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HOWARD COUNTY HEALTH DEPARTMENT

HCHD Medical Countermeasures Base Plan

2021

Howard County Health Department, Ascend One Building
8930 Stanford Boulevard, Columbia, MD 21045

Promulgated Date: 11/18/2018
Revision Dates: 10/31/2020, 10/13/21

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Letter of Promulgation

The Howard County Health Department (HCHD), in conjunction with Howard County government officials and cooperating partners, has developed a Medical Countermeasures (MCM) Plan that will support the Department's public health and medical emergency response capabilities. This document is a result of that effort.

This Plan, when used properly and updated annually, supports the mission of the Department in protecting the lives and property of citizens and property of local government. The MCM Plan and its provisions will become official when it has been signed and dated below by the concurring officials.

DocuSigned by:

X 9E1FE68669B240B...

Date: 10/22/2021

Maura J. Rossman, MD
Health Officer, Howard County Health Department

DocuSigned by:

X Michael Hinson

Date: 10/28/2021

Michael Hinson
Director, Office of Emergency Management

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Date: 10/29/2021

Lisa Myers
Chief, Howard County Police Department

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Date: 11/1/2021

Raul Delerme
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Date: 12/17/2021

Michael J. Martirano, Ed.D.
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Date: 12/17/2021

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Date: 11/2/2021

Thomas Meunier, P.E.
Director, Howard County Department of Public Works

X DocuSigned by: Jama Acuff 4EBC755679034A7...

Date: 11/2/2021

Jama Acuff
Director, Howard County Department of Corrections

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Date: 11/2/2021

Jacqueline Scott, JD, ML
Director, Howard County Department of Community Resources & Services

X DocuSigned by: Louis Winston 30B4C0035045413...

Date: 11/2/2021

Louis Winston
Chief, Howard County Department of Fire & Rescue Services

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Plan Distribution and Maintenance

This Plan will be reviewed and updated annually or otherwise directed. If critical parts of the Plan are updated prior to the scheduled review, revisions will be sent via email to those who have copies of the Plan.

The Plan will be accessible to employees through the WebEOC File Library and available on the HCHD's Emergency Preparedness webpage.

After Action Reports (AARs) and/or Improvement Plans (IPs) will be reviewed annually in order to guide changes in this Plan.

Copies of this Plan will be distributed to the following staff at HCHD:

- Health Officer
- Deputy Health Officer
- Medical Director
- Behavioral Health Director
- Members of the Incident Management Team (IMT)
- Emergency Preparedness Program Staff

External Partners who will receive copies of this Plan include:

- Maryland Department of Health
- Office of Emergency Management
- Howard County Police Department
- Howard County Department of Corrections
- Howard County General Hospital
- Howard County Department of Public Works
- Howard County Department of Recreation & Parks
- Howard County Public School System
- Howard County Community College
- Howard County Department of Fire and Rescue Services
- Howard County Department of Community Resources and Services

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Acronyms

AAR	After Action Report
ADA	Americans with Disabilities Act
APC	Assessment, Planning, and Communications (Bureau)
CBRNE	Chemical, Biological, Radiological, Nuclear, and Explosive
CCF	County Coordinating Function
CDC	Centers for Disease Control and Prevention
CERRP	Comprehensive Emergency Response and Recovery Plan
COOP	Continuity of Operations Plan
CRI	Cities Readiness Initiative
DEA	Drug Enforcement Agency
DSNS	Division of Strategic National Stockpile (Maryland)
eMCM	Emergency Medical Countermeasures
EOC	Emergency Operations Center (Howard County)
EOP	Emergency Operations Plan
EP	Emergency Preparedness
ESP	Emergency Services Personnel
FDA	Food & Drug Administration
FIRN (now known as Luminus)	Foreign-Born Information and Referral Network
HazMat	Hazardous Materials
HCC	Howard Community College
HCDPW	Howard County Department of Public Works
HCDFRS	Howard County Department of Fire and Rescue Services
HCDRP	Howard County Department of Recreation & Parks
HCGH	Howard County General Hospital
HCHD	Howard County Health Department

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HCPD	Howard County Police Department
HCPSS	Howard County Public School System
HCSO	Howard County Sheriff's Office
HIRA	Hazard Identification and Risk Assessment
H-DOC	Health-Department Operations Center (Howard County)
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
IDEHA	Infectious Disease & Environmental Health Administration
IMATS	Inventory Management and Tracking System
IMT	Incident Management Team
IP	Improvement Plan
JAS	Job Action Sheets
JIC	Joint Information Center
JIT	Just In Time Training
LBSS	Local Bulk Shipment Site
LHD	Local Health Department
MCM	Medical Countermeasure
MDH	Maryland Department of Health
MEMA	Maryland Emergency Management Agency
MOU/MOA	Memorandum of Understanding/Agreement
MRC	Medical Reserve Corps
NIMS	National Incident Management System
OEM	Office of Emergency Management (Howard County)
OP&R	Office of Preparedness and Response
PHEP	Public Health Emergency Preparedness

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PIO	Public Information Officer
POC	Points of Contact
POD	Points of Dispensing
PPE	Personal Protective Equipment
PREP	Public Readiness and Emergency Preparedness
RSS	Receiving, Staging, and Storing
SEOC	State Emergency Operations Center
SNS	Strategic National Stockpile
SRO	School Resource Officer
VAERS	Vaccine Adverse Event Reporting System
VMI	Vendor Managed Inventory
VRC	Volunteer Reception Center

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Record of Changes

Date of Change(s)	Description of Change (s)	Location of Change (s)	Name and Title of Person Making Change

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I. Introduction

A. Background

In the event of a terrorist attack or a major natural disaster, critical medical supplies in Maryland will be rapidly depleted. In preparation, the Federal Government established the Strategic National Stockpile (SNS), a cache of medical supplies that can be utilized to augment local resources. The SNS is managed by the Centers for Disease Control and Prevention (CDC). It is comprised of large quantities of medicines, antidotes, and medical supplies needed to respond to a wide range of potential problems or scenarios. This includes chemical attacks using nerve agents, such as saran, or biological agents such as anthrax, plague, and smallpox. The purpose of this document is to describe how Howard County, Maryland will request, receive, manage, and distribute the SNS to those who need it.

Due to its proximity to both Baltimore City and Washington, D.C., Howard County receives funding from the Cities Readiness Initiative (CRI) Program, which is designed to enhance preparedness in the nation's largest population centers. The CRI Program was originally created to help densely populated areas plan for rapid dissemination of medication and supplies in response to an anthrax or other bioterrorism attack. Evidence suggests that post-exposure prophylaxis is most effective against anthrax when it is administered within 48 hours of exposure. This Plan was developed to be able to respond within that time frame but can be scaled to meet the needs of any event requiring mass dispensing of medical countermeasures.

B. Purpose

This Plan describes the processes for requesting, receiving, staging, storing, transporting, and distributing SNS assets. It also describes the roles and responsibilities of the Howard County Health Department (HCHD) and its partner agencies.

C. Scope

This Plan accounts for a bioterrorist incident (specifically anthrax), as well as other public health events, and can be used in any public health event or incident requiring mass dispensing of pharmaceuticals. The type of natural disaster, biological agent, incubation times, time and location of release, communicability, and location of those exposed will determine the scope and scale of the HCHD's response.

The Medical Countermeasures (MCM) Plan is a stand-alone plan that operates in conjunction with the HCHD's Public Health Emergency Operations Plan (EOP) as the CCF Public and Behavioral Health Annex and the County Comprehensive Emergency Response and Recovery Plan. This Plan was developed with the assistance of county partners and public health officials from Howard County, Maryland. Howard County's MCM Plan will be coordinated horizontally and vertically to ensure the overall SNS is operational.

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II. Situation

Any public health event or incident, including a natural disaster or manmade attack using a chemical, biological, radiological, nuclear, or explosive (CBRNE) weapon, could cause a high number of casualties that would rapidly overwhelm Howard County's healthcare system and its existing resources and supplies, despite mitigation efforts.

An epidemic or pandemic disease and/or bioterrorism incident may affect a large number of people over an extended period and manifest itself as a large, silent outbreak of disease that occurs days after the release or introduction of an infectious agent. Initially, the spread of disease or release of an agent may not be obvious.

Once it has been confirmed that a public health incident will overwhelm the resources of the HCHD, Howard County, through the authority of the Health Officer, will contact the Office of Preparedness and Response (OP&R) at the Maryland Department of Health (MDH) to request the first shipment of the SNS Push Package and/or Vendor Managed Inventory (VMI). The initial request to state officials and the subsequent Push Package and/or VMI receipt and management at the local level will be conducted by HCHD with assistance from other Howard County agencies and partners.

II. Planning Assumptions

- Based on the Howard County Hazard Identification Risk Assessment (HIRA) completed in 2020, the future likelihood of a CBRNE and/or infectious disease incident is as follows:

Hazard	Risk (annual likelihood)	Ranking
Chemical	≤10%	#8 of 13 manmade hazards
Biological	≤1%	#7 of 13 manmade hazards
Radiological	≤1%	#13 of 13 manmade hazards
Nuclear	≤1%	#11 of 13 manmade hazards
Explosive	≤10%	#10 of 13 manmade hazards
Emerging/Re-emerging Infectious Disease	≤30%	#1 of 13 manmade hazards

- If the agent involved is biological, the presentation of symptomatic patients may take up to two weeks following the initial exposure.
- The release of a biological agent may necessitate rapid mass prophylaxis of the public living and/or working in the affected are in as few as 48 hours.
- Any public health incident will cause a degree of disruption in local infrastructure and service and may affect the following:
    - Schools
    - Public transportation
    - Civic and religious organization activities

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    - Municipal, county, and/or private gatherings
    - Utilities
- Detection of a biological agent may happen at a local or state level. Identification of a biological agent will take place at the MDH Level 3 Laboratory.
- Once the medical countermeasures materiel has been requested from the CDC, MDH will manage all aspects of receiving, staging, storing, repacking, transporting, and protecting SNS assets up to the delivery to direct ship locations and the Local Bulk Shipment Sites (LBSS) where the Local Health Departments (LHDs) assume custody and dispense medications to the public.
- During a public health incident that requires the dispensing of medications and/or vaccinations, the Health Officer will deploy the HCHD staff to operate the designated Points of Dispensing (POD) sites.
- Incident response will require specialized responders such as Fire/Emergency Medical Services/Hazardous Materials (HazMat), law enforcement, public works or transportation workers. These first responders may be at increased risk of exposure and will be prioritized for treatment. Medical countermeasures will be made available to this group at their respective POD sites before PODs open to the general public.
- The HCHD will have at its disposal the resources of all partner County government agencies. Upon notification and/or detection of a biological event requiring mass vaccination or dispensing of medications, the County Executive, through the Office of Administration will deploy Howard County Employees under an Executive Order to staff and Open POD sites.
- HCHD staff are deemed “essential” by MDH/Health Officer for the purposes of the event and all HCHD staff who work at Open PODs will be provided with appropriate personal protective equipment (PPE) and medications/vaccinations as needed by the situation in advance of reporting to duty.
- Refresher training will be provided to staff on the proper use of PPE prior to deployment, or Just-in-Time (JIT) training will be provided on site prior to assignment.
- It is anticipated that hospitals and medical facilities will utilize their own internal cache of prophylaxis for their staff. MDH has signed Memorandums of Agreements (MOA) with hospitals and State Medical Facilities throughout Maryland for direct delivery to the facility staff and patients. In Howard County, all intravenous units and narcotics will be sent directly to Howard County General Hospital (HCGH) from the SNS Push Package.
- Howard County will follow all State guidance, directed by the Federal government, pertaining to critical personnel and prioritization tiers for high-risk groups when dispensing vaccinations.
- It is anticipated that in addition to medical practitioners, mental health professionals will be required to assist the public in handling the critical incident stress and resulting anxiety, particularly in vulnerable populations such as the elderly, children, and those with pre-existing mental health conditions.

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IV. Concept of Operations

A. General

The MDH is the coordinating state agency responsible for the receipt, management, and further distribution of the SNS. The State is responsible for initial receipt of the SNS 12-Hour Push Package or Managed Inventory at the State's Receiving, Staging, and Storage Site (RSS). It will take approximately 12 hours from the time of receipt of the 12-Hour Push Package, until the delivery to the LHD.

At the State RSS, the 12-Hour Push Package will be received and broken down by State personnel. The medications and medical supplies will be repackaged and apportioned prior to the delivery to the LHD. The State is responsible for the transportation of the apportioned supplies to the designated HCHD bulk distribution center and/or local PODs, per the current situation, State Plans, and/or HCHD SNS coordinator's instruction. Procedures will be implemented to track all SNS assets (SNS Master Inventory List- provided with the shipment.)

The HCHD will be responsible for coordinating with HCGH and Howard County Closed PODs for requesting all SNS materials. The pre-assigned Howard County PODs will be activated to coincide with the arrival of the SNS. HCHD (including State and County employees), County staff, and trained volunteers will staff the bulk distribution center and PODs.

B. Legal/Policy Issues

1. Common Policy Issues

There are common legal and policy issues to all SNS responses. The following identifies several key issues that apply to Howard County's SNS operations:

- When the incident requires mass dispensing of antibiotics, one "head of household" can pick up medication regimens for all members of the household (including household guests) at Non-Medical PODs, so long as they are able to provide the following information (as outlined in the Maryland Department of Health Medical Countermeasures Plan):
  - Names of all household members
  - Approximate ages of all household members

  At Medical PODs, all individuals receiving prophylactic medications must be present to receive them and must be able to provide (or, for minors, have a parent/guardian provide) the following information:
  - Allergies
  - Known medical conditions
  - List of current medications, including dosage and administration schedule
- The Howard County Police Department (HCPD) and the Howard County Sheriff's Office (HCSO) will employ the minimum amount of force necessary to affect an arrest and overcome any resistance offered. The use of force policy is constant, regardless of the

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type of assignment/deployment. If force is applied to an individual(s), the officer shall affect an arrest and provide decontamination and/or render first aid as appropriate.

- All adverse events will be tracked and monitored through the use of the Vaccine Adverse Event Reporting System (VAERS) and the U.S. Food & Drug Administration (FDA) Safety Information and Adverse Event Reporting Program.
- Memorandum of Understanding's (MOUs) exist with County agencies involved in countermeasure distribution and with private businesses identified as Closed PODs.
- According to the Howard County Code of Ordinances, the County Executive has the authority to declare a State of Emergency within Howard County if there is a threat to or occurrence of an emergency (Title 6, Subtitle 1, Sec. 6.103). During a declared emergency, the Executive may issue executive orders that are necessary to implement the Emergency Operations Plan, the CERRP, and to protect health and safety as outlined in Title 6, Subtitle, 1, Sec. 6.104.
- Under the Code of Maryland Statutes, the Governor may declare a State of Emergency if he/she finds that an emergency has developed or there is a credible threat of emergency. This emergency declaration allows activation of applicable state emergency plans and mobilization of resources to protect life and safety as described in Public Safety Article §14-107.
- Whether or not a State of Emergency has been declared, the Governor may also issue a Catastrophic Health Emergency declaration in a situation where extensive loss of life is threatened due to exposure to a deadly agent. This declaration allows the Governor broad powers to act to combat the spread of disease and loss of life as described in Public Safety Article §14-3A-01 through §14-3A-06.

2. Liability

Liability is covered by the Maryland Tort Claims Act, State Government Article, 12-101, et seq. (MTCA). State personnel as defined in the article above shall have immunity from liability described under Courts and Judicial Proceedings Article §5-522(b).

The Public Readiness and Emergency Preparedness (PREP) Act authorizes the Secretary of the Department of Health and Human Services to issue a PREP Act Declaration during a Public Health emergency. This Declaration provides immunity from liability for any adverse event resulting from the administration or use of countermeasures to a disease identified in the declaration as constituting a present or credible risk of a future public health emergency.

3. Local Protection and Legal Representation

For County-controlled emergency response programs, local government employees are covered by the Local Government Tort Claims Act, Courts and Judicial Proceedings Article 5-301, et seq.

If an employee or a volunteer performs only their assigned duties without malice or gross negligence, the Attorney General will defend them, and the State will protect them from liability.

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4. Worker's Compensation

Employees and volunteers registered through Maryland Responds are entitled to workers' compensation for injuries arising out of the performance of their duties. A registered volunteer will receive workers' compensation only for injuries suffered during an emergency or scheduled emergency training. (Labor and Employment Article § 9-232.1.)

C. Access and Functional Needs Planning

1. General

It is the policy of HCHD to develop plans that address all residents and visitors to Howard County, including those with access and/or functional needs. For the purposes of this Plan, individuals with access and/or functional needs are defined as any person or persons who may need additional assistance to access medications distributed from the SNS during an SNS activation. This may include individuals with disabilities, home-bound individuals and/or those living in institutional settings, children and the elderly, those with limited English-proficiency or non-English speakers, or those with limited access to reliable transportation. Relevant details are provided here (See Annex C- Planning for People with Access and Functional Needs (PAFN) of the Howard County CERRP for further demographic information and planning details, specifically for transportation and mass care/sheltering).

2. POD Accessibility Plans

- Service animals will be allowed into the PODs and treated as a single unit with their owner.
- All pre-identified POD sites are Howard County High Schools, which are wheelchair accessible and Americans with Disabilities Act (ADA) compliant. All POD-related activities will take place on the main level. If necessary, staff identified as Runners may be assigned to assist individuals arriving at the POD who may not be able to navigate independently.
- emPOWER data will be requested to MDH, according to the HCHD emPOWER policy, in order to pre-identify areas with populations with unique health care needs, such as dialysis and those with electricity-dependent medical and assistive equipment. It will facilitate the assignment of resources necessary to better assist these individuals at the POD.
- Head of Household models will be utilized when applicable, to allow individuals without access needs to pick up for family, friends, neighbors, etc. who may be less able to travel to and from Public PODs.
- In the event that a Head of Household model is not applicable, every effort will be made to keep family groups together and to keep individuals with their needed support system.
- Planning efforts have been made to incorporate Long Term Care and Skilled Nursing Facilities into the Closed POD program to facilitate delivery of medications and materiel to those living in institutional settings.

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- All signage and educational materials distributed at the PODs will be available in multiple languages (Spanish, Korean, and Chinese being the most prevalent non-English languages spoken by Howard County residents).
- As much as possible, HCHD will collaborate with Luminus (previously known as Foreign-Born Information and Referral Network (FIRN)) to provide in-person translation services. If in-person translation is not available, all PODs will have access to telephonic translation services through HCHD's contract with Language Line. MDH has several contracts for communication services for interpretation and translation.

D. Requesting SNS Assets

1. Decision-Making Process

The need for SNS assets will be identified as surveillance recognizes an actual or potential public health emergency that warrants deployment of the cache necessary to protect public health and safety. The trigger for the request is the acknowledgment that existing inventories of drugs and medical supplies will be insufficient to meet anticipated demand.

The decision to deploy SNS assets will be a collaborative effort among local, state, and Federal officials and subject matter experts. The decision may begin at the local level when officials identify a potential or actual situation that they believe has the potential to threaten the health or safety of the community.

Events that provide justification for SNS deployment:

- A CBRNE event
- A medical emergency brought on by a natural disaster.
- Claim of release by intelligence or law enforcement personnel.
- An indication from intelligence sources or law enforcement of an increased potential for a terrorist attack.
- Clinical, laboratory, or epidemiological indications including:
    - A large number of persons with similar symptoms, disease, syndrome, or deaths.
    - Unusual illness in a population, such as:
        - a single case of disease from an uncommon agent
        - a disease with unusual geographic or seasonal distribution
        - an endemic disease with unexplained increase in incidence
    - A higher than normal morbidity and mortality from a common disease or syndrome.
    - A failure of a common disease to respond to usual treatment.
    - Multiple unusual, genetically engineered, or antiquated strains of a disease agent.
    - Multiple atypical presentations of disease agents.

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- Similar genetic type in agents isolated from temporally or spatially distinct sources.
- Simultaneous clusters of similar illness in non-contiguous areas.
- Atypical aerosol-, food-, or water-borne transmission of a disease.
- Deaths or illness among animals that precedes or accompanies human death.
- Unexplained increases in emergency medical service requests.
- Unexplained increases in antibiotic prescriptions or over-the-counter medication use.

To determine if SNS assets will be requested, the Howard County Health Officer will:

- Collect epidemiological and medical data including:
  - Number of persons with a similar disease or syndrome
  - Unusual illness within a population
  - Disease with unusual geographic or seasonal distribution
  - Deaths or illness among animals that precede or accompany human illness and/or death.
  - Total number of cases
  - Single case of disease from an uncommon agent
  - Known or highly suspected release or exposure
  - Assessment of local supplies of medication and health.
  - Equipment to determine if adequate for responding to the public health event
- Confer with Howard County Government Administration
- Confer with appropriate MDH agency, OP&R and/or Infectious Disease & Environmental Health Administration (IDEHA) representatives on the need for the SNS.
- Confer with HCHD Incident Management Team (IMT) members on the need for the SNS based on the following criteria:
  - Detection of an unusual medical case or a cluster of cases indicating the presence of a potentially dangerous agent that could precipitate a public health emergency and strain local assets. This detection will come from medical surveillance networks, health care providers, laboratories, hospitals, veterinarians, pharmacists, medical examiners, the emergency medical system, and public health agencies (See the Howard County Infectious Disease Response Plan).
  - Activation of an alert system such as the Postal Service Biological Detections System or the National Capital Region's BioWatch System.
  - Information from law enforcement and/or public health officials indicating a significant threat to the citizens of Howard County.
  - Confirmation of a widespread event via epidemiological investigation, expanded surveillance or through laboratory or medical diagnosis.
  - Threat projection analysis. *Refer to the Howard County HIRA.*

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- Assessment of in-state inventory vs. needed pharmaceuticals and/or medical supplies.

2. Request Process

SNS assets may be deployed to a local jurisdiction through three basic processes.

1. The Federal Government decides there is a need to deploy the assets to the State of Maryland.
2. The State of Maryland decides there is a need to deploy these assets to a local jurisdiction and requests the SNS assets.
3. A local jurisdiction decides that they will need the SNS assets and requests the deployment from the State.

This section of the Plan addresses when the local jurisdiction asks the State to request the SNS assets from the Federal Government.

At the local level, the Health Officer will alert the County and then notify MDH of the SNS request. This will most likely involve the Secretary of Health, Deputy Secretary of Health, and Director of Office of Preparedness and Response. The Secretary of Health will contact the Governor regarding the SNS request recommendation. The Governor reviews and accepts the SNS request recommendation and makes a request to CDC. A sample of required information to provide when making the call is provided in the Maryland State eMCM Dispensing and Distribution Plan.

The Health Officer (or designee) will notify MDH SNS Program using the information below:

Email: sns.mdh@maryland.gov
Fax: (410) 306-7971
(410) 306-7972

If the MDH SNS Program cannot be reached, the State SNS Coordinator or State CRI Coordinator should be contacted directly (See Attachment 2: State SNS and CRI Coordinators Contact Information).

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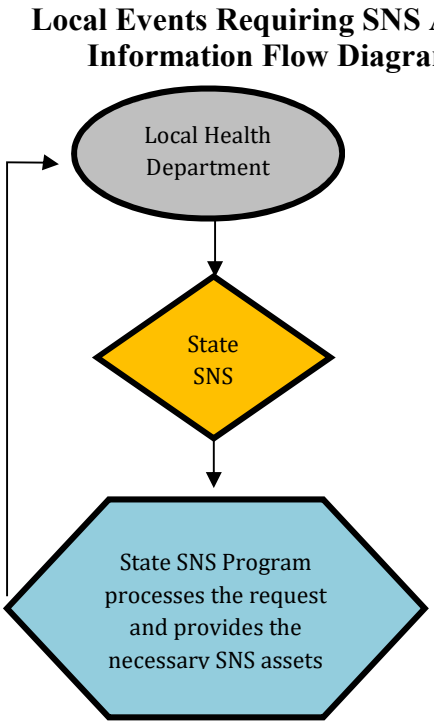
Local Events Requiring SNS Assets Information Flow Diagram



HCGH will make all SNS assets requests through the HCHD Emergency Preparedness (EP) SNS/CRI Program. The SNS/CRI Program Coordinator is responsible for maintaining a list of hospital personnel contact information for those authorized to request SNS assets on behalf of their facility. This information is reviewed and updated annually.

Individuals Authorized to Sign for SNS Assets

The following individuals have been given the authority by the Howard County Health Officer to receive SNS assets upon their arrival. They include the following:

1. SNS/CRI Coordinator
2. POD Branch Director
3. Public Health Emergency Preparedness (PHEP) Administrator
4. Director of Nursing

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5. Director of Central Services

Receipt of Material Requiring Drug Enforcement Administration (DEA) Signature

Controlled substances will *not* be shipped to local POD sites. MDH, OP&R has signed MOAs to ship controlled substances directly to the hospital and other designated treatment centers. Protocols for chain of custody are listed in the State eMCM Dispensing and Distribution Plan.

The Health Department has two DEA registrants that can sign for controlled substances:

Maura J. Rossman, MD, HC Health Officer
Kelly Russo, MD, Medical Director

The contact information for these individuals is listed on the IMT contact list (Attachment 1: Incident Management Team Contact List).

The HCHD points of contact for SNS/CRI are the following:

Primary POC:
Lenora Painter
PHPR Bureau Director
(410) 313-6227 (office)
lpainter@howardcountymd.gov

Secondary POC:
Lynn Moretz
Deputy PHPR Bureau Director
(410) 313-6283 (office)
lmoretz@howardcountymd.gov

3. Notifications

The Health Officer or designee will inform the County Executive's Office and the Office of Emergency Management (OEM) of HCHD's request for SNS assets and the activation of this Plan. OEM will activate the CERRP protocols and notify local partners. At HCHD's request, OEM will facilitate the creation of an incident in WebEOC and notify local responding agencies of the WebEOC activation.

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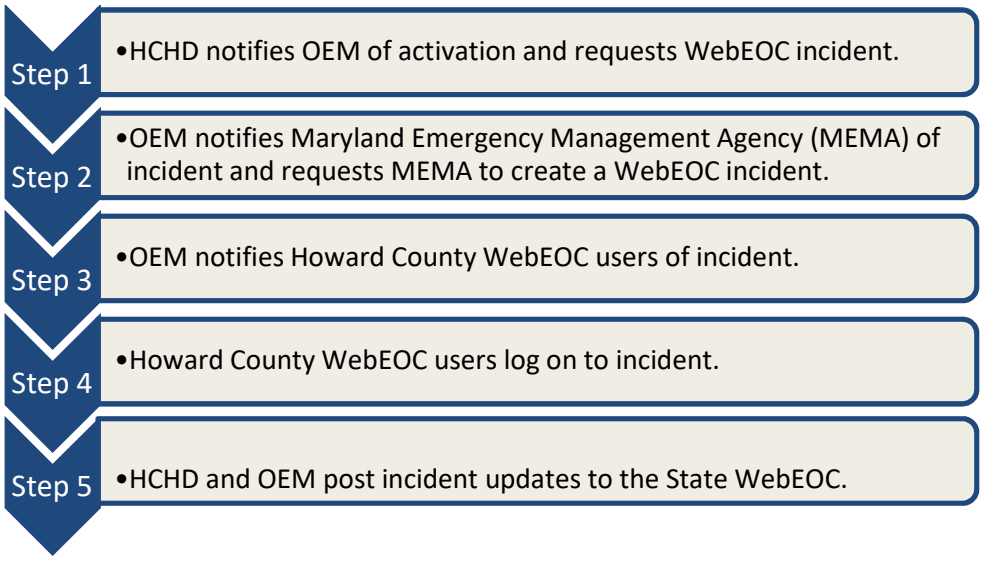
Web EOC Activation



Interagency communication would occur with the following support agencies through the Emergency Operations Center (EOC) as outlined in the HCHD Risk Communications Plan and the HCHD All Hazards Emergency Operations Plan.

- Howard County Office of Emergency Management
- Howard County Department of Fire and Rescue Services
- Howard County Police Department
- Howard County Public Schools System
- Howard County General Hospital
- Howard County Department of Recreation & Parks
- Howard County Department of Community Resources and Services
- Howard County Department of Corrections
- Howard County Department of Public Works
- Howard County Community College

Specific Howard County public schools have been pre-selected and evaluated for open/public POD sites. The use of these schools will be coordinated by HCHD and Howard County Public Schools System (HCPSS).

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If a bulk distribution center is to be utilized, activation of the site will be coordinated through the EOC. The SNS/CRI coordintor, or their alternate, will be onsite to receive the assets (See Annex 3*:* HCHD Local Bulk Shipment Site Plan).

If the event ellicits a Declaration of Emergency by the County Executive, County employees may be utilized to augment HCHD staff. County staff will be notified through the EOC or County Administration. The Howard County Cabinet, comprised of the head of each agency, will then notify their staff and provide instruction.

HCHD staff will be notified of the incident, their assignment, location, and instructions regarding first-responder prophylaxis through the staff notification system or alert tree call-downs. Upon request by the Health Officer, the message template (See Annex 2: HCHD Media Guide Annex) will be completed and sent via the staff notification system. If this system is not available, the Health Officer will ask the Deputy Health Officer to activate the staff alert tree (See Annex 2: Staff Notification System and HCHD Alert Tree Call Down Standard Operating Procedure (SOP)).

Local volunteers will be alerted through the Everbridge notification system. Upon initiation, the MRC Coordinator will request assistance from Howard County registered Maryland Responds volunteers. If additional assistance is needed, the MRC Coordinator will expand this request to Maryland Responds volunteers statewide (See Annex 7: Howard County Medical Reserve Corps Operation Manual).

E. POD Implementation

1. Command and Control

National Incident Management System

The Health Department structures its response to any public health incident based on the National Incident Management System (NIMS) using an Incident Command System (ICS) structure.

As the Public and Behavioral Health CCF lead in the County, the Health Officer, or designee, will serve as the Incident Commander and appoint Command Staff, General staff, and a County EOC representative (Figure 1: Howard County eMCM Incident Command Structure).

The HCHD maintains a roster of individuals that comprise the IMT, who are trained in advanced ICS and preselected to respond to a public health emergency (See Attachment 1: Incident Management Team Contact List).

The NIMS Compliance and HCHD Emergency Preparedness and Response Policy is located on the HCHD Intranet site. ICS forms and job action sheets (JAS) for use during MCM activation may be found in Attachment 2- CRI Field Operations Guide.

Howard Department Operations Center (H-DOC)

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The role of the H-DOC is to coordinate HCHD operations from a central location, known as the ICS Area Command Center. Some of the responsibilities of the H-DOC are to provide communication between local PODs, between PODs and treatment centers (if established), and between PODs and the State RSS site or Howard County EOC for supply and staffing requests. The H-DOC will be staffed by an Incident Commander, Safety Officer, Public Information Officer (PIO), Liaison Officer, Subject Matter Expert(s) (Depending on the situation), and four Section Chiefs: Planning, Logistics, Operations, and Finance.

- The **Planning Section Chief** will draft the Incident Action Plans (IAPs), lead planning meetings for each operational period, and conduct H-DOC briefings. This section chief is also responsible for Staffing/Volunteer Coordination.
- The **Operations Section Chief** will oversee operational activities directly handled by the H-DOC, maintain contact with POD Branch directors, and assume responsibility for overall dispensing site operations.
- The **Logistics Section Chief** will handle support and service needs such as supplies, security, food, and cots for personnel. Logistics will also address all communications coming into and out of the H-DOC.
- The **Finance & Administration Section Chief** will handle purchases. Administrative personnel assigned to the Finance and Logistics sections will document all emergency purchases and expenses and be prepared for submission in case they may be eligible for reimbursement from state or Federal sources.

Depending on the size of the incident, the number of operational PODs, and the amount of resources deployed, the Incident Commander may choose to move all H-DOC operations to the EOC.

Communication Between POD and H-DOC

In order for the H-DOC to maintain situational awareness and effectively plan full incident operations for future operational periods, each POD Branch Director must report the following information at the end of each 12-hour shift (or more frequently as necessary):

- End of shift supply inventory
- Total doses dispensed in 12-hour period
- Staffing issues/needs
- Any issue that could potentially disrupt operations

Communication Between Closed POD and H-DOC

Upon request of SNS assets, HCHD will contact the primary and secondary point of contact for each Closed POD via the Staff Notification System to activate their Closed POD Dispensing Plan. During this initial notification, all Closed POD partners will be prompted to confirm receipt of the message and indicate their ability to activate upon request.

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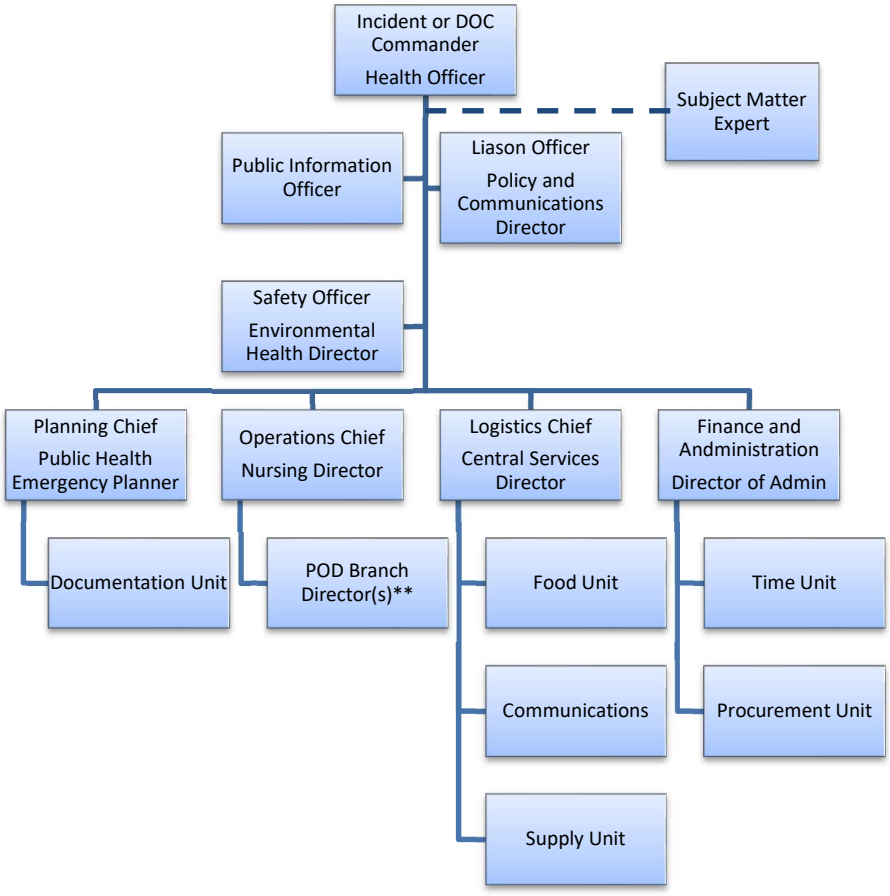
When the LBSS is operational, the Closed POD points of contact will be notified through the Staff Notification System. This notification will include the address for the LBSS, as well as specific instructions for pickup and the contact information for the LBSS representative.

Closed POD partners must request resupply of SNS materiel through the H-DOC Logistics Section Chief. All requests must first be evaluated for local redistribution prior to notification to MDH for resupply. Resupply requests can be delivered by email or fax to the MDH representative in the SEOC (See Annex 3: HCHD Local Bulk Shipment Site Plan).

Figure 1: Howard County eMCM Incident Command Structure



**See Figure 2: POD Site Command Structure for details on staff requirements at each POD

2. Security

Large-scale public health emergencies are likely to produce mass anxiety and fear within both the affected population and the worried well. Recommendations to address these concerns can be found in the HCHD Risk Communications Plan. Security for the SNS is a priority and will be a cooperative effort between local, state, and Federal agencies, as coordinated through the EOC.

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Once the SNS assets reach Howard County, HCPD will be the lead agency for materiel transport and for security at all POD sites and the LBSS. POD site security will be provided by HCPD or HCSO in accordance with its policies and regulations.

Results from the POD security assessments conducted by HCPD at each POD site were used to develop site specific security plans. Though the security functions at each POD are the same, the number of personnel required varies among sites due to variations in building floor plans, planned pedestrian and vehicle ingress and egress routes, and community characteristics. (See Annex 6: HCHD POD Operational Manual and POD Security Assessment Plan (maintained by the SNS/CRI Coordinator and provided to each assigned POD Branch Director)).

Lead agency for providing POD security:

1. Howard County Police Department- Northern District
   George Howard Building
   3410 Court House Drive
   Ellicott City, MD 21043
   (410) 313-2200

2. Howard County Police Department- Southern District
   11226 Scaggsville Road
   Laurel, MD 27023
   (410) 313-3700

Alternate and/or supplemental security for PODs:

1. Howard County Sheriff's Office
   8360 Court Avenue
   Ellicott City, MD 21043
   (410) 313-2150

3. Identification, Credentialing and Licensing

Access & Identification

All staff will be required to display current government-issued photo identification while on duty at assigned POD locations. Non-professional volunteers will receive photo ID badges (including name, position, location, and access restrictions) from Maryland Responds.

Credentialing & Licensing

Due to anticipated staffing shortages, medical staffing for PODs and dispensing centers may come from other non-Health Department licensed healthcare providers. Licensing and credentialing of professional medical volunteers will be managed by MDH's Maryland Responds Program, working in conjunction with the HCHD Medical Reserve Corps (MRC Coordinator or designee.

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The Howard County MRC Coordinator maintains a list of qualified medical and non-medical professionals and will make requests for additional staff support during a public health incident using the Maryland Reserve Corps electronic system. The electronic system can be used to request volunteers both within Howard County and statewide. The Planning Section Chief or designee, working with the MRC Coordinator, should contact registered volunteers and ask them to report directly to assigned POD locations or the H-DOC, when appropriate.

The Logistics Section Chief or designee, working with the MRC Coordinator where appropriate, will verify each volunteer's registration status and identity and make lists of approved volunteers available to the POD Branch Director. Volunteers will report to their assigned PODs. Badged volunteers will use the staff entrance and check in using the standard staff procedure. Volunteers without badging, but who have a state-issued photo ID and are on the approved list, will be able to park and enter through staff areas. Once volunteers arrive at the POD location, the Non-Clinical Leader will verify the volunteer's registration status and identity and prepare a badge.

Unaffiliated medical volunteers may register and credential onsite following the procedures established by the Maryland Responds MRC program. Prospective volunteers will be asked to complete a paper registration form and sent back home to complete additional requirements. Volunteers who complete this registration/credentialing process will qualify for liability coverage through Maryland Tort. Full description of these procedures can be found in the *Howard County Medical Reserve Corps Operation Manual*.

Unaffiliated non-medical volunteers will be referred to the Volunteer Reception Center (VRC). The VRC is established by the Howard County Department of Recreation & Parks (HCDRP) at request of the Director of Emergency Management, or designee, or the County Executive in order to manage volunteers for a specific emergency or disaster. The VRC may be virtual or in person. Interested persons will be asked to express their interest via an online volunteer database. This database will act as a hub for storing the volunteer interest. Following this process, volunteers will be referred to requesting agencies (See Howard County Volunteer Management Plan).

4. Inventory Management

Inventory and resupply management includes tracking and managing SNS materiel transferred to the custody of the County, stored within the LBSS, and delivered to the PODs. The SNS Logistics Chief and their staff are responsible for inventory management, which entails:

- Recording the receipt, storage location, orders, and issues regarding all resources, including maintenance of a record of the assets that are shipped to PODs, treatment centers, and other sites.
- Maintaining the integrity of the medical materiel according to manufacturer specifications, including cold chain management, tracking by lot number, tracking by expiration date, and maintaining chain of custody.

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- Processing requests for assets from PODs, treatment centers, or other locations.
- Tracking the type, quantity, location, and configuration of the assets on hand.
- Ordering more assets when supplies run low and tracking the type, quantity, and configuration of the resources that have been ordered.
- Knowing the address of all sites to which resources must be shipped.
- Setting up an automated or manual inventory management system prior to receipt of SNS shipments using the state IRMS system when possible.
- Recording the locations to which all SNS materiel, equipment, and containers are sent.

The State will provide a materiel inventory list to include: Item Name, Item Number, Description, Quantity, Unit of Measure, Lot Number, and Expiration Date. An hourly update must be calculated by the Supply Unit so that all deployed inventory can be monitored. The Supply Unit leader at each POD will send updated inventory information to the Logistics Section Chief at the H-DOC. The Logistics Section Chief at the H-DOC will review hourly updates from each POD to determine whether supplies need to be reordered or redistributed among existing PODs. Dispensing information will be reported to MDH at the end of each day that operations are conducted.

Inventory Management and Tracking System (IMATS)

IMATS Emergency Management is designed to assist emergency planners and responders with the rapid receipt and deployment of emergency medical supplies.

The HCHD Logistics Section Chief and staff have received training on the system and are currently entering existing inventory into the system. Logistics will continue to track inventory using existing spreadsheets until the transition is complete.

The system allows the user to input the following data:

- Product description
- Unit of use
- Lot number

For more detailed information please refer to the IMATS user manual included within the IMATS system. Dispensing information will be reported daily to MDH during POD operations using this system.

5. Distribution of SNS Assets

Once SNS assets have been requested and obtained by MDH, they must be broken down, repackaged and distributed to local jurisdictions. The State may initially directly deliver to HCHD PODs or may deliver to a more centralized holding area for local distribution, a bulk distribution center, or a combination of these. Supply, resupply, and redistribution will be an ongoing process based on the situation.

The Health Officer, or designee, will be responsible for the total Howard County SNS allotment and will authorize further redistribution of supplies to Closed POD partners within Howard

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County according to pre-designated numbers submitted annually by the Closed POD manager to the HCHD.

Direct Ship

In accordance with the Maryland Department of Health Medical Countermeasures Plan, public PODs that meet the standards outlined in the Plan will receive direct shipment of assets from the State. Each POD will have the Security Officer, the POD Branch Director and the Supply Unit Leader present to receive materiel The POD Branch Director will sign for the materiel (Refer to the Public PODs section below for list of approved PODs in Howard County.)

The following individuals have been given the authority by the Howard County Health Officer to receive SNS assets upon their arrival:

1. SNS/ CRI Coordinator
2. POD Branch Director
3. PHEP Director
4. Director of Nursing
5. Director of Central Services

Local Bulk Shipment Site

For distribution to local Closed POD partners, the State will deliver the materiel directly to the LBSS, transferring authority of the materiel to the HCHD. LBSS staff will store and separate materiel for distribution to the identified Closed PODs throughout the county.

Primary LBSS

Howard County Department of Corrections
7301 Waterloo Road
Jessup, MD 20794

Secondary LBSS

James N. Robey Public Safety Training Center
2200 Scott Wheeler Drive
Marriottsville, MD 21104

SNS Supply/Resupply

The Supply Unit of the Logistics Section at each Open POD and LBSS is responsible for maintaining an hourly update of the POD stock of equipment, supplies, and medications to the H-DOC. When medication supplies are at 33% or lower, the Supply Unit will inform the POD Branch Director and notify H-DOC personnel to request a resupply of MCM materiel to their location.

The H-DOC Logistics Section Chief must first evaluate the request to determine if materiel can be found locally in other nearby PODs, if the amount needed is small. When in doubt, or if there is insufficient time to accomplish this, the request must be emailed immediately to the MDH desk at the State Emergency Operations Center (sns.mdh@maryland.gov).

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If the H-DOC is unreachable, then contact should be made with the health department representative at the Howard County EOC. The materiel request can be transmitted via telephone, email, fax, or by any means necessary.

Chain of Custody

SNS materiel from the State at the POD must have a Custody Transfer Form that will list the materiel sent by number, quantity, and item description. The POD Branch Director, Logistics Section Supervisor, or the Supply Unit Leader will sign and date this form to verify receipt of the shipment and take responsibility for management of the materiel from that point. Logistics has responsibility for supply management, storage, inventory control, security, and tactical communications once the materiel is at the POD.

Transportation

All POD locations are in close proximity to major highways and have appropriate ingress and egress routes, as well as easily accessible public parking areas. For any distribution of assets (initial or resupply) that is not directly shipped to the Public POD by MDH, HCHD will require support with transportation of materiel from the LBSS to the designated dispensing site.

If Direct Shipment to the Public PODs is not available, the HCHD has identified a contingency method of transporting materiel from the LBSS to delivery points via County vehicles. The HCHD is responsible for coordinating and planning all aspects of SNS distribution, including coordinating with law enforcement to ensure roads can be cleared, routes are delineated, and vehicles can be escorted.

- Trucks and drivers will be requested from Recreation & Parks (HCDRP) and Department of Public Works (HCDPW) as designated under the current MOU.
- HCDRP and HCDPW have the following responsibilities:
    1. Tracking and monitoring all vehicles and shipments (this requires communications with the vehicle operators);
    2. Ensuring that all vehicles are fueled and maintained.

Controlled Substances

Controlled substances will *not* be shipped to local POD sites. MDH OP&R has signed MOAs to ship controlled substances directly to hospitals and other designated treatment centers. Supply delivery personnel and DEA registered individuals receiving the supply should follow the procedure for chain of custody outlined in the Maryland Department of Health Medical Countermeasures Plan .

6. Dispensing Modalities

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The Health Officer, in conjunction with MDH and/or CDC, will identify target populations to receive prophylaxis/immunization/treatment, the distribution model, and the designated timeframe for intervention based on the disease agent, incubation period, population affected, and evidenced-based time frame for optimal prophylaxis/treatment. Depending on the event, one or more of the following models may be appropriate:

- **Medical Model POD (Public)-** requires licensed medical staff to administer mass prophylaxis (i.e. for immunizations).
- **Non-medical Model POD (Public)-** allows individuals who do not have medical license to dispense medications and requires a governor-declared State of Emergency or Catastrophic Public Health Emergency. This model is extremely helpful in facilitating mass distribution to the public within a limited time frame (i.e. for distribution of anthrax prophylaxis within 48 hours of identification of release).
- **Drive-thru POD**- Medications are delivered in an assembly line fashion to the public, who remain in their cars during distribution (useful to reduce contacts during a communicable disease incident and to facilitate access for residents with limited mobility).
- **First Responder POD**- provides immunization/prophylaxis to emergency responders and their families before or immediately after they have responded to an emergency
- **Closed POD**- provides medications to a specific group of people, for example a business' employees and their families, or residents at a Long-Term Care Facility. In a Closed POD, a bulk distribution of materiel is provided to the Closed POD in question based on a pre-determined dispensing population and they take responsibility for distributing it. Closed PODs are NOT open to the public.

First Responder PODs

HCHD recognizes that all County response personnel will be better able to work if their families are safe. Consequently, response personnel, critical infrastructure personnel, and all members of their households will be provided with an opportunity to obtain medical prophylaxis at the First Responder POD location. For an incident requiring dispensing, one household member will be permitted to accept medication for the family. For an incident requiring administration, all household members will need to report to the POD location.

HCHD personnel reporting for duty at a POD site may pick up medications and information sheets at their POD sites before the sites open to the public. Medication screening forms will be available at POD locations and can be emailed or faxed to the fire departments, police stations, County government, and hospitals.

Personnel pre-identified as critical infrastructure for prioritization:

- Howard County Police Department
- Howard County Sheriff's Office
- Howard County Department of Fire and Rescue Services

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- Howard County Office of Emergency Management
- Howard County Department of Public Works
- Howard County Department of Recreation & Parks
- Howard County Department of Corrections
- Howard County Public School System
- Howard County Government
- Howard County Health Department
- Howard County Department of Community Resources and Services

Location of First Responder POD:
Howard County Community College
10901 Little Patuxent Pkwy Columbia, MD 21044

Closed PODs

HCHD has entered into MOUs with multiple partners to conduct Closed PODs. Closed PODs are critical in emergencies to reduce the demand on public dispensing sites and contribute to an efficient emergency response. Closed PODs are operated by individual organizations, not HCHD, and are NOT open to the public. Materiel is dispensed by organizations to their employees, employee families and, if applicable, the clients (homebound, patients, inmates, business partners, etc.) that they routinely serve. Closed PODs help relieve some of the public POD needs by reaching specific portions of the community. As a result, long lines and public anxiety can be reduced and resources can be used more efficiently. Closed PODs will increase the likelihood that employees will come to work, thus improving the organization's ability to continue to function.

Organizations with their own licensed medical staff can operationalize a medical model POD (see definition above). Under an emergency declaration, dispensing standards for some medications (i.e. antibiotics for Anthrax) are relaxed to allow lay people to dispense; allowing businesses without medical staff to run non-medical model PODs. HCHD will provide Closed POD partners with guidance.

Public PODs

HCHD has a MOU with the HCPSS that allows for use of Howard County High Schools in the event of a need for POD activation. These schools are located throughout the County and can be activated strategically to meet the needs of an affected region, or simultaneously if needed, by following the HCPSS CERRP Emergency Release Protocols.

PODs will be operationalized based on the location and magnitude of the incident. Pre-packed resources required to set up PODs are located at the HCHD site. Supply bins are maintained in inventory at HCHD and contain necessary supplies and equipment, including a POD kit that

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contains forms needed for POD operations. When CDC provides finalized patient medication information to local health departments or confirms the use of documents HCHD has on file, the H-DOC will duplicate copies needed.

The pre-designated Public POD sites are as follows:

Atholton High School
6520 Freetown Rd.
Columbia, MD 21044

Centennial High School
4300 Centennial Ln.
Ellicott City, MD 21042

Glenelg High School
14025 Burntwoods Rd.
Glenelg, MD 21737

Hammond High School
8800 Guilford Rd.
Columbia, MD 21046

Long Reach High School
6101 Old Dobbin Ln.
Columbia, MD 21045

Howard High School
8700 Old Annapolis Rd.
Ellicott City, MD 21043

Marriotts Ridge High School
12100 Woodford Dr.
Marriottsville, MD 21104

Mt. Hebron High School
9440 Old Frederick Rd.
Ellicott City, MD 21042

Oakland Mills High School
9410 Kilimanjaro Rd.
Columbia, MD 21045

Reservoir High School
11550 Scaggsville Rd.
Fulton, MD 20759

River Hill High School
12101 Clarksville Pike
Clarksville, MD 21029

Wilde Lake High School
5460 Trumpeter Rd.
Columbia, MD 21044

The PODs listed above each have a unique POD operations manual binder housed at the HCHD (and with the HCHD POD Branch Director) complete with inventory lists, security assessments and plans, recommended floor plans, SNS forms, fact sheets, and the POD operations field guide (See Attachment 5: POD Binder Contents).

7. POD Function Basics

PODs will follow NIMS/ICS structure. Every POD will have a HCHD POD Branch Director (leader) and a miniature Command Post located in the facility, but away from the immediate dispensing activities. (See Figure 2- POD Site Command Structure.)

PODs must also designate a Planning Section Chief and Safety Officer. Additional section chiefs will be added as needed. The POD Branch Director is responsible for overseeing the POD operations and communicating with the H-DOC and/or EOC. The Safety Officer is responsible for

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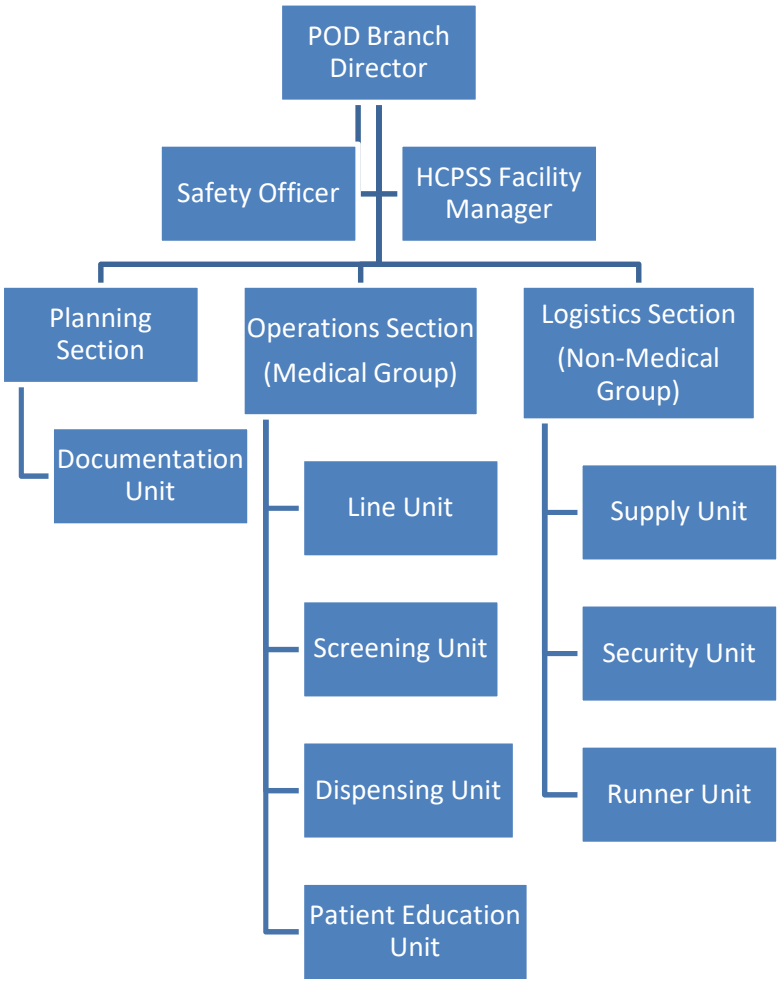
assess and fulfilling PPE needs as necessary and otherwise ensuring the safety of staff and visitors to the POD.

HCHD's initial response to a CRI event is a Non-Medical model. The Non-Medical Model allows individuals who do not have a medical license to dispense medications and will require a governor-declared State of Emergency or Catastrophic Health Emergency.

Figure 2: POD Site Command Structure



Staff

HCHD personnel will be deployed for response activities, and may be augmented by County government personnel, as well as affiliated volunteers. Upon activation of this Plan, all HCHD services deemed nonessential may be suspended and staff will be reassigned. Essential HCHD services are detailed in the HCHD Continuity of Operations (COOP) Plan. Operational periods will be 12 hours. JASs for all SNS/Mass Dispensing Plan positions (both H-DOC and POD operations) are located in Attachment 2: CRI POD Pocket Field Operations Guide and in the CRI Full Field Operations Guide. HCHD has pre-assigned POD Branch Directors who are trained annually and

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pre-assigned to a designated POD site. All staff will be provided with JIT training before the start of their first shift and situational briefings for all subsequent shifts.

Staffing requirements have been estimated using RealOpt POD Version 8.1 (Lee et al., 2017). The estimated staff required for a non-medical, head-of-household dispensing model is listed below. The model used was adapted slightly from the Alameda Anthrax exercise model supplied by RealOpt POD and all associated time allotments for each station, as calculated from an actual exercise, were maintained to estimate POD flow. The model includes a special needs line (to include access, language, disability etc.), registration, screening, and drug dispensing along with an area for further medical evaluation for those with pre-existing conditions, allergies, medication interactions, etc. Using the time points supplied by the program, this model predicts the staff below can dispense to 4,992 households in a 12-hour period (or 416 households/1,248 individuals per hour), which is in line with the calculated throughput needed to serve the estimated population of Howard County within the timeframe required by CRI.

Table 1: Number of Staff Required Per POD

Position	Staff Required
POD Branch Director	1
Interpreters*	2-3
Safety Officer	1
Planning/Documentation	1
Medical Group Leader	1
Non-medical Group Leader	1
Supply Unit	2
Runner Unit	2
Line Unit	10
Security	7
Special Needs Dispensing	1
Screeners	2
Medical Evaluation	4
Dispensing	5
Exit/Education	2
HCPSS Facility Manager	1
TOTAL	**43-44**

*Determined by Language Map

Set Up

The POD Branch Director will ensure PODs are set up according to the site layout (Refer to specific POD binders). Except for chairs/tables, all necessary equipment for set up is located in HCHD storage (See Attachment 3: POD Inventory). Additionally, the POD Branch Director/Security Unit Leader should work with the School Resource Officer (SRO) and HCPD to ensure the facility, inventory, and staff areas are properly secured (See Attachment 4: POD Opening & Demobilization Checklist for further instructions).

Essential Functions

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Once staff have taken prophylactic medication, set up the PODs, secured the facility, notified the public, and received JIT training, the PODs will be ready to open to the public. Specific timing for opening PODs for a statewide event will be coordinated via a conference call. POD Operational Manual, dispensing guidelines, and other important operational information are contained in the POD Specific SOP binders. The POD binders (See Attachment 5: POD Binder Contents) also contain essential forms necessary during an eMCM event. Regardless of the layout, all PODs will follow the same 4-step concept of operations:

STEP 1: Fill Out Form

There will be clipboards available for those who would like to fill out their form while standing in line.

STEP 2: Show Form

There will be a "stop" point where those in line will present their form to a screener and wait for the next available Dispenser.

1. Screeners will verify client's medical screening form has been filled out correctly/completely.
2. Based upon the suspected agent, individuals will be asked agent-appropriate questions (age, allergies, pregnancy status, symptoms, proximity to affected area, etc.)
    a. If it is determined that the individual has clinical symptoms related to exposure to the suspected agent, the individual will be instructed to report to or transport to the designated treatment facility.
3. Screeners will circle and tally the appropriate recommended medication.

STEP 3: Pick Up Medication

At the dispensing station, the form is screened again before prophylactic medication is dispensed. Appropriate medications will be picked out, labeled for each individual family member, and placed in a bag along with corresponding medication information sheets and dosing information. The completed form will be dropped into a bin for POD records.

STEP 4: Exit

The person is directed to an exit and instructed on sources for further information regarding the incident and instructions regarding long-term planning. These sources include television, social and print media, and radio (see Public Information Section).

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8. Demobilization

In the event of a confirmed anthrax release, the target population with highest exposure risk will be determined and further treatment recommendations (continued antibiotics, anthrax vaccine, antitoxin, etc.) will be made by MDH and the CDC. HCHD will demobilize the 48-hour nonmedical POD response and create a 60-Day Anthrax MCM Plan based on MDH guidance from the CDC to continue dispensing the required medication as part of the 50-day follow-up response.

For all other events not requiring a prolonged follow-up response, as the need to dispense to large numbers of people decreases, MDH will assess the need to close PODs within each jurisdiction if operational goals have been met. In consultation with MDH, the Health Officer or designee will announce termination of operations. Demobilization will be initiated, and staff members will begin demobilizing POD sites by returning facilities and furnishings to their original state.

POD Branch Directors will oversee site demobilization of their individual PODs. POD staff will close PODs and reconcile inventory of facility set-up supplies, as well as medication inventory in IRMS. POD Branch Directors will collect and secure all documentation, including screening forms and finance and logistics records. Law enforcement will provide security for the SNS assets until they are exhausted or returned.

Once all PODs have been demobilized, there will be a hot wash at the H-DOC and a subsequent ICS planning meeting for the next operational period. The H-DOC Logistics Chief will take inventory of POD supplies left in storage and prepare orders to restock supplies as necessary.

The HCHD and responding agencies will conduct a hot wash at the EOC, where practicable, to discuss response strengths and areas for improvement. Additionally, an After Action Report (AAR) and Improvement Plan (IP) will be completed to develop lessons learned to better prepare for, respond to, mitigate, and recover from any event or incident that may occur in the future.

SNS Assets

Remaining SNS assets will be secured and prepared for subsequent pick-up and delivery back to the State RSS. POD Branch Directors will report to the H-DOC when their distribution goals have been met. The POD Branch Director will also inform H-DOC of remaining SNS assets at the sites. H-DOC will work with the HCDRP and HCDPW EOC representatives to determine procedures for returning the remaining SNS assets, if needed.

Destruction of MCM Materiel

Refer to the HCHD Policy for Medication Inventory Adjustments and HCHD Laboratory Manual-Waste Management for destruction of expired MCM materiel and biomedical waste if directed by MDH.

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F. Public Information

1. Overview

Public Information is essential to the success of an MCM response. The coordination of federal, state, and local dissemination of public information that is accurate and timely is essential to mitigating fear and confusion and promoting public trust. The HCHD Risk Communications Plan outlines the steps, roles and responsibilities, and triggers that will drive an effective public information campaign to meet that goal (See Annex 1: HCHD Risk Communications Plan).

Pre-scripted messages (See Annex 2: HCHD Media Guide Annex) are uniform and consistent with MDH messaging, and will:

- Provide information about:
  - Local dispensing sites and alternative dispensing methods, including the POD locations
  - Times when dispensing operations will begin
  - Instructions on which POD to use
  - What will be needed at the PODs (forms, etc.)
- Advise the public that sick (symptomatic) people should **NOT** go to a POD, but rather to a medical provider, hospital, or alternate treatment facility.
- Release information on medications, including updates advising people to take all medications as directed.

2. Public Information Pathways

HCHD has several communication pathways to notify the general public of the MCM event, dissemination information about POD locations, medical signs and symptoms, and agent-specific information. These methods include a 24-hour automated information line, local media, and coordination with Howard County Government Office of Public Information. Language-appropriate materials will be utilized and developed as part of the overall communication strategy. HCHD interpreters, CyraCom tablets, and Language Line will be utilized in the PODs, on telephone hotlines, and by facility SNS operations. The Joint Information Center (JIC) will serve as a joint communications center separate from ICS operations. PIOs from all agencies participating in the response will come together at the JIC to ensure the coordination and release of accurate and consistent information as well as rumor control. Pre-scripted messages have been developed by the HCHD PIO. These include templates on generalized SNS information, bioterrorism agents, infectious diseases, POD locations, and mass prophylaxis dispensing. All messaging will be expedited and follow the same routing procedures that are currently in place through the Bureau of Assessment, Planning, and Communications (APC) (See Annex 2: HCHD Media Guide Annex).

Television, radio, social media, printed media, and the HCHD website will be used to disseminate information.

- **Direct Media-** This comprises radio and television including local and regional channels/stations. If media personnel should arrive at the Open PODs during

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activation, POD staff should not answer media questions. However, they can immediately direct media to the JIC located at the Ligon Building.

- **Local print media-** Pre-scripted messages have been developed by the HCHD PIO with guidance from the State. These will be posted in local and regional newspapers, magazines or newsletters/bulletins. These documents are contained in the HCHD Media Guide Annex.
- **Hotline/Call Center-** The HCHD can coordinate with DTCS to set up a hotline/call center which produces an automated informational phone number. The public can call this number to listen to the automated message and receive event/incident specific information during a non-emergency. This number will be assigned to several phones within the H-DOC where the public can contact call center specialists about their growing concerns as it relates to the incident. In addition, the JIC or Call Center will have a phone line dedicated to accepting calls from the media.
- **Social Media-** HCHD will provide up-to-date information to County residents through the website. Additional updated information will be posted to the HCHD Facebook, Instagram, and Twitter pages.
  https://www.howardcountymd.gov/Departments/Health
  https://www.facebook.com/hocohealth/
  https://twitter.com/HoCoHealth
  https://www.instagram.com/hocohealth/
- **Blast Fax-** This method is utilized to communicate with local healthcare providers.
- **Email Community Notification System (Nextdoor)-** This is web-based community notification system that allows the HCHD PIO to send a non-emergency emails to residents previously subscribed.
- **Public Service Announcements-** Public service announcements throughout the County will be transmitted through the Public Access Cable Channel 98 where the Office of Cable Administration has been developed by the Baltimore Metropolitan Region. Scripted announcements will be provided to these outlets and broadcasted to reach vulnerable populations and individuals with functional needs (i.e. hearing impaired, visually impaired, limited language proficiency populations, etc.) and get information out within a timely manner. The public will be instructed to tune in to Channel 98 to receive updated information.

3. Public Information Points of Contact

Primary Health Department PIO:

Lisa M. de Hernández
Director of Communications/Public Information Officer
(410) 313-6353 (office)
(410) 428-7294 (mobile)
(410) 313-5961 (fax)

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ldehernandez@howardcountymd.gov

Secondary Health Department PIO:
Matt Wilson
Public Affairs Officer
(410)-313-6233 (office)
(301) 807-3827 (mobile)
mwilson@howardcountymd.gov

MDH requires all LHD PIO personnel to take the mandatory *IS-250.A: A New Approach to Emergency Communication and Information Distribution*. This course provides individuals with a better understanding of how ESF 15 is activated and how the External Affairs concept helps make incident communication more integrated, comprehensive and empowered.

Details regarding how information is disseminated to the HCHD staff, County partners, and the public can be found in the HCHD Media Guide Annex.

V. Roles and Responsibilities

During a public health incident, agencies at the federal, state, and local level work together to respond and ensure the safety of the public. Lead agencies and their primary responsibilities are identified below. A complete listing of support agencies and their responsibilities can be found in the Howard County Health Department Public Health Emergency Operations Plan.

Centers for Disease Control and Prevention

The CDC Division of Strategic National Stockpile (DSNS) oversees the SNS Program and is prepared to provide medicine and medical supplies to any affected area within the United States and its territories. CDC guarantees the delivery of the Push Package to the State RSS within 12 hours, although it would be expected sooner in Maryland. Federal authorities will manage the transport and delivery of the Push Package to State authorities through distribution to affected areas within the State.

Howard Community College (HCC)

HCC will be the designated dispensing location for Emergency Service Personnel (ESP) during a public health emergency. ESP can pick up medications for themselves and their immediate family members at this location. HCC will allow use of the physical structure and the facility's equipment including office equipment, tables/chairs, refrigerators, and the back-up generator. HCC will also encourage willing staff members to participate in mass dispensing training as available.

Howard County Department of Corrections

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The Howard County Department of Corrections (HCDOC) has an MOU with HCHD to allow use of their facility as an LBSS for receiving, storage, and distribution of SNS materiel to Closed POD partners. HCDOC will provide space, equipment, and security for the facility as outlined in the MOU.

Howard County Department of Public Works

DPW will provide the equipment necessary to assist in the delivery of medical supplies and potable water, as outlined in the MOU. Additionally, DPW will coordinate the removal of debris to provide access to the identified POD sites if necessary.

Howard County Health Department

HCHD is responsible for notifying MDH of the need for SNS assets, overall command of local POD functions, and local POD operations, including coordinating security for SNS assets once they are within the jurisdiction. HCHD is also responsible for training and exercising the components of this Plan. The HCHD EP SNS/CRI Coordinator is responsible for the development and maintenance of this Plan in coordination with other executive staff within HCHD.

Howard County Office of Emergency Management

OEM will coordinate with support agencies and assist as needed. Howard County OEM will operate and manage the EOC upon request of the Health Officer and initiate the County SNS as needed.

Howard County Police Department

During the Preparedness Phase, HCPD will coordinate with the SNS/CRI Coordinator on periodically reviewing and updating the security plans for each POD site, including the First Responder POD at HCC. These plans will be kept with HCPD and the SNS/CRI coordinator and a copy of the individual plans will be available in each of the POD Binders.

HCPD will provide law enforcement personnel during an SNS deployment to ensure the safety and security of the SNS materiel once it has arrived in the County. They will also provide local POD Site Security and implement access and traffic control for local POD sites. Local POD site security is conducted in a manner consistent with the HCPD General Orders and Administrative Directives in effect at the time of the MCM Plan execution.

Howard County Public School System

The local public High School sites have been designated to serve as the Open POD locations during a public health event or incident. POD supplies are stored on HCHD property at all times and will be deployed during local POD activation.

A MOU between HCHD and the HCPSS outlines the responsibilities of both agencies regarding the use of HCPSS facilities, resources, and staff during a public health event or incident requiring the activation of POD sites.

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Maryland Department of Health

MDH is the State agency primarily responsible for interaction with the CDC. Specifically, MDH has the authority to recommend that the CDC deliver SNS assets to the State, based on epidemiological or laboratory data that would indicate an imminent public health emergency resulting in the depletion of local drug inventories, and medical supplies which would impede the local effort to respond effectively to an event. MDH is the coordinating agency for State planning. Throughout the response, HCHD will be available at MDH's discretion for communication during each operational period.

State Receive, Stage, and Store (RSS) Site

Distributing RSS SNS assets within the State of Maryland is the role of MDH. As such, MDH is responsible for the planning and operation of the RSS site. State responsibilities also include assuming custody of the Push Package from federal authorities and managing RSS operations, including warehousing, repackaging, and distribution to local jurisdictions. Once CDC transfers authority for the SNS materiel to State authorities, they will then begin the breakdown of the 12-hour Push Package for distribution. The details of the RSS can be found in the Maryland Department of Health Medical Countermeasures Plan.

VI. Training and Exercise Program

A key component of plan development is testing the Plan through training, exercises, and evaluations, and updating the Plan based on lessons learned and annual review.

Training

All HCHD designated POD Branch Directors are required to take the NIMS IS 100, 200, 700, and 800 courses offered by FEMA and POD refresher training on an annual basis. The POD and related training courses are reviewed and updated annually. HCHD staff training assessments and records are maintained by the EP Program Planning and Training Coordinator.

SNS/Mass Dispensing training, exercise, and evaluation will be organized by the EP Staff at the HCHD. All training will be in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP). Staff training records are stored with the EP Program and Human Resources Office.

Drills & Exercises

The Health Department conducts and evaluates the following drills and exercises:

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Quarterly	Annually
• Call-down Drills (to include staff, Close POD contacts, and HCPSS Office of Safety and Security) • Redundant Communication Drills	• IMT Drill • Alert Tree Call-Downs • Volunteer Notification and Activation • Staff Notification, Acknowledgement, and Assembly • Facility Set-up (May require use of HCPSS facilities) • Dispensing Throughput or Throughput Modeling • 800Mhz Drills

Evaluation

Using HSEEP guidelines, HCHD conducts evaluations after each drill or exercise, including real-life response activities and all activations of the Howard County's EOC when the Public and Behavioral Health CCF is activated.

All copies of AARs and IPs are written and filed by the EP Program. Recommendations for changes are provided by the EP Program and implemented by the Health Officer or Executive staff as assigned.

An annual training and exercise plan is included with the PHEP grant and performance measures submitted at the end of each fiscal year.

VII. Authorities/References

1. Code of Maryland Statutes
2. Howard County Code of Ordinances
3. Public Readiness and Emergency Preparedness (PREP) Act
4. Maryland Department of Health Medical Countermeasures Plan
5. Howard County Comprehensive Emergency Response and Recovery Plan (CERRP)
6. Howard County CERRP: Annex C- Planning for People with Access and Functional Needs
7. Howard County CERRP: Volunteer Management CCF
8. Howard County Hazard Identification and Risk Analysis (HIRA) 2020 Update
9. Howard County Health Department Infectious Disease Response Plan
10. Howard County Health Department All Hazards Emergency Operations Plan (EOP)
11. Howard County Health Department Continuity of Operations (COOP) Plan

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VIII. Annexes/Attachments (Accessible Here)

A. Attachments

1. Incident Management Team Contact List
2. State SNS and CRI Coordinators Contact Information
3. POD Inventory
4. POD Opening & Demobilization Checklist
5. POD Binder Contents

B. Annexes

1. HCHD Risk Communications Plan
2. HCHD Media Guide Annex
3. Local Bulk Shipment Site Plan
4. HCHD Staff Notification System Standard Operating Procedure
5. HCHD Alert Call Down Standard Operating Procedure
6. HCHD POD Operational Manual
7. Howard County Medical Reserve Corps Operation Manual