EMERGENCY DISPENSING SITES

A PLANNING GUIDE FOR THE FIELD

PRESENTERS

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AGENDA

- Introduction (5 minutes)
- Medical Countermeasures Planning (25 minutes)
- Emerging Infectious Disease Planning (25 minutes)
- Q&A (15 minutes)
- Break (10 minutes)
- Emergency Dispensing Site Drills (20 minutes)
- Q&A (10 minutes)

OBJECTIVES

- Describe planning targets for medication and vaccine dispensing (worst-case scenarios).
- Describe 2 strategies to improve readiness for MCM dispensing.
- Describe 5 planning considerations for emerging infectious disease in local dispensing plans.
- Describe 3 drills used to evaluate capability to establish MCM dispensing.

MEDICAL COUNTERMEASURES (MCM)

VACCINE DISPENSING SCENARIO

Emerging Infectious Disease (pandemic influenza)

- Vaccinate 80% of the population
 - -2 doses separated by 21 days
 - -Possible use of adjuvant (mixed at point of administration)
 - -Completed within 12 weeks of vaccine availability
 - -Critical staff completed within 4 weeks of vaccine availability
- MCM Source: vaccine manufacturers

LEVERAGING PARTNERS

Seasonal flu place of vaccination (2016 MA BRFSS Survey)

- Ages 18-64
 - Doctor's office/HMO: 37.0%
 - Workplace: 21.1%
 - Store (supermarket, drug store): 16.3%
 - Health Department: 3.5%
- Ages 65+
 - Doctor's office/HMO: 45.6%
 - Store: 27.3%
 - Health Department: 3.3%

Immunization among Massachusetts Adults AGES 65+, 2016 FINAL data

Results from the Massachusetts BRFSS		
WHERE DID YOU GET YOUR LAST FLU SHOT/VACCINE?	Percent	
A doctor's office or health maintenance organization (HMO)	45.6	
A health department	3.3	
Another type of clinic or health center (Example: a community health center)	7.8	
A senior, recreation, or community center	2.5	
A store (Examples: supermarket, drug store)	27.3	
A hospital (Example: inpatient)	7.3	
An emergency room	0.0	
Workplace	5.1	
Some other kind of place	0.6	
A school	0.4	
Don't know / Not sure	0.1	
Refused	0.1	

Immunization among Massachusetts Adults AGES 18-64, 2016 FINAL data

WHERE DID YOU GET YOUR LAST FLU SHOT/VACCINE?	Percent
A doctor's office or health maintenance organization (HMO)	37.0
A health department	3.5
Another type of clinic or health center (Example: a community health center)	8.0
A senior, recreation, or community center	0.9
A store (Examples: supermarket, drug store)	16.3
A hospital (Example: inpatient)	7.1
An emergency room	0.1
Workplace	21.1
Some other kind of place	3.1
A school	1.9
Don't know / Not sure	0.8
Refused	0.2

MEDICINE DISPENSING SCENARIO

Aerosolized anthrax (bioterrorism)

- 60-day post-exposure prophylaxis with 48 hours of exposure
- CRI target: 100% of pop. within 48 hours (head of household)
- MCM Source: Strategic National Stockpile
- Initial dispensing: 10-day supply
- Sustained dispensing: 50-day supply
- Concurrent dispensing: Anthrax Vaccine Absorbed (AVA)

STRATEGIC NATIONAL STOCKPILE (SNS)

- Managed by Office of Assistant Secretary for Preparedness and Response (ASPR)
- Pharmaceuticals, supplies & equipment
- Delivered to site of national emergency

- Supports public health response operations
 - Bioterrorism (Category A agents)
 - Emerging Infectious Disease (EID)
 - Natural disasters
 - Industrial accidents

SNS MEDICAL RESOURCES

- Pharmaceuticals/MCM
 - Medicines
 - Vaccines
 - Antitoxins
 - Antidotes
 - Radiation countermeasures

- Supplies & Equipment
 - IV administration
 - Airway management
 - Wound care
 - Burn and blast care
- Federal Medical Stations (FMS)

SNS RESPONSE

- III-defined threat (agent/disease unknown)
- Specific threat (agent/disease known)
- Healthcare surge event (hospital/acute care overwhelmed)
- Technical assistance

SNS CAPABILITIES

12-HOUR PUSH PACKAGES



ILL-DEFINED THREAT

- Broad spectrum resources needed
- 130 containers (50 tons)
- Fits in cargo aircraft
- 500,000 10-day antibiotic regimens

SNS CAPABILITIES

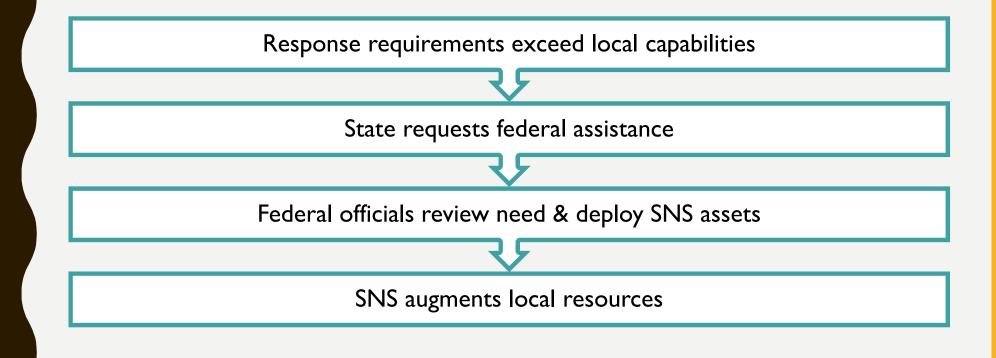
MANAGED INVENTORY



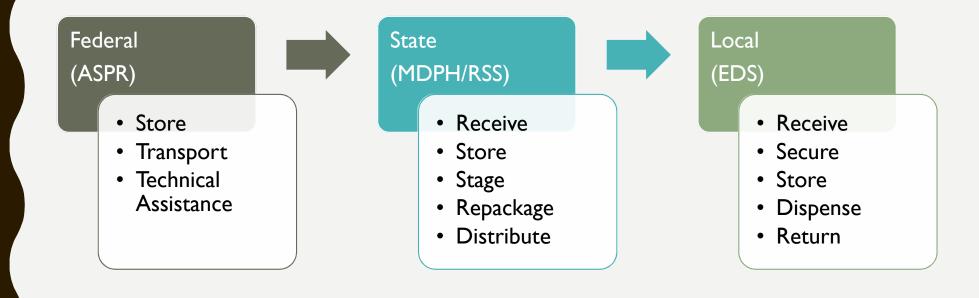
KNOWN THREAT

- Specific MCM are deployed (medicine, vaccine, anti-toxin)
- Specific, palletized resources (10day regimens, 50-day regimens)
- Federal buying power
- 96% of SNS resources are Managed Inventory

SNS DEPLOYMENT & DELIVERY



SNS DELIVERY SEQUENCE



MCM PLANNING CONSIDERATIONS

- MCM storage and management
- Critical staff dispensing/Closed EDS

MCM STORAGE

Population	Critical Staff Allocation (10%)	l 0-day Doxy (50%)	10-day Cipro (50%)	50-day Doxy (50%)	50-day Cipro (50%)
5,000	5,500	28 cas (1 plt)	28 cas (1 plt)	28 cas (1 plt)	20 cas (1 plt)
10,000	11,000	55 cas (1 plt)	55 cas (1 plt)	55 cas (1 plt)	39 cas (2 plt)
25,000	27,500	138 cas (2 plt)	138 cas (2 plt)	138 cas (2 plt)	96 cas (3 plt)
50,000	55,000	275 cas (3 plt)	275 cas (3 plt)	275 cas (3 plt)	191 cas (6 plt)
100,000	110,000	550 cas (6 plt)	550 cas (6 plt)	550 cas (6 plt)	382 cas (11 plt)

MCM STORAGE

RECEIVING & STORAGE

- SNS configuration: 50/50 Doxy/Cipro
- 10-day full pallet: 9,600 bottles
- 50-day full pallet (Doxy): 9,600 bottles
- 50-day full pallet (Cipro): 5,184 bottles
- Standard pallet: 48"x40", approx. height 5'
- 10' aisle needed for pallet jack clearance
- Store at 58-86 degrees Fahrenheit

REQUIRED STORAGE SPACE

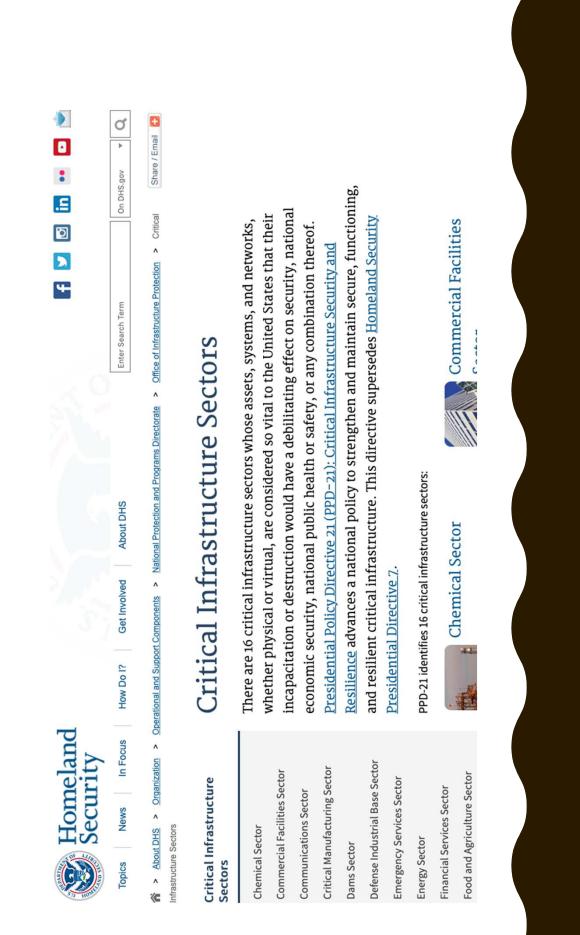
Population	l 0-day	50-day
5,000	27 sf (2 plt)	27 sf (2 plt)
10,000	27 sf (2 plt)	40 sf (3 plt)
25,000	54 sf (4 plt)	67 sf (5 plt)
50,000	80 sf (6 plt)	120 sf (9 plt)
100,000	160 sf (12 plt)	227 sf (17 plt)

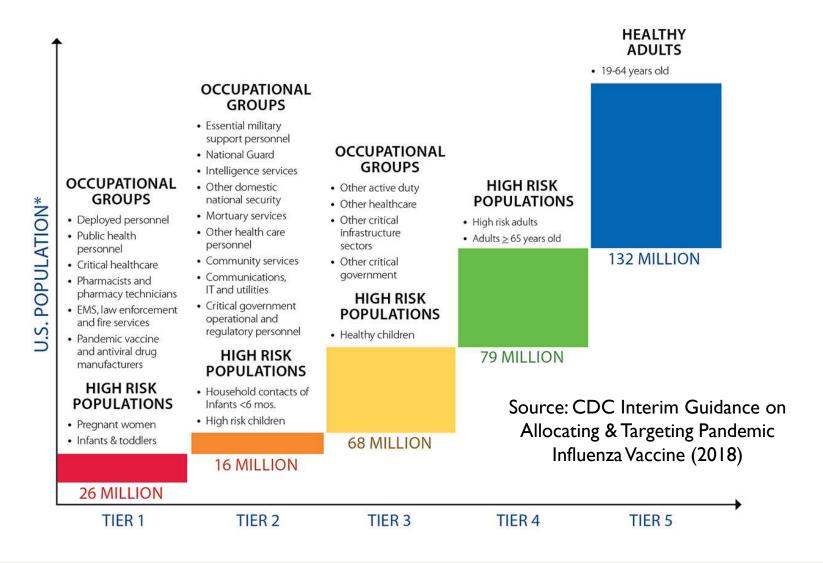
CRITICAL STAFF DISPENSING – PLANNING GUIDANCE

EDS plans should document:

- Local critical staff agencies, their functional role(s) & order of priority (tiers)
- Number of local critical staff & immediate household members
- Plan to communicate with critical staff agencies about timing of critical staff dispensing

- Source of MCM for critical staff dispensing
- Location where critical staff dispensing will occur
- Source of staffing for critical staff dispensing





		TIER 1 ¹ TIER 2 TIER 3 TIER 4	TIER 5 N	lot Targeted ²		
	Category	Population Group	Estimated Number ³	Low Severity ⁴	Moderate Severity	High/ Very High Severity
		Deployed ^s & mission essential personnel	850,000			
	Homeland and national security	Essential military support & sustainment personnel 650,000				
		Intelligence services 150,000				
		National Guard personnel 500,000				
		Other domestic national security personnel 150,000				
		Other active duty military & essential support	1,500,000	_		
		Public health personnel	300,000			
	ŕ	Inpatient health care providers 3,200,000				
	Health	Outpatient & home health providers	2,600,000			
HMCC	care and	Health care providers in long-term care facilities	1,600,000			
	community support	Pharmacists & pharmacy technicians	725,000			
	services	Community support & emergency management	600,000			1
		Mortuary services personnel	50,000			
		Other health care personnel	350,000			
		Emergency services & public safety sector personnel (EMS, law enforcement, & fire services)	2,000,000			
		Manufacturers of pandemic vaccine & antivirals	50,000			
Coalition & Local		Communications/information technology (IT), electricity, nuclear, oil & gas, water sector personnel, & financial clearing & settlement personnel	2,200,000			
Planning	Other critical - infrastructure	Critical government personnel - operational & regulatory functions	425,000			
		Banking & finance, chemical, food & agriculture, pharmaceutical, postal & shipping, & transportation sector personnel (critical infrastructure with greater redundancy)	3,400,000			
		Other critical government personnel	400,000			

CLOSED EDS PLANNING – Long-term care facilities

Long-term care facilities in Region 4AB:

- 112 facilities
- 12,383 licensed beds
- 46.5% of beds in 10 communities
- 41.7% of beds with 10 management companies (across 26 communities)

EMERGING INFECTIOUS DISEASE (EID)

EDS DRILLS

REQUIRED EDS DRILLS

ANNUAL

- Site Activation
- Staff Notification & Assembly
- Facility Setup (flu clinics)

EVERY 5 YEARS

- Throughput exercise
- Minimum of 50 actors
- Medication dispensing scenario
- UASI/CRI jurisdictions

SITE ACTIVATION

DRILL REQUIREMENTS

- Conduct and report annually
- Evaluate operational functions to activate EDS/EOC
- Call down only drill vs. virtual or physical site availability

EVALUATION MEASURES

- Accuracy of site rosters
- Timeliness of site acknowledgement
- Site availability within a target timeframe
- Communication methods/systems

STAFF NOTIFICATION & ASSEMBLY

DRILL REQUIREMENTS

- Conduct and report annually
- Evaluate operational functions to notify and assemble designated staff in key roles (EDS/EOC)
- Call down only drill vs. virtual or physical staff assembly

EVALUATION MEASURES

- Accuracy of staff rosters
- Timeliness of staff acknowledgement
- Staff ability to assemble within a target timeframe
- Communication methods/systems

FACILITY SETUP

DRILL REQUIREMENTS

- Conduct and report annually
- Evaluate operational functions to setup the facility (EDS/EOC)
- Often conducted in conjunction with annual flu clinics
- Facility should be on record in WebEOC

EVALUATION MEASURES

- Site setup within a target timeframe
- Access and functional needs considerations
 - Language
 - Mobility

MDPH EDS DRILL FORMS

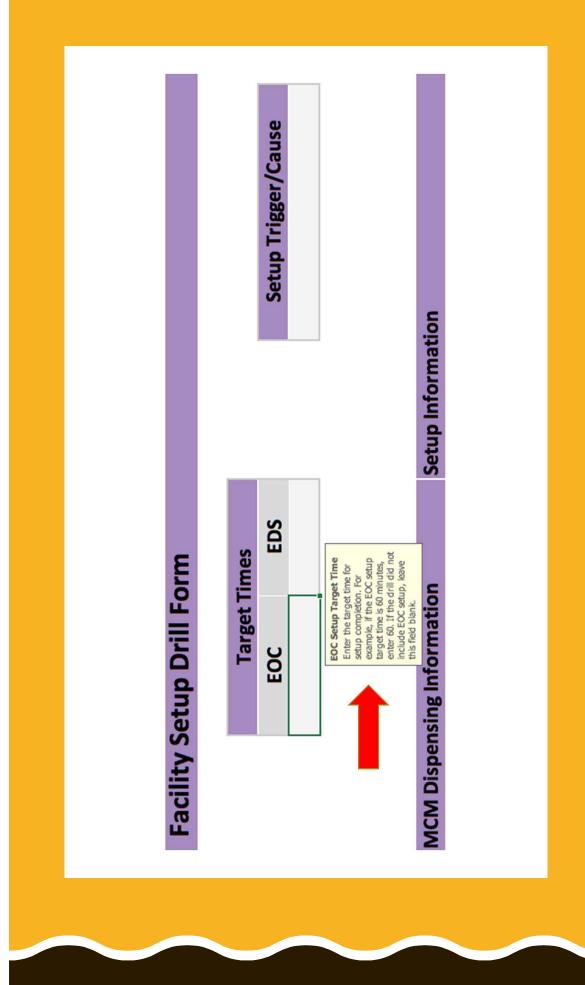
RATIONALE

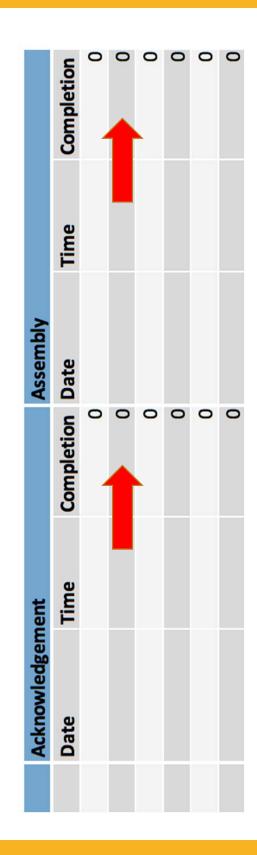
- Collect data that better measures operational capability
- Improve accuracy of data
- Improve consistency of data reporting across multiple jurisdictions

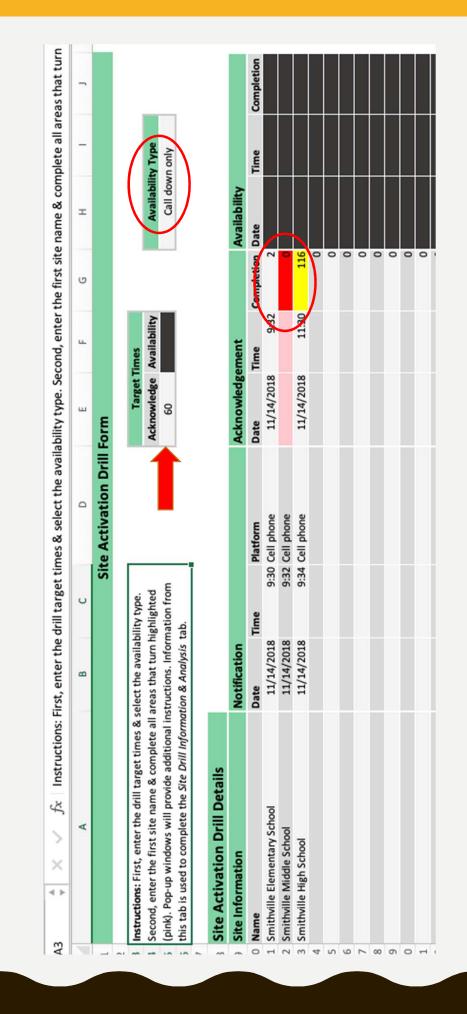
FEATURES & FUNCTIONS

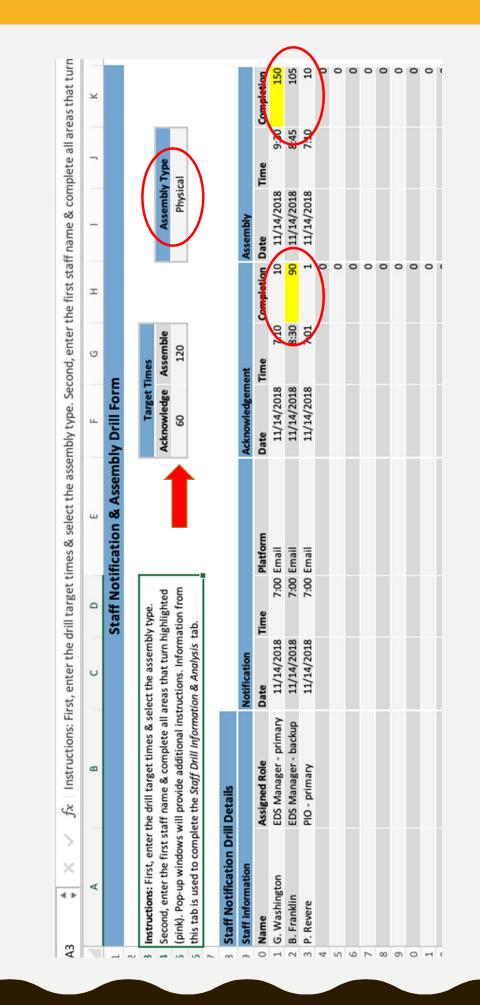
- Single Excel file
- 2 Excel tabs per drill
 - Drill details
 - Drill information & analysis
- Each cell has pop up instructions
- Cells auto-calculate based on entries

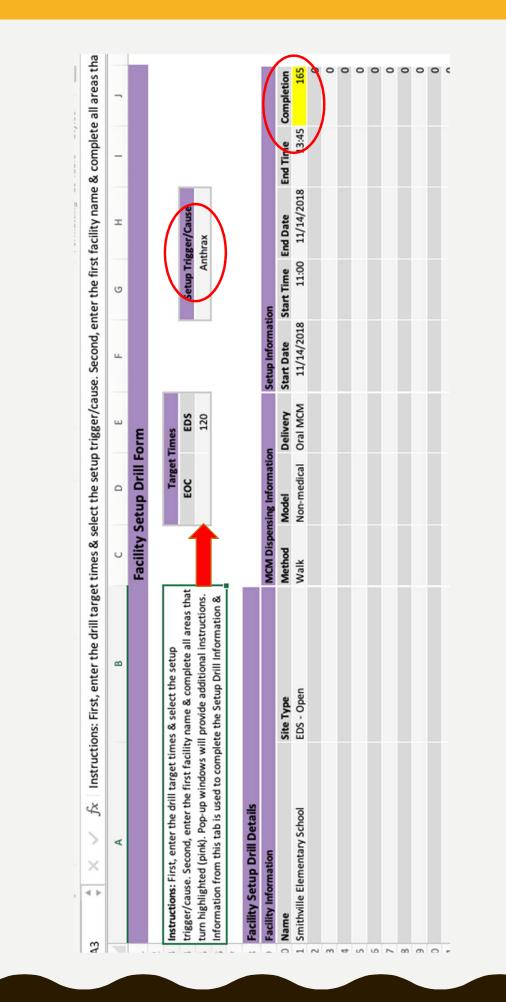
	Setup
	Staff Drill Info & Analysis
	Staff Drill Details
	Site Drill Info & Analysis
ŀ	 Site Drill Details











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