

ESF 8 FUNCTIONAL ANNEX

# Medical Countermeasures Plan

Version 15.1, September 2016

**DISTRIBUTION RESTRICTION:** Distribution authorized to designated Public Health Emergency Preparedness and Response Region 6 agencies only to protect technical, operational, or personnel information from automatic dissemination under RCQ 42.17.310 (1) (ww). The law exempts from public disclosure “those portions of records containing specific and unique vulnerability assessments or specific and unique response plans, either or which is intended to prevent or mitigate criminal terrorist acts as defined in RCW 70.74.285, the public disclosure of which would have a substantial likelihood of threatening public safety.”

DRAFT

## Table of Contents

I. Introduction.....	4
II. Purpose .....	4
III. Scope.....	4
IV. Situation Overview .....	5
V. Planning Assumptions and Priorities .....	6
VI. Decision Making .....	7
VII. Concept of Operations.....	9
Dispensing Models and Modalities.....	11
Dispensing Policies .....	23
Dispensing Operations.....	25
Demobilization .....	28
VIII. Logistics .....	30
VIX. Finance and Administration.....	31
X. Public Information.....	33
XI. Agency Responsibilities.....	33
XII. Plan Development and Maintenance .....	36
XIII. Plan Authorities and References .....	37

## I. Introduction

This document establishes the Public Health – Seattle & King County (Public Health) Medical Countermeasures (MCM) Plan. The plan is an operational approach to addressing incidents created by the threat or the occurrence of any type of public health emergency that requires distributing MCM to an affected population. The plan describes the framework that will allow Public Health to respond to these incidents by identifying the expected responsibilities, functions, operational procedures, and working relationships for Public Health, other governmental entities, and non-governmental partners during a MCM dispensing operation. The plan predetermines, to the extent possible, the duties and activities of Public Health personnel and operations, with the ultimate purpose of protecting the life, health, and well-being of the residents of King County.

## II. Purpose

This plan establishes a structure for the coordinated mobilization and distribution of MCM in response to a disease outbreak, bioterror attack, or similar public health emergency. The plan focuses on notification protocols, resource mobilization, staffing, security, public information, and other elements associated with carrying out MCM dispensing operations. Such an operation would include, but is not limited to, the establishment of medication centers through existing partnerships with *REDACTED*, healthcare agencies, pharmacies, and private sector agencies.

## III. Scope

This plan focuses on the response strategies and required resources to carry out a successful MCM dispensing operation. It applies to all public health emergencies within King County that may necessitate Public Health requesting, mobilizing, receiving, and/or distributing MCM to impacted populations.

Response strategies and required resources will vary depending on the size and characteristics of the population impacted; the availability of medications, staffing, and supplies; the epidemiology of the illness; and the level of public concern. During a moderate-scale event, Public Health response strategies would focus on distributing emergency MCM via everyday distribution channels such as through healthcare providers and/or pharmacies. Local resources or resources from outside sources such as pharmaceutical suppliers and those already existing in the normal supply chain would be utilized. Moderate-scale events may include Hepatitis A outbreaks and meningococcal disease outbreaks.

During a large-scale event, Public Health would dispense MCM through everyday channels and through additional modalities including Public Medication Centers and Private Medication Centers. MCM from federal stockpiles would be requested, and local, state, and federal emergency proclamations would be implemented. Large-scale events may include influenza pandemics or bioterrorist attacks (anthrax) with a large affected population.

This plan is included in Public Health's library of Emergency Support Function #8 – Public Health and Medical (ESF 8) plans. Elements from other Public Health ESF 8 plans, such as the *ESF 8 Basic Plan*, *Emergency Communications Plan*, and *Workforce Mobilization Plan*, are included in this plan with MCM-specific planning and operational considerations. However, Public Health's full library of plans should be consulted if additional context or greater depth of subject matter is needed to carry out a MCM response operation. Other Public Health ESF 8 plans are cross-referenced in this plan as appropriate.

## IV. Situation Overview

### MCM Overview

MCM are products regulated by the Federal Drug Administration (FDA) that may be used in the event of a potential public health emergency stemming from a terrorist attack with a biological, chemical, or radiological/nuclear material, a naturally occurring emerging disease, or a natural disaster. MCM can include biologic products, such as vaccines; drugs, including antimicrobial or antiviral drugs; and devices, including personal protective equipment (PPE) such as gloves, respirators, and ventilators.

Depending on the emergency and public health need, MCM may be provided through the Strategic National Stockpile (SNS), which is overseen by the Centers for Disease Control and Prevention (CDC). The SNS is a federally managed supply of MCM that can be deployed anywhere in the United States or its territories within 12 to 24 hours. Through the Cities Readiness Initiative (CRI), the CDC provides technical assistance to the nation's largest metropolitan areas for the development of their plans to receive, distribute, and dispense MCM received from the SNS. Seattle in King County, Washington is a CRI city and major metropolitan statistical area (MSA).

Initial CRI planning scenarios were based on a response to a large-scale anthrax attack. Because anthrax's mortality rate approaches 100 percent if untreated, plans must include strategies that dispense MCM to 100% of the affected population within 48 hours of the decision to initiate operations. This benchmark continues to be the foundation for MCM planning efforts even as other scenarios and hazards have been incorporated into plans over time.

### King County Demographics and Vulnerable Populations

King County, Washington is the 14<sup>th</sup> most populous county in the US, with 2 million people. King County represents 28.6% of Washington State's population and is the largest population center in the State.

The County includes Seattle, 38 other incorporated cities, and 19 school districts. It is home to the most diverse zip code<sup>1</sup> and the most diverse school district in the nation.<sup>2</sup> Immigrants and refugees from all over the world, including Asia, the Horn of Africa, Central America and the former Soviet Union, reside in King County. 2010 Census data show more than 1 in 3 residents is a person of color, increasing to almost half among children. The county, especially the southern suburbs, includes several cities and school districts in which racial minorities are now the majority population. One out of every five residents (over 420,000 adults and children) now lives below 200% of the federal poverty level<sup>3</sup>. Twenty-three percent of residents speak a language other than English, and 19% are foreign-born.

Public Health is prepared to meet the needs of the diverse population it serves, especially its most vulnerable residents. Public Health's Vulnerable Populations Action Team (VPAT) provides an equity monitoring function during an emergency and assures that impacts to vulnerable population groups are identified, advocated for, and addressed in response planning. The *Vulnerable Populations Response Plan* details how

---

<sup>1</sup> AOL News. America's Most Diverse ZIP Code Shows the Way.

<http://www.aolnews.com/2010/03/25/opinion-americas-most-diverse-zip-code-shows-the-way/>

<sup>2</sup> Remade in America. Diversity in the Classroom. *The New York Times*. <http://projects.nytimes.com/immigration/enrollment>

<sup>3</sup> <http://www.insurance.wa.gov/legislative/reports/2011-uninsured-report.pdf>

Public Health's VPAT is integrated into all emergency operations, including a MCM response. The plan includes guidance and objectives for the Public Health VPAT when the MCM Plan is activated.

Additional planning tools designed to identify and address the needs of vulnerable populations are attached to this plan.

A. Attachments:

- Public Medication Center Demographics: Census data (e.g. race, ethnicity, income, language, etc.) for communities served by Public Medication Centers. Recommendations for Public Medication Centers (e.g. interpreters, materials, site layout, etc.) based on demographics are included
- Vulnerable Populations Matrix: Defines vulnerable populations, how those populations would be reached during a MCM response operation, and methods of dispensing MCM to those populations

B. References:

- Equity and Social Justice Report: Additional analysis of demographics and mapping of at-risk populations
- Hazard Vulnerability Analysis: Contains scenarios (MCM specific: Disease Outbreak) and definitions of impact. Scenarios are given scores on likelihood and credibility and are charted to impacts to essential services, including water, sanitation, healthcare, etc. HVA is used to inform all Public Health ESF 8 plans, including MCM plan
- Social Vulnerability Index Map: CDC Social Vulnerability Index (2011) with recalculations conducted in 2013. Map also includes critical infrastructure, POD locations, ACF locations, etc.
- Vulnerable Populations Response Plan: Includes actions to take to ensure essential public health information reaches vulnerable populations and information exchange protocols with the Community Communication Network. Special considerations for MCM planning are attached to the Vulnerable Populations Response Plan

## V. Planning Assumptions and Priorities

- King County is divided into three Emergency Coordination Zones: Zone 1 (North and East County, 720,000 persons), Zone 3 (South County, 640,000 persons), and Zone 5 (Seattle, 608,000 persons).
- MCM may need to be dispensed to the entire population of King County, approximately 2 million people.
- Individuals who work in Seattle and King County, receive medical care in King County, or are traveling through this region may elect to access emergency medications from locations in King County even though they reside in other counties.
- A MCM response operation must incorporate and address the unique needs and circumstances of vulnerable populations that are economically disadvantaged, homeless, have limited language proficiency, have disabilities (physical, mental, sensory, or cognitive limitations), have special medical needs, experience cultural or geographic isolation, or are vulnerable due to age, as well as those of incarcerated persons. Specific measures will be taken to ensure that these populations will have accessibility to information and medications.
- Incidents involving a MCM response operation may necessitate local and state-level emergency proclamations.
  - The circumstances of an incident may necessitate the Local Health Officer (LHO) or his/her designee coordinating with the County Executive to request the Governor to waive state laws and rules associated with prescribing, storing, handling and dispensing medications for

the duration of the incident. In these instances, the request will be in writing and will state that all applicable state laws and rules associated with pharmaceuticals be waived by the Governor as part of a State Proclamation of Emergency.

- Emergency proclamations at all levels of government will be implemented for all bioterrorist incidents warranting activation of medication dispensing plans and the mobilization of medical equipment and supplies from federal stockpiles.
- Additional non-MCM supplies and resources beyond those available to Public Health on a day-to-day basis may be needed. Procurement of these resources will be coordinated between Public Health and Emergency Coordination Zones under the auspices of the Regional Disaster Response Framework, or may involve requests for mutual aid or state and federal resources.
- Any incident necessitating deployment of MCM from federal stockpiles may affect residents from multiple counties or states. King County may not have timely access to the amount of medications and supplies needed from the federal government.
- During incidents that require large-scale dispensing of MCM, civil unrest may occur and sufficient staffing and security and may not be available.
- The number of health care personnel qualified to administer vaccines or dispense pharmaceuticals, and the number of available volunteers to perform support functions, will limit the rate at which MCM is dispensed.
  - The onset of disease may impact medication center staffing. Responders and/or their families may become ill, reducing the available workforce.
- Storage and materials management requirements (such as cold chain requirements) will limit the number of facilities able to partner with Public Health to dispense MCM.

## **VI. Decision Making**

### **When to Activate this Plan**

The decision to activate the Public Health MCM Plan will be made by the LHO or his/her designee in consultation with Public Health subject matter experts (SMEs). These individuals include, but are not limited to:

- Disease Control Officer, Communicable Diseases and Epidemiology
- Chief of Communicable Disease and Epidemiology
- Public Health Prevention Division Director
- Public Health Medical Director
- Public Health Chief of Staff
- Public Health Preparedness Section Manager
- Public Health Public Information Officer

SMEs from other local, state, and federal agencies may also be consulted before activating this plan. These individuals/agencies include, but are not limited to:

- Seattle Office of Emergency Management
- King County Office of Emergency Management
- King County Executive
- King County Sheriff
- Region 6 Disaster Medical Control Center
- Neighboring jurisdictional health officers
- Washington Department of Health State Epidemiologist, and State Lab Director

- Washington State Secretary of Health
- Centers for Disease Control and Prevention (CDC)

The LHO or his/her designee will work with SMEs to analyze data from public health surveillance systems, reports from healthcare facilities and providers, epidemiological investigations, and field or intelligence reports from local national law enforcement. Clinical, laboratory, or epidemiological factors that may trigger the activation of this plan include, but are not limited to:

- 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 incidence
- 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-contiguous areas
- Atypical aerosol-, food-, or water-borne transmission of a disease
- Deaths or illness among animals that precedes or accompanies human death
- Unexplained increases in emergency medical service requests
- Unexplained increases in antibiotic prescriptions or over-the-counter medication use

The LHO or his/her designee will also work with SMEs to assess emergency conditions. Scenarios that may trigger the activation of this plan include, but are not limited to:

- A chemical, biological, radiological, nuclear, or explosive (CBRNE) incident
- A medical emergency brought on by a natural disaster
- Claim of a biological or chemical release reported by intelligence or law enforcement
- An indication from intelligence sources or law enforcement of an increased potential for a terrorist attack
- Local cases of a novel influenza virus

### **How to Activate this Plan**

The Public Health MCM Plan may be activated by the LHO or his/her designee. When this plan is activated, Health and Medical Area Command (HMAC) will also activate to manage MCM response operations. HMAC serves as a single coordination point to coordinate the overall health and medical operations for all ESF 8 operations, including a MCM response. The *ESF 8 Basic Plan* and *HMAC Procedures Manual* include protocols for activating HMAC and its primary responsibilities.

#### **A. References:**

- COOP Plan: Includes Continuity of Operations (COOP) policies/protocols. May need to be activated in conjunction with the MCM plan depending on impacts to essential services
- ESF 8 Basic Plan: Includes the activation policies/protocols and primary responsibilities of HMAC
- HMAC Procedures Manual: Documents for activating and operating HMAC include,
  - Activation Checklist
  - Communications Overview
  - EOC Equipment Set-Up Instructions

- Facilities Overview
- Logistics Section Overview
- Operations Section Overview
- Planning Section Overview

## VII. Concept of Operations

### Command and Control

MCM response operations described in this plan will be carried out through the implementation of the Incident Command System (ICS), as specified in Public Health's *ESF 8 Basic Plan*. Response operations will occur under the authorization and authority of the LHO or his/her designee. Other Public Health officials may be required to serve in place of the LHO should s/he be incapacitated or unavailable per the established order of succession:

1. Prevention Division Director
2. Chief of Communicable Disease and Epidemiology
3. Disease Control Officer, Chief of Chronic Disease/Injury Prevention

HMAC will coordinate overall health and medical operations for MCM response operations. Depending on the scope and scale of the incident, other agencies may activate command centers to coordinate response activity, resource allocation, and situational awareness. These command centers may include local jurisdictional EOCS, the King County RCECC, and/or Washington State EOC. Close coordination will occur between HMAC and these command centers, especially when resources from other ESFs, such as transportation and mass care, are required during operations.

#### A. References:

- COOP Plan: Describes orders of succession and the transfer of command and control if necessary
- ESF 8 Basic Plan: Includes the activation policies/protocols and primary responsibilities of HMAC
- HMAC Procedures Manual: Documents for establishing Command and Control in HMAC include,
  - Organization Chart
  - Staffing Roles

### Initial Notifications

Initial notifications will be sent to appropriate Public Health leads and partner agencies via HMAC. These notifications may be used to inform parties that the Public Health MCM Plan has been activated, to provide information regarding the size and scope of the incident, and to begin establishing operational plans and timelines.

Initial notifications may be sent by HMAC to the following parties via multiple channels (e-mail, voicemail, and/or text) when, upon activation, the LHO or his/her designee and SMEs determine that the incident response will involve distributing MCM through normal everyday channels:

- Public Health Executive Team
- Public Health Preparedness Section staff
- Public Health Duty Officers and Emergency Operations Center (EOC) Representatives
- Public Health Communications Team
- Healthcare for the Homeless Providers
- Local jurisdictional EOCs

- Northwest Healthcare Response Network (NWHRN)
  - NWHRN represents all healthcare systems
- Washington State Pharmacy Association (WSPA)
- Washington State Department of Health (DOH)
- Washington State EOC

Messaging in these initial notifications may include objectives, operational time periods, and contact information for HMAC. An initial notification may include the following language:

*Public Health – Seattle & King County’s Health and Medical Area Command (HMACH) has activated to respond to [incident] and provide support to the healthcare system as needed. Our initial objectives include: [List objectives]. We are currently operating Monday through Friday, 8AM – 5PM, and plan to issue daily situation report beginning [date]. If you need assistance please contact our Duty Officer at xxx-xxxx.*

HMACH may notify additional parties if it is determined that normal everyday channels must be augmented by additional MCM response strategies. These strategies may necessitate Public Health requesting MCM from federal stockpiles. Parties that may receive these notifications include, but are not limited to:

- Seattle Police Department (SPD)
- Seattle Fire Department (SFD)
- King County Medic One
- King County Office of Emergency Management (OEM)
- King County Regional Communications and Emergency Coordination Center (RCECC)
- Muckleshoot Tribe
- Snoqualmie Tribe
- Commercial vaccinators, including pharmacies
- Community-based programs and organizations

Messaging for incidents that involve coordinating multiple partners and implementing strategies beyond normal everyday distribution channels may include more direct and immediate calls to action. An initial notification may include the following language:

*This is an urgent alert from Public Health – Seattle & King County. An incident warranting deployment of the Strategic National Stockpile has occurred and Public Health – Seattle & King County is activating its mass dispensing plans. We anticipate that healthcare organizations and other dispensing partners will likely need to activate their facility dispensing plans. All dispensing partners are requested to join a conference call at xx:xx and stand by for further instructions. The conference number is xxx-xxx-xxxx and the passcode is xxxxx. If you are unable to join this conference call, please contact Health and Medical Area Command at xxx-xxxx.*

Public Health maintains a contact roster of operational leads and a notification matrix as a part of the *HMACH Procedures Manual*. The *Vulnerable Populations Response Plan* contains a contact roster of community-based organizations and programs.

#### A. References:

- HMACH Procedures Manual: Documents for sending out initial notifications include,
  - Distribution List Matrix Master
  - Key Contact List

- Vulnerable Populations Response Plan: Includes actions to take to ensure essential public health information reaches vulnerable populations and information exchange protocols with the Community Communication Network
  - CCN Member List

### **Ongoing Notifications and Communications**

All parties will receive ongoing updates through HMAC Situation Reports and Snapshot Reports. A Situation Report is a summary document disseminated at the end of an operational period and updates parties on the current status of the incident by summarizing key decisions, actions, and outcomes. Snapshot Reports are brief situational awareness updates that may be disseminated multiple times during an operational period. The *HMAC Procedures Manual* includes templates for both Situation Reports and Snapshot Reports.

Other ways HMAC may share updates and communicate with partners include, but are not limited to:

- Conference calls: Parties may ask to join conference calls to receive situational awareness, updates on operations, and timelines of events.
- Guidance bulletins: Fact sheets written by SMEs will be disseminated as necessary.
- WATrac: An online system used by healthcare agencies to coordinate activities, WATrac chatrooms and other tools may be used to communicate in real-time with partners.

#### **A. References:**

- HMAC Procedures Manual: Documents for sending ongoing notifications and communications include,
  - Information Sharing Policy
  - Intel Strategy Overview
  - Intel Strategy Template
  - Planning Section Overview
  - Situation Report Template
  - Snapshot Report Template

### **Dispensing Models and Modalities**

Public Health uses a “medical model” as the standard of care to dispense MCM and will support existing infrastructure, including healthcare facilities, clinics, and pharmacies, during response operations. The medical model is appropriate for incidents where time is not a factor and life safety risk is very low.

Additional features of the medical model include:

- Registration forms and/or other tracking mechanisms are used
- MCM is dispensed only by appropriately licensed personnel
- MCM may be prepared and/or administered onsite

Non-medical or “mass protection” dispensing models may be approved by the LHO or his/her designee and will only occur when existing infrastructure is insufficient to effectively respond to the incident. The mass protection model is appropriate for incidents where life safety is at risk and MCM must be dispensed as quickly as possible. Additional features of the mass protection model include:

- Registration forms and/or tracking mechanisms may be shortened or eliminated
- MCM is dispensed by trained, although possibly unlicensed, personnel
- MCM is not administered onsite and head-of-household pickup protocols may be used

The LHO or his/her designee will, in consultation with SMEs, determine at the time of an incident whether the medical or mass protection dispensing model is necessary and appropriate to dispense MCM. Factors to consider when deciding between the models include, but are not limited to:

- Potential number of individuals to be served
- Demographics of individuals to be served
  - Special considerations for vulnerable populations, including transportation, mobility, and language barriers
- Timeframe for execution (e.g. hours, days, weeks)
- Estimated staffing resources required
- Assessment of resource needs/availability
- Security considerations
- Medical and behavioral health risks to responders
  - Availability of PPE
- Continuity of operations
  - If facilities and workforces are unavailable or offline
- Historical reference points from previous MCM response operations

HMAC will develop an Incident Action Plan (IAP) based on the dispensing model decided upon by the LHO or his/her designee and SMEs. The IAP will operationalize plans for using dispensing sites and other modalities pre-identified by Public Health to dispense MCM. Any combination of modalities listed below, including all modalities, may be used and/or activated.

A. References:

- HMAC Procedures Manual: Documents for developing an IAP include,
  - IAP Template
  - Planning Section Overview

1. *Public Medication Centers*

Public Medication Centers are dispensing sites which serve the general public. Visitors to these sites do not need to have an affiliation with them in order to receive MCM. There are two types of Public Medication Centers: Public Health-led and Retail Pharmacies.

- Public Health-led: HMAC may request local jurisdictional EOCs to activate Public Medication Centers at their respective municipal facilities, including *REDACTED*. Memoranda of Understanding (MOUs) are in place with local jurisdictions and other agencies designating the use of their facilities as Public Medication Centers that would be led and operated by Public Health. HMAC may choose to activate sites individually or all at once depending on the incident. Planning considerations for establishing Public Health-led Public Medication Centers include, but are not limited to:
  - Throughput
    - Based on best practices and real world events, Public Health has determined that a throughput rate of 50 persons per hour per antibiotics (pills) dispenser is an obtainable target.
      - Under Head of Household dispensing policies, it is assumed that each dispenser can affectively reach 150 persons per hour using a multiplier of 3x.
      - A throughput rate of 15 persons per hour per vaccinator is an obtainable target.

- Floor plans have been designed to achieve optimal throughput rates at *REDACTED*. Floor plans are included in site assessments attached to this plan.
- Throughput rate(s) in conjunction with the size of the affected population and the timeframe for operations will determine staffing levels and how many Public Medication Centers must be activated.
- Staffing
  - Public Health personnel may be called upon to staff Public Medication Centers. All staff will be provided with Just-In-Time Training or an operations briefing prior to serving in any operational capacity. All assignments will endeavor to match the assigned role with a role as close to the day-to-day responsibilities of the staff as possible. Public Health has created the Medication Center Response Team, comprised of King County personnel trained to assist at Public Medication Centers during an emergency, to facilitate filling staffing needs at Public Medication Centers.
  - Volunteers from the Public Health Reserve Corps and *REDACTED* may be requested to serve in medical and nonmedical roles.
  - Contracted vaccinators and support staff will be used when staffing needs are unable to be met by King County personnel and/or volunteers.
  - All staff will receive medications for themselves and their family members prior to opening the Public Medication Center.
  - Further detail related to staffing plans is found in the “Finance and Administration” section of this plan and Public Health’s *Workforce Mobilization Plan*.
- Security
  - HMAC will make a request to local jurisdictional EOCs to provide security at Public Health-led Public Medication Centers.
  - If local law enforcement cannot provide security, local jurisdictional EOCs will be responsible for contracting with private details or security firms.
  - All pre-assessed municipal facilities that may be established as Public Medication Centers have security and site assessments completed by Public Health and local law enforcement agencies. Completed site assessments are attached to this plan.
  - All security details, operational protocols, and facility management will be in accordance with local jurisdictions’ law enforcement agencies’ policies and procedures.
  - All staff will be required to wear badging identifying their respective agency or affiliation.
- Logistics
  - Site assessments for all equipment and resources already on hand at municipal facilities are attached to this plan.
  - HMAC will make a request to local jurisdictional EOCs and/or King County RCECC to provide nonmedical logistical support.
  - Support that may be needed include non-MCM supplies (e.g. tables, chairs, general office, etc.), equipment to facilitate moving MCM (e.g. pallet jack, hand carts), and communications (e.g. phone access, Internet).
  - The resource request process is mapped in the *HMAC Procedures Manual*.
- Vulnerable Populations

- Tools (e.g. telephonic interpretation services, signage, TTY, etc.) have been pre-established by Public Health to assist visitors at Public Health-led Public Medication Centers who may be non-English speakers, deaf, or have low literacy rates.
- ADA Compliance has been ensured at all municipal facilities that may be established as Public Medication Centers. Documentation on accessibility is included in the site assessments attached to this plan.
- Further detail related to identifying and addressing the needs of vulnerable populations who may visit Public Medication Centers is found in Public Health’s *Vulnerable Populations Response Plan* and *Emergency Communications Plan*.
- Public Information
  - Messaging and documents have been pre-established by Public Health to assist in directing the public to Public Health-led Public Medication Centers.
  - Public Health through its Communications Office maintains the capacity and relationships required to communicate public information to residents and visitors within King County, including vulnerable populations. Further detail related to public information is found in the “Public Information” section of this plan and Public Health’s *Emergency Communications Plan*.

A. Attachments:

- Mass Vaccination Planning Checklist: Planning checklist for Public Medication Centers, including operations, facility, staffing, logistics, finance/admin, and public information
- Medication Center Master List: Includes locations, contact information, size of population served, and estimated throughput rates for dispensing modalities
- Public Medication Center MOUs: Agreements with local jurisdictions and other agencies designating the use of their facilities as Public Health-led Public Medication Centers that would be led and operated by Public Health
  - Local Jurisdictions and other agencies (PUB1 – PUB8)
- Public Medication Center Site Assessments: Floor plans, logistics, and security for facilities that may be used as Public Medication Centers
- Vulnerable Populations Matrix: Defines vulnerable populations, how those populations would be reached during a MCM response operation, and methods of dispensing MCM to those populations

B. References:

- COOP Plan: Defines Level 1 staff and the redeployment of personnel to provide essential services if necessary
- Emergency Communications Plan: Contains tools (e.g. telephonic interpretation services, signage, TTY, etc.) pre-established by Public Health to assist visitors at Public Health-led Public Medication Centers who may be non-English speakers, deaf, or have low literacy rates
- HMAC Procedures Manual: Documents for activating and operating Public Health-led Public Medication Centers include,
  - HMAC Key Contact List
  - Resource Request Process Map
- Vulnerable Populations Response Plan: Includes actions to take to ensure essential public health information reaches vulnerable populations, such as how to obtain MCM from Public Health-led Public Medication Centers

- Retail Pharmacies: Public Health has MOUs in place with retail pharmacies that have agreed to their store locations can operate as Public Medication Centers in King County. HMAC may request assistance of a pharmacy by contacting the designated representative of that pharmacy. Actions taken by the pharmacy pursuant to that request are voluntary and in the pharmacy’s sole discretion. If the pharmacy agrees to serve as a Public Medication Center, pharmacies will receive, store, and dispense MCM to the general public. Pharmacies are responsible for identifying the approximate number of individuals that could be accommodated in a specified time period and communicate that information to HMAC. Pharmacies will then receive direct delivery of MCM from DOH Receiving, Staging, and Storing (RSS) sites.

A. Attachments:

- Pharmacy MOUs: Agreements with retail pharmacies designating the use of their stores as Public Medication Centers
  - Pharmacies (PHARM1 – PHARM6)

2. *Private Medication Centers*

Private Medication Centers are dispensing sites operated by a healthcare, government, nonprofit, or private organization. They serve “closed” populations, such as hospital patients/clients, employees and their families, and college students. Private Medication Centers are not open to the general public.

A Private Medication Center may only be established if the host organization has an agreement in place with Public Health. As a part of this agreement, the host organization must provide the following to Public Health:

- The number of individuals (e.g. employees, employees’ families, volunteers, etc.) that will receive MCM at the Private Medication Center.
- The locations of the sites/facilities that will be receiving deliveries of MCM.
- The contact information for organization representatives that will stay in communication with Public Health and provide status updates during a MCM response operation.

Additional obligations a host organization must meet in order to become a Private Medication Center include, but are not limited to, providing security at their site(s) and participating in training and exercises sponsored by Public Health. If an agreement is not in place, the host organization’s populations will be considered part of the general public and will receive MCM at Public Medication Centers.

HMAC may request Private Medication Centers to open individually or all at once depending on the incident. Private Medication Centers are categorized by the type of closed populations they serve.

- Public Health (Staff, Families)
  - Priority 1 Public Health staff with job functions that must continue 24/7 without interruptions for life safety reasons will report to a designated location, as determined by HMAC, to receive MCM. Family members of Priority 1 staff are also eligible to receive MCM at this location.
- First Responder Agencies (Police, Fire, Emergency Medical, Dispatch Personnel; Families)
  - First Responders, including all local law enforcement, fire, emergency medical, and E-911 dispatch, located in King County maintain dispensing plans to provide public safety

personnel with immediate access to medication. Personnel's families are also included in these plans.

- Per the *Public Health/Local Fire Emergency Pharmaceutical Storage and Distribution Plan*, a total of 62 First Responder medication centers will be coordinated through the SFD and their respective zones to dispense and receive medications for their staff and families.
- A MOU between Public Health and SFD outlining responsibilities for dispensing MCM to First Responders is attached to this plan.

A. Attachments:

- First Responder MOU: Agreement with Public Health and SFD outlining responsibilities for dispensing MCM to First Responders
- Healthcare systems (Patients/Clients, Staff, Families)
  - Public Health has made available trainings and materials to assist healthcare systems with planning to receive, store, and dispense MCM to patients/clients, families, and staff.
  - In consultation with NWHRN, HMAAC will establish clinical guidance for dispensing MCM at healthcare systems with facilities located *only* in King County ordering MCM. Healthcare systems will be required to track all MCM dispensed and report inventory levels to HMAAC. NWHRN may facilitate the tracking and reporting process.
  - HMAAC will coordinate with NWHRN to activate healthcare systems as Private Medication Centers. Healthcare systems may request MCM via NWHRN, and NWHRN will fill the request through connecting the requesting healthcare system with vendors or coordinating other forms of mutual aid. If NWHRN is unable to fill the request, NWHRN will forward the request to HMAAC. Further detail related to how HMAAC requests resources is found in the "Requesting MCM from the Strategic National Stockpile" section of this plan.
  - Healthcare systems may be requested and/or choose to serve the general public and operate as Public Medication Centers upon the conclusion of dispensing MCM to its own closed populations. Healthcare systems, NWHRN and HMAAC will negotiate shifting from operating as Public Medication Centers to Private Medication Centers as warranted by the incident.
  - Healthcare systems with facilities in *multiple counties* will order MCM through the health department in which their state headquarters are located. Some facilities located in King County will therefore be supported by neighboring health departments.

A. Attachments:

- Medication Center Master List: Includes locations, contact information, size of population served, and estimated throughput rates for dispensing modalities

B. References:

- HMAAC Procedures Manual: Documents detailing how healthcare systems request resources through HMAAC include,
  - Resource Request Process Map
- Critical Infrastructure (Staff, Families)
  - Critical Infrastructure within King County includes Energy, Information Technology, Telecommunications, Water and Wastewater, and Transportation as defined by the *Washington State Homeland Security Region 6 Critical Infrastructure Protection Plan*.



from operating as Public Medication Centers to Private Medication Centers as warranted by the incident.

- Business and private agencies are responsible for writing and maintaining their dispensing plans, such as determining their closed populations (typically employees and families), where MCM will be received, stored, and dispensed, and security.

A. Attachments:

- Private Medication Center MOUs: Agreements with healthcare, government, nonprofit, and/or private organizations designating them as Private Medication Centers
  - Private Medication Centers (PRIV1 – PRIV12)

### **Requesting MCM from the Strategic National Stockpile**

The Strategic National Stockpile (SNS) is a national repository of MCM designed to supplement and re-supply local and state public health agencies in the event of a national emergency anywhere and at any time within the United States. MCM may come in two forms:

1. *Push Pack*

The SNS Push Pack is a pre-loaded kit with a variety of MCM which are pre-loaded for quick movement. MCM will be airlifted from strategic national locations, and shipped to DOH RSS site(s), where resources will be assembled and delivered via trailer (with State and local police escorts) to a location designated by the requesting jurisdiction. The Push Pack contains:

- *REDACTED*

All medical supplies requiring cold-chain management are stored in electronically monitored units. Syringes for vaccines other than smallpox are not included in shipped material.

2. *Managed Inventory*

Managed Inventory refers to the specific item support that can be provided by the federal government following the initial push of medication. It contains the entire inventory listed within the Push Pack, and can be picked, packaged, and shipped based on need.

Only the LHO or his/her designee has the authority to request MCM from the SNS. HMAC may facilitate the request process by coordinating and communicating with external parties. The request process follows the regular standard resource request process coordinated between HMAC, King County RCECC, and Washington State EOC. The request process includes the following steps:

1. The LHO or his/her designee will request MCM from the SNS through the King County RCECC.
  - HMAC will facilitate transmitting a formal written request to the King County RCECC. This request will include:
    - A detailed description of the incident
    - Any results of specimen testing
    - Any evidence of terrorism or suspected terrorism
    - Information on the decisions already made regarding the response
    - A list of the pharmaceutical and other medical resources needed by Public Health
    - The window of time (if known and applicable) during which resources must be distributed to be effective

- The approximate number of each resource needed (quantities when known, number of victims to be treated when known)
  - Specific facility names and locations where resources must be delivered
  - Specific contact names for facilities
  - HMAC may also request that the King County RCECC issue a local proclamation of emergency and recommend that the King County Executive requests the Governor to declare a State of Emergency, waiving laws and statues which pertain to dispensing medications.
  - HMAC will notify DOH that a request to deploy MCM from the SNS has been submitted to the King County RCECC.
2. King County RCECC will document the request and notify the Washington State EOC that a formal written request to deploy MCM from the SNS is forthcoming.
  3. King County RCECC will submit the formal written request to the Washington State EOC.
  4. The Governor, Lieutenant Governor, Secretary of Health, and/or State Health Officer are authorized to approve and forward the formal written request to the CDC. The Washington State EOC may facilitate the request process by coordinating and communicating with external parties.
    - The request for MCM from the SNS will be accompanied by a State of Emergency declaration by the Governor and a designation of a mission/incident number from the Washington State EOC.
  5. HMAC may also submit a blanket resource request following the process described above. This request will ask for MCM from the SNS to be “pushed” until HMAC notifies the King County RCECC, which will then notify the Washington State EOC, to slow, stop, or adjust inventory delivery. Ongoing resupply requests are not required as MCM from the SNS are pushed until no longer needed.

Some or all of these steps may be followed to request MCM from sources other than SNS. HMAC would request support from King County RCECC for jurisdictional and regional supplies; if the original request is not able to be filled by King County RCECC, it may be forwarded to the Washington State EOC.

### **Receiving MCM from DOH**

From the time the CDC approves the request for deployment of MCM from the SNS, it will take up to 12 hours for MCM to arrive at the DOH RSS site(s). Once DOH takes possession of MCM from the CDC, it will breakdown and repackage MCM by type and quantity according to specific instructions provided in the original written request.

If MCM from a vendor other than or in compliment to the CDC are ordered, it is anticipated that this inventory will be received by DOH in the same time frame (up to 12 hours) as a SNS Push Pack. Breakdown and repackage of vendor MCM by DOH will occur in the same manner as it does for MCM from the SNS.

DOH will label all medications in accordance with state and federal regulations. Labels applied by DOH will identify the LHO as the prescriber of medications for Public Health. HMAC will then work with local jurisdictional EOCs, King County RCECC, and DOH to finalize the distribution process to all facilities/sites identified in the original written request that will receive, store, and dispense MCM. DOH is responsible for transporting MCM from the RSS to all receiving locations, including but not limited to:

- Public Health’s Local Distribution Site (LDS)

- Public Medication Centers
- Private Medication Centers

Demand for MCM may exceed available supply in the early stages of a response operation. During this period of restricted supply, HMAC will prioritize transporting MCM from the RSS to receiving locations that:

- Serve populations most at risk for severe illness and/or death
- Serve the greatest number of individuals
- Preserve the continuity of operations for critical services (e.g. hospitals, critical infrastructure)

It will take up to 8 hours for DOH to transport MCM to receiving locations. The LDS will receive MCM directly from DOH and will store MCM for future transport to and/or pickup by Public Medication Centers and Private Medication Centers. Some Private Medication Centers, however, may be eligible to receive a direct delivery from DOH.

Site assessments for Public Medication Centers attached to this plan detail where MCM can be received at each respective location. Private Medication Centers are responsible for developing their own plan to receive MCM; guidance is offered to host organizations for developing their own site assessments. Chain of custody is transferred from DOH to receiving locations for all MCM delivered and received.

A. Attachments:

- Public Medication Center Site Assessments: Floor plans, logistics, and security for facilities that may be used as Public Medication Centers

**Managing and Distributing MCM from Local Distribution Sites**

A site assessment for Public Health’s LDS is attached to this plan.

Name of Facility	Address
REDACTED	REDACTED

The LDS will maintain chain of custody for all MCM received by Public Health from DOH. Forms requiring signatures will be used any time MCM is distributed to and received by a new party. A sample chain of custody form is attached to this plan.

All MCM containing control substances should be received at the Public Health Central Pharmacy, a site identified with Power of Attorney to sign Drug Enforcement Administration (DEA) Form 222. The LHO or his/her designee may also contact the DEA to seek authorization to ship control substances to an alternate LDS. HMAC may facilitate making this request.

MCM received at the LDS will be inventoried into Barcode, Public Health’s dispensary inventory system. A user guide for operating Barcode is attached to this plan. To ensure appropriate data collection for quality, safety, and adverse event concerns, Barcode has the capacity to track:

- Product Description
- Product Size
- Unit of Use

- National Drug Code
- Lot Number
- Expiration Dates

Public Health will use King County’s general inventory system, Oracle, to inventory and track MCM if Barcode is unavailable or offline. A user guide for operating Oracle is on file and maintained by King County’s Business Resource Center.

Once MCM has been received and inventoried at the LDS, MCM will be repackaged and distributed to Public Medication Centers per the HMAAC IAP. Barcode may be used to electronically maintain chain of custody and track the distribution of MCM from the LDS to Public Medication Centers. Paper withdrawal forms may be used in conjunction with or in place of Barcode to track the distribution and/or pickup of MCM. Sample withdrawal forms are attached to this plan.

Public Health Distribution Center staff (*REDACTED*) and vehicles (*REDACTED*) are the primary resources that will be used to repackage and distribute MCM from the LDS. HMAAC may send a request to the King County RCECC for additional warehouse staff to assist with repackaging. HMAAC may also augment distribution resources with Public Health’s full fleet of vehicles (*REDACTED*), and if necessary, invoke a contract with a third party courier vendor on file and maintained by King County’s Contract, Procurement and Real Estate Services. Just-in-Time Training will be made available to all LDS staff and is attached to this plan.

Routes for delivery of MCM from the LDS to Public Medication Centers will depend on which Local Distribution Sites and Public Medication Centers are activated. Delivery schedules and routes taken by *REDACTED* as a part of normal operations are attached to this plan, and HMAAC may modify these schedules/routes at the time of an incident. The locations of all sites are also attached to this plan.

Private Medication Centers that are not eligible to receive a direct shipment of MCM from a DOH RSS must arrange to pick up MCM from the LDS as directed by HMAAC. Instructions and withdrawal forms will be provided by HMAAC to a Private Medication Centers to pick up MCM at the LDS.

Some MCM, such as vaccines, require refrigeration at all times during the receiving and distribution process until ready to be dispensed/administered. Protocols for maintaining a “cold chain” system are attached to this plan.

A. Attachments:

- Antibiotic Withdrawal: Form that may be used to track the distribution and/or pickup of antibiotics
- Antiviral Withdrawal: Form that may be used to track the distribution and/or pickup of antivirals
- Barcode User Guide: Procedures to operate Barcode, the primary inventory management system
- Chain of Custody Form: Form used to maintain chain of custody when MCM is distributed and/or received by new parties
- Cold Chain Procedures: Instructions and guidance for maintaining cold chain for MCM
- Delivery Schedule North: Typical delivery schedules and routes taken by *REDACTED* serving northern King County
- Delivery Schedule South: Typical delivery schedules and routes taken by *REDACTED* serving southern King County
- JITT Local Distribution Sites: JITT and Job Action Sheets for positions at Local Distribution Sites

- Local Distribution Site Assessments: Floor plans, logistics, and security for facilities that may be used as Local Distribution Sites
- Medication Center Master List: Includes locations, contact information, size of population served, and estimated throughput rates for dispensing modalities

B. References:

- HMAC Procedures Manual: Documents for requesting transportation assets from King County include,
  - *REDACTED*
- Oracle User Guide: Procedures to operate Oracle, a back-up inventory management system
- REDACTED: Third party vendor contract for courier services
- Workforce Mobilization Plan: Procedures to activate and deploy Public Health Response Teams and other personnel to Local Distribution Sites

**Public Safety during a MCM Response Operation**

HMAC will coordinate with local jurisdictional EOCs for all operations that require any type of security detail. Local jurisdictional EOCs and local law enforcement are included in the initial notifications related to a MCM response operation.

All public safety operations will be managed by the rules and practices of local jurisdictional EOCs and/or local law enforcement. Neither Public Health nor HMAC is responsible for public safety operations. HMAC will, however, provide planning considerations/situational awareness and maintain communication with local jurisdictional EOCs and law enforcement as needed.

HMAC will request security details for two components of the response operation: transporting MCM and facility security. These requests may be accepted, modified, or rejected depending on the scope/scale of the incident and the current priorities of local jurisdictional EOCs and local law enforcement.

1. *Transporting MCM*

The Washington State Patrol will provide vehicle escorts for all deliveries from DOH to Local Distribution Sites, Public Medication Centers, and/or Private Medication Centers. Local law enforcement is responsible for the escorted transfer of all MCM deliveries from the LDS to Public Medication Centers and/or Private Medication Centers.

- A Private Medication Center that operates multiple dispensing sites (e.g. separate “campus” locations) is responsible for ensuring the safe transport of MCM to these various sites. Local law enforcement is only responsible for a vehicle escort to the Private Medication Center’s primary receiving location.
- If a Private Medication Center picks up MCM from the LDS, it must provide its own security detail.
- If local law enforcement is unavailable to provide vehicle escorts, Public Health will coordinate with local jurisdictional EOCs to contract with a private security company.

2. *Facility Security*

All pre-assessed facilities (Local Distribution Sites, Public Medication Centers) as part of this plan have building security plans maintained by Public Health and are shared with local law enforcement. All security details, operational protocols, and facility management will be in accordance with local law enforcement procedures and will not be developed explicitly for MCM response operations.

- HMAC will provide local jurisdictional EOCs and local law enforcement with the location(s) where security is needed and a current version of the site assessment(s) on file.
- Local law enforcement reserves the right to alter any site assessments and/or operate off of their own security plans.
- All personnel (Public Health staff, Public Health Reserve Corps) will be required to wear badging identifying their respective agency or affiliation.
- A Private Medication Center is responsible for providing its own security detail for its facilities.
- If local law enforcement is unavailable to provide facility security, Public Health will coordinate with local jurisdictional EOCs to contract with a private security company.

A. Attachments:

- Local Distribution Site Assessments: Floor plans, logistics, and security for facilities that may be used as Local Distribution Sites
- Public Medication Center Site Assessments: Floor plans, logistics, and security for facilities that may be used as Public Medication Centers

B. References:

- HMAC Procedures Manual: Documents for sourcing security assets include,
  - Security Company Procurement Procedures

### Dispensing Policies

Public Health has established a set of dispensing policies that must be followed at each Public Medication Center and Private Medication Center. The LHO or his/her designee may alter or adjust these policies based upon the nature of the incident and other factors that may influence decision making, such as timelines, patient throughput, and public safety concerns. HMAC will communicate these policies to all Public Medication Centers and Private Medication Centers at the time of an incident.

- Responder Safety and Health
  - Standards for responder health and safety, including PPE, will be set by the LHO or his/her designee in consultation with SMEs. Health and safety risks will be considered and identified when assessing the incident and deciding to activate this plan.
  - Everyday guidelines for responder safety and health, including PPE, are found in the *King County Safety Policy, Sections 10 and 11*. These guidelines may be reinforced and/or modified to fit the incident.
  - Additional considerations for responder safety and health are found in Public Health's *Workforce Mobilization Plan*.
- Head of Household/number of regimens
  - A head of household or household representative, which may include an unaccompanied minor age 16 or older, may obtain MCM on behalf of his or her immediate family residing at the same address. Public Medication Center and/or Private Medication Center staff may rely on the parent's assertion of family size. Individuals obtaining MCM on behalf of family member(s) may be asked to attest in writing to a family relationship in accordance with this policy.
- Minimum identification requirements

- Individuals will be asked to provide at least name, age, and zip code on their screening forms in order to obtain MCM. Proof of identification or residency will not be required. A telephone number is also required for adverse event monitoring.
- Unaccompanied minors
  - Emancipated minors and mature minors ages 16 or older have the right to obtain MCM without obtaining parental consent.
- Processing symptomatic individuals
  - Symptomatic individuals will be redirected away from high traffic areas and immediately transported by EMS to a hospital. If EMS is not located on-site, medication center staff will call 911 to arrange transport.
- Informed consent
  - Informed consent is required only for dispensing drugs or biologics that are classified by the Federal Drug Administration (FDA) as investigational drugs. The requirement for informed consent may be waived if all of the following situations apply:
    - The individual is confronted by a life-threatening (or severely debilitating) situation necessitating the use of the investigational drug or biologic;
    - Informed consent cannot be obtained because of an inability to communicate with, or obtain legally effective consent from, the individual;
    - Time is not sufficient to obtain consent from the individual's legal representative; and
    - No alternative method of approved or generally recognized therapy is available that provides an equal or greater likelihood of saving the individual's life.
- Monitoring information on adverse events
  - HMAC and/or Public Health CD-Epi will track adverse event reporting. Lot numbers will be maintained on all patient records. All individuals obtaining MCM will be provided with Fact Sheets associated with the treatment they have been provided. Individuals will also be directed to national voluntary reporting forms (MedWatch for pharmaceuticals <https://www.accessdata.fda.gov/scripts/medwatch>, VAERS for biologics <http://www.vaers.org/>).
- Standing orders and protocols for medication centers
  - Public Health will dispense medications to the public in accordance with protocol contained herein the standing orders and protocols for medication centers.
- Personnel authorized to dispense during a state of emergency
  - Medication center staff authorized to dispense medications will be identified at the time of the incident by the LHO or his/her designee via a Health Order.
- Liability protection
  - A PREP Act declaration provides immunity from liability, except for willful misconduct, for claims of loss caused, arising out of, relating to, or resulting from administration or use of MCM. When issued by the Secretary of the Department of Health and Human Services, all medication center staff is provided immunity from liability by the PREP Act declaration.

Public Health Reserve Corps volunteers are provided additional protection through the Revised Code of Washington (RCW) 38.52.

- Workers' compensation
  - Claims of workers' compensation will be handled by the King County Safety and Claims Management Office per the King County Accident Prevention Program Safety Policies and Procedures, Substantial Exposure Policy, and/or King County Department Policies and Procedures.
- Procurement of private property
  - The governor and chief executives of counties, cities and towns may utilize the services, equipment, supplies and facilities of existing departments, offices and agencies of the state and all political subdivisions and special purpose districts. Through the issue of an emergency proclamation, the governor and chief executives of counties, cities and towns shall have the power to command the service and equipment of as many citizens and private equipment as deemed necessary to address the needs of the incident.

A. Attachments:

- Standing Orders – Medications: Sample standing orders and protocols for dispensing medications to adults and children
- Standing Orders – Vaccinations: Sample standing orders and protocols for administering vaccines to adults and children

B. References:

- King County Safety Policy, Section 10 and 11: Guidance and instructions for responder safety and health, including PPE selection, fitting, and training
- Workforce Mobilization Plan: Outlines responsibilities of Public Health to deployed personnel, including ensuring responder safety and health and providing PPE

### Dispensing Operations

HMAC will provide Public Medication Centers and Private Medication Centers with dispensing procedures in order to ensure effective and efficient operations at all sites. The LHO or his/her designee may alter or adjust these procedures based upon the nature of the incident and other factors that may influence decision making, such as timelines, patient throughput, and public safety concerns. HMAC will communicate these procedures to all Public Medication Centers and Private Medication Centers at the time of an incident.

- *Protect staff first*
  - All staff should obtain MCM for themselves and families prior to opening and/or working in a medication center.
  - Everyday procedures for training, fit-testing, and using PPE are found in the *King County Safety Policy, Sections 10 and 11*. These procedures may be reinforced and/or modified to fit the incident.
    - PPE Just-in-Time Training for Public Medication Center staff will be provided by HMAC in coordination with the King County Health and Safety Coordinator. For Private Medication Center staff, HMAC will coordinate with occupational health departments for each respective host organization. PPE may include eye, face, head, and hand protection depending on the incident.
  - HMAC will coordinate safety and health Just-in-Time Training and resources for personnel.

- HMAC is responsible for providing direct services to Public Health staff and Public Health Reserve Corps volunteers. HMAC is also responsible for providing direct services at any facility (Local Distribution Sites, Public Medication Centers) where Public Health is the manager or operator.
- Private Medication Centers are responsible for providing direct services to their respective staff and personnel. HMAC will give guidance to occupational health departments for each respective host organization
- Additional planning considerations ensuring the physical and behavioral health of deployed personnel are found in Public Health's *Workforce Mobilization Plan*.
- *Begin dispensing operations*
  - Staff at Public Medication Centers will be organized by ICS. HMAC will provide a model ICS structure, but final organization of staff will be determined by the supervisor at his or her respective Public Medication Center. Similarly, Private Medication Centers have been given guidance by Public Health on how to organize response staff, but exact ICS structure is determined by the individual site.
    - All staff should receive Just-in-Time Training and be in place ready to work prior to opening the dispensing site.
    - Although HMAC may instruct a medication center to open at a certain time, the final decision to open rests with the site supervisor and/or local law enforcement. Dispensing sites should only open to the public and/or closed populations when all resources, including staff and MCM, are in place.
  - Individuals obtaining MCM will be directed through the medication center per the site floor plan and setup. Site assessments attached to this plan include floor plans for potential Public Medication Center sites. Private Medication Centers have been given guidance by Public Health on how to construct a floor plan for a dispensing site.
  - Prior to opening Public Medication Centers, Public Health will instruct members of the general public to complete a screening form using an online tool known as Dispense Assist.
    - After completing the online screening form, a voucher for medications will be generated. Individuals will print their vouchers from their homes, bring them to the dispensing site, and submit their vouchers in exchange for the appropriate medications.
    - Using Head of Household, each family member obtaining MCM should complete a screening form, print a voucher for him or herself, and give the voucher to the household representative visiting the dispensing site and picking up medications.
    - Private Medication Centers should instruct their closed populations to also use Dispense Assist. Messaging about Dispense Assist will be provided by HMAC to host organizations.
    - A sample Dispense Assist voucher is attached to this plan.
  - Individuals that do not have access to a computer and/or printer and cannot access Dispense Assist will complete paper screening forms at the Public Medication Center. (This is also true for Private Medication Centers.)
    - Completed paper screening forms will be reviewed by medication center staff to ensure accuracy and completeness.
    - Staff will collect individuals' paper screening forms and dispense the appropriate medications.
    - Using Head of Household, multiple members of the same household may be included on one paper screening form.
    - A sample screening form and training tool are attached to this plan.

- HMAC will provide Public Medication Centers and Private Medication Centers with materials (e.g. Fact Sheets, signage, forms, etc.) and tools (translation services) to ensure services are available to vulnerable populations (e.g. non-English speaking, hearing impaired, visually impaired, limited language proficiency, etc.). Materials and tools are attached to this plan and found in Public Health's *Emergency Communications Plan*.
- *Provide updates to HMAC*
  - Public Medication Centers and Private Medication Centers will be required to provide status updates, such as the number of medication courses dispensed and current throughput rates, to HMAC. Based on the information collected, HMAC may adjust the IAP and/or communicate new instructions and guidance to Public Medication Centers and Private Medication Centers.
    - HMAC will monitor Barcode to access real-time inventory levels for Public Medication Centers. Sites where Barcode is unavailable must track inventory using paper forms and report stock levels to HMAC, which will then input the data into Barcode.
      - Guidelines and tools for medication centers to track inventory and report stock levels are attached to this plan.
      - Medication centers may request additional MCM from HMAC as needed.
      - HMAC will determine when to resupply medication centers given all known elements of the MCM response operation.
    - HMAC will use reported throughput rates and adjust its IAP as needed to ensure the entire affected population will obtain MCM within the operational timeframe.
      - Dispensing modalities may be added or subtracted.
      - Staffing may be augmented, reduced, and/or shifted at dispensing modalities.
      - Estimates for throughput rates are included in the Medication Center Master List attachment and should be used as baseline data to compare actual throughput rates.
    - HMAC and/or Public Health CD-Epi will track adverse event reporting.
      - HMAC will issue Just-in-Time Training protocols for staff to adhere to when reporting adverse events. A sample protocol that may be modified depending on the incident is attached to this plan.
      - Adverse event reporting is also included in Just-in-Time Training Job Cards that are attached to this plan.
      - Information Sheets with adverse event reporting instructions are handed to individuals after they obtain MCM. Sample Information Sheets are attached to this plan.
    - HMAC will monitor the health and safety of all responders
      - Standards for responder health and safety, including PPE, may be changed from when the incident was first assessed. Physical and behavioral health resources and services for personnel may also be adjusted.

A. Attachments:

- Fact Sheet Amoxicillin: Sample Fact Sheet for taking Amoxicillin and monitoring for adverse reactions
- Fact Sheet Ciprofloxacin: Sample Fact Sheet for taking Ciprofloxacin and monitoring for adverse reactions
- Fact Sheet Doxycycline: Sample Fact Sheet for taking Doxycycline and monitoring for adverse reactions

- Fact Sheet EUA Doxycycline: Sample EUA Fact Sheet for taking Doxycycline and monitoring for adverse reactions
- JITT Adverse Event Reporting Protocols: Sample adverse event reporting protocols to be delivered as JITT for dispensing staff
- JITT Job Cards Dispensing: Sample Job Action Sheets to be delivered as JITT for staff dispensing medications
- JITT Job Cards Vaccination: Sample Job Action Sheets to be delivered as JITT for staff administering vaccines
- Language Line Instructions: Explains how to access over-the-phone interpretation services for individuals who may need services when visiting a medication center
- Language Line Q&A: Contains a list of Frequently Asked Questions related to using over-the-phone interpretation services
- Medication Center Inventory Management Guidelines: Guidelines and tools for medication centers to track inventory and report stock levels
- Medication Center Master List: Includes locations, contact information, size of population served, and estimated throughput rates for dispensing modalities
- Medication Screening Form: Sample Head of Household screening form to be completed by individual obtaining MCM
  - a. Medication Screening Form Training Tool: Guidance for interpreting completed Medication Screening Forms to be delivered as JITT for dispensing staff
- Public Medication Center Site Assessments: Floor plans, logistics, and security for facilities that may be used as Public Medication Centers
- Sample Dispense Assist Voucher: Sample voucher that prints when an individual self-screens using Dispense Assist to obtain MCM
- Sample Dispensing Floor Plan: Generic floor plan for dispensing medications
- Sample Vaccination Floor Plan: Generic floor plan for administering vaccines
- Working with Interpreters: Lists tips for working with over-the-phone interpreters to best assist individuals who may need services

#### B. References:

- Emergency Communications Plan: Contains tools (e.g. telephonic interpretation services, signage, TTY, etc.) pre-established by Public Health to assist visitors at Public Health-led Public Medication Centers who may be non-English speakers, deaf, or have low literacy rates
- King County Safety Policy, Sections 10 and 11: Guidance and instructions for responder safety and health, including PPE selection, fitting, and training
- Workforce Mobilization Plan: Outlines responsibilities of Public Health to deployed personnel, including ensuring responder safety and health and providing PPE

#### **Demobilization**

The decision to end MCM response operations, discontinue receipt of SNS (when applicable), and demobilize HMAC will be made by the LHO or his/her designee in consultation with SMEs. These individuals include, but are not limited to:

- Disease Control Officer, Communicable Diseases and Epidemiology
- Chief of Communicable Disease and Epidemiology
- Public Health Prevention Division Director
- Public Health Medical Director
- Public Health Chief of Staff

- Public Health Preparedness Section Manager
- Public Health Public Information Officer

SMEs from other local, state, and federal agencies may also be consulted before demobilization occurs.

These individuals/agencies include, but are not limited to:

- Seattle Office of Emergency Management
- King County Office of Emergency Management
- King County Executive
- King County Sheriff
- Region 6 Disaster Medical Control Center
- Neighboring jurisdictional health officers
- Washington Department of Health State Epidemiologist, and State Lab Director
- Washington State Secretary of Health
- Centers for Disease Control and Prevention (CDC)

Factors that may trigger demobilization include, but are not limited to:

- The elimination of a threat and/or incident that required a MCM response operation
- The eradication of an illness or disease outbreak
- The achievement of MCM dispensing targets and objectives

Once the decision to demobilize has been made, HMAc will notify all parties involved in the MCM response operation. HMAc will draft a demobilization plan and distribute that plan to all supporting agencies. Discussion on how to reconstitute normal services may also be held with the appropriate parties.

The LHO or his/her designee will notify the King County RCECC that SNS is no longer needed if previously requested and pushed to Public Health. HMAc may facilitate this notification process. King County RCECC will in turn notify the Washington State EOC that SNS is no longer needed and specify a date and time that supply shipments should terminate.

HMAc will communicate with all Public Medication Centers and Private Medication Centers to coordinate the breakdown of dispensing sites. Processes for demobilizing Public Medication Centers are attached to this plan, and guidelines for demobilizing Private Medication Centers have been made available to all host organizations. Breakdown will include, but is not limited to:

- Returning any unused medications and/or vaccines
  - Sites with small unused quantities of medications and/or vaccines will be asked to transport MCM back to a Local Distribution Site, where MCM will be re-inventoried. HMAc will arrange a pickup of MCM for sites that have large unused quantities of medications and/or vaccines.
  - HMAc will provide sites with a form to complete to begin the process of returning unused medications and/or vaccines to Public Health. Sample antibiotic and antiviral return forms are attached to this plan.
  - Once collected and inventoried by Public Health, MCM will be transported and returned to DOH.
- Returning equipment and other resources
  - Sites will be responsible for breaking down and repacking all borrowed equipment and supplies.

- HMAC, local jurisdictional EOCs, and the King County RCECC will coordinate the pickup of all lent equipment and supplies. The original lending entity is responsible for the retrieval of its equipment and supplies.
- Cleanup and disposal of all biomedical waste, including syringes.
  - Public Health will modify existing contracts with vendors to ensure the pickup and/or disposal of all biomedical waste at Public Medication Centers and Private Medication Centers.
  - Existing contracts with cleanup and disposal vendors are on file and maintained by King County's Contract, Procurement and Real Estate Services.

A. Attachments:

- Public Medication Center Demobilization Plan: Sample demobilization plan (e.g. triggers, tasks, procedures, etc.) for a Public Medication Center
- Antibiotic + Antiviral Return Form: Form that may be used by medication centers to return antibiotics and/or antivirals

B. References:

- REDACTED: Contract with vendor to cleanup and dispose of biomedical waste
- HMAC Procedures Manual: Documents for demobilizing HMAC include,
  - Demobilization Plan Template
  - Planning Section Overview
- REDACTED: Contract with vendor to cleanup and dispose of biomedical waste

## VIII. Logistics

HMAC will facilitate logistics for Public Health facilities and staff during a MCM response operation. Logistics HMAC may be able to help coordinate include renting equipment/supplies and providing transportation for staff involved with response operations. The exact assistance HMAC is able to provide during an incident will depend on a number of factors, including assets currently allocated, anticipated resource requests, and current staffing levels. If HMAC is unable to fulfill a request, that request may be forwarded on to local jurisdictional EOCs and/or the King County RCECC per normal operating procedures. Public Health's *HMAC Procedures Manual* details how to activate internal assets and how to request resources from outside agencies.

When providing food for Public Health personnel and Public Health Reserve Corps volunteers, HMAC will follow the King County Administrative Policies and Procedures: PERS 17-1-2 (AEP) Section 6.6. Included in these policies and procedures are the following instructions:

- Food will not be provided for staff activated at their work site during regular work hours. If staff and/or volunteers are deployed to another location or scheduled outside regular work hours, food will be provided.
- Food requests will be handled by HMAC Logistics Section.
  - The request will be submitted in writing for necessary approval.
  - Once approved, HMAC Logistics will fulfill the request.

Procedures for carrying out logistics within HMAC, such as tactical communications, can be found in the *HMAC Procedures Manual*.

A. References:

- HMAL Procedures Manual: Documents for HMAAL Logistics Section relevant to MCM response operations include,
  - Communications Overview
  - Logistics Section Overview
  - Resource Request Process Map
  - Security Company Procurement Procedures

## VIX. Finance and Administration

HMAAL will be staffed in accordance with the organization chart/plans found in the *HMAAL Procedures Manual*. ICS structure for an incident response is at the discretion of the Area Commander.

HMAAL Finance and Administration Section will facilitate staffing for Public Health-owned or -led facilities during a MCM response operation. Primary and alternate staff for positions at the LDS and/or Public Medication Centers will be identified. Public Health staff, including Emergency Response Teams like the Medication Center Response Team, and Public Health Reserve Corps Volunteers will be the primary sources of staffing. Public Health's *Volunteer Management Guide* and *Workforce Mobilization Plan* include steps for:

- Registering volunteers
- Screening and credentialing volunteers
- Training volunteers
- Notifying and activating volunteers for response
- Assigning volunteers to roles
- Supporting volunteers in their assignments
- Demobilizing volunteers
- Managing spontaneous volunteers

Commercial vaccinators may be used to staff Public Medication Centers. When activated, commercial vaccinators shall be responsible for the following:

- Provide staff to set up, manage, operate, and demobilize dispensing/administering MCM
- Submit reporting form(s) to Public Health regarding medications dispensed, vaccines administered, and supplies consumed consistent with requirements established by Public Health at the time of the response.
- Screen patients and follow dispensing and vaccinating algorithms, guidelines and protocols provided by Public Health at the time of the response.
- Commercial vaccinators are not responsible for but may advertise and market medication dispensing and vaccination clinics so long as they are described as Public Medication Centers and if the commercial vaccinator refrains from using own branding during marketing.
- Operate and staff each Public Medication Center to dispense medications to at least 50 persons per hour per dispenser. This number is not inclusive of medications picked up by persons at the dispensing site for households when the LHO or his/her designee approves Head of Household dispensing policies.
  - Operate and staff each Public Medication Center to administer vaccinations to at least 15 persons per hour per vaccinator.
- Dispense/administer MCM authorized and provided by Public Health and as dictated by supply availability.

- Submit an invoice to Public Health within 60 days of termination of operations of a Public Medication Center detailing allowable costs incurred.
- Participate with Public Health in pre-event and after-action planning identifying improvements needed in medication dispensing and vaccination response plans.
- Provide services in accordance with dispensing and vaccination algorithms, screening forms, guidelines, recommended flow diagrams, and public educational materials provided by Public Health and protocols consistent with local, state, and federal requirements.
- Provide services to patients that do not speak English with Public Health provided translation of written materials and interpreter services.

*REDACTED* may be used to staff Public Medication Centers. When activated, *REDACTED* shall:

- Be notified by *REDACTED* via phone/email that staffing assistance is needed at Public Medication Centers.
- Be deployed as necessary to Public Medication Centers to assist with screening and dispensing/administering MCM.
- Be given deployment instructions on where to go and how to report to a Public Medication Center.
- Be temporarily registered within the Public Health Reserve Corps by HMAC through the emergent volunteer registration process.

The American Red Cross (ARC) has agreed to help staff Public Medication Centers with its volunteers if additional support is needed, and a MOU with ARC is on file and maintained by Public Health. Nonmedical job positions that may be staffed at Public Medication Centers include:

- Medication Center Supervisor
- Logistics Lead
- Operations Lead
- Supplies Lead
- Security Lead
- Personnel Needs Lead
- Health Education Lead
- Line Support Lead
- Communications/Technical Support Lead

Action Sheets for Public Medication Center positions are attached to this plan. Sample organization charts for Public Medication Centers are also attached to this plan. Site supervisors may adjust staffing, including eliminating and/or combining positions, changing reporting structure, etc., at his or her discretion.

Additional workforce deployment policies and protocols, including badging procedures, may be found in Public Health's *Workforce Mobilization Plan*. Procedures for tracking staff costs, documenting staff hours, coordinating payroll, etc., may be found in the *HMAC Procedures Manual*.

A. Attachments:

- Commercial Vaccinators List: Partner agencies and sources for commercial vaccinators

B. References:

- COOP Plan: Defines Level 1 staff and the redeployment of personnel to provide essential services if necessary

- HMAC Procedures Manual: Documents for HMAC Finance and Administration Section relevant to MCM response operations include,
  - Claims Log
  - Compensation Log
  - Finance and Admin Section Overview
  - Sign-In/Payroll Sheet
- PHSKC ARC MOU: Agreement with American Red Cross to provide mutual staffing support
- Volunteer Management Guide: Procedures for recruiting, screening, credentialing, and training volunteers
- Workforce Mobilization Plan: Contains full workforce mobilization and deployment policies and protocols, including badging procedures

## X. Public Information

Public Health maintains a robust *Emergency Communications Plan* to ensure it can rapidly provide accurate, consistent, and comprehensive information about public health emergencies, including incidents requiring a MCM response operation, to partners, policy makers, Public Health staff, media, public, and other stakeholders. The *Emergency Communications Plan* will be activated concurrently with the MCM Plan. Messaging tactics and tools for specific MCM elements, including pandemic flu and SNS, are included in the *Emergency Communications Plan*.

### A. References:

- Emergency Communications Plan: Contains all procedures for gathering, writing, verifying, and disseminating public information
- ESF 8 Basic Plan: Contains procedures for activating and operating a Joint Information System

## XI. Agency Responsibilities

### Public Health – Seattle & King County (Lead Agency)

- Use available epidemiological data to determine the agent or cause of the incident and affected population.
- Activate HMAC and regional dispensing plans as necessary and notify supporting agencies of activation.
- Notify regional partners of the health emergency, Public Health’s response activities and request activation of the city EOCs.
- Issue a Local Health Order indicating the need for dispensing partners to activate their medical countermeasure dispensing plans along with associated guidance.
- Coordinate with the King County Prosecuting Attorney to waive all laws related to pharmaceutical dispensing during the emergency.
- Identify Public Medication Centers and Private Medication Centers to receive MCM and communicate these locations to DOH
- Request appropriate amounts and type of MCM, including medications and vaccines, from local, state, or federal sources in accordance with the State Comprehensive Emergency Management Plan.
- Request medical equipment and supplies from federal stockpiles (SNS) from the Washington State EOC via the King County RCECC.
- Manage MCM from the SNS deployed to Public Health dispensing sites.

- Recruit and deploy Public Health staff, Public Health Reserve Corps volunteers, contracted nurses, and *REDACTED* to staff the response and provide badging for all response personnel.
- Assess and monitor staffing levels at all sites and deploy additional staff as necessary.
- Dispense/administer MCM at Public Medication Centers in accordance with operational plans.
- Provide documents and materials, such as screening forms, inventory tracking forms, and Fact Sheets to dispensing sites.
- Communicate health information and educational messages to the public and response partners.

#### **King County Regional Communications and Emergency Coordination Center (KC RCECC)**

- King County OEM will activate the RCECC, as needed, to coordinate the activities of county government agencies in support of HMAC.
- The King County RCECC will serve as the regional coordination center to enhance information flow to city EOCs.
- Process the resource request for federal capabilities (SNS) according to standard resource request procedures.
- Ensure Public Medication Centers are accessible for use and communicate availability to HMAC
- Work with HMAC to coordinate security for dispensing operations if needed through the Sheriff's office.
- Determine secure routes for transportation of MCM/SNS and communicate information to HMAC
- Work with HMAC to coordinate security for dispensing operations in areas where King County Sheriff's office provides law enforcement services.

#### **Local Jurisdictional Emergency Operations Centers (EOCs)**

- Ensure Public Medication Centers are accessible for use and communicate availability to HMAC
- Work with HMAC to coordinate security for dispensing operations.
- Determine secure routes for transportation of MCM/SNS and communicate information to HMAC

#### **Washington State EOC**

- Receive requests from LHO/HMAC for federal capabilities (SNS) via King County RCECC.
- Formally convey requests for the SNS through the Governor's Office to federal authorities.
- Work with HMAC to coordinate security for dispensing operations.
- Determine secure routes for transportation of MCM/SNS and communicate information to HMAC.

#### **Washington State Department of Health (DOH)**

- Receive federal capabilities (SNS) from the CDC, breakdown bulk items, repackage into unit doses, and affix labels where necessary.
- Ship and distribute the SNS to Local Distribution Sites, Public Medication Centers, and/or Private Medication Centers designated by HMAC.
- Work with HMAC to coordinate security for dispensing operations.
- Determine secure routes for transportation of MCM/SNS and communicate information to HMAC.

#### **Retail Pharmacies**

- Maintain contact information on file with Public Health for activation of dispensing plans.
- Activate dispensing plans as necessary when notified by HMAC.
- Identify the approximate number of medication doses that could be administered in a specific time period and communicate that information to HMAC.
- Identify sites to receive MCM deliveries and communicate site locations to HMAC.

- Receive and store MCM at identified facilities during incidents.
- Ensure that stores are open to the general public, including persons who are not members of their stores.
- Conduct medical screening of individuals receiving medications, based on guidance provided by HMAC, to identify potential contraindications.
- Dispense/administer MCM under the supervision of licensed medical personnel.
- Maintain accurate records of medications dispensed and remaining inventory.
- Track contact information of individuals receiving medications.
- Communicate information regarding medications dispensed and inventory levels to HMAC on the schedule requested by HMAC
- Provide education materials supplied by HMAC to all individuals receiving medications.
- Coordinate the release of public information and messaging with HMAC
- Secure any unused medications until a time when HMAC can make arrangements for retrieval.
- Report adverse events
- Participate, as appropriate, in Public Health sponsored mass dispensing training and exercises

### **Healthcare Systems**

- Maintain contact information on file with Public Health for activation of dispensing plans
- Activate dispensing plans as necessary when notified by HMAC
- Identify the approximate number of medication doses that could be administered in a specific time period and communicate that information to HMAC.
- Serve as Private Medication Centers for patients/clients, staff, and family members during incidents when the LHO/HMAC directs this modality to be implemented.
- Identify sites to receive MCM and communicate site locations to HMAC.
- Receive and store MCM deliveries at identified facilities during incidents.
- Implement regional surge strategies in coordination with the NWHRN and as directed by HMAC
- Conduct medical screening of individuals receiving medications, based on guidance provided by HMAC, to identify potential contraindications.
- Dispense/administer MCM to closed populations.
- Maintain accurate records of medications dispensed and remaining inventory.
- Track contact information of individuals receiving medications.
- Communicate information regarding medications dispensed and inventory levels to HMAC on the schedule requested by HMAC.
- Provide education materials supplied by HMAC to all individuals receiving medications.
- Coordinate the release of public information and messaging with HMAC.
- Secure any unused medications until a time when HMAC can make arrangements for retrieval.
- Report adverse events
- Participate, as appropriate, in Public Health sponsored mass dispensing training and exercises

### **Non-healthcare Private Medication Centers**

- Maintain contact information on file with Public Health for activation of dispensing plans
- Activate dispensing plans as necessary when notified by HMAC
- Identify the approximate number of medication doses that could be administered in a specific time period and communicate that information to HMAC.
- Serve as Private Medication Centers for patients/clients, staff, and family members during incidents when the LHO/HMAC directs this modality to be implemented.

- Identify sites to receive MCM and communicate site locations to HMAC.
- Receive and store MCM deliveries at identified facilities during incidents.
- Conduct medical screening of individuals receiving medications, based on guidance provided by HMAC, to identify potential contraindications.
- Dispense/administer MCM to closed populations.
- Maintain accurate records of medications dispensed and remaining inventory.
- Track contact information of individuals receiving medications.
- Communicate information regarding medications dispensed and inventory levels to HMAC on the schedule requested by HMAC.
- Provide education materials supplied by HMAC to all individuals receiving medications.
- Coordinate the release of public information and messaging with HMAC.
- Secure any unused medications until a time when HMAC can make arrangements for retrieval.
- Report adverse events
- Participate, as appropriate, in Public Health sponsored mass dispensing training and exercises

#### **Local Law Enforcement Agencies**

- Communicate with the King County RCECC and/or local jurisdictional EOCs on local law enforcement personnel availability.
- Coordinate tactical communication systems and reporting through the King County RCECC and/or local jurisdictional EOCs
- Determine "Rules of Engagement" for sites that will be staffed with security personnel
- Provide security for the transportation and storage of MCM/SNS at the Public Health Distribution Center

#### **First Responder Agencies (Police, Fire, Emergency Medical, E911)**

- Develop and implement plans to dispense/administer MCM to all personnel included within the Local First Responder Medication Dispensing Plan.

#### **Centers for Disease Control and Prevention (CDC)**

- Conduct national and international disease surveillance.
- Develop, evaluate, and modify disease control and prevention strategies.
- Provide recommendations for dispensing/administration of MCM and guidance for implementation of MCM response operations
- Monitor medication and vaccine safety.
- Coordinate the stockpiling of antiviral drugs and other essential materials within the SNS.

## **XII. Plan Development and Maintenance**

Public Health is responsible for reviewing and updating all elements of this plan on an annual basis. Public Health will maintain, update, and distribute changes to this plan as required, based on lessons learned identified through drills, exercises, plan activations, and changes to the structure of Public Health.

Public Health is responsible for maintaining plans and documents related to this plan, including but not limited to, contact lists, inventory software user guides, and public information scripts and tools. All elements that exist outside of this plan but would still be used when this plan is activated must also be reviewed and updated on an annual basis.

Public Health will participate as required in the CDC MCM Operational Readiness Review (ORR). The ORR measures Public Health's ability to plan and successfully execute any large-scale response requiring distribution and dispensing of MCM. Public Health will use the outcome of the ORR to identify gaps in this plan. Gaps will be formalized into Public Health's Improvement Plan (IP), where items are considered "open" and are tracked until they have been addressed and are considered completed or "closed."

Public Health will conduct periodic ESF 8 briefings with all supporting agencies to review the roles and responsibilities outlined in this plan. Supporting agencies may request revisions at any time and should provide Public Health any changes to internal policies and/or available resources which would bear on the provisions of this plan and its implementations. All requests for plan revisions must be submitted to and approved by Public Health.

### **Training and Exercises**

Public Health will include MCM drills, exercises, and trainings as a part of its Multi-Year Training and Exercise Plan (MYTEP). As determined by the current IP and mandates by the CDC, the following activities may be included in the MYTEP:

- Staff Notification drills (call down)
- Site Activation drills
- Facility Setup drills
- Pick List Generation drills
- Dispensing Throughput drills
- AAR RealOpt® drills
- Additional tabletop, functional, and full-scale exercises

Two Public Health staff members have completed the Homeland Security Exercise and Evaluation Program (HSEEP) and are responsible for leading hot washes, developing After Action Reports (AARs), and updating the IP following all activations of this plan, whether for a simulated or a real world event:

- *REDACTED*

Public Health will conduct training and workshops on core functions of medication center operations. Training will be made available to all internal staff, volunteers, and supporting agencies.

### **XIII. Plan Authorities and References**

- Revised Code of Washington, Title 70 – Public Health and Safety, as amended
- Code of King County Board of Health
- Revised Code of Washington, Title 38.52 – Emergency Management, as amended
- King County Code 2.56, Civil Defense Organization
- Seattle Ordinance Relating to Civil Defense, December 28, 1973
- Public Readiness and Preparedness Act (PREP Act), Section 319F-3(b) of the Public Health Service Act (PHS Act) (42 U.S.C. 247d-6d)
- Emergency Use Authorizations