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| --- | --- |
|  | Point of Dispensing (POD) Appendix |
| icon_phpreparedness100.jpg |  |
|  | A Plan for Regional Mass Prophylaxis |
|  | The POD Appendix outlines policies and procedure to open, operate, and close a site that provides emergency mass prophylaxis in response to a public health event, emergency, or disaster. The North Country Public Health Network (PHN) A regional public health preparedness planning collaborative for the towns of Bath, Benton, Berlin, Bethlehem, Carroll, Clarksville, Colebrook, Columbia, Dalton, Dixville, Dummer, Easton, Errol, Franconia, Gorham, Haverhill, Jefferson, Lancaster, Landaff, Lisbon, Littleton, Lyman, Milan, Millsfield, Monroe, Northumberland, Odell, Pittsburg, Randolph, Shelburne, Stark, Stewartstown, Stratford, Sugar Hill, Wentworth’s Location, Whitefield. UPDATED: January 2013 |

Signature Page

Each town in the North Country Public Health Region (PHR) has developed and maintains a Local Emergency Operations Plan (LEOP). The LEOP establishes an order of command succession or continuity that is consistent with the National Incident Management System (NIMS). The North Country Regional Public Health Emergency Annex is a companion to the ESF-8 Annex of the LEOPs. The purpose of the Regional Public Health Emergency Annex is to support regional coordination during a public health event that exceeds local response capacity and resources.

The Emergency Management Director or Municipal Executive of the towns represented by the North Country PHR hereby approve the Regional Public Health Emergency Annex as a companion annex to their LEOP. Their signature acknowledges:

1. Receipt of the Regional Public Health Emergency Annex and the capabilities-based appendices for inclusion into the LEOP, ESF #8 as well as

2. Their role/responsibilities concerning the SNS planning elements indicated in this Annex.

The Regional Public Health Emergency Annex takes effect **June 2012**. The *Signature of Acceptance* shall be renewed every two years.

|  |  |
| --- | --- |
| Linda Lauer, EMD  Town of Bath | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Title  Town of Benton |
| Name, EMD  Town of Berlin | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Title  Town of Bethlehem |
| Name, EMD  Town of Carroll | Name, EMD  Town of Clarksville |
| Name, EMD  Town of Colebrook | Name, EMD  Town of Columbia |
| Name, EMD  Town of Dalton | Name, Title  Unincorporated Place of Dixville |
| Name, Title  Town of Dummer | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Title  Town of Easton |
| Name, Title  Town of Errol | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Title  Town of Franconia |
| Name, Title  Town of Gorham | Name, Title  Town of Haverhill |
| Name, Title  Town of Jefferson | Name, Title  Town of Lancaster |
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| Name, Title  Town of Milan | Name, Title  Unincorporated Place of Millsfield |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Title  Town of Monroe | Name, Title  Town of Northumberland |
| Name, Title  Unincorporated Place of Odell | Name, Title  Town of Pittsburg |
| Name, Title  Town of Randolph | Name, Title  Town of Shelburne |
| Name, Title  Town of Stark | Name, Title  Town of Stewartstown |
| Name, Title  Town of Stratford | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Title  Town of Sugar Hill |
| Name, Title  Unincorporated Place of Wentworth's Location | Name, Title  Town of Whitefield |
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Record of Changes

The North Country Regional Public Health Emergency Annex and the POD Appendix shall be reviewed annually. Modification to these documents shall be tracked below and document the date, name of person who modified the document, and a description of the change. *(This page also appears at the beginning of the North Country Public Health Emergency Annex.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Change # | Date | Name | Description |
|  | 2008 | Nicole LaPointe | Initial POD plan developed |
|  | June 2011 | Amy Holmes | Appendix 3: Medical Surge Plan revised |
|  | June 2011 | Hubbard Consulting and Amy Holmes | Appendix 4: POD plan revised to meet DHHS POD SOG template |
|  | Nov 2011 | Amy Holmes | Updated Appendix 1: MACE Plan |
|  | Dec 2011 | Amy Holmes | Added Attachment 10: Coordinator Call Down |
|  | Jan 2012 | Amy Holmes | Appendix 4: POD plans revised to meet TAR standards |
|  | Jan 2012 | Amy Holmes | Appendix 5: Volunteer Management revised to include current volunteer contact list |
|  | Feb 2012 | Amy Holmes | Updated JAS for ACS in Medical Surge Appendix |
|  | April 2012 | Amy Holmes | Training and Exercise log and plan added to base plan & communications pathways matrix added |
|  | April 2012 | Amy Holmes | Public Information and Warning Appendix 2 complete revision |
|  | April 2012 | Amy Holmes | Updated Contact information for Coordinator call down drills, EMDs and MRC Volunteers |
|  | September 2012-Jan 2013 | Amy Holmes | Updated 6 Safety and Security plans |
|  | January 2013 | Amy Holmes | Updated signatory page, MRC list, Training & Exercise Plan |
|  | June 2013 | Amy Holmes | Updated Volunteer Management appendix 5 to include updated MRC Code Red Call Down list |
|  | July 2013 | Amy Holmes | Updated Appendix1: MACE SOG, call down list and main appendix |
|  | July 2013 | Elaine Belanger | Updated Annex community government contacts, HO, EMD; Attachment 8, Housing, schools |

Record of Distribution

The North Country Regional Public Health Emergency Annex and the associated response appendices – including the Point of Dispensing (POD) Appendix – are developed and distributed by the North Country Public Health Network (PHN). These documents shall be distributed to partner agencies with defined roles and responsibilities in support of planning, response, and recovery activities.

Media requests for access to the North Country Regional Public Health Emergency Annex and the POD Appendix shall be directed to the North Country PHN.

The following agencies have received the North Country Regional Public Health Emergency Annex and POD Appendix.

|  |  |  |  |
| --- | --- | --- | --- |
| Name/Title | Agency | Date of Delivery | # of Copies |
| Entire RCC |  | June 2012 | Annex posted on www.nchcnh.org with all Appendixes and Attachments. Notice distributed to entire RCC instructing them of the revised document so they could download. Those requesting a printed document will receive such. |
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Introduction

Health threats where POD may be activated:

###### Exposure to Infectious Disease

Hepatitis A in a food handler

###### Infectious Disease Outbreaks

Measles; Pandemic Influenza

###### Natural Disasters

Distribution of essential supplies (bottled water, food)

###### Bioterrorism

An intentional release (or claimed release) of a chemical or biological agent, such as Anthrax and Smallpox (and other Category A agents)

###### Disease Surveillance

A large number of ill persons or unusual illness; unexplained disease or deaths

# purpose

A Point of Dispensing (POD) is a place where vaccines, antibiotics, and other medications or supplies can be quickly dispensed to a large number of people.

A POD may be opened to prevent exposure to an infectious disease or treat an infectious disease outbreak. A POD may be used to respond to a range of public health events or emergencies (see examples to the right).

A POD is designed 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.

A POD is NOT designed to:

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

The number of POD sites needed will be determined by the scope of the event and the needs of the affected population. Mobile or push-method POD services may be utilized to reach homebound and other designated populations, such as large businesses and colleges or universities.

# scope

The POD Appendix[[1]](#footnote-1) is an emergency response appendice to the North Country Region Public Health Emergency Response (PHER) Annex. The PHER Annex is a support annex to the Local Emergency Operations Plan (LEOP) for each town in the North Country Public Health Region. The Regional Annex provides the organizational framework for regional coordination of emergency public health resources through the Multi-Agency Coordination Entity (MACE).

The POD Appendix outlines activities to support mass dispensing operations in the North Country Public Health Region.

Six (6) sites within the region have been designated as Points of Dispensing [See *POD Operational Plan* for site specific details]. Should these sites not meet the needs of the emergency circumstance, the POD Appendix may be used to establish a POD at an alternate location. Any alternate location should be appropriately sized, easily secured, and accessible to populations with functional needs.

Mobilization and operation of a POD is a local and/or regional responsibility with assistance and support from state and federal resources.

# strategic national stockpile

Types of SNS Resources

#### **Ill-Defined Threat**

12-hour Push Package

* Pharmaceuticals (Antibiotics, Vaccines)
* Antitoxins
* Medical Supplies

#### **specific threat**

Managed Inventory (MI)

(24 to 36-hour delivery)

* Life-Support Medications
* IV Administration
* Respiratory Care
* Medical/Surgical Supplies

#### **Healthcare Surge**

Federal Medical Station (FMS)

* 250-bed unit
* Used in quarantine, acute care & hospital surge

The Strategic National Stockpile (SNS) is a collection of medications, antidotes, medical supplies, and medical equipment. Its purpose is to support public health emergency response operations when local and state resources are insufficient.

SNS resources are managed by the Centers for Disease Control and Prevention (CDC). SNS resources are made available to support response to a range of emergencies, including acts of terrorism, natural disasters, or industrial accidents.

When federal and state authorities determine that SNS assets are needed to support POD operations, resources will be delivered to a predetermined Receipt, Store, and Stage (RSS) site in the state. An RSS plan is developed and maintained by the state SNS Coordinator.

In situations where the threat is ill-defined (Anthrax or unknown agents), a 12-Hour Push Package will be deployed to arrive at the state RSS within 12 hours. Leading up to the delivery of the 12-Hour Push Package, state planners shall activate their RSS plan to redistribute SNS resources to POD sites. Local and regional planners shall activate appropriate POD sites, mobilize available resources, and develop an Incident Action Plan for POD operations.

In situations where the threat is specific (Pandemic Influenza), Managed Inventory (MI) will be deployed. MI also serves to supplement the 12-Hour Push Package.

# dispensing models

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 and prevalence, and patterns of disease outbreak(s).

The POD Appendix primarily focuses on 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. Other dispensing models are discussed below.

The POD Management Team may alter the dispensing model during operations to improve or increase client throughput. (See Flow p. 50)

### Pre-Deployed Prophylaxis

Vaccines and antibiotics are currently **not** pre-deployed in the region for rapid prophylaxis of POD staff. However, healthcare facilities and pharmacies within the region **may** have supplies at the time of the event. These supplies could be utilized for dispensing to POD staff while SNS resources are being deployed.

Federal and state officials will provide guidance on groups that fall under the category of essential staff. Once these groups have been identified, a process for dispensing prophylaxis to them shall be established. In situations where supplies are **not** available through healthcare and pharmacies, essential staff should receive prophylaxis from the earliest arriving SNS resources.

### Pull-Method Dispensing

Most people will receive emergency prophylaxis at announced locations that are open to the public. Once at the POD site, there are several models that can be used to dispense to clients.

#### Head of Household model

Certain emergencies may allow for a representative from each household to pick up medication for all household members. The Head of Household dispensing model significantly reduces the number of clients who need to be seen at the POD site(s). New Hampshire Department of Health & Human Services (NH DHHS) shall provide guidance on the number of regimens that can be dispensed by household based on threat assessment and available resources. For planning purposes average household size for the town, region, or state may be used.

#### Segmented dispensing model

The segmented dispensing model places pre-dispensing functions (Greeting, Triage, Registration) at one location and dispensing functions (Screening, Dispensing, Medical Observation) at another location. This model can provide for improved security of dispensing resources and operations, as well as address traffic and parking issues. A non-segmented dispensing model places all functions within the same location.

#### Drive-Thru Model

The drive-thru dispensing model pulls clients to an announced location while dispensing prophylaxis to them in the car or bus that brought them to the site. Currently, this is **not** an approved dispensing model per the state of New Hampshire. The drive-thru model is being reviewed for potential incorporation into the POD Appendix.

### Push Method Dispensing

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.

#### Closed dispensing model

Closed POD dispensing brings emergency prophylaxis to a defined population in a congregate point, such as large businesses or residential facilities. Either staff associated with the Closed POD facility or deployed POD staff may dispense the medication or vaccine. Staff at the Closed POD facility must meet the requirement for individuals authorized to dispense. The North Country PHN shall develop and maintain agreements with private entities to provide emergency prophylaxis in a closed POD setting. Currently, the POD Appendix has **no** closed POD agreements with private entities. Closed POD agreements are being explored for inclusion in the POD Appendix.

#### Postal Delivery dispensing model

The United States Postal Service (USPS) has evaluated push delivery of emergency medication through postal carrier routes in designated demonstration sites throughout the country. The postal delivery model does **not** eliminate the need to establish a pull method of dispensing. Currently, postal delivery of emergency medication by USPS is **not** an approved dispensing model per the state of New Hampshire. This dispensing model is being evaluated for expansion into other areas of the country.

# Oral Medications vs. Vaccines

POD operations involving mass dispensing of oral medications may have different policy and procedural requirements from operations where vaccines are given.

### Oral Medications Dispensing

#### Medication Labeling

Federal and state regulations stipulate that certain information must be provided on drug labels and information sheets when dispensing medications. Oral medications supplied through the SNS are pre-labeled, unit-of-use, 10-day regimens that do **not** require repackaging. Labels on these medications include most of the required information. Additionally, the labels include removable stickers for use on client records and to attach to drug fact sheets provided to clients.

The following information is **not** pre-printed on the label and **must** be added to either the unit-of-use bottle or the drug fact sheets:

* Date prescribed;
* Prescribing physician (most likely the physician signing the state standing orders);
* Client’s name; and
* Follow-up phone number (where client should call with additional questions).

#### Investigational New Drug (IND)

An Investigational New Drug (IND) is a medication or vaccine that has been approved by the Federal Drug Administration (FDA) for use within strictly controlled guidelines. Off label drugs are FDA-approved medications that are being used in a manner other than its intended (labeled) use.In an emergency event where an IND or off-label drug is used, POD clients shall be required to sign an IND consent form prior to receiving prophylaxis. NH DHHS shall provide IND instructions and consent forms if needed for POD operations.

#### Personnel Authorized to Dispense

Dispensing of medication is typically limited to physicians and pharmacists. At the time of the event, NH DHHS may relax this requirement to expand the number of clinicians who can dispense at the POD site(s). Additionally, NH DHHS may authorize non-medical personnel to dispense under the supervision of a physician or pharmacist.

#### Alternate Dispensing modalities

#### head of household model (Multiple regimen dispensing)

The head-of-household model permits an adult household member to pick up all doses of medication required for their household. The head-of-household must provide the required registration information for each required dose. While there is no set limit to the number of doses allowed, PODs should ensure that reasonable amounts are not exceeded.

#### Off-site Prophylaxis Services

Several facilities (for example, home care agencies, assisted living and long term care facilities) in the North Country PHR may be able to dispense medication/vaccine to their staff and residents. Such facilities may be instructed to pick up the medication/vaccine at the PODs or POD staff (including security personnel) may be directed by the POD Manager to deliver the medication/vaccine directly to the facilities. Chain of custody procedures (as defined by the NH DHHS and CDC) will be followed. The frequency of pick-up or delivery will be based on need.

#### Pediatric Dispensing

Designated dispensing stations for households with children shall be established to ensure that children remain with parents/guardians throughout the POD process. Dispensing providers at these stations should be able to dispense to both pediatric and adult clients. Scales may be necessary at the Children stations to insure proper dosage calculation. NH DHHS shall provide instructions on preparation of medication (pill crushing and dosing) for children if required. When utilizing the Head of Household dispensing model, pediatric doses shall be dispensed to a parent or guardian with instructions for preparation and administration of medication.

### Vaccines Dispensing

#### injection safety

The Clinical Group Supervisor and Dispensing Unit Leader shall instruct all Dispensing Staff in injection safety protocols. Dispensing Staff shall adhere to a one needle, one syringe, one time dispensing protocol to ensure client safety and avoid vaccine contamination.

# POD Services

In addition to the primary service of dispensing emergency prophylaxis, a POD will often provide secondary client services. Examples of secondary client services offered in a POD include Behavioral Health (Support), emergency treatment for anaphylactic shock (Aid), and translation services.

While the majority of clients are not likely to need or request these secondary services, accessibility to the primary service of prophylaxis may be improved by their availability.

### Support (Behavioral Health)



New Hampshire Disaster Behavioral Health Response Team (NH DBHRT) can assist to provide clients and staff with reassurance and emotional support at the POD. The *Resources Directory* found in the PHER Annex provides a listing of additional behavioral health providers.

The Support station should be located in a quiet area that is somewhat removed from the dispensing activities. Behavioral health staff should also move throughout the client flow to identify support needs, including for the “worried well” and unaccompanied minors.

### Aid (Emergency Medical Services)



Local Emergency Medical Services (EMS) shall be on-site at the POD site(s) to provide response to any medical emergency that may occur during POD operations. This includes medical observation (if indicated) of clients following receipt of the recommended prophylaxis (see description of Wait station). An ambulance should be available at the POD site(s) or on-call to provide medical transport if needed. The Aid station should be located within or proximate to the dispensing area.

# POD Process

A sample *Client Flow Diagram* can be found on page 19 of the *POD Appendix*. Most POD clients will follow a simple, basic process to receive emergency prophylaxis.

The basic POD process can be described in four (4) steps: 1) Fill Out Form; 2) Show Form; 3) Get Treatment; and 4) Exit. A sign describing this process is included with the POD signage.

Some clients and certain scenarios may require additional steps to receive prophylaxis. Below are descriptions of stations (steps in the POD process) that can be scaled to meet the needs of the operation. Generally, it is recommended that all stations be utilized to meet the broadest possible client needs and to improve client flow through the POD site(s).

### Fill Out Form

During this step in the process, clients are oriented to the POD site and the service to be provided. Staff provides clients with the appropriate form(s) and information, as well as explains how to complete the form(s) and where to take them once completed.

#### Enter



Clients are directed to this station from the parking area or exterior of the POD by Security or Traffic personnel. Greeters welcome clients to the POD and direct them to where they will receive the necessary paperwork. Greeters also identify potential functional needs that may require additional assistance (people with service animals, wheelchairs, and pregnant women).

Depending on the nature of the health threat, clients may be pre-screened or triaged for symptoms and directed to an alternate location if they are symptomatic. Pre-screening or Triage should be conducted by medical professionals.

#### Start



At this station clients will receive all required forms and information sheets about the health threat and recommended prophylaxis. Orientation/Education staff will explain to the clients how to complete the forms and where to take them once they are completed. Staff shall provide additional assistance to complete client forms if needed. Health education may also be provided about the health threat and recommended countermeasure(s).

### Show Form

During this step in the process, clients present their completed forms to staff for review. Staff determines if additional medical screening is necessary prior to receiving prophylaxis.

#### Registration



At this station staff ensures that all required information has been completed by the client, including signature for consent to receive the recommended prophylaxis. Staff reviews forms for responses suggesting contraindications against prophylaxis. Clients with contraindications are referred to Screening for further medical review and consultation.

#### Screening



Clients indicating contraindication(s) to the recommended prophylaxis are directed to this station for further medical consultation. Here medical staff will determine if the client should proceed to the dispensing area and receive the prophylaxis or be directed to take alternative precautions and actions.

### Get Treatment

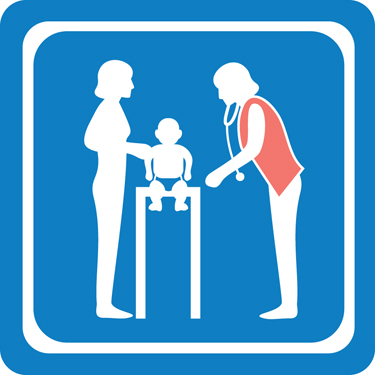
During this step of the process, clients are directed to the next available dispensing provider to receive the recommended prophylaxis. Households with children will be seen in one section of the dispensing area; adult-only households will be seen in another section of the dispensing area. This is done to improve client flow and ensure that family units remain together throughout the POD process.

#### Treatment (adults)



Adult-only households will be directed to the stations marked Treatment. Dispensing staff will greet clients, review their forms, and verbally screen and confirm eligibility prior to dispensing the recommended prophylaxis. Dispensing staff will provide further instructions as necessary to clients and complete all required documentation.

#### Children (families)



Households with children will be directed to the stations marked Children. Dispensing staff will greet clients, review their forms, and verbally screen and confirm eligibility prior to dispensing the recommended prophylaxis (to children and adults if indicated). Dispensing staff will provide further instructions as necessary to clients and complete all required documentation.

### Exit

During this step of the process, clients are discharged from the dispensing area for observation (if recommended or indicated), collection of forms, and to exit the POD.

#### Wait



Clients who require evaluation following receipt of the recommended prophylaxis (situation dependent) are directed to this station. Evaluation is recommended for first-time vaccine recipients. Wait and Aid (Emergency Medical Services) are often placed together and jointly staffed by EMS.

#### Exit



At this station, staff collects all client forms (if not retained by the dispensing provider). Staff may provide clients with additional health education resources & thank them for coming to the POD.

# Client Flow Diagram

The following POD client flow diagram can be scaled to meet the specific operational needs in response to a public health event, emergency, or disaster.

Yes

Treat

Reaction

Do Not Treat

No

TREATMENT

Adults

CHILDREN

Families

REGISTRATION

START

Overview & Forms

Complex Medical Condition

Healthy

Medical Transport

AID

First Aid, Reactions, Stabilize, Assess

EXIT

WAIT

Monitor?

SCREENING

ENTER

SUPPORT

Behavioral Health/Translation services/Other needed assistance

Functional Needs clients

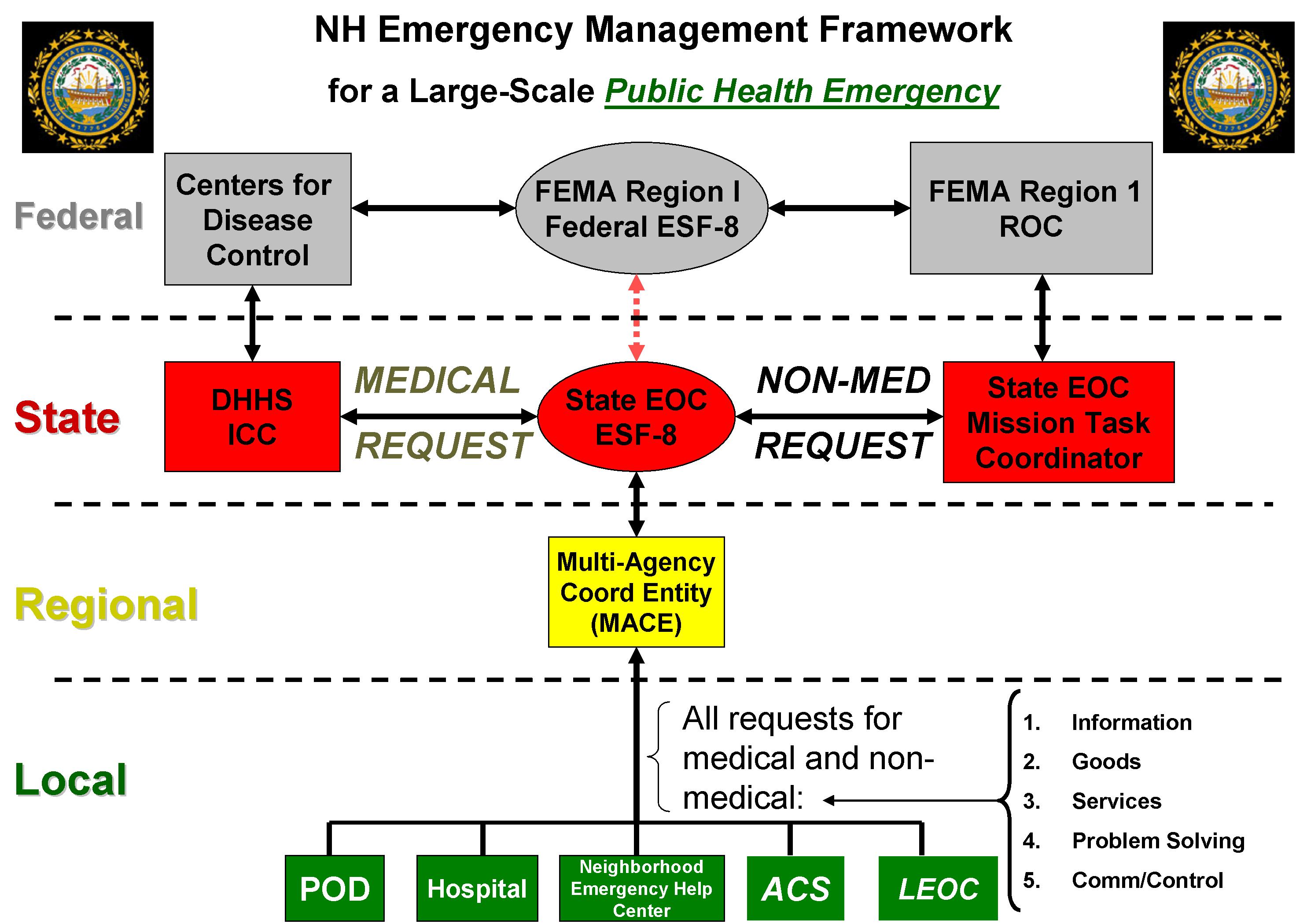
Not Healthy

Concept of Operations

# Operational Organization

During an incident, the Multi-Agency Coordination Entity (MACE) is responsible for coordinating the delivery and resupply of SNS assets to POD sites in the region. For planning purposes, the North Country Public Health Network Coordinator serves as the Regional SNS Coordinator, with back-up personnel identified in the MACE Appendix.

The following management framework shall be used to coordinate response activities and resources during a public health event.



### MACE Management Framework

The Multi-Agency Coordination Entity (MACE) is a multi-discipline team that is assembled to provide regional planning and logistics coordination in response to large scale public health emergencies or events.

The MACE is designed to:

* Provide regional incident coordination, including support for planning, logistics, and finance and administration of POD operations;
* Consist of representatives from public health, healthcare, police, and fire;
* Coordinate public information through the formation of a Joint Information Center (JIC);
* Develop and update an Incident Action Plan (IAP) to be implemented by POD management teams; and
* Support recovery activities once POD sites are closed.

The MACE is NOT designed to:

* Replace the authority of local Emergency Management and response personnel; or
* Provide incident management for non-health related incidents associated with the public health emergency.

The MACE may be activated by the New Hampshire State Emergency Operations Center (SEOC), Emergency Support Function 8 (ESF-8) or by request from a LEOC when local resources are insufficient to support response activities.

The MACE shall provide strategic planning and regional coordination of information and resources during a public health event. The MACE shall be staffed by agencies and organizations with established roles and responsibilities for public health emergency response. MACE activation does not replace local command and control authority.

MACE management activities may occur at a POD site or at one of the pre-identified MACE locations (see *MACE Appendix*). The following MACE command structure shall be used to support POD operations and may be scaled to the nature of the event and scope of the response.

### POD Management Framework

A POD facility and management team may be activated by the MACE in coordination with the LEOC and under the medical direction of NH DHHS. The POD management team shall be responsible for activating, operating, and deactivating the POD. The LEOC and MACE shall provide resource coordination, strategic planning, logistics support, and finance and administrative oversight to the POD management team.

POD functions shall be organized and managed by group supervisors for clinical, non-clinical, and workforce support staff. Licensed clinical staff should be available across all POD functions to ensure accuracy of health information provided to clients.

The following POD command structure shall be used to support POD operations and may be scaled to the nature of the event and scope of the response.

Documents to support POD activation and operations at the designated POD sites have been organized into the following attachments to the POD Appendix:

* Supplement 1: Activation & Operations
* Supplement 2: Staffing
* Supplement 3: Reference Materials

Situation Awareness

# overview

Federal 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 federal and/or state health authorities.

If POD operations are recommended to support emergency mass dispensing, the MACE shall be activated to coordinate communication and activation of POD facilities and resources.

If another measure is recommended to respond to the health threat, please refer to the North Country *Regional Public Health Emergency Annex* for further guidance. Examples of other control measures include: isolation and quarantine, community containment measures (cancelation of events, school closures, social distancing), or public information and warning.

# objectives

The following objectives should be achieved during situation awareness:

* Maintain and activate appropriate systems for situation awareness; and
* Identify and activate appropriate response plans based on the required response capabilities.

# policies & procedures

The following policies and procedures are recommended to support situation awareness. Roles and responsibilities for implementation of situation awareness policies and procedures are assigned below.

### MACE/LEOC/POD Activation

The MACE may be activated by:

* A request from SEOC, ESF-8 to the North Country Public Health Region to activate the Multi-Agency Coordination Entity (MACE) to mobilize POD operations; and
* A request from the local EMD(s) to the North Country Public Health Region to activate the MACE to mobilize POD operations.

Upon activation, the MACE management team shall meet to evaluate all current situation awareness, determine the MACE activation level, and notify the Regional Coordination Committee (RCC) of the MACE activation and POD mobilization status.

See the *MACE Appendix* of the North Country *Regional Public Health Emergency Annex* for further instruction on MACE activation and operations.

### Public Health Incident Declaration

The Commissioner of the New Hampshire Department of Health and Human Services (NH DHHS) may declare a *Public Health Incident* [RSA 508:17-a] to protect public health and safety when response activities require assistance from non-state agencies. A *Public Health Incident*declaration may be used when the event does not rise to the level of an emergency declaration by the Governor of the State of New Hampshire.

### Public Health Emergency Declaration

A *Public Health Emergency* is a declared event where NH DHHS has been designated the lead response entity. This includes declarations by the following entities: a *National Emergency* declared by the President of the United States; a *Federal Public Health Emergency* declared by the Secretary of the U.S. Department of Health and Human Services; a *State of Emergency* declared by the Governor of the State of New Hampshire [RSA 4:45]; or a *Public Health Incident* declared by the Commission of NH DHHS.

# maintain situation awareness

|  |  |  |
| --- | --- | --- |
| CDC/DHHS/Healthcare | MACE/PHR Coordinator | RCC Membership/LEOC |
| * Monitor disease surveillance and reporting systems. * Activate appropriate response plans based on the required response capabilities. * Activate SEOC, ESF-8 to support response and recovery activities. * Request activation of MACE to support POD activation and operations. | * Provide situation awareness to RCC membership. * Activate appropriate response plans based on the required response capabilities. * Activate MACE Appendix; mobilize MACE Management Team. * Notify RCC membership of MACE activation; organize situation briefing as necessary. | * Provide situation awareness to agency personnel. * Activate appropriate agency and local response plans based on the required response capabilities. |

# Activate MACE

|  |  |  |
| --- | --- | --- |
| SEOC, ESF-8 | MACE | LEOC |
| * Determine need for additional POD resources; request additional resources from neighboring state(s) and/or federal government. | * Notify RCC membership of MACE/POD mobilization and activation. * Notify Littleton Regional Hospital, Cottage Hospital, Weeks Medical Center, Androscoggin Valley Hospital, Upper Connecticut Valley Hospital and other healthcare partners of MACE/POD mobilization and activation. * Establish communications with SEOC, ESF-8 (phone, email, webEOC). * Determine need for additional POD resources; request additional resources from SEOC, ESF-8. * Develop an Incident Action Plan (IAP) for POD operations. * Notify political leaders of public health incident and POD mobilization and activation. |  |

Situation Development

# overview

Following activation, the MACE Management Team shall develop an Incident Action Plan (IAP) for POD operations. The LEOC Management Team shall develop an IAP for community response activities, including, but not limited to, traffic management and security operations. The completed IAP for POD operations shall be transitioned to the LEOC and POD Management Teams to support activation, operation, and deactivation of the POD site(s) and service(s).

# objectives

The following objectives should be achieved during situation development:

* Develop an Incident Action Plan (IAP) for POD operations;
* Transition IAP for POD operations to the LEOC and POD Management Teams; and
* Develop an IAP for community response activities in support of POD operations.

# policies & procedures

The following policies and procedures are recommended to support situation development. Roles and responsibilities for implementation of the situation development policies and procedures are assigned below.

### MACE Management Team

The MACE Management Team shall coordinate with the local Emergency Management Director (EMD) in the impacted town(s) to activate the Local Emergency Operations Center (LEOC). The LEOC shall be opened and staffed in any town where a POD site is to be activated and operational. The MACE Management Team shall coordinate with the Incident Management Team(s) from the activated LEOC(s). The MACE Management Team shall develop an Incident Action Plan (IAP) for regional coordination of POD operations. The IAP shall be transitions from the MACE to the LEOC Management Team and POD Management Team.

### LEOC Management Team

Following notification of the health threat, the local Emergency Management Director (EMD), or designee, shall activate the Local Emergency Operations Center (LEOC), in particular in those jurisdictions with established POD sites. The LEOC shall provide local incident management and assist the MACE in mobilizing POD resources and activating the POD site and services. The local EMD(s) or Incident Commander may choose to transfer command from the LEOC to the POD Manager once fully operational. Until such time, the EMD or their designee is Incident Commander.

### POD Management Team

The POD Management Team shall coordinate with the LEOC/MACE Management Team(s) to activate, operate, and deactivate the POD site(s). The POD Management Team shall review the POD Appendix and IAP for POD operations as guides for activation and operation policies and procedures. The POD Management Team shall request additional information and resources from the LEOC/MACE.

### The Incident Action Plan establishes:

* Operational Period
* Health threat & control measure
* Incident response objectives
* Client flow & throughput rate
* POD site location(s)
* Available POD resources & staffing
* POD policies & guidelines
* Plan for functional needs populations

### Incident Action Plan (IAP)

An Incident Action Plan (IAP) shall be developed prior to opening the POD site(s). Senior decision makers from the LEOC(s) and the MACE collaborate to develop the IAP. The IAP guides the POD Management Team in activation, operation, and deactivation of POD services.

Incident Action Planning, resource mobilization, and POD setup must occur within twelve (12) hours of notification of the health threat.

Forms to assist in IAP development are found in *Supplement 1: Activation & Operations*. Below are key factors to consider when developing the IAP.

#### Explain Health Threat & Control Measure

Federal and state health officials shall identify the public health threat, characterize the at-risk population, and recommend prophylaxis to protect the public. The IAP shall 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.

#### Select POD Site Locations

The *POD Appendix* lists six (6) designated POD sites. Each site has 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. The IAP outlines specifics about the site(s) for POD Command Staff. Site-specific operations plans for the designated POD sites are found in *Supplement 1: Activation & Operations*.

#### Develop Response Objectives

The response objectives guide POD setup and operations. The objectives should include throughput or service rate, duration of operation, configuration of client flow, prophylaxis of first responders and their families, and incident-specific transportation and security plans.

#### Plan for Functional Needs Populations

Populations that may require additional assistance when accessing POD services should be identified. The IAP outlines available communication resources and services for these populations. Potential populations requiring additional assistance include: non-English speakers, persons of low-literacy, persons with physical or cognitive disabilities, persons who observe religious and cultural practices, elders, and children. See the *Regional Resources Directory* in the North Country *Regional Public Health Emergency Annex* for agencies serving functional needs populations.

#### Mobilize POD Resources

The IAP estimates the personnel hours required to achieve the POD throughput or service rate. The POD Command Management structure will be customized based on identified and available human resources. POD Command Management positions will be assigned to trained personnel from the region. Trained volunteer corps and community service personnel will also support operations. Job Action Sheets (JAS) describing each role are found in *Supplement 2: Staffing*.

Material resources are also identified in the IAP, as are procedures for tracking resource expenditures. In addition to deployment of SNS resources, state, regional, and local resources should be considered for immediate deployment to the POD site(s).

#### POD Policies & Guidelines

The IAP outlines key policies and guidelines that must be observed throughout POD operations. Example POD policies include: 1) Members of a family or household will receive prophylaxis together.; 2) Emergency response personnel and their families will receive prophylaxis prior to opening a POD.; and 3) No identification is required to receive prophylaxis. Other consideration when developing the IAP includes: a media policy, guidelines for resource allocation when supplies are limited, and documentation requirements.

### Requesting SNS Assistance

The decision to deploy SNS resources is a collaborative effort between local, regional, state, and federal officials. The need for deployment is met if any of the following justification guidelines are present:

* Overt release of a chemical or biological weapon;
* Claim of release by intelligence or law enforcement;
* Indication from intelligence or law enforcement of a likely attach;
* Clinical or epidemiological indications;
* Laboratory results;
* Unexplainable increase in emergency medical service requests; or
* Unexplained increase in antibiotic prescriptions or over-the-counter medication use.

The request for SNS assistance shall come from the Governor of the State of New Hampshire (or his/her designee). The request is made to CDC or the Department of Homeland Security (DHS) by way of an Action Request Form (FEMA Form 90-136). Federal officials will review the request and supporting evidence to determine if SNS deployment is recommended and needed.

Regional and Local Resource Considerations for Requesting SNS Assets:

* Number of current casualties exceeding the local response capabilities available
* The projected needs of the population of the area (including transients)
* The hospital surge capacity at the time of the event
* The availability of state resources including pharmaceutical distributors, oxygen distributor availability, nearby hospitals, and transportation services
* Local resources (e.g., pharmacy distribution, oxygen availability, and transport capacity)

Consultation may occur between local, regional, and state epidemiologists to determine appropriate control measures based on epidemiological data, including whether the situation calls for mass treatment, prophylaxis, or vaccination. If it is determined some portion of the SNS is required, the DHHS commissioner (or designee), in consultation with the Governor, will make the official request of the deployment of SNS assets by calling the CDC Director’s Emergency Operations Center

#### Local and Regional requests SNS assistance

A town may request SNS assistance by contacting the North Country Public Health Network (PHN) Coordinator (Amy Holmes 603-616-9172), who also serves as the regional; SNS coordinator. Outside of business hours, requests for assistance are made by calling Grafton County Sheriff's office to request activation of the MACE. The PHN Coordinator or their backup (the backup is Nancy Frank, Executive Director, NCHC 603-259-3700) shall review the request for assistance; confer with state health officials to determine if regional and state resources are sufficient to support the incident response; and determine if activation of the MACE is necessary to support resource and information coordination. *\*\*Contact information for authorized personnel can be found in Att. 10 of the NC PHN Annex.*

If SNS assistance is needed, state officials will initiate their plans to request, receive, and distribute SNS assets to the region to support POD operations.

Information that should be made available when requesting SNS assets should include:

* Description of the situation
* Have all mitigation measures been implemented
* What is the availability of local response assets, such as personnel, space and inventory
* Describe the assets required to support the response

The NCPHN coordinator and the designated backup are authorized to request assistance from the state or recommend other alternatives. *Please see below for the SNS materiel request algorithm used in the SNS Annex for the State of NH.*



#### Requesting re-supply of SNS material from the State of NH

The POD Manager will go through the MACE to determine the re-order or re-supply of SNS materials from the state of NH. This decision is a collaborative one involving POD staff, Medical Liaison Staff and MACE Manager. The basic rule is medication and inventory will be re-ordered when it hits the 50% mark. The actual request will be made by the MACE.

#### Receive, Store & Stage (RSS)

Once SNS resources have been deployed, New Hampshire Department of Health & Human Services (DHHS) and Homeland Security & Emergency Management (HSEM) shall implement their RSS plan for redistribution of SNS resources to POD sites. RSS accepts custody of SNS resources from CDC and is responsible for storing it prior to redistribution to POD sites.

In addition to deployment of SNS resources, CDC may provide an on-site technical assistance team to assist with state RSS functions.

#### Distribution of SNS to Region

Once SNS resources have been repackaged for distribution, New Hampshire National Guard or an alternate state designee shall deliver the resources to the activated POD site(s). National Guard may be accompanied by a state police escort to the site(s). Local officials shall ensure that routes to the POD site(s) are clear and accessible for delivery of resources. Local law enforcement shall be available at the POD sites to oversee safety and security matters.

#### regional SNS Coordinator

During an incident, the Multi-Agency Coordination Entity (MACE) is responsible for coordinating the deliver and resupply of SNS assets to POD sites in the region. For planning purposes, the North Country Public Health Network Coordinator serves as the Regional SNS Coordinator, with back-up personnel identified in *Attachment 10: Coordination Call Down.*

At POD sites, receipt and secured storage of SNS resources is the responsibility of the POD Security Officer and local law enforcement. Inventory control and staging of SNS resources for use in POD operations is the responsibility of the Inventory Management Unit. The POD Manager shall request resupply of resources from the LEOC/MACE when supply levels reach 1/2 of original supply. The Inventory Management Unit shall develop a plan for the recovery and return of all resources deployed to the POD site(s).

#### Inventory Management

The North Country PHN is working with NH DHHS to implement an inventory management system for regional resources. Training on the inventory management system took place in July 2011. An implementation date has not been set as of January 30, 2012.

### Medical Standing Orders

NH DHHS shall issue medical standing orders for vaccine administration, medication dispensing, and treatment of post-prophylaxis anaphylactic shock during a declared public health emergency. Staff authorized to administer vaccine or dispense medication in the POD site(s) shall follow the medical standing orders issued by the state.

# Develop IAP

|  |  |  |
| --- | --- | --- |
| SEOC, ESF-8 | MACE | LEOC/POD Management |
| * Develop IAP for receipt, staging, and deployment of SNS resources to POD sites. * Determine need to a Joint Information Center (JIC) to support public information and warning. | * Develop IAP for POD operations. * Determine throughput number to identify staffing needs. * Select POD facilities for activation. * Determine need for Closed POD sites for congregate or fixed populations. * Transition IAP to LEOC/POD Management Team. | * Develop IAP for community response activities for POD operations. * Determine traffic planning needs; activate local traffic management plans and resources; request additional resource from MACE. * Determine security planning needs; activate local security and facility plans and resources; request additional resources from MACE. |

Activate POD

# overview

Mobilize Staff &

Prepare POD Site

The decision to activate POD operations shall be based on:

* Recommendation(s) from NH DHHS to provide emergency prophylaxis services in the region;
* Request(s) from a town or towns within the region to assist with emergency response to a local or multi-community event

# objectives

Mobilize Staff &

Prepare POD Site

The following objectives should be achieved during the activation of POD operations:

* Implement IAP for POD operations;
* Mobilize and brief POD staff; assign roles and responsibilities;
* Mobilize, receive, and stage POD resources;
* Secure facility and set-up POD site;
* Dispense to essential personnel and priority treatment groups (if recommended); and
* Prepare site and staff to open.

# policies & procedures

Mobilize Staff &

Prepare POD Site

The following policies and procedures are recommended to support activation of the POD site(s) and services. Roles and responsibilities for implementation of the activation policies and procedures are assigned below. Situation awareness and development may require development and implementation of additional policies and procedures. Once developed the policies and procedures should be assigned to a responsible party within the NH Public Health Emergency Response Framework.

### Staff Activation

The MACE/LEOC Management Team(s) shall coordinate the mobilization and deployment of staff and volunteers to the POD site(s). The number of staff needed shall be determined based on the requirements of the incident and staffing recommendations found in the site-specific operations plans (see *Supplement 1: Activation and Operations*). Volunteer activation shall be coordinated with the designee for each volunteer organization. Volunteer organizations shall confirm that volunteers are pre-registered and pre-credentialed prior to deployment.

#### Staff identificaiton and badging

In order to identify clinic staff, one hundred pre-made badges are available for each POD and the MACE. These are located in the POD Supplies Closet at the North Country Health Consortium.

Badges include the following information:

* + - * Official State of New Hampshire watermark
      * MACE or POD Location
      * Color Coding indicating the location and type of duty assigned and area of volunteer's access.
      * Name of the Public Health Network
      * Note: Name of individual and Position title will be written in manually

An example of the badges can be found below:



#### Badging Procedure

Badge templates are stored on the North Country Health Consortium server and can be accessed by contacting the Administrative Assistance at 259-3700. The templates will be emailed to all MACE locations as needed and printed up on Avery badge labels as needed. Site specific badging procedures are included below.

The POD will operate using a mix of pre-credentialed paid-staff and volunteers and unaffiliated, spontaneous volunteers. Volunteers will be drawn from the list of organizations listed in *Supplement 2d.*

#### Badging Procedures and Requirements

Volunteers will receive their badge at the POD facility. In order to receive a badge, the volunteer will need to present a state or federal issued ID (i.e. driver's license, military ID, passport) to verify identity. The ID will be held at the staff check-in/check-out station until the close of the shift, at which time the volunteer will return his/her badge and will be returned their ID. Volunteers from pre-identified volunteer organization will present current proof of membership in the organization and will be provided with an appropriate badge.

#### Spontaneous Volunteers

In the event that volunteers are recruited from organizations that have not been pre-identified (i.e. Rotary Club), the organization(s) will provide the POD with a list of expected volunteers. Upon arrival at the POD, the volunteers will verify their identity on the list and will be considered a spontaneous volunteer. Spontaneous volunteers will receive badges at the POD facility after completing all volunteer paperwork and Just in Time training. *See Appendix 5* in the North Country Public Health Emergency Response Annex for the volunteer application and handbook.

Identity can be verified by providing one of the following:

\* Driver's License

\* Photo identification from an employer

\* Photo identification from a registered Medical Reserve Corps unit

\* Photo identification from a registered Community Emergency Response Team

\* For licensed medical personnel, license verification can be provided through ESAR-VHP or the applicable NH certification board.

#### Just in Time Training

For POD site specific badging procedures, the Staffing Resources Unit Leader shall conduct a Just-in-Time Training (JITT) with Unit Staff on POD staff badging procedures and requirements. The Staffing Resources Unit shall conduct JITT with all POD staff on POD operations, the nature of the public health events, and the prophylaxis to be provided. Each Unit Leader shall conduct JITT with Unit Staff of the specific functions of their POD station. *\* See Supplement 3d JIT Training Plan for reference.*

#### Staff transportation plan

The MACE/LEOC Management Team shall determine if offsite parking for POD staff is needed. The MACE/LEOC Management Team shall arrange for staff-only parking and transportation to the POD site(s) if it is not within a reasonable walking distance.

#### Infection control measures

NH DHHS shall provide clear guidance on infection control measure and policies. The POD Manager and Clinical Group Supervisor shall implement the infection control measures at the POD site(s). The Staffing Resources Unit shall collaborate with the Clinical Group Supervisor to provide POD staff with JITT on the infection control measures.

### Resource Activation

The MACE shall deploy regional resources and an electronic and/or paper inventory to the POD site(s). The LEOC shall deploy local resources and an inventory to the POD site(s). State and federal official shall deploy resources and an inventory to the POD site(s).

#### Receiving SNS Resources

The POD Security Unit, local law enforcement, and the Inventory Management Units shall collaborate in the receipt and secured storage of SNS resource at the POD site(s). The POD Security Officer shall sign for receipt of the SNS resources.

#### Inventory Management Staff

The Inventory Management Unit Leader shall conduct JIT training with Unit Staff on the Inventory Management System (IMS) to be used at the POD site(s). The IMS for the POD site(s) is likely to be in the form of an electronic spread sheet or paper system.

#### Chain of Custody

The Workforce Support Group Supervisor or Inventory Management Unit Leader shall sign for, receive, and securely maintain all resources deployed to the POD site(s). The Security Officer shall sign for, receive, and securely maintain all controlled substances deployed to the POD site(s). The Inventory Management Unit Leader and Dispensing Unit Leader shall use the NH DHHS IRMS software and spreadsheet to track pharmaceutical lot numbers during POD operations.

#### Inventory Control

The Inventory Management Unit shall receive, stage, and store all resources deployed to the POD site(s). The Inventory Management Unit shall confirm inventories for all deployed resources. Resources that require access control shall be properly secured by POD Security Staff. Resources that require temperature or condition controls, such as vaccines, shall be properly stored by Clinical Group Staff. The Inventory Management Unit shall distribute pertinent resource to POD Command, Clinical Group, Non-Clinical Group, and Workforce Support Group. Requests for additional resource shall be made to the Inventory Management Unit. The Inventory Management Unit shall report inventory status and resupply requests to the POD Manager each shift. The Inventory Management Unit will utilize NH DHHS IRMS system and electronic spreadsheet to keep track of resources.

#### Repackaging Inventory

The Inventory Management Unit shall repackage and prepare the necessary resources to provide emergency prophylaxis at any closed POD sites, including for local emergency response personnel.

#### Redistributing SNS Resources

The POD Security Officer shall arrange for the secured deployment of repackaged resources to any closed POD sites, including to local emergency response personnel.

### Facility Activation

A Facility Set-up Team shall be deployed to the POD site(s) to receive, stage, and store POD and SNS resources. The Team shall set up the POD stations based on the clinic flow diagram for the site and the resources needed for each station.

### Security Activation

Local law enforcement and the POD Security Officer shall review the following resources and develop an incident-specific security plan for the POD site(s):

* Current threat intelligence;
* Local community security plan;
* Facility security plan; and
* Site-specific operations plan (if using a designated POD site). See *Supplement 1: Activation and Operations*.

The incident-specific POD security plan shall include all protective actions to be implemented at the POD site and assignment of security tasks to POD Security Staff.

#### POD Security Personnel

A Security Officer shall be assigned to the POD site(s). The Security Officer shall be a sworn law enforcement officer (with vehicle). Security Staff are not required to be a sworn law enforcement officer. Security staff shall work under the direct supervision of the Security Officer. Security Staff may come from private security firms or volunteers trained in security procedures.

#### Medical Materiel Security

Medical materiel coming from the state RSS shall be escorted by New Hampshire National Guard from the RSS location to the POD site(s). Local law enforcement shall escort New Hampshire National Guard from the town line to the POD site. As also highlighted below, Local law enforcement will escort medical materiel from the POD site(s) to any closed POD location(s). Local law enforcement will also escort personnel to and from the POD site(s).

#### Security and Crowd Control

In an event involving bio-terrorism or a naturally occurring large-scale infectious disease, the level of threat perceived by the public, whether real or imagined, may be extreme. In these circumstances, local public health officials should be prepared for a high level of demand for vaccine/medication. Security must be provided throughout the length of the emergency, including when the site is not operational (i.e. during the night when restocking is occurring).

The North Country Public Health Network has planned for security, traffic control and crowd management for even moderately challenging public health clinic situations that are not a declared emergency. In extreme cases, the region may find it necessary to request the assistance of surrounding municipalities, the Grafton or Coos County Sheriff, NH State Police and, if it becomes necessary, the Governor may order the National Guard to assist in traffic and/or crowd control. The ability of law enforcement and the military to supply security for a public health response may be limited by the demands of their duties as defined by emergency response plans.

The local Police Department where the incident is occurring will have authority over the security of the event and will draw support from surrounding towns. In the event of a public health emergency, the MACE Operational Level may be increased to assist in the coordination of law enforcement personnel. If the MACE Operational Level is increased beyond Level 1 (Monitoring or Normal Operations), all requests for additional security shall be routed through the MACE. If a local law enforcement agency is unable to provide sworn personnel, Grafton or Coos County Sheriff’s Department(s) will augment local law enforcement/security in escorting medication/supplies being *delivered* to a closed POD location as well as escorting personnel to and from POD sites.

“Use of Force” policy and procedure is the jurisdiction of local law enforcement. Essentially, in a public health emergency, security and crowd control will be coordinated by local Law Enforcement and supplemented by the State Emergency Operations Center with ESF 13, Public Safety and Security.

A POD *Safety and Security Plan* has been developed for each facility and is located in **Supplement 1f** of each plan. Security is responsible for crowd and traffic control, physical security of the SNS assets, as well protection of staff and clients. Securing SNS assets includes locking up and limiting access to the assets, while providing a safe work environment for the staff.

#### Interior Physical Security

An interior and exterior sweep of the POD site will be completed before any occupancy occurs. This includes the delivery of Strategic National Stockpile (SNS) supplies. Any discrepancies and/or concerns should be brought to the immediate attention of the MACE.

Three Police Officers will be located at the school for security. One officer or designee will be placed at the main entrance (1), One officer or designee will be inside the gymnasium or the area where the medications are being distributed (2), and one officer or designee will remain at the vaccine storage area (3)

Staffing Schedule: Positions (1) and (2) will be staffed during any periods that the Point of Dispensing Plan is in operation. Position (3) will be staffed at all times, around the clock, until the POD is terminated.

Access to the POD facility will be limited. Only one main entrance and exit will be available to the public. One entrance/exit will be utilized by volunteer staff, deliveries, and ambulance. All other entrances and exits will be blocked off by doors, barriers, and/or crime scene tape. All unused doors will be locked. .

Crowd control within the site will be maintained by local law enforcement and designated volunteers. Barriers and signs will be utilized to assist the crowd in moving to the proper locations. Signs are stored in the POD trailers which are located in Colebrook at 45th Parallel and in Errol at the Errol Fire Station located at 127 Main St.

#### Exterior Physical Security

A security sweep of all parking lots and staging areas utilized for the POD will be completed before the delivery of the SNS supplies as needed. Any discrepancies and/or concerns should be brought to the immediate attention of the Security Officer and the MACE.

The POD Security Manager will assign local law enforcement officers and/or volunteers to the designated checkpoints and post throughout the parking lots immediately surrounding the POD.

Crowd control in and around the parking lots and staging areas will be maintained by local law enforcement and designated volunteers. Barriers and signs will be utilized to assist the crowd in moving to the proper location.

#### Command and Management

Local law enforcement and the Security Officer shall establish a command center for law enforcement. Local law enforcement, in conjunction with the LEOC and POD Manager, shall determine radio channels for communication with law enforcement personnel and coordination between law enforcement agencies. Local law enforcement and the Security Officer shall establish security personnel numbers and shifts for coverage during POD activation, operation, and deactivation.

#### Security Breach

Notification of a security breach will be issued via radio communication. Entry into the vaccination/dispensing area will be terminated until the security risk is evaluated or eliminated, at which point, the POD will resume normal operations. If a chargeable offense has occurred, the individual will be detained and removed to either the local Police department or Sherriff's department. The Sheriff’s department will transport and detain the offender if signs of infection are present.

#### Evacuation Plan

In the event that an evacuation of the POD location is necessary, citizens and staff will exit the facility using the evacuation plans in place for the facility.

### Traffic & Parking Activation

The POD Security Officer and local law enforcement shall review the following resources and develop an incident-specific traffic and parking plan for the POD site(s):

* Current threat intelligence;
* Local community traffic plan;
* Facility traffic and parking plan; and
* Site-specific operations plan (if using a designated POD site). See *Supplement 1h* for the site-specific operations plans.

The incident-specific POD traffic and parking plan shall include pedestrian safety and vehicle security. Additional planning considerations for traffic and parking may be influenced by the selected dispensing model (Segmented Dispensing Model vs. Head of Household).

The POD Security Unit shall collaborate with local law enforcement and public works to plan for and provide resources in support of the following traffic and parking considerations.

#### Accessible parking

The POD Security Unit shall determine if the existing handicapped accessible parking spaces at the POD site is sufficient to support POD operations. The site-specific operations plan lists the number of accessible parking spaces at the site (see Supplement *1: Activation and Operations*). Additional accessible parking spaces may be created utilizing pictogram-based signage that is available with the POD station signage.

#### staff parking

The MACE/LEOC Management Team shall determine if offsite parking for POD staff is needed. The MACE/LEOC Management Team shall arrange for staff-only parking and transportation to the POD site(s) if it is not within a reasonable walking distance. The POD Security Unit shall mark staff parking areas with signage.

#### client parking

The MACE/LEOC Management Team shall determine if onsite parking for POD clients is sufficient to meet the needs of the operation. The MACE/LEOC Management Team shall arrange for additional or alternate parking and transportation to the POD site(s) if it is not within a reasonable walking distance.

#### Law enforcement parking

Local law enforcement shall position at least one law enforcement vehicle at the POD site(s). The law enforcement vehicle shall be marked and parked in an area visible to POD clients who are entering and exiting the site.

#### Emergency Medical Services parking

Local Emergency Medical Services (EMS) shall position at least one medical transport vehicle at the POD site(s). The medical transport vehicle shall be parked in an area proximate to the dispensing stations.

#### Loading dock

The POD Facility Manager shall clear the loading dock area of all vehicles and non-essential resources. The loading dock area shall remain clear throughout POD operations to allow for delivery, resupply, and return of POD resources.

#### public transportation

The MACE/LEOC Management Team shall determine if public and non-public transportation resources are needed to support POD staff and client transportation to the POD site(s). The MACE/LEOC Management Team shall coordinate with local law enforcement to develop and implement a transportation plan utilizing transportation resources (school buses, charter buses) within the region (See *Regional Resources Directory* in the *North Country Regional Public Health Emergency Annex*).

### Media Relations

The POD Manager may designate a PIO at the POD site(s) to coordinate information and media relations with the MACE PIO. All media representatives who respond to the POD site(s) shall be referred to the MACE PIO for media credentialing and briefing. The LEOC and POD Manager may utilize community access television to officially document POD operations.

### Priority Prophylaxis

In the event that the POD is operating in response to a contagious event, all POD

personnel 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, NH DHHS will provide

guidelines on the prophylaxis of POD personnel and their family members at the time of

the event. Members of the military, including civilian employees, will be served in the

same manner as other residents and/or members of high-priority populations when

supplies are limited.

Other high-priority populations will include first responders [local police, fire and

Emergency Medical Services (EMS) personnel, as well as local EOC and MACE staff]

and critical infrastructure personnel. Once an event occurs, the State’s Ethics

Committee will determine (based on the specific hazard) which critical infrastructure

personnel will first be offered prophylaxis. The following table includes an estimated

number of POD personnel, first responders and family members for each POD.

|  |  |
| --- | --- |
| **POD** | **Estimated Number of POD Personnel, First Responders and Family Members (Calculation: Min Staff needed 36 hr thruput + 20 first responders x 4 (ind + 3 fam members)** |
| Berlin | 280 |
| Colebrook | 268 |
| Lancaster | 280 |
| Bethlehem | 292 |
| Littleton | 272 |
| Haverhill | 300 |
| North Country (all sites) | 1,692 |

All POD host communities have identified locations where high-priority populations

could receive prophylaxis. See the table below. In most cases, prophylaxis will be

provided in municipal facilities.

|  |  |  |
| --- | --- | --- |
| **POD** | **Location(s) for Priority Prophylaxis** | **Address(es)** |
| Berlin | Berlin High School | 550 Willard St, Berlin, NH 03570 |
| Colebrook | Colebrook High School | 25 Dumont St, Colebrook, NH 03576 |
| Lancaster | Lancaster Elementary | 51 Bridge St , Lancaster, NH 03584 |
| Bethlehem | Profile Middle/High School | 691 Profile Rd, Bethlehem, NH 03574 |
| Littleton | Littleton High School | 159 Oak St. Littleton, NH 03561 |
| Haverhill | Haverhill Cooperative Middle School | 175 Norrill Dr, North Haverhill, NH |

### Communication Resources

Federal and state officials shall provide all clinical communication related to the event and response. The MACE/LEOC Management Team shall coordinate the development of non-clinical communication related to the event and response. The MACE/LEOC Management Team shall coordinate the production and dissemination of communication resources, including drug fact sheets, agent fact sheets, client forms, communication equipment, and signs.

### Authorization to Open

Once the POD site(s) are ready to open to the at-risk population, the POD Manager shall notify the MACE/LEOC Manager. The MACE/LEOC Manager shall notify the SEOC, ESF-8 when the POD site(s) are ready to open. Official authorization to open the POD site(s) to the at-risk populations shall come from the SEOC, ESF-8.

# transition IAP to pod staff

Following completion of the IAP for POD operations, the MACE/LEOC Management Team shall delegate implementation of the IAP to POD Management Team. The IAP will guide activation, operation, and deactivation of POD service(s).

The IAP for POD operations shall be updated at each shift change by the MACE/LEOC Management Team. Updates to the IAP shall be based on scheduled reports from the POD Management Team.

# alert Management Team

Notify POD facilities of activation of the Plan and mobilization of sites. Alert and recruit POD management staff and trained volunteers to report to designated site.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
| * Contact LEOC/POD Manager. * Initiate call down for POD Management Team. * Notify POD facility of activation. * Initiate call down for POD facility set-up team. * Arrange cancellation of scheduled activities at POD facility. * Notify local law enforcement agencies of POD activities; request identification of law enforcement officials to serve as POD Security Officers. * Contact private security firms for additional POD Security Staff (if needed and requested by POD Security Officer). * Initiate event log (ICS-214). | * Contact POD Manager. * Initiate call down for POD Management Team. * Notify POD facility of activation. * Initiate call down for POD facility set-up team. * Arrange cancellation of scheduled activities at POD facility. * Initiate event log (ICS-214). * Establish communications with the MACE. | * Initiate event log (ICS-214). * Establish communications with the LEOC/MACE. |

# develop Tactical Plan

Review the IAP, POD layout, management structure, and Job Action Sheets. Clarify staff roles and responsibilities. Create a schedule to open and operate the POD. Mobilize POD resources.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
| * Coordinate traffic planning resources (including transportation) with LEOC/POD Management. * Coordinate parking planning resources with LEOC/POD Management. * Coordinate security planning resources with LEOC/POD Management. | . | * Coordinate with LEOC |

# mobilize staff

Coordinate arrival of POD staff. Provide staff with ID badges and vests. Direct staff to secured staff area. Announce timing for staff briefing.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
| * Initiate call-down to pre-identified staff. * Initiate call-down to volunteer organizations for staff support; specify type of staff needed and roles to be filled; request licensure if necessary. * Request behavior health staffing and functional needs support (language translation) for POD operations. * Request activation of ESAR-VHP from SEOC, ESF-8. | * Initiate call-down to pre-identified staff. | * Initiate call-down to POD Management Team. * Prepare POD staffing charts based on needs of operation. |

# Mobilize resources

Coordinate deployment of POD resources. Receive and secure resources at POD site(s). Develop inventory tracking system. Reposition resources at appropriate POD stations.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
| * Obtain medical standing orders from SEOC, ESF-8 for vaccine administration or medication dispensing and emergency treatment of post-prophylaxis anaphylactic shock. * Distribute medical standing orders to LEOC/POD. * Obtain Investigational New Drug (IND) instructions and forms from state EOC, ESF-8 (if applicable to event). * Distribute IND instructions and forms to LEOC/POD (if applicable to event). * Obtain client registration and screening forms and vaccine or medication information sheets from state EOC, ESF-8. * Arrange for mass production of client registration and screening forms and vaccine or medication information sheets. * Distribute client registration and screening forms and vaccine or medication information sheets to LEOC/POD. * Deploy staff badging equipment and supplies to POD site(s). * Notify vendors for food/supplies to support POD operations. | * Obtain medical standing orders from MACE for vaccine administration or medication dispensing and emergency treatment of post-prophylaxis anaphylactic shock. * Distribute medical standing orders to POD. * Obtain Investigational New Drug (IND) instructions and forms from MACE (if applicable to event). * Distribute IND instructions and forms to POD (if applicable to event). * Obtain client registration and screening forms and vaccine or medication information sheets from MACE. * Distribute client registration and screening forms and vaccine or medication information sheets to POD. * Coordinate with MACE for vendors to support food and supply needs. | * Obtain medical standing orders from MACE/LEOC for vaccine administration or medication dispensing and emergency treatment of post-prophylaxis anaphylactic shock. * Distribute medical standing orders to Clinical Group Supervisor for distribution to Clinical Group Staff. * Obtain Investigational New Drug (IND) instructions and forms from MACE/LEOC (if applicable to event). * Distribute IND instructions and forms to Clinical Group Supervisor and Non-Clinical Group Supervisor for distribution to staff. * Obtain client registration and screening forms and vaccine or medication information sheets from MACE/LEOC. * Distribute client registration and screening forms and vaccine or medication information sheets to Non-Clinical Group Supervisor for distribution to staff and preparation of Registration Station. * Obtain staff badging equipment and supplies from MACE/LEOC. * Coordinate with LEOC/MACE for vendors to support food and supply needs. |

# Supplies and Equipment

Supplies and equipment have been purchased for each of the North Country

PHR’s POD sites and are currently being stored in Trailers in Colebrook and Errol, Berlin Health Department, Grafton County EOC, Grafton County Nursing Home and Lancaster Ambulance. See Supplement 1g for a detailed spreadsheet of supplies but supplies include: office supplies, office equipment, command and control vests, communication equipment, signs and crowd/traffic control equipment.

The NH HSEM has also strategically deployed a total of twelve logistics trailers around the state

to provide basic medical and other supplies to support public health emergencies and other types of large-scale or long-term incidents. Police, fire, EMS or other first responders, municipalities, hospitals or clinics may request the trailers when needed.

Two of the twelve trailers are located in the North Country PHR at:

1. 45th Parallel EMS (Ramsey Way, Colebrook, NH). The MACE can contact Rob Darling at the 45th Parallel to request permission to utilize a trailer.

2. Errol EMS (Main Street, Errol, NH). The MACE can contact Chip Irving at Errol EMS to request permission to utilize a trailer.

These trailers are available for all PODs to set up their facilities

The POD Manager will work with all section chiefs and the local EOC (if applicable) to

determine sources and availability of medical supplies. The POD/local EOC will make

the formal request to the MACE for medical supplies not available at the mass clinic.

Non-medical supplies not available on-site will be requested from approved vendors

unless SNS materiel and a NH HSEM trailer are requested and the requests are approved.

# prepare POD site

Ensure that the POD site is fully operational (power, heat, or air conditioning) and accessible (streets open and plowed, parking lots empty). Ensure that supplies are received and distributed to appropriate POD branches and units for set up. Activate security and traffic plans.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
| * Prepare and review a Just-in-Time Training (JITT) for POD staff, including clinical and non-clinical training. * Distribute training resources to LEOC/POD Management. * Develop and provide public notification of POD locations and operation dates and times. | * Initiate POD Safety & Security Plan. * Initiate Traffic & Parking Plan. * Obtain POD staff JITT from MACE. | * Conduct security sweep prior to staff and resources occupancy. * Establish security posts within POD site. * Establish locations for interior and exterior access control. * Establish crowd control practices. * Establish location for controlled access to medical materiel (including refrigeration if needed). * Assign a PIO to work with the MACE/JIC. * Establish communications with the MACE. * Set-up POD stations, including signage, based on Clinic Flow Plan. * Establish clearly marked client flow pattern. * Distribute appropriate supplies to each POD station to support station function(s). * Receive SNS assets and/or local and regional resources. * Test Internet, phone, and other communication resources. * Establish internal communications between staff and stations. * Obtain POD staff JITT from LEOC/MACE. |

# Brief Staff

Prior to opening the POD, brief staff about the incident, heath threat, and control measure. Discuss personal protective measures and review the standards of care. Describe the POD schedule, staffing, and operations. Review support services for staff (meals, breaks, behavioral health) and clients (translations, behavioral health, families). Establish branches or units to prepare to open the POD.

Prior to opening the POD to the public, all POD staff and volunteers shall receive a briefing. This briefing shall describe the public health threat and recommended actions, as well as orient staff and volunteers to the POD site and the services to be provided. At minimum the staff orientation shall include:

* Review of POD layout, client flow, and walk-through of the facility;
* Assigned roles and responsibilities;
* Review of Command Structure and shift changes;
* Overview of all client forms and information sheets; and
* Evacuation and emergency procedure

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

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
| * Receive authorization to open POD(s) from SEOC, ESF-8. * Notify LEOC & POD Mgmt of authorization to open POD(s). | * Receive authorization to open POD(s) from MACE. * Notify POD Management of authorization to open POD(s). | * Register all incoming staff and provide staff identification (badge, etc.). * Assign all incoming staff to a POD position (based on qualification and comfort with role and responsibility). * Conduct a situation briefing for all incoming staff. * Conduct POD facility walk-thru with all incoming staff, including orientation to POD stations. * Conduct Group/Unit and role specific JITT for staff. * Provide appropriate Job Action Sheet (JAS) to all incoming staff. * Notify LEOC/MACE when facility and staff are ready to open. |

# Treat Staff

Provide prophylaxis to first responders and POD staff. Dispatch medication or vaccinators to local emergency response personnel.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
|  |  | * Dispense medication or administer vaccine to POD staff and other essential service providers (per federal and state guidance). |

# Open POD

Once in their assigned branches or units, staff with set up the POD by reviewing protocols, establishing client flow, and determining addition staffing and resources needs. 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 person who are particularly vulnerable to the threat. Once POD stations are fully resourced and Command staff has completed a site walk through, the POD Coordinator will notify the Incident Commander and MACE that the POD is ready to open.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
| * Request authorization from SEOC, ESF-8 to open POD site(s) to the public. * Notify LEOC/POD of state author. to open POD site(s) to the public&commence dispensing operations. | * Notify POD of MACE authorization to open POD site to the public and commence dispensing operations. | * Notify POD staff of authorization to open site to the public and commence dispensing operations. |

Operate POD

# Overview

The authorization to open the POD shall be made in consultation with the MACE and SEOC, ESF-8. Upon receiving authorization to open POD services to the at-risk population, the POD Management Team shall monitor and evaluate all stages and aspects of the operation. The POD Manager shall provide periodic situation updates to the MACE/LEOC Manager. Adjustment to POD services and process shall be made based the progress of meeting the objectives outlined in the IAP for POD operations.

# Objectives

The following objectives should be achieved during 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 LEOC and/or MACE.

# Policies & procedures

The following policies and procedures shall be observed during the operation of the POD site(s) and services. Roles and responsibilities for implementation of the operation policies and procedures are assigned below.

### Site Layout

Clinic sites 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 (i.e.,

English, Spanish, French) with pictograms will be provided to guide the public through the dispensing site process.

### Flow

The functions and routing procedures remain essentially the same at each POD site location. See the POD facility plans (supplements to this plan) 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. A POD Manager must receive approval from the State

(via the MACE) to make alterations that deviate from the State’s standards of care (such as modifying the scope of practice for specific health care professionals).

### Symptomatic Individuals

As persons seeking medication/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

an EMT or paramedic (a medical provider must be on-site when any medical triage

occurs at the POD site). Persons who have been exposed to the agent or to cases will

be removed from the general flow and escorted to special evaluation areas. The Triage Unit and First Aid Unit shall collaborate to manage clients deemed symptomatic. Clinicians

will perform a basic health exam on such persons and will arrange for their transport to

a treatment facility via on-site ambulance if necessary. Those without illness or contact

history will proceed to registration.

### Greeting/Registration

All forms that must be completed by clients will be accessed via eStudio

(https://nh.same-page.com). The forms will be used to collect demographic information,

medication/vaccine information (e.g., allergies) as well as informed and perhaps

Investigational New Drug (IND) consent. All data collected will be entered into a

database. Clients will not be required to show any identification in order to receive the

medication/vaccine (unless otherwise instructed by federal or state authorities). More

information may be required from unaccompanied minors (see p51for details on the

treatment of unaccompanied minors).

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).

# Client Education

Signs and handouts will be used to educate the public. Both internal and external signs

will be posted. Handouts (with information on the agent and the medication/vaccine to

be dispensed, for instance) will be distributed either on busses en route to the clinic

and/or 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 after completing

their paperwork, where they will view the video.

Preprinted signs in English, Spanish and French are currently located at the NC PHN office at the North Country Health Consortium. Event-specific handouts (located in appendices to the region’s

*Public Health Emergency Annex* and/or accessed via eStudio) will be copied prior to the

opening of the POD sites to the public. Most POD facilities have mass reproduction

capabilities. The North Country Health Consortium also has an on-site duplicator and sufficient paper and toner, as well as access to the Littleton Staples if needed.

### Use of Force Guidelines

During 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.

### Unaccompanied Minor

POD Staff shall 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 Clinical Group Supervisor shall determine a dispensing course of action based on the requirements of the specific event.

Dispensing Staff shall document the minor’s name, contact information, and vaccine or medication needed for follow-up at a later time.

### Shift Hours and Shift Change Procedures

Shift length will be determined by the POD Manager at the time of the event (it will vary depending on the situation.) Most likely, shifts will last between eight and twelve hours. 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. The MACE will provide food and drink for staff/volunteers and will arrange for child care services if needed.

The MACE/LEOC Management Team shall provide a shift report to the POD Management Team. The shift report shall collect pertinent data to inform the progress in meeting the objectives outlined in the IAP for POD operations. The MACE/LEOC Management Team shall determine the frequency of reporting from the POD site(s). At minimum reporting shall be completed at the end of each shift; however, more frequent reporting can better inform improvements to POD services and process.

### Identification Requirements

Identification (proof of residency or citizenship) shall not be required to receive emergency prophylaxis services, unless otherwise instructed by federal or state authorities. All clients shall be asked to complete a registration and screening form to determine appropriateness of prophylaxis. DHHS shall provide the registration and screening forms, along with vaccine and medication information sheets. In situations involving multiple regimen dispensing (Head of Household) documentation demonstrating the number of people within a household will not be requested, unless otherwise instructed by federal or state authorities.

### Client Information, Documentation & Data Collection

Federal and state officials shall develop and provide the forms and information sheets used during the client intake process. The POD form serves as the client’s medical record and should capture health history, exposure risk, and signature verifying informed consent. State and local official may determine that 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.

### Post-Prophylaxis Monitoring

Federal and state officials shall develop and maintain systems for post-prophylaxis monitoring for adverse effects. In response operations where vaccines are dispensed all first-time vaccine recipients shall wait at the POD site(s) for 15-minutes following vaccination. The Discharge Unit shall provide outgoing clients with information about how to report adverse effects after leaving the POD site(s).

# Start Shift

Implement shift schedule. Maintain use of Incident Command management principles.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
| * Document staff time, resources, and claims to calculate response costs for reimbursement. | * Document staff time, resources, and claims to calculate response costs for reimbursement. | * Document staff time, resources, and claims to calculate response costs for reimbursement. |

# Dispense to Clients

Administer vaccine or dispense medication to clients. Maintain professional standards. Assess adequacy and efficiency of client flow and implement adjustments if needed.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
|  |  | * Dispense medication or administer vaccine to eligible clients based on the medical standing orders and guidance. * Collect required client data. |

# Monitor Staff & Supplies

Monitor staff for sign of fatigue or stress. Encourage regular breaks for all staff. Acknowledge performance and provide feedback. Requests for Resupply of SNS materiel are made by POD Command Staff to the MACE.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
| * Evaluate POD staffing levels and client throughput data; develop staff reduction plan. | * Evaluate POD staffing levels and client throughput data; develop staff reduction plan. | * Evaluate client throughput; report throughput data to LEOC/MACE at pre-determined intervals. * Monitor supply levels; request additional supplies as need or at pre-determined intervals. |

# Shift Change

Ensure that staff completes assigned tasks before ending shift. Debrief outgoing staff. Brief incoming staff. Complete shift report.

Shifts should be no more than eight (8) hours long (operational period) and provide staff with the opportunity for breaks and meals. At the end of each operational period the shift change shall occur. Allow a period of overlap from shift to shift to provide for smooth transition of information and supplies.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
| * Review shift report; provided recommendations on alteration to dispensing process or model. | * Review shift report; provided recommendations on alteration to dispensing process or model. | * Submit shift report. |

Deactivate POD

# Overview

The decision to deactivate POD operations shall be based on:

* Dispensing data (total number treated, percentage of target population seen);
* Demand for POD services;
* Current threat intelligence; and
* Facility need for returned social order.

The decision to deactivate POD operations shall be made in consultation with the MACE and the SEOC, ESF-8. Deactivation of POD sites can be staggered.

# Objectives

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

* Coordinate closure of POD site(s) with POD Management, LEOC, MACE, and SEOC (ESF-8);
* 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.

# Policies & Procedures

The following policies and procedures shall be observed during the deactivation of the POD site(s) and services. Roles and responsibilities for implementation of the deactivation policies and procedures are assigned below.

### Staff Deactivation

Staff deactivation shall begin at the POD site(s) and work up to MACE staff deactivation.

The POD Management Team shall instruct staff to review their JAS for deactivation procedures specific to their position, unit, and group. Deactivated staff shall report to the Staffing Resources Unit to sign out, be debriefed, and receive information on post-POD staff support services.

Group Supervisors and Unit Leaders shall meet to plan for phased unit and group consolidation and break-down of stations. The POD Management Team shall provide a status report of staff deactivation activities to the MACE.

The MACE shall notify volunteer organizations of POD staff deactivation.

### Resource Deactivation

Deactivation of resources shall begin at the POD site(s) and work up to deactivation of MACE resources.

The POD Management Team shall instruct staff to review their JAS for deactivation procedures specific to their position, unit, and group. Unit Leaders shall inventory and repackage resources assigned to their unit and then direct completed inventories and repackaged resources to their Group Supervisor. The Groups Supervisors shall confirm the accuracy of inventories and repackaged resources prior to directing them to the POD Management Team. All facility-owned resources shall be returned to their place of storage.

The MACE shall coordinate pick-up of regional resources and SNS assets.

### Facility Deactivation

Deactivation of facilities shall begin at the POD site(s) and work up to deactivation of the MACE location.

The POD Management Team shall conduct a facility walk-thru with a facility representative after deactivation of staff and resources has occurred. The POD Management Team shall document the return of facility resources and damage caused to the facility during POD operations. The POD Management Team shall submit the final facility deactivation assessment to the MACE.

The POD Management Team shall provide the facility representative with a list of cleaning agents used to clean or disinfect facility surfaces.

### Medical Waste Disposal

The MACE shall contact EMS and healthcare agencies within the region to coordinate collection and removal of medical waste from the POD site(s). EMS and healthcare agencies shall properly dispose of the medical waste, track disposal costs, and submit appropriate reimbursement paperwork.

The MACE may also coordinate a secondary means of medical waste disposal through the state EOC, ESF-8.

# Close POD Site(s)

Provide notification through media and other forums that POD has closed. Include information about alternate sources for emergency prophylaxis. Collect feedback from staff at each POD to inform improvement planning. Provide on-site behavioral health support to staff and information about counseling services moving forward.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
| * Discuss timing of POD site closure with ICC/LEOC/POD Management. * Notify all active participants (healthcare agencies, closed PODs, volunteer organizations) of deactivation. * Prepare notification to media of deactivation and alternate treatment options. * Notify the media and public that POD site(s) are closed and of alternate treatment sites. | * Discuss timing of POD site closure with POD Management/MACE. * Notify all active participants of deactivation. | * Discuss timing of POD site closure with LEOC/MACE. * Notify all active participants (POD staff and volunteers) of deactivation. * Clear all clients from site prior to closing. * Clear client parking area prior to closing. * Post signs stating that site is closed. * Post information on alternate treatment sites. |

# Return Resources

Gather information from each POD site, including throughput data, staffing sheets, and expenses.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
| * Arrange for pick-up and return of regional supply trailers. * Coordinator with closed POD sites for return of resources. * Coordinate with ICC for return of SNS resources. * Compile documentation from POD site(s) and LEOC(s) for tracking and expense reporting. * Inventory and repack MACE supplies. | * Inventory and repack local and LEOC supplies. * Compile documentation for local tracking and expense reporting. | * Inventory and repack POD supplies. * Return POD supplies to appropriate authorities or storage areas. * Return medications and vaccines to appropriate authorities (ensure that they are secure and properly stored). * Collect all documentation (staffing sheets, clinic forms) and return to MACE |

# Clean-Up Site(s)

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
|  |  | * Collect and dispose of trash (separate from medical waste). * Prepare medical waste for collection and proper disposal. * Disinfect surfaces based on recommendations by DHHS or using standard cleaning practices. * Return resources owned by facility to their storage location. * Conduct walk through with facility representative; document and report damage to MACE. |

# Participate in Recovery

Provide records and documentation to the agency leading the process for federal assistance reimbursement.

|  |  |  |
| --- | --- | --- |
| MACE | LEOC | POD Management |
| * Conduct debriefing/hot wash with MACE staff. * Participate in after-action activities with state. | * Conduct debriefing/hot wash with LEOC staff. * Participate in regional after-action activities. | * Conduct debriefing/hot wash with POD staff. * Participate in debriefing session(s) and after-action activities. |

Communications

# overview

The MACE/LEOC shall assign the role of Public Information Officer (PIO). The PIO shall develop a Public Information and Communications (PIC) Plan to support POD operations. The PIC Plan shall be based on situation awareness and the *Public Information and Warning Appendix* of the North Country *Regional Public Health Emergency Annex*.

The *Public Information and Warning Appendix* provides the framework for coordinating public information and warning during a public health emergency. The *Public Information and Warning Appendix* addresses coordination of information across jurisdictions and agencies to ensure consistency of risk information and warnings.

The PIC Plan for POD operations shall detail policies, procedures, and actions for message development and production, message coordination, and message dissemination.

# objectives

The PIC Plan for POD operations shall achieve the following objectives:

* Develop messages regarding public health event and POD operations and services;
* Produce messages that are accessible and in multiple media;
* Coordinate messages with partner agencies to ensure consistency;
* Disseminate messages through all available media; and
* Monitor messages to ensure accuracy and to correct misinformation.

# policies & procedures

The PIC Plan for POD operations shall observe the following policies and procedures to ensure accurate and timely communications with response personnel and the public. Roles and responsibilities for implementation of the communication policies and procedures are assigned below.

### Public Information & Communication Personnel

The MACE Manager shall appoint a Public Information Officer (PIO) to coordinate information and media requests throughout POD operations. The LEOCs, particularly those in towns where POD sites are operational, shall appoint a PIO to coordinate with the MACE PIO. Appointed PIOs may choose to establish a Joint Information Center (JIC) to coordinate implementation of the PIC Plan for POD operations. The MACE/LEOC PIOs shall participate in a statewide JIC if one is established by the SEOC. A PIO Job Action Sheet (JAS) is found in *Supplement 2: Staffing*.

### Communications Pathways

To ensure effective, clear and timeline communications, pathways have been established between command, management locations and support agencies. These communications pathways are highlighted in the Emergency Communications Matrix below.

### C:\Users\aholmes\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\EX3WMGG3\Communication Flow During Emergency.jpg

### Communication Materials

The MACE/LEOC PIO(s) shall obtain current and/or updated fact and information sheets from state and federal health official at the time of the event. POD communication materials shall include, but are not limited to, drug fact sheets, disease agent fact sheets (including category A agents), and client forms (Name/Address/Patient History (NAPH)).

### Message Development

Federal and state health officials shall develop and validate all clinical information related to the event or emergency, including disease agent and prophylaxis fact sheets. The MACE/LEOC PIO(s) shall develop and validate all information related to POD services, including locations and hours of operation. All POD messages shall account for predominate languages spoken (other than English), low literacy, and physical and cognitive barriers to receiving and understanding information.

### Message Production

The MACE/LEOC PIO(s) shall develop a plan for rapid production of printed POD information and materials through assistance from the towns and through agreements with the POD facilities. Vendors for printing services are found in the *Regional Resources Directory* in the *North Country Regional Public Health Emergency Annex*.

### Message Coordination

If a Joint Information Center (JIC) has been established, then the JIC shall establish policies and procedures for message coordination with all participating PIOs. If a JIC has not been established, then the MACE/LEOC PIO(s) shall ensure message coordination across the region as outlined in the *Public Information and Warning Appendix* of the North Country *Regional Public Health Emergency Annex*.

### Message Dissemination

The MACE/LEOC PIO(s) shall disseminate all POD messages through all available communication media and in as many accessible forms as possible. See also *Functional Needs Clients*. The MACE/LEOC PIO(s) shall monitor media coverage of POD messages to ensure accuracy and correct incorrect information.

### Functional Needs Clients

The MACE/LEOC PIO(s) shall consider the communication needs of clients with functional needs during message development and production. POD staff shall utilize pictogram-based station signage and communication tools, staff identification, and community service agencies to support the information and service access needs of clients with functional needs.

Agencies that work with functional needs populations, including translation services and behavioral health providers, are found in the *Regional Resources Directory* in the North Country *Regional Public Health Emergency Annex*.

### Communications Equipment

The MACE/LEOC PIO(s) shall work with the Communications Unit at the POD site(s) to determine the communications equipment needed to support POD operations. Communications equipment that is available at the designated POD sites is found in the site-specific operational plans in *Supplement 1: Activation and Operations*. Communications equipment that is available for deployment to the POD site(s) from the regional supplies cache is found in the supplies list in *Supplement 1g: Activation and Operations*.

### Media Policy

POD Staff shall direct all media inquiries into POD operations to the MACE PIO, unless a PIO has been designated at the POD site(s). The MACE PIO may designate a single POD for media availability or grant escorted access to all POD sites. The PIO shall instruct media on any restrictions on coverage, such as photographing POD clients who are receiving prophylaxis.

### Pre-Event Messages

During POD activation, the MACE/LEOC PIO(s) shall develop messages that clearly describe the at-risk population, the recommended protective action(s) – including actions while POD services are being mobilized – and the process to receive prophylaxis once the POD is open.

### Directing Clients to POD

Prior to opening the POD site(s), the MACE/LEOC PIO(s) shall disseminate messages that clearly describe the purpose of a POD, an explanation of the prophylaxis and dispensing model, clinic locations and directions, dates and times of operation, any items that clients should/should not bring with them, the anticipated clients experience while at the POD, and the potential length of time to receive prophylaxis (if known).

If clients will be provided transportation services to the POD, the MACE/LEOC PIO(s) shall disseminate messages that clearly describe how to access these services. Transportation services are found in The *Regional Resources Directory* of the North Country *Regional Public Health Emergency Annex*.

A template fact sheet entitled *Going to a POD* can be found in *Supplement 1: Activation and Operations.*

### Directing Clients within POD

The MACE/LEOC PIO(s) shall ensure that the following communication resources are deployed to the POD site(s) for use in POD operations. POD staff shall utilize these communication resources to ensure access to POD services for all clients, including those with functional needs.

#### Signage

POD staff shall use pictogram-based station signage to direct clients through the POD. The pictogram-based signage describes the function of each station and the service(s) provided. The signage utilizes simple, one-word names to describe each station or step in the POD process. The MACE/LEOC shall deploy the signage, sign stands, and other resources for displaying the signage to the POD site(s).

#### Vests

POD staff shall wear vests that visibly identify them to clients and fellow staff as being associated with POD operations. The front of each vest shall display the individual’s name and affiliation. The back of each vest shall display the individual’s role at the POD (i.e. Greeting Staff, Dispensing Staff, etc.). The MACE/LEOC shall deploy the vests and associated staff identifiers to the POD site(s). The Staffing Resources Unit shall distribute the vests and staff identifiers to all POD staff. The POD Management Team shall be identified in white vests. POD staff with clinical qualifications shall be identified in red vests. POD staff working in non-clinical roles shall be identified in green vests. The Workforce Support Group shall be identified in yellow vests.

#### Post-Prophylaxis Messages

The MACE/LEOC PIO(s) shall develop messages that clearly describe client recommendation following receipt of the medication or vaccine, including sources for additional information (phone number, website), monitoring for adverse reactions, and compliance with medication dosage and duration.

### Information Technology Support

The POD Manager shall work with the POD Facility Manager and the Communications Unit to access facility-based Information Technology (IT) support at the POD site(s). The MACE/LEOC PIO(s) shall identify available local community IT support for potential deployment to the POD site(s). IT equipment is documented in the site-specific operations plans in *Supplement 1: Activation and Operations*. A Communication Unit Job Action Sheet (JAS) is found in *Supplement 2: Staffing*.

### Redundant Communications

The MACE/LEOC PIO(s) shall evaluate the adequacy and availability of redundant communication systems and equipment for POD operations. Redundant communications for the designated POD facilities are detailed in the site-specific operational plans in *Supplement 1: Activation and Operations*.

### Tactical Communication

The MACE/LEOC PIO(s) shall coordinate with the POD Manager to deploy tactical communication resources and personnel.

### Hotlines/Call-Banks

The SEOC may establish hotline capabilities through NH-211 services. If hotlines are established through NH-211 the MACE/LEOC PIO(s) shall provide the necessary public information through the JIC. Absent a state hotline, the MACE/LEOC PIO(s) shall establish a local hotline based out of the North Country Health Consortium at 603-259-3700 ext 247.

Administration, Finance & Logistics

# overview

The MACE/LEOC Management Team shall develop and maintain systems to track and monitor administration, finance, and logistics for POD operations. The POD Management Team shall develop and maintain systems to track and monitor staff time, expended resources, and claims for damages at the POD site(s). The MACE/LEOC Management Team shall coordinate all requests for resources to support POD operations, as well as collect, track, and submit all expense report associated operations to the appropriate reimbursement authority.

# objectives

The following objective shall be achieved to support administration, finance, and logistics tracking and monitoring:

* Develop and maintain systems to track and monitor response staff time;
* Develop and maintain systems to track and monitor response resources expenses; and
* Develop and maintain systems to track and monitor deployment and use of response resources.

Plan Development & Maintenance

# Overview

The POD Appendix[[2]](#footnote-2) is one of four emergency response appendices to the North Country Regional Public Health Emergency Annex (Regional Annex). The Regional Annex is a support annex to the LEOP for each town in the North Country Public Health Region (PHR). The Regional Annex provides the organizational framework for regional coordination of emergency public health resources through the Multi-Agency Coordination Entity (MACE).

# Planning Advisory Group

The North Country Public Health Network (PHN) shall develop and maintain plans, policies, procedures, programs and systems for emergency mass prophylaxis services in the North Country PHR.[[3]](#footnote-3) The plans, policies, procedures, programs, and systems are based on federal and state planning requirements. They include, but are not limited to:

* Plans and systems for client movement and tracking, medical supplies transport and tracking, tactical communications, coordination of public information and warning, inventory management, and credentialing POD staff;
* Policies for per person regimen dispensing, unaccompanied minors, minimum identification requirements, and law enforcement use of force; and
* Procedures for requesting SNS assistance, obtaining SNS resources from the RSS, distribution and dispensing of mass prophylaxis, POD operations, mass prophylaxis of essential staff, dispensing investigational new drug (IND), and security for POD operations.

A multi-jurisdiction, multi-discipline planning advisory group meets bi-monthly to develop, review, and update the POD Appendix. Attendance records and minutes from the planning advisory group meetings are available upon request to the North Country PHN.

# Plan review

An annual review of the POD Appendix and associated attachments shall be conducted. Changes to the POD Appendix shall be based on experience with training, exercises, and actual events and deficiencies revealed during an annual state Technical Assistance Review (TAR). Changes to the POD Appendix shall be documented on the *Record of Changes*.

# Policies & Procedures

Policies and procedures to support emergency mass prophylaxis operations and medical supplies management and distribution shall be developed, reviewed, and updated annually. Policies and procedures shall be documented in the *Concept of Operations* in the appropriate response phase.

# Roles & Responsibilities

Roles and responsibilities of local, regional, and state agencies and other support organization shall be developed, reviewed, and updated annually. Memorandums of Understanding (MOUs) shall be developed between all parties and clearly define agency roles and responsibilities. MOUs shall be reviewed annually. Roles and responsibilities shall be document in *Concept of Operations* in the appropriate response phase.

# Response Phases

The Concept of Operations for a POD event occurs across five response phases. These phases include: Situation Awareness, Situation Development, POD Activation, POD Operation, and POD Deactivation. Planning for POD deactivation shall occur during each response phases.

# Legal Issues

Legal issues and authority to support emergency mass prophylaxis operations and medical supplies management and distribution are outlined below.

### Local Authority

NH DHHS has designated Public Health Regions (PHRs) for the purpose of public health emergency preparedness planning, training, and response. The North Country PHR maintains a Regional Coordinating Committee (RCC) to facilitate cross-jurisdiction planning for public health emergencies. The efforts of the North Country PHR and RCC do **not** supersede local control or authority during a public health emergency. The POD Appendix provides regional coordination of public health resources (staff and materiel) in support of local response activities.

Authorized Dispensing Staff

A pharmacist or physician will oversee medication/vaccine dispensing at the POD. This individual may be assigned to a specific POD site in the region or located at the MACE (to oversee multiple POD sites in the region).

Personnel who may be authorized to dispense prescription drugs during a local emergency include the following:

* Pharmacist
* Physician
* Advanced practice registered nurse
* Physician assistant
* Registered nurse
* Dentist
* Optometrist
* Podiatrist
* Veterinarian
* Naturopathic doctor
* Midwife

Roles and responsibilities as well as the list of authorized personnel above may be altered as determined by the Governor.NH DHHS shall provide guidance on medical professionals authorized to administer vaccines and dispense medication during a declared public health emergency or a declared public health incident.

### Procurement of Private Property

### The Governor may procure private property in accordance with RSA 4:29. RSA 4: 29 Acquisition and Disposal of Real Estate By Purchase – The Governor, with the advice and consent of the council, my acquire on behalf of the state, either by purchase or otherwise, as hereinafter provided, any real estate within the state which he may deem necessary for any military purpose, for public parks, public buildings, or for any other public improvement purposes

### Liability Protection

During non-declared events immunity from liability for registered volunteers of nonprofit organization or government entities is derived from RSA 508:17 Limitation of Actions.

During a declared Public Health Incident an agent of state, including volunteers acting as an agent of state, is protected from claims and civil action under RSA 508:17a.

### Workers Compensation

Volunteers who are activated by an authorized political subdivisions are eligible for workers compensation under RSA 281-A:2 VII (6).

### Staff Compensation

Compensation of staff shall follow local policies and procedures established under the LEOP for each town. In situations where staff response hours is eligible for reimbursement, the LEOC Management Team shall track and monitor staff response hours and submit for reimbursement to the appropriate authority.

### Memoranda of Understanding (MOU)

The North Country Public Health Network (PHN) shall enter into signed agreements with any agency, facility, or company that supports public health emergency response in the region. All MOUs shall identify the resources that are being offered in support of region public health emergency response activities, as well as any limitation placed on the resources.

#### Facility agreements

MOUs have been signed with the three (3) designated POD sites in the region. These agreement detail facility, materiel, and personnel use and restrictions.

#### Mutual Aid agreements

Currently, mutual aid agreements between the host agencies of the Public Health Networks in New Hampshire do **not** exist. Local fire, EMS, and police mutual aid agreement may be of use to support POD operations depending upon the circumstance.

#### security agreements

Currently, the region does **not** have an agreement with private firms to support security at POD sites. A listing of private security firms can be found in the *Regional Resources Directory* of the North Country *Regional Public Health Emergency Annex*.

#### childcare agreements

Currently, the North Country Public Health Region is exploring agreements with licensed childcare facilities to support childcare services for the children of POD staff and volunteers during a POD operation. These services may be eligible for FEMA reimbursement during federally declared major disasters and emergencies [see FEMA Disaster Assistance Fact Sheet 9580.107].

### Unaccompanied Minors

POD Staff shall 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 Clinical Group Supervisor shall determine a dispensing course of action based on the requirements of the specific event. Emancipated minors (with or without documentation) shall receive emergency prophylaxis. New Hampshire statute defines the age of majority as 18 years old [RSA 21:44]. New Hampshire statute defines the ability to administer medical care to a minor [RSA 627:6].

# Security planning

A security and vulnerability assessment of the POD site(s) shall be completed and reviewed annually to identify location and facility strengths and weaknesses. The assessment shall include interior and exterior physical security, command and management needs, a plan for evacuation of the POD site(s), and a security breech plan. The assessment shall be completed by the North Country PHN Coordinator in conjunction with local law enforcement personnel. Security assessments for each designated POD site shall be found in the site-specific operational plans [see *Supplement 1: Activation and Operations*]. If a POD is established at an alternate site, a just-in-time security assessment shall be completed prior to opening the POD to the public. Local community security plans and facility security plans shall be the primary resources that support and inform incident-specific security operations for POD operations.

# inventory management

Currently, the region does not utilize an inventory management software system for regionally cached supplies. An electronic spread sheet of regionally cached supplies is updated and posted annually on eStudio and provided to local Emergency Management Directors. A paper spread sheet of regionally cached supplies can be found in *Supplement 1: Activation and Operations*.

# Training, Exercises & evaluation

The North Country PHN shall coordinate public health preparedness training, exercise, and evaluation in the North Country PHR. The planning advisory group shall support development and maintenance of a multi-year training and exercise plan for public health emergencies. Mass prophylaxis, medical supplies management and distribution, and other SNS-specific topics shall be incorporated into the Multi-year training and exercise plan. The multi-year training and exercise plan is developed in accordance with Homeland Security Exercise and Evaluation (HSEEP) guidance.

The North Country PHN shall maintain exercise after-action report and corrective action plans for the North Country PHR. The planning advisory group is responsible for review of corrective action progress as part of annual plan review and maintenance.

The training and exercise plan shall include: course objectives, schedule, and targeted audience (including volunteers).

At minimum the multi-year training and exercise plan shall address:

* Quarterly testing of communication networks (equipment/hardware between command and management locations and support agencies);
* Quarterly call-down or notification exercises to local officials;
* Annual call-down or notification exercises to volunteer organizations that support emergency response activities;
* Training for public information and communication personnel on responsibilities associated with mass prophylaxis campaign;
* Training for local law enforcement on security requirements for medical supplies management and distribution operations; and
* A process for documenting training opportunities, training rosters, and supporting documentation for recommended trainings.

### Just in Time Training

SNS staff is available to assist the state with trainings, exercises, and evaluation. A SNS program consultant is assigned to work with the state SNS Coordinator in NH HSEM.

New Hampshire DHHS, or its contracted providers, provide services to support training, exercises, and evaluation of the North Country POD plan. This includes contracted services through the North Country Public Health Network and its Coordinator. Towns within the North Country Region access trainings on emergency mass dispensing operations through the North Country Public Health Network. These training are offered on an annual basis. Documentation on trainings and attendee is available upon request to the North Country Public Health Network Coordinator.

### Recommended Skills

The Public Health Preparedness Capabilities for emergency mass dispensing recommends the following skills for POD staff:

* Knowledge of regional dispensing requirements, plans, and procedures;
* Knowledge of response framework and staff roles and responsibilities;
* Knowledge of regional POD operations and inventory management systems; and
* Knowledge of adverse event reporting system, process, and protocols.

### Recommended Trainings

The following trainings are recommended for emergency personnel and/or volunteers who may support POD operations.

#### incident command system (ICS)

##### Introduction to Incident Command System, IS 100.a

Available online: <http://training.fema.gov/EMIWeb/IS/IS100a.asp>

##### ICS for Single Resources & Initial Action Incidents, IS 200.a

Available online: <http://training.fema.gov/EMIWeb/IS/IS200a.asp>

##### National Incident Management Systems (NIMS), An Introduction, IS 700

Available online: <http://training.fema.gov/EMIWeb/Is/is700.asp>

##### National Response Framework, An Introduction, IS 800

Available online: <http://training.fema.gov/EMIWeb/Is/is800b.asp>

webEOC

Available through New Hampshire Fire Academy

#### point of dispensing (POD)

Strategic National Stockpile 101 – Intro to SNS

Strategic National Stockpile 102 – Intro to POD

Strategic National Stockpile 201 – Working in a POD

Strategic National Stockpile 301 – POD Management

North Country PHN Training and Exercise Log and Plan

March 2009 - Fall 2015

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | | **Title/Topic** | **Training or Exercise Type** | **AAR** | **Notes** |
| **1.** | March 2009 | Continuity of Operations Planning for Agencies Serving Functional Needs Populations | Training |  |  |
| **2.** | May 2009 | NNH MRC Call down drill | Exercise |  |  |
| **3** | May 2009 | Great North Woods Medical Surge Table Top | Exercise | yes |  |
| **4.** | Spring 2009 | H1N1 Response |  | Yes |  |
| **5** | June 2009 | Joint Information System Workshop | Training |  |  |
| **6** | Sept 2009 | MRC Exercise Notification Phase 3 H1N1 Public Vaccination Table Top exercise | Exercise |  | Whitefield |
| **7** | October 2009 | MRC Exercise Notification Phase 3 H1N1 Public Vaccination Table Top exercise | Exercise |  | Groveton |
| **8** | Jan 2010 | Just in Time POD Training | Training |  |  |
| **9.** | August 2010 | HSEEP Training for PHN Coordinator | Training |  |  |
| **10** | September 2010 | MACE 101 Workshop | Exercise | yes | RCC |
| **11** | October 2010 | Compassion Fatigue workshop | Training |  | MRC, RCC and DBHRT |
| **12** | November 2010 | Immunizations 101 | Training |  |  |
| **13** | Dec 2010 | Media Contact Drill | Exercise |  | Media Contact email list |
| **14** | Jan 19 2011 | Bedbugs Health Officer Training | Training |  | Health Officer and RCC |
| **15** | Jan 2011 | NNH MRC Winter Orientation | Training |  | MRC |
| **16** | Feb 2011 | NNH MRC Family Emergency Preparedness Train the trainer | Training |  | MRC |
| **17** | March 2011 | Psychological First Aid | Training |  | MRC |
| **18** | April 2011 | NNH MRC Spring Orientation | Training |  | MRC |
| **19** | April 27, 2011 | Ticks and Mosquitos Health Officer Training | Training |  | Health Officer &RCC |
| **20** | April and May 2011 | Immunization in Child Care: Improving Tracking and meeting new Reporting Requirements | Training |  | Berlin and Littleton |
| **21** | May 2011 | MACE Call Down Drill | Exercise | yes | RCC and MACE |
| **22** | May 2011 | MRC TRAIN the basics: an introduction to the TRAIN website | Training |  | MRC |
| **23** | Spring 2011 | CPR | Training |  | MRC &NCHC |
| **24** | July 2011 | MACE Activation Tabletop | Exercise |  | RCC |
| **25** | Nov 2011 | PHEP ExBox : MACE Activation Scenario | Exercise |  | RCC Membership |
| **26** | Dec 2011 | PHEP ExBox : POD Activation Scenario | Exercise |  | RCC Membership |
| **27** | Jan 3, 2012 | Coordinator Email Call Down Drill | Exercise | Personnel call down/AAR | MACE, POD & Hosp Em Prep Rep |
| **28** | March 26, 2012 | Quarterly Coordinator Call Down Drill | Exercise |  |  |
| **29** | March 27, 2012 | Public Information Officer Training **(5.1 LTAR)** | PIO Training #1 |  | RCC, MRC and DBHRT membership |
| **30** | May 7, 2012 | Disaster Strikes: Social Media responds and Intro to press release writing | PIO Training #2 |  | MACE and POD Management & offered to RCC, MRC and DBHRT Membership |
| **31** | May 7, 2012 | Public Information and Warning plan revision walk through with regional PIO | Training |  |  |
| **32** | May 9, 2012(media and mrc) | Media and MRC Volunteer annual call down drill | Exercise |  | MRC, MRC vol |
| **33** | May 16, 2012 | Training in the use of redundant communications **(4.6 LTAR)**  **Tom Andross/Grafton County EOC** | Two Way radios |  |  |
| **34** | June 18, 2012 | Health Information Privacy and Emergency Response Core Competency Training | Training |  | RCC, MRC vol |
| **35** | June 19, 2012 | Quarterly Coordinator Call Down Drill 2.4 LTAR | Exercise |  |  |
| **36** | August 3, 2012 | MGT 339 Resource Inventory Management  Fire Academy - Joann Beadoin | Training |  | Inventory Management Personnel and SNS Stockpile Coordinators |
| **37** | Aug 21, 2012 | NIMS Training for MRC and RCC | Training  1-3pm |  | MRC core competency & RCC membership |
| **38** | September 25, 2012 | Quarterly Coordinator Call Down Drill **2.4 LTAR**, Redundant Communications **4.1 LTAR**, and communication networks btw command and mgmt locations (MACE/POD) **4.5 and 4.3 LTAR** Quarterly Drills | Exercise |  | Command staff |
| **39** | October 11, 2012 | Web EOC Training - Concord | Training |  | Mace manager |
| **40** | October 25, 2012 | Mechanics of a POD - NH POD Training Modules 1-3 Location: Littleton, NH(NH SNS 101: Introduction to Strategic National Stockpile (SNS)/Mass Dispensing **(6.1 LTAR)** | Training |  | POD command staff (MRC Volunteers & RCC members) |
| **41** | 10/29/12 | MRC Call down Drill ~ Stand by to assist with Hurricane Sandy | Actual Event |  | MRC Volunteers |
| **42** | Nov. 8, 2012 | Mechanics of a POD - NH POD Training Modules 1-3 Location: Berlin, NH(NH SNS 101: Introduction to Strategic National Stockpile (SNS)/Mass Dispensing **(6.1 LTAR)** | Training |  | POD command staff (MRC Volunteers & RCC members) |
| **43** | Nov 12, 2012 | Mechanics of a POD - NH POD Training Modules 1-3 Location: Colebrook, NH and PHEP Ex Box exercise: MRC Activation (NH SNS 101: Introduction to Strategic National Stockpile (SNS)/Mass Dispensing **(6.1 LTAR)** | Training |  | POD command staff (MRC Volunteers & RCC members) |
| **44** | 12/3/12 | MRC Volunteer Call Down requesting staffing of Tdap/Flu Vaccination clinics in January 2013 | Actual Event |  | MRC Volunteers |
| **45** | 12/10/12 | Amateur Radio Quarterly Test LTAR 4.3 | Drill |  | POD MACE clinical staff/locations |
| **46** | 12/12/ 2012 | Quarterly Coordinator Call Down Drill **2.4 LTAR**, Redundant Communications **4.1 LTAR**, and communication networks btw command and mgmt locations (MACE/POD) **4.5 and 4.3 LTAR** Quarterly Drills | Exercise |  | Pod and mace command staff/ pod managers & mace manager |
| **47** | Jan 2013 | TWO Way Radio Test conducted by Tom Andross LTAR 4.3 | Drill |  | Two way radio users |
| **48** | January 5, 21 and 26, 2013 | TdaP/Flu Vaccination Clinic Exercise: mass dispensing activation drill and facility set-up drill **(LTAR requirements)** | Actual event/  Exercise |  | MRC Volunteers, ACHS staff, RCC members |
| **49** | January 14, 2013 | PHEP Ex Box: Public Information and Warning scenario and Activating Medical Surge scenario | Exercise |  | RCC and MRC volunteers |
| **50** | Feb 25, 2013 | Psychological First Aide: MRC Volunteer Core Competency | Training |  | MRC volunteers, DBHRT volunteers and RCC membership |
| **51** | May 2013 | Quarterly Coordinator Call Down Drill **2.4 LTAR**, Redundant Communications **4.1 LTAR**, and communication networks btw command and mgmt locations (MACE/POD) **4.5 and 4.3 LTAR** Quarterly Drills | Exercise |  | Pod and mace command staff/ pod managers & mace manager |
| **52** | March 2013 | Amateur Radio Quarterly Test LTAR 4.3 | Drill |  | Pod/mace facilities/ clinical sites |
| **53** | May 2013 | TWO Way Radio Test conducted by Tom Andross LTAR 4.3 | Drill |  | Two way radio users |
| **54** | May 22, 2013 | Working in a Mass Casualty Family assistance Center  Mark Lindberg, Sandy Weld, Elizabeth | Training |  | RCC members and community members |
|  |  |  |  |  |  |
| **55** | June 10, 2013 | Colebrook POD 101/Mechanics of a POD Training **LTAR 12.6** Location: ISHC conference room  Location: ISHC Colebrook MACE/POD staff, Security training, PIO training, MACE manager & all POD positional SNS training,  WEB EOC review | Training |  | MACE and POD command staff (MRC Volunteers & RCC members/ MACE staff |
| **56** | June 14, 2013 | Quarterly Coordinator Call Down Drill **2.4 LTAR**, Redundant Communications **4.1 LTAR**, and communication networks btw command and mgmt locations (MACE/POD/Volunteer) **4.5 and 4.3 LTAR** Quarterly Drills | Exercise |  | Pod and mace command staff/ pod managers & mace manager |
| **57** | June 2013 | Amateur Radio Quarterly Test LTAR 4.3 | Drill |  | Pod/mace facilities/ clinical sites |
| **58** | June 14, 2013 | TWO Way Radio Test conducted by Tom Andross LTAR 4.3 | Drill |  | Two way radio users |
| **59** | July 3, 2013 | Northern NH MRC Code Red Call down | Drill | yes | Northern NH MRC volunteers |
| **60** | July 11, 2013 | SNS, POD and MACE training (Mechanics of A POD)  NCHC Conference Room | Training |  | MACE command staff members |
| **61** | July 15, 2013 | 1. SNS and MACE training (update)  (Mechanics of a POD)  2. Use of Communications Equipment LTAR 12.6 (Web Eoc, others) | Training |  | RCC members @ RCC meeting |
| **62** | Aug 2013 | Emergency Preparedness for Northern Grafton and Coos county Health Officers | Training / June Garneau, MAPS |  | Northern Grafton and Coos county health Officers |
| **63** | September 16, 2013 | Oxygen Training with CHI  Regional Low-Flow Oxygen Workshop | Training |  | RCC |
| **64** | Summer 2013  **Training from Brett Scobie when available** | All inventory staff are identified and trained in IMS functions **(8.2 LTAR and 12.6)** | Training |  | Inventory staff |
| **65** | September 2013 | Quarterly Coordinator Call Down Drill **2.4 LTAR**, Redundant Communications **4.1 LTAR**, and communication networks btw command and mgmt locations (MACE/POD/Volunteer) **4.5 and 4.3 LTAR** Quarterly Drills | Exercise |  | Pod and mace command staff/ pod managers & mace manager |
| **66** | Sept 2013 | Amateur Radio Quarterly Test **LTAR 4.3** | Drill |  | Pod/mace facilities/ clinical sites |
| **67** | September 2013 | TWO Way Radio Test conducted by Tom Andross **LTAR 4.3** | Drill |  | Two way radio users |
| **68** | September 21 or 28, 2013 | MACE / Colebrook POD / MRC Activation Exercise  Chief Rob Darling and Wayne Frizzell  \*\*SITE ACTIVATION and Facility SET Up Drill for Colebrook POD site location | Exercise |  | MACE/RCC/MRC |
| **69** | October 16 and October 23, 2013 | Public Information Officer and Social Media Two Day training series  Location: 45th Parallel EMS with CHI assistance  Public Information and Communication Training  **LTAR 12.6** | Training |  | PIO staff and interested partners. |
| **70** | Fall 2013 | Hosp and Alternate Care Facilities Coordination - **LTAR 12.6** | Training |  | Hospital EP Reps |
| **71** | December 2013 | Quarterly Coordinator Call Down Drill **2.4 LTAR**, Redundant Communications **4.1 LTAR**, and communication networks btw command and mgmt locations (MACE/POD/Volunteer) **4.5 and 4.3 LTAR** Quarterly Drills | Exercise |  | Pod and mace command staff/ pod managers & mace manager |
| **72** | Dec 2013 | Amateur Radio Quarterly Test LTAR 4.3 | Drill |  | Pod/mace facilities/ clinical sites |
| **73** | December 2013 | TWO Way Radio Test conducted by Tom Andross LTAR 4.3 | Drill |  | Two way radio users |
| **74** | March 2014 | Quarterly Coordinator Call Down Drill **2.4 LTAR**, Redundant Communications **4.1 LTAR**, and communication networks btw command and mgmt locations (MACE/POD/Volunteer) **4.5 and 4.3 LTAR** Quarterly Drills | Exercise |  | Pod and mace command staff/ pod managers & mace manager |
| **75** | March 2014 | Amateur Radio Quarterly Test **LTAR 4.3** | Drill |  | Pod/mace facilities/ clinical sites |
| **76** | March 2014 | TWO Way Radio Test conducted by Tom Andross **LTAR 4.3** | Drill |  | Two way radio users |
| **77** | June 2014 | Quarterly Coordinator Call Down Drill **2.4 LTAR**, Redundant Communications **4.1 LTAR**, and communication networks btw command and mgmt locations (MACE/POD/Volunteer) **4.5 and 4.3 LTAR** Quarterly Drills | Exercise |  | Pod and mace command staff/ pod managers & mace manager |
| **78** | June 2014 | Amateur Radio Quarterly Test **LTAR 4.3** | Drill |  | Pod/mace facilities/ clinical sites |
| **79** | June 2014 | TWO Way Radio Test conducted by Tom Andross **LTAR 4.3** | Drill |  | Two way radio users |
| **80** | Summer 2014 | All inventory staff are identified and trained in IMS functions **(8.2 LTAR and 12.6)** | Training |  | Inventory staff |
| **81** | Summer 2014 | Use of Communications Equipment LTAR 12.6 (Web Eoc, others) | Training |  | RCC , MRC volunteers |
| **82** | September 2014 | Quarterly Coordinator Call Down Drill **2.4 LTAR**, Redundant Communications **4.1 LTAR**, and communication networks btw command and mgmt locations (MACE/POD/Volunteer) **4.5 and 4.3 LTAR** Quarterly Drills | Exercise |  | Pod and mace command staff/ pod managers & mace manager |
| **83** | Sept 2014 | Amateur Radio Quarterly Test **LTAR 4.3** | Drill |  | Pod/mace facilities/ clinical sites |
| **84** | Sept 2014 | TWO Way Radio Test conducted by Tom Andross **LTAR 4.3** | Drill |  | Two way radio users |
| **85** | Fall 2014 | Public Information and Communication Training  **LTAR 12.6** | Training |  | PIO staff |
| **86** | Fall 2014 | Hosp and Alternate Care Facilities Coordination - **LTAR 12.6** | Training |  | Hospital EP Reps |
| **87** | December 2014 | Quarterly Coordinator Call Down Drill **2.4 LTAR**, Redundant Communications **4.1 LTAR**, and communication networks btw command and mgmt locations (MACE/POD/Volunteer) **4.5 and 4.3 LTAR** Quarterly Drills | Exercise |  | Pod and mace command staff/ pod managers & mace manager |
| **88** | Dec 2014 | Amateur Radio Quarterly Test LTAR 4.3 | Drill |  | Pod/mace facilities/ clinical sites |
| **89** | December 2014 | TWO Way Radio Test conducted by Tom Andross LTAR 4.3 | Drill |  | Two way radio users |
| **90** | March 2015 | Quarterly Coordinator Call Down Drill **2.4 LTAR**, Redundant Communications **4.1 LTAR**, and communication networks btw command and mgmt locations (MACE/POD/Volunteer) **4.5 and 4.3 LTAR** Quarterly Drills | Exercise |  | Pod and mace command staff/ pod managers & mace manager |
| **91** | March 2015 | Amateur Radio Quarterly Test **LTAR 4.3** | Drill |  | Pod/mace facilities/ clinical sites |
| **92** | March 2015 | TWO Way Radio Test conducted by Tom Andross **LTAR 4.3** | Drill |  | Two way radio users |
| **93** | June 2015 | Quarterly Coordinator Call Down Drill **2.4 LTAR**, Redundant Communications **4.1 LTAR**, and communication networks btw command and mgmt locations (MACE/POD/Volunteer) **4.5 and 4.3 LTAR** Quarterly Drills | Exercise |  | Pod and mace command staff/ pod managers & mace manager |
| **94** | June 2015 | Amateur Radio Quarterly Test **LTAR 4.3** | Drill |  | Pod/mace facilities/ clinical sites |
| **95** | June 2015 | TWO Way Radio Test conducted by Tom Andross **LTAR 4.3** | Drill |  | Two way radio users |
| **96** | Summer 2015 | All inventory staff are identified and trained in IMS functions **(8.2 LTAR and 12.6)** | Training |  | Inventory staff |
| **97** | Summer 2015 | Use of Communications Equipment LTAR 12.6 (Web Eoc, others) | Training |  | RCC , MRC volunteers |
| **98** | September 2015 | Quarterly Coordinator Call Down Drill **2.4 LTAR**, Redundant Communications **4.1 LTAR**, and communication networks btw command and mgmt locations (MACE/POD/Volunteer) **4.5 and 4.3 LTAR** Quarterly Drills | Exercise |  | Pod and mace command staff/ pod managers & mace manager |
| **99** | Sept 2015 | Amateur Radio Quarterly Test **LTAR 4.3** | Drill |  | Pod/mace facilities/ clinical sites |
| **100** | Sept 2015 | TWO Way Radio Test conducted by Tom Andross **LTAR 4.3** | Drill |  | Two way radio users |
| **101** | Fall 2015 | Public Information and Communication Training  **LTAR 12.6** | Training |  | PIO staff |
| **102** | Fall 2015 | Hosp and Alternate Care Facilities Coordination - **LTAR 12.6** | Training |  | Hospital EP Reps |
|  |  |  |  |  |  |

Authorities & References

# POD Acronyms

The following acronyms and terms may be used during a public health emergency where Strategic National Stockpile (SNS) assets are requested or during Point of Dispensing (POD) operations.

AAR After Action Report

ACS Alternate Care Site

ADA American Disabilities Act

ALS Advanced Life Support

ARC American Red Cross

ASL American Sign Language

BLS Basic Life Support

CBRNE Chemical, Biological, Radiological, Nuclear & Explosive

CDC Centers for Disease Control & Prevention

CERT Community Emergency Response Team

COOP Continuity of Operations

CRI Cities Readiness Initiative

DBHRT Disaster Behavioral Health Response Team

DHHS Department of Health & Human Services

DHS Department of Homeland Security

DOS Department of Safety

DOT Department of Transportation

DPHS Division of Public Health Services

DSNS Division Strategic National Stockpile

EMD Emergency Management Director

EMS Emergency Medical Services

EMT Emergency Medical Technician

EOC Emergency Operations Center

EOP Emergency Operations Plan

ESAR-VHP Emergency System for Advanced Registration of Volunteer Health Professionals

ESF Emergency Support Function

ESF-1 Emergency Support Function-1 Transportation

ESF-2 Emergency Support Function-2 Communications & Warning

ESF-3 Emergency Support Function-3 Public Works & Engineering

ESF-7 Emergency Support Function-7 Resource Support

ESF-8 Emergency Support Function-8 Health & Medical Services

ESF-13 Emergency Support Function-13 Law Enforcement & Security

FEMA Federal Emergency Management Agency

HAN Health Alert Network

HICS Hospital Incident Command System

HIPAA Health Insurance Portability & Accountability Act

HSEEP Homeland Security Exercise & Evaluation Program

HSPD Homeland Security Presidential Directive

IAP Incident Action Plan

ICC Incident Command Center (NH DHHS)

ICS Incident Command System

ILI Influenza-like Illness

IP Improvement Plan

IMV Incident Management Vehicle

IND Investigational New Drug

JAS Job Action Sheet

JITT Just In Time Training

JIC Joint Information Center

JOC Joint Operations Center

LEOP Local Emergency Operations Plan

LO Liaison Officer

MACE Multi-Agency Coordination Entity

MI Managed Inventory

MMRS Metropolitan Medical Response System

MRC Medical Reserve Corps

MOA/MOU Memorandum of Agreement/Understanding

NAPH Name, Address, Patient History Form

NEHC Neighborhood Emergency Help Center

NHAASF New Hampshire Army Aviation Support Facility

NHH NH Hospital (State Hospital)

NHHA NH Hospital Association

NHNG NH National Guard

NHSP NH State Police

NIMS National Incident Management System

NOAA National Oceanic & Atmospheric Administration

NRF National Response Framework

NWS National Weather Service

OPS Operations

PAHPA Pandemic & All Hazards Preparedness Act

PHEP Public Health Emergency Preparedness

PHER Public Health Emergency Response

PHL Public Health Laboratory

PHOps Public Health Operations

PHN Public Health Network

PHR Public Health Region

PIC Public Information & Communication

PIO Public Information Officer

PIS Patient Information Statement

POD Point of Dispensing

PPE Personal Protective Equipment

PPET POD Plan Evaluation Tool

PSAP Public Safety Answering Point

QA/QC Quality Assurance/Quality Control

RSS Receive, Stage & Store Warehouse

SEOC State Emergency Operations Center

SEOP State Emergency Operations Plan

SITREP Situation Report

SME Subject Matter Expert

SNS Strategic National Stockpile

SOG Standard Operating Guideline

SOP Standard Operating Procedure

SSAG SNS Services Advance Group

UC Unified Command

TAR Technical Assistance Re view

1. The POD Appendix operates under the Incident Command System (ICS) and is compliant with the National Incident Management System (NIMS) in accordance with existing state and local emergency operation plans. [↑](#footnote-ref-1)
2. The POD Appendix operates under the Incident Command System (ICS) and is compliant with the National Incident Management System (NIMS) in accordance with existing state and local emergency operation plans. [↑](#footnote-ref-2)
3. The North Country POD Appendix does not including emergency mass prophylaxis planning for tribal nations and military installations. These institutions are not present in the North Country Public Health Region. [↑](#footnote-ref-3)