

# **Tab 10 – Strategic National Stockpile (SNS) & Points of Dispensing (POD)**

## **Strategic National Stockpile (SNS) Information**

SNS is a national repository of antibiotics, chemical antidotes, vaccines, antitoxins, antiviral, life support medications, IV and IV administration sets, airway maintenance supplies, and other medical/surgical items used to augment federal, state, and local public health agencies in the event of a terrorist attack or other emergency.

The federal government, through the Cabinet for Health and Human Services (HHS), Center for Disease Control and Prevention (CDC), has established a Strategic National Stockpile (SNS) Program. The SNS program is outfitted with medical supplies and equipment necessary to lessen the effects or assist in the response to a chemical attack, biological attack or a natural disaster, effecting the population of the United States.

The SNS medical stockpile consists of two types of packaged supplies. The first package is the immediate response “12 Hour Push Package” designed for immediate deployment. The package is intended to arrive on site 12 hours (or less) after requested by the state.

The second package is the Managed Inventory Supply (MI) package designed as a multi-phase response. These packages can be tailored to the incident and be available at the site of the incident 24 – 36 hours after it is requested.

## **Requesting the SNS**

All request for SNS supplies need to be initiated by BRDHD District Director or designee with coordination with local Emergency Management. Once it is determined that the SNS will be needed, BRDHD should make the request to the Department for Public Health at 1-888-9REPORT. The Cabinet for Health and Family Services (CHFS) will coordinate with KY Emergency Management and the Governor’s Office to initiate a formal request for SNS to assets to the CDC.

Request for SNS assets will only be made once it has been assessed that local and state assets are insufficient to manage the incident, and the Governor has declared a State of Emergency.

CHFS has been assigned the role as the lead agency in managing the SNS operations, from initiating the original request to closeout of operations. KY Emergency Management will coordinate assistance and cooperation with all other state agencies to support CHFS efforts.

## **Antibiotics Stored for BRDHD Staff and Household**

Barren River District Health Department has purchased antibiotics for all BRDHD staff and their household. These antibiotics are stored at Nations Medicine in Bowling Green and will be rotated through Nation’s stockpile.

### **Inventory of Medicine Stockpiled**

Cipro 500 mg – 2,096 pills

Doxycycline 100 mg – 2,096 pills

Adult Cipro dose – 1 pill every 12 hours

Adult Doxy dose – 1 pill every 12 hours

Child Doxy dose – 1 pill every 24 hours

## BRDHD Managing PODs

In the event that BRDHD must distribute medicine or vaccine to the majority of the citizens that reside in the eight counties we serve, five Point of Distribution (POD) clinics will be opened. Two clinics will be opened in Barren and Warren Counties and one clinic will be opened in Logan County for a total of five clinics.

Clinics will run for 24 hours (two 12 hour shifts). Staff and volunteers will work a 12-hour shift for a period of 5 days to serve a population of 50,000 per site for a total of 250,000. BRDHD's total population is approximately 245,000 therefore; we have planned to be able to serve an additional influx of 13,000 from neighboring counties.

When shift changes occur, it is necessary that the incoming shift “shadow” the working shift for 15 – 30 minutes to receive adequate hands on training. All staff and volunteers will receive a Job Action Sheet and Just-In-Time-Training (See Tab 6 and Tab 6 appendix) in addition to the opportunity to shadow the position he/she is replacing.

## Staff that Received Smallpox Vaccinations

In 2003, several staff were vaccinated for smallpox. These people would be the initial staff to being administering smallpox vaccines if an outbreak were to occur.

| Name           | Position        | County   | Employee Status       |
|----------------|-----------------|----------|-----------------------|
| Eva Graham     | School Nurse    | Warren   | Retired/ Recall avail |
| Monica Hunt    | Nurse           | Butler   | Retired               |
| Beth James     | Nurse           | Warren   | Resigned Recall avail |
| Carol Kersting | Nurse           | Warren   | Retired/Recall avail  |
| Audrey Phelps  | Nurse (ARNP)    | Warren   | Retired/passed away   |
| Sharon Ray     | Nurse (CD Team) | District | Full Time             |
| Gina Reid      | Nurse           | Barren   | Resigned/Recall avail |
| Sri            | Epidemiologist  | District | Resigned              |

## Primary and Alternate Point of Dispensing (POD) Locations

The following sites are the first and second choice for PODs. If these sites are not available, we will work with the County Emergency Manager to procure a POD site that is in an acceptable location, has ample parking, and ADA compliance.

All clinics will run for 24 hours with staff working one of two 12 hour shifts.

| <b>County</b> | <b>Population Served</b>         | <b>Primary Site</b>  | <b>MOU</b> | <b>Alternate Site</b>   | <b>MOU</b> |
|---------------|----------------------------------|--|------------|---|------------|
| Barren        | Barren, Edmonson, Metcalfe, Hart | Barren Co. High School<br>507 Trojan Trail<br>Glasgow, KY 42141<br>Phone: 270-651-6315                                 | Yes        | Caverna High School<br>2276 S. Dixie Hwy.<br>Horse Cave, KY 42749<br>Phone: 270-773-2828            | Yes        |
| Barren        | Barren, Edmonson, Metcalfe, Hart | Hiseville Elementary<br>149 Cardinal Blvd.<br>Hiseville, KY 42152<br>Phone: 270-453-2611                               | No         | Cave City Convention Center<br>502 Mammoth Cave St.<br>Cave City, KY 42127<br>Phone: 270-773-3133   | Yes        |
| Hart          | Hart, Barren, Metcalfe           | Hart Co Board of Education   | Yes        | Cave City Convention Center<br>502 Mammoth Cave St.,<br>Cave City, KY 42127                         | Yes        |
| Logan         | Butler, Logan, Simpson           | Russellville Independent High School<br>1101 West 9 <sup>th</sup> St.<br>Russellville, KY 42276<br>Phone: 270-726-8421 | Yes        | Logan County High School<br>2200 Bowling Green Rd.<br>Russellville, KY 42276<br>Phone: 270-726-4859 | Yes        |
| Metcalfe      | Metcalfe, Hart, Monroe, Barren   | Metcalfe Co High School<br>208 Randolph St,<br>Edmonton, KY 42129<br>Phone: 270-432-3359                               | Yes        | N/A   |            |
| Warren        | Warren                           | Greenwood High School<br>5065 Scottsville Rd.<br>Bowling Green, KY 42104<br>Phone: 270-842-3627                        | Yes        | Hillvue Heights Church<br>3219 Nashville Rd.<br>Bowling Green, KY 42101<br>Phone: 270-846-2488      | Yes        |
| Warren        | Warren                           | Warren Central High School<br>559 Morgantown Rd.<br>Bowling Green, KY 42101<br>Phone: 270-781-1277                     | Yes        | Bowling Green High School<br>801 Rockingham Ln.<br>Bowling Green, KY 42104<br>Phone: 270-746-2300   | Yes        |
| Warren        | Warren                           | Western Ky University<br>1906 College Heights Blvd<br>Bowling Green, KY 42101  | Yes        | -----   |            |

POD Books for each location has been completed by BRDHD. The POD book contains:

Pictures of site location, site traffic plans, POD site floor plan layout, job action sheets, security operating guidelines, radio channels, ICS forms, functional access, and other just in time training sheets. Example of one POD book is found in Tab 10, Appendix F.

### Estimated Number of Staff to Run a POD per 12-hour Shift

To effectively run a POD, BRDHD would need about 166 people to staff a 12 hour shift per day per clinic. BRDHD has decided that they need 5 clinics to serve our entire population in our 8 county jurisdiction. BRDHD would have the PODs open for at least two shifts per day. That means BRDHD would need 1660 people to staff our PODs per day, BRDHD only employees about 220 employees. They would need to keep several staff members at the Department Operations Center (DOC) and to handle essential services (WIC, Environmental, and Communicable Disease issues) for the time period of the PODs. This would total about 26 employees. For 100% delivery of mass prophylaxis within 48-hours, BRDHD will need a total of 190 BRDHD employees to work the PODs.

### Estimated Number of Volunteers to Run POD per 12-hour Shift

| County | Clinic Site                          | Estimated # of Medical Volunteers | Estimated # of Non-Medical Volunteers | Total |
|--------|--------------------------------------|-----------------------------------|---------------------------------------|-------|
| Barren | Barren Co. High School               | 56                                | 87                                    | 143   |
| Barren | Hiseville Elementary School          | 56                                | 87                                    | 143   |
| Hart   | Hart Co Board of Education           | 56                                | 87                                    | 143   |
| Logan  | Russellville Independent High School | 29                                | 47                                    | 76    |
| Warren | Greenwood High School                | 56                                | 87                                    | 143   |

|        |                            |     |     |     |
|--------|----------------------------|-----|-----|-----|
| Warren | Warren Central High School | 56  | 87  | 143 |
| Total  |                            | 253 | 395 | 648 |

Note: This is for a 12-hour shift. Also, this table does NOT include security personnel or BRDHD staff.

## Estimated Number of Volunteers to Work at POD

### Community Emergency Response Team (CERT)

- Currently approximately 150 CERT members have been trained in all areas.

### Medical Reserve Corps (MRC)

- MRC is active in the Barren River area.
- Currently there are 148 members throughout the Region.

### Hospitals

- All hospitals were surveyed in 2005 for potential on-duty personnel that could be *spared* by the hospital in the event of a smallpox outbreak to work a 12 hour shift at a POD.

| Hospital                                 | Potential On-Duty Nurses |
|--|--------------------------|
| <i>Medical Center at Bowling Green</i>   | 10                       |
| <i>Medical Center at Franklin</i>        | 8                        |
| <i>T.J. Samson</i>                       | 10                       |
| <i>Bowling Green Primary Care Center</i> | 8                        |
| <i>Logan Memorial</i>                    | 8                        |
| <b>Total</b>                             | <b>44</b>                |

## CDC Criteria for Ordering the SNS

The Centers for Disease Control and Prevention (CDC) has identified the following epidemiologic clues as possible signals of a covert bioterrorism attack:

- Large number of ill persons with similar disease or syndrome.
- Large number of unexplained disease, syndrome or deaths.

- Unusual illness in a population.
- Higher morbidity and mortality than expected with a common disease or syndrome.
- Failure of a common disease to respond to usual therapy.
- Single case of disease caused by an uncommon agent.
- Multiple unusual or unexplained disease entities coexisting in the same patient without other explanation.
- Disease with an unusual geographic or seasonal distribution.
- Multiple atypical presentations of disease agents.
- Similar genetic type among agents isolated from temporally or spatially distinct sources.
- Unusual, atypical, genetically engineered, or antiquated strain or agent.
- Endemic disease with unexplained increase in incidence.
- Simultaneous clusters of similar illness in non-contiguous area, domestic or foreign.
- Atypical aerosol, food, or water transmission.
- Ill people presenting near the same time.
- Deaths or illness among animals that precedes or accompanies illness or death in humans.
- No illness in people not exposed to common ventilation systems, but illness among those people in proximity to the systems.
- Widespread illness associated with some other common factors.

## **State Responsibilities**

1. The Governor or designee will request a 12 Hour Push Package or a Managed Inventory package from CDC upon the recommendation of the Secretary of CHFS.
2. CHFS will coordinate the Receipt, Stage, and Storage (RSS) sites.
3. KY Transportation Cabinet has been assigned the role as the lead agency for planning and coordinating the necessary transportation assets as needed by KY Emergency Management and CHFS to execute the SNS asset distribution plan.
4. Once the SNS assets have arrived at the RSS or designated distribution Site, the CHFS will institute a program to track the warehousing, sorting, transportation, and distribution of the medical supplies.
5. CHFS is responsible for coordinating and issuing a treatment recommendation to BRDHD when necessary.

## **County Responsibilities (BRDHD Responsibilities)**

1. The Chief Elected Official and the local Emergency Manager are responsible for managing a County's response to all emergencies.
2. BRDHD will develop and maintain plans for the reception of the SNS assets and for distributing the supplies to Point of Distribution (POD) clinics.

3. BRDHD will coordinate all SNS planning and operations with County Emergency Management, and will be a principle advisor to the County Emergency Managers and the chief elected officials during incidents that involve SNS assets.
4. County Emergency Managers and BRDHD are responsible for planning and executing transportation and security plans for the transportation of SNS assets from the distribution Site to the POD clinics.
5. Distribution of the SNS assets at the local level may need to be based on a priority list developed by BRDHD and based on recommendations by CHFS.

**BRDHD SNS Coordinator**

| Primary  | Secondary   |
|--|---|
| Preparedness Branch Director<br>270-781-8039 x155<br>270-784-3808 (cell) | Disaster Preparedness Training Coord.<br>270-781-8039 x194<br>270-599-2288 (cell) |

**Notification of Response Officials**

The following officials should be immediately notified upon the decision to deploy the SNS:

- a. County Emergency Management Directors
- b. Government Officials
  1. County Judges
  2. Mayors
  3. County Coroners
- c. Law enforcement agencies
- d. Medical facilities
  1. Hospitals
  2. Clinics
  3. Private physician offices
  4. Laboratories
  5. Home health agencies
- e. EMS
- f. Local media, as necessary

**POD Station Descriptions**

**Pre-screening / Triage:** Patients will enter the POD at this point and are evaluated by medical professionals for illness or exposure. Non-English speaking patients will be directed to interpreters. Individuals are then directed to the next appropriate area of the clinic.

**Forms Distribution:** Staff will assist patients in filling out documentation and will ensure that all paperwork is filled out correctly before directing them on through the clinic.



**Medical Evaluation Area:** Patients directed here from Pre-screening/ Triage will be assessed by medical professionals to determine whether or not they can be vaccinated. Patients will be directed back through the clinic, to medical screening or out of the clinic based on results of the assessment.

**Patient Education:** Basic information on the disease and the medication that is being administered by the clinic will be provided by appropriate educators through verbal communication or with video, if available. Educators will also explain the clinic process and any assistance patients can provide such as rolling up sleeves for injections.

**Special Assistance:** Interpreters and other personnel will assist non-English speaking individuals and others who need help understanding forms and educational information.

**Medical Screening and Counseling:** Medical professionals will screen patients, review medical information and look for any contraindications to determine if the individual meets the qualifications for the vaccine or medication. The patient will be counseled on if they should receive the vaccine or start the medicine regimen. Patients will then be directed to either the next station in the clinic or out of the clinic based on recommendations. If the frontline medical countermeasure is contraindicated, individuals will be recommended to seek a medical evaluation by their Primary Medical Provider for alternative countermeasures.

**Medication Dispensing or Vaccination Stations:** Appropriate personnel will administer vaccinations / medications to qualified patients.

**Exit Review:** This will be the last station in the clinic where staff will answer any last-minute questions, and provide any additional educational material along with contact information for any questions that may arise after leaving the clinic. If necessary, patients will also be given information regarding vaccination site management.

## Closed POD

The concept of the Closed POD is to pre-identify businesses that can dispense or 'push' medications to groups of people. These closed points of dispensing (POD) are critical in certain emergencies because they reduce the demand on public (open) dispensing sites and contribute to an effective emergency response. Workplaces can provide antibiotics quickly to their employees and family members by signing up to be a closed POD site. Using the Head of Household Policy one person can pick up antibiotics for the whole family with properly completed patient intake forms.

## LIABILITY

Due to the differences between state and local laws, there is currently no 'blanket' liability coverage for Closed POD Sites. However, there are various pieces of legislation to help protect agencies from liability concerns in response to a declared emergency. A few are The Federal Volunteer Protection Act of 1997, the Public Readiness and Emergency Preparedness (PREP) Act and the emergency powers the Secretary of Health & Human Services has under a declared Public Health Emergency. There are additional liability protections at the federal, state and local levels depending upon the state of emergency

declared in a given jurisdiction. In a declared emergency, temporary waivers and emergency exemptions of licensing requirements may allow an entity to operate a POD without traditionally licensed professionals. It is suggested you examine your business liability and insurance coverage. You may also consider legal counsel throughout your planning process. The link below is an issue brief written by The Network for Public Health Law that discusses private entities serving as Closed POD's:

[https://www.networkforphl.org/\\_email/asset/2tsy0t/Closed-PODS-legal-issue.pdf](https://www.networkforphl.org/_email/asset/2tsy0t/Closed-PODS-legal-issue.pdf)

Further information regarding closed POD is contained in the State of Kentucky "Partnering with Public Health Departments to Become a Closed Point of Dispensing (POD)" (2014) and an example of a closed POD MOU completed by BRDHD, Tab 10 Appendix E.

## **Authority to Open Point of Dispensing (POD) Mass Clinics**

With regard to who can order mass vaccination, there is authority at both the state and the local level.

**Authority at the state level:** KRS Chapters 39 A through F establish that the Governor has authority to assume direct operational control of all disaster and emergency response forces and activities in the Commonwealth, which he will exercise through the Director or Emergency Management of the Department of Military Affairs. During an event, specifically, the Governor's authority will be exercised also through the Cabinet for Health Services in accordance with KRS 214.020 and 902 KAR 2:030(1)(2), which empowers the Commissioner of the Department for Public Health to immunize all persons and to introduce measures "as necessary because of widespread infection or threatened epidemic."

**Authority at the local level:** During a declared, statewide smallpox emergency, the Governor or his designee will "require" state agencies to respond and will "request" local governments and local agencies to respond to the emergency. The District Director (Public Health Officer) will be expected to activate the local health department's Infectious Disease Emergency Response and Recovery Plan and to enforce quarantine/isolation as needed, with the support of the County Judge. Even in the absence of a declared, statewide emergency, the District Director has authority under KRS 214.020 and 902 KAR 2:030(1)(2) to protect public health in his/her jurisdiction by activating any part of the health department's "mass vaccination" plan. However, state support for such action may or may not be available.

## **Opening a POD**

The district director and/or the director of nursing in conjunction with the Epidemiologist, CD team leader and/or environmental supervisor will consult the Kentucky Department for Public Health's Division Epidemiology on what to do. Using information gathered from surveillance, investigation, the epidemiology of the disease and recommendations from CDC and KDPH, the group will decide if implementing mass prophylaxis and immunizations is necessary.

The decision to open PODs of any kind could be based on several items. The following are some items to consider when deciding to implement mass prophylaxis and immunizations in the Barren River District counties.

### **1. The epidemiology of the disease**

2. Surveillance and investigation information
3. Large number of contacts to an ill person
4. Large number of ill persons with similar disease or syndrome.
5. Large number of unexplained disease, syndrome or deaths.
6. Higher morbidity and mortality than expected with a common disease or syndrome.
7. Endemic disease with unexplained increase in incidence.

## **Dispensing the SNS to Responders and General Public**

### *Providing Medication to Essential Personnel (First Responders)*

The BRDHD, in consultation with the County Emergency Management Directors, the Area 3 Emergency Management Director, and the state EOC shall quickly identify “essential personnel” who are to receive immediate prophylaxis.

BRDHD has not and will not announce the location of any of the planned clinic sites to the public sector. The clinics will be announced to the public when deemed necessary from the District Director or his designee.

The clinics will open one hour before the public is made aware of the locations, to allow all clinic workers (including volunteers), first responders and their immediate family to be vaccinated. BRDHD may also utilize the Mobile Unit at WKU to set up a vaccination site for first responders.

Essential personnel could possibly include first responders, law enforcement personnel, health care providers, certain community elected officials, media, and others who are deemed “mission critical” to successfully execute the plan.

Immediate family members of essential personnel should also be considered to receive priority in receiving prophylaxis.

Essential personnel and their immediate (household) family members should receive prophylaxis from their respective county Public Health Department before a large scale prophylaxis of the general public begins and if possible, before supplies from the SNS arrive.

To effectively track the vaccination or prophylaxis status of public health responders, they will be asked to fill out a form Patient Encounter Form (PEF) before receiving their vaccination or prophylaxis. This form will ask for some basic demographic information. It will also have a place for the nurse to denote vaccine and prophylaxis information (i.e. lot number, manufacturer, right or left arm injection). The form will be collected and entered into an excel spreadsheet. Post event, the PEF will be included in each respective patient’s record.

### *General Public*

On an ongoing basis, BRDHD will continue intense community surveillance to identify individuals who may not have received needed treatment and to monitor the effectiveness of the interventions provided.

The BRDHD will regularly remind the public of the need for treatment compliance and to report any adverse reactions to the medication.

Records are to be maintained throughout the entire process to document findings, analysis, actions taken, and individuals/community outcomes. These records will also be used to support post-emergency assessment of all state and local responses to the event (i.e. After Action Reporting).

## **POD General Rules for Patients**

### Number of Regimens that a Family Member can Pick-up at a Dispensing Site

Patients may pick-up enough medication to provide for the number in their household. The number within the household will be on an honor system but may not exceed 6 regimens unless the appropriate documentation can be provided. Appropriate documentation will be considered birth certificates for each dependent and/or last year's tax return with the dependents listed.

### Policy for Unaccompanied Minor:

A parent or guardian MUST be present in order to provide medication to a minor.

- Foster parents CANNOT sign for services. In cases such as these, the child's caseworker is responsible for consent for services. Consent forms may be accepted from a caseworker via fax.
- Grandparents or guardians with legal custody should present the appropriate paperwork.

### Minimum Identification Requirements in Order to Receive Medication

A picture ID is required for medication to be dispensed.

### Medical Practitioner Authorized to Issue Standing Orders and Protocols for Dispensing Sites

Standing Orders are necessary for nurses or other staff at the dispensing sites so that they have the authority to dispense prophylactic antibiotic medications to potentially exposed persons. The Department for Public Health has standing orders that are specifically intended for use at dispensing sites in mass antibiotic prophylaxis situations (following a bioterrorism attack) during a governor-declared state of emergency.<sup>1</sup>

The content of these orders (e.g., medication doses, duration of treatment) might need to be changed in the context of a specific event based on updated recommendations from the Centers for Disease Control and Prevention and possibly other expert groups. The Department for Public Health will continue to provide medical professionals, local health departments, and dispensing sites with the most current recommendations throughout the event.

Standing Orders from the Department for Public Health include *Bacillus anthracis* (Anthrax) standing orders and vaccination recommendations; *Yersinia pestis* (Pneumonic Plague) standing orders; and *Francisella tularensis* (Tularemia) dispensing orders.

BRDHD's Medical Director is also authorized to issue standing orders and protocols for all 8 counties.

---

<sup>1</sup> KY Administrative Reference for Local Health Departments, Preparing and Responding to Bioterrorism and Other Public Health Emergencies, <http://chfs.ky.gov/dph/AR2015.htm>, July 2015

## Monitoring Adverse Reactions

*Evaluation and treatment for vaccine adverse events should occur at a designated site separate from the Point of Distribution (POD) clinic.*

During a mass vaccination clinic setting, there will not be the means to care for patients if they have adverse reactions. Hospital staff, private physicians, and BRDHD medical staff will be trained on how to recognize and handle any severe adverse reaction that may occur after receiving a vaccination.

### Educating Patients on Adverse Reactions

- All patients will have an overview of possible adverse reactions while at the POD
- Supplemental fact sheets will be provided to all patients at the POD that explains the signs/symptoms of adverse reactions
- POD staff/volunteers will instruct patients where they should report should they have an adverse reaction (i.e. private physician, hospital)
- A hotline number will be given out to all patients to report adverse events

### Responding to Adverse Reactions/Medical Emergencies at the POD

- BRDHD has a standing MOU with Local EMS providers that states Emergency Medical Personnel (EMS) will be at each of the PODs to respond to medical emergencies, including reactions ranging from the minor to anaphylactic shock and serious medical emergencies that are incidental and unrelated to treatment but can still be expected to occur whenever large groups of people congregate
- Appropriate amounts of vaccine immune globulin (VIG) should be available within the contents of the Strategic National Stockpile to treat anticipated adverse events prior to initiating large-scale voluntary vaccination as a component to the national response to an outbreak.
- Standard Local EMS protocols will be followed for transport of all patients to medical facilities (KY ESF8 states patient triage, treatment, and tracking will be managed at the local level, ¶13, p. 8-13, ESF(8) Annex June 2017).
- The HEART hospital group will develop procedures for managing persons with severe adverse events.

## Vaccine Adverse Event Reporting System (VAERS)

If there are any adverse reactions to a vaccine, a VAERS form must be completed.

The Investigation Section (Communicable Disease nurses and Regional Epidemiologist) will be responsible for active surveillance tracking and follow-up of serious reports submitted to VAERS and for providing assistance in completing all VAERS forms.

Completed VAERS Forms should be submitted to the State Immunization Branch so each can be assigned a number and forwarded to CDC. **VAERS forms should not be completed online!**

### State Immunization Branch Contact Numbers

Phone: 502-564-4478 ext. 3514

502-564-7818 ext. 3516

Fax: 502-564-4760

### Completing the VAERS Form

Instructions for completing the VAERS form are on the back of the form (See Appendix – Tab 10). To complete the form, as much as the requested information as possible should be obtained. Each report should be reviewed for completeness, accuracy, and legibility with specific attention to the following:

**Dates:** All dates should make chronological sense. For example, the vaccine date cannot precede the birth date; the report date cannot precede the vaccine date, etc. All fields require the entry of the full month, date, and year.

**Patient Name:** Verify that the patients first and last name are correct. This assist with the identification of duplicate reports and facilitates the ability to conduct follow up.

**Reporter Information:** The reporter name and complete mailing address is required (BRDHD address). Verification letters **and request for** missing or follow-up information are sent to this address. If you do not receive a verification letter within a reasonable amount of time (e.g., a month) check with the State Immunization Branch or the VARES program at [www.vaers.org](http://www.vaers.org)

**Critical Boxes:** Certain items are crucial to the analysis of VAERS data and have been designated as critical boxes. If all critical boxes are complete, the report is considered complete. Critical boxes are differentiated by a square around the respective item.

### VAERS System Failure

The VAERS system may experience a failure due to the actual system or entry limitations. If this occurs, a paper copy of the VAERS form can be distributed to each vaccine recipient. Each individual receiving the vaccine can be advised to fill the VAERS form, as well as notify the Regional Epidemiologist or Communicable Disease team or Center Coordinator if they develop any adverse affects from the vaccine

## Security

The Cabinet for Justice and Public Safety, and CHFS will coordinate the security of SNS assets during transportation from the RSS to the Distribution Site.

The BRDHD, in coordination with Warren County Sheriff's Office and the Bowling Green Police Department will coordinate security for:

- a. Regional Distribution Site – a minimum of 5 security personnel
- b. Distribution to each Point of Distribution (POD) – one vehicle per transport
- c. POD sites in Warren County

Security of PODs in Barren County will be coordinated with Barren County Emergency Management, Barren County Sheriff's Office, Glasgow Police Department, and Cave City Police Department.

Security of PODs in Logan County will be coordinated with Logan County Emergency Management, Logan County Sheriff's Office, and Russellville Police Department.

Security of SNS supplies will be coordinated through the applicable County Emergency Management Director and/or the County Emergency Operations Center.

Security will be the responsibility of:

- a. County Sheriffs
- b. City Police
- c. National Guard
- d. Kentucky State Police
- e. Other law enforcement personnel

Security personnel should provide for security inside and outside the Regional Distribution Site and activated Points of Dispensing (PODs) clinics.

They should:

- a. Protect the medications/vaccines
- b. Protect the staff and volunteers assigned to the Distribution Site and PODs
- c. Provide for traffic and crowd control
- d. Manage hostile clients
- e. Initiate emergency response if warranted.

Security personnel at the POD will be clearly identified and visibly positioned throughout the facility and will be maintained for the duration of operations at the Distribution Site and at all PODs.

## Credentialing Staff and Volunteers

**Identification:** All public health personnel (including volunteers) who are activated will be required to wear a BRDHD issued identification badge with a current photo. This badge must be worn in a conspicuous site on each person. Other first responders/essential personnel reporting to/or working in the Distribution Site and PODs must also wear their agency specific identification or BRADD MRC issued badge.

BRDHD staff will have a badge displaying a photo ID and their title.

BRADD MRC volunteers will be issued an ID with a photo ID, current license held, and the MRC level of training they have received.

Spontaneous volunteers must be credentialed (if applicable) and receive a photo ID before being allowed to work as a volunteer.

**Accountability:** At the beginning of each shift, each person working in the Distribution Site/POD will present a BRDHD issued identification badge or current photo identification and sign the Staff Sign-In/Sign-Out Form; see Appendix-Tab 4. When personnel complete their shift, each person is required to sign out. It is not permitted for anyone to sign in or out for another person, with the exception of the Safety Officer.

See Volunteer Management Tab of the BRDHD All Hazard Plan for additional information.

## Distribution Site

KY DPH will deliver SNS requested assets to Distribution Site appointed by BRDHD. These Distribution Site will be where BRDHD divides the assets to go to each of the Regional PODs. Medications requiring environmental controls will be stored in accordance with the manufacture's specifications.

### Selected Distribution Site

**Primary:** Western KY Research and Development Center  
2413 Nashville Rd  
Bowling Green, KY 42101  
Contact: Jeff Hook, Executive Director WKU Center R&D  
(270-901-3490)

**Secondary:** Hart County Board of Education  
Munfordville, KY  
Contact: Steve Caven, 270-524-2631

For Open PODs, assets will be picked up and delivered via BRDHD's or with assistance thru County Emergency Manager.

## State Delivery of SNS

The Kentucky Department of Public Health is responsible for all aspects of delivery of the SNS material to the BRDHD Distribution Site.

The following information will be provided to the BRDHD Department of Operations Center prior to delivering the SNS material:

1. The date and approximate hour the SNS supplies will be delivered to the Regional Distribution Site (RDS).



2. The available quantities of SNS supplies.
3. The category of individuals for whom the medication/vaccine is being made available.

## **Receiving the SNS**

Once the SNS order has been placed, the BRDHD will coordinate with the Area 3 Emergency Manager, DOT, and the Warren County Emergency Management Director to receive and subdivide the shipment into the number and type of medical supplies required for each POD and/or treatment center.

## **Staffing the BRDHD Distribution Site**

The Distribution Site will be manned by personnel from public health, DOT, CERT/MRC, and the American Red Cross volunteers and personnel as assigned by the appropriate Emergency Management Director. See Tab 6 Appendix A for Regional Distribution Site Job Action Sheets for a listing of job assignments applicable to a Distribution Site.

## **Equipment Requirements for the Regional Distribution Site**

The following equipment requirements are based upon CDC guidance:

- a. One 6,000 pound fork lift.
  - DOT/ Medical Center-Bowling Green is willing to deliver to another location if needed.
- b. Power or propane to operate a forklift and other equipment.
  - RDS facility has forklift and appropriate docking-lift capability.
- c. Pallet jacks
  - Will be supplied by the RDS Facility.
- d. Inventory control computer, printer, internet connection and fax machine
  - BRDHD will provide computer and printer
  - Internet connection and fax machine will be provided by the Regional Distribution Site facility.
- e. Radios and telephones
  - BRDHD will provide radios
  - Telephones will be provided by the Regional Distribution Site
- f. Electrical power
  - Provided by RDS
- g. 2 portable generators with light stands for light during power interruption
  - Not needed as both RDS facilities have electricity and outdoor lights
- h. Locked area for controlled substances
- i. Approximately 2000 Ft<sup>2</sup> controlled environmental space needed
- j. 8 tables for Kirby Lester machines, if needed
- k. 2 tables for high speed industrial counters, if necessary
- l. 4 tables for miscellaneous work

## **Receipt of Supplies from the Kentucky Department for Public Health**

An official DEA Registrant must sign for the receipt of the SNS supplies. The Hospital Pharmacist or his/her back-up can sign for receipt.

## Staging and Storing the SNS Material

Once offloaded, the cargo containers should be stored by product type. The document with each pallet identifies the type of product it holds. Within the document pouch is a list of the pallet's contents and a diagram of the position of the products within the container.

**Red** – oral antibiotics

**Yellow** – intravenous drugs

**Blue** – airway supplies

**Green** – chemical antidotes and related supplies

**Black** – medical/surgical supplies

**Purple** – pediatric

## Controlled Substances/Secured Storage

The 12-hour Push Package may contain controlled substances. The DEA classifies these substances, according to their potential for abuse, such as Schedule C-II and C-IV substances. The DEA regulates the storage and transfer in accordance with Title 21 of the U.S. Code of Federal Regulations.

One of the following considerations must be observed for secure storage of controlled substances:

- a. Leave drugs in CDC's specialized hardened air cargo containers that DEA approves for secure storage
- b. Use local law enforcement to provide security for controlled substances
- c. Use a police evidence locker, portable lock box, or security cage for the drugs
- d. Use a safe, vault or locked area that meets DEA standards

The DEA Form 222 has been waived for the SNS program, although, a detailed chain-of-custody record, including the DEA registrant number for all transfers must be utilized. This number will be provided by the DEA registrant.

Drivers who transport controlled substances from the Regional Distribution Site must sign the chain-of-custody.

If a DEA registrant is unavailable to accept the controlled substances, the DEA will still allow transfer of the controlled substances by the following:

1. The chain-of custody form must have the name and DEA number of the registrant
2. Will require the person who receives the material that we transfer to:
  - a. Show a government-issued ID (e.g., a driver's license), and
  - b. Sign multiple copies of manifest that itemizes the controlled substance that we transfer, and
3. May require the registrant to sign a DEA Form 222 for each transfer of C-II items as soon as practical after the physical transfer.

The DEA will hold your registrant responsible for the stock that is transferred until that person transfers it to another registrant (e.g., a pharmacist at a treatment center). DEA will also allow BRDHD to transfer controlled substances to multiple treatment centers using a copy of our manifest (or another unofficial form) as long as the chain-of-custody record is maintained.

## **Inventory Control**

### **Overview**

The Kentucky Department for Public Health (KDPH) is charged with responding to emergencies caused by bioterrorism, other outbreaks of infectious diseases and other public health threats and emergencies through the development and exercise of a comprehensive public health emergency preparedness and response plan. KDPH's response may include receiving, distributing and dispensing the Centers for Disease Control and Prevention's (CDC) Strategic National Stockpile (SNS) assets (a stockpile of a broad spectrum of pharmaceuticals and other medical items necessary to respond to a broad range of threats). KDPH will establish Receipt, Stage and Store (RSS) Warehouse(s), potentially in multiple locations around the state, for processing SNS orders; and the RSS will be the initial point of inventory tracking for SNS assets in the state.

An inventory management system and backup systems have been identified. The primary system is the Integrated Resource Management System (IRMS). The IRMS system has two levels of functionality: daily operations and public health emergency. During routine operations, IRMS will allow for tracking of inventory at the local health department, specifically stockpiled medical assets. In public health emergencies, the system will allow for inventory tracking at the RSS and the RDS. The first back-up system for managing inventory is provided by new functionality added to KDPH's WebEOC application and a second back-up system exists through inventory management capability in the Patient Services Reporting System. If electrical power to the electronic systems is unavailable, then all materials received and distributed will be documented on paper.

IRMS will enable KDPH to track inventories of medical assets at the RSS and the RDS Warehouses, providing real-time data of inventories, which is essential for requesting additional assets that would allow public health to respond in a timely manner. The application will be utilized to track stockpiled medical assets, local and regional caches and response equipment. Using an application on a daily basis further enhances public health response to an incident by being more familiar in using the application routinely.

### **iCAM System Description-**

#### **Sorting, Repackaging, and Distribution**

Sorting, repackaging, and distribution of SNS material is the responsibility of the Medical Supplies Leader at the Regional Distribution Site. The Medical Supplies Leader will coordinate directly with the

Inventory Control Manager to ensure the proper apportioning of the SNS material for the PODs or hospitals.

The Medical Supplies Function will complete the following operations:

1. Unpack the SNS boxes and separate bulk medications from other medical supplies, such as surgical supplies, or ventilators, which will be taken directly to the hospitals.
2. Repackage bulk supplies and medications for multi-day regimens or dosages for each county according to the Inventory Control Manager's specifications.
3. Assemble packages for distribution to PODs or hospitals.

Stickers or makers should be utilized to identify which boxes shall be delivered to each POD or hospital, see Appendix C for Preprinted Stickers template for each Dispensing Site.

## **Loading**

All pallets shall be clearly marked identifying the receiving POD site or hospitals. All supplies shall be loaded on designated trucks so the first pallet is the last out.

## **Transporting Medical Supplies from the BRDHD Distribution Sites**

Medical supplies and equipment should be transported to PODs using DOT truck or by a County Emergency Manager. The Emergency Resource Inventory Listing (ERIL) in the County Emergency Operation Plan contains contact information.

The following procedures should be adhered to when transporting the SNS:

- a. **Drivers** – each SNS delivery vehicle should consist of a driver and a back up driver.
- b. **Security** – should be provided for each vehicle transporting SNS supplies. One car from the Warren County Sheriff's office will follow the transporting vehicle to all sites. They are able to cross county lines.
- c. **Communication** – constant radio communication should be kept with the delivery vehicle and the security vehicle during delivery. Communication equipment can be requested from the Area 3 Emergency Manager or County Emergency Management Directors.

## **Routes**

- a. Major routes will be used as the primary means of moving SNS supplies to county PODs.
- b. Secondary and tertiary routes will only be used if major routes are not accessible or if it is the only means of which to reach PODs.

## **Receiving Medical Supplies from the Strategic National Stockpile at County PODs**

The POD Clinic Manager or designee will receive the prophylactic medication and/or supplies from the local pharmacies and/or from the BRDHD Distribution Site. The Clinic Manager must be available to sign for and monitor inventory to ensure appropriate chain of custody.

The Clinic Manager will designate a Supply Officer that will manage inventory control of the prophylactic medication and supplies.

# Medical Material Request Form

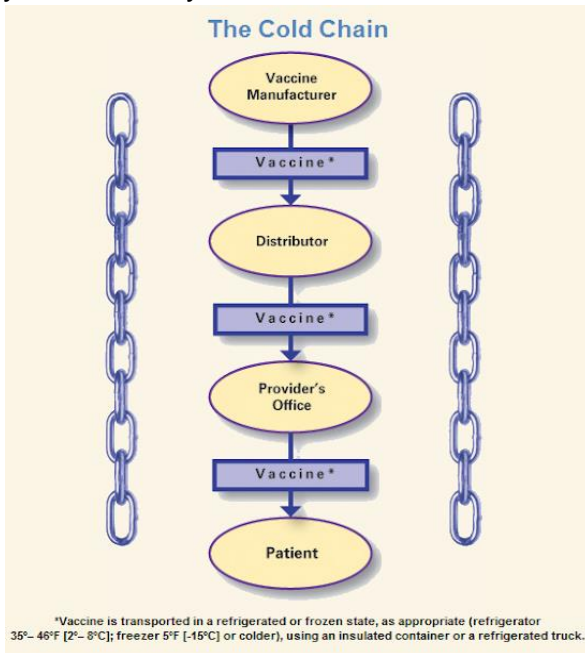
The Medical Material Request documents were developed by the KY Department for Public Health and provide guidance to local health departments, healthcare facilities, and Emergency Management on how to request additional medical resources. When a healthcare facility has a medical material shortage they should start the following process. When the health department is notified of a shortage, they in turn notify and work with the local Emergency Manager. The documents shown in Appendix B

## Cold

Vaccines are

reduce the risk that vaccine-keep and called the

equipment,



of this chapter (Tab 10) allow for a more standardized approach to medical request.

## Chain Vaccine Plan

must be stored properly from the time they are manufactured until the time they are administered. Excess heat or cold will reduce the potency of the vaccine and will increase the risk that recipients will not be protected against preventable diseases. The system used to distribute vaccines in good condition is called the cold chain. The cold chain has three main components: transport and storage, trained personnel, and efficient management procedures.

BRDHD will follow the CDC's General Recommendations for Vaccine Storage and Handling Plans ([http://www2a.cdc.gov/vaccines/ed/shtoolkit/pages/SH\\_plans.htm#RoutineSandHPlan](http://www2a.cdc.gov/vaccines/ed/shtoolkit/pages/SH_plans.htm#RoutineSandHPlan)).

## BRDHD Vaccine Storage Space

| Description of Storage Unit                                  | Location of Unit                                | Storage Capacity    |
|--|---|---------------------|
| Barren Portable Cooler/Freezer #1<br>(purchased by DPH)      | Barren Co. Mechanical Room                      | 1,000 – 1,500 doses |
| Butler Co. Refrigerator                                      |   | 700 – 1000 doses    |
| Edmonson Co. Refrigerator                                    |   | 500 doses           |
| Hart Co. Refrigerator  |   | 500 doses           |
| Logan Co. Refrigerator                                       |   | 300 doses           |
| Logan Portable Cooler/Freezer #2<br>(purchased by DPH)       | Logan Co. Resource Room (by the vaccine fridge) | 1,000 – 1,500 doses |
| Metcalfe Refrigerator  |   | 500 doses           |
| Simpson Co. Refrigerator                                     |   | NONE                |
| Warren Co. Purchasing Refrigerator                           | Purchasing downstairs                           | 3,000 – 4,000 doses |
| Warren Helmer Vaccine Refrigerator<br><br>(purchased by DPH) | Warren Co. Vaccine Storage Room                 | 8,000 – 9,000 doses |
| Warren Portable Cooler/Freezer #3<br>(purchased by DPH)      | Warren Co. downstairs in room #141              | 1,000 – 1,500 doses |

## Receiving and Distributing the Pandemic Influenza Vaccine

Two possible scenarios:

1. The vaccine may be delivered to BRDHD for all ten counties within the Barren River Area Development District, to include all counties served by BRDHD and Allen and Monroe County.
  - i. The vaccine will be divvied up based on county population.
  - ii. All agencies will be instructed to bring a storage cooler for vaccine transport back to their respective agency.
2. The vaccine will be delivered to all interested Vaccine for Children (VFC) locations throughout KY.

## Equipment to Arrive with H1N1 Vaccine

The Federal government will provide the vaccine as well as syringes, needles, sharps containers and alcohol pads. Agencies will need to provide gloves and band-aids.