

**Annex B**  
**Medical Countermeasure (MCM)**  
**Dispensing and Distribution Plan**  
**2022**



**Public Health**  
Prevent. Promote. Protect.

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**Shelby County Health Department**

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## i. **Scope**

The Shelby County Emergency Operations Plan (SC EOP) outlines Shelby County Government's (SCG) approach to emergency operations. It provides general guidance for emergency management activities and an overview of our methods of mitigation, preparedness, response and recovery. The SC EOP consists of a base plan and multiple annexes addressing specific county plans in detail, such as the Shelby County Mass Shelter Annex, and the Shelby County Mass Fatality Annex.

The Shelby County Health & Medical Annex outlines the local organization, operational concepts, responsibilities, and procedures to accomplish coordinated public health and medical services to reduce death and injury during emergency situations and restore essential health and medical services within a disaster area.

The Shelby County Health Department All Hazards Plan is a sister plan to the SC Health & Medical Plan. These two plans work in conjunction with one another. The SC Health & Medical Annex gives a broad overview of the health and medical agencies' and entities' roles and responsibilities and how they work together during a public health emergency. The SCHED All Hazards Plan focuses on the Shelby County Health Department's role and response to all public health emergencies. All subsequent SCHED plans reference the SCHED All Hazards Plan.

## I. Overview

### A. Background

A large scale public health emergency, a large scale natural disaster, or an act of terrorism targeting the U.S. civilian population will require rapid access to large quantities of pharmaceuticals and medical supplies. Such quantities may not be readily available unless special stockpiles are created. No one can anticipate exactly where a public health crisis will occur or where a terrorist will strike, and few state or local governments have the resources to create sufficient stockpiles on their own. Therefore, a national stockpile has been created as a resource to be used by all jurisdictions in need.

In 1991, the Centers for Disease Control and Prevention (CDC) recognized the need for the United States to establish a lifesaving and highly mobile resource to respond to a national terrorist attack and created the National Pharmaceutical Stockpile (NPS) Program. In March of 2003, NPS became the Strategic National Stockpile (SNS). The mission of the SNS Program is to ensure the availability of lifesaving pharmaceuticals, antidotes, and other medical supplies and equipment anywhere in the United States in the event of an emergency. The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS Program was designed on the assumption that a large scale public health emergency has the potential to rapidly strain, if not deplete local supplies, and therefore the program will supplement and re-supply state and local public health agencies anywhere and at any time within the U.S. or its territories.

The SNS program is organized for a flexible response and has a variety of ways in which to provide assets. These assets include:

- **12-Hour Push Packages** – medical supplies, equipment, and pharmaceuticals pre-packed in air cargo containers for immediate shipment. As the name implies, 12-Hour Push Packages can be deployed anywhere in the United States and its territories within 12 hours after a request is made.
- **Managed Inventory** – palletized stockpiles of pharmaceuticals, medical

supplies, and equipment for use in large-scale emergencies. Normally, this materiel can be sent within 24 to 36 hours after approval for deployment. The form, packaging, and method of delivery of managed inventory can vary widely with circumstances.

- **Vaccines** – the repository for various types and quantities of vaccines.
- **Technical Advisory Response Unit (TARU)** – a group of individuals from the Department of the Strategic National Stockpile (DSNS) able to provide technical advice to assist state and local responders with managing SNS assets in response to a large-scale emergency.

## B. Purpose

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

## C. Scope

It is the nature of an emergency and/or disaster that each event is unique and the specific details of each response will be event driven. Depending on the type and scope of the event, the components of this plan may take different directions.

It is the responsibility of SCHD, in coordination with Shelby County (SC) Emergency Management and County Government to request, receive, organize and distribute SNS assets such as medications and medical supplies and/or administer vaccinations to residents of Shelby County in an emergency. This plan provides the concept of operations and organizational roles and responsibilities for SNS operations within the county. This plan:

- Applies to the SCHD and other departments and agencies, municipalities and partner organizations that have identified roles and responsibilities within the plan.
- Establishes authority for direction and control of SNS operations.
- Is county-wide in scope and includes coordination and support to the

- municipalities within Shelby County.
- Defines and assigns emergency roles and responsibilities to organizations and key positions for conducting SNS operations in the county.

#### D. Policy

It is the responsibility of the SCHED, in coordination with Shelby County Emergency Management and County Government to request, receive, organize and distribute SNS medications and medical supplies and/or administer vaccinations to residents of Shelby County in an emergency.

#### E. Authority *(o1iv)*

The Tennessee local Health Departments, in conjunction with local governments, have the primary responsibility to coordinate emergency health and medical services within their jurisdiction in response to an emergency or disaster of natural or manmade origin.

#### F. References

The following are the guidance documents from which this plan has been developed:

- Centers for Disease Control Receiving, Distributing and Dispensing
- Strategic National Stockpile Assets; A Guide for Preparedness V10.02-Draft, August 2006
- Centers for Disease Control Point of Dispensing (POD) Standards, April 2008
- Centers for Disease Control Medical Countermeasure Distribution and Dispensing Composite Measure Guide, Version 3, September 2011
- National Incident Management System (NIMS), December 2008
- State Of Tennessee Department Strategic National Stockpile Program Plan, version 4.0 June 2012
- Shelby County Emergency Operations Plan (EOP), March 30, 2010
- Health and Medical Services Annex, Shelby County Emergency Operations Plan, Draft June 11, 2009
- Tennessee Public Health Legal Handbook, Nov 2010
- The *Interim* Cities Readiness Initiative (CRI) Plan
- Local Technical Assistance Review (LTAR)

## II. Situation

Shelby County, Tennessee is vulnerable to a number of potential public health hazards and as such, may cause the SNS request and activation and implementation of this plan. These hazards could result in the evacuation, destruction of or damage to homes and businesses, loss of personal property, disruption of food distribution and utility services, serious health risks, and other situations that adversely affect the daily life of the citizens of Shelby County.

Strategically located at the intersection of three states, the Memphis MSA encompasses an estimated population of approximately 929,744 residents. Shelby County borders the western border of Arkansas and the northern border of Mississippi.

Shelby County is a hub of interconnecting major arterial and secondary highways. I-40 connects with Nashville, 210 miles to the east and Little Rock, AR to the west. I-55 connects with Jackson, MS 209 miles to the south and St. Louis, MO 283 miles to the north. The Memphis MSA is the second largest in Tennessee, the largest city in the County, Memphis, and is home to the County Government, and the County's largest number of regional hospitals. These hospitals meet monthly through Mid-South Emergency Planning Coalition (MSEPC).

### **Memphis Metropolitan Statistical Area Data – Census 2020**

<b>Baseline Data for Review</b>	<b>SCHD</b>	<b>Comments</b>
<b>1. Local population covered by MCM Dispensing Plan.</b>	<b>929,744</b>	<b>2020 Census</b>
<b>1a. Population within the CRI that is covered by this plan.</b>	<b>929,744</b>	<b>2020 Census</b>
<b>2. Estimated hourly throughput to provide MCM to 100% of the population within 48 hours.</b>	<b>1000</b>	<b>Mandated by TDH</b>
<b>2a. Estimate of hours of POD operations to meet the 48 hour goal for dispensing after receipt of assets from state/local distribution.</b>	<b>36</b>	



3. Number of PODs needed to cover 100% percent of the planning jurisdiction population.	<b>26</b>	$(929,744/36)/1,000$
3a. Number of PODs needed to cover 100% of the planning jurisdiction using head of household calculation.	<b>10</b>	$[(929,744/2.6)/36]/1,000$
4. Calculate total number of estimated hourly operational throughput to provide MCM to 100% of the jurisdiction's population within 48 through operation of all PODs identified in #3.	<b>1,000</b>	
4a. Was Head of Household used in this calculation? What is the number of multiple regimens authorized?	<b>Yes, 15</b>	2.6 per 2020 Census, TDH
5. Number of PODs (general population) identified and supported through written agreements.	<b>15</b>	
6. Number of PODs (general population) documented with site- specific plans.	<b>15</b>	
7. Number of PODs (general population) with identified primary and backup mgmt. teams.	<b>15</b>	
8. Est. number of local government personnel and volunteers needed to staff 100% of POD functions for a MCM campaign. (07)	<b>1600</b>	$(80 \text{ per shift} \times 2 \text{ shifts}) \times 10 \text{ PODs}$
10. Specific types of alt. dispensing modalities present in the project area.	<b>1. Closed PODs 2. Drive-Thru PODs</b>	
10a. Number of Drive-Thru PODs.	<b>6</b>	

10b. Number of Closed PODS with healthcare entities/agencies.	<b>7</b>	
10c. Number of Closed PODS with private businesses.	<b>1</b>	
10d. Number of Closed PODS with Governmental Agencies.	<b>8</b>	
10e. Number of Closed PODS with military installations.	<b>2</b>	
10f. Number of Closed PODS with academic institutions.	<b>5</b>	
10g. Number of Closed PODS with community-based orgs.	<b>2</b>	
1. Number of PODS using other types of dispensing modalities.	<b>1</b>	<b>Door-to-Door</b>
11. Population covered by all closed PODs.	<b>213,841</b>	<b>23%</b>

### III. Planning Assumptions and Considerations

The following assumptions should be used as guidelines for consideration to assist Shelby County in adequately preparing for an emergency requiring the activation, staging, and dispensing of medications from the SNS and will serve as an operational guide for key personnel involved in command and operations.

- The County and State and/or Federal Government may declare an emergency depending on the nature and scope of the crisis.
- The SNS assets will be delivered to the State in response to a Governor’s request.
- Should a State of Emergency be declared, the Health Department Local Emergency Plan and Continuity of Operations (COOP) Plan will be implemented by the Health Officer or designee and Health Department programs and services will be triaged in accordance with those plans.
- Any event necessitating deployment of the SNS within the State of Tennessee, the National Capital Region, and/or a neighboring jurisdiction

may affect the population of Shelby County.

- The SCHED will provide services to the individuals who reside within the County.
- This plan can be implemented at selected medical model Points of Dispensing (POD) for a designated portion of the population and can be expanded to the entire population in an affected area at non-medical model PODs.
- Disease surveillance occurs on an on-going basis by the SCHED Community Health Services, Environmental Health, Public Health Preparedness, and the School Health Divisions.
- The SCHED dispensing plan provides guidelines for dispensing oral chemo prophylactic agents/medicines and/or vaccines to post-event asymptomatic clients and agents/medications for the treatment of symptomatic clients including:
  - 1) Healthcare workers; 2) First Responders; 3) General public; 4) Homeless; and
  - 5) The homebound, institutionalized, and other vulnerable populations.
- **(06) Memoranda of Understanding (MOU) have been established with local healthcare facilities and other closed POD locations to distribute medications, function as internal medication points of distribution or delivery, to healthcare workers and/or critical infrastructure partners based on CDC, Tennessee Department of Health and Mental Hygiene (DHS), and SCHED guidance specific to the current situation.**
- In order to provide for the health and safety of Shelby County residents in an emergency, it may be necessary to provide prophylactic medications and/or vaccines to the First Responder and Critical Infrastructure community prior to establishing public clinics.
- Local organizations in contact with the homebound population have been identified and education, training, and delivery methods have been developed for this population.
- Service providers for vulnerable populations serve as the key conduit and

trusted agents for this population. With their assistance and in partnership with Shelby County Emergency Planning and the Faith Community, additional vulnerable populations have been identified through the “Special Needs and Preparedness Town Hall Meeting” and the “Emergency Preparedness for Service Providers of the Disabled and Special Needs Populations.”

- All dispensing activities will include provisions for interpretive services either through an on-site interpreter or the use of telephonic interpretations services. Signage and pictograms will be used to assist those who may be visually impaired or functionally illiterate.
- A Biological Detection System (BDS) was installed within a Shelby County postal facility.
- All SCHD staff members are essential personnel in a public health emergency. Job descriptions include “duties in response to a Public Health emergency at the request of the Health Officer”. Therefore, all staff will be expected to assist in the SNS operations as necessary and will be compensated in accordance with their State or County position. Liability and Worker’s Compensation will be provided through the State or County System.
- Lead and back-up core management staff and personnel available to staff PODs have been identified and staffing plan templates have been established for the different models.
- Shelby County employees may be requested as staff by the Health Officer or through the Shelby County Division of Emergency Management under the authority of the County Mayor to support health and medical operations during a public health emergency response.
- Appropriately identified and credentialed volunteers will be utilized through the MRC volunteer process.
- Local pre-affiliated and credentialed Medical Reserve Corps (MRC) volunteers will be activated through Tennessee Professional Volunteer Corps

- The Shelby County Division of Emergency Management will liaise with other County agencies and provide logistical support to public health emergency response efforts. This may include POD site support in the event of inclement weather during a response.
- Food and water for all staff involved in SNS operations will be provided through coordination between the SCHED Health Department Operation Center and the County EOC. Providers will be the American Red Cross Shelby Chapter, Shelby County Detention Facility, or the Shelby County Department of Fire and Rescue Services, and local private infrastructure partners.

## IV. Concept of Operations

### A. General

The Tennessee Department of Health (TDH) is the coordinating state agency responsible for the receipt, management, and further distribution of the SNS. The State is responsible for initial receipt of the SNS 12- hour Push Package or Managed Inventory at the State's Receiving, Staging, and Storage Site (RSS). It will take approximately 12-24 hours from the time of receipt of the 12- hour Push Package until the delivery to the local health departments (LHD). At the State RSS, the 12-hour Push Package will be received and broken down by State personnel. The medications and medical supplies will be repackaged and apportioned prior to the delivery to the LHD.

The State is responsible for the transportation of the apportioned supplies to the designated SCHED's bulk distribution center and and/or local PODs per the current situation, State Plans, and/or SCHED SNS coordinator's instruction. Procedures will be implemented to track all SNS assets.

The SCHED will be responsible for coordinating with healthcare facilities and other Shelby County agencies for the management of all SNS materials.

The apportionment of SNS assets will generally be based on a medical risk profile.

The pre-assigned Shelby County PODs will be activated to coincide with the arrival of the SNS.

SCHD (including State and County employees), County staff, and trained volunteers will staff the bulk distribution center and PODs.

## B. Legal/Policy Issues

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

- The Health Director and Health Officer have the authority to request activation and use of SCHD Assets and implement the Shelby County Health Departments MCM Plan.
- The number of medication regimens that a head of household can pick-up is determined by the State of Tennessee and is outlined in the State of Tennessee Strategic National Stockpile Plan.
- The minimum identification requirements to receive medications at a dispensing site are determined by the State of Tennessee as outlined in the State of Tennessee Strategic National Stockpile Plan.
- The process for dispensing of medication to an unaccompanied minor is determined by the State of Tennessee and is outlined in the State of Tennessee Strategic National Stockpile Plan.
- The Shelby County Sheriff's Office and the municipal police departments will employ the minimum amount of force necessary to affect an arrest and overcome any resistance offered. The use of force policy is constant, regardless of the type of assignment/deployment. In the event that force is applied to an individual(s) the officer shall affect an arrest and provide decontamination and/or render first aid as appropriate.
- **(o11) All adverse event will be tracked and monitored through the use of the Vaccine Adverse Event Reporting System (VAERS) and the FDA Safety Information and Adverse Event Reporting Program**
- Hotline or call bank procedures will be established to address questions or concerns from the public and provider community.

- (o6) MOUs exist or are in the process of being established with local federal agencies such as Millington Naval Base and 164th U.S. Coast Guard for the distribution of SNS assets to military and federal personnel in a public health emergency.
- (o6) MOUs exist or are in the process of being established with local private agencies such as FedEx or International Paper that requires these organizations to suspend normal operations and to complete medical countermeasures dispensing.

## C. Requesting SNS Assets (o2)

### 1. Tennessee Department of Health / SCHD Plan Integration

The decision to deploy SNS assets will be a collaborative effort among local, state, and federal officials. The decision may begin at the local level when officials identify a potential or actual situation that they believe has the potential to threaten the health or safety of the community. The Tennessee Department of Health (TDH) Division of Strategic National Stockpile has reviewed and approved the Shelby County Health Department SNS Activation Plan and MCM Plan for complete integration into the State THD SNS Plan.

### 2. Decision-making Process

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

Events that provide justification for SNS deployment:

- A chemical, biological radiological, nuclear, or explosive (CBRNE) event.
- A medical emergency brought on by a natural disaster.
- Claim of release by intelligence or law enforcement personnel.
- An indication from intelligence sources or law enforcement of an

- increased potential for a terrorist attack.
- Clinical, laboratory, or epidemiological indications including:
  - A large number of persons with similar symptoms, disease, syndrome, or deaths.
  - An unusual illness in a population – single case of disease from an 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 treatment.
  - Multiple unusual, genetically engineered, or an antiquated strain of a disease agent.
  - 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.
- To determine if SNS assets will be requested the Shelby County Health Officer will:
- Confer with the Shelby County Emergency Director on the situation and the need for the SNS assets.
- Confer with appropriate DHS agency, Infectious Disease & Environmental Health Administration (IDEHA) and/or Office of Preparedness and Response (OP&R) representatives on the need for the SNS.
- Confer with SCHED Strategic Planning/Operation Team (SPOT) members on the need for the SNS based on the following criteria:
  - Detection of an unusual medical case or a cluster of case indicating the presence of a potential dangerous agent that could precipitate a public health emergency and strain local assets.



This detection will come from medical surveillance networks, health care providers, laboratories, hospitals, veterinarians, pharmacists, medical examiners, the emergency medical system, and public health agencies.

- Activation of an alert system such as the Postal Service Biological Detections System or the National Capital Region's Biowatch System.
- Information from law enforcement and/or public health officials indicating a significant threat to the citizens of Shelby County.
- Confirmation of a widespread event via epidemiological investigation expanded surveillance or through laboratory or medical diagnosis.
- Threat projection analysis.
- Assessment of in-state inventory vs. needed pharmaceuticals and/or medical supplies.
- Collect epidemiological and medical data including:
  - Number of persons with a similar disease or syndrome
  - Unusual illness in a population
  - Disease with unusual geographic or seasonal distribution
  - Deaths or illness among animals that precede or accompanies human illness and/or death
  - Total number of cases
  - Single case of disease from an uncommon agent
  - Known or highly suspected release or exposure
  - Assessment of local supplies of medication and health
  - Equipment to determine if they are adequate for responding to the public health event

### **3. Request Process**

SNS assets may be deployed to a local jurisdiction through three basic processes. One, the Federal Government decides there is a need to deploy the assets to the State of Tennessee. Two, the State of Tennessee decides there is a need to deploy these assets to a local jurisdiction and requests the SNS assets. Third, a local jurisdiction decides that they will need the SNS assets and requests the deployment from the State. It is not in the scope of this plan to address the first two processes. This plan focuses on the third process – when the local jurisdiction asks the State to request the SNS assets from the Federal Government.

To initiate an SNS request the Health Officer and the Emergency Manager will initiate a phone conference with DHS to formally request the SNS assets. The request will follow the guidelines as outlined in the State of Tennessee Strategic National Stockpile Plan.

#### **4. Notifications**

The Health Officer and the Emergency Manager will inform the Board of County Commissioners of the need to request SNS assets prior to the actual request. This notification may occur via notification of the County Mayor or designee.

Personnel from SCHD will serve as management staff at all public PODs. Public health personnel, Medical Reserve Corps (MRC) members and spontaneous volunteers will serve as support staff. All personnel will be tracked through the Personnel section at the POD to which they are assigned through the use of a personnel roster.

The SCHD will initiate the Local Emergency Plan and/or the COOP Plan and activate the SPOT and Division staff via phone tree and/or the Shelby County Emergency Management notification system to notify public health responders and critical infrastructure personnel. The SPOT telephone tree, Response Team Tree, Division COOPs and HDOC SOP manual & jump drives will be updated and exercised at least quarterly. The Shelby County EOC will initiate notification of other critical infrastructure personnel such as county employees by contacting division management personnel who will activate division specific call downs. Information about first responder pick up locations and instructions will be pushed down via the same path.

If a bulk distribution center is to be established, a SCHD Command Staff member will send notification to the bulk distribution center site to ensure and/or prepare the site for SNS delivery. Closed PODs will be notified of the event by the SCHD.

Possible open/public POD sites include publicly owned buildings and private facilities agreeable to use at the time. Specific county-owned buildings have been pre-selected and evaluated for POD sites. Use of county-owned buildings will be coordinated through Emergency

Management. Use of Shelby County Public Schools will be initiated by the SCHED Command Staff, the Shelby County Public School (SCPS) Superintendent or designee, and the SCPS Coordinator of Safety and Security.

## **D. Implementation**

### **1. Management of SNS Operations/Command and Control**

The SCHED command and control structure is based on the National Incident Management System (NIMS). The State of Tennessee and Shelby County SNS operations are integrated within the Incident Command System (ICS) structure and are compliant with the current CDC guidelines. The SNS response organization structure and associated forms can be found in the SOP book and folder.

The SCHED Health Officer, or designee, serves as the Incident Commander and appoints the Command Staff and a SC local EOC representative as the Emergency Support Function (ESF) 8 Liaison Coordinator. The SCHED EOC representative will function as the SNS liaison at the SC EOC.

The SCHED Manager of PHEPP, the CRI Coordinator, or designee will function as the Planning Section Chief or Incident Commander during SNS activation.

Specific shift hours and the length of each shift for staff/volunteers will be established by the Health Department Operation Center (HDOC). In a full activation, 12 hour shifts may be established with overlapping times to ensure an adequate briefing period and smooth transition. The HDOC and Incident Command will ensure that all staff receive adequate food, hydration, and work breaks. Family assistance for staff will be provided through the County Family Assistance Plan.

## 2. Communications

### a) *Tactical*

The utilization of specialized communication systems such as landline phones, cell phone, email, wireless text messaging, faxing, 800 Megahertz radios, HAM radios, satellite phones and other identified methods of information sharing will be implemented to ensure real-time communications related to distribution and surveillance activities are maintained. To ensure communications are uninterrupted, redundant communication systems will be used.

Communication between PODs, SCHD Health Department Operation Center (HDOC), Shelby County EOC (ESF-8), Regional Hospitals, DHS, the State EOC and other responder elements will be accomplished through the use of email, Web EOC, Tennessee Health Alert Network (TNHAN), cell phones, 800 Megahertz two-way radios, satellite phones, ham radio and telephone landlines.

If none of these communications methods are available, we have trained our SCHD staff to use television or radio to detect the activation of the SCHD's emergency plans. Our employees are trained bi-annually on an unexpected basis to respond to these alerts.

### b) *Information Technology (o10)*

The SCHD Interagency Information Technologies (IIT) is responsible for the implementation of program management systems issued from DHS and/or CDC for investigation and surveillance, medication/vaccine inventory, patient tracking, and other related activities. IIT specialists will work cooperatively with SCPS and Shelby County Interagency Information Technology (IIT) to ensure adequate computer equipment to operate software at PODs. IIT will provide IT support to SNS operations.

## 3. Security (o3)

A large public health emergency will likely produce many casualties and it

will also produce concern, fear, and possibly panic within the affected community. The arrival of SNS assets will be newsworthy and may make operations a magnet for persons unwilling to wait for the planned dispensing of drugs or other assets to protect or treat them and their families. During a deliberate attack, SNS response organizations may become a target of terrorists or terrified citizens.

Security for the SNS will be a cooperative effort between local, State, and Federal agencies coordinated through the EOC and may change at different stages of the SNS distribution process. Local law enforcement assumes responsibility upon receipt of the SNS. The Shelby County Sheriff's Office, and/or The City of Memphis Police Department, and/or Germantown City Police and/or Bartlett City Police, will provide law enforcement support based on the location and scope of the effort. Security support to SNS operations will be coordinated through the county EOC and law enforcement personnel will be requested and coordinated through the EOC. The Shelby County Sheriff's Office will be the lead law enforcement agency & SNS Security Coordinator.

Law enforcement personnel will:

- Provide security and personnel protection escort for the staff at the sites and the general public.
- Provide crowd control
- Provide security escort for all SNS materials at each site.
- Provide traffic control and security at the bulk distribution center and the PODs.
- Maintain awareness of POD sites and locations.
- Maintain awareness of the operational needs.
- Develop POD site security plans and update them every five years or as needed.

All staff working in SNS operations must show identification prior to entering any site. First time spontaneous volunteers will be processed, credentialed, badged, and assigned through the Volunteer Mobilization Centers.

#### 4. SCHD POD Staff Mobilization

##### Local Activation of the SCHD MCM Plan

There are three situations that would necessitate local activation of the Shelby County Health Department's Medical Countermeasure (MCM) Dispensing and Distribution Plan: 1) Natural Disasters, 2) Known Medical Disease Outbreak, 3) Bio-terrorism attack. Activation of the plan is best when there is a known etiology of disease and available prophylactic or therapeutic agent. (o1)

The Health Director, Health Officer and emergency management officials will assess the need to request assets based on actual events or credible threats. Regional public health officials will contact TDH regarding these events and the justification for the request. TDH, in consultation with TEMA, will contact the Governor's office with the justification for the request. The Governor has authorized the Commissioner of Health and the State Epidemiologist to contact the Department of Health and Human Services (DHHS) and the CDC to make the official request.

##### Federal or State Activation of the SCHD MCM Plan

Federal or State Health Officials may activate the SCHD MCM Plan by simply making the request directly to SCHD if national intelligence is aware of an attack that is imminent or if state health officials notice a local need not being addressed by local officials.

(o1iii)

##### PHEPP Activation Approval Responsibilities and Duties (o1i)

Under the authority of the Shelby County Health Director and Health Officer, PHEPP will begin activating the plan. The SCHD MCM plan is scalable, and the authority to decide to what extent the plan is activated is given to the Health Department Operation Center (HDOC) under the command of the Incident Commander.

Once the request is approved by one of the aforementioned methods, in coordination with local emergency management and external partners, the Shelby County Public Health Emergency Preparedness Program

(PHEPP) will activate the plan. Note that all notifications will occur through communication protocol explained during *Communications* above. All participating agencies and staff have been trained to provide status reports to ESF-8 as major plan activation goals are achieved. ESF-8 will ensure that all plan steps are communicated with the HDOC and other Emergency Support Functions (ESFs).

Upon Approval, PHEPP Shall: **(o1ii)**

**1) Activate the Health Department Operation Center**

- All members of the HDOC command structure will be notified to report for HDOC activation at 1075 Mullins Station; Memphis, TN. These roles have been pre-assigned by managerial staff at the SCHD.

**2) Activate ESF-8 of the Emergency Operation Center**

- Emergency Support Function-8 is managed on a twenty-four hour basis by one of full-time PHEPP staff members. The person or persons located at ESF-8 are in constant communications with HDOC, POD supervisors, and interagency partners during the activation of the Medical Countermeasure Plan. **These PHEPP staff members are responsible for documentation of actions via WebEOC. (o1v)**

**3) Mobilize POD Points of Contact (POC)**

- Via the Tennessee Health Alert Network (TNHAN) all of the POCs for the activated public PODs will be notified to make the space available for POD leadership during the activation. Once these sites are opened, ESF-8 and HDOC should be notified.

**4) SCHD Employee Call Down Activation**

- Using the monthly updated SCHD Employee Roster Excel Spreadsheet and the Job Action Sheet document, SCHD employees who have no prior assigned emergency response duty with HDOC are assigned to Chief, Lead, and Staff roles. Employees are stratified by their level of management, emergency preparedness training, and work experience skills.
- See *Annex 1 POD Staff Activation Protocol* for more details on staff assignment and mobilization

**5) Logistics Section Chief Mobilizes Local Cache**

- Once the Logistics Chief arrives at 1075 Mullins Station, he/she will then report to the SCHD local cache warehouse at (994 S. Bellevue; Memphis, TN) and await the arrival of the logistics Section staff who should be arriving from SCHD Employee Call Down Check-in.

- Under the direction of the Logistics Section Chief and the plan set out by HDOC the Logistics Section Chief will then distribute local caches of medications and medical supplies to the activated POD sites.
- SCHD Staff with certifications in forklift driving and warehouse training have been previously assigned to this section.

#### 6) State and SNS Assets Request Initiated

- The local Shelby County Health Department has the ability to request SNS assets as explained in ‘Section IV.C.3 – Request Process.’ This section explains that, “... a local jurisdiction decides that they will need the SNS assets and requests the deployment from the State.”
- The SCHD HDOC operates with the belief that the decision to request SNS assets is a decision best left to the HDOC ICS at the time of the emergency. SNS Assets request to the state are to be initiated when HDOC leadership via the Logistics Chief decides that the local cache of supplies are not sufficient or if the supply inventory reaches 50% of the normal local stockpile.

### 5. Controlling Inventory (o8)

#### a) Local Inventory Management and Control

Located within the Memphis MSA, the Shelby County Health Department has established a local cache of supplies. The local cache of supplies includes the local inventory of medications, personal protective equipment, and emergency response equipment (tents, cots, tables, chairs, etc.). Updated inventories of all the supplies stored within this facility are maintained by the Cities Readiness Initiative (CRI) Coordinator. The CRI Coordinator also holds the role of procurement coordinator and maintains updated MOUs with local supply vendors. (11i)

(o6) Currently the Shelby County Health Department has MOU agreements with McKesson, and Bound Tree. These MOUs allow the direct local procurement of emergency supplies. These supplies would be utilized before requesting assets from the SNS. When activated, the inventories are managed by the CRI coordinator through an excel spreadsheet.



b) ***Controlling SNS Inventory***

To deal with SNS deployment successfully, the proper resources in the proper quantities must arrive in the proper locations within a short period of time. This function is known as inventory control and the Shelby County Health Department's Medical Counter Measure (MCM) Plan imparts this responsibility to the Inventory Control Group under the Logistics Branch of our Incident Command System. All SNS materials received, stored, and distributed will be inventoried and tracked.

The Tennessee Department of Health's Strategic National Stockpile Annex outlines how the state will distribute SNS assets to local RSS locations. In Shelby County, the TDH may dispense medications directly to our POD sites from a state RSS location or the TDH may establish a dual-RSS/Intermediate distribution site (IDS) that allows SCHD to supply, resupply, and redistribute SNS Assets to all of our POD sites specifically. No matter the chosen distribution model, SCHD will be responsible for maintaining responsibility and possession of SNS assets from the TDH.

c) ***Inventory Management System (o15)***

In accordance with the TDH SNS Plan, Shelby County will utilize the iCam web-based system as our primary inventory management system. Use of the iCam system will allow a more flexible integration both the TDH and SCHD inventories of medical assets at the dual-RSS/IDS and POD sites. Utilization of the iCam system will also allow command staff at the State Health Operation Center (SHOC) and local Health Department Operation Center (HDOC) to track supplies.

Website: <https://tdoh.icamservice.com/login.aspx?ReturnUrl=%2f>

In the event that electricity or internet services are not available, the SCHD will utilize a paper-based (Excel Spreadsheet) format.

Shelby County Health Department, in conjunction with the State

SNS Coordinator and local counties, have developed a plan to initiate the reordering process when inventory supplies at the local POD sites reach 50% or below POD Supply staff projected requirements. TDH has created a standardized “SNS Asset Order Form” to be used in official request. (See *SNS Asset Order Form*) Standard operating procedures to locate, procure, and coordinate local supplies may require a request to neighboring counties and districts through the Mutual Aid & External Resources EOP Addendum from the TDH. (See *TDH SNS Annex*)

Security for wireless networks will utilize 128-bit encrypted Wired Equivalence Protocol (WEP). This will be used to protect personal identifying information and maintain HIPPA compliance. iCam will be set up to determine access rights and permissions for users.

d) *Inventory Control Group Training*

The SCHED has an employee development training plan for all POD functional groups, including the Inventory Management System. SCHED employees have been pre-assigned to specific tasks that meet their skill set and training level. Key members of the SCHED staff have been trained on the iCam system for a public health or agricultural emergency that requires activation of the SCHED MCM Plan. These pre-designated individuals have also been trained in Microsoft Excel, which is to be used as a backup system. Training for the inventory management system occurs annually.

The Logistics Inventory Group is specifically trained for:

- Tracking the type, quantity, location, and configuration of the SNS Assets
- Processing request for assets from PODs and treatment centers
- Ordering more assets when supplies run low and tracking the ordered resources
- Knowing the addresses of locations where SNS assets are being shipped
- Setting up automated and manual inventory management systems
- Recovering SNS equipment, containers, and unused materials

- after an event
- Using inventory data to calculate the number of people treated

e) *SNS Chain of Custody Procedures*

During an emergency event it is critical to keep an accurate record. One of these important records is the documentation of the chain of custody for every shipment of drugs from the origin to the final end point. TDH and SCHED conducts inventory management for countermeasure through the use of iCam. In addition, a paper-based or a simple spreadsheet system may be used depending on the situation. Regardless of which inventory management system being used the chain of custody procedure for the SCHED is as follows:

- i. SCHED Incident Commander, Deputy Incident Commander, Logistics Branch Section Chief, POD Supervisor, and/or POD Supply Section Chief are the only individuals allowed to receive assets from a SNS Asset Driver or TDH SNS Official.
- ii. The designated person will sign all of 4 Distribution Slips and provide one of these slips to the person they obtain the inventory from. The remaining 3 Distribution slips will stay with the assets as they are redistributed to specific POD sites.
- iii. The designated person is responsible for ensuring the accuracy of the received inventory.
- iv. This process of signing and keeping Distribution slips will continue until the shipment is at its final dispensing destination. The last person to sign for the order will mail the last copy – with all signatures along the chain to:

Tennessee Department of Health  
Emergency Preparedness  
710 James Robertson Pkwy  
3rd Floor, Andrew Johnson Tower  
Nashville, TN 37243

The supply leader at each POD is responsible for receiving and maintaining inventory, signing Chain of Custody forms,

and compiling the appropriate paperwork. The supply Leader will work in conjunction with the POD Supervisor and Logistics Section Chief to report missing items, reordering supplies, and report deliveries

Closed POD operations also have Chain of Custody form when receiving SNS supplies from the state. Delivery personnel will be responsible for the verification of the credentials of the Point of Contact and for getting the Chain of Custody forms signed before releasing the assets. Shelby County guidelines are in direct compliance with the State of Tennessee Department of Health SNS Annex, Section 2E.

f) ***Chain of Custody Procedure for Controlled Substances:***

Shelby County Health Department has designated staff who can sign for controlled substances for the POD or SCHD in the event the TDH representative is unavailable. This is the Health Officer and/or SCHD Pharmacist. The hospitals, or treatment centers, have also designated staff to sign for controlled substances. The chain of custody for controlled substances for the SCHD is as follows:

- 1.) The name and DEA number of the person who receives the controlled substances will be added to the Form-222. The designated signee will have to produce a government issued form of identification.
- 2.) The designee will sign the packing slip that itemizes the controlled substances.
- 3.) The DEA Form-222 will be signed as soon as practically possible following physical transfer of the materials.

The DEA will hold the registrant responsible for the stick until that person transfers it to another registrant. In an emergency, the DEA allows the transfer of controlled substances to multiple treatment centers using a copy of the original shipping manifest as long as a chain of custody record is maintained.

## 6. Local Distributing SNS Assets (o2) (o3) (o4)

In the State of Tennessee, the responsibility for identifying and pre-qualifying Receiving, Storage and Staging (RSS) sites is a state function. Staffing of the RSS facility as well as formulating a distribution network to our local POD sites is a shared responsibility of local and state planners. The state of Tennessee has identified and qualified one centralized RSS site for the distribution of SNS assets.

Medication/vaccine and supply distribution and redistribution plans for any SNS activation must be scalable and flexible. The Tennessee Department of Health (TDH) and local SCHD have established two plans to be initiated for the distribution of SNS Assets. If the event is decided by local and state officials to only require partial activation of the SCHD Medical Countermeasure (MCM) plan, then the THD will deliver directly to a few activated SCHD PODs. In contrast, if the event is decided by local and state officials to require full activation of the SCHD MCM Plan, then the CDC's DSNS will deliver SNS Assets to a centralized dual RSS/Intermediate Distribution Site (IDS).

Supply, resupply, and redistribution to individual PODs will need to be an ongoing process based on the situation and/or method of dispensing. Printed materials required for MCM response efforts will be primarily supplied by the State. However, if printed materials are not immediately available from the State, the SCHD has established a cache of approved distribution literature at our local health department warehouse. The Shelby County Warehouse is located at 994 S. Bellevue, Memphis, TN 38106 and is maintained under contestant Shelby County Sheriff surveillance. Inventory list of printed materials and/or supplies may be requested from the Memphis MSA CRI-Coordinator via request from SCHD administration. (See *Controlling Inventory*)

In the event the SCHD MCM Plan is activated, the SCHD maintains the responsibility for:

- Receipt & inventory tracking
- Maintaining a chain of custody
- Redistribution of SNS Assets
- Supply delivery
- Post event storage

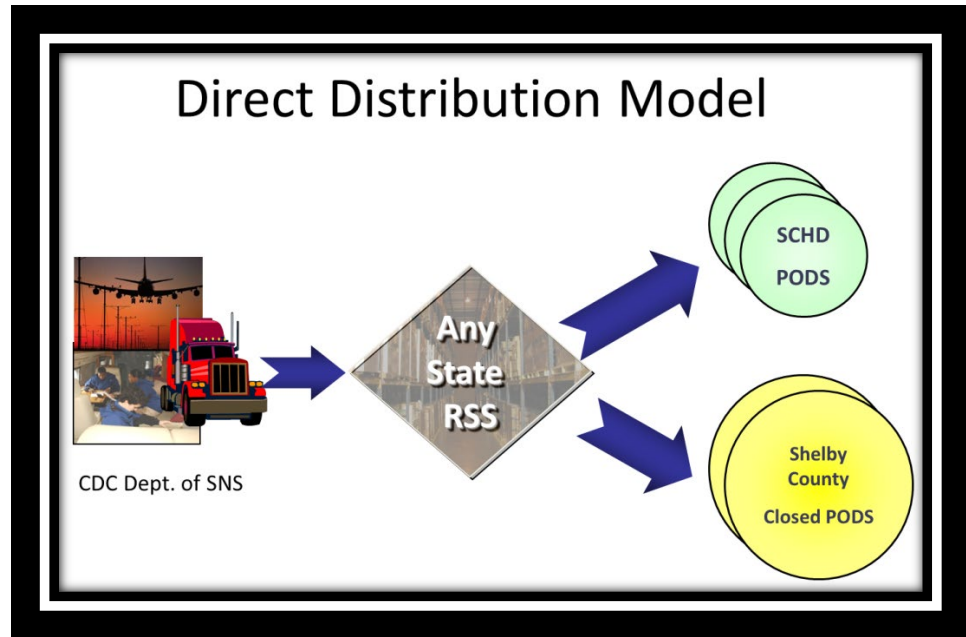
- Arrangement of security
- Procurement of equipment
- Loading/unloading of supplies
- Arranging and training of staff

The SCHED Health Officer, or designee, will be responsible for the total SNS assets and will further redistribute these assets to other facilities based on Shelby County apportionment from the State and the facilities' needs.

a) ***Direct POD Distribution (Partial SCHED MCM Activation)***

Supply, resupply, and redistribution may occur directly from the State RSS to the PODs, or to facilities without the use of an intermediate distribution center regardless of the POD model being utilized. The implementation of the direct distribution will be based on factors such as the number of POD utilized, the situation, population numbers, and other influencing factors as necessary.

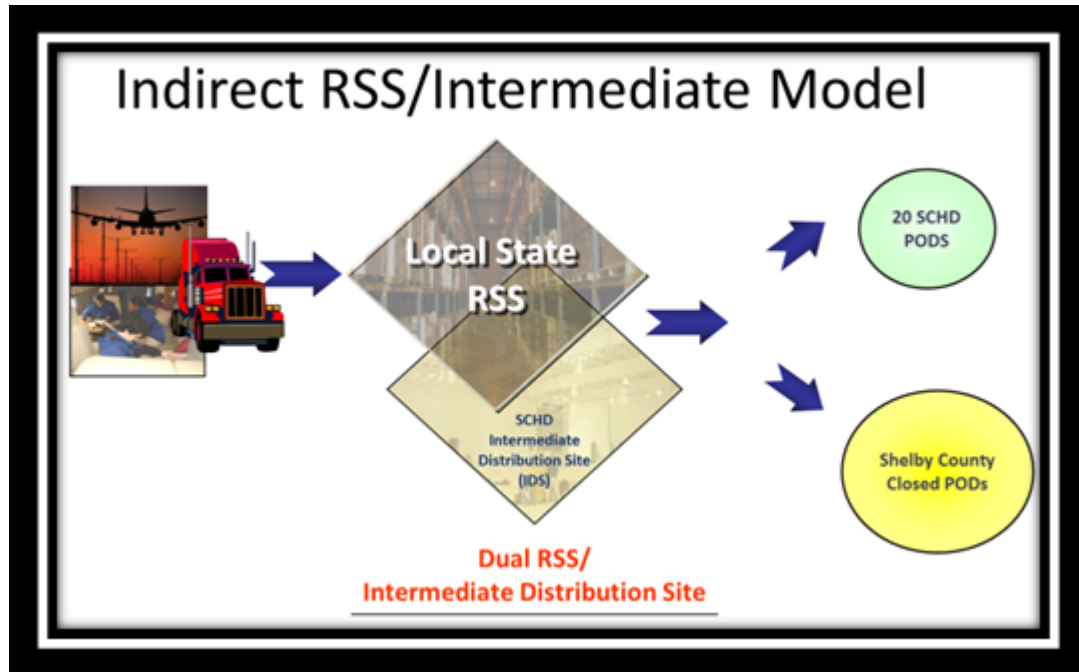
In this situation, the Logistics Branch Chief will oversee all distribution of supplies, medications, and materials between PODs and function as the Distribution Coordinator. Requests for additional equipment, supplies, and transport vehicles will be coordinated with Emergency Management through the county EOC. Transport vehicles may be supplied through the use of County owned vehicles or contracted vehicles.



b) *Indirect RSS/Intermediate Distribution (Full SCHD MCM Activation)*

If the incident requires full activation of our SCHD MCM Plan, it is more effective that the SNS Assets be delivered directly to an Intermediate Distribution Center. This intermediate distribution center will be used to supply, resupply, and redistribute our local PODs. The TDH SNS Plan has established a qualified RSS site within our local area. The SCHD MCM Plan designates this same area as our Intermediate Distribution Center. Thus, once the use of SNS assets have been approved, the CDC will initiate deliver of the 12-Hour Push packages and Managed Inventory directly into the hands of both state and local officials. This decreases the opportunity for error and increases effectiveness.

The purpose of the dual intermediate distribution center is to streamline the distribution of SNS materials to the Shelby County PODs, treatment centers or other delivery sites. The selection of the main distribution center sites was based on the POD locations, nature, and scope of the potential event. Location selection was made in consultation with state, county, and city agency partners.



c) *Supply, Resupply, and Redistribution*

Supply, resupply, and redistribution to PODs will need to be an ongoing process based on situational intelligence, the method of dispensing being utilized at the various POD sites, and/or the availability of specific medications and supplies from the TDH and the CDC DSNS. The Logistics Branch Chief in conjunction with the established POD Supervisor, and designated POD Supply Chief are directly charged with maintain accurate and dynamic inventories of supplies at the Intermediate Distribution Site and/or POD sites respectively. Decisions concerning initial distribution quantities and additional supplies requested by PODs will be made in real time during the response efforts.

d) *Closed POD Distribution*

The SCHD has developed Closed POD relationships with local businesses and organizations. The purpose of these agreements would allow medications/immunizations and supplies to be sent to large local employers, schools and/or religious institutions for direct dispensing to the people who work or live there. As illustrated in the

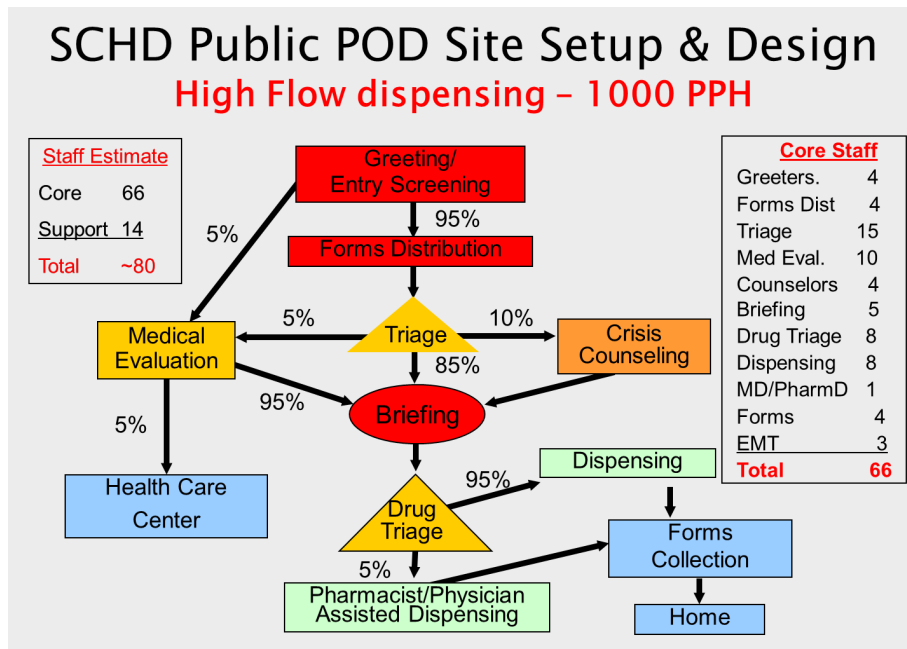


above diagrams. The current TDH SNS Annex allows for both, direct and indirect distribution to these sites.

## 7. Dispensing Medications and Vaccines

The SCHED Health Officer, in conjunction with DHS and/or CDC will determine which populations are to receive prophylaxis/immunization and/or treatment, what model of distribution will be used, and the designated timeframe for intervention based upon the nature and scope of the event.

- The number of courses of medication and the amount provided to each individual and/or family will be based on the supply of medications available, nature, and scope of the event.
- The disease agent, incubation period, population affected and time of exposure will guide the model for distribution of medications. The availability and qualification of POD staff may be a contributing factor in this decision.
- All SCHED POD Sites have similar structures are expected to treat 1000 patients per hour. The following illustration demonstrates core staff estimates and expected flow. (o9)



- The Health Officer will evaluate considerations of clinical accuracy and necessary throughput to achieve optimal prophylaxis within the population.
- Medications will be dispensed according to the model most appropriate for the event which may include:
  - Medical model POD
  - Non-medical model POD
  - Drive-thru POD
  - Closed POD
  - First Responder POD
  - Bulk distribution center
  - SuperPOD: combining First Responder POD & bulk distribution center
- Based on the emergency, it may be beneficial to schedule appointments for easier distribution of medications. Scheduled appointments may be appropriate if the demand for medication exceeds availability, screening is required, and there is sufficient time to respond.
- Based on the supply of medications, nature and scope of the event, identification requirements may be necessary in order to receive medication. If required, any state driver's license or state ID will be utilized.
- The SCHED Health Officer and/or SCHED Medical Officer in conjunction with DHS and/or CDC will initiate medical orders, including standing orders and protocols for dispensing sites, for the medication distribution and/or immunization, as well as management of adverse reactions and medical emergencies.

a) **Legally Authorized Dispensing (o5)**

- **Undeclared State Disaster Dispensing**

During a local emergency that has not been declared a state or national disaster by the Governor, State Commissioner of Health or Health Officer of the SCHED MCM Plan authorizes Registered

currently employed and credentialed by the SCHD to dispense medications, vaccines, or other interventions at public POD sites.

In addition, during local undeclared disasters the SCHD MCM Plan authorizes Health and Supervisory personnel within the local first responder agencies (i.e. Memphis Police, Memphis Fire and Rescue etc.) to dispense pre-positioned medications to pre-screened critical responder personnel during emergency response.

- **State Declared Disaster Dispensing**

During the rare occasion of a state or national declared disaster, the SCHD MCM Plan authorizes trained SCHD Employees, MRC Volunteers, and other Shelby County Government employees to deliver medications during the emergency response. These individuals must however, be under the supervision of a credentialed Pharmacist, or Physician. These health care professionals may be employees by the SCHD or properly credentialed MRC volunteers.

b) *Point of Dispensing Sites*

Point of dispensing site operations may be established to distribute prophylactic medications/vaccines to the general public when:

- There is a need to distribute oral antibiotics for non-communicable diseases such as exposure to anthrax or,
- There is a need to distribute oral antibiotics for communicable diseases such as exposure to plague or,
- There is a need to provide immunizations for communicable diseases such as exposure to Smallpox

The SCHD PODs will be implemented at one or all pre-determined sites throughout Shelby County. The number of these dispensing sites can be expanded to meet the assessed need. The sites can be geographically dispersed throughout the County. The sites utilized will be determined based on the location, nature, and scope

of the event, and SCHD staff and volunteer availability. One of these sites may be designated as a First Responder POD.

When possible the Shelby County Division of Fire and Rescue Services (DFRS) will assign an ambulance and staff to each POD to be available to assist in emergency care and transport for clients at the PODS.

When PODS are established the number, flow and specific stations, including rapid dispensing, utilized are event and size specific and may vary according to the situation.

c) *Facility Distribution*

The agencies listed below are responsible for distribution of apportioned medications and supplies through the “Closed POD” model to their staff and clients. In a medical model response, Closed PODs are required to have licensed medical staff to dispense medication. The categories of Closed PODs are as follows:

- Healthcare Facilities
  - Licensed nursing homes
  - Assisted living facilities
- Critical Infrastructure / Local Businesses
  - FedEx
- Closed PODs for Vulnerable Populations
  - Shelby County Detention Center
  - Shelby Community Action Agency
  - Tennessee School for the Deaf
  - Meals on Wheels
- Residential Educational Institutes
  - University of Memphis
  - Rhodes College
- Local Federal Agencies
  - FEMA Emergency Management Institute / National Fire Academy
  - Millington Naval Base

The facilities will be responsible for the transportation of their supplies from the bulk distribution center to their facility if they are not designated to receive direct delivery from the state.

The SCHED will provide training and guidance on the dispensing and/or vaccination recommended protocol. Facilities and agencies with Medical Directors will be responsible for implementing the recommended protocols for their residents.

d) **First Responder Distribution (o14)**

- A First Responder Closed POD site may also be established prior to the opening of public sites. This may be accomplished by:
  - Opening a POD designated as the First Responder site for priority disposition of medications to First Responders, essential personnel and their families. First Responders (essential) include those individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment.
  - Pre-screening of key personnel and pre-positioning of medications at strategic sites within the County.
  - First Responders with access to occupational health services have been pre-screened and medications have been prepositioned for their use through the First Responder Pre-Screening and Prepositioning Program.
- County employees may be considered First Responders in addition to traditional first responders. Essential county personnel required to maintain their job function may receive emergency medication by sending representatives to the First Responder POD, or by participating in the Cluster model and joining with other nearby essential offices to pick up medication at the Bulk Distribution Center and dispensing in a closed POD fashion or by supervisors, at their discretion.

e) **Vulnerable Populations Distribution (o13)**

- Department of Aging volunteers and staff can serve to deliver medications to identified Meals on Wheels patrons and others through the non-medical model of delivery.
- SCHED has identified the Shelby Community Action Agency (SCAA) as the key link to the homeless population in Shelby County and education, training, and delivery methods will be identified in partnership with SCAA for this population.
- The Tennessee School for the Deaf (MSD) located in the City of Memphis serves as a central cultural and communication hub for the large and vibrant deaf community in Shelby. MSD has been identified as the key link to this population.

**8. Treatment Center Coordination**

Treatment centers are the locations in a community where people who are already symptomatic receive treatment. These locations include hospitals, clinics, and other sites that treat individuals who are ill. A large-scale emergency event can quickly overwhelm the resources of a treatment center: the emergency room, operating rooms, intensive care unit, surgical ward, isolation ward, diagnostic laboratories and equipment, and cardiac- and respiratory-assistance equipment.

The SCHED is responsible for coordinating planning efforts with local Treatment Centers. The SCHED will coordinate with Regional One Hospital, other treatment centers, and the Shelby County Office of Emergency Management to develop plans, procedures and protocols to include, but not limited to:

- Defining specific locations to deliver SNS materials.
- Identifying persons authorized to sign for controlled substances.
- Maintaining 24/7 contact roster for treatment centers and SCRH point- of-contact. (This information should be updated quarterly.)

During SNS operations, the SCHED may establish a Public Health Liaison at SCRH who may assist in identifying needs and coordinating the request

and receipt of SNS assets at Regional One. This may be an additional role for the Public Health Liaison at SCRH or may require additional personnel.

SCRH will designate a Pharmacy Liaison authorized to request materials on behalf of Regional One. As appropriate, this Regional One Pharmacy Liaison may also assist at the bulk distribution center with:

- Pharmaceutical quality assurance activities.
- Coordination and transport of SNS assets to Regional One.
- General bulk distribution center operations.
- Signing controlled substance chain of custody documentation in the absence of the SCHED Health Officer or Medical Officer.

Following established procedures and protocols Treatment Center requests for SNS assets will be reviewed and processed to DHS.

## E. Public Information

Public Information is an important component of a successful plan. The coordination of federal, state, and local dissemination of public information is essential to mitigating fear, confusion, and inefficiency in an emergency situation. The Tennessee State SNS Plan designates public information as the responsibility of the local jurisdiction.

The Health Officer has primary responsibility for coordination of health and medical information intended for release through public media during emergency operations, with support provided by those public health and medical services responsible for particular aspects of the response. *(11i)*

Through the media, in consultation with DHS PIO and in conjunction with the Shelby County PIO, the designated Health Department PIO will address questions, minimize false rumors and misinformation, and reassure the public that systems are in place to effectively address the need. Various means of communication will be used to provide current and up-to-date information to the public. These are consistent with state and federal guidelines and include the following:

- Radio/television including local and regional channels/stations
- Shelby County Health Department website
- Shelby County Government website (through SC PIO)
- Bulletin boards
- Local print media
- Communication plan for local healthcare providers
- Social Media venues
- Alert Shelby County

The Health Department PIO in coordination with the Shelby County PIO will: *(11i)*

- Implement the principles of risk communication and will participate in a Joint Information Center (JIC) with community partners as appropriate. Language appropriate material will be utilized and developed as part of the overall communication strategy. SCHD and volunteer interpreters will be utilized in the PODs, on telephone hotlines, and by facility SNS operations.
- Disseminate emergency public information provided by health and medical officials.
- Provide First Responders and partner agencies updates through EOC ESF-8 representatives.

## V. Training and Exercises

Training for all SNS activities, plans, and operations is coordinated through the SCHD Office of Public Health Preparedness and Response.

- Training for all SCHD staff and core management staff consisting of SCHD personnel, Shelby County government staff and pre-affiliated volunteers will consist of pre-event training and exercises.
- The SCHD conducts quarterly call down exercises with SCHD staff, local volunteer organizations and Shelby Memorial Hospital.
- In addition to the general training, all Community Health Services staff will attend a yearly training in medical model POD dispensing, the “Clinician Field Operations Guide.”



- All School Health staff will attend yearly training in non-medical PODs and the Cities Readiness Initiative (CRI) Plan.
- “Just- in -time” training tools and methods have been developed.
- All Health Department staff and volunteers utilized for SNS operations will receive position specific training either pre-event or through just-in-time training in the event of an SNS activation. All staff will receive a situation specific briefing at the time of the event.
- National Incident Management System training:
  - All SCHED staff will complete the ICS 100 and 700 courses
  - All SCHED supervisory staff & the Response Team will complete the ICS-200 course.
  - All SCHED Directors and the SNS Coordinator will complete the ICS 300 and 400 courses.
  - Public Information staff will complete ICS 100.b, 200.b, 250, 700.a, 702.a, and 800.b, as well as the CDC Crisis and Emergency Risk Basic and Pandemic Influenza trainings.
- SCHED participates in county, state and regional exercises.
- SCHED conducts an annual functional or full scale SNS exercise.

## VI. Roles and Responsibilities (11)

### A. Primary Agency - Shelby County Health Department

The SCHED functions as the local Health Authority. In a public health emergency, the Health Authority has primary responsibility for coordinating the health and medical services function. The Health Officer or his /her designee will plan and coordinate public health and medical services during emergency situations. The Health Officer or a designee shall serve as a member of the EOC Staff. Health and medical service response activities at an incident scene will be coordinated through the IC. Large-scale health and medical efforts shall be coordinated from the EOC. Under the Shelby County Emergency Operations Plan, the SCHED has primary responsibility to coordinate and/or provide the following services in response to emergency situations:

- Essential medical, surgical, and hospital care and treatment for persons whose illnesses or injuries are a result of a disaster or where care and treatment are complicated by a disaster.
- Public health protection for the affected population including vaccination and/or medication distribution.
- Disease control measures.
- Tracking of affected persons.
- Mortuary and vital records services.
- Collect reports of damage impact on health and medical care for public health and medical facilities and systems.

The SCHED will perform specific roles and responsibilities as outlined in the Health and Medical Annex of the Shelby County EOP:

### B. Support Agencies

In the case of a medication shortage, TDH and SCHED rely on particular organizations to assist in the response and recover effort. These critical infrastructures and first responder organizations are to receive prophylaxis prior to the general population. All support agencies/organizations (listed below) assigned to provide health and medical services support are responsible for the

following:

- Designating and training representatives of their agency.
- Ensuring that appropriate SOPs are developed and maintained.
- Maintaining current notification procedures to ensure trained personnel are available for extended emergency duty in the EOC and, as needed, MCTND operations and/or the public health emergency response.

Additional specific responsibilities for each agency are outlined below.

*Shelby County Emergency Management Division*

- Coordinate the overall County emergency response.
- Activate and maintain EOC operations.
- Coordinate requests for state and federal assets.
- Coordinate with Health Officer for requests of SNS assets
- Coordinate internal and external (public information) communications processes.
- Participate in MCTND preparedness planning activities

*Shelby County Community Development Division*

- Participate in MCTND preparedness planning activities.
- Provide operational staff support.

*Shelby County Interagency Information Technology Division*

- Ensure the MCTND communications network is established.
- Maintain redundant IT capabilities.
- Participate in MCTND preparedness planning activities.
- Review communications and information technology plans.
- Provide guidance on MCTND equipment procurement.

*Shelby County Utilities and Solid Waste Management Division*

- Participate in MCTND preparedness planning activities.
- Provide vehicles and equipment for MCTND operations.

*Shelby County Finance Division*

- Track MCTND operational expenses.
- Maintain contracts and assist with procurement of materials to support MCTND operations.

*Shelby County Business Development & Retention Division*

- Coordinate with private sector businesses and resources.
- Identify resource sharing opportunities and develop mutual aid agreements with private sector resources.
- Participate in MCTND preparedness planning activities

*Shelby County Community Development Division*

- Participate in MCTND preparedness planning activities.
- Provide operational staff support.

*Shelby County Citizen's Services Division*

- Coordinate MCTND preparedness and dispensing operations activities with vulnerable population resources such as Meals on Wheels, senior housing, and daycare facilities and others.
- Participate in MCTND preparedness planning activities on behalf of Vulnerable Populations

*Shelby County Public Works Division*

- Maintain county facilities and warehouse.
- Identify appropriate facilities for MCTND operations.
- Provide access to facilities for MCTND operations.
- Provide maintenance to facilities during MCTND operations.
- Provide vehicles and equipment for MCTND operations.
- Provide maintenance services for essential Shelby County services.
- Participate in MCTND preparedness planning activities

*Shelby County Fire and Rescue Services Division*

- Participate in MCTND preparedness planning activities.
- Provide operational staff support at PODS.
- Provide emergency medical services at MCTND sites.
- Provide public vaccinations under emergency order.
- Provide canteen support for open PODs.
- Implement First Responder Closed POD through the First Responder Pre-positioning Protocol.

*Shelby County Animal Control Division*

- Participate in MCTND preparedness planning activities.
- Provide operational staff support.

*Shelby County Human Resources Division*

- Participate in MCTND preparedness planning activities.
- Provide guidance on personnel issues such as workers' compensation and liability.

*Shelby County Transit Division*

- Provide transportation of assets and people during MCTND operations.
- Provide vehicles for MCTND operations.
- Participate in MCTND preparedness planning activities

*Shelby County Attorney*

- Participate in MCTND preparedness planning activities.
- Provide legal review of MCTND related plans.
- Provide legal guidance as necessary during MCTND operations.

*Shelby County Public Schools*

- Participate in MCTND preparedness planning activities.
- Provide for the use of facilities, vehicles, and other school resources for MCTND operations.
- Coordinate communication with the school aged population.
- Participate in disease surveillance and reporting.

*Shelby County Mental Health Management Agency*

- Participate in MCTND preparedness planning activities.
- Provide operational staff support.
- Provide behavioral healthcare services and communications.

*Shelby County Sheriff's Office*

- Serve as the lead law enforcement agency for MCTND operations.
- Coordinate law enforcement services with all local, state, Federal law enforcement entities.
- Coordinate MCTND operations for the Shelby County Adult Detention Center.
- Participate in MCTND preparedness planning activities

*The Shelby County Department of Public Works*

- Provide vehicles and equipment for MCTND operations within the County of Shelby.

*The City of Memphis Police Department*

- Lead law enforcement agency for MCTND operations within the City of Memphis.
- Coordinate law enforcement services with all local, state, Federal law enforcement entities.
- Participate in MCTND preparedness planning activities

*Bartlett City Police Department*

- Lead law enforcement agency for MCTND operations within the City of Bartlett
- Coordinate law enforcement services with all local, state, Federal law enforcement entities.
- Participate in MCTND preparedness planning activities

*City of Germantown Police Department*

- Lead law enforcement agency for MCTND operations within the City of Germantown.
- Coordinate law enforcement services with all local, state, Federal law enforcement entities.
- Participate in MCTND preparedness planning activities

*Shelby Community Action Agency*

- Coordinate MCTND preparedness activities with the homeless population.
- Participate in MCTND preparedness planning activities.
- Provide operational staff support for the implementation of a closed POD.

*American Red Cross*

- Participate in MCTND preparedness planning activities.
- Provide support to MCTND operations through the provision of mass care for MCTND operations staff.

*All Hospital Staff within the Regional Hospital Coalition*

- Participate in MCTND preparedness planning activities.
- Provide surveillance and treatment.
- Coordinate the distribution of MCTND assets for the hospital.

### **C. Support Municipalities**

All municipalities within Shelby County will provide support to MCTND operations in accordance with the Shelby County Emergency Operations Plan and as requested through the Shelby County EOC.

The Shelby County municipalities of the City of Bartlett, the City of Memphis, and the City of Germantown will provide the following support during MCTND activation:

- Assist with traffic and crowd control within their jurisdiction
- Assist with all law enforcement activities as needed
- Assist with Department of Public Works activities as needed
- Assist with transportation of MCTND materials to PODS.

### **D. State Agencies**

SCHD will coordinate with Tennessee departments according to established policies and procedures. The Tennessee SNS Plan outlines the roles and responsibilities of the state departments in SNS operations which include:

- Department of Health and Mental Hygiene
- Tennessee Emergency Management Agency
- Tennessee Institute for Emergency Medical Services
- Tennessee State Police
- Tennessee Department of Transportation
- Tennessee Department of the Environment
- Tennessee Department of Social Services
- Tennessee School for the Deaf

## **VII. Plan Review and Maintenance**

Maintenance of the Tennessee SNS Plan is the responsibility of the Tennessee SNS Coordinator. It is the responsibility of LHD Planners to keep leadership, partners, and stakeholders within their jurisdiction informed of appropriate changes.

Maintenance of the Shelby County Medical Countermeasure Dispensing and Distribution plan (MCTND) is the responsibility of SCHED PHEP. The SCHED MCTND Plan will be reviewed annually by the Shelby County Emergency Response Coordinator (ERC) and Cities Readiness Initiative Coordinator (CRI).

The SCHED will update the MCTND plan at least annually based on deficiencies identified in the local technical assistance review (LTAR) and lessons learned from training, exercises, and/or actual incidents.



## A. Record of Changes

Change #	Date of Change	Entered By	Summary of Changes
Mod 11	10-05-05	BS R	
Mod 12	04-04-06	BS R	
Mod 13	04-04-07	BS R	7/07
Mod 14	07-23-07	BS R	
Mod 15	03-08	BS R	03/08
Mod 16	04-08	BS R	04/08
Mod 17	06-18-08	BS R	06/08
Mod 18	01-28-09	BS R	01/09
Revision 1 (Dewberry)	07-01-09	RJW	01/11
Rev. 1 Mod 1	01-11	RJW	<ul style="list-style-type: none"> <li>• Implementing lessons learned from H1N1 pandemic</li> <li>• Appointment scheduling procedure created and utilized</li> <li>• Decrease in the number of open Points of Dispensing (POD) sites from the 32 elementary schools to the 10 high schools</li> <li>• Increased security coverage of open PODs</li> <li>• Increase in the number of closed PODs which serve populations unable to receive medication in open/public PODs</li> </ul>

<b>Rev. 2 Mod 2</b>	<b>1-2012</b>	<b>RJW</b>	<ul style="list-style-type: none"> <li>• Removing HandsOn Shelby as a partner agency</li> <li>• Increasing the Shelby County population estimate from 220,000 to 240,000 for planning purposes</li> <li>• Adding more Memoranda of Understanding with new partners</li> <li>• Adding procedure for requesting non-county site to be used as open POD</li> <li>• Changing wording from Local Distribution Center (LDC) to bulk distribution center to stay consistent with state wording</li> </ul>
<b>Rev. 2 Mod 3</b>	<b>12/2012</b>	<b>RJW</b>	<ul style="list-style-type: none"> <li>• Addition of Shelby County Hierarchy of Plans</li> <li>• Changing plan name from SNS Plan to Medical Countermeasure Dispensing and Distribution Annex, and change SNS Plan Annexes to Appendices</li> <li>• Revisions to move procedural information into Appendices to allow for easy creation of public plan</li> <li>• Clarification added to role of Shelby County employees during a public health emergency response (p. 12)</li> <li>• Removal of Risk Communication Plan from Appendix 2 to its own Annex.</li> <li>• Revision of Field Operation Guide (FOG) in Appendix 11 Medical Model Response, including update to standing orders, changes to screening form and decision trees, and creation of screening form guide.</li> </ul>
<b>Rev. 2 Mod 4</b>	<b>12/2013</b>	<b>RJW</b>	<ul style="list-style-type: none"> <li>• Changes to Non-Medical Model Staffing Plan based on through-put modeling (Reduction of BHS and increase to TJHS PODs) (Appendix 3)</li> <li>• POD security plans will be updated every 5 years (p. 21)</li> <li>• 1<sup>st</sup> Responders and partner agencies will receive situation updates through EOC representatives. (p. 32)</li> <li>• MOUs from Appendix 9 are moved to the Legal Chapter of the All Hazards Plan.</li> </ul>
<b>Entire Document</b>	<b>6/2022</b>	<b>SMF JHL MDH</b>	<ul style="list-style-type: none"> <li>• Reviewed and updated document removing accreditation symbols, Updated activation request protocol</li> </ul>

## VIII. Acronyms

BDS	Biological Detection System
CBRNE	Chemical, Biological, Radiological, Nuclear, and Explosive
CDC	Centers for Disease Control
COOP	Continuity of Operations
CRI	Cities Readiness Initiative
DFRS	Division of Fire and Rescue Services
DHS	Department of Health and Mental Hygiene (TN)
DPW	Department of Public Works
DSNS	Department of the Strategic National Stockpile
EMPAC	Emergency Policy Advisory Committee
EOC	Emergency Operations Center
EP	Emergency Preparedness
ESF	Emergency Support Function
SC	Shelby County
SCAA	Shelby Community Action Agency
SCHD	Shelby County Health Department
SCRH	Shelby County Regional Hospitals
HAN	Health Alert Network
ICP	Incident Command Post
ICS	Incident Command System
IDEHA	Infectious Disease and Environmental Health Administration
IIT	Interagency Information Technology
IT	Information Technology
IRMS	Inventory Resource Management System
JIC	Joint Information Center
LHD	Local Health Department
LTAR	Local Technical Assistance Review
MCTND	Medical Countermeasure Dispensing and Distribution
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MRMC	Medical Research and Materiel Command (US Army)
MSD	Tennessee School for the Deaf
NCI	National Cancer Institute
NIBC	National Interagency Biodefense Campus
NIMS	National Incident Management System
NPS	National Pharmaceutical Stockpile Program
OPR	Office of Preparedness and Response
HDOC	Health Department Operation Center

PHEPP	Public Health Emergency Preparedness Program
PIO	Public Information Officer
POD	Point of Dispensing
PP	Push Package
RSS	Receiving, Staging, and Storage Site
SNS	Strategic National Stockpile
SOP	Standard Operating Procedure
SPOT	Strategic Planning/Operation Team
USAMRIID	U.S. Army Medical Research Institute for Infectious Diseases
VMI	Vendor Managed Inventory