

**STONE COUNTY PUBLIC HEALTH  
EMERGENCY RESPONSE PLAN  
Medical Countermeasures**

**REDACTED PLAN**

**Stone County Emergency Response Plan  
Annex M-Health and Medical**



**June 2008**  
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Supersedes Previous Documents

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## **INTRODUCTION:**

### **Purpose of a Medical Countermeasures Plan:**

To provide life-saving pharmaceuticals and medical supplies in the event of a biological, chemical, nuclear, or pandemic event to reduce morbidity and mortality with or without the activation of the Strategic National Stockpile (SNS).

**Structure of Plan:** Stone County's SNS plan is reviewed and revised annually (see cover sheet for dates of revision). The plan includes two volumes; volume one includes demographics, population, responsibilities, command and control, dispensing guidelines, training, exercise, and evaluation. Volume two includes operational plans for the management of the point of dispensing (POD) site.

### **Missouri's SNS Program:**

The Missouri SNS Program is located in the Department of Health and Senior Services (DHSS), Center for Emergency Response and Terrorism (CERT) and is a component of Missouri's public health system to respond to a terrorist or natural event. The CERT exist to not only protect Missouri residents and guests from a terrorist event, but to also assist other state agencies, organizations, hospitals, Local Public Health Agencies (LPHAs), and communities to respond to the medical consequences of terrorist attacks, natural disasters, and technological accidents.

### **Description of the SNS:**

The SNS has the following components:

- Multiple, large packages of drugs, vaccines, medical supplies, and medical equipment stored in strategic locations around the U.S.
- Arrive by air or ground in two shipment phases.
- 12-hour Push Package (the first phase if agent is unknown);
  - "12 hour" refers to the time for the package to arrive after the federal decision to deploy; and
  - "Push" is so named because a state need only ask for help.
  - Contents of a 12-hour Push Package contains more than 90 products, including:
    - ✓ Adult and pediatric oral drug preparations, some of which will be in bulk quantities, the majority in prepackaged individual regimens;
    - ✓ Intravenous forms of drugs;
    - ✓ General emergency medications;
    - ✓ Different size intravenous catheters and administration sets;
    - ✓ Burn and blast supplies;
    - ✓ Items to help establish and maintain airways;
    - ✓ Fluids for maintenance, irrigation, and wound care; and
    - ✓ Equipment for repackaging bulk oral antibiotics.
- Vaccines for influenza, anthrax, and smallpox, botulism antitoxin, and anthrax hyper-immune plasma are not in the Push Package. These items are shipped separately as required.

- Vendor Managed (VM);
  - May be shipped at the same time as the Push-Package, or when additional supplies are needed, VM may also be used when the agent is identified
  - Contain large quantities of specific items to deal with a specific threat
- Population treatment capacity:
  - Entire resources of the federal SNS Program will protect 12 million people with a full 60-day regimen against anthrax (anthrax requires longer treatment period than plague and tularemia);
  - Treat more than 1.1 million people who are symptomatic; or
  - Protect at least 12 million people against tularemia and plague and treat those with symptoms.

Figure 0-1 is a picture of the SNS Program’s specialized cargo containers that come in two sizes to fit the curvature of a wide-bodied jet. Both containers have a base 43 inches by 60.5 inches. The tall container is 80 inches high. The short container is 64 inches. The heaviest container weighs approximately 1,400 pounds.

Figure -1. SNS Specialized Cargo Containers



The SCHD will not receive medication in the above containers, the containers will be opened by the DHSS and boxes of medication will be sent to the SCHD.

**Definitions:**

In order to make the plan easier to read, a few specialized terms and abbreviations have been defined.

CDC	The Centers for Disease Control and Prevention
SCHD	Stone County Health Department
SCEMA	Stone County Emergency Management Agency
Distribution	The process of releasing the SNS from the SCHD to closed dispensing points within the county
Point of Dispensing (POD) Sites	The community locations where the public receives prophylactic medicines
Open POD	Dispensing sites open for the general public
Closed POD	Dispensing sites open for specified population groups
SNS Program	The federal Strategic National Stockpile Program. SNS Program and Program are used interchangeably.
SNS	The Strategic National Stockpile of drugs and other medical materiel that DHSS will distribute to Stone County
RSS Site	DHSS Receiving Staging and Storage Site
Prophylactic Drugs	The drugs that protect against biological threats
NIMS	National Incident Management System
Treatment Centers	The locations in the community where the sick receive treatment. These include physician offices, walk-in clinics, and other sites that are designated to treat the sick.
SCHD	Stone County Health Department
SCEMA	Stone County Emergency Management Agency
TCHD	Taney County Health Department
LCHD	Lawrence County Health Department
BCHD	Barry County Health Department
CCHD	Christian County Health Department
DHSS	Department of Health and Senior Services
SEMA	State Emergency Management Agency
SEOC	State Emergency Operations Center
SCEOC	Stone County Emergency Operations Center
DSR	DHSS, Department Situation Room
CCPHD	Arkansas-Carroll County Public Health Department

## CHAPTER ONE: DEMOGRAPHIC AND POPULATION INFORMATION

### **1.1 Demographics of Stone County:**

Stone County is located in southwest Missouri on the northern board of Arkansas; the county is 34.5 miles long and 15 miles wide. The topography of Stone County is very rugged and is characterized by deep, narrow valleys below sharp ridges. Approximately 45 percent of Stone County has slopes of greater than 10 percent, with slopes of 20 percent or greater in the southern portion of the county. There are 463.2 square miles in land area and 47.7 square miles of water area in Stone County. The largest water area is Table Rock Lake consisting of 46 square miles of water and 483.2 miles of shoreline; Table Rock Lake is located in the southern end of the county. A small portion of the lake is located in Taney and Barry County, as well as northern Arkansas. Ground travel throughout Stone County is difficult due to the widespread area of Table Rock Lake and congested narrow winding roads.

Stone County is located in one of the highest volume tourist areas in Missouri, with an estimated 60,000 guests traveling into Stone County on any given day during the tourist season of March through December. Twenty-one percent of employment is related to arts, entertainment, recreation, lodging, and food services with Silver Dollar City Attraction Park employing over 2,500 individuals. An average of 12,500 tourists visits Silver Dollar City on a daily basis from March through December (with 20,000 attending during seasonal festivals). Park attractions include a World Fest that brings in performers and guests from all over the world. The park is located in Branson West on the boarder of Stone and Taney County and is considered part of the Branson City tourist attractions.

### **1.2 Population Distribution**

Population shifts among Missouri regions have followed similar patterns for many years. Shifts have been from rural Agricultural areas to urban areas to rural areas rich in recreational amenities. Projections show that these patterns will continue, and that there will be more movement from older urban centers to their less densely settled fringes and to newer urban areas (OSED, 2007). According to the Office of Social and Economic Data Analysis (OSED 2007), Stone County (along with the bordering counties of Christian and Taney) is one of the top ten fastest-growing counties in Missouri and is considered a “metropolitan county” in that it does have strong socioeconomic ties to the central city of the region, which is Springfield.

The data collected propose that a large portion of the population of Stone County is between 35 and 64 years of age. As this group continues to age, and with the increased rate of individuals retiring to Stone County, it will likely add an increasing burden to the healthcare system in Stone and surrounding counties. It is important at this time to begin preparing for a surge in the healthcare needs and the environmental impact of this growing population.

**Table 1.1**

<b>Population Estimates and Projections for Stone County, 1990-2020</b>						
<b>Year</b>	1990	2000	2004	2005	2010	2020
<b>Stone Co.</b>	19,078	28,658	30,720	30,931	38,992	60,000
<b>Missouri</b>	5,117,073	5,595,211	5,754,618	5,800,310	5,808,392	6,199,882

Source: U.S. Census Bureau, 2006, and MU Extension Service, 2007

Over the period from 2000 to 2005, Stone County's population increased by 2,273, going from 28,658 to 30,931 in 2005. This was a change of 7.9 percent, as compared with Missouri (3.7%).

From 1990 to 2000 the population changed at a rate of 4.5%, which ranked Stone County number fifteen in the state for population growth. According to OSEDA (2007), Stone County (along with the bordering counties of Christian and Taney) is now one of the top ten fastest-growing counties in Missouri. It is estimated that by the year 2020 the population of Stone County will be over 60,000.

Estimates for 2005 show that no population lived in places of 2,500 or more and 8.1 percent of the population lived in places of 2,500 or less in Stone County. Those living in smaller places account for 14.3 percent of the county's population and 77.6 percent lived in unincorporated areas; the largest town is the Kimberling City (2,457).

**Table 1.2**

<b>Age Group</b>	<b>Co. Pop.</b>	<b>Co. %</b>	<b>State Pop.</b>	<b>State %</b>
Under 15	5,009	16.00%	1,129,720	19.50%
Age 15-24	3,345	11.00%	838,180	14.50%
Age 25-44	7,325	24.00%	595,986	28.00%
Age 45-64	8,854	28.50%	463,253	25.00%
Over 65	6,398	20.50%	773,171	13.00%

Source: U.S. Census Bureau, 2007

In 2005, the total population of Stone County was 30,931 persons, and the total population for the state of Missouri was 5,800,310 (MO Dept. of Health and Senior Services, 2007). The table above compares the most recent population of Stone County to the total population of Missouri. In the age groups containing those aged 44 and under the population percentages for Stone County were lower than the state average. In group's aged 45 and above, the population percentages were higher than the state average. According to the 2000 census, the population of Stone County included 1,866 children under the age of six years.

### 1.3 Race/Ethnicity Analysis

In 2003, the non-white population accounted for approximately 3.3% of the total population. The breakdown is shown below in Table 1.3.

**Table 1.3**

Population by Race and Ethnicity, 2003		
Race	Number	Percent
White alone	29,286	97.8
Black alone	87	0.3
American Indian/Alaskan Native	168	0.6
Asian/Pacific Islander	72	0.2
Hispanic	331	1.1
Multiracial	328	1.1
<b>Total</b>	<b>30,272</b>	

Source: MU Extension Service, 2007

According to the social and economic profile produced by the University of Missouri extension office in 2005, Stone County reflects a non-white population of 2.2% with 1.1% of this population being Hispanic. Other racial/ethnic groups represented in this percentage are black, American Indian, Asian/Pacific Islander, and those of mixed race. These figures do not account for any illegal aliens currently residing in the county. There is a substantial percentage of the illegal Hispanic population currently participating in the WIC program, potentially even in other counties.

As of the 2005 estimates from the Census Bureau, 97.7 percent of the population in the county was White (30,220). The county reported 78 Blacks (0.3%), 90 Asians (0.3%) and 204 American Indian (0.7%). There were 491 Hispanics (1.6%).

The groups that could potentially experience disparity in health status or barriers to accessing health care or preventive services would be those who cannot speak or read English and those without means of transportation to a health service facility. Even with the lack of cultural/ethnic diversity, Stone County Health Department is staffed with bilingual English/Spanish staff in an effort to prepare for the anticipated continued growth of the Hispanic population in Stone County.

### 1.4 Household Characteristics

To provide a better understanding of the community, Table 1.4 examines housing characteristics. Data regarding family structure reflect that 20% of the families in Stone County are traditional (married couples with their own children <18) and 5.6% of the families in Stone County are single-parent families. The percentages for both groups are below the state average, thus suggesting that family types and sizes indeed contribute to increased health risks due to a lack of understanding the importance of preventive

healthcare maintenance, lack of available time/money to pursue health care, and lack of transportation to health care providers. Important characteristics such as single mothers with children (4.2%) and households over 65 years old help to gauge the numbers of families who may have special needs.

**Table 1.4**

<b>Housing Data By Household Type - Stone County and Missouri, 2000</b>				
	<b>Stone</b>		<b>Missouri</b>	
<b>Type of Household</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
<b>Family Households</b>	<b>8,843</b>	<b>74.9</b>	1,520,559	66.5
Married Couples	7,647	64.8	1,150,439	50.3
Married Couples with own children, <18	2,308	20	475,959	20.8
Single Parent Families	847	5.6	328,935	14.3
Single Mothers	504	4.2	169,653	12.0
Other families	532	4.5	-	-
<b>Non-family Households</b>	<b>2,979</b>	<b>25.1</b>	764,721	33.9
Persons Living Alone	2,524	21.4	634,528	27.8
Householder 65 years and over	1,212	10.3	216,420	9.5
<b>Total Households</b>	<b>11,822</b>	<b>100</b>	<b>2,285,280</b>	<b>100.0</b>

Source: US Census Bureau, 2007

### **1.5 Commuting Characteristics**

The socioeconomic situations in surrounding counties also affect Stone County, as indicated by identified commuting patterns. The actual number of workers who commuted to work in Stone County in 1999 is listed in Table 1.5. Most of these commuters were from Greene and Taney counties. Consequently, the “daytime population” in Stone County increases substantially as a result of the commuters. The population growth in areas surrounding Stone County influences commuting patterns of area workers as seen in Table 1.6. The 2000 U.S. Census reported that 5,698 commuters from surrounding counties worked in Stone County.

**Table 1.5**

<b>Number of Workers Daily Commuting From County of Residence Into Stone County, 1999</b>	
Commuting From:	Number of Workers
Taney Co. MO	2,905
Greene Co. MO	1,564
Christian Co. MO	548
Barry Co. MO	300
Carroll Co. AR	212
Lawrence Co. MO	169

Source: Missouri Census Data Center, 2007

**Table 1.6**

<b>Number of Workers Daily Commuting From Stone County to County of Work, 1999</b>	
Commuting To:	Number of Workers
Taney Co. MO	275
Christian Co. MO	241
Greene Co. MO	213
Barry Co. MO	151
Carroll Co. AR	57
Lawrence Co. MO	55

Source: Missouri Census Data Center, 2007

The 2000 US Census reported that Stone County had 992 residents who commuted to work in another county. Statewide, 33.4 percent of workers traveled between 30 and 60 minutes to work, while in Stone County 37.1 percent traveled as long. At the same time, 8.4 percent of workers traveled more than 60 minutes to work compared with 5.4 percent statewide. The 2000 U.S. Census reported that 5,698 commuters from surrounding counties work in Stone County. As the development and population continues to grow, the significance of the daily influx of commuters and guests into Stone County is becoming increasingly important. As these individuals enter and leave the county, the population increases and decreases substantially on a daily bases. This poses many potential challenges for the Stone County Health Department and the health departments of surrounding counties. Potential challenges include but are not limited to disease surveillance, emergency response, and traffic/transportation issues.

## CHAPTER TWO: PRIMARY RESPONSIBILITIES

### **2.1 Emergency Responsibilities Within The SCHD:**

- Upon evidence-based epidemiological surveillance indicating that Stone County has exhausted local resources to respond to a biological event, the Administrator of the SCHD in consultation with the medical consultant, Board of Trustees, and Director of SCEMA, shall determine whether the County Commissioners should be advised to request assistance from the DHSS for prophylactic medication.
- The SCHD will determine the type and amount of the SNS materiel to request depending on the event and/or the known agent.
- The SCHD will request the SNS materiel through the Department Situation Room (DSR) according to the DHSS process.
- The Administrator will coordinate with the Director of the SCEMA related to security of the SNS.

### **2.2 Primary Responsibilities for Administrator:**

- The SCHD Administrator shall:
  - A. Maintain contact with the DHSS SNS Program Manager and update the plan when needed;
  - B. Make staffing decisions (including shifts and locations) and direct how the SNS resources are to be utilized.
  - C. Provide DHSS the Stone County representative authorized to sign for receipt of the SNS at the receiving, staging, and storage site;
  - D. Collaborate with the SCEMA Director to determine the appropriate POD site(s);
  - E. Assure the SCHD staff members receive training on emergence response, activation of POD, and specific duties;
  - F. Advise the County Commissioners when to request SNS materiel, and the amount to request, from the DHSS; and
  - G. Advise Board of Trustees of all actions.

### **2.3 Primary Responsibilities for SNS Program Assistant:**

- The SNS Program Assistant shall:
  - A. Assist the Administrator with duties listed above.
  - B. Coordinate staffing assignments for the opening of the POD.
  - C. If the Administrator is not available, the SNS Program Assistant will be responsible for all duties of Administrator

### **2.4 Primary Responsibilities for Epidemiology Specialist:**

- The SCHD Epidemiology Specialist shall:
  - A. Maintain active surveillance providing accurate epidemiology information that will assure an evidence-based account of the population that is affected in Stone County;
  - B. Collaborate with the Regional Epidemiology Specialist in Taney County Health Department for surveillance information related to cases located in Taney, Lawrence, and Barry County;
  - C. Inform the Administrator of changes in surveillance activity;

- D. Assist Administrator in the determination of the amount of prophylactic medication needed for Stone County; and
- E. If the Epidemiology Specialist is not available the Communicable Disease Program Coordinator will be responsible for these decisions.

**2.5 Primary Responsibilities for Medical Consultant:**

- The SCHD Medical Consultant shall:
  - A. Collaborate with the DHSS, CERT Medical Consultant regarding prophylaxis regiment;
  - B. Sign standing orders for registered nurses to dispense medication and/or administrator vaccine during a medical countermeasure event; and
  - C. Provide consultation to local physicians regarding prophylaxis recommendations that are determined by the CDC and recommended through DHSS, CERT Medical Consultant.

**2.6 Primary Responsibilities for Manager of Section of Clinical Services:**

- The SCHD Clinical Services Manager shall:
  - A. Assign registered nurses for dispensing at POD(s)
  - B. Collaborate with Medical Consultant in standing order protocol for medical countermeasures of dispensing medication and administration of vaccine;
  - C. Review standing order protocol annually to assure updates are made based on recommendations from DHSS, CERT;
  - D. Assure SCHD registered nurses are aware of standing order protocol for medical countermeasure;
  - E. Provide up-to-date information for prophylactic regiment to staff nurses; and
  - F. Collaborate with volunteer coordinator in the training of volunteer nurses.

**2.7 Primary Responsibilities for Stone County Public Health Emergency Response Advisory Council:**

- The Advisory Council shall:
  - A. Be comprised of representatives from local medical providers, emergency response agencies, law enforcement, county coroner, regional epidemiology specialist, fire department, private industry, and school systems;
  - B. Provide recommendations and guidance to the SCHD regarding policy and procedures of the Stone County Public Health Emergency Response Plan; and
  - C. Participate in Stone County public health response exercises.

**Stone County Public Health Emergency Response Advisory Council  
Participant Listing**

<b>NAME/TITLE</b>	<b>AGENCY</b>
Angela Ford, Administrator	SCHD
Pam Burnett, Epidemiologist	SCHD
Kim King, PIO	SCHD
Todd Fickbohm, SNS Program Assistant	SCHD
Tom Martin, Emergency Management Agency Director	SCEMD
Dennis Wood, Commissioner	Stone County Commission
Richard Hill, Sheriff	Stone County Sheriff's Office
Charles Neibert, Chief	Stone County Southern Fire
Dr. Larry Huffman	SCHD Medical Consultant
Dave Edwards Safety Officer	Silver Dollar City
Ryan Martin, Emergency Management Assistant Director	SCEMD

## CHAPTER THREE: MANAGEMENT OF THE SNS

### 3.1 Local Planning Coordinators:

The SCHD will assume the lead in management of the SNS. The following Local Planning Coordinators have been identified:

<b>Coordinator</b>	<b>Name</b>	<b>Contact Number</b>
SNS	Angela Ford	417-357-6134
Back-Up SNS	Todd Fickbohm	417-357-6134
Security	Richard Hill	417-294-3616
Back-Up Security	Richard Anderson	417-294-4041
Distribution	Maria Wells	417-357-6134
Back-Up Dist	Lisa Williams	417-357-6134
Dispensing Site	Jana Lindner	417-739-9052
Back-Up Disp	Joyce Demski	417-779-4252
PIO	Kim King	417-357-6134
Back-Up PIO	Karen Bailey	417-357-6134
Staffing/Volunteer	Kim King	417-357-6134
Back-Up Staffing	Sharon Scroggins	417-272-0050
Tactical Comm/IT	Karen Bailey	417-357-6134
Back-Up IT	Abby Pendergrass	417-357-6134
TX Center	Robert Niezgoda	417-334-4544
Back-Up TX Center	Pam Burnett	417-357-6134

### 3.2 Contact Numbers – Roster and Testing:

Contact numbers are updated quarterly through the call-down roster process; a phone tree has been established to assure staff is notified. Staff with the SCHD will contact each coordinator listed to assure contact numbers are up-to-date. Twice a year the numbers are tested during non-working hours.

## CHAPTER FOUR: COMMAND AND CONTROL

The Governor has delegated authority for general emergency management to the Department of Public Safety, State Emergency Management Agency (SEMA). SEMA has in turn delegated local emergency management responsibilities to the local emergency management agency. Public health emergency management has been delegated to the state Department of Health and Senior Services (DHSS). DHSS has in turn delegated local public health emergency management responsibilities to the local public health agency. Both public health and emergency management agencies at the state and local level work in a collaborative process, utilizing the National Incident Management System (NIMS), to respond to a public health emergency.

The Governor and heads of state agencies coordinate their assigned emergency responsibilities from the State Emergency Operations Center (SEOC) located at the Missouri National Guard Headquarters in Jefferson City. At the local level, the County Commissioners and heads of local departments coordinate their assigned emergency responsibilities from the Stone County Emergency Operations Center (SCEOC) located at the County Courthouse in Galena. The commander of the SCEOC coordinates a county response directly with the SEOC.

The DHSS is the Missouri state agency with primary responsibility for Health and Medical emergency response operations in the SEOP; the SCHD has the same responsibility at the county level. The DHSS will respond to public health emergencies, both natural and deliberate, by activating the Department Situation Room (DSR). The DSR is operational 24-hours a day, 7 days a week and can be immediately staffed and function as a command and control center in the event of an emergency. During a public health event that involves Stone County, the SCHD will coordinate the response directly with the DHSS through the DSR. The DHSS has staff assigned to the SEOC, this individual then communicates directly with the DSR. This assures consistent coordination at both the state and local level.

### **4.1 SCHD Responsibility:**

The SCHD participates at three levels during an emergency event:

1. Tactical – Includes staff at the scene, e.g., public health epidemiologist, communicable disease investigator, environmental public health specialist, as well as staff managing hot-line phone calls and other requests.
2. Operational – The team that provides the expertise and resources needed to respond to the crisis by those at the scene and elsewhere that provides analysis of potential emerging issues and/or scenarios of the event.
3. Strategic – The team that manages media inquiries, keeps the county's leadership informed, coordinates with other local agencies, reassigns and redeploys resources as needed.

#### **4.2 The SCHD Command and Control: Staff Responsibilities:**

The SCHD staff will receive compensatory time (1 ½ time) for hours worked during an event not within an individual's normal working hours. Annual leave will not be approved during the event; sick leave will remain according to the current SCHD policy. SCHD staff is encouraged to have an emergency plan for the care of pets if an extended work schedule is necessary during the event. The SCHD policy for workman's compensation will be followed.

- A. The Administrator will have primary command of a medical countermeasure event related to a manmade or natural event. Responsibilities include the following:
  - 1. Serve as the Incident Commander;
  - 2. Serve as the primary Incident Commander when the SCEOC is activated;
  - 3. Activate the SCHD staff;
  - 4. Coordinate activities with DHSS through the DSR; and
  - 5. Provide continuous information to the SCEMA Director, Board of Trustees, and County Commissioners.
  
- B. The SNS Program Assistant will:
  - 1. Assist the Administrator; and
  - 2. Assume duties of the Administrator if the Administrator is absent.
  
- C. The Public Information Officer (PIO) will:
  - 1. Inform the media of information related to the event;
  - 2. Coordinate all media releases through the SCEOC;
  - 3. Collaborate with the Regional PIO for messages that are provided from DHSS, DSR; and
  - 4. Physically be located in the JIC.
  
- D. The Epidemiology Specialist will:
  - 1. Provide surveillance and investigation reports to the Administrator;
  - 2. Serve as commander of epidemiology activities; and
  - 3. Collaborate with the regional epidemiology specialist and DHSS Senior Epidemiology Specialist.
  
- E. The Clinical Services Manager will:
  - 1. Serve as commander of dispensing section at POD;
  - 2. Collaborate with Medical Consultant to assure dispensing process follows protocol;
  - 3. Assure re-supply of medication for POD is requested in a timely manner;
  - 4. Provide updated information to POD Commander of dispensing process; and
  - 5. Collaborate with PIO regarding dispensing messages to the public.
  
- F. The Administrative Assistant will:
  - 1. Provide up-to-date information to Event Commander of medication arrival;
  - 2. Follow protocol in ordering SNS materiel; and
  - 3. Establish communication between SCHD and DSR.

G. The Medical Consultant will:

1. Sign standing order protocol;
2. Provide expertise to the SCHD during times of non-event and event;
3. Provide medical consultation at POD site(s); and
4. Serve as a liaison to county physicians.

#### **4.3 The Stone County Emergency Management Agency (SCEMA):**

A. SCEMA Responsibility:

1. SCEMA operates the SCEOC, during an event the Director of the SCEMA will be the co-Incident Commander with the SCHD Administrator;
2. The SEMA becomes involved in the coordination of activities if a state declaration is made by the Governor. The SEMA county coordinator will work directly with the SCEMA. SEMA may also activate the SEOC; and
3. Delineate primary and support roles for all county departments.

B. SCEMA Director will have the following responsibility related to the SNS:

1. At the time of the event, collaborate with the SCHD Administrator to determine the appropriate point of dispensing (POD) site;
2. Determine the appropriate vehicle to utilize for SNS pick-up at RSS site;
3. Coordinate with Sheriff's Office SNS pick-up at RSS site;
4. Activate the SCEOC if indicated (based on the nature of the event);
5. Coordinate County and city law enforcement in security and crowd control measures;
6. Assist the SCHD with planning, implementing, and evaluation of the SNS exercise;
7. Coordinate activities with the SEMA Region D Coordinator; and
8. Provide updates to the SCHD Administrator of communication with the County Commissioners.

#### **4.4 The Stone County Commissioners shall:**

1. Request SNS materiel from the DHSS through the DSR;
2. Collaborate with the SCEMA Director and SCHD Administrator regarding activation of the SCEOC; and
3. Coordinate media messages with the SCHD PIO.

#### **4.5 The Stone County Sheriff's Office shall:**

1. Evaluate potential POD site(s) for security clearance;
2. Notify city and municipal law enforcement of POD site operations within their jurisdiction;
3. Provide security of SNS materiel from the RSS site to the POD site(s);
4. Provide security of SNS materiel and SCHD staff at the POD site(s);
5. Deliver designated SNS material and supplies to POD site;
6. Follow established law enforcement protocol for use of force;
7. Collaborate with the city and municipal law enforcement; and

8. Collaborate with the State Highway Patrol.

**4.6 The Stone County Road and Bridge Department shall:**

1. Assess road conditions related to POD site(s);
2. Deploy road maintenance crew for snow removal and ice control on roads utilized to transport SNS materiel to POD site(s) and county school snow routes to POD site(s); and
3. Provide traffic control barriers at POD site(s).

**4.7 The Stone County Fire Districts:**

1. Assist with crowd control at POD site(s);
2. Collaborate with Sheriff to provide security; and
3. Collaborate with SCEMD.

**4.8 Local Pharmacist:**

1. Provide consultation on medication regiment; and
2. Provide consultation and/or dispense medication at POD site(s);

**4.9 Mental Health:**

1. Provide counseling at POD site; and
2. Provide consultation for PIO messages related to fear and panic of the public

**4.10 Regional Planner/Epidemiologist:**

1. Collaborate with Skaggs Community Hospital;
2. Provide SCHD Administrator updates on hospital activities during an event; and
3. Collaborate with SCHD Epidemiologist.

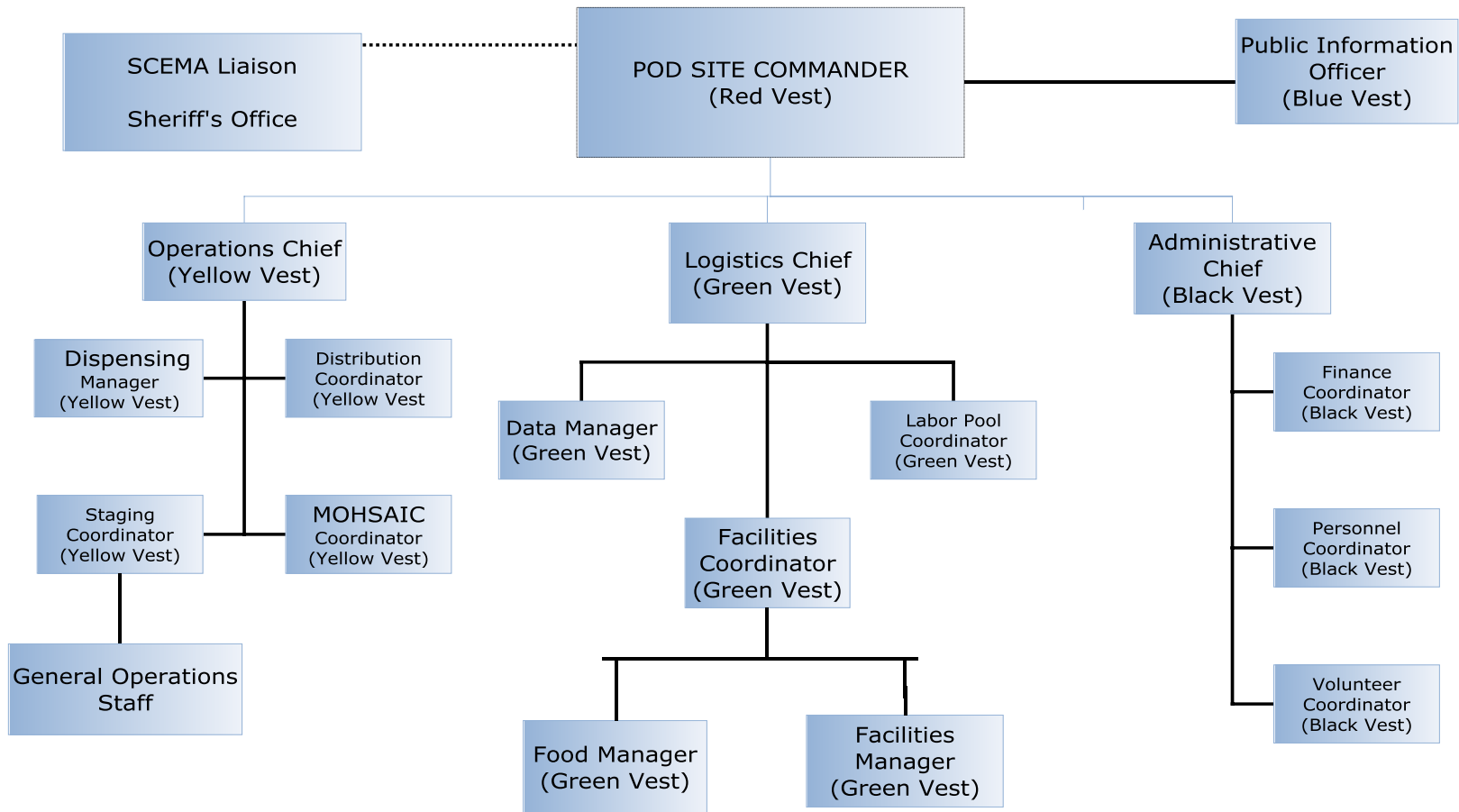
**4.11 Local Incident Command System Structure:**

1. The Local Emergency Operations Center (LEOC) will serve as the coordination point for the Stone County's response to emergencies both natural and deliberate.
2. The LEOC will become operational based on the nature and severity of the event.
3. The SCEMD, inn collaboration with the County Commissioners, will determine when to activate the LEOC.

**4.12 Volunteer Database – Elliott System:**

The Elliott Identification System is currently utilized to identify all county employees, including employees of the SCHD, and emergency response volunteers. The system enables individuals to be pre-registered before an emergency. When volunteers' information is entered into the database, an identification badge with a picture and bar code is issued. Barcode scanners will be located at the POD site to identify pre-registered individuals reporting for work. Since the system is portable, non-registered individuals reporting to the POD site will be entered into the system and issued a badge identifying them as a volunteer. (SCHD staff and county employees have been entered into the system).

# STONE COUNTY'S POINT OF DISPENSING/VACCINATION SITE OPERATIONAL ORGANIZATIONAL CHART



**Attachment 1 Chapter 4:** Organizational Chart for Command and Control

## CHAPTER FIVE: JUSTIFICATION FOR REQUESTING THE SNS

Stone County will utilize an evidence-based epidemiological approach to requesting the SNS and providing justification for the request. Based on collaboration with the Administrator of the SCHD and the Director of the SCEMA, the County Commissioners will make the initial request for the SNS from the DHSS, DSR.

Throughout the event, Stone County will continue to utilize an epidemiological approach to monitor the event to determine the appropriate time and venue to request additional SNS materiel; this will be accomplished in collaboration with the SCHD Epidemiology Specialist, Regional Epidemiology Specialist, DHSS consultants, CDC consultants, SCEMA, and the SCHD Medical Consultant. Upon the decision to request additional SNS materiel, the SCHD Administrator will make the request through the DSR.

### **5.1 Surveillance:**

Stone County's decision to request the SNS will be based on sentinel and active surveillance accomplished through a collaborative effort between the SCHD, TCHD, BCHD, LCHD, CCHD, and DHSS. Both sentinel and active surveillance is an epidemiological evidenced-based system for the syndromic detection of possible biological, chemical, and radiological events, and the consistent reporting of all incidents. The SCHD will maintain sentinel surveillance throughout the county through designated sites.

#### Sentinel Surveillance:

- The sentinel surveillance sites are strategically located throughout the county consisting of physician practices, schools, childcare providers, long-term care facilities, large businesses, and animal confinement operations.
- The sites were based on the diversified population groups and key places individuals would go to get medical attention.
- The sentinel sites will report directly to the SCHD, Epidemiology Specialist and the SCHD Communicable Disease Coordinator.

#### Active Surveillance:

- As required by the Core Public Health Contract, the SCHD will perform active surveillance within Stone County.
- The SCHD Epidemiologist Specialist will maintain contact with the Regional Epidemiologist Specialist regarding surveillance results in Taney, Lawrence, and Barry County.
- The SCHD Epidemiologist Specialist will assure that the surveillance sites identified in Stone County will provide on-going disease patterns and status within the communities of the county.
- The SCHD will contact identified sites to obtain data.
- Based on the surveillance information, the SCHD Epidemiologist Specialist will immediately report questionable data to the SCHD Administrator, Regional Epidemiologist Specialist and the DHSS Senior Epidemiologist Specialist.

## **5.2 Investigation:**

In order to determine the scope of the threat and the potential need to request the SNS, based on the surveillance data, the SCHD will initiate an investigation of confirmed or suspected cases. The investigation will be managed by the SCHD Epidemiology Specialist, and conducted by the SCHD Investigation Team that includes the Epidemiology Specialist, the Environmental Public Health Specialist(s), and SCHD Registered Nurses. The DHSS will be notified of the investigation. Requests for assistance from the Regional Epidemiologist Specialist and the DHSS Regional Senior Epidemiology Specialist will be made by the SCHD Epidemiology Specialist. The investigation will include contacts associated with an accidental or deliberate emergency biological, chemical, or nuclear event.

During the event, the SCHD will:

- Provide intervention and control of biological agents;
- Provide investigation of all events;
- Determine whether an investigation is necessary and then assure appropriate staff completes one.

Chemical or Nuclear Incident Investigation:

- In a chemical event, the SCHD has a supporting role (lead response will be by the local hazmat team and the Department of Natural Resources). The SCHD role will be to coordinate with the local HAZMAT team and the SCEMA.
- In a nuclear event, the Director of the DEHCDP with DHSS will activate staff within the division to provide analysis of air, water, soil, and plants for radiological contamination. The SCHD will assist the DHSS.
- In a biological event, the SCHD has the primary role in detecting diseases that pose a significant threat to the health of the public. Since plague and Avian Influenza are zoonotic diseases, the SCHD will work closely with the DHSS and the Missouri Department of Agriculture and the Missouri Department of Conservation to enhance surveillance within livestock, other domestic animal populations and wild animal populations.
- The DHSS will have the primary responsibility for coordination of a response to secondary transmission of an infectious agent when the affected area extends beyond the area of the SCHD.
- The SCHD Epidemiology Specialist and the Regional Epidemiology Specialist will be responsible to collaborate with DHSS in the response to secondary transmission of an infectious agent for Stone, Taney, Lawrence, and Barry County.

Investigation:

- Upon determination by the SCHD Epidemiology Specialist that an investigation is warranted, the SCHD Investigative Team, in conjunction with the Administrator, will determine if DHSS is to be notified to provide assistance.
- Upon request for assistance from the SCHD, the DHSS will assign staff to assist with performing field investigations and sample collection.

- The DHSS Senior Epidemiology Specialist will organize and manage the investigation if regional involvement is indicated.
- The SCHD Epidemiology Specialist will confer with the DHSS Senior Epidemiology Specialist to determine the population requiring medical countermeasure.
- The SCHD Epidemiology Specialist and the DHSS Senior Epidemiology Specialist will maintain constant communication during the event providing the SCHD Administrator continuous information of number of individuals requiring treatment or prophylaxis.

#### Process of Reported Incident or Threat:

- The SCHD will submit reports to the DHSS of possible terrorism; during working hours the report will be submitted to the DHSS Regional Senior Epidemiologist Specialist, during after-hours to the DSR.
- Upon notification the DSR will implement call down procedures; staff from the DHSS will contact the SCHD staff.
- DHSS staff and SCHD staff will conduct the field investigation and will transmit the results of the investigation to the Administrator as soon as information is available.
- Situations or conditions that can prompt case investigations include but are not limited to:
  - Large numbers of ill persons with similar disease or syndrome;
  - Large number of unexplained disease, syndrome or deaths;
  - Unusual illness in a selected population (e.g., outbreak of severe rash illness affecting adults);
  - Endemic disease with unexplained increased incidence; and
  - Report by physician, hospital, or media.

#### Epidemiological:

- The DHSS, Office of Epidemiology (OoE) will provide in-depth detailed statistical epidemiological analysis of all sentinel surveillance data submitted by the SCHD.

### **5.3 Local and State Resources:**

#### Local supply of antibiotics

- The SCHD will provide antibiotics for initial prophylaxis of SCHD employees and their immediate family members (identified as residing within the employee's household), and Stone County first responders that will support the POD, and key government leaders.
- The SCHD Medical Consultant will sign the standing order for prophylaxis for the above-identified groups.
- If the supply is available, the prophylaxis medication will be obtained from the five local pharmacies within Stone County; SCHD registered nurses will dispense the medication.
- The SCHD will obtain antibiotics for prophylaxis from five community pharmacies.

- The Stone County Pharmacies can routinely provide limited regimens of antibiotics for treatment of individuals ill or exposed to the event.

#### **5.4 Exhausting Local Resources: SCHD Request to the DHSS:**

- Based on the event and number of population effected, in collaboration with the local health care providers and pharmacist(s), the SCHD will determine when local resources will be exhausted.
- The SCHD Administrator will make the recommendation to the Stone County Presiding Commissioner to request assistance for medical countermeasure from the DHSS, DSR.
- The Presiding Commissioner, or designee, will call the DHSS, DSR and request assistance; a written request will follow the telephone request, the written request will contain the following information if relevant;
  1. Number of unexplained disease, syndrome, or deaths;
  2. Unusual number of illnesses in the population;
  3. Morbidity and mortality with a common disease or syndrome;
  4. Failure of a common disease to respond to usual therapy;
  5. Single case of disease caused by an uncommon agent;
  6. Multiple unusual or unexplained disease entities in the same patient with other explanation;
  7. Endemic disease/unexplained increase in incidence;
  8. Simultaneous clusters of similar illness in non-contiguous areas;
  9. Atypical aerosol/food/water transmission;
  10. Ill people presenting near the same time;
  11. Deaths/illness in people not exposed to common vent systems but in those in proximity to the systems
  12. Unexplained increase in EMS requests; and
  13. Unexplained increase in antibiotic prescriptions or over-the-counter medication use.

#### **5.5 Plan for DHSS to Recommend Missouri's Governor Request SNS from CDC:**

Upon request for SNS materiel of the Stone County Commission, the DHSS will evaluate the surveillance and investigative data of the current number of ill individuals, as well as the potential that may become ill. Based on the data, the DHSS will determine if Missouri should request the SNS from CDC. When the determination is made to contact the CDC the DHSS will:

- Advise the Governor or designee to request the SNS from CDC.
- Submit to the CDC evidence concerning a biological or chemical attack, as well as a pandemic event, that warrants the release of the SNS to Missouri. The information submitted to the CDC will contain the epidemiological data supplied by the SCHD Epidemiology Specialist.
- The DHSS will notify the SCHD that the SNS has been released to Missouri and the approximate time that the SNS will be ready for distribution.

### **5.6 Releasing the SNS:**

The CDC will assess the following before releasing the SNS:

- Number of current casualties;
- Projected needs considering the population, including transients, and possible infections versus non-infections;
- Presence of an identifiable, coordinated SNS annex to the state and local bioterrorism response plan;
- Hospital capacity at the time of the event, including ICU beds and ventilator needs;
- State resources identified, including pharmacy distributors, oxygen availability, other nearby hospitals, and in-state alternative care centers;
- Local resources, e.g., pharmacy distribution, oxygen availability and transport capacity; and
- At the time of the request, the State Plan for managing the SNS will be forwarded to the CDC.

### **5.7 Notification of SNS Activation:**

Immediately when the County Commission has initiated the request to the DHSS for the SNS the following entities will be put on alert via the SCHD staff:

1. The Stone County Health Department Board of Trustees
2. SCHD Medical Consultant
3. Stone County Health Care Providers
4. Stone County Pharmacies
5. The Stone County Emergency Management Agency
6. The Stone County Sheriff's Office
7. The Regional Epidemiologist Specialist
8. The Administrators of Taney, Lawrence, Berry, and Christian County Health Departments
9. Director of Family Services for Stone County
10. Regional Public Information Officer
11. Regional Volunteer Coordinator
12. DHSS, Southwest District Senior Epidemiology Specialist

### **5.8 Persons Authorized to Accept SNS Materiel from the RSS:**

The SCHD Administrator may accept the SNS materiel at any RSS site in Missouri. The Administrator will provide the following list to the DHSS of individuals authorized to accept the SNS on behalf of the SCHD; authorized designees include:

- Officers of the Stone County Sheriff's Office
- Director of the SCEMA
- County Commissioners
- SCHD Administrator
- SCHD SNS Program Assistant

Upon receipt of the SNS, the authorized designees will show the DHSS staff at the RSS site an official government-issued ID (e.g., driver's license), and a Stone County emergency response team ID card.

### **5.9 Transportation of SNS:**

The SCEMD has agreements with local providers to utilize enclosed trucks for the transportation of the SNS from the RSS site to the POD site; the agreements are listed in the Stone County Emergency Response Plan (SCERP). At the time of the request to obtain SNS materiel, the SCEMD will determine the appropriate sized vehicle for transportation and contact the provider. All vehicles are enclosed and can be securely locked.

### **5.10 Chain of Custody:**

The SCHD will follow the DHSS SNS chain of custody procedure. The chain of custody form will be signed at the RSS site when the SNS order is picked up. The POD Commander will sign the chain of custody form when the SNS is delivered to the POD site. The chain of custody form received from the RSS site will be retained by the POD Commander. Upon arrival, the RSS inventory will be checked by the POD Distribution Manager. All RSS inventory will be tracked enabling accurate accountability of cache and return of unused inventory to the DHSS when the event is over.

## CHAPTER SIX: CONTROLLING SNS INVENTORY

Overall management and supervision of the SNS inventory is the responsibility of the POD Commander. SCHD staff will provide management of the SNS inventory database through the MOHSAIC application.

### **6.1 Missouri Health Strategic Architectures (MOHSAIC):**

- A. The SNS inventory will be managed through the Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC) system. Three SCHD staff has been trained in the management of the SNS inventory through the MOHSAIC system.
- B. The SCHD staff responsible for MOHSAIC tracking will provide updated reports to the POD Commander of the status of the SNS inventory designated for the POD site.
- C. Stone County will only be entering SNS inventory for use at the POD site(s) located in Stone County.

### **6.2 Alternate SNS Inventory Management:**

In the event that the web-based system cannot be used during an event, the redundant method to track the SNS inventory will be an Excel spreadsheet. SCHD has received training on the redundant plan utilizing the Excel spreadsheet and will be place on a SCHD laptop.

### **6.3 Inventory Tracking and Re-Supply Procedure at POD:**

- A. Inventory tracking will be the responsibility of the Distribution Coordinator. See Volume II for job activity sheet.
- B. The Distribution Coordinator will collaborate with the Dispensing Section Manager in assuring medication cache is maintained.
- C. The Distribution Coordinator will notify the POD Commander of inventory count at the beginning of each shift.
- D. The Incident Commander will determine when to request re-supply of medication from the DSR through the MOHSAIC system.
- E. The SCEMD will notify the County Commissioners and Sheriff's office that additional SNS materiel must be picked up at the RSS site.

### **6.4 Dispensing Site Procedure to Request SNS:**

- A. The Distribution Coordinator will communicate at the beginning of each shift with open and closed POD site(s) to determine the amount of the SNS inventory.
- B. The Dispensing Coordinator will be responsible to notify the Distribution Coordinator when re-supplies of the SNS materiel is needed.
- C. Documentation will be maintained at each dispensing site of the time, date, and amount of the request for re-supply.
- D. The chain-of-custody for SNS medication will be followed for re-supplies.

## CHAPTER SEVEN: POINT OF DISPENSING SITE(S)

This plan has been developed to assist the SCHD in establishing locations and protocols where the county may store and dispense large quantities of essential medication from the SNS.

### **7.1 Situation and Assumptions:**

- A. In the event of a chemical, biological or major natural/technological disaster, the county will act rapidly to protect its citizens. More than likely, the county will quickly run out of essential drugs and medical supplies.
- B. If a terrorist attacks or a natural or technological accident occurs, lives will depend on the county's effectiveness and speed in receiving and dispensing the SNS.
- C. The POD site will be activated in situations where the cause of illness and death are wide scale and the DHSS has requested activation of the 12-hour Push Package or large quantities of materiel through the VM.
- D. For known chemical and biological events, specific medical items may be sent from DHSS.
- E. Three areas of the county have been identified as potential dispensing sites. The actual site to be used will depend upon the nature, severity and location of the affected population.

### **7.2 Concept of Operations:**

- A. This plan will be implemented whenever deemed necessary by the SCHD Administrator in collaboration with the DHSS.
- B. The SCEMD and the SCHD Administrator makes the determination of the location for receiving the SNS from the DHSS Receiving, Staging, and Storage (RSS) site that will be located in Springfield, MO.

### **7.3 Selection of Appropriate POD Site:**

- A. The criteria used to select a specific site during an event will be based on logistical fit
- B. Is the site close to the affected population?
- C. Can the SNS materiel be easily received at this location (based on the event)?
- D. Can the SNS medication be easily dispensed, are roads clear, and is there a traffic gridlock?
- E. Recommendations from the County Sheriff based on county security and circumstances of the event.

### **7.4 Notification of POD Site Team:**

- A. Upon confirmation of the impending arrival of the SNS at the RSS site, the core SCHD response team will be activated through the established call-down roster.
- B. Notification to the selected POD facility will be initiated by the SCEMD.
- C. The SCEMD will notify the County Sheriff that the SNS has been requested and that assistance is needed to provide security.
- D. The SCEMD will determine the size of vehicle required and obtain vehicle for transportation of SNS from RSS to POD.
- E. The SCEMD will notify the county commissioners of needed vehicle to transport the

- SNS supplies and equipment from the storage site to the designated POD.
- D. SCHD will gather POD supplies located at the SCHD and designated storage site.
  - E. Once the POD site location is determined, notification by SCHD Administrator will be made to the DHSS, DSR, Regional Epidemiology Specialist and Regional PIO.

**7.5 Assignment of Responsibilities:**

- A. The SCHD Emergency Response Team will operate the POD. The Site Commander will be determined at the time of the event based on availability of SCHD staff.

**7.6 Security:**

- A. The Stone County Sheriff's Office will provide site security. The Missouri State Highway Patrol (MSHP) will provide additional security based on availability.
- B. The Sheriff's office will provide security to the RSS and to the POD.
- C. The Stone County Fire Districts will provide back-up security and crowd control at the POD site.

**7.7 Tactical Communication:**

- A. Communication equipment designated for emergencies occurring in Stone County will be utilized during a medical countermeasure event. This includes Ham Radio capacity located at the Stone County 911 facility. The SCEMD routinely tests the county emergency communication equipment.
- B. Two-way radios will be utilized for communication in the POD.
- D. Stone County has an active Ham/Amateur Radio Operators Club that has been given information related to emergency response and medical countermeasure.

## CHAPTER EIGHT: DISPENSING AND ADMINISTRATION OF MEDICATION

This chapter contains operational issues of dispensing and administering medication to large numbers of the population efficiently and quickly. The standard operating procedures (SOP) will be uniform for each dispensing site.

### 8.1 Definitions:

- **Dispense:** The act of dispensing includes the selection and labeling of prepackaged medications ordered by the physician or advanced practice nurse to be self administered by the client (individual presenting at dispensing clinic).
- **Administer:** The act of administering medication involves giving the client a single dose of prescribed medication. All personnel who are licensed to do so may administer medications.
- **Nursing Protocol:** Describes the steps to be taken in the nursing management of specific health problems. Includes strategies for obtaining historical and physician assessment data and plans of action. Nursing protocols do not need to be signed by a physician.
- **Drug Order or Prescription:** A physician has the independent legal authority to administer or dispense drugs. This authority is delegated to another person through an order, prescription, standing orders, protocols, or collaborative practice agreement. An order is generally considered to be written on the client's record. A prescription generally refers to an order written on a separate piece of paper. For simplicity, the word "order" will be used throughout this document.
- **Medical Protocol:** Describes the medical treatment to be included in the plan of care for a specific condition. This includes prescription medications and treatments that require a physician's signed order.
- **Standing Order:** Often used interchangeably with the term "medical protocol." A standing order is usually narrower in focus and consists of physician orders only (i.e., Immunization Standing Order).
- **Collaborative Practice Agreement:** A written agreement that states jointly agreed-upon protocols or written standing orders for the delivery of health care services.

## 8.2 Responsibilities of SCHED Clinical Services Manager:

1. Obtain Order and/or Medical Protocol – An order to treat individuals for biological and chemical agents during a medical countermeasure event must be signed by a local physician. Physician’s orders and/or protocols must be rewritten or reviewed, signed and dated at least yearly or more often if indicated.
  - Protocol or Standing Orders should include: (from the DHSS Public Health Nursing Manual, Section 200.70 Professional Practice Framework, page 2 of 6, 9/98)
    - 1) Medical order for the medication;
    - 2) Name of the medication;
    - 3) Strength of medication (as per age, weight, condition, etc.);
    - 4) Frequency medication is to be taken (as per condition, etc.);
    - 5) Exact dosage (as per age, weight, condition, etc.);
    - 6) Quantity of medication;
    - 7) Method of administration (as per age or condition, etc.);
    - 8) Permission to refill;
    - 9) Condition for which the medication would be dispensed.  
Example: for client who has been exposed, or exposure is suspected, to a biological agent;
    - 10) Signatures of physician(s) and registered nurse(s) implementing the protocol; and
    - 11) Date signed.
  - Standing orders and/or medical protocol must include:  
(From the DHSS Communicable Disease Investigation Reference Manual, Guidelines for Physician Orders, Chapter 1, page 17, 9-28-99)
    - 1) The geographic area to be served by the public health agency;
    - 2) Process for the review of services by the physician and nurse;
    - 3) Full name of the group of individuals who will receive treatment such as, “persons presenting themselves for prophylaxis treatment for a biological or chemical event”;
    - 4) Date the order is written by the physician;
    - 5) The name of the medication to be dispensed or administered;
    - 6) Dosage of the drug or reference to established guidelines such as those from the CDC or other expert professional groups;
    - 7) Method of administration of medication; and
    - 8) Signature of physician.
2. Discuss the following with the SCHED Medical Consultant
  1. Treatment protocol for biological and chemical agents with physician and alternate physician;
  2. Collaborative agreement, standing order, and/or medical protocol between the physician and the registered nurse who will be considered the nursing supervisor during the event;

3. Professional health care workers licensed in another state who may volunteer;
4. Health assessment form;
5. Investigational New Drug procedures;
6. Specific treatment of individuals that have contraindications to antibiotics included in the SNS;
7. Identify registered nurses and/or pharmacists who will be dispensing medication under the physician order, attach a copy of each person's professional license to the protocol, this may be a license to practice in another state;
8. If the SCHD medical consultant chooses to not sign the order until an event occurs, assure that all issues have been discussed with the physician and alternate physician, and have the order developed so that signature can be obtained without a time delay;
9. Identify a backup physician willing to sign the order in case primary physician is unavailable during the event;
10. Provide a copy of the signed medical protocol and/or order to be available at each dispensing site while the site is in operation;
11. Original signed order must be kept at the SCHD; and
12. Review protocol for dispensing by individuals that are not registered nurses, pharmacist, or physicians.

### **8.3 Dispensing Procedure:**

A. Assess Individual Presenting for Prophylaxis – Verify that each individual who receives medication has completed the health assessment form and that the form has been reviewed to determine the appropriate antibiotic regime. Assessment includes:

1. Individual's condition;
2. Need for medication
3. Contraindications, allergy to medication, pregnancy, breastfeeding, etc;
4. If refill, signs and symptoms of side effects; and
5. Compliance with treatment.

### **Medication should NOT be provided if in the registered nurse's judgment:**

- 1) The individual's condition contraindicates further medication until the nurse has conferred with the physician;
- 2) The individual's ability to be responsible for a quantity of medication is highly questionable (for example individuals who may not understand the treatment regimen). The physician should be consulted;
- 3) The medication is outdated, obviously contaminated or otherwise compromised; and
- 4) The medication has not been stored properly.

B. Labeling Medication – State and federal regulations specify the information that must be provided on the drug label and the patient information sheet that must be given to the public when dispensing prophylactic medicines.

CSR 150-5.020 and 4 CSR 200-4.200 outlines the requirements for labeling of all medications.

- The label must contain:
  - 1) Date medication dispensed;
  - 2) Sequential number;
  - 3) Individual's name;
  - 4) Prescriber's direction for usage including frequency and route of administration;
  - 5) Prescriber's name;
  - 6) Name and address of the agency dispensing;
  - 7) Name and strength of the drug dispensed;
  - 8) Quantity dispensed; and
  - 9) Number of times refillable; or the words "no refill".
  
- The SNS Program has designed the drug labels to facilitate the manual capture of drug, lot, and recipient information:
  - 1) Unit-of-use bottles have two tabs on their side. Each tab contains the drug name, expiration date, lot number, and a unique prescription number. By affixing one of the tabs to a recipient's health assessment form, the drug and its lot that each recipient receives will be recorded. If the person who dispenses the drug further annotates the form with their identification, date, time, and location, where, when, and how a recipient received the drug can be tracked.

*Labels on the unit-of-use bottles that the SNS Program vendor prepares will have only the drug name, strength, quantity, lot number, and unique prescription number. The dispensing sites must provide the above information plus a 24-hour telephone number to call with questions.*
  - 2) Packaging machine labels have a tear-off tab on the bottom of the label that contains the same unique prescription number as the label itself. If this tab is torn off and stapled to the recipient's health assessment form, there will be a link between a drug, its lot, and its recipient.
  - 3) CD-printed labels do not have a tab but dispensing could stamp a unique prescription number on the health assessment form and the drug label. To accomplish that, 30 number-stamping machines are supplied in each 12-hour Push Package. The machines are hand-held imprinters that will stamp a 7-digit number the number of times that you specify. For example, the machine can be set to increment its number after stamping the number twice. That would allow the health assessment form and the drug label to be stamped with the same number before the stamping machine incremented its number. A block of numbers will be assigned to persons who hand out drugs for their

stamping machines; this will track the recipients that got specific drugs, at a specific dispensing site, from a specific person.

- 4) The SNS Program will stock preprinted labels as part of the 12-hour Push Package. Since it is not known where the Push Package will be sent, only the drug name and directions/cautionary statements will be put on the label, the additional information would have to be added at the time of an event.
- 5) The CDC has supplied each state with a CD titled *Post-Exposure Prophylaxis for Anthrax, Plague, and Tularemia: Patient Drug Information Sheets and Dosing Instruction Labels in 48 Languages*. When the software is used to create a label in a language other than English, the English version of the label will have to be edited and then two labels printed the edited one in English and a second in another language. Apply the English label on the front of a regimen bag and the foreign language label on the rear (for repackaged stock only, see below for placement on bottles). The English version will contain FDA-required variable information such as prescribing agency, city and state, 24-hour number, prescriber, prescription number, prescription date, and number of tablets in the regimen. Labels in other languages only contain instructions for taking the drug and precautions for using it. You cannot edit the foreign language labels.
- 6) The CD is designed to print labels on plain Avery® 5395 Name Badge Labels or its equivalent. This label was chosen for several reasons. It holds all required prescription information in English. Its font is readable, but unfortunately the label is too large to fit on the unit-of-use regimen bottles. Instead, affix it to the back of the patient information sheet that is given to individuals with their unit-of-use regimen.
- 7) Off label use of SNS Drugs – All of the drugs in the SNS have long-established safety and efficacy records. However, some are not FDA-labeled to treat specific agents released by a terrorist. The SNS Program is working with the FDA to establish a streamlined process that will qualify these drugs to save the trouble of using them as investigational new drugs (IND).  
**Currently, the following drugs in the SNS are considered investigational:**
  - Anthrax vaccine for anthrax post exposure prophylaxis
  - Amoxicillin for anthrax post exposure prophylaxis
  - Gentamicin for tularemia treatment
  - Gentamicin for plague treatment
  - Ciprofloxacin for tularemia post exposure prophylaxis
  - Ciprofloxacin for tularemia treatment
  - Ciprofloxacin for plague post exposure prophylaxis

- Smallpox vaccine (Wyeth)
- ACAM 1000 smallpox vaccine
- ACAM 2000 smallpox vaccine
- Cidofovir for treatment of adverse reactions to smallpox vaccine

**Non-IND drugs in SNS (FDA-approved indications) include:**

- Anthrax vaccine for pre-exposure prophylaxis
- Ciprofloxacin for Anthrax treatment and post-exposure prophylaxis
- Doxycycline for Anthrax treatment and post-exposure prophylaxis
- Doxycycline for plague and tularemia treatment or post-exposure prophylaxis
- Botulinum antitoxin trivalent beepers A, B, E, for botulism

*The SCHD will not need to develop IND forms, or incorporate IND signature information on the health assessment form. In the event of a BT incident, CDC will send consent/assent forms, information sheets, protocols/treatment guidelines, case report forms, adverse event reporting forms, and other specialty items. SCHD will let the DHSS know the languages needed for the forms.*

C. Document – State regulations (4-CSR 150.5.020, 4 CSR 200-4.200) outline the requirements that must be followed for dispensing medications. Any person dispensing medications must maintain required records to guarantee security, storage, and accountability.

➤ Health assessment form:

- 1) SCHD will retain the health assessment form.
- 2) Each individual presenting at the POD must have a completed health assessment form that is signed by the health professional that dispensed the medication and/or provided counseling.
- 3) Individuals picking up medications for family members, or other individuals not present, must list the individuals on the health assessment form.
- 4) Forms can be retained in a general file; individual files for each person do not need to be developed.
- 5) The physician order does not have to be attached or referenced on the health assessment form; by using the form it is understood that the individual received treatment under the medical countermeasure protocol.
- 6) SCHD will use the health assessment form template provided by the DHSS, CERT.
- 7) SCHD will not maintain a medication log or enter large numbers of individuals receiving medical countermeasures into MOHASIC, the exception being individuals who receive a

smallpox vaccination; these individuals will be entered into MOHASIC.

E. Provide Information to Drug Recipient(s).

The SCHD, and/or private health care providers, will make copies of all drug information sheets that will be distributed to individuals receiving prophylaxis. These can be copied from the CD provided by CDC, or from information obtained from the CDC website. The DHSS will also have the information located on the emergency response web page.

- The following information must be given to individuals receiving prophylaxis:
  - 1) Conditions for which the medication has been prescribed;
  - 2) Explanation of the Investigational New Drug form (if required);
  - 3) Effects of medications, expected and untoward actions;
  - 4) How, when, what, and amount of medication to take;
  - 5) When to return for refill of medication;
  - 6) The 24/7 number to call if they experience side effects or become ill;
  - 7) Warning to keep the adult medication out of reach of children; and to not give children the adult medication;
  - 8) Explanation of why they may not be getting the same drug given to their family members, or a neighbor;
  - 9) The importance of taking the prescribed treatment for the full period prescribed; and
  - 10) Care of vaccination site (if smallpox vaccination).

F. Track Drugs and Drug Recipients

The key to tracking a drug, its lot, and its recipient is the drug's unique prescription number. Annotating that number on the patient's health assessment form will allow identification of every patient that received a particular drug/lot combination.

- Tracking drugs and drug recipients is a process that:
  - 1) Starts with the completion of an health assessment form for everyone who receives protective medicines, including those in line and those (children and family members who are ill, incapacitated, or did not come to the dispensing site) for whom people in line will pick up regimens; and
  - 2) Records, on the health assessment form, the information about the drug that a person receives and information associated with dispensing it to them (date, time, location, dispenser, and especially the prescription number).
  
- Recording this information allows:
  - 1) Tracking possible contamination or adulteration of drug lots,

- 2) Investigating serious adverse reactions (required by FDA) to investigational new drugs such as ciprofloxacin for tularemia or amoxicillin for anthrax,
- 3) Identifying the failure of prophylaxis when individuals contract a disease in spite of having taken oral drugs to prevent it,
- 4) Informing recipients of FDA drug recalls for additional or different drugs in the event of prophylaxis failure; and
- 5) Identifying individuals who do not return for refills.

#### **8.4 Command and Control; Multiple and Individual Regimens:**

- Before dispensing can begin, the command and control function must provide definitive guidance on the following:
  - 1) Multiple versus individual regimens:
    - A multiple regimen policy allows an adult to pick up medicines for other individuals who are sick, incapacitated, or unable to come to the dispensing site. A multiple regimen policy potentially shortens dispensing lines, gets people their drugs faster, and reduces public frustration and the number of staff that must deal with it. It also allows some individuals to acquire more drugs than they should have, but its benefits far outweigh that possibility.
    - SCHD will allow multiple regimen pickups; the public health information campaign will inform the public specific information they need to bring to the dispensing site for individuals not presenting at the dispensing site.
    - Unaccompanied Minor:  
Emancipated minors will be allowed to obtain medication. Minors 16 and older will be allowed to obtain medication with written permission from a parent, guardian, or caretaker. Minors under the age of 16 will not be allowed to obtain medication without an adult present.
    - Identification Requirements:  
Individuals obtaining medication will not be required to show identification.
    - A health assessment form must be completed on each individual picking up medication. Individuals picking up for other family members will list them on the health assessment form.
  - 2) Prophylactic regimens:
    - SCHD will utilize the unit-of-use regimens provided by the SNS program for the prophylaxis of various agents.
    - Local physicians dispensing SNS materiel from private offices will be required to follow the treatment regiment designated by the SNS.

- The SNS Program supplies labeled, unit-of-use, 10-day regimens, which require no repackaging for dispensing.
- The SNS intentionally designed the regimens to begin prophylactic treatment for anthrax, the worst-case scenario, recognizing that they contain 3 days more product than the treatment for plague but 4 days less than the treatment for tularemia. If the treatment is for tularemia, the SNS will provide additional 10-day regimens to complete a 14-day prophylaxis.

### 8.5 Protecting Undocumented Aliens

- SCHED may have populations of undocumented aliens whom must be protected. For these individuals, the fear of arrest and deportation may be greater than the fear of getting a disease from a terrorist attack. An effective campaign will be initiated to convince undocumented aliens of the importance of taking their families to a dispensing site.

### 8.6 Pediatric Prophylaxis

- Each 12-hour Push Package contains quantities of the following:
  1. Ciprofloxacin oral suspension, which will provide 4,000 individuals 5 days of prophylaxis (Cipro suspension comes with its own diluent);
  2. Doxycycline oral suspension (LPHAs must have a supply of distilled water to dilute, 25mg/ml, 60ml mfg. bottle; distilled water is not provided through the SNS or from the state distribution site); and
  3. Doxycycline pediatric syrup for the treatment of children and adults who have trouble swallowing tablets. Doxycycline pediatric syrup will provide 7 days. The last is adequate for protecting against plague, but insufficient for a 14-day course against tularemia or a 60-day course against anthrax.
  4. The Push Package's 25,000 10-day regimens of amoxicillin chewable tablets. These are in the Push Package primarily to protect pregnant women, people who are allergic to ciprofloxacin and doxycycline, and children against anthrax. Children between the ages of 2 to 5 can chew these tablets. Younger children will readily take them if you crush and mix them in a food such as applesauce. The softness of the tablet and a groove down its middle make it easy to divide into the smaller portions dictated by the child's weight. **The main drawback to any use of amoxicillin for anthrax is that it is not a labeled use. It must be administered as an investigational new drug.**
  5. Converting ciprofloxacin and doxycycline tablets into oral suspension – see attachment for instructions (these are printed in the manual and not available via the electronic document)

*Additional pediatric medication will be obtained from the Vendor Managed (VM) if supplies are exhausted from the 12-hour push package.*

### **8.7 Special Populations; Protection of Those Who Cannot Use Dispensing Sites:**

Stone County will have groups of people who will not be able to use dispensing sites, these include: (Health assessment forms will be completed and drug information sheets will be issued to each individual.)

A. Inmates of the county jail; The Sheriff's office will be contacted to determine the number of incarcerated individuals requiring medication, health assessment forms will be supplied to the sheriff's office for each individual to complete, medication will be provided by SCHD staff.

B. Patients in nursing homes and other long-term care institutions; the five long-term care facilities will be considered a "closed" POD. The distribution coordinator to determine medication amount for patients and staff will contact each facility. Each long-term care facility will be provided an adequate number of health assessment forms to complete for each patient and staff. Medication will be distributed to the facilities for dispensing by facility staff.

C. Immobile patients who get care at home through local home healthcare service providers; Homecare service providers will identify immobile patients that may need medication and complete the health assessment form for each individual. The Stone County fire districts will deliver the medication.

D. Home bound county residents; Public messages will be issued for homebound county residents to call the designated hot line number for delivery of medication to their home. To qualify the individuals must justify why they, family member or friend, cannot acquire medication through a designated POD.

E. Non-English speaking populations – The majority of the non-English speaking population in Stone County is Spanish. A SCHD employee speaks fluent Spanish and will provide translation at the POD site.

### **8.8 Traffic and Parking Plan:**

- Appropriate parking plan will be determined by the sheriff's office when the POD site is determined.
- The Stone County BT Committee has determined parking for the general public will be controlled and placed away from the POD entry.
- School buses will be used to transport individuals from their cars to the POD site.
- Staff parking will be located close to the POD site, at the rear of the general public entrance when possible.
- Signage is available in the SNS inventory for parking directions.
- Vehicles containing SNS materiel will enter the POD site at the rear entrance of each school.
- Handicapped parking will be available for individuals with handicapped license.
- Barriers provided by the Stone County Road and Bridge will be placed in parking areas to control traffic flow around and to the clinic site.

- The Stone County Fire Districts in collaboration with the sheriff's office will be in control of parking management.
- The general public arriving for prophylaxis will be directed to a triage entrance.

### **8.9 Handling of Symptomatic Individuals:**

- Individuals presenting to the POD will be triaged for symptoms before being allowed into the facility.
- Symptomatic individuals will be directed to a separate area for further evaluation by a physician or nurse.
- Symptomatic individuals will either be medicated or directed to the nearest emergency room. Stone County ambulances will be available to transport individuals that are unable to drive themselves.
- Individuals that are symptomatic but do not require immediate medical care will be given prophylaxis by a licensed health care provider and instructed to contact their primary health care provider.

### **8.10 Non-Symptomatic Individuals; Fast Track Dispensing:**

- Individuals that are non-symptomatic will be directed to dispensing areas to lines for fast track dispensing at a rate of 200 individuals per hour.
- Medication will be dispensed quickly and efficiently based on the identified agent (when possible), recommendations from the DHSS, current labeling protocols for an emergency event, seasonal time for the county (winter vs. tourist season), and number of staff and volunteers that can legally dispense medication.
- Personnel that are non-licensed will be utilized for dispensing in the fast-track lines.

### **8.11 Alternate Dispensing Method:**

- Based on the identified agent, alternate dispensing methods will be utilized.
- To avoid cross-contamination of a communicable disease, the POD site will be modified to allow drive-through dispensing.
- Medication will be issued to individuals as quickly as possible by issuing one bottle of medication to each member of a household.
- Individuals will be required to return to the regular POD for additional medication.
- SCHD and the SCEMD have discussed the possibility of utilizing the ticket booths of Silver Dollar City for dispensing and/or administration of vaccine. Staff and volunteers could be placed in eight ticket windows. Individuals presenting for prophylaxis or vaccination would be transported by open-air trams owned by Silver Dollar City.
- If large numbers of individuals require medication, or to assure sustained life, a non-medical model of dispensing will be initiated. This will include giving individual's medication without completing triage, a health assessment form, and labeling medication. Medication will be placed in bags with the appropriate documentation for the agent and medication. Conversion of pediatric dosing will also be included.

### **8.12 Shift Hours and Change Procedures:**

- Staffing numbers will be based on the event and season.
- Twelve-hour shifts will be utilized to assure dispensing is carried out 24/7.
- Staff and volunteers will be required to check in and out during the shift change.
- Report and just-in-time training will be given to individuals arriving for a shift change.

### **8.13 Prophylaxis to First Responders:**

- First responders are identified as SCHD staff; all county personnel designated to respond to an emergency event; and identified volunteers.
- The SCHD nurses will dispense medication to first responders and their family members living in their household.

### **8.14 Liability for Individuals Dispensing:**

- The SCHD will follow the RSMo Section 44.045  
During an emergency declared by the governor, health care providers deployed by the governor or any state agency shall not be liable for any civil damages or administrative sanctions for any failure, in the delivery of healthcare necessitated by the emergency during deployment, to exercise the skill and learning of an ordinarily careful health care provider in similar circumstances, but shall be liable for damages due to willful and wanton acts or omissions in rendering such care.

### **8.15 Who Can Dispense Medication:**

- The SCHD will follow the RSMo 44.105
  1. In a governor-declared state of emergency, the department of health and senior services may suspend any provision of chapters 195 and 334, RSMo, pertaining to dispensing medications. Persons who dispense medications under this section shall be trained by the department of health and senior services and shall dispense medications under the supervision of a licensed health care provider according to the department's Strategic National Stockpile Plan.
  2. The department may develop effective citizen involvement to recruit, train, and accept the services of volunteers to supplement the programs administered by the department in dispensing medications to the population in the event of an emergency.
  3. Volunteers recruited, trained, and accepted by the department shall comply with the department's Strategic National Stockpile Plan in dispensing medications.
  4. The department may:
    - (1) Provide staff as deemed necessary for the effective management and development of volunteer dispensing sites deployed in response to a governor-declared emergency;
    - (2) Provide or assure access to professional staff as deemed necessary for the effective training and oversight of volunteers;
    - (3) Develop and provide to all volunteers written rules governing the job descriptions, recruitment, screening, training responsibility, utilization, and supervision of volunteers; and

(4) Educate volunteers to ensure that they understand their duties and responsibilities.

5. Non-health care professional volunteers, whose liability is not otherwise protected by section 44.045 shall be deemed unpaid employees and shall be accorded the protection of the legal expense fund and other provisions of section 105.711, RSMo.

6. As used in this section, "volunteer" means any person who, of his or her own free will, performs any assigned duties for the department of health and senior services with no monetary or material compensation.

Section B. Because of the need to immediately respond in the wake of a state of emergency, provisions of section A of this act are deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and are hereby declared to be an emergency within the meaning of the constitution, and section A of this act shall be in full force and effect upon its passage and approval.

**8.16 Dispensing Throughput for 100% of Population - 48-Hour Prophylaxis:**

- Non-Seasonal Population of 35,000 – 730 individuals per hour
- Seasonal Projected Population of 100,000 – 2,083 individuals per hour
- Both population estimates would require a non-medical model of dispensing

## CHAPTER NINE: LOCAL MEDICAL RESOURCES

### 9.1 Stone County Physicians (as of 02/01/2010)

#### **Branson West**

##### Branson West Medical Center

Dr. Samuel Ferreri, M.D.  
18452 State Hwy 13  
Branson West, Mo. 65737  
Office Manager: Vanessa Schrader  
Phone: 417-272-8911  
Fax 417-272-3900

Office Manager: Lisa Wormington  
Phone: 417-269-2264, 417-723-8537  
Fax 417 723-5793

##### Lakes Area Medical Clinic

Dr. T. Laurence Huffman, M.D.  
Jane Stonner, APRN, FNP  
Mitzi J. Huffman, FNP, SANE  
11016 E. St. Hwy 76, Suite 6  
Claybough Plaza Mall  
Branson, West, MO 65737  
Phone: 417-272-0400  
Fax: 417-272-0428

#### **Kimberling City**

##### Skaggs Medical West

Dr. Griffin  
Dr. Schultz  
Linda Climer, N.P.  
Hwy 13  
Kimberling City, MO 65686  
Office Manager: Tonya Barnhart  
Phone: 417-739-2520  
Fax: 417-739-4510

##### St. Johns Family Medicine

Dr. Charles Woodall, D.O.  
Dr. P. L. Geiger, D.O.  
Dee Williams, N.P.  
18598 State Hwy 13 Branson West,  
Mo. 65737  
Phone: 417-272-0400  
Fax 417-272-849

##### Mary's Well House

Dr. Jack Gillispie  
Linda Climer, N.P.  
5136 Hwy 205  
Branson, MO 65616  
Phone: 417-338-0960  
Fax: 417-338-0968

#### **Crane**

##### Crane Medical Center

Dr. Damon Thomas, M.D.  
Jaime Robberson, N.P.  
102 Cortney Lane Crane, Mo. 65633

## 9.2 Stone County Pharmacies (as of 2/01/2010)

### Branson West Wal-Mart

18401 State Hwy 13  
Branson West, MO 65737  
Pharmacist: Dianne Mattix  
Phone: 272-8050  
Fax: 272-8227

### Lakeland Pharmacy

P.O. Box 2248  
18192 State Hwy 13  
Branson West, MO 65737  
Pharmacist: Mike Stewart  
Phone: 272-8064  
Toll Free 877-793-7847

### Family Pharmacy

16585 State Hwy 13  
Branson West, MO 65737  
Pharmacist: Steve Linwedel  
Phone: 417-272-8966  
Fax: 417-739-1706

### Lakeland Pharmacy

104 Cortney Lane  
Crane, MO 65633  
Pharmacist: Cori Dykes  
Phone: 723-5241  
Fax: 723-5228

### Kimberling City Pharmacy

P.O. Box 908  
41 Kimberling City Center Ln  
Kimberling City, MO 65868  
Pharmacist: Rudy Johnson  
Phone: 739-2273 Fax: 739-1706

### Walgreen's Pharmacy

106 Silver Thread Lane  
Branson West, MO 65737  
Pharmacist: Henry Irvin  
Pharmacist: Amanda Decker  
Phone 417-272-1112  
Fax: 417-272-1118

### **9.3 Long-Term Care Facilities (as of 2/01/2010)**

#### Wedge Wood Gardens

17996 State Hwy 13

Reeds Spring, MO 65737

Phone: 272-6666

Administrator: Bill Kenny

Director of Nursing: Marti Kenny

#### Table Rock Health Care

276 Fountain Lane

Kimberling City, MO 65686

Phone: 417-739-2481

Fax: 417-739-4412

Administrator: Todd Whited

Director of Nursing: Dottie Rice

#### Crane Residential Care Home

102 Lillian Ave.

Crane, MO 65633

Phone: 417-723-5900

Fax: 417-723-8559

Administrator: Troy Davidson

#### Ozark Mountain Regional Health Care

509 Meadowlark Lane

Crane, MO 65633

Phone: 417-723-5281

Fax: 417-723-8435

Administrator: Pat Griffitt

## CHAPTER TEN: PUBLIC INFORMATION AND EMERGENCY RISK COMMUNICATION PLAN

### 10.1 Purpose

Instill and maintain public confidence in the public health system and its ability to respond to a public health emergency by providing timely, accurate, consistent and comprehensive information on health, wellness, prevention, safety, survival and recovery, in order to protect public health, calm fears, dispel rumors and misinformation and maintain a sense of order.

### 10.2 Situations and Assumptions

#### A. Situation

1. Stone County could be affected by several types of public health emergencies that would require the dissemination of information and guidance to various audiences.
2. According to the U.S. Census, 1% of Stone County residents either speak English poorly or not at all. The predominant language of these residents is Spanish, translations of public health information and risk communication should be provided in a language and literacy level that is understandable to the audience.

#### B. Assumptions

1. A suspected disease outbreak or public health emergency will generate immediate, intense and sustained public, health care provider, media and policymaker concern, interest and demand for information.
2. Accurate, consistent and comprehensive information must be available immediately to reduce public fear and minimize the spread of rumors, inaccuracies and misinformation.
3. Effective communication requires preparing and disseminating messages and materials in advance of an event to increase public, health care professional, policymaker, media and key partner knowledge and understanding.
4. Communication activities must address the needs of the local public health department, local health care providers, key partner and stakeholder organizations, media and the public.

5. Informational materials and resources should be developed and approved by the Administrator, in advance of an event, whenever possible.
6. An effective public information program will empower individuals to take appropriate actions to help reduce casualties and to slow or stop the spread of disease.
7. Web sites should be used as a central component to manage the influx of information requests and provide updated information to a large audience.
8. Communication efforts with local, regional, state and federal partners should be coordinated whenever possible to provide accurate, timely, consistent and easily accessible information.
9. The media serving Stone County will cooperate with local officials in the dissemination of information to the public.
10. A public health emergency may result in national and international media coverage by media who are not familiar with Stone County or their media relation policies.
11. State and federal officials may be on-site to offer assistance and guidance. The Stone County Health Department (SCHD) Lead Health PIO will maintain jurisdictional control concerning local PIO activities.
12. When more than one agency PIO becomes involved in the response, a Local Joint Information Center (LJIC) will be established to coordinate the release of public information and risk communication.

### **10.3 Concept of Operations**

#### **A. General**

This plan will be implemented whenever deemed necessary by the Administrator or the Board of Trustees of the Stone County Health Department.

2. The Stone County Health Department PIO will operate as Lead Health PIO.
3. The Lead Health PIO will work with Lead PIOs from local public health agencies in Region D, the Missouri Department of Health and Senior Services (DHSS), local agencies and neighboring jurisdictions.
4. In order for the Stone County jurisdiction to speak with one voice, keep messages consistent, control dissemination of information and appear unified before the public, all health public information or emergency risk communication will originate from or be approved by the Lead Health PIO and the Administrator, in accordance with SCHD information release guidelines [Appendix AA].

5. Only approved information will be considered official, and the media will be so informed.
6. Any person, department or agency releasing information to the public of their own volition will bear the responsibility for any repercussions.
7. Public information and emergency risk communication will be managed out of a Local Joint Information Center (LJIC), where PIOs from various agencies will work together to collect, assemble and disseminate information to the media, the general public and other audiences.
8. Staff at the LJIC will coordinate with the Lead Health PIO, who will brief the Administrator.
9. Information will be disseminated via the media, the Internet, public access television, telephone hotlines and other means as necessary, in accordance with SCHD information release guidelines.

#### **10.4 Organization and Assignment of Responsibilities**

##### **A. Administrator**

- Serves as primary spokesperson before media.
- Gives final approval to release of all information.
- Designates location for media briefings and JIC.
- Approves implementation of any special provisions for media convergence.
- Briefs peers and Local Emergency Operation Center (LEOC) staff.

##### **B. Public Information Specialist (Lead Health PIO)**

- Manages all aspects of public information and emergency risk communication on behalf of the Administrator.
- Assumes public information and emergency risk communication functions delegated by the Administrator.
- Ensures timely preparation of public information and emergency risk communication and its dissemination.
- Ensures that the public is able to obtain additional information and provide feedback.
- Ensures gathering of necessary information and timely preparation of news releases.
- Knows incident-specific policy, science and situation.
- Works with subject matter experts (SME) to ensure accuracy of information.
- Ensures that public information and emergency risk communication principles are employed in all contact with media, public and partner information release efforts.

- Coordinates with Regional PIO to gather, assemble and dispense materials and messages for public education, warning, emergency risk communication and recovery [Appendix D]
  - Provides updates to the Administrator, LEOC, LPHA PIOs and others as deemed appropriate.
  - Advises Administrator regarding information to be released, based on the organization's role in the response.
  - Supports department spokespersons.
  - Briefs public affairs officers traveling to the incident site.
  - On request, arranges for tours of the event site for visiting dignitaries, politicians and officials.
  - Assesses media needs, triages them and oversees response to meet those needs.
  - Schedules news conferences, interviews and other media access.
  - Represents the SCHED in the Local Joint Information Center.
  - Assigns print and broadcast monitors to review all media reports for accuracy.
  - Coordinates rumor control activities.
  - Maintains a chronological record of disaster events pertinent to public health.
  - Works with County Emergency Management Director to release messages.
  - Works with foreign language translators and special needs groups' liaisons to ensure messages are understandable and culturally appropriate for the intended audience.
  - Cooperates in public education and emergency risk communication efforts.
  - Provides leadership to the Stone County Health Department (SCHED) Risk Communication Team
  - Ensures communication with SCHED staff, area PIOs and other key partners.
  - Provides public health messages and information to the Public Information Call Center staff.
  - Acts as liaison between Stone County and community health care PIOs including pharmacies, physician clinics, home health, and long-term care facilities.
- C. Stone County Emergency Management Director (SCEMD)
- Advises Administrator when to disseminate emergency instructions to the public.
  - Assists the Lead Health PIO with news releases and rumor control.
  - Assists Lead Health PIO with disseminating emergency risk communication messages through various radio emergency frequencies including fire, law enforcement, National Oceanic and Atmospheric Administration (NOAA) and the local HAM Operators.

#### Responsibilities of the Lead Health PIO

- Mitigation
- Identify and increase public, health care professional, policymaker, media and key partner knowledge, understanding and beliefs related to public health emergencies.

- Identify bioterrorist agents and other public health threats and develop messages and materials that address the public's needs, knowledge gaps and interests related to these agents and threats. [Refer to Issues Book]
- Coordinate with PIOs from other agencies to gather, assemble and dispense materials and messages for public education, warning, emergency risk communication and recovery.
- Identify the principal means by which public information and emergency risk communication will be disseminated during a public health emergency.
- Health Alert Network (HAN) allows health information to be quickly disseminated to a large group or groups of contacts via fax or email
- Health Status Alert System (HSAS) uses a simple three-color coding system to alert the public to the current health status in Stone County. It disseminates information on health issues, threats, situations or emergencies via public service announcements, news stories, and other means, such as:
  1. local newspapers, inserts, fliers,
  2. marquee signs at churches, banks, school and hotels
  3. radio station KRZK
  4. Kimberling city and Crane community emergency TV stations
  5. Website
- Media Coverage
  1. Identify areas of media coverage in order to ensure entire community has ability to receive media messages.
- Community networking for special needs individuals and isolated groups through liaisons.
  1. Specific messages for non-English speaking groups
  2. Specific messages for the home-bound, elderly, visually impaired, Deaf or hard-of-hearing, disabled, illiterate or other special needs individuals
  3. Specific messages for tourists and transients
  4. Specific messages for isolated populations
- Back-up message dissemination procedures
  1. Depending on the public health emergency, public information and risk communication efforts may be hampered due to loss of phone lines, loss of electricity, blocked streets or destruction of buildings. In such an event, backup emergency risk communication dissemination procedures will be utilized, including ham radio, insert fliers in local newspapers and bags at local grocery stores, marquee signs, and other means as available.
- Describe the audience to which information will be disseminated during a public health emergency.
  1. Public at risk (those directly affected by the emergency)
  2. Stone County Health Department employees
  3. Health care partners
  4. Policymakers
  5. Key partners and stakeholders
  6. Media

7. General public
  8. Special needs groups
    - i. Non-English speaking
    - ii. Illiterate
    - iii. Visually impaired
    - iv. Deaf or hard-of-hearing
    - v. Home-bound or disabled
    - vi. Elderly
    - vii. Isolated populations
    - viii. Residents of long-term care facilities
    - ix. Caretakers in schools or day-care centers
    - x. Tourists
    - xi. Transients
- Identify the level of public preparedness preceding a public health emergency.
    1. Hold community forums on bioterrorism preparedness in order to identify the public's level of understanding and preparedness preceding a bioterrorist event or other public health emergency and to provide information and literature to better inform and prepare them.
    2. Create fact sheets on bioterrorist agents and other public health threats and make them available at the health department and on the department's website.
    3. Develop materials to inform families on preparations they need to make, as well as what local public health authorities are doing to prepare the community for a bioterrorist event or other public health emergency. Make materials available at the health department and on the department's website. Distribute materials to community organizations, groups and individuals.
    4. Create and maintain a bioterrorism preparedness page on website with comprehensive, concise and timely information for the public.
    5. Publicize locations for Point of Dispensing (POD) sites in case medical countermeasure is necessary.
  - Help prepare and establish appropriate public, health care professional, policymaker, media and key partner responses to a bioterrorist event or other public health emergency
    1. Identify how the public health system will respond.
    2. Describe the roles and responsibilities of the different sectors involved.
    3. Develop reasonable expectations regarding the scope and effects of public health actions.
    4. Create key messages and talking points.
    5. Emphasize the importance of message accuracy, timeliness and consistency.
  - Establish protocols to communicate specific data that would need to be reported daily or more frequently after a confirmed bioterrorist event or other public health emergency.

- Develop ties to media in and around Stone County and keep a current list of names and contact numbers.
- Develop relationships with key partners and become familiar with their policies and emergency plans. Keep a current list of contact information.
- Compile contact information on legislators and special interest groups.

#### Immediately Pre-Event

1. Verify information with appropriate official and collaborate with Regional PIO.
  2. Issue information to physicians, stakeholders and partners via fax, email or phone.
  3. Coordinate with key partners to determine status of plans and timing of actions.
  4. Review incident-specific policy, science and situation.
  5. Issue specific, follow-up information via website, radio frequencies, fax, or phone contacts
  6. Describe hazard.
  7. Identify estimated risk area and time of impact.
  8. List health, property and animal protection measures.
  9. Describe shelter-in-place or evacuation instructions if appropriate.
  10. Describe how additional information will be relayed to the public.
  11. Provide telephone numbers, Web site addresses and other resources for specific inquiries.
- Issue press releases and statements to media as necessary.
  - Triage media inquiries and ensure they are addressed appropriately.
  - Monitor media messages.

#### Response

- Activate full-scale communication activities initially focused on the dissemination of emergency risk communication to stakeholders.
  1. Press releases / media briefings should provide the known facts of the incident, actions being taken by the health department and public guidance and resources.
  2. Prepare for media convergence. Implement media accountability and credentialing system.
  3. Implement call-in of support staff.
  4. Provide timely, accurate and comprehensive information as the incident progresses to dissuade the public from overloading a jurisdiction's communication network, transportation and staff in their quest for additional, updated information.
- Deploy PIO staff to the incident site and the LEOC.
- Activate the LJIC or provide a liaison to serve as a member.
- Prepare and support spokespersons.
- Log all media interviews and review for misinformation.
- Contact key local, state and federal government agency partners.

- Provide local officials with information and materials that will enable them to respond to the public.
- Coordinate briefings with the Administrator with frequency based on situation.
- Log all calls to phone bank in order to manage rumor control.
- Issue informational updates as quickly as possible to dispel rumors and correct misinformation or misperceptions.
- Work with the Stone County Emergency Management Director to establish phone bank. Provide scripted information and approved messages to phone bank and collect call log from them in order to address rumors.
- Expand emergency risk communication outside the risk area to the general public who are seeking information or expressing a desire to help.
- Implement daily routines for informing and responding to health care providers, policymakers and key partner inquiries.
- Schedule press conferences as needed to respond to media and public inquiries and provide the latest information.
- Monitor media messages and correct misinformation quickly.
- Maintain chronology of events.

#### Recovery

- Provide timely, accurate and comprehensive information including facts on the current situation, what actions are being performed by the SCHD, and guidance and resources for the public.
- Issue informational updates as needed to the public to dispel rumors and correct misinformation or misperceptions.
- Implement routines for informing and responding to health care provider, policymaker and key partner inquiries.
- Schedule press conferences as appropriate to respond to media and public inquiries, providing the latest information.

#### **10.5 Direction and Control**

- Release of public information or risk communication will be under the control of the Lead Health PIO with approval from the Administrator.
- The Lead Health PIO is a member of the LEOC staff.

#### **10.6 Continuity of Government**

- PIO
  1. The Public Health Information Specialist will act as the Lead Health PIO.
  2. If the Public Health Information Specialist is not able to perform the duties of the Lead Health PIO, the designated back-up PIO will assume that role.
  3. If the back-up PIO is unable to fill the role, the Administrator will appoint a Lead Health PIO.
- Spokesperson
  1. The Administrator will act as the primary spokesperson.*I*.

2. In the absence of the Administrator, the PIO will assume the role of primary spokesperson.
3. In the absence of the PIO, the SNS Assistant Manager and/or PIO back-up will assume the role of primary spokesperson.

### **10.7 Administration and Logistics**

#### ➤ Administration

1. The Lead Health PIO will maintain a log and a chronological file of all press releases sent during the public health emergency.
2. The Lead Health PIO or designee will maintain a chronological log of all events during the public health emergency.
3. The Lead Health PIO will maintain a log of all media requests, interviews, and coverage during the public health emergency

### **10.8 Plan Development and Maintenance**

The Lead Health PIO will be responsible for maintaining this plan in its entirety. The PIO will revise the plan and update attachments as necessary, but no less than once a year. The PIO will also ensure Standard Operating Guidelines (SOG) and other supporting documents are developed as needed.

## CHAPTER ELEVEN: TRAINING, EXERCISE, AND EVALUATION

This plan is designed to ensure that volunteers and staff who work with SNS, or who work at the POD site are trained and prepared to order, receive, and dispense SNS medication and vaccine in an emergency. Each exercise or training session will contribute to individual learning and readiness. Such training will also direct any appropriate changes as determined by evaluation and corrective action planning; After Action Reports will be maintained in the SCHD. The reports will be presented upon request to the DHSS. The SCHD Emergency Response Planner will be responsible to update the SNS plan based on the findings noted in the After Action Report.

### **11.1 SNS Training Functions:**

A. Command and Control – This function is intended to give SCHD staff and volunteers an understanding of command and control based on the National Incident Management System (NIMS). All SCHD staff is certified in NIMS 100 and 200. Three staff has been certified in NIMS 100, 200, 300, 400, 700, and 800.

B. Requesting the SNS – The decision to deploy the SNS is a collaborative effort between local, state, and federal officials. SCHD staff participates in the scheduled DHSS MOHSAIC exercises.

C. The Point of Dispensing (POD) Site – Testing through exercise will determine the capability of the site to fulfill its mission of dispensing medication efficiently and timely. Each POD site will be tested through either a functional or full-scale exercise.

D. Dispensing – Exercise plans for a functional or full-scale exercise will train SCHD nurses and volunteers to efficiently dispense medication. SCHD staff participated in a full-scale state sponsored exercise in June 2006 located in Taney County. SCHD nurses participated by dispensing medication during the exercise.

E. Security – Training and exercises evaluate the ability of Stone County law enforcement to provide proper security at the POD site. Stone County law enforcement agencies, both county and city, will participate in tabletop, functional, and full-scale exercises.

D. Communications – This function is broad and covers multiple definitions of communications that include: radio equipment; risk/health communications; public information; tactical communications and communications procedures. During functional and full-scale exercises radio equipment designated for the POD will be tested. The SCEMD routinely tests county communication equipment.

The SCHD PIO, in collaboration with the Regional PIO, will participate in DHSS public information exercises. The core team members will be trained through the incident command system to: 1. Ensure they are equipped with and trained on the communications equipment they would use in an actual event 2. Ensure that personnel are trained, familiar with and exercised in their respective roles under the SCHD SNS plan.

Kim King, the SCHD Health Educator and designated PIO attended the CDC PIO training at Anniston, GA. On several occasions, Ms. King has been asked to serve as the designated alternate for Jaci McReynolds, Springfield/Greene Public Health Department Region D PIO.

### **11.2 Emergency Response Planner (Angela Ford, Administrator):**

The Emergency Response Planner, in collaboration with the SCEMD, will be responsible for the following:

- A. The overall design and development of training for volunteers and staff working with the SNS;
- B. Design training and exercises based on the SNS plan and job descriptions;
- C. Develop and update an SNS job description manual so all volunteers and staff will be aware of roles and responsibilities for SNS duties;
- D. Define exercise objectives with the SCEMD; and
- E. Schedule exercises that will be incrementally and progressively toward difficult and complicated exercises. Exercises will start with orientations, tabletops, and drills and then move toward functional and full-scale exercises.

### **11.3 Exercise Evaluation:**

The Emergency Response Planner will prepare and coordinate After Action Reviews and Reports based on exercise evaluation. The After Action Report format shall contain:

- A. Exercise Overview: The exercise overview will include background information on the exercise, participating agencies, dates and location, exercise type, overview of the scenario and a description of the evaluation process.
- B. Exercise goals and objectives
- C. Analysis of mission outcomes, including an analysis of the capability to perform outcomes related to exercise scenario. Analysis would provide an assessment of the capacity to perform critical tasks related to the mission outcome.
- D. The specific task, responsibility, policy or procedure which is part of the exercise evaluation and any required correction.
- E. A brief description of the issue, both positive and negative, from the objectives and evaluation
- F. Description of the anticipated effect of the issue on the ability to respond as expected
- G. Analysis that will describe whether the SCHD and all entities involved have the plans, policies, procedures, trained personnel, equipment and agreements needed to perform the required task
- H. Recommendations that describes what can be done to resolve the issue (for example – changes in plans, procedures, organizational structures, training, equipment, personnel or equipment)
- I. Improvement Actions/Corrective Action Plans will describe what specific actions the SCHD will undertake to address the recommendation, what person is responsible for addressing the recommendation, and when the action will be implemented.

## Plan Revisions

DATE OF REVIEW	REVIEWER	REVISIONS MADE
01-31-2010	Angela Ford	Physician/Pharmacy List
07-06-2011	Angela Ford	Medical Countermeasure