after receiving a vaccine (***Appendix 9 – VAERS Reporting Information***).

Roles, responsibilities and further information for these guidelines are found in **Attachment I – ADM 1600 – Point of Dispensing (POD) Site Procedure**.

5.9 DEACTIVATE (CLOSE) POINTS OF DISPENSING (PODs)

The decision to deactivate POD operations and close TCCHD’s POD(s) will be based on the following:

- Total number or percentage of target population in Trumbull County is treated;
- Decrease demand for POD services; or
- Current threat intelligence.

The decision to deactivate TCCHD’s POD operations will be made in consultation with the POD Manager, TCCHD DOC, TC EOC, ODH and other local, state and federal partners.

The following objective should be achieved during the deactivation of POD operations:

- Coordinate closure of POD site(s);
- Inventory and repack POD supplies;
- Return POD supplies to appropriate authorities;
- Return POD site(s) to original condition and use;
- Complete forms for calculation of expenses and reimbursement; and

- Participate in recovery and after action activities.

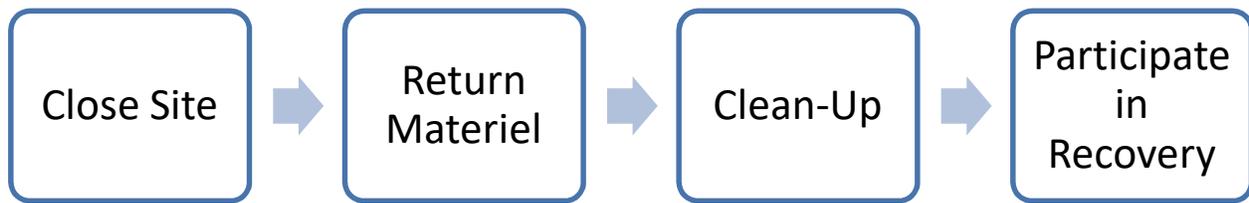


Figure 5 – POD Deactivation Process

TCCHD has policies and procedures in place to support deactivation of TCCHD POD site(s) (**Attachment I – ADM 1600 – Point of Dispensing (POD) Site Procedure**). The process to carry out the deactivation of TCCHD’s PODs are illustrated in Figure 5 and further described below:

1. Close POD Site(s) – TCCHD will provide notification through media and other forums that the POD has closed and will provide information about alternate sources for emergency prophylaxis. Staff deactivation will begin at the POD site and work up to the TCCHD DOC. Deactivated staff will be debriefed, given opportunity for feedback, receive information on post-POD staff support services, and sign out.
2. Return Materiel – Deactivation of resources will begin at the POD site(s) and work up to deactivation of the TCCHD DOC. The POD Management Team will inventory and repackage resources assigned to their POD and return them to their place of storage. The TCCHD DOC will coordinate pick-up of regional, state and SNS assets.
3. Clean Up – The POD Manager will conduct a facility walk-thru with a facility representative after deactivation of staff and resources had occurred. The POD Manager will document the return of facility resources and any damage caused to the facility during POD operations. The POD Manager will submit the final facility deactivation assessment to the TCCHD DOC.
4. Participate in Recovery – The POD Manager will gather information from each POD site including throughput data, staffing numbers, client records, shift reports and expenses. This information will be provided to the TCCHD DOC to compile documentation for federal reimbursement.

SECTION III

6.0 DOCUMENT ACRONYMS

Acronyms related to the **TCCHD Medical Countermeasures (MCM) Annex** are in **Appendix 2 – MCM Annex Acronyms**.

7.0 AUTHORITIES AND REFERENCES

The following list of Authorities and References includes Executive Orders, Agency Directives, statutes, rules, plans and procedures that provide authorization and operational guidelines for a medical countermeasures response.

7.1 AUTHORITIES

1. ORC 3707 – Board of Health - <http://codes.ohio.gov/orc/3707>
2. ORC Chapter 3701 – Department of Health - <http://codes.ohio.gov/orc/3701>
3. ORC Chapter 3727 – Hospitals - <http://codes.ohio.gov/orc/3727>
4. ORC Chapter 3798 – Protected Health Information - <http://codes.ohio.gov/orc/2105>
5. ORC 5502.28(C) – NIMS - <http://codes.ohio.gov/orc/5502.28>
6. ORC 5502.281 – Volunteer Data Base; registration; privacy provisions, liability - <http://codes.ohio.gov/orc/5502.281>
7. ORC 5502.29 – MOUs - <http://codes.ohio.gov/orc/5502.29>
8. OAC Chapter 3701 – Department of Health – Administration and Director - <http://codes.ohio.gov/oac/3701>
9. OAC Chapter 4731 – State Medical Board – ORC - <http://codes.ohio.gov/oac/4731>
10. OAC 4501:3 – Emergency Management Agency - <http://codes.ohio.gov/oac/4501%3A3>
11. OAC 4501:5 – Homeland Security - <http://codes.ohio.gov/oac/4501%3A5>

12. OAC 5507 – Emergency Response - <http://codes.ohio.gov/oac/5507>

7.2 REFERENCES

1. Points of Dispensing – A Pocket Guide
<https://mwperlc.arizona.edu/sites/default/files/PointsofDispensingOpsHandbookFINAL041610.pdf>
2. Point of Dispensing (POD) Appendix – A Plan for Regional Mass Prophylaxis -
<http://www.nchcnh.org/>
3. State of Ohio Emergency Operations Plan – Emergency Support Function #8 Public Health and Medical Services – Tab A – Ohio Medical Countermeasure Management and dispensing Plan -
https://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_TabA_MCM_MANAGEMENT_AND_DISPENSING_PLAN.pdf
4. NECO Ohio Region 5 – Regional Distribution Site (RDS) Operations Medical Countermeasure/Medical Materiel Local/County Pick Up Concept Operations Plan (Ops Plan) Version 2 – May 2, 2018 (Not for Public Distribution)
5. Receiving, Distributing and Dispensing the Strategic National Stockpile Assets: A guide to Preparedness Version 11 -
https://www.ema.ohio.gov/Documents/Plans/ReceivingDistributingandDispensingStrategicNationalStockpileAssets_20AGuidetoPreparedness_Version11.pdf
6. ODH Vaccine Management Plan - <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/bid/immunizations/ODH-vacc-mgmt-plan-12-2014.pdf?la=en>
7. CDC Vaccine Storage and Handling Toolkit, January 2018 -
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>
8. Immunization Action Coalition - <http://www.immunize.org/handouts/vaccine-storage-handling.asp>

8.0 ATTACHMENTS AND APPENDICES

ATTACHMENT I – ADM-1600 POINT OF DISPENSING (POD) SITE PROCEDURE

ATTACHMENT II – ADM-1610 REQUEST, RECEIPT, STORAGE OF SNS

APPENDIX C-1 – TCCHD MCM ANNEX C ACRONYMS

APPENDIX C-2 – TCCHD JDS - ORR

APPENDIX 3 – MEMORANDUMS OF UNDERSTANDING

APPENDIX 4 – TCCHD JOB ACTION SHEETS

APPENDIX 5 – TCCHD MCM INVENTORY ASSESSMENT

APPENDIX 6 – TCCHD REAL-OPT MODELS OF THROUGHPUT

APPENDIX 7 – TCCHD POD SITE SURVEY

APPENDIX 8 – TCCHD POD SITE LAYOUT

APPENDIX 9 – VAERS REPORTING INFORMATION

APPENDIX 10 – ODH STANDING MEDICAL ORDERS

APPENDIX 11 – TCCHD COLD CHAIN MANAGEMENT SOP

APPENDIX 12 – ODH MCM FORMS

APPENDIX 13 – CDC 60 DAY ANTHRAX PLANNING

APPENDIX 14 – MCM DISPENSING MESSAGE TEMPLATES

APPENDIX 15 – ADM 1410 SNS POD DRILL POLICY