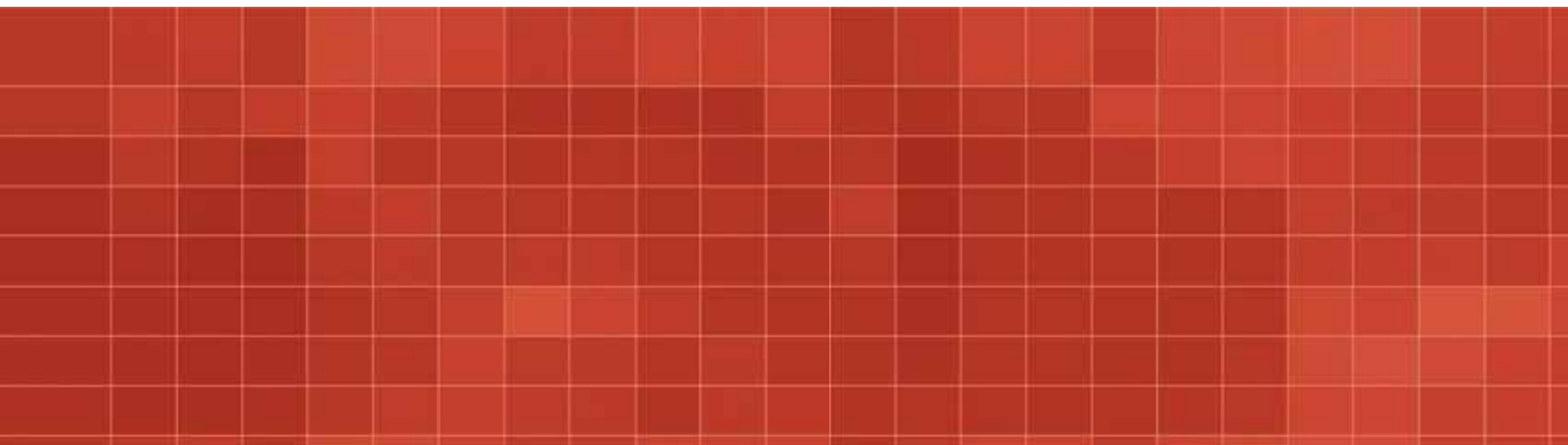


**2007–2008 Regional SNS Workshops:  
Selected Presentations**



# Table of Contents

---

Executive Summary .....	2
Introduction.....	2
Educating the Public.....	2
Bergen County, New Jersey.....	3
Boston, Massachusetts.....	3
Inter- and Intra-State Coordination .....	4
Maryland.....	4
Virginia and West Virginia .....	5
SNS Volunteers .....	6
Pasadena, California.....	6
Wyoming.....	7
Inclusion of At-Risk Populations.....	8
McLean County, Illinois.....	8
New Mexico.....	9
Cabell-Huntington and Wayne Counties, West Virginia.....	10
Building Public-Private Partnerships .....	11
California.....	11
Maine.....	12
Louisville, Kentucky.....	12
Conclusion .....	13
Acknowledgements.....	14
Appendices.....	15
Appendix A.....	15
Appendix B .....	16
Appendix C.....	17

# 2007-2008 Regional SNS Workshops: Selected Presentations

---

## *Executive Summary*

A series of six regional workshops was held between November 2007 and March 2008 to enhance federal, state, and local planning for emergency deployment of the Strategic National Stockpile (SNS). Each workshop featured presentations from state and local health agency staff detailing solutions to the challenges in their SNS planning. High priority themes that emerged from the workshops were: educating the public; coordinating at the inter- and intrastate level; utilizing volunteers; including at-risk populations; and building public-private partnerships. This report provides an overview of the innovative SNS tools and methods from the six workshops. Additional local and state SNS resources from the workshops may be found at the Web sites of the National Association of County and City Health Officials ([www.naccho.org](http://www.naccho.org)) and the Association of State and Territorial Health Officials ([www.astho.org](http://www.astho.org)).

## *Introduction*

The Centers for Disease Control and Prevention's Division of Strategic National Stockpile (DSNS), the National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO) jointly sponsored a series of six regional Strategic National Stockpile (SNS) workshops between November 2007 and March 2008. Nearly 400 state and local health agency staff from all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands participated in these workshops. The workshops were intended to provide opportunities for state and local health agency staff to share success stories, identify challenges, consider solutions, expand networks and develop standards around essential SNS tools.

This report provides an overview of the innovative tools and methods being used by jurisdictions to plan for the receipt, distribution and dispensing of SNS assets. The examples cited in this report are only a sampling of the dozens of valuable workshop presentations from the 2007-2008 Regional SNS Workshops. Essentially, these examples provide a quick snapshot of the tremendous efforts by state and local health agencies across the country in SNS preparedness. While not comprehensive, these examples represent the regional distribution of workshop participants, a mix of state and local efforts, a balance of urban and rural experiences, and the variety of issues and challenges faced by health agencies. While the content varied based on the identified issues in each region, most of the presentations represented five main areas of priority in SNS planning:

- Educating the Public
- Coordinating at the Inter- and Intra-state Level
- Utilizing Volunteers
- Including At-Risk Populations
- Building Partnerships

By sharing information across the country about successful practices in SNS preparedness, our nation's SNS readiness can be improved and maintained. This report is a means for spreading the knowledge base on successful SNS practices beyond the limited participation at the regional SNS workshops. The appendices to this report contain some of the described SNS tools developed by state and local health agencies. These tools and others submitted by workshop participants can also be found in NACCHO's STOCKbox at [www.naccho.org/stockbox](http://www.naccho.org/stockbox).

## *Educating the Public*

Educating the public is an integral part of comprehensive SNS planning. The more informed the public is in advance, the more cooperative they will be during an emergency situation. Bergen County, New

Jersey and Boston, Massachusetts are two jurisdictions that have implemented creative, effective and practical educational tools in their SNS planning. The tools employed by these jurisdictions can serve as useful models for other jurisdictions trying to improve their SNS readiness through public education and awareness.

### **Bergen County, New Jersey**

When the Bergen County Department of Health Services (BCDHS) decided to change from a clinical to a public health model for SNS delivery, they faced the challenge of needing to enhance their capacity for public communications. While clinical staff are valuable assets, using only clinically-trained staff for dispensing and individual medical assessments requires having a large number of trained personnel available during an emergency. As a result, the clinical model did not allow for the distribution of medications to the most people in Bergen County in the shortest amount of time. To increase their efficiency in dispensing SNS supplies, BCDHS developed the Modified Point of Dispensing (MOD POD) model. The MOD POD model uses non-medical volunteers instead of clinical personnel for dispensing medications in an emergency, which increases the number of people served per hour from 750 to 2,000. Additionally, the MOD POD model requires a significantly smaller staff, 72 staff members, compared to the 183 required under the clinical model.

A strong emphasis of the MOD POD model is to educate the public through strong risk communication messages prior to and during the operation of the POD. Some of the methods used to provide risk communication to the public include: (1) publicizing medical screening information to allow people to self-select what supplies they will need; (2) posting the POD Order Form in seven primary languages on state, county and media Web sites; and (3) identifying where and how POD Order Forms can be obtained (see Appendix A for Order Form).

The MOD POD model also uses the posting of signs at the POD to educate the public. To increase visibility, the signs are enlarged and placed at eye level. The signs display simple messages about medication dosages, forms and supply locations. Hotlines and off-site counseling centers are also available for people requiring additional information.

The MOD POD model improves SNS preparedness in Bergen County because it provides a practical, efficient way to distribute SNS supplies in an emergency, while at the same time reducing the amount of clinical staff needed. This is crucial during an emergency, because clinical staff will be needed to care for sick patients. In addition, the MOD POD model takes the necessary steps to educate the public before and after an emergency occurs, which helps to ensure that the dispensing process goes smoothly during an emergency. Because of these improvements to SNS dispensing in Bergen County, the MOD POD model provides a realistic solution to similar challenges faced by other jurisdictions in SNS planning.

### **Boston, Massachusetts**

The city of Boston has developed enhanced public communications systems to facilitate the rapid delivery of SNS assets during emergencies. Boston is one of the original 21 pilot cities funded in 2004 under the Cities Readiness Initiative (CRI). Now funding 72 metropolitan areas spanning all 50 states, CRI requires each funded city to develop plans to deliver life-saving antibiotics to its entire residential population within 48 hours of a decision to do so. The foundation of Boston's CRI plan calls for the staffing and operation of PODs located in public schools and community centers in neighborhoods across the city. To augment these activities, the Boston Public Health Commission (BPHC) Office of Public Health Preparedness has developed plans for a non-traditional distribution strategy involving the United States Postal Service (USPS) as a delivery team.

The USPS delivery method uses mail carriers to deliver a single bottle of antibiotics to every residential address in Boston. A Boston police officer is paired with each carrier to provide security for both the carrier and the medication. An initial push of life-saving antibiotics is provided to all residents in the early

hours of a response, thus reducing overall anxiety among the public and giving emergency responders time to set up traditional PODs.

A September 23, 2007 exercise held in Boston resulted in the successful delivery of simulated medications to 23,000 households within roughly six hours by 32 mail carrier and security escort teams. This exercise was one of three used to test the logistical and operational aspects of the USPS option for SNS delivery. The other two exercises were conducted previously in Seattle and Philadelphia, and the BPHC learned many lessons from the other cities' experiences.

Much of BPHC's success in its USPS delivery exercise can be attributed to its public outreach campaign prior to the exercise. One education method was an informational postcard with Spanish translation that the USPS delivered to all residents of the affected areas approximately five days before the exercise (see Appendix B for postcard). A fact sheet for the general public was also created and distributed by BPHC to neighborhood organizations and community centers. BPHC held community meetings in the delivery areas to explain the exercise. In addition, a Web site dedicated to the exercise ([www.readyboston.org](http://www.readyboston.org)) provided a host of information and resources for the exercise, including a podcast, FAQ document and additional language translations.

Phone calls from the general public about the exercise, before and during, were directed to the Mayor's 24-Hour Hotline. Hotline operators were provided with FAQs and other briefing materials for this task. Additional public information campaign activities conducted by BPHC included stories in newspapers and local broadcast news prior to the exercise, a press conference with the mayor before the exercise, and a BPHC-led Media Center on the day of the exercise. Overall, the media outreach strategy resulted in positive coverage before and during the event. In a post-exercise survey, 87 percent of participants reported knowing about the exercise in advance, and 73 percent of participants reported hearing about the exercise from the household postcard.

Other jurisdictions may find the USPS delivery model employed by Boston useful in improving their own SNS distribution capacities. However, it should be noted that this option may not be feasible for all jurisdictions, especially those jurisdictions which cannot provide the one-to-one security ratio for mail carriers. There are also federal guidelines in place that direct collaborative SNS planning efforts between health agencies and the USPS. Nonetheless, all jurisdictions regardless of size can learn from the BPHC's successful public education campaign and adapt it to meet the needs of their own state or local SNS activities.

## *Inter- and Intra-State Coordination*

Coordination, both between states and within states, is a necessary part of SNS planning in order to ensure efficient and well-organized operations during an emergency. State and local health agencies in Maryland, Virginia and West Virginia have taken significant steps toward incorporating coordination into their CRI planning. Since all three states are located close to the National Capital Region, the need for coordination becomes even more pertinent.

### **Maryland**

In Maryland, collaboration is key to the SNS readiness of its CRI counties. In the past, all 13 CRI counties had separate planning, leading to an insufficient level of collaboration among jurisdictions. In response, the Office of Preparedness and Response of the Maryland Department of Health and Mental Hygiene has initiated a means for greater cooperation between local health agencies and the state. CRI counties now meet monthly in workgroups to share best practices in SNS activities and "buddy up" with similar counties in the region.

Some key areas that counties are collaborating on are medication dispensing, risk communication plans, public service announcements, public informational and training materials, and POD operations.



Public information measures that have been standardized include handouts on anthrax, newspaper inserts, drug information and dispensing center instructions.

In the past year, the National Capital Region, the Baltimore-Metro Region and Cecil County all worked together to create a single CRI dispensing algorithm and form. The Baltimore-Metro CRI also recently introduced a regional training course adaptable for delivery to businesses, health departments, governments and volunteer groups. It allows people trained in one county to work in any other CRI county in the state if there is an emergency. Furthermore, all counties operate on the same quarterly schedule for drills and communication checks and visit or assist with other counties' exercises. The counties are also working currently to finalize a Field Operation Guide that gives specific details on POD staff instructions, communications and standard operating procedures.

These standardization measures among the counties in Maryland create consistency across the state and allow for greater flexibility in the workforce while minimizing training needs. In the case of an emergency, this level of collaboration reduces confusion, encourages cooperation between counties and increases overall preparedness. This type of coordination is practical and easily adaptable for other states that have several CRI counties that are willing to work together.

### Virginia and West Virginia

An example of successful inter-state coordination in SNS planning is illustrated by the collaborative efforts between Virginia and West Virginia. In October 2007, the Virginia Department of Health and the West Virginia Department of Health and Human Resources held an exercise to test response to a multi-state CRI type event. The eastern panhandle of West Virginia and the northern Shenandoah Valley of Virginia hosted the Cross Border Exercise (CBX). The area is located approximately 60 miles west of the National Capital Region (NCR) and is part of the DC Metropolitan Statistical Area. By exercising these CRI areas together, the Virginia Department of Health hoped to test the NCR CRI Extended Area, open up lines of communication and test Homeland Security Exercise and Evaluation Program (HSEEP) compliance. The full-scale operations based exercise in October was preceded by a tabletop exercise in August to facilitate prior communications and interactions between higher level personnel and decision makers.

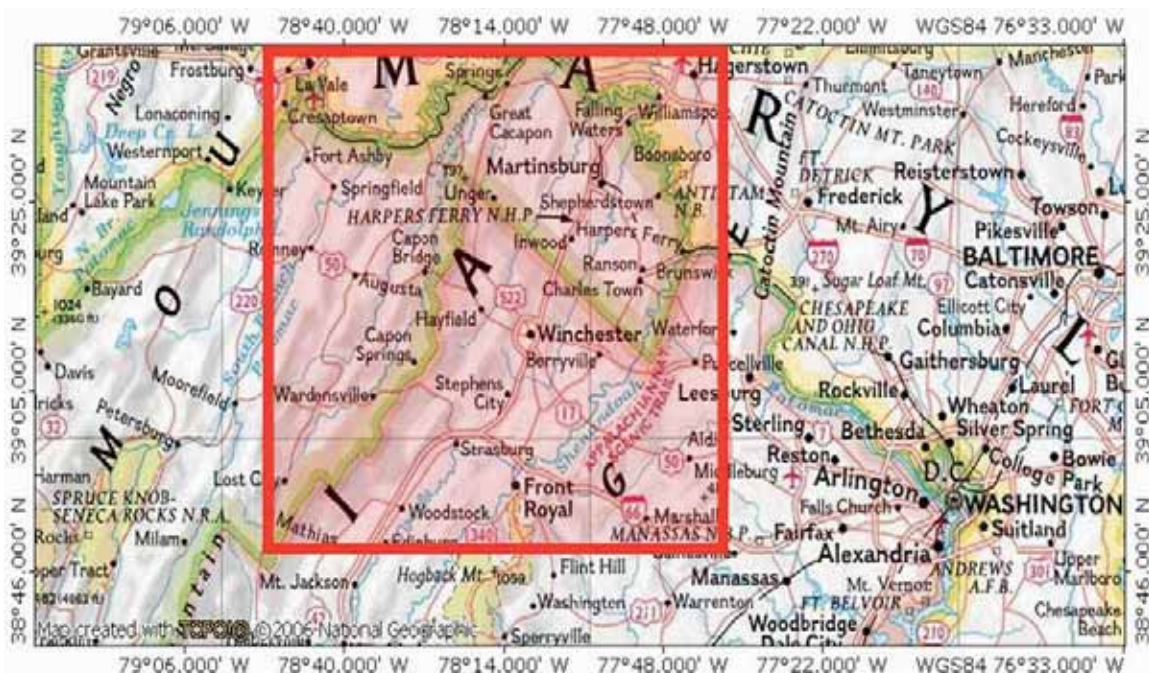


Figure 1. Map of parts of Virginia, West Virginia and Maryland. The area in red indicates the jurisdictions covered by the CBX.

The exercise scenario consisted of aerosolized anthrax released in the NCR, resulting in approximately 13,000 fatalities and injuries and billions of dollars of economic impact. On day one of the exercise, Emergency Operation Centers (EOCs) were activated in West Virginia and the local cache was also activated in Virginia. In addition, special populations in Virginia and first responders in both states received prophylaxis. On day two, additional EOCs were activated in West Virginia and general public prophylaxis, as well as sheltering, began in both states.

One of the major planning challenges of the exercise was a lack of knowledge about HSEEP methodology, which includes the formulation of objectives, creation of a planning team and timeline, and careful documentation and evaluation. Another challenge was logistics coordination, such as providing food for victim role players. A last challenge was establishing and maintaining good communication among the two states and the local agencies.

Several best practices emerged from the exercise and may be applicable to other jurisdictions. Because of the scope of the exercise, the large geographic area involved, and the experience of some participants, the use of multiple exercises gave everyone more confidence in their abilities, while raising some issues that served to better prepare both states for future incidents. Secondly, the exercise reinforced existing partnerships and opened the door for new ones in both states at the local, regional and state levels. Lastly, the exercise used novel methods, such as utilizing previously unknown resources in the community. For instance, existing healthcare staff at a local fruit growing company was used to provide care for the 400-500 fruit workers the staff already supervised.

In addition to providing these best practices, this exercise greatly improved preparedness in these two jurisdictions. The ties between the states have been strengthened by bringing their preparedness levels and goals closer together. Also, opportunities for further regional collaboration in SNS activities now exist.

## ***SNS Volunteers***

Volunteers have the potential to contribute significantly to SNS planning and emergency situations. If trained properly, volunteers can repackage and transport SNS supplies, run PODs and distribute medications during an emergency. This allows public health agency staff and healthcare personnel more time to care for sick patients and attend to other response needs. Examples of jurisdictions utilizing volunteers in their SNS activities are the City of Pasadena Public Health Department and the Wyoming Department of Health in collaboration with Albany County Public Health.

### **Pasadena, California**

At the Regions IX and X SNS Workshop in Portland, Oregon, the Bioterrorism and Emergency Operations Units of the City of Pasadena Public Health Department gave a presentation highlighting some of the legal issues surrounding the use of SNS/POD volunteers. The presentation provided truths to some of the common myths about utilizing volunteers in disasters, along with an overview of the laws addressing volunteer liability and useful information on volunteer risk management.

The myth about the commonality of volunteer lawsuits was one of the first addressed. According to a study by the Insurance Services Office, Inc. in 1988, only 32 percent of all liability claims involve a lawsuit, and only two percent of claims are settled in court. Another myth is that volunteers suffer more injuries than employees; evidence shows that volunteer injuries are infrequent, and volunteers do not get hurt more often or more severely than employees. The third myth is that managing volunteers from a distance protects against liability. The reality is that the entity that directs and benefits from a volunteer's actions is legally liable whether or not it was negligent or at fault.

One of the laws addressed in the presentation was the Volunteer Protection Act passed by Congress in June 1997. The law limits lawsuits against volunteers serving governmental agencies and was drafted in response to the withdrawal of volunteers from service to nonprofit organizations because of liability

concerns. If a volunteer meets certain criteria, the Act protects the volunteer from liability for services rendered during an emergency. While the Act does not prohibit lawsuits against volunteers, it does provide a defense for volunteers who are sued.

The City of Pasadena Public Health Department also identified some general principles of risk management for volunteer programs. For example, volunteers should be recruited and selected based on their skills. Explanatory recruiting materials can help agencies manage risk because they inform potential volunteers about whether or not they are suitable for a position. A second principle identified requires volunteers to be well-trained by the agency. The more prepared they are, the smaller the chance of unintended harm. An agency's volunteer position description, code of conduct and exercises are all a part of this training strategy. As a last measure, waivers and consent forms should be used to decrease the likelihood of lawsuits and improve the legal defense of an agency if a lawsuit is filed.

Because volunteers offer a significant positive impact to SNS and POD operations, they should not be disregarded because of the perceived liability risk they pose. The Pasadena Public Health Department ran a full scale POD, medical surge and shelter-in-place exercise on April 15, 2008. The exercise successfully utilized more than 30 agencies, businesses and city departments with more than 1,000 volunteers, including elementary through high school aged children. Pasadena also found utility in employing volunteers through businesses for preparedness outreach and public health coalition building. While the potential liability risks of volunteers can never be completely eliminated, a jurisdiction can reduce and mitigate liability by properly employing risk management techniques when selecting and training volunteers and being cognizant of pertinent federal and local laws.

## **Wyoming**

The Wyoming Department of Health and Albany County Public Health are another example of jurisdictions that are utilizing volunteers in their SNS planning. The need for volunteers arose in Wyoming when it began planning for the repackaging of bulk SNS supplies before distribution. First, Wyoming had to locate repackaging sites with pharmaceutical resources, such as hospitals and treatment centers. Some of the main considerations in selecting a repackaging site included the accessibility to repackaging equipment, supervision by pharmacists, proximity to shipping operations, capability to proficiently repackage, and availability of human resources.

The University of Wyoming School of Medicine was the best repackaging site option because of its trained faculty, pharmacists and technicians, and more than 50 pharmacy students. The initial training process included an SNS program overview to the University of Wyoming Leadership Council. Procedures for training the faculty of the School of Medicine and the pharmacy students on the SNS and repackaging requirements are currently in progress.

While volunteers have not been trained yet, the plan is that by providing an SNS overview during student orientations, students will develop an interest in volunteering. Future training will include an annual repackaging of bulk medications exercise by faculty and students of the pharmacy program, as well as basic warehouse training for other student volunteers. The in-depth training with the student SNS volunteers will most likely begin in the fall of 2008.

Some pros and cons to using the university as a repacking site have already been identified. The advantages include the availability of university facilities, security, staff, and pharmacy students. However, the distance from the primary RSS, 40 miles, is a disadvantage because bulk medications and equipment have to be transferred to the university before repackaging can take place. In spite of this drawback to using the university, the services provided by the volunteers will be invaluable to state and local health agencies during an SNS response.

Once the student volunteer program is fully implemented in the fall, the pool of volunteers available to assist with repackaging will take a tremendous responsibility well in hand. The type of partner-based



solution in Wyoming for creating a pool of volunteers can be implemented by other jurisdictions that are located in close proximity to a university with a medical or pharmacy school.

## *Inclusion of At-Risk Populations*

A comprehensive and competent SNS response requires the inclusion of all populations in SNS planning, including those populations at greatest risk. Recently, state and local health agencies in Illinois, New Mexico, and West Virginia have taken the necessary steps to address the unique needs of their at-risk populations in their SNS planning. While the populations who are at-risk in an emergency may vary among jurisdictions, the steps taken in these and other states may serve as a guide to other jurisdictions for including at-risk populations in their SNS planning.

### **McLean County, Illinois**

McLean County Health Department (MCHD) in Bloomington, Illinois has made tremendous efforts to reach out to its at-risk populations during its SNS planning process. Most notable to date is its creation of a "Special Needs Advisory Panel" (SNAP). A SNAP is a "group of people who come together from public, non-profit or private agencies to plan how their community will address special needs before, during, and after disaster events."

The SNAP in McLean County came together to plan how they would address such needs by identifying community partners and conducting special needs assessments. They also took proactive measures for addressing these needs in their community by commenting on pertinent legislation with local level impacts and providing input into the creation, revision and updating of plans and procedures for SNS activities. The model used by the SNAP resulted in two important outcomes for McLean County. It identified SNS planning gaps and determined the special needs of its community.

The gaps identified in MCHD's SNS planning were noted in such areas as evacuation sites, shelter care centers, homeless housing, communication, and transportation. The special needs of its community were identified in such areas as SNS distribution exercises, communication, transportation, independence maintenance, medical care, and supervision. To address these needs, SNAP created a list of recommendations for PODs and SNS training.

#### **For PODs, SNAP recommended that MCHD:**

- Provide separate lines and areas for special needs individuals that are closer to the entrance.
- Give extra assistance for special needs individuals by staff (if staffing allows).
- Allow for more space as needed for caregivers, visual aids, and service animals.
- Position chairs near the waiting line and dispensing table (or have them available).
- Provide a quieter area.
- Have storage bins, aids, and educational material at each table.
- Recruit individuals with special needs to participate in full-scale exercises.

#### **For training, SNAP recommended that MCHD:**

- Work with area first responders to assess training needs.
- Ask SNAP members to discuss Mass Distribution Service (MDS) options with their agency's physician and to provide him/her with an MDS/SNS overview.
- Include individuals with special needs in all full-scale and table top exercises.
- Include information on how to handle service animals.
- Train staff about where and how to access resources (e.g., wheelchairs, walkers, crutches).

Through the tremendous efforts and work of SNAP, MCHD has been able to expand its dispensing capacity and improve its SNS readiness by addressing the needs of all individuals in its community. Other county health departments may find MCHD's SNAP model useful when assessing and addressing such needs in their own communities.

## **New Mexico**

The New Mexico Department of Health has made great strides in addressing the unique needs of individuals living within sovereign tribal nations. Over the last three years, the Bureau of Health and Emergency Management (BHEM) at the New Mexico Department of Health has made a conscious effort to include tribal nations in its preparedness planning, which includes its SNS operational planning. Before BHEM's outreach, the Bureau of Health Emergency Preparedness and the Homeland Security Agency had little contact with Native American tribes. Today, after their efforts, these communication barriers have been, for the most part, lifted.

Many of the tribes in New Mexico now have pandemic influenza plans and emergency response systems. Some tribes have full time and fully-funded emergency managers (EMs), as well as Emergency Operation Plans (EOPs). Other examples of the successful outcomes from BHEM's outreach to the tribes within its borders include:

- The vaccination of 26,800 individuals by the Navajo Nation in 2006 at 15 POD sites in New Mexico and Arizona.
- The vaccination of 7,680 individuals by seven tribes in 2007 at 10 POD sites in New Mexico.
- The use of volunteer registries by tribes.
- The use of the State Immunization Program by tribes to vaccinate non-Indians on tribal lands with Indian health personnel.
- The first test of the communication connectivity with BHEM through the amateur radio system during a POD exercise.
- The first cold transport of seasonal influenza vaccine from the New Mexico State Pharmacy to the POD sites was conducted by the tribes.
- The receipt of high evaluation marks from the CDC on certain tribal PODs for Operations and Management.
- The selection of tribes in New Mexico for a documentary by CDC to highlight as a possible SNS planning model for rural America.

By including tribal nations in its SNS planning, the New Mexico Department of Health has improved its SNS readiness and expanded its SNS dispensing capacity. Such expansion is crucial in a mass emergency response; the greater the capacity to deliver mass prophylaxis and medical supplies to all populations within a state's geographical border, the greater the chances are for maintaining community vitality. Other states trying to expand their SNS capacities to meet the unique needs of tribal populations may find BHEM's outreach model and their lessons learned useful in their own SNS planning. Some of these lessons learned include:

- Poor risk communication between public health officials and tribes can impede distribution efforts.
- Bus transportation is not a preferred mode of transportation for Native Americans. Instead, Native Americans preferred to drive themselves to the POD sites.

- Security issues were found at tribal POD sites.
- Due to their sovereignty, tribes should be in the “driver’s seat” when conducting the PODs.

BHEM’s current outreach efforts have been focused on:

- Negotiating an Indian Health Service warehouse for a SNS Distribution Center to serve some tribes with the largest populations in New Mexico.
- Engaging Native American EMs to design a Mass Fatality Plan that addresses Tradition and Custom burials.
- Engaging in a consultative process with New Mexico tribes to identify a mechanism for implementing the Public Health Emergency Response Act (PHERA).
- Engaging Tribal Health Practitioners to design, produce, and conduct training courses on “Sheltering In Place”, “School Closures”, “Isolation & Quarantine”, and “Care for Sick Family Members.”

### **Cabell-Huntington and Wayne Counties, West Virginia**

Cabell-Huntington and Wayne County Health Departments in West Virginia improved their SNS readiness when they collaborated to address the needs of their rural populations. Through their cross-county collaboration, Cabell, Wayne, Jackson, and Kanawha counties conducted a full-scale simultaneous anthrax release and pandemic influenza exercise to assess their SNS capacities and to establish a local public health emergency operation center. Cabell and Wayne counties successfully dispensed prophylaxis to first responders in rural communities through the use of mobile regional response units. A mobile regional response unit is a truck with a detachable trailer that contains a small field hospital with the capacity to treat 50 acute care and ten critical care patients. The unit also has a decontamination shower tent, positive pressure room, observation deck, generator, refrigeration unit, and all standard emergency medical services (EMS) and communication equipment. While designed for traditional first responder purposes, this unit proved very effective for dispensing SNS supplies as a mobile unit.



Figure 2. Photo of mobile regional response unit. Courtesy of Cabell-Huntington Health Department.

Overall, the cross-county exercise of the mobile unit was a success. However, certain challenges were noted by the counties, such as ordering and receiving supplies, site security, media, leakage of information, and climate issues. Still, other counties might want to take similar steps in collaborating with neighboring counties when conducting SNS exercises and first-responder prophylaxis. The use of the mobile unit is also an innovative means of reaching rural populations in a timely and efficient manner. Other uses of the mobile unit noted by the county health departments in West Virginia included field hospitals, isolation and decontamination units, triage units prior to dispensing sites, mobile dispensing sites, drive-thru dispensing, and routine public health usages.

## *Building Public-Private Partnerships*

Building partnerships with the private sector in SNS planning can significantly improve a state or local health agency's SNS readiness by improving its capacity to receive, store, and dispense medications. While building such partnerships presents some liability concerns for many jurisdictions, these concerns can be alleviated to some extent through prior collaboration, as seen in California, Maine, and Kentucky. Through their prior collaboration with the private sector, these jurisdictions have been able to tap into their private resources and build upon their current resources for mass prophylaxis.

### **California**

The California Department of Public Health (CDPH) recently improved its SNS readiness by entering into Emergency Hire Agreements (EHA) with public and private vendors across the State of California. By entering into EHAs, CDPH has connected with various local vendors that have committed to providing equipment, services, or facilities to CDPH in an emergency, that is, if the vendors are amenable and resources are available at the time of CDPH's request. According to CDPH, entering into EHAs is a practical and cost effective means of ensuring the availability of a sufficient supply of needed resources in an emergency.

The EHAs used by CDPH create no up-front costs or fees for the State of California. Instead, they set forth the contact information, listings of items, and agreed upon rates. The EHAs also address any legal issues or concerns prior to the use of a private vendor's resources in an emergency. For this reason, EHAs have created an environment conducive to the development of close working relationships between the public and private sectors in California. Furthermore, these agreements have provided CDPH with ample use of vendor trucks and facilities during annual statewide exercises and state Receipt, Stage, and Store (RSS) drills.

According to Tom Ahrens, Chief of Emergency Pharmaceutical Services and SNS Coordinator for the California Department of Public Health, "Emergency Hire Agreements are one of the many 'arrows in your quiver' that will allow you to anticipate your needs and have those resources and facilities available to you when the unexpected eventually occurs." Californians have already witnessed the value of EHAs when the 'unexpected' wildland fires occurred last year in Southern California. With the help of EHA vendors, CDPH was able to successfully move ten truckloads of alternate care supply caches during its response to the wildland fires.

However, Dr. Ahrens noted that while EHAs are valuable tools in SNS activities for obtaining and allocating resources, there are challenges to using EHAs. For instance, under EHAs, vendors only agree to provide items listed in the EHA if willing and available at the time of a request by CDPH. Therefore, resources accounted for in an EHA may or may not be available for various reasons, such as during certain times of a business cycle and when others are using the vendor's resources. Also, because vendors have contracted solely with the state, the size of an event, whether it is regional or national, may pose problems for allocating resources listed in an EHA. These issues are largely resolved ahead of time through the use of multiple agreements with multiple vendors.

CDPH was able to secure multiple vendors through the utilization of its State Department of Forestry and Fire Protection Emergency Response Directory (ERD). Conveniently, the vendors listed in the ERD had

already contracted with the State of California to provide a range of resources and items needed for emergency purposes, such as resources needed by fire departments when responding to local fires. Therefore, most vendors were amenable to extending such agreements to SNS planning activities by the State of California.

Other states eager to enter into EHAs with their local vendors may also be able to utilize their ERDs, as well as their local United States Forest Service Procurement Officer, for a list of vendors. Also, according to Ahrens, "Emergency Equipment Rental Agreements" or "Agreements for Emergency Use of Facilities" can be used by other states as templates for creating their own EHAs.

## **Maine**

The Office of Public Health Emergency Preparedness at the Maine Center for Disease Control and Prevention (Maine CDC) has successfully partnered with the Northern New England Poison Center (NNEPC) to secure support for improving its all-hazards SNS management. Maine CDC maintains a contract with NNEPC to support the creation and maintenance of a pharmaceutical stockpile in Maine. Because of this successful collaboration, Maine CDC has improved its response capacity and SNS readiness in a cost-effective manner.

The success of Maine CDC can be attributed to its tremendous efforts to reach out to NNEPC as a partner in SNS management in Maine. Together, Maine CDC and NNEPC expanded the selection of antibiotic and antiviral supplies for the state's stockpile by partnering with various pharmaceutical suppliers and companies to make selected stock enhancements, when needed. In addition, they developed a plan for ongoing education of partners, monitoring, and antidotes and medications for the next five years.

For other states considering the development of similar state pharmaceutical stockpiles, Maine CDC's outreach to the private sector may be a realistic option for securing support. While the advantages of partnering with the private sector have been evident in Maine, challenges to managing the pharmaceutical stockpile still exist. These include gaps in communication, issues with CHEMPACK deployment with ancillary supplies, problems with building situational awareness, and concerns with education and training methods. Still, as noted by Jacquelyn Roberson, SNS Coordinator at Maine CDC, the success of such partnerships is predicated upon the determination and commitment to build and maintain ongoing relationships with all parties involved.

## **Louisville, Kentucky**

Working from the motto of "no one modality is likely to do it all," the Louisville Metro Department of Public Health and Wellness (LMPHW) recently got creative and partnered with the National City Bank of Kentucky (NCB) to expand its SNS dispensing capabilities for the Louisville Metro Area. Through this partnership, LMPHW has been able to secure NCB's "drive-thru" facilities as feasible, alternative PODs for dispensing medications to its population. The drive-thru feature allows LMPHW the ability to quickly dispense medications to the citizens of the Louisville Metro Area, as well as NCB employees and their families, in the event of an emergency.

Since the inception of the partnership, LMPHW and NCB have successfully established respective distribution responsibilities, identified available branch locations, developed a memorandum of understanding (MOU), outlined the POD process, and created plans for an exercise of the drive-thru bank POD plan. However, like other dispensing modalities used in SNS planning, challenges and limitations to managing drive-thru bank PODs surfaced in LMPHW's planning process. Some of these issues included concerns over liability, infrastructure, traffic, accessibility, location, and staffing needs.





Figure 3. Photo of National City Bank of Kentucky drive-thru. Courtesy of Louisville Metro Department of Public Health & Wellness.

Nevertheless, through prior planning and collaboration, LMPHW overcame many of these challenges and limitations, including the issues surrounding legal liability. After four months of negotiations between legal counsels, LMPHW agreed to include a broad clause in the MOU, indemnifying NCB for its role as a major player in the overall protection of the Louisville Metro Area. Other communities may find the memoranda between the LMPHW and NCB of use when trying to overcome similar issues of liability with private partners in their communities. LMPHW's use of NCB's drive-thru banks as unique alternative POD sites may also spark exciting new ideas (see Appendix C for memoranda).

## *Conclusion*

State and local health agencies face many challenges in preparing for the receipt, distribution and dispensing of SNS assets, but none should have to face these challenges alone. Innovative work is being done across the country to educate the public, enhance intra- and interstate coordination, effectively tap into volunteer resources, plan for the needs of at-risk populations, and build strong partnerships. While each jurisdiction has unique circumstances that must be planned for, each of the presentations from the regional SNS workshops contains elements that can be selectively applied to meet needs in any jurisdiction. By sharing these successful practices in SNS preparedness among all jurisdictions, our nation moves closer to improving our overall public health preparedness.

## Acknowledgements

ASTHO expresses its sincere appreciation to the following individuals who provided valuable information, insights and recommendations for this document:

Tom Ahrens, California Department of Public Health  
Edward Anderson, Pasadena Public Health Department  
Joe Baca, New Mexico Department of Health  
Kim Birdsall, Bergen County Department of Health Services  
Cathy Coverston Anderson, McLean County Health Department  
Lisa Dillard, Centers for Disease Control and Prevention, Division of Strategic National Stockpile  
Katie Dunkle, National Association of County & City Health Officials  
Bud Fekete, Louisville Metro Department of Public Health & Wellness  
Bryon Hopper, Wyoming Department of Health  
John Jacob, Massachusetts Department of Public Health  
Aaron Kesecker, Virginia Department of Health  
Joanne Moriarty, Bergen County Department of Health Services  
Jacquelyn Roberson, Maine Center for Disease Control & Prevention  
Terry Sapp, Maryland Department of Health & Mental Hygiene  
Jennifer Walls, Cabell-Huntington Health Department

This report was researched and written for the Association of State and Territorial Health Officials by Stacie Weeks, JD, MPH, and Mamta Advani.

*This brief was made possible through funding from the Centers for Disease Control and Prevention Cooperative Agreement to Improve the Nation's Public Health Infrastructure with State Public Health Agencies/Systems (Cooperative Agreement #U50/CCU313903-8-4). ASTHO is grateful for their support.*

*The Association of State and Territorial Health Officials is the national nonprofit organization representing the state and territorial public health agencies of the United States, the U.S. territories, and the District of Columbia. ASTHO's members, the chief health officials in these jurisdictions, are dedicated to formulating and influencing sound public health policy, and assuring excellence in state-based public health practice.*

For additional information contact: [publications@astho.org](mailto:publications@astho.org)



2231 Crystal Drive, Suite 450  
Arlington, VA 22202  
Phone: (202) 371-9090  
Fax: (571) 527-3189  
[www.ASTHO.org](http://www.ASTHO.org)

<b>1</b>		<b>2 FOR EACH MEMBER OF YOUR HOUSEHOLD, ANSWER ALL QUESTIONS BELOW:</b>						
<b>Last name</b>	<b>First Name</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>SHADED AREA TO BE COMPLETED BY STAFF</b>			
		Is household member: • Pregnant • Breast feeding • 8 years of age or under	Is household member allergic to or shouldn't take any of these: • Doxycycline (Vibramycin) • Minocycline • Tetracycline	Is household member allergic to or shouldn't take any of these: • Ciprofloxacin • Levofloxacin (Levaquin) • Ofloxacin • Gatifloxacin • Moxifloxacin	<b>Answer A</b>	<b>Answer B</b>	<b>Answer C</b>	<b>Provide</b>
					No	No	No	Doxy
					No	No	Yes	Doxy
					Yes	No	Yes	Doxy
					Yes	No	No	Cipro
					Yes	Yes	No	Cipro
					No	Yes	No	Cipro
					No	Yes	Yes	Other
					Yes	Yes	Yes	Other
<b>GIVE THE MEDICATION CIRCLED</b>								
					Doxy	Cipro		Other
					Doxy	Cipro		Other
					Doxy	Cipro		Other
					Doxy	Cipro		Other
					Doxy	Cipro		Other
					Doxy	Cipro		Other
					Doxy	Cipro		Other
					Doxy	Cipro		Other
<b>Add Totals Under Doxy &amp; Cipro Columns:</b>								
<b>Medication Screening Form</b>		<b>3 List zip code(s) of the households:</b>						


# Alert: upcoming test.

Spanish translation info goes here

**Important information about a test in your neighborhood.**

On Sunday, September 23, 2007, local, state, and federal officials are conducting a drill to test the delivery of emergency medications. **Postal carriers will be delivering small, empty boxes in your neighborhood that represent emergency medication.** A Boston Police Department officer will escort each postal carrier as part of the test.

If a bioterrorist attack were to happen in Boston, large numbers of people will likely need medication as quickly and efficiently as possible to avoid getting sick. Using local postal carriers may be one way to get these emergency medications to people.



This is only a test and there is nothing you need to do. You may recycle the box.  
To learn more about this test, please visit [www.readyboston.org](http://www.readyboston.org) or call 617-635-4500.

# Alert: upcoming test.

**Important information about a test in your neighborhood on Sunday, September 23.**



1010 Mass Ave.  
Boston, MA  
02115

PRESORTED  
STANDARD  
US POSTAGE  
PAID  
PERMIT #000

Residential Customer

**Memorandum of Understanding (MOU)**  
**Between**  
**Louisville Metro Public Health and Wellness (LMPHW)**  
**And**  
**National City Bank (NCB)**  
**Concerning the Use of NCB's Branch Locations During a Public Health Emergency**

**I. Purpose**

The United States Department of Health and Human Services (DHHS) administers the Strategic National Stockpile (SNS) through the Centers for Disease Control and Prevention (CDC). LMPHW, through the Commonwealth of Kentucky, may request the SNS when there is a public health emergency because of natural pandemics, man made disasters, or attacks involving weapons of mass destruction (WMD). The LMPHW has the responsibility to conduct operations to receive, store, and stage SNS material as well as to use the materials to treat the public by either dispensing pharmaceuticals or providing vaccinations to the public. This MOU outlines the policies and guidelines to be followed for the use of NCB's branch banks during public health emergencies.

**II. Definitions**

- **Public Health Emergency.** An urgent threat to the health and well-being of the community. Potential threats could include community exposure to toxic substances including those associated with chemical or biological warfare, severe communicable disease, or a disturbance of normal community activities which poses a risk to the community at large.
- **SNS Medical Material.** For the purpose of this agreement SNS medical material is defined as antibiotics, vaccines, antidotes, medical supplies, and equipment, and certain controlled substances which may be used by LMPHW to respond to a public health emergency related to natural pandemics, man made disasters, or attacks of chemical or biological terrorism. SNS medical material also includes ventilators, portable suction units and hospital supplies.
- **Points of Dispensing (PODS).** Sites where pharmaceuticals will be dispensed to the public or where vaccinations will be provided to the public during public health emergencies. There are currently twenty (20) high schools, and the Kentucky Fair and Expo designated as PODs. This information is subject to change.
- **Federal Disaster.** An incident where the President of The United States issues a Federal Disaster Declaration and commits the resources of the federal government in equipment, personnel and funding.
- **Receipt Stage and Store (RSS) Site.** The RSS for the Commonwealth of Kentucky is located at the \_\_\_\_\_. This site is managed by the Kentucky Department of Public Health (KDPH) and is the location that the SNS will arrive and be received by KDPH. KDPH will



assess the needs of the commonwealth and break out the portion of the SNS to be delivered to LMDHW.

- **Distribution Node (DN).** LMPHW will receive its portion of the SNS upon delivery by KDPH to the DN. The DN is the location from which the SNS material will be sorted and delivered to the PODs.

### **III. LMPHW Responsibilities**

- LMPHW will provide NCB a list of the addresses of their sites where the drive through lanes may be used as PODs during an emergency.
- LMPHW will provide NCB with three (3) 24-hour contact names and phone numbers.
- LMPHW will provide NCB eight (8) hours notice to have its branch banks ready for use by LMPHW personnel.
- LMPHW will have personnel identified at each POD
- LMPHW will provide armed security at each POD.
- Metro Government will not compensate NCB, but Metro Government will use its best efforts to assist NCB in the application for any federal or state disaster funds available.
- LMPHW agrees not to use the ATM lane at any of the POD sites.
- LMPHW will provide enough medicine to NCB, delivered by LMPHW to a site designated by NCB, to cover it's employees and their families under the "Large Employer Plan"
- LMPHW will provide NCB with documentation of the risk to the health of any of NCB's employees.
- LMPHW will not use the interior areas of the Identified Branches (defined herein below).

### **IV. NCB's Responsibilities**

- NCB will provide LMPHW a list of three (3) 24hr contact names and phone numbers.
- NCB will provide a drop off location and a point of contact (POC) to receive meds for their employees and their families under the "Large Employer Plan."
- NCB agrees to allow LMPHW to use the drive through facilities of up to twelve (12) of its branch banks (the "Identified Branch or Branches"), selected as provided herein, as "drive thru" PODs. On an annual basis, LMPHW will submit a list of requested locations to NCB for approval as Identified Branches which approval shall be at NCB's sole discretion. In the event that any such requested location is determined by NCB to be unavailable, NCB will cooperate with LMPHW to provide a substitute Identified Branch. NCB reserves the right to withdraw one or more Identified Branches at any time. Provided, however, that NCB will use reasonable efforts to notify LMPHW of any such withdrawal of Identified Branches as such withdrawals occur and will cooperate with LMPHW to provide a substitute location.
- NCB agrees to allow LMPHW to use one of the Identified Branches, selected by NCB, to conduct an exercise once each year. Such exercise will be conducted on a day and time that will not interfere with normal business at the site.

**V. Cancellation**

- This MOU can be cancelled with thirty (30) days written notice to the other party.

**VI. Term**

- This MOU is automatically renewable from year to year. It may be modified by written agreement of the parties when appropriate.

IN CONSIDERATION OF THE SERVICES PROVIDED BY NCB HEREUNDER, LMPHW and Metro Government agrees to indemnify and to hold harmless NCB, its parent, subsidiaries, affiliated companies and its and their respective directors, officers, employees, agents, representatives and landlords, to the extent LMPHW and Metro Government are liable under Kentucky law for claims, damages, losses and expenses including attorney's fees attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting therefrom, or breach of the MOU caused directly or indirectly by Metro government, LMPHW, or their employee's negligence, while acting within the scope of their employment.

This provision applies regardless of whether or not NCB's expenses occur in connection with pending or threatened litigation, and whether or not NCB is a party to any such litigation. If any action is commenced as to which NCB proposes to demand indemnification hereunder, it shall notify LMPHW with reasonable promptness; provided, however, that any failure by NCB to notify LMPHW shall not relieve LMPHW from its obligations hereunder. NCB shall have the right to retain counsel of its own choice to represent it, and LMPHW shall pay the reasonable fees and expenses of such counsel; and such counsel shall, to the extent consistent with its professional responsibilities, cooperate with LMPHW and any counsel designated by LMPHW. LMPHW shall not, without the prior written consent of NCB, settle or compromise any claim, or permit a default or consent to the entry of any judgment, in any action in respect of which indemnification may be sought hereunder.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Louisville Metro Department Date  
of Public Health and Wellness*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*National City Bank Date*





(202) 371-9090 tel  
(202) 371-9797 fax  
2231 Crystal Drive, Suite 450  
Arlington, VA 22202  
[www.astho.org](http://www.astho.org)

2007–2008 Regional SNS Workshops:  
Selected Presentations  
September 2008  
PUB-0809001

Copyright © 2008 ASTHO.  
All rights reserved.