

TUOLUMNE COUNTY PUBLIC HEALTH

Medical Countermeasures (MCM) Plan

HEPReP Annex 5

Updated: April 2018

Medical Countermeasures Response Checklist

Purpose: Upon the decision to utilize this plan, it is assumed that it has been determined that the incident-event may or will have medical or health implications that will call for the use of Medical Countermeasures (MCM).

- Complete Initial Assessment and Response Meeting (if not already initiated) This meeting shall include, as available, the County Health Officer (MHOAC), EMS Medical Director (Alternate MHOAC), EMS Agency Coordinator (Alternate MHOAC), Public Health Emergency Preparedness Coordinator/MCM Coordinator, Director of Public Health Nursing. (See Appendix E for more information)**

If it is determined that this incident/event will impact medical or health:

- Activate this Plan** , authority to activate the MCM Emergency Response Plan is delegated to:
 - Health Officer or designee
 - Medical Health Operational Area Coordinator (MHOAC) or designee
 - Director of Human Services Agency or designee
- Activate Medical Health Operations, as needed, in the Health Emergency Preparedness and Response Plan (HEPRP).**
- The MHOAC or designee reports to the Operational Area Emergency Operations Center (EOC) or Department Operations Center (DOC) when it is activated.**
- Immediate Notifications:**
 - **Internal Department Representatives, as needed (Health Officer, Director of HSA, etc.)**
 - **Office of Emergency Services**
 - **Public Information Officer(s)**
 - **Hospitals**
 - **California Department of Public Health 24/hour duty-officer: (916) 328-6305 or cdphdutyofficer@cdph.ca.gov**
 - **EMS Authority Duty Officer: (916) 553-3470 or emsadutyofficer@emsa.ca.gov**
 - **Regional Disaster Medical Health Specialist (See Situation Report below)**
 - **California State Warning Center (916) 845-8911**
- Submit a Med-Health Situational Report (SITREP) to Medical and Health Coordination Center (MHCC) & Regional Disaster Medical Health Specialist (RDMHS)**
- Alert Public Health staff to report to the Operations Center:**
 - **Use California Health Alert Network (CAHAN), Staff Call Down process, and/or redundant communications system**
- Notify all Healthcare & Safety Coalition partners of plan activation and DOC/EOC activations via CAHAN or other approved method**

- Identify if any other Medical Health Response Plans should also be activated {Volunteer Management, Mass Prophylaxis, Healthcare Surge, etc.}**
- If Points of Dispensing (POD) will be activated, identify POD locations to be utilized and conduct notifications and activations as indicated in the Mass Prophylaxis Plan**
- Identify the need for First Responder and Critical Infrastructure prophylaxis/vaccination {Appendix I}**
- Initiate the Crisis and Emergency Risk Communications (CERC) Plan and ensure PIO Team is assigned to handle media and public inquiries**
 - Coordinate development of public announcements with Joint Information Center, if activated and refer to *County's CERC Plan*
- Identify any MCM or other resource needs for the Medical-Health response**
 - Assess Healthcare Partner needs through Status Reporting and Resource Ordering
 - Submit a Medical-Health Resource Request form as necessary to RDMHS & MHCC
- If additional MCM resources will need to be requested**
 - If the Strategic National Stockpile (SNS)/MCM resources will be deployed, activate the Receipt, Storage, and Staging (RSS) Plan
 - Notify warehouse of activation
 - Notify individuals who will be staffing warehouse positions
 - County Disaster Service Workers (DSW's)
 - Private Warehouse Staff
 - Identify approximate time of delivery from CDPH and/or other vendor
- Task Public Health (PH) nurses and supporting staff with investigation of suspect and confirmed cases**
- Epidemiologists continue coordinating surveillance and analysis of case investigation data as delineated in HEPReP Section 4, Communicable Disease Response**
- Conduct conference call with hospitals, healthcare providers, and public health officials updating current situation**
- Activate the 24/7 public access hotline and consider establishing a hotline for clinical providers**
- Consider closure of schools, public venues, and/or public transportation in heavily impacted areas**
- Work with law enforcement to ensure adequate security at health-related facilities and PODs**
- Coordinate with Behavioral Health to assess current needs and address as appropriate**

Authorized Signers for Medical Countermeasures

Primary Agency: Tuolumne County Public Health Department

Support Agencies: Tuolumne County Office of Emergency Services
Tuolumne County Human Services Agency

Authorized Signers for Medical Countermeasures

The following individuals are authorized to sign for any non-narcotic materiel from the SNS or Vendor Managed Inventory (VMI) that is received from the State of California and/or the Centers for Disease Control and Prevention:

County Health Officer	Dr. Dean Kelaita (interim)
Alternate Medical Health Operational Area Coordinator (MHOAC)	Clarence Teem
Office of Emergency Services, Manager	Tracie Riggs
Emergency Medical Services, Medical Director	Dr. Kimberly Freeman
Public Health, Director of Public Health Nursing (Acting)	Melissa Parrish
Public Health, Emergency Preparedness/MCM Coordinator	Michelle Jachetta
Public Health, HPP/Alternate MCM Coordinator	Rebecca Morgenstern

The following individuals are authorized to sign for any Schedule 2-5 narcotic materiel from the SNS or VMI that is received from the State of California and/or the Centers for Disease Control and Prevention:

County Health Officer	Dr. Dean Kelaita (interim)
Emergency Medical Services, Medical Director	Dr. Kimberly Freeman

Hierarchy of Plans

Tuolumne County

Tuolumne County Emergency Operations Plan

Health Emergency Preparedness and Response Plan (HEPReP)

The Tuolumne County Emergency Operations Plan (Tuolumne County EOP) establishes an emergency management organization and assigns functions and tasks consistent with California's Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS). It provides for the integration and coordination of planning efforts of multiple agencies within Tuolumne County. The content is based upon guidance approved and provided by the California Governor's Office of Emergency Services (Cal OES) and the Federal Emergency Management Agency (FEMA). The intent of the Tuolumne County EOP is to provide direction and guidelines for responding to an emergency from the onset, through an extended response into the demobilization and recovery process.

Organization of the Plan

In the event of a medical or health emergency or a disaster in which there may be an impact to public health, the Tuolumne County Emergency Operations Plan coordinates with the Health Emergency Preparedness and Response Plan (HEPReP). This MCM Plan is an annex to the HEPReP.

Handling Information

The title of this document is the Medical Countermeasures (MCM) Plan, HEPRP Annex 5

1. The information gathered in this plan is classified as For Official Use Only (FOUO) and should be handled as sensitive information not to be disclosed. Reproduction of this document, in whole or in part, without prior approval from the Tuolumne County Public Health Department is prohibited.
2. This plan will be maintained and updated by Tuolumne County Public Health Emergency Preparedness staff. This plan will be reviewed at least annually and updated as required. Review and revisions to the plan should include information from corrective actions listed in exercise and real event after action reports (AARs), legislative updates, updates of relevant operational procedures, a review of practical applications, and updates of informational materials to all staff at all sites. Updates to telephone, fax, and email lists, personnel rosters, resource lists and physical changes that affect the implementation of this plan will also be conducted.

Point(s) of Contact:

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Overview

Introduction

As part of the response to a public health emergency, Medical Countermeasures (MCM) may be required to reduce morbidity and mortality in the affected community. MCM (pharmaceuticals, medical supplies, and equipment) are available through many sources, e.g., local caches, neighboring jurisdictions, state caches, commercial vendors, and the Centers for Disease Control and Prevention (CDC) Strategic National Stockpile (SNS). The latter is described in greater detail below.

The SNS is a federal resource of critical medical assets to supplement local resources during emergencies. The SNS is a cache of antibiotics, chemical antidotes, antitoxins, vaccines, and medical supplies to assist states in their response to a localized biological or chemical terrorism event and life-support supplies including: ventilators, intravenous (IV) fluid administration support, airway maintenance supplies,. The CDC manages the SNS at the national level. The California Department of Public Health (CDPH) will distribute/transport SNS/MCM assets from predetermined state receipt, storage, and staging (RSS) warehouse(s) location to any delivery point in California. Tuolumne County Public Health Department manages the distribution and dispensing within Tuolumne County.

Purpose

The purpose of this plan, appendices, and annexes is to set the framework for the circumstances in which MCM resources can be requested and how they are requested. Components of this plan, the appendices, and annexes also may be used to distribute mass quantities of pharmaceuticals, vaccines, or other medical materiel from sources other than the SNS. The plan details the needed agreements and activities performed during a public health emergency response.

A medical health response requiring MCM is a complex and multifaceted task that requires engagement of all segments of the County, including the county emergency response structure, local businesses, private healthcare, other community-based organizations, and individual families. This Plan addresses those aspects of response that are specifically within the authority of the Public Health Officer. It describes the interface and integration of the Public Health Officer's actions with other response partners who are responsible for managing their own emergency response activities.

Scope

The scope of this plan, appendices, and annexes is to provide the entire Tuolumne County population with MCM. Not all emergencies, incidents and/or disasters are the same; therefore the MCM plan operations are organized for a scalable response. This plan provides the assumptions, limitations, command and control, concept of operations, training and exercise, and references for MCM operations within the county.

County Demographics

Quick Facts	Tuolumne County	California
Population (2016 estimate)	53,804	39,250,017
Population (2010)	55,365	37,254,503
Persons under 5 years, percent (2016)	4.5%	6.3%
Persons under 18 years, percent (2016)	16.7%	23.2%
Persons 65 years and over, percent (2016)	24.7%	13.6%
Persons per household (2011-2015)	2.28	2.96
Persons per square mile (2010)	24.9	239.1

*available through U.S. Census website <http://quickfacts.census.gov/qfd/states/06000.html>

Authority

Tuolumne County Public Health Department is the public health authority for the County of Tuolumne. Tuolumne County Public Health is responsible for the protection of the public's health and also the primary agency for coordination of public health emergencies and medical services within Tuolumne County in response to an emergency or disaster of natural or manmade origin ([Appendix A: Legal References](#) for further detail on legal authority).

Authority to Activate the Medical Countermeasures Emergency Response Plan is delegated to:

- Health Officer or designee
- Director of Human Services Agency or designee
- Medical Health Operational Area Coordinator (MHOAC) or designee

It is the responsibility of the Tuolumne County Public Health Department, in coordination with Tuolumne County Office of Emergency Services (OES) and County Government to receive, dispense, and distribute MCM medications and medical supplies and/or administer vaccinations. The Tuolumne County Health Officer and/or the MHOAC will request deployment of Medical Countermeasures through the Tuolumne County EOC when the Tuolumne County Health Officer or authorized designee determines that it is necessary to protect the residents of Tuolumne County in an emergency.

Assumptions

This plan is based on the following assumptions:

- Medical Countermeasures will be delivered to the State of California in response to a Governor's request.
- The state will distribute MCM as soon as possible.
- The state will provide security for state to local health department shipments.
- The state will deliver to local Receipt, Storage and Staging/Regional Distribution Center (RSS/RDC) if the population is greater than 100,000 and can deliver directly to dispensing sites if the population is fewer than 100,000.
- Any event necessitating deployment of MCM resources within the State of California, Region IV, and/or a neighboring jurisdiction may affect the population of Tuolumne County.
- The State has assumed the role of repackaging all Strategic National Stockpile (SNS) bulk items, should the need arise.
- The County of Tuolumne will be responsible for repackaging only those bulk items that are part of the County cache of pharmaceuticals, should the county decide to set up such a cache.
- Planning for receiving, staging, storing, transporting, and dispensing of MCM is a continuous process involving federal, state, regional, and local entities.
- Information and instructions for the public will be disseminated when appropriate to facilitate public access to Medical Countermeasures materiel.
- Additional supplies and logistical resources (beyond that available to the Tuolumne County Public Health Department on a day-to-day basis) will be needed. Procurement of the resources will be coordinated through the Medical Health Operational Area Coordinator (MHOAC) and the Tuolumne County Office of Emergency Services.
- Activation of the MCM Plan assumes that there is a suspected or actual release of a biological, radiological, or chemical agent, a disease outbreak or other incidents requiring MCM.
- Tuolumne County Public Health is the designated lead agency to receive and coordinate the distribution of Medical Countermeasures.
- The Tuolumne County Public Health Communicable Disease Unit conducts public health surveillance and may detect an incident for which MCM resources will be required.
- The MCM materiel received from the CDC is intended to supplement limited local and regional supplies and assets that have been exhausted and should be distributed and dispensed to the public as soon as possible after receipt.
- While civil unrest is not anticipated in Tuolumne County, the County must be prepared to respond should it occur.
- The County of Tuolumne may have declared a disaster for the Operational Area and will request mutual aid from the Region. The most likely mutual aid request will be for law enforcement to assist with maintaining order and providing security for SNS assets. If regional mutual aid is insufficient,

the state may opt to send State Peace Officers and/or the National Guard. If several areas of the state are impacted, the County of Tuolumne must be prepared to expand security on its own.

- Surface movement on roadways may be restricted at times. Therefore, the County of Tuolumne should prepare alternate routing plans for coordinating delivery and will work with the necessary agencies.
- Tuolumne County employees may be requested as Disaster Service Workers (DSW) to support medical and health operations during a public health emergency response.
- Tuolumne County staff and volunteers who have been identified in advance will be available to support plan implementation.
- Support agencies and organizations (Dispensing Partners, Law, Fire, etc.) will be capable of executing their responsibilities for dispensing of MCM.
- The County of Tuolumne may enter into Memoranda of Agreements and/or contracts with agencies and facilities necessary to enact this plan.

Constraints

This plan is based upon the following constraints:

- Emergency Use Authorization (EUA) may be needed to allow for off-label use of medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) threat agents when there are no adequate, approved, and available alternatives, an EUA has to be completed before deployment of MCM.
- Deployment of MCM is dependent on an accurate and timely identification of the disease or bioterrorist agent that constitutes a public health response to an emergency event.
- The delivery of MCM will be phased and will affect the timing of dispensing.
- The number of available medical personnel and volunteers qualified and trained to support MCM response activities will impact the rate of dispensing.
- The release of a biological, radiological, chemical agent or a disease outbreak may adversely impact the availability of personnel and volunteers for POD/RSS staffing.
- The public health response to the event will limit the number of actual Tuolumne County Public Health staff to participate in Medical Countermeasures operations due to other response activities (e.g. epidemiological investigation, isolation and quarantine).
- Based upon the staff needed to operate PODs, Tuolumne County Public Health does not have the number of employees required for dispensing to all County residents.
- Public Health emergencies can occur with or without warning; they can be short lived or drawn out, and can escalate despite efforts to mitigate their effects.

- Due to the nature of emergency response, the outcome is not easy to predict. Therefore, it should be recognized that this plan is meant to serve as a guideline and that the outcome of the response may be limited by the scope, magnitude and duration of the event.
- Oral antibiotic pediatric suspensions are in limited supply. Crushing will be required in all large-scale responses. Ciprofloxacin is considered unpalatable when crushed.
- The ratio of doxycycline to ciprofloxacin in SNS Managed Inventory is currently 50/50. The ratio of doxycycline to ciprofloxacin in the Push Package is 75/25. The SNS formulary ratios are subject to change based on the efficacy, availability, and price of the pharmaceuticals.

Concept of Operations

General

The Tuolumne County Medical Countermeasures (MCM) Plan describes a system of personnel, policies/procedures, physical equipment and locations designed to receive, store, stage, manage, distribute, dispense and/or administer MCM. The state RSS Warehouse will deliver materiel directly to a local Receipt, Storage, and Staging (RSS) warehouse, if established, or for counties whose population is less than 100,000, directly to the Operational Area's (OA) dispensing sites/Mass Prophylaxis Clinics and treatment centers. The MCM plan is designed to work in concert with the County Operational Area Emergency Operations Plan and the County Health Department's Disaster Plan (HEPREP). This plan is an Annex to that plan.

Receiving an Alert to Potential Incident

Tuolumne County Public Health may receive the alert of a public health event that could require the activation of this plan from several sources:

- California Department of Public Health (CDPH)
- Centers for Disease Control & Prevention (CDC)
- San Joaquin County Public Health Laboratory
- Law enforcement agencies
- Biowatch Program

Synopsis of Operational Priorities

Operational priorities for Public Health and the Medical Health Branch--when the Emergency Operations Center (EOC) is activated--in response to a potential medical countermeasures event are to:

- Identify the exposure source and the population at risk.
- Assess the need for supplemental medications, vaccinations, medical supplies, and equipment.
- Request medical countermeasures from CDPH.
- Receive, manage, and distribute Medical Countermeasures assets deployed to Tuolumne County.
- Coordinate the dispensing of appropriate medical countermeasures and/or vaccination of the public.
- Set up Open POD locations as the situation dictates.
- Coordinate the Dispensing Partner Program (Closed PODs).
- Coordinate with local and State Public Health laboratories.
- Coordinate with CDPH and other local health departments (LHDs) to manage and disseminate information.
- Disseminate information to enlist public support and enable personal, community, and business-based preparedness and response.
- Craft and manage effective public information and risk communications campaign.
- Coordinate the local medical and healthcare response.

Initial Assessment and Response Meeting

Prior to activation of this plan, an initial assessment and response meeting will be held to determine:

- Whether this plan and any other plans will be activated.
- Activation of the Tuolumne County Public Health DOC (Department Operations Center) or EOC.

- The type(s) and quantities of MCM required for the response.
- The need to request additional MCM.

Consider Activating This Plan if There is:

- An overt release of a chemical or biological agent.
- A claim of release by intelligence or law enforcement.
- A notification of a Bio-terror event by CDPH, CDC, or World Health Organization (WHO)
- A naturally occurring pandemic as classified by CDPH, CDC or WHO.
- Indication from intelligence or law enforcement of a likely attack.
- Clinical or epidemiological indications including:
 - Large number of ill persons with similar disease or syndrome.
 - Large number of unexplained disease, syndrome or deaths.
 - Unusual illness in a population.
 - Higher than normal morbidity and mortality from a common disease or syndrome.
 - Failure of a common disease to respond to usual therapy.
 - Single case of disease from an uncommon agent.
 - Multiple unusual or unexplained disease entities in the same patient.
 - Disease with unusual geographic or seasonal distribution.
 - Multiple atypical presentations of disease agents.
 - Similar genetic type in agents isolated from temporally or spatially distinct sources.
 - Unusual, genetically engineered, or antiquated strain of an agent.
 - Endemic disease or unexplained increase in incidence.
 - Simultaneous clusters of similar illness in non-contiguous areas.
 - Atypical aerosol, food or water transmission.
 - 3 people presenting the same symptoms near the same time.
 - Deaths or illness among animals that precedes or accompanies human death.
 - Illnesses in people not exposed to common vent systems.
- Laboratory results including, but not limited to:
 - Confirmed positive Polymerase Chain Reaction (PCR) test from BioWatch sample.
 - Positive BDS signal from USPS mail sorting facility.
- Unexplainable increase in emergency medical service requests.
- Unexplained increase in antibiotic prescriptions or over-the-counter medication use.
- A recommendation from CDPH to activate the plan

Activation

The scope of the event and the required response will determine the level of activation of the county’s Department Operations Centers (DOCs) and/or Emergency Operation Center (EOC). A medical health event requiring MCM may trigger an activation of the Public Health DOC and/or the EOC.

Tuolumne County Public Health is the lead agency for coordination and logistics for receipt, distribution, and dispensing of MCM. A sample timeline illustrating required actions/activities, e.g., pre-event indicators, notifications, activations, logistics, operations, sustained operations or demobilization can be found in Appendix M.

Requesting Additional Resources

When to Request Additional Resources and Justification

Tuolumne County Public Health will request additional MCM when local pharmaceutical and/or medical material has been, or is anticipated to be, exhausted. The following questions may be used to justify the resource request:

- Is the resource need immediate and significant (or anticipated to be so)?
- Has the supply of the requested resource been exhausted, or is exhaustion imminent?
- Is the resource or an acceptable alternative available through:
 - Internal, corporate supply chain?
 - Other commercial vendors?
 - Existing agreements?

Request Process- Local to State

MCM request procedures are outlined in the California Public Health and Medical Emergency Operations Manual (July 2011, EOM). In short, resource requests will be processed from field-level entities to the state via the programs/individuals below:



Tuolumne County processes resource requests through the MHOAC program according to the HEPReP Resource Management Section 6.

The MHOAC contacts the Regional Disaster Medical Health Coordinator (RDHMC) to seek resources from the Region IV level. A Medical and Health Situation Report (SitRep) submission should precede or accompany resource requests, unless extraordinary circumstances prevail.

State Process for Requesting SNS/MCM

Only the Governor or his/her designated representative may request MCM from the federal government. The state's request process will begin with a series of conference calls. The calls will be organized by CDPH and/or the California State Warning Center (CSWC). Typically, CDPH will host a confirmatory conference call with the impacted jurisdiction(s) and appropriate state agencies to review the request and justification for the request. Once the request is confirmed, the CSWS will contact the CDC's emergency operations center and advise them of the imminent request. The CDC's emergency operations center will organize the formal request call with the appropriate federal, state, and local agencies. The CDC operations center will provide the time, toll-free number, and pass code. Impacted jurisdiction(s) and appropriate state agencies should expect to participate in the call. Cal OES will follow up the telephonic request with an Action Request Form.

Receiving MCM

The Division of the Strategic National Stockpile (DSNS) will ship MCM to the state RSS. Delivery of the MCM to the state RSS will be phased and begin six to ten hours following approval of the MCM request. State RSS staff will process the MCM for further distribution upon arrival at the state RSS. State to local distribution times will depend upon the state RSS site in use and the time required to prepare the MCM for shipment to the local health departments (LHDs) RSS or distribution sites within the OA. CDPH will typically ship palletized materiel. Oral medications will be shipped in unit-of-use bottles.

Ensure that appropriate chain-of-custody policies and protocols are followed (See HEPRéP Section 6, Resource Management). Chain-of-custody is defined as, “the receiving authority accepting full responsibility for the materials entrusted into its possession and agreeing to abide by the terms, conditions, and responsibilities, of all applicable agreements.” Chain-of-custody protocols guarantee there is documentation that the receiving authority accepts full responsibility for the materials entrusted into its possession and agrees to abide by the terms, conditions, and responsibilities, of all applicable agreements between the CDC, the MCM Program, applicable federal and state laws and regulations, and state and local authorities. Chain-of-custody forms are the responsibility of each transferring entity.

Tuolumne County MCM receiving and distribution operations are described in the [Mass Dispensing Plan: HEPRéP Annex 6](#).

Dispensing MCM/Vaccinating

Tuolumne County will dispense MCM through Open and/or Closed Points of Dispensing (PODs). See definitions below. Additionally, when dispensing oral antibiotics, Tuolumne County will allow head-of-household or multi-person pickup to speed dispensing operations. An individual may pick-up a number of courses of oral antibiotics determined by the Health Officer when head-of-household policies are in effect. The number of Open and Closed PODs to be operated will be based upon the agent or event, staffing available, type of MCM (e.g., oral antibiotics or vaccine), and other salient information.

A high risk event such as an aerosolized anthrax attack requires a rapid mass prophylaxis with oral antibiotics. Tuolumne County may open one or two Open POD sites and one or more Closed POD sites. Head-of-household policies may be implemented. The Open PODs have been selected to ensure population and geographic coverage of the Operational Area (OA). Closed PODs will be activated to relieve the numbers served by Open PODs.

Definitions of Open and Closed PODs

- Open (Public) Points of Dispensing
 - Specific locations for dispensing medication or administering vaccinations to large populations in a public health emergency. PODs are typically run out of a large open space, such as a high school gymnasium. For potential POD sites identified for Tuolumne County, see HEPRéP Resource Document, Alternate Sites.
- Closed Points of Dispensing (Dispensing Partners)

Dispensing Partners are identified agencies who have entered into an agreement with the County to dispense medications to any or all of the following: employees, clients and the families of their employees and/or clients. For a list of Dispensing Partners see Appendix F.

For more information on Dispensing Operations see HEPRéP Annex 6, Mass Dispensing Plan.

Sustained Response

Depending on the incident, individuals may not receive their entire course of medication immediately. The initial inhalation anthrax prophylaxis may be complete within 48 hours. However, the complete MCM response may require 60 days and could include vaccinations and/or additional oral antibiotics. A sustained emergency of this duration:

- May lead to increased incidents of social unrest.
- May require the OA to continue to provide or coordinate prophylaxis or vaccinations through the operation of PODs or other modalities.
- May impact disposal of remains.
- May impact the ability of local businesses to recover economically.

Strategies for sustained dispensing/vaccination may include:

- Instructing individuals to see their primary care provider.
 - Federal or State pharmaceuticals may be distributed to providers for this purpose.
- Continued operations of both Open and Closed PODs.
- Mobile outreach to at-risk populations.
- Partnerships with existing pharmacies.

The Health Officer will request the continued development and release of public information to ensure the population knows how to retrieve additional medication or vaccinations, if necessary.

Additionally, public information will be developed regarding the psychological impact of a sustained event, and suggested ways for individuals to cope with the psychosocial impact of a sustained event. Tuolumne County Behavioral Health will assist in providing counseling and other psychosocial support throughout the event.

Demobilization

Demobilization will be conducted per the HEPReP and Tuolumne County Emergency Operations Plan. Specific to a MCM response, Tuolumne County will accomplish the following:

- Recovery of unused MCM from dispensing sites.
- Packaging and returning unused MCM per CDPH or federal guidance.
- Disposal of medical waste per federal, state and local guidance.
- Collection of pertinent paperwork.
- An evaluation of the response will be conducted and may include a review of the following in the written After Action Report (AAR):
 - The notification system
 - Risk communication
 - Internal and inter-agency communications
 - Surveillance
 - Prophylaxis/Vaccination
 - Case and contact management operations
 - Epidemiologic investigation of cases

- Prophylaxis/Vaccination status of the at-risk population
- Safety, security, and logistics for medication/vaccine receipt, handling, and distribution
- Publication of the AAR

Examples of recovery planning that may begin early during the event include:

- Development of plans for how to handle the improperly buried bodies in the county.
- Planning for the continuation of meal programs, as food resources may likely be scarce.

The decision to declare the end of the emergency will be made by the Health Officer in consultation with state and/or federal authorities as appropriate.

Recovery

Recovery operations require a coordinated effort from all County partners and will be conducted per the Tuolumne County Emergency Operations Plan and the HEPReP Section 8, Recovery. Considerations should include, but are not limited to:

- Disposal of remains
- Behavioral health
- Environmental health
- Economic restoration

Roles and Responsibilities

The roles and responsibilities of the primary agencies involved in an emergency response are described in the Tuolumne County EOP and HEPRReP. These primary agencies that would be involved in a MCM/SNS event include: Tuolumne County Public Health, Tuolumne County Health Officer, Medical Health Operations Area Coordinator (MHOAC), Law Enforcement, Fire Services, Emergency Medical Services, Sonora Regional Medical Center, Community Healthcare Providers, Tuolumne County Healthcare and Safety Coalition partners, San Joaquin Public Health Laboratory, Tuolumne County School Districts and the American Red Cross.

The specific roles & responsibilities that these agencies would have in a medical countermeasures response are outlined below.

Tuolumne County Public Health Department

- Provide staffing of the Tuolumne County OA EOC Operations Section (e.g. Medical/Health and Care and Shelter Branches), and other sections or branches as required.
- Provide disaster workers at PODs, or other sites, as requested.
- Conduct continuous surveillance, reporting and investigation of infectious disease cases and contacts.
- Coordinate services with hospitals and first responders in a medical countermeasures event.
- Report all cases of suspected or confirmed bioterrorism to law enforcement and the State of California.
- Coordinate with CDPH, CDC, and other public health partners.
- Request additional resources (ex. SNS/MCM) as necessary
- Coordinate chemoprophylaxis and/or vaccination of affected populations in accordance with the HEPRReP- Medical Countermeasures Plan coordinated by the Medical Health Branch of the EOC.
- Coordinate all Open PODs and Closed PODs
- The Tuolumne County Behavioral Health Department will address the psychosocial needs of health care workers, Disaster Service Workers, Tuolumne County employees, and the community at large. Mental health professionals have a key role in planning for psychosocial services for responders and the community at large. During a medical countermeasures event, mental health professionals will likely experience high levels of service demand, coupled with high employee absenteeism.
- Provide advice on appropriate personal protective equipment (PPE) required by medical and other response personnel while dealing with the biologic agent(s) involved in the event.
- Maintain critical services programs to the maximum extent possible consistent with the overall health situation.

Tuolumne County Health Officer

Although the Health Officer is a member of the Tuolumne County Public Health Department, this position is specifically identified due to the unique powers based on legal authorities granted specifically to the Health Officer.

- Declare a local health emergency or recommend proclamation of a local emergency to the Tuolumne County Board of Supervisors, or to the Tuolumne County Administrative Officer.
- Act as Subject Matter Expert and/or Medical Branch Director, providing technical advice and recommendations to the EOC Director and Incident Commander.
- Take measures to control the spread or further occurrence of any contagious infections, or communicable disease of which he or she is aware.
- Order disinfection of persons, houses or rooms, and animals and structures where animals are quartered.

- Order destruction of beddings, carpets, household goods, furnishings, materials, clothing, or animals when disinfecting would be unsafe.
- Take any other action considered necessary to prevent spread or additional occurrences of a disease.
- Take any other action necessary to preserve the public health.

Medical Health Operational Area Coordinator (MHOAC)

The role of the MHOAC is specific to the coordination of medical/health mutual aid resources for any operational area during a disaster or state of emergency. When the medical or health resources within a local jurisdiction become overwhelmed, the MHOAC is activated to liaison with local, regional and state resource providers and to coordinate the allocation of incoming mutual-aid resources. The MHOAC is part of the Medical Health Branch in the OA EOC Operations Section.

Resources may be requested from any agency during a time of emergency, including local hospitals, ambulance providers, etc. The MHOAC may coordinate the following actions:

- Evaluate the need for additional medical/health resources (e.g. FTS, MRC, regional assets)
- Coordinate additional personnel needs and where deployment will occur
- Call up and activate the Medical Reserve Corps
- Coordinate with the Health Officer in the event of need for mass dispensing or vaccination
- Regional requests for additional aid, including the SNS if necessary
- Request regional/state resources for hospitals
- Plan for and deliver the medical needs of special populations

Tuolumne County Environmental Health Services

- Gather information regarding the biological agent used in coordination with the Hazmat Response Team and the Health Officer.
- Provide advice and consultation as appropriate to the IC, Health Officer, and Medical/Health Branch of the OA EOC on the public health significance and medical/health effects of the identified agent; appropriate protective actions such as shelter-in-place and evacuation; the extent and geographical areas affected; conditions for lifting protective actions and reentry procedures; environmental and public health implications of clean-up operations, and decontamination.
- Make recommendations to the Health Officer and Medical/Health Branch on how to define when the event is cleared.

Law Enforcement

- Provide initial Incident Command and establish Unified Incident Command as appropriate.
- Collaborate with the Medical Health Branch to ensure the safe deployment of any medical healthcare disaster workers, equipment, and/or supplies.
- Coordinate closely with Tuolumne County Public Health, Environmental Health Services and Health Officer to ensure chain of custody of biologic samples and other potential evidence.
- Coordinate support from appropriate law enforcement agencies to implement protective actions such as mass chemoprophylaxis/mass vaccination, Field Treatment Site Safety, shelter-in-place and evacuation when determined to be necessary.
- Coordinate support from appropriate law enforcement agencies to ensure the security of SNS/MCM materiel if received by Tuolumne County.

Fire Services

- Participate in Unified Incident Command as appropriate.
- Provide personnel decontamination support as required. Hospital and other health care facilities, in particular, may require this support.
- Provide Hazmat team/personnel with appropriate PPE.

Emergency Medical Services (e.g., EMTs, paramedics, dispatch, hospital emergency depts.)

- Operate in accordance with current Tuolumne County Emergency Medical Services (EMS) policies and procedures for coordination of patient destinations and treatment protocols.

Tuolumne County Hazmat Response Team

- Coordinate closely with law enforcement to preserve evidence and ensure proper chain-of custody during suspected or confirmed bioterrorism events.
- Advise the Incident Commander on levels and extent of decontamination needed and protective actions such as shelter-in-place and evacuation.
- Coordinate closely with Tuolumne County Public Health, Environmental Health Services and Health Officer to ensure proper packaging of biologic samples and other potential evidence.
- Gather information regarding the agent in coordination with Environmental Health Services and the Health Officer (e.g. specimen collection and field screening/testing).

Hospital

NOTE: All hospitals and other major health care providers in Tuolumne County are private sector entities and are not directly under the control of the County of Tuolumne.

- Properly package and forward clinical samples to PH laboratory, California DHS or CDC for further characterization. Call the receiving lab for shipping and packaging instructions.
- Notify Health Officer immediately of any suspected infectious disease or bioterrorism-related patient symptoms, trends, and laboratory test results, for which immediate reporting is required.
- Decontaminate patients within capabilities and coordinate with Tuolumne County OA EOC for additional support as needed.
- Provide chemoprophylaxis and vaccination within capabilities.
- Isolate victims and institute other infection control measures within capabilities.
- Implement internal surge plans as necessary.
- Inform EOC when/if operational status changes (e.g., plant failure).

Community Health Care Providers (e.g., Physicians, clinics, all healthcare facilities)

- Implement guidelines and recommendations (disease reporting, treatment, infection control, etc.) disseminated by the Medical/Health Branch.
- Participate in community-wide medical surge response as coordinated by the Medical Health Branch.

San Joaquin County Public Health Laboratory

- Perform laboratory testing of biological specimens and suspicious materials consistent with established bio-safety protocols.
- Properly package and forward samples to CDPH or CDC, with appropriate notification, for further characterization. Notify Health Officer upon a positive finding for a reportable disease or toxin that could be related to bioterrorism or public health outbreak.

Tuolumne County Coroner

- Coordinate the recovery, tracking, temporary storage, quarantine, decontamination and/or disposal of human remains including those that are potentially contaminated. Refer to Mass Fatality Plan.

Tuolumne County School Districts

- Make selected school facilities available to support protective actions in accordance with HEPRéP.

Animal Control

- Provide for/coordinate identification, transport and care of potentially contaminated displaced animal companions, in accordance with Tuolumne County Animal Control Emergency Operations Plan.
- Consult with IC, Health Officer, Agriculture/Weights and Measures and EHS on available resources for euthanasia and disposal of affected animals.

Veterinarians, including large and small animal veterinarians

- Report any suspected animal disease which is potentially transmissible to humans (emerging pathogens, bioterrorism agent, etc.), to the local Health Officer and California Department of Public Health (CDPH), Veterinary Public Health Section.
- Consult with Health Officer, Agriculture/Weights and Measures, Environmental Health Services and CDHS on any animal disease suspected of being related to bioterrorism or other emerging infectious disease, and on matters of possible euthanasia and disposal of affected animals (Veterinarians are classified as “Health Care Providers” under Title 17 CCR §2500 and are required to report any suspected bioterrorism-related disease to the local PHO and CDHS).

Direction, Control and Coordination

Command and Control is how political leadership, emergency management, public health, law enforcement, and other organizations coordinate and exercise their unique authorities and responsibilities in response to a multi-jurisdictional or multi-agency emergency. The Tuolumne County Public Health Department, in collaboration with the Tuolumne County Office of Emergency Services is best positioned to provide planning leadership during a Medical Countermeasure response. The role of the Health Officer and/or Medical Health Operational Area Coordinator (MHOAC) and/or Medical Health Branch or other Subject Matter Experts (SMEs) is to advise on public health emergency response activities in the case of an activation of the Medical Countermeasures and/or Medical Materiel Management and Distribution Plans.

SEMS/ICS

Under Standardized Emergency Management System (SEMS) the OA has responsibilities at two levels: The Field Response and the Local Government Levels. At the field response level, all agencies will use the Incident Command System (ICS) to standardize emergency response. For a Medical Countermeasures response ICS will be utilized in Point of Dispensing (POD) Operations, Receipt, Storage, and Staging/Regional Distribution Center (RSS/RDC), as well as at the Emergency Operations Center/Public Health Department Operations Center (EOC/DOC) level. For more information on SEMS and ICS see HEPRP Public Health Response Section.

Emergency Operations Center

County EOC

Situations requiring the deployment of Medical Countermeasures will be managed from the Tuolumne County EOC in accordance with existing emergency management procedures. The designated EOC is used as the central location for gathering and disseminating information, coordinating all jurisdictional emergency operations, and coordinating with Region IV and the Governor's Office of Emergency Services (CalOES). Key agencies involved in Medical Countermeasure deployment, and subsequent immunization or chemoprophylaxis operations (e.g. elected officials, health district, emergency management, law enforcement, fire, EMS, and public works) will be represented in the Tuolumne County EOC. For more information on the County EOC see the Tuolumne County Emergency Operations Plan.

If the severity of the situation warrants, the Health Officer or MHOAC will recommend that local OES activate the Operational Area Emergency Operations Center (OA EOC) to support all aspects of the County wide emergency response.

Department EOC/DOC

In some situations where the target population is small and/or the event is not severe, the deployment of Medical Countermeasures may be managed from the Tuolumne County Public Health Department Operations Center (DOC).

Public Health Declarations/Proclamations

In the event of an emergency/event requiring medical countermeasures occurs in Tuolumne County, the Health Officer can utilize his/her authority to declare a local health emergency. This declaration would immediately activate all applicable emergency response plans and expedite the process of establishing the operational area EOC and DOC. The Health Officer will immediately inform local Office of Emergency Services (OES), California Department of Public Health (CDPH) and CalOES (Governor's Office of

Emergency Services) of the declaration of a local health emergency. The Public Health Officer will request that the Tuolumne County Board of Supervisors ratify the declaration within seven days. See Appendix A: Legal for California Health and Safety Codes that pertain to declarations/proclamation.

The Tuolumne County HEPReP outlines the circumstances under which increased surveillance activities will be activated. The plan outlines specific policies and procedures for disease detection and monitoring, as well as communication of findings to internal partners.

Contracts and Agreement

Tuolumne County Public Health partners with many different agencies to ensure that the Operational Area can effectively implement a medical countermeasures response. Though formal agreements have not been utilized specifically for MCM activities, Healthcare and Safety Coalition partners have signed coalition participation agreements. Closed POD and other relevant information and training are provided to coalition partners. The following types of contracts and agreements may be utilized as needed. Appendix F provides information on partners who have informally or formally agreed to participate in MCM activities.

- **Contract:** A contract is used when partnering with an entity that may result in payment by County of Tuolumne.
- **Memorandum of Understanding (MOU):** An MOU is used to document the agreement between the entities regarding response activity roles and responsibilities.
- **Memorandum of Agreement (MOA):** An MOA is a written document describing a cooperative relationship between two entities working together regarding response activity roles and responsibilities.
- **Letter of Intent (LOI):** A LOI is a letter acknowledging the willingness and ability between entities regarding response activity roles and responsibilities.

Trainings and Exercises

Local and state health agencies provide various levels of training annually. Training will consist of seminars, workshops, webinars, website and satellite courses, drills, and exercises (tabletop, functional, and full scale) to test, document, and improve specific components of this plan. The Tuolumne County Public Health Emergency Preparedness Programs have developed a comprehensive training plan. The established training schedule is included in the Public Health EP 5-Year Training and Exercise Plan. Training plans are also developed based on the areas identified in exercises and real world incident After Action Reports (AARs). In order for counties to receive full credit for exercises, all counties must meet the following requirements:

1. Plan and implement exercise development in accordance with HSEEP principles and standards.
2. Include participation from representative staff from all the local planning jurisdictions.
3. Submit exercise planning and evaluation documents to include:
 - a) The Master Scenario Events List (MSEL)
 - b) Exercise Evaluation Guides (EEGs)
 - c) After-action Report and Improvement Plan (AAR/IP)
4. Submit relevant performance metrics (observed data) for select performance measures (information can be found in MCM Composite Measure Guide).
5. After-Action Report (AAR) to CDPH within ninety (90) days of the close of the real world incident or end of an exercise.

All Cities Readiness Initiative (CRI) metropolitan statistical areas must conduct three different drills during each budget year (RAND Drills). Though Tuolumne County is not a CRI Jurisdiction, the Public Health Emergency Preparedness Program meets these requirements as part of the annual work plan and maintaining high standards. The results of the drill data submissions and compliance with dispensing and distribution standards will be reviewed during annual site visits to further evaluate local medical countermeasure distribution and dispensing preparedness.

Reference Appendices

Appendix A: Legal References

There are several laws and regulations that support MCM and SNS planning and response.

State and County

Below is a compilation of state and county laws and regulations that support Medical Countermeasures plans and operations.

Disaster Service Workers

Under California Government Code, Section 3100-3109, all public employees are obligated to serve as DSWs. Public employees (civil service) are all persons employed by any county, city, State agency or public district in the State of California. DSWs provide services and support during declared emergencies or disasters.¹

Local Direct Protection Agreement

The local Health Officer or Local Emergency Medical Services Agency (LEMSA) Medical Director may provide direct protection or services to another jurisdictional agency through local agreement. A Local Direct Protection Agreement provides the authority for the local health officer or the LEMSA Medical Director to act on behalf of the local governing body (county board of supervisors, city council, special district board of directors, etc.) to provide direct public health and/or medical emergency management for that entity at the field level.² Examples of Local Direct Protection Agreements include: Counties establishment of LEMSA and counties and incorporated cities to establish a local health officer.

Local Emergency Medical Services Agency (LEMSA) Establishment

Statutory provisions (California Health and Safety Code § 1797.200 et seq) call for counties to establish a LEMSA and designate that agency shall be either the county health department, an agency established and operated by the county, an entity with which the county contracts for LEMSA administration, or a joint powers agreement.³

Local Health Officer Establishments and Authorities

Statutory provisions (California Health and Safety Code § 101000 et seq) call for counties and incorporated cities to establish a local health officer. The statutes allow the Health Officer appointed by the county to act as the city Health Officer, if the city by ordinance, resolution, or contract designates the county health officer to be the city health officer. All county health officers function under this type of agreement for incorporated cities, except for the cities of Berkeley, Long Beach, and Pasadena.⁴

The County Health Officer is legally responsible for managing medical/health preparedness and response/recovery efforts at the county level. The County Health Officer has the authority to enforce city, county, and state statutes, including standing orders and protocols for dispensing sites.

The California Health and Safety Code § 101040 states the following: (a) The local health officer may take any preventive measure that may be necessary to protect and preserve the public health from any public health hazard during any "state of war emergency," "state of emergency," or "local emergency," as defined by Section 8558 of the Government Code, within his or her jurisdiction.

¹ [Government Code Section 3100-3109](#)

² [California EOM page 40](#)

³ [Health and Safety Code 1797.200](#) and [California EOM page 40](#)

⁴ [Health and Safety Code 101000](#) and [California EOM page 40](#)

(b) "Preventive measure" means abatement, correction, removal or any other protective step that may be taken against any public health hazard that is caused by a disaster and affects the public health. Funds for these measures may be allowed pursuant to Sections 29127 to 29131, inclusive, and 53021 to 53023, inclusive, of the Government Code and from any other money appropriated by a county board of supervisors or a city governing body to carry out the purposes of this section.

(c) The local health officer, upon consent of the county board of supervisors or a city governing body, may certify any public health hazard resulting from any disaster condition if certification is required for any federal or state disaster relief program.⁵

Local Health Officer (LHO): City and county health officers are authorized by the Health and Safety Code to take any preventive measure necessary to protect and preserve the public health from any public health hazard during a local emergency or State of Emergency within their jurisdiction. Preventive measures include abatement, correction, removal, or any other protective steps which may be taken against any public health hazard that is caused by a disaster and affects public health. The local health officer may declare a local emergency if he or she has been specifically designated to do so by ordinance adopted by the governing body of the jurisdiction. When a health emergency has been declared by a local health officer or board of supervisors, the local health officer has supervision and control over all environmental health and sanitation programs and personnel employed by the county during the State of Emergency. In the event a health emergency is declared by the board of supervisors in a county, or in the event a county health emergency is declared by the county health officer pursuant to Section 101080⁶, the local health officer shall have supervision and control over all environmental health and sanitation programs and personnel employed by the county during the state of emergency (California Health and Safety Code, Section § 101310)⁷.

Mass-dispensing operations may be conducted under a declared state of emergency. The Board of Pharmacy may waive Pharmacy Law requirements. The Governor may order MCM dispensing in accordance with plans (to invoke Civil Code 1714.6)⁸ and issue regulations to include private businesses in immunities under California Health and Safety Code § 1799.1029, and activate California Government Code § 865510 immunities.

Medical Health Operational Area Coordinator (MHOAC)

California Health and Safety Code §1797.153 establishes the Medical Health Operational Area Coordinator (MHOAC). Within the Operational Area, the MHOAC Program coordinates the functions identified in California Health and Safety Code §1797.153.¹¹

Declaration of an Emergency

California Health and Safety Code § 101080 declaration of health emergency; conditions; duration; review. "Whenever a release, spill, escape, or entry of waste occurs as described in paragraph (2) of subdivision (b) of Section 101075 and the director or the local health officer reasonably determines that the waste is a hazardous waste or medical waste, or that it may become a hazardous waste or medical waste because of a combination or reaction with other substances or materials, and the director or local health officer reasonably determines that the release or escape is an immediate threat to the public health, the director may declare a health

⁵ [California Health and Safety Code 101040](#)

⁶ [California Health and Safety Code 101080](#)

⁷ [California Health and Safety Code 101310](#)

⁸ [California Civil Code 1714.6](#)

⁹ [California Health and Safety Code 1799.102](#)

¹⁰ [California Government Code 8655](#)

¹¹ [California Health and Safety Code 1797.153](#)

emergency and the local health officer may declare a county health emergency in the county or any area thereof affected by the threat to the public health. Whenever a local health emergency is declared by a local health officer pursuant to this section, the local health emergency shall not remain in effect for a period in excess of seven days unless it has been ratified by the board of supervisors. The board of supervisors shall review, at least every 14 days until the local health emergency is terminated, the need for continuing the local health emergency and shall proclaim the termination of the local health emergency at the earliest possible date that conditions warrant the termination.”¹²

Regional Disaster Medical and Health Coordinator (RDMHC)

California Health and Safety Code §1797.152 establishes the Regional Disaster Medical and Health Coordinator (RDMHC). Within the Mutual Aid Region, the RDMHC Program coordinates the functions identified in Health and Safety Code §1797.152¹³

Federal

Below is a compilation of federal laws and regulations identified for defining and implementing Medical Countermeasures from all levels of a response from the federal government to local jurisdictions. Note that specific sections from the Pandemic and All-Hazard Preparedness Reauthorization Act (2013) (PAHPRA) relate directly to local jurisdictions Medical Countermeasure readiness.

A. Complying with MCM planning/Cities Readiness Initiative (CRI) guidelines.¹⁴

To align with the Public Health Emergency Preparedness (PHEP) cooperative agreement’s capabilities-based approach, medical countermeasure planning and CRI requirements support multiple public health preparedness capabilities with a specific focus on Capability 8: Medical Countermeasure Dispensing and Capability 9: Medical Materiel Management and Distribution. These capabilities outline standards that support distribution and dispensing functions that should be part of a jurisdiction’s all-hazards planning. PHEP awardees are responsible for ensuring medical countermeasure distribution and dispensing (MCMDD) capabilities are built and sustained in their jurisdictions and can be operationalized to support any large-scale public health event requiring a medical countermeasure response.

B. Coordination with State Educational Agencies

How jurisdictions will coordinate emergency public health preparedness and response plans with state educational agencies (as defined in section 9101(41) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. § 7801(41)) and state child care lead agencies (designated under section 658D of the Child Care and Development Block Grant Act of 1990 (42 U.S.C. § 9858b)).¹⁵

C. Emergency Use Authorization (EUA)

Under section 564 of the Federal Food, Drug, and Cosmetic Act, the FDA Commissioner may allow unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by chemical, biological, radiological, and nuclear explosives (CBRNe) threat agents when there are no adequate, approved, and available alternatives.¹⁶

D. Liability Protection

The Public Readiness and Emergency Preparedness Act (PREP Act) enacted in 2008 provides liability protection for activities related to developing, manufacturing, distributing, prescribing, dispensing,

¹² [California Health and Safety Code 101075-101095](#)

¹³ [California Health and Safety Code 1797.152](#)

¹⁴ [Medical Countermeasure Planning/Cities Readiness Initiative Guidelines pages 21-22](#)

¹⁵ [Cooperative Agreements BP3 Continuation Guidance page 7](#)

¹⁶ [Emergency Use Authorization of Medical Products](#)

administering, and using countermeasures against chemical, biological, radiological and nuclear agents of terrorism, epidemics, and pandemics (the United States Code at 42 U.S.C. §§247d-6d, 247d-6d).¹⁷

E. *Pandemic and All-Hazards Preparedness Reauthorization Act (2013) (PAHPRA)*¹⁸

Section 101

1. Amends the Public Health Service Act (PHSA) to require the Secretary of Health and Human Services (HHS) to submit the National Health Security Strategy to the relevant congressional committees in 2014. Revises the Strategy's preparedness goals, in part to specify that the drills and exercises included in periodic evaluations of federal, state, local, and tribal preparedness and response capabilities also include drills and exercises to ensure medical surge capacity for events without notice.

Section 104

1. Revises and reauthorizes through FY2018 the National Disaster Medical System. Requires the Secretary to take steps to ensure that a range of public health and medical capabilities are represented in the System, which take into account the needs of at-risk individuals, in the event of a public health emergency.

Section 202

1. Revises and reauthorizes for FY2014-FY2018 a program of cooperative agreements to improve state and local public health security. Revises requirements for the All-Hazards Public Health Emergency Preparedness and Response Plan.
2. Reauthorizes appropriations for FY2014-FY2018 for the influenza vaccine tracking and distribution program in an influenza pandemic.

Section 301

1. Amends the Federal Food, Drug, and Cosmetic Act (FFDCA) to revise requirements for special protocol assessments to include agreements on the design and size of animal and any associated clinical trials which, in combination, are intended to form the primary basis of an effectiveness claim for a countermeasure or epidemic or pandemic product when human efficacy studies are not ethical or feasible.
2. Authorizes the Secretary to extend the expiration date of eligible medical countermeasures during an emergency if:
 - a) The extension is intended to support the U.S. ability to protect the public health or military preparedness and effectiveness; and
 - b) The extension is supported by an appropriate scientific evaluation conducted or accepted by the Secretary.

F. *Temporary Reassignment of State and Local Personnel during a Public Health Emergency*

Section 201 of PAHPRA amended section 319 of the Public Health Service Act (PHSA) to give the HHS Secretary discretion, after declaring a public health emergency, to, upon request from a governor or a tribal organization, authorize the temporary reassignment of state, tribal, and local personnel funded under PHS programs during the period of the public health emergency and any extension.

¹⁷ [Liability Protections of Pandemic and Epidemic Products and Security Countermeasures](#)

¹⁸ [Pandemic and All-Hazards Preparedness Reauthorization Act 2013 Public Law 113-5](#)

Appendix B: Glossary

12-Hour Push Package	Federally pre-packaged and pre-staged Strategic National Stockpile (SNS) caches. Can be delivered to the State's Receiving, Staging and Storing (RSS) warehouse location within 12 hours
Biohazard Detection System (BDS)	The United States Postal Service® is committed to keeping its employees and customers safe. To help counter the threat of anthrax in the mail, the Postal Service™ has developed a Biohazard Detection System (BDS) that will detect anthrax in the mail. The system is designed for the highest possible level of detection.
California Health Alert Network (CAHAN)	The California Health Alert Network (CAHAN) is the State of California's web-based information and communications system available on a 24/7/365 basis for distribution of health alerts, dissemination of prevention guidelines, coordination of disease investigation efforts, preparedness planning, and other initiatives that strengthen state and local preparedness. CAHAN participants have the ability to receive alerts and notifications via alphanumeric pager, e-mail, fax, and phone (cellular and landline).
Dispensing sites	The community locations where the public (individuals) receive prophylactic medicines.
Distribution	The process of delivering MCM from a staging warehouse to dispensing sites, treatment centers, and other locations. For variety, we use the terms distributing and delivering interchangeably.
Department Operation Center (DOC)	A centralized location for a single department or agency where their internal incident management and response takes place.
Emergency Use Authorization (EUA)	The Emergency Use Authorization (EUA) authority recently granted by Congress allows the FDA Commissioner to strengthen the public health protections against biological, chemical, radiological, and nuclear agents that may be used to attack the American people or the U.S. armed forces. Under section 564, the FDA Commissioner may allow medical countermeasures to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by such agents, when there are no adequate, approved, and available alternatives.
Emergency Operations Center (EOC)	A centralized location where individuals responsible for responding to a large scale emergency can have immediate communication with each other and with emergency management personnel for the purpose of enhancing coordination in exercising direction and control of emergency response and recovery efforts.
Emergency Support Function (ESF)	Emergency Support Functions (ESFs) is the grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents.
Incident Command System (ICS)	A nationally used standardized on-scene emergency management concept specifically designed to allow its users to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries. ICS is the field level component of SEMS. It is the combination of facilities, equipment, personnel, procedures and communications

operating within a common organizational structure with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

Inventory Management System (IMS)

The Inventory Management System is a tool to track medical and non-medical countermeasure inventory and supplies during daily operations or an event. The IMS tracks quantities of inventory, monitors re-order thresholds, and facilitates warehouse operations including receiving, staging, and storing of inventory. Through the IMS the county is able to order/request resources, approve requests, receive inventory, store inventory, create pick lists, and ship/order inventory.

Joint Information Center (JIC)

A facility established to coordinate all incident-related public information activities when multiple agencies are providing public information. It is the central point of contact for all news media. Public information officials from all participating agencies should co-locate at the JIC.

Joint Information System (JIS)

The framework for organizing, integrating, and coordinating the delivery of public information. This system employs Joint Information Centers and brings incident communicators together during an incident to develop, coordinate, and deliver a unified message. This will ensure that Federal, state, tribal, and local levels of government are releasing the same information during an incident.

Medical Countermeasures (MCM)

Medical countermeasures include both biologic and pharmaceutical medical countermeasures (e.g. vaccines, antimicrobials, and antibiotic preparations), non-pharmaceutical medical countermeasures (e.g. ventilators, devices, personal protective equipment, such as face masks and gloves), and public health interventions (e.g. contact and transmission interventions, social distancing, and community shielding) to prevent and mitigate the health effects of biological agents.

Medical and Health Coordination Center (MHCC)

Medical and Health Coordination Center is a cooperative effort by the California State Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) to manage the medical and health resources in California.

National Disaster Medical Systems (NDMS)

The National Disaster Medical System (NDMS) is a federally coordinated system that augments the Nation's medical response capability. The overall purpose of the NDMS is to supplement an integrated National medical response capability for assisting State and local authorities in dealing with the medical impacts of major peacetime disasters and to provide support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated back to the U.S. from overseas armed conventional conflicts.

Operational Area (OA)

An intermediate level of the state emergency services organization, consisting of a county and all political subdivisions within the county area. The OA is a special purpose organization created to prepare for and coordinate the response to emergencies within a county area. Each county is designated as an OA. An OA may be used by the County and the political subdivisions for the coordination of emergency activities and to serve as a link in the system of communications and coordination between the State's EOCs and the EOCs of the political subdivisions comprising the OA. The OA augments, but does not replace, any member jurisdiction.

Prophylactic Medications

The drugs that protect against biological threats, such as anthrax.

Regional Disaster Medical Health Coordinator (RDMHC)	At the regional level, EMSA and DHS jointly appoint a Regional Disaster Medical and Health Coordinator (RDMHC), whose responsibilities include supporting the mutual aid requests of the Medical Health Operational Area Coordinator (MHOAC) for disaster response within the region and providing mutual aid support to other areas of the state in support of the state medical response system. The RDMHC also serves as an information source to the state medical and health response system.
Regional Disaster Medical Health Specialist (RDMHS)	The RDMHS assists in the development of a coordinated regional disaster medical and health response system. As such, the RDMHS will work with the RDMHC and receive policy guidance and direction from the RDMHC concerning regional issues. The RDMHS will also receive, as a regional representative of the State, policy guidance and direction from the California Emergency Medical Services Authority (EMS Authority) in coordination and cooperation with the California Department of Public Health (CDPH).
Regional Emergency Operations Center (REOC)	Regional facilities representing each of Cal EMA’s three Administrative Regions (Inland, Coastal and Southern). REOCs provide centralized coordination of resources among Operational Areas within their respective regions, and between the Operational Areas and State level.
Schedule 2-5 Narcotics	Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules as defined below: Schedule I. Substances in this schedule have no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse. Schedule II/IIIN. Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence. Schedule III/IIIN. Substances in this schedule have a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence. Schedule IV. Substances in this schedule have a low potential for abuse relative to substances in Schedule III. Schedule V. Substances in this schedule have a low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics.
Standardized Emergency Management System (SEMS)	The consistent set of rules and procedures governing the overall operational control or coordination of emergency operations specified in CCR Title 19, Division 2, §2400 et sec. It identifies at each level of the statewide emergency organization the direction of field forces and the coordination of joint efforts of government and private agencies. The ICS is the field level component of SEMS.
Strategic National Stockpile (SNS)	The Strategic National Stockpile is a stockpile of drugs and other medical materiel that is available from the CDC.
State Operations Center (SOC)	The SOC is operated by the California Emergency Management Agency. It is responsible for the centralized coordination of State resources in support of the three Cal EMA Administrative Regions (REOCs). It is also responsible for providing updated situation reports to the Governor and legislature.
Vendor Managed Inventory (VMI)	When a specific threat agent is known, or additional supplies are needed to supplement the 12-Hour Push Package, VMI will be shipped directly to specified sites. VMI consists of larger quantities of items included in the 12-Hour Push Package.

Appendix C: Acronyms

AAR	After Action Report
BDS:	Biohazard Detection System
CAHAN:	California Health Alert Network
Cal OES:	California Office of Emergency Services
CBRNe	Chemical, Biological, Radiological and Nuclear explosives
CDC:	Centers for Disease Control and Prevention
CDPH:	California Department of Public Health
CERC	Crisis and Emergency Risk Communication
CERT:	Community Emergency Response Team
CHP:	California Highway Patrol
CRI	Cities Readiness Initiative
DMAT:	Disaster Medical Assistance Team
DOC:	Department Operations Center
DPHO	Deputy Public Health Officer
DSNS:	Division of the Strategic National Stockpile
DSW	Disaster Service Worker
EEG	Exercise and Evaluation Guide
EHS	Environmental Health Services
EMS	Emergency Medical Services
EMSA:	Emergency Medical Services Authority
EOC:	Emergency Operations Center
EOP:	Emergency Operations Plan
ESF	Emergency Support Function
EUA:	Emergency Use Authorization
FDA:	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FOG:	Field Operations Guide
FOUO	For Official Use Only
FTS	Field Treatment Site
HAM:	Amateur Radio Operator
HHS	Health and Human Services
HIPAA:	Health Insurance Portability and Accountability Act
HPP:	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IC	Incident Commander
ICS:	Incident Command System
IMS:	Inventory Management System
IP	Improvement Plan
IRAM	Initial Response Assessment Meeting
IT:	Information Technology
JAS:	Job Action Sheet
JIC:	Joint Information Center
JIS:	Joint Information System
JITT:	Just In Time Training
LEMSA	Local Emergency Medical Services Agency
LHD	Local Health Department
LHO	Local Health Officer
LOI	Letter of Intent
M/H	Medical Health

MCI	Mass Causality Incident
MCM:	Medical Countermeasures
MCMDDD	Medical Countermeasures Distribution and Dispensing
MHCC:	Medical Health Coordination Center
MHOAC:	Medical Health Operational Area Coordinator
MI:	Managed Inventory
MMRS:	Metropolitan Medical Response System
MOA:	Memoranda of Agreement
MOU:	Memoranda of Understanding
MPM	Midterm Planning Meeting
MRC:	Medical Reserve Corps
MSA:	Metropolitan Statistical Area
MSEL	Master Scenario and Events List
NDMS:	National Disaster Medical Systems
NIMS:	National Incident Management System
NMRT:	National Medical Response Team
OA	Operational Area
OES:	Office of Emergency Services
ORR	Operational Readiness Review
PAHPRA	Pandemic All Hazards Preparedness Reauthorization Act
PCR	Polymerase Chain Reaction
PH	Public Health
PHEP	Public Health Emergency Preparedness
PHO:	Public Health Officer
PHSA	Public Health Service Act
PIO:	Public Information Officer
POD:	Point of Dispensing
PPE:	Personal Protective Equipment
RDC:	Regional Distribution Center
RDMHC:	Regional Disease Medical Health Coordinator
RDMHS:	Regional Disease Medical Health Specialist
REOC:	Regional Emergency Operations Center
RN:	Registered Nurse
RSS:	Receiving, Storing, and Staging
SEMS:	Standardized Emergency Management System
SitRep	Situation Report
SME	Subject Matter Expert
SMI:	Stockpile Managed Inventory
SNFs:	Skilled Nursing Facilities
SNS:	Strategic National Stockpile
SOC:	State Operations Center
SOP:	Standard Operating Procedures
SSAG:	Stockpile Service Advisory Group
USPS:	United States Postal Service
VMI:	Vendor Managed Inventory
WHO	World Health Organization
WMD:	Weapons of Mass Destruction

Planning Appendices

Appendix D: Plan Update and Maintenance

Update and maintenance of the Medical Countermeasures (MCM) Plan is the responsibility of the MCM Coordinator. This plan can be updated and discussed with other partners to include, but not limited to, the California Department of Public Health (CDPH) and other county MCM Coordinators. It is the responsibility of the Public Health Emergency Services Manager and the MCM Coordinator to keep leadership, partners, and stakeholders within their jurisdiction informed of appropriate changes.

The Tuolumne County Public Health Department will review the MCM plan at least annually based on deficiencies identified in the Operational Readiness Review (ORR) and lessons learned from training, exercises, and/or actual incidents and update as required.

Date	Plan Version	Update/Actions Taken	Posted By

Appendix E: Plan Development/Working Group

The following are those that participate in jurisdictional and regional planning meetings to review medical countermeasures plans and ensure that all participants understand their roles and responsibilities.

California Department of Public Health (CDPH)	
Emergency Pharmaceutical Services Unit	Al Hendrickson
Emergency Pharmaceutical Services Unit	Dana Grau
County of Tuolumne	
Health Officer (MHOAC)	Dean Kelaita (interim)
Public Health Emergency Preparedness Coordinator	Michelle Jachetta
Emergency Medical Services Medical Director (Alt. MHOAC)	Kimberly Freeman
Emergency Medical Services Administrator (Alt. MHOAC)	Clarence Teem
Public Health Director of Nursing	Melissa Parrish
Public Health HAN Coordinator	Michelle Jachetta
Office of Emergency Services Coordinator	Tracie Riggs
Public Information Officer	Dean Kelaita/Michelle Jachetta
Human Services Agency Assistant Director	Steve Boyack
Sheriff's Department	Neil Evans
City of Sonora	
Police Department	Turu Vanderwiel
Fire Department	Aimee New
OTHER	

Appendix F: Participating Agencies

Informal agreements or Memorandums of Understanding/Agreement regarding Medical Countermeasures response activities exist with the following agencies and organizations:

Type	Facility Name	Facility Address	Facility Contact
Facility Use Agreements (Open PODS)	Mother Lode Fairgrounds Columbia Airport	220 Southgate Dr. Sonora 10723 Airport Rd. Columbia	532-7428 559-9346 Missy 760-900-3077 Daniel Richardson, CAOs Office
Dispensing Partners (Closed PODs)	Tuolumne Band of Me-Wuk Indians Adventist Health Sonora	Black Oak Casino and/or Tuolumne Me-Wuk Indian Health Center Hospital Main Campus	Dore Bietz, Tribal Planner-Emergency Manager Marc Stevenson, EP Coordinator
Additional Partners			

Appendix G: BioWatch Fact Sheet



Office of Health Affairs BioWatch



Overview

The United States continues to face the risk of a major biological attack that could result in significant loss of human life, severe economic disruption, and substantial damage to our critical infrastructures and key resources. Early detection could mitigate that potential impact. The first indication that the nation has been attacked may come through early detection and warning systems, such as the BioWatch program – the nation’s integrated biodefense network. BioWatch is the only federally-managed, locally-operated, nationwide bio-surveillance system designed to detect the release of select aerosolized biological agents.

Early Detection

One of the BioWatch program’s high priority initiatives is to detect biological agents or pathogens rapidly, in order to save lives and mitigate damage. If a high threat agent of interest is detected on a BioWatch filter, the local laboratory director has a national network of support to turn to, beginning with the Centers for Disease Control and Prevention’s (CDC’s) Bio-terrorism Rapid Response and Advanced Technology Laboratory. When the laboratory director verifies that a high threat agent has been detected, a BioWatch Actionable Result (BAR) is declared. The BioWatch Quality Assurance program, implemented in 2011, enhances defensibility and confidence associated with the analytical results.

Guidance and Exercises

Detection technology is only part of the BioWatch program. Just as important are the guidance documents, concepts of operation, and exercises provided by BioWatch in coordination with state and local public health authorities within BioWatch jurisdictions. Guidance and exercises must be integrated into a carefully orchestrated response for the detection technology to be used to its full potential.

Program Structure

BioWatch has initiated and developed collaborative relationships with state and local public health, laboratories, law

enforcement, and environmental health agencies, strengthening our nation’s overall biodefense preparedness. Key partners play pivotal roles to ensure the program’s success.

- **State and local governments** – locally operate the BioWatch program and develop the plans that will enable an effective first response to an act of bioterrorism.
- **Centers for Disease Control and Prevention** – oversees the Laboratory Response Network where BioWatch laboratories that analyze the collected samples are co-located. CDC also acts as a liaison with state and local public health departments.
- **Department of Defense** – supplies critical screening testing materials and technical expertise in detection systems.
- **Environmental Protection Agency** – performs or assists in environmental sampling activities in response to a BioWatch Actionable Result (BAR).
- **Federal Bureau of Investigation** – provides threat assessments and is the lead law enforcement and investigative agency.
- **National Laboratories** – provide technical support, including the development and assessment of new technologies and protocols.

Future Goals

Improvements to existing technologies, processes, and relationships will continue to be important factors as the BioWatch program evolves. Future goals include:

- Continuing to strengthen partnerships with state and local public health authorities and stakeholders.
- Enhancing detection coverage by adding collectors to established and new BioWatch jurisdictions.
- Improving current collection technologies and methods for more rapid detection and greater cost efficiencies.
- Maximizing coordination and collaboration with other agencies and detection programs.
- Improving tools to identify released biological agents to support response operations.

Operational Appendices

Appendix H: Initial Assessment and Response Meeting

IARM Guide

For Use During the Initial Assessment and Response Meeting (IARM)	
<p>A. Assess the Situation (current and potential impact)</p> <ol style="list-style-type: none"> 1. What type event: disease or illness, bio terrorism, extreme weather, shelter operations... 2. Is the health risk confined to one segment of our community or to the community at large? 3. If the event is disease related do we know the exposure pathways? 4. Have local medical and health care facilities been affected? 5. What other agencies and organizations are currently responding or set to respond? 6. Have any of the Tuolumne County Public Health Department operations been affected? 7. Have critical infrastructures been affected? 8. Have communications systems been affected? 9. Is this a local, regional, statewide or national situation? 10. Has any agency declared that we take specific actions related to this event? 	
<p>B. Based on the above assessment do any of the following actions need to be taken?</p> <ol style="list-style-type: none"> 1. Does provider health alert need to go out? 2. Do we have a pre-scripted message or fact sheets? 3. Do we need to start an Investigative Report? 4. Is there a recommended action or existing plan for this situation? 5. Do we need to consider suspending non-essential services? 6. Does the incident currently, or do we expect that it will soon, exceed our capacity to respond or require more coordination? 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes to 5 or 6 move to ICS model, activate DOC, & prepare to divert staff to the response</p>	
<p>C. Identify additional information needed to assess threat and/or take action and assign staff</p>	
<p>D. Suggested Agencies and staff that Public Health may need to notify</p> <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Other Public Health staff <input type="checkbox"/> Human Services Agency Director <input type="checkbox"/> Other County Departments <input type="checkbox"/> Local City & Towns <input type="checkbox"/> EMS & other healthcare providers <input type="checkbox"/> Local OES <input type="checkbox"/> Local schools <input type="checkbox"/> Healthcare & Safety Coalition Partners <input type="checkbox"/> EMSA/CDPH Duty Officer <input type="checkbox"/> CDPH <input type="checkbox"/> Region IV county public health jurisdictions 	

IARM Sample Meeting Agenda

IARM Agenda Topics (sample)	
<p>Information –What we know: sharing current information only. Deciding and assigning actions comes later in the meeting.</p> <ol style="list-style-type: none"> 1. Situation status overview given by meeting lead 2. Roundtable report out/sharing of information by participants 3. Sharing of actions already taken by participants or agencies 	10 Minutes
<p>Assessment –Assess the situation and determine immediate impact or severity of the event.</p> <ol style="list-style-type: none"> 1. Assess the current and potential impact of the event using 2. Actions to consider 	10 Minutes
<p>Based on assessment identify and assign immediate actions needed</p> <ol style="list-style-type: none"> 1. Confirm internal and external notifications needed and assign responsibility and timeline 2. Confirm action items and assign responsibility and timeline 3. Confirm what additional information is needed 	15 Minutes
<p>RAP – Up</p> <ol style="list-style-type: none"> 1. Review decisions and assignments 2. Assure that all participants are clear on the decisions and their action items 3. Plan: If it appears that the event will be resolved using usual day-to-day work processes schedule one follow-up meeting 	10 Minutes
<p>If it is evident that a larger or coordinated response will be required do the following:</p> <ol style="list-style-type: none"> a. move to ICS mode and assign command and section chief staff b. activate appropriate DOC level c. make staff assignments d. schedule Initial Action Planning meeting 	
<p>Adjourn meeting – Remind participants to continue documenting their activities in their Individual Activity Log until the event is closed. (ICS 214)</p>	

Appendix I: Critical Infrastructure Personnel & First Responder Dispensing Protocols at a Glance

DEFINITION OF ESSENTIAL SERVICE WORKERS

Essential service groups must be established to address the overall goal of reducing morbidity, mortality, and secondarily reduce societal disruption. In order to ensure an optimal Medical Countermeasures response, it will be imperative to provide as much protection as possible to health care workers and other essential service workers. Essential service sectors are groups that will generally meet one or more of the following criteria:

- Have increased demand placed on them during a pandemic to fulfill basic necessities and social needs.
- Directly support reduction in deaths and hospitalizations.
- Function in health care sector or emergency services.

For the purposes of MCM/SNS planning and role identification, essential service entities **are defined and listed as follows (listed in alphabetical order):**

Emergency Medical Services Provider Organizations

This category includes all private and public ambulance providers and first response agency personnel. These workers are critical to maintaining the 911 emergency medical systems and providing inter-facility transportation of patients.

Fire Service Agencies

This category includes all duly authorized full-time and volunteer fire service personnel. These workers are critical to maintaining social functioning and civil order, and will contribute to a MCM/SNS response by providing paramedical support at vaccination centers, Point Of Dispensing (PODs), and at other key locations.

Food Suppliers (non-restaurant)

This category includes large wholesale and retail food suppliers and distributors. These services are critical to meet basic human needs.

Hospitals, Clinics and Other Licensed Medical Facilities

This category includes all acute care hospital personnel, community medical clinic staff, mental health, psychiatric facility staff, and skilled nursing facility staff. These workers are critical to maintaining the health care delivery system at all levels.

Key Government Agencies and Officials

This category includes local, state and federal government employees (within Tuolumne County) who provide key functions in regard to leadership, decision making, and general government oversight.

Law Enforcement Agencies

This category includes all public police and other law enforcement personnel, including correctional facility staff, reserves, and 911 dispatchers. These workers are critical to maintaining social functioning and civil order, and will contribute to a MCM/SNS response by providing security to various sites, and will assist with the implementation of Health Officer Directives.

Media Organizations

This category includes primary print and electronic media organizations that operate within Tuolumne County. These organizations are essential for supporting risk communication to the public and the transmission of emergency public information during times of local emergency. It is anticipated that risk communication will be an important component of local response.

Mortuary Services

This category includes all mortuary and embalming services. These services are essential to protect environmental and public health associated with increased number of deaths due to the event.

Public Health Services

This category includes public health workers assigned to various disease investigations and response activities, staffing of Department Operations Center (DOC), and other key duties associated with protection of public health. This group includes persons who may not have direct patient care duties, but who are essential for surveillance of the disease, allocation of public health resources for MCM/SNS development and implementation of public health policy as part of the response.

Public Transportation Agencies

This category includes organizations responsible for providing public bus service and operation of train services. These services are essential to assure that the basic social and community infrastructure is not disrupted, including the transportation of persons affected by the event.

Utility Services (water, sanitation, power and electricity, telecommunications)

This category includes local employees of utility services (including workers of private and public sector entities). These services are critical for the support of the health care system as well as to meet basic human needs. Note: During an MCM/SNS event, the definition of essential services may change based on epidemiologic evidence. Specifically, schools were not identified on the essential services list because of the potential closing of school facilities to limit the spread.

Appendix J: Dispensing Modalities

See **HEPReP Annex 6: Mass Dispensing Plan** for more detailed mass dispensing-prophylaxis guidelines.

Tuolumne County must pre-determine these protocols, including identifying individuals authorized to alter the clinical model and the steps necessary to transition between models. The following are types of public (open) PODs:

- Full medical (clinical) PODs: In the medical model, each person receives a medical assessment and MCMs from a licensed medical professional. Jurisdictions typically would use the medical model in a dispensing operation that afforded ideal circumstances, such as adequate time and medical staff. Under this model, medical personnel would dedicate more time to providing a personalized medical evaluation and education on the agent and MCMs to each client at the dispensing site.
- Non-medical (rapid dispensing) PODs: The non-medical model refers to a modification of the medical model that streamlines dispensing operations in order to achieve rapid dispensing. The goal of rapid dispensing is to increase the number of people who can go through a POD, also known as increasing throughput. In light of the anticipated large number of individuals requiring MCMs during an emergency and the timeframe in which the jurisdiction must accomplish dispensing, the non-medical model takes into account limited medical staffing and decreased time to provide MCMs. In the non-medical model, clients might receive a less comprehensive screening form; steps in the dispensing process might be combined or eliminated; or trained nonmedical personnel may dispense MCMs under limited supervision from licensed medical professionals.
- Modified medical POD: In a modified medical model, the POD will employ variations of both the full medical and non-medical POD model, as discussed above.

Dispensing strategies are necessary to account for Tuolumne County populations in need. While public (open) points of dispensing (PODs) may serve the largest population, alternate dispensing modalities, such as closed PODs and strategies to reach those with access and functional needs, should be part of the jurisdictions plans to provide a tiered approach to serve all the population. Tuolumne County plans clearly identify processes for providing prophylaxis via the following mechanisms, at a minimum:

- Open (public) PODs: Open PODs have been the primary focus of dispensing operations since the early days of planning for large-scale MCM dispensing campaigns. They are referred to as “open” because there are no restrictions on who can go to them; they are open to everyone.
- Closed PODs: A dispensing site that is closed to the general public and open only to a specific group (e.g., staff of a participating business or healthcare personnel in a specific hospital).
- Alternate dispensing for populations with access and functional needs: individuals in need of alternate dispensing mechanisms may include those who have disabilities; live in institutionalized settings; are seniors; are children; are from diverse cultures; have limited English proficiency or are not English speaking; or are transportation disadvantaged.

Appendix K: Point of Dispensing (POD) Activation Checklist

This checklist should be provided to the Operations Section Chief, POD Manager and/or the individual(s) responsible for activation of the PODs.

- Determine Target Population to Receive Medications/Vaccinations**
- Determine POD sites to be Activated**
- Initiate POD Site Notification & Activation**
 - Public Health Unit Leader or POD Coordinator (in the EOC) to contact selected POD sites via phone, utilizing the contact information in the Alternate Sites List (HEPREP Resource Document).
 - POD Site Contacts will be:
 - Given a brief overview of the incident and why POD Sites are being activated
 - Informed of probable timeline for POD opening, length of time they will be open and the fact that they may need to open again for sustained dispensing
 - Instructed on the time the facility should be opened for County staff, as well as the name of the staff member who will be at the facility
 - Reminded of the rooms, equipment, and supplies that will be needed from the facility (This information can be found in the site specific POD Field Operations Guide (FOG))
 - Reminded that a POD Manager will arrive at the site to implement and manage POD Operations utilizing the site specific POD FOG
 - Instructed to ensure all doors (staff break room, bathrooms, etc.) will be unlocked
 - Additional essential information as needed
- Initiate the Staging of POD Supplies and Equipment**
 - Initiate the deployment of POD Trailers
 - Identify and deploy POD Site Set-up Staff
- Identify POD Staffing Needs**
 - Initiate call-down lists for POD site staffing
 - Utilize CAHAN, email and/or phone as necessary and appropriate
 - Coordinate with Law Enforcement to ensure proper security coverage at each POD Site
 - Coordinate with the Personnel Unit of the Logistics Branch for any additional staffing needs
- Arrange for Pre-Event Training for Command and General Staff**
 - This may be Just-in Time Training (JITT) at the site or at a central location before POD Staff are deployed
- Ensure that a hard copy of the following documents are sent to the site:**
 - Site specific POD Field Operations Guide and/or Job Action Sheets
 - Medical Consultation Guide
 - Individual Screening Forms
 - Multi-person Screening Forms
 - Drug Information Sheets
 - Inventory Forms
 - POD Staff Check-in/out form (completed with names of staff assigned to that site if possible)
- Email POD FOG to Command and General Staff**
- Add additional tasks as appropriate**

Appendix L: Notification and Alerting

Notify RDMHS/RDMHC, CDPH Duty Officer, and MHCC of incident and plan activation

- Submit a Med-Health Situational Report (SITREP) to MHCC & RDMHS/RDMHC

Notify all partners of plan activation via CAHAN or other approved method

- Tuolumne County Public Health employees, Sheriff's Office, OES, LEMSA, Region IV, and local Healthcare & Safety Coalition partners.

<u>Agency</u>	<u>Telephone</u>	<u>E-Mail</u>
California State Warning Center	(916) 845-8911	Warning.Center@ops.caloes.ca.gov
CDPH Duty Officer	(916) 328-3605	CDPHDutyOfficer@cdph.ca.gov
EMSA Duty Officer	(916) 553-3470	EMSADutyOfficer@emsa.ca.gov

Key Contacts in an Emergency

Key personnel can access the following State agencies 24 hours a day, 7 days a week by calling
Cal OES Warning Center, 916-845-8911

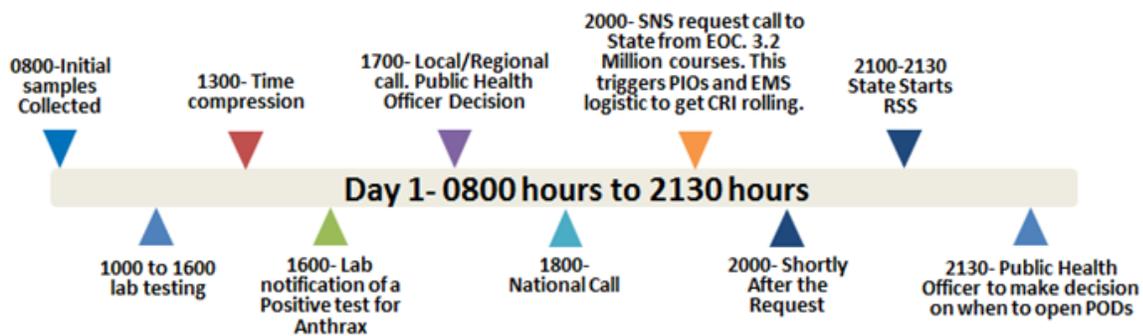
California Department of Public Health (CDPH)
California Office of Emergency Services (Cal OES)
Federal Emergency Management Agency (FEMA)
California Highway Patrol (CHP)
California National Guard (Cal Guard)
California Division of Forestry and Fire Protection
CalTrans/Department of Transportation
Civil Air Patrol

Additional local contact information may be found in [HEPReP Resource Document: Contacts](#)

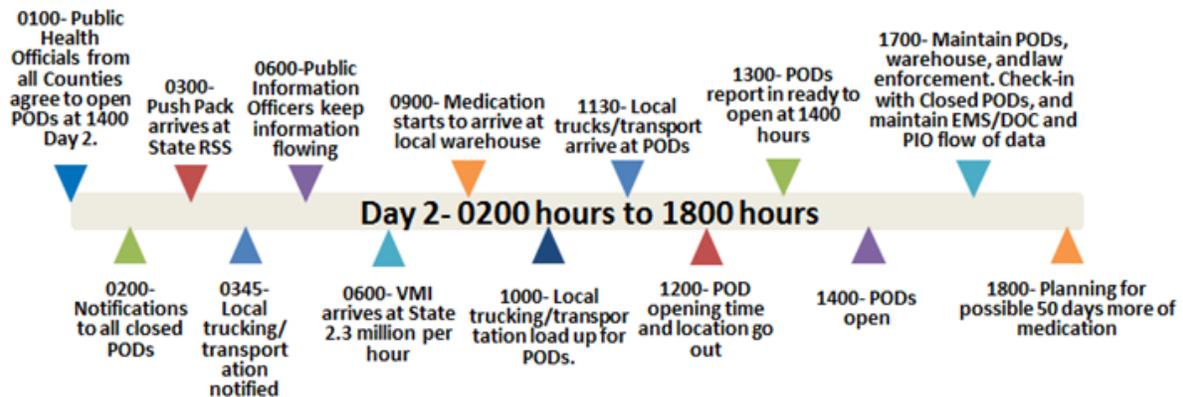
Appendix M: Timeline

A timeline depicting what and when actions would be initiated for the following: pre-event indicators, notifications, activations, logistics, operations, sustained operations or demobilization.

Sample- Day 1



Sample- Day 2



Appendix N: Supporting Annexes and Plans

All documents referenced below are current operational plans, field operations guides, and standing operating procedures that are related to Medical Countermeasures and/or are activated in an MCM event.

Name of Plan	Location(s)
Crisis and Emergency Risk Communications	HEPReP Annex 7
CHEMPACK Plan (included in Resource Management plan)	HEPReP Section 6
Closed POD Dispensing Procedures (Included in Mass Dispensing Plan)	HEPReP Annex 6
Continuity of Operations Plan	HEPReP Section 7
Responder Safety and Health Plan	<i>In development</i>
Mass Dispensing Plan	HEPReP Annex 6
Public Health Response Plan	HEPReP Section 2
Volunteer Management Plan	HEPReP Annex 10
Warehouse and Distribution Plan (incl. in Mass Dispensing Plan)	HEPReP Annex 6