Clark County Local Emergency Planning Committee
Citizen Corps Council

500 S. GRAND CENTRAL PKWY
Las Vegas, NV 89106
PUEBLO ROOM

DRAFT MINUTES
Wednesday, May 18, 2011 9:00 A.M.

ATTENDANCE

LEPC MEMBERS PRESENT:
IRENE NAVIS, JANE SHUNNEY, KURT ADAIR, ROY MICHAEL, CAROLYN LEVERING, KEVIN NICHOLSON, DAN LAKE, JOHN HIGLEY, ELAINE HOUSER, KIM FERGUSON, WARREN GLIDEWELL, JOHN HORTON, PHIL KLEVORICK, MIKE RICHARDSON, SANDY SEDA, FAITH BORDEN, BRETT HANDY, RYAN TURNER, MARIE TASKER

LEPC ALTERNATES PRESENT:
CHRIS SPROULE, TIM SENDLEBACH, DENNIS DOMANSKY, DIMITRI THEODOREAU, LISA LEWIS, JOHN FUDENBERG, GEORGE MOLNAR,

LEPC MEMBERS ABSENT:
FERNANDEZ LEARY, BRETT PRIMAS, SHANNON ROONEY, FRED THOMPSON, MIKE CYPHERS, DAVID GOSS, PAUL GERNER, LAWRENCE SANDS, DAVE DAHL, GLENN CLOSSON, SUSAN CROWLEY, JAMES OLSCHLAGER, MANY BAY, BILL RICHARDSON, TIFFANY SIMPKINS, BRIAN PASSOW, FELIX ACEVEDO, MIKE MURPHY, TOM AXTELL, DENNIS NOLAN

I. Call to Order

Irene Navis LEPC Chairman called the meeting to order at 9:05 A.M. on Wednesday May 18, 2011.

II. Roll Call

Irene Navis: Quorum present.

III. Approval of February 16, 2011 Regular Meeting Minutes

Motion, by Jane Shunney: To approve the minutes as recorded.
No second.
No discussion, motioned carried.

The Chair introduced her two job shadows for the day, Pat with the Neighborhood Justice Center and Reese with IT.

The Chair changed the order of the agenda by moving items VI & VII placing item IV after.

VI. Mobile Data Collection

UER Representative Ryan, gave a brief overview and presentation on the project they have been working on for mobile data collection. Using the example of damage assessment he performed an online demonstration with the computerized tool.

DRAFT

VII. Medical District Critical Infrastructure

UER Representative John Morrison, informed the group what he came to talk about was what they call the Orator Presentation. What they call a phase two in the Silvershield program. Phase one is essentially where they go to a facility and collect very brief data and take a couple of ground level photos and then input that into an online database for first responders. Phase two takes more time and effort as they come out and do a more thorough assessment and use spherical cameras and 360 degree video. The idea is to give the first responder situational awareness ground level before they ever show up. This is all internet accessible where you can download the program. John further demonstrated the tool via visual presentation of the Medical District near UMC.

IV. **Adopt Medical Surge Area Command Plan**

Ryan Turner, UMC, spoke about the history of how the plan came to fruition. The Southern Nevada Health Care Preparedness Association set their goal in 2010/2011 to operationalize the Clark County Med Surge appendix. Ryan detailed all the organizations involved with the many meetings and studies of best practices over the past year. This group has reviewed and spent a lot of time to address concerns and they are CPG101 compliant. Ryan reported that all of the hospitals approve and are a part of the plan. Through the Clark County Open House event at New Years, the area command was set up and demonstrated.

Motion, by Jane Shunney: To Adopt the plan as submitted
Seconded, by Carolyn Levering.
No discussion, motioned carried.

V. **Summer Storm Season**

Faith Borden, National Weather Service, briefly spoke about the summer weather season and notifications. Faith provided a three month weather outlook for May – July. We are expecting near normal precipitation for the summer months. Not currently expecting drought conditions. She also demonstrated NWS Chat, where you can talk to forecasters directly in real time. This NWS Chat is a secured site that Faith will be happy to get people registered.

Faith described the different levels in alerts: A WATCH means that conditions are favorable for that weather condition, a WARNING means that it is in action, example was there is a flash flood watch then it starts flooding so there is a warning. ADVISORY means that there are conditions happening but they have not elevated to a WARNING, they are just a nuisance such as a wind advisory.

VIII. **Strategic National Stockpile Medical Countermeasure Dispensing Plan**

Jane Shunney, SNHD, presented the plan. (*Due to the fact that this should have been an action item a special LEPC meeting will be held to Approve and Accept at a later time.)*

Jane advised that this is not a new plan but just an update to the already existing. Two chapters expanded chapter 2 and chapter 9. Jane also stated that in a recent exercise titled Southern Storm they tested the receipt time of the Stockpile medications.

Copies of the plan were distributed *(see attached)* for review, this allows time for consumption and at that time any questions may be answered at the special meeting date TBD before it is put to a vote.

DRAFT

The chair called for discussion, Elaine Houser suggested to Jane that utilities be included in the priority groups.

IX. **System Electric Emergency Operating Plan**

Kim Ferguson, NV Energy, narrated through her power point presentation *(see attached).* Kim explained that NV Energy gearing up for rotating power shut downs related to heat and usage. Kim stated that this is not the first time she has presented this information or similar information to the LEPC but that she was just bringing this to the forefront again as many people will get questions when these outages occur. Kim explained manual load shedding, and went over priority alert levels, system restoration and public safety implications.

X. **HMEP Mid-cycle Training Grant Applications**

The chair stated that the application was put together by Richard Brenner. *Due to the fact that this should have been an action item a special LEPC meeting will be held to Approve and Accept at a later time.*

XI. **Justin Timberlake Shriner's Hospital for Children Open – PGA Tour**
No presentation at this time, presenter rescheduled for August meeting.

The chair advised that both she and Ric LaPorte had attended a planning meeting for this event which is an annual PGA Tournament at TPC. This year they are recognizing the military and public safety personnel. They will have a large venue available to any pub safety entity that would like to have a booth/display. The event will be held the last week of September thru the first week of October. There are opportunities for participation if anyone is interested. The purpose is to coordinate with Emergency Preparedness month.

XII. **A. LOCAL EMERGENCY PLANNING COMMITTEE**

a. Community Awareness & Emergency Response
Glenn Closson reported on behalf of Susan Crowley, the next meeting will be Tuesday June 21, 2011. On the agenda is to further create an online website for the community to access information primarily on the BMI complex and what the manufacturing products are there at the complex as well as to further give information on what the emergency response readiness is on the BMI Complex. Secondly, to pursue some joint BMI Complex drills.

b. Community Organizations Active in Disaster
No report

c. Community Right-to-Know Subcommittee
No report

d. Emergency Alert System Update
No report

e. Emergency Management Coordinators Group
The chair advised that the scheduled meeting for May was postponed and the next will be in July at the next regularly scheduled time.

f. Training Subcommittee
No report

DRAFT

g. Grants Subcommittee

The chair advised that there should be a point of contact and that it would be her going forward. The chair then reported there was a couple of things put before the SERC one was a grant application that was denied due to the fact that it did not make it to the SERC office by the time required according to their records so they were not able to consider it. There was then a second application that was a first come first serve situation and by the time we answered all the questions we were lower in the pile than what was able to be funded in this round and will be considered in a future round of funding. There is another application moving through the process now.

h. Public Information Subcommittee

No report - inactive

i. Legislative Subcommittee

Arlene Chapman provided a new list and explained the format of the BDR sheet that she provided *(see attached).* Arlene advised that AB549 proposed changes to Homeland Security Commission membership and confidential documents. She also advised that AB151 and SB140 are both bills that impact ARES/RACES.

Jim Davis ARES/RACES, explained the impact of the Bill as it is written now. AB151 will shut them down but they are ok with SB140.

j. Metropolitan Medical Response Update

Chris Sproule advised that he is waiting on funding levels. At this point he cannot confirm what they will be although they remain optimistic for funding in 2011. From 2012 forward there is no idea. In August Chris will still be working for LVFD but will be transferring over to the Fusion center to help strengthen the communication between Law Enforcement, Public Health and the EMS community.

k. NV-1 Disaster Medical Assistance Team Update

No report

l. Nuclear Waste Division Yucca Mountain Update

Phil Kelvorick reported that the funding for this program has dried up, they received their last installment a couple of months ago. Staffing levels will not increase but will instead begin to diminish. Phil clarified that the Yucca project was not dead according to the political world, it is still in legal limbo. They continue to still monitor and prepare for licensing as that is still in process. The attorneys are still preparing for depositions as well as they can considering they still do not have a formal schedule.

Other things related to Yucca mountain are what is going on at the Nevada National Security Site formerly known as the Test Site. There is a site wide EIS expected to come out in July, it was due out in April but due to the number of signatures required for the approval process through the house of the DOE it was available at that time. This information will be particularly important and critical to a lot of emergency managers from many aspects ranging from construction activities to transportation. There is an existing EIS before the public for comment for Greater than Class C low level waste comment on the draft is due by June 27. Clark County has provided initial comments and they will have more in depth comments as they go forward before the June deadline. An interesting point is that Greater Class C is very similar to spent nuclear fuel and high level waste which was proposed for Yucca Mtn. The only way that the NRS says that Class C can be disposed of is by deep geological deposit, they are now proposing 5 different way to dispose which would mean that Congress will have to change the law. There are concerns that this disposal of Greater than Class C is imminent at the site given that Yucca Mountain is in it's

DRAFT

demise. Phil stated that there proposed transfer sites for the rail shipments and they are at Arden, Apex and West Wendover.

m. Planning Subcommittee
No report

n. State Emergency Response Commission
No report

o. Satellite Phone Update
No report

p. U.S. Environmental Protection Agency Report
(see attached)

B. CITIZEN CORPS COUNCIL REPORTS

- **Amateur Radio Emergency Service**
  No report

- **Community Emergency Response Team (CERT)**
  Carolyn Levering reported that the City has three people at Emmitsburg to get certified as instructors and program managers. This is so that they can expand the number of offerings throughout the community. Carolyn was hopeful that the afternoon NCHS Finance Committee meeting would go well so that they could be funded to continue the program at the desired level.

- **Fire Corps**
  No report.

- **Medical Reserve Corps**
  Jane Shunney reported for Paula Martel. MRC Has invited Irene Navis to speak at the next meeting which is scheduled for next week. Irene is addressing nuclear energy and what our local risks are if something happens in California.

  A licensed vet technician Susan Vondrachec, who is a local MRC Volunteer was one of three MRC volunteers to receive the National 2011 MRC Responder Award at the 2011 Integrated Training Summit in Grapevines, Texas. .

- **Neighborhood Watch**
  No report

- **Volunteer in Police Service**
  No report

XIII. **Public Comments**

- The chair introduced Frank from CSN. Frank is the new Emergency Preparedness Coordinator. There are several campus's throughout Clark County. He has been in contact with each local EM to introduce himself. He will be reaching out to seek assistance in developing emergency plans.
- The chair mentioned that there have been several podcasts done recently. The first podcast with Jane Shunney was in the top 25 of podcasts for many weeks. The third which was done yesterday was with Clark County Fire. The opportunity to produce a podcast with Clark County OEM is open for all LEPC members, these podcasts are done at no cost. Ideally having multiple topics throughout National Preparedness Month would be optimal.

DRAFT

- Phil Klevorick announced that he had accidentally came across a rail study that was being done in the State of NV. The State of Nevada has hired Jacobs Engineering to conduct a rail study plan. Meetings have started this year. There are future meetings planned for second and third quarter. They are looking at expanding a north/south rail to Reno for both passenger and freight service. Check the NDOT Website for the Nevada State Rail Plan.

Next LEPC meeting: Wednesday August 17, 2011 at 9:00 A.M., Pueblo Room Clark County Government Center 500 S. Grand Central Pkwy.

XI. Adjournment

Motion, by Jane Shunney: To adjourn the meeting.

In accordance to Nevada's Open Meeting Law, this meeting was properly posted and electronically recorded.

DRAFT

MEDICAL SURGE AREA COMMAND

Las Vegas Urban Area/Clark County, Nevada

1. PURPOSE, SCOPE, SITUATIONS, AND ASSUMPTIONS

A. Purpose and Scope

The purpose of this appendix is to guide the Medical Surge Area Command (MSAC) and health care personnel to contain and stabilize a multi-victim incident, whether resulting from declared emergencies or otherwise, including: triage, initial treatment, conducting and coordinating transport of patients to medical care.

This appendix applies to and provides guidance to local jurisdictions; the private sector; non-governmental organizations; and the public involved in the management of medical surge in response to a disaster or emergency incident within the Las Vegas Urban Area (LVUA). The geographic boundaries of Clark County constitute the LVUA.

This appendix operates on the concept of the Clark County Health and Medical Annex and the Medical Surge Appendix. This appendix follows National Incident Management System (NIMS) and Incident Command System (ICS) principles.

The MSAC is a regional coordination entity supported by healthcare facilities and regional response agencies. Facilitated by University Medical Center (UMC), the MSAC will coordinate communication and decision-making (including resource allocation, resource tracking, and coordination or resource needs) related to medical issues.

The MSAC is activated only if necessary, depending on the complexity of the incident and span-of-control considerations. An area command is established either to oversee the management of multiple incidents that are being handled by separate ICS organizations or to oversee the management of a very large incident that involves multiple ICS organizations. It is important to note that the MSAC does not have operational responsibilities. For incidents under its authority, the MSAC:

- Sets overall agency incident-related priorities
- Allocates critical resources according to established priorities
- Ensures that incidents are managed properly
- Ensures effective communications
- Ensures that incident management objectives are met and do not conflict with each other or with agency policies
- Identifies critical resource needs and reports them to the Clark County Multiagency Coordination Center (MACC)
- Ensures that short-term emergency recovery is coordinated to assist in the transition to full recovery operations

B. Situation Overview

1. The LVUA may experience the effects of various hazards. There may be a need to mobilize medical resources beyond those handling everyday emergencies.

2. A widespread and prolonged emergency, such as a pandemic influenza, could overwhelm day-to-day medical capabilities and limit the ability to transfer victims within and out of the region.

3. Weapons of mass destruction can produce many injuries that could overwhelm the local health care system.

4. A local emergency could overwhelm the ability to respond in a timely and appropriate manner, requiring patient evacuation or additional staff and supplies to handle the surge.

5. Emergencies occurring in nearby population centers could drive ill and worried-well people into Southern Nevada, taxing medical resources.

6. Once the Clark County Medical Surge appendix is implemented, UMC will establish and operate a system to coordinate an adequate level of medical surge support. Such support will be consistent with the number of patients, and coordinated through the Clark County MACC. The system that will coordinate an adequate level of Medical Surge will be the MSAC.

7. The MSAC will be located at the Clark County Government Center.

8. Support for medical surge ranges from resources standby to full mobilization of all medical surge resources in the LVUA.

C. Planning Assumptions

1. Efforts have been made to foster agency involvement and promote the paradigm of "neighbors helping neighbors" within the region. Effective stakeholder participation will continually be cultivated and sustained to ensure an effective regional response.

2. Clark County hospitals participate in a community wide Mutual Aid Agreement (MAA) (Attachment 2) developed through the Southern Nevada Healthcare Preparedness Association (SNHCPA). Copies of the MAA are found at each participating facility. A signed copy of the MAA is on file with Clark County Office of Emergency Management (CCOEM) and unsigned copies of the MAA may also be obtained from the current SNHCPA chairperson.

3. Protocol for hospitals to request additional assets in an emergency are in place statewide (Attachment 1). A copy of this protocol may be obtained from the Nevada Hospital Association (NHA) or the Southern Nevada Health District (SNHD).

4. Local capabilities are adequate to meet most day-to-day health care situations.

5. A medical surge incident will call for the suspension of normal operating procedures for area health care facilities involving a shift from individual-based to community-based health and medical care.

6. It is essential that scarce resources are allocated in an ethical manner taking into account the patient's individual right to competent care and a population's right to the fair distribution of potentially life-saving treatments.

7. The incident may evolve to a declaration of a Mass Casualty Incident to the establishment of the MSAC.

8. Acute care facilities will have ongoing critical operating demands to maintain during a surge event.

9. Local health care facilities will cooperate and coordinate efforts in a medical surge incident.

10. Stakeholder groups will plan, organize, equip, train, and exercise those people charged with medical surge responsibilities.

11. An alternate standard of care will need to be established in the event of a disaster situation.

12. Existing laws that regulate day-to-day activities will slow initial response actions until authorities having jurisdiction declare an emergency.

13. The health effects of intentional acts are likely to outpace the abilities of medical personnel to cope.

14. Conventional health care facilities will exceed their capacity rapidly.

15. Some emergency situations might make it difficult to obtain mutual aid from the usual sources.

16. State and federal assistance are available upon request through the Clark County MACC to supplement local health care resources.

17. Qualified licensed medical personnel will likely be in short supply under Medical Surge conditions.

18. LVUA transportation infrastructure may be altered in an emergency situation.

II. CONCEPT OF OPERATIONS

A. Purpose of the Medical Surge Area Command

The Medical Surge Area Command is a regional coordination entity supported by healthcare facilities, regional response agencies, and managed by UMC. UMC coordinates communication and decision-making (including resource allocation, resource tracking, and coordination or resource needs) related to medical issues.

B. Medical Surge Area Command Responsibilities

- Sets overall healthcare agency incident-related priorities
- Reviews Incident Action Plans (IAP)
- Allocates critical resources according to established priorities
- Ensures that incidents are managed properly under the guidance of NIMS and ICS structure
- Ensures effective communications (i.e. monitoring local radio systems)
- Ensures that incident management objectives are met and do not conflict with each other or with agency policies
- Identifies critical resource needs and reports them to the Clark County MACC.
- Ensures that short-term emergency recovery is coordinated to assist in the transition to full recovery operations
- Communicates and coordinates with local emergency management and first responders to provide advice and guidance on the operational status of hospitals and the needs and capabilities of hospitals and other healthcare facilities in Clark County.
- Serves as a conduit of information for healthcare facilities during an incident.
- Identifies and meets the healthcare needs of the region when possible
- Monitors and tracks resources
- Monitors bed availability and assists with the identification of patient destinations to equitably manage patient loads during an emergency.

- Coordinates hospital staff and equipment under the Clark County MAA for Public Health and Medical Services.
- Assists in medical evacuations
- Demobilizes emergency response

C. Response Levels

Level 0- Normal Conditions

During normal conditions local healthcare facilities should continue to focus on mitigation and preparedness activities.

Level 1- Increased Readiness

When a disaster or catastrophic public health emergency is foreseen, such as a large outbreak of a contagious or infectious disease in a nearby city or county, or the approach of a major natural event, MSAC activities will focus on warning facilities that may potentially be affected. During Level 1 activation facilities should take appropriate mitigation and preparedness actions. The activation of the MSAC may occur at the discretion of UMC. The SNHD, CCOEM, and NHA will also help facilities maintain situational awareness.

Level 2- High Readiness

When an emergency is imminent, all applicable protective action plans and procedures will be activated. This includes activating the MSAC and implementing notification/activation procedures to the healthcare facilities within the region.

Level 3- Maximum Readiness

During an actual emergency, the MSAC will implement actions to accomplish task assignments in accordance with established disaster response procedures. At Level 3 readiness, notification will be issued to the healthcare facilities throughout Clark County that the MSAC is operational. If the scope of the emergency expands to the point that healthcare agencies within the county have exhausted or are depleting internal regional response assets, the MSAC will assist with the coordination of requests through the Clark County MACC. In addition, if healthcare agencies must evacuate their facilities the MSAC **may** assist with patient placement. WebEOC boards will be utilized to coordinate resource management and response coordination with the Clark County MACC.

III. ORGANIZATIONS AND ASSIGNMENT OF RESPONSIBILITIES

A. Organizations

1. Chief Elected Officials and Executives (Non MSAC)

2. Emergency Management Agencies (Non MSAC)

3. Fire Services (Non MSAC)

4. Emergency Medical Services (EMS) (Non MSAC)

5. Coroner/Medical Examiner (Non MSAC)

6. University Medical Center (UMC) (MSAC)

7. Health Care Facilities (MSAC)

8. Southern Nevada Health District (SNHD) (MSAC)

9. Metropolitan Medical Response System (MMRS) (MSAC)

10. Nevada Hospital Association (NHA) (MSAC)

11. Federal Health and Human Services (MSAC)

12. Department of Defense (DOD) (MSAC)

13. State of Nevada National Guard (MSAC)

14. Veterans Administration (VA) (MSAC)

B. Assignment of Responsibilities

1. Chief Elected Officials and Executives (Non MSAC)
   a. Declare emergencies
   b. Provide policy guidance and direction

2. Emergency Management Agencies: (Non MSAC)
   a. Provide planning support for MSAC.
   b. Coordinate plans to determine complete organization structure for medical surge activities
   c. Coordinate public information messaging through the Joint Information Center (JIC)
   d. Coordinate among Emergency Operation Centers (EOCs) for intrastate Nevada Emergency Management Assistance Compact (NEMAC), Interstate Emergency Management Assistance Compact (EMAC), or federal support.

3. Fire Services (Non MSAC)
   a. Provide planning support for MSAC.
   b. Notify appropriate Fire Department Emergency Medical Services (EMS) personnel to report to incident scenes.
   c. Communicate with the SNHD Emergency Medical Services and Trauma System (EMSTS) section.
   d. Identify the procedures to set up triage; provide initial treatment; and, conduct and coordinate patient transport.
   e. Ensure that the emergency system patient transport and tracking systems are interoperable with national and DOD systems.
   f. Identify the procedures to coordinate with private agencies who support on-scene medical operations, including the process of staging and integrating those assets at the scene.

4. Emergency Medical Services (EMS) (Non MSAC)
   a. Provide planning support for MSAC.
   b. Respond to scenes.
   c. Assume an appropriate role in the ICS.
   d. Treat and transport patients to appropriate facilities.

5. Coroner/Medical Examiner (Non MSAC)
   a. Provide planning support for the MSAC.
   b. Coordinate emergency response with the MSAC.
   c. Provide storage and/or removal of deceased.

6. University Medical Center (UMC) (MSAC)
   a. Coordinate and facilitate the MSAC.

   Activities of the Medical Surge Area Command

   1. Coordinate procurement of resources as needed from the Clark County MACC
   2. Monitor patient transport and hospital capacities
   3. Coordinate information and resource requests with area hospitals
   4. Coordinate the process for using non-traditional facilities for multi-victim incidents
   5. Facilitate the processes for:
      a) identifying shortfalls in medical supplies; and,
      b) requesting those additional resources either locally or from external sources
   6. May provide a liaison to the Clark County MACC
   7. Provide notification to healthcare facilities regarding all operations of the MSAC.

7. Health Care Facilities (MSAC)
   a. Provide needed documents to MSAC to include IAPs.
   b. Provide planning support for MSAC.
   c. Send a Healthcare Liaison to the MSAC upon request.
   d. Determine resource needs and request those needs through the MSAC.
   e. Identify the procedures to follow for tracking patients through their courses of care.

8. Southern Nevada Health District (MSAC)
   a. Provide planning support for MSAC.
   b. Send a Healthcare Liaison to represent SNHD once the MSAC is activated.
   c. Coordinate Public Health information to the MSAC.
   d. Coordinate SNHD Emergency Operations Center (EOC) activities with MSAC.

9. Metropolitan Medical Response System (MMRS) (MSAC)
   a. Provide planning support for MSAC.
   b. Send a Healthcare Liaison to represent MMRS once the MSAC is activated.

10. Nevada Hospital Association (NHA) (MSAC)
   a. Provide planning support for MSAC.
   b. Send a Healthcare Liaison to represent NHA once the MSAC is activated
   c. Ensure that all healthcare facilities are represented in the MSAC.

11. Federal Health and Human Services (MSAC)
   a. Provide planning support for MSAC.
   b. As requested by the Resource Requesting Process for Declared Disasters by the local and state emergency management departments; the Federal Health and Human Services may send a liaison to sit in the MSAC to assist in staging and deploying federal medical resources.
   c. Assist in medical evacuations as requested.

12. Department of Defense (DOD) (MSAC)
   a. Provide planning support for MSAC.
   b. As requested by the Resource Requesting Process for Declared Disasters by the state; the DOD may send a liaison to sit in the MSAC to assist in staging and deploying federal medical resources.
   c. Assist in medical evacuations as requested.

13. State of Nevada National Guard (MSAC)
   a. Provide planning support for MSAC.
   b. As requested by the Resource Requesting Process for Declared Disasters by the state; the NV National Guard may send a liaison to sit in the MSAC to assist in staging and deploying National Guard medical resources.

c. Assist in medical evacuations as requested.

14. Veterans Administration (VA) (MSAC)
    a. Provide planning support for MSAC.
    b. As requested by the Resource Requesting Process for Declared Disasters by the state; the VA may send a liaison to sit in the MSAC to assist in staging and deploying VA medical resources.
    c. Assist in medical evacuations as requested.

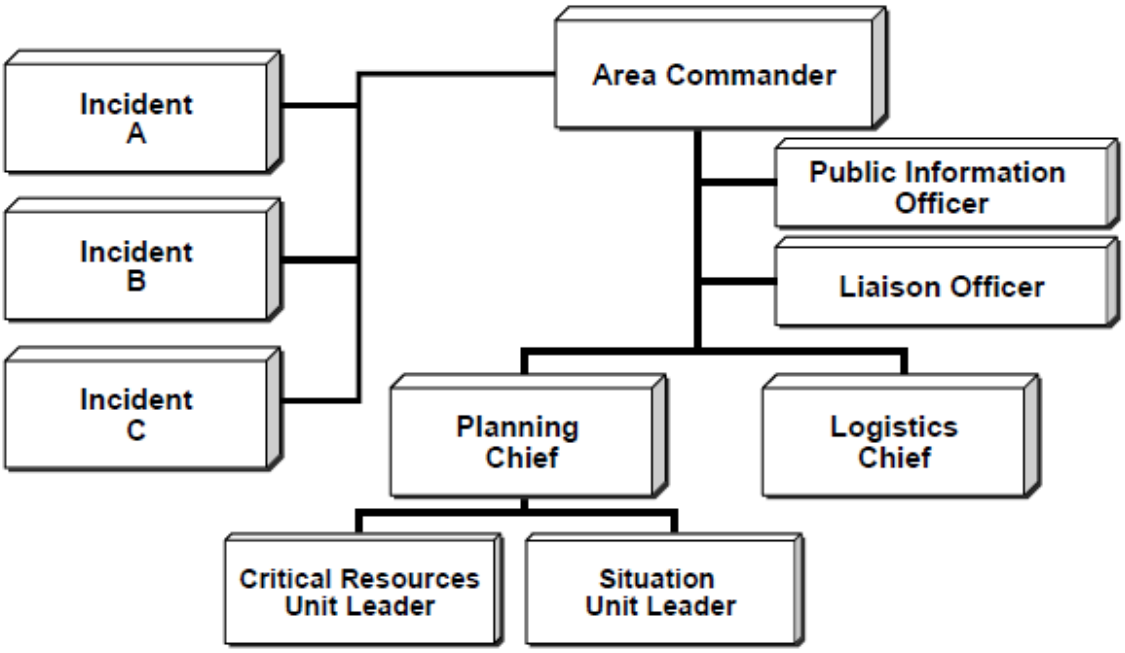
IV. DIRECTION CONTROL AND COORDINATION

While the MSAC has no jurisdictional authority, oversight, or authority over the region; the MSAC will work with governing entities (such as the Incident Commander, Area Commander, the Clark County MACC, local EOCs, and public health) as able to coordinate response, mitigation, and recovery activities to ensure emergency incidents do not adversely affect the quality, capacity and continuity of healthcare operations for the region during a disaster. MSAC operations follow NIMS principles for incident management.

A. MEDICAL SURGE AREA COMMAND Structure

- The MSAC is coordinated and facilitated under the direction of UMC per the Clark County Emergency Management Plan.
- The MSAC will be represented at the Clark County MACC by a UMC liaison.
- The MSAC will receive tactical direction from the SNHD during a public health emergency.
- When fully activated, the MSAC operational staff may consist of the following:
  - MSAC - Area Commander
  - MACC Liaison
  - JIC Liaison
  - Logistics Section Chief
  - Planning Section Chief
  - Situation Unit Leader
  - Critical Resources Unit Leader
  - Healthcare Facilities Liaisons
  - Technical Advisors
- Using ICS principles, the MSAC is modular and may be expanded to include additional functional units depending upon the size and scope of the incident.

Figure 1- Organization of the Medical Surge Area Command



B. Medical Surge Area Command Position Descriptions

MSAC – Area Commander

The MSAC is responsible for the overall operation and direction of MSAC activity and for the implementation of regional hospital response objectives through the MSAC Action Plan. In addition, the Emergency Preparedness Program Coordinator (EPPC) of UMC is responsible for the activation of the MSAC as described in Actions Following Initial Alert and Notification section of this plan. The MSAC is responsible for coordinating MSAC operations in response to an incident through the MSAC Action Plan. The MSAC is responsible for compiling resource requests received from the Healthcare Facilities Liaisons, coordinating available mutual-aid between facilities if available, monitoring regional bed availability, understanding the current situation, predicting probable resource needs, participating in the development of the MSAC Action Plan, and for working with the MSAC Logistics Coordinator in preparing alternative strategies for procurement and resource management.

MSAC MACC Liaison

Clark County healthcare facilities will be represented at the Clark County MACC by the MSAC MACC Liaison. The MACC Liaison is responsible for representing the needs of the MSAC to the Clark County MACC and for communicating regional operational objectives from the MACC back to the MSAC. The MSAC MACC Liaison may be a fulltime employee of UMC.

MSAC JIC Liaison

The MSAC JIC Liaison is responsible for delivering pertinent public information from the MSAC to the Clark County JIC for dissemination. The MSAC JIC Liaison may be a fulltime employee of UMC.

MSAC Logistics Section Chief

The MSAC Logistics Coordinator is responsible for coordinating the procurement of assets not available through normal mutual aid channels. The MSAC Logistics Coordinator is also responsible for sending resource requests to the Clark County MACC. Additional duties of the MSAC Logistics Coordinator include: participating in the development of the MSAC Action Plan, helping coordinate the delivery of

supplies and assets, and working with the Finance/Administration at each healthcare facility's Incident Command Center (ICC) and the Clark County MACC to ensure proper documentation of all resource procurement actions.

MSAC Planning Section Chief

The MSAC Planning Coordinator is responsible for collecting, evaluating, and disseminating situational intelligence regarding the incident, maintaining an inventory of available regional assets and their deployment, and for working with technical advisors to develop the MSAC Action Plan.

MSAC Situation Unit Leader

The Situation Unit Leader monitors the status of objectives for each incident or incident management team assigned to the area command.

MSAC Critical Resources Unit Leader

The Critical Resources Unit Leader tracks and maintains the status and availability of critical resources assigned to each incident under the Area Command.

MSAC Healthcare Facilities Liaisons

During a large-scale regional incident it may be necessary for certain medical facilities to be represented at the MSAC. When represented at the MSAC, Healthcare Facilities Liaisons are responsible for receiving resource requests from their individual facilities/healthcare systems, working with the Area Commander to obtain mutual aid when/if available, monitoring their facility's bed status, receiving situation status updates from their facility, and for advocating for their facility's needs to the MSAC during an incident. **They may be a spokesperson for the facility's Incident Commander and facility and they must have or be given decision making authority for their facility.** If the emergency is large in scope Healthcare Liaisons may be coordinated within the MSAC by facility function i.e. acute care, sub-acute care, psychological, etc.

MSAC Technical Advisors

Depending upon the type of incident, certain subject matter experts may be called on to provide technical assistance to the MSAC staff. Where appropriate, Technical Advisors will assist the MSAC Planning Coordinator with the creation of the MSAC Action Plan. Technical Advisors may include members from the medical response community such as emergency medical services or public health. Additional expertise, such as poison control, radiological, hazardous materials experts, fire, emergency management, and law enforcement will be brought in or consulted as necessary.

C. Medical Surge Area Command Emergency Response Actions during a Partial or Full Activation

This section describes the MSAC decision making paradigm, the activation and establishment of the MSAC, and the response activities that will be implemented to support regional response missions and objectives during Level I, Level II, or Level III MSAC activations.

D. A Regional Approach to Decision-Making on Healthcare and Hospital Resources

MSAC staff will collaborate in good faith to make decisions that are in the best interests of the region, and will not take into account solely their own hospital affiliation and healthcare affiliation. To create additional surge capacity within the Clark County healthcare system, there must be some redistribution of medical care and resources. To achieve this, it is essential that all available options are understood and accepted by all stakeholder groups. Proper resource allocation, whether it is people, supplies, or treatment

modalities must be coordinated and geared toward providing the most care for the most individuals, without regard to financial capabilities or deficiencies.

The Medical Surge Area Command does not discriminate on patient placement, transportation, care, or services based upon minority status, race, religion, age, or country of origin. The Medical Surge Area Command will make all response decisions based upon the following criteria:

- The first priority for the MSAC is life-safety.
- The primary consideration when making decisions regarding patient placement will be the best interest of the patient
- All decisions and protective actions will support regional response operations, regardless of discipline or jurisdiction, as decided upon in coordination with local response partners.

E. Actions Following Initial Alert and Notification

During any incident that may have a medical impact on the region, it is important to gain baseline situational awareness before implementing response activities. Should an incident occur, UMC will activate the MSAC under its authority or at the request of CCOEM. The following describes the activation process for the MSAC:

1. UMC's EPPC is made aware of an incident that has/may have a potential medical/healthcare impact on the region.
    - UMC may be notified through the Clark County Fire Alarm Office (FAO), receive a message directly from a member of the emergency response community, through a hospital/healthcare facility, or be made aware of an incident from another source.
2. After receiving notification and a situation briefing, UMC's EPPC or designee activates the MSAC to an appropriate level of readiness (outlined in Concept and Objectives/Response levels section of this plan).
3. Based on the size and scope of the incident, the Medical Surge Area Commander develops an appropriate command structure.
4. Appropriate agencies are notified of the MSAC activation and, if identified by the Area Commander, a request for representation at the MSAC is made.

F. Integrating the Medical Surge Area Command with Local, Regional, State, Tribal and/or Federal Response Efforts

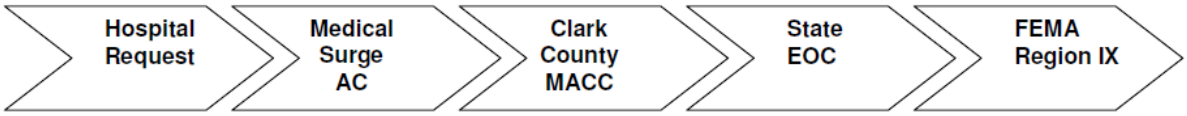
During a wide-spread regional incident, healthcare facilities within Clark County will need to work with other response agencies, potentially at all levels of government (local, regional, state, tribal and federal). This is especially true if non-hospital owned assets are needed.

The ability of the MSAC and healthcare facilities to obtain local, state, or federal assistance is dependent on the activation of the local emergency response/and or declaration of an emergency by local, state, and/or federal authorities.

In accordance with NIMS and the Robert T. Stafford Act (1974), the MSAC will coordinate **all** requests for additional assistance with the Clark County MACC. If the Clark County MACC cannot fulfill the request, the MACC will submit the request to the State Emergency Operations Center (SEOC). Consequently, during a presidentially declared disaster if the state cannot fulfill a resource request either through its own resources, resources available through the Nevada Emergency Management Assistance Compact (NEMAC), or those resources available from other states through the Emergency Management Assistance Compact (EMAC) it will forward the request to Federal Emergency Management Agency

(FEMA) Region IX. **Under no circumstance will the Medical Surge Area Command ever supersede this process.**

Figure 2- Resource Requesting Process for Declared Disasters



Refer to National Incident Management System and National Response Framework (NRF)

V. COMMUNICATION AND COORDINATION

For an effective regional medical response, the MSAC must maintain situational awareness, have an understanding of the common operational picture, and be able to provide accurate and accessible information to stakeholders in a rapid, user-friendly manner. At the onset of an incident, the MSAC will assess the situation, identify and prioritize requirements, establish objectives (in accordance with regional response efforts), and coordinate available resources and capabilities to support healthcare facilities.

Upon activation, the MSAC will send out a request for information on the current status of healthcare facilities. Healthcare facilities should be able provide the information listed in Attachment A of the State of Nevada Resource Requesting Procedures for Hospitals. In addition, if functional, healthcare facilities should report bed capacity information into the national Hospital Available Beds for Emergencies and Disasters system (HAvBED).

The MSAC will use all available communication tools during an incident. Communication tools may include:

- EMsystem (HAVbed)
- Health Alert Network (HAN)
- Landline telephones
- Dedicated telephone lines
- 800 MHz Radios (provided by MMRS)
- Fax
- E-Mail
- WebEOC
- HAM radios
- HAMLINK
- Satellite phones
- Cellular Phones
- Emergency Notification System (ENS)

VI. AUTHORITIES AND REFERENCES

A. References

Metropolitan Medical Response Program –Las Vegas Fire & Rescue

S.T.A.R.T.® Triage System

National Incident Management System; U.S. Department of Homeland Security

ASTM Standard F-1288-90 (2009) Standard Guide for Planning for and Response to a Multiple Casualty Incident

CDC In a Moments Notice: Surge Capacity in Terrorist Bombings (http://emergency.cdc.gov/masscasualties/surgecapacity.asp)

Centers for Disease Control and Prevention "Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness

Clark County Emergency Operations Plan Health and Medical annex, Medical Surge Appendix 2010

Comprehensive Preparedness Guide 101: Developing State, Territorial, Tribal, and Local Emergency Plans (FEMA, 2009)

Clark County Multi-Jurisdictional Mass Casualty Plan, Southern Nevada Health District 2005

National Incident Management System, 2005

National Response Framework, Emergency Support Function 8 Public Health and Medical

Target Capabilities List – A Companion to the National Preparedness Guidelines. (U.S. Department of Homeland Security, 2007)

Journal of Emergency Management, Volume 8, Number 4, July/August 2010, Pandemic Influenza: The ethics of scarce resource allocation and the need for a hospital Scarce Resource Allocation Committee

Acronym Glossary

Clark County Office of Emergency Management (CCOEM)

Department of Defense (DOD)

Emergency Medical System (EMS)

Emergency Notification System (ENS)

Emergency Operations Center (EOC)

Emergency Management Assistance Compact (EMAC)

Emergency Preparedness Program Coordinator (EPPC)

Emergency Medical Services and Trauma System (EMSTS)

Federal Emergency Management Agency (FEMA)

Fire Alarm Office (FAO)

Incident Action Plan (IAP)

Incident Command Center (ICC)

Incident Command System (ICS)

Health Alert Network (HAN)

Hospital Available Beds for Emergencies and Disasters (HAvBED)

Joint Information Center (JIC)

Las Vegas Urban Area (LVUA)

Medical Surge Area Command (MSAC)

Metropolitan Medical Response System (MMRS)

Multi Agency Coordination Center (MACC)

Mutual Aid Agreement (MAA)

National Incident Management System (NIMS)

National Response Framework (NRF)

Nevada Emergency Management Assistance Compact (NEMAC)

Nevada Hospital Association (NHA)

Southern Nevada Health District (SNHD)

Southern Nevada Healthcare Preparedness Association (SNHPA)

State Emergency Operations Center (SEOC)

University Medical Center of Southern Nevada (UMC)

Veteran's Administration(VA)

Web Emergency Operations Center (WebEOC)

Glossary

Healthcare facility – Acute care, Sub acute, psychological, etc.

THE SOUTHERN NEVADA HEALTH DISTRICT
EMERGENCY OPERATIONS PLAN

STRATEGIC NATIONAL STOCKPILE – MEDICAL COUNTERMEASURE DISPENSING ANNEX K

Version 3

January 2011

This page intentionally left blank.

		K
	SECTION:	**ANNEX K**
	TITLE:	**SIGNATURE PAGE**

THE UNDERSIGNED STAFF IS IN CONCURRENCE WITH THE RESPONSIBILITIES OF THE FOLLOWING ANNEX TO THE SOUTHERN NEVADA HEALTH DISTRICT EMERGENCY OPERATIONS PLAN.

_____ _____
Lawrence Sands, DO, MPH Date
Chief Health Officer

_____ _____
John Middaugh, MD, Director Date
Community Health

_____ _____
Scott Weiss, Director Date
Administrative Services

_____ _____
Glenn Savage, Director Date
Environmental Health

_____ _____
Bonnie Sorenson, RN, Director Date
Clinics and Nursing Services

This page intentionally left blank

		K
	SECTION:	**ANNEX K**
	TITLE:	**DISTRIBUTION LIST**

THE UNDERSIGNED STAFF HAVE RECEIVED A COPY OF THIS DOCUMENT

Name	Department	Date

This page intentionally left blank.

		K
	SECTION:	ANNEX K
	TITLE:	DOCUMENT CHANGE RECORD

Current Revision	New Revision	Description of Change	Page No.	Date	Author
V.3		Document rewritten	1-77	04/2011	Misty Robinson

This page intentionally left blank.

Table of Contents

SIGNATURE PAGE iii
DISTRIBUTION LIST v
DOCUMENT CHANGE RECORD vii
Table of Contents ix
Executive Summary 1
Chapter 1: Overview 3
I. Purpose 3
II. Explanation of Terms 3
A. Acronyms 3
B. Definitions 4
III. Legal Authorities 6
IV. Situation & Assumptions 8
A. Situation 8
B. Assumptions 8
V. Expenditures & Record Keeping 9
VI. Annex Development and Maintenance 9
VII. References 9
Chapter 2: Command and Control 12
I. Concept of Operations 12
II. Organization & Assignment of Responsibilities 12
A. Organization 12
B. Assignment of Responsibilities 12
III. Direction & Control 16
Chapter 3: Requesting Federal Assets 19
I. Initial Response and Plan Activation 19
II. Process for Requesting Federal Assets 19
Chapter 4: Preparing for Receipt of Assets 21
Chapter 5: Inventory Management & Control 24
I. Receiving, Staging and Storing SNS Assets 24
II. Local Supplies and Pharmaceutical Caches for a Mass Prophylaxis Response 24
III. Inventory Control 25
IV. Distribution and Tracking 25
V. Requesting Re-supply of SNS Assets 26

Chapter 6: Tactical Communications 27
I. Communication Methods 27
Chapter 7: Public Information and Communication 31
I. Getting People to the POD 31
II. Getting People through the POD 32
Chapter 8: Security 35
Badging 35
Credentialing 35
I. Security at the PODs 35
Vulnerability Assessments 35
Interior Physical Security 35
Exterior Physical Security 36
Command and Management 38
Evacuation Plans and Security Breach Plans 39
II. Security of the SNS during Transport 39
Assumptions 40
Concept of Operations 40
Escort Teams 41
Emergency Response Procedures 42
Communications 43
Chapter 9: Medical Countermeasure Dispensing 45
Medical versus Nonmedical PODs 45
I. POD Activation 45
II. Process and Flow for POD Operations 46
POD Design 47
III. Setting up the POD 48
Patient Information Documentation 48
Operating the POD 48
Communications at the POD 49
Receipt and Storage of SNS Assets at the POD 49
IV. Priority Groups 49
Emergency Responders 49
Other Priority Groups 50
V. Alternate Dispensing Methods 50
Drive-through POD Model 50
Resort and Business Partner Dispensing Sites 50

Special Populations 51
Nellis Air Force Base 51
Native American Population 52
Chapter 10: Staffing 54
Chapter 11: Hospitals and Alternate Care Facilities Coordination 57
I. Overview 57
II. Pre-event Coordination Planning 58
III. Initial Requesting Procedures 58
IV. Receiving State/Federal Assets 59
V. Reordering State/Federal Assets 60
Chapter 12: Demobilization 62
I. POD Demobilization 62
Leftover Inventory and Supplies 63
Public Arriving After POD Closes 63
II. Incident Demobilization 63
Incident Commander: 63
Emergency Response: Health Systems and Critical Infrastructure 63
Liaison Officer: 63
Operations 63
Planning 64
Logistics 64
Public Information Officer 65
Finance/Administrative Section Chief: 65

This page intentionally left blank

Executive Summary

The Strategic National Stockpile (SNS) is a collection of large quantities of medical materiel, equipment, and pharmaceuticals designed to augment depleted state and local resources needed for responding to terrorist attacks or other public health emergencies. The Division of Strategic National Stockpile (DSNS) manages the SNS and provides personnel to augment state and local responders during an emergency. It is the responsibility of the state and local governments to prepare to receive SNS assets and to provide them to the people who are in need.

While the receipt and distribution of the stockpile is a monumental task, this is a small part of what needs to be done in order to get necessary medicines and medical supplies to the residents and guests of Southern Nevada. The dispensing process is the most challenging and labor intensive function of the SNS management. The Southern Nevada Health District (SNHD) must be prepared to receive their portion of the stockpile should a biological emergency arise and plan for mass pharmaceutical dispensing or mass vaccination.

This annex is a guide to assist the local Incident Management Team by outlining the overall process for requesting, receiving and distributing SNS assets in the event of a large-scale public health emergency. Local, state, and federal responsibilities and legal authorities (as necessary) are identified for each step in the process.

This annex should be activated by the SNHD Chief Health Officer when a public health emergency or the concern of a public health emergency has the potential of overwhelming current available local and state medical resources.

This page intentionally left blank

Chapter 1: Overview

I. Purpose

The purpose of this annex is to delineate organizational responsibilities and recommend actions for local level response agencies regarding the Strategic National Stockpile (SNS). Components of this plan may also be used to manage mass quantities of pharmaceuticals, vaccines or other medical material from sources other than the SNS.

II. Explanation of Terms

A. Acronyms

CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive
CCOEM	Clark County Office of Emergency Management and Homeland Security
CCSD	Clark County School District
CDC	Centers for Disease Control and Prevention
CERC	Crisis and Emergency Risk Communications
CHO	Chief Health Officer
DEOC	Director's Emergency Operations Center
DHHS	Department of Health and Human Services
DOC	Department Operations Center
DSNS	Division of Strategic National Stockpile
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
ENS	Emergency Notification System
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EUA	Emergency Use Authorization
FDA	Food and Drug Administration
GIS	Geographic Information System
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
IDER	Infectious Disease Emergency Response
IND	Investigational New Drug
JIC	Joint Information Center
LEPC	Local Emergency Planning Committee
LVMPD	Las Vegas Metropolitan Police Department
MACC	Multi-Agency Coordination Center
MI	Managed Inventory
MMRS	Metropolitan Medical Response System
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NAFB	Nellis Air Force Base
NHA	Nevada Hospital Association
NIMS	National Incident Management System
NRS	Nevada Revised Statutes

NSHD	Nevada State Health Division
OPHP	Office of Public Health Preparedness
PIO	Public Information Officer
POD	Point of Dispensing
RACES	Radio Amateur Civil Emergency Service
RSS	Receiving, Storage and Staging
RTC	Regional Transportation Commission
SNHD	Southern Nevada Health District
SNS	Strategic National Stockpile
SSAG	SNS Services Advance Group
UC	Unified Command
USPS	United States Postal Service
VA	Veteran's Administration

B. Definitions

After Action Report – A written summary of the exercise that reflects strengths, weaknesses and areas for improvement.

Disaster – An occurrence of a natural catastrophe, technological accident, or human-caused event that has resulted in severe property damage, deaths, and/or multiple injuries.

Distribution – The process of delivering SNS assets from the RSS site.

District Operations Center – The protected site from which the Health District officials coordinate, monitor, and direct emergency response activities in an emergency.

Emergency – A condition of disaster or of extreme peril to the safety of persons and property within the State, caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake or other conditions.

Emergency Operations Center – The protected site from which State and Local civil government officials coordinate, monitor, and direct emergency response activities during an emergency.

Emergency Response Personnel – Personnel involved with response to an emergency.

First Responders – First responders in time of disaster; i.e., police, fire, EMS, public health, etc.

Hospital Availability Beds for Emergencies and Disasters (HAvBED) – A hospital bed tracking system that tracks the number of beds available at each participating hospital in the event of a terrorist attack, bioterrorism, or any other public health threat or emergency.

Incident – An occurrence or event, either human-caused or through natural phenomena, that requires action by emergency response personnel to prevent or minimize loss of life or damage to property and/or natural resources.

Incident Commander – The individual responsible for the command of all functions at the field response level.

Incident Command System – A nationally used, standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the field-level component of NIMS. It is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

Inventory Control – Function that manages the SNS inventory, which includes: tracking all receipts; apportioning supplies; processing requests from dispensing sites and treatment centers; creating issue documents for choosing materiel; recording the locations to which all materiel equipment, and cargo containers are sent; monitoring stock levels and working with SNS technical advisors to replenish materiel; and recovering unused SNS assets.

Las Vegas Urban Area Local Emergency Planning Committee (LEPC) – a mutli-discipline planning group which includes representatives from the following agencies and institutions:

- Clark County Office of Emergency Management and Homeland Security
- Southern Nevada Health District
- Southern Nevada Adult Mental Health Services
- Nevada Department of Public Safety, Office of Emergency Management
- NV Energy
- Las Vegas Valley Water Authority
- Fire Departments
- Law Enforcement Agencies
- Nevada State Health Division
- Nevada Department of Transportation
- Community Emergency Response Team
- Nellis Air Force Base
- United States Post Office
- Medical Reserve Corps
- Resort Properties
- Clark County School District
- Hospitals
- Other local businesses

Managed Inventory – Medical and pharmaceutical materiel that is delivered directly from the manufacturer to the disaster site.

Medical Reserve Corps – A volunteer organization of Health Care Professionals who strengthen their communities by offering their expertise throughout the year as well as during times of community need.

POD – A site used to dispense medication to the public.

Prophylaxis – The prevention of a specific disease by applying a series of measures against it (i.e. antibiotics or vaccines).

SNS Services Advance Group – The SNS Program's unit of skilled individuals who arrive with the first shipment of the SNS to assist State and Local officials.

State of Emergency – The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the State caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy or conditions causing a "state of war emergency." This pertains to conditions that are, or are likely to be, beyond the control of the services, personnel, equipment, and facilities of any single county, city and county, or city and require the combined forces of a mutual-aid region or regions to combat.

Strategic National Stockpile – The Nation's most important resource for provisioning critical medical materiel to re-supply and sustain emergency medical operations related to major disasters.

Terrorism – The unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives.

Treatment Center – A location in a community where the sick receive treatment. These include hospitals, clinics, and other sites that treat the sick.

III. Legal Authorities

During an emergency, it may be necessary to resort to altered standards of care in order to provide prophylactic medication to the entire population within 48 hours of the decision to do so. The Nevada Revised Statutes and Clark County Government Code have identified certain legal issues that pertain during emergencies which support mass prophylaxis operations in a declared emergency:

- *Issuance of standing orders and protocols.* The CHO has the authority under NRS 439.470 to issue emergency protocols authorizing medical practitioners to issue standing orders and protocols for POD sites in order to preserve the lives and the health of the people in Clark County.
- *Personnel authorized to dispense medication during a declared emergency.* Any requirement for a license to practice any professional, mechanical or other skill does not apply to any authorized worker who, in the course of performing his duties as such, practices that professional, mechanical or other skill during an emergency or disaster (NRS 414.110).
- *Procurement of private property.* Local private resources may be procured by CCOEM with the expectation that the owner will be reimbursed within 90 days of the event as per the Clark County Code §3.04.060 and NRS 414.070(3).
- *Staff compensation.* SNHD Staff will be compensated for their time as per NRS §608.016 and §608.018. SNHD personnel code also stipulates in section 74.4 that employees will be compensated at a rate of one and one-half times their regular rate. The employee will be paid a minimum of three hours. Other workers who are acting under the auspices of their agency (law enforcement, Clark County, etc.) will abide by their agency's call back procedures. All other workers are considered to be volunteers will not be compensated by SNHD unless otherwise stated in a Memorandum of Understanding (MOU).

- *Workers compensation.* If a staff member is injured or becomes ill as a result of the duties performed under the auspices of this plan, they will be compensated as per NRS §616C.
- *Liability protection.*
    - Any person who owns property or premises where emergency functions are being performed are not civilly liable for negligently causing the death of, or injury to, any person on or about the property or premises, or for loss of, or damage to, the property of such a person (NRS 414.120).
    - Any worker acting in an emergency function is not liable for the death of or injury to persons, or for damage to property, as a result of any such activity (NRS 414.110).
    - All volunteers of a government agency are protected under specific circumstances by the Volunteer Protection Act (42 USC §14501 et. Seq.) which provides qualified immunity from liability for harm caused by an act of omission on the part of the volunteer.
    - SNHD staff and MRC volunteers pre-registered with the health district are eligible for protection under the *Cooperative Agreement for Coverage of Liability Claims and Related Expenses* to which SNHD is a party.
- *Investigational New Drugs (INDs).* If an Investigational New Drug (IND) has been approved under an Emergency Use Authorization (EUA) for distribution to the general public in a declared emergency, a POD may be dispensing such a product. If the POD is dispensing antibiotics or vaccines under IND protocols, patients will be made aware that the product has been authorized for emergency use and informed of the known and potential benefits and risks. The patients will also be informed of their right to refuse treatment with this product. Patients will be directed to contact the SNHD Adverse Reaction Hotline at 1-800-822-7967 if they have adverse reactions to the IND. These calls will be carefully monitored and reported to the Federal Drug Administration (FDA) (21 CFR Part 312).
- *Unaccompanied Minors*. Minors (persons under the age of 18 years) do not have the legal capacity to enter into contracts or to provide consent for their own health care, meaning that consent from a parent or legal guardian is generally necessary for a minor to obtain health care. The following are the only situations in which consent of parent or legal guardian is NOT necessary for a minor to obtain "examination and treatment" in Nevada:
    - If the minor is legally emancipated (has a court order declaring such) (NRS 129.030)
    - If the minor has lived apart from his/her parents for a period of four months or more (NRS 129.030).
    - If the minor is married or was married (NRS 129.030).
    - If the minor is a mother, or has borne a child (NRS 129.030).
    - If in a doctor's opinion, the minor is in danger of serious health hazard (NRS 129.060).
    - If the examination/treatment is for a sexually transmitted disease, regardless of any of the above qualifiers (without regard to legal emancipation, place of residence, marital or parental status) (NRS 129.060)

  After determining that the minor's request for examination/treatment does not require the consent of a parent or guardian, the person who treats the minor must, prior to commencement of the examination/treatment:
    - Confirm the minor understands the nature and purpose of the proposed examination or treatment and its probably outcome, and voluntarily requests it.
    - Make prudent and reasonable efforts to obtain the minor's consent to communicate with the minor's parent, parents or legal guardian prior to treatment and shall make a note of such efforts in the record of the minor's care. If the person treating the

minor believes that such efforts would jeopardize treatment necessary to the minor's life or necessary to avoid a serious immediate threat to the minor's health, the person may omit such efforts and note the reasons for the omission in the record.

IV. Situation & Assumptions

A. Situation

Public health emergencies can occur with or without warning and can escalate despite efforts to mitigate their effects. An epidemic or pandemic disease, and/or bioterrorism event may affect a large number of people over an extended period of time and manifest itself as a large, silent outbreak of disease that occurs days after the release or introduction of an infectious agent into the community. Initially, the spread of disease may not be obvious. The scope of a public health emergency may cover a large geographic area. The type of natural disaster, biological agent, incubation times, location of release, communicability, and location of those exposed will determine the actual scope. It is likely that a public health emergency or outbreak would quickly overwhelm the resources of the local community and the state of Nevada. For such an event, the Centers for Disease Control and Prevention (CDC) has established and manages the Division of Strategic National Stockpile (DSNS) Program whose mission is to provide large quantities of critical medical assets to states and communities during such an event.

The SNS is categorized into two components: 12-hour Push Packages and Managed Inventory (MI). When the agent causing the public health emergency is unknown, the CDC will deploy a 12-hour Push Package, a 50-ton cache of pharmaceuticals, antidotes and medical supplies designed for rapid deployment. Each push package is stocked with a broad spectrum of materiel to combat any number of public health threats and can be deployed anywhere in the United States within 12 hours of the decision to do so.

The DSNS Push Packages make up less than 2% of the treatment capability of the SNS. The remaining 98% is in MI. When the agent is known, the CDC may decide to deploy MI to combat the threat. MI is maintained at facilities throughout the United States by either CDC or contract vendors. MI is also used to re-supply deployed 12-hour Push Packages. MI can be expected to arrive within 24 to 36 hours of a federal deployment decision.

Along with the SNS, CDC will also deploy a SNS Services Advance Group (SSAG) and two US Marshals to accompany the materiel. The SSAG is a group of individuals from the DSNS able to provide technical advice to assist state and local responders with managing SNS assets in response to a large-scale emergency. The SSAG will be primarily staged at the RSS facility and the State EOC but may provide a Liaison Officer to the SNHD Department Operations Center (DOC) or the Clark County Multi-Agency Coordination Center (MACC).

B. Assumptions

As the local public health authority in Southern Nevada, there are several assumptions that SNHD must take into consideration when planning for a public health emergency requiring mass prophylaxis:

- Local, state, and federal agencies and organizations will coordinate activities for preparedness, prevention, response and recovery during public health emergencies.

- Activation of this annex assumes that there is a suspected or actual release of a biological, radiological or chemical agent, a natural or man-made disaster, a disease outbreak or other incident requiring the resources of the SNS.
- Detection of exposure to biological agents could occur days or weeks after exposed individuals have left the site where a biological release, intentional or unintentional has occurred.
- Personnel identified as state and local level responders including critical continuity of operations staff may be at risk of exposure and as such may be among the first to receive prophylactic medication and/or personal protective equipment (PPE) to counteract the effects of the identified hazard. Distribution of prophylaxis to family members of responders may be included when appropriate and as available.
- The CDC will deploy SNS materiel to the State of Nevada at only one predetermined location. Oral antibiotics will be delivered in individual regimens of prepackaged drugs (unit-of-use). Vaccine may be delivered in individual regimens or multi-dose vials. The State will distribute assets to pre-identified locations (i.e. points of dispensing, hospitals, push partners).
- SNHD has the responsibility to develop and maintain the capability to carry out first response and ongoing mass antibiotic dispensing and vaccination campaigns.
- Local mass prophylaxis activities will need to be underway prior to the arrival of any Federal assets.
- Federal or state assistance is very unlikely to include sufficient personnel to fully command or staff community-wide mass prophylaxis dispensing operations.
- POD operation will remain under local control even after Federal and/or state assets are delivered.
- Dispensing and follow-up operations may continue after the departure of Federal or state assets.
- The level of response is dependent upon the size and scope of the event.

V. Expenditures & Record Keeping

Each responding agency will maintain a record of all expenditures incurred during response operations for possible federal reimbursement after the event. All SNHD resource requests will go through the appropriate SNHD approval process using ICS Form 308 and passed through the DOC Logistics Chief to the MACC.

VI. Annex Development and Maintenance

This annex is part of the SNHD Emergency Operations Plan which is incorporated in the Clark County Emergency Operations Plan, Annex H, Appendix 1 (Public Health Services). SNHD is responsible for developing and maintaining this annex. Individuals, departments, agencies, and volunteer organizations assigned responsibilities in this annex are responsible for developing and maintaining appropriate standard operating procedures or guidelines to carry out those responsibilities.

This annex is reviewed annually by both the SNHD Executive Team and the Clark County Local Emergency Planning Committee (LEPC) and updated as necessary.

VII. References

Centers for Disease Control and Prevention. "Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness". Version 10, June 2005.

Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response. *Public Health Preparedness Capabilities: National Standards for State and Local Planning*. March, 2011.

Clark County Office of Emergency Management. "Public Health Services Appendix 1 to Annex H". *Clark County Emergency Operations Plan*. June 2009.

Federal Emergency Management Agency. "Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans". *Comprehensive Preparedness Guide 101*. March 2009.

Missouri State Health Department. "Missouri's Planning Guide for Local Mass Prophylaxis: Distributing and Dispensing the Strategic National Stockpile – A Guide for Local Planning". Version 2 – DRAFT, October 2003.

Nevada State Health Division. "Strategic National Stockpile Plan". June 2008.

This page intentionally left blank

Chapter 2: Command and Control

I. Concept of Operations

As part of any event involving emergency management, all response operations involving the SNS are conducted pursuant to the National Response Plan (NRP) and in compliance with National Incident Management System (NIMS) guidelines. SNHD will use the Incident Command System (ICS) to organize management of the incident. SNHD manages its response to public health emergencies guided by the SNHD Emergency Operations Plan (EOP) which is integrated into the Clark County EOP (an all-hazards plan) which is guided by the National Incident Management System (NIMS).

It is possible the event may be identified via existing public health surveillance systems rather than through a more traditional incident that requires emergency management coordination. If the need to request large quantities of pharmaceuticals or medical materiel is anticipated by public health professionals, SNHD will notify the Clark County Office of Emergency Management and Homeland Security who may activate the Multi-Agency Coordination Center (MACC) at the request of the Chief Health Officer (CHO) to support the response. The Office of Public Health Preparedness (OPHP) Manager or their designee will serve as the SNHD Liaison Officer to the MACC.

Health officials may know there is a public health concern before they fully recognize it as a public health emergency or disaster. Using existing public health surveillance systems, local, state, and federal public health officials will share data and analysis as the situation evolves and initiate control measures as indicated. The Governor, or his designee, is authorized to request SNS assets from the CDC. When the decision to request the SNS is made, NSHD will initiate SNS distribution operations in coordination with the State Division of Emergency Management and SNHD. The operation of the Receiving, Staging, Storing (RSS) site and distribution of SNS assets are the responsibilities of the state and are planned for by NSHD in cooperation with supporting state agencies and the local health authorities.

II. Organization & Assignment of Responsibilities

A. Organization

Decisions to initiate a request for pharmaceuticals and medical materiel are made by the local health authority in coordination with City and/or County officials and emergency managers. The Clark County EOP identifies SNHD as the primary response agency for all public health emergencies. Therefore, the overall authority for direction and control of the SNS and other necessary resources within Clark County lies with SNHD leadership.

B. Assignment of Responsibilities

1. General

All responding agencies and organizations are responsible for the following tasks:

- Fulfill roles and responsibilities as assigned in the Clark County EOP and its supporting Annexes and Appendices.
- Ensure personnel understand their roles and responsibilities during SNS response operations.
- Ensure response personnel are appropriately trained in accordance with NIMS guidelines.
- Develop standard operating guidelines to operationalize responsibilities designated in this document.
- Identify staffing requirements and maintain current notification procedures to ensure appropriately trained agency personnel are available for SNS operations.
- Participate in exercise planning, exercises, and development of after action reports (AAR).
- Identify facilities to serve as dispensing sites for essential personnel and their families.

2. Primary Agencies

An emergency will require the coordinated efforts of state and local personnel to get SNS assets quickly to those who need it. To achieve that coordination the Nevada State Health Division (NSHD) under the Department of Health and Human Services (DHHS) and SNHD have worked together to clearly identify state and local responsibilities during the deployment of SNS assets to ensure a complementary response without duplication or omission of key activities.

a. Nevada DHHS has the following responsibilities during a mass prophylaxis event:
    - Advise Governor regarding declaration of a public health emergency.
    - In collaboration with SNHD, determine the appropriate request from CDC DSNS depending on the event and the known agent.
    - Instituting a waiver or suspension of state laws and regulations that may affect the ability of the local health authority to effectively dispense medications (i.e. statutes requiring licensed medical personnel to give out antibiotics).
    - Providing security at the RSS and during transport of the materiel to and from the RSS.

b. The NSHD shall:
    - Develop and maintain a Strategic National Stockpile Plan.
    - Develop and disseminate guidelines for POD management to local areas.
    - Monitor local health authorities to ensure that yearly dispensing/POD training occurs.
    - Review and provide annual feedback on local/regional dispensing plans including the following:
        - Appropriate number of POD sites
        - Appropriate staffing levels
        - Alternate methods of dispensing
        - Prophylaxis of first responders and critical infrastructure staff.
    - Receive, stage, and store SNS materiel upon arrival into the state.
    - Ensure transportation of materiel to local PODs, hospitals, and other pre-identified locations (i.e. Resort/Business Partner Dispensing Sites).

c. SNHD shall:
    - Identify when a public health threat is imminent.
    - In coordination with the local emergency management agencies, advise local officials to declare an emergency.

- Initiate POD activation and notify local partners of threat.
- Ensure that first responders and critical infrastructure staff receive the appropriate medication either through the Metropolitan Medical Response System (MMRS) cache or through the SNS supplies.
- Dispense/administer prophylactic medication to the community.

d. The SNHD SNS Coordinator shall:
    - Maintain and update the SNHD SNS Plan as needed.
    - Maintain memoranda of understanding (MOUs) with POD locations and other services to assist in conducting mass prophylaxis operations.
    - Maintain POD supplies.
    - Ensure call-down lists are current and conduct tests of the Emergency Notification System (ENS).
    - Ensure personnel receive training related to their functions in a mass prophylaxis event.
    - Collaborate with NSHD in planning for receipt of the SNS and distribution to designated POD locations.
    - Collaborate with local law enforcement agencies regarding security at the PODs as well as during transport between PODs.
    - Collaborate with local governmental agencies, businesses, and other non-governmental agencies regarding closed POD planning.

3. Supporting Agencies

a. Las Vegas Urban Area Local Emergency Planning Committee (LEPC) shall:
    - Review and provide recommendations and guidance to SNHD regarding the SNS Plan.
    - Approve the SNHD SNS Plan annually.
b. Local chief elected officials and executives shall:
    - Declare emergencies when necessary.
    - Provide policy guidance and direction.
c. Local emergency management agencies shall:
    - Communicate with and coordinate the activities of all organizations for emergency management within jurisdiction.
    - Request assistance from the state only after all local resources have been or are expected to be depleted.
    - Upon recommendation from the SNHD Chief Health Officer, advise city/county officials to declare a local state of emergency.
    - Activate Emergency Operations Center(s) (EOC)/Multi-Agency Coordination Center (MACC) as necessary.
    - Activate the Joint Information Center (JIC) as necessary and coordinate with SNHD Public Information Officer.
d. Nevada Department of Public Safety, Division of Emergency Management (DEM) shall:
    - Coordinate activities of all organizations for emergency management at the state level.
    - Communicate and collaborate with local EOC(s)/MACC.
e. Nevada Department of Public Safety, Division of Investigation and Highway Patrol shall:
    - Evaluate potential RSS sites and coordinate with Silver Shield to provide risk assessment of the RSS facilities.

- Assist civil authorities during an incident in safeguarding SNS assets from theft, loss, or damage.
- Provide security during transportation of the SNS from the point the assets enter the state.
- Provide physical security of SNS assets and personnel at the RSS site.
- Provide security of the SNS assets while being transported from the RSS to the PODs, hospitals, and other pre-identified locations.
- Notify local law enforcement of RSS site operations within their jurisdiction:
- Assist the US Marshals Service with providing security for the SSAG team from the arriving airport to the RSS site and at the RSS facility.
- Collaborate with the US Marshal
- Collaborate with the Nevada National Guard

f. Nevada National Guard shall:
   - When necessary and after activation by the Governor, assist local law enforcement agencies in the protection of life, property and the restoration of law and order.

g. Local law enforcement agencies shall:
   - Provide security of the SNS assets at the PODs and during transport between POD locations.
   - Provide security of POD personnel during transport between the Staging Area and PODs, as necessary.
   - Assist SNHD SNS Coordinator in completing security assessments and plans for each identified POD site.

h. Las Vegas Fire & Rescue shall:
   - Maintain the local Metropolitan Medical Response System (MMRS) pharmaceutical cache for first responders.
   - Transport MMRS pharmaceutical cache to pre-identified first responder dispensing sites.

i. The Salvation Army shall:
   - Coordinate with the Logistics Section Food Unit for the provision of care and feeding of staff/volunteers at PODs and Staging Area as requested.

j. Medical Reserve Corps (MRC) of Southern Nevada shall:
   - Identify and credential medical and non-medical volunteers prior to a public health emergency.
   - Provide training to volunteers regarding public health emergencies, including SNS and POD training.
   - Initiate activation of MRC volunteers to assist in the public health emergency.

k. The Volunteer Center of Southern Nevada/United Way shall:
   - Establish a staging area for staff and volunteers to be deployed to POD sites.

l. Local hospitals shall:
   - Maintain data entry into the Hospital Availability Beds for Emergencies and Disasters (HAvBED) system.
   - Attend Hospital Requesting Procedures training provided by SNHD Hospital Liaison and the Nevada Hospital Association (NHA).

III. Direction & Control

The SNHD Department Operations Center (DOC) is the command and control center for SNHD during an emergency. The DOC is activated according to the Department Operations Center Annex A to the SNHD EOP. SNHD will provide a representative to serve as a subject matter expert in the Clark County MACC who will serve as Area Commander for Health District activities. This representative will be the SNHD Chief Health Officer or their designee.

Nevada State Health Division Mobile Support Unit

The NSHD will create an SNS Mobile Support Unit (MSU) who will conduct the overall management and distribution of assets supplied by the SNS.

Southern Nevada Health District SNS Management Personnel

The Incident Command System is intended to be scalable and modular. During an event where the SNS is requested, the following positions shall be included in the SNHD Incident Command structure:

Mass Prophylaxis Group Supervisor – this position is responsible for POD activation/deactivation across Clark County and reports to the Disease Containment Implementation Branch Director, if activated. POD Managers report to the Mass Prophylaxis Group Supervisor. In the event 7 or more PODs are activated, a POD Area Management Team will be established to manage PODs by geographic location.

Communications Unit Leader – this position is responsible for directing tactical communications at the DOC and the PODs and reports to the Logistics Section Chief.

IT Unit Leader – this position is responsible for tracking and coordinating all aspects of the response relating to computer equipment and reports to the Logistics Section Chief.

Supplies Unit Leader – this position is responsible for tracking and coordinating inventory activities at PODs and ensuring inventory supply of medical and non-medical materials to support the PODs. The Supplies Unit Leader is also responsible for coordinating transportation of supplies amongst the local PODs. The Supply Unit Leader reports to the Logistics Section Chief.

Treatment Center Coordinator – this position serves as the liaison between SNHD and the local hospitals and other treatment centers and reports to the Logistics Section Chief. Requests from the hospitals for additional supplies and medications from the SNS will go through the Treatment Center Coordinator.

Human Resources Unit Leader – this position is responsible for ensuring there is adequate staff, including volunteers, to support the operation and that responders have been checked-in, oriented, deployed, and their time as well as breaks accounted for. Reports to the Logistics Section Chief.

Volunteer Management Team Leader – this position is responsible for maintaining volunteer registries and scheduling volunteers to serve in the public health response. Reports to the Human Resources Unit Leader.

Safety Officer – is responsible for the physical and psychological health needs of all responders and ensures federal, state, and local safety regulations are being followed. This position reports to the Incident Commander.

Public Information Officer – this position is responsible for organizing public information and communication throughout the public health emergency and reports directly to the Incident Commander.

In addition to the above personnel, a Security Coordinator will be assigned to coordinate the security at the PODs, Staging Area and during transport of SNS materiel and staff between PODs and Staging Area. This position is under the direction of the Law Enforcement Unified Command during an emergency and will be located in the Southern Nevada Fusion Center or MACC, if activated. SNHD works closely with local law enforcement representatives to develop security plans for POD sites and other locations related to SNS distribution.

Personnel have been pre-identified to serve in these positions and participate in a monthly test of the notification procedures (Attachment 2.1).

Comment [r1]: Need to update list with appropriate staff.

This page intentionally left blank

Chapter 3: Requesting Federal Assets

I. Initial Response and Plan Activation

Depending on a wide variety of factors (such as the threat situation, its nature, and how it is spreading), local and state health officials may know that there is a public health concern before they recognize it as a public health emergency. Thanks to existing health information systems, state, local, regional and federal (CDC and the Department of Health and Human Services) public health officials will be sharing data and analyses as the situation progresses. Public health officials making a timely request during the early stages of a public health emergency will maximize the amount of available time to provide prophylaxis and treatment to the endangered population.

Some local issues that are taken into consideration when requesting federal assets:

Comment [r2]: Add justification checklist

- Number of current casualties
- Projected needs considering the population of the area including transients and possible infections versus non-infections
- Hospital capacity at the time of the event including intensive care unit beds, ventilator needs and available healthcare personnel
- State resources identified including pharmacy distributors, oxygen availability, other nearby hospitals and in-state alternative care centers
- Local resources such as pharmacy distribution, oxygen availability and transport capacity

Local private resources may be procured by the Clark County Office of Emergency Management and Homeland Security with the expectation that the owner will be reimbursed within 90 days of the event as per the Clark County Code §3.04.060 and NRS §414.070(3).

As soon as a public health threat is known and it is expected to overwhelm local resources, the SNHD Chief Health Officer (or designee) activates the District's Infectious Disease Emergency Response (IDER) Plan or other appropriate plan. Once the response Department Operations Team makes the decision to request resources from outside the county, this Annex is activated.

Comment [r3]: Create Decision Tree

II. Process for Requesting Federal Assets

The decision to deploy federal assets will be a collaborative effort among local, state, and federal officials. Therefore, upon activation of this Annex, the CHO or designee (702-759-1000) notifies the State Health Officer (775-684-4200) in consultation with the Clark County Emergency Manager at 702-455-5710. The Emergency Manager will notify local county officials through the Multi-Agency Coordination Center (MACC) and then the Nevada State Division of Emergency Management (DEM) at 775-687-4240. State health and emergency management officials should recommend that the governor request assistance from the federal government. If the governor supports that conclusion, he or she will formally request assistance from the DSNS or include the request as part of a formal request for federal assistance through the national emergency response system. DEM and the Governor's office will contact the CDC Director's Emergency Operations Center (DEOC) at 770-488-7100. The CDC will then determine if the situation calls for the deployment of the SNS

based on the information provided. If the CDC determines that deployment of federal medical assets is justified, they will make the decision to send a 12-hour Push Package or to send Managed Inventory (MI) and/or other federal asset(s). A visual description of this process can be found in Attachment 3.2.

The information necessary for requesting the SNS assets should include:

- A clear, concise description of the situation.
- Any results of specimen testing.
- Decisions already made regarding the response to this event: target population for prophylaxis, quarantine measures, facilities to be used, etc.
- Indicate plans and actions to use existing response capabilities to respond to the situation.
- A description of the anticipated SNS assets needed to support response to the situation.
- Describe any evidence of terrorism or suspected terrorism.
- Notify key state contacts that the governor has requested SNS assets.

Upon approval for deployment, NSHD will notify SNHD of the estimated arrival time of the assets and make arrangements for the SSAG and prepare for receipt of the assets. The State SNS Mobile Support Unit (MSU) alerts the security coordinators to provide escorts for SSAG and SNS assets to the state's RSS facility.

Chapter 4: Preparing for Receipt of Assets

The SNS may take up to 12 hours to reach the state's RSS location (or longer if MI is being deployed). Once the assets arrive at the RSS location, the MSU will need to break down and stage the materiel for distribution to the local PODs and hospitals. If the locally-identified RSS location is compromised, or if this is a statewide public health emergency, the RSS site may be located in northern Nevada. It may be up to 24 hours before the SNS arrives in Clark County. Therefore, local officials should use this time to prepare the community for mass prophylaxis operations.

Comment [r4]: Checklist

1. Notify the Medical Surge Area Command that federal resources have been requested – The SNHD Treatment Center Coordinator will notify the Medical Surge Area Command (MSAC) that the state has requested federal assets and when to expect the assets at the hospitals. Hospital personnel should confirm point of contact information for each of the hospitals (DEA Registrant available at time of delivery); what supplies, equipment and medication are needed; and where the materiel should be delivered. This information will then be submitted to the NSHD MSU for distribution.

2. Maintain public information and communication – Throughout the event, public information and communication are critical to maintaining calm in the community. During an emergency that would require a request for federal assets, a Joint Information Center (JIC) will be activated for the county to produce clear and consistent messaging to the public. At this point in the response, the JIC should be informing the public: that federal assistance has been requested; what is included with the assistance; when to expect medication to arrive; who needs to receive the medication and why; how they can obtain the medication; when more information will be provided; etc. Once POD locations have been determined, the message should include where the public should go to get the medication.

3. Identify Staff Staging Area – POD staff will need one single place to report to in order to be assigned a position in a POD. Before notifying staff of POD activation, SNHD must identify and activate a staging area. Work with the MACC and the Clark County School District to obtain vehicles to transport staff to their assigned POD location. The Staging Area plan is Annex X.

4. Notify potential POD staff that PODs will be activated – Call down lists have been established for SNHD staff, Medical Reserve Corps volunteers, and Clark County employees, including the Clark County School District. These people have been identified to staff PODs and the staging area. Through the notification procedures, staff and volunteers should be provided with a time and place for staging and each person should indicate if they will be able to respond. The Planning Section will use this information to assist in determining the number of PODs that can be opened.

5. Identify POD locations to be used for the event – 32 public POD sites have been pre-identified with site-specific plans for each location. Each plan identifies recommended POD set-up, security needs and possible threats, ingress/egress routes, and supplies and equipment available at the site. Depending on the incident, not all of the POD locations may need to be opened. SNHD also maintains MOUs with several private businesses to provide oral antibiotics to their employees, families, and guests in Closed PODs. Closed PODs maintain their own POD site plans, POD personnel[1], security, supplies and equipment. The Incident Management Team should take into account the population affected, the number of people needing prophylaxis, and the number of available staff when choosing public and closed POD locations.

6. Notify POD sites of need to do mass prophylaxis operations – Prior to receipt of medications, potential POD sites must agree to open their facility for use during the public health emergency. Each public POD site must be notified of the type of emergency, for how long the site will need to be available for POD operations, what space and equipment will be needed for the POD. If the POD site is available, the facility should confirm point of contact for each facility and designate a time when the facility will be available for POD operations. Closed POD locations should also confirm the estimated number of people who need prophylaxis, including guests at hotels.

7. Identify quantities of medications to go to each POD location – Based on the number of people needing prophylaxis and the number of PODs that can be activated at one time, the SNHD Planning Section determines that quantities of medications to deliver to each individual POD location and provides the information to the NSHD MSU for distribution.

8. Activate First Responder PODs – Contact Las Vegas Fire and Rescue (LVFR) Metropolitan Medical Response System (MMRS) to activate their first responder cache and set up PODs specifically for first responders. Once the SNS arrives, additional antibiotics may be sent to these locations to supplement the cache for staff and families.

9. Ensure security will be available at each of the POD locations – The SNHD Logistics Section and Liaison Officer will work with the Clark County MACC and/or Southern Nevada Fusion Center to ensure security will be available at each of the POD locations before medication arrives at the site. Security must also be provided during transport of staff between the Staging Area and PODs as well as during transport of federal assets and staff between POD locations.

10. Transport POD supplies – SNHD maintains a cache of supplies needed to activate and run a POD, with the exception of the medication. Supplies are located in 6x4x2 wheeled cages for ease of transport. The POD cages contain the following items: POD Manager Book; office supplies; POD signage; dispensing/medical supplies; and barricade tape. Two cages (one supply cage and one sign cage) will need to be transported to each POD location for set-up. Copies of informational materials and screening forms may need to be copied and sent with the POD cages. The goal for each POD is to be set up and ready to open the doors by the time the medication arrives from the RSS.

[1] Some closed POD sites have requested to have SNHD provide the dispensing staff for their PODs. Refer to Closed POD MOUs for specific requirements for the individual organizations. Staffing for these locations should be considered when determining the number of POD sites to activate.

Chapter 5: Inventory Management & Control

I. Receiving, Staging and Storing SNS Assets

When the SNS has been requested and received, the NSHD has the responsibility of distributing the medication and supplies directly to PODs from the Receipt, Stage, Storage (RSS) location.
The location of the RSS facility has been identified by the NSHD which meets the following standards and requirements of the asset: 12,000 square feet of open level floor; and properly equipped with loading docks, phones, office equipment, security, temperature control and multiple access points. The State has defined RSS roles and responsibilities and has designated a state official to sign for SNS assets.

The SNHD Department Operations Team shall assist the state's Mobile Support Unit in coordinating SNS Operations in Clark County. Depending on the size and scope of the event, SNHD may need to store small amounts of medication and supplies in order to resupply PODs (see *2009 H1N1 Response After Action Report and Improvement Plan*). This situation would occur if:

- PODs are not being opened immediately;
- The public health threat has a low morbidity and mortality rate;
- PODs are going to be operational for more than a week.

<u>Vaccine Storage and Distribution</u>
During an event requiring a large number of the population to receive vaccine, large amounts of vaccine may arrive in Southern Nevada at one time. Vaccines must be kept at the manufacturer's recommended temperature for storage. Proper cold chain must be maintained at all times. Depending on the amount of vaccine received from either the SNS or other means, additional cold storage facilities may also be needed to store vaccine should space not be available at the SNHD warehouse. SNHD maintains an MOU with Merck-Medco, Inc. for additional storage facilities. NSHD has an agreement with a local private corporation to serve as the RSS site as well as provide refrigerated transportation to each identified POD that has the appropriate cold storage capability.

II. Local Supplies and Pharmaceutical Caches for a Mass Prophylaxis Response

SNHD and other organizations in the Las Vegas Urban Area maintain caches of supplies and medications in the event of a public health emergency. During a public health emergency, the Supplies Unit and the Pharmacy and Medical Supplies Team in the Logistics Section will be responsible for managing these supplies.

<u>POD Cages</u>
SNHD Office of Public Health Preparedness maintains a cache of POD supplies that are located in 22 6x4x2 wheeled cages for ease of transport. Each POD will receive one cage that contains both mass prophylaxis supplies and the appropriate POD signage. A list of POD supplies can be found in Attachment 5.1. POD cages are identified by number and the contents are inventoried in the WebCRA inventory management system by their number. Items in each of the cages are also

identified alphabetically and by box number on a list attached to the door of each cage for easy access by the Logistics Section at the POD.

US Postal Service Cache
The US Postal Service (USPS) has purchased a cache of antibiotics to be used in the event a Bio-Detection System (BDS) alert at the USPS Processing and Distribution Center on Sunset Road. This cache is stored at the SNHD warehouse at 700 Desert Ln. Following a positive BDS alert, the USPS will notify the SNHD Office of Public Health Preparedness to request access to the cache. After appropriate notifications, the Supplies Unit staff will coordinate transport of the antibiotic cache to the dispensing area at the Sunset Road facility. The process for request and distribution of this cache is identified in EOP Annex M.

Las Vegas Fire and Rescue First Responder Cache
Las Vegas Fire and Rescue (LVFR) Metropolitan Medical Response System (MMRS) program has purchased and maintains a cache of antibiotics to be used during a public health emergency. This cache is earmarked for initial first responders in the immediate aftermath of the event. Coordination for this asset will be conducted through LVFR MMRS when a public health emergency occurs and it is recommended that first responders receive prophylaxis.

III. Inventory Control

The NSHD will handle control of the SNS inventory at the RSS location. Each POD Manager will take custody of the materiel from the State by signing the NSHD Chain of Custody Form (Attachment 5.2) which identifies received items by lot number. Each hospital will take custody of any controlled substances arriving with the package using the DEA Controlled Substance Transfer Form 222 (Attachment 5.3). This form will come from the State Health Officer and will be signed by the hospital's Pharmacist to take custody of the items. If the Pharmacist is unavailable, the hospital has identified a secondary person who has the authority to take custody of the items. If the State Health Officer is unable to issue the DEA Form 222, the SNHD Chief Health Officer will issue the form.

Each POD has a Supply Unit Leader which will maintain the inventory at the POD location using a pen-and-paper system with the Dispensing Site Equipment and Supply Log (Attachment 5.4). The Supplies Unit Leader at the SNHD DOC will keep track of all POD supplies, medications and orders using WebCRA. In the event that WebCRA is unable to be used, the DOC Supplies Unit Leader will use a Microsoft Excel spreadsheet to track inventory. The Medical Screening form has a place to affix SNS lot numbers on the form. WebCRA has the ability to log lot numbers easily in the program. Runners will retrieve completed Medical Screening Forms and Equipment and Supply Logs from the PODs periodically and deliver them to the Data Entry Branch. The Data Entry Branch under the Operations Section at the DOC will be responsible for entering information from the Medical Screening forms and Dispensing Site Equipment and Supply Logs into WebCRA for inventory tracking.

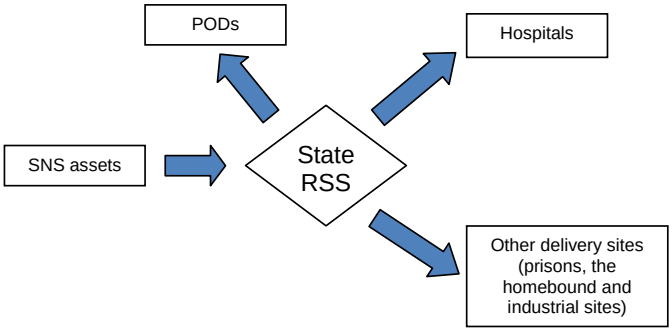
Comment [r5]: Possibly revise log

Comment [r6]: Develop spreadsheet

IV. Distribution and Tracking

When the SNS has been requested and received, the NSHD has the responsibility of distributing the medication and supplies directly to PODs and hospitals from the RSS warehouse. NSHD has an agreement with a local private corporation to serve as the RSS site as well as provide refrigerated transportation to each identified POD. Once custody of the medication is transferred to SNHD (i.e. signed for by the POD Manager at the POD or the Supply Unit Leader at the SNHD warehouse), it becomes SNHD's responsibility to transport the materiel between locations. Therefore, it may be

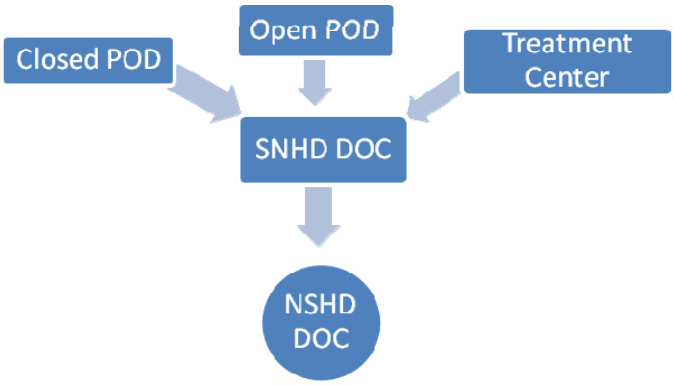
necessary to obtain refrigerated vehicles to move medication to and from the SNHD warehouse, as well as to and between PODs. The Logistics Section may obtain vehicles through existing Memoranda of Understanding (MOUs) (i.e. Clark County School District) or will work with the Incident Commander and the Clark County Office of Emergency Management to procure the necessary vehicles.



The Supplies Unit will coordinate delivery of the POD cages to each of the POD locations. SNHD has two trailers that will hold 11 POD cages each. POD cages will be delivered to each POD site that has been activated, along with all printed materials for the event (i.e. medical screening forms, patient information sheets, pediatric crushing instructions, threat information sheets, etc.).

V. Requesting Re-supply of SNS Assets

To fulfill local and regional requirements for additional resources at the PODs and Treatment Centers, such requests will be placed to the RSS through the SNHD DOC for resource acquisition and delivery. PODs will complete the POD Reorder Form (Attachment 5.5) and Treatment Centers will complete the SNS Reorder Form (Attachment 5.6) and submit to the SNHD DOC. The SNHD DOC will then complete the SNS Reorder Form and the request will then be placed directly to the NSHD DOC. The NSHD DOC in coordination with the MSU will then determine the methods and procedures for reordering and replenishing requested supplies. The SNHD MACC representative will coordinate with the NSHD EOC representative.



Chapter 6: Tactical Communications

Communications are a key element in the continual and timely flow of assets to dispensing, treatment, and other locations. Communication support enables:

- Coordination between and among response agencies.
- Reports of deliveries and en route problems from the NSHD DOC.
- Orders from PODs and treatment centers for assets.
- Coordination with law enforcement for protection and traffic/crowd control.

SNHD is a part of the Las Vegas Urban Area Tactical Interoperable Communications (TIC) Plan. Clark County provides regular maintenance on all SNHD equipment. Any additional equipment will be requested through the Clark County Office of Emergency Management. In addition to SNHD and County communications equipment, each dispensing site and treatment center is equipped with phone and fax capabilities. The State will provide their own communications equipment which is interoperable with SNHD communications equipment and is tested annually.

I. Communication Methods

During an Event/Exercise the SNHD has a number of systems in place to be able to communicate. The primary systems SNHD will utilize are Radio, Internet, Land line, and satellite phone (RAILS). Specific communications systems within the DOC, ADOC and MCC to transmit and receive information that can be utilized as a redundant form of communication from a POD are:

- Radio: VHF, UHF, 800MHz and HAM
- Satellite phones and Internet systems
- Land-line and cell-phone capable
- Web-based communication: WebEOC, HAN and ENS
- TPU switching to allow any radio frequency to be linked to another frequency statewide.

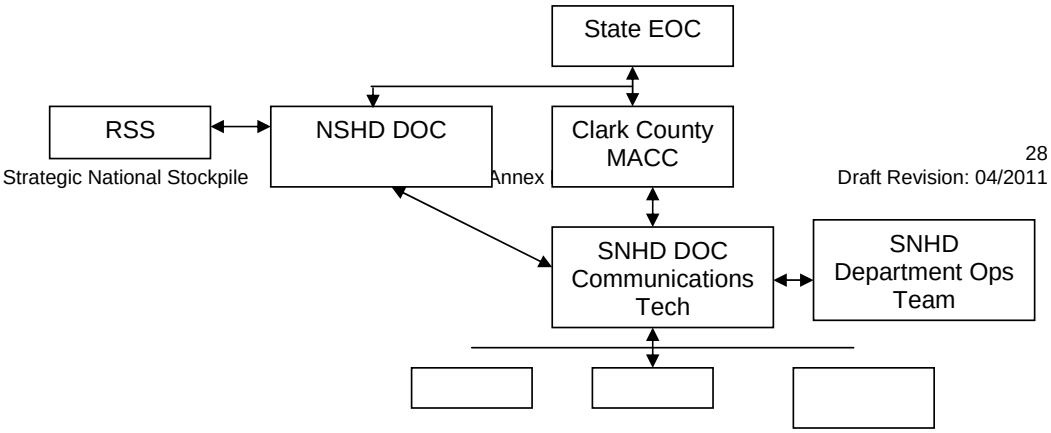
These systems are currently in place at the Health District main facility as well as back up at the Henderson satellite facility. SNHD also has radio and internet communications capability through its Mobile Command Center.

Proper radio procedures are the lifeline during any real incident or exercise. The ability to communicate between the Emergency Operations Center (EOC), District Operations Center (DOC) and POD comes from a formulated process. Within the TIC Plan, SNHD will follow the guidelines for establishing communications during a real incident or exercise:

- **Communications Lead:** Within the SNHD DOC, ADOC or MCC the Communications Lead (COMML) will be the sole person to designate the communications plan for the incident or exercise. The COMML will designate the radio frequencies to be utilized for the event and prepare the ICS 205 form. The COMML will designate personnel to operate the communications equipment within the Operations Center. The COMML position can be manned by a communications specialist or trained IT specialist.
- **Communications Tech:** The Communications Tech will be responsible for all communications via the RAILS format within the Operations Center. All communications coming in/out of the operations center will be tabulated on a message form and routed to the appropriate section within the operations center. All information that needs to be transmitted between the SNHD, NSHD and LHA's will be communicated by this position only.
- **POD Manager:** The POD Manager will be responsible for all communications between the POD and the operations center. All pertinent information related to the incident/exercise that needs to be relayed to the operations center will be performed only by the POD Manager.
- **Operations Supervisor:** The Operations Supervisor will perform all communications regarding the operational arena to the POD Manager. For certain incidents/exercises where specific operations sectors have been designated, this position could be a lead position.
- **Operations Staff:** Operational staff working at the POD will perform all communication directly to the Operations Supervisor. Operational staff should never communicate directly to the POD Manager or Operations Center directly. Operation staff may be considered a lead position working within the POD site.
- **Logistics Supervisor:** Logistics supervisor will receive all communications regarding the logistics section and report directly to the POD Manager.
- **Logistics Staff:** the Logistics staff will report all incident/event information to the Logistics Supervisor to be reported to the POD Manager.

The SNHD DOC will be able to communicate with the NSHD DOC as well as other emergency management agencies throughout the event using any of this equipment. A satellite hook-up is located in the Mobile Command Center to allow for internet capability.

SNHD will request ARES/RACES and other communications support through the Clark County MACC to provide reliable communications.



Pathway	Primary	Secondary	Tertiary
State EOC – Clark County MACC	WebEOC	Land Line	Email
Clark County MACC – SNHD DOC	WebEOC	Land Line	Email
State EOC – NSHD DOC	WebEOC	Ham Radio (ARES-RACES)	Land Line
NSHD DOC – SNHD DOC Comms	State 800 MHz radios	Land Line	Email
RSS – NSHD DOC	State 800 MHz radios	Cell Phone	Land Line
SNHD DOC Comms - POD	Ham Radio (ARES-RACES)	Cell Phone	Land Line
SNHD DOC Comms - SNS Management Team	General Message Form (ICS 213)		
POD	VHF Radio	Cell Phone	Land Line
SNHD DOC Comms - Treatment Center	Ham Radio (ARES-RACES)	Clark County 800 MHz radios	HAVBed

Chapter 7: Public Information and Communication

The SNHD Public Information Office and health educators deal with informing, educating and communicating with the public about health and emergency situations on a regular basis.

When SNS assets are deployed there is the added challenge of mobilizing the public to obtain prophylactic medications. Other challenges would be quarantine movement restrictions, shelter in place or mass evacuations.

I. Getting People to the POD

Public Information Communication (PIC) planning focuses on the SNS communication for a worst case scenario of mass prophylaxis campaigns and getting pre-event public information to and through PODs, and reaching special populations. The SNHD Public Information Office has developed "canned" messages to deliver to the media outlets when a public health event requiring the SNS to be deployed to Clark County occurs. Prepared messages for volunteer recruitment are also available.

In the event of an incident warranting mass prophylaxis and the deployment of the SNS, SNHD will enact the NSHD Strategic National Stockpile Public Information and Communication Plan through the State or County Joint Information Center (JIC) in order to maintain consistent messaging throughout the state. This plan informs the public of:

- The nature of the emergency.
- Those in need of post exposure or prophylactic antibiotics.
- How to obtain the antibiotics and additional information.
- Public Alert Awareness Broadcasts will be initiated through the Clark County EOC.

Methods of disseminating information during the event may include, but is not limited to, the following methods. The JIC will determine the best methods of communication depending on the event:

- Television
- Radio
- Internet (SNHD website)
- Local Special Population Service Providers
- Hotline (759-INFO) with TTY capability
- Print media
- Health Alert Network
- Blast FAX to health care providers

The SNHD through the JIC will inform the public that SNS assistance has been requested, will be arriving, where and when medications and treatment will be available, what threats are being faced

and what methods are being used to counter these threats, that this emergency assistance is free, no identification is necessary, what the public should do, what each person should bring to the POD, i.e., list of current medications, ages and weights of children, etc., and how one can get more information . The public may also be instructed to send one family representative to the POD to receive medication for the entire family to decrease the number of people presenting at the dispensing sites.

At-Risk and Special Populations

SNHD defines "at-risk populations" as those individuals who are directly affected by the event (i.e. they have been exposed or are symptomatic) and may need special messages to ensure they get the proper treatment. These individuals will be directed through the media to go directly to the hospital rather than a POD.

Certain classes of people, identified as "special populations" may need special forms of communication. SNHD defines "special populations" as groups whose needs are not fully addressed by traditional service providers or who feel they cannot comfortably or safely access and use the standard resources offered in disaster preparedness, relief and recovery. They include but are not limited to, those who are physically or mentally disabled (blind, deaf, hard of hearing, cognitive disorders, and mobility limitations), limited or non-English speaking, geographically or culturally isolated, medically or chemically dependent, homeless, incarcerated, frail elderly and children.

The SNHD PIO maintains a current list of organizations that provide services to each of these groups. All organizations will be notified and provided with all public information materials and current information to distribute to their clients/members (Attachment 5.1). In addition to service providers, public information messages will ask the public to ensure their family members, friends, and neighbors who fall under the category of "special population" receive their medication.

Priority Groups

In some cases, vaccine or other prophylactic medications may be limited and specific populations may be identified locally or by the CDC to receive medication first based on the epidemiology and severity of the disease. Public information will be a critical component of the mass vaccination campaign to ensure the identified populations receive the vaccine. Public messages will need to be clear and consistent statewide to identify the priority groups, why those individuals are being targeted to receive medication first, and ensure the general public that additional medications will come available at a future date.

II. Getting People through the POD

Signs will be posted outside and throughout the POD directing people where to go. These signs are printed in multiple languages and are available with the POD supplies along with stands. A diagram is located in the POD Manager Book in each POD cage which identifies where each sign should be placed in the POD.

Information sheets will also be provided at the dispensing sites to inform people about: the threat; the drugs being dispensed including side affects; instructions on how to take the medication; instructions on how to give the medication to children; the importance of taking and continuing to take the medication; hotline information for people to ask questions or report adverse reactions.

Clark County has a diverse population of residents and visitors. SNHD will have the following available at the dispensing sites for non-English speaking individuals:

- Bi-lingual (English and Spanish) text of all material used to inform the public during an emergency are available. Materials include, but are not limited to, informational material, forms, scripts and videos.
- The Clark County Court interpreters have the capability to provide translation services in 48 languages. The DSNS also provides a CD with patient information sheets in 48 languages in the 12-hour push package that can be printed in a short period of time by the SNHD Print Shop.
- Volunteers will serve as on-site translators for people who do not speak English or are hearing impaired.
- SNHD contracts with Tele-Interpreters. A 24/7 telephone language service is currently utilized for client's language needs that cannot be accommodated by clinic staff. The telephone number for Tele-Interpreters is 1-800-822-5552, code #169100. A department code will be identified for each event as necessary.

SNHD OPHP maintains a supply of signs and sign holders for dispensing sites. The SNHD Print Shop has the capability to reproduce large amounts of printed material on short notice and is available as needed. Printed material may also be requested through the Clark County EOC.

This page intentionally left blank

Chapter 8: Security

Security of the SNS and the POD locations is of critical importance during an event. This Security Plan will outline the responsibilities of local law enforcement agencies and other security personnel in the event the SNS is requested in Clark County.

Each POD site is unique and SNHD will use a variety of methods to get medication to the public. Each site will require different security operations. This section outlines the base requirements necessary to maintain security in any of these locations. Site-specific security plans are available for each of the public POD locations which formulate the unique requirements for each specific site. Push Partners (closed PODs) will develop their own security plans.

Badging

Badging allows positive identification of individuals. All SNHD personnel are photo badged upon hire. Provision of a photo badge for MRC volunteers is distributed at the time of deployment for security purposes. All responding agencies are issued photo badges upon hire and their agency's badge will serve as their badge for the event. Spontaneous and other non-MRC volunteers will be required to wear their driver's license visible on their person. ID pouches and clips are available among the POD supplies maintained by SNHD. All POD staff will wear a colored arm band identifying them as a POD worker. Lead staff (i.e. POD Manager, Safety Officer, Operations Supervisor, etc.) will wear blue arm bands, Dispensers will wear red, and all others will wear yellow arm bands.

Credentialing

Credentialing is a state managed process. Credentialing verifies that individuals have the proper training and licenses to perform specific roles. Only licensed SNHD personnel will be assigned to oversee dispensing operations at the PODs. Credentialed and badged volunteers are requested through the Clark County EOC.

I. Security at the PODs

Vulnerability Assessments

Every POD location must have a vulnerability assessment conducted by a qualified individual (either law enforcement or SNHD security personnel). This assessment will identify the security strengths and weaknesses of the facility. Vulnerability assessments for POD sites are located in Attachment 6.1.

Interior Physical Security

Upon activation of the POD site, a security sweep of the POD facility will be done by the jurisdictional law enforcement agency along with POD Security staff (if they have arrived on scene). Site security will be maintained from that point forward, until the POD site is closed. Additional security sweeps of the facility will be done upon discovery of any suspicious items or persons. Random security patrols of the site will provide visible security presence, as well as monitoring of site security. People and vehicles may be subject to random inspection by security personnel, should there be an elevated level of security risk at the POD site.

A. Security of the Strategic National Stockpile (SNS)

Transport and security of the SNS materiel from the Receiving, Staging, Storing (RSS) site will be handled by the Nevada Highway Patrol (NHP).

The security of the SNS materiel at the POD site will be provided by locking the materiel in a secured room within the facility. Security will be posted at this room as required.

B. Crowd Management within the POD

Crowd management and movement within the POD site is designed to provide the most direct and safe movement of people within the facility. Safety and security of POD staff and the public is of paramount importance. The public will require a combination of signage, verbal direction from POD staff, and public information and communication regarding POD procedures. A public briefing on the process of mass dispensing, disease agents of particular concern, and corresponding prophylaxis, may be done via local television, radio and other media outlets.

Access into each POD site and dispensing area will be limited to one entrance and one exit. All other access points will be blocked. Specific access control information as well as pedestrian and vehicular traffic flow through the POD site is laid out in each POD Site Security Plan.

C. Signage

POD signage will be used throughout the entire process to assist in crowd control. There are signs for use indoors and outdoors and these will help guide the public through the POD site. Signs come in five languages (English, Spanish, Russian, Vietnamese, and Chinese) and will be spread throughout the site. Signs and holders are stored in separate 2' X 4' X 6' cages that will be transported to the site along with the POD supplies.

Exterior Physical Security

Exterior concerns will vary with each POD site. Every POD has unique surroundings with special considerations to be taken. Each site-specific security plan has physical descriptions of the exterior of the POD with directions on how to control access to the site as well as vehicle traffic flow models and any special needs.

A. Specialized Unit Needs

Every POD will need to have a traffic unit to help control the flow of vehicular traffic coming in and out of the POD parking area as well as maintaining access control points. This is especially needed in a drive-through POD set up when street traffic may be diverted and two-way streets may become

one-way streets in order to provide easier flow into the POD. Personnel in the traffic unit may either be local law enforcement agency personnel, other security personnel, volunteers, or a mixture of all three.

Any other special unit needs are determined either through the original site vulnerability assessment or by the Security Lead on site at the time of the event. These units will be requested through the Clark County EOC as needed.

B. Additional physical barriers

SNHD has a supply of barricade tape included in the POD supply cages to assist with crowd and traffic control. Additional physical barriers such as barricade horses, traffic cones or pylons, etc. will be requested through the Clark County EOC as needed.

C. Additional lighting

All identified POD locations have exterior lighting. If available exterior lighting is inadequate or if there is a power failure, additional lighting and generators may be requested through the Clark County EOC.

D. Staging area for personnel and vehicles

Law enforcement personnel will be dispatched directly to their designated POD area by unified command. All other security personnel and volunteers will report to the Volunteer Reception Center to be assigned to a POD and then be bused to the POD site. Law enforcement personnel will stage their vehicles in the designated staff parking area as identified in the POD site's Security Plan.

E. Vehicular traffic control

Ingress and egress at the POD location will be limited to one-way traffic. Each available access point will be clearly identified as an entrance or an exit and manned by security staff. Any entry and exit points that are not intended to be used during POD operations will be blocked off by traffic barricades. Site-specific vehicular traffic control plans are located in each POD site's security plan.

F. Crowd control outside the facility

Volunteers and signs will be available outside the facility to direct individuals to the POD entrance. Greeters and Triage personnel will be outside the POD distributing medical screening forms and other informational material and will be available to answer questions and direct individuals to the dispensing area. If there is a significant amount of people waiting outside the facility, barricade tape can be used to establish a line. Additional crowd control devices such as stanchions or barricade tape may be requested through the Clark County EOC. Pedestrian traffic flow plans are available in each POD's Security Plan.

G. Access control to facility

Access to the facility will be limited to one entrance and one exit. All other access points will be blocked off. Anyone may enter the POD site during operational hours. Only POD staff and facility staff, who are identified by a colored arm band and/or picture identification are allowed to be in the facility when the POD is not operational.

Command and Management

Security personnel will integrate themselves into the incident command system (ICS) at the POD site and will report to the Incident Command Post. Security in the POD is under Logistics.

Security personnel will sign in with the Logistics Section after arriving to the ICP. A site over view and briefing should take place at that time from the Security Lead.

A. Security Staff

The following breakdown identifies the security personnel needed at a public POD:

- Security Lead: Coordinates incident command with the POD Manager. The Security Lead is a law enforcement officer from the jurisdictional law enforcement agency.
- Patrol Officers: Report to the Security Lead. Provide security to the SNS materiel if necessary; man traffic barricades as needed; and patrol the POD. Patrol Officers are uniformed officers with the jurisdictional law enforcement agency.
- POD Security Staff: Report to the Security Lead. Provide traffic management and crowd control in and around the POD. Security Staff can be requested through the Clark County Office of Emergency Management under MOUs already standing or may be volunteers who know the POD site.

Security personnel will be deployed in two shifts per day, twelve hours per shift. The amount of public safety personnel and their posts are identified as in each POD's Security Plan. Additional personnel will be activated should conditions or circumstances at the site demand increase staffing. Site-specific security plans are to be used as a guide for the unified command to determine security staffing levels and posts at the POD. Staffing levels may change depending on the situation in the area. Changes to recommended security personnel staffing levels and times will be determined at the time of the event by unified incident command.

B. Radios

The POD Manager will have one VHF radio for communications with the Health District Operations Center. Each functional area and unit lead will also have VHF radio set to a different channel.

Uniformed police will have their own radios with the exception of the Security Lead who will also have a Health District VHF radio in addition to his agency radio. Radio channel assignments will be designated on the Radio Communications Plan (ICS-205) which is developed by the Communications Unit Leader at the county EOC. This plan will be distributed to the Communication Lead at each POD site for radio assignments at the POD. All communication and coordination between law enforcement agencies will be conducted through the unified command.

C. Rules of Engagement for POD Security/Law Enforcement

Law enforcement officers at the POD sites will address use of force issues as indicated by Nevada State Law and local jurisdiction policy and procedures. This policy may be revised during an event upon the decision of the unified command at the county Emergency Operations Center in consultation with federal officials.

Evacuation Plans and Security Breach Plans

A. Evacuation Plans

Egress out of the POD site when there is a security threat will go through any of the available doors leading to the facility's exterior. Should fire alarms sound, then all staff and the public will be directed to the nearest exits. Once outside the building everyone will be directed away from the building so that fire lanes will be cleared of pedestrian traffic.

If another security threat occurs, depending on the nature of the threat and its location within the POD site, the public and POD staff will be directed to the nearest safe area (inside or outside the facility). Internal radio channels and/or the public announcement system (if available) may be used as needed to coordinate the evacuation.

B. Security Breach Plans

The security of the SNS materiel is critical. The medications/vaccinations provided within the SNS are a national asset and must be protected from theft/destruction/etc.

Security of SNS materiel. Should the public attempt to force their access to the SNS materiel, then all available security staff will form a perimeter around the materiel. The POD Manager would then notify the District Operations Center and close the POD immediately.

Staff would be evacuated to the Staff Rest Area and any member(s) of the public NOT involved in the attempted 'forced access' would be directed out of the facility by the nearest available exit. Uniformed law enforcement would direct POD staff security and notify the jurisdictional law enforcement agency dispatch of the situation. Backup assets would respond as needed.

Irate Person(s). Should members of the public become irate while waiting in line and disrupt POD flow, then the policy is to:

1. Notify the Security Lead
2. Use best judgment to determine if the person should be removed from the line.
3. Notify the Mental Health Screener and ask for their assistance.
4. Escort that person to a pre-designated area.
5. Dispense that person their medication/vaccination.
6. Remove them from the POD site.

II. Security of the SNS during Transport

Once deployed and upon entering the state of Nevada, custody of the SNS will be transferred to the state through the Nevada State Health Division (NSHD) as the coordinating agency and delivered to a Receiving, Staging, Storing (RSS) site to be apportioned and distributed to hospitals and points of dispensing (POD) in the affected area. Once delivered to local facilities, the local coordinating agency becomes the custodian of the SNS assets. At every point in this chain, including transport, the security of the SNS assets must be maintained. This section identifies the general procedures for the security of SNS assets while they are in transport once the assets are in local control.

Assumptions

- The Nevada Department of Public Safety (DPS) has primary security responsibilities during transport and storage while the SNS assets are in the custody of NSHD. In the event DPS is unable to perform this function, the appropriate local law enforcement agency will assume responsibility for providing security during transport from the RSS to local PODs and will use the same procedures described in this section.
- Custody of the assets will be turned over to the Southern Nevada Health District (SNHD) when delivery has been made to local PODs as the coordinating agency for Clark County.
- Once in the custody of SNHD, the SNS materiel is a local asset and, therefore, the local law enforcement agencies in Clark County have the responsibility of maintaining security at the POD locations and during transport of materiel and POD staff between POD locations, staging areas, and/or hospitals.
- During an event large enough to require the SNS to be requested, a Unified Command structure will be adopted to manage the event.
- SNHD will activate their Department Operations Center (DOC) including the necessary SNS management personnel to coordinate SNS activities.

Concept of Operations

Once SNS assets have been delivered to local hospitals and PODs and are in the custody of SNHD, it may be necessary to move these assets between these locations to ensure sufficient amounts of supplies are available to the public. Also, personnel will be staged at a single location apart from the PODs. They will be transported via school buses to the individual POD locations. As resources permit, local law enforcement agencies in Clark County are tasked with providing security during transport of SNS supplies between POD locations and/or local hospitals as well as during the transport of POD staff between the staging area and POD locations.

A. Responsibilities

1. Local Law Enforcement Agencies (LEA) shall:
    - As resources permit and as appropriate, ensure the safe, timely, and efficient movement of the SNS and personnel by escorting transport vehicles to designated POD sites.
    - Work with SNHD to coordinate all escort activities related to the SNS.
2. Southern Nevada Health District (SNHD) shall:
    - Provide overall direction of SNS related activities as the lead coordinating agency during a public health emergency for Clark County.
    - Work with Unified Command and LEAs to coordinate escort activities related to the SNS.

B. Operational Directives

All SNS operations will be carried out utilizing the principles of the Incident Command System (ICS) in accordance with the National Incident Management System (NIMS).

- Law enforcement personnel shall comply with existing use-of-force policies and procedures in the performance of SNS activities.
- In the event a local law enforcement agency is unable to provide the requested number of personnel to assist with escorts, SNHD will be responsible for requesting assistance from the Clark County Office of Emergency Management.
- The LEA at the originating location will have escort responsibilities until destination is reached unless otherwise determined by Unified Command.
- Although LEAs will attempt to seek reimbursement from federal and state resources, it is possible that the LEAs will incur all costs associated with SNS operations. Accordingly all use of LEA resources must be justifiable and closely monitored.
- Once the assets arrive at the designated location, they may only be relinquished to the authorized person identified by the SNHD DOC.

Escort Teams

When requested and available, the Incident Commander shall designate an Escort Manager to form escort teams utilizing available personnel from the appropriate LEAs. Escort teams will consist of a minimum of two escort vehicles, but may surge as determined by the Escort Manager.

A. Escort Manager

Once PODs and an Incident Command Post have been established, an Escort Manager (EM) shall be designated to be responsible for coordinating all LEA escort activities. The responsibilities of the EM include, but are not limited to, the following:

- Manage all agency resources utilized for escort activities regardless of the LEA from which they were procured, including personnel assigned to the escort teams.
- Work with the SNHD Department Operations Team to coordinate all escort activities
- Act as liaison between Incident Command, SNHD and the Escort Team Leaders.
- Assist the SNHD Department Operations Team with coordinating primary and secondary routes for each delivery.

B. Escort Team Leader

Once escort teams are established, the EM will assign an Escort Team Leader (ETL) from the appropriate LEA for each escort team. The general responsibilities of the ETL are as follows:

- Organize and supervise assigned escort team members.
- Implement tactics and strategies that will result in accomplishing the stated mission.
- Monitor the status and location of each escort team member.
- Ensure that all escort team members are briefed and aware of their role and responsibilities.
- Ensure all resources assigned to the respective team are accounted for.

C. Escort Teams

When requested and available, the EM shall form escort teams utilizing available personnel from the appropriate LEAs. Each escort team shall be made up of one ETL and a minimum of four escort

team members. Each member of the escort team must report to the ETL on all matters associated with their assigned duties.

For each escort duty, the escort team, resources permitting, shall be comprised of a minimum of three vehicles:

Lead Car. This vehicle shall be a marked or unmarked unit depending on the situation and availability as deemed by the EM and must always be the first vehicle in the security envelope. The lead car will have a minimum of two officers who are responsible for reporting any obstacles to the ETL. The lead car shall ensure safe entry for the delivery vehicle at the destination. There should be at lest one handheld radio in the vehicle.

SNS Vehicle. This vehicle may be a truck delivering medical supplies or a bus carrying POD staff. Each vehicle will have a driver who will be either a SNHD or Clark County School District employee and will have at least one first responder with a handheld radio.

Tail Car. This vehicle will contain the ETL and at least one other officer and contain at least one handheld radio. The tail car will follow directly behind the SNS vehicle within the security envelope.

Air Support (optional). If available and if utilized, supporting aircraft should remain away from the detail but close enough to maintain visual observation. Flight Officers will communicate necessary information to the EM and/or ETL.

Emergency Response Procedures

A. Motor Vehicle Collisions

Any traffic collision involving an SNS or escort vehicle shall be dealt with as expeditiously as possible. If the collision results in injury or death, a support unit must remain at the collision location, allowing the delivery vehicle to continue on its scheduled route. The ETL shall notify the EM who will dispatch support units to stabilize the scene and take appropriate action.

B. Roadway Blockages

In the event of a blockage of the delivery route by either accident, fire, hazardous materials spill, or other event, escort team personnel should not stop to render assistance unless it is life-threatening and requires immediate attention. The ETL shall notify the EM to request additional assistance. Information on delivery delays and/or changes in the route or route schedule shall be reported to the EM and relayed to the SNHD DOC.

C. Intentional Blockages or Disruptions

If a situation arises such as an intentional blockage or other disruption due to civil unrest, protest, or terrorist activity, the escort team vehicle closest to the SNS vehicle shall lead it from the area. The EM will make the decision of whether or not the delivery vehicle will continue to the destination, return to the originating site, or move to another predetermined location. If appropriate, the local law enforcement agency shall respond to the incident location, make an appropriate assessment, and request any necessary assistance to mitigate the situation.

Communications

During SNS escort operations, all communication from the escort team will go through the Escort Manager. The Escort Manager will relay necessary information to the appropriate agency as per the Las Vegas Area Tactical Interoperable Communications Plan. The escort team members will use handheld radios to communicate between vehicles. The Escort Team Leader will relay information to the Escort Manager.

This page intentionally left blank

Chapter 9: Medical Countermeasure Dispensing

This section addresses the medical countermeasure dispensing clinic model (point of dispensing) with additional options for closed dispensing sites and drive-through venues. Medical countermeasure dispensing is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations[2].

The SNHD point of dispensing model (POD) provides flexibility to scale up or scale down to fit the response situation. The POD design will be modified as needed based on throughput as observed by the POD Manager and lead staff. Necessary modifications to increase throughput will be determined at the regularly scheduled planning meeting.

PODs are the foundation for this dispensing campaign. SNHD has determined the number of 41 PODs to meet the needs of residents, tourists and visitors. This number includes a combination of models: walk-through high school PODs, drive-through PODs, large venue PODs, and closed PODs with local businesses including some resorts. Procedures for each model are identified in specific plans (Appendices A - D).

Medical versus Nonmedical PODs

SNHD has the ability to activate medical PODs or nonmedical PODs. Medical PODs require trained medical professionals to screen patients and dispense the medication. For example, if vaccine is to be dispensed, trained medical professionals will be needed to administer the vaccine. Nonmedical PODs may be used in situations where: there is a limited amount of time to provide the medication to a large number of people; the medication to be dispensed is in pill form (i.e. oral antibiotics); **and** a complete medical screening is unnecessary to dispense the appropriate medication during an emergency.

I. POD Activation

After the SNS has been requested, the SNHD Chief Health Officer will identify an Incident Commander for the incident, initiate the health district's call down procedure and activate the SNHD Department Operations Center (DOC) according to the Department Operations Center Annex. The DOC Team, including SNS personnel identified in Chapter 2, Managers and Supervisors will be notified through the Emergency Notification System and instructed to report to the health district for an incident briefing. At the briefing, information will be provided on: the type and scope of the incident; the countermeasure to be dispensed; the location of the staging area; and where PODs will be set up and when. The Managers and Supervisors will then be instructed to notify their staff using their call down lists and to direct them to the staging area at a designated time. If there are any managers or supervisors not present at the briefing, the CHO will direct an alternate person to

[2] Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response. *Public Health Preparedness Capabilities: National Standards for State and Local Planning*. March, 2011.

notify the missing person's staff. The MRC Coordinator will be notified at this time and will follow the MRC activation procedures as stated in the MRC Standard Operating Guidelines.

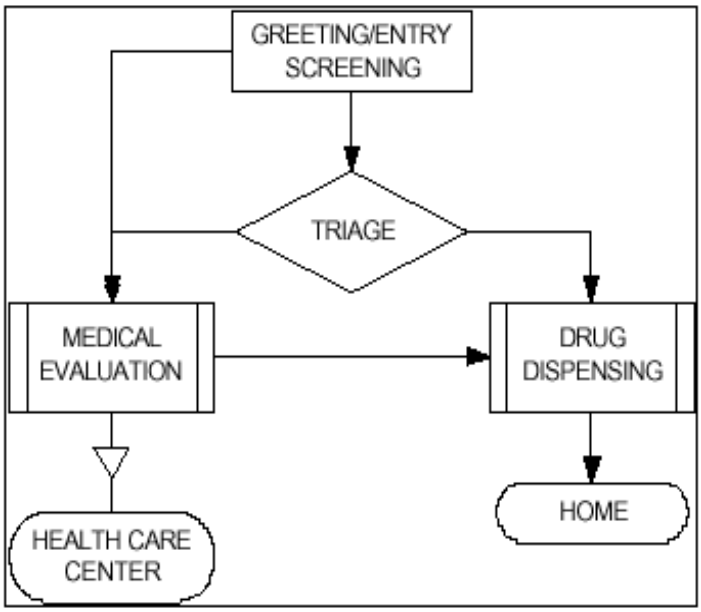
The Mass Prophylaxis Group Supervisor will contact the points of contact for the identified POD locations to ensure someone will be available to open the building and provide support to the POD staff during set up.

SNHD POD supplies will be delivered to the identified POD locations by SNHD personnel. Drug fact sheets, medical screening forms and agent fact sheets will be copied and distributed to the PODs when the agent and/or countermeasure is determined and prior to the opening of the POD. Each dispensing location has office equipment and crowd control equipment on-site and available for use.

First shift POD staff will be given their job assignment at the staging area and will be directed to their respective locations to assist in set up of the POD.

II. Process and Flow for POD Operations

The SNHD will perform all POD steps in one place (single level model). The basic high flow POD model shows areas of entry, triage, dispensing and exiting. Other models that SNHD may use depending on the public health threat can be found in Attachment 9.1.



SNHD has assumed that, during an event requiring SNS deployment, the basic POD Flow model must be altered and has planned accordingly. The following section outlines the SNHD POD Design. Depending on the event, however, the CHO may consider further altering the dispensing model to better accommodate client throughput. Under NRS 439.470, the CHO has the authority to alter the basic clinic model and will do so in consultation with the Health District Attorney. This decision

may be made prior to PODs opening or after POD operations have begun, based on information received by the POD Branch Director. All POD Managers will be notified of the changes in operations through the communication network described in Chapter 6 of this document. In order to maintain consistency of operations, all POD locations will convert to the altered model.

POD Design

Patient Flow

Patient flow at the POD location is the process of receiving people, getting basic health history via screening forms (Attachment 9.2), dispensing the medication and exiting with educational and follow-up information while keeping the lines moving quickly. Interpreters will also be available in the greeting area to assist those who do not speak English, either through direct interpretation or by taking them to the phone for tele-interpretation services.

Medical Screening

The Medical Screening Unit at the POD location involves triage, medical screening, mental health screening, and exit. The triage area is located outside the POD area so that symptomatic individuals arriving at the POD can self-transport to a hospital or be transported to a hospital by ambulance to receive IV antibiotics and/or other necessary treatments rather than enter the POD. If a symptomatic individual is accompanied by family members, they will all be directed to the nearest hospital where the asymptomatic individuals will receive their medication. The Greeting and Triage sections may be combined or the Triage section may be eliminated in a nonmedical POD.

After Triage, the patient will go to the medical screening area which is located in the POD area. In this area, patients complete the Medical Screening Form to determine if the patient has any contraindications to the pharmaceuticals being dispensed. Mental health screeners may also be available in the line to assess the patients entering the POD. If an individual appears to be in an agitated state, they will be taken to a counseling area within the POD location, but away from the primary operations area.

In order to increase client throughput, the Incident Commander may alter the process by limiting the amount of information requested on the medical screening form or the form may be eliminated.

Dispensing

After medical screening, individuals and families are directed to the dispensing area to receive their medication. Individuals who do not have children and do not have contraindications to the medications being dispensed will be directed to one of the Express Lanes. Families with children and individuals with contraindications will be directed to an Assisted Lane where a pharmacist consult will be available to obtain weights of children if necessary and determine the best course of medication to give. If oral suspensions are not available, the head of household will receive instructions on proper child dosing.

Education

Every step of the POD process gives the opportunity to educate. Greeters have FAQ sheets, video tapes provide information about biological threats, if applicable and/or medication FAQs (Attachment 9.3). The bottle label itself is an information product. Upon exit, information

regarding who to contact in the event an individual has an adverse reaction will be provided and told how follow-up will occur if needed. Education will also be provided through the public information campaign.

Security

Each POD location has a site-specific security plan which includes plans for crowd control, traffic management, and overall security of the site. The jurisdictional law enforcement agency has authority for security of the POD site.

Closed POD locations will develop their own security plans and will use either their own security staff (Resort Partners) or volunteers from their own staff.

III. Setting up the POD

SNHD has primarily chosen schools as POD sites (Attachment 9.4). These sites meet the required characteristics recommended by CDC operated on a 24/7 regimen.

Patient Information Documentation

Data Collection

The medical screening form tracks the patient history, meets relevant state regulations for dispensing, documentation and tracking the drug in case of recall. The CHO will determine the need to collect patient information based on the situation. The patient will be given 24-hour hotline information (1-800-822-7967) to contact if they have any questions or adverse affects from the medication. Rocky Mountain Poison and Drug Center (RMPDC) (759-INFO) will be used to assist with call surge to the health district. RMPDC will be given a list of frequently asked questions developed by SNHD to answer questions that patients have regarding the drugs and the agent.

If an individual is experiencing an adverse reaction to the medication, they will be directed to their primary care physician or urgent care facility. Physicians' offices and other facilities will be instructed through the Emergency Notification System and HAvBED to notify the Health District Office of Epidemiology when a patient presents with adverse reactions to the dispensed medication.

Operating the POD

The POD Manager is in command of the POD and oversees shifts, patient flow, storage space for stock, conducting shift changes and re-ordering materiel.

Worried well patient needs are addressed through the public information campaign and also at POD sites with available counselors at counseling stations.

The State of Nevada and SNHD allow the head of a household to pick up medication for their family without all family members being present. There is no limit to the number of medications that a single person may pick up. The Medical Screening form for multiple regimens is found in Attachment 9.2.

No identification will be necessary to receive medication. SNHD will follow state guidelines regarding unaccompanied minors at the POD depending on the public health threat. If it is

determined that the threat will cause a significant danger to the minor if they are not treated, the minor will be triaged, counseled and treated. Ethnic populations and undocumented aliens with language issues are assisted as described in the NSHD SNS Communications Plan and the SNHD CERC Plan. Medical Visual Language Translators are available in the POD Manager books to assist with language barriers.

The public information campaign will advise symptomatic individuals to seek medical treatment and not go to a POD. If symptomatic individuals present at a POD site, they will be directed to the First Aid station where the determination will be made whether or not to send the individual to a medical facility.

Communications at the POD

Key positions in the PODs will be issued radios to communicate within the POD. Communications equipment will be issued through the Communications Tech in the POD Logistics Section. Only the POD Manager will communicate to Command and Control or to another POD. See also Chapter 4 of this document.

Receipt and Storage of SNS Assets at the POD

All POD sites have been evaluated according to the established CDC criteria and therefore, are temperature controlled with receiving areas and loading dock capable of materiel handling equipment with forklifts and pallet jacks and temperature controlled storage areas. These delivery areas are out of public view and will be monitored by security staff.

IV. Priority Groups

Emergency Responders

Emergency Responders and members of their household may need to be among the initial recipients of post-event, pre-exposure prophylactic medication to help protect them from an infectious disease outbreak or similar public health emergency. The term "Emergency Responder" refers to those individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence and the environment. For the purposes of this guidance, Emergency Responder is defined as any of the following:

- Fire fighters
- Law enforcement officers
- Hazardous medical services personnel
- Key government leaders to ensure the continuity of operations
- Transportation and public works personnel
- SNS team members and volunteers who support the SNS functions

A household member is defined as any person living in the same dwelling as the Emergency Responder regardless of relationship.

For situations involving a localized response effort in which medications will not be provided to the population at large, the CHO will work directly with the involved response agencies to ensure appropriate prophylactic medications or vaccines are made available for Emergency Responders and, if necessary, their household members who might be at risk for exposure.

However, events may occur which necessitate the immediate availability of prophylactic medications to a large number of Emergency Responders as well as the general public. It is for this situation that arrangements for the issuance of emergency medications to the responder community in advance of the general public are needed.

It must be understood that medications will be provided to Emergency Responders and their household members only if there is a health risk due to exposure. The decision on whether or not to issue prophylactic medications will be made by the SNHD at the time of an event and will relate specifically to the identified hazard associated with the health risk. The full plan can be found in Appendix A of this document.

Other Priority Groups

When there is limited vaccine, other groups may be identified in addition to or in place of the above groups to receive the first shipments of vaccine. These groups shall be identified based on the epidemiology and severity of disease at the time of the outbreak. SNHD will follow guidelines set forth by the CDC and NSHD in regards to these specific populations.

V. Alternate Dispensing Methods

In order to provide prophylactic medication to the entire population of Clark County within 48 hours of the decision to do so, SNHD will need to use a variety of dispensing methods. SNHD plans include dispensing in drive-through clinics, dispensing in resorts/hotels and businesses, and dispensing to correctional facilities and nursing homes.

Drive-through POD Model

Drive-through PODs allow for more efficient patient processing than the traditional method. They can accommodate a larger number of people while alleviating other problems such as parking availability and patient-to-patient contact. The drive-through POD will have the same process as the traditional POD outlined in this plan. A specific Drive-Through POD plan can be found in Appendix C.

Resort and Business Partner Dispensing Sites

As a popular tourist destination, Las Vegas has the unique responsibility of providing prophylaxis to a tourist population that can reach up to 400,000 on any given day. SNHD will set up closed PODs in participating resorts to provide medication to visitors, resort staff, and their families. Resort staff will also be trained to assist in dispensing processes.

Large businesses are also an ideal resource to assist SNHD in dispensing medication to Clark County's population. Business Partner Dispensing sites will work similarly to Resort Partner Dispensing Sites. Large businesses can pre-screen their employees and family members. When the SNS has been requested, businesses will be notified and medication will be delivered directly to them.

Smaller businesses will also have the opportunity to provide needed medication to their staff and families while reducing the number of individuals coming to the public PODs. Two to four PODs will be used as specific Business Partner Dispensing Sites where businesses may send

representatives from their staff to obtain enough medication for their staff and families to take back to their business to dispense there. These Business PODs will not need as much staff as a public POD and will not be advertised to the public. Only registered businesses will know about these particular sites and will be allowed to enter. An identification badge from the registered business and a list of employees and family members with each person's date of birth, and known allergies will be required to receive medication. The Resort and Business Partner Plans are located in Appendix D.

Special Populations

Since not everyone in a community will be able to get to a dispensing site, some populations that will need special dispensing methods are:

- Inmates of correctional facilities
- Patients in nursing homes, long term or assisted living facilities
- Hospital patients
- Home-bound residents
- Homeless
- Undocumented aliens
- Military personnel on bases

Correctional facilities, nursing homes and other similar facilities will receive medications in a similar manner to small businesses. Each facility will send representatives to a pre-designated location to obtain medication for their residents. Facility representatives must have the following in order to receive medication:

- Photo identification badge issued by the facility
- List of facility residents and staff with each person's name, date of birth, known allergies, current medical conditions and medications.

Home-bound individuals who do not live in a nursing home or other long term care facility will receive their medications through their primary care giver. Organizations which support special populations will be notified as per the SNHD CERC Plan. These organizations contact their clients in order to ensure that they receive their medication. Some home-bound individuals may receive medication through home health care agencies such as Total Health Care (THC) of Southern Nevada.

The homeless population will receive their medication through local service providers. SNHD currently has an MOU with Catholic Charities of Southern Nevada to serve as a POD for the homeless.

Nellis Air Force Base

SNHD has an MOU with Nellis Air Force Base (NAFB) to provide prophylaxis to all military personnel stationed at base. NAFB maintains a stockpile of oral antibiotics to provide to their enlisted personnel and their families who live on base until SNS materiel arrives in Southern Nevada. The materiel will be delivered to the base directly from the RSS. Family members of military personnel who live off base will be given prophylaxis at local PODs because, during a terrorist event, the base will be in lock down mode and family members will not be allowed on the campus nor will anyone be allowed to leave for an indefinite period of time. This will also prevent unnecessary traffic on the roads as family members are located throughout the Las Vegas Valley.

Native American Population

The Indian Health Board of Nevada is coordinating the development of mass prophylaxis plans with the Tribal Nations who have clinics and programs in Clark County. Each Tribal Clinic will have their own dispensing plan and they will be treated as closed PODs. SNHD will coordinate the distribution of medications to these clinics just as any other POD, public or closed. Medication will be delivered directly to the clinic by NSHD and clinic staff will dispense the medication.

This page intentionally left blank

Chapter 10: Staffing

Staffing of PODs is scalable according to need based on the population needing medications. A large scale event will require a proportionate amount of dispensing sites to process the public quickly enough to prevent the onset of symptoms. The potentially enormous number of patients seeking treatment will immediately overwhelm the medical system. Staffing for the PODs may require medical and non-medical personnel from all or some of the following agencies:

- Medical Reserve Corps (MRC)
- Temporary staffing agencies
- Clark County School District
- Clark County
- Cities in the region
- Community Emergency Response Teams
- Other volunteer organizations.

In addition, depending on the scale of the event, National Guard units, Army Reserve units, or Disaster Medical Assistance Teams (DMAT) may be necessary. Whatever the size of the population being served, three types of people are necessary to staff the POD.

- Professionals (MDs, RNs, pharmacists, public health workers and social workers).
- Volunteers (pre-trained and untrained)
- Management and support staff

Staff training for all assignments and positions occurs on an ongoing basis. Just-in-time training is conducted as needed using the job action sheets as the training curriculum.

<u>Staff/Volunteer Management</u>
POD shifts are twelve hours long unless otherwise noted by the Incident Commander. Staff and volunteers will stage at a Volunteer Reception Center to be assigned to a specific POD location. Workers will also receive their prophylaxis at the Volunteer Reception Center. Only Dispensers will receive their job assignment and training at the Volunteer Reception Center prior to leaving the Staging Area. All workers will then be bused to their appropriate POD location where they will receive their job assignment (if they are not pre-identified as Dispenser) and a POD-specific briefing from the POD Manager (e.g. safety issues, break policy, reporting procedures, etc). Just-in-time training will be conducted by their supervisor. Any equipment POD workers will use (i.e. radio equipment) will be issued at the individual PODs by the POD Logistics Section.

The Logistics Section – Food Unit will provide food for the POD workers. A staff rest area will be available at each POD location. Workers will be allotted a fifteen (15) minute break and a thirty (30) minute meal/rest period per four hours worked. Rest periods will be staggered within each section to ensure continual patient flow through the POD. Relief workers should be available to allow POD staff to take breaks. If relief workers are unavailable, patient flow will be diverted to other lanes so staff may take breaks. Mental Health Screeners will be monitoring staff for signs of

fatigue. Cots may be requested from the Nevada Hospital Association through the Clark County MACC.

At the end of each shift, POD staff will follow the end of shift duties identified in their job action sheet, attend a brief debriefing session with their supervisor, and equipment will be returned to the POD Logistics Section. Staff will then be bused back to the Volunteer Reception Center to sign out and be rescheduled for the next shift if necessary. At the end of operations, all staff will be asked to participate in the after action process.

This page intentionally left blank

Chapter 11: Hospitals and Alternate Care Facilities Coordination

The purpose of this section is to outline the process hospitals will use for initial and resupply requests of exhausted or depleted medical supplies and resources (See the State of Nevada Resource Requesting Procedures for Hospitals). Requests for Strategic National Stockpile assistance including managed inventory are to be made from the hospital directly to SNHD. If the Medical Surge Area Command (MSAC) is activated, a single request for all hospitals in southern Nevada will be made to SNHD. The SNHD in coordination with Clark County Office of Emergency Management will identify the available resource to meet the hospital's requested need utilizing Local, State and Federal resources, which may include assets from the Strategic National Stockpile (SNS). SNHD and CCOEM's ability to meet this request is contingent upon availability of federal, state and local resources and assets available at the time of request. These procedures are to be used when it appears imminent that hospital supplies and resources will be exhausted as the result of a public health emergency or a large scale event in the community.

I. Overview

During an emergency with the possibility of large numbers of casualties, medical resources can easily be taxed. Pre-event coordination is a necessity in order to ensure the local hospitals will be able to handle the surge of patients and still continue to provide other necessary services. Clark County has developed a Medical Surge Appendix (3) to the County's EOP, Annex H (Health and Medical Services) to coordinate emergency operations for medical surge during a mass casualty event. This annex identifies sources for additional resources as well as guidance on managing those resources, altering standards of care, and activating alternate care sites. The Health and Medical Annex identifies University Medical Center as the primary coordinating agency for acute care hospitals in Clark County. Upon activation of the MSAC, which is co-located near the county's MACC, hospitals will deploy a hospital representative with the authority to make decisions on behalf of their hospital.

The MSAC is a regional coordination entity recognized by the MACC and supported by healthcare facilities, regional response agencies, and coordinated and facilitated by University Medical Center that coordinates communication and decision-making (including resource allocation, resource tracking, and coordination or resources needs) related to medical issues.

Area Command is activated only if necessary, depending on the complexity of the incident and span-of- control considerations. An area command is established either to oversee the management of multiple incidents that are being handled by separate ICS organizations or to oversee the management of a very large incident that involves multiple ICS organizations. It is important to note that Area Command does not have operational responsibilities. For incidents under its authority, the Area Command:

- Sets overall agency incident-related priorities
- Allocates critical resources according to established priorities
- Ensures that incidents are managed properly

- Ensures effective communications
- Ensures that incident management objectives are met and do not conflict with each other or with agency policies
- Identifies critical resource needs and reports them to the Clark County Multiagency Coordination Center
- Ensures that short-term emergency recovery is coordinated to assist in the transition to full recovery operations; and Provides for personnel accountability and a safe operating environment.

SNS assets will be needed to continue emergency operations and the Treatment Center Coordinator at the SNHD DOC will be the primary point of contact for the hospitals regarding the SNS. The Treatment Center Coordinator will provide information on delivery of correct assets in correct amounts to the treatment centers. Hospitals will need to provide the hospital liaison in the Clark County EOC with case-count, epidemiological, intelligence, and inventory information in order to support strategic decisions.

II. Pre-event Coordination Planning

Prior to an emergency, each hospital must identify the person(s) authorized to request emergency medical resources (equipment, medical and non-medical supplies, personnel) on behalf of the hospital and ensure that they are trained on these procedures. The hospital shall:

- Identify a location, such as a loading dock area, to receive requested assets.
- Identify three people (primary and two back-ups) authorized (DEA registrant) to request emergency medical resources on behalf of the hospital. These individuals will sign for controlled substances, order and receive assets, coordinate inventory control of the assets and provide case-count information.
- Identify and document the hospital's primary point of contact and two alternates and return to the SNHD Hospital Liaison/Treatment Center Coordinator. Update the point of contact information as necessary.
- Keep a copy of these procedures and their completed Point of Contact Form in their hospital's Emergency Operations Plan.
- The three identified contacts (primary and 2 alternates) must receive training on resource requesting procedures by SNHD.

SNHD shall:

- Provide each hospital with the statewide resource request procedures as well as any updates that are made.
- Provide awareness and assistance to hospital administrators on the need for these procedures and identify ways to assist them with current and future preparedness needs.
- Provide each hospital with a contact for all resource requests.
- Provide training to hospital's points of contact on the use of associated forms and appendices.
- Exercise with the hospitals in their jurisdiction on these requesting procedures.

III. Initial Requesting Procedures

Large-scale emergencies can quickly overwhelm and exhaust a hospital's resources. Once a hospital realizes that they do not have the resources available to manage the incident or event, the hospital shall:

- Initiate the hospital's Incident Command System (ICS or HICS) if you have not already done so.
- Leverage and activate Mutual Aid Agreements with sister hospitals and other hospitals in Clark County for sharing of resources.
- Attempt to acquire needed resources through established hospital vendor contracts.
- For the initial request notify both the County Emergency Manager, Hospital Liaison to the Clark County MACC and the SNHD Hospital Liaison. Following the initial request, the Emergency Manager may designate either the MACC Hospital Liaison or SNHD Hospital Liaison to be the point of contact for reorder requests for medical and SNS resources, respectively.
- Resource requests to the MACC Hospital Liaison will most likely be directed to SNHD MACC Liaison and processed in the SNHD DOC.
- Use the forms in Attachment H to compile a comprehensive list of the hospital's immediate resource needs to manage the event and to help the hospital's Incident Command Planning staff to estimate future resource needs (when inventory supplies reach 50%, reorder requests submitted).
- Ensure the MACC Hospital Liaison and SNHD Hospital Liaison has the correct location at the facility for delivery of assets.
- The hospital's authorized point of contact or alternate will notify the SNHD Hospital Liaison and provide the information in the SNS Request Form.
- If the need for additional personnel has been identified, the hospital should contact the SNHD Hospital Liaison and provide them with a detailed request (type and quantity) of exactly what type of provider or auxiliary personnel (pediatric surgeon, anesthesiologist, security guard, etc.), how many and the other information on the SNS Reorder Form.
- During the initial contact with the SNHD Hospital Liaison, he/she will let the hospital's Point of Contact know how often SNHD will need to be updated on the hospital's situation and the best mode of communication for the duration of the event. The hospital must notify the SNHD point of contact whenever there is a change in the hospital liaison personnel (i.e. shift change, illness, etc.).

SNHD shall:

- Forward all hospital resource requests to the appropriate county agency.
- Contact the hospital's Point of Contact whenever there is a change of Point of Contact for SNHD.
- Coordinate with the hospital's Point of Contact, keeping them informed on status or changes in regards to delivery information (i.e., estimated time of arrival, items to be delivered, etc.).
- Coordinate, communicate and brief County Emergency Manager and MACC Hospital Liaison on status of pending and outstanding resource requests of hospitals that may be secured through SNS resource or MI.

IV. Receiving State/Federal Assets

When state and/or federal assets arrive at the hospital, proper chain of custody procedures must be maintained. There are several forms that must be completed to maintain accountability. When the assets arrive, the hospital's authorized Points of Contact shall:

- Sign the Custody Transfer form for the SNS transferring physical custody to the hospital.
- Sign the DEA Form 222 for any Schedule II narcotics.
- Ensure all requested items are in the package.
- Notify SNHD when materiel and other resources have been received and confirm if anything is missing.

The Nevada State Health Division, Public Health Preparedness will provide the hospitals with drug information sheets for any of the drugs contained in the SNS prior to their being administered as countermeasure's to the emergency. SNHD will provide the hospitals with medical protocols for use of countermeasures for treatment during an emergency.

V. Reordering State/Federal Assets

Depending on the size and duration of the emergency and population treated, hospitals may need to request additional resources from outside of normal hospital operations. In order to request additional state and/or federal assets, the authorized hospital point of contact will complete the SNS Reorder Form when items in the inventory reach 50% and list the specific quantities needed. This completed document will be faxed to SNHD. Additional personnel requests will also be made using the SNS Reorder Form.

Requesting SNS Assets for an Alternate Care Site

In Clark County, the MSAC is responsible for identifying and activating alternate care sites. These sites will request SNS assets through the MSAC. After the alternate care site has contacted the MSAC, the representative from the MSAC will request the assets through the SNHD Treatment Center Coordinator as identified above. If the resource being requested is not part of the Strategic National Stockpile or Managed Inventory requests will be forwarded to the Clark County Office of Emergency Management to identify a resource to meet these needs.

Contact information for the Clark County hospitals can be found in Attachment 11.1 and is updated quarterly.

This page intentionally left blank

Chapter 12: Demobilization

Demobilization is an important aspect of any emergency response. The demobilization process allows the local jurisdiction to ensure that all inventory, personnel, and other resources are accounted for and returned to the appropriate agency or facility. Demobilization planning should begin as soon as possible after resources have been deployed to ensure a smooth and cost efficient transition back to normal operations.

I. POD Demobilization

At the end of POD operations, the POD Manager will contact the SNHD DOC to indicate that there are no more patients awaiting prophylaxis and request to demobilize. The DOC will determine the process for demobilization at the POD to include:

- The specific time for the POD to close.
- Communication to the public and other agencies on the time the POD is closing.
- When to release staff.
- Where to return resources and equipment.

Once the DOC gives approval to activate the demobilization plan, it is the responsibility of all POD staff to ensure that the equipment and resources are accounted for and returned to the original facility. Equipment that requires repair must be recorded as well.

POD demobilization must include the following procedures:

- Any medication/vaccine must be returned to SNHD.
- POD staff must repack the equipment/supplies at their work stations and participate in a debriefing/hot wash.
- Document any changes or recommendations to the POD design and submit to the DOC.
- Return the POD facility to the way it was found.
    - POD equipment signage and equipment breakdown.
    - Repackage POD signage and equipment.
    - Facility clean-up.
    - Return facility to owner organization.
- POD signage, equipment (e.g.: tables, chairs, clipboards, radios, vests, etc.), paperwork and other items must be returned to their original storage units or providers.
- PIO to inform the public that the POD has closed.

Once all the inventory and equipment at the POD has been accounted for by the Logistics Section Supervisor and/or the POD Manager and the POD site has been cleaned and returned to how it was before the POD was activated, the POD Manager may release staff to return to the Volunteer Reception Center. Buses will be available at each POD location to shuttle staff to the Volunteer Reception Center. At the Volunteer Reception Center, the following may occur:

- Staff debriefing and hot wash. Identify recommendations for changes to the POD design or job action sheets.
- Update contact information in the event they may be called back.

Leftover Inventory and Supplies

The priority for returning inventory will focus on perishable items first, then non-perishable items:

- Any leftover prophylaxis product must be returned to proper temperature-controlled storage.
- Transport of leftover medications/vaccines to their original storage site.
- Return borrowed equipment.

The final inventory, including repairs, will be returned to the Logistics Section in the DOC. It is the responsibility of the Logistics Section Chief in the DOC to ensure that the POD supplies are restocked, repaired, and replaced as soon as possible to be available for the next deployment.

Public Arriving After POD Closes

Even though the PIO will be coordinating with the media to inform the public which PODs are open and which are closed, some members of the public may arrive at the POD after it has closed. Signs should be placed on the outside of doors of the deactivated POD to let the public know where they can still receive prophylaxis.

II. Incident Demobilization

The Demobilization Unit within the Planning Section develops an Incident Demobilization Plan that includes specific instructions for all personnel and resources that will require demobilization. Note that many county-provided resources are local, and as such do not require specific demobilization instructions. Once the Incident Demobilization Plan has been approved, the Demobilization Unit ensures that it is distributed both at the incident and elsewhere as necessary.

Incident Commander:

- Incident Commander orders Demobilization as needed.
- The Incident Commander will convene relevant parties to debrief from response activities.
- The Incident Commander will communicate the status of the response to appropriate local, state and federal authorities.

Emergency Response: Health Systems and Critical Infrastructure

- SNHD District Operations Center will participate in recovery and demobilization efforts in coordination with the Clark County EOC/MACC if needed.

Liaison Officer:

- Provide agency specific demobilization information and requirements

Operations

Use of Prophylaxis

- Following the Mass Prophylaxis Annex, Operations will discontinue and demobilize mass prophylaxis activities, ensuring that supplies are inventoried and returned as appropriate.

Surveillance

- SNHD Office of Epidemiology will prepare a detailed summary of the event utilizing surveillance data to evaluate local response activities. Analysis may include:
    - Severity of outbreaks among demographic groups
    - Age-specific attack rate, morbidity and mortality
    - Efficacy of countermeasure distribution and implementation of infection control measures

Prevention and Containment Planning

- SNHD OOE will prepare a summary to include all public health protective measures assessment of compliance with Isolation/Quarantine control measures and evaluating of their efficacy.

Planning

Use of Prophylaxis

- Planning will prepare a summary describing and evaluating delivery and administration procedures, and modify plans as necessary.

Provide Oversight for Demobilization Plan

- Notify personnel to be released of the specific times for release.
- Provide team leaders and individual personnel with the ICS-221
- Demobilization Checkout if needed.
- Collect individual performance evaluations.
- Conduct rollout planning meetings with stakeholders.
- Planning will conduct after action reporting committee internally and externally with private providers. Provide this information to the IC for the Clark County OEM and NSHD with an assessment of the health impact of the event and an evaluation of the public health response.

Logistics

Use of Vaccine

- Following the Mass Prophylaxis Annex, Logistics will ensure that supplies are inventoried and returned as appropriate.

Resources

- Implement procedures to “demobilize” resources and return them to their original location and status.

Inventory

- Perform reconciliation of inventory in Web CRA.

Public Information Officer

Communication

- SNHD PIO will suspend media coverage and updates related to the incident.
- PIO will include preparedness information communication to the general public and to the Health Care Community.
- The PIO will inform the public of POD location closures and purpose of closures.

Prevention and Containment

- SNHD Public Information Officer will suspend all public health protective measures.

Finance/Administrative Section Chief:

- Complete personnel time records
- Complete injury reports
- Complete Claims report

2011 System Electric Operating Plan (SEOP)

Kim Ferguson
Senior Emergency Management Admin, Corporate Security

Presented to Local Emergency Planning Committee (LEPC)
May 18, 2011

NVEnergy

Agenda

- Discuss purpose of SEOP plan and mandate
- Define and discuss Manual Load Shedding
- Discuss alert levels and NVE EM Response
- Discuss prioritization of restoration
- Discuss public safety implications

NVEnergy

NVEnergy

Mandate & Purpose for SEOP

- NERC Mandate: Emergency Operating Planning (Standard EOP-001-0)
- Purpose: To develop, maintain, and implement a set of plans to mitigate operating emergencies and provide a systematic and controlled response.

System Resources (Supply)

<u>Operating Reserve</u>
Enough to cover largest single contingency

<u>Load</u>
Demand or use of electricity

7,000 MW
Supply or Capacity

Expected System Peak for 2011: 5,565 MW

Note: Peak load for service area. Number based on load forecasting and does not include reserves or margin

NVEnergy

Manual Load Shedding

- Purpose: Maintain system reliability
- The process of disconnecting a predetermined number of customers from the system to allow the power grid to recover from an energy supply shortfall.
- Electrical loads are shed (disconnected) in large blocks. A modest short fall results in a single block of load being shed, while larger short falls result in more blocks of load being shed on a rotating basis (1 hr. period).
- The blocks are designed to reduce the electricity demand in a way that is most effective for safeguarding the system from possible collapse (black start).
- The principle guiding all load shedding is that essential services have the highest priority for electrical supply.

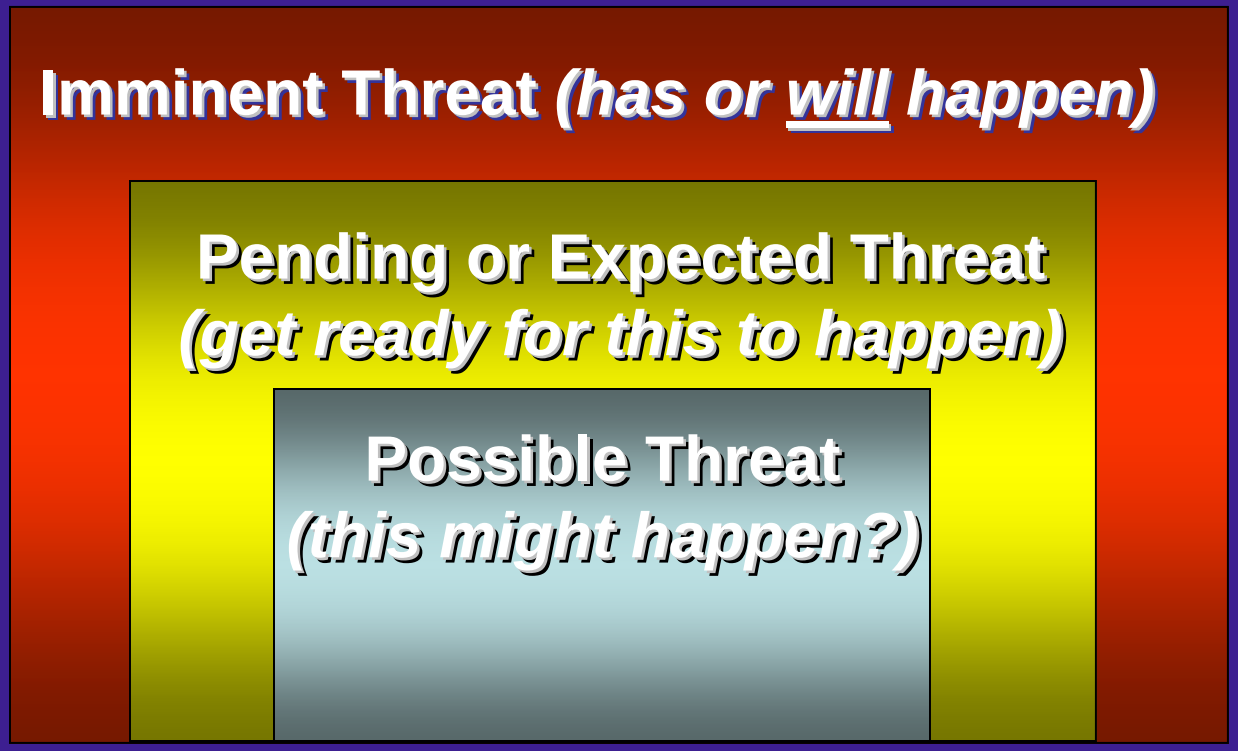
NVEnergy

Energy Emergency Alert Levels

Emergency
Alert 3

Alert 2

Alert 1



Alert Zero = Normal Conditions

Prioritization for Restoration

- Safety/Public Related Hazards and Situations

- Emergency Services: **Exempt from load shedding** – sewage and water pumping facilities, hospitals, police and fire dispatch centers, city halls, EOCs, detention facilities, media outlets, military bases, airports, other essential communications facilities or dispatch centers

- Large public gathering: Avoid if possible- Sports complexes, malls, universities, casinos, convention centers, and other non-critical public safety agencies

- Other services: Not exempt (i.e. other services and customers)

NVEnergy

Conclusion

- Manual Load Shedding is meant to protect the integrity of the system
- Our SEOP is a systematic plan to respond to energy emergencies
- Certain essential facilities are exempted
- Local Emergency Management and dispatch centers will be notified at an Alert 2, if possible
- Manual load shedding or rotating outages can occur at any time

NVEnergy

Questions???

- Kim Ferguson-NV Energy
  Sr. Emergency Management Admin
  498-7313 Cell
  402-6009 Office
  kferguson@nvenergy.com

U.S. Environmental Protection Agency
Pacific Southwest Region
Emergency Prevention and Preparedness Program Update
For the Clark County Local Emergency Planning Committee
Meeting in Las Vegas on Wednesday, May 18, 2011

Radiation Issue Update Regarding Recent Japanese Nuclear Power Plant Crisis
EPA's nationwide radiation monitoring system, RadNet, continuously monitors the nation's air and regularly monitors drinking water, milk and precipitation for environmental radiation. The network contains 124 air monitors across the United States and 40 deployable air monitors that can be sent to take readings anywhere in the country. The list of all monitors is on the website: http://www.epa.gov/japan2011. First, click on RadNet Monitoring System, then scroll down to see the map and regional list.

During detailed filter analyses from 12 RadNet air monitor locations across the nation, the U.S. Environmental Protection Agency (EPA) identified trace amounts of radioactive isotopes consistent with the Japanese nuclear incident. These types of findings are to be expected and are still far below levels of public health concern.

The fixed RadNet system is currently working in all fifty states and Puerto Rico. There are 17 fixed RadNet monitors in the Pacific Southwest Region (3 in Arizona, 11 in California, 2 in Nevada and one in Hawaii). They detect beta and gamma radiation in near real time and also collect particulate samples on paper filters for laboratory analysis. The RadNet system location in Las Vegas also samples milk, precipitation and drinking water.

The EPA's Pacific Southwest Region's emergency response program is supporting, as needed, the Office of Radiation and Indoor Air's (ORIA) deployment of the mobile radiation monitors. ORIA's two national laboratories (in Montgomery, AL and Las Vegas, NV) are the lead for RadNet deployment.

Messaging on the domestic impacts of the Japan radiation fallout is being handled by Department of Energy / Nuclear Regulatory Commission, the EPA, and the U.S. Food and Drug Administration.

EPA's National Website for Emergency Prevention and Preparedness
Recent highlighted additions to the EPA's national website for EPCRA (Emergency Planning and Community Right-to-Know Act) and related programs are located at www.epa.gov/emergencies .

EPCRA Amendments to the Regulation
On April 15, 2011, the EPA proposed amendments to revise the way the regulated community applies the threshold planning quantities (TPQs) for Extremely Hazardous Substances (EHS). This applies to EHS that are non-reactive solid chemicals in solution form. With these amendments, the EPA proposes modifying the assumptions used to develop the TPQs for solid EHS chemicals in solution. The EPA is proposing these amendments because available data shows less potential for the solid chemical in solution to remain airborne in the event of an accidental release.

There are 157 EHS chemicals which could potentially be affected by this change. These 157 chemicals also appear with two TPQs (the higher TPQ is 10,000 pounds) in Appendices A and B of 40 CFR part 355. Organizations and facilities subject to Section 302 of the Emergency Planning and Community Right-to-Know Act (EPCRA) and its implementing regulations found in 40 CFR 355 subpart B may be affected by this rule.

Comments must be received on or before June 14, 2011.

NASTTPO Meetings 2011
The most recent meeting of the National Association of SARA Title III Program Officials (NASTTPO) was held Tuesday, April 26 through Thursday, April 28, 2011 at the Mission Palms Hotel and Conference Center in Tempe, AZ.

The "mid-year" NASTTPO conference was originally scheduled for this October to be combined with EPA's national program meeting and the commemoration of EPCRA's 25th anniversary. Due to budget constraints, that has been scaled back and a more subdued commemoration with outreach materials (most likely brochures, website features and videos) for SERCs and LEPCs nationwide are being planned in lieu of a national conference. However, the "mid-year" NASTTPO is now scheduled to be held in Houston, TX on October 18-19, prior to the annual HotZone conference.

EPA Pacific Southwest Region's Annual Report 2011
The EPA Pacific Southwest Region's annual environmental progress report 2011 was released and posted to our website in April -- around the time of Earth Day. You may access an electronic version of the 2011 report and prior year reports by visiting: www.epa.gov/region9/annualreport .

EPA Pacific Southwest EPP Program Contact
For more information about the U.S. EPA's Emergency Prevention and Preparedness program for Nevada, you may contact the liaison, Mike Ardito, at 415-972-3081 or by email at ardito.michael@epa.gov .