

November 2010

MASS PROPHYLAXIS AND VACCINATION HANDBOOK

This handbook is designed to assist the Benton County Health Department establish mass prophylaxis clinics. This handbook covers information in more detail than the Benton County Health Department Emergency Operations Plan.

It is broken into 2 sections; distribution of medications from the Strategic National Stockpiles 12-Hour Push Package/Managed Inventory and mass vaccinations for smallpox or pandemic influenza. This book will be part of the SNS “go-kit”.

MASS PROPHYLAXIS PROCEDURES

During an event with an unidentified agent, the Administrator, BCHD in coordination with the Infection Control Physician, Bothwell Regional Health Center (827-9582) and the Benton County Emergency Management Agency (438-8412) will confer with Department of Health and Senior Services/Center for Emergency Response and Terrorism (DHSS/CERT) on the need for the deployment of the SNS. The DHSS will confer with SEMA to determine the need for the SNS and if necessary make a request to the Governor. Once the Governor approves, the request will be forwarded to the CDC.

The determination for the SNS will be based on epidemiological data provided by the Epidemiology Specialist. During a “worst case” large amounts of material from the SNS would be available. A “worst case” is when the release took place in Benton County. A “worst case” scenario may also include mass vaccinations for either smallpox or pandemic influenza, where it is presumed the entire population will be vaccinated.

During an event in our region, the Epi Specialist will be required to make reports to the DHSS /Department Situation Room (DHSS/DSR) (800-392-0272). These reports will be transmitted over MOSAIC, DHSS will then determine how much if any, items from the push package will be available.

Benton County Health Department’s Public Health Administrative Assistant will then request SNS via Mohsiac with the Epi Specialist and Home Health Administrative Assistant as back up. The above personnel will also use Mohsaic to re-supply. If the event is in our area, residents of Benton County may be affected. If the SNS is deployed, it will be delivered to Kansas City. If Benton County is in the attack area, it will be required for us to pick up our portion. Dependent on the event, we may pick up our portion at either the Kansas City Receiving, Staging and Storage (RSS) site or the Area Distribution Site in Jefferson City. The directions to the site will be received from the DHSS/DSR. Once we have approval, contact the Benton County Emergency Management Director at 438-8412, if after normal working hours, this number is transferred to the Benton County 911 Center who will in turn contact the EMD. If the event is large enough to involve Pettis County, then the Sedalia/Pettis County EMD has an emergency contract with Ditzfeld Transfer Inc, (826-2992). Ditzfeld Transfer has agreed to dispatch a tractor-trailer to the pick-up point. BCHD can then arrange for its portion to be picked up at the Mathewson Exhibition Center, on the Fair Grounds in Sedalia, Pettis County. The SNS will then be transported to Benton County Health Department with the security provided by Benton County Sheriff’s Department, and other area City Police Departments.

Smallpox vaccine will be delivered to the state and then allotted to the counties. As pandemic influenza vaccine becomes available it will also be allotted to the counties.

If the event only involves Benton County, the Benton County Emergency Management Agency, in coordination with the Benton County Health Department and the Benton County Sheriff’s Department will arrange for pick-up at the RSS or Area Distribution

site. The Benton County Health Department, Pettis County Health Center and the Johnson County Community Health Services have a Memorandum of Agreement to assist each other during emergencies.

During the interim stages where the 12 Hour Push Package is being deployed, a decision will be made by the DHSS/CERT as to the appropriate medications to be distributed. Listed below are the pharmacies in Benton County who may be able to dispense the needed antibiotics. The antibiotics will only be dispensed from these pharmacies under strict medical protocols for each patient. If possible, medication received from local pharmacies will be used to treat first responders and their family members.

PHARMACY	PHONE	ADDRESS	TYPE	QUANTITY AVAILABLE
Cole Camp Pharmacy	668-4646	Main Street Cole Camp		
J & D Truecare	438-7331	Jct 7 & Commercial Warsaw		
Boring Drug	438-5162	161 West Main Warsaw		
Wal-Mart	438-7394	103 W Polk Warsaw		

The main Dispensing Site for Benton County is the Benton County Health Department at 1238 Commercial Street in Warsaw and the Trinity Lutheran Church, Cole Camp. The Benton County Health Department will be assisted in operating the Dispensing sites by:

- Benton County Emergency Management Agency (438-8412)
- Pettis County Health Center (MAA) (660-827-1130) if localized
- Johnson County Community Health Services (MAA) (660-747-6121) if localized
- Warsaw Police Department (security transport/DS) (438-5262)(Have MOU)
- Lincoln Police Department (security transport/DS) (Have MOU)
- Cole Camp Police Department (security transport/DS)
- Benton County Sheriff's Department (security transport/DS) (Have MOA) (438-5252)
- Bothwell Regional Health Center,(closed DS) (827-9509) Director of Plant Services, Safety and Security/Truman Lake Clinic (438-6800)
- Golden Valley Memorial/Warsaw (438-7351) (Have MOU)
- Bothwell Regional Health Clinic Warsaw/Cole Camp(438-6800) (668-4411)
- Katy Trail Community Health Warsaw (438-2717)(Have MOU)

The administrative support section of the Benton County Health Department will contact the preceding organizations. In the event that the SNS is deployed, the Benton County Health Department Administrator will notify staff by using the existing employee call down roster, notifying staff where they are scheduled to meet for further instructions.

The following forms must be submitted to the DHSS/DSR for request of the 12-Hour Push package from the CDC:

- Number of individuals treated before local resources were exhausted _____
- Number of local first responders (and their families) treated _____
- Number of individuals currently showing symptoms or ill _____
- Projected needs considering the population, including transients, and possible number infected versus non-infected individuals _____
- Number of current casualties _____
- Location of dispensing sites. Warsaw; Benton County Health Department, Cole Camp; Trinity Lutheran Church
- Name and location of hospitals involved in the event; Bothwell Regional Health Center and Golden Valley Memorial Hospital.
- Hospital capacity at the time of the event, including ICU beds and ventilator needs
- Local resources identified, including pharmacy distributors, oxygen availability other nearby hospitals, transport capacity, and local alternative care centers.
- Security measures at the dispensing site.
- Copy of signed physician orders. **See page 33**



BENTON COUNTY HEALTH DEPARTMENT

PO Box 935

Warsaw, Missouri 65355

(660) 438-2876 Fax (660) 438-5746

Missouri Department of Health and Senior Services
Center for Emergency Response and Terrorism
912 Wildwood
Jefferson City, MO 65102
FAX: (573) 522-8636

I _____ hereby request the deployment of the SNS
(Presiding Commissioner)
to Benton County.

The following materials are requested:

_____ Doxycycline

_____ Ciprofloxacin

_____ Other

_____ Other

Arrangements have been made to receive Benton County's portion at the Receiving
Staging and Storage Site or the Area Distribution Site.

This letter is a follow-up request based on the phone conversation
with _____ on _____ at _____.
(Date) (Time)

Signature of Benton County Presiding Commissioner

In the pages that follow, will be position descriptions and Job Action Sheets for each position in the Dispensing Site. Command positions (Clinic Manager, Nurse Coordinator, Logistic Coordinator, Security Coordinator and staff, and Special Services Coordinator) are located in the next pages. All other supervisor and worker job action sheets can be found with the information for each particular area. All clinic workers must be able to receive prophylaxis or vaccinations. If potential workers have contraindications to any antibiotics or vaccines, they may not work in the clinic.

SNS Coordinator.....Linda Viebrock
Back Up SNS Coordinator.....Tammy Lawler

Administrator, Linda Viebrock

Health Department Phone660-438-2876

Home Phone660-438-5135

Cell Phone660-221-8048

Public Health Administrative Assistant, Tammy Lawler

Health Department Phone660-438-2876

Home Phone660-438-7252

Cell Phone660-723-0657

Mass Prophylaxis Dispensing Site

Position	Duties/Tasks	Supervises	Supervised By
SNS Coordinator Clinic Manager (BCHD, Administrator) Page 10	<ul style="list-style-type: none"> • Overall responsibility for site • Oversees site set-up and operations • Ensures Adequate staff levels are maintained • Maintains internal and external communications • See Managers checklist 	Nurse Coord Volunteer Coord Security Coord Logistics Coord Special Services Coord	(backed up by Assistant administrative staff)
Nurse Coordinator (BCHD, Director of Nursing) Jo Heimsoth 660-668-3770 660-221-9979 Page 12	<ul style="list-style-type: none"> • Oversees all nursing staff assigned to the clinic • Assists on-duty nurses as needed • See Nurse Coordinators checklist 	All Clinic Nursing Staff	Clinic Manager
Volunteer Coordinator (BCHD, Hospice Assistant Administrator) Debbie Joy 660-694-3626 660-351-2765 Page 14	<ul style="list-style-type: none"> • Oversees volunteers (private and agency). • Maintains roster of persons available for volunteer duty and schedule of time. 	All volunteers, except medical volunteers assigned to Nurse Coord.	Clinic Manager
Security / Safety Coordinator (BCHD, EPHS) Tracy Rank 660-547-3977 660-287-7306 Page 18	<ul style="list-style-type: none"> • Determines appropriate number of security staff • Coordinates with local law enforcement • Oversees security workers (does not include law enforcement) • Maintains list of authorized staff • Establishes sign-in and out procedures • Assures security of medications/vaccines 	Security workers (does not include law enforcement)	Clinic Manager
Inventory Management Coordinator (Vital Records, BCHD) Tammy Lawler 660-438-7252 660-723-0657 Page 20	<ul style="list-style-type: none"> • Ensures availability/distributes needed supplies • Tracks medication/vaccine lot numbers • Ensures proper storage of medications/vaccines • Re-supplies dispensing stations 	All Logistics workers	Clinic Manager
Special Services (Various Organizations) BRHC/ Warsaw 660-438-6800 GVMH/ Warsaw 660-438-5193 Page 22	<ul style="list-style-type: none"> • Provide clinic services to people who cannot process through the normal clinic. • Operates as a mini-clinic 	Personnel working in the Special Services Area	Clinic Manager
Greeting/Triage HH Assistant Administrator Gloria Smith 660-547-2871 660-221-5935	<ul style="list-style-type: none"> • Assesses patients for symptoms of disease. • Directs special needs patients to appropriate area. • Directs patients to registration or health educations 	All greeting/triage workers	Nurse Coordinator

Position	Duties/Tasks	Supervises	Supervised By
Registration (Clerical Staff, Volunteer) Gladys Pierce 660-547-3412 660-723-9492	<ul style="list-style-type: none"> Distributes and assists with completion of forms specific to the disease of concern. Direct patients to health education if necessary Assist Greeting/Triage workers if required. 	All registration workers	Volunteer Coordinator
Health Educator (WIC Coordinator) Linda Daniels 660-998-6545 660-723-3562 Page 15	<ul style="list-style-type: none"> Distributes informational materials on medications, and disease treatment Ensures smallpox video is on loop at operational Answers health questions 	All health educators	Volunteer Coordinator
Medical Screener (BCHD, nurses) Contacted by existing call down list	<ul style="list-style-type: none"> Review info on patient forms Determine appropriate medication needs Completes form on proper dosage instructions 	All medical screeners	Nurse Coordinator
Medication Dispenser/Vaccinators (BCHD, Assistant Director of Nursing) Tammie Heimsoth 66-668-4670 660-221-4928	<ul style="list-style-type: none"> Distributes medications Provides vaccinations Reviews dosing instructions if required 	All medications dispensers/Vaccinators	Nurse Coordinator
Final Review/Exit BCHD clerical staff, volunteers Contacted by existing call down list	<ul style="list-style-type: none"> Answers questions on medication/vaccines Collects forms for data management 	All Final Review/Exit workers	Nurse Coordinator
Medical Evaluation (GVMH) 660-438-5193 (Have MOU) (BRHC) 660-438-6800	<ul style="list-style-type: none"> Examines all patients referred to the Medical Evaluation Area Refers patients to the hospital if necessary. If deemed illness is not related to event, treat with appropriate medication 	All medical evaluation area workers	Bothwell Regional Health Center
Data Management (BCHD Front Desk) Erica Crawford 660-723-9533	<ul style="list-style-type: none"> Collect forms from Final Review/Exit area. Enter information into supplied database. 	All Data Entry Personnel	Volunteer Coordinator
Translators (Volunteer)	<ul style="list-style-type: none"> Provide translation services 	All Translators	Volunteer Coordinator
Traffic Flow (WIC Clerk) Contacted by existing call down list	<ul style="list-style-type: none"> Ensure smooth flow of people through clinic 	All Traffic Flow workers	Volunteer Coordinator
Tactical Communications / IT Tammy Lawler 660-4387252 660-723-0657	<ul style="list-style-type: none"> IT technician and Communications Support 	Radio Disbursements	Clinic Manager
Contact Evaluation (Smallpox Only) (EPI Specialist) Cathy Chance 660-221-7848	<ul style="list-style-type: none"> Evaluates potential smallpox contacts in separate facility 	All Contact Evaluation Area workers	Clinic Manager

BCHD MASS PROPHYLAXIS JOB ACTION SHEET

CLINIC MANAGER

QUALIFICATIONS:

- Benton County Health Department Employee (Administrator, BCHD)
- NIMS/ICS Certified – IS –100, IS – 200, IS - 700
- Received all required prophylaxis/vaccinations

REPORT TO: Administrator, Benton County Health Department

JOB ACTIONS:

- Assures adequate staffing for Clinic Dispensing Site
- Oversee all clinic functions/problem solving
- Assures clinic staff log in rosters are complete and accurate.
- Assures all clinic staff have received the appropriate Job Action Sheet and completed training for specific job function.
- Assures all clinic staff have received instructions on confidentiality and have signed the confidentiality statement (Confidential Records and Information) on page 34
- Assures all medications/vaccines are properly stored and accounted for.
- Assures all expenditures and losses/damage is carefully tracked
- Assures all patient records are collected and secured.

DUTY CHECKLIST:

- ☐ Sign in and assume responsibility for clinic operation
- ☐ Obtain vest and radio from outgoing Clinic Manager
- ☐ Obtain shift change briefing from outgoing/oncoming Clinic Manager
- ☐ Brief on coming Coordinators
- ☐ Ensure correct protocols are being followed for required prophylaxis, i.e. anthrax, smallpox, plague, pandemic influenza etc..
- ☐ Make periodic walk through of the clinic, provide assistance as necessary.
- ☐ Approve all outgoing Public Information. See Public Information Guidebook located in the command section of the clinic.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
MENTAL HEALTH COUNSELOR
FLOATS THROUGH OUT THE DISPENSING CLINIC

QUALIFICATIONS:

- Counseling experience preferred (Mental Health Workers, School Counselor, or Clergy)
- Received all required prophylaxis/vaccinations

REPORT TO: Clinic Manager

JOB ACTIONS:

- Familiarize self with location of all areas and stations of clinic site.
- Float in clinic area to monitor mental health needs of staff and recipients.
- Occasionally visit the Final Review/Exit Station and monitor recipients
- Provide mental health services for recipients and clinic staff as needed.
- Monitor Dispensing Site staff and recipients for fatigue or stress.
- Assist recipients with questions, concerns and fears.
- Direct recipients to other clinic areas as needed.
- Floater will monitor recipients waiting in line outside and inside clinic for fatigue and stress
- Notify Clinic Manager as needed for concerns.

DUTY CHECKLIST:

- ☐ Sign in and report to Clinic Manager
- ☐ Monitor assigned area
- ☐ Wear appropriate vest .
- ☐ Observe recipients and clinic staff for signs and symptoms of distress.
- ☐ Provide comfort with appropriate intervention.
- ☐ Monitor the clinic environment and alert Clinic Manager and Security staff of concerns that could result in potential violent situations.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET

NURSE COORDINATOR

QUALIFICATIONS:

- Benton County Health Department Employee (BCHD, Director of Nursing)
- Licensed Health Care Professional, Registered Nurse Minimum
- NIMS/ICS Certified – IS-100, IS – 200, IS-700
- Received all required prophylaxis/vaccinations

REPORT TO: Clinic Manager

JOB ACTIONS:

- Supervise all clinic nurses
- Anticipate nursing staff needs and assist as necessary
- Obtain necessary nursing supplies from Logistics Coordinator
- Assures all clinic nurses have received Job Action sheets and completed training for specific job function
- Maintain communications with the Clinic Manager.
- Assures all clinic nurses have received instructions on confidentiality and have signed a confidentiality statement. See page 34
- Assures protocols have been developed and signed.
- Assures nurses understand and follow all standing orders and protocols.
- Provide training and assistance as required.

DUTY CHECKLIST:

- ☐ Sign in and assume responsibility for clinic nurses
- ☐ Obtain vest and radio from outgoing Nurse Coordinator
- ☐ Obtain shift change briefing from outgoing/oncoming Nurse Coordinator
- ☐ Brief oncoming nursing section chiefs on current situation
- ☐ Ensure correct protocols are being followed for the required prophylaxis, i.e. anthrax, smallpox, plague, pandemic influenza, etc.
- ☐ Make sure adequate nursing supplies are available
- ☐ Make periodic walk through of the clinic and provide assistance as necessary
- ☐ Assure that portable first aid station is stocked appropriately and available at nursing stations.
- ☐ Provide training as necessary

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
EMERGENCY MEDICAL/EMS

QUALIFICATIONS:

- EMT, Paramedic
- Review Job Action Sheet, receive briefing from Nurse Coordinator
- Required prophylaxis

REPORT TO: Nurse Coordinator

JOB ACTIONS:

- Provide first aid for recipients and clinic staff within scope of licensure
- Transport ill/injured.
- Use universal precautions to prevent exposure to blood borne pathogens
- Maintain record of emergency care given.

DUTY CHECKLIST:

- ☐ Report to Clinic Manager
- ☐ Sign Staff Duty Roster
- ☐ Wear ID badge and proper uniform at all times
- ☐ Log all care on Clinic Site Emergency Care Log.
- ☐ Ensure documentation accompanies the patient to the emergency room
- ☐ Complete incident report at the time of occurrence
- ☐ Immediately report any blood borne pathogen exposure to the Clinic Manager and complete an incident report

BCHD MASS PROPHYLAXIS JOB ACTION SHEET

VOLUNTEER COORDINATOR

QUALIFICATIONS:

- Non-medical
- Benton County Health Department Employee (BCHD, Office Manager)
- NIMS/ICS Certified, IS – 100, IS – 200, IS - 700
- Received all required prophylaxis/vaccinations

REPORT TO: Clinic Manager

JOB ACTIONS:

- Assures adequate staffing of volunteers for the clinic.
- Assure volunteers have logged in.
- Obtain necessary supplies from Logistics Coordinator.
- Maintain open communication with the Clinic Manager.
- Assures volunteer's have received Job Action sheets and completed training for specific job function
- Assures volunteer's have received instructions on confidentiality and have signed a confidentiality statement. See page 34
- Assigns volunteer's for each workstation of Greeting/Triage, Medical Screening, Medical Distribution, and Exit/Final Interview to help train and answer questions.
- Assures all expenditures and loss/damage related to volunteer's is carefully tracked.
- Maintains Badging process used to identify volunteers and staff. (Benton County Health Department and Benton County Emergency Management own and will develop Badges for proper identification as needed during an event.)
- Badging will include name, role, venue, and access.

DUTY CHECKLIST:

- ☐ Sign in and assume responsibility for volunteer's
- ☐ Obtain vests and radio from outgoing Volunteer Coordinator
- ☐ Obtain shift change briefing from outgoing Volunteer Coordinator
- ☐ Ensure assigned volunteers are qualified for the job. (if necessary coordinate licensing requirements with Bothwell Regional Health Center, if medically licensed in Missouri, they be can be checked at <http://pr.mo.gov/>
- ☐ Make periodic walk through of the clinic and assist as necessary
- ☐ Maintain contact with Clinic Manager and other Coordinators.
- ☐ Provide training for station staff members to their job action sheet as needed.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
HEALTH EDUCATOR

QUALIFICATIONS:

- Benton County Health Department Employee (WIC Coordinator)
- Received all required prophylaxis/vaccinations

REPORT TO: Volunteer Coordinator

JOB ACTIONS:

- Provide education to clients requesting more information about prophylaxis/vaccines
- Operate DVD/video equipment
- Provide education on disease being treated
- Direct clients to areas where more information is available.

DUTY CHECKLIST:

- ☐ Sign in and report to Volunteer Coordinator.
- ☐ Obtain vest
- ☐ Ensure prophylaxis/vaccine information handouts are current
- ☐ Ensure disease information handouts are current
- ☐ Ensure DVD/video equipment is operational and current information is being shown

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
DATA MANAGEMNT

QUALIFICATION:

- Non-medical (BCHD Desk Clerks)
- Capable of using MOHSIS Data Base
- Received all required prophylaxis/vaccinations

REPORT TO: Volunteer Coordinator

JOB ACTIONS:

- Enter information from collected forms into appropriate data base
- Assist with printing of forms and medication labels as needed.
- Answer telephones as needed
- Assist with form collecting if needed.

DUTY CHECKLIST:

- ☐ Sign in and report to Volunteer Coordinator.
- ☐ Sign Staff Duty Roster.
- ☐ Wear staff ID badge and vest at all times.
- ☐ Answer telephones. **Take caution not to answer any medical questions or give media interviews. Limit information given about clinic location, hours of operation, and approximate wait time.**
- ☐ Make rounds of clinic stations frequently to provide assistance and deliver supplies as needed.
- ☐ Report to oncoming Floater/Support Staff
- ☐ Sign off/report to Support Staff Coordinator.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
TRAFFIC FLOW

QUALIFICATIONS:

- Non-medical
- Review Job Action Sheet, receive briefing from Support Staff Coordinator
- Required vaccine/prophylaxis

REPORT TO: Support Staff Coordinator

JOB ACTIONS:

- Maintain traffic control inside clinic.
- Assist with handicapped and elderly.

DUTY CHECKLIST:

- ☐ Report to Support Staff Coordinator
- ☐ Sign staff duty roster.
- ☐ Obtain ID Badge and vest
- ☐ Wear ID badge and vest at all times.
- ☐ Patrol clinic area frequently to make sure all clinic flow signs and clinic station signs are in place and replace as necessary.
- ☐ Direct participants as necessary to maintain clinic flow and order inside clinic.
- ☐ Call clinic security for backup as necessary.
- ☐ Report to oncoming Traffic Flow workers with Support Staff.
- ☐ Sign off/report to Support Staff Coordinator.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET **SECURITY COORDINATOR**

QUALIFICATIONS:

- Non-Medical
- Benton County Health Department Employee (Environmental Public Health Specialist)
- NIMS/ICS Certified, IS-100, IS –200, IS - 700
- Received all required prophylaxis/vaccinations

REPORT TO: Clinic Manager

JOB ACTIONS:

- Supervise Security and Traffic Flow Personnel. **NOTE: Local law enforcement does not report to Security Coordinator**
- Assures adequate security staffing
- Assists the Clinic Manager ensure log in rosters are complete and accurate
- Assures Security Staff have received Job Action sheets and completed training for specific job function
- Assures security staff has received instructions on confidentiality and have signed a confidentiality statement. See Page 34
- Assures proper security procedures for security of medications/vaccines are followed, **with the use of force guidelines established by Benton County Sheriff's Department written policies and procedures.** (Have MOU)
- Assures all expenditures and loss/damage due to security measures are carefully tracked
- Monitor traffic into and out of the clinic. **NOTE: Local law enforcement will control traffic into and out of the Dispensing Site**
- Maintain communications with Clinic Manager and other Coordinators.

DUTY CHECKLIST:

- ☐ Sign in and assume responsibility for security operations
- ☐ Obtain vest and radio from outgoing Security Coordinator.
- ☐ Obtain shift change briefing from outgoing Security Coordinator
- ☐ Brief oncoming Coordinators of any security concerns
- ☐ Maintain contact with the Benton County Emergency Operations Center
- ☐ Insure medications/vaccines are properly secured.
- ☐ Adjust traffic flow into and out of the clinic as required for better security.
- ☐ Make periodic walk through of the clinic, provide assistance as required.
- ☐ Ensure building is secure when clinic is closed.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
SECURITY STAFF

QUALIFICATIONS:

- Non-medical
- Law enforcement or security background preferred
- Received all required prophylaxis/vaccinations

REPORT TO: Security Coordinator

JOB ACTIONS:

- Maintain security of clinic supply medication storage site.
- Maintain security within clinic.
- Maintain perimeter security outside clinic and parking areas.
- Maintain radio communications with Security Coordinator

DUTY CHECKLIST:

- ☐ Sign in and report to Security Coordinator
- ☐ Obtain appropriate vest and radio from outgoing security staff
- ☐ Patrol all clinic stations frequently to maintain order.
- ☐ Patrol outside clinic area and parking frequently to maintain order.
- ☐ Contact Security Coordinator for backup if necessary.
- ☐ Ensure that the building is empty and that all doors are locked after clinic staff leaves for the day.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
LOGISTICS COORDINATOR
Inventory Management Coordinator / Tactical Communications

QUALIFICATIONS:

- Non-Medical, Benton County Health Department Employee
- NIMS/ICS Certified, IS-100, IS-200, IS-700
- Received all required prophylaxis/vaccinations

REPORT TO: Clinic Manager

JOB ACTIONS:

- Oversees all logistics needs, i.e. medications/vaccines, administrative supplies, food/water for staff etc.
- Requests supplies from Emergency Operation Center.
- Disbursement of interoperable radios within POD to department heads.
- Assures Operational lines of Communication are working within the POD.
- Maintains inventory of all supplies
- Assures all logistics staff have received Job Action sheets and completed training for specific job function.
- Assures all medications/vaccines are properly stored and accounted for
- Assure all expenditures related to logistics are carefully tracked.
- Assures all clinic staff have received instructions on confidentiality and have signed confidentiality forms. See page 34

DUTY CHECKLIST:

- ☐ Sign in and assume responsibility for logistics operations
- ☐ Obtain vest and radio from outgoing Logistics Coordinator
- ☐ Obtain shift change briefing from outgoing Logistics Coordinator
- ☐ Brief on coming coordinators of any logistics issues that may affect their operations.
- ☐ Make periodic walk through of the clinic, provide assistance as necessary.
- ☐ Visit all stations at the beginning of each shift to determine supply needs.
- ☐ Collaborate with Volunteer Coordinator to plan number of support staff needed to fulfill the clinic supply needs.
- ☐ Maintain open communication with Clinic Manager.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
LOGISTICS WORKER

QUALIFICATIONS:

- Non-Medical
- Logistics background helpful
- Received all required prophylaxis/vaccinations

REPORT TO: Logistics Coordinator

JOB ACTIONS:

- Assist with logistics needs, i.e. medications/vaccines, administrative supplies, food/water for staff etc.
- Assist in maintaining inventory of all supplies
- Assist in the maintenance and proper storage of medications/vaccines.
- Assist with tracking of expenditures.

DUTY CHECKLIST:

- ☐ Sign in and report to Logistics Coordinator
- ☐ Obtain vest
- ☐ Obtain shift change briefing from Logistics Coordinator
- ☐ On first shift, sign confidentiality statement.
- ☐ Maintain communication with Logistics Coordinator.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
SPECIAL SERVICES COORDINATOR

QUALIFICATIONS:

- NIMS/ICS Certified, IS-100, IS-200, IS-700
- Received all required prophylaxis/vaccinations

REPORT TO: Clinic Manager

JOB ACTIONS:

- Assures adequate staffing for Special Services Area
- Operates as a “mini-clinic” for those who have special needs.
- Assures Special Services workers have logged in.
- Assures Special Services workers have received Job Action sheets and completed training for specific job function
- Assures all Special Services staffs have received instructions on confidentiality and have signed a confidentiality statement. See page 34
- Assures qualified personnel are available, i.e. RN's, LPN etc.

DUTY CHECKLIST:

- ☐ Sign in and assume responsibility for the Special Services Area
- ☐ Obtain vest and radio from outgoing Special Services Coordinator
- ☐ Obtain shift change briefing from outgoing Special Services Coordinator
- ☐ Ensure correct protocols are being followed for required prophylaxis, i.e. anthrax, smallpox, plague, pandemic influenza etc.
- ☐ Make periodic walk through of the Special Services Area, provide assistance as necessary.
- ☐ Maintain open communication with Clinic Manager.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
SPECIAL SERVICES WORKER

QUALIFICATIONS:

- Licensed health care professional
- Received all required prophylaxis/vaccinations

REPORT TO: Special Services Coordinator

JOB ACTIONS:

- Perform functions in the Special Services Area according to license/skill
- Greet and Triage special needs clients
- Perform medical screening of special needs clients if qualified
- Distribute medications/administer vaccines to special needs clients, if qualified
- Perform an Exit/Final Review for clients as they exit the facility

DUTY CHECKLIST:

- ☐ Sign in and report to Special Services Area Coordinator
- ☐ Obtain appropriate colored vest
- ☐ Obtain shift change briefing from Special Services Coordinator
- ☐ Follow correct for required prophylaxis, i.e. anthrax, smallpox, plague, pandemic influenza etc.
- ☐ Maintain communication with Special Services Coordinator.

INCIDENT COMMAND SYSTEM (ICS)

The Incident Command System will be implemented during an event in the Benton County area. The system will be used to ensure an efficient well-managed clinic is operated.

The ICS will be used as an overall response command tool, in conjunction with the Benton County Emergency Operations Center. If the event has taken place in our area a Unified Command system will be in place that includes, but not limited to, the following agencies:

- Warsaw Fire Department
- Warsaw Police Department
- Benton County Emergency Management Agency
- Benton County Sheriffs Department
- Benton Volunteer County Fire Department's
- Benton County Commissioners (Presiding, Northern, Southern)
- Benton County Road Engineer
- Benton County Prosecutor
- Warsaw Mayor
- Cole Camp Mayor
- Lincoln Mayor
- Lincoln/Warsaw Ambulance District, Cole Camp Ambulance District
- Bothwell Regional Health Center/Warsaw
- Golden Valley Memorial/ Warsaw
- Benton County Health Department
- American Red Cross

An ICS system will be in place at the Dispensing Clinic. The following page shows a schematic of the command structure for the clinic.

INCIDENT COMMAND SYSTEM DURING A PUBLIC HEALTH EMERGENCY

1.PURPOSE: During a public health emergency the Benton County Health Department will operate using the Incident Command System. Use of this system will allow the health center to remain flexible and capable of operating with other agencies during any emergency that would involve public health.

2. CONCEPT OF OPERATIONS: During a public health emergency the Incident Command System will be used. This system will be used to maximize the use of resources, such as manpower, equipment and supplies, and to avoid conflict and confusion. The size of the system will be based on the incident and the depth of public health involvement.

A. ICS will provide a standard management system to be used during a public health emergency.

B. Develops and implements an Incident Action Plan. The Incident Action Plan will be developed during the incident and will be used as a guideline for the BCHD to respond. The Mass Prophylaxis Distribution Guidelines are an example of an Incident Action Plan.

A. Each individual in the Benton County Health Department will receive at least some training on the ICS. Managers should have taken at least IS-700, National Incident Management System (NIMS) An Introduction, and IS-800, National Response Plan as well as ICS 100, 200, 300 and 400.

3. ELEMENTS OF THE INCIDENT COMMAND SYSTEM: (See diagram below)

A. Command: Provides *overall management* of the incident. If the incident involves multiple disciplines such as a tornado, then the Command may fall under the Benton County Emergency Management Agency. During a Public Health emergency the Administrator of the BCHD or her designated representative will normally act as the Commander.

B. Operations: The Operations Chief is responsible for the management of all operations directly applicable to the primary mission. The Director of Nursing will normally act as the Operations Chief.

C. Planning: The Planning Chief is responsible for the collection, evaluation, dissemination and use of information during the incident. The Epidemiology Specialist/ Planner will normally act as the Planning Chief.

D. Logistics: The Logistics Chief is responsible for providing facilities, service and materials in support of the incident. The Environmental Public Health Specialist will normally be the Logistics Chief.

E. Finance: The Finance Chief is responsible for tracking the cost of the incident. This includes expended supplies, and personnel costs. The Public Health Administer, Assistant of the BCHD will normally be the Finance Chief.

F. Other Command Staff Positions:

(1). Public Information: The Benton County Health Department Health Educator will function as the Public Information Officer.

(2). Safety: The Benton County Health Department does not normally have a safety officer. The Planning Chief will fill the safety position if required.

(3). Liaison: Will serve as the primary contact for supporting agencies.

G. TRAINING: Training for the Incident Command System falls under the National Incident Management System administered by the Department of Homeland Security through the Federal Emergency Management Agency. The following training is required for each command position:

A. IS-100: Introduction to the Incident Command System. ICS 100, Introduction to the Incident Command System, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS). This course may be taken on-line at <http://training.fema.gov/emiweb/IS/is100.asp>

B. IS-200: ICS for Single Resources and Initial Action Incidents. ICS 200 is designed to enable personnel to operate efficiently during an incident or event within the Incident Command System (ICS). ICS-200 provides training on and resources for personnel who are likely to assume a supervisory position within the ICS. This course may be taken on-line at <http://www.training.fema.gov/EMIWeb/IS/is200.asp>

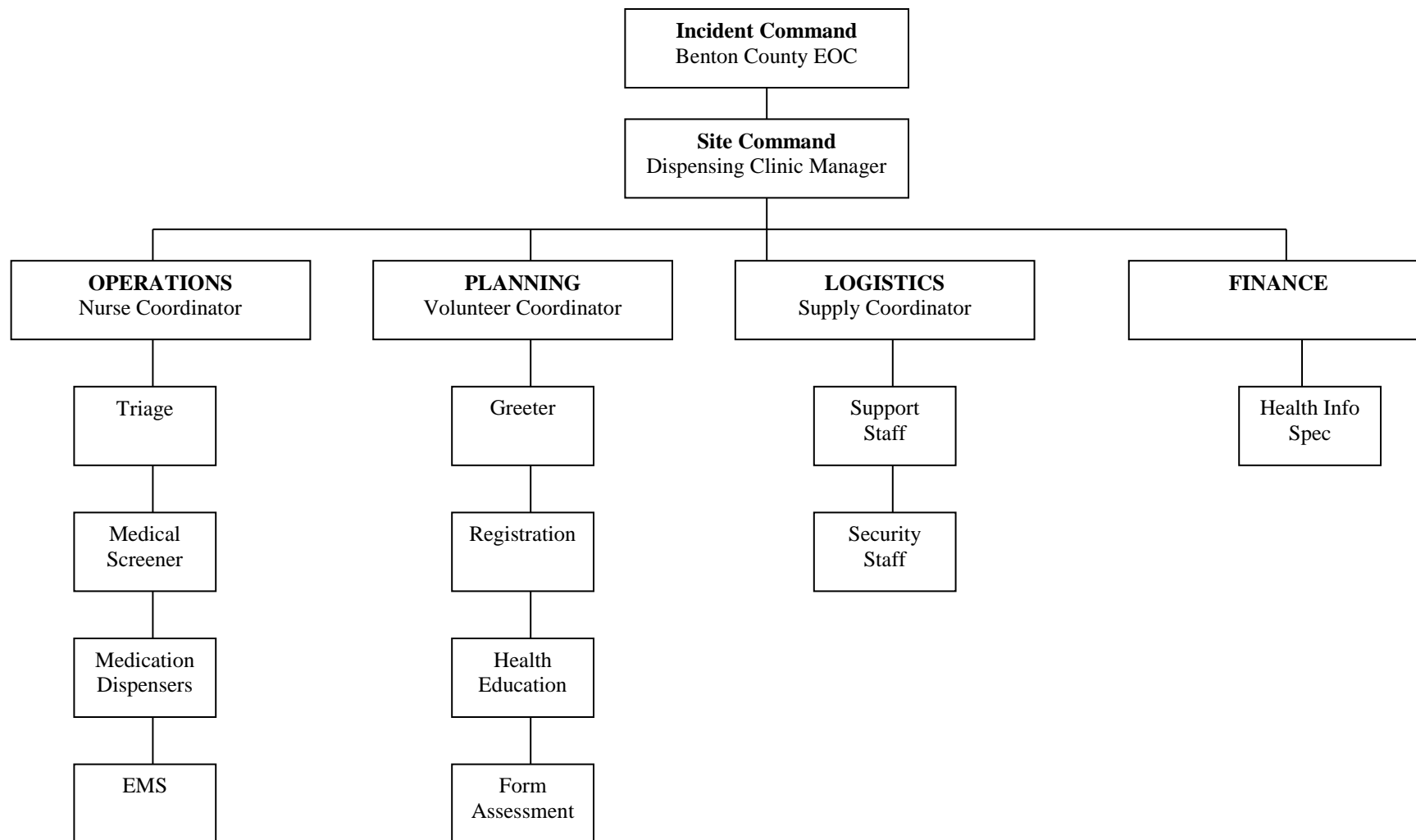
C. IS-300: ICS-300 provides training on and resources for personnel who require advanced application of the ICS. The course expands upon information covered in the ICS-100 and ICS-200 courses. This course is not an on-line course and must be taken in a classroom environment.

D. IS-400: ICS 400 provides training on and resources for personnel who are involved in the management of complex incidents at the command and general staff level. This course is not on-line and must be taken in the classroom environment.

D. IS-700: National Incident Management System (NIMS), An Introduction. This course introduces NIMS and takes approximately three hours to complete. It explains the purpose, principles, key components and benefits of NIMS. The course also contains "Planning Activity" screens giving you an opportunity to complete some planning tasks during this course. The planning activity screens are printable so that you can use them after you complete the course. This course may be taken on-line at: <http://training.fema.gov/emiweb/is/is700.asp>

E. IS-800.A: National Response Plan (NRP), An Introduction. The [National Response Plan](#), or NRP, describes how the Federal Government will work in concert with State, local, and tribal governments and the private sector to respond to disasters. This course can be taken on-line at <http://www.training.fema.gov/emiweb/IS/is800a.asp>

INCIDENT MANAGEMENT STRUCTURE FOR DISPENSING CLINIC



Health Assessment Form (FILL OUT THE WHITE SECTIONS)

Your Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Total number of people, including yourself, for whom you are picking up medications? _____

**Provide Information On Yourself In The Sections Below.
If You Are Picking Up Medicines For Others, Then Also
Fill Out The Back Side Of This Form.**

***** For Staff Use Only *****

Person 1: Yourself

First Name: _____

Last Name: _____

Weight: _____ pounds

Age: _____

Have you ever had: _____ Circle the Correct Answer

An allergic reaction to any Quinolone drug?
(see list at the bottom of this page) Yes No

Seizures or Epilepsy? Yes No

Kidney Disease or a Decrease in Kidney
Function? Yes No

An allergic reaction to any Tetracycline drug?
(see list at the bottom of this page) Yes No

Are You Currently Pregnant or Breastfeeding? Yes No

Drug Dosage	Initial	Affix Label
Ciprofloxacin 500 mg PO q 12 hrs		
Ciprofloxacin _____ mg PO q 12 hrs		
Doxycycline 100 mg PO q 12 hrs		
Doxycycline _____ mg PO q 12 hrs		
Other _____		
Drug _____		
Dose _____		
Freq _____		
Route _____		

I consent to the preventive antibiotic treatment as prescribed.

Signature of Person Picking Up Medicines: _____ Date: _____

Signature of Dispenser: _____ Date: _____

► A List of Quinolone Drugs

acrosloxacin or rosoxacin (Eradacil)
cinoxacin (Cinobac)
ciprofloxacin (Cipro, Ciloxan)
gatafloxacin (Tequin)
grefafloxacin (Raxar)
levafloxacin (Levaquin, Quixin)
lomefloxacin (Maxaquin)
moxifloxacin (Avelox, ABC Pak)
nadifloxacin (Acuatim)

norfloxacin (Chibroxin, Noroxin)
nalidixic acid (NegGram)
ofloxacin (Floxin, Ocuflox)
oxolinic acid
pefloxacin (Peflacin)
rufloxacin
sparfloxacin (Zagam, Respipac)
temafloxacin
trovafloxacin or alatrofloxacin (Trovan)

If there has been an allergic reaction to any of these drugs, circle "Yes" beside the question "An allergic reaction to any Quinolone drug?". (One or more of the following symptoms can indicate an allergic reaction: skin rash, hives, or itching; wheezing, shortness of breath or trouble breathing; and/or swelling of the face, lips, or throat.)

► A List of Tetracycline Drugs

demeclocycline (Declomycin)
doxycycline (Adoxa, Bio-Tab, Doryx, Doxy, Monodox, Periostat, Vibra-Tabs, Vibramycin)
minocycline (Arestin, Dynacin, Minocin, Vectrin)
oxytetracycline (Terak, Terra-Cortril, Terramycin, Urobiotic-250)
tetracycline (Achromycin V, Sumycin, Topicycline, Helidac)

If there has been an allergic reaction to any of these drugs, circle "Yes" beside the question "An allergic reaction to any Tetracycline drug?". (One or more of the following symptoms can indicate an allergic reaction: skin rash, hives, or itching; wheezing, shortness of breath or trouble breathing; and/or swelling of the face, lips, or throat.)

25

If You Are Picking Up Medicines For Others, Fill Out The Appropriate Sections Below.			***** For Staff Use Only *****		
Person 2: Relationship to you: _____			Drug Dosage	Initial	Affix Label
First Name: _____			Ciprofloxacin 500 mg PO q 12 hrs		
Last Name: _____			Ciprofloxacin _____ mg PO q 12 hrs		
Weight: _____ pounds OR Height: _____ feet _____ inches			Doxycycline 100 mg PO q 12 hrs		
Age: _____			Doxycycline _____ mg PO q 12 hrs		
Has the person ever had: Circle the Correct Answer			Other		
An allergic reaction to any Quinolone drug? (see list on the other side of the page) Yes No			Drug _____		
Seizures or Epilepsy? Yes No			Dose _____		
Kidney Disease or a Decrease in Kidney Function? Yes No			Freq _____		
An allergic reaction to any Tetracycline drug? (see list on the other side of the page) Yes No			Route _____		
Is the Person Currently Pregnant or Breastfeeding? Yes No					
Person 3: Relationship to you: _____			Drug Dosage	Initial	Affix Label
First Name: _____			Ciprofloxacin 500 mg PO q 12 hrs		
Last Name: _____			Ciprofloxacin _____ mg PO q 12 hrs		
Weight: _____ pounds OR Height: _____ feet _____ inches			Doxycycline 100 mg PO q 12 hrs		
Age: _____			Doxycycline _____ mg PO q 12 hrs		
Has the person ever had: Circle the Correct Answer			Other		
An allergic reaction to any Quinolone drug? (see list on the other side of the page) Yes No			Drug _____		
Seizures or Epilepsy? Yes No			Dose _____		
Kidney Disease or a Decrease in Kidney Function? Yes No			Freq _____		
An allergic reaction to any Tetracycline drug? (see list on the other side of the page) Yes No			Route _____		
Is the Person Currently Pregnant or Breastfeeding? Yes No					
Person 4: Relationship to you: _____			Drug Dosage	Initial	Affix Label
First Name: _____			Ciprofloxacin 500 mg PO q 12 hrs		
Last Name: _____			Ciprofloxacin _____ mg PO q 12 hrs		
Weight: _____ pounds OR Height: _____ feet _____ inches			Doxycycline 100 mg PO q 12 hrs		
Age: _____			Doxycycline _____ mg PO q 12 hrs		
Has the person ever had: Circle the Correct Answer			Other		
An allergic reaction to any Quinolone drug? (see list on the other side of the page) Yes No			Drug _____		
Seizures or Epilepsy? Yes No			Dose _____		
Kidney Disease or a Decrease in Kidney Function? Yes No			Freq _____		
An allergic reaction to any Tetracycline drug? (see list on the other side of the page) Yes No			Route _____		
Is the Person Currently Pregnant or Breastfeeding? Yes No					

TREATMENT PROTOCOLS

The following page describes approved treatment protocols based on the selected agent. These protocols were developed and approved for use by the Missouri Department of Health and Senior Services.

After an incident that involves the use or suspected use of a biological agent, and the approved request for the SNS 12-Hour Push Package or the Managed Inventory, the DHSS will prescribe a set protocol based on the agent and approved medication.

The only identification requirements for distribution are the name, address and additional information required on the health assessment form. Minors may pick up for the household if an adult is unable or homebound. The Minor may have to leave the POD to get his information filled out properly by an adult and return.

There will be no limit to the amount that may be picked up per household; however, all must be listed on the household information sheet. Those requesting unusual amounts will be pulled aside to avoid slowing the line and ask more questions to rule out abuse or fraud.

**COLLABORATIVE PRACTICE AGREEMENT
WITH PHYSICIANS AND REGISTERED PROFESSIONAL NURSES**

(For practices limited to administration and dispensing medication during a mass prophylaxis event)

THIS COLLABORATIVE PRACTICE AGREEMENT (hereinafter “Agreement”) is entered into by and between _____, a physician licensed to practice medicine in the State of Missouri (hereinafter “Physician”) and Registered Professional Nurses (hereinafter “RNs”) employed by, or serving as volunteers for, the Benton County Health Department (hereinafter “Agency”), and shall be effective as of _____, 200_.

The purpose of this Agreement is to delegate to the RNs authority to perform certain medical acts. This Agreement only applies to delegated medical acts and those nursing acts requiring physician orders and not to RN’s independent practice of nursing.

Section 1. Delegation, Scope of Collaborative Practice, Methods of Treatment

- 1.1 Physician has considered RNs’ skill, training, education, and competence and has determined that,
 - (a) the responsibilities delegated herein are within the scope of practice of the RN and are consistent with RN’s skills, training, education, and competence; and
 - (b) the methods of treatment and the authority to administer and dispense drugs and medications delegated to RN herein are consistent with both the Physician’s and RN’s skill, training, education and competence, and within the scope of practice of both.
- 1.2 Physician hereby delegates to RNs the authority to administer and dispense drugs pursuant to this Agreement and Exhibit A attached hereto. Exhibit A, which is jointly agreed upon protocols or standing orders, describes a specific sequence of orders, steps or procedures to be followed by the RNs providing health care services in specific mass prophylaxis clinic situations. This delegation authorizes the RNs to provide health care services to individuals who have been exposed to a known or potentially harmful biological agent.
- 1.3 The methods of treatment and the authority to administer and dispense drugs delegated to the RNs may not be further delegated by the RNs to any other person except the RNs may communicate prescription drug orders of Physician or an advanced practice nurse to a pharmacist.
- 1.4 The authority to administer and dispense drugs delegated to the RNs pursuant to Section 1.2 of this Agreement is subject to the following conditions:
 - (a) RNs shall not, under any circumstances, prescribe drugs or medications. The administering or dispensing of controlled substances by the RNs under this Agreement shall be accomplished only under the direction and supervision of

- Physician, and shall only occur on a case-by-case determination of the patient's needs following verbal consultation and order between Physician and the RN.
- (b) As a publicly funded clinic in a community health setting that dispenses medications free of charge, RNs may dispense the recommended regime of antibiotic prophylactic treatment.
 - (c) All prescription container-labeling requirements outlined in Section 338.059 R.S.Mo. shall be followed.
 - (d) Retrievable dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations.

Section 2. Geographic Restrictions

2.1 Physician's practice is located at _____. The RNs will practice at designated dispensing sites located in Benton County. Physician(s) and RNs agree that the distance between these locations will not create an impediment to effective collaboration in the delivery of mass prophylactic services.

Section 3. Review of Services

3.1 During the mass prophylaxis clinics the Physician shall at all times be immediately available for consultation to the RNs, either personally or via telecommunications.

3.2 Physician shall review the work, records, and practice of health care delivered pursuant to this Agreement at least two (2) weeks of delivery of service. Review shall be documented and signed by the physician.

3.3 In the case of collaborating physicians, registered professional nurses, or advanced practice nurses practicing in association with public health clinics that provide population-based health services related to epidemiologic investigations and related treatment. Methods of treatment and review of services shall occur as set forth in the collaborative practice arrangement. If the services provided in such settings include diagnosis and initiation of treatment of disease or injury not related to population-based health services, then the provisions of sections 2, 3, and 4 of the collaborative practice act shall apply (see attached copy).

*AUTHORITY: sections 334.104.3, RSMo Supp. 2002, and 334.125 and 335.036, RSMo2000. * Original rule filed Jan. 29, 1996, effective Sept. 30, 1996. Amended: Filed April 1, 1998, effective Oct 30, 1998. Amended: Filed Oct 30, 2002, effective June 30, 2003. * Original authority: 334.104.3, RSMO 1993 amended 2002; 334.125, RSMo 1959, amended 1993, 1995; and 335.036 RSMo 1975, amended, 1981, 1985, 1993, 1995, and 1999.*

Section 4. Miscellaneous Provisions

4.1 Physician and the Agency agree to maintain copies of this Agreement, any and all amendments, all protocols and standing orders and amendments and

modifications thereto and any notice of termination of this Agreement for a minimum of eight (8) years after termination of this Agreement.

- 4.2 The Agency agrees to maintain records of individuals receiving prophylaxis, or referral to a physician or health facility, according to the agency's current policy and procedure for record retention.
- 4.2 The process and documentation of review of health care services described in Sections 1.4(a) and 3.2 above shall be on file and maintained at the Agency.
- 4.3 Attached hereto and incorporated herein by reference as Exhibit B are guidelines for consultation and referral to Physician or a designated health facility for services or emergency care that is beyond the education, training, competence or scope of practice of the RNs.
- 4.4 Physician hereby designates _____ (M.D. or D.O.) to consult, direct or supervise RNs in the event Physician is unable due to temporary illness, injury, or absence.
- 4.5 This Agreement and all Exhibits and attachments shall be reviewed and revised as needed upon the mutual written consent of Agency, RN agent, and Physician.
- 4.6 This Agreement may be terminated at any time by Physician and/or upon agreement of the Agency and RN agent upon ____ day's written notice to the other.

By signing this Agreement, Physician and the RN agent for the Agency, represent that they have read this Agreement and all of its Exhibits and attachments, they are aware of the contents, and that they agree to follow their terms.

Physician

Date of Signature

RN (Agent of the LPHA)

Date of Signature

Missouri Department of Health and Senior Services

Local Public Health Agencies
(Benton County Health Department)

CONFIDENTIAL RECORDS AND INFORMATION

Employees/volunteers in the Benton County Health Department, in the performance of their duties, often have access to information and records, which are confidential. It is the responsibility of supervisors to provide employees/volunteers with instructions on maintaining security of records and releasing information and records; however, each employee/volunteer is responsible for assuring confidentiality of information and records within his/her control and releasing information only to authorized agencies or individuals. Questions regarding release of information should be referred to the supervisor.

Employees/volunteers revealing confidential information to unauthorized agencies or individuals are subject to disciplinary action and, when in violation of the law, may be subject to fine and /or imprisonment. An individual who terminates employment with the Benton County Health Department and reveals confidential information acquired as an employee shall be subject to legal action.

Each employee in this local health agency is required to sign a statement certifying knowledge of and agreement to comply with this policy. The statement will be filed with the employee's official personnel records in the local health agency.

I have read and agree to comply with the provisions of this policy.

Date

Employee's Signature

**This page intentionally left blank for pill
crushing instruction inserts provided by
CDC**

Exhibit B: Medical Protocol

**Mass Prophylaxis Clinic
For Dispensing Antibiotics
Guidelines for Consultation and Referral to Physician or a
Designated Health Facility for Services or Emergency Care**

All individuals presenting for prophylactic treatment should be screened before they are allowed into the dispensing area. Based on the agent information below, individuals should be asked the following questions:

1. Do you have a fever?

2. Do you have a cough?
3. Do you have any chest discomfort?
4. Are you having difficulty breathing?
5. Have you recently had nausea or vomiting?
6. Do you have bloody diarrhea?
7. Have you recently experienced profound sweating for no reason?
8. Have you recently developed unexplainable sores on your body?

Individuals answering yes to any question above should be immediately escorted from the dispensing area to a clinical evaluation area. If after evaluation it is determined that the individual has clinical symptoms of a potential biological agent, he/she should be referred to their primary care physician, or transported to a designated health facility. The Physician Referral Form should be completed, one copy given to the individual to present to their physician, and a second copy retained at the dispensing site for future follow-up.

Clinical Presentations

Inhalational Anthrax. Initial phase: non-specific symptoms such as low-grade fever, nonproductive cough, headache, nausea, vomiting, malaise, fatigue, myalgias, profound sweats, chest discomfort (upper respiratory tract symptoms are rare); maybe rhonchi on chest exam, otherwise normal; chest x-ray may show mediastinal widening and/or pleural effusion; infiltrates might be present. Subsequent, fulminant phase: 1–5 days after onset of initial symptoms; may or may not be preceded by 1–3 days of improvement; abrupt onset of high fever and severe respiratory distress (dyspnea, stridor, cyanosis), shock, death within 24–36 hours. Hemorrhagic meningitis can be present. [Note that direct skin contact with anthrax spores can result in **cutaneous anthrax** (11 confirmed or probable cases of cutaneous anthrax, in addition to 11 cases of inhalational anthrax, were associated with the 2001 anthrax attacks). In cutaneous anthrax, an area of local edema becomes a pruritic macule or papule, which progresses to a vesicle in 1-2 days, followed by an ulcer with subsequent development of a depressed black eschar within 7–10 days of the initial lesion. There is usually surrounding local edema, and small (1-3 mm) vesicles may surround the ulcer. The lesion is usually painless, but patients may also have fever, malaise, headache, lymphangitis, and painful regional lymphadenopathy.]

Pneumonic Plague. Fever, headache, weakness, and rapidly developing severe pneumonia with cough, chest pain, dyspnea, and tachypnea (particularly in young children). Cough can be productive of bloody, mucoid, or (less commonly) purulent sputum. Prominent gastrointestinal symptoms – including nausea, vomiting, diarrhea, and abdominal pain – may be present. Chest x-ray findings are variable but bilateral infiltrates or consolidation is common; pleural effusions may be present. Massive mediastinal adenopathy occurs rarely. Complications include septicemia and meningitis.

Inhalational Tularemia. May see abrupt onset of fever, chills, malaise, headache, myalgias, joint pain, nonproductive cough, and progressive weakness. Persons with pneumonia can develop chest pain, dyspnea, bloody sputum, and respiratory failure. However, inhalational exposures can commonly result in an initial clinical picture of systemic illness without prominent signs of respiratory disease. The earliest chest x-ray findings may be peribronchial infiltrates, typically advancing to bronchopneumonia in >1 lobes, and often accompanied by pleural effusions and hilar lymphadenopathy – such signs may, however, be minimal or absent. Aerosol exposures to

Francisella tularensis can incapacitate some persons in the first 1-2 days of illness, and pulmonary infection can sometimes rapidly progress to severe pneumonia, respiratory failure, and death. Although exposure to aerosolized *F. tularensis* is expected to principally cause primary pleuropneumonic infection, some exposures might contaminate the eye (resulting in ocular tularemia with conjunctivitis), penetrate broken skin (resulting in ulceroglandular or glandular disease), or cause oropharyngeal disease (with pharyngitis and cervical lymphadenitis).

Benton County Health Department Mass Prophylaxis Clinic
For Dispensing of Antibiotics
Referral Form to Physician/Health Facility

Date: ____/____/____

Name: _____ DOB: ____/____/____

Address: _____

Contact Number: _____

Referral Physician or Health Facility _____

Address: _____

The above named individual was seen at a mass prophylaxis point of dispensing site managed by the _____ for a possible exposure to anthrax. He/she is being referred to a physician for evaluation of the following symptoms:

- | | |
|--|--|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Nausea and/or vomiting |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Fever / Chills |
| <input type="checkbox"/> Chest pain or discomfort on inspiration | <input type="checkbox"/> Profound Sweating |
| <input type="checkbox"/> Bloody diarrhea | <input type="checkbox"/> Muscle aches / Joint pain |
| <input type="checkbox"/> Other symptoms (specify) _____ | |

The following prophylactic medication has been prescribed:

- ☐ Doxycycline 100mg PO q12 hrs X 10 days
- ☐ Doxycycline 100 mg PO q12 hrs X 20 days
- ☐ Doxycycline ____mg PO ____Dx ____days
- ☐ Ciprofloxacin 500 mg PO q12 hrs X 10 days
- ☐ Ciprofloxacin 500 mg PO q12hrs X 20 days
- ☐ Ciprofloxacin ____mg PO ____Dx ____ days
- ☐ **NO** antibiotic prescribed

If none prescribed:

- ☐ After evaluation, this individual should be started on a 10-day course of prophylactic antibiotic and will be notified if there is reason to continue beyond that time.
- ☐ This individual does not require prophylaxis.

☐ Pharmacist Signature
☐ Physician
☐ Nurse

Date

MASS PROPHYLAXIS DISTRIBUTION GUIDELINES FOR BENTON COUNTY

1. Concept of Operations:

a. Benton County will receive medications in prepackaged individual regimens that come in multi-day unit of use, labeled, childproof bottles.

b. Ideally we will receive a combination of doxycycline and ciprofloxacin. Bottles are packaged with 20 pills per bottle, 2 per day for up to 10 days. If being treated for pneumonic plague, patients will be instructed to take for 7 days and discard the other 3 days worth. If being treated for tularemia, patients will be issued 2 bottles of pills and instructed to take for 14 days and discard the other 6 days worth. If being treated for inhalational anthrax, patients will need 6 bottles of pills for a total of 60 days worth. During an anthrax event, patients may only be issued enough for a 10 day regimen, and will have to return to the distribution site for the additional 50 days worth. This will be determined by the event and the actual supply received by BCHD. This also allows for a more definitive analysis of anthrax samples.

c. Patient information will be tracked using the Health Assessment form and all information will be entered into the Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC). If MOHSAIC is not available, information will be entered into an Excel spreadsheet and updated into MOHSAIC as it becomes available.

d. Each dispensed medication will be labeled as stated in the Food and Drug and Cosmetic Act (FDCA), Ch V, Sec 503 (2). Labels for each agent and treatment regimen can be printed off of the CDC Post-Exposure Prophylaxis for Anthrax, Plague, and Tularemia CD. This CD will be available at the distribution site. The below listed information is required on each bottle of medication:

- (1). Name and address of dispenser. This will be the Benton County Health Department.
- (2). Serial Number of prescription. This will be a unique number to Benton County.
- (3). Date of prescription or of its filling.
- (4). Name of prescriber
- (5). Name of patient
- (6). Direction for use and cautionary statements if stated in the prescription.
- (7). Name of drug
- (8). Number of pills
- (9). Dosage strength

The above CD is designed to print on plain Avery® 5395 Name Badge labels or it's equivalent. Because this label is too large to affix to the bottle, it will be affixed to the back of the patient information sheet that is given to individuals.

Parking at Benton County Health Department

All distribution of medications in the Warsaw area will be conducted at Benton County Health Department.

1. Cars will be directed off of Commercial Street to the parking lot of Benton County Health Department.

2. Cars will be directed to park first on the East end of the parking lot, as those parking spaces fill up people will be directed to the West end. Traffic Control will be provided by Benton County Sheriff's Dept and Local City Police. (Have MOU)

3. **Exits:** After receiving medications, people will be directed down a specific hall (Hospice, Home Health, or Public Health, depending on their medical evaluation) and exit out the specified door.

People will enter into the Main Door for Evaluation. Those at a health risk will be screened in the Hospice Wing of the Health Department which will be set up to distribute medications and will exit the East door after receiving medications.

Those without health risk issues will be filed down the Home Health Wing which will be set up to distribute medications and will then exit the West door after receiving medications. Special Needs individuals will be sent down the Public Health Wing.

Security will be provided on site by Benton County Sheriff's Department, Warsaw Police Department, Lincoln Police Department, and/or Cole Camp Police Department.

PARKING AT THE TRINITY LUTHERAN CHURCH, COLE CAMP

All distribution of medications in the Cole Camp area will be conducted at the Trinity Lutheran Church. Below are listed the instructions on set up. The same materials and signs will be required as in Warsaw, at Benton County Health Department.

Parking will be limited to the streets around the Church.

Medication Distribution at Benton County Health Department/Trinity Lutheran Church

The key to distribution of medications is speed, getting the medications into the hands of the people who need it most in as fast a period as possible. The kitchen of the health department will be reserved for clinic staff.

In Cole Camp the distribution will take place on the basement level.

The following pages will show the set up of the floor for distribution and specific instructions for each station. See page 90-91 for Benton County Health Department and 92 for Trinity Lutheran Church.

Supplies:

Flashlights – 12, in case of power outage. Place at least one at each station

Paper – Pads, lined 8 ½ x 11. At least 50 pads, if needed use copier paper.

Clipboards – At least 50. Must fit 8 ½ x 11 paper. For use at Greeting/Triage. Special Services and Medical Evaluation Areas.

Pens – At least 500. For use through out the clinic area. Ensure a large quantity is available at the Greeting/Triage Area.

Spare Batteries – Both C and D cell, 12 packs of each

Reflective Vests – Purple vests should be used for health care professionals and Black vests for non-health care.

Paper Clips – 4 or 5 boxes at various locations

Computers/Printers – At least 12. These computers will be set up and operated in different areas. Areas that require a computer; Medical Distribution, Special Services, Medical Evaluation and Staff area.

Tables – At least 30, 30” x 60” tables.

Health Assessment Forms – The Greeting/Triage area will require at least 1000 forms when the clinic opens. Forms will need to be replenished at least every 2 hours. A copy of the forms can be found on page 25-31.

Chairs – At least 50, spread through out the clinic.

First Aid Kits – At least 6. One for each area

Drug Information Sheets – At least 1000, replenishing the supply every 2 hours. A drug information sheet must be given for each “prescription”. Drug information sheets can be found on pages 43, 46, 55, 58, and 61. These sheets can also be downloaded at CDC.gov, or taken from the CDC Post Exposure Prophylaxis CD

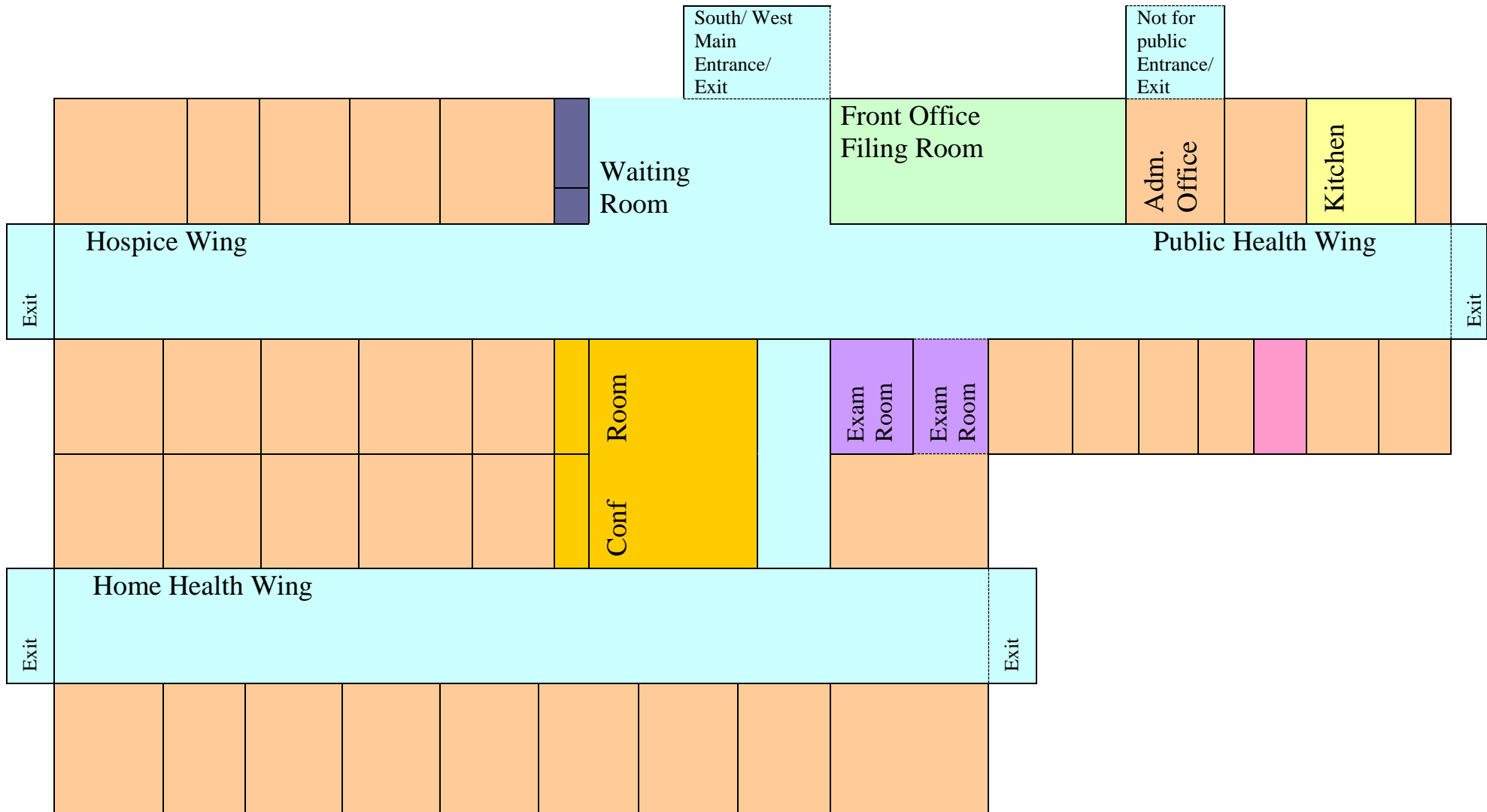
Disease Information Sheets - At least 1000, replenishing the supply every 2 hours. A disease information sheet must be given for each “prescription”. Disease information

POD Flow at Benton County Health Department

All recipients will be directed upon entering the parking area to South/West Entrance of Benton County Health Department. If recipients require extra help, they may be directed towards the Special Services Area which is located in the Public Health Wing (which is handicap accessible at the West Door for entry and exit).

As recipients enter the area, they will be given a clipboard with the Health Assessment Form attached and directed to the waiting room. They will also be observed for and asked if they are exhibiting any symptoms of the disease being treated, see page 84. At least 2-3 medical health care professionals must be assigned to this area to help screen the recipients. Close attention must be paid to symptoms and incubation periods. Those deemed to be exhibiting the symptoms of the disease will be referred to the Medical Evaluation Area, located in the Hospice Wing located on the south/east end of BCHD and processed through with medications also being dispersed in the Hospice Wing and will exit the east door of the Hospice Wing.

Those recipients deemed well, will complete the Health Assessment Form, and will then be directed to the Screening Area in the Conference Room (which has doors located on each end of the room for traffic flow). Recipients will be given an information sheet on the disease to be treated while in this area. Clients will be directed to the Home Health Wing, where medications will be dispensed and will then be directed to exit the east door of the Home Health Wing.



Floor Plans for Trinity Church

GREETING/TRIAGE AREA

People Required: Between 4 and 8 with, a mixture of health care professionals and non-medical support personnel.

Support Materials Required:

- Clipboards – 100
- Health Assessment Forms – 5000 (supply must be replenished at least hourly)
- Pens – 500 (blue, or black)
- Chairs – 10 to 15
- First Aid Kit – for minor injuries
- Flashlight – 2
- Disease Information Sheets – 5000 (supply must be replenished at least hourly)
- Hand Sanitizer
- At least one Uniden hand held radio.
-

Posted Signs:

- **DISPENSING CLINIC** – Displayed in a prominent area. This sign is located in the BT cubicle.
- **CLINICA DE DESPENSAMIENTO**
- **GREETING/TRIAGE** – Displayed at the Main Entrances of BCHD and Trinity Lutheran Church Basement Entrance.
- **SALUDO/RECEPCION**
- **RECIPIENT ENTRANCE** – In English and Spanish
- **ENTRADA DE RECIPIENTE**
- **PLEASE INFORM STAFF IF YOU ARE FEELING ILL** – In English, Spanish and Russian
- **POR FAVOR INFORME AL PERSONAL SI NO SE SIENTE BIEN**
- **IF YOU REQUIRE SPECIAL ASSISTANCE CONTACT THE STAFF** – In English, Spanish and Russian
- **SI UD REQUIERE ASISTENCIA ESPECIAL INFORME AL PERSONAL**
- **PLEASE COMPLETE HEALTH ASSESSMENT FORMS, SEE STAFF FOR ASSISTANCE**- In English
- **POR FAVOR LLENE LAS FORMAS DE SALUD, VEA AL PERSONAL PARA MAS ASISTENCIA**
- **WAIT HERE UNTIL CALLED BY MEDICAL SCREENER** – In English
- **ESPERE AQUI HASTA QUE LO LLAMEN**

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
GREETING/TRIAGE AREA SUPERVISOR

QUALIFICATIONS:

- Benton County Health Department Employee
- Received all required prophylaxis/vaccinations

REPORT TO: Nurse Coordinator

JOB ACTIONS:

- Oversee all actions in the Greeting/Triage Area
- Direct Special Needs patients to the Special Needs Area.
- Direct patients who appear to be symptomatic to the Medical Evaluation Area
- Handout required form for disease being treated.

DUTY CHECKLIST:

- ☐ Sign in and assume responsibility for the Greeting/Triage Area
- ☐ Obtain appropriate vest and radio from outgoing Greeting/Triage Area Supervisor
- ☐ Obtain shift change briefing from outgoing Greeting/Triage Area Supervisor
- ☐ Ensure proper forms are being distributed for type of prophylaxis, i.e. Health Assessment Form for anthrax, plague, tularemia, Smallpox Consent Form, influenza consent form.
- ☐ Coordinate with Logistics to ensure re-supply of materials
- ☐ Maintain communications with Nurse Coordinator.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
GREETING/TRIAGE WORKER

QUALIFICATIONS:

- May be non-medical if performing greeting duties
- Able to stand for prolonged period
- Received all required prophylaxis/vaccinations

REPORT TO: Greeting/Triage Area Supervisor

JOB ACTIONS:

- Follow directions of area supervisor
- Direct Special Needs patients to the Special Needs Area.
- Direct patients who appear to be symptomatic to the Medical Evaluation Area
- Handout required form for disease being treated.

DUTY CHECKLIST:

- ☐ Sign in and report Greeting/Triage Area Supervisor
- ☐ Obtain appropriate vest at sign in area
- ☐ Distribute proper forms to patients.
- ☐ Direct people to the appropriate line.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
Triage Area

QUALIFICATIONS:

- R.N., Medical and non-medical
- Received required prophylaxis/vaccinations

REPORT TO: Greeting/Triage Area Supervisor.

JOB ACTIONS:

- Watch for people who may be symptomatic
- If required take peoples temperatures
- Direct symptomatic people to Medical Evaluation Area

DUTY CHECKLIST:

- ☐ Sign in and report to Greeting/Triage Area Supervisor
- ☐ Obtain vest at sign in area
- ☐ Review protocols on symptomatic people

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
REGISTRATION AREA SUPERVISOR

QUALIFICATIONS:

- Non-medical
- Will come from volunteer pool
- Received all required prophylaxis/vaccinations

REPORT TO: Volunteer Coordinator

JOB ACTIONS:

- Oversee all actions in the Registration Area
- Distribute and assist with completion of required forms.
- Direct
- Handout required form for disease being treated.

DUTY CHECKLIST:

- ☐ Sign in and assume responsibility for the Greeting/Triage Area
- ☐ Obtain appropriate vest and radio from outgoing Greeting/Triage Area Supervisor
- ☐ Obtain shift change briefing from outgoing Greeting/Triage Area Supervisor
- ☐ Ensure proper forms are being distributed for type of prophylaxis, i.e. Health Assessment Form for anthrax, plague, tularemia, Smallpox Consent Form, influenza consent form.
- ☐ Coordinate with Logistics to ensure re-supply of materials
- ☐ Maintain communications with Nurse Coordinator.

QUESTIONS TO BE USED BY TRIAGE STAFF AT THE GREETING AREA

- 1. DO YOU HAVE A FEVER? ___YES ___NO**
- 2. DO YOU HAVE A COUGH? ___YES ___NO**
- 3. DO YOU HAVE ANY CHEST DISCOMFORT? ___YES ___NO**
- 4. ARE YOU HAVING DIFFICULTY BREATHING? ___YES ___NO**
- 5. HAVE YOU RECENTLY HAD NAUSEA OR VOMITING? ___YES ___NO**
- 6. DO YOU HAVE BLOODY DIARRHEA? ___YES ___NO**
- 7. HAVE YOU RECENTLY EXPERIENCED PROFOUND SWEATING FOR NO REASON? ___YES ___NO**
- 8. HAVE YOU RECENTLY DEVELOPED UNEXPLAINABLE SORES ON YOUR BODY? ___YES ___NO**

CLINICA DE DESPENSAMIENTO

(DISPENSING CLINIC)

(DISPENSING CLINIC)

1. Распределительная клиника

SALUDO/RECEPCION

(GREETING/TRIAGE)

(GREETING/TRIAGE)

2. Приемная/распределение медицинской помощи по группам

RECIPIENT ENTRANCE

ENTRADA DE RECIPIENTE

(RECIPIENT ENTRANCE)

(RECIPIENT ENTRANCE)

3. Вход получателя

**PLEASE INFORM
STAFF IF YOU
ARE FEELING ILL**

**POR FAVOR
INFORME AL
PERSONAL SI NO
SE SIENTE BIEN**

(PLEASE INFORM STAFF IF YOU ARE FEELING ILL)

(PLEASE INFORM STAFF IF YOU ARE FEELING ILL)

4. Пожалуйста сообщите работникам, если Вы чувствуете себя больными

**IF YOU REQUIRE
SPECIAL
ASSISTANCE,
CONTACT THE
STAFF**

**SI UD REQUIERE
ASISTENCIA
ESPECIAL
INFORME AL
PERSONAL**

(IF YOU REQUIRE SPECIAL ASSISTANCE, CONTACT THE STAFF)

(IF YOU REQUIRE SPECIAL ASSISTANCE PLEASE CONTACT THE STAFF)

5. Если вам требуется специальная помощь,
сообщите работникам

**PLEASE COMPLETE
HEALTH
ASSESSMENT
FORMS, SEE STAFF
FOR ASSISTANCE**

**POR FAVOR LLENE
LAS FORMAS DE
SALUD, VEA AL
PERSONAL PARA
MAS ASISTENCIA**

(PLEASE COMPLETE HEALTH ASSESSMENT FORMS, SEE STAFF FOR ASSISTANCE)

(PLEASE COMPLETE HEALTH ASSESSMENT FORMS, SEE STAFF FOR ASSISTANCE)

6. Пожалуйста заполните формы по состоянию
здоровья, работники окажут вам помощь

**WAIT HERE
UNTIL CALLED
BY MEDICAL
SCREENER**

**ESPERE AQUI
HASTA QUE LO
LLAMEN**

(WAIT HERE UNTIL CALLED BY MEDICAL SCREENER)

(WAIT HERE UNTIL CALLED BY MEDICAL SCREENER)

7. Ждите здесь пока не вызовет вас медсестра

MEDICAL SCREENING AREA

Medical Health Care Professionals will use the patient's Health Assessment form and determine the appropriate medication to dispense. If any questions arise as to the appropriate medication, the screeners will use the algorithms to help determine the appropriate medication. If still in doubt the Clinic Physician may be used to determine the appropriate course of treatment. If a physician is not on site, one may be called and consulted. The screeners must ensure that all information has been completed on the form and if they are picking up medication for other family members, they must also determine the appropriate medication based on information supplied by the patient and the information listed on the form.

Once the appropriate medication has been determined it will be indicated on the Health Assessment form for each person being treated. The patients will then be directed to the Distribution Area.

People Required: 8-10 all health care professionals, EMT/LPN/RN

Support Materials Required:

- Tables, 30" x 60 " – 12 Each, with 6 on a side. Patients will form 2 lines.
- Pens – 250 (a mixture of blue, black and red)
- Health Assessment Forms – 1000
- Chairs – 24 Each
- Plastic Storage Containers 6 x 12 x 17 – 5 each. These will be used to store supplies, extra papers etc.
- Lap top Computers – 3 Each
- CDC Post-Exposure Prophylaxis for Anthrax, Plague and Tularemia. This CD will contain drug information and labels in numerous languages. Insert CD and scroll down to CDC-Menu (PDF File). After opening the file, you can click on the either Anthrax, Plague, or Tularemia.
- Pads of paper
- Hand Sanitizer
- At least one Uniden hand held radio
- Reflective vests for each worker

Required Signs:

- **MEDICAL SCREENING** – positioned over the medical screening area. This sign is located in the BT cubicle.
 - **CHEQUEO MEDICO**
- **PLEASE INFORM STAFF IF YOU ARE FEELING ILL** – In English, Spanish and Russian
 - **POR FAVOR INFORME AL PERSONAL SI NO SIENTE BIEN**
- **PLEASE HAVE HEALTH ASSESSMENT FORMS COMPLETED** – In English
 - **POR FAVOR TENGA LAS FORMAS DE SALUD COMPLETAS**

- **IF YOU REQUIRE ASSISTANCE PLEASE SEE THE STAFF** – In English, Spanish and Russian
 - **SI UD REQUIERE ASISTENCIA ESPECIAL INFORME AL PERSONAL**
- **WAIT HERE UNTIL CALLED BY MEDICATION DISPENSING AREA** – In English
 - **ESPERE AQUI HASTA QUE LO LLAMEN DE LA AREA DE DONDE SE DISPENSAN MEDICINAS**

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
MEDICAL SCREENING AREA SUPERVISOR

QUALIFICATIONS:

- Health Care Professionals (RN, LPN), Benton County Health Department Employee
- Received all required prophylaxis/vaccinations

REPORT TO: Nurse Coordinator

JOB ACTIONS:

- Ensure Medication Screening Area is established
- Follow standing orders and all protocols.
- Observe applicable infection control measures including proper hand washing.
- Verify that the participant is to be treated with medication
- Review Health Assessment form for completeness and legibility
- Screen recipient for any contraindications to the medications
- Confirm dosage is correct based on age and weight and pre-existing medical conditions.
- Consult with Physician as needed.
- Give recipient medication information sheet on appropriate medications/vaccinations and review with them.
- Reinforce the importance of taking medication as instructed.
- Review medication regimen and verify that recipient has received full instructions
- Give recipient telephone number to call if they have any questions.
- Document as required.

DUTY CHECKLIST:

- ☐ Sign in and report to Nurse Coordinator
- ☐ Obtain vest and radio from outgoing Medical Screening Area Supervisor
- ☐ Give or get a shift change briefing from Medical Screening Area Supervisor.
- ☐ Document screening provided on required forms.
- ☐ Verify signature on the consent form.
- ☐ Attach greeting/triage screening form to the Health Assessment form for Medication Dispensing and data entry
- ☐ Ensure adequate supply of forms/pens/clipboards etc. is available.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
MEDICAL SCREENER

QUALIFICATIONS:

- Medical license required (LPN, RN)
- Received all required prophylaxis/vaccinations

REPORT TO: Medical Screening Area Supervisor

JOB ACTIONS:

- Review all standing orders and protocols.
- Check all forms for completeness and content
- Evaluate the Health Assessment/Smallpox Consent Form/Influenza Consent Form to identify potential allergies, drug interactions, or contraindications to taking medications/vaccines.
- Distribute information on disease and drug information and other forms to each recipient
- Direct recipients from screening area to medication dispensing area unless contraindicated.
- Confer with Physician or Pharmacist if questions about potential contraindications.

DUTY CHECKLIST:

- ☐ Sign in and report to Medical Screening Area Supervisor.
- ☐ Obtain vest
- ☐ Using clinic protocol, indicate treatment to be dispensed on Health Assessment form for dispensing personnel. (Dispensing personnel complete treatment provided, lot # etc)
- ☐ Direct recipient to Dispensing Area

CHEQUEO MEDICO

(MEDICAL SCREENING)

(MEDICAL SCREENING)

8. Медицинский осмотр

**PLEASE INFORM
STAFF IF YOU
ARE FEELING ILL**

**POR FAVOR
INFORME AL
PERSONAL SI NO
SIENTE BIEN**

(PLEASE INFORM STAFF IF YOU ARE FEELING ILL)

(PLEASE INFORM STAFF IF YOU ARE FEELING ILL)

4. Пожалуйста сообщите работникам, если Вы чувствуете себя больными

**PLEASE HAVE
HEALTH
ASSESSMENT
FORMS
COMPLETED**

**POR FAVOR
TENGA LAS
FORMAS DE
SALUD
COMPLETAS**

(PLEASE HAVE HEALTH ASSESSMENT FORMS COMPLETED)

(PLEASE HAVE HEALTH ASSESSMENT FORMS COMPLETED)

9. Пожалуйста, формы по состоянию здоровья
должны быть заполнены

**IF YOU REQUIRE
ASSISTANCE
PLEASE SEE THE
STAFF**

**SI UD REQUIERE
ASISTENCIA
ESPECIAL
INFORME AL
PERSONAL**

(IF YOU REQUIRE ASSISTANCE PLEASE SEE THE STAFF)

(IF YOU REQUIRE SPECIAL ASSISTANCE, CONTACT THE STAFF)

5. Если вам требуется специальная помощь,
сообщите работникам

**WAIT HERE
UNTIL CALLED
BY MEDICATION
DISPENSING
AREA**

**ESPERE AQUI
HASTA QUE LO
LLAMEN DE LA
AREA DE DONDE SE
DISPENSAN
MEDICINAS**

(WAIT HERE UNTIL CALLED BY MEDICATION DISPENSING AREA)

(WAIT HERE UNTIL CALLED BY MEDICATION DISPENSING AREA)

10. Ждите здесь пока не вызовут с медицинской
распределительной клиники

MEDICATION DISPENSING AREA

This is the area where the actual medication will be dispensed, based on the information supplied by the Medical Screening Area, contained on the Health Assessment form. Labels will be printed and attached to the drug information sheet. This station will be manned by Registered Nurses, or other personnel authorized by the State of Missouri to distribute medications. Patients will then be directed to the final review station.

People Required: 8-10, must be RN's or Pharmacy Technicians.

Support Materials Required:

- Tables, 30" x 60 " – 12 Each, with 6 on a side. Patients will form 2 lines.
- Pens – 250 (a mixture of blue, black and red)
- Health Assessment Forms – 200
- Chairs – 24 Each
- Drug information sheets
- Plastic Storage Containers 6 x 12 x 17 – 24 Each. These will be used to store materials.
- Lap Top Computers – 5 each for labels
- Printers – 5 Each to print labels
- Plain Avery 5395 Name Badge Labels – At least 100 boxes of 50 sheets with 8 labels per sheet. These can be purchased at Staples.
- Easily accessible area for storage of bottles., to be handed to patients.
- CDC Post-Exposure Prophylaxis for Anthrax, Plague and Tularemia. This CD will contain drug information and labels in numerous languages. Insert CD and scroll down to CDC-Menu (PDF File). After opening the file, you can click on the either Anthrax, Plague, or Tularemia.
- Pads of paper
- Hand Sanitizer
- At least one Uniden hand held radio
- Reflective vests for each worker

Signs Required:

- **MEDICATION DISPENSING** – Positioned over the medications dispensing area. This sign is located in the BT Cubicle
- **REPARTIMIENTO DE MEDICINAS**
- **PLEASE INFORM STAFF IF YOU ARE FEELING ILL** – In English, Spanish and Russian
- **POR FAVOR INFORME AL PERSONAL SI NO SE SIENTE**
- **IF YOU REQUIRE ASSISTANCE PLEASE INFORM THE STAFF** – In English, Spanish and Russian.
- **SI UD REQUIERE ASISTENCIA ESPECIAL INFORME AL PERSONAL**

BCHD SNS JOB ACTION SHEET
MEDICATION DISPENSING AREA SUPERVISOR

QUALIFICATIONS:

- R.N., Pharmacist
- Received all required prophylaxis/vaccinations

REPORT TO: Nurse Coordinator

JOB ACTIONS:

- Ensure dispensing workers follow all standing orders and protocols.
- Ensure workers follow applicable infection control measures including proper hand washing and wearing of personal protective equipment.
- Verify workers are capable of dispensing/administering selected prophylaxis
- Review requirements of the Health Assessment form/Smallpox Consent Form/Influenza Consent Form with staff
- Dispense medications or administer vaccinations as required.
- Assure necessary supplies, medications/vaccines are available
- Consult with Physician as needed.
- Ensure workers receive appropriate training on preventive medications (interventions) as per treatment protocol.
- Document as required.
- Log medication for tracking purposes

DUTY CHECKLIST:

- ☐ Sign in and report to Nurse Coordinator
- ☐ Obtain vest and radio
- ☐ Give or get shift change briefing with oncoming/outgoing Medical Dispensing Area Supervisor

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
MEDICATION DISPENSING AREA WORKER

QUALIFICATIONS:

- R.N., Pharmacist
- Received all required prophylaxis/vaccinations

REPORT TO: Medical Dispensing Area Supervisor

JOB ACTIONS:

- Follow all standing orders and protocols.
- Observe applicable infection control measures including proper hand washing and wear of personal protective equipment.
- Verify that the participant is to be treated with medications/vaccinations.
- Review Health Assessment form/Smallpox Consent Form/Influenza Consent Form for completeness and legibility
- Review medication regimen and verify that recipient has received instructions
- Dispense medications or administer vaccinations as required.
- Assure forms and labels are correct
- Consult with Physician as needed.
- Ensure that all recipients receive appropriate preventive medications (interventions) as per treatment protocol.
- Give recipient medication information sheet on appropriate medication or vaccination and review with them.
- Reinforce the importance of taking medication as instructed.
- Document as required.
- Log medication for tracking purposes

DUTY CHECKLIST:

- ☐ Sign in and report to Medical Dispensing Area Supervisor
- ☐ Obtain vest.
- ☐ Document dispensing/vaccination provided on recipients Health Assessment form
- ☐ Verify signature on the consent form.
- ☐ Attach greeting/triage screening form to the Health Assessment form for Medication Dispensing and data entry

REPARTIMIENTO DE MEDICINAS

(MEDICATION DISPENSING)

(MEDICATION DISPENSING)

11. Распределение лечения

**PLEASE INFORM
STAFF IF YOU
ARE FEELING ILL**

**POR FAVOR
INFORME AL
PERSONAL SI NO
SE SIENTE**

(PLEASE INFORM STAFF IF YOU ARE FEELING ILL)

(PLEASE INFORM STAFF IF YOU ARE FEELING ILL)

4. Пожалуйста сообщите работникам, если Вы чувствуете себя больными

**IF YOU REQUIRE
ASSISTANCE
PLEASE INFORM
THE STAFF**

**SI UD REQUIERE
ASISTENCIA
ESPECIAL
INFORME AL
PERSONAL**

(IF YOU REQUIRE ASSISTANCE PLEASE INFORM THE STAFF)

(IF YOU REQUIRE ASSISTANCE PLEASE INFORM THE STAFF)

5. Если вам требуется специальная помощь,
сообщите работникам

EXIT/FINAL INTERVIEW

Patients will be directed to this final station. At this station patients will turn in the Health Assessment Form and any questions they may have will be answered. After this station patients will exit the facility and will finish with the distribution process. The staff will quickly review Health Assessment forms for accuracy and completeness. Recipients will be randomly selected for a more complete quality control check.

People Required: 6 a mixture of at least one health care professional, for each shift.

Support Materials Required:

- Tables, 30” x 60” – at least 3
- Chairs – 6 each
- Plastic Storage Containers 6 x 12 x 17 – 6 Each
- Pads of paper
- CDC Post-Exposure Prophylaxis for Anthrax, Plague and Tularemia. This CD will contain drug information and labels in numerous languages. Insert CD and scroll down to CDC-Menu (PDF File). After opening the file, you can click on the either Anthrax, Plague, or Tularemia.
- Hand Sanitizer

Signs Required:

- **EXIT/ FINAL INTERVIEW** - This sign is located in the BT cubicle
 - **SALIDA/ENTREVISTA FINAL**

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
EXIT/FINAL INTERVIEW AREA SUPERVISOR

QUALIFICATION:

- Licensed health care professional (RN, LPN, EMT) Benton County Health Department Employee (HIV Case Manager)
- Received all required prophylaxis/vaccinations

REPORT TO: Nurse Coordinator

JOB ACTION:

- Ensure workers follow standing orders and protocols.
- Ensure workers have been trained and follow the job action sheet
- Reinforce compliance messages and remind recipient to follow all instructions
- Perform “Spot Checks” for quality assurance (make sure recipients have correct medications and amount, and correct meds for multiple pick ups)
- Direct recipients to proper exit door.

DUTY CHECKLIST:

- ☐ Sign in and report to Nurse Coordinator
- ☐ Obtain orange vest and radio
- ☐ Receive/give outgoing/oncoming Exit Supervisor shift change briefing
- ☐ Ensure adequate supplies are on hand.

BCHD MASS PROPHYLAXIS JOB ACTION SHEET
EXIT/FINAL INTERVIEW AREA WORKER

QUALIFICATIONS:

- May be non-medical
- Received all required prophylaxis/vaccinations

REPORT TO: Nurse Coordinator

JOB ACTIONS:

- Follow all standing orders and protocols
- Check accuracy and completion of contact information on Health Assessment/Smallpox Consent/Influenza Consent forms.
- Collect forms for data entry
- Reinforce compliance messages and remind recipient to follow all instructions.
- Verify if recipients have any further questions
- Direct recipients to proper exit door.

DUTY CHECKLIST:

- ☐ Sign in and report to Nurse Coordinator
- ☐ Obtain appropriate vest
- ☐ Receive/give outgoing/oncoming Exit Supervisor shift change briefing

SALIDA/ENTREVISTA FINAL

(EXIT/FINAL INTERVIEW)

(EXIT/FINAL INTERVIEW)

12. Выход/заключительная беседа

SPECIAL SERVICES AREA

This area will be set up and operated in the same manner as the main clinic. It is established to help all of those individuals who may require extra attention. This could be for any number of reasons, such as a physical ailment that may prevent them from walking through the clinic, or they don't speak English. Patients will be triaged, screened, and have medication distributed in this area.

People Required: Support staff – 4, translators – 3, health care professionals - 8

Support Materials Required:

- Tables, 30" x 60" – 10 each
- Chairs – 25 or more
- Plastic Storage Containers 6 x 12 x 17 – 10 Each
- CDC Post-Exposure Prophylaxis for Anthrax, Plague and Tularemia. This CD will contain drug information and labels in numerous languages. Insert CD and scroll down to CDC-Menu (PDF File). After opening the file, you can click on the either Anthrax, Plague, or Tularemia.
- Pens – 200 each (blue, black, red)
- Pads of paper
- Computer's – 5 Each
- Printers – 5 Each

Required Signs:

- **SPECIAL SERVICES AREA** – This sign is located in the BT cubicle
 - **AREA DE SERVICIOS ESPECIALES**

BCHD SNS JOB ACTION SHEET
SPECIAL SERVICES COORDINATOR

QUALIFICATIONS:

- Medical
- Good organization and management skills
- Review Job Action Sheet, receive briefing from Clinic Manager
- Required prophylaxis

REPORT TO: Clinic Manager

JOB ACTIONS:

- Supervise the nursing station areas of the Special Services Area
- Collaborate with Nurse Coordinator to plan number of staff needed to fulfill nursing duties in the Special Services Area.
- Anticipate nursing staff needs of Special Services and assist as necessary.
- Assure that each staff member receives a break at appropriate intervals.
- Obtain necessary supplies from Logistics Coordinator.
- Maintain open communication with the Clinic Manager and Nurse Coordinator.
- Assure that staff members sign duty roster and obtain proper ID badge and vest and receive appropriate prophylaxis.
- Assure staff members receive their assigned area- job action sheets and are trained.

DUTY CHECKLIST:

- ☐ Report to Volunteer/staff Check-In area
- ☐ Sign duty roster.
- ☐ Report to Clinic Manager
- ☐ Wear ID badge and vest at all times.
- ☐ Assure that nursing staff and Special Services staff has checked in and signed duty roster and obtained proper ID badge and vest to wear.
- ☐ Set up Special Services area of clinic.
- ☐ Assure that Portable First Aid Station is stocked appropriately and stored near nursing area.
- ☐ Provide training to nurse staff related to their job action sheet.
- ☐ Schedule a break for each staff member.
- ☐ Report to oncoming Special Services Coordinator.
- ☐ Sign off/report to Clinic Manager

BCHD SNS JOB ACTION SHEET
TRANSLATOR
STATION: SPECIAL SERVICES AREA and areas of need.

QUALIFICATIONS:

- Ability to communicate in foreign language(s) or sign language
- Review Job Action Sheet, Receive briefing from Special Services Coordinator
- Required prophylaxis

REPORT TO: Special Services Coordinator

JOB ACTIONS:

- Translate for individuals who do not speak English and are not accompanied by someone who can translate for them.
- Answer non-medical questions and give information as able to non-English speaking participants.
- Translate for clinic staff as able.
- Utilize the CDC CD, Post-Exposure Prophylaxis for Anthrax, Plague, & Tularemia, Patient Drug Information Sheets, Dosing Instruction Labels. This CD will be loaded onto laptop computers and available on disc.

DUTY CHECKLIST:

- ☐ Report to the Volunteer/staff Check-In area
- ☐ Sign Duty roster
- ☐ Obtain ID badge and vest
- ☐ Wear ID badge and vest at all times.
- ☐ Report to Special Services Coordinator.
- ☐ Assist recipients that do not speak English with the dispensing site process and help communicate information to them.
- ☐ Report to oncoming Translator Staff.
- ☐ Sign off/report to Special Services Coordinator.

SPECIAL SERVICES AREA

AREA DE SERVICIOS ESPECIALES

(SPECIAL SERVICES AREA)

(SPECIAL SERVICES AREA)

13. Специальная область услуг

MEDICAL EVALUATION AREA

This area will be operated at BCHD by **Truman Lake Clinic**. It will be used primarily to evaluate those patients that may be symptomatic. If it is determined that the patient is symptomatic due to exposure to the disease, they will be directed to the hospital for further treatment. If it is determined that they are not symptomatic from exposure to the disease, they will complete the Health Assessment form and have medications dispensed and will exit out of the east door of the Hospice Wing. Those needing transport to Bothwell Regional Health Center will be transported.

People Required: A mixture of mostly health care professionals with some support staff. **Truman Lake Clinic** will man the Medical Evaluation Area.

Support Materials Required:

- Tables, 30" x 60" – 10 Each
- Chairs – 50 Each
- Computers – 5 each
- Printers – 5 Each
- CDC Post-Exposure Prophylaxis for Anthrax, Plague and Tularemia. This CD will contain drug information and labels in numerous languages. Insert CD and scroll down to CDC-Menu (PDF File). After opening the file, you can click on the either Anthrax, Plague, or Tularemia.
- Wheelchairs – 2 Each
- Privacy Screens – Enough for 6 exam rooms
- Pens – 50
- Pads of paper

Signs Required:

- **MEDICAL EVALUATION** - This sign will be positioned inside of the entrance. Do not hang this sign outside of the center entrance. This is to prevent non-symptomatic recipients from entering this area. It is pre-made and is located in the BT Cubicle.
- **EVALUACIONES MEDICAS**

BCHD SNS JOB ACTION SHEET
MEDICAL EVALUATION AREA -PHYSICIAN EVALUATOR

QUALIFICATIONS:

- Licensed Physician, Physician Assistant, Nurse Practitioner
- Review Job Action Sheet, receive briefing from Clinic Manager
- Required prophylaxis

REPORT TO: Operated by **Truman Lake Clinic**/Clinic Manager

JOB ACTIONS:

- Evaluate/examine triaged ill.
- Maintain Infection Control Standards.
- Document findings and interventions on progress notes (form).
- Provide backup counseling if needed to contacts and/or individuals with possible contraindications identified by the Medical Dispensers/Screeners.
- Evaluate any immediate medical problems (e.g. fainting)
- Complete referral form for recipients referred to their private physician or healthcare facility. See list of forms.
- Identify quarantine/isolation needs of recipients and refer to in-patient facility if warranted.
- Utilize runners to direct recipients to other areas of the clinic as needed.
- Defer from prophylactic treatment if contraindicated. (unless health authority waives deferrals due to contraindications).

DUTY CHECKLIST:

- ☐ Report to Volunteer Check-In area.
- ☐ Sign Duty Roster.
- ☐ Obtain ID badge and vest
- ☐ Wear ID badge and vest at all times.
- ☐ Report to Clinic Manager.
- ☐ Report to oncoming Physician Evaluator.
- ☐ Sign off/report to Clinic Manager.

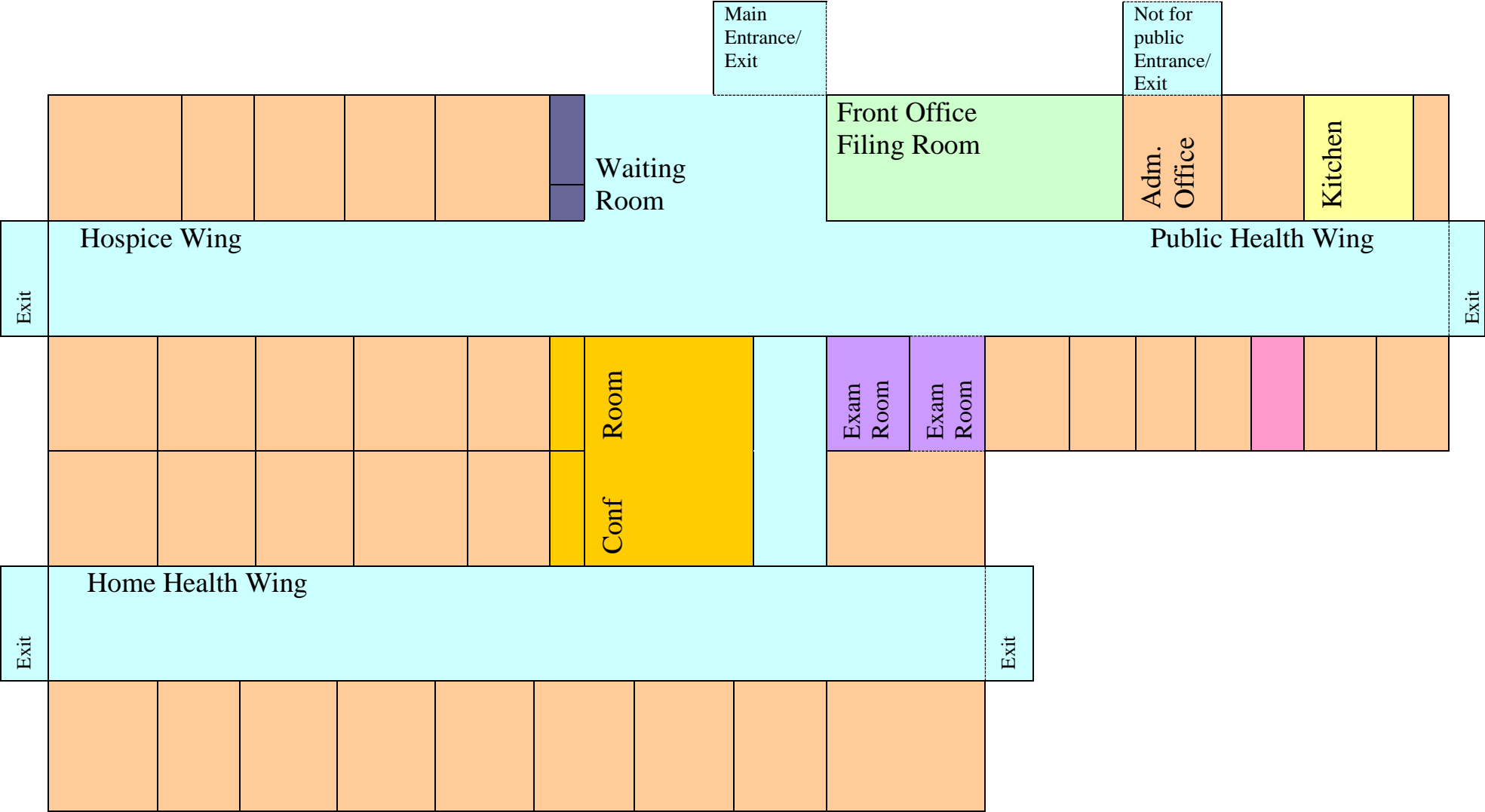
MEDICAL EVALUATIONS

EVALUACIONES MEDICAS

(MEDICAL EVALUATIONS)

(MEDICAL EVALUATIONS)

14. Медицинская оценка



MASS VACCINATION GUIDE

PURPOSE: The purpose of these guidelines is to establish policy and procedures for administering mass vaccinations. These guidelines are directed primarily at mass vaccinations for smallpox and pandemic influenza, but can be scaled for use with any mass vaccination program.

This portion of the guide uses established guidelines by the Centers for Disease Control and Preventions Smallpox Vaccination Clinic Guide dated 9/16/2002, Missouri's Department of Health and Senior Services Annex K Emergency Response and Terrorism Plan, The US Department of Health and Human Services Pandemic Influenza Plan, the Missouri Department of Health and Senior Services Pandemic Influenza Plan, and the Benton County Health Departments Emergency Operations Plan.

This portion of the guide will be in 2 sections. Section 1 will contain information on smallpox vaccination and Section 2 will contain information on pandemic influenza vaccination.

SECTION 1: SMALLPOX VACCINATION

SITUATION: Following a confirmed smallpox outbreak in the United States, rapid voluntary vaccination may be required to supplement priority surveillance and containment control strategies in areas with smallpox cases. It may also be required to reduce the “at-risk” population for additional intentional releases of smallpox virus, if the probability of such occurrences is considered significant. Or to address heightened public or political concerns regarding access to voluntary vaccination.

CLINIC ORGANIZATION AND PERSONNEL ESTIMATES: This section describes a model for our planned vaccination program and addresses the different activities needed for the administration of smallpox vaccine, as well as an example of personnel estimates for clinic staffing. The output goal would be the administration of vaccine to the population of Benton County (2005 est Pop, 18,854). Staffing needs were determined using computer modeling from the CDC with the following parameters:

- 97% of people presenting to the clinic will be processed through normal clinic flow
- 1% will have some illness that will require evaluation before processing through clinic
- 2% will be identified as a contact or possible contact to smallpox and will be processed through the separate “Contact Evaluation” unit.
- 20% of people coming through the clinic will require medical counseling in addition to the orientation video
- Medical counseling/questions will require 5-15 minutes (some individuals will require more than 15 minutes and others will require less than 5 minutes)
- Physicians would be available to handle more difficult medical screenings to keep the clinic flowing
- 50% of persons getting additional medical counseling will be vaccinated and 50% will defer vaccination because of contraindications or other reasons
- Distributing IND packets and providing initial instructions would take between 30 seconds and 2 minutes
- Video orientations will be set on a loop and shown while people stand in line.
- It will take 2-3 minutes for individuals to fill out the medical history screening forms.
- Vaccination and completing vaccination cards would require between 30 seconds and 2 minutes

CLINIC ESTIMATES: The following charts are an example of the human resources needed based on the above assumptions. These estimates may be changed based on the situation. These estimates are based on one clinic in Benton County.

**Overall Vaccination Administration Goal = 18,854 people over 6 days
(Approximately 1178 per day, or 74 per hour, based on 16-hour operations)**

Clinic Estimates

Vaccination Clinics (VC)	1Clinic Site	More sites could be added to accommodate larger population bases
Vaccination Stations (VS)	<ul style="list-style-type: none"> ▪ 8 VS per shift ▪ 1 vaccinator per station ▪ 0.5 to 1 witness/helper per station (who can also alternate vaccinating) ▪ 16 vaccinators/witnesses per shift 	Vaccinators and witnesses must be at least licensed health care professionals. During pre-event vaccination DHSS requires Registered Nurses. These individuals must be trained in smallpox inoculations.
Hours of Operation	At a minimum 16 hours/day	Consider expanding hours for higher daily output or to address overflow
Vaccination Delivery	<ul style="list-style-type: none"> ▪ 30 to 60 vaccinations per VS/ hour ▪ 370 vaccinated/hr/VC ▪ 6700 per day/VC ▪ 40,121 in ~ 6 days 	30 to 60 vaccinations per VS/hour allows for variations caused by vaccinator rotation, resupply requirements, completing vaccination card, and other considerations

Breakdown of Clinic Personnel per VC

Position	Number per 16-h Shift	Reports to	Experience
Forms Distribution +	18	Health Educator	Non-medical volunteers
Triage for Ill or Contact	8	Greeting/Triage	Nurse or EMT
Run Orientation Video	6	Health Educator	Non-medical (video will be set on a continuous loop)
Referral Personnel	16	Nurse Coordinator	Non-medical volunteers
Medical Screeners	14	Nurse Coordinator	Medical training required nurse. (MD for consultation)
Physician Evaluators	4	Medical Evaluation Area	Physicians to evaluate ill or more difficult medical history screening
Vaccinators/Witness	32 (vaccinator, witness, surge personnel)	Nurse Coordinator	Cross-trained to alternate vaccination, fill out vaccine card, and sign as witness
Vaccine Preparation/Supply to VS	4	Nurse Coordinator	Pharmacist, pharmacy tech, or nurse experienced with vaccine or medication reconstitution
Exit Review	4	Nurse Coordinator	Medical or public health personnel for final questions/instructions
Medical Records/Data Entry	12	Volunteer Coordinator	Non-medical, data entry for information collected on vaccinees
Clinic Manager	2		Existing Vaccine Programs Personnel
Logistics Manager	2	Clinic Manager	Non-medical
Clinic Flow/QA Reviewer/Forms Helpers	16	Volunteer Coordinator	Non-medical volunteers to assist with forms completion, collection, and clinic flow
Security	4	Clinic Manager	Non-public health resource, preferably LE
Traffic Flow	4	Volunteer Coordinator	Non-medical, assist with loading and unloading buses at site if offsite parking utilized
Translator (not counted in total clinic staffing estimates)	At least one per major language per shift	Volunteer Coordinator	Language fluency with training
Float Staff	6	Volunteer Coordinator	Non-medical volunteers
Contact Evaluation	8	Clinic Manager	Public health
EMT	2	Nurse Coordinator	Medical
IT Support	2	Volunteer Coordinator	Non-medical
Total Personnel	164		

48 Non-medical personnel per shift

38 Medical personnel per

shift

Management and Coordination Functions: These are the same positions found on pages 8 and 9.

Clinic Manager: The Clinic Manager is part of the Benton County Incident Management System. This person will be responsible for all mass vaccination clinic functions. This person will report to the Incident Commander located at the Benton County Emergency Operation Center.

Nurse Coordinator: Oversees all nursing staff within the clinic; assists clinic manager in making clinic assignments for nursing staff; assists on-duty nurses as needed.

Logistics Manager: Ensures that all necessary clinic supplies are on site and are available in sufficient quantities during clinic operations; maintains an inventory of supplies; oversees distribution of supplies to appropriate locations in the clinic; ensures that sufficient vaccine is available, that the cold chain is maintained through proper handling and storage; ensures that vaccine is stored in a secure manner at the clinic site and that unused vaccine is returned and accounted for; and maintains adequate vaccine and other supplies at the vaccination clinic.

Security Coordinator: Oversees personnel assigned to security activities at the clinic site; assists the clinic manager in making duty assignments of security personnel; determines appropriate number of security staff necessary according to clinic size and location; maintains a list of authorized clinic staff and their phone numbers; assigns and coordinates use of cell phones and pagers; establishes staff check-in and check-out procedures; ensures that all staff wear ID badges; maintains communication with local law enforcement officials.

Volunteer Coordinator: Oversees volunteer activity at the clinic site. Assists the clinic manager in making duty assignments of volunteer staff; maintains roster of persons available for volunteer duty; and maintains a schedule of times that volunteers will be available to work.

Staff Positions: The below listed positions will be manned in the clinics.

- **FORMS/INFO PACKET DISTRIBUTION – 18 total** – Personnel to put together patient forms/information packets and hand out packets with information sheets/registration forms/informed consent/other IND forms (1 minute/person), clipboards, and pencils. People will begin filling in demographic information on forms while in line awaiting initial clinic entry for video briefing.
- **TRIAGE [nurse or EMT] – 8 total** – Triage personnel to direct ill patients to other evaluation facilities and direct identified contacts, persons with contact with a case of rash illness in last 3 weeks, and their household family members to high-priority evaluation location within clinic (1 minute/person). Triage should also utilize signs explaining where people should go if they are ill or are identified contacts.
- **VIDEO ORIENTATION – 6 total** – Personnel to run video orientation regarding clinic procedures, paperwork, IND consent information, reasons for vaccination, contraindications to vaccination; at least 3 televisions set to run on a loop will be located as recipients stand in line. Orientation personnel will be available to answer questions, or direct recipients to the appropriate official.
- **REFERRAL PERSONNEL– 16 total** – Can be trained volunteers with no medical background; to look at medical screening/vaccination consent forms and send persons without “yes” checked boxes who have signed form on to vaccination station and redirect people with contact checked boxes or other “yes” or “maybe” checked boxes on to contact

or medical screeners. Float staff personnel can relieve as needed to allow all stations to continue running during staffing breaks.

- **MEDICAL SCREENERS FOR CONTRAINDICATIONS, EVALUATION/INFORMED CONSENT QUESTIONS COUNSELING** (should be medically trained personnel, such as physicians, nurses, physician assistants, or nurse practitioners) — **14 total** – Medical screeners to review patient history for those with contraindications and answer questions for informed consent (est. 5 to 10 minutes/person); numbers may need to be increased if too many people require further screening and lines start to back up at this part of clinic.
- **PHYSICIAN EVALUATORS** – **4 total** – Physicians to evaluate/examine triaged ill persons and provide backup counseling if needed to contacts and non-contacts identified with possible contraindications by medical screeners (10 minutes/person), and evaluate any immediate problems following vaccination (e.g., fainting or anaphylaxis).
- **VACCINATORS/ASSISTANTS** – **32 total** – Eight vaccination stations with 1.5 to 2 vaccinators per vaccination station/shift to trade off vaccination, fill out vaccination card, and witness/collect signed vaccination consent/med screening form (each of the eight vaccinating stations doing 35 to 45 people/h for total of 418 people vaccinated/hr). Vaccinators should consist of those allowed to administer vaccine under state law.
- **VACCINE PREPARATION FOR VS** – **4 total** – For preparation of vaccine vials to supply VS as needed. Should be pharmacist, pharmacy technician, or other personnel trained in preparation of medications or reconstitution of vaccines and as allowed by state law.
- **EXIT REVIEW PERSONNEL** – (should be medical or public health personnel) - **4 total** – Personnel to answer any final questions about site care, adverse event symptoms or non-take reporting procedures/follow-up, and other issues following vaccination.
- **MEDICAL RECORDS/DATA ENTRY PERSONNEL** – **12 total** – Collect retained records and enter registration/vaccination information (e.g., name, SS#, passport number/country, and contact information) into database (estimated 1 minute/record entry if database already set up) – important to have onsite, if possible, to maintain “real-time” record of number of vaccinations and database for later use for adverse events or non-takes requiring revaccination; Web-based entry with centralized database of all clinics preferable.
- **CLINIC MANAGERS** – **2 total** – Oversees all clinic functions/problem solving.
- **LOGISTICS MANAGERS** – **2 total** – Oversees all supply needs; tracks vaccine supply/lot numbers, distribution, and wastage; re-supplies vaccination stations. Numerous volunteers from the community will be assigned to this area. Logistics is also responsible for feeding and other comfort needs of the clinic staff.
- **CLINIC FLOW/QA/FORMS HELPER PERSONNEL** [volunteers] – **16 total** – Help maintain clinic flow, assist with forms, quality assurance, retrieve clipboards and forms from VS and takes forms to medical record entry personnel and clipboards back to form distribution, rotate through waiting areas to answer questions, and talk with people to assure them, as needed.
- **SECURITY PERSONNEL** – **4 total** – Maintain crowd control outside and security within clinic; assist with clinic and traffic control, and other security matters. Non-public health resource.
- **TRAFFIC FLOW PERSONNEL** – **4 total** – Maintain traffic flow and order in parking area if parking onsite; will also be used to control flow of buses arriving at the vaccination clinic.
- **TRANSLATORS** – One for each major language spoken in community per shift; more may be needed depending upon major language of clinic population. Translators proficient in sign language should also be identified to assist with deaf individuals. Local and state authorities should identify language translations needed based on makeup of the community. Consider identifying specific clinics for referral of populations who need translators.

- **FLOAT STAFF PERSONNEL [volunteers] – 6 total** – Float staff personnel to answer telephones, assist clinic personnel as needed, collect forms, assist with handicapped and elderly, etc.

CONTACT EVALUATION UNIT PERSONNEL – 8 total – For separate medical screening, education, and registering of identified contacts and their household contacts. Contacts will also be registered for surveillance for smallpox symptoms and given

VACCINATION SITE OPERATIONS

The following operations will be used during the site operations. These guidelines will be used during the smallpox vaccination stage.

PURPOSE: This appendix will address departmental responsibilities for both Benton County agencies, in the event mass voluntary smallpox vaccination is required.

CONCEPT OF OPERATIONS:

The 2005 estimated population of Benton County is approximately 18,854. If a smallpox exposure has been confirmed, The Missouri Department of Health and Senior Services may issue smallpox vaccine to the Benton County Health Department. The Benton County Health Department will contact the Benton County Emergency Management at (660-438-84120 for support. The BCHD will contact Trinity Lutheran Church in Cole Camp.

Personnel involved in the smallpox vaccination clinic must be vaccinated prior to opening the clinics. Once vaccine has arrived in Benton County all assigned clinic staff will be vaccinated prior to opening the vaccination clinic. All staff employees will be required to watch the DVD Smallpox Vaccine: Issues for Clinicians Part I and II. This DVD is with the Benton County Health Department Mass Prophylaxis Handbook.

People who are suspected of being a smallpox contact must inform clinic personnel, so that they may be evaluated and processed.

In order to distribute large numbers of immunizations, it is necessary that each agency understand its role. The following agency identifiers are guidelines only and may be expanded if necessary.

3. SUPPORT AGENCY RESPONSIBILITIES:

- a. Emergency Management Agency: (660) 438-8412
 - 1. Activate and maintain the Emergency Operations Center (EOC)
 - 2. Supply EMA Volunteers as needed
 - 3. Provide Public Warning
 - 4. Provide emergency public information
 - 5. Supply EMA volunteers for communications from the distribution site to the EOC
 - 6. The Emergency Management Director will coordinate all city and county emergency response agencies and support agencies.
- b. Law Enforcement: Benton County Sheriffs (660) 438-5252, Warsaw Police (660) 438-5262, Cole Camp Police (660) 668-2321
 - 1. Provide armed security at the vaccination site.
 - 2. Provide traffic control at the point of entry to the vaccination site
 - 3. Provide armed security at the distribution site, if required.

c. Benton County Health Department:

1. Arrange for reception of vaccine
2. Arrange for adequate medical/non-medical staffing at the vaccination site
3. Provide public education at the distribution site
4. Provide the necessary forms and logistical support
5. Coordinate all activities with the EMA.
6. Arrange for telephones and phone numbers to be connected in the vaccination clinic
7. Arrange for a fax machine at the clinic
8. Arrange with Commodore to dispose of medical waste
9. Maintain Vaccine Adverse Event Reporting System (VAERS) Forms and report to

<http://secure.vaers.org/vaersdataentryintro.htm>

10. Report adverse events to the DHSS CERT
11. Ensure clinic personnel are vaccinated prior to clinic operation

d. Benton County Road and Bridge Department (660-438-5801)

1. Heavy Equipment
2. Barricades

e. Truman Lake Clinic: (660-438-6800), Cole Camp Clinic: (660-668-4411)

1. Support the Benton County Health Department and supply appropriate medical personnel if required.
2. Arrange for external treatment sites if required.
3. Provide emergency triage, and emergency treatment for adverse events on site, if required.

f. Media: Release public service announcements.

PROCEDURES FOR VACCINATION SITE

1. As people enter the vaccination sites, an educational video/DVD will be played, the video will be on a loop, so that it is continually playing. The DVD is located with the Mass Prophylaxis Handbook.
2. As people enter the facility they will be given a *Screening and Consent Signature Form*. They will be directed to the Triage and Form Completion Area, where they will be screened for indications of smallpox.
3. If they answer *NO* to all questions, recipients will be sent to the *Vaccination Area*.
4. If they answer *YES* or *MAYBE* they will be sent to the *Medical Evaluation Area* for further screening.
5. At the *Vaccination Area* people will be vaccinated and directed to the *Exit/Final Review Area*.
6. If all boxes are marked “NO” and the individual decides against vaccination, they will be instructed to exit the building after signing a refusal form. They will also be advised of the risk of non-vaccination.

Recipient Entrance

All people will be directed where to park by local law enforcement or other authorized personnel. If the patients require the use of a wheel chair or are not physically able to negotiate the steps leading to the sites, they will be directed to the Special Services Area Entrance. All patients will be given a copy of *Smallpox Fact Sheet: Smallpox Overview*, and *Smallpox Fact Sheet: Vaccine Overview*.

As patients enter the area they will be given a clipboard with the *Investigational Smallpox Vaccine Screening and Consent Signature Form* attached. They will be observed and asked if the are exhibiting any symptoms of smallpox. Those deemed to be exhibiting the symptoms of smallpox will be referred to the Medical Evaluation Area, located in the Hospice Wing of BCHD.

As people fill out the form they will be directed to the Triage and Form Completion Area.

People Required: Nine people are required in this area to hand out forms. These are non-medical volunteers. Three people will also be needed to run the informational DVD. These people can also be used to hand out forms if required.

Support Materials Required:

- Clipboards – 100
- *Investigational Smallpox Vaccine Screening and Consent Signature Form* – 5000 (supply of forms must be replenished at least hourly)
- *Smallpox Fact Sheets: Smallpox Overview and Vaccine Overview* – 5000 of each (supply of form must be replenished at least hourly)
- Pens – 500, blue or black
- Chairs – At least 10 to 15 (supplied by fairgrounds)
- First Aid Kit – 1, for minor injuries
- Flashlight – at least 1
- Smallpox Fact Sheet – 5000 (supply must be replenished at least hourly)
- Hand Sanitizer
- Surgical Masks – These masks are primarily for clinic workers, if we have a large supply, the may be handed out to patents.
- At least one Uniden hand held radios
- Trash can

GREETING/TRIAGE AREA

As patients are directed through the entrance, they will finish completing the *Investigational Smallpox Vaccine Screening and Consent Signature Form*. At this station people will be triaged. The form will be reviewed, if all answers are *NO* people will then be sent to the Medical Screening Area., where they will be screened again and the sent to the Medication Distribution Area.

If there are any *YES* or *MAYBE* answers the patient will be screened further at the Medical Screening Area. If the problem cannot be resolved in the triage area they will be sent to the Medical Evaluation Area.

People Required: At least 4 licensed health care professionals. They will review the *Investigational Smallpox Vaccine Screening and Consent Signature Form* for completeness and accuracy.

Support Materials Required:

- *Investigational Smallpox Vaccine Screening and Consent Signature Form* –500 forms
- *Smallpox Fact Sheets: Smallpox Overview and Vaccine Overview* – 500 each
- Pens – 100, blue or black
- Chairs – At least 10 to 15 (supplied by fairgrounds)
- First Aid Kit – 1, for minor injuries
- Flashlight – at least 1
- Hand Sanitizer
- Surgical Masks – These masks are primarily for clinic workers, if we have a large supply, the may be handed out to patents.
- At least one Uniden hand held radios
- Trash can

MEDICATION/VACCINATION DISTRIBUTION AREA

This is the area where actual vaccination will take place. Live smallpox vaccine will be administered according to protocols issued by the Benton County Health Department. Workers in this area will have viewed the training DVD: *Smallpox Vaccine: Issues for Clinicians part I* prior to giving vaccinations.

People Required: 16 Licensed Health Care professionals. 8 will be giving the vaccination and 8 will fill in the Record of Immunization form located on page 181.

Support Materials Required:

- Smallpox Vaccine – Because vaccine requires refrigeration, logistics personnel will continually replenish the supply.
- *Smallpox Fact Sheets: Smallpox Overview and Vaccine Overview* – 100 each
- Bifurcated needles – All that came with the vaccine
- Record of Immunization – At least 5000.
- Tables – At least 10 long tables (supplied by fair grounds)
- Chairs – at least 25 (supplied by fairgrounds)
- Flashlight – 1
- Latex gloves – 2-3 boxes of each size, must be replenished
- Hand Sanitizer – At least one per vaccinator.
- Surgical Masks – At least one box, must be replenished
- At least one Uniden hand held radio
- Trash can

EXIT/FINAL REVIEW AREA

Once people have been vaccinated they will be sent to this area. Personnel will be available in this area to answer any final questions about vaccination site care, adverse symptoms, or non-take reporting procedures/follow-up, and other issues following vaccination. “Take Recognition Cards” will also be given as people exit the facility.

People Required: At least 2, of either licensed healthcare professionals or public health personnel.

Support Materials Required:

- *Smallpox Fact Sheets: Smallpox Overview and Vaccine Overview* – 500 of each
- Laptop Computer with all CDC generated smallpox information sheets downloaded prior to opening of vaccination clinics
- Printer
- Pens – 100
- Stapler – At least 1
- Take Recognition Cards – All (supplied with vaccine)
- Trash Cans - 1
- Table – At least 2
- At least one Uniden handheld radio
- Hand Sanitizer
- Surgical Masks
- Latex Gloves

Considerations for Vaccine Non-Takes and Adverse Events:

a. Reporting and Handling of Vaccination Non-Takes

(1) Non-Contacts: Vaccinated individuals who are not otherwise identified as contacts to a smallpox case will be given vaccination cards and vaccine take recognition cards at the time of their vaccination. They will be instructed to call a vaccination hotline if their vaccination sites does not resemble the picture on the card at day 7. Those individuals will be counseled to return to the county health center with their vaccination card for revaccination. Individuals presenting back to the VC for re-vaccination will not be required to repeat medical screening as long as they present their vaccination card

(2) Contacts: Vaccinated contacts under surveillance and their household members will also receive vaccination take cards and vaccination cards. If possible they will be followed up with visual confirmation of vaccine take.

b. Reporting, Evaluation, and Treatment of Suspected Adverse Events: Evaluation and treatment for vaccine adverse events should occur at a designated site. Each county will establish a local telephone for reporting of suspected adverse events. This should be established and staffed and included in the Smallpox Vaccine Information Statement (VIS) that's handed out to vaccine recipients. Staff should be instructed on where to refer callers for further medical evaluation.

**THE FOLLOWING PAGES LIST FORMS AND INFORMATION TO BE USED IN
THE VACCINATION CLINICS**

FORMS WILL BE KEPT AT THE BENTON COUNTY HEALTH DEPARTMENT

**ONCE NOTIFICATION THAT MASS VACCINATION WILL BEGIN FORMS WILL
BE DISTRIBUTED TO EACH SITE**

Investigational Smallpox Vaccine
Screening and Consent Signature Form

Date: _____

Patient Identifying Number: _____

(Please check only one: SSN Passport # Driver's license # and Issuing State: _____ Other , List: _____ None available)

Participant Information:

Print Name: _____

Date of Birth: _____

Sex: M F

Current Address: _____

City State Zip code Telephone Number

Contact History:

Have you been told that you may have been a contact to someone with smallpox?

Yes

No

Have you been in contact with someone who had a bad rash in the past 3 weeks?

Yes

No

Screening:

Do the following apply to you or your child?

Yes No Maybe

Immune system problems such as HIV/AIDS, cancer, leukemia, lymphoma, organ transplant, agammaglobulinemia

Autoimmune system problems like lupus that weakens your immune system

Currently taking medicines like oral steroids (such as prednisone), chemotherapy agents/radiation, or organ transplant medications.

Eczema, atopic dermatitis, or a history of eczema or atopic dermatitis

Other skin conditions such as burns, impetigo, contact dermatitis, or zoster.

Currently pregnant

Allergy to antibiotics polymixin B, streptomycin, chlortetracycline, neomycin

Age less than 1 year old

Have additional questions about any health conditions you might have and whether you should be vaccinated

Are you less than 18 years of age and your parent or guardian is not with you?

Do you have any questions you would like to have answered before you decide on vaccination?

This adult is incapacitated and this screening/consent signature form is being completed by the parent or guardian
[checked box for this question alone does not require additional screening counseling]

Participant Informed Consent Signature for Vaccination:

I HAVE:

- Viewed the vaccine informational video or read the video script in the packet, or talked with a translator.
- Received the information packet (which includes information on why this vaccine is being offered, why it is investigational, voluntary participation, benefits, risks, side effects, risks to contacts, precautions for vaccination and adverse events, Vaccinia Immune Globulin, cidofovir, care of my vaccination site, confidentiality, costs, what to do in case of injury, my right to refuse, alternative treatments, and contact information for problems or questions.)
- Completed the medical screening form
- Received counseling and additional information if I was identified as a contact or fell into any of the groups listed on the front of this form
- Had the opportunity to have my questions answered

I have been informed of why smallpox vaccine is being made available, the risks and benefits associated with vaccination and based on the information provided to me, I have decided to receive or have my child receive smallpox vaccination today.

Participant Signature/ Parent or Guardian: _____

FOR VACCINATOR USE ONLY

Vaccine clinic ID: _____ Vaccinator ID (name or ID number): _____

Vaccine Name: Dryvax Aventis ACAM1000 ACAM2000 Lot #: _____

Smallpox Vaccine Investigation of New Drug (IND)

Record of Immunization

Bring this card with you if you present for revaccination or for evaluation of a vaccine related illness

Name: _____

Patient Identifying Number (use same ID# as Medical Screening Form): _____

Please identify that this number is:

SSN

Passport # and Issuing Country: _____

Drivers license # and Issuing State: _____

Other: List _____

None available

Address:

(City)

(State)

(Zip code)

Telephone: (_____) _____

BELOW TO BE FILLED OUT BY VACCINE ADMINISTRATORS

Date (mm/dd/yy)	Vaccine Type (check box)	Vaccine LOT #	Vaccination Site (check box)	Clinic Name	Person administering vaccine
	Dryvax <input type="checkbox"/> Aventis <input type="checkbox"/> ACAM1000 <input type="checkbox"/> ACAM2000 <input type="checkbox"/>		Right arm <input type="checkbox"/> Left arm <input type="checkbox"/> Other <input type="checkbox"/>		
	Dryvax <input type="checkbox"/> Aventis <input type="checkbox"/> ACAM1000 <input type="checkbox"/> ACAM2000 <input type="checkbox"/>		Right arm <input type="checkbox"/> Left arm <input type="checkbox"/> Other <input type="checkbox"/>		
	Dryvax <input type="checkbox"/> Aventis <input type="checkbox"/> ACAM1000 <input type="checkbox"/> ACAM2000 <input type="checkbox"/>		Right arm <input type="checkbox"/> Left arm <input type="checkbox"/> Other <input type="checkbox"/>		
	Dryvax <input type="checkbox"/> Aventis <input type="checkbox"/> ACAM1000 <input type="checkbox"/> ACAM2000 <input type="checkbox"/>		Right arm <input type="checkbox"/> Left arm <input type="checkbox"/> Other <input type="checkbox"/>		



SMALLPOX FACT SHEET

Vaccine Overview

The Smallpox Vaccine

The smallpox vaccine helps the body develop immunity to smallpox. The vaccine is made from a virus called *vaccinia* which is a “pox”-type virus related to smallpox. The smallpox vaccine contains the “live” vaccinia virus—not dead virus like many other vaccines. For that reason, the vaccination site must be cared for carefully to prevent the virus from spreading. Also, the vaccine can have side effects (see the section “Smallpox Vaccine Safety” in this fact sheet). The vaccine does not contain the smallpox virus and cannot give you smallpox.

Currently, the United States has a big enough stockpile of smallpox vaccine to vaccinate everyone in the country who might need it in the event of an emergency. Production of new vaccine is underway.

Length of Protection

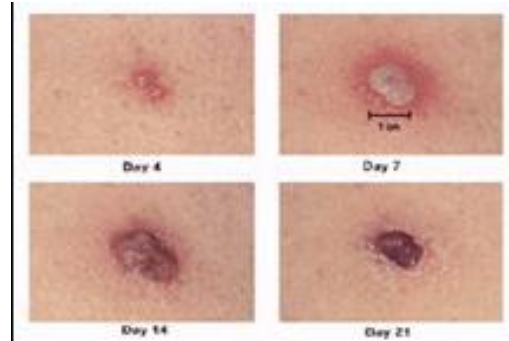
Smallpox vaccination provides high level immunity for 3 to 5 years and decreasing immunity thereafter. If a person is vaccinated again later, immunity lasts even longer. Historically, the vaccine has been effective in preventing smallpox infection in 95% of those vaccinated. In addition, the vaccine was proven to prevent or substantially lessen infection when given within a few days of exposure. It is important to note, however, that at the time when the smallpox vaccine was used to eradicate the disease, testing was not as advanced or precise as it is today, so there may still be things to learn about the vaccine and its effectiveness and length of protection.

Receiving the Vaccine

The smallpox vaccine is not given with a hypodermic needle. It is not a shot as most people have experienced. The vaccine is given using a bifurcated (two-pronged) needle that is dipped into the vaccine solution. When removed, the needle retains a droplet of the vaccine. The needle is used to prick the skin a number of times in a few seconds. The pricking is not deep, but it will cause a sore spot and one or two droplets of blood to form. The vaccine usually is given in the upper arm.

If the vaccination is successful, a red and itchy bump develops at the vaccine site in three or four days. In the first week, the bump becomes a large blister, fills with pus, and begins to drain. During the second week, the blister begins to dry up and a scab forms. The scab falls off in the third week, leaving a small scar. People who are being vaccinated for the first time have a stronger reaction than those who are being revaccinated. The following pictures show the progression of the site where the vaccine is given.

Smallpox vaccination site Days 4 through 21



Post-Vaccination Care

After vaccination, it is important to follow care instructions for the site of the vaccine. Because the virus is live, it can spread to other parts of the body, or to other people. The vaccinia virus (the live virus in the smallpox vaccine) may cause rash, fever, and head and body aches. In certain groups of people (see the section “Smallpox Vaccine Safety” in this fact sheet), complications from the vaccinia virus can be severe.

Benefit of Vaccine Following Exposure

Vaccination within 3 days of exposure will prevent or significantly lessen the severity of smallpox symptoms in the vast majority of people. Vaccination 4 to 7 days after exposure likely offers some protection from disease or may modify the severity of disease.

Smallpox Vaccine Safety

The smallpox vaccine is the best protection you can get if you are exposed to the smallpox virus. Anyone directly exposed to smallpox, regardless of health status, would be offered the smallpox vaccine because the risks associated with smallpox disease are far greater than those posed by the vaccine.

There are side effects and risks associated with the smallpox vaccine. Most people experience normal, usually mild reactions that include a sore arm, fever, and body aches. However, other people experience reactions ranging from serious to life-threatening. People most likely to have serious side effects are: people who have had, even once, skin conditions (especially eczema or atopic dermatitis) and people with weakened immune systems, such as those who have received a transplant, are HIV positive, are receiving treatment for cancer, or are currently taking medications (like steroids) that suppress the immune system. In addition, pregnant women should not get the vaccine because of the risk it poses to the fetus. Women who are breastfeeding should not get the vaccine. Children younger than 12 months of age should not get the vaccine. Also, the Advisory Committee on Immunization Practices (ACIP) advises against non-emergency use of smallpox vaccine in children younger than 18 years of age. In addition, those allergic to the vaccine or any of its components should not receive the vaccine. Also, people who have been diagnosed by a doctor as having a heart condition with or without symptoms, including conditions such as previous myocardial infarction (heart attack), angina (chest pain caused by lack of blood flow to the heart), congestive heart failure, and cardiomyopathy (heart muscle becomes inflamed

and doesn't work as well as it should), stroke or transient ischemic attack (a "mini-stroke" that produces stroke-like symptoms but not lasting damage), chest pain or shortness of breath with activity (such as walking up stairs), or other heart conditions being treated by a doctor should not get the vaccine at this time. (Heart disease may be a temporary exclusion and may change as more information is gathered.) Also, individuals who have 3 or more of the following risk factors should not get the vaccine at this time: high blood pressure diagnosed by a doctor; high blood cholesterol diagnosed by a doctor; diabetes or high blood sugar diagnosed by a doctor; a first degree relative (for example, mother, father, brother or sister) with a heart condition before the age of 50; and/or, currently a cigarette smoker. (These may be temporary exclusions and may change as more information is gathered.)

In the past, about 1,000 people for every 1 million people vaccinated for the first time experienced reactions that, while not life-threatening, were serious. These reactions included a toxic or allergic reaction at the site of the vaccination (erythema multiforme), spread of the vaccinia virus to other parts of the body and to other individuals (inadvertent inoculation), and spread of the vaccinia virus to other parts of the body through the blood (generalized vaccinia). These types of reactions may require medical attention. In the past, between 14 and 52 people out of every 1 million people vaccinated for the first time experienced potentially life-threatening reactions to the vaccine. Based on past experience, it is estimated that 1 or 2 people in 1 million who receive the vaccine may die as a result. Careful screening of potential vaccine recipients is essential to ensure that those at increased risk do not receive the vaccine.

Smallpox Vaccine Availability

Routine smallpox vaccination among the American public stopped in 1972 after the disease was eradicated in the United States. Until recently, the U.S. government provided the vaccine only to a few hundred scientists and medical professionals working with smallpox and similar viruses in a research setting.

After the events of September and October, 2001, however, the U.S. government took further actions to improve its level of preparedness against terrorism. One of many such measures—designed specifically to prepare for an intentional release of the smallpox virus—included updating and releasing a smallpox response plan. In addition, the U.S. government ordered production of enough smallpox vaccine to immunize the American public in the event of a smallpox outbreak. Right now, the U.S. government has access to enough smallpox vaccine to effectively respond to a smallpox outbreak in the United States.

For more information, visit www.cdc.gov/smallpox, or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY) =

ADDENDUM ANTIVIRAL DISTRIBUTION GUIDELINES FOR BENTON COUNTY NOVEL INFLUENZA A H1N1-2009

Purpose: The purpose of these guidelines is to establish policy and procedures for administering antiviral treatment as treatment for the Novel Influenza A, H1N1-2009. Influenza antiviral medication can reduce the severity and duration of influenza illness and can reduce the risk of influenza related complications, including severe illness and death. During a public health emergency, the FDA has issued *Emergency Use Authorizations* that expand access to medical products that may become necessary. Two antiviral treatments covered by EAU's are Tamiflu (Oseltamivir) and Relenza (Zanamivir).

Concept of Operations:

Benton County Health Department's Public Health Administrative Assistant will then request SNS via Mohsiac with the Epi Specialist and Home Health Administrative Assistant as back up. The above personnel will also use Mohsaic to re-supply.

If the event is in our area, residents of Benton County may be affected. If the SNS is deployed, it will be delivered to Kansas City. If Benton County is in the attack area, it will be required for us to pick up our portion. Dependent on the event, we may pick up our portion at either the Kansas City Receiving, Staging and Storage (RSS) site or the Area Distribution Site in Jefferson City. The directions to the site will be received from the DHSS/DSR. Once we have approval, contact the Benton County Emergency Management Director at 438-8412, if after normal working hours, this number is transferred to the Benton County 911 Center who will in turn contact the EMD. If the event is large enough to involve Pettis County, then the Sedalia/Pettis County EMD has an emergency contract with Ditzfeld Transfer Inc, (826-2992). Ditzfeld Transfer has agreed to dispatch a tractor-trailer to the pick-up point. BCHD can then arrange for its portion to be picked up at the Mathewson Exhibition Center, on the Fair Grounds in Sedalia, Pettis County. The SNS will then be transported to Benton County Health Department with the security provided by Benton County Sheriff's Department, and other area City Police Departments. The state may send additional antiviral medications through local distribution channels.

Distribution of Antiviral

All distribution of medications in the Warsaw area will be conducted through the Benton County Health Department. Memorandums of Understanding have been signed and are on file with the following Pharmacies in Benton County for the dispensing of Antiviral medications supplied by the Strategic National Stockpile.

1. Boring Rexall Drug, 660-438-5162
161 W, Main St
Warsaw MO
2. J&D Pharmacy, 660-438-7331
1330 Commercial St
Warsaw, MO
3. Cole Camp Pharmacy, 660-668-4646
106 S. Maple St
Cole Camp, MO

These pharmacies understand that tracking will be done according to the following requirements:

- Comply with state's requirements to follow prioritization table as feasible for use of antiviral medications for treatment of pandemic influenza.
- Comply with prescribing state and federally acquired antivirals according to recommendations of HHS, CDC, and DHSS.
- Provide antiviral medication to all publics, regardless of ability to pay for treatment.
- Comply with recommended treatment protocol.
- Not impose a charge for the cost of state and federally acquired antiviral medication.
- Keep inventory separate from privately stocked antiviral medication for assurance in record keeping and compliance.
- Maintain all records related to antiviral medication program such as inventory; lot number control; monitoring during storage (temp logs) for a period of three (3) years at completion of the Pandemic period or following the expiration of the medications.
- Make such records available for review to public health officials (Missouri Department of Health and Senior Services program representatives, including the Department of Health and Human Services, and The Benton County Health Department.

Pharmacies understand Storage of State/Federal stockpiled antiviral medications:

- These products must be stored in a controlled temperature range of 59 to 86 degrees Fahrenheit, preferably at or near 77 degrees (F).
- Maintain proper storage temperature and controls; loss of antiviral medications due to improper storage shall be deemed negligence.
- Take immediate action if temperature controls are out of range to return medications to proper storage requirements. Report aberrations to the LPHA.
- Area must be free of pests/varmints and have controlled humidity, with little or no light except during routine checks and during use.
- Storage area should have limited access to authorized individuals only, with location in compliance with state and federal requirements for prescription drug products. Location would include a licensed Pharmacy or other site under the authority of a licensed health practitioner or his/her agent.
- Only authorized personnel must have 24/7 access to the antiviral medication supplies.
- A back up power source is desirable.
- **Security** (provided 24/7) should be in place and monitored at all times.
- Inventory and record keeping is essential. The Benton County Health Department and the Department of Health and Senior Services (DHSS) requires documentation and chain of custody be maintained through the life cycle of the medication. This is necessary for contract monitoring and auditing purposes.

All adverse reactions noted by patients who receive state and federally supplied antiviral medications must contact the FDA using MedWatch monitoring program. Forms are available at www.fda.gov/medwatch for distribution to patients. Events reported to MedWatch are collected and analyzed for FDA's /adverse Event Reporting System (AERS) and calling the Benton County Health Department (660/438-2876) and DHSS Department Situation Room 24/7 Hotline (800/392-0272).

Daily Procedures at Benton County Health Department:

A daily log has been placed with the antiviral to monitor temperature and daily counts, which must be signed and dated by the staff member who performed the task. This task will only be performed during regular business hours, since the location is a controlled environment and a secure location. This employee has been assigned with two specific named back ups, if this person is unable to perform the task. (Updated 10/23/09)

1. Tracy Rank
2. Sharon Brandes
3. Cathy Chance

The antiviral supply at Benton County Health Department is kept in a secure location under lock and key, with an alarm system in place. Local law enforcement has been notified and patrols this location on a regular basis. There is a back up generator in place and in the event the back up generator failed, BCHD would use the policy in place Vaccine Management/ Safety Policy and procedure located in the Public Health Vaccine Delivery System Manual.

Each pharmacy received an initial shipment of 5 each Tamiflu 30mg, 45mg, and 75mg, Suspension and Relenza. Each week they have been instructed to turn in the Shortage of Antiviral Medication Questionnaire which will be used for tracking and restocking purposes. Each pharmacy will maintain records of distribution, and be restocked as reported by Shortage Form.

Addendum Novel H1N1 Influenza Virus Vaccine

PURPOSE: The purpose of these guidelines is to establish policy and procedure for administering mass vaccinations. These guidelines are directed primarily to the Novel H1N1 Vaccine.

The H1N1 Vaccine

Production of the novel H1N1 vaccine is underway through five manufacturers. The manufacture of the vaccine is under government control, and will be provided to the public without charge (not including administrative fees and such) which BCHD will follow guidelines provided by state and federal government. The H1N1 vaccine will be a monovalent vaccine (not mixed with the seasonal vaccine) and is expected to require two doses, and perhaps four doses in children, though trials are still pending. As the vaccine is monovalent, there also continues to be the need to conduct routine seasonal influenza vaccinations. As there is no data at this time if the seasonal influenza vaccine may be given at the same time as the H1N1 vaccine and the timeline for the vaccine is still unknown. These vaccines may be given at two different clinics.

Benton County Timeline/ Allocation

The first doses of the H1N1 vaccine are expected to arrive by October 22, but may be as late as December. The expected Bolus amount for Benton County is between 2,061 – 8,700 doses. This could be provided in weekly shipments, so Benton County Health Department is planning for flexible vaccination clinics. Vaccines will be shipped through the Vaccine for Children (VFC) Program in which BCHD is a provider. It is unknown at this time the exact procedures for procuring the vaccine, but BCHD will follow state guideline as presented.

Prioritization

Prioritization is important in providing national consistency in administration. The Advisory Committee on Immunization Practices has met and developed the following recommendations for priority groups for the vaccination:

1. Pregnant Women
2. People who live with or care for children younger than 6 months of age
3. Healthcare and emergency services personnel
4. Children and adolescents and young adults between the ages of 6 months and 24 years of age
5. People from ages 25 through 64 years who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems

If supplies are too limited to implement the above, the recommendation would be:

1. Pregnant Women
2. People who live with or care for children younger than 6 months of age
3. Healthcare and emergency services personnel
4. Children 6 months of age to 4 years
5. Children 5 through 18 years of age with chronic medical conditions

Benton County Health Department will follow these guidelines and will not keep a reserve for subsequent doses until all who fall under the priority groups have received their vaccination.

Distribution

The H1N1 vaccine will be shipped directly to Benton County Health Department. Ordering and distribution will be government controlled and provided through the Vaccine for Children (VFC) Program. These will be direct shipment to Benton County Health Department. Benton County Health Department will have sole control over the vaccinations given in Benton County. There will be no other closed Pods for the H1N1 Vaccine.

Vaccine Storage and Security

As the novel H1N1 vaccine arrives to BCHD, this vaccine will be inspected to assure that the cold chain was maintained during the vaccine shipping. All the vaccine will be stored in the Helmer refrigerator, which also stores BCHD immunizations and seasonal influenza vaccine. This appliance has a lock and is located at Benton County Health Department which has a security system in place.

If additional security is needed for the actual vaccination clinics, an MOU is in place with local city and county police departments. These departments have their own policies in place for crowd control or emergency situations which will be followed by officers in place.

Public Information

BCHD will inform the public through radio and newspaper media that a phone bank is in place and vaccinations will be set up on an appointment only basis. This allows for crowd control and worked well in past years during the regular seasonal Influenza vaccine shortage. During the call process the determination will be made for individuals to see if they meet the current priority groups.

Vaccine Administration and Tracking

Depending on the call volume, Benton County will then determine the number of staff needed for the vaccination clinics. Main Clinics will be held at Benton County Health Department. Appointment scheduling will be three persons, per every 5 minutes, per nurse availability on the day of each clinic. BCHD will use forms provided by the state for tracking, educations and management of the vaccine.

Vaccination Clinics hosted by BCHD may also be held at the BCHD satellite office located in Cole Camp. BCHD's flexibility in scheduling individual clinics at business sites may also be utilized. If these "mini clinics" are used, a VFC certified Vaxi Cool, Accu Temp, battery powered cooler may be used to keep the cold chain process. Again, appointments will be utilized and BCHD staff will maintain and be in charge of the vaccine at all times.

Patient information sheets will be given out to each individual receiving the vaccine while they are filling out paper work before receiving the H1N1 vaccine.

Supplies such as syringes, alcohol swipes, needles, and sharps containers will be available through the Strategic National Stockpile (SNS) system or the supplies may accompany the shipment of vaccine through a supply route other than the SNS. Benton County Health Department will be responsible for bandages and gloves.

Vaccinations will be tracked using the Excel Program, creating a Spreadsheet. Also each vaccination will be entered into the MOHSAIC system over time.

To ensure quality data collection, Benton County Health Department will follow state and federal guidelines for reporting and tracking as they become available.

Adverse Event Tracking

Tracking of adverse events following vaccination with the novel H1N1 vaccine will be done through the Vaccine Adverse Event Reporting System (VAERS).

For additional information, visit: <http://vaers.hhs.gov> . The VAERS website also provides a vehicle for disseminating vaccine safety-related information to parents/ guardians, healthcare providers, vaccine manufactures, state vaccine programs and other constituencies.

Adverse events may also be reported by telephone 1-800-822-7967

Legal Issues

The HHS Secretary has issued Public Readiness and Emergency Preparedness (PREP) Act declarations that provide targeted liability protections for pandemic H1N1 influenza virus countermeasures. The PREP Act authorizes the HHS Secretary to issue a declaration (“PREP Act declaration”) that provides immunity from tort liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures. APREP Act declaration is specifically for the purpose of providing immunity from tort liability and is different from and not dependant on, other emergency declarations.

Authority: 42 U.S.C. 247d-6d.