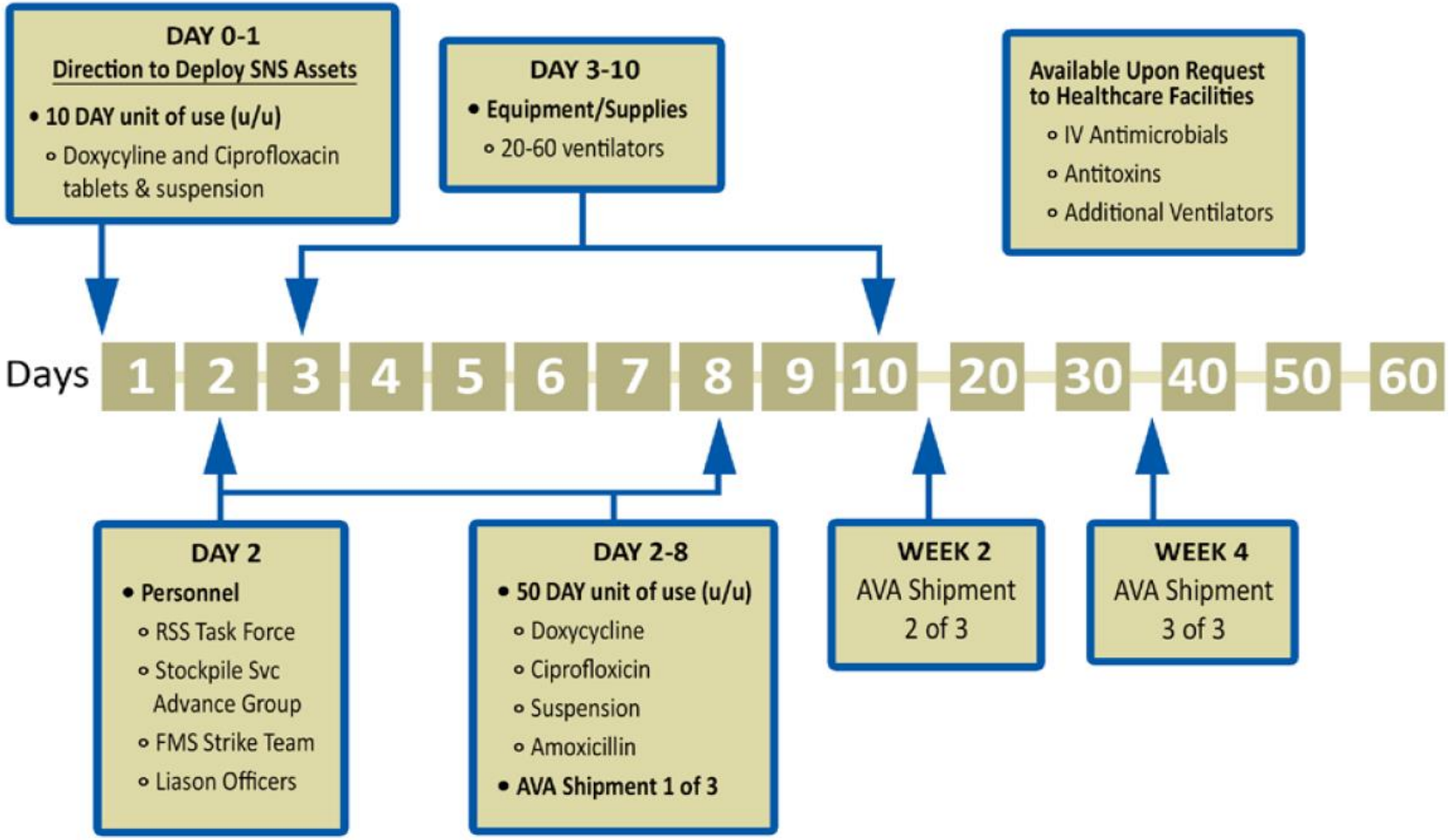
Long-Term Prophylaxis Planning

Partner Meeting

June 2018

60-day Anthrax Response Timeline



Workshop Strategy
Preparedness Considerations by Capability

- Capability 1: Community Preparedness
- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 6: Information Sharing
- Capability 8: Medical Countermeasure Dispensing
- Capability 9: Medical Materiel Management and Distribution
- Capability 13: Public Health Surveillance and Epidemiological Investigation
- Capability 14: Responder Safety and Health
- Capability 15: Volunteer Management

Workshop Strategy
Activity Report Out Per Capability

- Strengths within current plans with extended response planning possibilities.
- Planning considerations for inclusion within existing SNS, pandemic influenza and mass vaccination plans.
- Planning gaps that require further discussion.

Table 1

Activity 1.1 – Delineate response roles for local, state and federal partners.

- If applicable to a public health jurisdiction, what is our role with tribal partners and how will we work together for an extended response? If I am representing a tribe, what is my role with local public health as it relates to a long-term campaign?
- How have response stakeholders contributed to plan development when addressing vulnerable population needs?
- How can local health department and/or tribal community work with their regional coalitions or medical coordination centers during this event? What are important considerations to plan for when asking these partners to assist in a response? What types of role do you see these members playing in a long-term response?
- What role do you feel the state plays in your planning process for long-term dispensing? Do you see a role for our federal partners in the pre-planning activities?

Activity 3.3 - Discuss the logistics of working with the media at LHDs, local EOCs, and PODs.

- Are media staging areas outlined at LHDs, local EOCs, and PODs? Are processes/procedures established for hosting on-site press briefings and/or media tours that outline equipment, credentialing, and other logistical issues?
- Do plans have mechanisms to engage with regional media providers to report specific needs for long-term messaging? Do plans address how to engage media outlets that are more focused on larger communities vs. smaller jurisdictions?

Activity 6.1 - Discuss the potential long-term use of identified DN locations, as well as identify strategies should facilities be unavailable for long-term operations.

- What mechanisms are in place to work with regional LHD's to address dispensing and distribution needs? How will the department's needs or response for assistance be communicated within the region?
- What is the expectation of our regional partners that are not involved in their own response for a long-term campaign? What is our response to regionally needs if our county is not impacted?

Table 2

Activity 2.1 – Discuss the temporary suspension of non-essential health department operations during a sustained dispensing campaign.

- What are the steps outlined in our existing plan to maintain essential functions/services for the department during a long-term MCM Distribution and Dispensing campaign?
- What if any programs can be suspended during operations for needed staff to contribute to a long-term response?

Activity 7.2 – Discuss coordination with partners for the identification of population to receive follow-up medical countermeasures based on surveillance data.

- What are your department's plans to address reaching out to the community for follow-up responses to a sustained event? Has the department addressed with partners a strategy to follow-up on activities?

Activity 8.2 – Identify the public health department's roles and responsibilities related to identified jurisdictional risks, established in conjunction with partner agencies.

- What is specific within my plans that addresses psychological support or family support during a public health crisis for staff? Is this a formal position in your ICS structure?
- Do staff working in out-of-office POD settings receive basic training in elements of infection prevention, including an overview of the possible or likely hazards to which they may be exposed to in a public health emergency setting? Will our current trainings be applicable to a long-term response? What revisions need to be made to satisfy this? Is a refresher training available?
- What are the potential medical, environmental and mental/behavioral health risks responders may encounter during a long-term response?

Table 3

Activity 4.2 -Identify the essential elements of information that would need to be regularly reported throughout the response.

- Is there effective coordination and information sharing systems to support situational awareness and resource management with stakeholders? What are the pieces that make them effective? Do we need to exercise these components with our stakeholders?
- How will you identify essential elements of information (EEI)? How often should updates on identified EEI need to be reported and with what partners?

Activity 5.2 – Discuss function of alternate dispensing modalities for long-term dispensing operations.

- What considerations to staffing capacity and type (medically trained personnel) are necessary at POD locations to maintain a long-term dispensing throughput?
- Are there developed relationships with local partners and organizations to augment demand at the local health department? If not, what opportunities exist for antibiotic dispensing and vaccine administration?
- Can your Open POD site support a dual dispensing (antibiotic screening/dispensing as a single POD function combined with first vaccine dose) model with separated staff functions? What types of staff will be needed to support this function?

Activity 7.1 – Discuss actions for the identification and monitoring of cases and clusters of human illness that may be associated with a bioterrorist event.

- What epidemiology resources (systems, staff, etc.), do you have access to during a long-term dispensing campaign?
- How will you monitor cases and clusters of human illness? What will you do with this information?

Table 4

Activity 1.3 – Identify potential strategies for coordinating vaccine administration with closed POD partners.

- What types of considerations should be made for the development, review, and vetting by emergency response partners for sustained dispensing? Will long-term dispensing yield way to additional response partners?
- How have we prepared closed POD's on methods to request additional materiel and vaccine through our department? Do we exercise this with them?

Activity 5.6 – Discuss the identification of risk groups in respective jurisdictions who may have medication reactions.

- Some individuals may report adverse events directly to their healthcare provider or treatment center. It is possible that those providers or facilities may not report this information to the local health department or to VAERS. Do we have a mechanism in place to gather this information to be included in our surveillance procedures?
- Have we determined how to address mild adverse events vs. severe events? How will this be reported and addressed? Have we thought about our department's response to hours, days, weeks, months, or years reactions? What would a long-term tracking tool entail?

Activity 9.2 – Identify strategies for staff/volunteer augmentation for large scale and extended operations.

- Are there developed mutual aid agreements with regional partners, schools of nursing, medical facilities, or providers, pharmacy, etc. to request additional staff? Is that a jurisdictional option?
- What might other sources be used in mutual aid agreements?
- What resources do we have to develop MOU's for staffing considerations? For different disciplines in the response?

Table 5

- **Activity 2.3 – Discuss administrative preparedness procedures for hiring of healthcare contractors (IE: Nursing agencies, Private EMT's, Medics, Healthcare workers).**
- What types of mutual aid do we have in place to augment staff in a sustained response for a localized event? What if this were to impact the region? Where will we find the resources in a state-wide event?

Activity 3.4 - Discuss the structure of joint information system operations for the long-term response.

- Will multi-agency coordination of information result in consistency across various methods of public information? How will this be achieved?
- Will multi-agency coordination of information result in consistency across various methods of public information? How will this be achieved?
- Does it make sense to develop a regional policy for using social media during a long-term campaign? What partners might be included with this function? Who would take the lead to encourage the use of this medium to control or limit rumors?

Activity 8.1 – Identify strategies for providing additional 50-day prophylaxis and vaccine to emergency first responders.

- Do we have policy about employee prophylaxis response to an event? How will our department vaccinate our responders? What unique strategies could be used to accomplish this?
- Will health department employees or first responders prioritized for AVA considering limited quantities?
- What safety considerations need to be made when choosing an alternate POD site during a long-term dispensing campaign?

Table 6

Activity 1.2 – Identify strategies for follow up care/treatment for populations with access and functional needs.

- Have we addressed our responsibility that ensures vulnerable populations have access to all information that is distributed in relation to the event, in an accessible format for varying needs (i.e., hearing, vision, limited literacy skills, language, etc.)?
- What considerations should be included as an important planning component of a long-term campaign that addresses vulnerable populations needs?

Activity 4.3 – Identify which information sharing platforms should be utilized to share essential elements of information and the frequency of reporting.

- What kind of mechanisms are in place to ensure all internal LHD response staff and volunteers working at multiple sites (local EOC, DN, and PODs) are looped in to regular coordination calls, briefings, and any other ongoing updates to ensure everyone maintains necessary levels of situation awareness?

Activity 6.4 – Discuss plans for receipt of vaccine at DN locations and existing cold chain management capacity of facilities and transport.

- Are nursing staff trained on cold-chain management standards? Would it be beneficial if all staff were trained? Is it a possibility?
- Does the LHD DN and POD sites have adequate receiving space allocation to support the entire and/or partial 50-day shipment, including cold-chain storage for vaccine?
- If there is an assumption that the CDC will not have sufficient ancillary supplies to administer anthrax vaccine, how will scarce resources be addressed as a department? What private sector vendors have been identified to augment scarce resources? Does your existing operating budget support stocking needed supplies, pre-event? What opportunities does your department have to rotate stocked inventory with expiration dates?

Table 7

Activity 2.4- Discuss agency's response to limited medication allocated to needed populations.

- Based on the health department's local governance structure, are there collaborations in place with healthcare organizations, medical ethicists, community advocates, and other partners to exercise health officer authorities in establishing priorities for potentially scarce medical resources?

Activity 4.1 – Identify mechanisms for tracking patients who were screened, and tracking doses administered

- What strategies or systems are in place to track doses administered over a 60-day period?
- What platforms will be used to share situational awareness within internal LHD operations, Counties, and the State?

Activity 5.5 – Discuss the modification of open POD sites and associated layouts to accommodate vaccine administration and oral dispensing.

- What planning consideration should go into modifying current dispensing plans to accommodate a dual dispensing model in the existing floor plan?

Activity 9.1 – Discuss mechanisms to determine or adapt a staffing module to incorporate higher volumes of medically licensed personnel.

- The staffing demand will change as the MCM campaign transitions, can we meet those demands with appropriate professionals (i.e., doctors, nurses, or others approved to provide vaccinations in a declared emergency? How will we address this?
- The staffing demand will change as the MCM campaign transitions, can we meet those demands with appropriate professionals (i.e., doctors, nurses, or others approved to provide vaccinations in a declared emergency? How will we address this?

Table 8

- **Activity 4.4 – Discuss the ongoing situational awareness needs of local EOC, DN, and POD staff and how to effectively coordinate information sharing amongst all internal staff and volunteers.**
- What communication methods are in place to communicate sensitive information to stakeholders?

- **Activity 5.1 – Determine possible considerations for the identification of priority groups to receive medical countermeasures should supplies be limited.**
- What process is in place to dispense limited countermeasures to priority groups when needed resources are low?

- **Activity 5.3 – Discuss the potential long-term use of identified open POD locations, as well as identify strategies should facilities be unavailable for long-term operations.**
- What revisions to existing dispensing plans are needed to determine the number, type, and location of sites to dispense oral antibiotics and administer vaccine?
- Can existing POD sites support extended operations? Has this discussion with POD partners taken place? Are Open POD sites flexible enough to be reactivate if needed to continue a long-term response? Have considerations been addressed as to how it may affect normal use on the site's end?

- **Activity 6.3 – Identify security options for prospective dispensing or vaccine administration partners (pharmacies, etc.) that may be incorporated.**
- How are your security partners affected during an ongoing, long term criminal investigation? How would you coordinate ongoing security functions with your EOC or sheriff's department? What are other sources you can use to augment security needs?

Table 9

Activity 2.2 – Staff/volunteer augmentation for large scale and extended operations, to include recruitment of pharmacy and/or healthcare providers.

- Taking into consideration that the focus of hospitals may be treatment not prophylaxis, has the department/tribal partner identified and held advanced meetings with private sector vendors such as long-term care facilities, urgent care centers, alternate treatment centers, and/or pharmacies to discuss contracted resources with the response?

Activity 3.2 – Identify strategies for targeted communication to at-risk or impacted populations.

- Do the services provided in POD's assure access and compliance with the needs of various vulnerable populations? Have we meet with community organizations to ask about appropriate methods to distribute information about public health, medical, mental or behavioral health needs in a long-term response?
- What types of media messages will be needed in a long-term dispensing campaign? Media messaging that encompass varying populations may include physical, mental, emotional, or cognitive status as well as culture, ethnicity, religion, citizenship, or socioeconomic status. What types of messaging will need to be developed to address these considerations? What types information should be considered most important in the development for functional and access needs populations?

Activity 6.2 – Discuss considerations for augmenting security operations for long-term DN, POD, and transport operations during ongoing criminal investigation.

- How would the department augment safety concerns should law-enforcement personnel be tied up in a criminal investigation and are unable to provide needed safety oversight for materiel management?

Table 10

Activity 2.1 – Discuss the temporary suspension of non-essential health department operations during a sustained dispensing campaign.

- What are the steps outlined in our existing plan to maintain essential functions/services for the department during a long-term MCM Distribution and Dispensing campaign?
- What if any programs can be suspended during operations for needed staff to contribute to a long-term response?

Activity 3.1 – Discuss public information needs of the public and distribution methods of materials related to a long-term dispensing campaign.

- Do we have crisis and emergency risk communication messaging pre-developed plans to address public messaging on adverse events? Do they include how to address identified cases and where to report this information? Do we incorporate adverse event reporting procedures and available data in public messaging and health alerts, to vulnerable populations as well?
- Are the existing pre-developed image-driven, translated, and plain language materials applicable to long-term dispensing operations?
- How are call center staffing needs addressed? Do we plan/train for staff and/or other county/tribal employees to understand their role within a call center? If we do not have dedicated staff, will we use resources to hire some temporary employees to fill this role? What if a federal or state disaster declaration has not been enacted, what are funding considerations?

Activity 5.5 – Discuss the modification of open POD sites and associated layouts to accommodate vaccine administration and oral dispensing.

- What planning consideration should go into modifying current dispensing plans to accommodate a dual dispensing model in the existing floor plan?

Where Do We Go From Here?