# OPERATIONAL PLAN FOR RECEIVING AND DISTRIBUTING THE STRATEGIC NATIONAL STOCKPILE (SNS)
# [SNS Plan]

PIMA COUNTY
HEALTH DEPARTMENT

**CORE DOCUMENT**
**AS OF**
**July 2015**

**Comments on this plan should be forwarded to:**

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# Record of Plan Revision

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| 10. | | |

PIMA COUNTY
HEALTH DEPARTMENT

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## Letter of Approval

**07/24/15**

In the event of a natural, technological, or national security disaster affecting Pima County, county government must be prepared to implement plans and procedures to protect lives and property. This plan has been developed by the Pima County Health Department in support of the Pima County Emergency Operations Plan.

The purpose of this plan is to provide direction and guidance to the Pima County Health Department and supporting agencies under the receipt and distribution of the Centers for Disease Control Strategic National Stockpile assets. It constitutes a directive to the Pima County Health Department and its partners to prepare for and execute assigned emergency tasks to ensure the safety and continuous optimal health of the population in the event of a public health emergency.
This plan is effective for preparations on receipt of the Centers for Disease Control and Prevention Strategic National Stockpile. It will be executed when an emergency declaration is made by the Governor of the State of Arizona, the Pima County Board of Supervisors, or when it is placed into effect by the County Administrator, Health Department Director, or other delegated authority.

_____

Dr. Francisco Garcia
Director, Pima County Health Department

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# PART ONE
# INTRODUCTION

## A. Background and Information

This Plan provides an overview of Pima County's public health emergency management structure and the responsibilities assigned to various agencies during public health emergencies and disasters that will involve mass dispensing of prophylactic antibiotics and/or vaccines. The sections and annexes are response-specific, providing detailed information and assigning responsibilities with regard to mass dispensing operations, receipt, storage and staging warehouse, and mass material distribution.

Pima County, including each incorporated jurisdiction therein, is vulnerable to the adverse public health effects of natural or man-caused disasters that may result in loss of life, property damage, and social disruption.

In the event of a public health threat or emergency within Pima County, the Pima County Health Department (PCHD) will act to protect the health of its citizens. Depending on the magnitude of the event, PCHD may need essential pharmaceuticals and other medical supplies beyond what the local (County and City), region, or State can provide. Anticipating this scenario, Congress established a stockpile of pharmaceuticals, vaccines, and related medical equipment to augment local supplies of critical medical materiel. This stockpile, managed by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC), is known as the Strategic National Stockpile (SNS). This document serves as the plan for receipt, storing, staging, distribution, and dispensing of the SNS within Pima County.

The Pima County Office of Emergency Management (PCOEM) is responsible for the County's *Emergency Operations Plan,* an all-hazards disaster plan that encompasses all county governmental departments and supporting agencies. The elements of this plan are based on the existing emergency response structure, authorities, and responsibilities identified in the PCOEM Emergency Operations Plan.

This plan is applicable to the divisions, agencies, and organizations within Pima County that may be called upon to support public health preparedness, response, and/or recovery. The Operational Plan for Receiving and Distributing the Strategic National Stockpile (SNS) will be updated and revised at least annually based on new operational planning, Federal/SNS Program Assessments, trainings and exercises.

## B. Strategic National Stockpile (SNS) Overview

The SNS is federal repositories of pharmaceuticals, vaccines, and medical supplies stockpiled for the purpose of augmenting depleted local, regional, and State resources necessary for responding to public health threats or emergencies. Elements of the SNS are cached at strategically located, undisclosed sites across the country.

According to protocol, the SNS will arrive by air or ground in <u>two</u> phases. The first phase shipment is called a <u>12-hour Push Package</u>. The Push Package should arrive at the requested location within 12 hours after it is deployed by the Federal Government. Weighing nearly 50 tons (100,000 pounds), it contains medications, antidotes, medical supplies, and medical equipment needed for responding to public health emergencies.

Although vaccines **are not** a standard component of the Push Package, if it is determined that they are needed, the appropriate vaccinations will be shipped separately from the Push Package.

The second phase shipment is referred to as Managed Inventory (MI) and contains quantities of specific items (e.g., antibiotics and ventilators) required to address specialized needs. MI can come from either stockpiled inventory or vendor sources (i.e., Vendor Managed Inventory or VMI). With regard to the latter, various manufacturers under government contract store and manage materials until they are requested through the SNS program. However, any bulk prophylactic medications received through the SNS program, regardless of source, are currently the responsibility of the State to repackage into unit-of-use, labeled bottles.

Further information about the SNS is at: http://www.cdc.gov/PHEPr/stockpile/stockpile.htm

*Image of Packaged SNS Supplies:*

It is possible that multiple localities, regions, or even states will be requesting SNS materiel simultaneously. Apportionment of the ultimate amount received by Pima County is the responsibility of the Arizona Department of Health Services (ADHS). Further apportionment by Pima County will depend on the nature and extent of the incident, as well as anticipated arrival of any balance of materiel requested. If supplies are limited and the full request of SNS materiel is not anticipated, the PCHD Public Health Incident Commander – in consultation with the Pima County Health Officer/Director and the Pima County Chief Medical Officer, and under a Unified Command (UC) – would make appropriate decisions regarding the prioritization of medications for First Responders, as well as deciding which Dispensing Sites to open and whether to open these with partial quantities.

At the time this Plan is being written, the State of Arizona has indicated that allocations to each affected County will be event-specific and the State will form a committee that will decide at the time of an event. As for a State cache for First Responders, a $1 million HRSA-funded cache exists for hospital staff in exposure roles only. Current State policy prioritizes medications or vaccinations for First Responders dependent upon the agent, concentration, and population (inner city vs. rural) exposure.

## C. Types of Hazards Addressed by the SNS Plan

### 1. Chemical

Chemical agents that might be used by terrorists range from warfare agents to toxic chemicals commonly used in industry, including nerve agents, blood agents, blister agents, heavy metals, volatile toxins, pulmonary agents, incapacitating agents, pesticides, and industrial chemicals. Criteria for determining priority chemical agents include chemical agents already known to be used as weaponry. The level of availability

of chemical agents to potential terrorists, chemical agents likely to cause excessive morbidity or mortality, potential of agents for causing public panic and social disruption, and agents that require special action for public health preparedness. The primary focus of the SNS for chemical agents is the re-supply of local sources of nerve agent antidotes, such as atropine. Resuscitative and supportive materials are also available through the Chempack project deployment, where the Arizona Division of Emergency Management (ADEM) and Tucson Metropolitan Medical Response System (MMRS) will provide policy and direction for the storage, deployment, emergency transfer, maintenance, and replenishment of Chempack material from pre-designated recipient sites to incident sites.

### 2. Biological

The CDC has identified "Category A" agents for which a response capability is critical for public health preparedness. Category A agents include organisms that are easily disseminated or transmitted person to person, can cause high mortality, public panic and social disruption, or require special action for public health preparedness. These agents include, but are not limited to:

- Variola major (smallpox)
- Bacillus anthracis (anthrax)
- Yersinia pestis (plague)
- Clostridium botulinum toxin (botulism)
- Francisella tularensis (tularemia)
- Viral Hemorrhagic fevers, including filoviruses (Ebola hemorrhagic fever and Marburg hemorrhagic fever); arenaviruses (Lassa fever and Junín [Argentine] hemorrhagic fever)
- Nuclear and Radiological

### 3. Nuclear and Radiological

At this time, the SNS does not focus on nuclear or radiological incidents. However, through the medical materials contained in the Stockpile, it is possible to use the SNS to rapidly supplement local resources for emergency treatment of casualties.

### 4. Explosive

Following the events of September 11, 2001, the SNS was expanded to include additional trauma products to treat burns and crush injuries.

## D. Federal, State, and Local Responsibilities

1. The Federal Government, through CDC, is responsible for:

- Determining the contents of SNS.
- Determining the pre-deployment storage sites for the 12 hour push packages and other components of the SNS when not in use.
- Managing the contents of the SNS, including the rotation of date-sensitive stock.
- Receiving the request from the State to deploy SNS and determining if the 12-hour push package or Managed Inventory (MI) is appropriate for shipment.
- Managing air or ground transport of the SNS to a location determined by the State.
- Releasing the SNS to State officials.

- Providing a US Marshall for the security of CDC staff at the State Receiving, Storing and Staging (RSS) warehouse.
- Providing the expertise needed in managing the storage, breakdown, and distribution of the SNS.
- Replenishing stockpiles and receiving unused materiel back from the State.

2. The Arizona Department of Health Services (ADHS) is responsible for:

- Selecting the State RSS Warehouse sites' strategic locations throughout the State and contracting/planning with the site management for these functions.
- Collaborating with the Arizona Division of Emergency Management (ADEM) State Emergency Operations Center (SEOC), assessing the emergency or disaster situation, activating the ADHS Health Emergency Operations Center (HEOC), and determining when State public health resources have been, or will be exceeded anticipating the need for requesting the SNS from CDC.
- Processing requests for additional materiel and resources received from County/Tribal areas and/or local EOC or SEOC and approval by the ADHS HEOC.
- Evaluating any local request for activation of the SNS and the State's ability to meet the needs of the emergency.
- Requesting, through the Governor or the Governor's appointed representative (SEOC), the deployment of the SNS from CDC, and participation in all discussions between CDC, State, and Local officials, regarding the decision to deploy SNS.
- Determining the deployment site for the State RSS warehouse. The SNS can only be deployed to one location in Arizona for an event, or series of events and all materiel will be distributed from that location.
- Activating the State's RSS management/operations team for the functions of receiving, storing, staging, distribution, and recovery of SNS.
- Preparing the RSS warehouse and receiving the SNS from CDC.
- Overseeing the process of storing, breaking down, and staging of the SNS.
- Delivering the requested resources or SNS materiel to the local county/tribal RSS location(s), if activated, and/or dispensing sites or treatment centers as determined by the jurisdictions comprising the operational area.
- Augmenting delivery of resources or SNS materiel to County/Tribal POD sites or Treatment Centers (TC's) when County/Tribal delivery capabilities are exceeded.
- Providing expertise (as needed) to the County/Tribal management/operations staff in the tasks of distribution and tracking of resources or SNS materiel.
- Receiving unused resources or SNS materiel back from the County/Tribal management/operations staff and preparing the assets for return to CDC.
- Submitting all required documentation to CDC as requested.

3. Pima County and the jurisdictions within County limits are responsible for:

- Working in coordination with local public health officers, local emergency management, law enforcement, fire, and others as appropriate for the Outside Agencies' activities.
- Selecting Pima County RSS warehouse distribution sites (primary and backup) as well as POD sites and treatment centers in strategic locations within the County, and contracting/planning with the site management for use of these facilities.
- Developing jurisdictional plans and locations for the distribution and transportation of the resources or SNS materiel to the County RSS warehouse, distribution and POD sites and/or treatment centers, as required by the specific event or threat.

- Assessing the emergency or disaster situation, ensuring the proper use and availability of medicines and supplies, determining the lack of availability of additional needed materiel from local sources, requesting needed materiel from region and State sources, and evaluation the need for requesting resources or SNS materiel via the existing ordering/coordination and NIMS-ICS coordinating process.
- Requesting delivery of ordered materiel to specific County RSS warehouse or distribution sites, or directly to POD sties and/or treatment centers.
- Receiving allocated resources or SNS materiel from the State RSS to the designated County RSS warehouse distribution and POD sites, and/or treatment centers.
- Managing the process of further distribution (if necessary per local plan) and delivery of SNS medications and/or medical supplies to the public as deemed necessary by the event or threat.
- Dispensing SNS medications to the entire or affected population as necessary in coordination with the local healthcare and public health systems
- Managing the inventory control process of the resources or SNS materiel delivered by the State RSS warehouse to the County RSS warehouse distribution and POD sites and/or treatment centers.
- Packaging and/or returning unused resources or SNS materiel to the State RSS as directed.
- Submitting required documentation to the State as directed.
- Developing plans for transporting and securing resources or SNS materiel from the State RSS warehouse site in order to augment or provide redundancy to ADHS efforts to provide these services.

## E. All-Hazards Plan Integration

This Plan has been developed to ensure full integration with the Pima County Emergency Response Plan, and the Pima County Health Department All Hazards Public Health Response Plan, which will serve as the basis for all public health preparedness and response  This Emergency Response Plan and other finalized plans will be updated on at least an annual basis, or as needed by the Pima County Public Health Emergency Preparedness (PHEP) Program and the Pima County Office of Emergency Management (PCOEM).  A Record of Revisions will be maintained.

In order to update this Plan, the Public Health Preparedness Program will strive to incorporate issues and concerns that meet the needs of partner agencies at the local, State, and Federal levels.  In addition, issues revealed during exercises and trainings will be used to update the plan.  A Multidiscipline Advisory Group (MAG) of stakeholders will be convened as needed to seek consultation on Plan elements.  The Plan will be updated when new information becomes available from (1) medical and scientific literature; (2) Federal, State, and local partners; and (3) training, tabletop and functional exercises, and after-action reports.

This SNS plan will be regularly (at least annually) disseminated in both electronic and hard copy to partner agencies.

Pima County policies originated in this Plan adhere to and support corresponding State policies based on the March 2007 State Plan.

The Pima County Health Department Strategic National Stockpile (SNS) Plan combines the use of local antibiotic or vaccine inventories, followed by deployment of Federal SNS assets to Pima County, for essential prophylactic care to personnel, health care workers and volunteers, with subsequent prophylactic care provided to the general population affected by the public health

emergency. Through the coordination of Points of Dispensing (POD) sites and Closed POD locations (hospitals, nursing homes, detention centers, and educational institutions), the assets/SNS will be dispersed across Pima County and utilizing the services of a volunteer/Sheriff's Office/Public Health employee workforce. Oral antibiotic or antiviral prophylactic treatment will be provided to County residents in an organized manner. This Plan acts in support of the Pima County Office of Emergency Management.

## F. Baseline Information for Pima County *

| Item | Number |
|---|---|
| U.S. Census Bureau 2014 population projection | 1,004,516 |
| Pima County Association of Governments 2015 projection | 1,022,079 |
| Estimated Undocumented County Population | Unknown |
| U.S. Census Bureau 2005 American Community Survey Data Profile Highlights for Pima County | Average household size: 2.46<br><br>Average family size: 3.0 |
| **Local Population Covered by Mass Prophylaxis Plan** | |
| Estimated Hourly Throughput to Provide Prophylaxis to 100% of the Population in 48 Hours (Drive-Thru medications dispensed per hour) | 21,000 |
| Number of Points of Dispensing (PODs) Needed to Cover 100% of the Population | 43 |
| Number of PODs Identified and Secured (Site Assessment Performed) | 64 |
| Number of PODs with Documented Site Specific Plans | 17 |
| Number of PODs with Identified Management Teams and Back-Ups | 17 |
| Number of Staff/Volunteers Needed to Staff 100% of the Vaccination PODs | Estimated 4300 |
| Number of Staff/Volunteers Available as of ***July 2015*** to Staff PODs | **Additional staffs available through Pima County Office of Emergency Management and Tucson Office of Emergency Management and Arizona Department of Health Services |

* From: http://quickfacts.census.gov/qfd/states/04/04019.html and The Pima County Association of Governments.

# PART TWO

# DEVELOPING AND MAINTAINING THE PUBLIC HEALTH EMERGENCY RESPONSE PLAN

## A. Planning Assumptions

Pima County's request to the State of Arizona for the CDC SNS may be initiated when any one of the following trigger events occurs:

- Information is received that a nuclear, chemical or biological threat is determined to be credible.
- There is epidemiological confirmation that a nuclear, chemical or biological agent credible threat has been made or that a nuclear, chemical or biological event has occurred.
- A disease outbreak requiring SNS assets has been confirmed at ADHS through the Arizona State Laboratory (ASL).
- Local request for antibiotics/antidotes or medical supplies exceed Local, Regional, and State resources. (Although Pima County will continue to attempt to acquire Local, Regional and State assets that become available during the course of an event, this still may not be adequate enough to meet the immediate need).

Effective distribution of the SNS from Federal to State to Local County level will require pre-established coordination between Federal, State, and Pima County jurisdictions, and private entities as needed.

The SNS will be deployed to only one location within the State of Arizona for a declared event, or series of events and all materiel will be distributed from that location.

Local declarations or State proclamations of emergency will facilitate access to critical and supporting resources needed to move and distribute the SNS. Pima County will determine the need for a local emergency declaration. The Arizona Division of Emergency Management (ADEM) will determine the need for a State proclamation and state of emergency declaration, and/or a request for a Presidential Declaration. Depending on the extent of the emergency, federal resources may be requested.

The National Incident Management System (NIMS) and Incident Command System (ICS) will be used at all levels of response in Pima County and the State of Arizona.

Operations may be carried out on a 24-hour basis, as required, and for durations appropriate to the event.

Pima County Health Department (PCHD), Pima County Office of Emergency Management (PCOEM) and local law enforcement jurisdictions will work in collaboration with other County agencies during the planning stage to identify specific needs or accommodations at the Pima County Receiving, Staging and Storage Sites (RSS) and alternate RSS or distribution sites which would be required to carry out assigned responsibilities.

Pima County Health Department will respond in accordance with the collaborative assistance of the Tucson Metropolitan Medical Response System (MMRS) and the entities that comprise the MMRS.

It is recognized that areas within Arizona and/or the United States may be experiencing a public health threat simultaneously with Pima County. SNS materiel may be limited or experience a time delay in arriving. Such situations are event dependent and allocations/apportionment will be at the discretion of the PCHD Incident Commander (Public Health Director), in conjunction with the Pima County Board of Supervisors.

There must be a sufficient supply of antibiotics readily available from the SNS to provide an initial ten-day, unit-of-use supply to each potentially exposed person in Pima County, as well as any follow-up medications required. Unit-of-use packages will be provided to sites identified by PCHD, including push outs to First Responders (defined on page 44) and hospitals, and 52 public PODs with sufficient time to distribute and dispense within forty-eight hours of the decision to offer prophylaxis.

PCHD has implemented a modified medical model for its POD concept of operations. This model takes the traditional clinical setting and streamlines the process in order to provide medication to an extremely large number of persons within a very short time frame.

Volunteers from civic and community organizations – as well as from the area at-large - will perform the majority of functions in the PODs with Just in Time Training (JITT) and POD oversight provided by PCHD or its designees.

The number of POD locations made operational will be event dependent and determined by the PCHD Incident Commander.

POD sites may operate 24 hours a day for the first two days and then on an as-needed basis following the initial 48 hours.

- **NOTE:** Individual PODs will only operate if minimal staffing needs are met to ensure optimum staff safety and mission capability

Under a declared State of Emergency of this nature, limitations on driving and community activities would be implemented to enable critical health response. The population of Pima County will likely be directed to shelter in place until otherwise advised.

Under a declared State of Emergency of this nature, the opportunity to conduct medical evaluations will be limited or unavailable, HIPPA rules may need to be waived, non-medical volunteers may need to dispense medications, and record keeping of antibiotics dispensed to individuals may range from limited to nonexistent. Those requiring antibiotic prophylaxis will be required to self-assess contraindications through information provided by Public Service Announcements (PSAs).

In the event the PCHD response includes a United States Postal Service (USPS) delivery component, armed law enforcement personnel will need to accompany postal volunteers transporting or delivering antibiotics, as well as provide perimeter security at USPS Delivery Offices.

Knowledge of an actual (or imagined) public health emergency taking place in one county jurisdiction will spread rapidly to other jurisdiction(s).

In the event of an attack affecting multiple jurisdictions (Counties, Tribes, etc.), the State will deploy a portion of the SNS to Pima County. This portion may include SNS assets allocated to other counties. If an incident is limited to Pima County, the entire contents of the SNS received may be deployed by the State to Pima County.

Local government agencies and medical treatment facilities (hospitals) in Pima County will be responsible for first using existing drug and medical supplies to protect first responders (emergency medical services, fire, police, medical community, and government, etc.) and their families (if possible) and to treat initial victims until delivery of SNS supplies.

In the event a public health emergency requires the use of the SNS, all First Responders in Pima County will be provided prophylaxis prior to the public. This will include prophylaxis of immediate family members, when indicated.

## B. Pima County Multidisciplinary Advisory Committee (MAC)

The Multidisciplinary Advisory Committee of county stakeholders coordinate the planning, training and exercising of the Pima County Emergency Response Plan with respect to the successful receipt, distribution and dispensing of SNS assets. The goals of the MAC include the mutual identification of pharmaceutical / supply experts (physicians, pharmacists, veterinarians, etc.) to participate in the pharmaceutical stockpile and distribution response activities, the identification of an internal point of contact (POC) within each of the committee entities, and a commitment to guarantee that this plan meets the emergency public health needs of Pima County.

Members include existing partners including:

- Arizona Department of Health Services (ADHS)
- State Board of Pharmacy
- Arizona Division of Emergency Management (ADEM)
- Law Enforcement, including Arizona Department of Public Safety (DPS), Pima County Sheriff's Department (PCSD), Tucson Police Department (TPD) and other local metro Police Departments
- Pima County area hospitals
- Emergency Medical Services (EMS)
- Local Fire Departments
- Pima County Office of Administration/Finance
- Pima County Dept. of Transportation (MCDOT)
- Pima County Office of Emergency Management
- Pima County Public Works Department
- Mental Health/Crisis Professionals
- Volunteer Organizations such as VOAD and Citizen Corps
- Organizations servicing Special Populations such as Pima Council on Aging
- MMRS Representatives from Tucson Fire Department
- Tribal Governments such as Tohono O'odham and Pasqua Yaqui
- Community Emergency Response Teams (CERT)
- Medical Reserve Corps (MRC)
- Davis Monthan Air Force Base

The PCHD has met with groups that comprise the Pima County MAC individually and in small groups (PCSD, AZDPS, TPD and PCOEM, etc.). The PCMDAC will meet biannually. Meeting minutes will be taken, archived and made available as requested.

## C. Cohesion with State Policies

The State of Arizona's Strategic National Stockpile Plan: Receipt, Store and Stage (RSS), Standard Operating Guidelines (SOG) were revised by the Arizona Department of Health Services in March 2007. The Plan provides a framework for the request, receipt and distribution of federal assets from the SNS. PCHD has reviewed the State plan, and has identified relevant issues pertaining to the Pima County Strategic National Stockpile plan to ensure that the two plans will merge seamlessly. In addition to reviewing the written State plan, PCHD has held meetings with ADHS to discuss critical aspects of the State and this PCHD plan, and has sought to ensure that the two plans work in harmony to ensure efficient operational procedures.

Pima County Health Department highlights the following issues:

1. Process for requesting SNS assistance

   The State plan states that the State will consider requesting SNS assets at the request of a local health jurisdiction. Pima County must justify the request of the SNS. Pima County anticipates a request(s) for information and data required by the State, namely clinical and epidemiologic indications describing the affected population, agent, disease manifestation, laboratory results, syndromic surveillance data, and other pertinent information.

2. Number of doses that a family member can pick-up at a dispensing site

   The State plan does not determine this issue. Each local health jurisdiction has the authority and flexibility to determine the number of doses that a family member can pick-up at a dispensing site. Pima County Health Department will permit a family member or head of household to pick up as many doses needed for his/her family by completing and indicating family names on the Pima County Health Department Medical Screening Form

3. Unaccompanied minor (>14 years)

   The State plan does not determine this issue. Each local health jurisdiction has the authority and flexibility to determine how to process unaccompanied minors.

4. Minimum identification requirements in order to receive medication / vaccines

   The State plan does not determine this issue. Each local health jurisdiction has the authority and flexibility to determine the minimum identification requirements required by individuals in order to receive medication / vaccines. At this time, at the discretion of the Pima County Health Department, clients will not be required to present identification to receive medication/vaccines. However, identification will be required to complete the PCHD Medical Screening Form.

5. Credentialing process used to identify volunteers and staff at SNS sites

   The State plan describes the credentialing process to be used to access the State RSS site, which is indicated if the PCHD RSS were to be co-located at a State RSS site. The State will allow access to PCHD staff named on a list provided to the State and also in possession of two forms of picture ID, including an official government issues ID (valid City, County, State or federal ID) and employee identification card (e.g., Health Department ID).

The State plan defines a role for the National Guard (NG) if the asset is deployed to support the dispensing process. It is the understanding of PCHD from conversations with the State Health Department (July 2007) that the provisions (e.g., providing names to the NG for local staff for all dispensing sites and the County RSS) are being revised. At such time as that the revised State Plan is released, PCHD will review it and adjust strategies accordingly.

6. Law Enforcement

The State plan notes that the assignment and credentialing of law enforcement personnel will be handled by the State EOC. The State anticipates that local police resources will be expended in order to protect the health of the public. The State may be able to utilize the assets of the Arizona National Guard (AZNG) to support local agencies by providing transportation and personnel for repackaging, security, and materials assets.

7. Providing prophylaxis to Native Americans on reservations

The State plan acknowledges Tribal Sovereignty and the right of the tribal agencies to deal directly with the State or to receive support/materiel via the auspices of PCHD.

Memorandums of Understanding (MOU) with the Sovereign Indian Nations/Tribes located within Pima County boundaries (totally or partially) are being drafted for review by the legal departments of Pima County, the Tohono O'odham Nation and the Pasqua Yaqui Tribe as Closed POD locations for SNS assets.

8. Providing prophylaxis to military installations within Pima County

The State plan does not determine this issue. Each local health jurisdiction has the authority and flexibility to determine how to provide prophylaxis to persons on military installations.

Pima County is working with Davis Monthan Air Force Base (DMAFB) to define roles and responsibilities for SNS distribution to:

- Active duty personnel assigned at Davis Monthan AFB
- Dependents of active duty personnel
- All personnel on Davis Monthan AFB in the event the base is restricted.

If DMAFB is closed for entry / exit, then assigned personnel and dependents off base at the time will be expected to receive prophylaxes through PCHD POD sites.

9. First responders and families

At this time, Pima County maintains a cache of 10,000 doses of oral antibiotic (Doxycycline and Ciprofloxacin, rotated and restocked by PCHD STD Clinic and University of Arizona Campus Health). Should it become necessary to prophylax first responders and families immediately, this stockpile can be accessed. Additionally, the City of Tucson has entered into an agreement with Walgreen's for dispensing of prophylaxis to City of Tucson first responders and families.

10. Receipt of assets at the Pima Receiving, Staging, and Storing (RSS) Site

    Although not expressly written into the State plan, PCHD and the ADHS have agreed that the State will distribute only SNS prophylactic medication and vaccines to the PCHD RSS for onward distribution by PCHD to dispensing sites. ADHS and PCHD have agreed that the PCHD will assume responsibility for only the distribution of prophylactic medications and vaccines. ADHS will retain responsibility for the distribution of other Federal assets, including narcotics, IV drugs, IV material, life support materials, medical / surgical supplies, etc.

11. Physician Referral

    While the State plan recommends that any person presenting at a POD with symptoms of possible *anthrax* exposure should be referred immediately to a physician instead of being given prophylaxis, PCHD recognizes the fact that health facilities (e.g., Emergency Rooms, urgent care centers, private clinics, etc.) will in all likelihood be overwhelmed, at least in the beginning phases of a public health event, and that numerous referrals to physicians may further strain an already overburdened system. Therefore, PCHD, based on the recommendations of the PCHD Chief Medical Officer, advocates that individuals arriving at PODs during a declared State of Emergency be dispensed appropriate medication and subsequently referred to their physician of choice.

12. Screening Forms

    While a review of the State plan suggests a wide range of screening parameters be used prior to dispensing medications at a POD site (e.g., pregnancy, breastfeeding, severe kidney disease, seizure disorder, etc.), the challenges in realistically attempting to dispense to at least 1 million people within 48 hours has led PCHD to re-prioritize these parameters. In a declared State of Emergency, PODs in Pima County will only use age (if under 9 years old), known allergies, and other medical considerations (such as pregnancy) as screening factors. This approach was discussed with the State and agreed upon as appropriate.

13. Antibiotic of First Choice in Dispensing

    PCHD will dispense according to the balance of SNS supplies received.

14. Consent Forms

    Pima County will not use a specific consent form. The Pima County Medical Screening Form, currently included in this plan, will be utilized. The State has agreed no additional form of consent is needed (July 2007).

## D. Legal Authorities Which Support the SNS Operations

This section incorporates the latest version of the SNS Local Technical Assistance Review (LTAR). The legal authority addresses the following either directly (e.g., MOU/IGA) or through established Pima County Health Department Policies and Procedures. The following legal authorities have a general bearing on each of the points below because they allow the governing authorities of each jurisdiction to relax established laws and rules under certain conditions.

In General: Authorization for Declaration of Disaster (ARS § 35-192) and the powers of local government during a disaster (ARS § 36-787, ARS § 26-307/308) provide the legal authority to facilitate county management of the SNS. ARS § 26-307 and 308, as well as the Pima County Emergency Response Plan (August 2003) provide authority for political subdivisions to respond to emergencies affecting their jurisdiction.

The ultimate responsibility for emergency management in Pima County belongs to the Chairman of the Board of Supervisors.

Disaster response is the utilization of available public and private resources to minimize damage and alleviate hardship and suffering caused by the occurrence of disasters. Effective response requires coordinated planning at all levels of government and in the private sector. The Pima County Office of Emergency Management (PCOEM) is the primary agency for planning the effective use of available resources and the coordination of appropriate emergency functions in response to situations beyond the capability of a single agency, department, or political subdivision. This Plan supports PCOEM and its Emergency Response Plan (ERP).

Under conditions leading to a public health emergency, once the Governor declares a State of Emergency, the Arizona Department of Health Services (ADHS) has the authority, under ARS § 36-787, to work with professional licensing boards to waive professional licensure requirements in order to allow volunteers to dispense medications, so mass dispensing can succeed. PCHD will coordinate with ADHS regarding this issue.

## E. General Legal Authorities

### 1. Detailed Legal Authority

- Under **Arizona Revised Statutes** (**ARS) § 26-303**, during a State of War Emergency, the Governor may suspend the provisions of any statute that governs how State business is conducted or the orders or rules of any State agency if these authorities would obstruct measures required to address the emergency. The Governor may also commandeer and utilize property or personnel necessary to carrying out the Governor's responsibilities. **A state of war emergency only occurs when the United States is attacked or when an attack is imminent.**

- Under **ARS § 26-307,** during a State of War Emergency, State agencies and counties, cities and towns may make, amend and rescind orders, rules and regulations for emergency functions. Counties, cities and towns may waive procedures and formalities otherwise required by law pertaining to the performance of public work if the procedures and formalities would obstruct measures required to address the emergency and may take emergency measures as deemed necessary to respond to the emergency.

- Under **ARS § 26-311**, whenever a local emergency is declared, the mayor or the chairman of the board of supervisors shall govern by proclamation and shall have the authority to impose all necessary regulations to preserve the peace and order of the city, town, or unincorporated areas of the county.

### 2. Medical Practitioners Authorized to Issue Standing Orders and Protocols for Dispensing Sites

- Under **ARS § 26-310**, during a State of Emergency or State of War Emergency, any person holding any license, certificate, or other permit issued by any other State evidencing the meeting of qualifications of such State for professional skills may render aid involving such skill to meet the emergency as fully as if such license had been issued in this State.

- Under **ARS § 36-136 G**, the State Health Department Director has the authority to prescribe emergency measures to prevent and control the spread of preventable and communicable diseases.

- Under **ARS § 36-136 I**, local health departments can also prescribe emergency measures as long as they do not conflict with the State and are equal to or are more restrictive than State measures.

- Under **ARS § 36-628**, county health departments may employ physicians and other persons and provide such necessities of life, as they deem appropriate for care of persons afflicted with contagious or infectious diseases.

- Under **ARS § 36-787 A**, during a State of Emergency or State of War Emergency, in which a public health emergency arises, the State Health Department may establish a waiver of professional licensing requirements in conjunction with applicable professional licensing boards, in order to implement any measures required to adequately address the emergency.

**NOTE:** The PCHD Chief Medical Officer and/or physician designee have authority to issue standing orders and protocols for dispensing sites during a public health emergency.

### 3. Personnel Authorized to Dispense Medications during Emergency

During a State of Emergency or State of War Emergency in which there is an occurrence or threat to public health, the Arizona Department of Health Services has primary jurisdiction, responsibility and authority for the following:

- Under **ARS § 26-310**, during a State of Emergency or State of War Emergency, any person holding any license, certificate, or other permit issued by any other State evidencing the meeting of qualifications of such State for professional skills may render aid involving such skill to meet the emergency as fully as if such license had been issued in this State.

- Under **ARS § 36-628**, county health departments may employ physicians and other persons and provide such necessities of life, as they deem appropriate for care of persons afflicted with contagious or infectious diseases. If a physician is called by a county health department to examine a person with a contagious or infectious disease, expense incurred shall be the responsibility of the county.

- Under **ARS § 36-787 (A) (6),** during a State of Emergency or State of War Emergency, in which a public health emergency arises, the State Health Department may establish a waiver of professional licensing requirements in conjunction with applicable professional licensing boards, in order to implement any measures required to adequately address the emergency.

- **ARS § 36-787 (A) (7)**, during a State of Emergency or State of War Emergency, in which a public health emergency arises, the State Health Department may grant temporary waivers of health care institution licensure requirements necessary for implementation of any measures required to adequately address the State of Emergency or State of War Emergency.

- Under the **Arizona Administrative Code § R4-23-411**, pharmacists can be credentialed to administer hepatitis, influenza, meningococcal, pneumococcal, smallpox, and tetanus booster immunizations and, in an emergency, epinephrine and diphenhydramine.

### 4. Procurement of Private Property

- Under **ARS § 26-308**, counties, cities and towns may expend funds for emergency management purposes.
- Under **ARS § 26-312**, the Governor or the governing body of a political subdivision may accept any offer of services, equipment, supplies, material or funds for emergency purposes.
- Under **ARS § 36-627**, local health departments can control and regulate hospitals and other places where infectious or contagious diseases exist.
- Under **Pima County Procurement Guidelines § 11.12.060**; upon the declaration of an emergency, or by the written approval of the County Administrator, the Procurement Director may: A) Make emergency procurement of materials or services if there exists a threat to public health, welfare, property, or safety.

### 5. Governor's Authority

Under **ARS § 26-303**, the Governor:

- During a State of Emergency, shall have complete authority over all State agencies and the right to exercise all police power vested in the State by the constitution and the laws of the State; and may direct all State agencies to utilize and employ State personnel, equipment and facilities for the performance of activities designed to prevent or alleviate damage due to the emergency.
- During a State of War Emergency, shall have all authorities as with a State of Emergency; may suspend the provisions of any statute prescribing the procedure for the conduct of State business if the Governor determines strict compliance with provisions of any statute would hinder mitigation of the effects of the emergency; may commandeer and utilize any property or personnel deemed necessary in carrying out the responsibilities of the Governor and thereafter the State shall pay reasonable compensation.

### 6. Authorities Pertaining to Isolation and Quarantine

- **ARS § 36-624** provides that if a county health department (CHD) identifies the presence of an infectious or contagious disease, it shall immediately conduct an investigation. If the investigation discloses that the disease does exist, the CHD may adopt quarantine and sanitary measures consistent with department rules and **§ 36-788** and **§ 36-789** to prevent the spread of the disease. The CHD shall immediately notify the Arizona Department of Health Services (ADHS) about the disease and measures taken concerning it.

- **ARS § 36-787** provides that ADHS shall coordinate all matters pertaining to the public health emergency response of the State during a State of Emergency or State of War Emergency declared by the Governor in which there is an occurrence or imminent threat of an illness or health condition caused by bioterrorism, an epidemic, pandemic disease, or a highly fatal infectious agent or biological toxin that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

- **ARS § 36-788** provides that during a State of Emergency or State of War Emergency as declared pursuant to **§ 36-787**, ADHS or the local health authority (i.e., the Pima County Health Department) must initiate an investigation if that agency has reasonable cause to believe that a highly contagious and/or fatal disease exists within the county. Subject to the provisions of this article, persons who have contracted the disease, or who have been exposed to the disease, may be subject to isolation and quarantine if the ADHS Director determines that quarantine is the least restrictive means by which the public can be protected from transmission of the disease, due to the nature of the disease and available preventive measures, or refusal by an individual to accept less restrictive measures to prevent disease transmission. Diseases for which isolation and quarantine may be ordered do not include Acquired Immune Deficiency Syndrome (AIDS) or other infection caused by the human immunodeficiency virus.

- **ARS § 36-789** provides that, if the ADHS Director has determined that quarantine is the least restrictive means to protect the public, the Pima County Health Department (PCHD) may isolate or quarantine a person or group of persons through a written directive without first obtaining a written order from a court if any delay in the isolation or quarantine of the person would pose an immediate and serious threat to the public health. PCHD will initiate the due process procedures (as soon as practical) outlined in this statute in order to maintain the isolation or quarantine order.

## F. Resource Coordination

PCHD, acting as a primary response agency, will provide resources using its authority and capability, in coordination with other support agencies. PCHD will also allocate resources based on identified priorities. If resources are not available within the local government, PCHD will seek to provide those resources. If resources are unavailable to PCHD, the requirement will be forwarded to the State Emergency Operations Center (SEOC) for further action.

## G. Pima County Staff Compensation

Pima County Merit System Rules and Personnel Policies:
(http://www.pima.gov/hr/pdf/MeritRules.pdf)

**The purpose of these guidelines is to define the various areas under compensation, which personnel are covered, and to set forth the policies for establishing employee pay rates.**

### 1. Non-Liability

- Under **ARS § 26-314 and 36 § 790**, PCHD, or any other Pima County Agency – will not be liable for any claim based upon the exercise or performance, or the failure to exercise or perform, a discretionary function or duty on the part of the

County or its employees, excepting willful misconduct, gross negligence or bad faith of any such employee, in carrying out the provisions of this chapter.

- During a State of Emergency or State of War Emergency as defined by **ARS § 36-787**, under **ARS § 36-790**, a person or health care provider undertaking activities required by this article, including reporting, participating in isolation or quarantine procedures as ordered by local or State public health offices, is immune from civil or criminal liability if the person or health care provider acted in good faith.

- Stafford Act Immunity from liability provision **(42 U.S.C. 5148)**, the Federal government shall not be liable for any claim based upon the exercise or performance of, or failure to exercise or perform a discretionary function or duty on the part of a Federal agency or an employee of the Federal government in carrying out the provisions of an emergency response.

- Federal Tort Claims Act **(28 U.S.C. 2671)**, no other State or its officers or employees rendering aid in this State pursuant to any interstate mutual aid arrangement, agreement or compact shall be liable on account of any act or omission in good faith on the part of such State or its officers or employees while so engaged, or on account of the maintenance or use of any equipment or supplies in connection with an emergency.

### 2. Pharmacy Licensure Waivers

Arizona Revised Statutes and Arizona Administrative Code address the State Board of Pharmacy, licensing requirements, and professional practice as follows:

- **A.R.S. Title 32, Chapter 18, Articles 1 through 4**

- **A.A.C. Title 4, Chapter 23, Articles 1 through 7**

### 3. Volunteer Non-Liability

- **ARS § 26-314 and 36 § 790** both afford volunteers with immunity from civil and criminal liability if acting in good faith if the volunteer is both registered with the State or local emergency management agency and is certified to engage in and is engaging in emergency management functions which would include mass dispensing.

- **ARS § 23-901.06**, In addition to persons defined as employed under section 23-901, volunteer workers of a county, city, town, or other political subdivision of the State may be deemed to be employees and entitled to the benefits provided by this chapter upon the passage of a resolution or ordinance by the political subdivision defining the nature and type of volunteer work and workers to be entitled to such benefits. The basis for computing compensation benefits and premium payments shall be four hundred dollars per month.

Volunteers duly enrolled or registered with the Pima County Health Department, in a local emergency, a State of Emergency, or a War Emergency, or unregistered persons placed into service during a State of War Emergency, in carrying out, complying with, or attempting to comply with any order or rule issued pursuant to the provisions of this chapter or any local ordinance, or performing any of their authorized functions or duties

or training for the performance of their authorized functions or duties, shall have the same degree of responsibility for their actions, and enjoy the same immunities and disability workers' compensation benefits as officers and employees of the State and its political subdivisions performing similar work.

**CFR Title 42, Chapter 139, Section 14503** (Public Law limiting liability of volunteers)

No volunteer of a nonprofit organization or governmental entity shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if:

- The volunteer was acting within the scope of the volunteers responsibilities in the nonprofit organization or government entity at the time of the act or omission;
- If appropriate or required, the volunteer was properly licensed, certified or authorized by the authorities for the activities or practice in the State in which the harm occurred, where the activities were or practice was undertaken within the scope of the volunteer's responsibilities in the organization or entity;
- The harm was not caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer; and,
- The harm was not caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft, or vessel to possess an operator's license or maintain insurance.

# PART THREE

# MANAGEMENT OF SNS: COMMAND AND CONTROL ISSUES

## A. SNS Coordinator Contact Information

All individuals involved in the management of SNS assets have, at minimum, been trained in NIMS/ICS 100 & 700 courses. The names and contact information of the local SNS Coordinator and staff are provided below.

**Local SNS Coordinator with back up and POC information**:

Louie Valenzuela
Preparedness Program Manager
(520) 940-5390 (cell)
(520) 243-7749 (office)

**Treatment Center/Healthcare Liaison:**

Judy Lynn, Community Outreach Coordinator (520) 465-4058 (cell)
(520) 724-9309 (office)

**Public Information Officer:**

Currently Vacant (520) TBD (cell)
(520) TBD (office)

**Staffing / Volunteer Coordinator:**

Currently Vacant (520) TBD (cell)
(520) TBD (office)

## B. Introduction

The Pima County Public Health Emergency Preparedness (PHEP) Program Manager, Office of Emergency Management and Homeland Security (PCOEM) Manager, Chief Medical Officer (CMO) and the PCHD Director have responsibility for management of the PCHD SNS Plan.

Existing departmental command systems have been applied in accordance with the National Incident Management Systems (NIMS) to mass prophylaxis planning and operations. These structures delineate operational priorities and identify who is responsible for making decisions related to the public health response to an event requiring mass prophylaxis, for carrying out response activities before, during, and after mass prophylaxis activities and for preparing and maintaining the mass prophylaxis plan.

In an event, the PCHD Health Emergency Operations Center (HEOC) will be organized under the NIMS/ICS system. The HEOC will be activated at such time as when the SNS is requested and the Governor has declared a State of Emergency.

## C. Command

A response to a public health emergency event necessitating the utilization of SNS assets will be managed using the principles of the National Incident Management System (NIMS) and Incident Command System (ICS) models. As such, responses will be event-driven and operations will be directed through the establishment of an Incident/Unified Command. This will be in conjunction with the Pima County Office of Emergency Management (PCOEM) and/or Arizona Department of Health Services (ADHS).

## D. Control

1. At the discretion of the Pima County Health Department's Incident Commander (IC), a Pima County Health Department Health Emergency Operations Center (HEOC) will be established and planning/response actions will be initiated.

2. The HEOC may be partially mobilized with assignments determined by the IC.

3. Depending on the size and scope of the event, the IC may make the determination to participate with an external EOC. The PCOEM Manager may also activate the Pima County EOC if deemed necessary.

4. Regardless of whether or not the size and scope of the event warrants support of an EOC, the IC will advise the PCOEM EOC Manager of the event.

5. At the request of the Health Department IC (or by other appropriate authority), PCHD will assemble a completely structured EOC (i.e., Planning, Operations, Logistics, and Finance personnel). When the EOC is assembled with a complete staff, a Unified Command (UC) will be established with PCHD and include coordinating agencies (fire departments, local, State and Federal law enforcement, CDC, hospitals, military instillations, and/or Sovereign Indian Nations) involved in the Pima County Multidisciplinary Advisory Committee (MAC).

## E. Planning

1. PCHD will have the authority to direct planning for the implementation of mass prophylaxis efforts in Pima County.

2. PCHD Public Health Preparedness Program will coordinate mass prophylaxis planning with the Arizona Department of Health Services (ADHS) and other area jurisdictions.

3. PCHD Public Health Preparedness Program will coordinate planning for the identification, recruitment, and training of personnel for mass prophylaxis efforts.

4. PCHD Public Health Preparedness Program will coordinate planning for the locations of mass prophylaxis activities, including establishing memorandum of understanding as necessary.

5. PCHD Public Health Preparedness Program will maintain detailed Job Action Sheets for each of the personnel roles necessary to operate a POD.

6. The PCHD Public Information Officer (PIO) will coordinate the planning of public communications activities for mass prophylaxis efforts.

7. The PIO will coordinate the planning for citizen education activities during mass prophylaxis activities.

8. The PCHD Director and Public Health Preparedness Program Manager will provide this Plan to key policymakers and other stakeholders as pre-event planning, advising them at least annually of updates and planning progress.

## F. Response Activation

1. As the need for the scope of mass prophylaxis efforts are established, the Chief Medical Officer (CMO) will establish communication with appropriate local, regional, State and national counterparts, including the Pima County Office of Emergency Management (PCOEM), Arizona Department of Health Services (ADHS), and the Centers for Disease Control and Prevention (CDC).

2. The Pima County Public Health Emergency Preparedness (PHEP) Program will establish a National Incident Management System (NIMS)-compliant Incident Command System (ICS) to carry out mass prophylaxis efforts.

3. The PCHD PIO will develop and disseminate appropriate information to the public.

## G. Pima County Health Department Health Emergency Operations Center (HEOC)

1. Upon direction of the IC to activate the HEOC, all HEOC assigned personnel will assemble at a location specified by the IC. The HEOC will be responsible for ensuring all available assets and resources are applied in support of the response effort. In conjunction with the PCOEM EOC, the PCHD HEOC will communicate and coordinate the decision to activate all or part of the emergency response plans with appropriate community response agencies.

2. The Incident Commander (IC) will be the authority on all decisions regarding the PCHD response to an event, including deployment of personnel and resources, coordination of response activities with ADHS, ADEM, PCHD Public Health Preparedness Program, MMRS; Tucson, and other local response agencies.

3. All PCHD personnel essential to a Command Center response are in the first tier call-down of SIREN. The State-maintained Secure Integrated Response and Electronic Notification System (SIREN) is capable of reaching all key personnel in PCHD with alerts and notifications through multiple methods, including Internet, telephone, pager, and fax.

4. At the direction of the IC, the HEOC Team will assemble at:

1493 Commerce Court
Tucson, AZ 85746

The alternate location will be:

Pima County Emergency Operations Center
3434 E 22nd Street
Tucson, AZ 85716

## H. Composition of the Health Emergency Operations Center

The emergency response organization is composed of the PCHD staff and Constellation agencies of field forces from specified departments. The emergency response organization from each contingency will be tailored to ensure an effective response to specific events.

1. Overview of the primary responsibilities of the personnel of the Health Emergency Operations Center (HEOC).

    a. Incident Commander (IC): Responsible for the overall management of all incident response, allocation of resources, coordination, and communication.

    b. Command Staff: Staff assigned to positions in the HEOC and responsible for Operations, Planning, Logistics, and Financial/Administration elements.

    c. Liaison Officer: Acts as the Point of Contact for responding agencies.

    d. Public Information Officer (PIO): Responsible for the collection and release of information about the incident to the media and other appropriate agencies and organizations. The PIO will coordinate all releases with the EOC/Joint Information Center (JIC) PIO.

    e. Safety Officer: Responsible for monitoring and assessing hazardous and unsafe situations, addressing security for the HEOC and developing measures for ensuring personnel safety. The Safety Officer will generally correct unsafe acts through regular lines of authority but may exercise emergency authority when required.

2. Primary responsibilities of HEOC components:

    The primary responsibility of the HEOC is to integrate the operational components of receiving and distributing the SNS to the public within Pima County.

    a. Operations Section

        This section is responsible for management of operations directly applicable to the incident. It will activate and supervise elements and staging areas in accordance with the Incident Action Plan (IAP). This section will be responsible for the distribution and dispensing of the SNS. This section directs the execution of subordinate unit's operations plan, requests and releases resources, and makes changes to the incident action plan as necessary.

    b. Planning Section

        This section is responsible for the collection, evaluation, dissemination, and use of information regarding the development of the incident and the status of resources, and then using that information to understand the current situation, predict the probable course of events, and prepare alternative strategies. This section will be responsible for providing direction on the distribution and dispensing of the SNS to cover those persons affected or potentially affected by the event.

    c. Logistics Section

This section is responsible for providing equipment, facilities, and services in support of the incident. It is responsible for the management of all support activities in the distribution and dispensing of the SNS such as supplies, food, water, and communications. It is also charged with installing and testing communications equipment, distributing communications equipment to incident personnel, and maintaining and repairing communications equipment.

The Logistics Section is also responsible for maintaining communications between the HEOC and all activated Points of Dispensing (e.g., POD Manager's standard hourly report to designated HEOC logistics personnel). This communication link includes, but is not limited to, cellular, satellite and land-line telephone, e-mail, fax, or 800 MHz radio.

d. Finance/Administration Section

This section is responsible for documentation of the incident including its financial and cost aspects. It will also coordinate collecting and recording employee time reports, administer all financial matters pertaining to vendor contracts, and collect cost data. This section is also responsible for SNS inventory tracking at both the RSS and POD levels for return to the State.

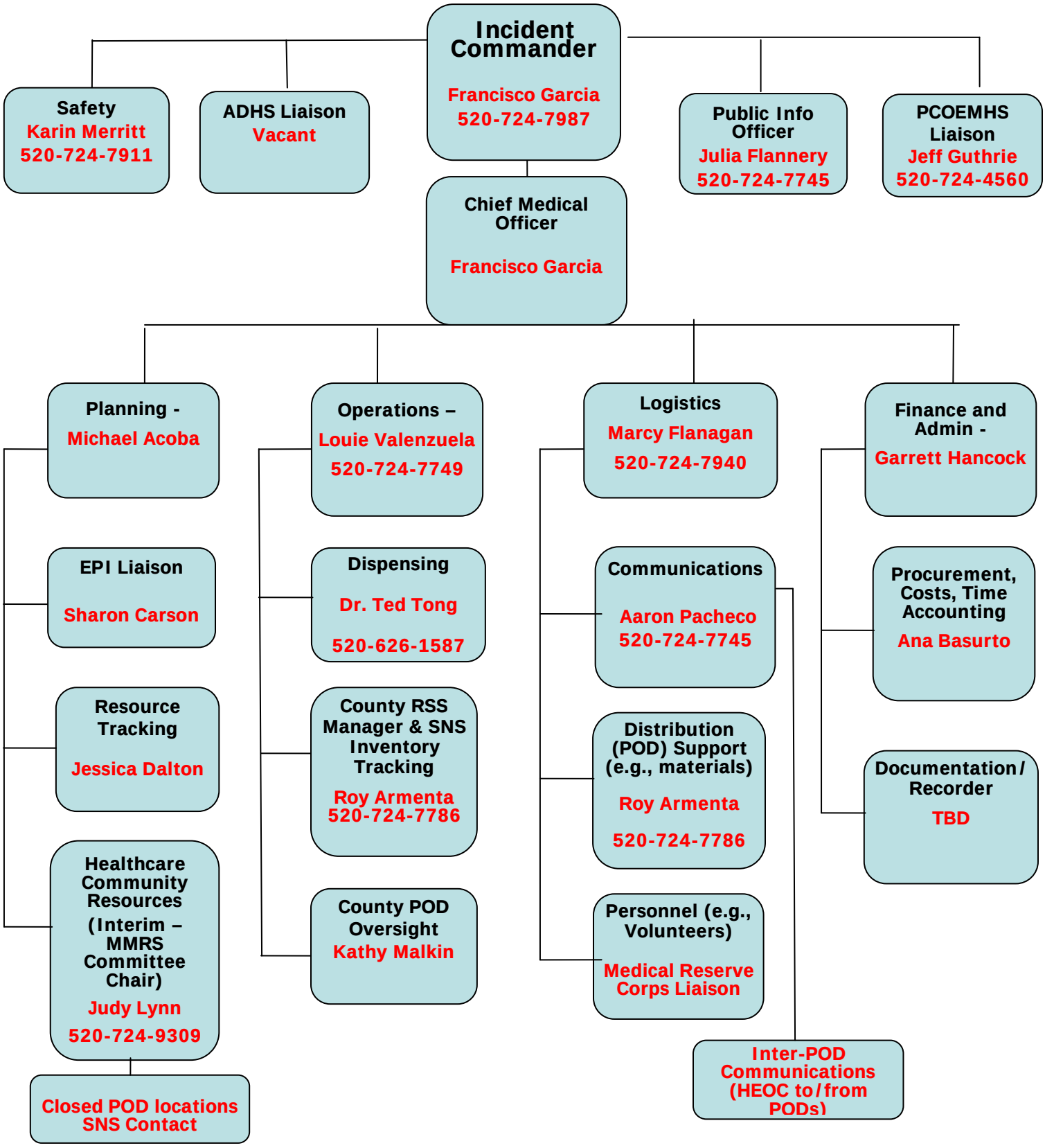
e. Others Sections/Responsibilities (as mobilized and/or needed):

- The Pima County Office of the Medical Examiner (OME) investigates the cause of sudden, violent, unexpected and suspicious deaths in Pima County. The OME has jurisdiction over the remains of individuals who come to their death as a result of terrorism. These conditions include deaths from unlawful means and violent, contagious, or suspected contagious diseases.

- To respond to an increase in mortality due to a public health emergency, PCHD has developed a Mass Fatality Plan in coordination with the Medical Examiner's Office and the Pima County Office of Emergency Management.

- Pima Animal Care Center (PACC) reports suspect cases of animal illnesses and death to the PCHD Director, PCHD Public Health Preparedness Program Manager, Arizona State Laboratory (ASL), and the Arizona State Public Health Veterinarian Director. PACC is dispatched through the EOC.

## I. PCHD HEOC Designated Assignments and Contact Numbers



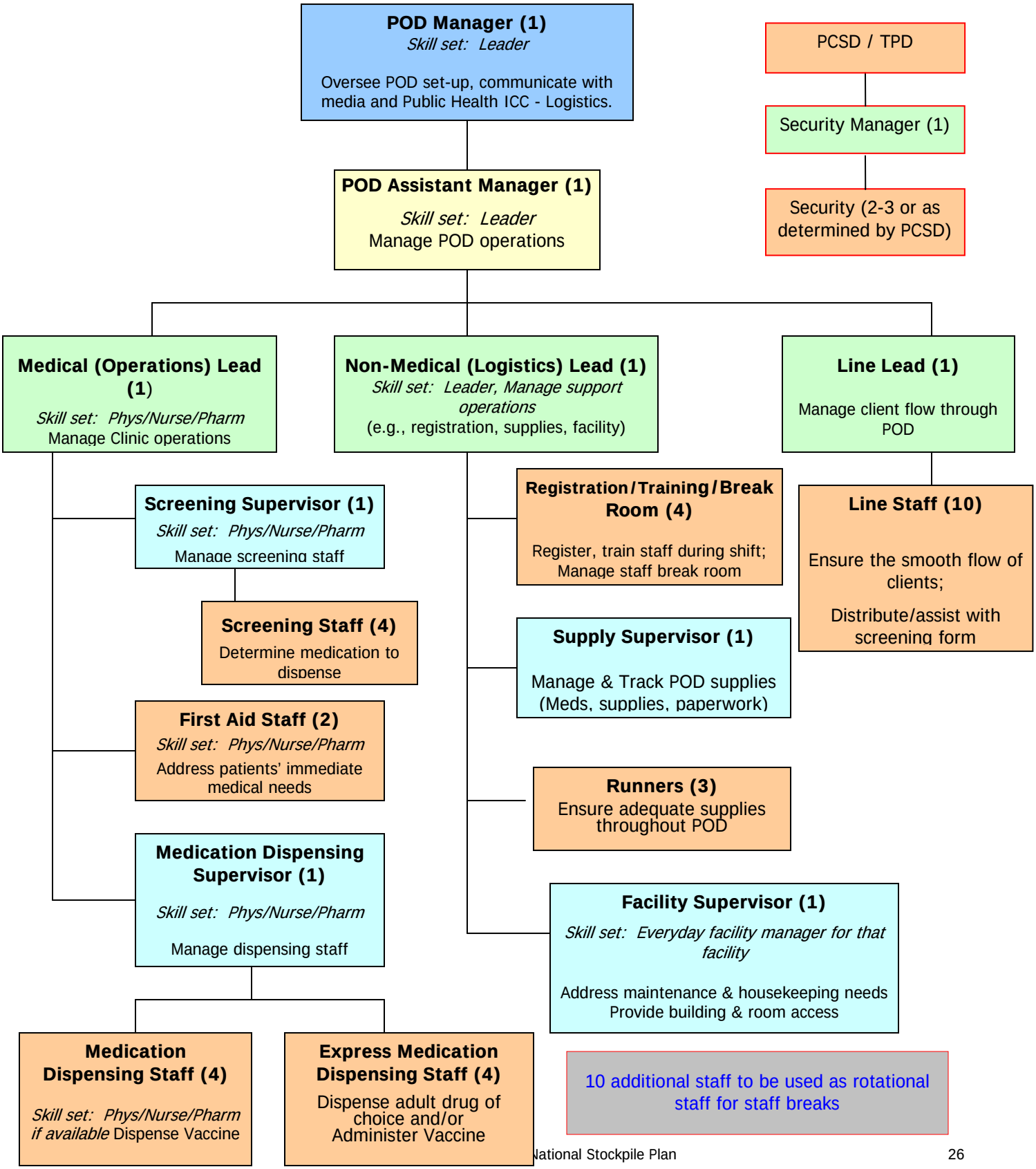
## J. Management of SNS Command and Control

The Pima County POD Organizational Chart on the following page (i.e., POD Organization Chart) has been modified to integrate the ICS structure. It is based on an Incident Commander (i.e., POD Manager) assuming the primary leadership role. The Operations and Logistics functions have been maintained. However, based on the flexibility of the ICS system, a separate Line function has been added. In addition, the Security component reports directly to law enforcement.

It should also be noted that the POD in and of itself will not need a finance function. Finances (tracking expenditures and ending inventory being returned to the State) will be administered at the HEOC. Individual PODs will track the number of hours that staff works as well as the on-hand inventory during the POD Operation. This information will be provided to the HEOC at the end of the emergency or at another agreed-upon time frame. The Planning function is not required at the POD. The HEOC will be handling this function.

## K. POD Organizational Chart

# POD Organization Chart — 50 Staff (excluding Security)



## L. Coordination with the Pima County EOC: Health Related Communications During Emergencies

Communications is a vital component for an effective and efficient response to an emergency or disaster and during recovery operations. The roles of hospitals and treatment centers, the Pima County Office of Emergency Management (PCOEM), the Pima County Health Department (PCHD), and Arizona Department of Health Services (ADHS) in coordinating health and medical emergency response and recovery operations are discussed below to define those roles to facilitate effective communications.

Health and Medical Coordination

The Pima County Office of Emergency Management (PCOEM) is the county department responsible for the development and coordination of the Pima County Emergency Operations Plan and for providing a basic core staff and physical facility for the Pima County Emergency Operations Center (EOC). When the Pima County EOC is activated for an emergency or disaster, representatives from other county organizations and volunteer agencies are requested to staff the EOC. Designed in compliance with the National Incident Management System (NIMS), requested staffing depends on the type of emergency and may or may not include law enforcement, fire, transportation, flood and weather personnel, power or energy representatives, public health and environmental officials and/or others tailored to the response.

The Arizona Division of Emergency Management (ADEM) is similarly structured and is responsible for the State Emergency Operations Center (SEOC) staffed with representatives from State departments and organizations. In both cases, ADEM and PCOEM provide a core staff and manage the physical structure for their respective State or County EOCs.

- During major emergencies, the Pima County EOC is the center of emergency coordination for the County. Within the Pima County EOC, coordination among county and volunteer agencies, municipal EOCs and the State EOC can be accomplished in an effective manner.

- In an emergency with health and medical aspects, a representative from PCHD will be present in the Pima County EOC (Chief Medical Officer or a designee).

- Requests for assistance or coordination with public health official(s) will be directed internally to their representative from the primary Pima County EOC contact number of 520-798-0600.

- When the Pima County EOC is activated, all health and medical issues, including hospital communications will be directed to and coordinated through the Pima County EOC. These issues are referred to the PCHD representative who coordinates responses within the EOC.

- Departments and organizations represented in the Pima County EOC have a representative present to coordinate between their agency's command center and the County EOC. The representative from the Public Health Department will communicate with the PCHD are being drafted Health Emergency Operations Center (HEOC) and provide PCHD information to the County EOC.

- All requests for State assistance and support including Health and Medical Services (ESF #8) are channeled from the Pima County EOC to the State EOC (SEOC). A representative from ADHS is part of the SEOC staff and will communicate with public

health officials at the county EOC. A representative from ADHS and/or the CDC may sit in the PCHD HEOC to assist with communications and decision-making.

- In the event that the County EOC is not activated and there is a minor public health specific emergency, the PCHD Health Emergency Operations Center may be activated to coordinate activities. Activation of only the PCHD HEOC to enhance coordination would not normally involve Pima County Office of Emergency Management staff. Hospitals and medical staff would coordinate directly with the PCHD HEOC. PCOEM would keep close contact and would assist in directing calls to PCHD if requested.

The following paragraphs from the Pima County Emergency Operations Plan are provided in support of the above procedures.

**1. Scope and Applicability**

The Pima County Office of Emergency Management (PCOEM) is the lead agency in the County for planning the effective use of available resources and the coordination of appropriate emergency functions in response to situations beyond the capability of a single agency, department, or political subdivision.

**2. Assumptions**

The Pima County Emergency Operations Plan provides for the direction, control and coordination for Pima County responders, resources and political subdivisions before, during, and following major emergencies.

Centralized direction and control, achieved by activation of the Pima County EOC utilizing the Incident Command System (ICS), is the most effective approach to the management of most major emergency operations.

**3. County Departments**

All Pima County Department Directors/Managers or their designees are required to prepare for and respond to an emergency.

**4. Concept of Operations**

The Pima County EOC will be activated when an emergency reaches such proportions that it requires a closely coordinated effort on the part of leading County officials.

**5. Requesting Additional Resources**

The Pima County Sheriff's Department (PCSD) or the Office of Emergency Management and Homeland Security (PCOEM) may request mutual aid assistance for law enforcement support under provisions of ARS § 26-309.

All other support for mutual aid and critical resources will be requested through the Pima County Emergency Operations Center.

County support is given when city/town resources are committed and the need for additional help is requested. If the County cannot provide support,

assistance will be requested from the State of Arizona Division of Emergency Management (ADEM).

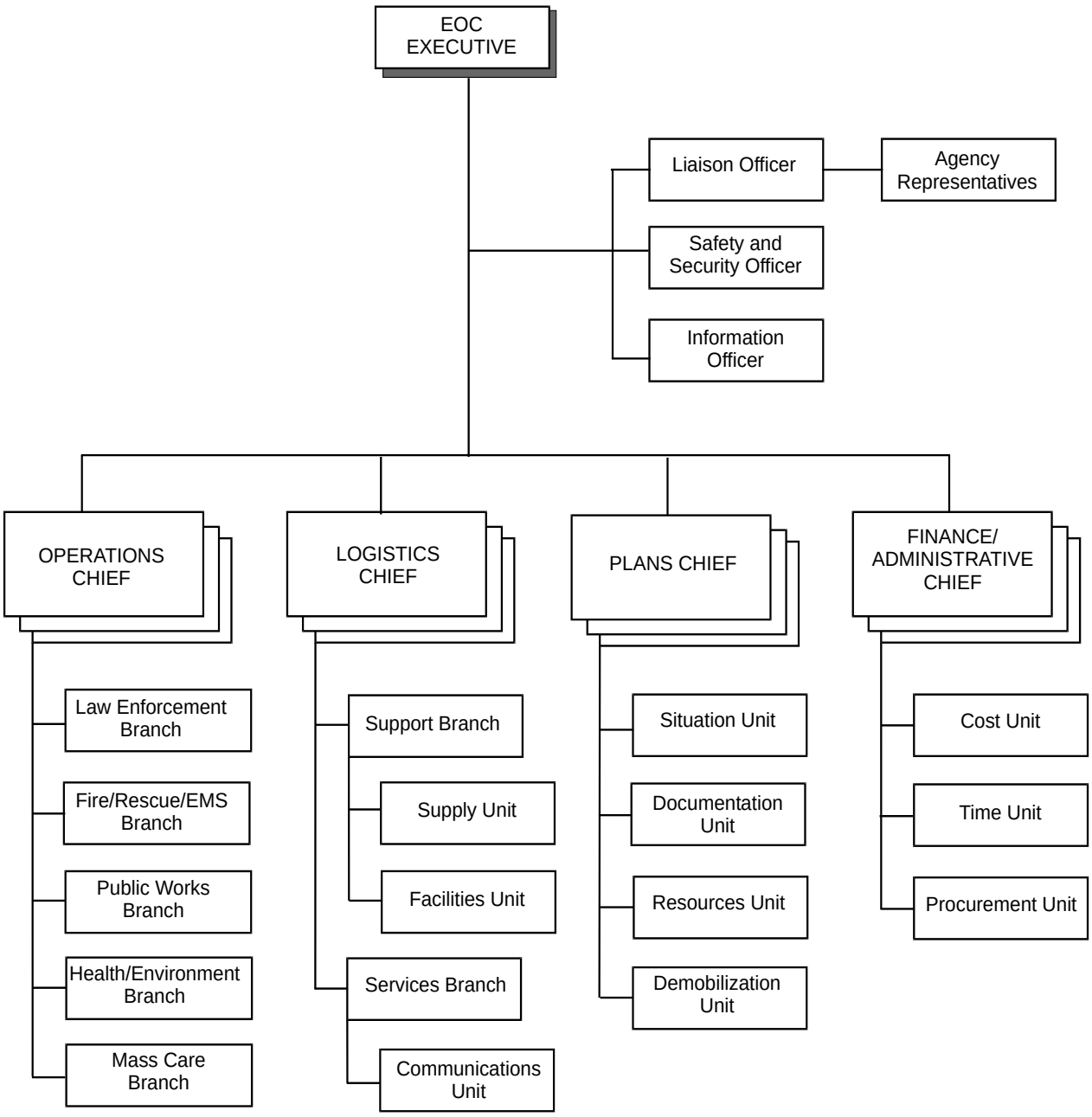
## 6. Direction and Control Overview

Most small-scale emergencies and some large emergencies can be handled at the field level. When the emergency requires that centralized direction and control of the response is required, the Pima County Emergency Operations Center (EOC) will be activated.

## M. EOC Organizational Chart

PIMA COUNTY OFFICE OF EMERGENCY MANAGEMENT
EMERGENCY OPERATIONS PLAN

### 1. Pima County EOC Organizational Chart



## N. Criteria for Declaring End of Mass Prophylaxis Emergency and Recovery

The decision to declare the end of the mass prophylaxis emergency will be made by the PCHD Chief Medical Officer or the PCHD Incident Commander in consultation with Federal, State and County authorities. For infectious outbreaks, the emergency will only be declared over after two incubation periods have passed with no new cases of the disease. For other outbreaks, including non-infectious agents, the end of mass prophylaxis will vary depending on a number of criteria not necessarily related to the exposure (e.g., security concerns, provision of essential services, etc). Ultimately, the declaration of the end of mass prophylaxis will be epidemiologically indicated based on the agent involved and at the discretion of the Pima County Health Department Chief Medical Officer.

The ADHS Memorandum of Understanding with CDC specifies that the State will return unused SNS materiel, which includes unused medications for which it can be verified were kept in proper temperature ranges.

In a public health emergency where a State of Emergency has been declared, PCHD will receive SNS prophylactic medication and/or vaccines from the State. Any remaining medications sent by PCHD to treatment centers, including hospitals and nursing homes, will become the property of that site and may be placed into their inventory. Vaccines such as smallpox must be returned to the PCHD to return to the State. PCHD will return any unused SNS medications and vaccines remaining at the PODs to the State.

# PART FOUR

# REQUESTING, RECEIVING, AND DISTRIBUTION OF THE STRATEGIC NATIONAL STOCKPILE (SNS)

## A. Decision to Request the SNS

CDC requires a formal request from the State by the Governor for Federal assistance in the national emergency response system. Within Pima County, the primary impetus to determine if the SNS is to be requested from the State will originate with the Pima County Health Department, with appropriate consultation from the Pima County Office of Emergency Management (PCOEM) and the Pima County Board of Supervisors, and information from city Emergency Managers. Additional consultation prior to making a formal request will be sought from local hospital directors or by examining syndromic surveillance data or other local indicators per the check list below:

1. Overt release of a chemical or biological agent

2. Claim of release with intelligence and/or law enforcement confirmation

3. Indication from intelligence or law enforcement of an impending or likely attack

4. Clinical/epidemiological indications, including:

    - Large numbers of ill people with a similar disease or syndrome
    - Large numbers of unexplained diseases, syndromes, or deaths
    - Unusual illness in the population
    - Higher than normal morbidity and mortality from a common disease or syndrome
    - Failure of a common disease to respond to usual therapy
    - Single case of disease from an uncommon agent
    - Multiple unusual or unexplained disease entities in the same patient
    - Disease with unusual geographic or seasonal distribution
    - Multiple atypical presentations of disease agents
    - Evidence of unusual, genetically engineered, or antiquated strain of the agent
    - Endemic disease or unexplained increase in incidence
    - Simultaneous clusters of similar illness in non-contiguous areas
    - Atypical aerosol, food, water transmission
    - Ill people presenting the same symptoms near the same time
    - Deaths or illnesses among animals that precedes or accompanies human death

5. Laboratory results

6. Unexplainable increase in emergency medical service requests

7. Unexplainable increase in antibiotic prescriptions or over-the-counter medication use

8. Number of current casualties

9. Projected needs of the area, considering the population including transients (e.g., tourists, seasonal visitors, etc.), and possible infections versus non-infections

10. Hospital capacity at the time of the event, including ICU beds and ventilator needs

11. Local resources such as pharmacy distribution, oxygen availability, transport capacity, etc.

## B. Requesting SNS Supplies

Once it is determined that mobilization of the SNS is necessary, the PCHD Director/Chief Medical Officer or PCHD Incident Commander are authorized to request the SNS from Arizona Department of Health Services.

In preparing the initial request for SNS supplies, the PCHD Director/Chief Medical Officer or HEOC will be prepared with the following information:

- A concise description of the situation
- Any results of specimen testing or agent used in the incident
- Decisions already made regarding the response to this event (e.g., target population for prophylaxis, quarantine measures, etc.)
- Local plans to use existing response capabilities, including local inventories and caches, to respond to THE situation
- Anticipated need for SNS assets to support response to the situation
- Are non-stockpile items being requested?
- If the event is bioterrorist, what is the likelihood of further attacks?

In coordination with ADHS, the PCHD Director/Chief Medical Officer and Incident Commander will identify the amount of the SNS necessary, based on the possible exposed or at risk population. The request will be channeled through the Pima County EOC to ADHS. Upon confirmation of need for the SNS within Pima County, the ADHS Director, in conjunction with the ADEM Director, will make a recommendation to the Governor to request the SNS. The ADHS Director will make the recommendation to the Governor to request the SNS from the CDC.

SNS assets will be initially provided by the CDC to the State, who will then deliver and transfer Pima County's apportionment to Pima County at the County RSS. In the event that additional specific medications are needed in excess of or to supplement an initial Push Package, medications and/or supplies will be provided to the State through Managed Inventory (MI). An initial Push Package may or may not be deployed depending upon the requested assets. While primarily designed as a response to a chemical or biological event, CDC may release SNS resources to support local responses to other natural or man-made public health or medical emergencies. In any event, the overall authority for direction and control of the SNS within Pima County, as well as for direction of a response to and resources needed for a public health emergency, rests with the PCHD Director/Chief Medical Officer and the PCHD Incident Commander.

In the event that a re-supply of SNS materials is needed from the State, Pima County will again make a request through the Pima County EOC who in turn will forward that request to the State. Re-supply of individual dispensing sites will be accomplished by the site requesting supplies from the PCHD HEOC. The individual requirements for Closed POD locations have been predetermined based on the maximum needs for each site (maximum capacity, staff and staff family.) However, in reality, maximum requirements are unlikely to be met with the initial SNS supplies. For POD sites, it is also expected that frequent requests will be made due to the large numbers of people needing medications at each POD. The POD Manager will be notified by the Supply Supervisor when the PODs inventory is estimated to be less than a six hour supply. The POD Manager will then notify at this time.

## C. County SNS Receiving, Staging, and Storing (RSS) Site

The purpose of the County RSS is to receive SNS antibiotics or vaccines from the State RSS site in the event of a natural or man-made emergency, and to distribute these assets to all dispensing and Closed POD locations in the most rapid and efficient manner. The County RSS will be operational throughout the emergency and will continue to function until all returned supplies and paperwork have been collated and an official stand down has been directed by the PCHD Health Emergency Operations Center (HEOC).

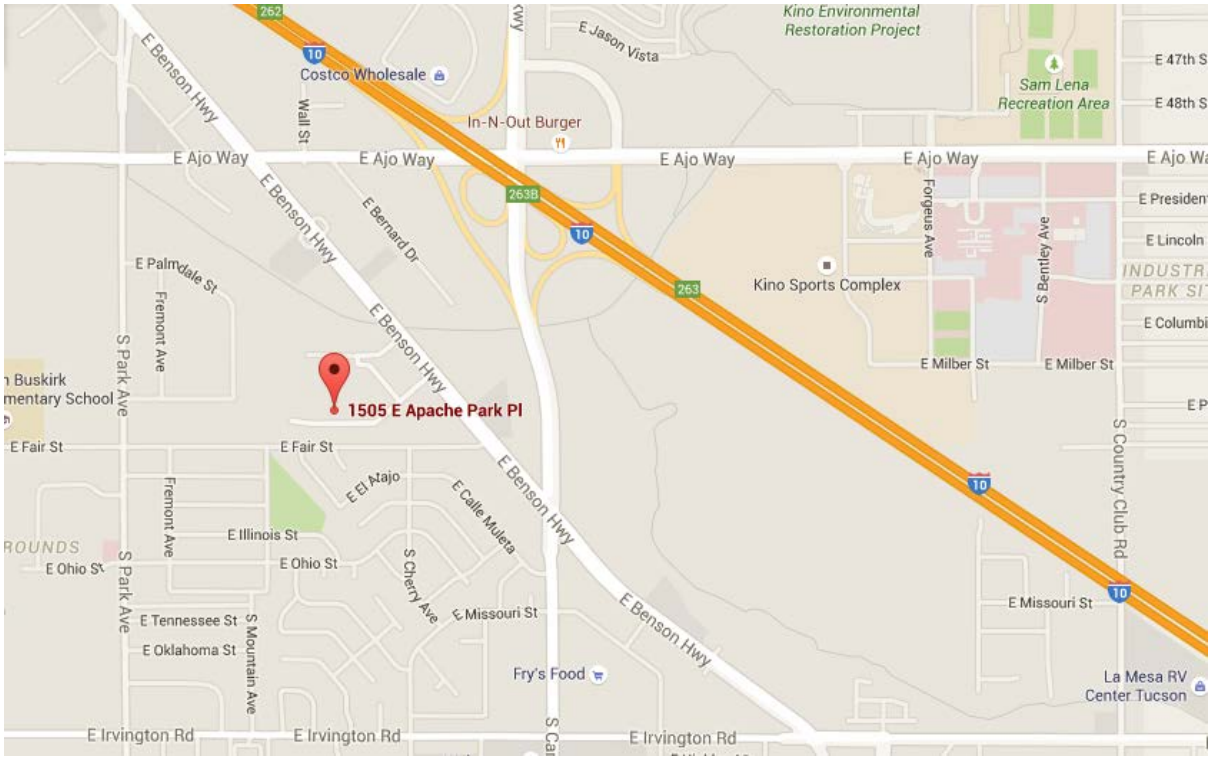
The County RSS will be activated immediately upon any potential need to distribute prophylactic medications and / or vaccine in the event of a public health emergency. Activation of the County RSS is the responsibility of PCHD in consultation with the County EOC.

The County RSS location has been selected based on the quality of the facility as well as its strategic location in a non-residential industrial area that is located between 2 major highways and centrally located for all populated areas for Pima County. The site is equipped with rest areas, a lunch area, and shower facilities. The primary RSS location is strategically located close to the juncture of the major north/south and also the east/west highways within Pima County. The area surrounding the location is not densely populated but is in close proximity to the major cities and densely populated areas of Pima County.

The County RSS site has been surveyed by the State SNS Coordinator using the RSS Warehouse Checklist.

1. The Pima County Health Department RSS site is located at:

1505 E. Apache Park Place
Tucson, AZ 85713



## D. Equipment Inventory and Supply Needs

An inventory of the material handling equipment for the County RSS site is included in the Site Survey:

| Equipment and Supply Needs | Quantity Needed | Available at RSS |
|---|---|---|
| Warehouse Equipment | | |
| • Forklifts, with appropriate fuel / battery replacements | 2 | Yes |
| • Pallet jacks | 4 | Yes |
| • Stretch wrap | 6 | Yes |
| • Tape guns | 20 | Yes |
| • Tape | 100 rolls | Yes |
| • Marker pens | 100 | Yes |
| Communications Equipment: All P25 Compliant | | |
| • 800 MHz radio | 2 | Yes |
| • P25 compliant communications system for leadership staff | 5 | PCHD to supply |
| • Television | 1 | Yes |
| **Equipment and Supply Needs** | **Quantity Needed** | **Available at RSS** |
| Office Equipment, in Addition to the Usual Supplies | | |
| • Computer | 5 | Yes |
| • Printer | 2 | Yes |
| • Fax machine (each with a separate phone line) | 1 | Yes |
| Other | | |
| • First aid kit | 2 | Yes |
| • Cotton gloves | 30 | Yes |

The facility has more than adequate office equipment, including desks, computers, copy machines, faxes, etc.

| Office Equipment | Number Needed and Available |
|---|---|
| Desks | 5 |
| Computers | 5 |
| Copy machines | 1 |
| Fax machines | 1 |
| Telephones | 5 |

PCHD is currently developing an alternate County RSS location.

## E. Receiving Supplies

When the SNS is transferred from the State to Pima County, it will include a list of items in each shipment (i.e., packing list). Pima County should only be provided prophylactic medications and vaccines. The County RSS facility is of adequate size to accommodate vaccines and antibiotics needed for the entire County and has an area adequate for items that may require an air conditioned environment. There will be no controlled substances at the PCHD RSS.

The Distribution Manager will coordinate the receipt from ADHS of the SNS material to the Pima County Receiving, Staging, and Storing (RSS) site. The Distribution Manager will also ensure that appropriate personnel, based upon the RSS organizational structure, are present to receive Stockpile components, to monitor the inventory, and apportion stockpile assets as the Incident Commander (IC) directs. The RSS Manager and Assistant Manager are authorized to receive and sign for SNS materiel from the State.

In the event that the State RSS is unable to deliver medications / vaccines to the County RSS Warehouse, the following back up plan will be implemented. Pima County will obtain the needed amount or trucks (as provided by the State) and transport the SNS to the county RSS. Security will by provided by PCSD and TPD as needed.

## F. RSS Staffing Issues

RSS staff and their families will be included as First Responders for early receipt of prophylaxis so their participation can be ensured. RSS staff will be encouraged to arrive at the RSS site with a family member who can return home with the medications needed for all family members.

The following are the RSS Management Staff:

| Name | Title | Trained | Date |
|---|---|---|---|
| Roy Armenta | RSS Manager | Yes | July 2015 |
| Jeanne Grant | RSS Assistant Manager | Yes | |
| Karen Merritt | Safety Manager | Yes | |
| Aaron Pacheco | Communications/IT Manager | Yes | |
| Vacant | Inventory Manager | No | |
| Fernando Flores | Shipping/Receiving Manager | Yes | |
| Carlos Jaimez | Pick Team Manager | Yes | |
| Vacant | QC Manager | No | |

Just-in-time training (JITT) materials for each of the RSS functions have been developed and can be found in the BT share drive. The functions covered include Safety, Shipping/Receiving, Communications/IT, Pick Team, Quality Control and Inventory Management.

All staff for the RSS have access to SIREN. All County RSS staff will be involved in a call down drill quarterly.

Most RSS staff will utilize their existing employee identification to access the RSS. Additional personnel who will report to the RSS will be identified to the RSS Manager by the Distribution Manager at the time of RSS activation.

## G. Custody Transfer

Chain of custody procedures will be observed for all SNS material received from the State. These procedures will continue all the way through the supply chain from the County RSS to individual dispensing sites, including PUSH, PODs, and First Responder sites. A standard SNS Custody Transfer Form will be signed by the receiving authority at each site upon receipt of SNS assets. The transfer form will include an inventory of the materiel sent.

The County RSS Manager and Assistant Manager are authorized to receive and sign for SNS supplies received from the State RSS site.

Although the State has agreed to distribute all controlled substances, PCHD has at least two DEA Registrants in the Chief Medical Officer and her deputy.

## H. Managing Supplies / Repackaging

In order to ensure sufficient resources are available, Pima County has planned for the receipt and distribution of the full allotment of medications necessary. If Pima County does not receive a full allotment of medications on the first shipment from ADHS, the IC, in conjunction with the Pima County Board of Supervisors, County Manager, will decide, based on the event and epidemiological data available, the method of allocation to be used to distribute medications either to:

- A more limited number of PODs receiving a full allotment, or
- The full number of PODs, each with a reduced inventory

## I. Prioritization of dispensing site locations in the event of a shortage / limited supply of prophylactic medication or vaccines

There is a high possibility of an initial shortage of medications and/or vaccines at the beginning of a public health emergency. As part of the planning process, dispensing sites have been prioritized as outlined below:

1. Initial SNS supplies:

   There is uncertainty as to the actual number of prophylactic supplies that will be received from the initial SNS 12 hour PUSH delivery or MI. PCHD does not currently have a county cache, so plans have been devised to prioritize supplies from the SNS in the event that not all medications or vaccines are received initially:

2. First Priority**:** Use local sources of prophylactic drugs (those on hand at the hospital and local pharmacies) to protect essential personnel (SNS team members and volunteers, medical and public health communities, firefighters, law enforcement, HAZMAT, EMS, key government leaders, key transportation and public works personnel, and if indicated, family members of essential personnel). Arrangements will be coordinated with local law enforcement to deliver them to their places of employment. If deliveries cannot be made, essential personnel will be instructed to go to a secured designated POD.

   ***Note:*** *a Telephone poll of the hospital and local pharmacies indicate they carry only a few days supply of medication, "on the shelf" as they have been able to get new shipments daily. If local sources of drugs are inadequate, priority will be given to essential personnel when the SNS itself arrives.*

3. Second Priority**:** Following First Responders, priority will be given to PODs for the general public according to the geographic location of an incident. These PODs are geographically spread throughout the county and are also located in populous areas of the county. Receipt of additional adequate medications/vaccines will be distributed equally amongst the remaining PODs. However, any additional POD will only be activated when sufficient supplies are available to sustain operations for a continuous 8-12 hours.

4. Third Priority**:** All remaining Closed POD locations.

   Rationale:

   - First Responders are essential to ensure community security and continuity of operations during an emergency.

   - PODs for the General Public: Should the exposure be to an agent that is spread person-to-person, the general public is at a high risk of contracting and spreading the disease, particularly in the initial phases of an emergency. If there is no or limited person-to-person transmission, persons in Closed POD locations will be less likely to be exposed early on in an emergency.

   - Other Closed POD locations: It is envisaged that hospitals will have an initial supply of antibiotics, whether from current inventory or from the State cache. Additionally, the persons in other PUSH facilities, such as nursing homes and detention centers, can be quarantined as appropriate to limit potential exposure.

   In the event of a full deployment of the SNS including Managed Inventory (MI), the State of Arizona will be responsible for repackaging any bulk medications into unit of use, labeled prescription vials prior to delivery to the County RSS.

## J. Inventory Control

The Pima County RSS will receive supplies from the State RSS. A basic electronic inventory management system (spreadsheet) has been identified for use at the County RSS. The back-up systems are a paper trail and the existing inventory control system at the site.

As of June 2015, the Pima County Health Department has access to a new electronic inventory management software system sponsored by the CDC – the Inventory Management and Tracking System (IMATS). IMATS will be the primary method for ordering, receiving, shipping, and distributing. Once formal training for IMATS has been received, this section of the plan will be updated.

To ensure system redundancy, manual inventory numbers will be tracked at each dispensing location based on usage. Inventory will be reported hourly via the POD Manager to the IC Communications/IT Manager. Specific time assignments for reporting will be determined and assigned at the time of an event depending on the POD sites activated.

Dispensing sites will also track and retain returnable SNS medication and vaccine assets for return to the State or the CDC Technical Advisory Response Unit (TARU). All other SNS assets will be distributed and tracked by the State.

## K. Distribution of the SNS from the County RSS to PUSH and POD Sites

The PCHD distribution/transportation strategy has been developed with the mentality that maximum planning should be done prior to an event.

The following summarizes the overall distribution strategy:

1. Comprehensive lists have been developed for each dispensing site (PUSH Packages and PODs) that include full contact information of identified staff.

2. Each dispensing type has been spot mapped (hospitals are grouped together; nursing homes are grouped together, etc.).

3. For each PUSH dispensing site, the maximum number of doses of medication or vaccine required for that particular site will been calculated. This number is calculated based on the maximum capacity of that site. For example, for hospitals, nursing homes, and detention centers, it will be assumed that the maximum number of occupants would be present. The number of staff and their families has been estimated based on existing data (average staff to patient ratios applicable to Arizona). The total number of clients will be increased by 10% to provide a safety factor. The cubic capacity of this amount of medication / vaccine was then subsequently calculated. This capacity represents the amount of space that would be required to transport the supplies to that site.

4. For PODs, an estimate of the number of clients served at each POD was obtained by dividing the total population to be served outside of Closed POD locations by the total number of PODs (43). Since the POD sites are geographically located based on population, minimal rebalancing between PODs will be necessary.

5. If sufficient supplies are available, it is anticipated that distribution to Closed POD locations will occur via one delivery to each location.

6. PODs have been inventoried, as part of the full POD survey, to quantify the number and types of Material Handling Equipment (MHE) present. In each site specific POD Notebook the Site Assessment Survey indicates the number of pallet jacks, handcarts/dollies, forklift trucks and other MHEs that would be available on site. SNS delivery at each POD was chosen to minimize the distance to the SNS storage area and the effort required to offload the delivery vehicle. Most PODs will have repackaging supplies on site and for those PODs not located at schools, Pima County, through their EOC, will procure and provide any additional materials needed.

7. Although security is the primary consideration for the identification of SNS storage areas at each POD, selection has also been made to ensure, wherever possible, direct access by the SNS delivery vehicle allowing for offloading by hand if MHE is not available.

8. Communications between the RSS and the PCHD HEOC will be via cell phone, land line phone, email, fax, HAM Operator dispatched by PCOEM, PCHD satellite phone or PCHD-provided 800MHz radios. Each PCSD/TPD Officer acting as RSS Security for the delivery to PUSH and POD sites will have an 800MHz radio from either PCSD/TPD or PCHD to communicate back to the RSS or forward to the delivery site (POD, Correctional Health or hospital). All sites have an existing 800MHz radio or will be supplied one in an event by PCHD. Driver communication to the remaining Closed POD locations will be via personal cell phones or from the HEOC to the site.

9. Just in Time training material has been developed for each RSS function, including chain of custody information, appropriate use of MHE, and loading and offloading of material.

## L. Inventory Management System

PCHD has developed two inventory management systems for use at the County RSS.

1. **Primary Database: The first is a computerized database** that has been developed specifically to ensure easy tracking of antibiotics, and vaccines that will be received from the State RSS. It is accessible through the PCHD SNS Coordinator. This inventory control system has been developed with the following features:

   a) Secure, web-based view for multi-users: The inventory management system allows multiple users to view and/or access the information securely via the web. The system's security features allow the PCHD to determine who will have access to the information, and allows viewers to be changed during the emergency response as needed. PCHD plans for the PCHD ICP, County EOC, State RSS and County RSS to be allowed access to the system simultaneously, so that these partners can be fully aware of the amount of supplies at the County RSS and the status of dispatching supplies to individual dispensing sites. This information will allow public health management to make appropriate decisions regarding the dispatching of supplies.

   b) Easy Tracking of Supplies: The system tracks the amount and type of supplies received. For incoming supplies, supplies received are easily entered via user friendly fields. Should additional, unanticipated supplies be received, the system has the flexibility to add new items. The system also eases dispatching of supplies. The County RSS Dispatch Form is automatically printed with the amount and type of supplies dispatched to each site. The current stock level at the County RSS can be easily determined by the users.

   c) Stock Level Reports: The system allows for easy printing of the status of the stock levels, by supply type and by dispensing site.

   d) Contact Information for Dispensing Sites: The inventory system contains the contact information (primary and secondary contact names, land lines, cell phones, and emails) that are known for all dispensing sites. Such contact information may be critical during an emergency to ensure delivery.

2. **Secondary Database: The second inventory management system is a back-up, manual-entry, pen-and-paper inventory system**. The County RSS Field Operations Guide is being developed to contain the relevant forms for this system.

As of June 2015, the Pima County Health Department has access to a new electronic inventory management software system sponsored by the CDC – the Inventory Management and Tracking System (IMATS). IMATS will be the primary method for ordering, receiving, shipping, and distributing. Once formal training for IMATS has been received, this section of the plan will be updated.

## M. Treatment Center Coordination

PCHD has done extensive pre-event planning for hospitals, nursing homes and other community treatment centers. In the event of a public health emergency where SNS materiel is required to supplement local inventories, and Pima County receives medications and/or vaccines for distribution to the public, treatment centers are planned to be Closed POD locations where pre-

determined quantities of medications or vaccines will be delivered to each facility automatically. The quantities will been determined by using the maximum licensed bed counts and the staff-to-patient ratio. Vehicles required for delivery have been identified within the Pima County fleet. Primary and secondary SNS contacts authorized to receive and request SNS medications have been identified for each treatment center facility and added to the Alertcast system.

The SNS contacts at each facility have received updated information for their HEOC contact for questions or re-orders of medication in the event of a public health emergency.

## N. Local Medical Inventories

Prior to request of SNS assets, Pima County will assess local medical inventories. As of July 2015, the assessment will include:

- 100 bed mass cache located at Tucson Fire Department Vehicle Maintenance Warehouse
- Pharmaceuticals on hand at local pharmacies and the hospitals
- 373 Public Health personnel and 6 clinic locations
- Volunteers registered with Medical Reserve Corps
- PCHD cache of medical supplies for PUSH POD locations

# PART FIVE

# DISPENSING: STAFFING AND DISPENSING METHODOLOGY

## A. Registration & Credentialing of Local SNS Team Members

The registration and credentialing (where appropriate) of personnel involved in SNS distribution and dispensing will be handled by:

- The RSS Manager in coordination with law enforcement officers at the RSS, based on prepared organizational charts and also current event information provided by PCHD.
- The POD Manager and POD Registration staff in coordination with the law enforcement officers at each POD site.

## B. PCHD Employees

A volunteer database, www.azdhs.gov/volunteer, is utilized by PCHD. As PCHD employees are assigned to PODs and to specific duties, the Staffing/Volunteer Coordinator will ensure the database is updated with each assignment. The www.azdhs.gov/volunteer contractor is responsible for verifying and recording licensure data in the database. Upon reporting for work at their assigned POD, PCHD employees and volunteers will be required to show photo identification (such as a driver's license) and/or their PCHD employee photo ID. As per the POD Standard Operating Procedures (SOP), a trained registration volunteer or law enforcement officer at each site will verify identification. In accordance with the provisions of the National Incident Management System (NIMS), all current and future PCHD employees are also required to take basic Incident Command System (ICS) and NIMS training, either on-line or in a classroom setting.

## C. Community Volunteers

PCHD employees represent a ready-pool of workers and volunteers. However, in the event the SNS Plan is made fully operational, the current PCHD staff and volunteers will not be sufficient to open and maintain the number of PODs necessary to accommodate Pima County's population during a full-scale SNS-related response. PCHD recognizes that a 'traditional' approach of volunteer recruitment and training falls short of achieving the level of personnel needed in a public health event. Consequently, it has become a priority for PCHD to partner with one or more community-based organizations specializing in volunteer recruitment in order to utilize their expertise, with PCHD assisting in the overall coordination based on the relatively unique volunteer needs of the SNS Plan.

With regard to the current process for identifying community volunteers, potential volunteers are recruited via 'in person' community meetings or at other local events. These individuals are then requested to access the resource management tool, www.azdhs.gov/volunteer in order to formally register and list their preferences for assignments. Volunteers will be contacted later by the Staffing/Volunteer Coordinator to identify training needs, based on preferred / assigned positions. Community volunteers are also drawn from Pima County organized volunteer groups such as the American Red Cross (ARC), Citizen Corps and VOAD through meetings with their organizations.

Similar to PCHD Volunteers, community volunteers presenting at PODs to work will need to present to security personnel a photo ID to gain access to the POD and to obtain a PCHD identification badge.

In all instances – whether PCHD employees or community volunteers – the process of notification is the same. To alert personnel of the need to respond to an event, PCHD uses the SIREN system; an automated telephone alert tool that contacts designated personnel with specific messages and response choices. As programmed by PCHD, SIREN has been sub-divided into tiers for different levels of notification (e.g., Command staff only, all of PCHD, hospitals, etc.).

## D. Volunteer Resource Database

PCHD currently contracts use of the www.azdhs.gov/volunteer website database to document, credential and track POD staffing volunteers, their contact information, and POD site assignments based on their individual preference or, as a backup, by the POD closest to their residential zip code. The database is used by eight other Arizona counties, which allows Pima County access to volunteers outside of Pima County during an event. The database also allows volunteers to register to work specific shifts at a POD of their choice during an event.

PCHD has a mutual aid understanding with the Health Directors and Public Health Preparedness Coordinators of the other Counties in Arizona should an event be localized and not state-wide, that provides for sharing of volunteer resources. Each unaffected County will work to coordinate their volunteer resources to assist the affected County(s). However, although each County fully intends to share any and all available resources, it is understood that each County's resources will remain in their own county if needed.

The five key POD management leadership staff for each POD are currently being identified through CERT and other organized volunteer groups within Pima County. Leadership staff are identified and trained in the POD Management Training Program. Additional training programs for the balance of the POD staff volunteers for each POD site will be conducted utilizing the Just In Time Training (JITT) program. In a public health emergency, the JITT will be given again at the start of each POD shift as a refresher or to orient spontaneous volunteers.

As POD management and staff are identified, trained, and engaged, a SIREN call down will be conducted for that POD and quarterly thereafter.

A list of the individuals identified and trained in POD operations at each POD location will be kept current and maintained by the PCHD Public Health Preparedness Program Exercise and Training Coordinator. Contact information for POD staff (including back-ups, where appropriate and/or available) will be kept current and located on ADHS' SIREN (Secure Integrated Response Electronic Notification) System.

## E. Dispensing

Pima County Health Department is the local lead agency for coordinating medical counter-measure dispensing. Dispensing sites are categorized into Closed POD locations and POD sites, as described earlier in the Plan. Pima County has developed a PUSH concept that will deliver an appropriate amount of SNS material to pre-identified sites (hospitals, nursing homes, correctional facilities, etc.). The requirements of Closed POD locations have been predetermined. These requirements are for staff, families, and clients and have been calculated on maximum capacity with a 10% safety factor. Supplies will be delivered to these sites and will be tracked at the RSS. In the event that multi-deliveries will be required to due a shortage of supplies, a tracking chart will be maintained at the RSS and the additional required supplies will be met with subsequent deliveries as supplies become available.

Institutionalized populations include residents of criminal justice, long-term care and nursing home facilities. In an event requiring mass prophylaxis, institutionalized populations will receive

prophylaxis at their resident facilities. The staff of these facilities will also receive prophylaxis at their place of work in order to minimize the disruption of services to resident populations. According to the PCHD SNS plan, in an event in which the SNS is deployed, PCHD will deliver stockpile assets directly from the RSS to appropriate facilities. It will be the responsibility of each facility to administer prophylaxis to its population. Closed POD locations have been advised of the SNS Plan and provided the contact information necessary in the event the SNS is deployed. PCHD also plans to develop a PUSH program, with an operations notebook similar to a POD Notebook, for distribution to Closed POD locations.

## F. PUSH: First Responders

First Responders are all persons who respond to and manage emergency events. Examples of First Responders include fire, law enforcement, government officials, emergency medical personnel, and those assisting PCHD in the response efforts at the County RSS and POD sites.

When responding to an event involving an agent that requires prophylaxis for protection, all First Responders will receive prophylaxis as soon as the threat is known and SNS materials can be prioritized for delivery to the First Responder dispensing sites. These prophylaxis activities must occur rapidly in order to minimize delays in response activities. Critically, the family/household members of all First Responders should receive prophylaxis as well, in order to provide First Responders the knowledge that family members are taken care of.

Discussions with companies that represent critical infrastructure within Pima County are on-going, as they have expressed a desire to become Closed POD locations that serve only their employees.

Staff at the RSS and drivers will receive prophylaxis for themselves and their families as soon as the RSS receives the supplies, and this will be overseen by the Pharmacist on site. POD staff / volunteers will be provided prophylaxis either at the end of their shift for themselves and their families, or may bring a family member with them to the POD at the start of their shift to take medications home to their family.

## G. PUSH: Public Health First Responders

The immunization program at Pima County Health Department tracks staff vaccinations electronically using the Arizona State Immunization Information System (ASIIS) and secure access database. Staff are assigned by Personnel Control Numbers (PCN) for this purpose.

## H. PUSH: Hospitals

PCHD will provide medications and / or vaccines to hospitals in addition to other SNS supplies as required by the nature of the event.

In determining the amount of drugs to earmark for each hospital, many considerations must be made to ensure that health care delivery is maintained in the community to the fullest extent possible during an event that requires a mass prophylaxis effort. Requiring health care workers to receive their antibiotics at a POD site would needlessly divert staff from the settings in which their services are needed. During mass prophylaxis events all efforts must be made to ensure healthcare workers receive prophylaxis at their affiliated treatment center(s). Each hospital has been identified with address and contact information, as well as maximum bed capacity. PCHD will supply each hospital with prophylaxis for patients, staff, and staff families

## I. PUSH: Military Installations

Davis Monthan Air Force Base in Pima County will be provided a PUSH delivery.

## J. PUSH: Nursing Homes and Long-Term Care Facilities

Although these populations have a lower chance of exposure because of their relative isolation, it remains possible that an incident involving a contagious pathogen will affect people who are homebound or reside in a long-term care facility. PCHD has identified each nursing home and long-term care facility and has made arrangements to deliver medication / vaccine, and supplies via a single delivery. Clients, staff, and staff families will be provided prophylaxis.

## K. PUSH: Detention Centers

An intentional contagious pathogen exposure may involve people who are institutionalized in correctional facilities. PCHD has identified each County, State and Federal detention center in Pima County and has made arrangements to deliver medication/vaccine, supplies with one delivery. Clients, staff, and staff families will be provided prophylaxis

## L. PUSH: Homeless Population

An event involving a contagious pathogen may also expose the homeless population in Pima County. It will be essential to aggressively conduct outreach to encourage the homeless to report to dispensing PODs or homeless shelters, despite the inherent reluctance of this population to cooperate with outreach activities.

## M. PUSH: Tribal Nations

The Pasqua Yaqui and Tohono O'odham Tribal Nation are located within Pima County.

The Tohono O'odham and Pasqua Yaqui communities have requested Memorandums of Understanding (MOU) with the PCHD for delivery of Strategic National Stockpile (SNS) assets to one Point of Dispensing (POD) within each nation. In addition, the Tribal Nation will provide translators as needed.

## N. Prophylaxis for Vulnerable Populations

There are several additional population groups that need to be considered during mass dispensing plans. The concerns and strategies that are unique to each of these populations are detailed below:

Disabled

The homebound disabled have been identified as a hard-to-reach population, both in terms of location and transportation. Public service announcements will encourage the homebound to have their medication picked up for them by neighbors or social services under the Head of Household model. Pima Health Services is also assisting PCHD in identifying POD equipment and resources needed to accommodate others who are physically, sensory or mentally disabled in the event vaccinations are required.

Non-English Speaking Populations

As indicated previously in the Plan, an unknown number of non-residents, many of whom do not speak English, reside in Pima County. Spanish translations of Fact Sheets, Drugs of first choice, Head of Household forms, Smallpox Consent Forms and crushing instructions to make pediatric suspension from oral antibiotics will be available at the PODs in the POD Notebook.

The CDC provides Drug Fact sheets in 47 languages. Each POD has a copy of all 47 different language translations of Drug Fact Sheets. Backup to the translations will be an electronic download of the CDC information as well as distribution of an additional CDC cd along with SNS medication deliveries from the County RSS if necessary. The POD Notebook will also contain a Translation Guide to assist with identifying the language spoken if it is unfamiliar.

## O. POD Operations

Declaration of Need: The Director of the Pima County Health Department, following established County government protocols, and upon the advice of the Chief Medical Officer, directs the Pima County Health Department to activate the PCHD SNS plan and execute one or more Points of Dispensing (POD).

Authorities: The voluntary cooperation of all affected members of the public will be sought through the use of information and education. When prophylaxis medication, mass or otherwise, is necessary, State of Arizona Statutes have been established to enable the action necessary to protect the public welfare. The Pima County Health Department may invoke ARS § 36-136 and ARS § 36-624 to accomplish its responsibilities as the local lead agency for this task and to enforce its mandates to prophylax/treat as deemed necessary.

Implementation: The PCHD POD operations are based on servicing a total population of 1.1 million people. Given the potential numbers of clients needing prophylactic care, PCHD has determined that the full medical model is not feasible, therefore some of the interviewing and screening protocol to determine potential adverse reactions needs to be streamlined so that medications can be provide to mass numbers of clients within the necessary time period (ARS Title 32, Chapter 18; ARS § 36-787 A (6 and 7) and ARS § 26-310).

During an event, the decision to streamline or eliminate patient screening will be at the discretion of the PCHD Director or the Chief Medical Officer. An event limited in size and scope may not require streamlining, but reduction or elimination of patient records and/or screening may be necessary in a large-scale event in order to provide prophylaxis in a 48-hour time frame. The PCHD Director or Chief Medical Officer will utilize time since the event, epidemiologic data, availability of SNS assets, POD flow estimates, POD staffing sustainability and any other elements, including political considerations, necessary to make a strategic decision to streamline or eliminate patient screening and collection of patient information in order to increase client throughput to required levels. Any change in the POD operational process will be routed through the POD Branch Director directly to the POD Managers via the 800MHz radio communications channel. The Public Information Officer will be responsible for coordinating necessary communications with other agencies as well as the media.

In order for the mass prophylaxis dispensing plan to proceed and increase client throughput, the PCHD plan is based upon community participation as POD staff. Consequently, POD staff will not be, by and large, medically qualified. However, all POD leadership staff is being pre-trained in the procedures for mass dispensing at PODs. It is planned that a minimum of one medically trained staff will be stationed at each vaccination POD to oversee medical functions and issues that may arise. PCHD has a Memorandum of Understanding signed by a local agency, and is currently under Pima County final legal review, to provide a training program to assist local Fire Departments in increasing their number of vaccination-trained Paramedics who could be used in

addition to PCHD medically-trained employee resources, including physicians, nurses and pharmacists, if vaccinations are required in a public health emergency. Preliminary discussions are underway with a local retail pharmacy chain to provide on-site pharmacists during an event where PODs are activated. The Pima County Medical Reserve Corps (MRC) is another alternative available and would be activated through the County EOC.

PCHD has determined that there will be 3 types of operational PODs:

- "Drive thru POD": dispensing medications via a head of household approach
- "Walk thru POD": dispensing vaccines (all individuals must report to a POD)
- "Walk thru POD": dispensing a combination of medications and vaccines (all individuals must report to a POD)

Pima County school sites (primarily community colleges and high schools) were selected as primary walk-up and/or drive-through POD sites. School sites provide appropriate structural characteristics required for an effective dispensing site (e.g., temperature control, adequate parking, loading area for SNS materiel, accessibility, etc.), as well as separate areas or rooms for the various waiting areas, an ample briefing area conducive to a presentation, and separate recuperative areas for staff (e.g., restrooms, cafeterias, and food dispensers). POD entry and exit points will be securable and easily monitored. Each chosen location has been assessed for adequate on-site support equipment such as computers, tables, chairs, toilets, and necessary consumable supplies.

PCHD has surveyed and identified 52 POD locations in Pima County. These dispensing and vaccination sites where the public will receive prophylactic pharmaceuticals or vaccinations are geographically dispersed across the county in both urban and rural locations. PCHD is developing a POD Operations Notebook tailored to each POD. The identification and planning for these PODs has been done in collaboration with school districts and local law enforcement. If an incident occurs, POD locations will be selected for operations based on varying factors (i.e., not all available sites will necessarily be activated, depending on variables such as the infectious agent in question, the venue of possible exposure, and the size of the exposed population).

The total number of individuals within Pima County that will receive prophylaxis per day will be dependent upon the number of PODs that are made operational, staffing and safety requirements, and available stock supplies.

In order to achieve the throughput rate above, PCHD has determined that it is necessary to alter the usual medical clinic strategy. PODs will only collect limited information regarding each individual (for a medication POD, this is allergies to antibiotics and age if under 9 years old to allow for pediatric dosing). Medication PODs are designed with an express lane that allows households to rapidly pick up medication if no one has an allergy or is under 9 years of age in the household. Express lane-eligible individuals do not need to enter the screening section of the POD in the vast majority of the POD locations/designs. These individuals will collect medications on the periphery of the POD so that rapid ingress and egress is possible.

PCHD employees and organized volunteer groups such as CERT and others from the Citizen Corps will staff PODs, supplemented from the PCHD volunteer database or community organizations. At each POD, spontaneous volunteers may be available to assist and will receive Just in Time Training (JITT) in order to perform specific duties (screening, dispensing medication, etc.). All staff, including spontaneous volunteers, must be trained and registered in order to be covered by County liability and Worker's Compensation insurance. Should additional staff be required to maintain POD Operations, it has been determined that the PCHD will request this support through the County EOC, who will then request aid from the State.

PODs will request re-supply via the 800 MHz P-25 compliant communications system directly to the POD Branch Director. A written confirmation of re-supply will be maintained both at the POD and the County RSS site. Re-supply will be triggered when a 6-hour supply (based on POD client flow-through) or 5,000 unit-of-use packages are left in POD inventory.

**P. POD Staffing Organizational Chart**:

**POD Organizational Chart**

## Q. Essential Areas for POD Operations

The following clinical areas have been designated by the Pima County Health Department as essential and basic components in the implementation of a mass medication dispensing or immunization clinic. The On-Site Mass Clinic Deployment procedures/Reference Guide is outlined in the Pima County Mass Clinic Set-up SOP. Appendix A serves as the basis of each specific POD manual, which are under development.

*(See Appendix A: Pima County Mass Clinic Deployment Standard Operating Procedures/Reference Guide)*

All sites should have the following:

- Public access (vehicle and foot)
- Separate ingress and egress
- Security/Control
- Adequate waiting area
- Adequate area for triage, filling out forms, screening, registrations, evaluation, dispensing, first aid, command center, staff check-in, staff break/rest area, translation services, security/containment
- Site utilities: water, power, refrigeration, heating, cooling, restrooms
- Electrical outlets

Initial triage: Ideally, initial triage will take place out of doors, or in a tent with or without walls. Initial triage will sort people into three groups, those without symptoms, those with symptoms, and those with symptoms needing immediate medical attention. Health care professionals will perform a visual check for overt symptoms of illness. Those with more intense symptoms, i.e. high fever, prostration will be taken to the “pre-admission holding area” and receive supportive care while awaiting transport to an acute care setting.

Symptomatic Patient Assessment: Ill persons requiring immediate medical attention will be identified, isolated/masked if indicated, and medically supported until transported to an acute care setting or designated care/intake center. Ill persons not requiring immediate medical care will be masked if indicated.

Special Needs Registration: Special needs will be designated as those having cognitive, physical or sensory impairments. Special needs registration will be available in each triage area. Staff will assist persons in completing patient information forms (currently in development), check weight and temperature if necessary and highlight allergies. They will give verbal and written instructions on use of antibiotics/antivirals or purpose of vaccination, and escort to a Dispensing Station. This station will be staffed by 3 persons, at least one of whom speaks Spanish. Translation devices will be made available for other languages. PCHD has also developed a listing of translators of lesser spoken or signed languages. Information will be provided in the person's language of choice to the best of PCHD's ability.

Waiting Area: Patients will receive instruction on filling out forms and be provided education on the exposure and on the antibiotic/vaccine being administered. Counseling will include a handout on the use and side effects of the pharmaceutical, and what to do in case of adverse reaction. This station will be staffed by at least six non-medical staffs and be supervised by a health care professional who can identify any symptomatic patients. This station must have ready accessibility to restroom facilities and refreshments (water fountain, etc), and tables and chairs.

Registration Desks: Staff will review each patient's form, check weight and temperature if indicated, and highlight allergies. Once completed, staff will refer patient to Dispensing Station. Each registration desk will be staffed by two non-medical staffs.

Dispensing/Immunization Section: Staff will review the patient form, provide medical counseling, and dispense the pharmaceutical. PCHD will request one certified pharmacist to oversee the activities of the dispensing stations, which will be staffed by two persons (Certified Pharmacy Technicians, health care professionals, or trained non-medical staff). Volunteer pharmacists can be requested from an area hospital, private pharmacy, or Medical Reserve Corp (MRC). Each station will require a table and chairs. This functional area reviews the standing orders given by the Pima County Health Department Chief Medical Officer (CMO) against the medical screening/evaluation forms given to the patient and dispenses the proper medication or vaccine. Prescription Lot Numbers of the medication/vaccine dispensed are recorded on patient forms, needles, syringes, and other medical waste is properly disposed of, and inventory is checked and reported to Inventory Control.

Command and Control: Assisted by staff, an Operations Chief will determine if adjustments to the dispensing plan should be made to accommodate the specific venue, and will assure proper set up, implementation, and break down of dispensing activity.

Communications: The Dispensing Sites will maintain communications with the Public Health Preparedness Incident Command in order to share personnel and resources as needed. The POD manager will be the 'point of contact' and will route communications other than site specific questions from the public or media to the PIO. The PIO will communicate needs and concerns to the Operations Section Chief, who will relate these to the EOC or RSS coordinator as appropriate. Communication will be accomplished by 1) landline, 2) cell phone, 3) radio/XTS2500 or RACES, or by 4) runners. Text messaging or e-mail may also be used depending on availability of resources.

Security: At PCHD's request, Emergency Management will coordinate with local law enforcement through the EOC if activated to provide security and crowd control at the dispensing Sites, and for personnel and goods traveling to and between dispensing sites.

Care and feeding: RSS warehouse sites and PODs will have a designated area for staff to rest and relax. Food and water will be made available through written agreements with the Southern Arizona Chapter of the American Red Cross (ARC), Salvation Army, the Sheriff's office, and school

districts. POD managers will be instructed to provide breaks for their staff regularly. A guideline of 15 minutes for every 1.5 hours worked (maximum) with a longer period set aside for eating and resting. Mental health professionals will be made available to monitor for signs of stress, fatigue and emotional exhaustion and initiate on site “first aide”. Whenever possible child care will be offered on site and arrangements made for pets to be nearby if there is no other caregiver. Communication devices will be made available for staff and volunteers to contact family members and loved ones to assure their safety.

Reception and Patient Education: This functional area welcomes patients and families, explains what medications will be dispensed or vaccines will be given, accommodates language or literacy barriers and special needs of patients and families in order to make them feel comfortable with the procedure of the clinic.

This section verifies that patients receive all relevant screening and education documents to be completed and screened before any medication is dispensed or immunization is given.

Screening and Medical Evaluation: This functional area medically evaluates patients for contraindications to medications or vaccinations being dispensed. Staff in this area will review comfort measures and after care instructions with patients as well as answering any questions patients may have.

Records Section: Upon patient check-out, the records section fully reviews patient forms for completion and documents patient’s records in a computerized registry.

Inventory Control: This functional area maintains a registry of all inventories and supplies on hand at the clinic. Upon request from the Dispensing/Immunization Section, inventory control will restock this section with the needed supplies. Inventory control will also follow the procedures in section 4.0 Supplies/Medication Procurement to request additional supplies for clinic operations.

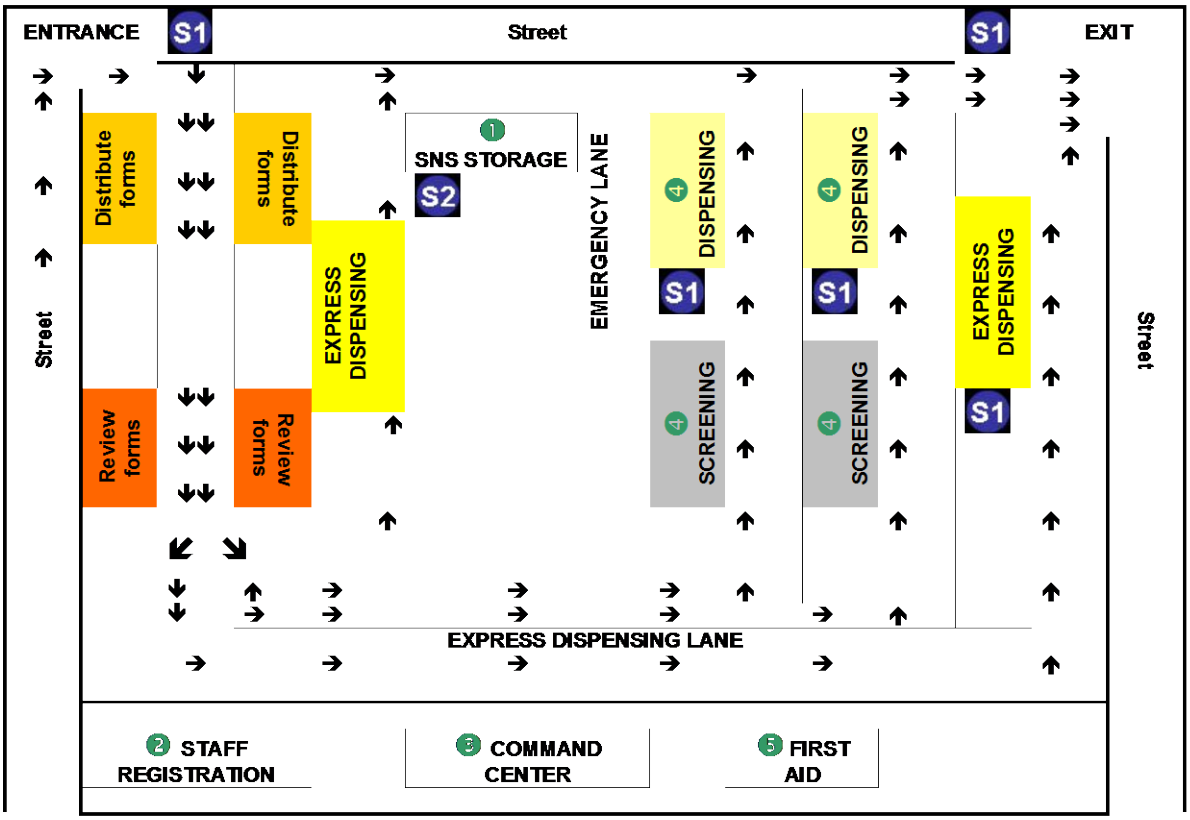
Alternate Dispensing: Modalities for alternate dispensing include drive-thru models, curb-side services, express family services, community walk-thru and special needs dispensing, among others. It will be at the discretion of POD leadership to incorporate alternate dispensing modalities if the situation requires. Procedures for implementing alternate dispensing are included in the overview at the end of this document, and in the Pima County Health Department SNS Plan.

## R. POD Operational Layout

### Drive through POD: medications / pills

Identify Five (5) POD Areas and the Best Flow of VEHICLES Through the POD using the information specific to this POD

**POD: Drive Through Layout**




S = Security staff

NOTE: Sick persons should receive treatment as soon as possible; provide treatment and then direct to the hospital / doctor.

1. **SNS Storage**
   The recommended storage area is marked on the survey and POD maps included in this folder.

2. **Staff Registration / Training / Break Room**
   Locate this area away from the client line flow and screening / dispensing / area. This is usually a classroom located near the parking lot.

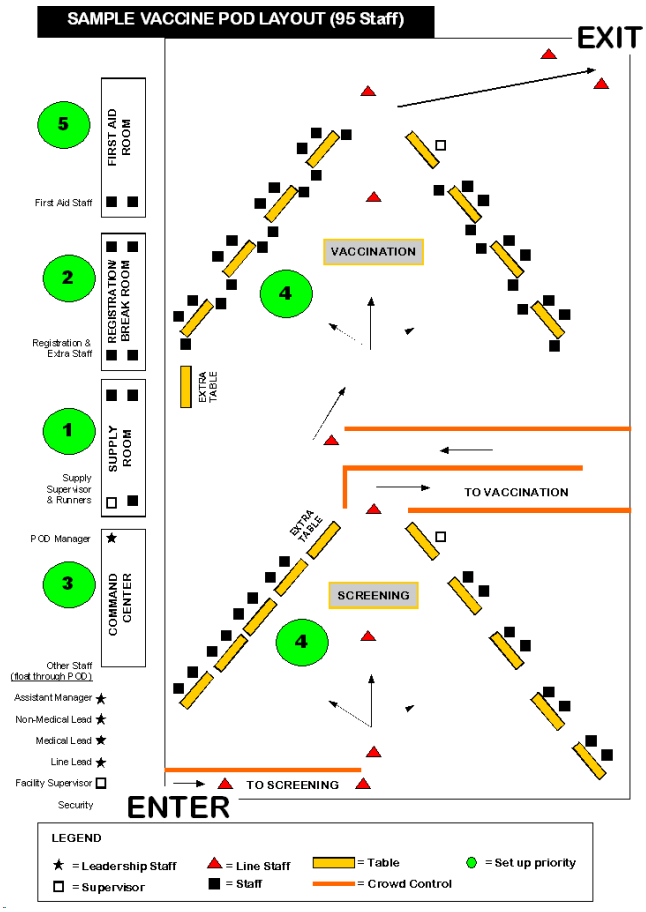
3. **Command Center**
   Locate this area in an office with access to telephones, computer, copier, etc.

4. **Screening / Dispensing Area**
   The recommended area for this facility is a parking lot, and is included in this folder.

5. **First Aid Room / Behavioral Health**
   Locate this area away from the main POD area with easy ambulance access.

## Walk through POD: vaccines

Identify 5 POD Areas & the Best Flow of PERSONS Through the POD




1. **SNS Storage**
   The recommended SNS storage is marked on the survey & POD maps in this folder.

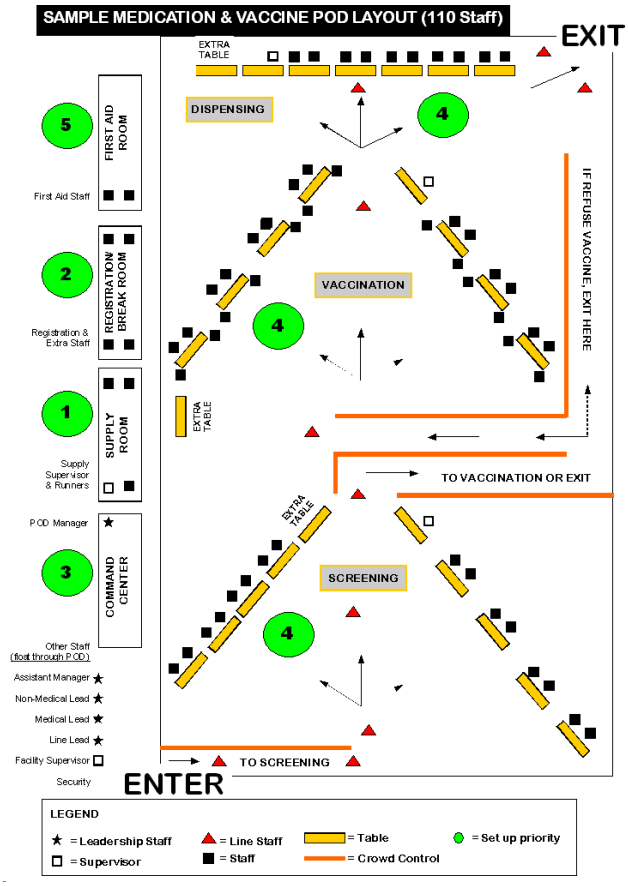
2. **Staff Registration / Training / Break Room**
   Locate this area away from the client line flow and screening / vaccination area. This is usually the auditorium or a room adjacent to the gymnasium.

3. **Command Center**
   Locate this area in an office with access to telephones, computer, copier, etc.

4. **Screening / Vaccination Area**
   Locate this area in the largest space available (e.g. gym, cafeteria) and ensure handicap accessibility. **To decrease noise, congestion and security issues, limit the number of clients to only the amount needed to keep the queues full and line flowing. All other clients should remain in line outside this area / building.**

5. **First Aid Room / Behavioral Health** Locate this area in a room with a door near the screening / vaccination area.

## Walk through POD: combination medication / vaccines




1. **SNS Storage**
   The recommended SNS storage is marked on the survey & POD maps in this folder.

2. **Staff Registration / Training / Break Room**
   Locate this area away from the client line flow and screening / vaccination / dispensing area. This is usually the auditorium or a room adjacent to the gym.

3. **Command Center**
   Locate this area in an office with access to telephones, computer, copier, etc.

4. **Screening / Vaccination / Dispensing Area**
   Locate this area in the largest space available (e.g. gym, cafeteria) and ensure handicap accessibility. **To decrease noise, congestion and security issues, limit the number of clients to only the amount needed to keep the queues full and line flowing. All other clients should remain in line outside this area / building.**

5. **First Aid Room / Behavioral Health**
   Locate this area in a room with a door near the screening / vaccination / dispensing area.

## S. PODs: Specific Operational Issues

- Regimens of Medication: PCHD has determined that the maximum number of regimens of medications that a head of household can receive is 20, unless special pre-event arrangements are made or the POD Manager / Assistant Manager authorize the additional regimens.

- Minimum Data: The only data required for medication dispensing in Pima County under a declared State of Emergency will be the presence of antibiotic allergies and age if under 9 years old. Although the Head of Household form requests the name of each individual, medication will be dispensed without this information. No personal identification will be required.

- Symptomatic Individuals: All efforts will be made to provide symptomatic individuals with an initial prophylaxis at each functioning POD site, as wait times at health care facilities with a potentially limited surge capacity are likely to be very long. PCHD believes it is logical to provide symptomatic individuals with prophylaxis so that they will have medication in hand while waiting to be seen at the health care facility. Hence, symptomatic individuals at PODs will be advised to go immediately to a health care institution after receiving medication.

- Unaccompanied Minors: PCHD policy is not to discriminate against any age group. Unaccompanied minors can act as a head of household during a public health emergency. For instance, there are thousands of Spanish-only speaking adults in Pima County, or those with extremely limited English skills, and their children are the English speaking conduits to these households. Such children will likely present at a POD on behalf of those parents or other relatives.

- Non-English Speakers: The Head of Household form and all medication fact sheets have been translated into Spanish, the most common non-English language spoken in Pima County. Line staff will also be recruited from the community and all efforts will be made to recruit individuals who speak the common language of that geographical area. In addition, a Translation Guide is available in the POD Notebook to identify uncommon languages for which the CDC Drug Information Sheet translations can then be distributed.

- Hearing impaired / visually impaired / functionally illiterate: Hearing impaired individuals should be able to follow the procedures at the POD, as the key items are written. Visually impaired would be provided medication by a head of household as these individuals would not be able to drive to a medication POD. However, for a vaccine walk thru POD, a special section has been designated to service disabled individuals. The functionally illiterate will be assisted by line staff in completing the head of household form and vaccine form.

- Crowd Control: Crowd control procedures have been established based on discussions with law enforcement officers. Crowd control inside and outside the POD will be the responsibility of the designated local law enforcement office.

- Staff Shift Hours and Change Procedures: Upon initial arrival, staff will check in at this location, receive a Job Action Sheet, and work alongside the person they are relieving for 10-15 minutes to learn their specific roles. Due to potential difficulty in traveling to and from dispensing sites during a large-scale emergency, POD staffing is based on two 12-hour work shifts per 24 hour day operations. Drive-through POD staffing will be a total

of approximately 50 staff. Shift change procedures will be detailed in the POD Notebook. Staff will take a 20 minute break every 2 hours, with additional staff based in the registration/training/break room. At the end of shift, staff will check out at the registration/training/break room.

- Hotline / Call-Back Procedure: PCHD has several options available for use to disseminate information during a public health emergency:

    1. The Pima County Health Department Public Health Preparedness Program has a call center system with 10 designated phone lines, but the ability to expand to 65 incoming/outgoing lines if needed. Staffing would come from PCHD employees and volunteers provided with an event-specific script from the PCHD PIO.
    2. When an emergency situation requires information to be immediately sent to the public in a rapid manner, PCHD, through the PCOEM EOC, can coordinate that activity with the Arizona Department of Public Safety, which manages the Emergency Alert System (EAS). EAS has the ability to rapidly broadcast information to the public through dissemination of brief messages by way of television and/or radio. The Public Health PIO will coordinate the messages with the EOC PIO to ensure message consistency.
    3. The Pima County and PCHD websites can easily and quickly be configured by the Communications Branch and Pima County Information Technology Department respectively to provide current event information and public messages.
    4. The CDC maintains a response line (888.246.2675 English, 888.246.2857 Spanish, 866.874.2646 TTY).
    5. For healthcare providers, the State-maintained Health Alert Network and EMSystem can both be used to disseminate appropriate information to community healthcare providers at hospitals and treatment centers.

- Communication with the HEOC: In a large-scale response to a public health emergency, each POD Manager will coordinate operations from a central command within the facility, usually the school administrative office or other designated office space. The POD Manager or designee will also be responsible for providing regular reports (i.e., bi-hourly) to the Operations Chief ,including current inventory, the number of clients prophylaxis was dispensed to, any operational problems, and anticipated need for further pharmaceuticals, equipment, or staff.

- Adverse Events: Security related adverse events (e.g., shootings or rioting) have been addressed in the Security Plan. Medical adverse events that occur at the POD will be relayed by the POD Manager to the PCHD HEOC for guidance and appropriate action required.

- Medical Adverse Event Plan:

    Medical adverse events that occur post-POD will be tracked in partnership with community health care providers. Recipients of SNS vaccines who experience an adverse event will be recorded in the National Vaccine Adverse Event Reporting System (VAERS). Notification of adverse events will be a collaborative effort between healthcare providers and the public respectively. Through communication routes via the Health Alert Network, and the various public information hotlines, both healthcare providers and the public will be able to communicate any adverse events to the Pima County Health Department. Medical adverse events that occur at the POD will be handled by on-site EMS for transport and then event information relayed by the POD Manager to the ICC for any additional appropriate action required.

Pima County Health Department has several options available to collect adverse event information during a public health emergency:

PCHD has the Pima County Health Department Information Hotline (520-243-7909). This service allows the provision of a pre-recorded public health message in primary languages (English and Spanish). There is an option to speak to a registered nurse after listening to the initial message. If the caller elects to listen to the recording in Spanish, a Spanish-speaking registered nurse will assist him/her. If the nurse is unable to answer any further questions from the caller, he/she will forward the caller to the PCHD Call Center. PCHD has full access to change, alter, update, add, or delete information in the recorded messages to reflect current conditions in a public health emergency. When there is no emergency, this hotline is a helpful tool for public health education and guidance.

Pima County Health Department has a Citizen Contact Center phone number (local: 520-243-7797) for the public. The center is manned with county personnel that can answer questions from the public. The call center will receive Just-in-Time training and talking points pertaining to the current public health emergency. Further technical questions will be forwarded to the Public Health Call Center.

PCHD has a call center established (520-243-7745). Currently it contains a 10-phone set up (expandable to 50) that works off of the county phone system but is a section on its own trunk one line (T-1 line). The cue will hold 12 calls within an announcement portion (in English and Spanish), another 12 calls in music hold, and 10 agents on active calls in the system. Further incoming calls rolls over to the regular T-1 line in the Public Health building phone system. The agents in the call center are Public Health employees with a medical background and at least one is bilingual (Spanish). They will receive Just-in-Time training with talking points at the beginning of each shift. This call center is primarily designed to take phone calls from healthcare providers. However, calls from the Pima County Health Department Information Hotline and calls from the Citizen Contact Center will be forwarded to the Call Center for further assistance.

PCHD has a Public Health On-Call Duty Officer. During business hours, public and healthcare calls can be forwarded to speak to the On-Call Duty Officer. After hours, the public calls the after hours non-emergency phone line (520-743-8792) and is forwarded to the On-Call Duty Officer. The on-call personnel are comprised of Chief Medical Officer and Epidemiology staff respectively.
The CDC maintains a response line (888-246-2675 English, 888-246-2857 Spanish, 866-874-2646 TTY).

For healthcare providers, the State-maintained Health Alert Network and EMSystem can both be used to disseminate and collect appropriate information electronically to community healthcare providers at hospitals and treatment centers.

Pima County has a website that the public can access to retrieve public health emergency information www.pimahealth.org. All contact numbers listed above are published on the main page of the county website.

The following is a description of VAERS implementation during a public health emergency:

Effective vaccine-preventable disease (VPD) adverse event surveillance serves to document the impact of vaccination programs, evaluate vaccine policies, the

effectiveness of current vaccines and to identify needed changes in program strategies. Adverse event surveillance is especially critical following the introduction of a new vaccine to monitor post-licensure vaccine safety, coverage and decline in disease.

Monitoring adverse events and addressing vaccine safety concerns is an essential part of an immunization program. The National Childhood Vaccine Injury Act (NCVIA) of 1986 mandated the reporting of certain adverse events following immunization. This act led to the establishment of the Vaccine Adverse Event Reporting System (VAERS), a passive reporting system for adverse events following receipt of any U.S. licensed vaccine, VAERS is operated jointly by the CDC and the Food and Drug Administration (FDA). VAERS is the cornerstone of a comprehensive vaccine safety monitoring program to maintain public confidence in vaccines and vaccination programs.

Immunization programs perform a critical role in vaccine safety by ensuring that their providers report suspected adverse events following vaccination through VAERS.

VAERS is a passive surveillance system so underreporting or biased reporting may occur, and cannot determine if an adverse event was caused by a vaccine. VAERS can detect unusual increases in recognized events, vaccine lots with unusual numbers or types of reported events. By collecting and following up additional case information, VAERS may detect preexisting conditions that may be contraindications to vaccination. Results of VAERS analysis are used to trigger investigations of hypothesized relationships between a vaccine and adverse events.

VAERS data are available via the VAERS website (www.vaers.hhs.org). Adverse events designated as serious require additional follow-up by the VAERS program to obtain more complete medical information with which to evaluate the case. These and other enhancements to CDC's vaccine safety efforts will add to the knowledge regarding vaccine safety and help maintain confidence in our vaccination programs.

Currently the NCVIA specifies vaccines/toxoids and types of events that must be reported. However, healthcare providers are encouraged to report all clinically significant events to VAERS. Reporting Forms and instructions are available from the VAERS website (www.vaers.hhs.org), by calling 1-800-822-7967, or by sending an email to info@vaers.org.

1. Vaccine Safety

   PCHD will use VAERS to report and investigate adverse events following immunization and where applicable dispensing oral medications.

   - Currently, the Immunization Services Manager for PCHD serves as the point of contact for adverse events occurring in and reported by facilities using publicly purchased vaccine. Currently, AEFI occurring in private provider offices are reported directly to VAERS by the provider site.
   - PCHD will review existing policies for AEFI reporting and follow-up to ensure timeliness of reporting and will work with private provider organizations and mass immunizers to report all AEFI to the State coordinator to minimize duplicate reporting of AEFI to VAERS.
   - PCHD will review procedures for and familiarize program staff with the strengths, limitations, and objectives of VAERS. VAERS typically involves direct reporting by individual health care providers, with periodic feedback to ADHS. Adverse events related to use of IND vaccines may

be reported through other mechanisms in addition to or in place of VAERS, in accordance with specific regulatory or policy requirements.

- Adverse events will also be monitored through the Vaccine Safety Datalink (www.cdc.gov/nip/vacsafe/default.htm#VSD), a network of seven geographically diverse health maintenance organizations through which active surveillance vaccine safety studies are conducted. Another potential resource for vaccine safety research is CDC's Immunization Safety Assessment (CISA) network (www.vaccinesafety.org/CISA.index.htm).

2. Coordinating reporting and monitor the Vaccine Adverse Event Reporting System (VAERS)

Required activities:

- Ensure at least two VPD and/or Public Health Nurses (PHNs) are designated with overall responsibility for vaccine safety and VAERS reporting.

Duties should include:

- Completing VAERS reports electronically and/or in hard copy form and sending to VPD representative
- Review all VAERS reports that are sent to the county upon receipt
- Verify accuracy of key information designated with "boxes" on form
- Attempt to complete critical fields.

If all critical information cannot be obtained, the report should be forwarded to VAERS if it contains at least the following; a patient identifier (nominal or non-nominal); a vaccine; an adverse event description; and an identifiable reporter (of the adverse event).

Submit copy of VAERS report to Nursing Admin Support for entering into PCHD VAERS database

Vaccine Preventable Disease Program representative faxes VAERS report to CDC at 1-877-721-0366

Submit reports to designated Epidemiologist within 7 days of receipt, of request for collecting, and forwarding supplemental medical information, answering provider and parent inquiries regarding VAERS and vaccine safety, and coordinating communications with PIO for potential media information

Ensure all local health department and public health clinics know how to report adverse events using the VAERS form and/or secure web-based reporting.

Recommended activities:

- Establish systems to accept external reports of adverse events following immunization
- VAERS reports may be submitted by public and private healthcare providers, parents, and other concerned individuals.

Provide all immunization providers (public and private) with information on:

- VAERS reporting, copies of the VAERS reporting form
- Provide instructions on which adverse events must be reported
- Instructions on completing and submitting the form
- Provide updates on VAERS reporting as they arise

Encourage providers to voluntarily submit VAERS reports on adverse events not listed in the National Vaccine Injury Table

Communicate information on vaccine safety in a timely way to all healthcare providers, public health officials, State professional associations and the public as needed.

3. Follow up on all reports of serious adverse events received (e.g., death, life-threatening illness, hospitalization, and permanent disability) following immunization.

Required activities

- Routinely obtain supplemental medical information at CDC request (e.g., autopsy reports, death certificates, hospital discharge summaries) related to every serious adverse event reported (e.g., reports involving death, life-threatening illness, hospitalization, permanent disability).
- Submit supplemental medical information requested by the national VAERS program within 10 working days of receipt of request.

## T. PODs: Site Specific Plans

*(See Appendix B: Assessed POD Locations, for list of PCHD POD sites)*

- PCHD has surveyed each POD location and is developing a specific POD Notebook for each site. Notebooks will be kept at the Abrams Public Health Center (3950 S. Country Club Road, Tucson AZ 85714) in the SNS Coordinators office. Notebooks for PUSH locations are also being developed.

- MOUs: are in development will all indentified POD and PUSH locations.

- Contact Information: The individual POD Site Surveys provide the contact information for the Facilities Manager, with procedures for assessing the site, the address and telephone number at the facility, as well information for primary and secondary contacts. This information is current as of July 2015.

- Office equipment and supplies: The existing office equipment in each location should be adequate for the POD needs as the Administration Offices have asked and have agreed to be used as the Command Center for the POD Manager. Schools as well as the Recreation Centers have adequate office supplies to start; any additional needs would be provided through the Pima County EOC via a request by the POD Manager during their bi-hourly radio call to the HEOC. This provision is being included into each site's MOU.

- 800 MHz Radios for use by POD Managers: Each POD will be issued an 800 MHz radio for use during an event requiring activation of the POD. The POD Manager will use the radio for communications to the HEOC. The radio will be issued to the POD Manager during POD

Management Training for charge storage in the Abrams Public Health Center, Public Health Preparedness Storage Room. All POD Management Staff will be trained on use of the radio during the POD Management Training.

- Material Handling Equipment: The material handling equipment for each location is documented in the POD survey and will be contained in the POD Notebook. Additional equipment will be procured through Pima County EOC at the time of an event if necessary.

- Written Flow Plans / POD Flow Charts: Each POD Notebook will document the site's individual flow plan and charts.

- Delivery locations: Each POD Notebook will document the site's specific delivery location which details both SNS delivery routes via vehicles and helicopters, as well as specific SNS storage areas

- Crowd Control / traffic management / security plans: Each POD Notebook will document the site's specific traffic flow plan and security needs.

- Parking Plan: Please refer to the POD Site Surveys in each site's POD Notebook that will identifies parking lots, including estimated vehicle capacity and security placement.

- Supplies:
    - Drug fact sheets, agent fact sheets, and head of household forms are all available to the POD, both in print form for photocopying and on CD-Rom, most of which has the facilities for mass production.
    - Dispensing supplies, office supplies, office equipment, vests, identity badges, signs, and crowd control equipment are located at the Abrams Public Health Center General Services Warehouse.
    - Local law enforcement will provide, in conjunction with the County EOC, crowd and traffic control equipment.

- Staffing: 5 to 6 POD leadership staff is required for each POD. This staff, with backups, is being identified from CERT, community and school volunteers, as well as other organized volunteer groups. Please also refer to the staffing section of this plan that discusses utilizing community volunteers as staff. There is a need for approximately 4300 staff for PODs, and recruitment is underway. In addition spontaneous volunteers will also be sought at the PODs, and procedures have been put into place to ensure such volunteer staff are registered and provided Just in Time Training (JITT available in PCHD Workforce Development Plan).

- SIREN call down system houses the rosters for all staff involved in the public health emergency response program, including POD Managers, POD staff, RSS Manager and staff, PUSH site contacts, PCHD staff, and Public Health employees. It is activated through the Public Health Preparedness Communications Coordinator.

- Job Action Sheets (JAS) and Day of Training: The POD Notebooks will contain JAS for each POD position and training instructions, until then both JAS and JITT can be found in the PCHD Workforce Development Plan. In summary, the five (5-6) POD leadership staff will be pre-trained. The remaining POD staff will receive a JAS. Prior to opening the POD, POD support staff will be trained by POD leadership staff. Once the POD is operational, the registration / training / break room staff will provide new POD staff with a JAS and the new staff person will work alongside the staff being replaced to be oriented to the requirements of their role.

## U. Alternate Dispensing Opportunities

The Pima County All Hazards Public Health Emergency Response Plan is designed to be modular and scalable to the size and nature of a public health event or emergency. An alternate, first-strike dispensing option that is currently being considered is the community delivery of medications by United States Post Service (USPS) mail carriers. Further planning is currently underway at the Federal level and the PCHD plan will be completed as more information becomes available.

# PART SIX

# TACTICAL COMMUNICATIONS AND PUBLIC INFORMATION

## A. Tactical Communications

This plan is the basis for establishment and application of Voice/Data Communications (communications and information systems) technology for the County RSS distribution and POD dispensing functions.

This plan encompasses the internal and external Voice/Data Communications systems and related processes necessary to respond to a public heath emergency and conduct the business of the County RSS and POD dispensing functions. It identifies the nature of the Voice/Data Communications requirements, the available technological alternatives, and assignment of appropriate Voice/Data Communications equipment based on functional needs and the processes and procedures necessary to maintain a viable Voice/Data Communications program.

### 1. Goals of Voice/Data Communications

1. Enhance the ability to receive, store, stage, distribute, and recover SNS pharmaceuticals
2. Ensure an integrated, redundant, and peer-to-peer Voice/Data Communications system to support the County RSS distribution and POD dispensing functions
3. Ensure security and reliability for internal and external Voice/Data Communications
4. Promote efficient and cost-effective Voice/Data Communications alternatives
5. Ensure awareness of current Voice/Data Communications systems technology and capabilities

### 2. Objectives for Development & Maintenance of Voice/Data Communications Technology

1. Identify the nature of Voice/Data Communications systems requirements and needs
2. Identify Voice/Data Communications interoperability requirements with cooperating agencies
3. Conduct an analysis of current Voice/Data Communications systems technologies and capabilities
4. Provide findings and recommendations for acquisition, application, and assignment of Voice/Data Communications technology to the County RSS distribution and POD dispensing functions
5. Provide direct and uninterrupted Voice/Data Communications capability within the County RSS, dispensing sites and Pima County Command & Control.
6. Establish Voice/Data Communications expertise that will provide on-site assistance, training, and troubleshooting services
7. Maintain a formal process to distribute and assign Voice/Data Communications technology to the County RSS and dispensing sites
8. Maintain an inventory of Voice/Data Communications equipment
9. Maintain a Voice/Data Communications maintenance plan

### 3. Voice/Data Communications Plan Responsibility

A permanent staff member, under the direction of the of the Pima County Health Department Emergency Operations Center, is assigned as the Voice/ Data Communications Officer with the following responsibilities:

Develop and maintain the SNS Voice/Data Communications plan

- Assure the application of telecommunication activities is compliant with appropriate protocols, procedures and requirements
- Assure interoperability between the SNS Voice/Data Communications technology and cooperating and assisting agencies/programs.
- Initiate action to augment the existing Voice/Data Communications technology to meet the immediate need
- Coordinate all of the Voice/Data Communications needs and requirements with the appropriate Pima County EOC administrative program staff
- Work with the Pima County EOC Voice/Data Communications Officer to coordinate Voice/Data Communications processes and procedures between the County EOC and the HEOC
- Understand and anticipate the telecommunication requirements and needs of the SNS program
- Maintain an understanding of state-of-the-art Voice/Data Communications capabilities available to the SNS program
- Initiate recommendations and subsequent actions to assure that the SNS program has access to cost-effective Voice/Data Communications technology
- Maintain a preventative maintenance program to assure that the SNS Voice/Data Communications technology is ready for immediate application
- Initiate appropriate action to repair/replace defective and broken Voice/Data Communications equipment
- Assure primary and backup radio, computer, and cell phone batteries are fully charged and ready for deployment

## 4. Voice/Data Communications Technology

Communications via voice is based on site-specific landline, cellular and satellite telephones. This includes standard cell phone technology with direct connect/talk (push-to-talk) capability, 800 MHz Trunked portable Land Mobile Radio, VHF and UHF Land Mobile Radio, Wi-Fi and/or Wireless portable Internet access, Instant Messaging (IM), electronic mail (e-mail) and Group Call.

Mobile Information Technology is provided through laptop computers that are assigned to permanent SNS/PCHD program employees. Additional dedicated portable/laptop computers that incorporate Wi-Fi and/or wireless technology are held in a cache to be deployed at the RSS Warehouse and can be connected to the Internet through dedicated lines, cell phones, Wi-Fi, satellite phones or land lines.

Connection, maintenance and systems assistance will be provided by the PCHD Logistics and Information Technology (IT) Staff.

## 5. Interoperability

Interoperability between the County RSS and the Pima County HEOC is established through coordinated planning. Each organization will apply the same Voice/Data Communications hardware and information technology systems.

The Arizona Public Safety Communications Commission (PSCC), Arizona Department of Public Safety (DPS) and the Arizona Department of Emergency Management (ADEM) have established a statewide system of twenty eight (28) mountain top interoperable suites called the Arizona Interagency Radio System (AIRS). Each mountain top suite

allows VHF, UHF and 800 MHz. radios transmitting on designated frequencies, identifiable by statewide standard naming nomenclature, to communicate with each other as if on the same channel.

The SNS Program will store a cache of mobile & portable radios that are compatible with the County RSS mobile communications system. Cooperating and assisting agency representatives and pickup labor, such as law enforcement, private trucking companies, etc., will be provided the mobile radios as they are assigned to the County RSS. The batteries for these mobile radios will be maintained within the County RSS and shipped with POD supplies during the startup phase of the dispensing sites.

**6. Use of Land-Mobile Radio (LMR) Service (Strategic and Tactical)**

Strategic Radio Communication will occur in accordance with established Inter-Operable Communications guidelines and policy.

Upon activation of SNS operations, due to an event requiring the need of an Inter-Operable Communications System, contact with the Pima County HEOC and the RSS Manager or Communications Officer will be made to establish appropriate compliance with communications pathways. Primary LMR pathways for Command & Control staff at the HEOC, RSS and PODs will utilize the Pima County 800 MHz radio system.

**7. Use of Amateur Radio Service**

Amateur Radio Service will be utilized as a redundant communications alternative at the County RSS and PODs. This alternative will be dispatched to the County RSS and PODs through the Pima County EOC via an MOU with the Amateur Radio Service (RACES).

**8. Assignment and Distribution of Voice/Data Communications Technology**

The SNS Voice/Data Communications Officer will be responsible for assuring that distribution of Voice/Data Communications equipment is initiated, recorded and completed in a timely manner. A standard “loan” form will be completed for each piece of equipment issued. Voice/Data Communications equipment will be assigned based on three functional use groups and labeled as Command & Control, RSS, or POD Dispensing.

The highest level of Voice/Data Communications capability, as identified in this plan, will be issued to the permanent personnel who will report to the HEOC, and maintained ready for emergency response. Personnel assigned from other programs to fill the various emergency response and support functions will be issued the appropriate Voice/Data Communications technology upon assignment.

A formal process with recordkeeping will be maintained by the responsible Voice/Data Communications Officer for any Voice/Data Communications inventory loaned to all personnel assigned to the SNS functions.

**9. Communications Protocol**

The Voice/Data Communications Officer will maintain the protocol for the SNS Voice/Data Communications which includes the following elements:

- Establishment and maintenance of “call groups” and their identification on cell phones and LRM radios.

- Assuring appropriate contact numbers and radio frequencies are programmed into each mobile telephone and radio.
- Assuring "Clear Text" is used for voice communications as specified by Standard Emergency Management System (SEMS).

## 10. Responsibility for Communications Systems Maintenance and Preparedness

The SNS Voice/Data Communications Officer is responsible for ensuring proper storage, maintenance, inventory and readiness of all communications equipment. Sprint/Nextel will provide technical assistance to the SNS program to address cell phone/direct talk problems encountered during deployment. Assistance for information technology (IT) systems will be coordinated through the PCHD Information Technology Department. Pima County RACES will provide technical assistance to address land mobile radio problems or channel reassignments during deployment. All requirements for this Voice/Data Communications maintenance and repair resources will be initiated and coordinated by the Voice/Data Communications Officer in coordination with the County RSS and HEOC Communications Coordinator.

## 11. Communications Testing and Exercising; All systems

Communication systems and data equipment will be tested on a quarterly schedule to assure proper operation. A functional testing log with type of test and results will be maintained by the SNS Voice/Data Communications Officer. This will include a review and editing of calling groups and assignment listings.

## 12. Communications Systems Training and Testing

All Pima County Public Health Department Emergency Management staff will be initially trained and tested on the function and use of all communications systems identified for use in this plan. Refresher training and proficiency testing will occur and be documented quarterly. Responsibility for initial and quarterly refresher training and proficiency testing with is coordinated by the Pima County Health Department Exercise and Training Coordinator with support from the Voice/Data Communications Officer.

## 13. Communications Support Objectives

Effective communications during an event are critical to the continual and timely flow of materiel to dispensing sites. Communications support enables:

- The County RSS Manager and supporting functions to oversee receipt and distribution functions and provide timely status reports to the Pima County HEOC. This will be accomplished via email, 800MHz radios, land-line telephones, cell phones, faxes, satellite phones and/or HAM operators located at the HEOC and RSS sites.
- Real-time driver reports of deliveries and en route problems. Each driver will have a personal cell phone plus each law enforcement officer providing security will carry an 800MHz radio.
- Rapid processing of orders and information from dispensing sites (PODs) and Closed POD locations. Each POD will have an 800MHz radio for use by the POD Manager, email, fax, land-line and cellular telephones, and/or a HAM Operator to communicate between the POD and HEOC. Closed POD locations will utilize land-line phones, cell phones, faxes and email to communicate with the HEOC.

- Coordination with law enforcement for security, traffic and crowd control through the Pima County EOC via land-line telephones, email, E-Team, cell phones, fax, satellite phones 800MHz radios, and HAM Operators.

## B. Communicating with the Public

Communicating information to the public about large scale prophylaxis activities will be carried out according to policies and procedures described in the PCHD Communication and Emergency Risk Communication Plan. This document details the means, organization, and steps by which PCHD will provide information and instructions to the public about who should receive prophylaxis and the process for receiving antibiotics.

PCHD will utilize the Communication and Emergency Risk Communication Plan to develop messages to ensure that the public receives timely and accurate information about, but not limited to, the following:

- Basic information about the disease or threat in question, including high-risk populations and recommended preventive practices.
- Basic information about the antibiotic in question.
- The availability of antibiotics and the rationale for the prophylaxis scenario that is being employed.
- The location and hours of operation for PODs
- Specific instructions for persons who seek prophylaxis at PODs

In the event of an incident warranting mass prophylaxis and the deployment of the SNS, it is vital to enact a health communications plan that informs and reassures the public while reducing fear and anxiety. Information to the public on the nature of the emergency, identifying who needs post-exposure or prophylactic antibiotics, how to obtain the antibiotics, and how to obtain additional information will be coordinated with communications through law enforcement, the ADHS PIO, the Director of the PCHD, the PCOEM Manager, and the PCHD PIO.

The Public Information Officer is the primary point of contact for all media contacts for the PCHD. He/She serves as the PCHD PIO in the State or County Joint Information Center (JIC) as needed, or in the PCHD HEOC if the State or County JIC hasn't opened. Other PIO staff will serve in a liaison capacity between the PIO and the HEOC if the PIO has been assigned to a JIC or serve as backup to the PIO in the event that she is unavailable. SIREN will serve as a primary communication tool between the officers located in different facilities.

## C. Coordination

In the event that PODs have opened, the PCHD PIO will serve as the primary point of contact with the media. The POD Manager will serve as the point of contact for all news media inquiries at the POD and will coordinate media communications through the PIO. The POD Manager will receive communications messages from the PCHD PIO and/or HEOC and will distribute only documents and communications messages that have been approved and provided by the PCHD PIO and/or the Incident Commander. Local law enforcement at POD sites will ensure that media personnel and equipment are not impeding the flow of traffic.
Utilizing the facilities of the PCHD HEOC, EOC or JIC, PCHD PIO staff will work in collaboration with the ADHS to ensure that consistent messages are communicated statewide via news release, news conferences and briefings, email and websites, and through SIREN.

## D. Pre-event Preparedness

During a time of emergency, the Department will utilize trained, pre-identified spokespersons to deliver messages to the public. It is essential to have prepared risk communication messages available for dissemination. It is important to engage the community as a partner in the response and provide sufficient, credible information to create trust and credibility with the community. The messages will be designed to provide the public with credible information to make coherent and intelligent decisions regarding their safety and well-being while assessing the risk of the event to their personal lives and the community.

Three communication tools have been developed for pre-event preparedness:

- A one-page backgrounder detailing the Public Health Emergency Management Plan suitable for distribution via handout or email at anytime before POD activation is imminent;
- A pre-event preparedness alert suitable for distribution to emergency and urgent care centers and to the news media prior to anticipated announcement of a declared public health emergency;
- A POD activation alert notifying the media and the public that preparations are being made to open PODs.

## E. Event

The following messages or fact sheets have been prepared to aid the public during a public health emergency event. Each POD will be equipped with a laptop, printer and copying machine for mass reproduction of public information and communication materials.

- To assist the public in locating a POD closest to them, PCHD is developing a county map detailing all POD locations, as well as a spreadsheet listing all POD sites by address with driving directions and bus routes. A Spanish version is also being developed to assist the public. Fact sheets explaining PODs and alternatives to PODs have been developed. If all PODs are activated, the map, spreadsheet and fact sheet(s) will be advertised on the PCHD website and distributed to the news media via email. If select PODs are activated, the spreadsheet will be modified to cover all pertinent information and advertised on the PCHD website, and distributed to the news media.
- In order to assist the public as they navigate through a POD, a POD-specific manual will be provided with diagrams and essential information such as a medication-only PLD, vaccine-only POD, or a combined medication-vaccine POD. The POD Notebook computer will contain electronic formats for reproduction and distribution to the news media and general public upon request. Directional signs will be available on CDs in each POD Notebook.
- Several fact sheets have been prepared to assist the public with questions that they may have about the medication or vaccination, and to explain the public health threat. Patient information and dosing instruction sheets, as well as fact sheets about Category A agents are available in the POD Notebook and on CD for printing and distribution to the public at PODs. Fact sheets relating to biological agents, chemical and radiological agents and SNS assets have also been prepared and will be made available to the PODs and the media as appropriate.

The PIO will also provide follow-up media relations activities to ensure the public is fully informed of the need to follow the full course of treatment in the event medications are dispensed, the

need to return to PODs for additional courses of treatment as required, and situation reports including POD deactivation.

The PCHD PIO has pre-existing relationships with Tucson area news organizations to the extent that it conducts media relations on a near-daily basis. This ensures that the extensive media contact list is maintained and updated on a regular basis.

## F. Reaching Special/Vulnerable Populations

There are thousands of individuals in Pima County who will need special accommodations in order to ensure they are informed of the public health emergency and receive medications or vaccinations as needed. Utilizing baseline data from the U.S. Census Bureau, the following have been identified as being among the hardest-to-reach populations in Pima County:

1. Undocumented immigrants
2. Homebound disabled
3. Tribal nations

PCHD has begun to utilize specific strategies alternate methods for disseminating information to these populations. Matrices and email contact lists have been developed to reach these populations, as well as traditional special populations groups (elderly and incarcerated). Upon anticipated POD activation and opening, the alternate media, listed community resources and points of contact will receive news release, facts sheets, and backgrounders as needed via email. Community outreach activities geared to special interest groups aligned with special populations will be initiated in order to further disseminate information electronically or by word of mouth to that population.

Information and fact sheets, Head of Household forms and pediatric crushing/suspension instructions have been translated into Spanish and are available in the POD Notebooks for distribution at the PODs or through the PIO. Each POD will have translation capabilities available to those who speak languages other than English or Spanish through the “One Moment Please” Tool. This tool allows residents to point to their language for the POD staff to be able to identify their primary language. The POD staff can access the CDC Multiple Language CD-ROM and quickly print drug information sheets in the respective language.

# PART SEVEN

# SECURITY ARRANGEMENTS

## A. Security Overview

The goal of Law Enforcement within the Pima County Strategic National Stockpile Plan is to provide security measures for the Arizona Department of Health Services and the Pima County Health Department personnel, volunteers, the general public and Strategic National Stockpile assets. In the event that POD's are activated, a representative of Pima County Sheriff's Department at the Pima County EOC will be responsible for coordinating security during an event.

## B. SNS Security Coordinator, Back-Ups, and Local Support Agencies

The official coordinator overseeing all activities of security is Captain Frank Duarte of the Homeland Security Division of the PCSD. The back up coordinator will be, Lt. Leonard Pratt, Homeland Security Division, PCSD. In the event of replacement of these positions, the plan will be updated accordingly. All SNS Security Coordinators and Back-Ups have been responsible for developing all aspects of the emergency response plan's security issues. Hence, all are familiar with the SNS security requirements. Additionally, all of the Coordinators have attended and participated in the various PCHD POD deployment exercises and were involved in developing security aspects for the SNS arrival and local deployment. These persons have also received NIMS ICS training.

The following security personnel are responsible for and have been involved with the planning of the security elements within the overall plan:

| Name | Position | Department | Office | Contact Information |
|---|---|---|---|---|
| Frank Duarte | Captain | Pima County Sheriff's Dept | Homeland Security | (520) 741-4688 |
| Leonard Pratt | Lieutenant | Pima County Sheriff's Dept | NA | (520) 351-4757 |

Security for the SNS will be a cooperative effort between local law enforcement agencies and PCHD, coordinated by Pima County Sheriff's Department. The table below provides information on local security agencies. Each of these local security agencies have responsibility for providing security to the dispensing sites within their jurisdiction, and have been involved in developing the security plans for the individual dispensing sites. Please refer to the individual POD Assessments for details.

| Unincorporated Areas | Address | Telephone | Contacted |
|---|---|---|---|
| • Ajo<br>• Catalina<br>• Foothills<br>• Green Valley<br>• Robles Ranch<br>• Rincon<br>• San Xavier<br>• Tucson Mountain | PCSD covers all unincorporated areas | 520 351-4600 | Yes |

| **Cities/Townships** | | | |
|---|---|---|---|
| • Tucson | 255 W. Alameda | 520 791-4201 | Yes<br>Greg Mammana |
| • South Tucson | 1601 S. 6th Ave | 520 792-2424 | Yes<br>Vacant |
| • Marana | 11555 W. Civic Center Drive | 520 382-1999 | Yes<br>Lt. Steven Johnston |
| • Oro Valley | 11000 N. La Canada | 520 229-4700 | Yes<br>Captain Jason Larter |
| • Sahuarita | 345 W. Sahuarita Center Way | 520 822-8800 | Yes<br>Tom Johnston |
| • University | 1852 E. 1st Street | 520-621-8273 | Yes<br>Chief Brian Seastone |

## C. Transportation of SNS Materials and Personnel

The State (i.e., DPS) will provide security coverage for SNS transport to the County RSS from the ADHS RSS Warehouse. PCSD security will be provided for the SNS at the County RSS, during transportation to dispensing sites, during offloading to the storage area at each POD and during the POD operations. If security is required beyond these resources, requests will be made for additional State or Federal assistance (e.g., National Guard). The official coordinator overseeing all activities for transportation is Joe Soto of the Department of Transportation for Pima County. The back up coordinator will be Bob Charleton, Fleet Manager for Pima County.

| Name | Position | Department | Office | Contact Information |
|---|---|---|---|---|
| Joe Soto | DOT Supervisor | DOT | Mission Road | (520) 740-2604 |
| Bob Charleton | Auto Shop Supervisor | Fleet | Mission Road | (520) 740-2673 |

- Each vehicle delivering medications and/or vaccines to all sites will have one (1) armed PCSD officer (or designated security official) as escort or in required cases with the vehicle. In the event that a driver has not reported for duty, it has been agreed that the escort officer will act as driver (if applicable).
- In the event that materials need to be transported from one dispensing site to another, the Pima County SNS coordinator will instruct the County RSS to dispatch the necessary transport and each vehicle will be escorted by an armed PCSD officer riding as passenger.
- For Closed POD locations, security is arranged through the facility emergency manager/security staff. Additionally, the existing security infrastructure will be used to provide security at Closed POD locations (e.g. detention centers, hospitals).
- The RSS Distribution Lead will be notified by the PCSD escort of confirmation of delivery of medications / vaccines at each site. The channel of communication will be through the escort officer to the PCSD officer stationed at the RSS. He/she in turn will notify the Distribution Lead. In the event of an emergency, the normal PCSD lines of communication will prevail.

## D. County RSS Planning Status

PCSD has the lead responsibility for planning and implementing security at the County RSS location. PCSD is in the process of surveying the County RSS site and developed a security plan for the site.

- 2 PCSD Officers have been allocated for the County RSS site
- A full sweep will also be conducted at the County RSS site prior to the arrival of any SNS supplies

## E. POD Security Planning Status

- For PODS, after consultations between the various planning groups, it has been agreed that overall security for each POD will be the responsibility of the local law enforcement agency. Local School Resource Officers (SROs) attached to the local police department assisted in each POD survey and were instrumental in the development for site security, including road closures, entry / exit points for PODs, and identifying secure storage sites for SNS assets.
- PCSD have identified locations of individual officers at each of the specific individual POD sites with a minimum of four (4) officers in attendance at each POD, in addition to the supplementation of officers from local law enforcement.
- A full sweep of each POD will be made by the local law enforcement agency prior to the arrival of medications and/or vaccines.
- Each POD site will exercise a drive thru plan when distributing medications. All PODs have outside security lighting in the main parking lots where the drive through will operate. However, outside the POD, traffic lines will be directed by night flares operated by the police.
- During the POD Site Assessment Survey process, all potential sites were assessed for vulnerability. POD site security evaluated SNS routing, delivery and storage. Based upon the assessment of strengths, weaknesses and vulnerability of each individual site, plans were developed in consultation and collaboration with School Resource Officers, who are local Police Officers, assigned to each school.
- POD Leadership staff identified pre-event will be issued an identification badge in advance. The remaining POD staff will all be screened for identification at the Registration point and will be issued event-specific name badges.
- Delivery vehicle drivers will be identified by an event-specific identification badge issued at the RSS by the RSS Manager and, in any event, will be accompanied by a PCSD officer.

| **# of PODs** | **65 PODs Identified** |
|---|---|
| # of PODs with completed security assessments | TBD |
| # of PODs with completed site specific security plans | TBD |
| # of PODs with completed traffic control plans | TBD |

Identified POD security planning strengths:

- PCSD identified by Pima County EOC as primary site security;
- All Pima Community College Campuses are under MOU's and have Campus Security that will take the lead at Community Colleges, with PCSD and Tucson Police Department in support;
- Pima County Office of Emergency Management and Pima County Department of Transportation are on board for support through the EOC to provide barricades and traffic control equipment in excess of what is already located at each POD at the time of an event;
- Optimal routes into each POD - as well as exits and required street closures - have been identified and PODs are GIS mapped. Maps are included in POD Assessments for each site;
- Traffic flow on roadways adjacent to PODs has been assessed in Site Assessments with local Police Departments that have jurisdiction for the respective POD. The individual POD assessment for each site details traffic and crowd control plans for each site (e.g. traffic flows, road closures).
- The identified County RSS site and PODs have identified and established staging areas for personnel and vehicles.
    - County RSS has more than adequate parking facilities for staff parking, which will be in a separate area than the main parking area for delivery and security vehicles.
    - All POD sites have identified a separate route from the public access for SNS deliveries. POD staff and volunteers have been designated the staff parking areas for vehicle access and parking.
- Crowd control methods have been reviewed. Local police departments will have overall authority for crowd control outside each POD with local law enforcement officers assuming authority within each POD perimeter. In support, line staff will assist in ensuring a constant flow of traffic where possible, decreasing anxiety and frustration of the public.
- Cooperation achieved among all high schools and community colleges who are involved in PODs – along with appropriate school Safety Resource Officers (SROs) with keyed access to the facility - in the event the POD needs to become functional. Identification and contact information for primary and redundant contacts at all PODs in place;
- In the event PCSD Staff at the Emergency Operations Center deem a threat or potential threat against a POD as coming from a credible source and there is sufficient information to indicate it is in fact a viable threat, PCSD Command Staff will have the ability to make the decision of ordering an evacuation of the affected Points of Dispensing Sites. Law enforcement personnel who are providing site security at a Point of Dispensing Site that requires personnel to be evacuated, will work with the local law enforcement assigned to the adjacent roadways of the campus, to assist in evacuating the personnel from the campus to a safe area.

- In the event an individual or group of individuals become disorderly, or an ensuing riot breaks out at one or more of the Point of Dispensing sites, law enforcement personnel are trained to use the level of force necessary to effect an arrest of the subject or subjects, to ensure the safety of the public is not jeopardized and to ensure the continuation of business of providing medications to the general public.

- In the event an individual or group of individuals are taken into custody at one or more of the Points of Dispensing sites, law enforcement personnel will detain the individual(s) by the use of handcuffs or flex-cuffs, inside the designated school's holding area, either being the school's library or gymnasium. Law enforcement will exercise the option of processing the individual(s) for booking purposes and will transport the individual(s) to the Pima County jail facility or issue a citation in lieu of detention.

Identified POD security challenges:

- Ensure there are enough security assets at a catastrophic event;

- Ensure – through exercises – that all security personnel are effectively contacted to respond to assigned site (i.e., testing of call down system);

- Ensure all security personnel and respective family members receive medications prior to public distribution;

- Current lack of portable radio communication for all security personnel; and,

- Impact of overwhelming calls for service during a public health emergency on all services including PCSD, Pima County Office of Emergency Management, TPD and other local law enforcement agencies.

## PART EIGHT

## TRAINING, EXERCISE, AND EVALUATION

A dedicated Training and Exercise Section within PCHD has been assigned to oversee all SNS-related training, exercise and After Action Report components. The PCHD Director and Planning Coordinator will be responsible for determining the Corrective Action Plan component of the After Action Reports. One primary training goal is to provide training to all newly hired personnel within the Pima County Health Department about the basics of incident command structure. NIMS ICS 100 and 700 courses are required, and the training will be conducted either online or in person, depending upon the number of new staff members in any given month.

A modular, SNS-specific Training Program for key POD Management staff is being developed for Pima County. Course objectives are to train key POD management staff for all designated locations on the general overview and functions of a POD, the job descriptions for each position (as described in POD Job Action Sheets), how clients should flow through the POD (whether on foot or in drive-through dispensing), and how PCOEM will coordinate logistics and communications in an actual public health event.

The Pima County Health Department must provide both orientation and in-depth training to key management staff of 52 POD's within its Metropolitan Statistical Area (MSA). The targeted audience for POD leadership training will be school staff, Pima County employees, and community volunteers, especially those associated with organizations such as Community Emergency Response Teams (CERT), the Pima Medical Reserve Corps (MRC), and Arizona Volunteer Organizations Active in Disaster (AzVOAD).

PCHD is currently working with local CERT, MRC, and other volunteer agencies in Pima County to establish POD management teams. PCHD expects that both CERT and the MRC will be valuable partners in emergency public health preparedness and response.

A calendar delineating future SNS-related exercises has been established by PCOEM. This calendar is being added to the updated PCHD Emergency Response (SNS) Plan. To date, a number of table-top exercises have been conducted with public health partners. SIREN call-down exercises among Public Health staff and Special Needs agencies have also been conducted. In addition, SIREN exercises have been scheduled to be conducted with hospitals throughout Pima County.

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# APPENDICES

*Pima County Health Department*

## APPENDIX A

# Standard Operating Procedures/Reference Guide

# On-Site Mass Clinic Deployment

CORE DOCUMENT AS OF

July 2015

**Standard Operating Procedures**
**Pima County Health Department**

**On-Site Mass Clinic Deployment**

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**Standard Operating Procedures**
**Pima County Health Department**

## Mass Clinic Deployment

Purpose and Scope

This document serves as a Standard Operating Procedure (SOP) for the deployment of a mass medication dispensing or a mass immunization clinic. It is a supplement to the Pima County Health Department Mass Clinic Plan, an annex to the Pima County Health Department Strategic National Stockpile Plan.

The purpose is to establish tasks for overall functions that launch mass clinic deployment and set-up.

This document can also be used as an assessment tool for healthcare staff that administer immunizations or dispense medications in a mass clinic setting.

Reference Documents (available upon request)

Pima County Health Department Mass Clinic Plan
**Supplement 1:** Pima County Health Department General Mass Clinic Layout
**Supplement 2:** Pima County Health Department Mass Clinic Inventory
Pima County Health Department Strategic National Stockpile Plan

Management Review

Review of this document will be conducted yearly by the Pima County Public Health Emergency Preparedness Program (PHEP) and the Pima County Office of Emergency Management (PCOEM). Each document review will constitute:

- Quality review of procedures
- Review of reference/support documents
- Review of practical/exercises in support of SOP
- Review of corrective action

Pima County Public Health Emergency Preparedness Planning Coordinator will maintain records of SOP reviews.

## Procedures

*General Note:* The deployment and management of all of Pima County Health Department's mass clinics for both immunizations and medications strongly resemble and share the same functions, layout, and clinic plans. For reasons of standardization and streamlining of emergency response plans, these general mass medication dispensing and mass immunization clinic procedures have purposely been kept as similar as possible to the Pima County General Mass Clinic Plans for smallpox, general immunizations and medication dispensing. Elements regarding requesting and obtaining the Strategic National Stockpile have also been included herein for the same reason.

Mass medication dispensing or immunization clinics are defined as those clinics organized to counteract and/or contain the effects of a biological outbreak, exposure, or likely exposure by the dispensing of medications on a large scale. The clinics require orchestrated efforts to achieve timely response, prevention, and containment of disease using a venue(s) designed to accommodate large numbers of people quickly and safely.

### 1.0 Declaration of Need

**1.1:** Declaration Request: The Pima County Health Department Director follows established County government protocols to direct the Pima County Emergency Operations Center [EOC] to activate the official request to the Arizona Department of Health Services (ADHS) and the Governor of Arizona to obtain the release of the medications from the State, Federal Government and/or the Strategic National Stockpile (SNS). The Pima County EOC request is relayed directly to the Arizona Division of Emergency Management (ADEM) to ADHS via a secure communication system.

**1.2:** Authorities: The voluntary cooperation of all affected members of the public will be sought through the use of information and education. When medication prophylaxis, mass or otherwise, is necessary, State of Arizona Statutes have been established to enable the action necessary to protect the public welfare.

The Pima County Health Department may invoke ARS § 36-136 and ARS § 36-624 to accomplish its responsibilities as the local lead agency for this task and to enforce its mandates to prophylax/treat as deemed necessary.

### 2.0 Command and Control

**2.1:** Chief Medical Officer: The Chief Medical Officer (CMO) will oversee and make the necessary determinations regarding disease surveillance, case finding, containment, prevention and all other health related functions.

The CMO will also direct the deployment of clinics, medications, and the supplies to be distributed to mass clinic sites, hospitals, alternative care sites, first responders and priority personnel. Considerations will also be directed toward prophylaxing individuals or groups of individuals who are home- or institution-bound, or without access to transportation. Standing plans for outreach to other special populations will be implemented. Decisions will be based on the size and severity of the situation, acuity and prevention considerations, and availability so that the logistics may be planned and accomplished efficiently.

**2.2:** POD Manager: The objective of the POD Manager is to assure that the entire dispensing operation is coordinated from the initial set up, through clean up and post evaluation. The POD Manager would be responsible for the daily operations at their site.

**2.3:** Unified Command: A Joint Unified Command (UC) structure will be formed and will operate using the Incident Command System (ICS) in accordance with the National Incident Management System (NIMS). The Pima County EOC will serve as the primary center of emergency operations.

**2.4:** Joint Information Center: A Joint Information Center (JIC) will be established per standing guidelines to coordinate public information.

### 3.0 Notification of Deployment and Staff Recall

**3.1:** Methods of Communication: Several methods can be used to distribute information to Pima County Health Department staff members and identified community volunteers via program staff meetings/ briefings, telephone, fax, e-mail, printed documents, personal conversations, mass communication dissemination systems, and other systems not mentioned above. Internal communications will be the primary responsibility of the Public Health Preparedness Communications Coordinator, in consultation with the appropriate supervisors and the PCHD PIO, with support from the Public Health Preparedness Program Coordinator and other Preparedness staff. The Public Health Preparedness Communications Coordinator is also the liaison for the Arizona Department of Health Services' Secured Integrated Response Electronic Notification (SIREN) system, and is responsible for maintaining and updating Pima County user information and ensuring all users are trained on system use.

**3.2:** Activation of the 24/7 Call-Back List: This directory commonly referred to as the "Emergency Callback Telephone Tree" or "Emergency Recall System," is maintained as a current working document and includes after-hours and emergency contact information for PCHD staff members and administrators. It will include home, office, and pager/ cellular telephone numbers, if applicable.

One staff member from each department/ program is assigned by his/her program manager to have on hand, with 24/7 accessibility, his/her own department/program callback directory up to date. This person is also responsible for maintaining that directory and ensuring that its information is kept current and accurate. The name of that staff member (and his/her alternate), along with his/her contact information, will be forwarded to, and kept on file by, designated PCHD staff. This directory is available and accessible around the clock (24 hours a day, 7 days a week) to the on-call PIO, and to other members of the PCHD emergency response team.

**3.3:** Community Emergency Contact Directory**:** This directory is maintained as a current working document and includes emergency contact information for local and regional media contacts, as well as PIOs from partner organizations, including area fire/police agencies and hospitals. It will be tested periodically to ensure accuracy of telephone numbers and other contact information.

**3.4:** Volunteer Organizations Directory: Volunteer agencies and organizations may provide support assistance to the emergency response. Volunteers registered directly in support of the Health Department as well as those volunteers affiliated with the Medical Reserve Corps will provide clinical support functions for Health Department staff. The decision to activate these volunteer resources will be based on the need for mass clinic(s) and other related considerations such as skill-sets required, cost-savings, efficiency, etc.

### 4.0 Supplies/Medication Procurement

**4.1:** Standing Orders: The Chief Medical Officer (CMO) will develop Standing Orders for immunization or medication based upon need for mass prophylaxis. Prescribed procedures for obtaining adequate supplies will be followed. The Chief Medical Officer, in consultation with the clinic manager(s), Pima County Health Department Operations Center staff, and Emergency Operations Center officials, will determine which supplies are to be distributed to hospitals, clinics, and ancillary sites.

**4.2:** Antibiotic Cache: Agreements are in place wherein a local cache of antimicrobials have been set aside for emergency use. The Chief Medical Officer or designee will notify cache managers to release supplies to authorized personnel.

**4.3:** Clinic Supplies: Pima County Health Department clinic supplies can be deployed from a pre-positioned warehouse located at the Pima County Health Department East Office (6920 E. Broadway Blvd. Suite B, Tucson AZ 85710). A total of 5 fully stocked 'clinic in a box' cache's are available for deployment at this location. They are labeled as; Black Clinic, Blue Clinic, Grey Clinic, Green Clinic, and Purple Clinic. The chief medical officer will request PCHD clinic supplies from the designated logistics chief.

**4.4:** Mutual Aid: Medical mutual aid will be implemented in order to acquire additional resources during major medical and health related incidents that impose overwhelming demands on local medical and health supplies. Generally, the sequence of acquisition is 1) access local, regional, or State assets through the mutual aid system; 2) purchase supplies through wholesalers; and/or 3) submit a Governor's request to the Centers for Disease Control and Prevention (CDC) for the Strategic National Stockpile (SNS). (See following section for description.) Pharmaceuticals would be administered through referrals to local clinical sites established by the Pima County Health Department.

**4.5:** Strategic National Stockpile (SNS): The Centers for Disease Control and Prevention (CDC) can deliver medical supplies within 12 hours after the governor makes a request. The supplies require 5,000 square feet of storage space, and contain oral and IV drugs to therapeutically and prophylactically treat persons exposed to any biological agent. (See Strategic National Stockpile Plan for additional information regarding request and deployment of SNS materiel)

*Contents*: Over 5 million tablets (doses) of oral antibiotics. SNS contents provide medications to treat over 46,000 persons with a 60-day supply of medication (60 day prophylaxis based on anthrax exposure). However, with the Vendor Managed Inventory (VMI) (see next entry) available within 24-36 hours to provide additional oral antibiotics (see below), the contents of a single Push Package could be used to provide over 900,000 persons with an initial 3-day supply of medication.

*Arrival in Pima County:* Once delivered to Pima County, pharmaceutical task force personnel will repackage the contents which will be delivered to staging sites in the operational areas where the medications will be dispensed.

**4.6:** Vendor Managed Inventory (VMI): If the incident requires a large or multi-phased response, or if only specific drugs/medications are needed, the CDC will prepare Vendor Managed Inventory (VMI) packages that will arrive within 24 to 36 hours. These packages can be tailored to provide specific medications or agents in the quantities needed. The VMI can supplement the Push Package with medical material specific for response to the agent of concern and can deliver quantities greater than those arriving in the original SNS shipment.

### 5.0 Clinic Set Up

The following clinical areas have been designated by the Pima County Health Department as essential and basic components in the implementation of a mass medication dispensing or immunization clinic.

*Security operations for the control of the perimeter, crowd, supply routes, and safety of patients and clinic staff, will be jointly coordinated through the Pima County Office of Emergency Management and the local jurisdiction in which the clinic is located. Security will be conducted throughout the duration of the clinic.

All sites should have the following:

- Public access (vehicle and foot)
- Separate ingress and egress
- Security/Control
- Adequate waiting area
- Adequate area for triage, filling out forms, screening, registrations, evaluation, dispensing, first aid, command center, staff check-in, staff break/rest area, translation services, security/containment
- Site utilities: water, power, refrigeration, heating, cooling, restrooms
- Electrical outlets

**5.1:** Reception and Patient Education: This functional area welcomes patients and families, explains what medications will be dispensed or vaccines will be given, accommodates language or literacy barriers and special needs of patients and families in order to make them feel comfortable with the procedure of the clinic.

This section verifies that patients receive all relevant screening and education documents to be completed and screened before any medication is dispensed or immunization is given.

**5.2:** Screening and Medical Evaluation: This functional area medically evaluates patients for contraindications to the medications or vaccinations being dispensed. Staff in this area will review comfort measures and after care instructions with patients as well as answer any questions patients may have.

**5.3:** Dispensing/Immunization Section: This functional area reviews the standing orders given by the Pima County Health Department Chief Medical Officer against the medical screening/evaluation forms given to the patient and dispenses the proper medication or vaccine. Prescription or Lot numbers of the medication/vaccine dispensed are recorded on patient forms, needles, syringes, and other medical waste is properly disposed of, and inventory is checked and reported to Inventory Control.

**5.4:** Records Section: Upon patient check-out records section fully reviews patient forms for completion and documents patient's records in a computerized registry.

**5.5:** Inventory Control: This functional area maintains a registry of all inventories and supplies on hand at the clinic. Upon request from the Dispensing/Immunization Section, inventory control will restock this section with the needed supplies. Inventory control will also follow the procedures in this appendix section 4.0 Supplies/Medication Procurement to request additional supplies for clinic operations.

**5.6:** Alternate Dispensing: Modalities for alternate dispensing include drive-thru models, curb-side services, express family services, community walk-thru, special needs dispensing, among others. It will be at the discretion of POD leadership to incorporate alternate dispensing modalities if the situation requires.

### 6.0. General Clinic Guidelines

**6.1:** Standardized treatment protocols and clinical guidelines have been developed and will be implemented as appropriate for each specific biological agent. These protocols have been developed by PCHD Disease Control staff, in conjunction with current treatment guidelines and with input from State and Federal health authorities and other infectious disease experts. They include the latest treatment and prophylaxis guidelines for adults, children, pregnant women, immunosuppressed individuals, and individuals with vaccine and/or medication allergies.

**6.2:** Vaccinations will be administered in accordance with established CDC Advisory Committee on Immunization Practices guidelines, PCHD immunization policies and procedures, and under the standing orders of the CMO.

**6.3:** When an administered vaccine/medication for treatment and/or prophylaxis is under Investigational New Drug [IND] or Emergency Use Authorization (EUA] status (as is likely in the cases of smallpox and pandemic influenza), US Food and Drug Administration (FDA) guidelines/provisions, including the shortened IND process for informed consent and EUA fact sheets, will be followed.

**6.4:** Adverse events following immunization (AEFI) will be reported to the Vaccine Adverse Event Reporting System (VAERS) for investigation.

**6.5:** Specialist (clinician) listings may be kept on hand by PCHD for consultation and review as needed. Access will be coordinated through HDOC.

**6.6:** Vaccination and medication information sheets, developed by PCHD and/or the CDC, will be given to every individual receiving treatment and/or prophylaxis. These sheets, which are specific to each medication or vaccine, will include medication directions or vaccine-site care and a list all possible side effects. The sheets also contain contact information for individuals experiencing side effects and/or adverse reactions.

**6.7:** Patient education information will be available in languages other than English, as appropriate.

**6.8:** Patient tracking will be managed by PCHD via its current computerized tracking system or a PVMS-adapted system, if available. PCHD will track high-risk individuals and their contacts, individuals who have vaccine and/or medication side effects and/or adverse reactions, and individuals who require additional doses of medication and/or vaccine or other follow-up.

**6.9:** Teams will be formed to provide outreach to those populations that are unable to attend mass clinic sites, including home/institution bound individuals and medically underserved and migrant populations. The outreach teams may be comprised of specially trained volunteers, emergency responders, PCHD staff, and others, depending on the circumstances of the event.

**6.10:** County and municipality Emergency Medical Services (EMS) will provide transportation for seriously or critically ill individuals from clinics to hospitals or other acute care centers. The EOC will coordinate the transportation of stable or asymptomatic individuals to triage centers or hospitals.

**6.11:** Transportation of pharmaceuticals and supplies to the clinic will be managed by the EOC in coordination with law enforcement agencies

**6.12:** Tracking of pharmaceuticals and supplies will be managed centrally by the EOC and HCOD staff, and locally at each clinic site by the Clinic Leader.

**6.13:** Refrigeration units for pharmaceuticals will be obtained under the auspices of the EOC, if required.

**6.14:** A '24/7' phone 'hot-line' system will be set up for the public. The existing PCHD Call Center will be activated immediately using both a single local call-in number and a single 'toll-free' call-in number for those not living in the metro area. Additional lines and call centers can be added to this system as needed. Hospitals and ancillary clinics will be required to provide 'hot line' services and quick accessibility for staff and families vaccinated by their facility. Trained 'hot-line' staff will receive and distribute essential information regarding basic medical evaluation, treatment resources, and general information.

**6.15:** Security at mass clinics for the control of the perimeter, crowd, supply routes, and the safety of the public and clinic staff will be jointly coordinated through the EOC and the local law enforcement jurisdiction in which the mass clinic is located. Security will be maintained throughout the duration of clinic operation.

### 7.0 Staffing (Assignments and Training)

The following staff positions have been designated by the Pima County Health Department as essential and basic components in the implementation of a mass medication dispensing or immunization clinic. See Pima County Health Department Mass Clinic Plan for a full description of these position and job action sheets.

**7.1:** Division Leader (and back-up): The Division Leader (POD Leader) will be charged with activating staff and ensuring that staff members and volunteers understand their roles in the clinic per Just-In-Time Training (JITT). Overall site management, flow, safety, rotations and replacement of staff, proper storage of medications/vaccines, and de-activation of the site, will be functions of the Clinic Leader.

**7.2:** Physician/Clinician: If a physician is not available to be on site, one needs to be made available via telephone or radio.

**7.3:** Line Managers: Manage patient flow in or outdoors, may answer general questions from the patients, and will assist the public to start reading patient information and completing medical screening forms.

**7.4:** Clerical Support: Assist the public with forms as needed, assist clinical staff in clerical portion of forms completion, routing, copying, collating, data entry as appropriate.

**7.5:** Medical Staff (physicians, nurses, EMTs, MA's, PA's NP's): Medical staff will follow established clinic protocols and medical standing orders. Medical staff may assist in medical screening and evaluation, medication dispensing or immunizations, administer medications, document all necessary information, and render appropriate care and take necessary follow up measures.

**7.6:** Security Staff: Maintain order and safety, assist the staff and the public as appropriate to security duties, control access to mass medication dispensing clinic, and control and facilitate the flow of traffic.

**7.7:** Inventory Staff: Maintain control and inventory of all clinic related materials and supplies. Sign in and out all durable medical equipment including any available medications/vaccines, or other as determined by Chief Medical Officer and Division Leader.

### 8.0. Pharmaceuticals

**8.1:** Medications

**8.1.a:** Antimicrobials and Antivirals: The resident Pima County cache and other sources will be drawn upon in the early days of event management. The CDC Strategic National Stockpile/Vendor Managed Inventory will be requested as needed, as above.

**8.1.b:** Smallpox medications: Some experts anticipate that heroic measures will be employed for every case of smallpox, and that some of the new antivirals will be employed. Off-label use or other special request drug status may be requested. Smallpox immunization containment and prophylaxis strategies will also be employed. It is also possible that large quantities of these medications may not be available locally and must be requested with the assistance of CDC.

**8.2:** Vaccines - General Procurement

Vaccines may not be available in large amounts from ADHS or other sources, and will likely have to be requested through ADHS to the CDC for the delivery of the vaccine via the SNS deployment system. Express delivery is critical to prevention and control efforts. The ADHS Strategic National Stockpile Standard Operating Procedure will be followed, as will the coordination efforts as outlined in the ADHS Receipt, Storage and Staging Plan.

**8.3:** Vaccines - Specific Procurement

**8.3.a:** Anthrax vaccine must be ordered through CDC. It is anticipated that all exposed individuals will most likely have been started on oral antibiotics before vaccination is considered. Vaccine delivery is likely to occur 1-2 weeks after the time of request if demand is heavy. Some considerations may be given to prophylactic immunization of specified first responders and high-risk occupation groups depending on the nature of the event. Supplies will not be available locally and large quantities will have to be requested from CDC. Express delivery is critical to prevention and control efforts.

**8.3.b:** Smallpox vaccine is not available locally and must be requested from CDC. Express delivery is critical to prevention and control efforts. Smallpox vaccine may only be available under an IND protocol. (See Smallpox Response and Recovery Plan).

**8.3.c:** Influenza (flu) vaccine may be available locally if the outbreak occurs during October through May (the period during which flu vaccine orders are routinely received and may be on hand). When local flu vaccine supplies are available they will be located and obtained by PCHD. The CMO will then coordinate the distribution of the flu vaccine to mass clinics, hospitals, ancillary clinics and the existing private healthcare provider system. Other State and national vaccine sources, including pharmaceutical companies, will be contacted as needed for the procurement of additional flu vaccine.

If the influenza virus is a newly emerging (novel) strain, an effective vaccine most likely will not have been developed for that strain and may not be available for several months. A pandemic influenza vaccine will be available under IND protocol. Depending on the strength of cross-effectiveness, as determined by CDC, WHO, etc., the available flu vaccine may be used to mitigate the impact of the emerging strain(s) during the interim.

**8.3.d:** Botulism anti-toxin is available through CDC as per established protocols. Available quantities may be limited.

**8.4:** See Table 2 for treatment, prophylaxis and vaccination guidelines.

**8.5:** Dispensing supplies

Non-pharmaceutical supplies (counters, labels, bottles, containers, syringes, needles, sharps containers, hand cleanser, alcohol swabs, gloves, emergency kits, etc.) will be readily available locally. In the event that a mass exposure event occurs, additional supplies may have to be obtained at the State or national level. It is likely that the SNS will already be on hand or on the way at this time. The VMI may also be accessed as per ADHS and CDC guidelines if necessary.

**Table 2**: Recommended treatment and prophylaxis of specific biological agents (as of July 2015).[1] TBD

| Disease/Biological Agent | Treatment | Chemoprophylaxis (post-exposure) | Vaccine | Other[2] |
|---|---|---|---|---|
| Anthrax *Bacillus anthracis* | Inhalational: IV Ciprofloxacin or Doxycycline, **plus** 1-2 other antimicrobials[3] Penicillin[4] for susceptible strains Cutaneous: Oral Ciprofloxacin, Doxycycline or Amoxicillin | Oral Ciprofloxacin or Doxycycline, with or without vaccine Penicillin[4] or Amoxicillin for susceptible strains | Inactivated vaccine, licensed but not readily available – 6 injections with an annual booster | Anthrax vaccine for early and late post-exposure prophylaxis |
| Botulinum toxin *Clostridium botulinum* | Supportive care Trivalent equine antitoxin for serotypes A,B,E - licensed and available from the CDC | Antitoxin not recommended until person is showing symptoms | Pentavalent equine antitoxin for serotypes A-E; CDC - investigational; not licensed for general use | Heptavalent equine despeciated antitoxin for serotypes A-G - Department of Defense |
| Brucellosis *Brucella spp.* | Doxycycline **plus** Streptomycin or Rifampin[5] | Doxycycline **plus** Streptomycin or Rifampin | | |
| Influenza | Amantadanes: Amantadine or Rimantadine - potential for severe side effects and antiviral resistance Neuraminidase inhibitors (NAI): Oseltamivir (preferred) or Zanamivir (alternative) | Amantadine or Rimantadine; Oseltamivir or Zanamivir | Estimated 6 months to develop a vaccine for pandemic strain; may require 2 doses to induce immunity | Novel virus emergency vaccines |
| Plague – pneumonic *Yersinia pestis* | IV/IM Streptomycin or Gentamicin (alternatives: Doxycycline, Ciprofloxacin; Chloramphenicol for meningitis) | Oral Doxycycline or Ciprofloxacin | | Ciprofloxacin does not have an FDA approved indication for plague |
| Smallpox *Variola major* | Supportive care | Vaccine may be effective within 3-4 days of exposure | Attenuated strain vaccinia vaccine; given by scarification | Cidofovir, VIG for adverse reactions to Smallpox vaccine |
| Tularemia – pneumonic *Francisella tularensis* | Contained casualty setting: IV/IM Streptomycin or Gentamicin (alternatives: Doxycycline, Ciprofloxacin, Chloramphenicol) Mass casualty setting: Oral Doxycycline or Ciprofloxacin | Oral Doxycycline or Ciprofloxacin | Live attenuated vaccine; USAMRIID - investigational; currently under FDA review; not licensed for general use; given by scarification | Gentamicin, Ciprofloxacin and Chloramphenicol do not have an FDA approved indication for tularemia |
| Viral Hemorrhagic Fevers *Arenaviruses, Filoviruses, Flaviviruses, Bunyaviruses* | Supportive care | | Yellow fever vaccine is the only licensed vaccine available; other vaccines are investigational only | Ribavirin may be effective for some viruses |

[1]Information contained in this table is for informational purposes only. Medications listed are approved for otherwise **healthy adults** only. Current medical therapy should be verified before initiation of patient treatment.
[2]Off–label use; Under consideration for use; Requires request/approval through CDC or other agency; IND (Investigational New Drug); Military use different than general public use; Controversial/difference of opinion
[3]Other agents with *in vitro* activity suggested for use in conjunction with Ciprofloxacin or Doxycycline for treatment of inhalational anthrax include Rifampin, Vancomycin, Imipenem, Chloramphenicol, Penicillin, Ampicillin, Clindamycin and Clarithromycin.
[4]Penicillin and ampicillin should not be used alone due to concerns of constitutive and inducible beta-lactamases
[5]Alternative therapies: Ofloxacin **plus** Rifampin; Doxycycline **plus** Gentamicin; Trimethoprim/Sulfamethoxazole (TMP/SMX) **plus** Gentamicin

## 9.0. Prioritization

**9.1:** Prioritization of recipients for treatment and/or prophylaxis will be accomplished under the direction of the CMO, following State and Federal guidelines and recommendations for prioritization. Vaccines and/or medications will be administered to individuals identified by the appropriate County and/or City officials and other appropriate agency directors as meeting the specified prioritization guidelines.

**9.2:** The rationale for prioritization of recipients for treatment and/or prophylaxis will be transparent and openly communicated to healthcare providers and the public in order to enlist their understanding and cooperation.

**9.3:** Prioritization of recipients for treatment and/or prophylaxis is situation and disease specific. Individuals, or groups of individuals, will be identified as candidates to receive treatment and/or prophylaxis based on determinations of disease risk, such as the characteristics of causative agent, exposure history, the availability of pharmaceuticals, initial geographic distribution of the exposure, transmissibility and fatality rates, and the effectiveness of implemented strategies.

**9.4:** Priority is given most often to individuals with a specific exposure history (e.g., people with direct exposure to the biological agent and their contacts), the highest risk factors for severe illness and death (e.g., very young or elderly, pregnant, immune-compromised, high-risk health conditions, etc.), and specific occupations (e.g., first responders, direct healthcare providers, essential service providers, key government personnel).

**9.5:** The recipients of treatment and/or prophylaxis can range from directly exposed individuals to the entire Pima County population, depending upon the nature of the event.

**9.6:** Prioritization of recipients for treatment and/or prophylaxis will most likely change over the course of the disease outbreak event based on the evolution of the characteristics of the causative biological agent and on the availability and effectiveness of pharmaceutical and other interventional strategies.

**9.7:** See the PCHD Pandemic Influenza and Smallpox Plans for specifics regarding prioritization of recipients for treatment and/or prophylaxis for those events.

## 10.0 Demobilization

**10.1:** Notification of Demobilization: Decision for demobilization of a mass clinic will be made jointly through the Pima County Health Department Incident Command Structure command staff and the Chief Medical Officer. Notification of demobilization will be made from the Chief Medical Officer to each division clinic leader.

**10.2:** Assessment: Major activities are focused on medication prophylaxis completion rates, case rates, community requirements, and assessment of ongoing needs. Demobilization will include phased deactivation of sites, staff, and assets.

**APPENDIX B: Assessed POD Locations**

The attached list of facilities has been assessed using the ADHS POD assessment tool as of July 2015. Pima County Health Department is currently evaluating the readiness of each facility listed to enter into an MOU agreement for use of the building.

Facilities in BOLD have been validated by PCHD and are in process of MOU development.

| Facility Name | Address | Main Telephone # | Primary Contact | Title | Cell Phone # |
|---|---|---|---|---|---|
| **Ellie Towne Flowing Wells Community Center** | **1660 W. Ruthrauff Tucson, AZ 85705-1253** | **520-887-9786** | **Dianna Kelley** | **Community Center Coordinator** | **520-909-1049 © 520-887-9731 (f) Dianna.kelley@pima.gov** |
| **Armory Park Center** | **220 S. 5th Avenue Tucson, AZ 85701-2107** | **520-791-4865** | **Jerry Neely** | **Center Program Coordinator** | **520-791-4865 (b) 520-791-5314 (f) Jerry.neely@tucsonaz.gov** |
| **Arthur Pack Regional Park/Crooked Tree Clubhouse** | **9101 N. Thornydale Road Tucson, AZ 85742-9082** | **520-744-3366** | **Brian Stevens** | **General Manager – Pro Shop** | **520-744-3366 ext. 12 (b) 520-990-9471 © 520-744-3367 (f) Crookedtree00@comcast.net** |
| **Rillito Park** | **4502 N. 1st Avenue Tucson, AZ 85718-5607** | **520-745-5486** | **George Kuck** | **Operations Maintenance Manager** | **520-887-6100 (b) 520-850-8326 © 520-877-6006 (f) George.kuck@pima.gov** |
| **Desert Hills Social Center** | **2980 S. Camino Del Sol Green Valley, AZ 85622-8200** | **520-625-5221** | **John Adderly** | **Building Services Manager** | **520-625-3440 ext 206 (b) 520-909-3112 © 520-625-2352 (f) john@gvrec.org** |
| Santa Rita Springs Recreation Center | 921 W. Rio Fuerte Green Valley, AZ 85614 | 520-393-0360 | John Adderly | Building Services Manager | 520-625-3440 ext 206 (b) 520-909-3112 © 520-625-5352 (f) john@gvrec.org |

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|---|---|---|---|---|---|
| **Catalina Neighborhood Park and Recreation Center** | **16562 N. Oracle Road Tucson, AZ 85739** | **520-825-9011** | **Kelly Cheeseman** | **Program Manager** | **520-682-7166 (b) 520-909-3163 © 520-682-7026 (f) Kelly.cheeseman@pima.gov** |
| **E.S. "Bud" Walker Neighborhood Park/Community Center** | **290 N 5th Street Tucson, AZ 85705-8464** | **580-387-6641** | **Ana Lopez** | **Recreation Coordinator** | **520-307-4376 (personal phone) 520-387-6758 (f) Ana.lopez@pima.gov** |
| **Randolph Recreation Complex** | **200 S. Alvernon Way Ajo, AZ 857321** | **520-791-4560** | **Lisa Sommer** | **Supervisor** | **520-631-6310 © 520-791-5215 (f) Lisa.sommer@tucson.az.gov** |
| American Legion Post 109 | 15921 S. Houghton Road Vail, AZ 85641 | 520-762-5652 | Tom Andrews | Commander | 520-762-5652 (b) N/A (f) N/A (email) |
| **John Valenzuela Youth Center** | **1550 S. 6th Avenue Tucson, AZ 85713-2801** | **520-792-9251** | **Gloria Hamelitz** | **Director** | **520-272-9775 © 520-629-0587 (f) gloriaHamelitz@hotmail.com** |
| **Centro Del Sur Community Center** | **1631 S. 10th Avenue South Tucson, AZ 85713-2816** | **520-792-3937** | **Robert Flores** | **Center Coordinator** | **520-792-3937 (b) 520-792-3937 (f) Roberto.flores@pima.gov** |
| Sahuarita District Park/Joan Sweetland Community Center | 15500 S. Sahuarita Park Road Sahuarita, AZ 85629 | 520-648-5252 | Greg Rivera | Neighborhood Center Coordinator | 520-490-8269 © 520-648-5252 (f) grivera@pima.gov |
| Rillito Vista Neighborhood Park and Community Center | 8820 W. Robinson Road Tucson, AZ 85653 | 520-682-4482 | Lacey Gould | Recreation Program Manager | 520-877-6114 (b) 520-419-2682 © 520-877-6006 (f) Lacey.gould@pima.gov |
| **Quincie Douglas Center** | **1575 E. 36th Street Tucson, AZ 85713-3703** | **520-791-2507** | **Robert Norris** | **Recreation Supervisor** | **520-791-2507 (b) 520-791-5783 (f) Robert.norris@tucsonaz.gov** |
| **Kino Veterans Memorial Community Center** | **2805 E. Ajo Way Tucson, AZ 85713-6217** | **520-740-4651** | **Mary Arvizu** | **Coordinator** | **520-740-4651 (b) 520-740-4625 (f) marvizu@pima.gov** |

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|---|---|---|---|---|---|
| Lighthouse YMCA | 2900 N. Columbus<br>Tucson, AZ 85712-1644 | 520-795-9725 | Noni O'Sullivan | Executive Director | 520-471-1597 ©<br>520-795-1507 (f)<br>nonio@tucsonymca.org |
| Yaqui Wellness Center | 5305 Calle Torim<br>Tucson, AZ 85757 | 520-879-6203 | Henry Soza | Fitness Room Supervisor | 520-879-6203 (b)<br>N/A (f)<br>hsoza@pacuayaqui-nsn.gov |
| Pascua Center | 785 W. Sahuaro<br>Tucson, AZ 85705-5337 | 520-791-4609 | Rebecca Tapia | Center Supervisor | 520-631-9809 ©<br>520-791-3246 (f)<br>Rebecca.tapia@tucsonaz.gov |
| Palo Verde Neighborhood Park | 425 S Mann Rd.<br>Ajo, AZ 85710 | N/A | George Kuck | Operation Maintenance Manager | 520-877-6100 (b)<br>520-877-6006 (f)<br>George.kuck@pima.gov |
| Forrest "Rick" Rickard Neighborhood Park | 1330 W. Childs Street<br>Ajo, AZ 85721 | N/A | George Kuck | Operation Maintenance Manager | 520-877-6100 (b)<br>520-877-6006 (f)<br>George.kuck@pima.gov |
| Augie Acuna – Los Ninos Neighborhood Park | 5432 S. Bryant Avenue<br>Tucson, AZ 85706 | 520-724-2031 | George Kuck | Operation Maintenance Manager | 520-877-6100 (b)<br>520-877-6006 (f)<br>George.kuck@pima.gov |
| Murphy Multi-Use Field | 4550 N. Camino Escuela<br>Tucson, AZ 85718 | N/A | George Kuck | Operation Maintenance Manager | 520-877-6100 (b)<br>520-877-6006 (f)<br>George.kuck@pima.gov |
| Don Felix Memorial Park | 5790 N Camino De La Tierra<br>Tucson, AZ 85741 | N/A | George Kuck | Operation Maintenance Manager | 520-877-6100 (b)<br>520-877-6006 (f)<br>George.kuck@pima.gov |
| Jacobs City YMCA | 1010 W. Lind<br>Tucson, AZ 85705-3490 | 520-888-7716 | George Kuck | Operation Maintenance Manager | 520-877-6100 (b)<br>520-888-7721 (f)<br>George.kuck@pima.gov |
| **Marty Birdman Center/Balboa Neighborhood Park** | **2536 N Castro Avenue<br>Tucson, AZ 85705-4421** | **520-791-5950** | **Richard Sanders** | **Recreation Coordinator** | **520-791-5950 (b)<br>520-791-5952 (f)<br>Richard.sanders@tucsonaz.gov** |
| Thomas Jay regional Park/Littletown Recreation Center | 6465 S. Craycroft Rd<br>Tucson, AZ 85756 | 520-724-5000 | Raul Martinez | Recreation Coordinator | 520-273-7322 ©<br>520-574-1404 (f)<br>rmartinez@pima.gov |

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| William M. Clements Center | 8155 E. Poinciana Dr.<br>Tucson, AZ 85730-4641 | 520-791-5787 | Marci Gregg | Recreation Supervisor | 520-631-5707 ©<br>520-791-5807 (f)<br>marci.gregg@tucsonaz.gov |
| West Social Center | 1111 Via Arcoiris<br>Green Valley, AZ 85614 | 520-625-0288 | John Adderly | Building Services Manager | 520-625-3440 ext. 206 (b)<br>520-909-3112 ©<br>520-625-2352 (f)<br>john@gvrec.org |
| Ted Walker District Park/Sportspark | 6775 N Casa Grade Highway<br>Tucson, AZ | N/A | George Cook | Ops Supervisor | 520-877-6100 (b)<br>520-850-8326 ©<br>520-877-6006 (f)<br>N/A (email) |
| Feliz Paseos Park | 1600 N. Camino de Osete<br>Tucson, AZ 85745 | 520-724-2031 | N/A | N/A | N/A |
| Picture Rocks Community Center | 5615 N. Sanders Road<br>Avra Valley, AZ | 520-682-7166 | Wanda Crawford | Coordinator | 520-250-2827 ©<br>520-250-2827 (f)<br>Wanda.crawford@pima.gov |
| Picture Rocks Community Center | 5615 N. Sanders Road<br>Tucson, AZ 85743-7582 | 520-444-8771 | Gary Makeig | Trades Maintenance Specialist | N/A ©<br>520-682-8253 (f)<br>N/A (email |
| Winston-Reynolds Manzanita Park | 5200 S. Westover Avenue<br>Tucson, AZ 85746 | 520-833-1276 (shop) | N/A | N/A | N/A |
| Linda Vista Neighborhood Park | 2565 Camino Del Grijalva<br>Tucson, AZ 85742-4292 | N/A | N/A | N/A | N/A |
| Richardson Neighborhood Park | 3500 W. Green Trees Drive<br>Tucson, AZ 85741 | N/A | N/A | N/A | N/A |
| Wildwood Neighborhood Park | 6201 N. Parsley Road<br>Tucson, AZ 85741 | N/A | N/A | N/A | N/A |

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|---|---|---|---|---|---|
| Denny Dunn Neighborhood Park | 4400 N. Massingale Road Tucson, AZ 85741-1852 | N/A | N/A | N/A | N/A |
| Children's Memorial Neighborhood Park | 4851 N Fifteenth Place Tucson, AZ 85704 | N/A | N/A | N/A | N/A |
| Sunset Point Neighborhood Park | 8535 N Star Grass Drive Tucson, AZ 85742 | 520-877-6000 | N/A | N/A | N/A |
| **Northwest YMCA Pima County Community Center and Thad Terry Pool** | **7770 N. Shannon Tucson, AZ 85741-2583** | **520-229-9001** | **Paula Warnke** | **Operations Director** | **520-229-9007 ext 215 (b) 520-229-9005 (f) pwarnke@tucsonymca.org** |
| **Continental Community Center** | **1110 E. Whitehouse Canyon Road Tucson, AZ 85614** | **N/A** | **Cassie Burruel** | **Office Mgr. UA Coop Extension** | **520-648-0808 (b) 520-869-4262 © 520-648-0809 (f) cassieb@ag.arizona.edu** |
| Canoa Hills Recreation Center | 3660 S. Camino Del Sol Green Valley, AZ 85622-5085 | 520-625-6200 | John Adderly | Building Services Manager | 520-625-3440 ext. 206 (b) 520-909-3112 © 520-625-2352 (f) john@vrec.org |
| Las Campanas Recreation Center | 565 W. Beltower Dr. Green Valley, AZ | 520-684-7669 | John Adderly | Building Services Manager | 520-625-3440 ext. 206 (b) 520-909-3112 © 520-625-2352 (f) john@vrec.org |
| East Social Center | 7 S. Abrego Drive Green Valley, AZ 85614-2401 | 520-625-4641 | John Adderly | Building Services Manager | 520-625-3440 ext. 206 (b) 520-909-3112 © 520-625-2352 (f) john@vrec.org |
| Meadowbrook Neighborhood Park | 2635 W. Sandbrook Lane Tucson, AZ 85741 | N/A | N/A | N/A | N/A |
| Casas Adobes Park | 6262 N Oracle-Jaynes Station Road | 520-724-2031 | N/A | N/A | N/A |

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|---|---|---|---|---|---|
| | Tucson, AZ 85741 | | | | |
| George Mehl Family Foothills Park | 4060 E. River Road Tucson, AZ 85718 | 520-724-5000 | N/A | N/A | N/A |
| Brandi Fenton Memorial Park | 3536 E. River Tucson, AZ 85718-6641 | 520-724-5000 | N/A | N/A | N/A |
| McDonald District Park | 4100 N. Harrison Road Tucson, AZ 85749 | N/A | N/A | N/A | N/A |
| El Rio Center | 1390 W. Speedway Blvd Tucson, AZ 85745-2324 | 520-791-4683 | Tucson Parks Communication | N/A | 520-791-4144 (b)<br>N/A ©<br>N/A (f)<br>N/A (email) |
| Roy P. Drachman – Agua Caliente Regional Park | 12325 E. Roger Rd Tucson, AZ 85749-9054 | 520-877-6000 | Amy Loughner | Park Manager | 520-877-6106 (b)<br>520-850-5028 ©<br>520-877-6006 (f)<br>Amy.loughner@pima.gov |
| **Oury Center** | **600 W. St. Mary's Road Tucson, AZ 85701** | **520-791-4788** | **Paul Ponce** | **Rec. Coordinator** | **520-791-4788 (b)<br>520-481-2217 ©<br>N/A (f)<br>Paul.ponce@tucsonaz.gov** |
| Ebonee Marie Moody Park | 6925 S Cardinal Ave Tucson, AZ 85746 | N/A | N/A | N/A | N/A |
| Southwest Community Center | 5950 S Cardinal Ave Tucson, AZ 85746-3710 | 520-578-0922 | Mary Jane Sheppard | Office Manager | 520-578-0922 (b)<br>N/A ©<br>520-578-0922 (f)<br>N/A (email) |
| Winston Reynolds-Manzanita Pool and Drexel Heights Community Center | 5220 S. Joaquin Tucson, AZ 85746 | 520-883-4228 | N/A | N/A | N/A |
| Anamax Neighborhood Park | 17501 Camino De Las Quintas Tucson, AZ 85629 | 520-445-7850 | Debbie Summers | Director | 520-822-8894 (b)<br>N/A ©<br>dsummers@ci.sahuarita.az.us |

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|---|---|---|---|---|---|
| Vesey Neighborhood Park | 4999 S Butts Road Tucson, AZ 85757 | 520-877-6000 | N/A | N/A | N/A |
| Branding Iron Neighborhood Park | 5900 Branding Iron Circle Tucson, AZ 85757 | N/A | N/A | N/A | N/A |
| Lawrence District Park | 6777 S. Mark Road Tucson, AZ 85757 | 520-877-6000 | N/A | N/A | N/A |
| **United Community Health Center – Three Points Clinic** | **15921 W. Ajo Way Three Points, AZ** | **520-407-5700** | **Marcia Kanopka** | **Patient Advocate** | **520-407-5700 (b)<br>520-954-8300 ©<br>520-882-2362 (f)<br>mkanopka@uhc.az.org** |
| Three Points Veterans Memorial Neighborhood Park | 10211 S Sasabee Road Three Points, AZ | 520-822-2157 | Sherry Barfields | Manager | N/A (b)<br>N/A ©<br>N/A (f)<br>N/A (email) |
| Robles Ranch Civic Center | 16150 W Ajo Way Tucson, AZ 85735 | 520-578-3063 | Adam Bernal | Coordinator | 520-822-4408 (b)<br>520-954-8300 ©<br>520-882-2362 (f)<br>Adam.bernal@pima.gov |
| Mission Ridge Park | 3121 W. Tucker Tucson, AZ 85746 | N/A | N/A | N/A | N/A |
| Paseo de Lupe Eckstrom | ½ Block South of 39th Street Between 10th & 12th Avenue South Tucson, AZ 85713 | N/A | N/A | N/A | N/A |