

Medical Countermeasure Response Annex

2015

Maine's plan for emergency medical countermeasure management, distribution, and dispensing.



Maine Center for Disease
Control and Prevention

An Office of the
Department of Health and Human Services

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PURPOSE

The Medical Countermeasure Response Annex describes the medical countermeasures (MCMs) available at the local, state, and federal levels and how they can be used in response to a public health emergency.

ASSUMPTIONS

A severe public health emergency has occurred, or is imminent, and will require large-scale emergency response. The Public Health Emergency Operations Center (Public Health EOC) and/or the State Emergency Operations Center (State EOC) have been activated. Supplies of the pharmaceuticals and/or medical supplies required for response have been depleted, or are anticipated to become depleted, requiring MCM support from the State of Maine or federal government.

PLAN DEVELOPMENT AND MAINTENANCE

The Maine Department of Health and Human Services (Maine DHHS), Maine Center for Disease Control and Prevention (Maine CDC), Public Health Emergency Preparedness (PHEP) is the lead State agency responsible for the planning, coordination, and response to public health emergencies. PHEP works in collaboration with key federal, State, and local agencies to protect the health and lives of the citizens of Maine by strengthening the ability of health agencies and partner organizations to prepare for and manage public health emergencies.

Maine CDC currently has an Advisory Group which meets annually to review MCM program goals, identify areas for improvement, and develop annual program priorities. Membership includes, but is not limited to, representatives from Maine CDC, Maine Emergency Management Agency, local and State law enforcement, hospitals, Emergency Management Services, Maine National Guard, Tribal Nations, Maine Red Cross, private pharmacy, Attorney General's Office, local public health organizations, Maine Department of Transportation, and private warehousing businesses. Otherwise, Maine CDC SNS meets periodically with subject matter experts of the advisory group to discuss function-specific plans and procedures.

The MCM Response Network is reviewed and revised annually and as needed to update critical information and to remain consistent with the priorities and processes of Maine CDC and its emergency response partners.

PLAN FORMAT

This MCM Response Annex is an Annex to Maine's Public Health Emergency Operations Plan (Public Health EOP). In turn, Maine's Public Health EOP serves as Annex H. Public Health and Safety, Medical Services, Mortuary and Mass Fatality to Maine's Comprehensive Emergency Management Plan (CEMP).

PLAN DISTRIBUTION

The base plan will be shared with critical representatives of partner agencies and organizations. Otherwise, each agency involved with executing the plan will be provided with the portion(s) that pertain to that agency. Appendices and Annexes will be provided only to those agencies and organizations with a specific need-to-know.

PLANNING AND CONTINUING DEVELOPMENT:

As new information becomes available regarding threats public health or regarding more efficient processes discovered to respond to threats, the MCM program will update the annex to ensure that:

- Revised threat assessments are addressed.
- Administrative, statutory, policy, and procedural changes are incorporated.
- Corrective actions and recommendations resulting from After Action Reports and real events are addressed.
- New resources, processes, and partners are incorporated.

Federal Assets – The Strategic National Stockpile

The SNS is a national repository of pharmaceuticals, IV supplies, respiratory supplies, medical/surgical supplies, pediatric supplies, and equipment. The SNS is designed to supplement and re-supply State and local public health agencies in the event of a national emergency anywhere and at any time within the U.S. or its territories. The contents of the SNS are constantly changing, depending upon what supplies are available and best-suited to respond to the host of events for which the SNS is responsible.

THE 12-HOUR PUSH PACKAGE

The SNS is organized for flexible response. The first line of support lies within the immediate response 12-hour Push Packages. These are caches of pharmaceuticals and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill-defined threat in the early hours of an event. The items within the Push Package are determined by their rotation capability, effectiveness against disease agents, availability, storage considerations, other considerations (i.e. IND vs. FDA approved), and the need for ancillary supplies. These Push Packages are positioned in strategically located, secure warehouses ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets.

- **General:**
 - Tailored package containing items to address a broad spectrum of emergencies.
 - Delivered anywhere within the United States in 12 hours or less.
 - Maintained, stored, and shipped from 12 locations throughout the U.S.
- **Containers:**
 - 130 cargo containers
 - Each container 43” W X 60” L
 - Tall container 80” H
 - Short container 65” H
 - Heaviest container 1500 lbs.
 - Total Push Package Weight 50 Tons
 - Air and ground transportable
- **Contents:**
 - IV and IV Administration Supplies
 - Medical/Surgical Supplies
 - Respiratory Supplies
 - Pediatric Supplies
 - Pharmaceuticals
 - Equipment

MANAGED INVENTORY (MI)

If the incident requires additional pharmaceuticals and/or medical supplies, follow up, managed inventory (MI) supplies will be shipped to arrive within 24 to 36 hours. If the agent is well defined, MI can be tailored to provide pharmaceuticals, supplies and/or products specific to the suspected or confirmed agent(s). In this case, the MI could act as the first option for immediate response from the SNS Program.

- Re-supply the Push Package as products are issued.

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- Supplement the PPG stock.
- Issue products directly to dispensing/treatment sites.
- Provide essential medical equipment, such as ventilators, suction units, and tablet counting machines

BULK PURCHASES

Another method DSNS has for responding with medical materiel is called bulk purchases. DSNS uses bulk purchases when requested items are not in the SNS inventory. Bulk purchases take much more time to deliver than the 12-hour push packages or MI does, because the product availability and shipping are beyond the control of DSNS. Because of these factors, DSNS cannot provide time frames for bulk purchase actions. Also, certain required, formal requisition/approval procedures during an event may affect the speed with which DSNS are able to act on States' requests for SNS assets.

FEDERAL MEDICAL STATION (FMS)

A FMS is a cache of medical supplies and equipment that can be used to set up a temporary non-acute medical care facility. FMS assets are managed and deployed by the CDC's DSNS under the direction of DHHS. Each FMS has: beds; supplies; and, medicine to treat 250 people, for up to three days. The local community provides some operational support. A 252-bed FMS set consists of three modules. Technical teams from the DSNS deploy with FMS sets, to provide set-up assistance. The stations are operated by: federal; State; and local groups. Most of the items in the set are expendable, containing only a few recoverable items. Currently FMS sets are available in "Type III" models, and can be used for: inpatient, non-acute treatment; or, to establish a quarantine facility. The DHHS and the Department of Homeland Security are developing other models that will provide critical care and special needs capabilities. State officials locate suitable existing facilities that can be used as FMS sites. One 252-bed FMS set requires 40,000 square feet of enclosed, climate-controlled space. Facilities must also have the following attributes: loading ramps; material handling equipment; parking; communication/IT support; back-up power supply; support services (food, water, waste disposal, medical oxygen, laundry, mortuary); refrigeration; secure and temperature controlled substance storage; bathroom and shower capacity; and, security services. FMSs are modularly configured for all age populations, and are scalable according to the size of the emergency. FMSs can be transported by air or ground.

CHEMPACK

The U.S. Centers for Disease Control and Prevention's (U.S. CDC) CHEMPACK Program is a nationwide initiative for the placement of nerve agent antidotes in local communities. The CHEMPACK Program fills a void in emergency preparedness by placing timely, critical and life-saving antidotes in communities where they will be readily available to emergency medical responders.

An act of terrorism or public health crisis in Maine, involving a chemical nerve agent, may produce numerous casualties requiring immediate treatment. Unlike many other chemical or biological agents, which may not produce ill effects for hours or days, the time frame for an

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effective response to a significant nerve agent exposure is measured in minutes. Even in events of modest magnitude, local supplies of nerve agent antidotes can quickly be consumed.

An event requiring the CHEMPACK assets would most likely fall under one of the following two scenarios:

- A public health crisis such as an organophosphate or carbamate pesticide accident (e.g. an overturned rail car or truck that contains said chemicals), involving numerous symptomatic casualties in immediate need of nerve agent antidotes.
- An act of terrorism involving a chemical nerve agent that has produced numerous symptomatic casualties in immediate need of nerve agent antidotes.

These nerve agent antidotes are stored in CHEMPACK containers and placed in strategic locations throughout Maine to assist first responders to quickly administer life-saving antidotes and save lives. Divided into two types of containers – hospital containers (1000 treatments) and EMS containers (454 treatments) – these assets provide local emergency responders with a sustainable resource to increase their response capacity when responding to nerve agent events.

State Assets

CAPABILITY-BASED SUPPORT

Maine CDC has select medical countermeasures and materiel available in support of the following missions:

- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Emergency Operations Coordination
- Mass Care
- Fatality Management
- Volunteer Management
- Responder Safety and Health
- Medical Surge

MAINE PHARMACEUTICAL CACHE

Through a contract with the Maine CDC, the Northern New England Poison Center (NNEPC) has built a cache of select pharmaceuticals to intervene quickly when hospitals or first responders require a countermeasure that may not be readily available. A cache of these select pharmaceuticals is stored at each hospital in Maine, in quantities that are dependent upon the surrounding population.

STATE INFLUENZA ANTIVIRAL CACHE

The mission of U.S. CDC Division of the Strategic National Stockpile (DSNS) is to maintain a national repository of life-saving pharmaceuticals and medical material, which will be delivered to the site of a chemical, biological or radiological terrorism event, or other man-made or natural disaster, in order to reduce morbidity and mortality in civilian populations.

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Record of Changes

Updated	By	Date
Appendix 1-E	Janet Austin	10/30/2007
Appendix 1-E	Janet Austin	1/29/2008
Intro to Plan	Janet Austin	4/30/2008
Appendix 1-B	Janet Austin	5/1/2008
Appendix 1-C	Janet Austin	5/1/2008
Appendix 1-D	Janet Austin	5/1/2008
Appendix 1-E	Janet Austin	5/1/2008
Appendix 1-G	Janet Austin	5/1/2008
Appendix 1-I	Janet Austin	5/1/2008
Chapter 1	Janet Austin	5/1/2008
Appendix 3-C	Janet Austin	5/1/2008
Appendix 2-C	Janet Austin	5/6/2008
Appendix 2-G	Janet Austin	5/6/2008
Appendix 4-F	Janet Austin	5/6/2008
Appendix 4-G	Janet Austin	5/6/2008
Appendix 4-H	Janet Austin	5/6/2008
Appendix 4-K	Janet Austin	5/7/2008
Appendix 4-L	Janet Austin	5/7/2008
Appendix 4-S	Janet Austin	5/7/2008
Appendix 2-E	Janet Austin	5/7/2008
Appendix 3-A	Janet Austin	5/7/2008
Appendix 4-U	Janet Austin	5/7/2008
Appendix 4-M	Margaret Palmer	5/23/2008
Appendix 4-N	Margaret Palmer	5/23/2008
Appendix 4-O	Margaret Palmer	5/23/2008
Appendix 4-T	Janet Austin	5/27/2008
Chapter 2	Janet Austin	5/28/2008
Chapter 3	Janet Austin	5/28/2008
Chapter 4	Janet Austin	5/28/2008
Chapter 5	Janet Austin	5/28/2008
Chapter 6	Janet Austin	5/28/2008
Chapter 7	Janet Austin	5/29/2008
App 5A-5-N	Janet Austin	6/4/2008
Chapter 8	Janet Austin	6/18/2008
Chapter 9	Janet Austin	6/18/2008
Chapter 10	Janet Austin	6/18/2008

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Chapter 11	Janet Austin	6/18/2008
Chapter 12	Janet Austin	6/18/2008
Chapter 13	Janet Austin	6/18/2008
Chapter 7	Jackie Roberson	7/8/2008
Appendix 1-13	Janet Austin	8/1/2008
Chapter 1	Janet Austin	8/6/2008
Chapter 2	Janet Austin	8/6/2008
Chapter 3	Janet Austin	8/6/2008
Chapter 6	Janet Austin	8/6/2008
Chapter 7	Janet Austin	8/6/2008
Chapter 8	Janet Austin	8/6/2008
Chapter 9	Janet Austin	8/7/2008
Chapter 10	Janet Austin	8/7/2008
Chapter 11	Janet Austin	8/7/2008
Chapter 4	Janet Austin	8/7/2008
Chapter 5	Janet Austin	8/7/2008
Appendix 7	Janet Austin	8/19/2008
Appendix 10	Janet Austin	9/3/2008
Annex 6	Janet Austin	9/3/2008
Chapter 6	Jackie Roberson	10/8/2008
Appendix 6	Jackie Roberson	10/8/2008
Chapter 4	Jackie Roberson	10/8/2008
Appendix 9	Jackie Roberson	10/9/2008
Chapter 5	Jackie Roberson	10/21/2008
Annex 13	Jackie Roberson	10/21/2008
Chapter 4	Jackie Roberson	10/21/2008
Chapter 12	Jackie Roberson	10/22/2008
Annex 11	Jackie Roberson	10/22/2008
Annex 15	Jackie Roberson	10/23/2008
Annex 16	Jackie Roberson	10/23/2008
Annex 2	Jackie Roberson	10/23/2008
Annex 1	Jackie Roberson	10/23/2008
Chapter 9	Jackie Roberson	11/10/2008
Cover	Janet Austin	12/4/2008
Annex 3	Janet Austin	12/10/2008
Annex 7	Janet Austin	1/28/2009
Introduction	Joe Legee	10/8/2009
Introduction	Jackie Roberson	10/14/2009
Chapter 12	Jackie Roberson	10/14/2009
Intro	Janet Austin	10/19/2009
Chapter 11	Jackie Roberson	10/23/2009

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Appendix 11	Jackie Roberson	10/23/2009
Annex 11	Jackie Roberson	10/23/2009
Chapters 7,8, 9&10	Jackie Roberson	10/23/2009
Chapter 13, Annex 15, Appendix 13	Joe Legee	10/26/2009
Chapter 13, Annex 15, Appendix 13	Joe Legee	10/27/2009
Appendices 11, 7, 8, 5	Joe Legee	10/27/2009
ALL Chapters	Joe Legee	10/28/2009
ALL Chapters	Joe Legee	1/5/2010
ALL Annexes	Joe Legee	11/1/2010
ALL Appendices	Joe Legee	12/1/2010
Intro	Joe Legee	4/6/2011
Annexes 1-5	Joe Legee	8/29/2011
Annexes 6-7	Joe Legee	8/30/2011
Annexes 10-15	Joe Legee	9/1/2011
Annexes 16-18	Joe Legee	9/8/2011
Introduction	Joe Legee	12/28/2011
Chapters 1-4	Joe Legee	1/3/2012
Chapters 5-7	Joe Legee	1/4/2012
Chapter 8	Joe Legee	1/5/2012
Introduction	Joe Legee	1/9/2012
Chapters 9-13	Joe Legee	1/9/2012
SNS Plan reformatted	Joe Legee	1/18/2012
Chapters 1-10; references	Joe Legee	1/18/2012
Chapter 11-13; references	Joe Legee	1/19/2012
Chapter 5	Joe Legee	3/1/2012
Personnel Rosters	Joe Legee	3/12/2012
Procedural Docs; Requesting SNS	Joe Legee	3/15/2012
Added Annex N for Pan Flu	Joe Legee	4/9/2012
Incorporated Dispense Assist Ch. 11 & Annex A	Joe Legee	4/10/2012
Addition of Ch. 14 Demobilization	Joe Legee	4/12/2012
Edit of Ch. 16 Security Support based on MSP meeting	Joe Legee	4/13/2012
Updated definition of essential personnel Ch.11	Joe Legee	7/12/2012
Addition of adverse event reporting procedure Ch.11	Joe Legee	7/17/2012
Updated definition of essential personnel Ch.11	Joe Legee	8/21/2012
Added National Drug Take Back Initiative to Ch. 14	Joe Legee	8/23/2012

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Reformatted POD Contact List in Annex A. Dispensing	Joe Legee	11/7/2012
Added USCG and MMC as closed PODs to Annex A. Dispensing	Joe Legee	11/7/2012
Ch. 11 changed title to Dispensing MCM	Joe Legee	11/13/2012
Procedural Documents Updated SNS Request Procedure	Joe Legee	11/13/2012
Revised essential personnel/critical infrastructure Ch. 11	Joe Legee	11/13/2012
Added TourSolver to Ch. 10 and Annex C	Joe Legee	11/16/2012
Changed Ch. 12 and Annex G. to Healthcare System Support	Joe Legee	11/19/2012
Revised Ch. 12 Healthcare System Support	Joe Legee	11/20/2012
Added 2009 H1N1 Pandemic to Annex N. Pandemic Flu	Joe Legee	11/21/2012
Changed Pro Doc MOUs to Pending MOUs	Joe Legee	12/4/2012
Moved signed POD MOUs to Annex A. Dispensing	Joe Legee	12/4/2012
Moved RSS MOUs to Annex B. RSS	Joe Legee	12/4/2012
Changed Pro Doc Executive Summary to U.S. CDC	Joe Legee	12/4/2012
Developed POD Plan Template and Added to Annex A	Joe Legee	12/20/2012
Developed SNS Public Info Training and Added to Annex H	Joe Legee	12/20/2012
Added MSP Troop G to Security Chapter for escort of SNS assets	Joe Legee	1/9/2013
Added "Special Considerations" regarding controlled and temperature-controlled substances to Chapter 7. RSS	Joe Legee	6/4/2013
Added plan for empty Push Package containers to Chapter 7. RSS	Joe Legee	6/4/2013
Added plan for dunnage to Chapter 14. Recovery and Demobilization	Joe Legee	6/4/2013
Added NNEPC and 211 Maine to essential personnel in Chapter 11	Joe Legee	6/5/2013

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New HAN system implemented; switch to single quarterly call-down for all three personnel rosters	Joe Legee	7/8/2013
Reformatted SNS plan to more closely resemble PH EOP	Joe Legee	2/24/2014
Added MENG closed POD	Joe Legee	4/14/2014
Added Penquis Valley High School open POD	Joe Legee	4/16/2014
Added Penobscot Community Health Care as a hybrid POD	Joe Legee	5/13/2014
Added Redington-Fairview General Health as a hybrid POD	Joe Legee	5/13/2014
Added Acadia Hospital as a closed POD	Joe Legee	5/20/2014
Added mobile # for Maliseet Tribal Health Director	Joe Legee	5/20/2014
Updated all non-CRI POD Plans	Joe Legee	6/3/2014
Added North Country Associates as closed POD	Joe Legee	6/5/2014
Added Mt. Blue as an open POD	Joe Legee	6/23/2014
Added Sacopee Valley Heath Center as a hybrid POD	Joe Legee	7/2/2014
Added Greenville Consolidated School as a open POD	Joe Legee	7/3/2014
Imported facilities into IMATS	Joe Legee	7/3/2014
Added Islands Community Health Services Vinalhaven as a hybrid POD	Joe Legee	7/18/2014
Added Calais Regional Hospital as a closed POD	Joe Legee	7/22/2014
Added Barron Center to closed PODs	Joe Legee	8/12/2014
Added Pines Health Center to hybrid PODs	Joe Legee	8/18/2014
Added Civil Air Patrol draft SOP to Distro Appendix	Joe Legee	9/24/2014
Removed Wes Hussey from contacts and HAN	Joe Legee	9/24/2014
Added Mark Brooks to contacts and HAN	Joe Legee	9/24/2014
Added VG 14 corrective actions to chapters 6, 7, 8, 10	Joe Legee	12/18/2014

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Table of Acronyms

Acronym	Definition
AAR	After Action Report
ACS	Alternate Care Site
AHOC	After-Hours On-Call
MEANG	Maine Air National Guard
APS	Automated Packaging System
ARC	American Red Cross
MENG	Maine National Guard
ASTHO	Association of State and Territorial Health Officials
BT	Bioterrorism
CBRNE	Chemical, Biological, Radiological, Nuclear & Explosive
C&C	Command and Control
CCU	Critical Care Unit
U.S. CDC	U.S. Centers for Disease Control
CRI	Cities Readiness Initiative
Maine DHHS	Maine Department of Health and Human Services
DHS	Department of Homeland Security
DMAT	Disaster Medical Action Team
DOT	Department of Transportation
DSNS	Division of Strategic National Stockpile
EAS	Emergency Alert System
EMA	Emergency Management Agency
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
ERT	Emergency Response Team
ETA	Estimated Time of Arrival
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FOG	Field Operations Guide
FOIA	Freedom of Information Act
GIS	Geographic Information System
HAN	Health Alert Network

HAZMAT	Hazardous Material
HICS	Hospital Incident Command System
HETL	Health & Environmental Testing Lab
U.S. DHHS	U.S. Department of Health and Human Services
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IMS	Incident Management System
IMT	Incident Management Team
IND	Investigational New Drug
IPHIS	Integrated Public Health Information System
IRT	Initial Response Team
JITT	Just-in-time Training
LHO	Local Health Officer
LLE	Local Law Enforcement
LNO	Liaison Officer
Maine CDC	Maine Center for Disease Control and Prevention
MEMA	Maine Emergency Management Agency
MHE	Material Handling Equipment
MI	Managed Inventory
MMRS	Metropolitan Medical Response System
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRS	Medical Reserve Corps
NACCHO	National Association of County and City Health Officials
NEDSS	National Electronic Disease Surveillance System
NIH	National Institute of Health
NIMS	National Incident Management System
NIOSH	National Institute of Occupational Safety and Health
NNEPC	Northern New England Poison Center
PHEP	Public Health Emergency Preparedness
PAO	Public Affairs Officer
PD	Police Department
PHN	Public Health Nursing

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PIC	Public Information & Communication
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Dispensing
PPE	Personal Protective Equipment
RSS	Receiving, Staging, and Storage facility
SITREP	Situation Report
SNS	Strategic National Stockpile
SO	Safety Officer
SOP	Standard Operating Procedures

SSAG	SNS Services Advance Group
TTY	Text Telephone
UC	Unified Command
USDA	United States Department of Agriculture
VMAT	Veterinary Medical Assistance Team
WHO	World Health Organization
WebEOC	Web-based Emergency Operations Center
WMD	Weapons of Mass Destruction
WIFI	Wireless Fidelity

REQUESTING MEDICAL COUNTERMEASURES STANDARD OPERATING GUIDELINES

A. PURPOSE

Describe the actions required for Maine to request U.S. CDC SNS assets.

B. SITUATION

A large-scale public health emergency has occurred, or is imminent. It is anticipated the emergency will deplete available pharmaceutical and medical resources and will require resource support from the U.S. CDC SNS. The State Emergency Operations Center (EOC) has been activated.

C. PLANNING ASSUMPTIONS

1. Maine CDC conducts ongoing surveillance to help determine the need for SNS resources.
2. Maine CDC detects biological events that may cause a public health emergency via:
 - a. Active infectious disease and laboratory reporting and surveillance
 - b. Bio-detection systems (BDS)
 - c. Syndromic illness surveillance
 - d. Patient surge surveillance at hospitals
 - e. Reporting of morbidity/mortality of unknown origin
3. Inventory data for essential hospital medical supplies and bed surge capacity can be identified through communication with the Health Care Coalition (HCC) or their designees.
4. There is a signed MOU regarding the provision of SNS assets between U.S. CDC and State of Maine.
5. The local authorities most likely to request medical countermeasure support are:
 - a. **Healthcare Partner:** either directly to Maine CDC or through County Emergency Management, Health Care Coalition, or the Northern New England Poison Center
 - b. **County Emergency Management:** either directly to Maine CDC or through Maine Emergency Management Agency (generally from reports received from first responders, Incident Command on-scene, or local hospitals)
 - c. **Maine CDC District Liaisons & Field Epidemiologists:** Directly to Maine CDC
6. The flow of information most likely involved in requesting medical countermeasure support is:
 - a. Local authorities are apprised of an ongoing public health crisis through standing communications channels and methods.
 - b. Local authorities will notify and will work with the Maine CDC in determining the need for medical countermeasure support.
 - i. The local authorities and Maine CDC will maintain ongoing communications.
 - ii. Maine CDC will be provided continuous updates on the local capacity to respond.
 - iii. The request for State assistance in a public health emergency will be made when local resources are (or are anticipated to be) insufficient to respond.
 - c. Local authorities will make the request for medical countermeasure support to Maine CDC.
 - d. Once state support is requested, local authorities, MEMA, and Maine CDC and will work together to identify what supplies will be needed to respond to the event.
 - e. Leadership at Maine CDC will communicate these needs to U.S. CDC to determine if support is required.

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- f. If SNS assets are required, the official SNS request will be made by the State Health Official and/or Governor to the Federal government either through the U.S. CDC directly (public health emergency) or through FEMA (broader scope emergency).

D. PRE EVENT PLANNING

1. Maine CDC will assemble an “SNS Request Team” (including representatives from Maine CDC and MEMA) that will assess and justify the need for SNS materiel for the Governor’s action.
 - a. Communicate with the Governor and other key State officials to discuss request of SNS assets.
 - b. Identify persons authorized by the Governor to request SNS materiel.
2. Establish and maintain surveillance systems for emerging/infectious diseases and medical and pharmaceutical supplies inventory.
3. Identify Receiving, Storing and Staging (RSS) sites for an SNS emergency, obtain U.S. Marshal approval for SNS activities, and sign MOU between RSS site and Maine CDC.
4. Identify and train an SNS Operations Management Team.
5. Utilize the Maine Health Alert Network for call-downs of key SNS players and partners.
6. Review initial request justification guidelines and procedures to request SNS material from CDC (See Table 1)

E. CONCEPT OF OPERATIONS

1. Report of threat or emergency comes to the Maine CDC through its own surveillance systems or through others means.
2. Maine CDC IRT consults with SNS Request Team; Maine CDC follows procedures to request SNS assets.
3. Governor makes formal request for SNS assets.
 - a. Federally declared disaster – request through DHS/FEMA via Action Request Form
 - b. No federally declared disaster – request through contacting U.S. CDC EOC (i.e. DSNS)
4. Collaborate with federal officials (e.g. DHHS, U.S. CDC, FEMA, etc.) to evaluate the SNS request.
5. Key State contacts are notified that the Governor has requested SNS assets – these should include:
 - a. Maine Emergency Management Agency
 - b. Maine State Police
 - c. Maine Department of Transportation
 - d. Maine National Guard
 - e. Maine EMS
6. Determine the availability of RSS sites from the approved list.
7. Approve deployment of SNS assets and RSS site.
8. Determine the treatment regimen the State will utilize in response, define the population to receive prophylaxis, and provide information on any necessary policies and/or decisions concerning the use of Investigational New Drugs (INDs) or drugs under Emergency Use Authorization (EUA).
9. Determine the need for additional media announcements, press releases, risk communications, health alerts, etc.
10. If additional SNS assets are required (i.e. beyond what was initially requested/received), the request procedure will be through the same channels established for the initial request; unless the status of a declaration of disaster has been changed, at which point the request procedural will change to match the status.
11. To request resupply from the state:

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- a. The POD Manager or healthcare partner will identify when supplies are low, but prior to running out, at the specific POD or healthcare site.
- b. The POD Manager or healthcare partner will fill out the resource request form and submit to the Public Health ICC.
- c. Any requests sent to a County EOC or the State EOC will be forwarded to the Public Health ICC.
- d. The Public Health ICC will fill, partially fill, or deny request based on supplies available and conflicting needs throughout the State.

F. ASSIGNMENT OF RESPONSIBILITIES

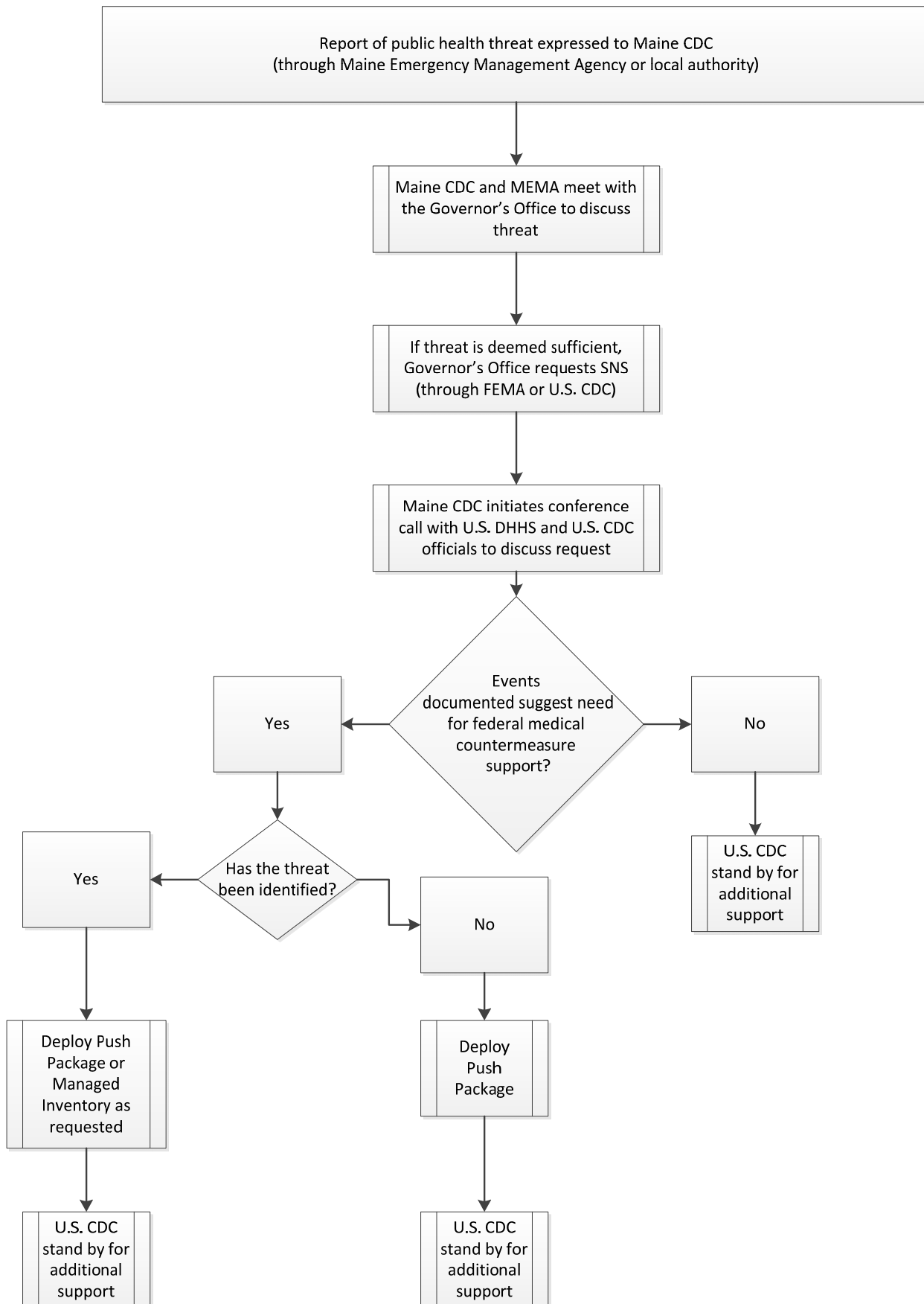
1. The SNS Request Team will:
 - a. Review all available information regarding the emergency, or imminent emergency, and Table 2-1. Events that can provide justification for SNS Asset Deployment (*see above*) to determine the need for an SNS asset support.
 - b. Present findings to the Governor or designee.
2. The Governor and/or designee will:
 - a. Collaborate with Maine CDC and other State officials to review the findings of the SNS Request Team and determine the need for an SNS request.
 - b. Confer with U.S. CDC officials regarding the Maine's SNS request.
 - c. If the emergency is a federally declared disaster, collaborate with MEMA to request federal assistance through DHS/FEMA
 - d. If no disaster is declared, collaborate with Maine CDC to request assistance through U.S. CDC DSNS.
 - e. Request additional SNS assets as necessary.
3. MEMA/State EOC Staff will:
 - a. If the emergency is federally declared disaster, collaborate with Governor and health officials to request federal assistance through DHS/FEMA and complete an "Action Request Form".
4. Maine CDC Incident Commander/State Public Health Director will:
 - a. Collaborate with Maine CDC and other State officials to determine the need for an SNS request.
 - b. Authorize activation of Public Health ICC.
5. Public Health ICC Staff will:
 - a. Stand-up Public Health ICC and assemble according to direction of Public Health Incident Commander.
 - b. Identify the apportionment of SNS assets to initially be sent to PODs, hospitals, and alternate care sites utilizing available surveillance, epidemiology, or projected inventory availability.
6. The Public Information and Communication Lead will:
 - a. Inform the public as required with information regarding Maine's request of SNS assets.
7. The Security Lead will:
 - a. Communicate with Maine State Police and Local Law Enforcement to determine available resources for SNS activities.
 - b. Coordinate security escort for SNS assets from point of delivery into the State to the RSS site.
8. Hospitals and Alternate Care Site Leads will:
 - a. Meet with Public Health ICC staff to discuss:
 - Affect of emergency on hospitals

- Need for alternate care sites to relieve surge on hospitals
- 9. RSS Site Managers will:
 - a. Report facility availability for SNS activities.
- 10. The Distribution Lead will:
 - a. Report available resources, both staff and vehicles.
 - b. Provide consultation on staffing and vehicle needs considering the amount of SNS assets requested.
- 11. The Dispensing Lead will:
 - a. Report to the Public Health ICC.
 - b. Determine POD site and site staffing needs.
- 12. The Maine Responds/Volunteer Coordinator will:
 - a. Provide information regarding available volunteers throughout the State.
 - b. Determine volunteer availability and stand-by to activate necessary volunteers.

Table 1. Events that can provide justification for SNS Asset Deployment

<ul style="list-style-type: none"> • A chemical, biological, radiological, nuclear, or explosive (CBRNE) event • A medical emergency brought on by a natural disaster • Claim of a release of intelligence or law enforcement • An indication from intelligence sources or law enforcement of an increased potential for a terrorist attack • Clinical, laboratory, or epidemiological indications including: <ul style="list-style-type: none"> ▪ A large number of persons with similar symptoms, disease, syndrome or deaths ▪ An unusual illness in a population – single case of disease from uncommon agent and/or a disease with unusual geographic or seasonal distribution and/or an endemic disease or unexplained increase in incident ▪ A higher than normal morbidity and mortality from a common disease or syndrome ▪ A failure of a common disease to respond to usual therapy ▪ Multiple unusual or unexplained disease entities in the same patient ▪ Multiple atypical presentations of disease agents ▪ Similar genetic type in agents isolated from temporally or spatially distinct sources ▪ Unusual, genetically engineered or an antiquated strain of a disease agent ▪ Simultaneous clusters of similar illness in non-contagious 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
<p>Regional and Local Resource Considerations for Deploying SNS Assets</p>
<ul style="list-style-type: none"> • A number of current casualties exceeding the local response capabilities available • The projected needs of the population of the area (including transients) • The hospital surge capacity at the time of the event • The availability of State resources including pharmaceutical distributors, oxygen distributor availability, nearby hospitals and transportation services • Local resources (e.g., pharmacy distribution, oxygen availability, and transport capacity)

Requesting Medical Countermeasures
MEDICAL COUNTERMEASURE RESPONSE ANNEX



G. AUTHORITIES AND REFERENCES

Additional Resources:

MANAGEMENT OF MEDICAL COUNTERMEASURE OPERATIONS STANDARD

OPERATING GUIDELINES

A. PURPOSE

Describe how the State will manage the SNS assets and any supplemental assets available in the State.

B. SITUATION

Insufficient pharmaceutical and/or medical supplies in Maine prompted the Governor to request deployment of SNS assets to the State; approval has been granted and SNS assets are en route. The SNS Management Team stands by for activation.

C. PLANNING ASSUMPTIONS

1. The *SNS Management Team* includes the leads from the following functional areas:
 - a. Command & Control
 - b. RSS site staff (warehousing)
 - c. Distribution
 - d. Inventory management
 - e. Repackaging
 - f. Security
 - g. Public Information and Communications
 - h. Volunteer management
 - i. Hospital and Alternate Care Site
 - j. Dispensing
2. SNS Management Team and personnel are recruited from the Maine CDC and other agencies that have the necessary knowledge, skills and abilities to perform these functions. They are on call 24/7 and electronically tethered to the Health Alert Network (HAN).
3. Members of the SNS Management Team have been provided the SNS Plan and know their respective roles.

D. CONCEPT OF OPERATIONS

1. Issue a HAN message to alert SNS Management Team
2. Report SNS HAN responses to the Maine CDC.
3. Contact SNS Management Team to:
 - a. Verify availability of SNS Management Team personnel and support.
 - b. Get current rosters of their personnel
4. Implement security plans.
5. Determine the receiving airfield or point of entry into the State.
6. Develop apportionment plans.
7. Finalize distribution plans.
8. Notify Points of Dispensing (PODs), hospitals, Alternate Care Sites, etc.
9. Determine staffing requirements for dispensing sites.
10. Report to RSS staging area for security screening and badges.
11. Report to RSS and prepare the facility to receive the assets.
12. Meet SSAG team, if requested, and transport, if necessary, to appropriate location.
13. Implement receiving procedures.
14. Implement Public Communications Plan.

Management of Medical Countermeasure Operations
MEDICAL COUNTERMEASURE RESPONSE ANNEX

15. Receive supplies.
16. Implement management and tracking.
17. Initiate distribution plans.
18. Open PODs.
19. Monitor status of implementation plans and gather documentation.
20. Redistribute to PODs, if applicable.
21. Demobilize unused/durable assets and return to designated site.

E. ASSIGNMENT OF RESPONSIBILITIES

1. The Public Health ICC will:
 - a. Identify specific PODs, hospitals, alternate care sites, and other locations that the SNS Management Team must support.
 - b. Activate PODs.
 - c. Develop the apportionment of assets to be sent to PODs, hospitals, and alternate care sites.
 - d. Activate staffing for dispensing sites.
 - e. Alert other functional personnel as needed.
 - f. Release health information to the public.
2. The Maine CDC Incident Commander/State Health Officer or designee will:
 - a. Authorize deployment of SNS Management Team personnel.
 - b. Order SNS HAN alerts.
 - c. Receive SNS status reports from SNS Coordinator.
 - d. Provide additional instructions to SNS Coordinator.
3. The SNS Coordinator will:
 - a. Report to the Public Health ICC.
 - b. Intercede with the State EOC on behalf of various SNS teams (especially RSS, Distribution, Security, Dispensing, and Tactical Communications) that may need additional human or material resources during a deployment.
 - c. Act as the lead for the SNS Management Team and work with the team to resolve problems and issues
 - d. Coordinate all the activities for the SNS Management Team to ensure that all the different areas are functioning smoothly and efficiently.
4. The SNS Management Team will:
 - a. Monitor and coordinate the efforts of each of the SNS functional areas.
 - b. Receive requests, send situational reports, and exchange information.
 - c. Ensure SNS teams have communication equipment and arrange or take care of any needed repairs or replacements.
 - d. Interact with C&C to request support from other response functions, such as law enforcement.
 - e. Collect precise, accurate and timely information to disseminate as appropriate.
 - f. Interface with the assigned law-enforcement agencies responsible for security for the entire operation.
 - g. Coordinate security escorts, traffic control and communications to assist in the movement of State and local SNS delivery vehicles.
 - h. Monitor the inbound progress and the estimated time of arrival of SNS assets.
 - i. Receive stage and store SNS assets.
 - j. Coordinate with distribution team.

Management of Medical Countermeasure Operations
MEDICAL COUNTERMEASURE RESPONSE ANNEX

- k. Activate inventory-control capabilities to identify the items and quantities of materiel that will arrive.
- l. Set up Maine's inventory management and tracking system.
- m. Oversees the process of taking bulk medicines and putting them into unit-of-use containers if needed.
- n. Ensure there is transportation available to move assets from the RSS facility to the appropriate site.
- o. Receive notice of POD activation location and timing.
- p. Activate Maine Responds to meet staffing needs.
- q. Coordinate with SSAG if applicable.

Item	Responsibility	Notes
SNS requested	Public Health ICC State ERT Governor	Governor makes formal request
Activation and implementation of Medical Countermeasure Response	Public Health ICC SNS Mgmt Team	
Determine receiving airfield (<i>if applicable</i>)	U.S. CDC Public Health ICC State ERT	
Notify all SNS Mgmt Team and partner agencies	Public Health ICC MEMA	Initial alert sent using Maine HAN
Notify hospitals and alternate care sites	Public Health ICC HCCs	
Develop apportionment and distribution plan	Public Health ICC Maine DOT	
Activate PODs	Public Health ICC SNS Mgmt Team	
Activate RSS site(s)	SNS Mgmt Team	
Meet SSAG and transport to appropriate locations, if necessary	SNS Mgmt Team	
Implement security plan	SNS Mgmt Team Maine State Police	
Implement public communications plan	Public Health ICC State EOC	
Receive supplies	SNS Mgmt Team	Follow chain of custody for controlled substances
Implement Inventory Mgmt and Tracking System	Public Health ICC SNS Mgmt Team	
Distribute materials	Maine DOT Maine National Guard	
Monitor status of POD operations. Gather	SNS Mgmt Team	

Management of Medical Countermeasure Operations
MEDICAL COUNTERMEASURE RESPONSE ANNEX

documentation.		
Fill re-supply requests <i>if applicable</i>	Maine DOT Maine National Guard	
Demobilize unused/durable materials and return to designated location	SNS Mgmt Team Maine DOT	Return to State central warehouse

F. AUTHORITIES AND REFERENCES

Additional Resources:

Appendix A. Management of Operations

SECURITY SUPPORT STANDARD OPERATING GUIDELINES

A. PURPOSE

Describe the security considerations and processes required to ensure the safe and smooth execution of SNS activities.

B. SITUATION

With the delivery of SNS assets, the Receiving, Staging and Storing (RSS) site and Points of Dispensing (PODs) will become subjects of interest to the media, public, and those wishing to disrupt emergency response activities (e.g. terrorists). This interest may create issues with traffic, crowd control, and asset protection.

C. PLANNING ASSUMPTIONS

1. Maine CDC, in coordination with the State EOC (*if operational*), will consult with U.S. Marshals Service, which has identified specific SNS security considerations.
2. The U.S. Marshals Service will accompany SNS assets as they are delivered to the State of Maine.
3. The Maine State Police (MSP) is the lead for SNS security planning and activities.
4. MSP will coordinate with county and local law enforcement to provide the necessary physical security for RSS sites, PODs, and other SNS assets.
5. The Maine National Guard (MENG) is the back-up for SNS security activities.
6. Operational security (i.e. at RSS site and PODs) will be primarily dependent upon Local Law Enforcement.
7. Primary security activities include:
 - a. Escort of SNS assets from airport or State border to RSS site
 - b. Security sweep of activated RSS site(s)
 - c. Site security at RSS site(s)
 - d. Escort of distribution assets carrying SNS materials to dispensing sites
 - e. Site security at PODs or other dispensing sites
8. SNS-related security activities will be coordinated through Local/County EOCs and the State EOC, where MSP and MENG representatives are present.
9. Activation of the SNS security plan will be simultaneous to the request for SNS assets.
10. The MSP Incident Management Assistance Team (IMAT) will co-locate at the RSS site to provide onsite security coordination.
11. MSP Troop G will be responsible for providing an escort for SNS assets entering the State.

D. CONCEPT OF OPERATIONS

1. Conduct RSS site security sweep and secure site for SNS receipt.
2. Report RSS as “secured” to the State EOC.
3. Maintain liaison with U.S. Marshals Service for SNS-related security planning.
4. Rendezvous with U.S. Marshals Service escorting SNS assets into the State and escort them to the designated RSS site.
5. Rendezvous with any requested CDC personnel who comprise the SNS Services Advance Group (SSAG).
6. Escort SSAG to designated sites.
7. Provide site security as necessary to RSS site(s).

Security Support
MEDICAL COUNTERMEASURE RESPONSE ANNEX

8. Monitor, and escort if necessary, distribution vehicles as they transport materials to PODs and other dispensing sites.
9. Utilize GPS trackers and associated web portal to monitor distribution vehicles throughout their route.

E. ASSIGNMENT OF RESPONSIBILITIES

1. The Maine CDC will:
 - a. Contact RSS site management to activate RSS site(s).
 - b. Alert LLE to sweep and secure RSS site.
 - c. Identify individuals who will work in the RSS; produce identification badges and provide them to the LLE for use during RSS activation.
 - d. Dispatch support personnel to provide resources for the RSS.
 - e. Provide GPS trackers to IMAT.
 - f. Provide Delorme web portal to IMAT.
2. The Maine State Police and IMAT will:
 - a. Interface with other law-enforcement agencies responsible for security (i.e. MENG, Local Law Enforcement, etc.).
 - b. Contact Troop G to arrange an escort for the SNS assets entering the State.
 - c. Supplement Local Law Enforcement as resources and priorities allow.
 - d. Coordinate security activities from the State EOC, in conjunction with IMAT.
 - e. Monitor security needs statewide, in conjunction with IMAT.
 - f. Monitor and track the distribution of SNS assets from the RSS site to PODs and other dispensing sites.
 - g. Log into Delorme web portal to monitor GPS trackers.
 - h. Ensure that GPS trackers are functioning properly before assigning to distribution drivers (e.g. ping frequency).
 - i. Assign GPS trackers to distribution drivers.
 - j. Utilize GPS trackers to monitor distribution drivers as they complete their routes.
 - k. Coordinate special security response assets as needed.
 - l. Coordinate intelligence information through the Maine Information and Analysis Center (MIAC).
 - m. Coordinate with the U.S. Marshals Service for the escort of SNS assets from point of entry into Maine and to the RSS site.
3. The Maine National Guard will:
 - a. Provide security back-up to the MSP for SNS assets and activities.
4. The U.S. Marshals Service will:
 - a. Accompany SNS materiel from U.S. CDC warehouse to the designated State RSS site.
 - b. Establish liaison with the security personnel assigned to escort the assets to the RSS.
 - c. Remain at the RSS site to provide security support and consultation for SNS assets and activities.
5. Local Law Enforcement will:
 - a. Coordinate security at local PODs and other dispensing sites.
 - b. Activate RSS security upon RSS site confirmation.
 - c. Sweep and secure the selected RSS site(s).
 - d. Obtain the means and resources from State EOC to secure RSS as necessary.
 - e. Provide physical security for the RSS site.
 - f. If necessary, provide physical security for the POD sites, as resources allow.

- g. If necessary, escort the distribution trucks as they negotiate traffic to make deliveries, as resources allow

F. AUTHORITIES AND REFERENCES

Additional Resources:

RECEIVING, STAGING AND STORING MEDICAL COUNTERMEASURES STANDARD OPERATING GUIDELINES

A. PURPOSE

Describe plans to quickly and effectively operate one or more of Maine's Receiving, Staging, and Storage (RSS) sites to manage SNS assets.

B. SITUATION

As the site of delivery and management of SNS assets, the RSS site is the hub of the State's SNS distribution system. The ability of the RSS site to quickly and effectively operate is directly proportional to the ability of the State to provide the necessary medical countermeasures to the public in an emergency.

C. PLANNING ASSUMPTIONS

1. Maine CDC maintains Memorandum of Understandings (MOUs) with private warehousing businesses to assure the availability of (3) selected RSS sites. Maine CDC also manages 5,000 ft² of centralized storage space for long term storage.
2. At the time of the event, one RSS location will be chosen for receipt of SNS materiel based on a collaborative decision among key partners and the scope and nature of the event.
3. Necessary warehouse personnel will be available and prepared to work per 12-hour shifts at the RSS site.
4. Maine CDC has an MOU in place with the Red Cross to assist with food and water for RSS personnel throughout the emergency.
5. RSS warehouse operations will be managed by vendor trained warehouse teams with support from State and local agencies where available and necessary. Job-Action-Sheets and just-in-time training specific to SNS logistics will be made available to warehouse personnel.
6. Supplies and equipment necessary for RSS operations will be identified and procured as needed.
7. SSAG personnel will be available to provide technical assistance in the activation and management of RSS operations.
8. A list of individuals authorized to sign for receipt of SNS assets is available and up-to-date.
9. There is a limited supply of controlled substances in the 12 Hour Push Package; these substances will come in a locked container. The key should also accompany the Push Package, if not, cut lock.
10. If controlled substances are requested in the form of Managed Inventory, they will arrive on normally wrapped pallets (i.e. will not stand out from other pharmaceuticals).
11. Controlled substances may be immediately "cross-docked" and sent to a hospital for storage and/or use.
12. Chain of Custody will be maintained and documented with the appropriate forms.

D. CONCEPT OF OPERATIONS

1. Send health alert to RSS Managers and Staff roster in the Maine Health Alert Network.
2. Identify RSS site or sites to be activated.
3. Alert distribution and inventory control leads (as well as any others who will be stationed at RSS site).
4. Utilize RSS Site-Specific Plan and survey to identify any required support for the chosen RSS site (e.g. exterior lighting, generator, etc.).
5. Assemble RSS personnel at the predetermined staging area.

Receiving, Staging & Storing Medical Countermeasures
MEDICAL COUNTERMEASURE RESPONSE ANNEX

6. Badge personnel as per RSS site plan.
7. Provide briefing to RSS personnel prior to standing up RSS operations.
8. Assign RSS personnel to the positions shown in Table 7-1 below or as needed. *Not all personnel may be needed for all events.* Most RSS functions will rely on vendor warehouse staff that perform warehouse duties regularly and need minimal SNS-specific logistics training.
9. Distribute any RSS Job Action Sheets and provide Just-In-Time training regarding SNS-specific logistics.
10. Monitor the inbound progress and the estimated time of arrival of SNS assets.
11. Sign-for SNS assets upon receipt; authorized to sign for SNS assets:
 - a. Maine CDC, SNS Coordinator or back-up
 - b. Maine CDC, Public Health Emergency Preparedness Director
 - c. Site Warehouse Manager
12. Provide prophylactic medications to RSS personnel and their families prior to the beginning of their shift *when applicable*.
13. Set up RSS equipment and stations according to the RSS site diagram and/or expert warehouse consultation.
14. Establish work shifts that allow for cleanup, debriefing, meals, and an appropriate amount of sleep before the next shift (*Note: 1st shift may be extended to match the severity of the emergency*).
15. Set-up SSAG operations at the RSS if needed.
16. Establish communication with both the Public Health ICC and State EOC.
17. Receive delivery of the SNS assets at the RSS site.
18. Special considerations:
 - a. If controlled substances have been requested, notify Maine CDC upon their arrival (through chain of command)
 - b. If vaxicools/fridge freezes are received, plug into power as soon as possible
 - c. If temperature-controlled product is received, it will come with a “temperature tail” or record. Tear off tail and return to manufacturer as directed on packaging
 - d. If Push Package has been received, do not break the seals on the containers until the product within is needed.
 - e. If Civil Air Patrol is being used to distribute SNS assets, the warehouse must weigh potential loads and confirm the weight with Civil Air Patrol prior to distribution.
19. Activate the inventory management and tracking system to add the SNS assets.
20. Notify State EOC when RSS site is operational.
21. Receive and record orders from the State EOC and create issue documents.
22. Provide apportionment documents to RSS personnel to stage materiel by the distribution site (i.e. PODs, hospitals, alternate cares, etc.).
23. Palletize, conduct a quality check, and shrink-wrap materials as appropriate.
 - a. Different materials can be stacked on the same pallet (provided the ship-to site is the same).
 - b. Pallet stacking height is at the discretion of the warehouse and their policies. If more pallets are needed for a particular load, a larger distribution vehicle will be chosen.
24. Establish distribution means and confirm security and communications for moving the SNS assets from the RSS facility to the distribution sites.
25. Load and dispatch vehicles for distribution.
26. Collect delivery documentation, complete chain of custody paperwork, and update inventory.
27. Provide periodic updates to the State EOC regarding operational status.

Receiving, Staging & Storing Medical Countermeasures
MEDICAL COUNTERMEASURE RESPONSE ANNEX

28. If Push Package has been received, empty containers can be placed outside for storage until U.S. CDC is able to coordinate their return. If receiving additional product from U.S. CDC, empty containers may be able to be returned after trucks are emptied.

E. ASSIGNMENT OF RESPONSIBILITIES

1. Maine CDC will:
 - a. Develop training and exercise to support RSS managers and staff.
 - b. Collaborate with the RSS manager to identify needed personnel to staff and plan each 12-hour shift at the RSS.
 - c. Assess the equipment available at each RSS facility as recorded on RSS facility surveys.
 - d. Maintain and utilize RSS Site-Specific Plans to identify the details about the site identified.
 - e. Assemble Maine CDC contingent of RSS personnel at the predetermined RSS staging area (additional people will assemble for repackaging operations if bulk pharmaceuticals are included in the SNS shipment).
 - f. Notify RSS site manager if controlled substances have been requested in the form of Managed Inventory (such that warehouse staff can anticipate their arrival).
 - g. Coordinate the storage and transport of controlled substances (i.e. either storage at warehouse or cross-docking to another facility).
 - h. Coordinate with local emergency management director and State EOC to request resources as needed.
 - i. Deploy to Maine staff to the RSS upon activation.
 - j. Maintain agreement with Red Cross for care and feeding of staff and volunteers.
 - k. Sign for receipt of SNS assets at RSS site(s).
 - l. Coordinate with U.S. CDC for the return of empty Push Package containers, if necessary.
2. The RSS Site Manager will:
 - a. Maintain overall supervision and responsibility for all the RSS personnel.
 - b. Coordinate with the SNS Distribution Lead.
3. The US Marshal will:
 - a. Accompany the SSAG for protection, if necessary.
4. The SSAG, if requested, will:
 - a. Communicate and coordinate State RSS activities with U.S. CDC DSNS.
 - b. Provide support in RSS functions as needed.
5. The RSS Warehouse Manager will:
 - a. Manage overall warehousing operations (e.g. quality control, picking, etc.).
 - b. Be responsible for warehouse safety and warehouse personnel administration.
6. A DEA Registrant will:
 - a. Sign for receipt of controlled drugs on DEA form 222.
 - b. Supervise movement of controlled substances to a secure area that meets DEA specifications.
 - c. Sign for receipt of SNS materiel to transfer custody of all other SNS materiel to the State. If DEA registrant is not present the SNS Management Team staff will sign for receipt of SNS materiel and sign the DEA Form 222 on behalf of DEA registrant. The DEA registrant must sign within 24 hours.
7. The Repackaging Lead/Staff will provide:
 - a. Just-in-time training to the repackaging team if needed.
 - b. Instruction about any controlled drugs arriving with the SNS shipment and coordinate with the RSS Manager and RSS Security for any special preparations or storage for those drugs.

Receiving, Staging & Storing Medical Countermeasures
MEDICAL COUNTERMEASURE RESPONSE ANNEX

8. The Distribution Lead will:
 - a. Supervise the transportation/distribution of asset from the warehouse to designated PODs, hospitals, or alternate care sites.
 - b. Furnish vehicles and drivers as is needed.
 - c. Follow Chain of Custody with Controlled Substances.

F. AUTHORITIES AND REFERENCES

Additional Resources:

Appendix B. Receipt, Staging, and Storage

INVENTORY MANAGEMENT STANDARD OPERATING GUIDELINES

A. PURPOSE

Describe the processes for the management and tracking of SNS assets; to include the receipt of assets, the fulfillment of orders from PODs and other dispensing sites, and the recovery of unused assets post-emergency.

B. SITUATION

SNS assets have been received at Maine's RSS site. Considering the circumstances of the particular emergency and the availability of required countermeasures, Maine CDC will develop an apportionment strategy in response to the emergency. It is the responsibility of the SNS Management Team at the RSS to document SNS receipts, on-hand balances, issue, and notify Maine CDC Operations for the timely replenishment of stock.

C. PLANNING ASSUMPTIONS

1. A Memorandum of Agreement (MOA) between the State of Maine and the U.S. CDC allows the transfer of federal SNS assets to the State.
2. The Maine CDC has implemented the Inventory Management and Tracking System (IMATS) developed by the U.S. CDC DSNS and provided at no cost to project areas.
3. Personnel from Maine CDC and the Maine CRI Project have been trained in the use of IMATS.
 - a. Maine CDC staff will lead in the administration of IMATS from the RSS site.
 - b. POD sites will use a paper-based system (i.e. the documents provided through IMATS) to manage inventory on-site.
 - c. Maine CRI Project staff will coordinate with PODs within the CRI MSA to ensure IMATS is populated with POD inventory data.
 - d. Maine CDC staff will coordinate with PODs outside of the CRI MSA to ensure IMATS is populated with POD inventory data.
4. A manual system utilizing Excel spreadsheets, such as that used during 2009 H1N1 Pandemic Influenza response, serves as back-up to IMATS.
5. The 12-Hour Push Package arrives with media (CD) containing an electronic file of SNS items, their quantities, packaging, and other characteristics. The media will be used to load the receipt of SNS assets into IMATS. Inventory control will adjust on-hand balances using pick orders/issues and delivery receipts from PODs, hospitals, and/or alternate care sites, and record the locations to which materiel are delivered.
6. The system used to manage inventory can be manual or automated, but it needs to be operational when the first SNS asset arrives at the RSS and it must be able to do the following:
 - a. Track SNS receipts (their quantities, packaging and other characteristics).
 - b. Adjust on-hand balances as items are issued.
 - c. Record the locations where materiel, equipment and containers are delivered.
 - d. Handle orders for replenishment.
 - e. Develop lists of unused assets after an event.

D. APPORTIONING SNS ASSETS

1. Identify the quantity of assets to initially be sent to PODs, hospitals, and alternate care sites (apportionment) based on data from epidemiology, intelligence, or projected inventory availability.

Inventory Management
MEDICAL COUNTERMEASURE RESPONSE ANNEX

2. If hospitals and/or alternate care sites are overwhelmed with casualties during the first several days of a large-scale event, unable to determine what their true requirements are, or too busy to order and receive additional resources, the Maine CDC may respond by directing SNS Management Team to apportion SNS assets to specific sites based on case counts, epidemiology, intelligence and/or inventory-availability information. Additionally, the SNS Management Team will consider:

- The number of hospitals and alternate care sites.
- Actual and projected case counts in each hospital and alternate care site.
- Percentage of assets to be delivered.
- Previous deliveries to each hospital and alternate care site.

Maine may also direct the SNS Management Team to hold back some or all of the SNS assets until more comprehensive data is available.

E. CONCEPT OF OPERATIONS

1. Establish inventory control operations at the RSS using the needed equipment and supplies.
 - a. Obtain inventory media, *if Push Package is received*, and import inventory data to IMATS.
 - b. Request assistance from SSAG *if requested*.
 - c. Unload and store SNS assets, documenting receipt appropriately.
 - d. Sign for receipt and to transfer custody to the State of Maine.
 - e. Sign separately for receipt of controlled drugs on DEA form 222.
 - f. Secure controlled substances in area that meets DEA specifications (e.g. police evidence locker, portable lock boxes/safes, security cages and law enforcement vehicles).
 - g. Report readiness of RSS to receive and process orders for SNS assets.
 - h. Apportion SNS assets as directed by Maine CDC.
2. Act on requests for SNS assets:
 - a. Receive SNS asset orders from the Public Health or State EOC. Additionally, delivery drivers may pick up completed order forms from dispensing sites as they deliver to them, especially if radio or telephone links are inoperable.
 - b. Create issue documents, transcribing materiel and delivery locations.
 - c. Use issue documents to pick and stage materiel by PODs, hospitals, or alternate care sites and other locations.
 - i. If only one inventory station is used, only one route should be picked at a time. If multiple stations are open, multiple routes can be picked simultaneously.
 - d. Shrink-wrap staged materiel by delivery location, load delivery vehicle, and distribute SNS assets.
 - e. Obtain signature of authorized individuals on appropriate chain of custody documentation.
 - f. Return delivery receipts to RSS for reconciliation.
 - g. Update inventory in IMATS
 - h. Report on-hand inventory levels to the Public Health ICC regularly.
3. Recover unused and durable SNS assets after the emergency.
 - a. Based on reports of remaining inventory received from POD Managers or designees.

F. ASSIGNMENT OF RESPONSIBILITIES

1. The Maine CDC will:
 - a. Provide policies and procedures for apportionment and thresholds for reordering of assets.
 - b. Provide forms to document chain of custody.

Inventory Management
MEDICAL COUNTERMEASURE RESPONSE ANNEX

- c. Provide wireless-enabled laptop computers with access to IMATS.
- d. Maintain updated information (e.g. addresses, contacts, etc.) regarding PODs, hospitals, and alternate care sites.
2. The SNS Management Team will:
 - a. Upload Push Package data files, *if Push Package received*.
 - b. Direct unloading, storage, and documentation of SNS asset receipt.
 - c. Sign for receipt of SNS materiel to transfer custody to the State of Maine.
 - d. Report readiness of RSS to receive and process orders for SNS materiel.
 - e. Report inventory status to the Public Health ICC.
 - f. Request SSAG assistance if necessary.
 - g. Receive SNS apportionment from the Maine CDC.
 - h. Record the receipt, storage location, orders, and issues regarding all resources, including the maintenance of a record of the assets that is shipped to each customer (PODs, hospitals, alternate care sites, and other sites).
 - i. Process requests for assets from PODs, hospitals, alternate care sites, and other locations.
 - j. Request additional SNS assets when supplies run low.
 - k. Set-up and manage inventory via automated (IMATS) or manual (Excel spreadsheets) system.
 - l. Direct the repackaging of bulk drugs, *if necessary*.
 - m. Recover SNS assets after the emergency and return durable assets to the U.S. CDC.
3. Distribution Drivers will:
 - a. Follow the chain of custody procedures and forms provided by Maine CDC.
 - b. Deliver SNS assets as directed by the SNS Management Team.
 - c. Obtain delivery receipt signature on bill of lading.
 - d. Provide authorized individual with “customer” copy of bill of lading.
 - e. Pick up order forms at PODs, hospitals, and alternate care sites during deliveries, *if radio or telephone links are inoperable*.
 - f. Return signed receipt to SNS Management Team.
 - g. Recover unused and durable SNS assets after the emergency.
 - h. Recover SNS equipment and unused materiel after an event.
4. POD Managers will:
 - a. Either personally or through a designee, keep a count of all inventory provided by Maine CDC, to include pharmaceuticals, medical supplies, go-kits, and other materials.
 - b. Report inventory to the Public Health ICC, logistics section.
 - c. Document and report remaining inventory once POD operations have been demobilized.
5. A DEA Registrant will:
 - a. Sign for receipt of controlled drugs on DEA form 222.
 - b. Supervise movement of controlled substances to a secure area that meets DEA specifications.
 - c. Sign for receipt of SNS materiel, if necessary, to transfer custody of all other SNS materiel to the State.
 - d. Sign the DEA Form 222; if another member of the SNS Management Team signs on behalf of the DEA Registrant, he/she must sign within 24 hours.

G. AUTHORITIES AND REFERENCES

Additional Resources:

Appendix C. Inventory Management

DISTRIBUTING MEDICAL COUNTERMEASURES STANDARD OPERATING GUIDELINES

A. PURPOSE

Describe the delivery of SNS assets from the Receipt, Staging, and Storage sites (RSS sites) to Points of Dispensing (PODs), hospitals, and any other site requiring medical countermeasure support.

B. SITUATION

After SNS assets are requested, Maine CDC leadership and subject matter experts will decide upon the sites to be activated for countermeasure support (e.g. PODs) and the apportionment strategy. The sites selected and apportionment developed will be specific to the emergency at hand. The Distribution Team will be responsible for identifying the staff, vehicles, and material handling equipment necessary to distribute the countermeasures to the sites.

C. PLANNING ASSUMPTIONS

1. Distribution operations will originate at the receiving RSS site, where the Distribution Team Lead will be located.
2. Maine CDC utilizes TourSolver as a primary means of developing distribution routes.
3. Maine CDC has pre-populated TourSolver with all of RSS sites, PODs, and hospitals in the State. Routes will be developed just-in-time, as each emergency will require different:
 - a. Areas of response (e.g. local, regional, or statewide)
 - b. Delivery sites (e.g. PODs, hospitals, etc.)
 - c. Timeframes for response
 - d. Number/size of vehicles
4. The Maine Department of Transportation (Maine DOT) serves as distribution team lead and manages the distribution of SNS assets by supplying trucks, personnel, and technical expertise.
 - a. Personnel provided will include one driver per vehicle and support staff as necessary (e.g. mechanics).
5. The Maine National Guard (MENG) serves as distribution team back-up with the capacity to provide trucks, personnel, and technical expertise.
6. Both Maine DOT and MENG have been involved in *actual* SNS distribution operations.
7. Distribution drivers follow proper chain of custody procedures, as defined by Maine CDC, using the forms provided by Maine CDC.

D. CONCEPT OF OPERATIONS

1. The State Emergency Operations Center (EOC) or SNS Coordinator will notify the Distribution Lead as soon as the SNS request is being considered.
2. The SNS Coordinator will utilize TourSolver to select the RSS site(s), PODs and/or hospitals, and the number/size of vehicles identified by Maine DOT. The SNS Coordinator will then utilize TourSolver to generate routes to provide to Maine DOT.
3. If TourSolver is not available due to:
 - a. Software failure: Maine CDC will use Google Earth and Google Maps to develop routes.
 - b. No internet access: Maine CDC will use maps of POD sites and of the roadways in the State to develop routes.
4. The Distribution Lead will begin the process of notification of drivers and vehicles (one driver per vehicle unless additional required in special cases).

5. As soon as CDC sends confirmation that SNS materiel will be shipped, the Distribution Lead will be notified of the RSS location.
6. The Distribution Lead will go to the RSS to:
 - a. Set up operations and provide just-in-time training to drivers.
 - b. Provide destinations and routes (event-specific).
 - c. Receive instructions for handling controlled substances.
7. Before departure, the SNS Coordinator and Maine State Police will provide distribution drivers with a briefing on the GPS devices used to monitor their routes. A briefing on the emergency messaging functionality of these devices will also be provided.
8. The SNS Coordinator will ensure that routes are provided to the distribution lead for review as soon as they have been vetted by the Maine State Police.
9. Delivery destinations will be notified of the distribution vehicle's departure and estimated time of arrival.
10. Authorized individuals will sign for the shipment.

E. ASSIGNMENT OF RESPONSIBILITIES

1. The Distribution Lead will:
 - a. Coordinate and dispatch needed resources from the Maine DOT EOC or back up location, and/or the Maine EOC located at the Maine Emergency Management Agency.
 - b. Work hand-in-hand with the RSS Site Manager and Maine CDC RSS liaison to ensure there is transportation available to move assets from the RSS facility to the appropriate sites.
 - c. Provide detailed transportation resources to include but not limited to the number of available trucks and drivers, as well as a listing of the DOT regional offices.
 - d. Supervise:
 - Vehicle drivers (one per vehicle)
 - Mechanics to keep vehicles running
 - Other personnel to fuel and recover broken vehicles
 - The assignment of deliveries to specific drivers and track the movement of vehicles to ensure they arrive at delivery points and return to the RSS facility as expected
 - e. Develop and maintain a communication system for tracking transportation vehicles, and for connecting with other SNS leads, including Security.
 - Define radio frequencies for communications with vehicle dispatchers, delivery points, and security forces (the last is critical for the smooth operation of your distribution network because of the problems that crowds and traffic congestion may produce).
 - Alert all key partners regarding problems with various communication capabilities (phone, fax, cell phone or email) that may affect the use of those capabilities.
 - f. Assure that all transportation staff have appropriate identification and badges so that they do not encounter problems from authorities as they deliver materiel.
 - g. Follow established process that complies with the DEA's procedures for handling and transporting controlled substances and maintain chain of custody.
 - h. Establish and maintain communication with vehicle operators by cell phone or radio.
 - i. Notify destinations of the vehicles' departures and estimated time of arrival.
 - j. Fax the destination a manifest for the shipment if possible and/or if needed.
 - k. Report status of inventory hourly to RSS site manager if requested.
 - l. Coordinate a Law Enforcement escort for each delivery vehicle if deemed necessary.
 - m. Coordinate the return of unused materiel to the RSS when ordered.

- n. Utilize a manual or automated system to keep track of:
 - Assets by customer for delivery at the RSS facility
 - Assets in transit by customer, including the location of the delivery vehicle
 - Preferred routes
 - Locations of problems, such as contaminated areas, congestion, closed road, and downed bridges that may require rerouting vehicles
 - Drivers who need repair, security, relief, or other support
2. The Distribution Drivers will:
 - a. Deliver SNS materiel using the distribution plan (determined on the day of the delivery) based on the Maine DOT and Maine National Guard current planning documents.
 - b. Obtain signature of authorized individual on driver/bill of lading copy of the issue document.
 - c. Provide authorized individual with “customer” copy of the issue document.
 - d. Return signed receipt (with customer’s original signature) to inventory control at RSS if possible.
 - e. Recover SNS equipment and unused materiel after an event.
 - f. Pick up new order forms at PODs, hospitals, and alternate care sites during their deliveries when radio or telephone links are inoperable.
3. The Maine CDC will:
 - a. Work hand in hand with Distribution Lead to coordinate distribution plan and resources.
 - b. Provide the Distribution Lead with the location of PODs, hospitals, alternate care sites, and other sites that may need delivery of SNS assets.
 - c. Utilize TourSolver to develop routes that will detail distribution of SNS assets to all perspective delivery locations.
 - d. Provide training on the use of GPS trackers, including their messaging functionality.
 - e. Develop and update contact information for each delivery location.
 - f. Provide routes to the Distribution Lead as soon as they are vetted by Maine State Police.
 - g. Provide the locations of airports and the existence of any air-traffic-control problems that may hinder the delivery of SNS assets.

F. AUTHORITIES AND REFERENCES

Additional Resources:

Appendix D. Distribution

DISPENSING MEDICAL COUNTERMEASURES STANDARD OPERATING GUIDELINES

A. PURPOSE

To describe the dispensing of medical countermeasures to the public in response to a public health emergency.

B. SITUATION

Mass prophylaxis is the capability to protect the health of the population through the administration of critical countermeasures in response to a public health emergency in order to prevent the development of disease among those who are exposed or potentially exposed to public health threats.

In order to fulfill the apportionment strategy developed by Maine CDC, a number of pre-established, open and/or closed Points of Dispensing (PODs), hospitals, and/or alternate care sites will open and begin to dispense medical countermeasures to the population.

C. PLANNING ASSUMPTIONS

1. Maine will identify appropriate and adequate POD sites and develop written agreements for their use in a public health emergency.
2. Memorandums of Understandings (MOU) for dispensing sites are signed and on file at the Maine CDC, including MOUs with all five Maine Indian Tribal Health Centers.
3. The implementation of PODs will be coordinated by Maine CDC, Maine Emergency Management Agency (MEMA), County Emergency Management, Health Care Coalitions (HCCs), Public Health District Liaisons, Portland Public Health, Bangor Public Health, and other partners in dispensing operations.
4. Public Health Nursing (PHN) leadership at Maine CDC has been through the SNS Prep Course and serves as the Dispensing Leads on the SNS Management Team.
 - a. Public health nurses will be called down as necessary to serve as POD Managers at the activated PODs. As such, they are authorized to alter POD models as necessary to increase the throughput of the POD.

D. PRE EVENT PLANNING

1. Maine CDC will develop a list of suggested equipment and supplies for each POD and will distribute to community partners as requested.
2. Maine CDC will develop a preprinted inventory list that is ready for mass printing and distribution using resources that have 24/7 capability.
3. Maine CDC has redundant mechanisms to register the public for dispensing; an online tool known as Dispense Assist or paper form to be completed at the POD.
4. Dispense Assist is an automated screening tool that provides screening for disease requiring an emergency response. Benefits of Dispense Assist include:
 - a. Reduction in the number of staff and technical resources required
 - b. Client screening prior to POD arrival expedites dispensing process
 - c. Automated process meets U.S. CDC demographic information requirements
 - d. Unique QR code generated for each voucher
 - e. Secure website encrypts client information and deletes upon exit
5. Maine CDC will use a paper record for patient information.

6. Maine CDC has clear exit instructions for all patients that include a number to call with questions and concerns as well as medical follow up instructions.
7. Through a contract with the vendor Intermedix, Maine CDC has developed a volunteer registry called *Maine Responds* to electronically gather and sustain listings of qualified professional and support volunteer staff for the PODs.
 - a. Maine Responds is a partnership that integrates local, regional, and statewide volunteer resources (e.g. Medical Reserve Corps) to assist our public health and healthcare systems.
 - b. It is part of a national initiative (ESAR-VHP) to train, coordinate, and mobilize volunteers during an emergency.
 - c. Maine Responds coordinates verified, pre-credentialed healthcare and emergency response volunteers into a single database that can coordinate the need for volunteers across county, regional, and state lines if needed.
8. Maine CDC, working with the Attorney General's office has explored legislative changes done as an Emergency Powers Act that would allow individuals other than pharmacists to hand out prescription drugs at each site during an emergency.
9. Maine CDC will offer guidance about what if any identification that will be required to receive treatment and this guidance will be released at the time of the event and will be event specific.
10. Maine CDC will provide and have ready to produce multi-language labels and patient information sheets that are disease specific.
11. Maine CDC and the Maine CRI Project will provide a POD Field Operations Guide (FOG) to assist in emergency POD activation and operation.
12. Currently, there is not limitation to the number of regimens that may be picked up by family members. The Maine CDC will provide guidance regarding the number of regimens and the information each head of household should bring to justify the number of regimens requested at the time of an event. The maximum number of regimens, if any that may be dispensed will be determined at the time of the event and will be event specific.
13. No ID will be required in order to receive medications at an open POD.
14. The media policy at the POD will be to direct any and all questions from the media to Joint Information Center, where there will be a public health representative.
15. Rules of engagement will not change during activation of a POD; the Maine State Police will utilize existing internal policies as they pertain to the use of force (Title 22, Chapter 22 37B of Maine Statutes).
16. Maine law (Title 22 § 1503) currently states that unaccompanied minors are unable to pick up medicine without parental permission unless the minor has been living separately and independent of parental support for at least 60 days, is an emancipated minor, is or has been married and/or is serving in the armed services. Unaccompanied minors arriving at a POD:
 - a. Every attempt will be made to contact the legal guardians.
 - b. If the legal guardians cannot be contacted, the minor will be provided the appropriate treatment (under implied consent) if the event is potentially life-threatening.
 - c. The minors name, contact information and medication given will be documented for possible follow up at a later date.
17. Maine CDC has incorporated other methods of dispensing to the POD concept and has worked to develop a plan to assist medicating all of Maine's vulnerable populations (i.e. inmates, long term care residents, assisted living facilities, workers at large industries that operate 24 hours a day, hospitalized patients, the homebound, homeless people and undocumented aliens).

18. Each of the Native American Tribal Health Centers will serve as closed PODs for their respective reservation populations.
19. Maine CDC has a contract in place with the Northern New England Poison Center (NNEPC) to accept reports of adverse events during a mass dispensing campaign:
 - a. A handout will be available at the exit station of each POD defining adverse events for the particular prophylaxis being dispensed and directing the patients (or their providers) to call NNEPC with adverse event reports (utilizing the well-known national poison control center # 1-800-222-1222).
 - b. Once a report is received, NNEPC's trained staff will provide the necessary first aid and referral advice, and record case information about the patient and/or provider.
 - c. NNEPC staff will enter this information into their local database using Toxicall© software. The NNEPC will then send Toxicall© reports to the Maine CDC PH EOC via fax or secure electronic transfer. The local Toxicall© database will upload de-identified information to the National Poison Data System (NPDS) within approximately ten minutes of receiving a report.

NPDS is the only comprehensive poisoning surveillance system in the United States. It receives information from poison control centers across the country in near real-time. The system is maintained by the American Association of Poison Control Centers (AAPCC). Key regulatory agencies that rely on NPDS include the U.S. CDC, the Food and Drug Administration (FDA), the Environmental Protection Agency (EPA), the Consumer Product Safety Commission, and the Drug Enforcement Agency (DEA). The CDC's National Chemical and Radiological Surveillance Program uses NPDS to assist with surveillance of chemical, environmental, drug, food borne, biological and radiological exposures and illnesses that may have public health significance.

NPDS is searchable for number of calls, approximate location, age, gender, substance involved, clinical effects, therapeutic interventions, outcomes (severity and duration), and other information. Further details are available via the NNEPC's local Toxicall© database.

- d. As a back-up to NNEPC (i.e. should the number of calls exceed NNEPC's capacity), Maine CDC maintains a contract with *2-1-1 Maine* to provide hotline services during an emergency. In this event, *2-1-1 Maine* would be provided a strict protocol to triage calls; difficult or out-of-the-ordinary cases would then be forwarded to NNEPC.
20. Maine CDC recognizes that herein named "Essential Personnel" are vital to the maintenance of essential services as well as emergency response. However, those defined as Essential Personnel will differ depending upon the specific emergency at hand. Maine CDC has defined the following general groups as Essential Personnel, with the caveat that not all will be "essential" in context of every emergency (e.g. regional vs. statewide emergency). Furthermore, other absent groups may be essential in the context of certain emergencies.
 - EMS, firefighters, and other first responders
 - State, County, and Local law enforcement
 - State, County, and Local emergency management and public health personnel
 - Healthcare system personnel (e.g. long term care facility, home health, and other personnel that treat the ill)
 - Key government officials

- Critical infrastructure personnel (e.g. transportation, public works, and other staff required to support emergency response)
- Volunteer personnel (e.g. Medical Reserve Corps, DMAT, DMORT, MMRS, etc.)
- Critical public information personnel (e.g. Northern New England Poison Center, 211 Maine, etc.)
- Any other personnel who are vital to the maintenance of essential services or emergency response

Hospitals will be responsible for dispensing pharmaceuticals to their own staff and families, to include affiliated primary and specialty care practices in their community. Depending on the type and scale of the event, the Maine Hospital Pharmaceutical Cache, currently stored at all Maine hospitals may be able to supplement initial needs prior to the arrival of national stockpile assets.

Other Essential Personnel will receive medications through a variety of dispensing modalities (i.e. dependent upon the emergency and the resources available); these could include local PODs (e.g. prior to the opening of these PODs for the general public) and predefined or impromptu closed PODs. Maine CDC will use the HAN system and other methods of communication to notify these individuals and provide information regarding time and place for dispensing.

E. CONCEPT OF OPERATIONS

1. State Officials, including the State Health Official, authorize the opening of PODs (in sync with their request for SNS any other federal support).
2. Maine CDC, coordinating with MEMA, selects what it believes are the most appropriate dispensing sites considering the epidemiology of the threat and the logistics of the response (e.g. quantity of assets received from SNS).
3. Maine CDC (and Maine CRI if in CRI MSA), coordinating with MEMA and county EMA, will notify potential sites of their activation.
4. A public information campaign will direct the public to access the Dispense Assist website, print out a medication voucher, and present at the nearest POD site.
5. Paper registration forms will be available on-site at the PODs for those who don't access Dispense Assist for a voucher.
6. As resources permit, local law enforcement will coordinate with facility operations to secure PODs before dispensing operations begin.
7. Maine CDC will call-down Public Health Nurses to function as POD Managers.
8. Maine Responds will be used to activate other medical and non-medical personnel for POD operations.
9. Photo ID will be required and badges will be issued prior to opening the POD.
10. Maine CDC will apportion part of the SNS materiel for the prophylaxis of volunteers, first responders, and their families.

F. ASSIGNMENT OF RESPONSIBILITIES

1. The Maine CDC will:
 - a. Provide information to local health providers and agencies during an emergency using the Maine HAN.

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- b. Define critical infrastructure in the context of the emergency.
 - c. Issue HAN alerts that notify Public Health Nursing of an SNS materiel request and when to activate mass dispensing plans and POD operations.
 - d. Activate PODs.
 - e. Notify PODs of estimated time of first delivery.
 - f. Process requests from PODs for SNS materiel via fax, secure website, telephone or e-mail, using the SNS POD order form. If a local EOC is activated and has public health present, POD dispensing lead will make its requests thru the Local EOC which will in turn communicate to the PH representatives sitting at the Maine CDC Situation Room or the State EOC.
 - g. Activate the Dispense Assist system.
 - h. Coordinate with MEMA to direct the public to PODs.
 - i. Ensure that pharmaceuticals will be given to volunteer personnel and staff at the PODs.
 - j. Foster relationships to expand the network of PODs across Maine.
2. NNEPC will:
 - a. Receive adverse event reports from patrons/providers.
 - b. Report adverse events to appropriate federal system (i.e. depending upon the agent/treatment).
 - c. Report adverse events to Maine CDC Public Health ICC.
 3. County Emergency Management will:
 - a. Provide logistical and communications support to local PODs, *as requested*.
 4. Local Law Enforcement will:
 - a. Provide security support to local PODs, *as available*.

G. AUTHORITIES AND REFERENCES

Additional Resources:

Appendix E. Dispensing

DEMOBILIZATION STANDARD OPERATING GUIDELINES

A. PURPOSE

Describe the processes and resources necessary to successfully demobilize the SNS assets from PODs, hospitals, and RSS sites as the response to an SNS event begins to diminish.

B. SITUATIONS

Response to the emergency has begun to diminish and/or public health emergency has been successfully mitigated, to include:

- Deactivation of some or all PODs
- Diminished need of medical material support in hospitals and alternate care sites (or deactivation of alternate care sites)
- Diminished distribution activities from RSS sites (i.e. shift in warehousing emphasis to primarily storage)

C. PLANNING ASSUMPTIONS

1. Maine CDC has developed and maintains MOUs with its private warehousing partners to accomplish RSS activities; said partners have routine business operations to return to once response to the emergency has ceased.
2. Maine DOT will be the lead for the physical demobilization of assets from all sites.
3. Maine CDC, in partnership with Maine DOT, has successfully demobilized a number of assets, SNS and other, including pharmaceuticals.
4. The timing and operational components of demobilization will be highly dependent upon the nature of the emergency (e.g. aerosolized anthrax vs. pandemic influenza).
5. Durable Assets defined by the U.S. CDC include:
 - 12-hour Push Package Cargo Containers
 - CHEMPACK Containers
 - Portable Ventilators
 - Ventilator Storage Cases
 - Ventilator Cargo Containers
 - Vaxi-Cool Mobile Refrigerators
 - Automatic Pill Counters
 - SNS equipment used to support SNS-deployed personnel

This list does not include the Durable Assets provided with the Federal Medical Stations.
6. U.S. CDC retains title to Durable Assets at all times, and the Maine CDC agrees to return unused or reusable Durable Assets to the U.S. CDC upon request, at U.S. CDC expense, or when no longer needed for its public health emergency response purposes, unless the CDC has agreed, in writing, to another disposition of the Durable Assets.
7. Medical Material is defined by the U.S. CDC as any SNS asset that is not a Durable Asset.
8. At the conclusion of a public health emergency response, U.S. CDC will assess the return of unused Medical Material to determine if sealed, non-pharmaceutical items stored in accordance with manufacturer recommendations can be returned to federal custody. U.S. CDC will not otherwise accept return of any unused Medical Material.
9. RSS site personnel have been instructed not to break the seal on Push Package containers until product from within is required; unopened containers may be able to be returned to U.S. CDC.

D. PRE-EVENT PLANNING

1. Maine CDC incorporates recovery and demobilization into exercises and discussions, namely those around the warehousing and distribution of SNS assets.
2. Maine CDC finances and maintains centralized State Storage Spaces, separate from that of its RSS warehouse partners, for the long-term storage of unused assets and Medical Materials. These spaces include both dry warehouse storage for bulk medical materials and temperature controlled storage for limited pharmaceuticals.
3. U.S. CDC has contracted with a vendor to provide a medical waste management system (MWMS) to assist with the appropriate disposal of medical waste resulting from the use of SNS material.
4. The MWMS contains all necessary supplies (sharps containers, shipping labels, and return packaging) for the waste.
5. Maine has developed a relationship with the U.S. Drug Enforcement Agency and participated in the National Drug Take Back Initiative for the disposal of expired pharmaceuticals.

E. CONCEPT OF OPERATIONS

1. When the SNS Management Team decides that dispensing operations have started to diminish (i.e. PODs deactivating) or as directed by command at Maine CDC, the SNS Management Team will commence recovery and demobilization operations.
2. As RSS site operations needs ease, hours of operation and staffing needs may also begin to be scaled back as necessary.
3. Maine DOT will serve as lead in the recovery of unused Medical Supplies, including pharmaceuticals, and Durable Assets from across the State.
4. Maine CDC and Maine DOT will collaborate to decide upon a recovery documentation, timeline, route, and schedule.
5. Unused Medical Materials and Durable Assets will either be returned to the RSS site and then to the State Storage Space, or to the State Storage Space directly; this depends upon the nature of the incident and the needs of the private warehousing partners.
6. Maine CDC, in collaboration with the Northern New England Poison Center (NNEPC), will adjust the Inventory Management and Tracking System (IMATS) to reflect the return of assets.
7. Medical waste generated in dispensing operations will be disposed of utilizing U.S. CDCs Medical Waste Management System.
8. Once the recovery and demobilization of assets is complete, Durable Assets will be returned to the U.S. CDC at their expense.
9. The return of unused, unopened Medical Materials (excluding pharmaceuticals) will be considered by the U.S. CDC and Maine CDC.
10. The remaining demobilized Medical Materials will be stored, maintained, and used by Maine CDC, in accordance with U.S. CDC recommendations when applicable.
11. Dunnage resulting from warehousing operations will be disposed of onsite if the warehouse is capable and willing; otherwise, dunnage will be collected and transported to the State Storage Space until it can be processed.
12. Maine CDC will explore options to dispose of pharmaceuticals as they expire, to include participation in the National Drug Take Back Initiative.

F. ASSIGNMENT OF RESPONSIBILITIES

1. The Maine CDC will:

Demobilization
MEDICAL COUNTERMEASURE RESPONSE ANNEX

- a. Decide when to start recovery and demobilization efforts.
 - b. Collaborate with Maine DOT to coordinate recovery route, schedule, etc.
 - c. Make State Storage Space available for the storage of demobilized assets.
 - d. Coordinate with U.S. CDC for medical waste disposal.
 - e. Coordinate with U.S. CDC for return of Durable Assets and Medical Materials, if necessary.
 - f. Coordinate with NNEPC to manage the assets remaining.
2. The Maine DOT will:
- a. Provide the necessary manpower and equipment (i.e. vehicles) to accomplish recovery and demobilization efforts.
 - b. Complete the necessary documentation for the recovery effort, as designated by Maine CDC (i.e. Chain of Custody).
 - c. Coordinate with Maine CDC to develop a recovery route, schedule, etc.
3. The RSS sites will:
- a. Assist with the repackaging of recovered assets, if operationally possible
 - b. Coordinate with Maine CDC to reduce warehouse operations as necessary and to deactivate warehouse operations when possible.
4. The Northern New England Poison Center will:
- a. Collaborate with Maine CDC for the ongoing inventory management and tracking of remaining assets

G. REFERENCE

For Additional Information: