

Emergency Dispensing Site Action Plan *(Template)*



Mohawk Area Public Health Coalition

Last Reviewed:
Last Update:

MAPHCO

Emergency Dispensing Site Action Plan

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Abbreviations List

AAR	After Action Report
App.	Appendix
BOH	Board of Health
BH	Behavioral Health
COMM/Comm	Communication(s)
DPW	Department of Public Works
EDS	Emergency Dispensing Site
EMAC	Emergency Management Compact Agreement
EMD	Emergency Management Director
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
ERCS	Emergency Response Communication System
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FEMA	Federal Emergency Management Agency
F/ASC	Finance/Administration Section Chief
FRTA	Franklin Regional Transit Authority
HHAN	Health & Homeland Alert Network
Hlth	Health
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IMAT	Incident Management Assistance Team
IMT	Incident Management Team
JAS	Job Action Sheet
JIT/JITT	Just In Time Training
LBoH	Local Board of Health
Ldr	Leader
LE	Law Enforcement
LNO	Liaison Officer
LSC	Logistics Section Chief
MA	Massachusetts
MAPHCO	Mohawk Area Public Health Coalition
MDPH	Massachusetts Department of Health
Medic	Paramedic
MEMA	Massachusetts Emergency Management Agency
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MSAR	Component of Emergency System for Advance Registration of Volunteer Health Professionals
OPEM	Office of Preparedness and Emergency Management

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PD	Police Department
PIO	Public Information Officer
POD	Point of Dispensing
PPE	Personal Protective Equipment
PSC	Planning Section Chief
RN	Registered Nurse
SA	Situational Awareness
SEOC	State Emergency Operations Center
SitRep	Situational Report
SNS	Strategic National Stockpile
SO	Safety Officer
Supv	Supervisor
UC	Unified Command
	Last Updated

Instructions for Using this Template

- Do a Find search for then Replace All with the name of your EDS jurisdiction.
- Do not type in the Table of Contents, even where it says Click Here to Enter Text, because those items will be updated as you enter text in the headings which populate the Table of Contents.
- When you click on Click Here to Enter Text a small, light blue box will appear describing what should be entered.
- Click once on Click Here to Enter Text and it will highlight, then type and the box will disappear being replaced by your new text.
- You can add annexes, but if you change numbers or titles of the current annex, you will need to go through the document to see where they are referenced.
- If you find an annex you do not want to use, then place a reference to its replacement within the current annex so the reader will know what the alternative document/direction is.
- If you add additional verbiage to any of the document the following steps must be taken
 - Update the Table of Contents.
 - Any place where page numbers are referenced will need to be updated.
 - If you add a new annex, use the correct header so it appears in the Table of Contents (TOC) after you update the TOC.

Section 1: What is the EDS Action Plan?

This EDS Action Plan serving the towns of:

Describes how to open, operate, and shut down one or multiple emergency dispensing sites (EDS) in response to a public health emergency such as a disease outbreak or terrorist biological attack.

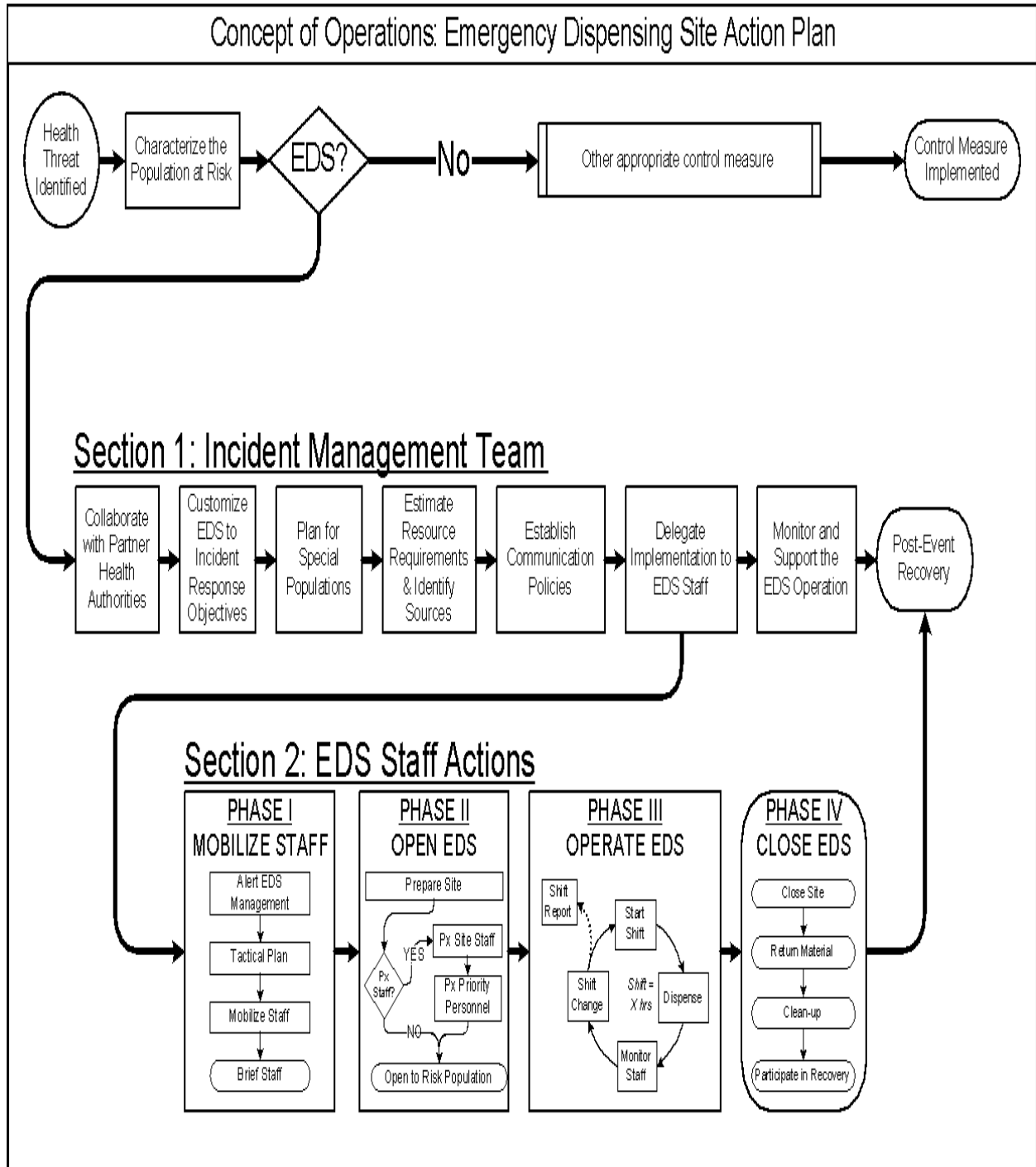
EDS has location (Address):

The State of Massachusetts requires each community to maintain a viable EDS Action Plan. The plan must support the medication of up to 100 percent of the community's populace within 48 hours of EDS activation. In a full-scale emergency, would operate all EDS sites to medicate about individuals. The EDS Action Plan plays a major role in developing that capacity.

If the required medication and supplies are not available locally, state agencies will deliver them to the EDS site(s) from the Strategic National Stockpile according to the protocol described later in this document.

No plan can anticipate all aspects of an emergency. As part of any EDS activation, the team leaders should evaluate this plan and modify it as needed to provide the most effective response. Under optimal conditions the modifications are encoded in the plan itself. Make a copy of the Microsoft Word document, rename it, and make the necessary changes.

Sequence of events following a public health emergency: Focus on the actions for an emergency dispensing site operation.



Public Health Response Contact Sheet Organized by Role

Contact Sheet Organized by Role				
Role	EDS Role / Personal Title / Organization	Last Name	First Name	Contact
Incident Management Team	Incident Commander			Prim Ph.#: Sec Ph.#: Prim email: Sec email:
	Operations Section Chief			Prim Ph.#: Sec Ph.#: Prim email:. Sec email:
	Planning Section Chief			Prim Ph.#: Sec Ph.#: Prim email: Sec email:
	Logistics Section Chief			Prim Ph.#: Sec Ph.#: Prim email: Sec email:
	Fin/Admin Section Chief			Prim Ph.#: Sec Ph.#:. Prim email: Sec email:
	Public Information Officer			Prim Ph.#: Sec Ph.#: Prim email: Sec email:
	Liaison Officer			Prim Ph.#: Sec Ph.#: Prim email: Sec email:
	Safety Officer			Prim Ph.#: Sec Ph.#: Prim email: Sec email:
	Medical Specialist			Prim Ph.#: Sec Ph.#: Prim email: Sec email:
EDS Site Contacts	Primary Contact			Prim Ph.#: Sec Ph.#: Prim email: Sec email:
	Secondary Contact			Prim Ph.#: Sec Ph.#: Prim email: Sec email:
	Facility's Manager			Prim Ph.#: Sec Ph.#: Prim email: Sec email:

Contact Sheet Organized by Additional Support Agencies

Additional Contacts Important to Emergency Operations	Regional Coordinator/MEMA Region III			Prim Ph.#: _____ Sec Ph.#: _____ Prim email: _____ Sec email: _____
	MA Office of Preparedness and Emergency Management			Prim Ph.#: _____ Sec Ph.#: _____ Prim email: _____ Sec email: _____
	Medical Reserve Corps/Community Emergency Response Team County Coordinator			Prim Ph.#: _____ Sec Ph.#: _____ Prim email: _____ Sec email: _____
	Center for Disease Control and Prevention			Prim Ph.#: _____ Sec Ph.#: _____ Prim email: _____ Sec email: _____
	Other Volunteer Group(s)			Prim Ph.#: _____ Sec Ph.#: _____ Prim email: _____ Sec email: _____

Other Staff Resources

Org/Agency	Skill Set or Expertise	Last Name	First Name	Contact
				Prim Ph.#: _____ Sec Ph.#: _____ Prim email: _____ Sec email: _____
				Prim Ph.#: _____ Sec Ph.#: _____ Prim email: _____ Sec email: _____
				Prim Ph.#: _____ Sec Ph.#: _____ Prim email: _____ Sec email: _____
				Prim Ph.#: _____ Sec Ph.#: _____ Prim email: _____ Sec email: _____
				Prim Ph.#: _____ Sec Ph.#: _____ Prim email: _____ Sec email: _____
				Prim Ph.#: _____ Sec Ph.#: _____ Prim email: _____ Sec email: _____

Other Staff Resources

Org/Agency	Skill Set or Expertise or Certifications	Last Name	First Name	Contact

EDS Action Plan for

	All other Local Government EMDs, ERCS, police/fire Chiefs, highway superintendents, PIO's, Boards of Health/Health Agents, chief elected officials, media outlets, ham radio contacts, snowmobile clubs can be found in "Compendium of Common Franklin County Plan Resources, Appendix 23.			
	Date Last Updated			

Section 2 Incident Management Team Workflow

Incident Commander or Unified Command

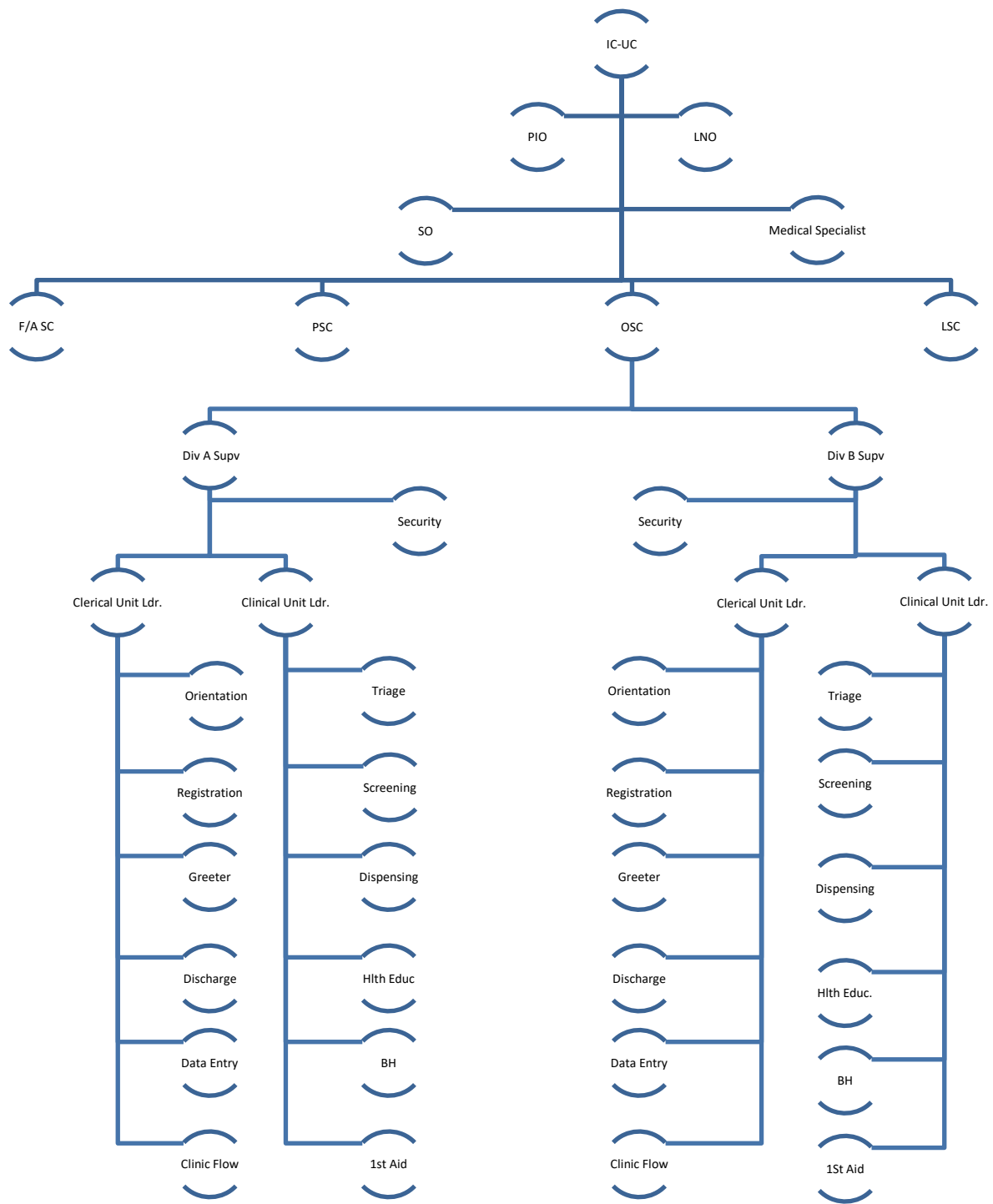
Command Staff

- Public Information Officer
- Medical Specialist
- Safety Officer
- Liaison Officer

General Staff

- Operations Section Chief
- Planning Section Chief
- Logistics Section Chief
- Finance & Administration Section Chief

Organization Chart



Event Identification, Notification, and EDS Activation Decision

The decision to activate an EDS Action plan occurs as part of a larger response to a public health threat. We identify two likely scenarios that could lead to EDS activation. In the **Local Government-to-State** scenario, the threat is identified locally. For instance, local providers and hospitals report an unusual number of patients presenting with flu-like symptoms. In this case, Regional or local public health officials would notify state officials.

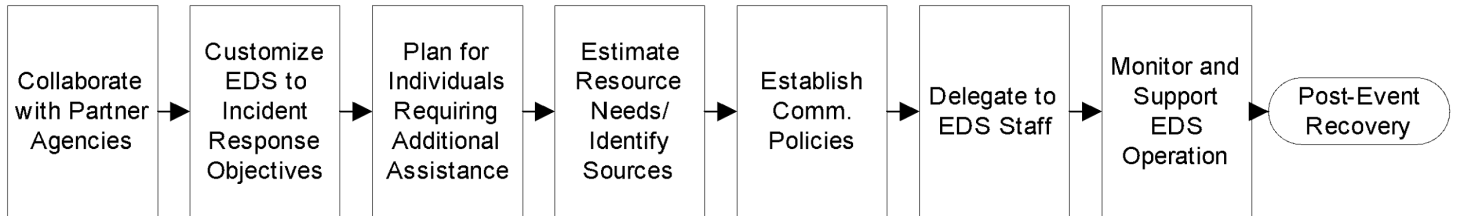
In the **State-to-Local Government** scenario, the State contacts local officials about a threat.

Identify, Notify, and Decide: Local Government-to-State			
<input type="checkbox"/>	Public health threats are identified by local providers, hospitals, or agencies.		
<input type="checkbox"/>	The Regional/Town Public Health leadership and safety officials meet to decide whether to contact the State:		
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> Contact State: NO Define an alternate action plan. Beyond the scope of this document. </td> <td style="width: 50%;"> Contact State: YES Health Department Director contacts MDPH Office of Preparedness and Emergency Management via the on-call emergent issues pager. </td> </tr> </table>	Contact State: NO Define an alternate action plan. Beyond the scope of this document.	Contact State: YES Health Department Director contacts MDPH Office of Preparedness and Emergency Management via the on-call emergent issues pager.
Contact State: NO Define an alternate action plan. Beyond the scope of this document.	Contact State: YES Health Department Director contacts MDPH Office of Preparedness and Emergency Management via the on-call emergent issues pager.		
<input type="checkbox"/>	If YES to Question 2, State and Local Government decide whether to activate EDS: MDPH, Emergency Preparedness Bureau Director at 617-624-5257 MDPH-OPEM Duty Officer (617) 339-8351		
<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> Activate EDS Action Plan: NO Execute alternate action plan. Beyond the scope of this document. </td> <td style="width: 50%;"> Activate EDS Action Plan: YES Proceed with EDS Action Plan. See <i>Workflow Overview</i> </td> </tr> </table>	Activate EDS Action Plan: NO Execute alternate action plan. Beyond the scope of this document.	Activate EDS Action Plan: YES Proceed with EDS Action Plan. See <i>Workflow Overview</i>
Activate EDS Action Plan: NO Execute alternate action plan. Beyond the scope of this document.	Activate EDS Action Plan: YES Proceed with EDS Action Plan. See <i>Workflow Overview</i>		

Identify, Notify, and Decide: State-to-Local Government			
<input type="checkbox"/>	Public health threat is identified by MDPH.		
<input type="checkbox"/>	MDPH contacts Region/Town PH Leadership.		
<input type="checkbox"/>	State and Region/Town PH Leadership decides whether to activate EDS. MDPH, Emergency Preparedness Bureau Director, at 617-624-5257 MDPH-OPEM Duty Officer (617) 339-8351		
<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> Activate EDS Action Plan: NO Execute alternate action plan. Beyond the scope of this document. </td> <td style="width: 50%;"> Activate EDS Action Plan: YES Proceed with EDS Action Plan. </td> </tr> </table>	Activate EDS Action Plan: NO Execute alternate action plan. Beyond the scope of this document.	Activate EDS Action Plan: YES Proceed with EDS Action Plan.
Activate EDS Action Plan: NO Execute alternate action plan. Beyond the scope of this document.	Activate EDS Action Plan: YES Proceed with EDS Action Plan.		

Workflow Overview

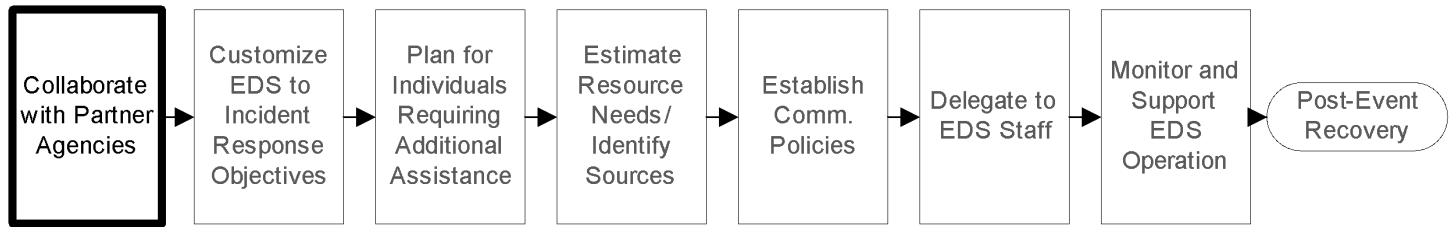
The following steps must be taken by senior decision makers before Emergency Dispensing Site staff can begin operations. Information about critical decisions to be made and relevant resources are included for each step. Steps may be completed simultaneously or in a different order.



When it is time to delegate implementation of the Action Plan to an EDS Incident Management Team (IMT), the following information should be communicated to the EDS Supervisor (Operations Section Chief if only one EDS is being opened):

- A. Response objectives for the EDS
- B. Information specific to the health threat and vaccine or medication to be dispensed.
- C. The EDS design was customized to meet the response objectives.
- D. Site location(s)
- E. An EDS organization chart
- F. EDS Management Staff names, contact information, and report location.
- G. Job action sheets for EDS staff
- H. Directions on how the EDS will be supplied.
- I. Directions on frequency of updates to the planning section.
- J. The media policy

Collaborate with Partner Health Agencies



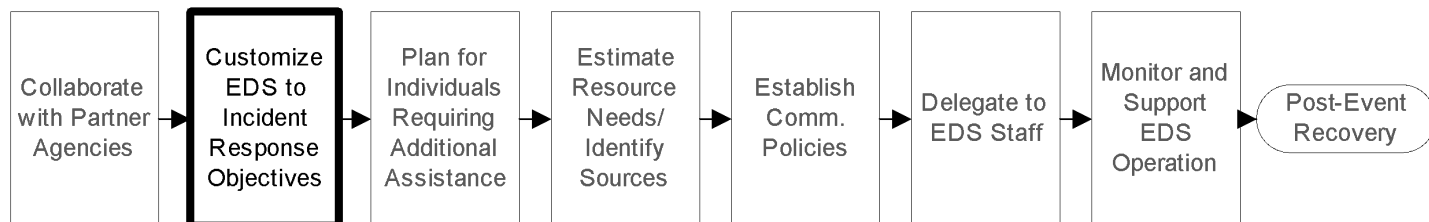
If the incident response requires the collaboration of two or more jurisdictions, then the following issues must be resolved before any further steps are implemented:

1. Clarify roles and responsibilities among senior officials.
 - a. Who is the incident commander?
 - b. Who are the other members of the Command and General Staff?
 - c. What is the media policy?
2. Identify and resolve insurance and liability issues.
 - a. Site-specific insurance requirements
 - b. Malpractice insurance
 - c. Workplace injury
3. Set administrative fees and billing policies.
 - a. Administrative fees & reimbursement
 - i. Reimbursement based on residency of clients.
 - ii. Reimbursement based on resource expenditure.
 - b. Client Billing
 - i. Medication/vaccine fees
 - ii. Private insurance
 - iii. Medicaid or Medicare
 - c. Record Keeping

Cooperating agencies might include the following:

- Mohawk Area Public Health Coalition (MAPHCO)
- Federal and State Incident Management Assistance Teams (IMAT)
- State Police
- Massachusetts Department of Public Health (MDPH)

Customize EDS to Incident Response Objectives



Role
Incident Commander
Operations Section Chief
Planning Section Chief
Logistics Section Chief
F/A Section Chief
Safety Officer
Public Information Officer
Medical Officer
Liaison Officer
Medical Specialist

Objectives

- ✓ Set target population service rate (i.e., the number of people who will move through the EDS per hour).

{Medication Example: Medicating the targeted population in 24 hours would require identifying the number of people per hour. Population of 12,000, 1 Site, 24 hours of operation = number of clients per hour [Flow Rate per hour] $(12,000 / 1) / 24 = 500$ per hour}

{Antibiotics Example: Dispersing antibiotics to head of households for targeted population in a 24-hour period. Population of 12,000 antibiotics to Heads of Household, 1 site, 24 hours of operation = number of clients per hour [Flow Rate per Hour] $((12,000/2.4)/1)/24=208$ per hour}

- ✓ Determine how many emergency dispensing sites will be necessary to achieve objectives and decide which sites to open.
- ✓ Configure EDS flow to maximize efficiency of dispensing.
- ✓ Determine plan for allocation of vaccine or medication if target population exceeds available supply.
- ✓ Identify a priority group of essential personnel such as first responders and their families to receive prophylaxis before EDS public operations begin. See *Essential Personnel for Priority Treatment Appendix 22*.

EDS Action Plan for

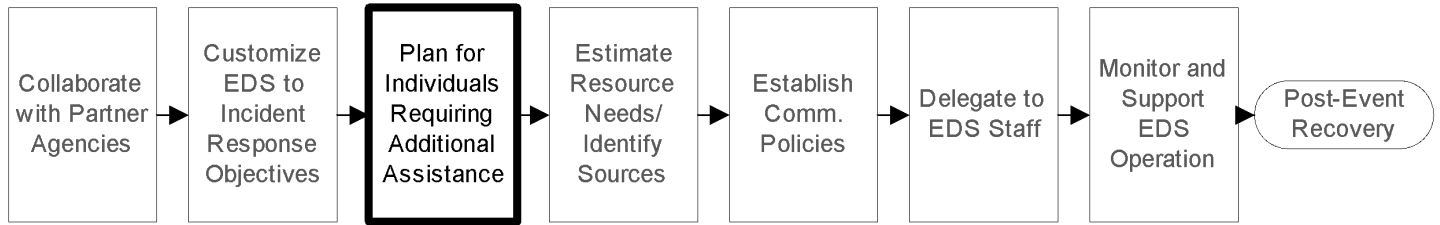
- ✓ Determine standard of care. In other words, determine the appropriate treatment of clients based on the information and resources available. (For instance, a Medical Specialist alters triage procedures to increase throughput, or decides to deliver antibiotics door-to-door.)
- ✓ Establish documentation requirements for client information.
- ✓ Develop EDS site transportation plan.
- ✓ Develop a security plan.

Resources

- 1 Section 4: EDS Locations
- 2 Appendix 1: EDS Design & Client Flow Diagrams/Clinic Layout
- 3 Appendix 4: Estimating Staffing Requirements
- 4 Appendix 15: Transportation Plan

Internet Resources	
Location	https://www.govinfo.gov/content/pkg/GOVPUB-HE20-PURL-LPS126140/pdf/GOVPUB-HE20-PURL-LPS126140.pdf
Description	
	Bioterrorism and Epidemic Outbreak Response Model (BERM). Spreadsheet-based model that predicts the number and type of staff needed to respond to a major disease outbreak or bioterrorism attack on a given population.

Plan for Individuals Requiring Additional Assistance (IRAA)



Role
Incident Commander
Planning Section Chief
Operations Section Chief
F/A Section Chief
Logistics Section Chief
Public Information Officer
Liaison Officer
Safety Officer
Medical Specialist

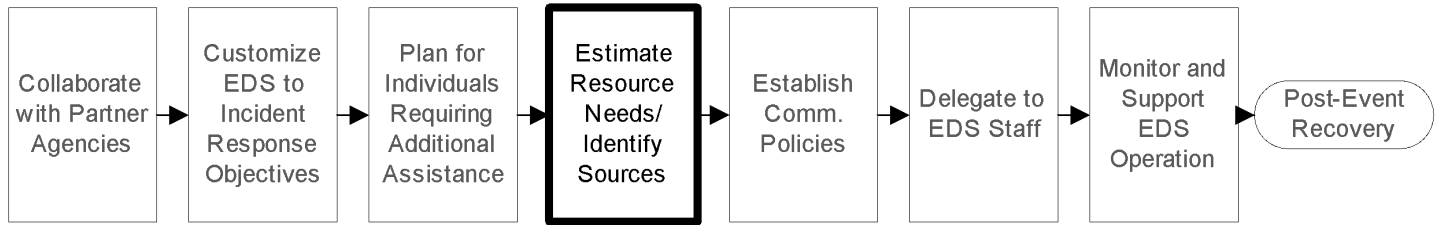
Objectives

1. Identify the groups of the at-risk population with special needs.
See Appendix 16, *Individuals Requiring Additional Assistance*.
2. Determine resources available/needed to serve these groups.
3. Review MOU with each closed EDS location.
4. Initiate the individuals requiring additional assistance plans.

Resources

- Appendix 1: EDS Design & Client Flow Diagrams/Clinic Layout
- Appendix 16: Individuals Requiring Additional Assistance
- Appendix 17: Memorandums of Understanding and Agreement (MOU, MOA)

Estimate Resource Needs and Identify Sources



Role
Incident Commander
Operations Section Chief
Planning Section Chief
Logistics Section Chief
Finance & Administration Section Chief
Public Information Officer
Liaison Officer
Safety Officer
Medical Specialist

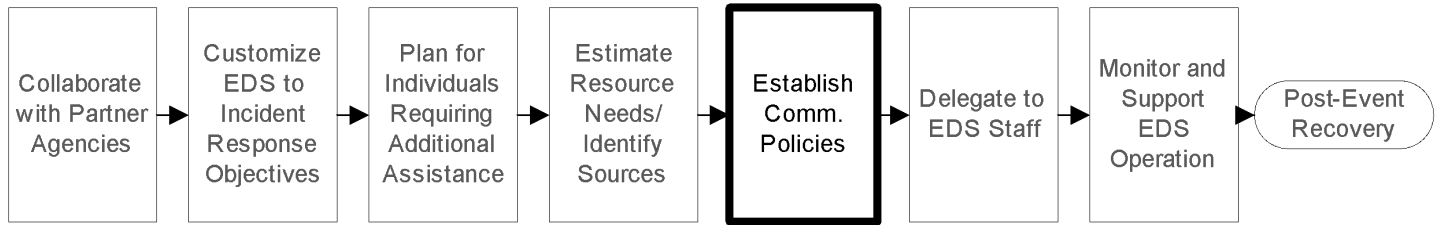
Objectives

1. Customize EDS management structure.
2. Estimate the personnel hours required to achieve the target population service rate.
3. Estimate the supplies and material resources required to run the EDS.
4. Identify human resources.
5. Identify material resources.
6. Initiate procedures for tracking resource expenditures.

Resources

- Appendix 2: EDS Job Action Sheets
- Appendix 4: Estimating Staffing Requirements
- Appendix 6: Human Resources
- Appendix 7: EDS Supply List

Establish Communication Policies



Role
Incident Commander
Operations Section Chief
Planning Section Chief
Logistics Section Chief
F/A Section Chief
Public Information Officer
Liaison Officer
Safety Officer
Medical Specialist

Objectives

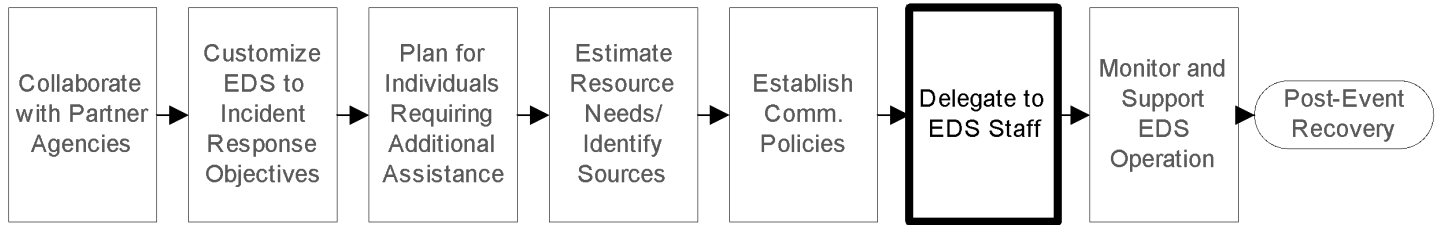
1. Set the media policy.
2. Determine messages for:
 - a. Incident response staff
 - b. General public and population at risk
 - c. Individuals requiring additional assistance.
 - d. Community stakeholders (e.g. hospitals and primary care physicians)

Resources

Appendix 10: Communication Plan Guidelines

Internet Resources	
Location	https://www.mass.gov/info-details/communication-resources-for-emergency-preparedness-partners
Description	

Delegate Implementation to EDS Staff



Role
Incident Commander
Operations Section Chief
Planning Section Chief
Logistics Section Chief
Finance & Admin Chief
Public Information Officer
Liaison Officer
Safety Officer
Medical Specialist

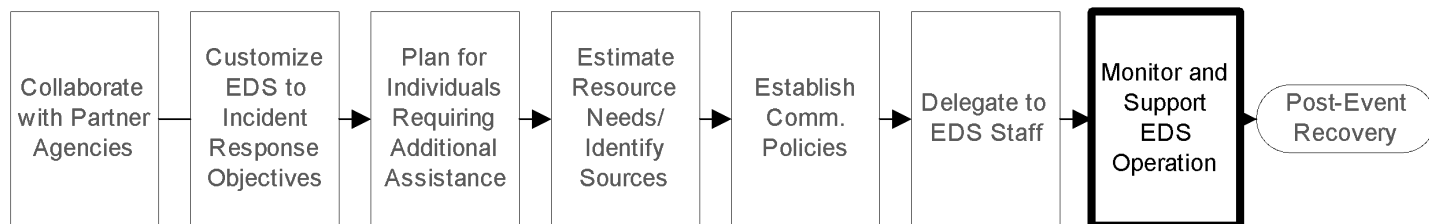
Objectives

1. Brief EDS Supervisor
2. Brief staff who will be immediately activated
3. Coordinate release of information

Resources

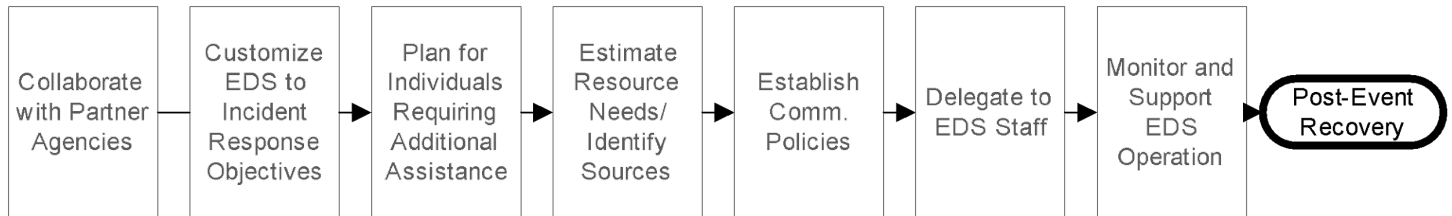
Appendix 5: EDS ICS 201 Incident Response Objectives

Monitor and Support the EDS Operation



Role	Responsibilities
Incident Commander	Oversee the entire operation. Determine incident objectives. Develop Incident Action Plan Determine the end of operations
Operations Section Chief	Implement Incident Action Plan Coordinate activity between the EDS and Incident Command Determine strategies and tactics
Planning Section Chief	Assess situation and determine resource needs (personnel and material) Produce and disseminate Incident Action Plan Gather and analyze data on activities. Anticipate needs and prepare alternative strategies
Logistics Section Chief	Obtain and transport material resources to the EDS. Mobilize EDS staff and volunteers
Finance & Administration Section Chief	Provide financial management and accountability. Track resource expenditures during the operation. Track personnel time involved in start-up, operations, and breakdown of EDS. Apply for reimbursement when possible
Public Information Officer	Control information flow and media access. Organize press conferences and releases to the media and public. Brief and prep the media spokesperson
Liaison Officer	Communicate with the IC any represented agency's concerns and issues. Contact with all involved agencies
Safety Officer	Assess and communicate hazardous and unsafe situations. Ensure a site safety and health plan is developed. Maintain awareness of active and developing situations

Post-Event Recovery



The following activities should be completed by the Command and General Staff after EDS operations are completed. The Incident Commander should delegate responsibility for these tasks to appropriate personnel.

Objectives

- ✓ Facilitate return to normal department operations.
- ✓ Replenish supplies for future emergency dispensing operations.
- ✓ Collect and process shift reports.
- ✓ Review and evaluate operations and prepare After Action Report
- ✓ Revise Emergency Dispensing Site action plan as necessary.

Tasks

1. Debrief with EDS Director(s) and other managers.
 - ✓ Identify process strengths and challenges.
 - ✓ Identify outcome strengths and challenges.
 - ✓ Focus on stage objectives and operation goals.
2. Determine event costs and follow reimbursement procedures for costs, including:
 - ✓ Personnel
 - ✓ Supplies
 - ✓ Facilities
 - ✓ Transportation
3. After Action Report (following Homeland Security Exercise and Evaluation Program (HSEEP) format), including:
 - ✓ Information from debriefing and financial assessment
 - ✓ Tactical planning documentation
 - ✓ Lessons learned.
 - ✓ Improvement Plan

Section 3 EDS Management Team Structure and Workflow

EDS Management Team

- ✓ Supervisor

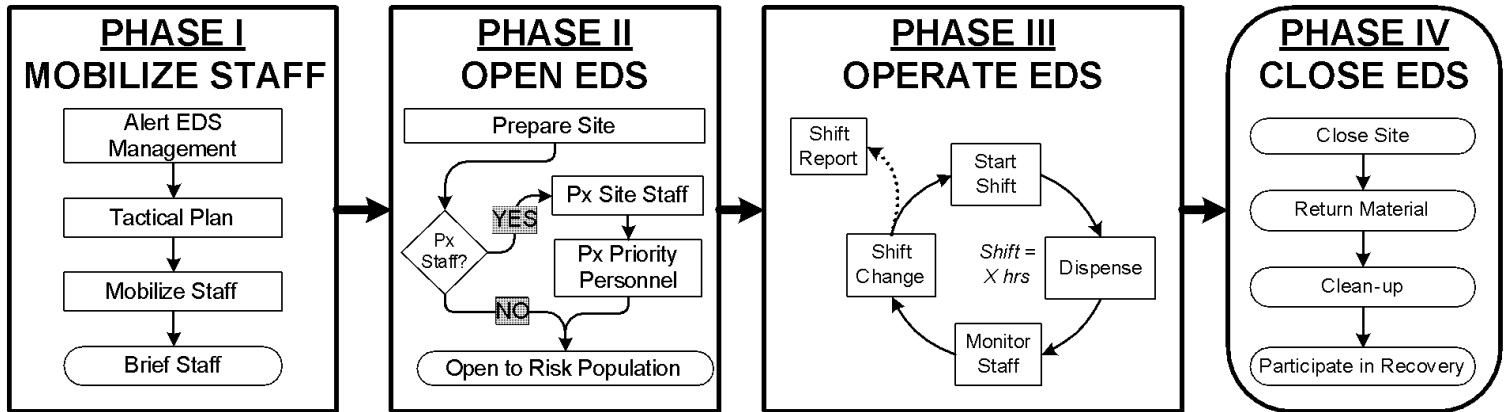
- ✓ Security Officer

- ✓ Clinical Unit Leader
 - Triage Staff
 - Screening Staff
 - Dispensing Staff
 - Health Education Staff
 - Behavioral Health Staff
 - First Aid Staff

- ✓ Clerical Unit Leader
 - Orientation Staff
 - Registration Staff
 - Greeting Staff
 - Discharge Staff
 - Data Entry Staff
 - Clinic Flow Staff

Concept

Section 2 describes the phases of EDS operation and includes information specific to the phase objectives.



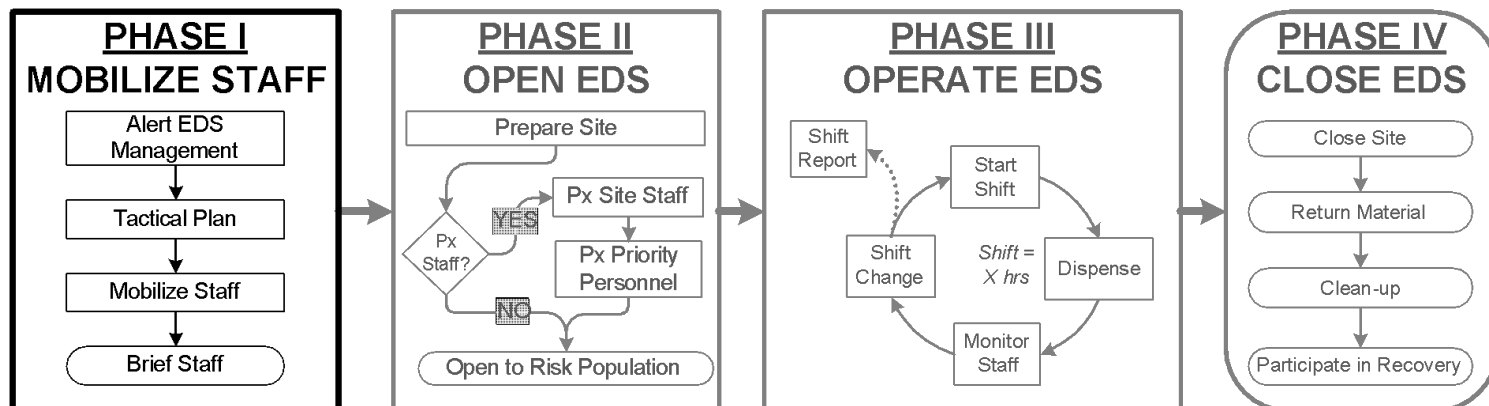
Before initiating this action plan, the EDS Supervisor **must** have the following information from the Operations Section Chief:

- ◆ Site locations and any satellites that may be deemed necessary by Incident Command or Unified Command.
- ◆ Response objectives for the EDS
- ◆ The EDS design was customized to meet the response objectives.
- ◆ The EDS organization chart
- ◆ Job action sheets for EDS staff
- ◆ Information specific to the health threat and vaccine or medication to be dispensed.
- ◆ Directions on how the EDS will be supplied.
- ◆ Directions on frequency of updates to the Operations Section Chief
- ◆ The media policy

ASSUMPTIONS

1. EDS Staff will be recruited and mobilized by the logistics section
2. Supplies will be provided and replenished as necessary by the logistics section
3. A protocol exists to track and report resource expenditures

Phase I: Staff Mobilization



Objectives

- A. Create a tactical plan to open the EDS
- B. Mobilize and brief EDS staff

NOTE: "Staff" includes paid and unpaid people working in the EDS and EOC.

Action Steps

- Alert EDS Management Team
 - ✓ Alert the designated EDS Supervisor
 - ✓ Alert the EDS management staff.
 - ✓ EDS management staff report to designated locations.
- Make a tactical plan.
 - ✓ Review design, management structure, and job action sheets.
 - ✓ Clarify roles and responsibilities.
 - ✓ Create a schedule to open and operate the EDS (Phase II)
- Mobilize EDS staff.
 - ✓ Logistics Section Chief coordinates arrival of staff
 - ✓ Staff report to site
 - ✓ Provide staff with ID documents that include name, role, and venue (if more than one EDS is in operation)
- Brief the EDS staff—just-in-time training and cross-training.
 - ✓ Brief staff about the incident
 - ✓ Review disease and prophylaxis/treatment facts and frequently asked questions.
 - ✓ Discuss personal protection measures.
 - ✓ Review standards of care
 - ✓ Describe EDS schedule, staffing, and operations.
 - ✓ Review Job Action Sheets
 - ✓ Review staff support services (e.g., meals, breaks, etc.)

EDS Action Plan for

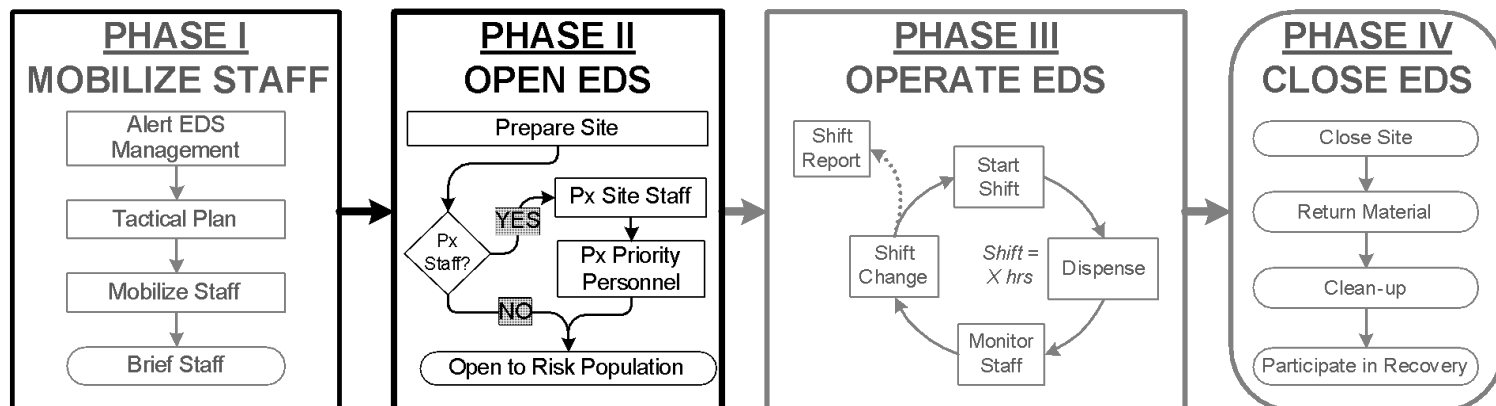
- ✓ Establish units to open the EDS.

Resources

Internet Resources	
Location Description	https://www.google.com/url?q=https://files.asprtracie.hhs.gov/documents/aspr-tracie-crisis-standards-of-care-briefs-summary.pdf

Internet Resources	
Location Description	https://www.google.com/url?q=https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter64

Phase II: Open EDS



Objectives

1. Set up EDS
 - ✓ Review operations protocols.
 - ✓ Establish patient flow patterns.
 - ✓ Determine additional staff needs.
2. Provide necessary prophylaxis and personal protective equipment to the priority group of first responders and others identified by the Incident Management Team.
3. Begin to treat the population at risk.

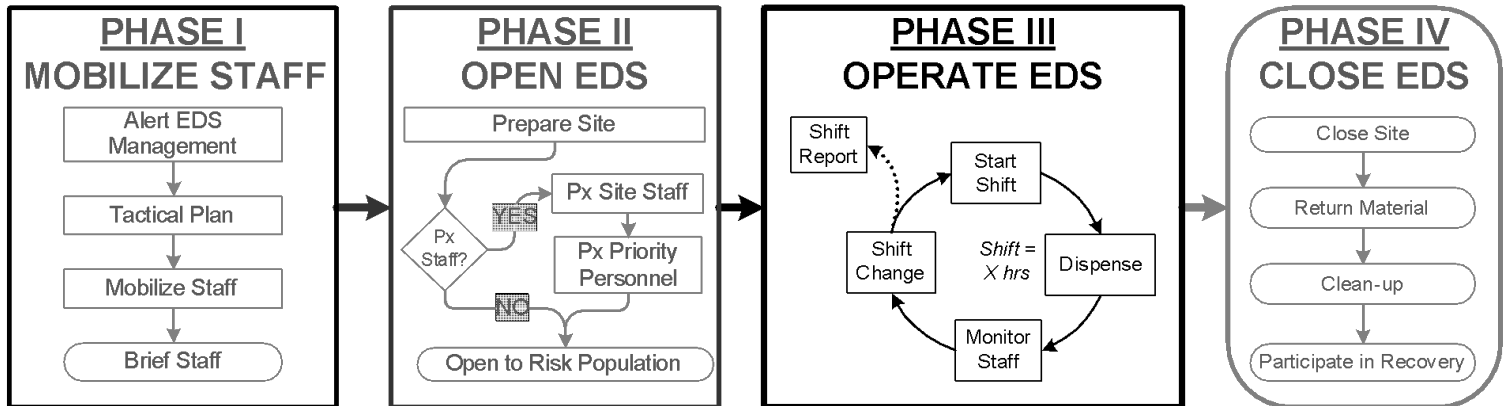
Action Steps

1. Prepare Site
 - ✓ Ensure the site is open, operational (power, heat, or A/C) and accessible (streets open and plowed, parking lots empty).
2. Ensure that supplies are received and provided to appropriate EDS Units for set-up.
 - ✓ Ensure adequate number of patient information sheets.
 - ✓ Ensure adequate staff is onsite and prepared.
 - ✓ Ensure security and traffic plans are in effect.
3. If necessary, provide prophylaxis to the priority group as identified by the Incident Management Team. See *Essential Personnel for Priority Treatment*, Appendix 22.
 - ✓ Obtain staff roster.
 - ✓ Obtain roster of priority personnel and their families from Incident Command
 - ✓ Provide prophylaxis to the priority group.
4. Open EDS to public at risk

Resources

Internet Resources	
Location	http://vimeo.com/3801078
Description	Short EDS “just-in-time” training video by Western Massachusetts Medical Reserve Corps.

Phase III: Operate EDS



Objectives

1. Provide safe and efficient services.
2. Execute smooth shift transitions.
3. Submit shift reports to Incident Management Team
4. Monitor and maintain staff morale and wellness.

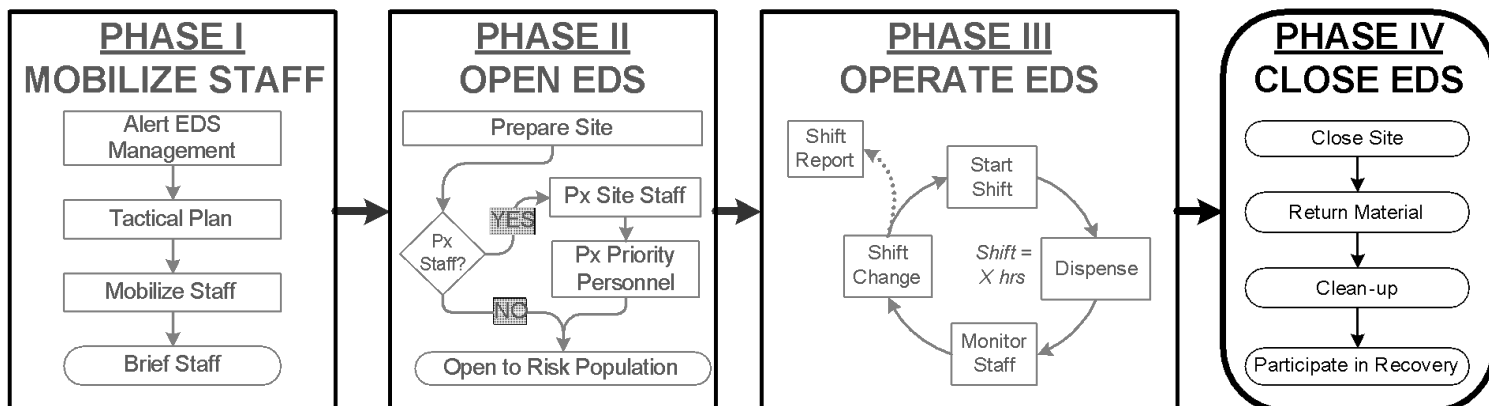
Actions Steps

- A. Start Shift
 - ✓ Have a shift schedule ready.
 - ✓ Dispense vaccine or medication.
- B. Maintain professional standards. (For instance, provide just-in-time training.)
- C. Maintain incident command system principles.
- D. Assess adequacy and efficiency of EDS flow and readjust if needed.
- E. Monitor Staff
 - ✓ Ensure that staff take regular breaks.
 - ✓ Monitor staff for signs of fatigue or stress.
 - ✓ Acknowledge work and provide feedback.
- F. Monitor Supplies
- G. Maintain communication with Incident Management Team
- H. Shift Change
 - ✓ Ensure that staff complete dispensing in their queue before ending shift.
 - ✓ Debrief with outgoing staff.
 - ✓ Brief incoming staff
 - ✓ Complete Shift Report

Resources

Appendix 8: EDS ICS 214 Activity/Shift Report

Phase IV: Close EDS



Objectives

1. Coordinate site closure with Incident Command
2. Repack EDS supplies.
3. Return supplies to appropriate agencies.

Action Steps

A. Close Site

- ✓ Clear all clients of the site prior to closing.
- ✓ Post clear signage indicating that the site is closed.
- ✓ Assign tasks for breakdown of site.
 - i. Catalog and repack supplies.
 - ii. Collect and dispose of trash.
 - iii. Bag and properly dispose of medical waste.

B. Return Material

- ✓ Return EDS supplies to pre-designated storage areas.
- ✓ Return pharmaceutical supplies.

C. Clean-up

- ✓ Follow site requirements for post-event clean-up.
- ✓ Participate in post-event recovery activities as determined by Incident Command



Section 4 EDS Locations

This section contains EDS flow diagrams, contact information, and aerial photographs of the locations to help with planning and set up. See Appendix 17 Memorandums of Understanding and Agreement for information on MOUs/MOAs for EDS locations.

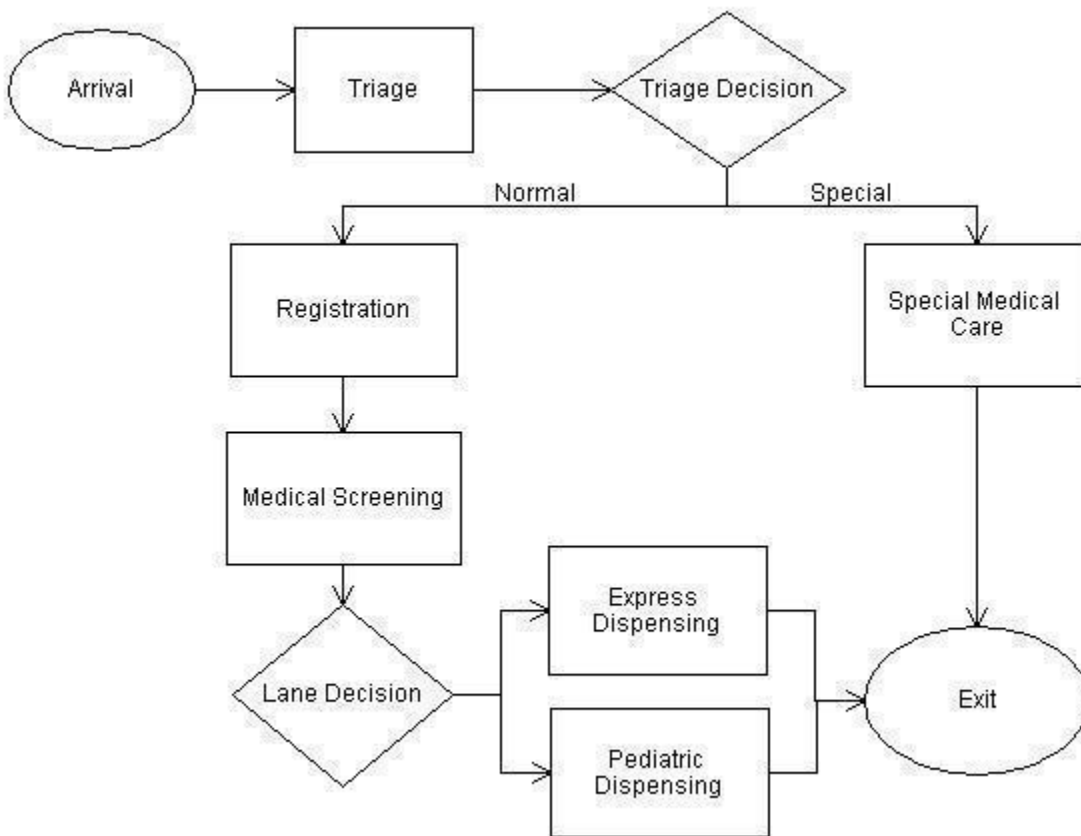
EDS Location

Contacts See Public Health Response Contact Sheet Page 11

Site Inventory

See Appendix 7 EDS Supply List and Sources

EDS Flow



Aerial View of EDS site(s).

As part of EDS activation, mark this image (or map) to show traffic patterns.
If SNS is activated, add an additional aerial picture of the SNS Distribution Site.



Appendix 1 EDS Design & Client Flow Diagrams/Clinic Layout

This appendix reviews the most basic EDS design (also called a client flow diagram). Section 3 exhibited the existing clinic layout diagrams for 1 EDS location. However, this appendix may be of assistance if an alternate location must be used. While this plan may be adopted “as is,” it is intended as a starting point rather than a final design. As you develop an EDS design that meets your specific incident response objectives, it is critical to consider the impact of the following factors:

1. **Whether the population will be screened for exposure status**
2. **Rate of throughput**
3. **Client information requirements**
4. **Staff availability**

Whether the population will be screened for exposure status

Determining whether a client is at risk for illness can be a time intensive process for a screener. Eliciting details that would determine an individual’s exposure status can also require special training. Strategies for eliminating or reducing the need to determine client exposure status include opening the EDS to contacts of known cases only, advance screening and registration, and setting an open eligibility policy for medication or prophylaxis.

The target client service rate

As a rule, the higher the target service rate, the greater the need for space and staff. This may not be the case, however, for an aerosolized anthrax attack, the scenario envisioned under the Cities Readiness Initiative (CRI). Strategies for attaining high service rates include duplicating stations or increasing staff numbers at client flow “bottlenecks,” assigning clinic flow personnel to move clients along, and eliminating or decreasing paperwork requirements.

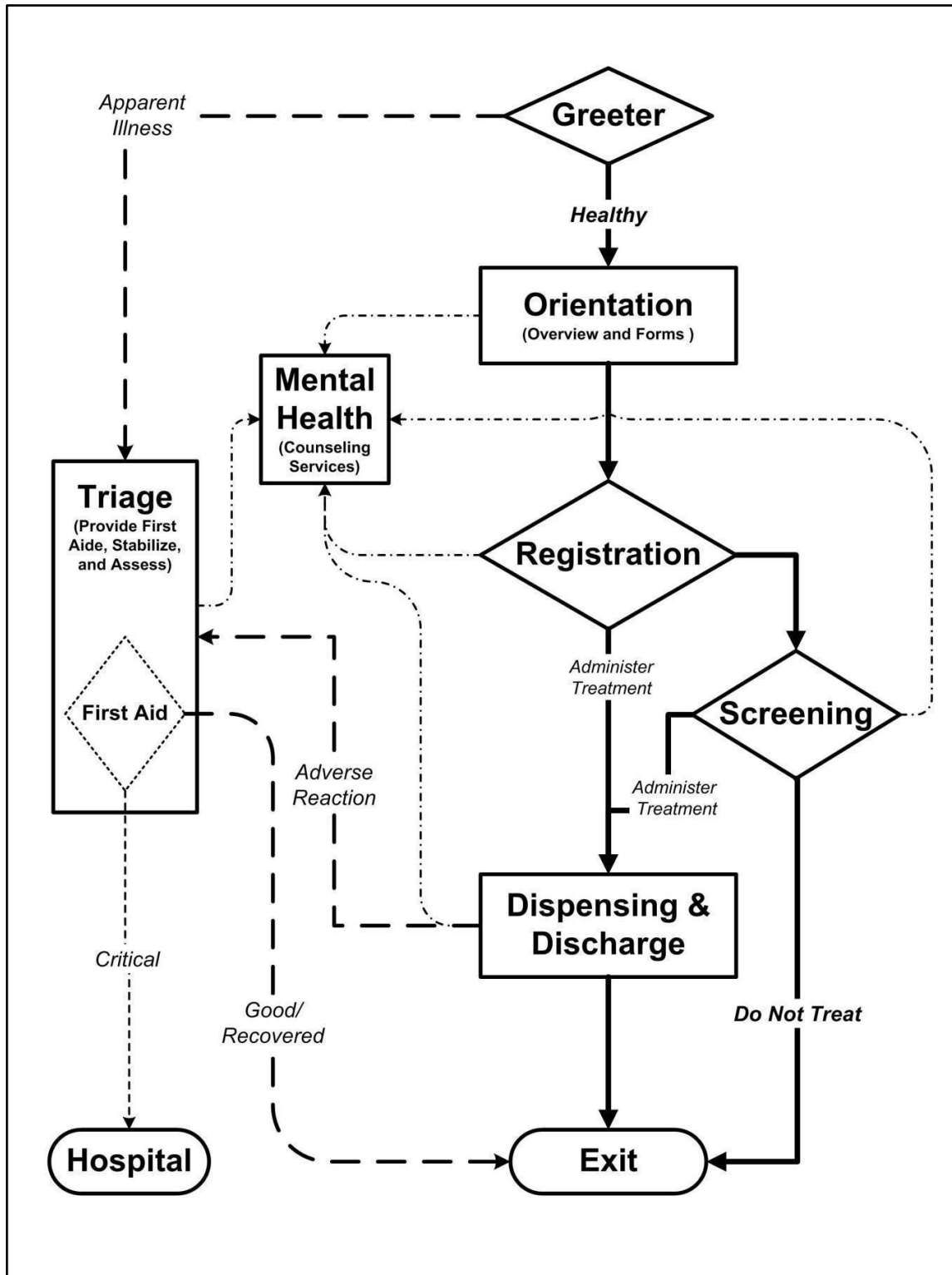
Client information requirements

Except in limited circumstances such as the CRI scenario described above, it is essential to collect client names, contact information, and the lot number of the medication or vaccine they received. This enables health departments to quickly contact people if medication or vaccine has been recalled. Only in the most critical circumstances should collection of this information be compromised.

Staff availability

A lack of available staff and volunteers may necessitate consolidation or elimination of positions or services due to human resource limitations.

Basic EDS Design





Appendix 2 EDS Job Action Sheets

Job Action Sheets

Incident Commander or Unified Command					
<p>Mission: Sets the incident objectives and has overall responsibility. Manages areas of agreement and disagreement between agency officials.</p>					
Your Name:			Your Name:		
Date:	Start:	End:	Date:	Start:	End:
Activation (Phase I & II)				Time	Initial
<ul style="list-style-type: none"> <input type="checkbox"/> Establish incident objectives. <input type="checkbox"/> Review EDS Incident Action Plan (IAP) and direct its event-specific modification. <input type="checkbox"/> Lead staff and resource requirements assessment and assignment. <input type="checkbox"/> Establish liaison with other participating agencies. <input type="checkbox"/> Appoint backup or alternate personnel for all leadership positions including Unified Command <input type="checkbox"/> Establish chain-of-command and performance expectations 					
<input type="checkbox"/> Operation (Phase III)				Time	Initial
<ul style="list-style-type: none"> <input type="checkbox"/> Use HHAN to send regular status updates to EDS leadership and staff on appropriate HHAN subnet. <input type="checkbox"/> Provide for the safety, accountability, and welfare of personnel. <input type="checkbox"/> Monitor operations and make appropriate modifications as needed. <input type="checkbox"/> Direct PIO Officer to brief officials and media, as appropriate <input type="checkbox"/> Ensure oncoming IC is fully briefed and prepared to begin shift. <input type="checkbox"/> Observe all staff for signs of stress and inappropriate behavior. 					
<input type="checkbox"/> Deactivation (Phase IV)				Time	Initial
<ul style="list-style-type: none"> <input type="checkbox"/> Prepare and review the Deactivation Plan with Command Staff as the end of clinic operation becomes eminent. <input type="checkbox"/> Order deactivation. <input type="checkbox"/> Ensure that all records and reports are turned into the appropriate official(s) <input type="checkbox"/> Conduct exit interviews with your direct reports and appropriate local officials. <input type="checkbox"/> Ensure that an After-Action Review occurs and is documented. <input type="checkbox"/> Participate in After Action Review meetings, as required 					

Medical Specialist				
Mission: Responsible for clinical oversight of EDS operations.				
Your Name:			Supervisor: Incident Commander Name:	
Date:	Start:	End:	Phone:	
Activation (Phase I & II)			Time	Initial
<input type="checkbox"/> Serve as subject matter expert for medical emergencies. <input type="checkbox"/> Serve as lead medical decision maker. <input type="checkbox"/> Participate in EDS Action Plan review and modification as needed. <input type="checkbox"/> Review medical forms, screening protocols and educational materials. <input type="checkbox"/> Establish standard of care <input type="checkbox"/> Instruct appropriate staff on the policies and methods for administration of vaccine or medications. <input type="checkbox"/> Issue standing orders for medications/vaccine (if not issued by MDPH) <input type="checkbox"/> Inventory the number and types of physicians, and other staff present. <input type="checkbox"/> Adjust medical staffing as needed. <input type="checkbox"/> Assist with credentialing/screening process of volunteers				
<input type="checkbox"/> Operation (Phase III)			Time	Initial
<input type="checkbox"/> Serve as lead medical decision maker. <input type="checkbox"/> Monitor incident surveillance and tailor new recommendations based on incident data collected. <input type="checkbox"/> Communicate and coordinate with EDS Supervisor, Section Chiefs and EDS clinical staff. <input type="checkbox"/> Ensure consistency in information provided to clients at all stations				
<input type="checkbox"/> Deactivation (Phase IV)			Time	Initial
<input type="checkbox"/> Participate in After Action Review meetings, as required. <input type="checkbox"/> Ensure that medical wastes have been properly disposed of <input type="checkbox"/> Ensure that all medications and supplies are accounted for. <input type="checkbox"/> Ensure that all medical records and reports have been collected. <input type="checkbox"/> Participate in After Action Review meetings, as required				

Safety Officer				
Mission: Ensures that all aspects of the health and safety plan are implemented and followed throughout the incident's lifecycle.				
Your Name:			Supervisor: Incident Commander Name:	
Date:	Start:	End:	Phone:	
Activation (Phase I & II)			Time	Initial
<ul style="list-style-type: none"> ✓ Assess Site Layout and Design: Evaluate the dispensing site for potential safety hazards and compliance with health regulations. ✓ Gather Safety Equipment: Ensure availability of personal protective equipment (PPE), first aid supplies, and safety signage. ✓ Review and Update Safety Plan: Based on the current incident specifics, revise the health and safety plan, including emergency evacuation routes and procedures. ✓ Communicate with Incident Commander: Discuss the safety strategy and any initial concerns or needs. ✓ Brief Safety Team Members: If applicable, provide team members with specific instructions, roles, and communication protocols. 				
<input type="checkbox"/> Operation (Phase III)			Time	Initial
<ul style="list-style-type: none"> ✓ Implement Safety Protocols: Ensure all staff and volunteers are following safety measures, including the use of PPE and adherence to sanitation practices. ✓ Conduct Regular Safety Inspections: Periodically inspect the site for any new hazards or non-compliance issues. ✓ Monitor Staff and Volunteer Health: Watch for signs of stress, fatigue, or illness, and provide support or relief as needed. ✓ Manage Incidents and Injuries: Respond to any health and safety incidents or injuries, document occurrences, and implement corrective actions. ✓ Provide Ongoing Training and Updates: Offer additional safety training as necessary and update the team on any changes to protocols or procedures. 				
<input type="checkbox"/> Deactivation (Phase IV)			Time	Initial
<ul style="list-style-type: none"> ✓ Conduct a Final Safety Inspection: Ensure the site is left in a safe condition, with no hazardous materials or conditions. ✓ Finalize Documentation: Complete all safety reports, including incident and injury logs, and submit them to the appropriate authorities or departments. 				

EDS Action Plan for

<ul style="list-style-type: none">✓ Return Safety Equipment: Ensure that all safety equipment and unused supplies are accounted for and returned to inventory or disposed of properly.✓ Participate in After Action Review meetings, as required		
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Public Information Officer			
Mission: Manages all public-facing communications related to emergencies.			
Your Name:			Supervisor: Incident Commander
			Name:
Date:	Start:	End:	Phone:
Activation (Phase I & II)			Time
Initial			
<input type="checkbox"/> Coordinate public information and education activities related to event. <input type="checkbox"/> Establish linkage to local, regional, and state PIO (establish JIC as applicable) <input type="checkbox"/> Coordinate communications with the public before the site opens providing location, date(s) and hours of operation in conjunction with the MDPH <input type="checkbox"/> Participate in EDS IAP development and modification as needed			
<input type="checkbox"/> Operation (Phase III)			Time
Initial			
<input type="checkbox"/> Implement the communications and media plan/policies when the EDS is opened. <input type="checkbox"/> Serve as the key public information monitor and develop accurate and complete information on the incident's cause, size and current situation in conjunction with the MDPH <input type="checkbox"/> Develop and release information about the incident to the news media, incident personnel and other appropriate agencies and organizations. <input type="checkbox"/> Brief the EDS Supervisors and IC on press issues. <input type="checkbox"/> Attend briefing with EDS Supervisors and IC to determine new information to report to the public			
<input type="checkbox"/> Deactivation (Phase IV)			Time
Initial			
<input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Provide incident related information to report to the public. <input type="checkbox"/> Coordinate communications with the public during the deactivation phase, if necessary <input type="checkbox"/> Participate in After Action Review meeting as required			

Liaison Officer			
Mission: Communicate and coordinate with assisting agencies that are involved in response activities.			
Your Name:			Supervisor: Incident Commander
Date:			Name:
Start:	End:	Phone:	
Activation (Phase I & II)			Time
Initial			
<input type="checkbox"/> With approval from PIO, initiate contact with agencies and establish plans for communication and coordination. <input type="checkbox"/> Serve as point of contact for agency or organization representatives who are helping to support the operation. <input type="checkbox"/> Participate in JITT training for EDS staff. <input type="checkbox"/> Participate in EDS Action Plan review and modification as needed			
<input type="checkbox"/> Operation (Phase III)			Time
<input type="checkbox"/> Keep log of activity/communication with assisting agencies, recording all coordination activities. <input type="checkbox"/> Maintain communication with participating agencies on changes and developments, needs and requests. <input type="checkbox"/> Assist with requests for additional staffing resources, supplies, etc. <input type="checkbox"/> Respond to requests and concerns regarding inter-organizational issues.			
<input type="checkbox"/> Deactivation (Phase IV)			Time
<input type="checkbox"/> Complete and collect all required documentation. <input type="checkbox"/> Follow up with agencies and groups to obtain information related to the event. <input type="checkbox"/> Participate in After Action Review meeting as required			

Operations Section Chief				
Mission: Conducts tactical operations and directs all tactical resources				
Your Name:			Supervisor: Incident Commander	
			Name:	
Date:	Start:	End:	Phone:	
Activation (Phase I & II)			Time	Initial
<input type="checkbox"/> Participate in EDS IAP development and modification as needed. <input type="checkbox"/> Review resource requirements. <input type="checkbox"/> Request additional resources as needed				
<input type="checkbox"/> Operation (Phase III)			Time	Initial
<input type="checkbox"/> Ensure safety of tactical operations <input type="checkbox"/> Supervise execution of operations portions of EDS IAP <input type="checkbox"/> Maintain close contact with IC, subordinate operations personnel, and other agencies.				
<input type="checkbox"/> Deactivation (Phase IV)			Time	Initial
<input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Approve release of resources from active operational assignments <input type="checkbox"/> Participate in After Action Review meeting as required				

Planning Section Chief			
Mission: Prepares and documents the EDS Action Plan, collects and evaluates information, maintains resource status and documentation.			
Your Name:			Supervisor: Incident Commander
			Name:
Date:	Start:	End:	Phone:
Activation (Phase I & II)			Time
<input type="checkbox"/> Supervise development and modification of the EDS IAP <input type="checkbox"/> Incorporate related plans and material into the EDS IAP <input type="checkbox"/> Provide input to IC and OSC <input type="checkbox"/> Establish information requirements and reporting schedules for other sections. <input type="checkbox"/> Determine the need for specialized resources. <input type="checkbox"/> Establish specialized non-medical data systems as required (such as weather or staffing) <input type="checkbox"/> Prepare information on alternate strategies			Initial
<input type="checkbox"/> Operation (Phase III)			Time
<input type="checkbox"/> Compile and distribute SitReps. <input type="checkbox"/> Work with Medical Chief to provide periodic predictions on incident potential. <input type="checkbox"/> Develop and distribute SA report as needed			Initial
<input type="checkbox"/> Deactivation (Phase IV)			Time
<input type="checkbox"/> Oversee preparation of the deactivation plan <input type="checkbox"/> Participate in After Action Review meeting as required.			Initial

Logistics Section Chief				
Mission: Provides support, resources, and all other services needed to meet the operational objectives. Includes facilities, transportation, communications, non-medical supplies, equipment maintenance and fueling, and food for incident personnel and all off incident resources.				
Your Name:			Supervisor: Incident Commander	
			Name:	
Date:	Start:	End:	Phone:	
Activation (Phase I & II)			Time	Initial
<input type="checkbox"/> Participate in EDS IAP development and modification as needed. <input type="checkbox"/> Brief logistics staff as needed. <input type="checkbox"/> Identify and anticipated and known service and support requirements. <input type="checkbox"/> Order initial resources				
<input type="checkbox"/> Operation (Phase III)			Time	Initial
<input type="checkbox"/> Request additional resources as needed. <input type="checkbox"/> Ensure and oversee. <input type="checkbox"/> Order additional resources as needed				
<input type="checkbox"/> Deactivation (Phase IV)			Time	Initial
<input type="checkbox"/> Oversee deactivation of Logistics Section and associated resources <input type="checkbox"/> Participate in After Action Review meeting as required				

Finance and Administration Section Chief				
Mission: Provides accounting, procurement, time recording, and cost analyses.				
Your Name:			Supervisor: Incident Commander	
			Name:	
Date:	Start:	End:	Phone:	
Activation (Phase I & II)			Time	Initial
<input type="checkbox"/> Participate in EDS IAP development and modification as needed. <input type="checkbox"/> Brief finance staff as needed. <input type="checkbox"/> Ensure that financial and timekeeping forms are prepared and distributed. <input type="checkbox"/> Identify financial concerns related to vendor contracts and obligations				
<input type="checkbox"/> Operation (Phase III)			Time	Initial
<input type="checkbox"/> Manage all financial aspects of the incident. <input type="checkbox"/> Provide financial and cost analysis information as requested. <input type="checkbox"/> Maintain contact with leadership and staff on finance and timekeeping matters. <input type="checkbox"/> Track financial concerns resulting from property damage, injuries, or fatalities				
<input type="checkbox"/> Deactivation (Phase IV)			Time	Initial
<input type="checkbox"/> Oversee deactivation of Finance and Administration Section and associated resources <input type="checkbox"/> Ensure that time records and financial forms are completed accurately and returned to home agencies. <input type="checkbox"/> Participate in After Action Review meeting as required				

EDS Job Action Sheets

Emergency Dispensing Site Supervisor				
<p>Mission: The EDS Director is responsible for overall management of EDS operations with support from the Operations, Logistics, and Planning Sections of the Command and General Staff. The EDS Supervisor has executive responsibility for directing all aspects of deployment, operation and maintenance, and deactivation of the EDS.</p>				
Your Name:			Supervisor: Operations Section Chief	
Date:			Name:	
Start:	End:	Phone:		
Activation (Phase I & II)			Time	Initial
<input type="checkbox"/> Meet with Operations Section Chief. Receive the following information: <ul style="list-style-type: none"> <input type="checkbox"/> Site location <input type="checkbox"/> Response objectives for the EDS <input type="checkbox"/> EDS design and EDS organization chart <input type="checkbox"/> Job Action Sheets <input type="checkbox"/> Guidelines re: frequency of updates to OSC <input type="checkbox"/> The media policy 				
<input type="checkbox"/> Report to EDS location and identify immediate resource needs. <input type="checkbox"/> Appoint and orient EDS staff. <input type="checkbox"/> Set time that stations will be ready for pre-opening review. <input type="checkbox"/> Review all EDS stations prior to opening and make necessary changes				
<input type="checkbox"/> Operation (Phase III)			Time	Initial
<input type="checkbox"/> Oversee training and orientation of staff members with delegated roles. <input type="checkbox"/> Identify leaders in each area to provide focus and coaching. <input type="checkbox"/> Assess staff and supplies at the start and end of each shift. <input type="checkbox"/> Communicate staff and supply needs to the OSC. <input type="checkbox"/> Monitor performance and make necessary changes as needed. <input type="checkbox"/> Submit shift reports to OSC. <input type="checkbox"/> Refer all media inquiries to the PIO				
<input type="checkbox"/> Deactivation (Phase IV)			Time	Initial
<input type="checkbox"/> Oversee the closing and clean-up of the site. <input type="checkbox"/> Oversee the appropriate return of supplies. <input type="checkbox"/> Ensure the completion and collection of all required documentation. <input type="checkbox"/> Participate in recovery activities as directed by the OSC				

Security Staff

Mission: To ensure the security the EDS and coordinate security with police and other law enforcement personnel				
Your Name:			Supervisor: EDS Supervisor	
			Name:	
Date:	Start:	End:	Phone:	
Activation (Phase I & II)			Time	Initial
<input type="checkbox"/> Report to EDS Supervisor <input type="checkbox"/> Identify immediate resource needs. <input type="checkbox"/> Ensure that all EDS staff are properly identified and wearing legitimate identification, including name, role, and venue (if more than one EDS is in operation) <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Review clinic layout and process. <input type="checkbox"/> Review parking and transportation plans. <input type="checkbox"/> Meet supply vehicles and provide security to site location. <input type="checkbox"/> Secure all entrances and exits to the EDS				
Operation (Phase III)			Time	Initial
<input type="checkbox"/> Provide security for the EDS. <input type="checkbox"/> Maintain order within and outside the facility, including traffic control. <input type="checkbox"/> Maintain communication with LE				
Deactivation (Phase IV)			Time	Initial
<input type="checkbox"/> Ensure that the facility is empty of clients. <input type="checkbox"/> Provide security for remaining medications and supplies until returned. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to EDS Supervisor <input type="checkbox"/> Participate in recovery activities as directed by the EDS Supervisor				

Clerical Unit Leader			
Mission: To ensure that clerical support staff is familiar with necessary forms, ensure the steady flow of client information throughout the EDS.			
Your Name:			Supervisor: EDS Supervisor
			Name:
Date:	Start:	End:	Phone:
Activation (Phase I & II)			Time
Initial			
<input type="checkbox"/> Report to the EDS Supervisor <input type="checkbox"/> Identify immediate resource needs. <input type="checkbox"/> Assign staff to workstations. <input type="checkbox"/> Orient staff to assigned roles. <input type="checkbox"/> Oversee set-up of clerical unit workstations <input type="checkbox"/> Identify additional staffing and supply needs and communicate to LSC. <input type="checkbox"/> Appoint leaders in each area. <input type="checkbox"/> Ensure coordination with Clinical Unit areas			
Operation (Phase III)			Time
Initial			
<input type="checkbox"/> Oversee training and orientation of replacement clerical unit staff. <input type="checkbox"/> Assess staff and supplies at the end of each shift and identify additional needs. <input type="checkbox"/> Communicate additional staff and supply needs to LSC. <input type="checkbox"/> Monitor the flow of client information. <input type="checkbox"/> Assess Clerical Unit performance and make necessary changes. <input type="checkbox"/> Provide service reports to EDS Supervisor as requested			
Deactivation (Phase IV)			Time
Initial			
<input type="checkbox"/> Close out logs when authorized by the EDS Supervisor <input type="checkbox"/> Oversee closing of Clerical Unit stations. <input type="checkbox"/> Oversee clean-up of Clerical Unit stations <input type="checkbox"/> Return supplies to LSC. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to the EDS Supervisor <input type="checkbox"/> Participate in recovery activities as directed by the EDS Supervisor			

Clinical Unit Leader			
Mission: To ensure that clinical staff are familiar with their responsibilities and the clients are treated professionally throughout the EDS.			
Your Name:			Supervisor: EDS Supervisor
Date:			Name:
Start:	End:	Phone:	
Activation (Phase I & II)			Time
			Initial
<input type="checkbox"/> Report to EDS Supervisor <input type="checkbox"/> Identify immediate resource needs. <input type="checkbox"/> Appoint and orient staff to clinical roles. <input type="checkbox"/> Oversee the set up clinical unit workstations. <input type="checkbox"/> Identify additional staffing and supply needs and communicate to LSC. <input type="checkbox"/> Appoint leaders in each area. <input type="checkbox"/> Ensure coordination with clerical unit workstations			
Operation (Phase III)			Time
			Initial
<input type="checkbox"/> Oversee training and orientation of staff. <input type="checkbox"/> Ensure that required supplies are available to clinical unit staff. <input type="checkbox"/> Assess staff and supplies at the end of each shift. <input type="checkbox"/> Communicate additional staff and supply needs to the LSC. <input type="checkbox"/> Monitor client flow through the EDS. <input type="checkbox"/> Assess Clinical Unit performance and make changes as necessary			
<input type="checkbox"/> Deactivation (Phase IV)			Time
			Initial
<input type="checkbox"/> Close out logs when authorized by the EDS Supervisor <input type="checkbox"/> Oversee closing and clean-up of Clinical Unit stations. <input type="checkbox"/> Return supplies to LSC. <input type="checkbox"/> Ensure safe disposal of medical and biohazard waste in coordination with LSC. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to the EDS Supervisor <input type="checkbox"/> Participate in recovery activities as directed by the EDS Supervisor			

1st Aid Staff				
Mission: To provide appropriate first aid to clients or staff that require immediate medical attention.				
Qualifications: Must be a licensed healthcare professional (e.g., RN, NP, PA, MD, or EMT).				
Your Name:			Supervisor: Clinical Unit Leader Name:	
Date:	Start:	End:	Phone:	
Activation (Phase I & II)			Time	Initial
<input type="checkbox"/> Report to Clinical Unit Leader and obtain identification. <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Receive assignment from Clinical Unit Leader <input type="checkbox"/> Set up first aid station. <input type="checkbox"/> Identify additional supply needs and communicate to Clinical Unit Leader <input type="checkbox"/> Review educational materials on health threats and medications to be dispensed or administered. <input type="checkbox"/> Familiarize self with EDS layout and personnel				
Operation (Phase III)			Time	Initial
<input type="checkbox"/> Assess the medical condition of patients or staff as necessary. <input type="checkbox"/> Administer first aid and emergency medical care to patients or staff. <input type="checkbox"/> Stabilize acute patients for transport. <input type="checkbox"/> Assist in transport of acute patients to hospital or other medical facility				
Deactivation (Phase IV)			Time	Initial
<input type="checkbox"/> Clean-up workstation <input type="checkbox"/> Pack and return unused supplies to Logistics Officer <input type="checkbox"/> Dispose of waste properly and in coordination with LSC <input type="checkbox"/> Assist in the clean-up of the EDS. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to Clinical Unit Leader <input type="checkbox"/> Participate in recovery activities as directed by the Clinical Unit Leader				

Behavioral Health Staff			
Mission: To serve as a brief counseling resource, provide assessment and crisis intervention, and refer clients to existing community resources as appropriate.			
Qualifications: Must be a mental health care professional (e.g., M.S.W., Ph.D., PsyD, MD).			
Your Name:			Supervisor: Clinical Unit Leader
Date:	Start:	End:	Name:
			Phone:
Activation (Phase I & II)			Time
			Initial
<input type="checkbox"/> Report to Clinical Unit Leader and obtain identification. <input type="checkbox"/> Attending a staff briefing. <input type="checkbox"/> Receive assignment from Clinical Unit Leader <input type="checkbox"/> Set up a Mental Health station. <input type="checkbox"/> Identify additional supply needs and communicate to Clinical Unit Leader <input type="checkbox"/> Familiarize myself with EDS layout and personnel. <input type="checkbox"/> Review educational materials on health threat and medications to be dispensed or administered			
Operation (Phase III)			Time
			Initial
<input type="checkbox"/> Collaborate with Clinical Unit Staff to create a safe and comfortable environment for clients. <input type="checkbox"/> Monitor clients, staff, and volunteers for signs of emotional distress. <input type="checkbox"/> Manage clients, staff, and volunteers with acute mental health issues. <input type="checkbox"/> Report activities and recommendations to the Clinical Unit Supervisor <input type="checkbox"/> Work with security staff if clients become disruptive or unruly. <input type="checkbox"/> Refer clients, staff, and volunteers to mental health services outside of the EDS when necessary. <input type="checkbox"/> Complete appropriate paperwork for each client			
Deactivation (Phase IV)			Time
			Initial
<input type="checkbox"/> Monitor staff and volunteers for signs of emotional distress. <input type="checkbox"/> Manage staff and volunteers with acute mental health issues Clean-up workstation. <input type="checkbox"/> Pack and return unused supplies to Logistics Officer <input type="checkbox"/> Assist in the clean-up of the EDS. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to Clinical Unit Leader <input type="checkbox"/> Participate in recovery activities as directed by the Clinical Unit Leader			

Clinic Flow Staff			
Mission: To assure smooth and continuous patient movement through EDS stations and provide support in areas that need additional or replacement personnel.			
Your Name:			Supervisor: Clerical Unit Leader
			Name:
Date:	Start:	End:	Phone:
Activation (Phase I & II)			Time
Initial			
<input type="checkbox"/> Report to Clerical Unit Leader and obtain identification. <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Receive assignments from Clerical Unit Leader <input type="checkbox"/> Familiarize self with EDS layout and personnel. <input type="checkbox"/> Support EDS staff in setting up workstations and areas. <input type="checkbox"/> Review educational materials on health threat and medications to be dispensed or administered			
Operation (Phase III)			Time
Initial			
<input type="checkbox"/> Monitor and facilitate the flow of clients throughout the clinic, addressing any interruptions. <input type="checkbox"/> Maintain client lines throughout the EDS. <input type="checkbox"/> Report activities and recommendations to Clerical Unit Leader <input type="checkbox"/> Identify and refer clients to Security or Mental Health Area when necessary to respond to client flow disruption. <input type="checkbox"/> Facilitate assistance for clients with special needs (e.g., elderly, disabled or non-English speaking) to reduce flow disruption. <input type="checkbox"/> Ensure that family members remain together. <input type="checkbox"/> Accompany clients as directed by Triage			
Deactivation (Phase IV)			Time
Initial			
<input type="checkbox"/> Assist in clean-up. <input type="checkbox"/> Assist in packing and returning unused supplies to LSC. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to Clerical Unit Leader <input type="checkbox"/> Participate in recovery activities as directed by the Clerical Unit Leader			

Data Entry Staff			
Mission: To perform data entry, organize paper records for easy retrieval, and manage all records as protected health information.			
Your Name:		Supervisor: Clerical Unit Leader	
Date:		Name:	
Start:	End:	Phone:	
Activation (Phase I & II)			Time
Operation (Phase III)			Initial
Deactivation (Phase IV)			Time
Initial			Time
<input type="checkbox"/> Report to Clerical Unit Leader and obtain identification. <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Receive assignment from Clerical Unit Leader <input type="checkbox"/> Set up Data Entry area. <input type="checkbox"/> Establish simple process for receiving forms, entering data, and filing. <input type="checkbox"/> Identify additional supply needs and communicate to Clerical Unit Leader <input type="checkbox"/> Review educational materials on health threat and medications to be dispensed or administered. <input type="checkbox"/> Familiarize self with EDS layout and personnel			
<input type="checkbox"/> Review forms for completeness. <input type="checkbox"/> Enter data promptly and accurately. <input type="checkbox"/> Conduct periodic analyses of database to confirm information integrity. <input type="checkbox"/> Generate reports at the request of Clerical Unit Leader			
<input type="checkbox"/> Clean-up Data Entry area <input type="checkbox"/> Deliver hard copies and database of client records to Clerical Unit Leader <input type="checkbox"/> Pack and return unused supplies to LSC. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to Clerical Unit Leader <input type="checkbox"/> Participate in recovery activities as directed by the Clerical Unit Leader			

Discharge Staff			
Mission: To assure that forms are accurate, complete, and legible.			
Your Name:		Supervisor: Clerical Unit Leader Name:	
Date:	Start:	End:	Phone:
Activation (Phase I & II)			Time
<input type="checkbox"/> Report to Clerical Unit Leader and obtain identification. <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Receive assignment from Clerical Unit Leader <input type="checkbox"/> Set up Discharge area. <input type="checkbox"/> Identify additional supply needs and communicate to Clerical Unit Leader <input type="checkbox"/> Review educational materials on health threats and medications to be dispensed or administered. <input type="checkbox"/> Familiarize self with EDS layout and personnel			
Operation (Phase III)			Time
<input type="checkbox"/> Ensure that all forms are accurate, complete, and legible. <input type="checkbox"/> Instruct clients to keep the informational materials and forms they have received. <input type="checkbox"/> Address any remaining questions from clients			
Deactivation (Phase IV)			Time
<input type="checkbox"/> Clean-up Discharge area <input type="checkbox"/> Pack and return unused supplies to LSC. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to Clerical Unit Leader <input type="checkbox"/> Assist in clean-up of the EDS. <input type="checkbox"/> Participate in recovery activities as directed by the Clerical Unit Leader			

Dispensing Staff				
Mission: To dispense or administer appropriate medication/vaccine according to existing protocols in the medical standing order(s).				
Qualifications: Must be a licensed health care provider (e.g., RN, NP, PA, DVM, DDS, or MD).				
Your Name:			Supervisor: Clinical Unit Leader Name:	
Date:	Start:	End:	Phone:	
Activation (Phase I & II)			Time	Initial
<input type="checkbox"/> Report to Clinical Unit Leader and obtain identification. <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Receive assignments from Clinical Unit Leader <input type="checkbox"/> Review educational materials on medications to be dispensed or administered. <input type="checkbox"/> Review the medical standing order. <input type="checkbox"/> Set up a dispensing station. <input type="checkbox"/> Identify additional supply needs and communicate to Clinical Unit Leader <input type="checkbox"/> Review clinic layout and flow				
Operation (Phase III)			Time	Initial
<input type="checkbox"/> Ensure that the client understands why they are receiving the medication/vaccine. <input type="checkbox"/> Confirm that the client is not contraindicated for the medication/vaccine. <input type="checkbox"/> Ensure that the client understands how to use the medication. <input type="checkbox"/> Confirm client's informed consent. <input type="checkbox"/> Properly dispense or administer medication or vaccine. <input type="checkbox"/> Log the lot and dose administered to each client on the appropriate form. <input type="checkbox"/> Sign and date client's form. <input type="checkbox"/> Practice universal precautions. <input type="checkbox"/> Maintain medication logs				
Deactivation (Phase IV)			Time	Initial
<input type="checkbox"/> Clean-up service area <input type="checkbox"/> Dispose of waste properly and in coordination with LSC <input type="checkbox"/> Pack unused supplies and return to LSC. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to Clinical Unit Leader <input type="checkbox"/> Participate in recovery activities as directed by the Clinical Unit Leader				

Dispensing Assistant Staff				
Mission: To assist the dispensing provider in dispensing or administering medication according to existing protocols in medical standing order(s).				
Qualifications: Licensed health care provider (e.g., RN, NP, PA, DVM, DDS, or MD).				
Your Name:			Supervisor: Clinical Unit Leader Name:	
Date:	Start:	End:	Phone:	
Activation (Phase I & II)			Time	Initial
<input type="checkbox"/> Report to Clinical Unit Supervisor and obtain identification. <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Receive assignments from Clinical Unit Leader <input type="checkbox"/> Review educational materials on medications to be dispensed or administered. <input type="checkbox"/> Review the medical standing order. <input type="checkbox"/> Set up dispensing station. <input type="checkbox"/> Identify additional supply needs and communicate to Clinical Unit Leader <input type="checkbox"/> Review clinic layout and flow				
Operation (Phase III)			Time	Initial
<input type="checkbox"/> Obtain additional medication or vaccine as needed. <input type="checkbox"/> Fill syringes with appropriate vaccine dose (if necessary) <input type="checkbox"/> Maintain organization of medication or vaccine lots <input type="checkbox"/> Practice universal precautions				
Deactivation (Phase IV)			Time	Initial
<input type="checkbox"/> Clean-up service area <input type="checkbox"/> Dispose of waste properly and in coordination with LSC <input type="checkbox"/> Pack unused supplies and return to LSC. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to Clinical Unit Leader <input type="checkbox"/> Participate in recovery activities as directed by the Clinical Unit Leader				

Greeter Staff				
Mission: To greet clients as they arrive/assemble, answer general questions, explain EDS process, and direct clients in need of immediate medical attention to Triage/First Aid Station.				
Your Name:			Supervisor: Clerical Unit Leader	
			Name:	
Date:	Start:	End:	Phone:	
Activation (Phase I & II)			Time	Initial
<input type="checkbox"/> Report to Clerical Unit Leader and obtain identification. <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Receive assignments from Clerical Unit Leader <input type="checkbox"/> Set up Greeting area. <input type="checkbox"/> Identify additional supply needs and communicate to Clerical Unit Leader <input type="checkbox"/> Review educational materials on health threats and medications to be dispensed or administered. <input type="checkbox"/> Familiarize self with EDS layout and personnel				
Operation (Phase III)			Time	Initial
<input type="checkbox"/> Greet clients as they arrive/assemble and answer their initial questions. <input type="checkbox"/> Let clients know that all their technical questions will be answered in the briefings and/or clinical screening process. <input type="checkbox"/> Provide or direct assistance to persons with special needs (i.e., disability or language). <input type="checkbox"/> Identify disruptive persons and notify security. <input type="checkbox"/> Direct clients to the appropriate first station in clinic flow				
Deactivation (Phase IV)			Time	Initial
<input type="checkbox"/> Clean-up Greeting area. <input type="checkbox"/> Pack and return unused supplies to LSC. <input type="checkbox"/> Assist in the clean-up of the EDS. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to Clerical Unit Leader <input type="checkbox"/> Participate in recovery activities as directed by the Clerical Unit Leader				

Health Educator			
Mission: To communicate health education information clearly and understandably, and to reinforce key messages to clients.			
Your Name:		Supervisor: Clinical Unit Leader	
Date:		Name:	
Start:	End:	Phone:	
Activation (Phase I & II)			Time
Operation (Phase III)			Initial
Deactivation (Phase IV)			Time
Initial			Time
<input type="checkbox"/> Report to Clinical Unit Leader and obtain identification. <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Receive assignment from Clinical Unit Leader <input type="checkbox"/> Familiarize self with EDS layout and personnel. <input type="checkbox"/> Set up education area. <input type="checkbox"/> Review educational materials on health threats and medications to be dispensed or administered. <input type="checkbox"/> Prepare brief lesson to educate clients about the health threat and the medication. <input type="checkbox"/> Obtain copies of health education materials			
<input type="checkbox"/> Convey key messages about the nature of the health threat. <input type="checkbox"/> Emphasize the importance of the medication or vaccine in the prevention or treatment of disease. <input type="checkbox"/> Deliver information about possible adverse effects of the medication or vaccine. <input type="checkbox"/> Explain what clients should do if they have an adverse reaction to the medication or vaccine. <input type="checkbox"/> Explain what clients should do if they become ill			
<input type="checkbox"/> Clean-up health education area <input type="checkbox"/> Pack and return unused supplies and materials to LSC. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to Clinical Unit Leader <input type="checkbox"/> Assist with the clean-up of the EDS. <input type="checkbox"/> Participate in recovery activities as directed by the Clinical Unit Leader			

Orientation Staff			
Mission: To inform incoming clients about what to expect at the EDS.			
Your Name:			Supervisor: Clerical Unit Leader
			Name:
Date:	Start:	End:	Phone:
Activation (Phase I & II)			Time
Initial			
<input type="checkbox"/> Report to Clerical Unit Leader and obtain identification. <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Receive assignment from Clerical Unit Leader <input type="checkbox"/> Set up orientation area. <input type="checkbox"/> Review educational materials on medications to be dispensed or administered. <input type="checkbox"/> Review key messages about the nature of the health threat. <input type="checkbox"/> Identify additional supply needs and communicate to Clerical Unit Leader <input type="checkbox"/> Familiarize self with EDS layout and personnel			
Operation (Phase III)			Time
Initial			
<input type="checkbox"/> Distribute EDS forms (i.e., record, consent, etc.) <input type="checkbox"/> Instruct clients on how to complete forms. <input type="checkbox"/> Briefly review forms for legibility, accuracy, and completeness <input type="checkbox"/> Notify Triage staff if clients appear unhealthy or distressed. <input type="checkbox"/> Notify Clinic Flow staff if clients appear to have special needs that have not been addressed. <input type="checkbox"/> Coordinate with Registration, Screening, and Dispensing areas to reduce congestion. <input type="checkbox"/> Direct clients to next station or area			
Deactivation (Phase IV)			Time
Initial			
<input type="checkbox"/> Clean-up Orientation area <input type="checkbox"/> Repackage and return unused supplies to LSC. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all documentation to Clerical Unit Leader <input type="checkbox"/> Participate in recovery activities as directed by the Clerical Unit Leader			

Registration Staff			
Mission: To assure collection of complete and accurate client information.			
Your Name:			Supervisor: Clerical Unit Leader
			Name:
Date:	Start:	End:	Phone:
Activation (Phase I & II)			Time
Initial			
<input type="checkbox"/> Report to Clerical Unit Leader and obtain identification. <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Receive assignment from Clerical Unit Leader <input type="checkbox"/> Set up Registration area. <input type="checkbox"/> Establish and maintain registration log and registration procedures. <input type="checkbox"/> Identify additional supply needs and communicate to Clerical Unit Leader <input type="checkbox"/> Familiarize self with EDS layout and personnel			
Operation (Phase III)			Time
Initial			
<input type="checkbox"/> Review client paperwork for legibility and completeness. <input type="checkbox"/> Assist clients to correct errors or omissions in paperwork. <input type="checkbox"/> Notify Clinic Flow staff if clients appear to have special needs that have not been addressed. <input type="checkbox"/> Direct clients to the appropriate next station or area			
Deactivation (Phase IV)			Time
Initial			
<input type="checkbox"/> Clean-up Registration area <input type="checkbox"/> Repackage and return unused supplies to LSC. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all documentation to Clerical Unit Leader <input type="checkbox"/> Participate in recovery activities as directed by the Clerical Unit Leader			

Screener Staff				
Mission: To assess clients with complex medical conditions for contraindications to the medication or vaccine and for risk of disease or infection, and to review treatment risks and benefits with clients.				
Your Name:			Supervisor: Clinical Unit Leader	
			Name:	
Date:	Start:	End:	Phone:	
Activation (Phase I & II)			Time	Initial
<input type="checkbox"/> Report to Clinical Unit Leader and obtain identification. <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Receive assignment from Clinical Unit Leader <input type="checkbox"/> Set up a private screening area for clients with complex medical conditions. <input type="checkbox"/> Review screening forms. <input type="checkbox"/> Review educational materials on health threats and medications to be dispensed or administered. <input type="checkbox"/> Identify additional supply needs and communicate to Clinical Unit Leader <input type="checkbox"/> Familiarize self with clinic layout and personnel				
Operation (Phase III)			Time	Initial
<input type="checkbox"/> Interview clients with complex questions or contraindications. <ul style="list-style-type: none"> <input type="checkbox"/> Review medical record. <input type="checkbox"/> Make a recommendation concerning prophylaxis or treatment. <input type="checkbox"/> Clarify and confirm client's decision regarding prophylaxis or treatment. <input type="checkbox"/> Provide fact sheets for contraindications and ensure client understands the risks and benefits. <input type="checkbox"/> Ensure that the client has signed the necessary consent form. <input type="checkbox"/> Sign and date the medication order. <input type="checkbox"/> Direct clients to the area depending on whether they will be receiving medication or vaccines.				
Deactivation (Phase IV)			Time	Initial

EDS Action Plan for

	<ul style="list-style-type: none"><input type="checkbox"/> Clean-up workstation<input type="checkbox"/> Pack and return unused supplies to LSC.<input type="checkbox"/> Assist in the clean-up of the EDS.<input type="checkbox"/> Complete all required documentation.<input type="checkbox"/> Submit all required documentation to Clinical UnitLeader<input type="checkbox"/> Participate in recovery activities as designated by the Clinical Unit Leader		
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Screener Assistant Staff

Mission: To assess clients for contraindications to the medication or vaccine, determine risk of disease or infection, identify clients with complex medical conditions, and review risks and benefits of treatment with clients.

Your Name:			Supervisor: Clinical Unit Leader Name: Phone:
Date:	Start:	End:	

Activation (Phase I & II)	Time	Initial
<input type="checkbox"/> Report to Clinical Unit Leader and obtain identification. <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Receive assignment from Clinical Unit Leader <input type="checkbox"/> Set up screening area. <input type="checkbox"/> Review screening forms. <input type="checkbox"/> Identify additional supply needs and communicate to Clinical Unit Leader <input type="checkbox"/> Familiarize self with clinic layout and personnel. <input type="checkbox"/> Review educational materials on health threat and medications to be dispensed or administered		

Operation (Phase III)	Time	Initial
<input type="checkbox"/> Review client record. <ul style="list-style-type: none"> ○ Verify the risk category. ○ Verify that the form is legible, accurate, and complete. <input type="checkbox"/> Review key messages with client. <input type="checkbox"/> Provide fact sheets for contraindications and explain the risks and benefits. <input type="checkbox"/> Answer client's questions. <input type="checkbox"/> Ensure that the client has signed the necessary consent form. <input type="checkbox"/> Sign and date the medication order. <input type="checkbox"/> Refer clients with complex medical conditions or questions to Screener. <input type="checkbox"/> Direct clients to appropriate areas depending on whether they will be receiving medication or vaccines.		

Deactivation (Phase IV)	Time	Initial
<input type="checkbox"/> Clean-up workstation <input type="checkbox"/> Pack and return unused supplies to LSC. <input type="checkbox"/> Assist in the Clean-up of the EDS <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to Clinical Unit Leader <input type="checkbox"/> Participate in recovery activities as designated by the Clinical Unit Leader		

Triage Staff			
Mission: To triage new arrivals to the first aid station and determine if they require immediate isolation, or medical or mental health assistance.			
Qualifications: Must be a licensed healthcare professional (e.g., RN, NP, PA, MD, EMT).			
Your Name:		Supervisor: Clinical Unit Leader Name:	
Date:	Start:	End:	Phone:
Activation (Phase I & II)			Time
<input type="checkbox"/> Report to Clinical Unit Leader and obtain identification. <input type="checkbox"/> Attending staff briefing. <input type="checkbox"/> Receive assignment from Clinical Unit Leader <input type="checkbox"/> Set up Triage area. <input type="checkbox"/> Identify additional supply needs and communicate to Clinical Unit Leader <input type="checkbox"/> Review educational materials on health threats and medications to be dispensed or administered. <input type="checkbox"/> Familiarize self with EDS layout and personnel			
Operation (Phase III)			Time
<input type="checkbox"/> Identify sick people and immediately direct them to the First Aid station accompanied by EDS staff. <input type="checkbox"/> Identify acutely distressed persons and direct them to Behavioral Health station accompanied by EDS staff. <input type="checkbox"/> Provide or direct assistance to persons with special needs (e.g., disability or language). <input type="checkbox"/> Identify disruptive persons and notify security. <input type="checkbox"/> Direct appropriate clients to the appropriate first station in clinic flow			
Deactivation (Phase IV)			Time
<input type="checkbox"/> Clean-up Triage area <input type="checkbox"/> Pack and return unused supplies to LSC. <input type="checkbox"/> Assist in the clean-up of the EDS. <input type="checkbox"/> Complete all required documentation. <input type="checkbox"/> Submit all required documentation to Clinical Unit Leader <input type="checkbox"/> Participate in recovery activities as directed by the Clinical Unit Leader			

Appendix 3 Sample EDS Timeline

The sample operation timeline in this appendix should be reviewed as part of each technical review, after each training exercise, and after any event (emergency or otherwise) that increases operational knowledge and updated to reflect that knowledge.

Sample Alert and Activation (Hour 0–Hour 12)

Objective: Activate all essential personnel and key members of the volunteer response including the Medical Reserve Corps.

Notes: Security during this operational period is minimal. Be sure that each person receives at least six hours of rest during each 24-hour period.

Alert and Activation Steps (Hour 0–Hour 12)		
#	Role/Position	Action
1.	MDPH	Issues incident alert.
2.	Incident Commander	Receives and verifies alert.
3.	Chief Elected Official	Declares local state of emergency and activates Emergency Operations Center (EOC).
4.	EMD	Assumes role of Incident Commander for this incident.
5.	Incident Commander	Alerts and calls in Command and General Staff including EDS site Supervisor.
6.	IMT	Review event-specific standing orders from MDPH.
7.	IMT	Reviews the EDS Action Plan (this document), modifies it to meet the needs of the specific incident, and prepares it for dissemination. Reviews incident roles and responsibilities.
8.	Incident er	Contact sites to verify availability and request opening and preparation of the facility.
9.	PIO	Initiates the Crisis Communications Plan. Objectives: inform and instruct the populace. Send official notification to elected leaders, hospitals, schools, long term care facilities, etc.
10.	PIO	Arranges for the reproduction of forms and information sheets to be used at EDS sites
11.	General and Command Staff	Initiates alert roster/call-down procedures per Standard Operating Procedures.
12.	LSC	Arranges for on-site issuance of ID documents for all personnel and volunteers at both EDS sites
13.	LSC	Contacts designated bus operator(s) to activate the Memorandum of Agreement, making the buses and drivers available.

Sample EDS Setup (Hour 12–Hour 28)

Objective: Establish and secure each EDS location, gather all local supplies and equipment, and gain possession of medications per the MDPH Strategic National Stockpile (SNS) delivery plan.

Notes: IC must develop a rest plan for all personnel.

EDS Setup Steps (Hour 12–Hour 28)		
#	Role/Position	Action
1	LSC	Verifies sites are open.
2	LSC	Directs DPW to begin setup. Directs local LE to activate security officers.
3	DPW	Set up EDS sites according to diagrams in SECTION 3, <i>EDS Locations</i>
4	Local LE	Provides security at sites to prevent interference with setup and protect supplies and equipment.
5	Local LE	Provides uniformed officers to secure delivery of SNS materials.
6	DPW	Establishes traffic patterns, primary parking areas, and staging areas. Arranges public transportation between staging areas and EDS location(s). Location: Primary parking: Staging areas: Location: Primary parking: Staging areas:
7	Essential Personnel and Families*	Receive medications prior to opening EDS. No later than hour 28.
8	PIO	Maintains effective public information campaigns to explain the process and reassure the public.

Sample EDS Operation (Hour 28 □ Hour 56)

Objective: Dispense medication to the first Click here to enter text. persons.

Notes: Equates to Click here to enter text. per EDS location, at a rate of Click here to enter text. per hour per site.

EDS Day One Operation Steps (Hour 28 □ Hour 44)		
#	Role/Position	Action
a.	PSC	Coordinates all actions including shift changes in accordance with ICS procedures.
b.	EDS personnel	Measure patient flow (count incoming patients) and report to EDS Supervisor and IC on regular basis and if flow varies significantly from target rate. Do not attempt to verify that patients have come to the proper location at the proper time.
c.	IMT, EDS Supervisor(s)	Analyze flow rates per EDS. Shift resources as needed to match actual flow
d.	Local LE	Maintain safety and security operations at both EDS locations and at all staging areas.

Sample EDS Operation (Hour 44 □ Hour 60)

Objective: Dispense medication to the remaining [Click here to enter text.](#) persons.

Notes: Equates to [Click here to enter text.](#) per EDS location, at a rate of [Click here to enter text.](#) per hour per site.

EDS Day 2 Operation Steps (Hour 44 □ Hour 56)		
#	Role/Position	Action
1	PSC	Coordinates all actions including shift changes in accordance with ICS procedures.
2	EDS personnel	Measure patient flow (count incoming patients) and report to EDS director and IC on regular basis and if flow varies significantly from target rate. Do not attempt to verify that patients have come to the proper location at the proper time.
3	IMT EDS Supervisors	Analyze flow rates per EDS. Shift resources as needed to match actual flow
4	Local LE	Maintain safety and security operations at both EDS locations and at all staging areas.
5	DPW	At end of shift, suspend staging area and busing

Appendix 4 Estimating Staffing Requirements

This appendix presents a list of key questions to consider when determining the staffing needs of an Emergency Dispensing Site.

Station-Specific Information

- Will client orientation or registration be required, and how will this affect staffing requirements?
- Will medication be prepared by staff other than those directly administering it?
- How many clients will a clinical staff person be able to treat per hour (based on the physical space and the training and expertise of the staff)?
- How many staff members do you need to orient incoming staff?
- How much security will be needed, given the target flow rate and public perception of the health threat?
- How much post-service education must occur?
- How much post-service data collection must occur?
- How large should the sick area be, based on the nature of the health threat and the dispensing site intervention?
- What level of mental health services will be needed?
- Which functions *must* be filled, and which *should* be filled as allowed by staffing resources?
- Which functions can be combined and performed by one person?

Internet Resources	
Location	http://www.sfdph.org/dph/files/reports/StudiesData/June17Drill/FnlJune17Rpt.pdf
Description	Explanation and Outcomes of a Mass Smallpox Vaccination Clinic Exercise

Appendix 5 EDS ICS 201 Incident Response Objectives

This appendix contains the Incident Response Objectives form that should be filled out by the Incident Commander during EDS activation.

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
<p>4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment): EDS Location:</p> 		
<p>5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.</p> <p>Disease-Causing Agent: Medications/Vaccines: Standards Of Care:</p>		
<p>6. Prepared by: Name: _____ Position/Title: _____ Signature: _____</p>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">ICS 201, Page 1</div>	<p>Date/Time: _____</p>	

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
7. Current and Planned Objectives:		
8. Current and Planned Actions, Strategies, and Tactics:		
	Population at Risk	
	Target Population Service rate (#/24 Hrs.)	
	Target EDS Flow Rate (#/hr.)	
Time:	Actions:	
6. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
ICS 201, Page 2	Date/Time: _____	

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
<p>9. Current Organization (fill in additional organization as appropriate):</p> <div style="text-align: center; margin: 20px 0;"> <pre> graph TD IC[Incident Commander(s)] --- LO[Liaison Officer] IC --- SO[Safety Officer] IC --- PIO[Public Information Officer] IC --- OSC[Operations Section Chief] IC --- PSC[Planning Section Chief] IC --- LSC[Logistics Section Chief] IC --- FAS[Finance/Admin Section] </pre> </div>		
<p>6. Prepared by: Name: _____ Position/Title: _____ Signature: _____</p>		
ICS 201, Page 3	Date/Time: _____	

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
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10. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 4

Date/Time: _____

ICS 201 Instruction Form

Incident Briefing

Purpose. The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

Distribution. Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The “Map/Sketch” and “Current and Planned Actions, Strategies, and Tactics” sections (pages 1–2) of the briefing form are given to the Situation Unit, while the “Current Organization” and “Resource Summary” sections (pages 3–4) are given to the Resources Unit.

Notes:

- ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Date/Time Initiated <ul style="list-style-type: none"> • Date, Time 	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
4	Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)	Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident’s location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209). North should be at the top of page unless noted otherwise.
5	Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.	Self-explanatory.
6	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

7	Current and Planned Objectives	Enter the objectives used on the incident and note any specific problem areas.
----------	---------------------------------------	--

Block Number	Block Title	Instructions
8	Current and Planned Actions, Strategies, and Tactics <ul style="list-style-type: none"> ● Time ● Actions 	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	Current Organization (fill in additional organization as appropriate) <ul style="list-style-type: none"> ● Incident Commander(s) ● Liaison Officer ● Safety Officer ● Public Information Officer ● Planning Section Chief ● Operations Section Chief ● Finance/Administrati on Section Chief ● Logistics Section Chief 	<ul style="list-style-type: none"> ● Enter on the organization chart the names of the individuals assigned to each position. ● Modify the chart as necessary and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections. ● If Unified Command is being used, split the Incident Commander box. ● Indicate agency for each of the Incident Commanders listed if Unified Command is being used.
10	Resource Summary	Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.
	● Resource	Enter the number and appropriate category, kind, or type of resource ordered.
	● Resource Identifier	Enter the relevant agency designator and/or resource designator (if any).
	● Date/Time Ordered	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	● ETA	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	● Arrived	Enter an "X" or a checkmark upon arrival to the incident.
	● Notes (location/ assignment/status)	Enter notes such as the assigned location of the resource and/or the actual assignment and status.

Appendix 6 Human Resources

This appendix is useful to EDS staff in charge of mobilizing volunteers, municipal employees, and regional response staff, which is most likely to be the Incident/Unified Commander(s).

Volunteer Resources

Every EDS should have a cadre of volunteers to call upon in order for countermeasure dispensing to be carried out efficiently and effectively. Volunteers can be affiliated with regional and national organizations, such as the Franklin County Medical Reserve Corps, which typically means they are available to assist with emergencies/disasters throughout the region, state, or country when called upon by their management/coordinators. Alternatively, a person may volunteer specifically for an EDS.

Volunteer Organizations

Agency	Skills	Contact Name/Title	Contact
Franklin County Citizen Corps			Office: Mobile: Home: e-mail: citizencorps@frcog.org
Salvation Army		Captain Daniel Brunelle	Office: Mobile: e-mail:
Greenfield Community College	Nursing		<contact GCC to develop this source>
University of Massachusetts Amherst	Translators		
<other>			
Amateur Radio Emergency Services		District Emergency Coordinator	Mobile: Home: e-mail:

EDS Action Plan for

EDS Volunteers

First Name	Last Name	Phone Number	email	Skill Set/Position

Appendix 7 EDS Supply List and Sources

This appendix describes the basic supplies required for EDS operation. Edit the list as needed to meet the needs of each incident.

Basic Emergency Dispensing Site Supply List

	<i>Item Description</i>	<i>Source/Location</i>	<i>Item #</i>	<i>Qty</i>	<i>Unit Cost</i>	<i>Total Cost</i>
Public Information	Fact Sheets					
Public Safety & Security	Crowd Count Clickers					
	Police Tape					
	Line Dividers					
	Flashlights & Batteries					
	2-Way Radios					
	Fluorescent Vests					
	Signage (assorted)					
	Megaphone					
	Traffic Barriers					
	Portable Lighting					
	Traffic Cones					
Materials Management	Flatbed Cart/Hand truck					
	Box Cutters					
	Strap Cutters					
	Duct Tape					
	Packing Tape					
	Adhesive Labels					
Office Supplies	Pencils					
	Pens					
	Highlighters					
	Dry Erase Markers					
	Thumbtacks					
	Rubber Bands					
	Post-It Notes					
	Staplers & Staples					
	File Folders					
	Paper (reams)					
	Pads of Paper					
	Adhesive Tape					
	Binder Clips					
	Index Cards					
	Clipboards					
	Portable Whiteboard Easel					
	Easel Refill Pads					
	Easel Pad Markers					
Garbage Cans (50 gal)						

EDS Action Plan for

	<i>Item Description</i>	<i>Source/Location</i>	<i>Item #</i>	<i>Qty</i>	<i>Unit Cost</i>	<i>Total Cost</i>
	Garbage Bags (50 gal)					
	Adhesive Name Tags					
	Indelible Markers					
	Scissors					
Clinical Supplies	Gloves					
	Syringes & Needles					
	Alcohol Swabs					
	Sharps Containers					
	N95 Masks					
	Under pads (chucks)					
	First Aid Supplies					
	Medical Waste Bags					
	Blood Pressure Cuffs					
	Stethoscopes					
	Thermometers					
	Folding Chairs					
	Tables					
	Wheelchairs					
	Cots					
	Surge Protectors					
	Laptop Computers					
	Bottled Water for Staff					
	Food for Staff					
	Paper Towels					
	Purell					
	Trash Cans & Bags					
	Cell Phones					
	Scales					
	Blankets					
	Fans					

EDS Action Plan for

	<i>Item Description</i>	<i>Source/Location</i>	<i>Item #</i>	<i>Qty</i>	<i>Unit Cost</i>	<i>Total Cost</i>

FOR OFFICIAL USE ONLY

EDS Supply Sources

The following table identifies sources for supplies not available in inventory. Try to obtain any required usernames and Passwords that will be needed.

List of EDS Supply Sources					
Types of Supplies	Source(Supplier name)	URL	Contact (Supplier contact info)	Customer ID	Payment Arrangement
Clinical					<who pays and how>
	name>				<who pays and how>
Office	<supplier name>				
	<supplier name>		<supplier contact info>		<who pays and how>
	<supplier name>		<supplier contact info>		<who pays and how>
Fuel	<supplier name>		<supplier contact info>		<who pays and how>
	<supplier name>		<supplier contact info>		<who pays and how>
	<supplier name>		<supplier contact info>		<who pays and how>
	<supplier name>		<supplier contact info>		<who pays and how>
Food	<supplier name>		<supplier contact info>		<who pays and how>
Reviewed					
Updated					



Appendix 8 EDS ICS 214 Activity/Shift Report

The forms in this appendix should be edited as needed to meet the needs of each incident. Copy the form and give one to each EDS participant at the start of each shift.

EDS Activity/Shift Report

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Name:	4. ICS Position:	5. Home Agency (and Unit):
Medical Incidents <i>Describe what occurred and how it was resolved</i>		
Anticipated Resources Needed		
Additional Notes		
6. Resources Assigned:		
Name	ICS Position	Home Agency (and Unit)
7. Activity Log:		
	Number of Clients Presenting	
	Number of clients Treated	
	Number of staff on duty for shift	
Date/Time	Notable Activities	
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
ICS 214, Page 1	Date/Time: _____	

At the end of each shift, complete form and submit it and your Job Action Sheet to your supervisor.

ICS 214

Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after- action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Name	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	ICS Position	Enter the name and ICS position of the individual in charge of the Unit.
5	Home Agency (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	Resources Assigned	Enter the following information for resources assigned:
	<ul style="list-style-type: none"> • Name 	Use this section to enter the resource’s name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	<ul style="list-style-type: none"> • ICS Position 	Use this section to enter the resource’s ICS position (e.g., Finance Section Chief).
	<ul style="list-style-type: none"> • Home Agency (and Unit) 	Use this section to enter the resource’s home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	Activity Log <ul style="list-style-type: none"> • Date/Time • Notable Activities 	<ul style="list-style-type: none"> • Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as “Action Required,” “Delegated To,” “Status,” etc.

EDS Action Plan

8	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
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Appendix 9 Protocols and Procedures

State Mandated Protocols

- No one may be turned away from an EDS.
- No identification is required to use EDS services or obtain prophylaxis.
- Massachusetts will accept out of state medical licenses only when the individual is deployed through the Emergency System for Advance Registration of Volunteer Health Professionals (MSAR) through an EMAC request made by MEMA.
- Standing orders will be issued for any EDS.

Suggested Protocols

- **Minors:** Distribution of non-vaccine materiel to unaccompanied minors will be at the discretion of the Incident Commander, in consultation with the local EDS manager, following due diligence or on a case-by-case basis, depending on the scope and nature of the incident requiring EDS activation. Guidance will likely be issued by DPH.
- **Multiple Doses (Family):** The number of family doses allowed for pick-up by 1 family member will be at the discretion of the Incident Commander, in consultation with the local EDS manager, following due diligence or on a case-by-case basis, depending on the scope and nature of the incident requiring EDS activation.
- **Multiple Doses (Non-family):** The number of doses allowed for pick-up by one individual to be distributed to others will be at the discretion of the Incident Commander, in consultation with the local EDS manager, following due diligence or on a case-by-case basis, depending on the scope and nature of the incident requiring EDS activation.
- **Rapid Dispensing:** In the case of backups in the dispensing site the Incident Commander in consultation with the Medical Coordinator, may make the decision to:
 - Switch from a medical dispensing model where medical personnel handle dispensing to a non-clinical model where non-medical personnel may distribute medication.
 - Collect demographic information when clients return for refills, instead of during initial medication distribution.
 - Use an alternate dispensing modality (see Appendix 18)

- **Symptomatic Individuals:** Persons with symptoms of illness will be presenting to dispensing sites. Management of these individuals will have to take into consideration available resources and other factors specific to the event.
 - (In the case of potential mass exposure to *Y. pestis* (plague), all persons should be asked whether they have febrile illness before entering the dispensing building. Anyone in the case of an attack of *Y. pestis* should immediately be separated from other persons seeking medication, put on a surgical mask, and be taken to an evaluation area immediately or immediately referred to a medical facility.)
 - All symptomatic persons who are referred for immediate medical evaluation should, before leaving the dispensing site, quickly be provided with a 10-day supply of appropriate prophylactic medication (and take the first dose). In addition, they should be told that even though they have been given antibiotics or preventative treatment, it remains absolutely essential that they obtain immediate medical evaluation followed by further treatment as necessary.

Resource: <https://www.mass.gov/lists/emergency-medical-services-statewide-treatment-protocols>

Strategic National Stockpile Procedures and Protocol

Massachusetts Department of Public Health Office of Preparedness and Emergency Management

STRATEGIC NATIONAL STOCKPILE

PROTOCOL - MATERIAL TRANSFER OF CUSTODY

This document assumes basic knowledge of the Emergency Dispensing Site Management and Operations component of the Template for Infectious Disease Emergency Plan. Send questions/comments to:

DPH-SNSinfo@mass.gov

<https://www.mass.gov/doc/emergency-dispensing-sites-eds/download>

This document also assumes familiarity with the federal Strategic National Stockpile Program. For additional information on the SNS, please visit <https://aspr.hhs.gov/SNS>.

The state CEMP referenced in this document may be accessed by contacting your community's EMD.

The Massachusetts Department of Public Health (MDPH) maintains the locations of the receipt, staging and storage (RSS) warehouse facilities on behalf of the U.S. Centers for Disease Control and Prevention (CDC). The CDC, when administering the Strategic National Stockpile (SNS) Program, will utilize one such facility in Massachusetts in order to dispense medical material in response to a public health emergency or natural disaster.

After discussions with MDPH, MEMA, FEMA and the Governor of Massachusetts' (or his/her designee), the CDC will ship a 12- hour "push package" or managed inventory (MI) material from the SNS repositories to Massachusetts. The CDC will determine the method of transport for these SNS assets (air or land) and the selection of the RSS to which it will deliver the medical material. *Please review the information posted on CDC's website at <https://aspr.hhs.gov/SNS> should your community not be familiar with the components of the SNS.*

The CDC will request a transfer of custody for the material according to federal and state laws and regulations, as well as any applicable emergency provisions put into effect at the time of SNS material delivery to the state warehouse facility. The initial federal-to-state transfer of custody will be mirrored later on in the state-to-municipality transfer of custody, as outlined in this document.

I. PRE-EVENT PLANNING

1. IDENTIFICATION OF EMERGENCY DISPENSING SITES

Communities should have previously identified an emergency dispensing site(s) (EDS) and provided MDPH with the necessary information in order to receive SNS assets. Communities who have yet to register their EDS may do so by submitting to MDPH the *Emergency Dispensing Site Identification Form*, as posted on the MDPH-OPEM website, as soon as possible to ensure delivery in response to an incident. Cities and towns may also select “secondary” EDS – the same form would be used and a notation must be made that this site is “secondary”, and the location would be flagged as “secondary” in the MDPH database. Prior to delivery of SNS assets, the respective municipality would notify us of the use of the secondary EDS should the primary EDS be out of commission for any reason.

2. EDS SURVEY

Prior to arrival of SNS assets, communities must also submit the *Emergency Dispensing Site (EDS)/Treatment Center (TC) Survey* for each EDS within their respective jurisdictions (Appendix A). The site survey contains information critical to delivery by providing a brief description of the delivery conditions for an EDS, such as whether the facility operates a working loading dock or can access a pallet jack. A statewide incident would require delivery to numerous EDS as well as additional deliveries to treatment centers and hospitals. The warehouse staff charged with the deliveries must have minimum information on hand (such as the ability to turn a 53-foot truck or whether the EDS has a loading dock) in order to plan to use an appropriate truck (with or without an electronic lifting gate, smaller-sized truck, etc.) for delivery to each EDS.

Any community that has not submitted the form runs the risk of having to off-load assets at a facility other than the designated EDS. In this case, the municipality may have to transport the assets to the EDS and may disrupt local emergency response efforts.

II. REQUEST FOR ASSETS DURING AN EMERGENCY

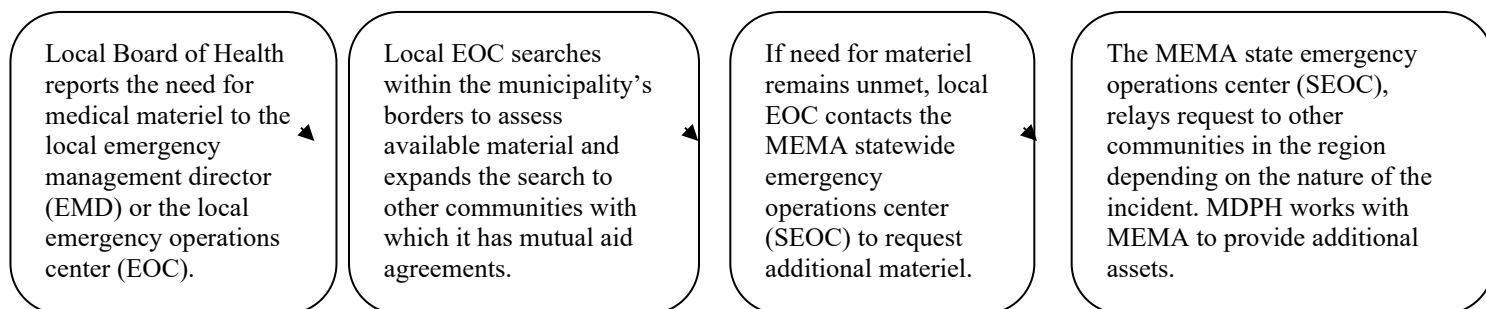
1. CONTACT LOCAL EMERGENCY MANAGEMENT DIRECTOR

Cities and towns will request medical assets as they would request any asset necessary to respond to a disaster situation according to their respective municipal Comprehensive Emergency Management Plans (CEMP). The local health official would contact the local Emergency Operations Center (EOC) or the local emergency management director for the municipality and make the need known, as identified in the local CEMP and/or EDS plan. The local EOC would initially look locally to determine if the assets required can be met by the municipality itself. Depending on the nature of the incident, there may be sufficient supplies already within the immediate local region to meet the request.

2. COMMUNICATE REQUEST TO MEMA

If the needs cannot be met locally, the request for medical assets will be forwarded from the local EOC to the Massachusetts Emergency Management Agency (MEMA) office (www.mass.gov/mema). The protocol for activation of the local EOC as well as communication between the local EOC and MEMA's office should be outlined in the municipality's CEMP.

Should MEMA not be able to meet the request, the request for medical assets will be forwarded to the State Emergency Operation Center (SEOC). The SEOC would follow proper protocol for the notification of MDPH regarding the need for emergency medical material as outlined in the state CEMP. The SEOC would relay pertinent information and assets to the affected community accordingly should medical material be found in other regions of the state.



3. STATE REQUESTS FEDERAL SNS ASSETS

The state makes the determination to request federal SNS assets should the state not have the necessary medical material within its borders to adequately address the incident. Following notification by the SEOC, MDPH would recommend the request for deployment of the federal SNS to the Governor of the Commonwealth. The Governor would then make a formal request for assistance from the CDC, who would then deliver/deploy SNS assets to Massachusetts.

MDPH, via MEMA's SEOC, would contact the affected communities as to the approval of SNS status. At this time, local EOCs would be asked to identify, in a timely manner, which EDS(s) would be receiving the SNS assets.

In emergency situations, MDPH places staff at the SEOC per the state CEMP to ensure proper communication for public health emergency response efforts. Throughout the remainder of the document, this will be referred to as MDPH/SEOC.

All communication between the state and municipalities regarding SNS assets must be relayed through the MEMA following state/local CEMP protocol.

III. COMMUNICATION OF EDS STATUS

1. IDENTIFY INTENDED EDS

Following the notification of the local EOC as to the impending arrival of SNS assets at the state warehouse, municipalities must convey to MEMA their selection of EDS(s) to activate as well as indicate the “ready” status of their EDSs relative to the receipt of SNS assets at their respective facilities.

2. INDICATION OF EDS “READY” STATUS

The “ready” status should be the hour at which the site manager or incident commander believes the EDS will be fully prepared to receive SNS material. The criteria to determine this “ready” status will vary from town to town as each municipality will follow its own EDS plan regarding the preparation of the EDS facility. The individual charged with making this decision may determine the status in advance of actual preparation – for example, the notification to MEMA may be placed at 6 AM to indicate a “ready” time of 9 AM. The individual who confirms this “ready” status should be identified in advance according to the local municipal EDS plan and/or CEMP – MDPH will not identify this individual on behalf of any city/town. Individuals should be identified by position in the municipal CEMP; names and contact information for these positions should be in an appendix to the CEMP to allow for updates.

Upon receipt of EDS “ready” status confirmation, MDPH/SEOC will flag the location on the EDS database maintained by MDPH and add the location to the delivery route for distribution of SNS inventory. MDPH/SEOC will not confirm a delivery time at this point; that will come later when the trucks making the delivery from MDPH’s warehouse are on the road.

3. LOCAL NOTIFICATION

Once the state receives confirmation from CDC that SNS assets will be delivered, MDPH/SEOC will notify local EOCs and emergency management directors in the affected areas (via MEMA) about the delivery of SNS assets. The protocol for this notification will follow procedures outlined in the state CEMP.

IV. ASSET DEPARTURE FROM THE MDPH WAREHOUSE

1. TRANSPORTATION OF ASSETS

EDS Action Plan for

The method of transport from the RSS to municipal emergency dispensing sites (EDS) will be via state and federal highways and local roads using contracted trucking companies and drivers. Each truck loaded at the facility will depart for its pre-designated EDS(s) with a driver accompanied by a state police escort. A truck may deliver assets to several communities depending on the amount to be delivered to each respective EDS.

2. COMMUNICATION IN TRANSIT

Each vehicle will be equipped with proper communication equipment as well as any information provided by communities to MDPH on the *Emergency Dispensing Site Identification Form*. Please refer to the section entitled “Identification of Emergency Dispensing Sites” on page 2 of this document.

3. PRIOR TO ASSET ARRIVAL AT EDS

It is critical for MDPH to have the site survey information on hand IN ADVANCE of delivery due to the sheer number of potential delivery sites. Collecting this information at the time of an incident for every EDS would not well serve either MDPH or municipalities in medicating the citizens of the Commonwealth. Please refer to the section entitled “EDS Survey” on page 2 of this document.

The EDS must supply the personnel to off-load the assets. Due to the logistics of deliveries to potentially 500+ locations state-wide, MDPH cannot supply staff to the EDS for this purpose. The number of personnel required to offload the assets will depend on the amount of material expected at the EDS; this can be tentatively determined from the through-put information submitted on the *Emergency Dispensing Site Information Form*. The through-put information remains the key factor in MDPH’s determination of the amount of assets delivered to each EDS for the first 24 hours of operation.

4. MATERIAL PACKAGE DIMENSIONS

One pallet of antibiotic material such as doxycycline or ciprofloxacin permits the treatment of approximately 10,000 people with a 10-day regimen. A standard grocery pallet measures 40 x 48; MDPH warehouses will use pallets close to this size as opposed to the 72 x 48 heavy-duty stevedore pallets utilized at seaport shipping docks. The boxes containing unit-of-use bottles of doxycycline and ciprofloxacin weigh five and seven pounds each, respectively. The exact configuration of the pallet will depend on the amount of actual material shipped from the warehouse to the EDS. MDPH anticipates that local personnel will not experience any difficulty in off-loading the material at the EDS.

5. NOTIFICATION OF ARRIVAL AT EDS

MDPH will contact the site manager at the EDS (using information provided in the aforementioned *EDS Identification Form*) prior to delivery to provide an update. MDPH cannot specify a time frame at which it will provide an update on delivery; the contact depends on the efficiency of asset apportionment at the warehouse and the time required to drive that EDS' delivery route. (More than one EDS may be serviced by any given vehicle.) Please know that MDPH intends to give the earliest notification possible as to arrival time at an EDS.

V. PROCEDURES FOR RECEIPT OF SNS ASSETS AT EDS

1. ARRIVAL OF ASSETS AT EDS

The driver and the state police escort must be greeted by the site manager (or designee) and a member of the security team. The site manager (or designee) does not need to be a municipal employee. The security representative DOES not have to be in uniform (school security, sheriff's employee, municipal police, contracted security, etc.) at the time of material receipt. This security representative embodies the counterpart of the Massachusetts State Police member that will accompany each delivery vehicle. **The security representative and/or the site manager (or designee) will be sign the Transfer of Custody document for receipt of material.**

MDPH will not require prior knowledge of who is to sign at each site; the only criteria MDPH requires is that a security representative and a site manager (or designee) be on hand to sign off on security for the material. Please retain the 24/7 contact information for these individuals in the form attached at the end of this protocol document (Appendix B). This form may be duplicated to address anticipated shift changes at an EDS and may be included as an appendix to local CEMPs.

2. DEPOSITING MATERIAL AT EDS FACILITY

MDPH will not specify to municipalities as to how the material is to be "broken down" and stored at the EDS – this will be done at the discretion of the site manager and the personnel at the EDS. The material will arrive in labeled case lots to make consideration of the disbursement more "user friendly."

MDPH highly recommends having a pallet jack or hand carts (dollies) on hand for off-loading SNS assets. Memoranda of Agreement (MOA) may be used to secure the necessary equipment from a private company or other public entity/agency.

3. CONFIRMATION OF MANIFEST

An inventory of the assets off-loaded will be confirmed by the manifest accompanying said assets. The manifest is not the same as the *Medical Material Transfer of Custody Form*; rather, this is the inventory document accounting for items actually shipped to the EDS. The site manager (or designee) will sign the manifest to attest to the delivery. Sealed case lots will make up the bulk of the delivery. This should expedite the confirmation of the material delivered matching the material outlined in the manifest.

The driver and the state police escort may confer with DPH personnel at the RSS facility to resolve any discrepancies between the manifest and assets present at the EDS.

4. TRANSFER OF CUSTODY

The *Medical Material Transfer of Custody Form* requires the signatures of the EDS manager (sometimes also referred to as the EDS Coordinator or EDS Director) or designee. **SNS assets will not be released without signature.** The form instructs the driver of the truck/and or the state police escort to sign the document to confirm delivery of assets to the EDS. All fields of the form must be legibly completed.

Upon completion of the transfer of custody form, the driver and state police escort will depart the EDS. All responsibilities and liabilities regarding the protection and proper distribution of the material now reside with the municipality. The site manager now possesses the authority to determine the protocol for dispensation of the material to persons within his/her jurisdiction.

VI. FACTORS TO CONSIDER

1. Annually update *Emergency Dispensing Site Identification Form(s)* with MDPH. This may be done at *any time*; however, MDPH will also solicit updates annually to ensure up-to-date information in the case of SNS activation.
2. Annually update MDPH with any corrections to the *Emergency Dispensing Site (EDS) Survey* for each EDS location so that MDPH has the necessary information about the facility in its database.
3. Cities and towns may want to contact local pharmacists to gauge their interest in participating in a local emergency response effort. Current Massachusetts General Law stipulates that only pharmacists may dispense medication; however, in a state of emergency, the Commissioner of the Massachusetts Department of Public Health would waive this requirement in order to efficiently dispense medication to residents of the Commonwealth. MEMA as well as MDPH would be advised as to the declaration of a

EDS Action Plan for

state of emergency, and would take proper action to ensure that necessary regulation waivers are put in place to expedite the mass dispensing process. Municipalities would greatly benefit from the placement of someone familiar with medication and pharmaceutical terminology at an EDS.

4. Update contact information contained in municipal EDS plan semi-annually, especially after local elections.
5. Register those identified on the *Emergency Dispensing Site Identification Form* on the Health and Homeland Alert Network (HHAN) for notification of public health emergencies and information pertaining to natural disasters. Towns and cities will be responsible for determining what EDS staff requires HHAN registration and will be responsible for registering the necessary parties with the HHAN. It is in the best interest of cities and towns to make sure the appropriate people are registered to receive emergency notifications from the HHAN. Please contact your MDPH Regional Coordinator should you wish for additional information on HHAN registration.

**APPENDIX A Massachusetts Department of Public Health (MDPH)
Emergency Dispensing Site (EDS)/Treatment Center (TC) Survey**
(Complete one survey for each EDS/TC)

Name/Address of EDS/TC:

- Receiving emergency medical materiel from MDPH: To facilitate delivery of materiel to your EDS/TC, we will need to dispatch a truck appropriate to the site. The following will assist us in this effort. Please describe if necessary.
1. Is there a working loading dock (raised platform with the ability to adjust to truck height) at the EDS/TC? Yes No
- If Yes, will it accommodate a 53 foot trailer? Yes No
If No (to i. above), what size truck will it accommodate? _____ft
 - If No (to a. above), please identify physical location at site for delivery (i.e. gymnasium entrance).
- Offloading materiel from truck at location: The following questions relate to offloading pallets of materiel from the delivery truck at the EDS/TC. (Note: Equipment may be available from other departments in the town and moved to the EDS/TC during activation.)
 - a. Will there be a pallet jack available to unload and move pallets? Yes No
 - a. If Yes, number of pallet jacks available _____
 - b. Will hand trucks/carts be available? Yes No
 - i. If Yes, number of hand trucks/carts available _____
 - i. Americans with Disabilities Act (ADA): Is at least one EDS/TC in the municipality or region compliant, to which disabled individuals can be directed?
Yes No

Name/title/agency/phone number of person who filled out this form.

Please send completed form to Jennifer.McCullough@dph.state.ma.us or fax (617) 624-5587.

SNS MATERIEL TRANSFER OF CUSTODY

Contact information listed below is to be used for the following emergency dispensing site:

SITE FACILITY NAME

SITE FACILITY ADDRESS

DPH EP REGION	TOWN	INFO LAST UPDATED
---------------	------	-------------------

SITE PHONE 1: ()

SITE PHONE 2: ()

SITE FAX: ()

SITE EMAIL:

SITE MANAGER:

DAY: ()

EVENING: ()

CELL/MOBILE: ()

PAGER: ()

MISC:

SITE MANAGER DESIGNEE/BACKUP:

DAY: ()

EVENING: ()

CELL/MOBILE: ()

PAGER: ()

MISC:

SECURITY REPRESENTATIVE:

DAY: ()

EVENING: ()

CELL/MOBILE: ()

PAGER: ()

MISC:

FOR OFFICIAL USE ONLY

Appendix 10 Communication Plan Guidelines

This appendix provides guidelines for the development of internal and external communication plans.

Internal Communication

Internal communications include communication within and between dispensing site stations, and between dispensing sites and external agencies such as the local emergency management director, local board of health, fire department, and police departments.

Staff Notification – EDS Conference Call Dial-in

In the first hours of an incident, the EDS team members may choose to schedule an initial meeting remotely by telephone conference in order to involve the most staff possible. The EDS has a dedicated conference call telephone account with freeconferencecall.com.

IMPORTANT: It is critical to verify in advance that mobile phones and two-way radios generally operate inside all areas of the EDS location buildings.

Mobile Phones

Everyday land and mobile phone numbers for leadership and staff are listed in **EDS Contact Sheet, page 11**.

In addition, dedicated mobile phone equipment may be available for EDS operations and other emergency use. They are identified here:

Land-Based Phone Systems

Everyday land and mobile phone numbers for leadership and staff are listed in EDS Contact Sheet, pages 11-13.

Each EDS location MOU document should specify whether EDS staff will have access to the facility's existing phone system. The MOA/MOU should include incoming phone numbers and any access codes required to receive or place calls.

Two-Way Radio

Participating agencies may already have dedicated communications systems. These agencies include the Local LE, State Police, Fire Department, EMTs, Department of Public Works, and Franklin Region Transit Authority (FRTA).

EDS Action Plan for

Other radio devices and channels may be made available to other EDS staff for dedicated EDS use.

HAM Radio

HAM radio operators are trained in the Incident Command Structure and emergency operations. Through the Amateur Radio Emergency Services (ARES) organization, they can provide a range of services including backup communications in the event of major communications systems failure.

HAM radio operators actively participating in the EDS operations or on call should be considered as first responders and considered a high priority for treatment before opening the EDS to the public.

Contact: Tom Foxwell, District Emergency Coordinator, N10TS@yahoo.com, 413-774-2874. Also see <http://www.arrl.org/emergency-communications> and <http://wma.arrl.org/news.php> .

Runners

Volunteer recruitment should include runners who can carry messages within and between EDS locations.

Internet

In some cases internal communications can be accomplished using e-mail and frequently updated Web sites.

HHAN Subnets

Health and Homeland Alerting Network (HHAN) alerts can be issued to subnets of contacts. This functionality requires advance setup of the network. For more information, contact [Click here to enter text.](#)

Existing School Communications

Schools have preexisting emergency plans that may be utilized for communication purposes. Many schools have internal phone systems and/or public address systems and some schools have walkie-talkies.

External Communication to the Public and Media

A plan for providing the population with information about site location and the target population, and any additional information, should be developed and may be an appendix to the local/regional risk communication plan. Patient education materials will be available on the MDPH website and/or the HHAN. All dispensing sites should use the same patient education materials.

An EDS public information campaign can reach out to a variety of target populations through a variety of partners. The following list of public information targets includes media outlets and local business, religious, municipal, and not-for-profit organizations that should be considered as target populations and communications partners. For further assistance, contact the MDPH Public Information Office.

Consider these alternate methods of reaching the target populations:

- 1 School's "robo-call" system
- 2 The 211 hotline. Messages could include EDS locations and hours, staging areas, "what to bring," and information about the medical threat
- 3 Prepare in advance billboards for buses that say there is an emergency and to call 211
- 4 Prepare in advance Web site "dark pages" that can be activated when needed to provide emergency information
- 5 Social media such as Facebook and Twitter
- 6 United States Postal Service delivery of messages

MDPH Guidelines for External Communications Plan

Following are guidelines offered by the MDPH for effective communications.

- Plan what information the public needs to know
- The following information should be communicated to the public in as many languages as needed:
 - Target population
 - Site location and directions or directions to staging area or information on other method of getting population to the EDS
 - Dates and times of operation
 - Type of identification to bring, if required
 - Length of time the process may take
 - Type of clothing to wear
 - Culturally appropriate information

EDS Action Plan for

- Telephone number for homebound to call to have medications delivered
- If applicable, state clearly that those who do not meet the defined criteria would not be treated
- If the Emergency Dispensing Site will be identifying and screening for possible contacts, state this clearly in the information provided to the public.
- Unless directed otherwise, make it clear that undocumented residents will not be turned away or reported.
- Other important public information
- In addition to information about the specific site being publicized, a concerted effort should be made to provide information to the public that emphasizes:
 - The rationale for dispensing site strategy
 - Disease containment measures are effective
 - All possible measures are being taken to prevent the further spread of the disease
 - What they can do to help
 - Carpool to sites
 - Help neighbors with childcare, homebound and infirm
 - Pick up medications for the physically disabled, etc.
- Plan mechanisms for release of all information to the public.
- Start with the school's existing emergency communication plans (e.g. school closing due to weather), if any exist. Consider the following guidelines:
- Develop media lists and contacts.
- The information disseminated must clearly describe the groups for whom the site is intended (and not intended), and the rationale for the designations.
- Using professional public relations assistance when available, announcements should be prepared and released for the television, radio, and newspaper media.
- If specific groups require additional information, (e.g., to counteract misconceptions about the disease, prophylaxis, or treatment of certain groups) site organizers may need to distribute flyers to targeted populations in apartment buildings, neighborhoods, workplaces, schools, and/or religious centers.
- Develop a plan for communicating with individuals in need of additional assistance,
 - Certain special populations groups (i.e. various language groups) may be asked to come at a specific time and date (i.e. when translator resources are available.)
 - If special transportation can be provided for physically disabled or elderly persons, the telephone number for requesting special transportation should be included in all publicity.
 - If necessary, individuals who can be called upon to serve as interpreters should be identified to help inform non-English

speakers. This list should note the foreign languages spoken by these individuals. To improve understanding of the subject matter, photographs and graphics should be provided in various media.

Answering Tough Questions

The following suggestions are adapted from “Answering Tough Questions” by the Focus Group of Medford, MA.

- **Express Empathy and Concern**
 - Consider use of a personal story
- **Give a Conclusion**
 - Make it positive.
 - Keep it contained to a 7-12 word “sound bite”.
- **Provide Two or Three Supporting Facts**
 - Reference a third party or credible source.
- **Repeat the Conclusion**
 - Word-for-word from the conclusion mentioned above.
- **Describe Future Actions**
 - Next steps by officials
 - What the citizen can do
 - How to get more information

Message Templates

Prepare and Direct Public to Dispensing Site

The template below is meant to be filled out at the time of the emergency and provides the most pertinent and basic information for residents. When filled out it can be distributed to media outlets, posted online, recorded as a phone message, etc.

The [Click here to enter text.](#) is providing [Click here to enter text.](#) for [Click here to enter text.](#).
[Click here to enter text.](#) is available at [Click here to enter text.](#), [Click here to enter text.](#). The location where medication will be dispensed free of charge is called an Emergency Dispensing Site (EDS). EDS hours are [Choose an item.:Choose an item.](#)[Choose an item.](#) to [Choose an item.:Choose an item.](#)[Choose an item.](#).

[Click here to enter text.](#) The medication will be available at the EDS only to those who meet the outlined conditions. If you are exhibiting symptoms do not go to the EDS, instead seek medical treatment at [Click here to enter text.](#).

Before going to the EDS gather the following information for all members of your household:

- Names
- Addresses and Phone Numbers

EDS Action Plan for

- Weights of all people under 90 pounds
- Medication Allergies
- Known health conditions, including
 - Liver disease
 - Epilepsy
 - Kidney disease
 - Pregnant
 - Breastfeeding

If you have questions about [Click here to enter text.](#), the clinic site, or the medication you received, please call [Click here to enter text.](#) at [Click here to enter text.](#)

Message Development Worksheet

Step 1: Determine Audience, Message Purpose, and Delivery Method by checking each that applies:

Audience:	Purpose of Message:	Method of delivery:
<input type="checkbox"/> Relationship to event	<input type="checkbox"/> Give facts/update	<input type="checkbox"/> Print media release
<input type="checkbox"/> Demographics (age, language, education, culture)	<input type="checkbox"/> Rally to action	<input type="checkbox"/> Web release
<input type="checkbox"/> Level of outrage (based on risk principles)	<input type="checkbox"/> Clarify event status	<input type="checkbox"/> Through spokesperson (TV or in-person appearance)
	<input type="checkbox"/> Address rumors	<input type="checkbox"/> Radio
	<input type="checkbox"/> Satisfy media requests	<input type="checkbox"/> Other (e.g., recorded phone message)

Step 2: Construct message using Six Basic Emergency Message Components:

1. Expression of empathy:

2. Clarifying facts/Call for Action:

Who _____

What _____

Where _____

When _____

Why _____

How _____

3. What we don't know:

4. Process to get answers:

5. Statement of commitment:

6. Referrals:

For more information _____

Next scheduled update _____

EDS Action Plan for

Step 3: Check your message for the following:

Does your message use...		Yes	No
	positive action steps?		
	an honest/open tone?		
	risk communication principles?		
	simple words, short sentences?		
Does your message avoid...			
	jargon?		
	judgmental phrases?		
	humor?		
	extreme speculation?		

Appendix 11 Agent and Countermeasure Information Sheets

Agents

This appendix provides information sheets for specific biological agents. The English version of each agent sheet is followed by the Spanish version. These sheets would be a useful component of a public information campaign or as a handout at the EDS. Patient education materials specific to the identified threat will also be available on the MDPH website and/or the HHAN; however, whether that information will be available in languages other than English is not known.

Information of a large number of biological agents (this appendix only contains those considered Category A by the CDC) can be found at <https://www.cdc.gov/health-topics.html#cdc-atozlist> most are offered in several different languages.

Countermeasures

Medicines and medical supplies that can be used to diagnose, prevent, or treat diseases related to chemical, biological, radiological or nuclear threats. Will be determined accordingly.

Medication Compliance

Following the provider's recommendations. Once the appropriate medication/vaccine is determined additional references include:

ACIP-<https://www.cdc.gov/vaccines/acip/index.html>

American Academy of Pediatrics-<https://publications.aap.org/aapbooks/book/560/Medications-in-PediatricsA-Compendium-of-AAP?autologincheck=redirected>

American Academy of Family Physicians-<https://www.aafp.org/family-physician/patient-care/clinical-recommendations/clinical-practice-guidelines/clinical-practice-guidelines.html>

Also refer to the medication/vaccine package inserts for information.

Appendix 12 Liability

This appendix provides a discussion of liability and liability protection for EDS participants. **This information is not intended to constitute legal advice and should not be relied upon in lieu of consultation with appropriate legal advisors in your own jurisdiction. It may not be current because the related laws may change frequently.**

Liability and EDS Volunteers

Depending on their roles and responsibilities, volunteers may be protected by one or more of the following according to the MDPH Web page cited below.

1. Federal Volunteer Protection Act (42 U.S.C. § 14501)

You have immunity from (no liability for) negligence if you volunteer for a nonprofit organization or governmental entity. No need for federal funding.

You must act within the scope of your responsibilities in the organization.

You must be properly licensed, certified, or authorized to act. Protection is not limited to emergencies.

You are not protected if the harm occurred through your operation of a motorized vehicle.

You are not protected for reckless misconduct or gross negligence.

2. Doctors and Nurses Working in Public Health Programs

(Mass. General Laws, chapter 112, § 12C)

You have immunity from liability in any civil suit for damages if you are a physician or nurse "administering immunization or other protective programs under public health programs" (government programs).

You can be paid or unpaid.

Protection is not limited to emergencies.

3. Protection for EMS Personnel (Mass. General Laws, chapter 111C, § 21)

Law protects certified, accredited, or approved EMS personnel when they are on duty and in good faith render first aid, CPR, transportation, or other emergency medical services.

4. Good Samaritan Laws (Various provisions of Mass. General Laws)

Laws protect physicians, nurses, physician assistants, and respiratory therapists from liability when they give emergency care or treatment other than in the ordinary course of practice, in good faith and without charging a fee.

Another law protects any person, whose regular duties do not include the provision of emergency medical care, from liability when they attempt to render emergency care in good faith and without compensation. They are not protected from acts or omissions that are grossly negligent, willful, or wanton.

5. Protection for Public Employees (Mass. Tort Claims Act, General Laws, chapter 258)

MRC volunteers are ONLY considered public employees when they are so designated by a government entity, e.g., special (unpaid) municipal employees appointed by the select board or city council.

Volunteers must be under the direction and control of the government entity and must act within the scope of their official duties. There must be adequate supervision and clear work assignments.

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Liability and Compensated EDS Workers

For more information refer to the General Court of the Commonwealth of Massachusetts-<https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter64>

Brief overview

<https://www.mahb.org/wp-content/uploads/2020/04/eds-liability-protections-handout.pdf>

Appendix 13 Patient Registration Forms

Will be provided according to medication/vaccine.

Helpful websites:

CDC Vaccine: <https://www.cdc.gov/vaccines/index.html>

ACIP on immunizations:

<https://www.cdc.gov/vaccines/acip/index.html>

Vaccine adverse reaction: <https://vaers.hhs.gov/index.html>

Appendix 14 EDS Site Surveys

Site surveys for all primary and secondary EDS locations should be filed on an annual basis with MDPH. Site facility survey forms and checklists are located on Pages 88-90 of [Emergency Dispensing Sites \(EDS\) - A GUIDE FOR LOCAL HEALTH ON PLANNING FOR MEDICAL COUNTERMEASURE \(MCM\) DISPENSING OPERATIONS](#) on the following Massachusetts Health and Human Services Web page: <https://www.mass.gov/doc/emergency-dispensing-sites-eds/download>

Appendix 15 Transportation Plan

This appendix contains information on planning for transportation and traffic flow in conjunction with an EDS as well as specific data from area transportation providers.

Overview

The Transportation Plan should address:

- ✓ Transportation for people unable to get to the EDS via private transportation, including people who do not own private vehicles. Alternates include:
 - Standard bus routes
 - Incident-specific bus routes
 - Other forms of transportation such as home pick-up, taxis, citizen volunteers
- ✓ Shuttle transportation between EDS sites, nearby parking lots, and staging areas located off site
- ✓ Traffic control near the EDS locations

Transportation resources include:

- ✓ Franklin Regional Transit Authority (FRTA)
- ✓ Private bus companies
- ✓ Ambulances and other medical transport
- ✓ School buses

Transportation Contact Information

Transportation Contact Information		
Agency	Title/Name	Contacts
FRTA	General Manager	Office: Mobile: e-mail:

Priority Treatment of Transit Staff

Transit drivers and their support staff (dispatch, etc.) and their families should be considered first responders and should be treated before the EDS locations are opened to the general public. They are critical to the response and they face high exposure risk.

Traffic Concerns

Example: Full treatment of the population of **12,585** will require a flow of **226 Head of Household or 544 Individual** patients per hour per EDS location. Inflow could quickly

fill the parking lots near the EDS locations, causing significant traffic backup and long wait times for patients.

EDS Action Planning should include:

- Remote parking and staging areas with shuttle transportation
- Deployment of Registration staff to staging areas to begin patient processing at the staging area. This could significantly improve overall clinic flow.
- Multiple vehicular and pedestrian traffic directors at each EDS location. These traffic directors should be law enforcement officers. MOUs with the responsible agencies should be included in the plan and reviewed annually.
- Traffic flow patterns to keep all traffic moving with minimal cross-over and backtracking. These patterns should be supported through the use of clear marking, signage, and barricades. These materials should be listed in the EDS Inventory.
- Towing arrangements for disabled or abandoned cars before and during EDS operation. MOUs with towing operators should be included in the plan and reviewed annually.

Issues to be Considered

FRTA and Unions

FRTA is a union shop. EDS Action Planning should include research into union policies which may affect the availability of drivers and other personnel for involvement in emergency operations.

FRTA Demand Response Listings

FRTA offers demand response transportation services for individuals requiring additional assistance. FRTA uses special demand response management software to maintain a list of those individuals. This list could be a valuable addition to the Transportation Plan. Any such use of the listings might be restricted by HIPAA compliance requirements and other privacy issues.

School Buses

If school buses are to be considered as a potential EDS transportation resource, an MOU should be drafted with each school bus operator and reviewed on an annual basis. The MOU should address:

- Inventory of available buses
- Number of available drivers
- Contact numbers for executive staff and management
- Any payment arrangements
- Insurance and liability considerations

Other points to consider:

- Many school bus services are outsourced to private operators, which could impact availability.
- If school is in session, the buses will be transporting students and unavailable for emergency evacuation/transportation.
- When school is out of session, especially during the summer and around the winter holidays, drivers may be difficult to contact.

FRTA Resources

FRTA Fleet

Note that in most buses wheelchair flip seats reduce ambulatory capacity.

BUS	Type	Ambulatory Cap	W/C Cap	Amb. W. W/C Cap*	Service type	Fuel type	Mileage range	Number in fleet
RTS (near retirement)	HD Transit				Roads/parking lots.	Diesel		
El Dorado RE	HD Transit				Roads/parking lots.	Diesel		
Gillig	HD Transit				Roads/parking lots.	Diesel		
International RE	HD Transit				Roads/parking lots.	Diesel		
Ford Cutaway (080x series)	Light duty cutaway				Home pickup	Gasoline		
Ford Cutaway (090x) Series	Light duty cutaway				Home pickup	Gasoline		
Ford Cutaway (88x series)	Light duty cutaway				Home pickup	Diesel		
Ford Cutaway (110x series, 12 pax) (not yet delivered)	Light Duty Cutaway				Home pickup	Gasoline		
Ford Cutaway (110x series, 16-18 pax) (not yet delivered)	Light Duty Cutaway				Home pickup	Gasoline		

EDS Action Plan for

Ford Escape Hybrid AWD	Support vehicle			n/a	Supervisory vehicle	Gasoline		
Honda Civic Hybrid	Support vehicle			n/a	Supervisory vehicle	Gasoline		

Other FRTA Resources

Resource	Details
Communications systems	Two-way radios on low-band frequency. One voice channel.
Bus Garage	382 Deerfield St , Greenfield, MA xxx Square Feet
Drivers	25. All have CDL and can operate all FRTA vehicles. Ten of them live in Greenfield, South Deerfield, and Turner's Falls.
Dispatchers	Two. They are also drivers and were included in the 25.
Supervisory	General Manager, Operations Manager, Maintenance Manager, Administrative/HR Manager.
Maintenance and emergency repair personnel	In addition to the Maintenance Manager mentioned above, there are two mechanics and one utility worker.
Security personnel	As of August 2011 FRTA does not have its own security force.
Date Reviewed:	
Date Updated:	

FRTA Bus Route(s)

An EDS activation may require extended FRTA bus service.

The standard weekday **Route 31** map is shown below. Up to date route information is available at www.fрта.org.



Shuttle Transportation

Nearby Parking Location Shuttles

It may be necessary to provide shuttle transportation between EDS locations and nearby parking facilities.

Satellite Parking Location Shuttles

To limit traffic volume near EDS locations, shuttles between EDS locations and satellite parking locations should be considered.

Parking and Shuttle Memoranda of Understanding

To support these parking and shuttle operations, memoranda of understanding should be created between the Frontier Board of Health and:

- ✓ The authority responsible for any public parking facilities that might be used
- ✓ The FRTA
- ✓ The operators of any private transportation services that may be used
- ✓ Others

These MOU documents should be added to *Appendix 21, Memorandums of Understanding or Agreement (MOU, MOA)* in Appendix 17.

Appendix 16 Individuals Requiring Additional Assistance

This appendix lists contacts and other information related to individuals who may require transportation assistance or other additional assistance.

Alternate methods for disseminating EDS information:

To reach individuals who require additional assistance and ensure they receive medical countermeasures the EDS may need to make special efforts beyond the communication methods being used to reach the general population. Contacting agencies, such as those listed in this appendix, that serve people with particular needs and asking them to contact their customers is an alternate method an EDS could use. The appendix may be found in Appendix 23, the Compendium of Common Franklin County Plan Resources.

2010 census data indicates the following languages are spoken by region residents who are not proficient in English (in descending order of incidence):

Hindi
Chinese
Spanish
French
Khmer/Cambodian
Korean
Arabic
African languages
Laotian
Portuguese

Translation and Interpretation Resources

Translation and interpretation both mean communication across languages. Translation refers to the conversion of one language to another in written form. Interpretation is the conversion of a spoken language into another, usually in real-time.

Written and Spoken Language Translation and Interpretation Services			
Vendor	Contact Person	Phone Number	Email
Certified Languages International			
Interpreters and Translators, Inc.			
Interpreters Unlimited, Inc.			
JRivera Associates, Inc.			
Language Line Services			
Lionbridge Technologies, Inc			
Telelanguage			
TransPerfect Global			

Sign Language Interpretation Services		
Vendor	Phone Number	Website
Mass Interpreters	413-422-0385	https://www.mass.gov/info-details/interpreter-service
MA Commission for the Deaf and Hard of Hearing	Voice: 617-740-1600 Video: 617-326-7546	https://www.mass.gov/orgs/massachusetts-commission-for-the-deaf-and-hard-of-hearing
The Learning Center for the Deaf	408-879-5110 x313	https://www.mass.gov/locations/the-learning-center-for-the-deaf
Massachusetts Interpreters and Translators	800-726-9891	https://interpretersunlimited.com/massachusetts-interpreter-translator/

Individuals Requiring Additional Assistance

Individuals Requiring Additional Assistance							
Population	#	Agency	Address	Contact Name	Contact Info		
					Work	After Hours	Mobile
Adults							
Children: Preschool							
Children: K-12							
Elderly		Franklin County Home Care		On Call	413-773-5555	800-922-2275	800-922-2275
		Baystate Home Respiratory Service	489 Bernardston Rd		413-773-2378		
		Elite Home Health			413-772-2466		
		Service Net	19 Prospect St.		413-772-3701		
Disabled							
Homebound		Interim Health Care	101 Munson St.		413-774-3181		
Blind							
Deaf							
Migrant Workers							
College		Greenfield Community College					
Hotel							

EDS Action Plan for

Individuals Requiring Additional Assistance							
Population	#	Agency	Address	Contact Name	Contact Info		
					Work	After Hours	Mobile
Campground							
Other Language							
Homeless							
<Food Pantries>							
<Community Meals>							
<places of worship>							
Other							
		Reviewed:					
		Updated:					



Appendix 17 Memorandums of Understanding and Agreement (MOU, MOA)

Existing MOUs/MOAs between the EDS jurisdiction and EDS locations, transportation providers, etc.

Appendix 18 Alternate EDS Modalities

Other Types of EDS

Long-term EDS Action Planning should include development of alternate modalities such as:

- “Drive-Through” EDS (see Drive-Through EDS Action Plan)
- Delivery of prophylaxis by USPS route carriers
- Head of Household pickup
- Use of Closed EDS Sites

Closed EDS Resources and Considerations

A closed EDS is an EDS operated by an organization such as a business or school to provide service to its constituents (such as employees and students).

- Each closed EDS has an MOU with the Town. See Appendix 17, *Memorandums of Understanding and Agreement (MOU, MOA)*.
- Each closed EDS has its own internal EDS Action Plan.
Each closed EDS either has a relationship with the MDPH or other organization for direct delivery of medication and supplies or arranges to come to one of the Town EDS locations to obtain medication and supplies.
- EDS Action Planning should include advance outreach to potential closed EDS operators and development of protocol with candidates.
- For a list of low-income and senior housing developments, please see the following two pages.

Comprehensive List of Potential Closed PODs in Franklin Co. Senior and Low-Income Housing

Site Name	Housing Type	Street Address	Town	No. of Units	Unit Type	Managed By	Contact	Notes
Ashfield House, The	Low-Income	369 Main Street	Ashfield	18	Apts	HRA	(413) 863-9781 X142	
Stratton Manor	Elderly/Disabled		Bernardston	20	Single	HRA	(413) 863-9781 X142	LifePath partner
Stoughton Place	Elderly/Disabled	12 Main Road	Gill	14	Single	HRA	(413) 863-9781 X142	LifePath partner
Elm Terrace	Elderly/Disabled	1 Elm Terrace	Greenfield	108	Single	GHA	(413) 774-2932	Initial outreach 2016. LifePath partner.
Morgan-Allen House	Elderly/Disabled	491 Main Street	Greenfield	20	Single	GHA	(413) 774-2932	Initial outreach 2016. LifePath partner.
Greenfield Gardens	Low-Income	2 Pray Drive	Greenfield	202	Apts	Mt. Holyoke Management	(413) 534-0955	Initial outreach performed with Dedra Lewis in 2015. Follow up attempts made.
Leyden Woods Apartments	Low-Income	24 Leyden Woods Lane	Greenfield	200	Apts	Community Builders Inc.	(413) 774-4708	Major reconstruction beginning 2017.
Weldon House	Low-Income	54 High Street	Greenfield	105	Apts	Schochet	(617) 482-8925	
Mill House	Elderly/Disabled	75 Wells Street	Greenfield	36	Apts	Beacon	(617) 574-1100	
Mill House	Low-Income	75 Wells Street	Greenfield	67	Apts	Beacon	(617) 574-1100	
Greenfield Acres	Low-Income	10 Congress Street	Greenfield	94	Apts	PCE Mgmt Co.	(413) 773-9410	
Buckley HealthCare Center	Nursing/Assisted	95 Laurel St	Greenfield	120	Beds		(413) 774-3143	
Charlene Manor	Nursing/Assisted	130 Colrain Road	Greenfield	123	Beds	Berkshire Healthcare	(413) 774-3724	Includes dementia patients
Poet's Seat Health Care Center	Nursing/Assisted	359 High Street	Greenfield	63	Beds		(413) 774-3618	

EDS Action Plan for

Squakheag Village	Elderly/ Disabled	88 Main Street	Northfield	20	Single	HRA	(413) 863-9781 X142	LifePath partner
Highland Village	Elderly/ Disabled	1 Highland Village	Shelburne Falls	46	Apts	HRA	(413) 625-9360	LifePath
Labelles Rest Home	Nursing/ Assisted	3 High Street	Shelburne Falls	28	Beds		(413) 625-6560	
Cozy Corner Nursing and Rehab	Nursing? Assisted	61 Old Amherst Road	Sunderland	56	Beds		(413) 665-2740	
Crocker Cutlery Apartments	Low-Income	51 Avenue A	Turners Falls	48	Apts	HRA	(413) 863-9781 X142	
Moltenbrey Apartments	Low-Income	76 Avenue A	Turners Falls	26	SRO	HRA	(413) 863-9781 X142	Sober House
Power Town Apartments	Low-Income	152 Avenue A	Turners Falls	50	Apts	HallKeen Assisted Living	(413) 863-9433	
Power Town Apartments	Elderly/ Disabled	152 Avenue A	Turners Falls	32	Apts	HallKeen Assisted Living	(413) 863-9433	
Farren Care Center	Nursing /Assisted	340 Montague City Road	Turners Falls	122	Beds	Mercy Medical	(413) 774-3111	
Park Villa Apartments	Elderly/ Disabled	124 Turnpike Road	Turners Falls	56	Apts		(413) 863-9346	
Winslow Wentworth House	Elderly/ Disabled		Turners Falls	17	Single	HRA	(413) 863-9781 X142	LifePath partner
Reviewed:								
Updated:								

Appendix 19 Continuity of Operations Plan (COOP)

In a Continuity of Operations Plan (COOP), organizations identify their essential functions and ensure that those functions can be continued throughout, or resumed rapidly after, a disruption of normal activities. The present towns' COOPs are available from their respective emergency management directors.



Appendix 20 Exercise and Training Log

To suggest possible training and record the occurrence of any training completed by EDS staff, drills to test equipment functionality, etc.

Training Log

This log is for recording class trainings, such as FEMA, DPH, etc. sponsored courses or classes arranged by the public health coalition.

Name	EDS Role	Training	Date

EDS Specific Training Log

This log is for recording training related to the operation of Frontier, such as using the EDS' fax machine, setting up the EDS computer system, etc. If multiple people attend the training and there is a sign-in sheet, then insert the sign-in sheet rather than filling in the log.

Name	EDS Role	Training	Date

Drill, Exercise, and Workshop Log

Fill out the log below for any workshop, drill, or exercise that is conducted and also insert any sign-in sheets, if applicable. The recommendation is to archive records related to this log every two years.

Drill, Exercise, or Workshop?	Date	Purpose ¹	Number of Participants	After Action Report?
<input type="checkbox"/> Drill <input type="checkbox"/> Exercise <input type="checkbox"/> Workshop	Click here to enter a date.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Drill <input type="checkbox"/> Exercise <input type="checkbox"/> Workshop				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Drill <input type="checkbox"/> Exercise <input type="checkbox"/> Workshop				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Drill <input type="checkbox"/> Exercise <input type="checkbox"/> Workshop				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Drill <input type="checkbox"/> Exercise <input type="checkbox"/> Workshop				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Drill <input type="checkbox"/> Exercise <input type="checkbox"/> Workshop				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Drill <input type="checkbox"/> Exercise <input type="checkbox"/> Workshop				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Drill <input type="checkbox"/> Exercise <input type="checkbox"/> Workshop				<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Drill Example: To test the response rate of EDS management to a call for activation
 Workshop Example: To update the Individuals Requiring Additional Assistance appendix

Trainings for EDS Positions

This is a basic list (not comprehensive) of trainings applicable to various EDS positions and offered by state, federal, and non-governmental organizations.

Minimum Level Trainings

All EDS personnel should complete two online courses offered through FEMA's Emergency Management Institute (EMI) independent study system:

- ❖ Introduction to the Incident Command System (IS-100 Latest Version)
- ❖ National Incident Management System An Introduction (IS-700 Latest Version)

Security

CDC Division of Strategic National Stockpile has an Extranet from which a short video on EDS-specific security can be viewed. This is a password protected site; however, sign-in information can be requested from the Emergency Preparedness Department of the Franklin Regional Council of Governments at (413) 774-3167.

NIMS ICS All-Hazard Position-Specific: Safety Officer Course (EL-0954)

- ❖ Offered by EMI at their campus in Maryland
- ❖ May also be offered off-campus at various locations around the United States by state emergency management agencies and contractors
- ❖ <http://training.fema.gov/EMI/>

Public Information Officer

NIMS ICS All-Hazard Position-Specific: Public Information Officer Course (EL-0952)

- ❖ Offered by EMI at their campus in Maryland
- ❖ <http://training.fema.gov/EMI/>

Public Information Officer Awareness Training (G289)

- ❖ Offered at various locations around the United States by state emergency management agencies and contractors and online through EMI's independent study system
- ❖ <http://training.fema.gov/EMI/>

Basic Public Information Officer (G290)

- ❖ Offered at various locations around the United States by state emergency management agencies and contractors
- ❖ <http://training.fema.gov/EMI/>

Emergency Risk Communication

- Offered online through Northwest Center for Public Health Practice
- <http://www.nwcphp.org/training/opportunities>

Appendix 21 Cold Chain Management

Cold Chain Management for Medical Countermeasures

In order to ensure the efficacy of medical countermeasures to be administered or distributed during an active EDS operation, primarily for MCMs composed of vaccines, a cold chain management procedure *must* be followed. According to the CDC, assuring vaccine quality and maintaining the cold chain is a shared responsibility of manufacturers, distributors, and public health staff. During an emergency, the loss of effective assets from the SNS may lead to delays and shortages of replacement materiel, not to mention a loss in public confidence.

A “cold chain” refers to the strict procedures used to maintain optimal temperature conditions during the transport, storage, and handling of vaccines.

- The recommended temperature for vaccine storage and handling is, at all times, at +2°C to +8°C (36°F to 46°F). Maintaining a temperature of +5°C provides a safety margin for inadvertent temperature fluctuations.
- An effective cold chain relies on three main elements:
 - A well-trained EDS staff
 - Reliable storage and temperature monitoring equipment
 - Accurate vaccine inventory management

A “cold chain break” occurs when vaccines are exposed to excess light, heat, or freezing, depending on the specific parameters of the vaccine, the actual temperature reached, and the duration of exposure. If at any point between the manufacturer and administration of the vaccine to the client there is a break, vaccines may be inactivated.

- Damage to vaccine efficacy from repeated exposures to temperatures outside of +2°C to +8°C is *cumulative*.
- Any loss of vaccine efficacy is *permanent* and lowers the overall population’s protection against the threat, likely without the initial awareness of administered clients.

EDS Vaccine Storage and Temperature Monitoring Equipment

Due to both the necessity to correctly store temperature-sensitive vaccines delivered to EDS as part of an activation and the high expense of CDC-compliant refrigeration units designed specifically for vaccine storage, each EDS team must determine its own equipment availability and need. Other cold storage supplies that may need to be purchased include: transport carriers, temperature monitors, data loggers, packaging barriers, and coolant materials such as refrigerated gel packs or phase change materials (PCMs) that can be conditioned to +4°C to +5°C.

It is critical that each EDS has proper storage and monitoring equipment that is set up correctly, maintained appropriately, and repaired as needed.

All vaccine storage units must adhere to the following guidelines identified by CDC in *Vaccine Storage and Handling Toolkit*

<https://www.cdc.gov/vaccines/hcp/admin/storage-handling.html>

Cold Chain Management Standard Operating Procedures (SOPs)

Refer to the your Vaccine Storage and Handling Documents/Procedures

Appendix 22 Essential Personnel for Priority Treatment

Certain personnel are essential to operation of the EDS and other vital functions during a medical emergency. These essential personnel and their families should receive prophylaxis before the EDS locations open to the general public.

They include:

- Police officers
- Firefighters
- EMT
- Drivers and support staff for agencies that will provide EDS transportation
- EOC leadership and staff
- EDS paid and volunteer staff
- Department of Public Works
- Broadcast media personnel
- HAM radio operators

Estimate the number of essential personnel and family members for the event and estimate how long it will take to treat them. Consider treating essential personnel at their work site or other convenient location to expedite

Appendix 23 Compendium of Common Franklin County Resources

This can be deleted or a form developed as desired by the EDS Region

Appendix 24 Annual Review and Updates

Item	Sect	Page	Action	Red Box Auto Updates Plan
Last Reviewed	Cover	1	Enter Date of Review	
Last Update	Cover	1	Enter Date of Update	
Name of EDS	Header	All	Enter EDS Name	
Abbreviation List	Admin Pages	8	EDIT & Change Date at end of list.	Enter Directly in Document
Names of Towns in EDS Region	1	9	Enter the towns	
Number of EDS's	1	9	Enter the number of EDS locations	
EDS Address(s)	1	9	Enter the addresses of the EDS locations	
EDS Managing Organization	1	9	Name of Organization	
Population	1	9	Enter the number of Clients/Patients treated	
PH Response Contact Sheet	1	13	EDIT & Change Date at end of list.	Enter Directly in Document
Hyper Links	2 & 3	Mult.	Verify they are still active	Click on Hyperlinks
Aerial View	4	36	Locate aerial View of site (Google Earth)	Replace Picture
EDS Supply Sources	Apdx 7	89	EDIT & Review, Change Dates at end of list.	Enter Directly in Document
FRTA Contact	Apdx 15	120	Update Contact Information	Enter Directly into the Document
FRTA Resources	Apdx 15	122	EDIT & Review, Change Dates at end of list.	Enter Directly in Document
FRTA Bus Routes	Apdx 15	124	EDIT & Review	Enter Directly in Document
Census Data for Non-English Speaking	Apdx 16	126	EDIT & Review	Enter Directly in Document
Certified Languages International	Apdx 16	127	Contact Person	
	Apdx 16	127	Phone Number	
	Apdx 16	127	Email	

EDS Action Plan for

Item	Sect	Page	Action	Red Box Auto Updates Plan
Interpreters and Translators, Inc.	Apdx 16	127	Contact Person	
	Apdx 16	127	Phone Number	
	Apdx 16	127	Email	
Interpreters Unlimited, Inc.	Apdx 16	127	Contact Person	
	Apdx 16	127	Phone Number	
	Apdx 16	127	Email	
JRivera Associates, Inc.	Apdx 16	127	Contact Person	
	Apdx 16	127	Phone Number	
	Apdx 16	127	Email	
Language Line Services	Apdx 16	127	Contact Person	
	Apdx 16	127	Phone Number	
	Apdx 16	127	Email	
Lionbridge Technologies, Inc	Apdx 16	127	Contact Person	
	Apdx 16	127	Phone Number	
	Apdx 16	127	Email	
Telelanguage	Apdx 16	127	Contact Person	
	Apdx 16	127	Phone Number	
	Apdx 16	127	Email	
TransPerfect Global	Apdx 16	127	Contact Person	
	Apdx 16	127	Phone Number	
	Apdx 16	127	Email	
Sign Language Interpretation Services	Apdx 16	127	EDIT & Review	Enter Directly in Document

EDS Action Plan for

Item	Sect	Page	Action	Red Box Auto Updates Plan
Individuals Requiring Additional Assistance	Apdx 16	129	EDIT & Review, Change Dates at end of list.	Enter Directly in Document
Comprehensive List of Potential Closed PODs	Apdx 18	132-133	EDIT & Review, Change Dates at end of list.	Enter Directly in Document

Appendix 25 - Record of Amendments & Modifications

Record of Amendments & Modifications

Date	Rev #	Description
6/15/12		Added "Tactical Communications and IT Assistant" job action sheet; edited "EDS Supply List"; added <i>Exercise and Training Log</i> ; added both "Security Officer" job action sheets; added <i>Protocols and Procedures</i> ; edited EDS Locations ; edited "Volunteer Resources"; edited "EDS Contact Sheet"; edited <i>Communication Plan Guidelines</i>
8/29/12		Added <i>Agent and Countermeasure Sheets</i> ; edited <i>Individuals Requiring Additional Assistance</i> ; added Message Templates to <i>Communication Plan Guidelines</i>
2/27/13		Edited " <i>External Communication to the Public and Media</i> " by adding contact information for Franklin County Home Care; edited " <i>Training for EDS Positions</i> "
May 2014		Updated ICS contact information, regional population data; inserted <i>Compendium of Common Franklin County Resources</i> , Appendix 21; updated population projections; inserted 2010 census data indicating primary languages other than English in region, appendix 16;
June 2014		Inserted " <i>Pediatric Dosing Instructions</i> ", Appendix 11; Added " <i>Suggested Protocols for Symptomatic Individuals</i> ", Appendix 9 updated " <i>Strategic National Stockpile Materiel Transfer of Custody</i> " Protocol, Appendix 9; web links verified and updated;
June 2016		Inserted " <i>Region 1b Potential Closed POD Locations</i> ", Appendix 18.
June 2019		Inserted " <i>Cold chain Management</i> ", Appendix 21; inserted " <i>Message Development Worksheet</i> ", " <i>Spokesperson Selection Worksheet</i> ", and " <i>Conference Call</i> " table, Appendix 10.
June 2021		Added translation and interpretation resources. Appendix 16.
April 2024		Draft Updates - RSI

Appendix 26 Quick Response Guide

The following section is intended to be a quick reference for responding to an incident or event requiring the need to open an Emergency Dispensing Site (EDS). Keep in mind, this does not replace the EDS plan, this appendix only gives a quick reference of initial steps and basic forms needed to begin operations, therefore reading and understanding this “Quick Guide” appendix does not relinquish your responsibility to read and understand the full EDS Plan.

Step 1: Become aware or be notified that there is an incident that impacts your town/region.

Step 2: Consult your core Public Health team to assess the impact and level of response.

Step 3: Activate your Emergency Operations Center (EOC) and/or your Incident Management Team (IMT). Use the EDS Contact Sheet (Appendix ????).

Step 4: Print as needed Job Action Sheets (JAS) (Appendix ????) and Incident Command System (ICS) forms (Appendix ???).

Step 5: Identify EDS location to be utilized.

Pages to include in the quick guide:

Page 9-diagram

Page 10-EDS contact sheet with roles defined

Page 14-org chart

Pg 16-with message “refer to pages 16-25 for further clarification”

Pg 27-with message “refer to pages 27-32 for further clarification”

Message “for sample timeline refer to 68-72”

Appendix 5-refer to pages 76-83

Appendix 6-refer to page 86-87 (possibly post page 86)

Appendix 7-refer to page 88-91 (possibly post page 91)

Appendix 8-refer to 92-95 (EDS activity report 93, with instructions on the back”)

Appendix 9 for procedures and protocols refer pages 96-106

Appendix 10 Communication Plan-refer to pages 107-114 (possibly post page 113)