

2023

# GROTON BOARD OF HEALTH EMERGENCY DISPENSING SITE PLAN



*This plan has been adapted from the  
Massachusetts Department of Public  
Health: Emergency Dispensing Site: A Guide  
for Local Planning for Medical  
Countermeasure Dispensing Operations,  
July 2019*

## RECORD OF CHANGES

The Town of Groton Emergency Dispensing Site plan shall be reviewed annually by the Board of Health.

Date	Name	Description
February 2023	S. Darlagiannis	Started new plan from scratch.
February 2023	B. Lein	Formatting

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## 1 INTRODUCTION

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Local health departments, in collaboration with state, tribal, and federal partners, have been tasked with preparing for, responding to, and recuperating from threats to public health. These threats can include acts of biological and chemical terrorism such as the release of aerosolized anthrax spores or food product contamination and naturally occurring infectious disease threats such as pandemic influenza.

Emergency Dispensing Sites (EDS) are a key function and primary strategy used by local health departments in their mass prophylaxis and vaccination response to a public health emergency. An EDS is used to distribute medical countermeasures (MCMs) quickly and efficiently to an affected population to prevent against, protect from, and as treatment for public health threats.

### 1.1 PURPOSE

The purpose of this document is to provide the Town of Groton with direction and guidance regarding the EDS operation. Appendix 9.23 is a checklist to be used as a working document.

Mobilization and operation of an EDS is a local and/or regional responsibility with assistance and support from the Massachusetts Department of Public Health (MDPH) and other state and federal resources.

### 1.2 SCOPE

The primary audience for this EDS Plan includes health department staff, emergency management officials and community partners who may be required to implement or support an MCM dispensing operation.

## 2 EMERGENCY MANAGEMENT PHASES

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### 2.1 PHASE 1: MITIGATION <sup>1</sup>

Takes place before a disaster occurs and involves steps taken to protect people and property, while also reducing hazards and consequences from a disaster situation.

### 2.2 PHASE 2: PREPAREDNESS

Occurs before a disaster. Preparedness measures include training, education, drills and exercises.

### 2.3 PHASE 3: RESPONSE

This phase takes place in the immediate aftermath of a disaster and involves addressing immediate threats to people and property.

### 2.4 PHASE 4: RECOVERY

This phase involves the restoration of an organization/community following a disaster. Recovery efforts include the creation of protocols and action plans to address the most serious impacts of a disaster. Obtaining new resources rebuild or create partnerships.

## 3 MEDICAL COUNTERMEASURE DISTRIBUTION

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Regulated by the U.S. Food and Drug Administration (FDA) MCM's are life-saving medicines and medical supplies that can be used to diagnose, prevent, protect from, or treat conditions resulting from chemical, biological, radiological, nuclear, or environmental (CBRNE) threats, emerging infectious diseases, or a natural disaster. The distribution of emergency MCM to the local EDS is largely the responsibility of federal and state officials.

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<sup>1</sup>

### 3.1 STRATEGIC NATIONAL STOCKPILE

The Strategic National Stockpile (SNS) is a federal medical response infrastructure managed by the Administration for Strategic Preparedness and Response (ASPR) that can supplement and re-supply medical countermeasures and medical supplies needed by states during public health emergencies. It is structured for flexible response with four (4) types of assets including the 12-Hour Push Pack, Managed Inventory, Medical Waste Management System and Federal Medical Stations. SNS stockpiles are stored in secure warehouses that are strategically located across the country.

The following table provides resource descriptions and characteristics for each.

**Table 1.** SNS Assets

<p><b>Push Package</b> Health threats are ill-defined (unknown disease or agent, geographic area, exposed populations, etc.) <i>Examples: widespread illness from unknown agent; detection of possible aerosolized anthrax</i></p>	<ul style="list-style-type: none"> <li>● Pre-packaged, transport-ready containers.</li> <li>● Distributed within 12 hours of federal decision to deploy.</li> <li>● Contains 50 tons of medical resources (including antibiotics, vaccines, antitoxins &amp; supplies used to dispense them)</li> </ul>
<p><b>Managed Inventory</b> Health threats are specific (known disease or agent, geographic area, exposed populations, etc.) <i>Examples: pandemic influenza</i></p>	<ul style="list-style-type: none"> <li>● Palletized individual resources.</li> <li>● Distributed within 24-36 hours of federal decision to deploy.</li> <li>● Used to supplement the Push Package with additional specific items (e.g., medication)</li> </ul>
<p><b>Federal Medical Station</b></p>	<ul style="list-style-type: none"> <li>● Cache of medical supplies and equipment that can be used to set up a temporary non-acute medical care facility.</li> <li>● Can treat 250 people for up to 3 days</li> </ul>
<p><b>Medical Waste Management System</b></p>	<ul style="list-style-type: none"> <li>● Comprehensive medical waste solution for MCM received from the SNS.</li> <li>● Designed for rapid deployment and includes various services and products necessary to dispose of medical waste</li> </ul>

MDPH and the Massachusetts Emergency Management Agency (MEMA) may advise the Governor of the Commonwealth (or designee) to request the SNS. A general state of emergency can be declared by the Governor to facilitate the SNS request and coordinate its arrival and further distribution.

### 3.2 RECEIVE, STAGE & STORE

Plans for the state Receive, Stage and Store (RSS) facilities are developed and maintained by the MDPH MCM Coordinator and Assistant MCM Coordinator. Massachusetts has two (2) pre-identified RSS facilities that serve as warehouse and distribution facilities. The MDPH opens the RSS to receive and temporarily store MCM, supplies and equipment deployed to the state by the SNS. MDPH would work with local and state authorities to reappportion and distribute MCM to activated EDS and hospitals based on demographics provided by the local community and posted to the EDS board within the MDPH WebEOC. Transportation of MCM to the EDS or local health department will be done by a Massachusetts State Police security escort through coordination with the State Emergency Operations Center (SEOC), if activated, or the Department Operation Center (DOC).

### 3.3 TIMELINE FOR 48 HOUR MCM ACTIVITY

The following table outlines the timeline from the decision to request SNS to when MCM distribution begins:

**Table 2.** Time for 48 Hour MCM Activity

Hour	Milestone
0	The decision is made to implement response activity and request SNS assets
12	SNS assets arrive to Mass DPH RSS site
13	In-state transportation of assets is initiated ,involving MDPH, MEMA and the Massachusetts State Police, to local EDS locations
14	MCM dispensing campaign initiated
48	Initial MCM distribution completed (priority prophylaxis) and sustainment begins (EDS open to the public/target groups)

## 4 MEDICAL COUNTERMEASURE DISPENSING METHODS

Dispensing of MCMs can be accomplished using either of these methods: 1) pull-method, and 2) push-method. Each of these methods can be attained using one or more dispensing models depending on the type of incident, required MCM, and available staff and resources.

### 4.1 MEDICAL VS NON-MEDICAL DISPENSING

A medical dispensing model should be followed when a licensed medical professional dispenses the recommended MCM based on an individual medical assessment (e.g., screening for medical history, allergies, and pre-existing conditions). EDS staff can transition from a medical to a non-medical dispensing model if it is determined that the change will significantly improve dispensing operations. Possible triggers for transition from a medical to non-medical dispensing model include:

- Estimated number of people who are exposed or at-risk.
- Availability of qualified medical professionals
- Required amount of time to complete the dispensing operation.
- Severity of the health threat
- Throughput needs.
- Changing conditions at the EDS (e.g., long lines, weather, etc.)
- Outside guidance from state or federal authorities

Medical evaluation or screening may rely on triage by non-clinical staff or self-assessment in a non-medical dispensing model. Additionally, medication can be dispensed by trained non-medical staff under the supervision of a licensed medical professional. While the transition between medical and non-medical models is not used when dispensing vaccines, in an emergency the Commissioner of Public Health has the authority to relax [requirements](#) to allow additional categories of licensed healthcare professionals to administer vaccines.

[Appendix 9.1 EDS NAPH Registration Form](#), [Appendix 9.2 EDS NAPH Form Medication Algorithm](#), [9.3 MDPH Generic Antibiotic EDS Flowchart Template](#); and [MDPH Generic Vaccine Administration EDS Flowchart Template](#) can be used to register and screen clients. [Dispense Assist](#) is an optional online self-screening tool that allows clients to complete and print an [online registration form](#) prior to coming to the EDS. This program can be used for screening of covid-19, plague, tularemia, influenza, and anthrax. The client will give the printed form to dispensers who will fill the order and then scan the QR code to capture the data. Dispense Assist had online [training resources](#) for dispensing staff.

#### 4.1.1 SUSTAINED DISPENSING

Certain situations,, such as an aerosolized anthrax release, may require a multiple-dose administration and medication dispensing regimen, that would make the EDS transition from initial operations to sustained operations in order to provide MCM over an extended period of time, such as the additional 50-day regimen

of antibiotics recommended for exposure to anthrax. Additionally, initial operations (e.g., clients receiving their first dose of vaccine) may still be occurring when the EDS transitions to sustained (extended) operations (e.g., clients receiving their second dose of vaccine).

When planning for sustained EDS operations...

- Evaluation of staff availability, efficiency, and utilization at the EDS
- Criteria for additional staff requests, staff reassignment, and releasing staff.
- Evaluation of resource availability, utilization, and security
- Criteria for the resupply requests and resource transfers between EDSs
- Evaluation of service delivery and process at the EDS
- Criteria for contracting or eliminating low-demand stations within the EDS.
- Criteria for contracting or eliminating stations that are not needed for sustained (extended) operations
- Criteria for closing underutilized EDS and transitioning staff and resources to higher use facilities (MDPH will provide guidance at the time of the incident)
- Evaluation of public information accuracy and adequacy to ensure continued dissemination.

For questions regarding resupply requests and resource transfers (i.e., satellite phones, AM transmitters, trailers, etc.) local health departments should reach out to the [HMCC Duty Officer](#).

## 4.2 PULL-METHOD DISPENSING

Most EDS facilities will use this method to receive emergency MCMs as it “pulls” the people to the location and is also referred to as “open” EDS that serves the public. Once at the EDS, there are several models that can be used to dispense to clients.

### 4.2.1 HEAD OF HOUSEHOLD MODEL

To reduce the number of people coming to the EDS the Head of Household (HOH) dispensing model would be used. This method allows an individual from each household to pick up medication for all household members. Therefore, it cannot be used in incidents that require all household members to be seen at the EDS (e.g. vaccine dispensing). When using the HOH model, EDS staff should plan for and allow exceptions, including:

- Unaccompanied minors
- Single parents who may need to bring their children.
- In-home caregivers to older adults and persons with access and functional needs

*4.2.1.1 Unless it is deemed necessary through incident action planning (e.g., limited resource availability), the MDPH does not limit the number of bottles of medication that an individual can receive. The EDS Dispensing Staff should evaluate each individual request for multiple unit-of-use bottles and make a clinical determination on the number to dispense. The Town of Groton has an average household size of 2.90.*  
**UNACCOMPANIED MINORS**

Any unaccompanied minor presenting to the EDS and requesting treatment should be referred to Medical Evaluation for a screening and decision on disposition. Disposition must be discussed with the Lead Medical Screener/Physician Evaluator.

If the minor is ill, then that minor will be seen by a Medical Screener and, in consultation with the Screening Unit Leader, decisions concerning treatment and transfer to a medical facility will be made. As with *any* condition that requires emergency medical treatment or urgent medical treatment, under Federal law a

“minor can be examined, treated, stabilized and transferred to a hospital for emergency care without consent ever being obtained from the parent or legal guardian”.<sup>2</sup> Because the treatment of infections may be broadly considered as the prevention of potentially disabling complications or “emergency medical conditions” requiring therapy, many medical centers currently treat all children arriving in the Emergency Department even if unaccompanied by a parent or caretaker.<sup>3\*</sup>

A reasonable effort should be made to locate a parent or legal guardian and obtain consent prior to treatment. Exceptions to this rule include:

- The emancipated minor (minor is self-reliant and independent)
  - Married
  - In military service
  - Emancipated by a court ruling.
  - Financially independent and living apart from parents.
  - Pregnant minors, minors with children, runaways, and college students
- The mature minor (minor can provide informed consent for the proposed treatment)
  - Generally a minor of 14 years or older is sufficiently mature and possesses the intelligence to understand and appreciate the benefits, risks and alternatives to the proposed treatment. NOTE: In determining whether the mature minor exception applies, the screener must consider the nature and degree of risk of the proposed treatment and whether the proposed treatment is for the minor’s benefit, is necessary or elective and is complex. The mature minor exception must be discussed with the lead medical screener/physician evaluator prior to any decision being made. ***The nature of the emergency and the time constraints dictated by that emergency for which the EDS was activated need to be taken into consideration when making any decisions about whether to treat the minor without consent.***

*Unaccompanied Minor-Picking up Medication for Household:*

An unaccompanied minor who is requesting medication for both them and family members will be sent to Medical Evaluation for screening and a decision on disposition. Decisions will be made in consultation with the Lead Medical Screener and the Operations Chief. Every effort will be made to contact and obtain consent from the minor’s parent or legal guardian. Exceptions to this rule are the emancipated minor and the mature minor (see above definitions).

***The nature of the emergency and the time constraints dictated by that emergency for which the EDS was activated need to be taken into consideration when making any decisions about whether to provide the minor with the medication for their household.*** Appropriate medical care for urgent or emergent conditions should never be withheld or delayed because of problems obtaining consent.

If a minor is given medication for his household, the minor’s Patient Registration form will be flagged (write Unaccompanied Minor Picking Up for Household in red ink on the top of the form) and turned over to the Dispensing Unit Leader for appropriate follow up. Drug information and agent [fact sheets](#) as well as instructions for taking the medication will be sent home with the minor.

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<sup>2</sup> American Academy of Pediatrics Policy Statement on Consent for Emergency Medical Services for Children and Adolescents. *Pediatrics* March 2003; Vol. 111 No. 3: 703-706.

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If the decision is made not to give the minor medication for their household, the minor's home address and number of individuals (and corresponding ages) in their household will be recorded on a [patient registration form](#) and given to the Traveling Dispensing team leader for delivery of appropriate medication.

#### 4.2.2 DRIVE-THRU MODEL

Drive-thru dispensing pulls clients to an announced location where they receive the medication or vaccine while remaining in their vehicle. When used in combination with a walk-thru EDS, drive-thru dispensing could be used to expedite dispensing for clients who completed their registration forms [online](#) or used to improve service for individuals with access and functional needs by allowing them to remain in their vehicle. If used as a stand-alone model, drive-thru dispensing requires additional planning for individuals who lack transportation (i.e. no vehicle households).

#### 4.2.3 REGIONAL MODEL

Neighboring communities may choose to collaborate and develop a regional EDS plan and designate a regional EDS.

#### 4.2.4 CONCURRENT DISPENSING MODEL

There may be a situation, such as an Anthrax scenario, where both medication and vaccine are dispensed concurrently from the EDS. In that scenario health officials may advise that the initial immediate MCM intervention is for medication dispensing and further advice vaccination in addition to dispensing the second round of medication as the EDS transitions to sustained operations. The concurrent dispensing model has a narrow application and represents a worst-case scenario.

### 4.3 PUSH-METHOD DISPENSING

The distribution of MCM to individuals in congregated settings (Closed EDS) or directly to homes (door-to-door) uses a push-method of dispensing.

#### 4.3.1 CLOSED EDS MODEL

A Closed EDS utilizes large businesses and residential settings and their on-site staff (who are authorized to dispense) to distribute MCM to a defined population. If a Closed EDS facility does not have on-site staff available to dispense MCM it may be performed by staff and volunteers who accompany the MCM (e.g., mobile dispensing team). Pre-dispensing functions, such as registration, can be performed by non-clinical staff at the Closed EDS prior to the arrival of the MCM and dispensing staff. Having Closed EDS agreements with large businesses and residential settings can:

- Decrease the demand for services at the public EDS.
- Decrease logistics and transportation challenges for congregated populations.
- Provide emergency services in a familiar, comfortable, or required setting.
- Increase available staff to assist with pre-dispensing and dispensing functions.
- Support individuals with access and functional needs

#### 4.3.2 MOBILE DISPENSING MODEL

Mobile dispensing or door-to-door can be performed for those who are unable to access a public EDS using either the medical or non-medical approach to dispensing. The EDS staff could include mobile dispensing teams that bring MCM to places such as hotels, large housing developments, or homebound populations and dispense them. Reference [Appendix 9.15 Important Contact Information](#) for a list of locations that utilize mobile dispensing.

#### 4.4 MEDICAL COUNTERMEASURE DISPENSING SERVICES & PROCESS

Once at the EDS, most clients will follow a simple basic process to receive the recommended MCM. The basic EDS process is described in five steps: 1) Intake; 2) Screening; 3) Dispense/Vaccinate, 4) Observation; and 5) Exit. Some clients and certain scenarios may require additional steps to receive the MCM. The following are descriptions of each step in the dispensing process and stations that can be used and scaled to meet the operational needed. Generally, it is recommended that all stations be used during an MCM response to meet the broadest possible client needs and to improve client flow through the EDS.

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The following is a description of the process by which an individual receiving prophylaxis may experience at a dispensing site:

**Step 1- Enter the EDS**

**Step 2- Show Form**

**Step 3- Receive Treatment**

**Step 4- Exit**

**Access and Functional Needs Services**

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## 4.5 EDS PLANNING SCENARIOS

Local public health has obtained valuable experience from their participation with seasonal flu clinics, H1N1 vaccination clinics, COVID-19 vaccination clinics, drills and exercises, and responses to other real events. The following planning scenarios require significant coordination of staff, volunteers, and resources to operate a dispensing campaign.

### 4.5.1 MEDICAL DISPENSING

In an incident involving aerosolized anthrax (bioterrorism), exposed individuals will require a 60-day supply of post-exposure prophylactic antibiotics (e.g., Doxycycline, Ciprofloxacin) beginning within 48 hours of exposure (for optimal protection). Multi-dose Anthrax Vaccine Absorbed (AVA) may be recommended by federal health officials to be administered to the exposed population. Currently, however, there is no clear federal guidance on this concurrent dispensing operation.

#### 4.5.1.1 INITIAL DISPENSING CAMPAIGN

The RSS will deploy to activated EDS pre-filled bottles containing a 10-day supply of antibiotics. The RSS should receive the initial medication within 12 hours from the federal decision to deploy and then to the EDS within an additional 6 hours. The initial dispensing campaign will need to be completed (or significantly completed) within 30 hours of receipt of the medications arrival to the EDS. Refer to [Table 2. Timeline for 48 Hour MCM Activities](#)

#### 4.5.1.2 SUSTAINED DISPENSING CAMPAIGN

The remaining 50-day supply of follow-up antibiotics would be deployed from the SNS Managed Inventory to the RSS where it is reapportioned for direct distribution to operational EDS or local health for the sustained dispensing campaign, including distribution from local health to locally supported Closed EDS as provided in local plans. EDS staff could expect delivery of the follow-on medication beginning within 5-7 days of completing the initial dispensing campaign and would need to complete (or significantly complete) the sustained dispensing campaign prior to the end of an individual's 10-day supply. Additionally, if indicated by the CDC, the EDS staff could anticipate delivery of the AVA vaccine and vaccine administration supplies during this period.

#### 4.5.1.3 MEDICATION STORAGE AND HANDLING

While the current configuration of the SNS is 50% Doxycycline and 50% Ciprofloxacin, the amounts of each deployed to the RSS may not be known until they are received. In early 2017, the CDC announced that over the course of several years it will transition the configuration to 80% Doxycycline and 20% Ciprofloxacin. A pallet of the 10-day supply of both medications contains 9,600 bottles. A pallet of the 50-day supply of Doxycycline contains 9,600 bottles, while a pallet of 50-day supply of Ciprofloxacin only contains 5,184 bottles. A standard pallet is 48"x40" (4'x3.33') with an approximate height of 5 feet. When creating rows of pallets, a 10' aisle is recommended to allow for clearance of a pallet jack. Medications should be stored in a secured location at 58-86 degrees Fahrenheit.

**Table 3.** SNS Medication Details and Packaging

Medication	Strength	Dose	Initial Campaign	Sustained Campaign
			Quantity Per Bottle	Quantity Per Bottle
Doxycycline	100mg/tablet	1 tablet twice per day	20 tablets	100 tablets
Ciprofloxacin	500mg/tablet	1 tablet twice per day	20 tablets	100 tablets

**Table 4.** Estimated Total Cases and Pallets of Medication by Population Size

Population	10% Additional Allocation	10-day Supply				50-day Supply			
		50% Doxy		50% Cipro		50% Doxy		50% Cipro	
		Cases	Pallets	Cases	Pallets	Cases	Pallets	Cases	Pallets
5,000	5,500	28	1	28	1	28	1	20	1
10,000	11,000	55	1	55	1	55	1	39	1
25,000	27,500	138	2	138	2	138	2	96	3
50,000	55,000	275	3	275	3	275	3	191	6
100,000	110,000	550	6	550	6	550	6	382	11

The [EDS Facility Survey](#) , found in Appendix 9.13, provides a list of questions, related to the EDS facility, which could guide planning efforts by the EDS Management Team. The survey includes questions around the ability for the site to accommodate the estimated number of pallets of medication for the initial and sustained dispensing campaigns.

**4.5.2 VACCINE DISPENSING**

An example of a situation requiring the need for Individuals to receive a required two (2) doses of vaccine separated by at least three (3) weeks would be in a severe influenza pandemic scenario. The CDC has established a vaccination goal of administering both doses to 80% of the [population](#) over a 16-week dispensing campaign. This campaign will likely involve vaccination services through EDS, healthcare practices, and pharmacies.

**Table 5.** Vaccination Goal Algorithms

The algorithm used to determine the number of people treated <b>per day</b> is:	The algorithm used to determine the number of people treated <b>per hour</b> is:
11,147 X 80% = 8,917 divided by 2 days = 4,459 individuals treat/day	4,459 divided by 12 hours of operation = 372 people/hour/day
The total population of the town is: 11,147.	Number of people that must be treated each day: 4,459.
80% of the total population is: 8,917.	Number of people that must be treated per hour in a 12 shift: 372
Number of people that must be treated each day: 4,459	

In this scenario, local communities may receive vaccines from the MDPH or directly from a CDC identified vendor through an apportionment formula determined by the MDPH. Vaccine providers would be registered in the [Massachusetts Immunization Information System \(MIIS\)](#) and vaccine distribution would be tracked through that system.

In an anthrax scenario, if recommended by the CDC, the AVA can be used as post-exposure prophylaxis for people who were potentially exposed to *Bacillus anthracis* and, in some cases, *B. anthracis*. Pre-exposure vaccine use is limited to military personnel and laboratorians working directly with the disease agent, though may be soon become available to emergency responders. Only pre-exposure vaccination is FDA approved. The SNS currently holds a limited supply of the AVA. Jurisdictions should be aware that during an anthrax response, the AVA can be administered to all adults (those over 18) under an Emergency Use Authorization (EUA) for post-exposure prophylaxis, but for pediatric patients, AVA will require an Investigational New Drug redistribution to local EDS and will require cold chain storage.

The side-bar table estimates the necessary refrigerator capacity to store up to 2000 doses in a single refrigerated unit.

#### 4.6 ACTIVATION

This section describes the pre-planning actions and a suggested operational framework for activation of an EDS, including:

- Review of event details and maintaining situational awareness
- Activation of one or more EDS facilities for MCM dispensing
- [Incident Action Plan](#) (IAP) development

#### 4.7 SURVEILLANCE

Disease surveillance systems are in place at the state and local levels to identify, monitor, assess, or investigate unusual patterns of disease or injury, including those caused by unfamiliar or unknown biological agents. Conducting surveillance for approximately 80 reportable infectious diseases is done in collaboration with the [MDPH Bureau of Infectious Disease and Laboratory Sciences \(BIDLS\)](#) and local health departments, health care providers and laboratories. The lead for investigation and control of vaccine-preventable diseases is typically done by the BIDLS Epidemiology Program. While local health departments are the lead for investigation of other infectious diseases, under state law the MDPH has “co-ordinate powers” with local health departments and the authority to initiate an infectious disease investigation on its own. When a local health department is unavailable, the MDPH may receive reports directly from healthcare providers.

When clusters of illness, potential bioterrorist agents, emerging infections, or other serious threats are identified, the MDPH provides technical assistance to local health departments including:

- Consultation or direct management of the investigation
- Implementation of control and prevention measures and follow-up activities
- Request for federal technical assistance from the CDC (requests must come from the MDPH)

The following systems are used to conduct surveillance for diseases that may require activation of an EDS for MCM dispensing.

##### 4.7.1 MASSACHUSETTS VIRTUAL EPIDEMIOLOGIC NETWORK

[Massachusetts Virtual Epidemiological Network \(MAVEN\)](#) is a web-based disease surveillance and case management system that enables MDPH and local health to capture and transfer appropriate public health, laboratory, and clinical data efficiently and securely over the Internet in real-time. The system interfaces with Electronic Laboratory Reporting (ELR) efforts, has automatic (24/7/365) notification of state and local officials of any event requiring their attention, and geographic information system (GIS) activities. MAVEN will replace the current paper-based methods of data exchange between MDPH, local public health, and clinicians. MDPH regulations require that local health departments utilize MAVEN for reporting and case management of notifiable diseases.

**TOC \h \z \c "Figure" Table 6.**  
**Estimated Refrigerated Vaccine**  
**Storage Capacity by Number of Doses**  
**of Vaccine**

The health department has designated the following trained staff to use MAVEN for infectious disease reporting and case management:

Name	Position
Tamara Bedard, RN	Community Health Manager, NABH
Maureen Scott, LPN	Community Health Nurse, NABH

#### 4.7.2 ELECTRONIC LABORATORY REPORTING

ELR for public health is the transmission of digital laboratory reports and patient information for reportable conditions by hospitals and commercial laboratories. This automated mechanism facilitates accurate and timely entry of information into MAVEN which allows for the quick identification of sudden changes in disease trends. ELR is mandated by regulation.

#### 4.7.3 BIOSENSE-SYNDROMIC SURVEILLANCE

Massachusetts participates in the [CDC's National Syndromic Surveillance Program \(NSSP\)](#). The NSSP, through its BioSense Platform, provides MDPH and other public health officials with a common cloud-based health information system with standardized tools and procedures to rapidly collect, evaluate, share, and store information. Syndromic data can serve as a warning system to health officials. Early detection accelerates response times, reduces transmission and limits incidence and mortality.

#### 4.7.4 BIOHAZARD DETECTION SYSTEM

The [Biohazard Detection System \(BDS\)](#) refers to technology designed exclusively for the United States Postal Service (USPS). The BDS uses sophisticated DNA matching to detect the presence of anthrax in the mail at USPS Processing and Distribution Centers located in Boston, Brockton, and Shrewsbury. Response to a BDS alarm at any of these facilities may involve laboratory testing, decontamination, and MCM dispensing to the exposed postal employees and first responders.

#### 4.7.5 INFLUENZA SURVEILLANCE

During influenza season (October-May), the MDPH publishes weekly flu surveillance reports that document regional influenza-like illness activity and the number of laboratory confirmed cases. These reports can be found through an interactive data [dashboard](#) on the MDPH website which is updated every Friday by 5 p.m.

### 4.8 INCIDENT NOTIFICATION AND ACTIVATION DETERMINATION

Upon identifying an MCM incident, the MDPH will notify local health departments and healthcare partners through the [Health and Homeland Alert Network \(HHAN\)](#). Upon receipt of this initial notification, health department staff should then initiate their call down procedure to notify key staff and other partners of the incident. The command structure will be implemented to meet the unique needs of the incident or event. An additional HHAN message from the MDPH will provide further instructions and a timeline for a conference call with public health and emergency management subject matter experts. During the conference call the MDPH will share what is known about the incident, establish times for future conference calls, and indicate which EDS should activate. Health department staff that are currently registered with the HHAN can be found in [Appendix 9.15 Important Contact Information](#).

#### 4.8.1 LOCAL EMERGENCY MANAGEMENT NOTIFICATION

Health department staff should work with their local Emergency Management Director (EMD) in determining if the Local Emergency Operations Center (LEOC) should be activated. The LEOC can bring logistical and planning support to the operation as well as assist with documenting expenses and addressing broader community needs resulting from the incident. The command-and-control function can also be performed on-site at the EDS.

### 4.8.2 EDS ACTIVATION REQUEST AND TRIGGERS

An EDS may be activated when:

- MDPH may request activation for MCM dispensing services in response to a statewide, multi-community, or local incident; or
- It is determined by local public health and emergency management that MCM dispensing services are needed to respond to a local incident; or
- MCM dispensing services are requested by a partner agency for a residential or specific population.
- [Federal Public Health Emergency Declaration](#)
- [State Declared Emergency \(Civil Defense Act\)](#)
- [State Declared Public Health Emergency \(MGL Chapter 17, Section 2A\)](#)
- Public health emergency that occurs in neighboring town(s) that may impact the local community.
- Emerging health threats outside of the country or state that is likely to impact the local community in the future.

The following individuals are authorized to request activation of the EDS:

• Board of Health Chair	• BOH Members	• Emergency Management Director
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### 4.8.3 EDS ACTIVATION DETERMINATION

The **Board of Health Chair** in collaboration with local emergency management will determine which EDS(s) to activate and when. The following should be considered:

- Can activation of the EDS occur within the needed timeframe?
- Can the EDS operations be initiated, maintained, and terminated without disruption?
- Can the EDS accommodate the necessary staff, systems, and equipment?
- Can sustained operations (when needed) be accommodated?

Generally, the decision to activate the EDS should be made within 60 minutes of notification (or based on the response requirements).

## 4.9 EDS ACTIVATION AND INCIDENT ACTION PLANNING

Upon the declaration of a public health emergency requiring the need for MCM dispensing, the local health department will initiate EDS [IAP](#) activation and notification call-downs to designated town staff (i.e., fire department, police department, Chief Elected Official, Emergency Management), volunteer organizations (e.g., MRC, CERT) and EDS facility points of contacts to begin set up operations and staff mobilization.

The EDS Logistics Section Chief will initiate equipment mobilization to the EDS and set-up. Once the site is established the Logistics Section Chief will inform the EDS Incident Commander.

### 4.9.1 EDS ACTIVATION REQUEST AND ASSESSMENT

Upon notification from state officials to activate the EDS, the local board of health will then need to notify the EDS facility representative of the incident and confirm the availability of the facility for the anticipated response period as well as suitability (i.e., facility services are operational). Based on the activation assessment, the local board of health will provide status of the facility (i.e., available, available with conditions or not available) to MDPH. A non-designated facility that meets access and functional needs requirements can be used if the designated EDS is considered inappropriate or unavailable. The local board of health will need to login into [WebEOC](#) and update the MDPH WebEOC EDS board with the location, population served, operational hours and anticipated throughput.

### 4.9.2 EDS MANAGEMENT TEAM ACTIVATION

The EDS Management Team is made up of command and general staff and organized according to Incident Command System principles. The Incident Command System (ICS) provides a standardized, flexible organizational structure by which an emergency may be managed. The number of roles that need to be filled will be dependent on the size of the response and available staff. An individual can be assigned to more than one role. The EDS Manager will be responsible for taking on unassigned roles.

The EDS Manager is the primary decision maker at the EDS and is responsible for implementing and updating the [IAP](#).

The Command staff include:

**EDS Safety Officer:**

Responsible for developing and implementing the safety plan for the EDS that includes monitoring and assessing hazardous and unsafe situations and developing measures to assure personnel safety.

**Public Information Officer**

**(PIO):** Responsible for developing and releasing information to EDS personnel, cooperating agencies and the public under the direction of the EDS Manager. The PIO also serves as the spokesperson for the EDS to the media and the public.

**Logistics Section Chief:** Responsible for providing facility set-up, equipment, services, supply acquisition, communication, and transportation in support of the EDS.

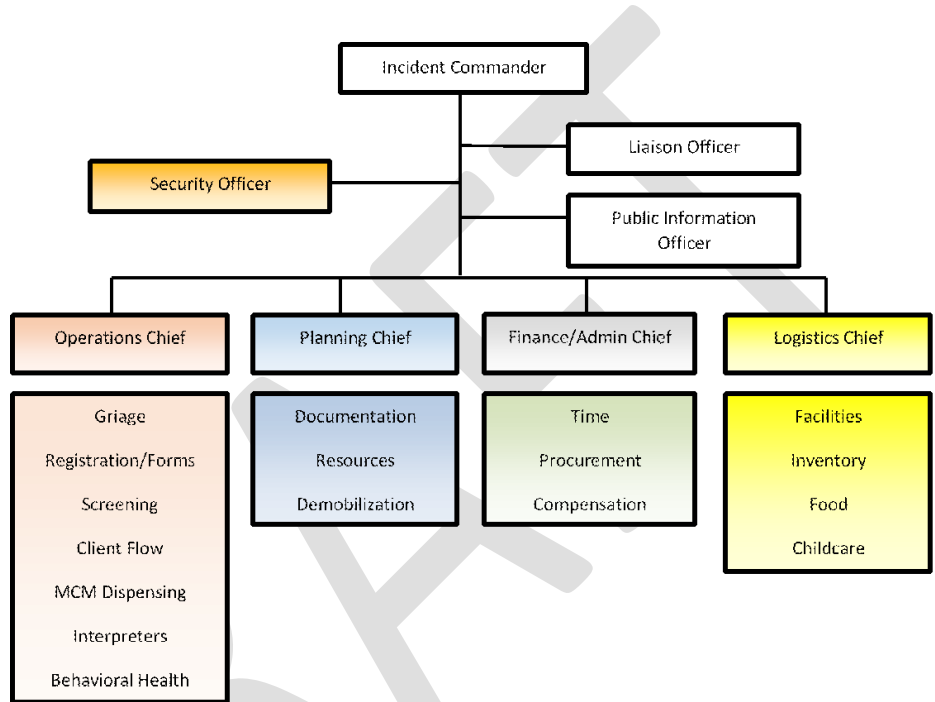
**Operations Section Chief:** Supervises operational elements in accordance with the [IAP](#) and directs its execution. Responsible for overall EDS operations.

**Planning Section Chief:** Responsible for collecting, evaluating, disseminating, and managing information about the incident and resources, and for the preparation and documentation of [IAP](#)'s. Planning also maintains information on the current and anticipated situation, and on the status of resources assigned to the EDS.

**Finance-Administration Section Chief:** Responsible for all financial, administrative, and cost analysis aspects of the operation.

**Liaison Officer:** Responsible for being the point of contact to partner agencies that are assisting with EDS operations.

An expanded chart containing all the positions within the EDS can be found in [Appendix 9.14 Incident Command System Chart](#). Job Action sheets for each role can be found in [Appendix 9.22 Job Action Sheets](#).





**4.9.3 SITUATIONAL AWARENESS**

Once briefed on the initial specifics of the incident, the EDS Management Team should develop broader situational awareness to support development of an initial [IAP](#) and to share information with the appropriate partner agencies. The HMCC will distribute state and federal guidance and is an important source of public health and healthcare situational awareness. In addition to the HMCC, the following are potential sources of information for MCM and EDS situational awareness:

**4.9.3.1 MDPH WEBEOC**

The [MDPH WebEOC](#) is an online incident management system used to develop and maintain situational awareness of local and statewide health and medical hazard impacts and response activities across state, regional, and local entities. In addition to status boards for healthcare facilities, the [MDPH WebEOC](#) includes an EDS board that contains important information about each designated EDS facility and provides a means of tracking, and documenting resource requests.

**4.9.3.2 HEALTH AND HOMELAND ALERT NETWORK (HHAN)**

The [MDPH HHAN](#) is used to disseminate important information to public health and healthcare partners, including information on diseases and agents, clinical guidance, medical standing orders, and EDS forms.

The following individuals from the local health department are registered users:

Name	Position
Robert Fleischer	Board of Health Member
Bridgette Braley	Sanitarian
Ira Grossman	Health Agent
James Garreffì	Health Director

**4.9.4 INCIDENT ACTION PLANNING**

An [IAP](#) documents goals, objectives, and strategies for responding to the health threat. One [IAP](#) is developed per incident. The EDS Manager is responsible for initiating the IAP once the EDS activation has occurred. The EDS Management Team should collaborate with the EDS Manager to develop the initial [IAP](#) and revise it each operational period (at minimum) or when it is necessary to modify the response goals, objectives, and strategies.

During the initial and transfer-of-command process, an EDS specific [IAP](#) functions as the guidance document for the initial response and remains in force and continues to develop until the response ends or the Planning Section modifies the [IAP](#). The [IAP](#) can also be used to brief individuals newly assigned to the Command and General Staff and during assessment briefings with staff.

**4.9.5 MEDICAL STANDING ORDERS**

A standing order is signed by a healthcare professional licensed to prescribe for the purpose of providing instructions regarding screening, vaccine administration, medication dispensing and /or treatment for adverse reactions at the EDS to other licensed healthcare professionals. Typically standing orders are issued by a local, prescribing medical professional for a local event. However, in certain situations, such as larger or more emergent events, MDPH may issue a standing order. In a declared public health emergency, the Commissioner of Public Health can take certain actions including the suspension of certain statutes and regulations and permitting certain licensed healthcare professionals and/or non-medical personnel to dispense and administer MCM once they receive proper training.

The individual pre-identified as a prescribing medical professional that can issue or sign medical standing orders and approve medical information that will be distributed to the EDS can be found in [Appendix 9.15 Important Contact Information](#).

#### 4.9.6 TACTICAL COMMUNICATIONS AND INFORMATION TECHNOLOGY

The Communications Unit within the [ICS chart](#) is responsible for ensuring the EDS has a strong and redundant communication system to support information exchange between workers within the site as well as outside of the facility (i.e., EOC). The following communication systems may be used for information sharing:

- Cell phones
- Two-way radios
- Mass notification system
- Email
- Landline phones
- Faxing
- Text messaging

A list of individuals pre-identified to provide IT support at the EDS can be found in [Appendix 9.16 Important Contact Information](#).

## 5 OPERATIONS

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### 5.1 PUBLIC INFORMATION MOBILIZATION AND OPERATIONS

The Public Information Officer (PIO) in collaboration with the EDS Manager will:

- Coordinate with partner agencies to use public information notification systems (i.e., Code Red, Everbridge, social media platforms, municipal webpages, school mass notification systems, message boards, community TV services, etc.) to disseminate information along with ensuring information consistency.
- Prepare and disseminate information to partner agencies, the media, and the public.
- Provides regular updates to partner agencies, the media, and the public.

#### 5.1.1 PRESS NOTIFICATION AND INQUIRIES

An initial press notification should be released by the PIO, as directed by the EDS Manager which includes the following information:

- Acknowledgement of the incident
- Describe the initial steps taken.
- Directed the media to the appropriate official source(s) of information.
- Provides an anticipated EDS timeline.
- Establishes a schedule for providing the media with additional or updated information.

Before responding to press inquiries and questions, the EDS PIO should gather additional information from the reporter, including the reason for the inquiry, their credentials, and their deadline. This gives the EDS PIO the opportunity to either gather additional information (if needed) or redirect the reporter to the applicable subject matter expert.

##### 5.1.1.1 PRESS ADVISORIES

Inviting the press to attend a press conference or event is done using a press advisory. To allow the press to assemble, the press advisory should be issued at least 90 minutes prior to the press conference. The following format is recommended for press advisories:

- Keep to no more than 1 page.
- "Press Advisory" as the title.



- Contact information and date of issue.
- Headline describing the event.
- Short paragraph with details of the event
- Featured speakers (if any)
- Photo opportunities (if any)
- Process for press credentialing and press conference registration (if needed)

#### 5.1.1.2 *PRESS RELEASES*

To make an announcement or provide details about the incident can be done through a press release. A press release can be issued to the press by email, fax and/or posted to websites of partner agencies. The following format for press releases is recommended:

- 10 words or less for the headline
- The most important statement should be in the first sentence.
- A summary of the situation should be done in the first paragraph.
- Restate the main point in the last paragraph.
- 2-page maximum length
- List the EDS PIO and their contact information.

#### 5.1.1.3 *PRESS CONFERENCES*

A press conference is used to provide additional details that were not described in the press release. During a press conference the speaker(s) will make a statement, followed by questions from the press. Following a press conference, the list of media questions and responses are compiled for further dissemination. Any questions that were not answered during the press conference should be researched for follow-up with the press as soon as possible. A media packet containing the following recommended resources is provided prior to the press conference:

- Press advisories and releases (if any) previously issued.
- Fact sheets and other relevant information
- Speaker bios (if available)
- Media update schedule (if determined)

Whenever possible the use of a sign language interpreter, closed captioning and digital presentations should be requested. If the press will be taken on a tour of the EDS, they should be advised to observe client privacy. The press should obtain verbal authorization from a client prior to being photographed, videoed, or interviewed for publication. The EDS staff and volunteers will be instructed during their briefing and just-in-time training that they cannot speak with the press unless authorized by the EDS PIO.

#### 5.1.2 *MESSAGE DEVELOPMENT*

When developing messaging for a public information campaign, the EDS PIO should gather information from trusted and credible sources and verifying accuracy by consulting with additional reputable sources especially in relation to clinical aspects of the incident. The EDS PIO should consider the following when developing messages:

- Determine limits on release of information.
- Establish a communication goal.
- Identify a target audience(s)
- Identify key messages and supporting facts.

At the time of the incident, federal and state health officials will provide updates or develop clinical messages that can be included in the local public information campaign, including information about:

- Disease and agents
- Signs, symptoms, and communicability
- At-risk populations and higher vulnerability populations
- Target populations (and the justification for targeted dispensing)
- Personal risk reduction
- Treatment and countermeasures
- Other containment and control measures

The EDS PIO should develop messaging that includes information related to local response actions and EDS operations, including:

- EDS location(s), directions, and dates and hours of operation (See [Appendix 9.20 Pre-Scripted Messages](#) for sample language)
- Parking instructions and transportation options
- Available services and countermeasures provided at the EDS along with the process for receiving them.
- Public information access points (i.e., hotlines, websites)
- What to bring (i.e., list of medications, weights of children, etc.) and wear (i.e., short sleeves) to the EDS
- What to anticipate while at the EDS (e.g., lines, wait times, etc.)
- What to do if you cannot get to the EDS (i.e., homebound)

### 5.1.3 MESSAGE APPROVAL

Federal and state health officials or the SEOC will disseminate approved clinical messages. These clinical messages should be reviewed by the EDS PIO in conjunction with local health and EDS clinical subject matter experts prior to including them in the local public information campaign. To avoid inconsistent messages, any changes to federal or state clinical messages should be reviewed by the MDPH. Upon completion of messages regarding local actions and EDS operations, the EDS PIO should verify all information with the appropriate partner agencies prior to seeking approval for dissemination from the EDS Manager. Whenever possible, the clinical and EDS operations messages should be released together.

### 5.1.4 MESSAGE ACCESSIBILITY

To ensure accessibility for individuals with access and functional needs, messages should be developed in multiple formats that address:

- Language and literacy barriers, including limited language proficiency.
- Physical and cognitive disabilities
- Age (older adults and young children)
- Lack of access to technology
- Cultural considerations and geographic isolation

People First Language should be used when developing messages about individuals with access and functional needs. Written materials should be translated to the predominant languages spoken locally. Clinical messages will be translated to the most predominant languages spoken by federal and state officials. Interpretation services, including sign language, should be available at the EDS or through phone or video interpreters. See [Appendix 9.15 Important Contact Information](#) for interpreter resources. Ideally interpreter and translation services would be performed by individuals trained in medical terminology. EDS staff and volunteers may also serve as interpreters and that information will be collected during the check-in process. While not preferred, family members may provide interpretive services to EDS clients.

The EDS PIO will work with the Logistics chief to arrange for translation and interpretation resources. When requesting translation of written information, the EDS PIO should:

- Identify the languages needed (reference [Appendix 9.21 Access and Functional Needs Overview](#))
- Collect approved documents (preferably electronic)
- Determine translation deadline and priority.
- Submit all documentation to the translation service.

When requesting interpreters, the EDS PIO should:

- Identify the languages needed (reference [Appendix 9.21 Access and Functional Needs Overview](#))
- Determine location, date, and time for interpreters.
- Collect background information for the interpreters.
- Evaluate the need for onsite interpreters versus phone or video interpretation.

The following communication resources are available:

The [Massachusetts Commission for the Deaf and Hard of Hearing | Mass.gov](#) provides free professional and educational in-services and presentations to organizations, agencies, and businesses that seek to improve efficacy of interactions with people who are deaf and hard of hearing.

The extension [Show Me Communication Tool for Emergency Shelters](#) is a pictogram-based tool that can be used to identify the language spoken by a client, provide direction through the EDS, and to communicate about key service concepts.

The [Massachusetts Local Board of Health Social Media Toolkit](#) for COVID-19 provides local health departments with guidance on communicating effectively on social media by selecting appropriate platforms, developing outreach strategies and leveraging social media beyond COVID-19.

### 5.1.5 MESSAGE DISSEMINATION

The EDS PIO disseminates approved messages using the documented public information systems and through press notifications. The EDS PIO should document all information disseminated to the public and the press, including:

- Message type and format
- Dissemination methods and recipients
- Follow-up actions

## 5.2 EDS STAFF MOBILIZATION AND OPERATIONS

During staff mobilization and operations, the EDS Manager should coordinate with the General Staff to:

- Determine the staffing requirements (e.g., command structure, number, and type of staff, etc.)
- Establish a shift schedule.
- Notify staff and volunteer agency Coordinators.
- Register staff and volunteers.
- Verify staff and volunteer credentials (MRC volunteers are credentials at the time of registering to become a volunteer with the agency)
- Provide deployment instructions to available staff and volunteer agency Coordinators.
- Request additional staffing resources, when needed.
- Assemble, brief, and train staff and volunteers.

**5.2.1 STAFFING REQUIREMENTS**

Based on the nature of the incident, the EDS Manager should determine which positions and units are needed and establish a command structure. Based on the size and scope of the incident, the EDS Manager should also determine the number of staff and volunteers needed, the credentials and skills required, and the number and length of staff shifts. This information is used by the Logistics section to issue notifications to the appropriate partner agencies.

The following staffing estimates are needed at each site to process 4,459 residents per 12-hour shift at each EDS.

<p><b>Number of Nurses Heeded to Treat 372 People per Hour</b>  <i>Note: The number of nurses calculated to treat the number of personnel should be increased (in this case by 50%) to allow for adequate break times and any unforeseen situations.</i></p>	<ul style="list-style-type: none"> <li>· 372 people/hour to vaccinate divided by 30 people/hour = 12 + 50% = 18 Nurses needed</li> <li>· Number of people that must be treated per hour in a 12-hour shift: 372</li> <li>· Number of people a nurse can treat in one hour: 30</li> <li>· Number of nurses needed to treat 372 people in an hour: 12</li> <li>· Number of nurses needed to treat 372 people in an hour with a 50% markup to cover breaks, lunches, draw vaccine, and other needs: 18</li> </ul>
<p><b>Number of non-medical staff needed to support on-location EDS.</b>  <i>Note: An average of three (3) non-medical (support) personnel should be present to provide support.</i></p>	<ul style="list-style-type: none"> <li>· 18 nurses X 3 non-medical personnel = 54 Support Staff/shift</li> </ul>
<p><b>Number or nurses/support staff needed to inoculate 80% of a population of 4,459 in two (2) 12-hour EDS operational periods is:</b></p>	<ul style="list-style-type: none"> <li>· Number of nurses: 18</li> <li>· 3 non-medical staff are needed for each nurse, totaling: 54</li> </ul>

**Mobile Vaccine Treatment Capacity**

<p><b>Number of People Treated by mobile units.</b></p>	<ul style="list-style-type: none"> <li>· The total population of the town is: 11,147.</li> <li>· 10% of the total population will need mobile service: 1,114</li> <li>· Number of people that must be treated on the mobile day: 1,114</li> </ul>
<p><b>Number of People Treated per Hour</b></p>	<ul style="list-style-type: none"> <li>· Number of people that must be treated on the mobile day: 1,114</li> <li>· Number of people a nurse can treat in one hour in the mobile unit: 6</li> </ul>

	<ul style="list-style-type: none"> <li>· Number of people that one nurse can treat in a 9-hour day: 54</li> <li>· Number of nurses needed: 21</li> </ul>
<i>Number of non-medical staff needed to support mobile EDS</i>	<ul style="list-style-type: none"> <li>· Number of nurses: 21</li> <li>· 2 non-medical staff are needed for each nurse, totaling: 42</li> </ul>

Note: There will be one nurse per vehicle, but the number of vehicles may be less since vans with multiple teams may be able to support residential complexes.

The Medical Reserve Corps has medical and non-medical volunteers who may be available to help staff at the EDS. Volunteers will need to be deployed by their Unit Coordinators. Unit Coordinators will need to work with the Planning Chief to complete a request form (see [Appendix 9.10 Volunteer Request Form](#)) and follow prior deployment protocols outlined in [Appendix 9.9 Region 2 MRC Unit Deployment Protocols](#). If volunteers are needed during a cross-jurisdictional event, please refer to [Appendix 9.7 Process for Volunteer Requests during Cross-Jurisdictional Event](#) for more information regarding protocols for volunteer deployment.

**5.2.2 STAFF CHECK-IN AND IDENTIFICATION**

Staff and volunteers deployed to the EDS will be directed to enter the EDS through the designated Check-in area (see [Appendix 9.16 Floorplans](#)). The Check-in area is where staff and volunteers will receive and complete all required check-in forms and documentation, obtain assignments, and needed supplies and equipment (i.e., PPE, radios) for their job function. Badging may also be conducted. Refer to [Appendix 9.17 EDS Security Plan](#) for badging procedures.

The MRC Unit Coordinator should provide the EDS Manager with a [list of available volunteers](#). A list of town staff should be made available. These lists will be provided to Check-In staff before the initial opening of the EDS and updated throughout the duration of the operation.

When a volunteer and staff member come to the Check-in station to register for their shift they will be provided with the following:

- [Job action sheet](#)
- Badge or other identifiers like vests
- Radio, if applicable to the position
- Appropriate PPE

The Check-In staff will ask staff/volunteers to sign in using a sign in/out sheet and complete any other applicable documentation (i.e., confidentiality agreements, etc.)

Once volunteers and staff have completed check-in they will be directed to the appropriate location(s) within the EDS to receive a briefing and just-in-time training.

**5.2.3 SPONTANEOUS VOLUNTEERS**

The MDPH does not recommend the use of spontaneous volunteers. Spontaneous volunteers must be approved by the EDS Manager or designee. These individuals will have restricted access within the EDS and their role will not require professional license verification.

#### 5.2.4 OPERATIONS BRIEFING AND TRAINING

Just-in-Time Training (JITT) provides staff and volunteers with knowledge and skills needed to complete their assigned roles (see [Appendix 9.23 Job Action Sheets](#)). The EDS Manager and members of the command and general staff should brief staff and volunteers and conduct the JITT for each incoming shift. Following the operational briefing, each Unit Leaders should review their unit specific JITT with their assigned staff and volunteers and conduct a training on unit-specific responsibilities, procedures, and protocols. Cross-training of staff and volunteers is highly encouraged. Returning staff and volunteers only need to receive operational changes that have occurred between shifts. The staff briefing should include all pertinent information that will support the MCM dispensing operations and provide for the health and safety of staff, volunteers, and clients. A briefing checklist can be found [Appendix 9.23 EDS Quick Set-Up Checklist](#)

### 5.3 EDS RESOURCE MOBILIZATION AND OPERATIONS

The EDS Manager should coordinate with the Planning and Logistics Chiefs to review the supplies and equipment needs for the operation along with the following:

- Identify the types and quantity of resources needed (see [Appendix 9.18 Suggested Inventory List](#))
- Identify available resources within the jurisdiction.
- Determine storage capacity needs (i.e., cold chain)
- Request additional resources from partnering jurisdictions and agencies, if necessary
- Request SNS resources, if necessary
- Coordinate resource deployment to the EDS.
- Secure resources for use or further distribution (i.e., Closed EDS)

Based on the resource requirements, the inventory management staff will develop a detailed list of the MCM resources needed at the EDS including storage capacity for vaccines. The Logistics staff will work with local, state, and private sources to document immediate and potential resource gaps. If additional resources are needed at the EDS, the EDS Manager will work with the Administration and Finance Section Chief to purchase the resources (keep at receipts for possible reimbursement) or make a request for state assistance. Medical resources can be requested through the [HMCC Duty Officer](#). If a requested medical resource is not available through the state resources, then MDPH will coordinate with MEMA to determine whether a request for federal assets might be appropriate. For non-medical resources local health can work with their EMD to request the resource(s) through MEMA, using MEMA's resource request process.

Logistics will coordinate the movement of local resources to the EDS, and when needed, arrange for transportation assets to move resources to the EDS.

The [Medical Material Transfer of Custody Form](#) will need to be signed by the EDS Manager, or designee for all MCM received at the EDS. Verification of all incoming resources should be done by Inventory Management staff. All verification documents (i.e., receipts, bill of lading) should be stored in a secure location. A manifest will accompany the SNS resources and can be used to verify items by type, lot number, and expiration date. When SNS resources are removed from the secured storage area, they should be deducted from the [site inventory](#) and carefully monitored to determine the timing of a resupply request (if needed).

Handling and storage guidelines for medication and vaccine will accompany each shipment and be available on the [MDPH website](#). Additionally, the package insert should be consulted for optimal storage criteria. The Inventory

Management staff should follow all relevant state and federal guidance to ensure the proper storage and cold chain management of vaccines. [Appendix 9.17 Floorplans](#) documents the secured storage areas for medication.

#### 5.3.1 INVENTORY MANAGEMENT SYSTEMS AND STAFF

Inventory may be tracked [on paper](#) or electronically using an Excel spreadsheet found on the HHAN. Inventory counts will be requested by MDPH at regular intervals throughout the event and a schedule will be shared with local communities once established. Prior to opening an EDS individuals will need to be trained in how to use the paper and electronic inventory management tracking forms.

### 5.4 EDS SET-UP AND OPENING

The Logistics Chief and staff will coordinate with custodial staff at the facility to set up the EDS which will allow command and general staff to focus on [IAP](#) implementation. Custodial staff can assist with the set-up of on-site resources (e.g., tables, chairs, etc.)

#### 5.4.1 SITE LAYOUT AND SET-UP

[Appendix 9.16 Floorplans](#) can be used to set-up the site and scale the number of stations and the client flow to meet the [throughput requirement](#). Changes to the flow and layout must be approved by the EDS Manager.

#### 5.4.2 INTERNAL SITE COMMUNICATIONS

The EDS Manager, command and general staff, and other key positions will need to be issued communications equipment (e.g., walkie-talkies, radios, etc.) by the Communications Unit. The Communications Unit Leader should utilize [ICS Forms 204](#) (Assignment List) and [205A](#) (Communications List) located within the [IAP](#) to develop contact lists of individuals assigned communications equipment. The Communications List should also include runners who can deliver messages within the EDS. External communication (e.g., phone, internet, radio) to partner agencies is also a task for the Communications Unit.

#### 5.4.3 SITE WALK THROUGH

Once the EDS setup is completed (stations, signage, flow, etc.) the EDS Manager should conduct a walk-through of the facility with command staff, a facility representative, and others as designated by the EDS Manager to confirm operational readiness, including appropriate staffing and inventory levels. All elements of the [EDS Safety Plan](#) should be implemented during this time by the Safety Officer.

#### 5.4.4 TARGET PROPHYLAXIS GROUPS

Priority prophylaxis guidance will come from MDPH and Centers for Disease Control and Prevention (CDC). The key element of priority prophylaxis is providing the right medicine to those who need to perform a role in support of the EDS mission. Priority prophylaxis allows for dispensing or vaccinating a key group of individuals prior to beginning EDS operations in a public health event. This is being done to protect the workforce who will be supporting EDS operations.

MDPH defines responders as essential personnel who will support a variety of EDS during a public health event. This may include, but are not limited to:

- Volunteers/MRC Units
- Board of Health staff
- Local Government Officials
- Law Enforcement
- Emergency Medical Services
- Fire/Emergency Management
- Department of Public Works
- Others unique to this plan or community



MDPH will allocate 10% over the total local population for MCM distribution to provide priority prophylaxis to responders, Critical Infrastructure Staff (CIS), and their household members if indicated as a target treatment group. CIS describes the personnel (i.e., health department staff, public works staff, staff of local utilities, hospital personnel, volunteers, and bus drivers) required to perform the MCM mission, as well as those needed to maintain critical services and systems.

Priority prophylaxis can be done prior to opening the EDS to affected members of the general population, at another pre-identified location or by utilizing a mobile dispensing team. The EDS Manager will work with the PIO to identify and utilize communication platforms to notify individuals receiving priority prophylaxis where and when they should receive their MCM.

#### 5.4.5 COORDINATED OPENING

When more than one EDS location is opening in the same jurisdiction or within the region, a coordinated opening should take place to maintain order. If the coordinated opening is for multiple sites within a single jurisdiction, the EDS Manager of each EDS will work together to open sites simultaneously.

### 5.5 EDS OPERATIONS MONITORING

During each operational period of EDS operations, the EDS Manager should review the [IAP](#) and evaluate progress towards meeting the response objectives. The [IAP](#) should be updated by the Planning Section each operational period, or as needed. The following should be considered when evaluating the EDS operation:

- Accuracy and adequacy of public information
- Site operational readiness
- Staff availability and staffing levels
- Resource availability and inventory levels

#### 5.5.1 PUBLIC INFORMATION MONITORING

The EDS PIO should monitor local and statewide media for accuracy, content, possible responses, and to address rumors, including on social media. When information is found to be inaccurate, the EDS PIO should request that the media organization correct it. To address rumors or inaccurate information found on social media, the EDS PIO should provide accurate information to local and statewide media and respond directly using an official social media account. Refer to [Appendix 9.15 Important Contact Information](#) for a list of local media resources.

#### 5.5.2 CLINIC FLOW AND THROUGHPUT MONITORING

The Clinic Flow staff within the operations should monitor the flow of individuals through the EDS, identify and address bottlenecks, and estimate and report on client throughput. Throughput estimates can be reached using numbered registration forms, a numbered ticket system, hand tally counters, or number of clients seen per station.

During initial operations, when the number of clients could potentially be at its highest, throughput estimates should be frequently reported (e.g., every 15 minutes) to the EDS Manager. This information should be compared against the estimates to the hourly throughput target and authorize changes to non-medical processes to improve clinic flow and increase client throughput. Examples of non-medical changes include:

- Advanced distribution of client forms (e.g., posted on websites)
- Additional public information about the process, services, and potential wait times
- Open additional stations and reassign staff to areas with client backlog.
- Use of stanchions to snake queues and create lines.
- Separate entrance and exit to eliminate client cross flow.



- Improve signage.
- Expedited (and escorted) service for individuals with access and functional needs.

### 5.5.3 HEALTH, SAFETY, AND SECURITY MONITORING

During EDS operations the Safety Officer should monitor the site for any health, safety, and security concerns. Actions taken should be documented. The security staff should routinely monitor internal and external security operations (and recommend changes as needed), as well as crowd management practices (and make recommendations to the EDS Manager to relax practices or further restrict access as needed.)

Within the Logistics section, the Facility Officer or other designated staff should routinely monitor and report on the operational readiness of the facility (including power, HVAC, restrooms), accessibility of the facility (and address barriers or obstructions), and medical and non-medical waste disposal.

### 5.5.4 STAFF MONITORING

Staffing levels should be monitored by the Planning Section. This includes coordinating shift changes, monitoring staff services (e.g., feedings, housing, etc.), and gathering and implementing staff improvement recommendations. Unit staffing levels should periodically be reported to the Planning Section Chief by each Unit Leader as sufficient, insufficient, or underutilized.

Reassignments should be used to address insufficient staffing in place of requesting additional staff.

All incoming staff should receive JITT prior to receiving a briefing from the individual they will replace. Outgoing staff should be debriefed by their Unit Leader, or designee prior to sign-out.

### 5.5.5 RESOURCE MONITORING

During EDS operations, the Supplies Unit Leader should monitor resource levels and request resupply (when needed), maintain resources, and coordinate transfer of resources to closed EDS or another site as appropriate. Each Unit Leader should periodically report on the unit [inventory levels](#) as either:

- Sufficient (inventory above 50% of the anticipated need)
- Insufficient (inventory below 50% of the anticipated need; resupply needed)
- Underutilized (low demand for resources, potentially available for repacking or transfer)

The Supplies Unit Leader should maintain situational awareness of changing needs or priorities that could impact inventory levels (e.g., weather, transportation issues, client surge, etc.)

### 5.5.6 MASSACHUSETTS IMMUNIZATION INFORMATION SYSTEM

The [Massachusetts Immunization Information System](#) (MIIS) provides a mechanism to establish a complete, accurate, secure, real-time immunization record for residents of Massachusetts of all ages. Providers have access to or more complete immunization records of their patients and receive clinical decision support. Public health systems will use the information to help monitor and control vaccine preventable diseases. In the event of pandemic, the MIIS will be used to document vaccine administration.

### 5.5.7 VACCINE ADVERSE EVENT REPORTING SYSTEM

The [Vaccine Adverse Event Reporting System](#) (VAERS) is a national vaccine safety surveillance program that is administered by the CDC and the FDA. During EDS operations that involve vaccine dispensing, clients should be given written information about VAERS and reporting an adverse event.

## 6 DEMOBILIZATION AND RECOVERY

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Demobilization is the process of scaling back or ending the EDS operation. The demobilization process involves the repacking/collection/returning of resources, debriefing, and releasing staff and volunteers, site deactivation and damage assessment, and after-action review and improvement planning.

### 6.1 EDS DEMOBILIZATION PLANNING

The demobilization planning of staff and resources should begin during the activation phase of the response. The decision to close the EDS will be situation-dependent and should be based on established criteria and done in coordination with the MDPH.

#### 6.1.1 DEMOBILIZATION CRITERIA

The EDS Manager will determine when to demobilize staff, volunteers, and resources and when to close and deactivate the EDS. The following should be considered when timing the closure of the EDS:

- The EDS Manager should review the current [IAP](#), situation reports, and dispensing data and determine if the response objectives have been sufficiently met. It's not required that all objectives be met before closed the EDS.
- Determine the estimated number of at-risk individuals who still require dispensing services by reviewing each operational period's dispensing data. Compare information with other local or neighboring EDSs, if needed. The EDS Manager and the Logistics Section Chief should evaluate if the projected staffing and resource levels are sufficient to sustain the operations.
- The EDS Manager should access current situational awareness, surveillance, and threat intelligence and consult with the MDPH, and local emergency management and law enforcement agencies (when applicable) to validate the decision to close the EDS.
- If the EDS is no longer suitable for operations a decision should be made to re-establish the EDS at an identified back-up location, redeploy to other local or neighboring EDS, or fully deactivate the site.
- The need to regain social order in the community (e.g., return students to school, etc.) is another factor that may influence the decision to close the EDS.

#### 6.1.2 DEMOBILIZATION PLAN (SITE-SPECIFIC)

Once the EDS Manager has made the decision to close the EDS an incident and site-specific demobilization plan will need to be developed with the Planning section. The demobilization plan should include:

- Timeline for full EDS deactivation
- Actions for phased or full resource demobilization including storage of remaining MCM.
- Actions for phased or full staff and volunteer demobilization
- Actions for public information and media notifications on EDS closure and alternate services
- Schedule for debriefs and hot wash.

The EDS Manager will need to issue a stand-down request to partner agencies, prior to implementing the demobilization plan, by notifying the [HMCC Duty Officer](#) to confirm their demobilization status. The EDS Manager and the command and general staff and responsible for implementing the demobilization plan and for closing and deactivating the site.

#### 6.1.3 STAND-DOWN NOTIFICATION

Upon completion of the demobilization plan, the Liaison Officer should notify partner agencies of the stand-down request including:

- Instructions to phase down or discontinue staff and resource deployment.
- Timing and process for release of staff and volunteers from the EDS
- Timing and process for return of resources.

The EDS PIO should notify the media and the public of the timing of the EDS closure and provide information about alternate dispensing services. The public information notifications should be reviewed and approved by the EDS Manager prior to their release.

## 6.2 EDS RESOURCE DEMOBILIZATION

Adequate staffing will be needed to assist with resource demobilization. Staff will need to inventory unused resources and prepare them for return. Unused MCM should be reported to in accordance with guidance provided by MDPH at the time and its storage will be determined by local health. During resource demobilization the Supplies Unit Leader should review the demobilization plan and coordinate with each Unit Leader to:

- Implement a phased or full demobilization of resources.
- Inventory and repackage all resources and document loss and damage.
- Collect, temporarily store, and return non-MCM resources to points of origin.
- Direct MCM resources to local health to determine storage.
- Return all site resources to storage location.

### 6.2.1 INVENTORY, REPACKAGING AND LOSS AND DAMAGE

When demobilizing resources, each Unit Leader should conduct an inventory of resources assigned to their unit and repackage them for collection by the Supplies Unit. If there will be a phased approach to demobilization that will allow for the continuation of dispensing services, then the Unit should keep on hand sufficient resources until demobilization is fully implemented. Any loss or damaged resources should be reported to the Supplies Unit Leader.

### 6.2.2 COLLECTION, STORAGE, AND TRANSPORTATION

The Supplies Unit is responsible for collecting resources from each unit, repacking if necessary, updating inventory records, and temporarily storing them in a secured location until further direction is provided by [Office of Preparedness and Emergency Management](#) (OPEM). Proper cold chain management should be followed for any items requiring cold chain storage until they are transported from the EDS to a location arranged by local health. Best practices for vaccine storage and handling can be found on the [CDC website](#) as well as the [Vaccine Storage and Handling Toolkit](#).

The Logistics Section should arrange for the transportation of non-MCM resources to the points of origin, a temporary staging location, or another EDS (if being redeployed).

### 6.2.3 SITE-OWNED RESOURCES

The Facility Officer or other Logistics staff should coordinate with the on-site custodial staff to collect. Inventory, and return all site-owned resources to storage. Any loss or damage to site-owned resources should be documented and reported to the EDS Manager for review and verification.

## 6.3 EDS STAFF DEMOBILIZATION

The demobilization plan should be reviewed by the Planning Section during staff demobilization, and coordinate with each Unit Leader to:

- Implement a phased or full demobilization of staff and volunteers.
- Debrief staff and volunteers and compile improvement recommendations.
- Provide post-deployment staff and volunteer services, if needed

### 6.3.1 STAFF RELEASE, DEBRIEF AND HOT WASH

Based on the demobilization plan, Unit Leaders should coordinate release of staff in phases or through consolidation of units, at the end of the shift or operational period, or immediately. Staff and volunteers should be instructed to:

- Complete their assigned duties (per the [Job Action Sheet](#))
- Clean up their work area or station.
- Account for equipment and supplies used.
- Return all unused or durable equipment and supplies.
- Complete required documentation

The EDS Manager should coordinate with the Staff Resource Unit to debrief with staff and volunteers, collect feedback on EDS operations, compile improvement recommendations, and provide information on post-deployment staff services. At minimum, the staff [debrief](#) should collect:

- Operational strengths and weaknesses
- Resource gaps (e.g., type, suitability, etc.)
- Staffing gaps (e.g., qualifications, staffing levels, etc.)
- Communication gaps

Upon completion of the debriefing, the Planning Section can collect badges, vests, and other staff resources, and ensure that each person signs out. The EDS Manager can conduct the hot wash with command staff and Unit Leaders once the general staff have been released. Partner agencies/departments may participate in the EDS hotwash and/or participate in a separate one that covers the broader response to the incident. Information collected from the debriefings and hotwash's will be used to develop the After-Action Plan and Improvement Plan.

### 6.3.2 POST-DEPLOYMENT STAFF SERVICES

Medical and behavioral health services may be needed post-deployment to staff and volunteers during certain situations or incidents. The Planning Section should provide information about off-site resources to all demobilized staff and volunteers before they leave the facility. If post-deployment services will be provided to staff prior to leaving the facility, the Staff Resources Unit should coordinate with appropriate EDS units to:

- Screen staff and volunteers prior to leaving the site.
- Document staff and volunteers' injury and illness
- Evaluate the injury or illness to treat (if appropriate)
- Provide further healthcare instructions.
- Dispense medical countermeasures (if indicated)
- Refer for additional medical care or occupational health (if indicated)
- Provide self-help information.
- Refer to emotional, spiritual, or behavioral health services (if indicated)

### 6.3.3 STAFF ACKNOWLEDGEMENT

Post event the local community should always acknowledge and thank partner agencies, staff, and volunteers who contributed to the EDS operation. This can be done in the form of a proclamation, thank you letter or email, certificate, letter to the editor, or an awards presentation at a meeting.

## 6.4 EDS SITE DEACTIVATION

Once the timeline for site deactivation is determined, the EDS Manager should notify the facility owner and coordinate with staff to:

- Return the site to its pre-incident condition and use.
- Remove medical and non-medical waste.
- Clean the site and conduct a [damage assessment](#)
- Notify the HMCC Duty Officer of the site deactivation status.

#### 6.4.1 WASTE DISPOSAL

The Logistics section should ensure that all medical waste that resulted from the EDS operations is removed from the site (per local disposal requirements, agreements, and service contracts). All materials soiled with body fluids (e.g., blood, urine, etc.) should be placed in red biohazard bags and removed along with all biomedical waster and sharps containers for proper disposal. The Facility Officer should coordinate with state custodial staff to dispose of non-medical waste (per existing disposal methods used by the facility during normal operations). Contact information for a local waste disposal company is in [Appendix 9.15 Important Contact Information](#).

#### 6.4.2 CLEANING AND DISINFECTING

Surfaces within the EDS can be cleaned using the cleaning agents and standard practices utilized by the facility owner. [Guidance](#) on cleaning and disinfecting site surfaces can be obtained by MDPH and CDC.

#### 6.4.3 SITE-DAMAGE ASSESSMENT

A final walk-thru of the site should be conducted with the EDS Manager and the Facility Officer to document any damage that may have resulted from the EDS operations. A copy of the [damage report](#) should be submitted to local health and emergency management and the facility owner to determine report or replacement costs, submit an insurance claim, or seek reimbursement from state and federal authorities (if made available).

### 6.5 AFTER-ACTION REVIEW AND EVALUATION

The AAR/IP should be completed within 30 days after the EDS operations. The IP should identify who is responsible for implementing the improvements and track the progress toward meeting the improvement recommendations. The local community should then coordinate with its partner agencies to re-train staff and volunteers on any revised policies and procedures and to conduct exercises to evaluate the changes and staff training.

### 6.6 RECOVERY

Following EDS operations local health, in coordination with local emergency management, should coordinate with state and federal emergency management and state and federal public health to access potential recovery needs, document expenditures and in-kind costs associated with the response, and submit for state and federal reimbursement (when available). Throughout the recovery phase, local health should monitor media reports to ensure that information about recovery efforts is accurate and that public information is disseminated to the intended audience.

## 7 PLAN DEVELOPMENT AND MAINTENANCE

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### 7.1 PLAN DEVELOPMENT

The EDS plan is a support annex to the local Comprehensive Emergency Management Plan (CEMP). It provides the organizational and operational framework to prepare for, respond to, and recover from public health incidents that require MCM dispensing. The plan development phase requires that local health work with diverse stakeholders to assess risks and current capabilities, review population data, develop policies and procedures, and assign roles and responsibilities.

Local health should collaborate with local emergency management to review and update the local CEMP to ensure that this EDS plan is integrated.

**7.1.1 RISK ASSESSMENTS**

The Region 2 HMCC recently conducted a Hazard Vulnerability Assessment (HVA). The purpose of the HVA was to assess the potential impacts of hazards on healthcare, behavioral health, and public health systems and to identify mitigation strategies. Local jurisdictional HVA’s can be obtained from Emergency Management Directors.

**7.1.2 JURISDICTIONAL CHARACTERISTICS**

The following jurisdictional characteristics could inform EDS planning or influence MCM dispensing operations, including:

- Points of interest and seasonal influxes
- Special events and estimated number of attendees
- Large-employers and employee estimates
- Schools and staff and student estimates
- Large residential communities (e.g., colleges, residential facilities, prisons, etc.)

Local health should use this information to plan for resource requirements (e.g., staffing, amount of MCM needed, etc.) and to identify alternate dispensing strategies (e.g., Closed EDS).

**7.1.3 DEMOGRAPHICS**

Persons with Access and Functional Needs have increased vulnerability during a public health emergency. Individuals with function-based needs (related to a restriction or limited ability to perform activities normally considered routine) that may require assistance before, during, and/or after a disaster or an emergency. This may include, but is not limited to:

- People with disabilities
- Elderly
- Children
- People from diverse cultures
- People with limited English proficiency/non-English speakers
- People who are transportation-disadvantaged
- People who live in institutionalized settings

In June 2022, an Access and Functional Needs overview was developed for the Town of Groton and can be found in [Appendix 9.22](#). The following is demographic information for the Town of Groton:

Population			
Groton	12-15 Years	689	6%
Groton	16-19 Years	656	6%
Groton	20-29 Years	1,102	9%
Groton	30-49 Years	2,630	23%
Groton	50-64 Years	3,276	28%
Groton	65-74 Years	1,125	10%
Groton	75+ Years	702	6%
Groton	Total	11,690	100%
** Note not depicted	0-11 Years		

Race and Ethnicity		
	# of residents	% population
AI/AN	15	0%
Asian	322	3%
Black	40	0%
Hispanic	205	2%
Multi	116	1%
NH/PI	2	0%
White	10,883	93%
Other/Unknown	-	0%
Total	11,690	100%

Additional demographic information can be found here:

- [Massachusetts Environmental Public Health Tracking Portal](#)
- [U.S. Census Bureau QuickFacts](#)
- [HHS emPOWER Map](#)



#### 7.1.4 SITE SELECTION

The health department has pre-identified EDS location(s). These site(s) have been selected for the following reasons:

- Location in relation to the population, transportation resources, and emergency services
- Public familiarity with the facility
- Traffic configuration to the facility and parking and public transit availability
- Backup power (i.e., on-site generator or access to portable generator)
- Accessibility of the facility (i.e. meets [American with Disabilities Act standards](#))
- Size, layout, and amenities (e.g., loading dock, kitchen, climate control, Internet, etc.)
- On-site resources (e.g., tables, chairs, communications equipment, copiers, etc.)

#### 7.1.5 SECURITY PLANNING

Local health should collaborate with local law enforcement to develop and approve a site-specific [security plan](#) for each selected facility and determine security staffing requirements. While security staffing is primarily a law enforcement role, some security functions at the EDS could be performed by trained volunteers (e.g., directing traffic).

#### 7.1.6 TRANSPORTATION ASSETS

Transportation assets have been identified (see [Appendix 9.24 EDS Quick Set-up Checklist](#)) within the community to move resources, staff and volunteers, and clients (if necessary), including assets that are appropriate for individuals with access and functional needs.

#### 7.1.7 VOLUNTEER RECRUITMENT

The number of staff and volunteers needed to meet hourly throughput [estimates](#) will be based on [current population estimates](#) and the nature of the dispensing operation. Local health should continue to work with existing local or regional [Medical Reserve Corps](#) (MRC), [Community Emergency Response Teams](#) (CERT), or other community-based organizations to recruit, credential, and train volunteers for EDS operations.

The Medical Reserve Corps has medical and non-medical volunteers who may be available to help staff the EDS. MRC volunteers within the State of Massachusetts participate in [MA Responds](#), an online registration and credentialing system that can be used to notify credentialed volunteers of an incident and register the for shifts at an EDS. Volunteers will need to be deployed by their Unit Coordinators. Unit Coordinators will need to work with the Planning Chief to complete a request form (see [Appendix 9.10 Volunteer Request Form](#)) and follow prior deployment protocols outlined in [Appendix 9.9 Region 2 MRC Unit Deployment Protocols](#). If volunteers are needed during a cross-jurisdictional event, please refer to [Appendix 9.7 Process for Volunteer Requests during Cross-Jurisdictional Event](#) for more information regarding protocols for volunteer deployment.

#### 7.1.8 ROLES ASSIGNMENTS AND AGREEMENT

Local health should collaborate with emergency management to enter into formal, [written agreements](#) for use of facilities and assistance provided by outside agencies during EDS operations (e.g., printing, food services, childcare, etc.). Additionally, agreements should be developed with entities that will serve as Closed EDS and between communities that elect to establish a Regional or multi-community EDS. Local health should review and update agreements and related plans annually.

## 7.2 PLAN MAINTENANCE AND DISTRIBUTION

Local health should review the EDS plan annually to identify needed updates and to recommend changes based on model practices, lessons learned through exercises or real events, and evaluations. In addition to the annual review, the EDS plan should be reviewed and updated when there are:

- Updates to contact information.
- Changes within partner agencies (key staff, capabilities, capacity for assigned roles, etc.)
- Changes to warning and communication systems.
- Changes to the designated sites
- New agreements developed or changes to existing agreements.
- New risk assessments available
- Changes to federal and state guidance and requirements

### 7.2.1 PLAN DISTRIBUTION

The EDS plan should be distributed to partner agencies with designated roles and responsibilities for MCM distribution and dispensing.

## 7.3 TRAINING, EXERCISES, AND EVALUATION

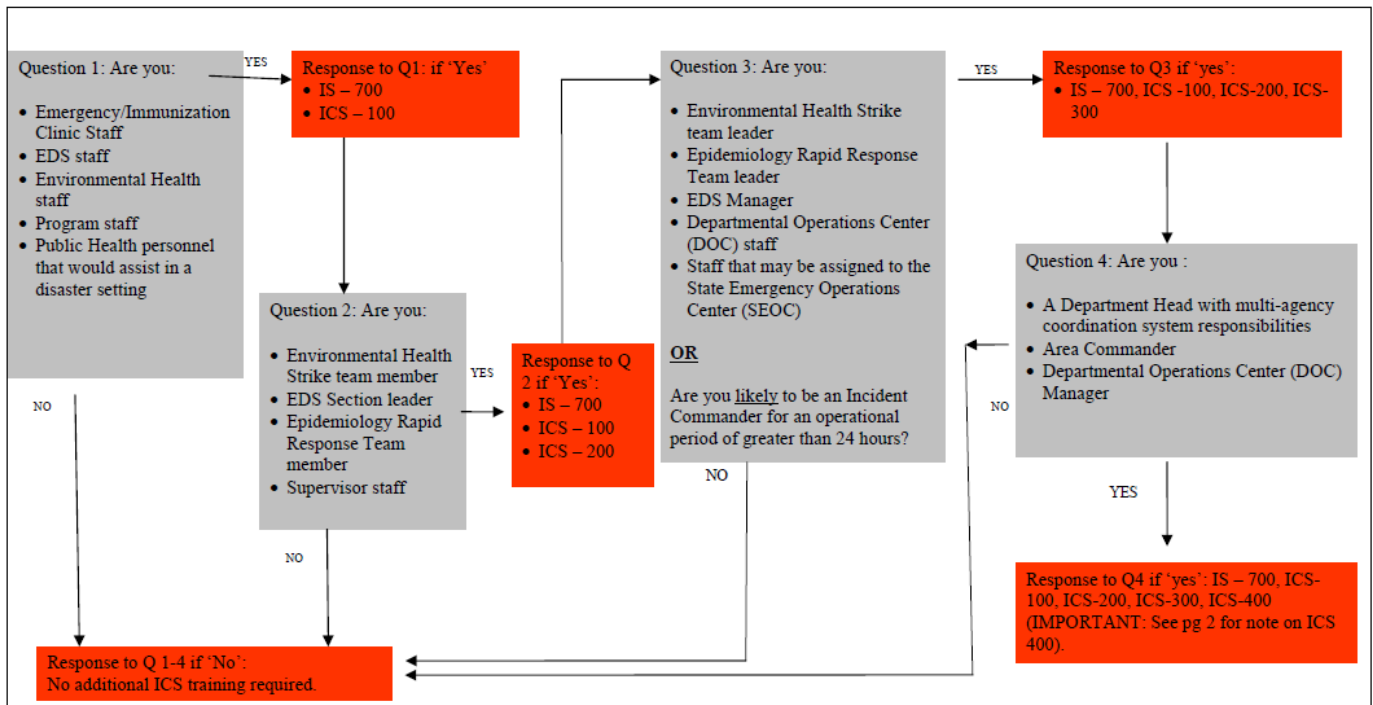
Local health should develop a schedule for staff and volunteer trainings on EDS and the [Incident Command System](#), conduct quarterly notification drills, and conduct periodic tabletop and full-scale exercises to evaluate the EDS plan. The [Homeland Security Exercise and Evaluation Program](#) (HSEEP) provides the recommended framework for exercise design, management, evaluation, and improvement planning. The focus of the exercises should be consistent with the most current Public Health Emergency Preparedness (PHEP) deliverables and capabilities.

### 7.3.1 ICS TRAINING

The [National Incident Management System](#) (NIMS) is a single, consistent framework that enables all levels of government, the private sector, and nongovernmental organizations to work together during an incident. Local health and staff assigned to EDS management roles (e.g. EDS Manager, PIO, etc.) should complete and document ICS training (see Figure 2 below). Additionally, local health should establish a minimum ICS training requirement for volunteers who will work in the EDS. The following flowchart lists the recommended minimum ICS training for public health staff.



**Figure 2. Incident Command System Training Flowchart for Public Health**



The above ICS training courses are free and [available online](#) through the Federal Emergency Management Agency’s (FEMA) Emergency Management Institute or in-person instruction by the [MEMA Training and Exercise Unit](#).

**7.3.2 EDS TRAINING**

Local health and all staff and volunteers who will work in the EDS should complete and document training on EDS operations which can be done by participating in EDS Facility Setup drills and training opportunities through the MRC and partner agencies.

Online training resources:

- [IS-26: Guide to Points of Distribution](#)
- [IS-244.B: Developing and Managing Volunteers](#)
- [Local Public Health Institute of Massachusetts Training Courses](#)
- [DelValle Institute Learning Center](#) (Instructor-led, self-paced, and webinar recordings)

**7.3.3 PUBLIC INFORMATION AND COMMUNICATIONS TRAINING**

Individuals assigned the role of PIO should complete and document training on risk communications. The following trainings are recommended for staff with communications and media relations roles:

- [IS-702.A: National Incident Management System Public Information Systems](#)
- [Crisis and Emergency Risk Communications](#) (CERC)
- [Emergency Risk Communication for Public Health Professionals](#)
- [FEMA Public Information Officer training courses](#)

#### 7.3.4 DRILLS AND EXERCISES

Local health should conduct and document an annual notification drill to EDS facilities to request activation, notification, and assembly drills with staff assigned to EDS management roles per MDPH guidance. Public health planners may be available to assist with completing these drills. MRC Unit Coordinators will perform annual notification drills to volunteers. The staff and volunteer notification drills should document everyone's acknowledgement and their ability to respond. Additionally, local health should conduct and document quarterly tests of redundant methods of communication (e.g., cell phones, walkie-talkies, radios, etc.) between command-and-control locations (e.g., between the LEOC and the EDS). Response to an incident or use of an event, such as seasonal flu clinics, can be used toward drill and exercise requirements.

#### 7.3.5 EVALUATIONS

The MDPH collaborates with local health to periodically review and evaluate local EDS plans using the [Medical Countermeasure Operational Readiness Review \(MCM-ORR\)](#). The MCM-ORR was developed by the CDC to evaluate jurisdictional readiness for MCM dispensing and other associated [public health preparedness capabilities](#). Results from the MCM-ORR should be used to improve the EDS plan, identify training needs, and plan for future drills and exercises.

### 7.4 AUTHORITIES AND REFERENCES

#### 7.4.1 LIABILITY AND WORKERS COMPENSATION

Liability protections will depend on the role of an individual and their licensure status while working at the EDS, as well as whether they are paid staff or volunteers. Similarly, the availability of Workers Compensation coverage will depend upon whether the individual is functioning in a position that has this coverage.

#### 7.4.2 STAFF COMPENSATION

Staff compensation will depend on the role of an individual and their employment status with the municipality or private entity.

#### 7.4.3 CIVIL DEFENSE ACT

The [Civil Defense Act](#) allows the Governor to declare a State of Emergency, giving MEMA broad authority to operate in an emergency.

#### 7.4.4 SPECIAL TOWN EMPLOYEES (TORT CLAIMS ACT)

Towns can provide liability protection under the state [Tort Claims Act](#) to volunteers if they make the volunteers Special Town Employees. This generally takes a vote of the select board or town council.

## 8 ACRONYMS

ASPR	Administration for Strategic Preparedness and Response
AVA	Anthrax Vaccine Absorbed
BDS	Biohazard Detection System
BIDLS	Bureau of Infectious Disease and Laboratory Sciences
CBRNE	Chemical, Biological, Radiological, Nuclear or Environmental
CDC	Centers for Disease Control and Prevention
CEMP	Comprehensive Emergency Management Plan
CERC	Crisis and Emergency Risk Communication
CERT	Community Emergency Response Team
CIS	Critical Infrastructure Staff
DOC	Department Operations Center
EDS	Emergency Dispensing Site
EMD	Emergency Management Director
ELR	Electronic Laboratory Reporting
EUA	Emergency Use Authorization
FEMA	Federal Emergency Management Agency
FDA	U.S. Food and Drug Administration
GIS	Geographic Information Systems
HHAN	Health and Homeland Alert Network
HMCC	Health and Medical Coordinating Coalition
HOH	Head of Household
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
HVA	Hazard Vulnerability Assessment
IAP	Incident Action Plan
ICS	Incident Command System
IP	Improvement Plan
IT	Information Technology
JITT	Just-in-Time Training
LDH	Local Health Department
LEOC	Local Emergency Operations Center
LTCF	Long Term Care Facility
MAVEN	Massachusetts Virtual Epidemiological Network
MCM	Medical Countermeasures
MCM-ORR	Medical Countermeasure Operational Readiness Review
MDPH	Massachusetts Department of Public Health
NDC	National Drug Code
MEMA	Massachusetts Emergency Management Agency
MIIS	Massachusetts Immunization Information System
MRC	Medical Reserve Corps
NIMS	National Incident Management System
NSSP	National Syndromic Surveillance Program
OPEM	Office of Preparedness and Emergency Management
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
POD	Point of Distribution, another term for EDS
RSS	Receive, Stage and Store
SEOC	State Emergency Operations Center
SNS	Strategic National Stockpile
USPS	United States Postal Service
VAERS	Vaccine Adverse Event Reporting System
WebEOC	Web Emergency Operations Center

## 9 APPENDICES

The following are the appendices (ctrl click on the title) below to go directly to the document:

[9.1 EDS NAPH REGISTRATION FORM](#)

[9.2 EDS NAPH FORM MEDICATION ALGORITHM](#)

[9.3 MDPH GENERIC ANTIBIOTIC EDS FLOWCHART TEMPLATE](#)

[9.4 MDPH GENERIC VACCINE ADMINISTRATION EDS FLOWCHART TEMPLATE](#)

[9.5 EDS INVENTORY TRACKING FORM INSTRUCTIONS, SAMPLE FORM & FORM](#)

[9.6 MASSACHUSETTS EDS MCM TRANSFER OF CUSTODY FORM](#)

[9.7 PROCESS FOR VOLUNTEER REQUESTS DURING CROSS-JURISDICTIONAL EVENT](#)

[9.8 MASSACHUSETTS VOLUNTEER DEPLOYMENT ROSTER](#)

[9.9 REGION 2 MRC UNIT DEPLOYMENT PROTOCOLS](#)

[9.10 VOLUNTEER REQUEST FORM](#)

[9.11 REGION 2 HMCC DUTY OFFICER POLICY](#)

[9.12 EDS MEMORANDUM OF UNDERSTANDING](#)

[9.13 MDPH MCM PROGRAM EDS FACILITY SURVEY](#)

[9.14 INCIDENT COMMAND SYSTEM CHART](#)

[9.15 IMPORTANT CONTACT INFORMATION](#)

[9.16 FLOORPLANS](#)

[9.17 EDS SECURITY PLAN](#)

[9.18 SUGGESTED INVENTORY LIST](#)

[9.19 INCIDENT ACTION PLAN TEMPLATE](#)

[9.20 PRE-SCRIPTED MESSAGES](#)

[9.21 ACCESS AND FUNCTIONAL NEEDS OVERVIEW](#)

[9.22 JOB ACTION SHEETS](#)

[9.23 EDS QUICK SET-UP CHECKLIST](#)

9.1 EDS NAPH REGISTRATION FORM



**Directions for Emergency Dispensing Site (EDS)  
Name, Address, Personal History (NAPH) Registration Form**

When using a Head of Household model to dispense medical countermeasures (MCM) at a public Emergency Dispensing Site (EDS), Closed EDS, or hospital, the person picking up MCM for the family (Person #1) is the only one who needs to complete the form. More than one form will be needed if there are more than 5 people in the household/family.

Line on the Form	Description
Name (person #1)	The person completing the form and/or picking up MCM for household. Complete Last name, First name, Middle initial (M.I.)
Address	The address of the person filling out the form
Phone	Phone number in case they need to be reached regarding the medicine
Official Use Only box (top right)	Where the dispensing site screener reviewing the form places their initials, the date and time of the form review
Person #2 – Person #5	Additional household members for whom Person #1 is picking up medications, if appropriate. Each person gets their own column.
Last Name/First Name	Names of persons #2 - #5
Age	Age of persons #1 - #5
Weight if under 76 pounds (this only pertains to dosing)	Enter the weight of any person under 76 pounds. Provide <i>“In an Emergency: How to Prepare Doxycycline Hyclate for Children and Adults Who Cannot Swallow Pills”</i> handout for children or upon request.
A: Pregnant/Breastfeeding	Check <b>Yes</b> or <b>No</b> for each person #1 - #5
B: Allergic to Tetracyclines?	Check <b>Yes</b> or <b>No</b> for each person #1 - #5. See the boxes in the middle of the NAPH Form for names of drugs (Tetracyclines, Quinolones, and Penicillins)
C: Allergic to Quinolones?	Check <b>Yes</b> or <b>No</b> for each person #1 - #5
D: Allergic to Penicillins?	Check <b>Yes</b> or <b>No</b> for each person #1 - #5
<b>OFFICIAL USE ONLY SECTION</b>	The rows of information below the heavy, black line are for EDS staff usage. The Screener completes the “Screener” row, and the person (#1) picking up the medication takes the form to the Dispenser to get the appropriate medication.
<b>SCREENER:</b> Circle medication to be given or check consult if child, circle Pedi(atric)	To determine which medication to give each person, consult the <b>NAPH Medication Algorithm</b> page. Then circle D (Doxy), C (Cipro), or A (Amox) as appropriate. If Amoxicillin is not available and <u>any</u> person (#1 - #5) needs that medication, direct Person #1 to a physician for a consultation. Circle “Pedi” if the person is a child to ensure pill crushing instructions are provided.
<b>DISPENSER</b> (Initials ___): Check off the medication given if Pedi provide crushing instructions	The Dispenser should check off the medication given for each person (#1 - #5). Check “None/med consult” if no medication was given and/or if the client was referred to a medical consult. Provide crushing instructions if Pedi or if adult has difficulty swallowing pills.
<b>DISPENSER:</b> Affix Med Label <b>OR</b> fill in info	The bottles of medicine to be dispensed should have 2 peel-off labels on the side of the bottle. Affix one label for the medication provided for each person in that person’s column or fill in by hand if labels are not available.

**Emergency Dispensing Site (EDS) Name, Address, Personal History (NAPH) Registration Form  
for Individuals or Heads of Households**

Name (Person #1): _____ M.I. _____ Address: _____ Street _____ Apt # _____ City/State _____ Zip Code _____ Phone: _____		Screener: _____ (Initials) Date: _____ Time: _____			
<b>Please Print</b>		<b>Person #2</b>	<b>Person #3</b>	<b>Person #4</b>	<b>Person #5</b>
Last Name		Named Above			
First Name		(Person picking up)			
Age					
Weigh under 76 pounds?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pregnant/Breastfeeding?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>For questions B, C, and D, refer to the list of drugs in the blocks below</b>					
A	Allergic to Tetracyclines?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
B	Allergic to Quinolones?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
C	Allergic to Penicillins?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
D	Allergic to Penicillins?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

	For Question C: Names of Quinolone Drugs:	For Question D: Names of Penicillin Drugs:
<b>For Question B: Names of Tetracycline Drugs</b>	<b>For Question C: Names of Quinolone Drugs:</b>	<b>For Question D: Names of Penicillin Drugs:</b>
Achromycin Monodox Oraxyl Declomycin Doxycycline Perioostat Minocin Sumycin Terramycin	Avelox Cipro Ciprofloxacin Floxin Gatifloxacin Levaquin Levofloxacin Moxifloxacin Ofloxacin Tequin	Amoxicillin Amoxil Ampicillin Augmentin Pen VK Pen G Penicillin Principen Trimox V-Cillin

<b>STOP! OFFICIAL USE ONLY! DO NOT FILL OUT THE INFORMATION BELOW THIS LINE!</b>					
Using the answers to questions A – D above, consult the NAPH Medication Algorithm to determine medicine to be given out.					
<b>SCREENER:</b> Circle med to be given or check consult if child circle Pedi (atric)	<b>Person #1</b>	<b>Person #2</b>	<b>Person #3</b>	<b>Person #4</b>	<b>Person #5</b>
	D C A Pedi <input type="checkbox"/> Consult	D C A Pedi <input type="checkbox"/> Consult	D C A Pedi <input type="checkbox"/> Consult	D C A Pedi <input type="checkbox"/> Consult	D C A Pedi <input type="checkbox"/> Consult
<b>DISPENSER (initials _____):</b> Check off med given If Pedi give crushing instructions	<input type="checkbox"/> Doxy <input type="checkbox"/> Cipro <input type="checkbox"/> Amox <input type="checkbox"/> Other:	<input type="checkbox"/> Doxy <input type="checkbox"/> Cipro <input type="checkbox"/> Amox <input type="checkbox"/> Other:	<input type="checkbox"/> Doxy <input type="checkbox"/> Cipro <input type="checkbox"/> Amox <input type="checkbox"/> Other:	<input type="checkbox"/> Doxy <input type="checkbox"/> Cipro <input type="checkbox"/> Amox <input type="checkbox"/> Other:	<input type="checkbox"/> Doxy <input type="checkbox"/> Cipro <input type="checkbox"/> Amox <input type="checkbox"/> Other:
<b>DISPENSER:</b> Affix Med Label Here OR fill in info	Rx: _____ Lot #: _____ NDC: _____ Expirations: _____	Rx: _____ Lot #: _____ NDC: _____ Expirations: _____	Rx: _____ Lot #: _____ NDC: _____ Expirations: _____	Rx: _____ Lot #: _____ NDC: _____ Expirations: _____	Rx: _____ Lot #: _____ NDC: _____ Expirations: _____



## 9.2 EDS NAPH FORM MEDICATION ALGORITHM



### NAPH Form Medication Algorithm Directions

Answer each question (row) in order as listed on the NAPH Form (A, B, C, D).

Based on the response to Question A, circle or highlight all the **YESs** or **NOs** in the top row.

For example, if the person is **NOT** pregnant or breastfeeding, circle/highlight **NO** in the first 5 blocks of the Question A row.

For each following question, you need only circle the **YESs** or **NOs** that appear *under* the circled/highlighted blocks in the previous question.

A column where all the **YESs** or **NOs** are circled or highlighted will indicate in the bottom row which drug should be provided.

In the example below, the person is **NOT** pregnant/breastfeeding (row A), is **NOT** allergic to Doxycycline or Tetracycline drugs (row B), **IS** allergic to Ciprofloxacin or Quinolone drugs (row C), and is **NOT** allergic to Amoxicillin or Penicillin drugs (**note**: a **YES** or **NO** response in row D would not change the drug provided in some cases). The column with all blocks highlighted in rows A through D tells us which drug to provide (bottom row). In this example, the drug dispensed should be Doxycycline.

<b>A</b> Is the person PREGNANT or BREASTFEEDING?	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	Yes	Yes	Yes	Yes	Yes
<b>B</b> Is the person allergic to Doxycycline or Tetracycline drugs?	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	Yes	Yes	Yes	<input type="radio"/> No	<input type="radio"/> No
<b>C</b> Is the person allergic to Ciprofloxacin or Quinolone drugs?	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes	Yes	Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
<b>D</b> Is the person allergic to Amoxicillin or Penicillin drugs?	<input type="radio"/> Yes or No	<input checked="" type="radio"/> Yes or <input type="radio"/> No	<input type="radio"/> Yes or <input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes or <input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> Yes or <input type="radio"/> No
<b>Provide</b>	Doxy (D) or Cipro (C)	<input checked="" type="radio"/> Doxy (D)	Cipro (C)	Consult / Amox (A)?	Consult	Consult / Amox (A)?	Consult	Cipro (C)	Consult / Amox (A)?	Cipro (C)

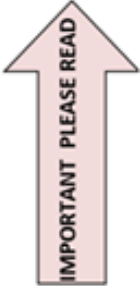
**NOTE:** Consider keeping a laminated blank Algorithm sheet at each screening station at the EDS. This laminated sheet could then be used repeatedly with a write-on/wipe-off marker to determine which drug should be dispensed to each individual.

**Massachusetts NAPH Form Medication Algorithm**

<b>A</b> Is the person PREGNANT or BREASTFEEDING?	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes
<b>B</b> Is the person allergic to Doxycycline or Tetracycline drugs?	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
<b>C</b> Is the person allergic to Ciprofloxacin or Quinolone drugs?	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
<b>D</b> Is the person allergic to Amoxicillin or Penicillin drugs?	Yes or No	Yes or No	Yes or No	No	Yes	Yes	Yes	No	Yes	Yes or No	No	Yes or No
<b>Provide</b>	Doxy (D) or Cipro (C)	Doxy (D)	Cipro (C)	Consult / Amox (A)?	Consult	Consult / Amox (A)?	Consult	Consult / Amox (A)?	Consult	Cipro (C)	Consult / Amox (A)?	Cipro (C)

Providing Amoxicillin will be contingent on the situation and supply of the antibiotics available, which may replace the need for physician's consultation in some cases. If Amoxicillin is not available, consult a physician.

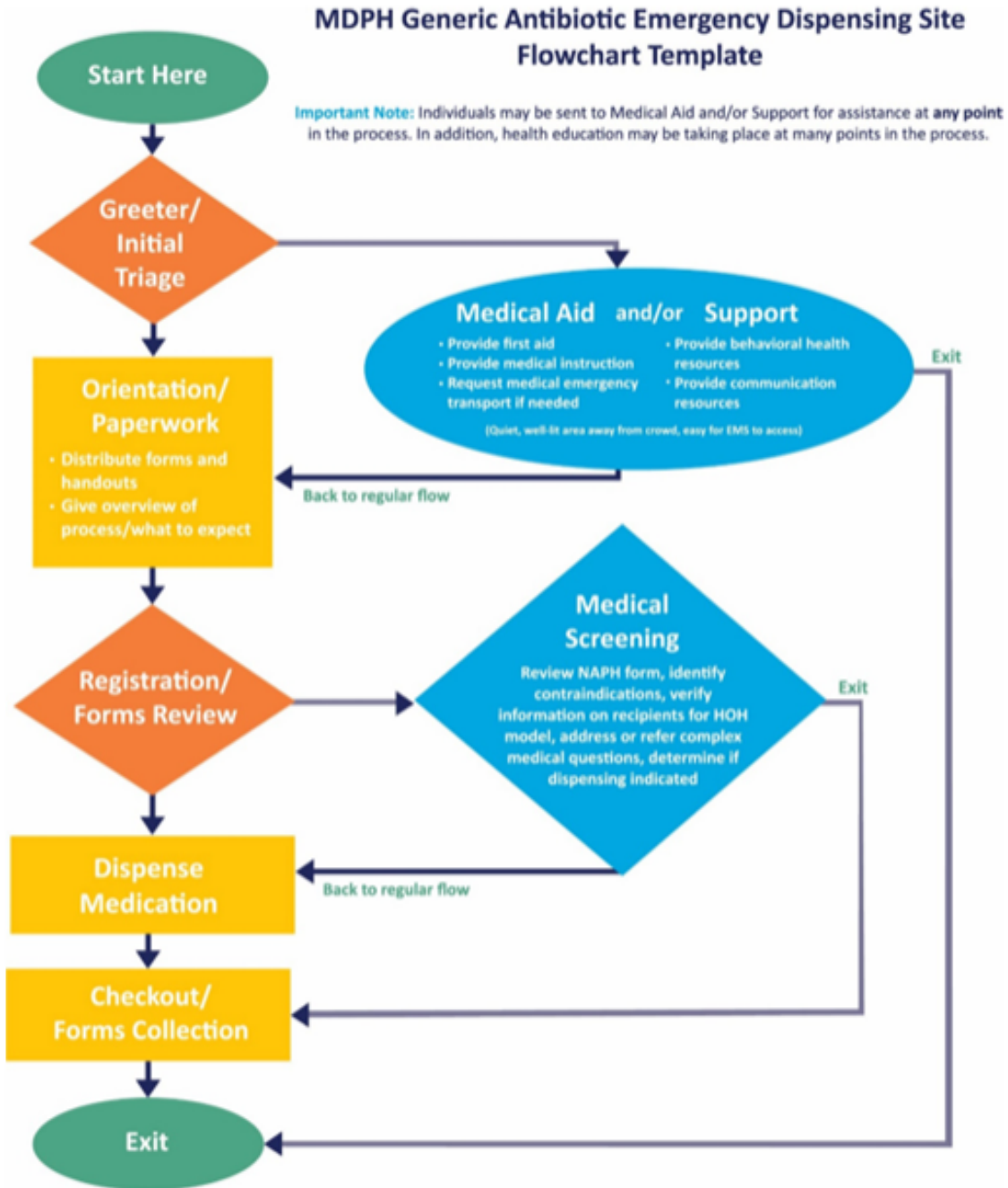
If dispensing DOXY for a child or a person who has trouble swallowing pills, remember to give handout "How to Prepare Doxycycline Hyclate for Children and Adults Who Cannot Swallow Pills"



Revised 06.14.19



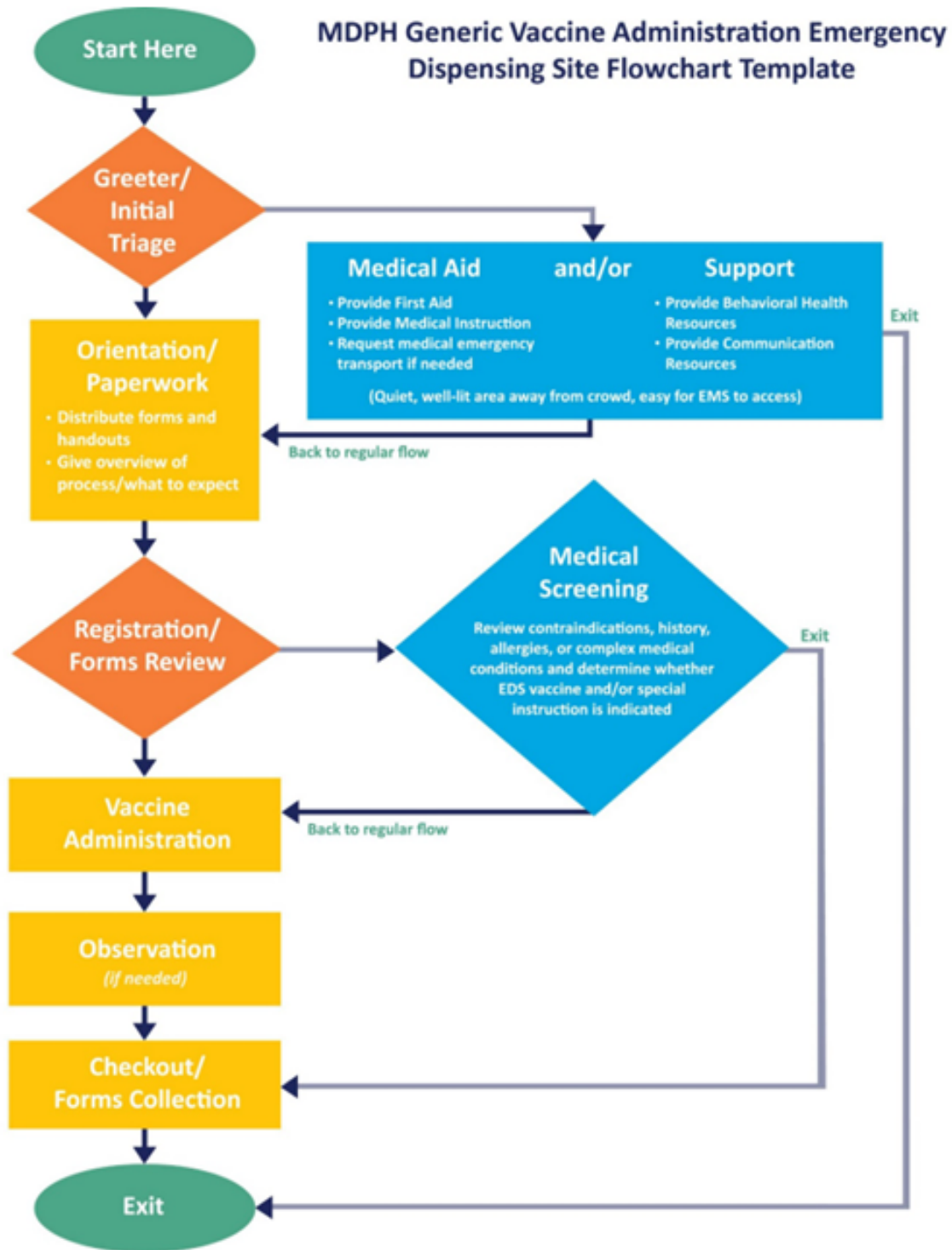
9.3 MDPH GENERIC ANTIBIOTIC EDS FLOWCHART TEMPLATE



This is a flexible and scalable template. Every EDS and disease response will vary.

Source: MDPH EDS Planning Guide/July 2019

9.4 MDPH GENERIC VACCINE ADMINISTRATION EDS FLOWCHART TEMPLATE



Source: MDPH EDS Planning Guide/July 2019

## 9.5 EDS INVENTORY TRACKING FORM INSTRUCTIONS, SAMPLE FORM & FORM

### Instructions:

The accompanying Inventory Tracking Form should be used to track the inventory (Medical Countermeasures [MCM] or medical supplies [Personal Protective Equipment, etc.]) that is received at the EDS whether by shipment from the state's warehouse partner (Receipt, Stage, & Store facility [RSS]) or transferred from another EDS. The Inventory Manager or back-up should know the status of every case/item received for the purposes of reordering and/or reporting to the state or ASPR as requested.

Reporting and the frequency of reporting may be conducted by email, phone, WebEOC, or other manner depending on the incident. ASPR, through MDPH, may request inventory updates daily, weekly, or at another interval. MDPH may request more frequent updates and will reach out for this information via HHAN alert or scheduled conference call.

Upon arrival at the EDS the truck driver delivering MCM will provide a Bill of Landing containing a detailed inventory of the shipment. When possible, the MCM inventory list will be sent electronically to the local email address provided in the WebEOC EDS Board prior to the shipment's arrival.

Once a shipment is received at the EDS the product must be checked to ensure it matches the Packing List which is the starting point for the inventory. The EDS Manager, or designee, must sign for the assets, noting any missing or damaged product on the Packing List. This proof of receipt- the Medical Material Transfer of Custody and Packing List (both received from the delivery driver) - should be signed and a copy made to be kept on site (originals return with the driver). These forms must then be faxed or scanned to MDPH. Directions and contact information are on the Transfer of Custody Form.

### Terminology on the Inventory Tracking Form

**Item:** The products received. In most instances an EDS will receive medications but could also receive medical supplies (Personal Protective Equipment, syringes if receiving vaccine, etc.) Record the name of the item on the form. If it is medication, record its name, strength, National Drug Code (NDC) number, number of bottles per case, Lot Number (#) and expiration date. This information is found on each case and each bottle.

**Date/Time Transaction:** Enter on the "start" line when the shipment arrived and was signed for at the EDS; enter the Date/Time when each subsequent transaction is made (other cases received, dispensed, transferred or returned).

**Cases Received:** The number of cases of each medication (Doxycycline, Ciprofloxacin, etc.) received and placed in the secured medication storage/staging area. Each will need its own Inventory Tracking Form. Indicate in the first line of the form ("Start") the number of cases received.

**Cases Transferred:** The number of cases sent to another EDS (public/open or private/closed), Long Term Care Facility, Community Health Center, or other dispensing partner. MDPH recommends rounding population numbers up and transferring whole cases.

**Cases Dispensed:** The number of cases sent to the dispensing lines from the secure storage/staging area. The product may have been dispensed or may be in the dispensing area to be handed out.

A **Transfer of Custody Form** must accompany all medication transfers; a copy should be attached to the EDS Inventory Tracking Form and a copy should accompany the medication being transferred to the receiving site.

**Cases Returned:** The number of cases returned to the storage/staging area from other locations. Any unused medication should be returned to the EDS storage/staging area.

**Cases Remaining:** The number of cases remaining in the storage/staging area after each transaction (dispensing, transferring, or returning) should correspond to the actual inventory of cases in the storage/staging area.

**Initials of Inventory Manager:** The Inventory Manager or back-up who is monitoring the inventory must initial each line when MCM is dispensed from or received at the storage area.

*Throughout the dispensing process it is important to keep track of the inventory. There is space at the bottom of the tracking form to record order status and make notes.*

The table below is an Excel spreadsheet showing how to track medical countermeasures inventory at the EDS. Those responsible for tracking the inventory at the EDS may complete the form electronically or print out a paper copy and enter information manually. All movement of the medical countermeasures (MCM) should be tracked on these pages. Similar to a checkbook register, record the inventory that goes in and out of the inventory storage area. A running total is automatically calculated in the grey "Cases Remaining" column. A blank page should be used for each unique item and lot number, i.e. if you receive 500 cases of Doxycycline but 300 cases have one lot number and 200 cases have a different lot number, they should be tracked on separate sheets. At pre-announced intervals, MDPH will request and gather inventory data from all activated dispensing sites to report the data to our federal partners.

In the example below 300 cases of Doxycycline are received at the EDS at 0530. This information is entered in the "Start" line and the specific drug information (shown in red below) is entered at the top of the spreadsheet. The example shows that 40 cases are moved to the EDS dispensing area to be dispensed and 30 cases are transferred to a neighboring EDS (Wing School) to be dispensed. These 30 cases are considered transferred because they are off-site where someone else will dispense medications. Whenever the MCM is moved out of the EDS, a Transfer of Custody Form must be signed to show who is taking responsibility for the medication. The example below continues to show 50 more cases are moved within the EDS to be dispensed, 4 cases are picked up by (transferred to) a Long Term Care Facility (LTCF) Closed EDS, and 20 cases are transferred to the drive-through EDS elsewhere in town.

At 1300 hours an additional shipment is received of 100 cases of Doxycycline 100mg tablets, 20 tablets/bottle, with the same lot number. If the shipment had a different lot number, a new Inventory Tracking Form would be completed. For clarity of record-keeping, do not dispense the second shipment (100 cases) until the first shipment (300 cases) is dispensed entirely. At the end of the shift, 3 full and 1 partial case were returned from the school and 3 cases were returned from the drive-through area (1 box was damaged). Note these on the spreadsheet and in the Final Disposition box.

### Sample Inventory Tracking Form with Explanation

In the example below 42 cases are initially received at the EDS. Twenty-four (24) cases are dispensed over the next 5+ hours, including ten (10) initially dispensed to the dispensing followed by another six (6) at 10:30am. Four (4) cases were sent to a neighboring EDS at Wing School, four (4) were transferred to another dispensing partner (LTCF) and ten (10) cases were sent to the drive-through dispensing area. Subtract the number of cases that are dispensed or transferred as record in the corresponding column) and enter the new sum in the “Cases Remaining” column for each transaction. Record the time and initial each shipment in or out of the storage area.

At 1:00PM (1300 hours) an additional shipment is received of 15 cases of Doxycycline 100mg tablets, 20 tablets/bottle, with the **same** lot number. [If the second shipment had a **different** Lot Number a **new Inventory Tracking Form would be started.**] You would not dispense the second shipment (15 cases) until the first shipment (42 cases) is gone. At the end of the shift a one full and one partial case were returned from the school and 3 cases were returned from the drive-through area (one box was damaged).

When all the cases of a particular product are gone via dispensing, transferring, or taken out of circulation due to damage, it is considered a “closed order” and should be noted as such in the Final Disposition box.

**Doxycycline                      100mg Tablet                      1234-567-890                      100 bottles per case                      B10027                      09/2018**

Item/MCM Name	strength/mg per tablet	NDC	bottles per case	Lot Number	Expiration Date			
Line	Date/Time of Transaction	Location	Cases Received	Cases Dispensed	Cases Transferred	Cases Returned	Cases Remaining	Initials of Inv. Mgr.
Start	3.28.15 0530	Received from state	+42	0	0		42	DTM
1	3.28.15 0630	Dispensing area		-10			32	DTM
2	3.28.15 0900	Wing School EDS			-4		28	DTM
3	3.28.15 1030	Dispensing area		-6			22	DTM
4	3.28.15 1100	Overlook LTCF			-4		18	SE
5	3.28.15 1230	Drive Through			-10		8	SE
6	3.28.15 1300	Received from state	+15				23	SE
7	3.28.15 1800	Returned from School				+1*	24	DTM
8	3.28.15 1830	Returned from Drive-Thru				+3*	27	DTM

#### Final Disposition

Use this space to indicate what, if any, products were damaged, whether there are cases leftover (Open Order) or whether all cases have been dispensed, transferred, or are otherwise accounted for (Closed Order). If any item was transferred please attach the **Transfer of Custody** form. *This is an OPEN Order; Wing School returned 1 full case and 1 case with 27 bottles remaining ; Drive Through returned 3 full cases, one of which got wet and was collapsing. Wing School Transfer of Custody form attached*

\_\_\_\_\_  
Signature of Inventory Manager when order closed

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## EDS INVENTORY TRACKING FORM

EDS Name: \_\_\_\_\_

Address: \_\_\_\_\_

Item/MCM Name:	Strength/mg per tablet:	National Drug Code:	Bottles/vitals per case:	Lot number:	Expiration Date:
----------------	-------------------------	---------------------	--------------------------	-------------	------------------

Line	Date/Time of Transaction	Location	Cases Received	Cases Dispensed	Cases Transferred	Cases Returned	Cases Remaining	Initials of Inventory Mgr.
Start								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Final Disposition:

\_\_\_\_\_  
Signature of Inventory Manager when order closed

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

9.6 MASSACHUSETTS EDS MCM TRANSFER OF CUSTODY FORM

The Emergency Dispensing Site providing MCM:

\_\_\_\_\_

Located at (street address, city):

\_\_\_\_\_

Hereby transfers the following medical countermeasures into the custody and control of the receiving authority identified below. By signing this form, the receiving authority acknowledges receipt of the following medical materials:

MCM Transferred into the Custody of the Receiving Authority Date: \_\_\_\_\_

Product	# of Cases	Lot Number	Expiration Date

The receiving authority accepts fully responsibility for the materials entrusted into its possession and agrees to abide by the terms, conditions, and responsibilities of all applicable agreements between the Commonwealth of Massachusetts and local authorities, as well as all applicable federal and state laws and regulations.

\_\_\_\_\_  
(Authorized Personnel Providing MCM: Name/Title or EDS Position/Phone #)

\_\_\_\_\_  
(Authorized Personnel Receiving MCM: Name/Title or EDS Position/Phone #)

\_\_\_\_\_  
(Printed name and location of open (public) or Closed EDS to Receive Transferred MCM)

All transfers of MCM must be noted on the Inventory Tracking Form. The providing authority must maintain this signed Transfer of Custody Form to reconcile their received shipment.

When providing inventory information to DPH please include this form via email to: [dph-snsinfo@state.ma.us](mailto:dph-snsinfo@state.ma.us) or fax to: (617) 624-5587 attn: SNS Program.

9.7 PROCESS FOR VOLUNTEER REQUESTS DURING A CROSS-JURISDICTIONAL EVENT

Requesting Additional Volunteers When SEOC IS Activated	Requesting Additional Volunteers When SEOC IS NOT Activated
<p>If the State Emergency Operations Center (SEOC) is activated, DPH OPEM will notify MRC unit Leaders and State of MA Volunteer Program (MVP) members via MA Responds or via the HHAN (Non-MA Responds) if volunteers are needed. Volunteers may be asked to standby.</p>	<p>Units will work directly with requestor to fill volunteer requests. Requesting entity may work within their region initially. DPH OPEM volunteer support team (VST) will not be activated.</p>
<p>If an MRC unit has been asked by local community to provide assistance and the MRC <u>can</u> meet these needs, the requesting entity is asked to call the ESF-8 desk to provide awareness. If the local MRC unit <u>cannot</u> meet the requestor’s needs, then the requesting entity should proceed to next step.</p>	<p>Requesting agencies may contact the local unit directly or notify OPEM staff by calling the 24/7 pager at (617) 339-8352 of a cross-jurisdictional need for volunteer and must include the required information listed on the Volunteer Request Form.</p>
<p>To request additional MRC support, the requesting entity will call the ESF-8 desk to request necessary volunteers; ESF-8 staff may ask the following questions (but not limited to) to fill out the Volunteer Request Form. (</p>	<p>The duty officer will contact the MRC State Coordinator or designee, and if approved to assist in a local response by the OPEM Director or Deputy Director, MVP members will be contacted through MA Responds.</p>
<p>ESF-8 will send a request to the Volunteer Support Team (VST). The VST will then contact MRC Unit Leaders and/or MVP members through MA Responds and phone/email for non-MA Responds leaders. MRC leaders shall follow unit protocols for activation volunteers.</p>	<p>MRC Unit Leaders shall follow individual protocols for activating volunteers. In accordance with MRC Deliverables, participating units will send a message to volunteers within two (2) hours of initial notification from DPH OPEM through MA Responds. Unit Leaders that utilize MA Responds will be asked to confirm that all available volunteers are accepted in the system in writing (i.e. email).</p>
<p>In accordance with MRC Deliverables, participating units will send a message to volunteers within two (2) hours of initial notification from DPH OPEM through MA Responds. Unit leaders that utilized MA Responds will be asked to confirm that all available volunteers are accepted in the system in writing (i.e. email).</p>	<p>If within 2 hours of initial notification there are not enough volunteers, Non-MA Responds units will be requested to send a message via telephone or email. Non-MA Responds units will be asked to verify all deployable volunteer credentials (no less than CORI/SORI credentials) in writing (i.e. email).</p>
<p>If necessary, the VST will utilize MA Responds to assign volunteers to appropriate tasks/shifts and notify the volunteer(s), Unit Leader and requestor. The VST will also notify the requestor if no volunteers are available.</p>	<p>The MRC State Coordinator and MMS staff will utilize MA Responds to assign volunteers to appropriate tasks/shifts and will notify the volunteer(s) and Unit Leader, as well as the original requestor. The MRC State Coordinator will also notify the requestor if no volunteers are available.</p>
<p>The VST will host conference calls as needed to identify and discuss any areas of concerns and all ongoing needed. These activities will be documented in WebEOC, the Duty Officer Log or other reporting mechanisms.</p>	<p>The MRC State Coordinator, with approval from the Director of OPEM or the Deputy Director, will host conference calls as needed with relevant parties to identify and discuss areas of concern and all ongoing needed. All activities will be documented in WebEOC, the Duty Officer Log, or other reporting mechanisms.</p>
<p>The VST will provide regular email updates to relevant parties to share all necessary data (ex: from regional coordinators, MEMA situational awareness, etc.).</p>	<p>Regular email updates will be provided to the relevant parties to share all necessary data (ex: from regional coordinators, MEMA situational awareness, etc.).</p>





## Massachusetts Volunteer Deployment Roster



To be used in response to organizations, towns, agencies, etc. requesting MRC volunteers

**Directions:** The information contained on this form should be provided by a unit *deploying* volunteers in a cross-jurisdictional event. **One form should be filled out per location, per shift.** Alternatively, this information may be entered into a spreadsheet and that may be sent in place of this document. Please share this information (by completing this form, a spreadsheet, or via email) with the *requesting* entity when sending volunteers. If the request comes from DPH OPEM or the State Emergency Operations Center is activated, please also send it to [DPH-ESF-8@MassMail.State.MA.US](mailto:DPH-ESF-8@MassMail.State.MA.US).

Some fields are required (\*), but it is recommended that all information be completed, if possible. Please copy and paste additional rows if your unit is sending more than seven volunteers.

Event Information	
Description of event*	
Date/Shift*	
Name of Unit Sending Volunteer(s)*	
Region*	

On-Site Contact	
First and Last Name*	
Title	
Mobile Phone*	
Email*	

Point of Contact for Unit Sending Volunteers	
First and Last Name*	
Title	
Mobile Phone*	
Email*	

Volunteer Information	
<b>Volunteer #1 Information</b>	
First and Last Name*	
Mobile Phone*	
Email*	
Emergency Contact Name*	
Emergency Contact Phone*	
Role/Skills/Licenses	
<b>Volunteer #2 Information</b>	
First and Last Name*	
Mobile Phone*	
Email*	
Emergency Contact Name*	
Emergency Contact Phone*	
Role/Skills/Licenses	

Volunteer #3 Information	
First and Last Name*	
Mobile Phone*	
Email*	
Emergency Contact Name*	
Emergency Contact Phone*	
Role/Skills/Licenses	
Volunteer #4 Information	
First and Last Name*	
Mobile Phone*	
Email*	
Emergency Contact Name*	
Emergency Contact Phone*	
Role/Skills/Licenses	
Volunteer #5 Information	
First and Last Name*	
Mobile Phone*	
Email*	
Emergency Contact Name*	
Emergency Contact Phone*	
Role/Skills/Licenses	
Volunteer #6 Information	
First and Last Name*	
Mobile Phone*	
Email*	
Emergency Contact Name*	
Emergency Contact Phone*	
Role/Skills/Licenses	
Volunteer #7 Information	
First and Last Name*	
Mobile Phone*	
Email*	
Emergency Contact Name*	
Emergency Contact Phone*	
Role/Skills/Licenses	

I assert that all volunteers listed here are accepted members of [Click or tap here to enter the unit name.in](#) good standing. This includes the completion of all background checks (CORI and SORI/VSOS) and license verifications, if appropriate.

[Click here to enter your electronic signature by typing your first and last name.](#)

**Signature**

[Click here to enter today's date.](#)

**Date**



Medical Reserve Corps

# MRC Regional Deployment Protocols

Deploying Volunteers within MA Public Health  
Emergency Preparedness Region II

Established March 2014

Updated November 2022

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GREATER GRAFTON MEDICAL  
RESERVE CORPS

# TOWN OF GRAFTON

28 PROVIDENCE ROAD  
GRAFTON, MA 01519



E-mail: [devriesm@grafton-ma.gov](mailto:devriesm@grafton-ma.gov)

Greater Grafton Medical Reserve Corps  
Protocol for Request and Deployment of Volunteers  
Emergency and Non-Emergency Requests

Bellingham Blackstone Douglas Franklin Grafton Hopedale Medway Millville  
Northbridge Northborough Sutton Westborough Upton Uxbridge

Marianne DeVries, Coordinator  
[Devriesm@grafton-ma.gov](mailto:Devriesm@grafton-ma.gov)  
508-864-5923, Cell

**Alternate Contact:** Evan Brassard, [brassarde@grafton-ma.gov](mailto:brassarde@grafton-ma.gov), 413-351-1671, Cell

**Policy:**

The purpose of the Greater Grafton Medical Reserve Corps is to assist with and provide community support for emergency or non-emergency situations in the fourteen communities listed above that are covered by the unit.

The Greater Grafton Medical Reserve Corps (GGMRC) is not a first responder organization and it is not within GGMRC capability to respond within minutes of an event. Although there may be circumstances when a rapid response is needed, the GGMRC must first send out a volunteer notification in order to coordinate a response. It is our goal to provide support in the first few hours of an event upon request.

**Procedure:**

1. Representative from community's health department /Central Mass Regional Public Health Alliance, emergency management or other authorized person contacts MRC Coordinator or Administrative Assistant if Coordinator not available.
2. Information that should be gathered by requestor before contact (see attached request form).
  - A. Date and time needed
  - B. Requestor's name and title
  - C. Address/Location of event
  - D. Point of Contact at event
  - E. Type of Event
  - F. Volunteer Info
    - a. Type of volunteers needed (medical/non-medical)
    - b. How many of each
    - c. Professions and skills needed
    - d. Duration of Shift (s)
    - e. Additional info (meals, supplies, lodging, transportation, parking etc)
  - G. Directions
3. Coordinator will contact members through the MA Responds system or other determined means if necessary and report back to requestor ASAP in the case of an emergency or at a designated date and time for a community event.
4. If for any reason the GGMRC is unable to provide enough support, the coordinator will then reach out to other MRC units within Region II.
5. Other Region 2 MRC Coordinators or their designees should follow same procedure to request assistance. If the ESF-8 desk is activated, the state protocol should be followed.

*Last Revised November 2022*



## *Wachusett Medical Reserve Corps*

Deployment Protocol  
Emergency and Non-Emergency Requests  
Reviewed and Updated 2022

Ashburnham	Athol	Barre	Clinton	Fitchburg
Gardner	Hardwick	Hubbardston	Leominster	New Braintree
New Salem	Oakham	Orange	Petersham	Phillipston
Princeton	Royalston	Rutland	Sterling	Templeton
Westminster	Winchendon			

### **Policy:**

The purpose of the Wachusett Medical Reserve Corps is to assist with and provide community support for emergency or non-emergency situations in north Worcester County.

### **Procedure:**

1. A representative from the community's health department, emergency management team or other authorized person will contact an Officer of the Wachusett MRC (see below) to request volunteer help.
2. Information to be provided with the request:
  - A. Date and time needed
  - B. Requestor's name and title
  - C. Address/Location of event
  - D. Point of Contact at event
  - E. Type of Event
  - F. Volunteer Info (see attached request form)
    - a. Type of volunteers needed (medical/non-medical)
    - b. How many of each
    - c. Professions and skills needed
    - d. Duration of Shift (s)
    - e. Additional info (meals, supplies, lodging, transportation, parking etc)
  - G. Directions
3. The contacted Officer will request Wachusett MRC members through appropriate means determined by the request which can include but not be exclusive to phone, email, social media or the MAREsponds system contact methods. Wachusett will report back to the requestor as soon as possible in the case of an emergency or at a designated date and time for a community event.
4. Other Region 2 MRC Coordinators or their designees will follow similar procedures for requests of assistance. If the ESF-8 desk is activated, the state protocol should be followed.

## Officers

Judith O'Donnell RN MPH  
WMRC Coordinator/President  
P.O. Box 555  
Hubbardston, Ma 01452  
[wachusettmrc@gmail.com](mailto:wachusettmrc@gmail.com)  
Home 978-928-4086  
Office 978-928-3834  
Cell 978-270-9935

PJ Taucer M.Ed  
Vice President  
Cell: 508-847-0093  
Work: 508-616-2822

Dennis O'Donnell  
Secretary/Treasurer  
Home 978-928-4086  
Cell 978-270-9934

*Last Revised November 2022*





Worcester Regional Medical Reserve Corps  
(WRMRC)

Ashby Auburn Ayer Berlin Bolton Boylston Brimfield Brookfield Charlton Dudley  
Dunstable East Brookfield Groton Harvard Holden Holland Lancaster Leicester  
Lunenburg Mendon Milford Millbury North Brookfield Oxford Paxton Pepperell Shirley  
Shrewsbury Spencer Southbridge Sturbridge Townsend Wales Warren Webster West Boylston  
West Brookfield Worcester

**Deployment Protocol - Emergency and Non-Emergency Requests**

**Policy:**

The mission of the Worcester Regional MRC is to provide medical and non-medical volunteer services to cities and towns in Central MA (Public Health Region 2) to supplement existing resources in the case of disasters or in non-emergency situations.

The Worcester Regional MRC (WRMRC) is not a first responder organization, and it is not within WRMRC capability to respond within minutes of an event. Although there may be circumstances when a rapid response is needed, the WRMRC must first send out a volunteer notification to coordinate a response. It is our goal to provide support in the first few hours of an event upon request.

**Procedure:**

1. A representative from a community's health department, emergency management team or other authorized person will contact Lois Luniewicz (508-450-4226) or one of her alternates listed in order below with a request for volunteers.
  - a. Please include (see attached request form):
    - i. Date(s) and time(s) needed
    - ii. Requestor's name and title
    - iii. Address/Location of event or requested response
    - iv. Point(s) of Contact at deployment site
    - v. Type of Event
    - vi. Volunteer Info
    - vii. Type of volunteers needed (medical/non-medical)
    - viii. Number of each needed
    - ix. Professions and skills/specified training needed
    - x. Duration of Shift(s)
    - xi. Number of anticipated shifts
    - xii. Length of each anticipated shift
    - xiii. Additional info (meals, supplies , lodging, transportation, parking etc)

- b. Directions
  - c. Condition of access roads
  - d. Will special clearance be needed for entry
2. Coordinator will contact volunteers through the MA Responds system or other determined means if necessary and report back to requestor as soon as possible in the case of an emergency or at a designated date and time for a community event.
  3. If for any reason the WRMRC is unable to provide enough support, the coordinator will then reach out to other MRC units within Region II.
  4. If support is needed beyond Region II, the WRMRC will follow State protocol for requesting MRC volunteers beyond this jurisdiction.

**Primary Contact**

Lois Luniewicz, WRMRC Coordinator

[Loisluniewicz@comcast.net](mailto:Loisluniewicz@comcast.net)

Office, Cell: 508-450-4226

Home: 978-874-2858

**Alternate Contacts**

Pamela Masters, Region 2

HMCC Program Manager

[mastersp@worcesterma.gov](mailto:mastersp@worcesterma.gov)

Cell: 508-450-4734

Alissa Errede, Region 2 HMCC

Chief, Office of Health & Medical Preparedness

[ErredeA@worcesterma.gov](mailto:ErredeA@worcesterma.gov)

Office: 508-799-8531 x 33158

Cell: 508-439-1195

*Last Revised February 2023*

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#### **MRC ROLES 2022:**

- 1<sup>st</sup> Aid, CPR/AED, STOP THE BLEED providers/trainers
- For COVID19, Flu or other vaccination sites as well as other medical events: Greeters, registration, flow coordinators, runners, vaccinators, observers
- Contact Tracers
- Provide Health and other relevant information at health or other fairs, polling places, schools
- Administrative or documentation support: health departments, public health, and school nurses
- Trainers: Emergency Dispensing sites, shelter support
- Supply, logistics management
- Translators/interpreters
- Drivers: Meals on Wheels, flyer distribution, EDS/Emergency Supplies
- Amateur radio operations (NO ESTABLISHED TEAM)
- TASK FORCES: Trailer (Existing); other teams under discussion
- Support for, working with: Local CERT and other Emergency Preparedness/Response TEAMS
- PARTICIPATE IN Exercises/DRILLS AS players/actors/evaluators
- Staffing/support for emergency, warming/cooling shelters; Volunteer Reception Areas, call centers
- Also.....we are open to suggestions. Our volunteers want to participate so if you have an idea, we are listening!

## 9.10 VOLUNTEER REQUEST FORM



# Massachusetts Volunteer Request Form

To be used for organizations, towns, agencies, etc. requesting MRC volunteers



Description of event:

Region:

Local MRC leader:

Has local MRC been contacted?  Yes  No

Requesting Agency Information	
Date:	
Requestor's name:	
Requestor's telephone:	
Requestor's email:	
Event Information	
Date:	
Address/Location:	
Point of Contact at Site:	Number:
Type of event? <input type="checkbox"/> Shelter <input type="checkbox"/> Emergency <input type="checkbox"/> Other	
How quickly is response needed?	
Volunteer Information	
Description of Volunteer Duties:	Job Descriptions included? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of volunteers* needed (medical/non-medical)?	
Will unit accept non-MA Responds volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many of each?	
Professions & skills needed:	
Date/time/duration of shift(s) and check-in time:	
Who do volunteers report to?	Phone Number:
Additional Info(meals, supplies, lodging, transportation, parking, etc)	
Directions	

All deployable volunteers must be credentialed and belong to the requested unit.

\*Credentialed volunteers shall pass all background checks (CORI, VSOS or SORI and Medical Licensure Verification) before being contacted and/or deployed.

## 9.11 REGION 2 HMCC DUTY OFFICER POLICY



### Region 2 HMCC Duty Officer Policy – May 1, 2022

The Massachusetts Department of Public Health’s (MDPH) Office of Preparedness and Emergency Management (OPEM) has developed Health and Medical Coordinating Coalitions (HMCC) in each of the six preparedness regions throughout the state. For each region, OPEM has chosen a Sponsoring Organization to oversee the fiscal and programmatic aspects of the HMCC grant. In Region 2, the Worcester Division of Public Health (WDPH) was named Sponsoring Organization.

As Sponsoring Organization, WDPH will serve as the regional Emergency Support Function - 8 (ESF-8). In the event of an emergency, the HMCC Program Manager and HMCC Planning and Operations Coordinator will provide situational awareness to stakeholders and assist with resource requests and allocations through their roles as Duty Officers. The Worcester Division of Public Health (WDPH) has a 24/7/365 emergency pager number and an email address.

#### When to Page the Duty Officer

##### Situational Awareness

There are many events, both emergency and pre-planned, that occur in our region throughout the year. Maintaining situational awareness is a critical function provided by the HMCC. The HMCC will notify local, regional, and state partners, as appropriate, to ensure an effective, efficient response occurs. This is not an exhaustive list, but here are some examples of when to notify the Duty Officer:

- Emergency (use pager): HazMat, CBRNE, bomb threats, active threat, utility loss, damage to/closing of facility, evacuations, mass casualty, illness outbreak, cyberattack, disruption of normal services, etc
- Pre-Planned (use email): Potential for technology/utility loss due to construction/facility updates, CHEMPACK relocation due to construction, large community event (road race, health fair, etc), large scale exercise, significant change in hours or normal services, etc

##### Surge

Please page the Duty Officer if your organization experiences a surge in patients that exceeds your capacity to effectively manage their care; this is different from normal high patients volume. The HMCC is available to assist with load balancing and/or requesting assistance from Regional and State level partners for surge management. Please note, all regulatory, state, and/or federal requirements surrounding surge should still be followed by the facility. Pages related to surge will be discussed with MDPH to determine an appropriate course of action.

##### Resource/Equipment Requests

For COVID-19 related resource requests, please continue to use the MDPH issued guidance and the OPEM 213 Resource Request Form. Typical requests have included vaccine/testing supplies and COVID therapeutics. If resources is not immediately required, the request may be emailed.

For items that are a nationwide shortage, please review the FDA website ([www.fda.gov](http://www.fda.gov)) for more information. It is unlikely that the regional cache or MDPH warehouse would contain items on the nationwide shortage list.

*Policy is subject to change and is reviewed annually*

For other resource requests, please follow the flowchart below PRIOR to paging the HMCC Duty Officer:

<b>PRIOR to Paging the Region 2 HMCC Duty Officer</b>			
<b>Internal Organization</b>	<b>Vendors</b>	<b>Healthcare System</b>	<b>Partners</b>
<input checked="" type="checkbox"/> Check with	<input type="checkbox"/> Request expedited	Request the resource in	Request the resource in

## Frequently Asked Questions (FAQ)

**1. I've always contacted the Massachusetts Department of Public Health (MDPH) during emergencies; should I call you instead?**

A. HMCC Stakeholders should page the HMCC Duty Officer in all instances except the following, when the MDPH Duty Officer must be paged:

- A hospital going on Code Black
- A request to activate MassMAP
- CMED notifications to OPEM

The MDPH Duty Officer can be reached by calling 617-339-8351. The HMCC Duty Officer will work with MDPH as situations warrant. Note: This process is in addition to notifications healthcare organizations are required to make to Healthcare Safety and Quality.

**2. Why do we need a Regional HMCC Duty Officer?**

A. Duty Officers are the first point of contact for HMCC stakeholders as an incident presents or evolves. The HMCC Duty Officer is available 24/7/365 via pager. Duty Officers will collaborate with all HMCC member organizations to provide situational awareness, support development of a common operating picture across the communities and organizations in the region, and facilitate resource sharing. Examples of when to call the HMCC Duty Officer include an emergency need for additional resources, or notification of an event with a Chemical, Biological, Radiological, Nuclear or Explosives (CBRNE) component.

**3. What will the HMCC Duty Officer do?**

A. HMCC staff will rotate shifts as on-call Duty Officers to ensure two functions are continuously in place:

- Rapidly receive information and notify HMCC members of an emergency.** The Duty Officer will work with other HMCC staff and the HMCC Executive Committee to identify if a potential or actual situation warrants notification to HMCC Stakeholders.
- Determine if additional HMCC actions are necessary.** Beyond notifications of potential or actual situations, the Duty Officer will work with HMCC staff, the HMCC Executive Committee, and/or OPEM to decide upon recommended courses of action.

**4. I work in local Public Health and I have a Planner that's assigned to my community. Can I just call him or her if I need something?**

A. Planners are contractors who aid local communities in the completion of their PHEP grant deliverables. As their title suggests, their primary focus is the updating of plans. While the work they do is important, they do not have a response role. Emergency notifications and requests should be made to the HMCC Duty Officer to ensure that your community receives the information and resources it needs in a timely, effective manner.

**5. I work in Long-term Care and we already have MassMAP. Why should we use the HMCC Duty Officer?**

A. In an emergency, MassMAP can be a valuable resource for skilled nursing facilities, assisted living facilities, and rest homes. However, MassMAP's reach doesn't extend beyond those disciplines. If an emergency requires assistance from or coordination with other disciplines, such as a hospital or EMS, the HMCC Duty Officer may assist in utilizing a regionalized, multi-disciplinary approach to the response. It's important to note that the MDPH Duty Officer should still be contacted directly whenever there's a request to activate MassMAP.

*Policy is subject to change and is reviewed annually*

## 9.12 EDS MEMORANDUM OF UNDERSTANDING

**Emergency Dispensing Site  
Groton Dunstable Regional Middle School  
344-346 Main Street, Groton, MA 01450**

The Groton Dunstable Regional Middle School, having read and agreed with the Groton Board of Health, hereby acknowledges its plan to serve as the location for an Emergency Dispensing Site (including the operation of satellites) for the Strategic National Stockpile in the event that the stockpile is requested to address a large-scale communicable disease outbreak or bioterrorism event, including but not limited to the following:

1. After meeting our obligations to our employees, students, and faculty will permit, to the extent of its ability and upon request of the Groton Board of Health, the use of the physical facilities and equipment by the Groton Board of Health within 24 hours of the request and for the time being requested, for statewide clinics for disease prevention and control activities, including but not limited to:
  - a. Office equipment, including telephones, copy machines, computers, fax machines.
  - b. Tables, chairs, desks, cots, wheelchairs
  - c. Refrigerators/refrigeration units,
  - d. And, other services and equipment are necessary during said emergency.
  - e. Invoices and other records necessary to provide financial backup for any costs or expenses incurred in serving the Groton Board of Health.
2. Designate three points of contact in case of emergency:
  - a. An administrator who will serve as the primary point of contact. This person should have the authority to open the building.
  - b. A janitorial point of contact who will work with the Groton Board of Health personnel to move tables, chairs, etc.
  - c. The Police Chief or his/her designee will serve as a point of contact that will interact with the Groton Board of Health and local law enforcement in making security plans.
3. Allow the Groton Dunstable Regional Middle School, to be visited by members of the local health department, public safety personnel, and if applicable, the National Guard for the development and maintenance of a site dispensing plan.
4. Allow Groton Dunstable Regional Middle School,, to be listed in a confidential annex to the local plan to distribute the Strategic National Stockpile (SNS).
5. Encourage personnel to become members of the Medical Reserve Corps to ensure adequate training for personnel willing to serve as distribution clinic volunteers.

As part of this agreement, we expect the Groton Board of Health to:

1. Provide a Groton Board of Health point of contact to answer questions that might arise about these arrangements.
1. If funds become available through reimbursement from the State or Massachusetts Department of Health, the Board of Health will replace or reimburse the District for any supplies used by the Groton Board of Health in the conduct of its statewide clinics.
2. Provide health and/or security professionals who would meet people at the entrance of our facility and, to the best of their ability, prevent contagious people from entering the building.
3. Coordinate the provision of extra security personnel and provide any post-event cleanup that is needed.
4. Provide training for personnel who will staff the dispensing clinic.

- 5. Ensure that the Groton Dunstable Regional Middle School, facility, and its contents are safe for students and staff to resume its use as a school facility.

It is understood the Groton Dunstable Regional Middle School, will maintain, and does not relinquish their flexibility to make arrangements that will minimize the disruption that serving as an SNS distribution site could entail.

\_\_\_\_\_  
Signature  
Groton Board of Health Representative

\_\_\_\_\_  
Signature  
Groton Dunstable Regional Middle School, Representative

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

DRAFT



### 9.13 MDPH MCM PROGRAM EDS FACILITY SURVEY

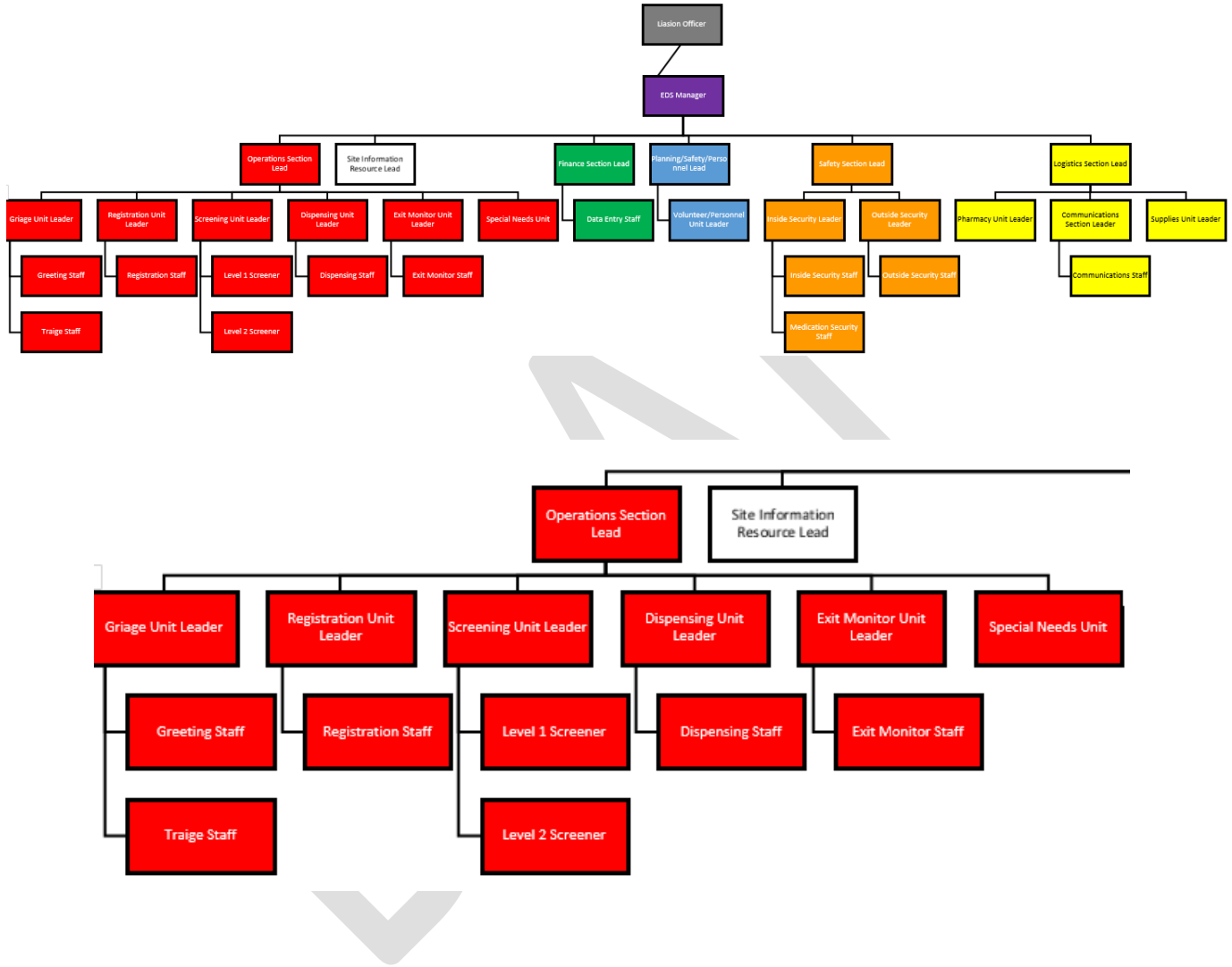
#### Emergency Dispensing Site Facility Survey Massachusetts Department of Public Health Medical Countermeasures Program

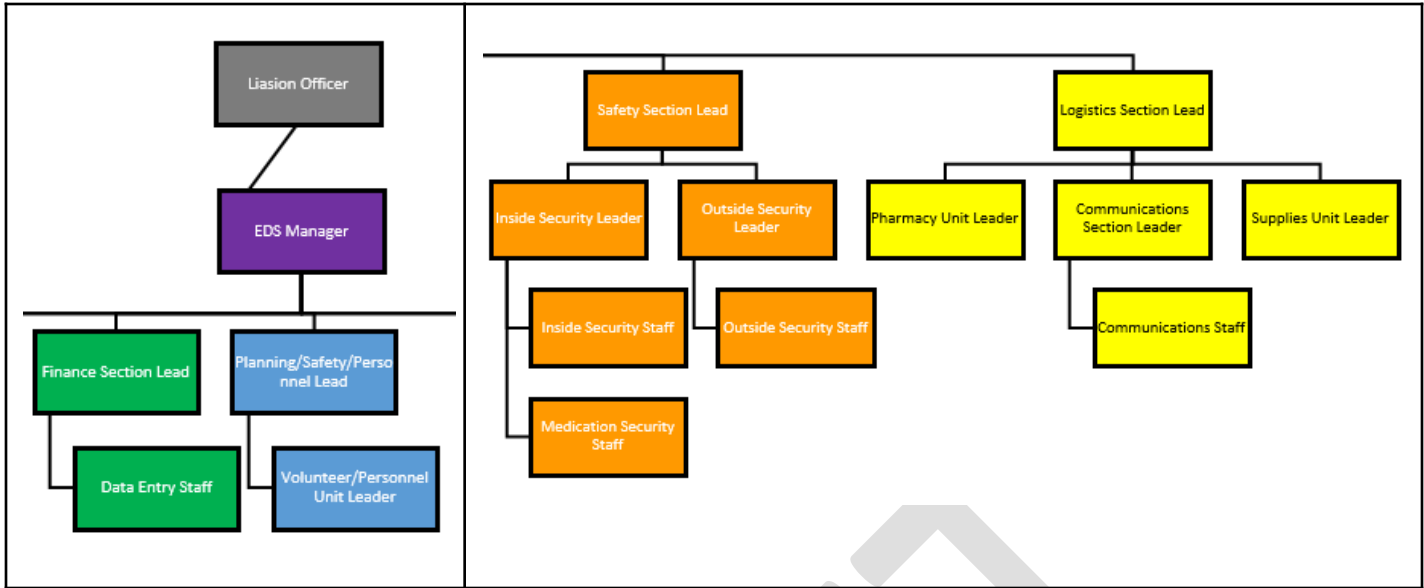
Name(s) of person(s) conducting survey:		Date of survey completion:	
<b>A. PHYSICAL SPACE</b>			
Name of Facility:		City/Town:	
Street Address:		Zip Code:	
Type of facility (School, senior center, clinic, etc.):			
List all cities/towns/entities covered by this EDS:			
To do: <ul style="list-style-type: none"> <li><input type="checkbox"/> Obtain an architectural rendering of the building floorplan and indicate the traffic flow within the site.</li> <li><input type="checkbox"/> Obtain an aerial drawing/photo of the site and surrounding area; note traffic flow and parking for staff and visitors. Note where EMS will be stationed.</li> <li><input type="checkbox"/> Note receiving area for MCM material.</li> </ul>			
<b>Number of Ground Level Entrances and Exits:</b>			
List locations of entrance/exit points:			
<b>Available bathroom facilities:</b> Total number:                      Men _____                      Women _____                      Unisex _____  Number that are ADA Compliant:                      Men _____                      Women _____                      Unisex _____			
			<input type="checkbox"/> <b>CHECK ONE:</b>
Will the EDS be able to take place on only one level of the building?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the facility compliant with the Americans with Disabilities Act? (At a minimum is the area that the public will access ADA compliant?)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there a kitchen area and/or area <i>other than</i> bathrooms with working sinks?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there a functional loading dock or adequate area to unload trucks away from the public? Please indicate <b>maximum truck length</b> that can be accommodated. ( <i>The standard sizes that the SNS Program plans to use are 26' or 53'</i> )		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the building able to accommodate lines of people and multiple stations? (Stations may include: screening/triage, forms distribution, forms review, medical counseling area and/or first aid, special needs line, behavioral health area, command area, staff break area away from the public, dispensing area or appropriate vaccination space, etc.)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there an area available for individuals who become ill or severely anxious and/or need to be removed from the operations area and/or crowd?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is adequate refrigeration available to store vaccines and food separately? ( <b><i>vaccines cannot be stored in refrigerators containing food</i></b> )		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is dispensing area temperature controlled between 68° and 77° F. (room temperature)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is a back-up generator available that would, at a minimum, supply light and heat to the building?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is onsite parking available for staff and volunteers?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is parking for staff and volunteers adequate to accommodate shift changes?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Is there a room available for a staff break space away from the dispensing operation and/or crowd?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>B. SITE AND SUPPLY SECURITY</b>		<input type="checkbox"/> CHECK ONE:
Has law enforcement agency participated in a vulnerability assessment of the site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is property or facility able to be locked down?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the site have an appropriate area for a law enforcement command center?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the site allow for officers, guards or security volunteers to coordinate the following?		
Ingress and egress of vehicular traffic	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Parking	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Crowd control outside the facility	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Protection of staff and volunteers	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Access control to facility	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>NOTES:</b>		
Secure indoor storage area for medications or supplies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is queuing (line) area adequate for anticipated use/throughput?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If the queue/line is expected to extend outdoors, is there adequate accommodation for inclement weather?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the loading dock or unloading area able to be secured?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>C. VEHICULAR TRAFFIC FLOW</b>		<input type="checkbox"/> CHECK ONE
Will normal traffic patterns be altered?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there separate exit and entrance roads or driveways?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dedicated emergency vehicle access, staging location, and/or entrance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is parking capacity at this site or a public staging/overflow area adequate for the expected throughput?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is routine public transportation available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is this building isolated by water, bridges, etc.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
List any potential traffic bottlenecks or traffic hazards in the area surrounding the site given a large influx of traffic:		
<b>D. LOCATION</b>		
Are there other planned uses for the facility during emergencies (e.g., shelter, EOC, Emergency Planning Zone Reception Center, etc.) Do any of these incidents or scenarios conflict with use as an EDS?		
Proximity to nearest hospital?		
Proximity to major access roads or highways (if applicable)?		
Proximity to a staging area or off-site parking?		
Is the site outside a flood plain? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>E. FACILITY COMMUNICATION</b>		
How many phone lines could be made available during an emergency?		
How many fax lines could be made available during an emergency?		
		<input type="checkbox"/> CHECK ONE:
Does the facility have an internal PA system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Do cell phones work within the facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do 2-way radios work within the facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there high speed internet within the facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the facility have wireless internet capability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### 9.14 INCIDENT COMMAND SYSTEM CHART-COMMAND STAFF





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## 9.15 IMPORTANT CONTACT INFORMATION

Position	Name	Contact Information
Town Administrator		
Board of Selectman		
Town Accountant		
Town Treasurer/Collector		
Public Works Director		
Board of Health		
Fire Chief		
Emergency Medical Services		
Police Chief		
Emergency Management Director		
Senior Center Director		
Superintendent of Schools		
Prescribing Physician used for Medical Standing Orders		
Nursing Homes		
Group Homes		
Assisted Living Facilities		
Elderly Housing		
Hospital(s)		
Churches		
IT Services		
Interpreter Resources		
Medical Waste Disposal Provider		
Local Newspaper(s)		
Local Radio Station(s)		
Local Access Channel		

### Incident Command

Position	Name
Incident Commander	
Liaison Officer	
Public Information Officer	
Security Officer	
Operations Chief	
Planning Chief	
Finance/Administration Chief	
Logistics Chief	
EDS Manager	

9.16 FLOORPLANS

Place holder for Groton Dunstable Regional Middle School floor plan

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## 9.17 EDS SECURITY PLAN

### Emergency Dispensing Site Security Plan

Groton Dunstable Regional Middle School  
344-346 Main Street, Groton, MA 01450

{Date}

The Groton Dunstable Regional Middle School has been designated as an Emergency Dispensing Site (EDS). In conjunction with opening the EDS and providing an efficient and safe working environment, the following security measures should be considered for implementation.

*Note: All actions listed are all dependent upon the availability of Law Enforcement personnel and the intelligence situation surrounding the event. If intelligence suggests that there are legitimate threats, then security should be ramped up. Conversely, if there are no existing threats, security may be reduced to that which the community would provide for any large gathering of personnel to provide for the safe and orderly flow of people and vehicles. These decisions should be made at the local level as soon as possible after an EDS operation is being considered.*

#### Command and Management:

1. Command Center will be in the Main Office alongside the EDS Administration/Communications.
2. EDS will be utilizing the Emergency Management Channel.
3. The Officer in Charge (OIC) will direct Officers to monitor Emergency Management Channel for broadcasts.
4. The OIC will ensure communication and coordination between law enforcement and EDS staff. The Groton Dunstable Regional Middle School is equipped with 2 Town of Groton Police radios.
5. The OIC will assess the shifts and the staffing levels and adjust as deemed necessary.

#### Escort & Transport of Materials and Personnel:

1. Medical countermeasures for the EDS will be provided through the Massachusetts Department of Public Health and will be delivered by vehicle from storage locations and under Massachusetts State Police guard. Local Police Departments are requested to meet this shipment to provide unbroken security to the medication storage area.
2. For Mobile Dispensing Units, the Police Department should consider, at a minimum, one Officer to accompany each Mobile Unit Dispensing Team to provide security in the escort of personnel and medical supplies to homebound and medically infirm residents that are unable to travel to the EDS.

#### Interior Security:

1. Protective sweep interior/ exterior prior to opening of Emergency Dispensing Site.
2. Officers assigned to cover the EDS main entrance and exit points.
3. For interior access control direct staff (custodial) to secure all nonessential rooms.
4. Crowd control, when staffing allows, assign Officers to the following areas: (the OIC may change locations/ Officers if necessary)
  - a. Gym- forms distribution & review
  - b. Cafeteria- Dispensing area, first aid & observation
  - c. Library- Behavioral health assessment

#### Exterior Security:

1. Contact Department of Public Works for barricades to secure parking spaces in front of Dispensing Site. Have vehicles moved/towed, as needed. Only emergency vehicles are permitted in front of the building.
2. The Groton Dunstable Regional Middle School has adequate lighting, however more can be made available from either the Police Department or the DPW.
3. The staging area for personnel will be XX room #169.
4. Personnel vehicles will utilize street parking.
5. Vehicular traffic, one lane direction on XX Street (explain in this section how people will enter/exit the EDS). Assign officer to this location.
6. Barricades are to be used in creating a specific area to the right of the main entrance wherein all persons requesting entrance will be lined up and proceed in an orderly fashion (will there be a need for barricades?).
7. Access to the EDS will be controlled by EDS staff with the assistance of the Police Department.

8. Safeguard delivery and distribution trucks while they are staged and being off loaded or loaded.
9. Marked vehicles, designated by the OIC, for escorting distribution vehicles to and from EDS.

**Breach of Security**

1. In the event a breach of security has been determined, Security shall take immediate steps to ensure the safety of staff at the EDS. The following is a list of possible actions to take:
  - a. Halt EDS activity.
  - b. Move EDS staff and all people to a secure room if the situation dictates.
  - c. Maintain one Security Officer to safeguard dispensing materials.
  - d. Secure available dispensing materials.
  - e. Place security officer at exterior of facility.
  - f. Conduct sweeping of interior of building.
  - g. Once determined that it is safe to resume dispensing operations, allow staff and all persons to return to the EDS.

**Badging Procedures:**

1. All personnel responding to a public health event involving medical material and resources will be required to provide the following information before gaining entry to the EDS:
  - a. Name
  - b. Role
2. EDS check-in staff will verify personnel identification by verifying a driver's license, or other pre-approved identification sources (i.e., passport, government issued ID, etc.)
3. Upon approval, personnel will receive a badge containing the following information:
  - a. Name
  - b. Role
  - c. Venue
  - d. Access requirements

**Evacuation:**

All persons in the facility are to follow the existing facility evacuation routes posted via the exit points, unless otherwise directed by emergency personnel.

**Use of Force:**

The Groton Police Department places the highest value on the life and safety of its officers and on the lives and safety of the public. The department's regulations, policies and procedures are designed to ensure that this value guides officers in their use of force continuum. All officers of the Groton Police Department shall use only force that is proper, reasonable, and necessary in any given situation. Officers are to adhere to the Groton Police Department Policies regarding Use of Force.

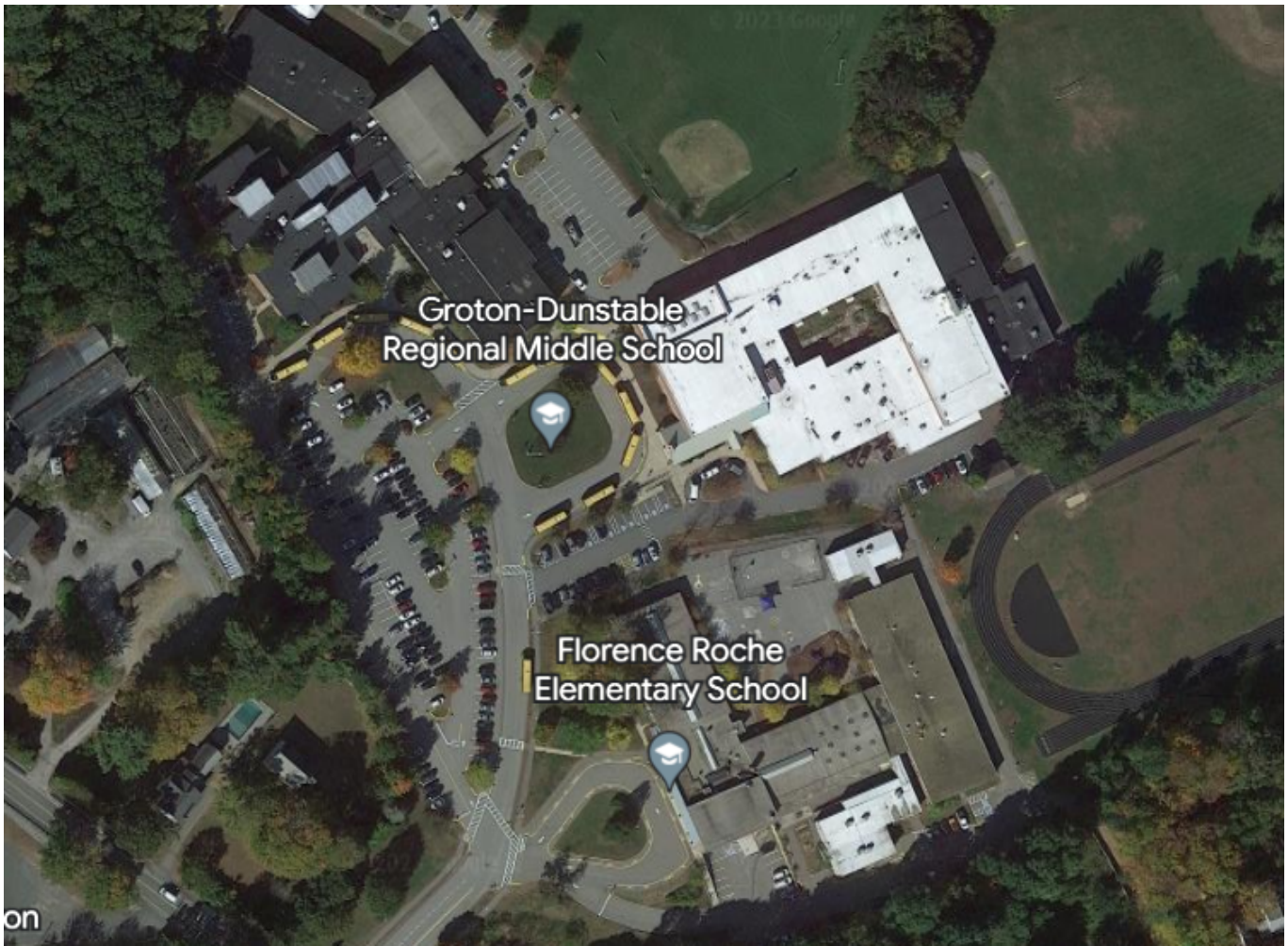
The foregoing procedures have been evaluated and chosen for their ease of understanding, implementation, and ability to provide a secure Emergency Dispensing Site. These procedures shall be evaluated annually, and any changes deemed necessary shall be made.

THIS SECURITY PLAN HAS BEEN REVIEWED AND APPROVED BY:

\_\_\_\_\_  
Michael Luth, Chief of Police, Town of Groton

\_\_\_\_\_  
Date





Please label the following on the map above:

- Staff/volunteer parking
- Traffic entrance and exit
- Loading dock

## 9.18 SUGGESTED INVENTORY LIST

### GRIAGE

· Signage	· Pens	· PPE
· Table	· First Aid Bag	·
· Chairs	· Hand Sanitizer	·

### REGISTRATION

· Signage	· Clipboards	· Hand Sanitizer
· Tables	· Pens	· PPE
· Chairs	· Forms/Factsheets	·

### SCREENING

· Signage	· Pens	·
· Tables	· Hand Sanitizer	·
· Chairs	· PPE	·

### MCM DISPENSING

· Signage	· Pens	·
· Tables	· Hand Sanitizer	·
· Chairs	· PPE	·

### OBSERVATION

· Signage	· Hand Sanitizer	· Time Keeping Device(s)
· Table	· PPE	·

· Chairs	· Cot(s)	·
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## 9.19 INCIDENT ACTION PLAN TEMPLATE

**Directions:** The incident action planning process and IAPs are essential to managing incidents by helping synchronize operations and ensure that they support incident objectives.

An IAP needs to be completed for each operational period.

The following forms are included in this IAP:

<b>Required Information:</b>	<b>Associated ICS Form</b>	<b>Prepared By:</b>
Incident goals	ICS Form 202	Incident Commander, Deputy Incident Commander, Planning Chief
Operational period objectives (major areas that must be addressed in the specified operational period to achieve the goals or control objectives);	ICS Form 202	Incident Commander, Deputy Incident Commander, Planning Chief
Response strategies (priorities and the general approach to accomplish the objectives)	ICS Form 202	Incident Commander, Deputy Incident Commander, Planning Chief
Organization list showing primary roles and relationships	ICS Form 203	Incident Commander, Deputy Incident Commander, Planning Chief
	ICS Form 204	Incident Commander, Deputy Incident Commander, General Staff
Organization list of incident command personnel contact information	ICS Form 205A	Communications Leader
Incident Command Structure	ICS Form 207	Incident Commander, Deputy Incident Commander, Planning Chief
Health and Safety Plan (to prevent responder injury or illness)	ICS Form 206	Incident Commander, Deputy Incident Commander, Planning Chief, Medical Director
	ICS Form 208 (as needed)	Safety Officer
Assignment list of all staff and volunteers working at the EDS	ICS Form 214	Planning Chief, General Staff

## Incident Action Plan

For

*Insert name of incident*

<b>Date From:</b>		<b>Date To:</b>	
<b>Time From:</b>		<b>Time To:</b>	

# GROTON HEALTH DEPARTMENT

## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____												
<b>3. Objective(s):</b>													
<b>4. Operational Period Command Emphasis:</b>													
General Situational Awareness													
5. Site Safety Plan Required? Yes ___ No ___													
<b>Approved Site Safety Plan(s) Located at:</b>													
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> ICS 202</td> <td><input type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> ICS 214</td> </tr> <tr> <td><input type="checkbox"/> ICS 203</td> <td><input type="checkbox"/> ICS 206</td> <td><input type="checkbox"/> Map/Chart</td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td><input type="checkbox"/> ICS 207</td> <td><input type="checkbox"/> Weather Forecast</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> ICS 208</td> <td><input type="checkbox"/> Cover Page</td> </tr> </table>		<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> ICS 214	<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 206	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 207	<input type="checkbox"/> Weather Forecast	<input type="checkbox"/> ICS 205	<input type="checkbox"/> ICS 208	<input type="checkbox"/> Cover Page
<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> ICS 214											
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 206	<input type="checkbox"/> Map/Chart											
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 207	<input type="checkbox"/> Weather Forecast											
<input type="checkbox"/> ICS 205	<input type="checkbox"/> ICS 208	<input type="checkbox"/> Cover Page											
<b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____													
<b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____													
<b>ICS 202</b>	<b>IAP Page 1</b>												
Date/Time: _____													

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b>		Date From:	Date To:
				Time From:	Time To:
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operations Section:</b>		
IC/UCs		Chief			
		Deputy			
Deputy		Staging Area			
Safety Officer		<b>Branch</b>	Nursing / Vaccination		
Public Info. Officer		Branch Director			
Liaison Officer		Deputy			
<b>4. Agency/Organization Representatives:</b>			EDS Group Supervisor		
Agency/Organization	Name	EDS Forms Group			
		EDS logistics Group			
		Division/Group			
		Division/Group			
		<b>Branch</b>	Vaccine Assistant		
		Branch Director			
		Deputy			
<b>5. Planning Section:</b>			Division/Group		
Chief		Division/Group			
Deputy		Division/Group			
Resources / staff Unit		<b>Strike Team</b>			
Situation Unit		Lead			
Documentation Unit		Deputy			
Demobilization Unit		Division/Group			
Technical Specialists					
<b>6. Logistics Section:</b>					
Chief					
Deputy		<b>Branch</b>			
<b>Support Branch</b>					
Director					
Supply Unit					
Facilities Unit		<b>8. Finance/Administration Section:</b>			
Ground Support Unit		Chief			
<b>Service Branch</b>			Deputy		
Director		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
<b>9. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____					
ICS 203	IAP Page 2	Date/Time: _____			

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____		<b>3.</b>
<b>4. Operations Personnel:</b> <u>Name</u> _____ <u>Contact Number(s)</u> _____  Operations Section Chief: _____  Branch Director: _____  Division/Group Supervisor: _____				<b>Branch:</b>
				<b>Division:</b>
				<b>Group:</b>
<b>5. Resources Assigned:</b>				<b>Staging Area:</b>
		# of Persons		Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader		Contact (e.g., phone, pager, radio frequency, etc.)	
<b>6. Work Assignments:</b>				
<b>7. Special Instructions:</b>				
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):				
Name/Function		Primary Contact: indicate cell, pager, or radio (frequency/system/channel)		
_____		_____		
/		_____		
/		_____		
/		_____		
/		_____		
<b>9. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____				
ICS 204	IAP Page 3	Date/Time: _____		



**COMMUNICATIONS LIST (ICS 205A)**

<b>1. Incident Name:</b> _____	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
<b>3. Basic Local Communications Information:</b>		
Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)
IC		
PIO		
Safety		
Security		
Vaccination Unit		
Runner		
Traffic Control		
Form Review		
Triage		
<b>4. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____		
<b>ICS 205A</b>	<b>IAP Page 4</b>	Date/Time: _____

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From:		Date To:			
		Time From:		Time To:			
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Call Sign	Paramedics on Site?				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>4. Transportation (indicate air or ground):</b>							
Ambulance Service	Location	Contact Number(s)/Call Sign	Level of Service				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Special Medical Emergency Procedures:</b>							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
<b>7. Prepared by (Medical Unit Leader):</b> Name: _____					Signature: _____		
<b>8. Approved by (Safety Officer):</b> Name: _____					Signature: _____		
ICS 206	IAP Page 5	Date/Time: _____					

## INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Organizational Chart:  		
4. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
Date/Time: _____	IAP Page 6	Date/Time: _____

## SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b>  	<b>2. Operational Period:</b> Date From: _____ Date To: _____  Time From: _____ Time To: _____	
<b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b>  <div style="text-align: center; opacity: 0.3; font-size: 4em; transform: rotate(-15deg); pointer-events: none;">                     DRAFT                 </div>		
<b>4. Site Safety Plan Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Approved Site Safety Plan(s) Located At:</b> _____		
<b>5. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____		
<b>ICS 208</b>	<b>IAP Page 7</b>	Date/Time: _____

### ACTIVITY LOG (ICS 214)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From:	
		Date To:	
		Time From:	Time To:
<b>3. Name:</b>		<b>4. ICS Position:</b>	<b>5. Home Agency (and Unit):</b> MSDH
<b>6. Resources Assigned:</b>			
Name		ICS Position	Home Agency (and Unit)
<b>7. Activity Log:</b>			
Date/Time	Notable Activities		
<b>8. Prepared by:</b> Name:		Employee Signature:	Date:
_____		_____	_____
<b>ICS 214, Page 8</b>		Supervisor Signature: _____	Date: _____



## 9.20 PRE-SCRIPTED MESSAGES

### Message 1 Text: How to Report (long message)

“The Massachusetts Department of Public Health mandated that the Town of Groton activate its Emergency Dispensing Site Plan.

The Board of Health will make available XYZ to every resident in Groton.

There is one Emergency Dispensing Site:

- Primary EDS
- Additional EDS

You should report to the school closest to you.

If you have questions following this message please call 999.999.9999, go to the town website at [Town of Groton \(grotonma.gov\)](http://TownofGroton.grotonma.gov) call 211.

Please adhere to the following schedule to report to the Emergency Dispensing Sites.

(read the schedule).”

### Message 2 Text: How to Report (short message)

“The Massachusetts Department of Public Health mandated that the Town of Groton activate its Emergency Dispensing Site Plan.

The Board of Health will make available XYZ to every resident in Groton.

There is one Emergency Dispensing Site:

- Primary EDS
- Additional EDS

You should report to the Emergency Dispensing Site closest to you

For additional information please call 999.999.9999, go to the town website at [Town of Groton \(grotonma.gov\)](http://TownofGroton.grotonma.gov) or call 211.

9.21 ACCESS AND FUNCTIONAL NEEDS OVERVIEW



Based on feedback obtained from the recently conducted After Action Report/Improvement Plan an emphasis for Regional EDS planning was made. This Access and Functional Needs (AFN) Overview will provide local and regional planning officials with information needed to develop regional EDS plans with a focus on individuals requiring additional assistance.

This information can be utilized to identify AFN individuals within your community (during non-emergent times) and therefore best plan for reducing the negative impacts on individuals health during an incident/event/emergency.

**Population by Type of Disability**

Understanding those within your population with disabilities will help determine certain accommodations needed at the EDS. As well as identifying possible home bound individuals.

*Independence*

Individuals who function independently with assistance from mobility devices or assistive technology, vision and communication aids, service animals, etc. Independence is the outcome of ensuring that a person's AFN are addressed as long as they are not separated from their device, assistive technology, service animals, etc

Population by Type of Disability	
Vision	118
Ambulatory	441
Hearing	215
Cognitive	249
Independent Living Difficulty	257
Self-Care Difficulty	180
# of Electricity Dependent	41

**Below Poverty by Age**

Those living in poverty may have a higher level of difficulty gaining access to hygiene resources, health and medical programs during a disaster.

Below Poverty by Age		
Under 18 years	18 to 64 years	65+ years
16	315	105

**Languages Spoken at Home**

Knowing the primary language spoken in the homes of your community will assist officials with planning and messaging during an emergency.

Individuals who use sign language, have Limited Proficiency (LEP) or who have limited ability to speak, see, hear, or understand may have limited ability to hear announcements, see signs, understand messages, or verbalize their concerns.

Languages Spoken in Households	
English Only	10085
Asian and Pacific Island Languages	243
Other Indo-European Languages	496
Spanish	66
Other Languages	16

**Useful communication tips:**

- Use short sentences and plain language, at the level of 6th grade or lower, to allow for easy translation of material.
- Provide written materials in bilingual or multi-lingual format.
- Enforce key message by including visual aids such as maps and pictures.
- Repeat key information.
- Include directions and important contact information.
- Identify preferred communication methods (face-to-face, phone, word-of-mouth), and develop messages accordingly.





**Average Household Size**

The average household size in the Town of Groton is 3.32. This information shall be utilized to determine the number of medical countermeasure regimens to be dispensed when utilizing the Head of Household mechanism for dispensing.

Additionally, there are approximately 3,944 households located within the Town of Groton. This information should be use when planning for targeted mailing of information.

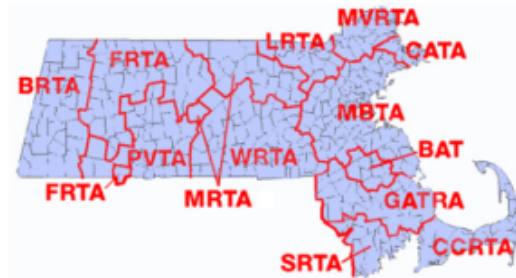
**Regional Transit Authority**

Individuals who lack access to personal transport, are unable to drive due to decreased or impaired mobility that may come with age and/or disability, temporary conditions, injury, or legal restriction. Disasters can significantly reduce transportation options, inhibiting individuals accessing services, staying connected, etc. Disaster planning requires coordination with mass transit and accessible transportation services.

The Lowell Regional Transit Authority has transportation routes that go through the Town of Groton. Planning officials should keep in mind EDS proximity to these routes.

**Sources used for this planning guide included:**

- [HHS emPOWER Map](#)
- [MDPH Public Health Planning Toolkit for At-Risk Individuals with Access and Functional Needs](#)
- [Explore Census Bureau Data](#)
- [community-profile \(mass.gov\)](#)



**Additional Planning Resources**

[Access & Functional Needs AFN Library \(ca.gov\)](#)

[Access and Functional Needs Toolkit: Integrating a Community Partner Network to Inform Risk Communication Strategies | State and Local Readiness | CDC](#)

[Access and Functional Needs | ASPR TRACIE \(hhs.gov\)](#)

**Take an opportunity to collect data throughout the year polling as many citizens as possible to find out the methods used most often by the public to gather information during an emergency.**

## 9.22 JOB ACTION SHEETS

Each Job Action Sheet defines and outlines the responsibilities of each job within the EDS. Complete each Job Action Sheet by filling in the name of the person who is assigned to the job, the functional area within the EDS, the person that this position reports to, and the person(s)/position(s) that report to this position (some of this information is filled in as suggestions).

- [9.22.1 Liaison Officer](#)
- [9.22.2 EDS Manager](#)
- [9.22.3 Site Information Resource Lead](#)
- [9.22.4 Finance Section Lead](#)
- [9.22.5 Data Entry Staff](#)
- [9.22.6 Logistics Section Lead](#)
- [9.22.7 Communication Unit Leader](#)
- [9.22.8 Communications Staff](#)
- [9.22.9 Pharmacy Unit Leader](#)
- [9.22.10 Supplies Unit Leader](#)
- [9.22.11 Operations Section Lead](#)
- [9.22.12 Griage Unit Leader](#)
- [9.22.13 Greeting Staff](#)
- [9.22.14 Triage Staff](#)
- [9.22.15 Registration Unit Leader](#)
- [9.22.16 Registration Staff](#)
- [9.22.17 Screening Unit Leader](#)
- [9.22.18 Level 1 Screener](#)
- [9.22.19 Level 2 Screener](#)
- [9.22.20 Dispensing Unit Leader](#)
- [9.22.21 Dispensing Staff](#)
- [9.22.22 Exit Monitor Unit Leader](#)
- [9.22.23 Exit Monitor Staff](#)
- [9.22.24 Mental Health Staff](#)
- [9.22.25 Physical Support Staff](#)
- [9.22.26 Translator Staff](#)
- [9.22.27 Transport Staff](#)
- [9.22.28 Planning/Safety/Personnel Lead](#)
- [9.22.29 Personnel/Volunteer Unit Leader](#)
- [9.22.30 Security Section Lead](#)
- [9.22.31 Outside Security Unit Leader](#)
- [9.22.32 Outside Security Staff](#)
- [9.22.33 Inside Security Unit Leader](#)
- [9.22.34 Medications Security Staff](#)
- [9.22.35 Inside Security Staff](#)
- [9.22.36 Access and Functional Needs Unit Leader](#)

**9.22.1 LIASION OFFICER**

Date	Start Time	End Time
Report to:		
Direct reports:		

Assist the EDS Manager with EDS Operations. Function as the contact person for the EDS site to the EOC. Report directly to Dispensing Site Coordinator.

**Responsibility during Operations**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Dispensing Site Coordinator.
- Assist the EDS Manager with EDS operations.
- Establish and maintain communications between EDS and EOC. Notify EOC of communication systems available at EDS (MARCs, HAMS, etc.)
- Conduct briefing with assisting agencies as necessary.
- Network between EDS and EOC and other assisting community agencies, as necessary.
- Write down noteworthy activities in the activity section of the Unit Log. ICS 214.
- Check with EDS Manager on status of EDS activities such as individual throughput, medication inventory status, supplies status, medications dispensed, personnel and volunteer resources.
- Provide routine hourly status reports to EOC.
- Ensure oncoming Liaison Officer is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- Ends of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Ensure all records and reports are turned into the Dispensing Site Coordinator.
- Participate in After Action Review meetings and provide any documentation, as required.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the EOC if a situation develops.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the EOC.

9.22.2 EDS MANAGER

Date	Start Time	End Time
Report to:		
Direct reports:		

Provides the overall management of the EDS site and is final decision maker. Provides all management functions unless another functional management position (operations, logistics, finance, site information resource lead, etc.) is filled. Ensure that staff is prepared, self-sufficient and adequately equipped to perform their assignments. Ensure the operational effectiveness of the EDS. EDS Manager is given jurisdictional authority to serve in this position and understands community EDS plan. The EDS Manager reports to EOC through the Liaison Officer. The EDS Manager works with the Liaison Officer to ensure EDS operations run effectively.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station
- Obtain ID badge and/or vest.
- Review entire Job Action Sheet and EDS Flow Diagram.
- If arriving for shift change, meet with EDS Manager from prior shift to receive updates.
- Obtain briefing from Liaison Officer.
- Assign command staff positions and distribute position packets.
- Direct all EDS Command Staff to sign in with the Planning Section Lead.
- Brief command staff.
- Direct all staff to filter communication and media inquiries through the EDS Site Information Resource Lead.
- Conduct a walk-through inspection to ensure that each station is prepared and personnel understand specific tasks.
- Notify Liaison Officer when EDS is ready to open.
- Regularly report progress to Liaison Officer as appropriate.
- Conduct Volunteer Briefing.
- Hold regular briefings with staff to determine supply and personnel needs.
- Monitor individual flow through the process and move staff as needed to reduce or eliminate bottlenecks in the process
- Debriefing period should be conducted with oncoming EDS Site Manager. Ensure oncoming manager is fully briefed and prepared to begin shift. Do not leave position until a replacement is provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Begin deactivation of EDS upon direction from EOC.
- Ensure that all records, reports, and unused MCMs are turned in to MDPH.
- Conduct exit interviews with your direct reports and appropriate local officials.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Liaison Officer. If a situation develops the Liaison Officer will notify the EOC.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Liaison Officer.

**9.22.3 SITE INFORMATION RESOURCE LEAD (SIRL)**

Date	Start Time	End Time
Report to:		
Direct reports:		

Reports to and carries out the directives of the EDS Manager. Organize and direct aspects relating to public information. Function as the contact person for the EDS Site to the PIO.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station
- Obtain ID badge and/or vest.
- Receive briefing from EDS Manager. Participate in all Command Staff briefing(s) as scheduled by the EDS Manager.
- Review and follow EDS Communications guidelines.
- Work with EDS Manager to identify Spokesperson for EDS location.
- Contact the PIO to receive any pre-arranged talking points.
- Identify possible locations at the EDS site to conduct media interviews if necessary.
- Coordinate all public and media communications through PIO.
- Work with Griage and Security contacts if media shows up at EDS.
- Ensure oncoming SIRL is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Ensure that copies of all communications are turned over to the Planning Chief.
- Identify issues for the After Action Report.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the EDS Manager.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the EDS Manager. PIO [insert name & #'s]

**9.22.4 FINANCE SECTION LEAD**

Date	Start Time	End Time
Report to:		
Direct reports:		

Authorizes expenditures approved by EDS Manager to carry out EDS operations. Ensures documentation of expenditures and collects and files bills related to EDS purchases. Ensure that data entry activities are completed as required. Reports to and carries out directives of the EDS Manager.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from EDS Manager.
- Meet with the Volunteer/Personnel Unit Leader to gather assigned volunteers and Unit Log. Escort volunteers to assigned work location. Request additional staff as needed.
- Meet with staff to discuss:
  - o Role of finance in this operation (e.g. services you provide, problems you solve)
  - o Specific duties of direct reports.
  - o Facility overview, including locations of specific areas (e.g. stations, restrooms, break-rooms, emergency exits)
  - o Communications protocol
- Write down noteworthy activities in activity section of the Unit Log. ICS 214
- Work with data clerk to set up workstation and assign tasks.
- Discuss purchase approval process with EDS Manager and Logistics Lead.
- Approve purchases from Logistics Lead and forward to Supplies Unit Leader to order.
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Finance Section Lead is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with packing of equipment and supplies at each workstation.
- Ensure all records/reports are turned in to the Planning Section Lead.
- Identify issues for the After Action Report.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the EDS Manager.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the EDS Manager.

**9.22.5 DATA ENTRY STAFF**

Date	Start Time	End Time
Report to:		
Direct reports:		

Perform data entry of individual, personnel and supply cost information. Report to and carry out directives of the Finance Section Lead.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Finance Section Lead.
- Assist in the set-up of workstation.
- Log and maintain data records of any necessary documents including scanning or computer data entry.
- Ensure oncoming Data Clerk is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with the packing of workstation equipment and supplies.
- Ensure all paperwork is turned over to the Finance Section Lead.
- Participate in After Action Review meetings and/or provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Finance Section Lead.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Finance Section Lead.

**9.22.6 LOGISTICS SECTION LEAD**

Date	Start Time	End Time
Report to:		
Direct reports:		

Responsible for providing facilities, services, and material in support of the incident. Reports to and carries out the directives of the EDS Manager.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from EDS Manager.
- Meet with the Volunteer/Personnel Unit Leader to gather assigned volunteers and Unit Log. Escort volunteers to assigned work location. Request additional staff as needed.
- Meet with staff to discuss:
  - o Role of logistics in this operation (e.g. services you provide, problems you solve)
  - o Facility overview, including locations of specific areas
  - o Communications protocol
- Work with staff in each area to set-up physical workstations according to the EDS Flow Diagram. Ensure that the following three areas of set-up are completed:
  - o Communication area for issuing equipment.
  - o Supplies(Medical)/Facility supply area
  - o Area for communications specialist.
- Assure that communications equipment (phones and radios) are distributed to EDS staff as outlined in Communication Plan and that repairs/batteries are provided as needed.
- Assure that communications center is able to appropriately send and receive messages from the EOC and that paperwork is completed as necessary.
- Work with EDS Manager to procure additional equipment/supplies on EDS Supply and Equipment List. Give list to the Finance Section Lead for approval to purchase.
- Check with Supplies Unit Leader to make sure that supplies are ordered and distributed as necessary.
- Work with Pharmacy Unit Leader to assure that medications are tracked and provided to dispensers as needed.
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Logistics Lead is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Supervise the break-down and packing of all equipment/supplies at each workstation.
- Arrange to have all equipment/supplies borrowed returned to their place of origin and state of readiness.
- Ensure facility is cleaned and returned to former operating condition.
- Ensure all records and reports are turned in to the Planning Section Lead.
- Identify issues for the After Action Report, Participate in After Action Review meetings

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the EDS Manager.
- Report any adverse events, witnessed by EDS staff or self-reported by members of the public, to the EDS Manager.



**9.22.7 COMMUNICATION UNIT LEADER**

Date	Start Time	End Time
Report to:		
Direct reports:		

Responsible for developing plans for the effective use of incident communications equipment and facilities; installing and testing of communications equipment; distribution of communications equipment to incident personnel; and the maintenance and repair of communications equipment. Report to and carry out directives of Logistics Section Lead. Coordinate and supervise Communications Staff.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Logistics Section Lead.
- Meet with the Volunteer/Personnel Unit Leader to gather assigned volunteers and Unit Log. Escort volunteers to assigned work location. Request additional staff as needed and enter names on Assignment List.
- Meet with staff to discuss:
  - o Role of communications in this operation (e.g. services you provide, problems you solve)
  - o Specific duties of direct reports.
  - o Facility overview, including locations of specific areas (e.g. stations, restrooms, break-rooms, emergency exits)
  - o Communications protocol
- Write down noteworthy activities in activity section of the Unit Log.
- Set up area for communications equipment area.
- Ensure that all communications equipment (e.g. radios, telephones, batteries, chargers, electric cords) are available and included in the equipment cache stored and/or sent to the operation site.
- Review Communication Plan Procedures and assign specific personnel to tasks
- Ensure that a message system is established.
- Distribute communication equipment as outlined in Communication Plan.
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Communication Unit Leader is fully briefed and prepared to begin shift. Do not leave position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with packing of supplies/equipment at each workstation.
- Ensure all records and reports are turned over to Planning Section Lead.
- Participate in After Action Review meetings and provide any necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Logistics Section Lead.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Logistics Section Lead.

**9.22.8 COMMUNICATIONS STAFF**

Date	Start Time	End Time
Report to:		
Direct reports:		

Responsible for receiving and transmitting radio and telephone messages between EDS and EOC and with other agencies as required. Report to and carry out directives of Communications Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Communications Unit Leader.
- Set up Incident Radio Communications Center to include all forms of communication systems (HAM, WebEOC, etc.). Check-out equipment.
- Set-up Message Center location, as required
- Receive and transmit messages within and external to the EDS.
  - o Hourly check-in with EOC through Liaison Officer
  - o Other communication as necessary
- Ensure the following logs are completed during the incident on the General Messages. ICS Form 213
- Maintain message log to include unusual incident occurrences
- Ensure oncoming Communication Specialist is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Pack all communications equipment for transport.
- Ensure all paperwork is turned over to Communications Unit Leader
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Communications Unit Leader.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Communications Unit Leader.

**9.22.9 PHARMACY UNIT LEADER**

Date	Start Time	End Time
Report to:		
Direct reports:		

Responsible for maintaining sufficient supplies and quality control of drug and solution stocks. Report to and carry out directives of Logistics Section Lead.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Logistics Section Lead.
- Set up and secure pharmacy (medications only).
- Work with Logistics Section Lead to verify amount of medications received.
- Prepare medications for dispensing as necessary.
- Meet with Dispensing Lead to determine number of medications needed per table.
- Meet with Dispensing Leader each ½ hour to determine which tables need to be restocked. Restock dispensing areas utilizing SNS Order and Tracking Form.
- Provide medications inventory information to Liaison Officer for hourly updates.
- Ensure oncoming Pharmacy Unit Leader is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with packing of supplies/equipment at each workstation.
- Ensure all records and reports are turned over to Planning Section Lead.
- Participate in After Action Review meetings and necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Logistics Section Lead.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Logistics Section Lead.

9.22.10 **SUPPLIES UNIT LEADER**

Date	Start Time	End Time
Report to:		
Direct reports:		

Primarily responsible for ordering personnel, equipment and supplies; receiving and storing all supplies for the incident; maintaining an inventory of supplies; and servicing non-expendable supplies and equipment. Report to and carry out directives of Logistics Section Lead.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Logistics Section Lead.
- Set up medical facility supply area.
- Determine the type and amount of supplies on hand.
- Forward supply list to Logistics Section Lead for approval.
- Once approved order, receive, distribute, and store supplies and equipment.
- Maintain an inventory of supplies and equipment. Refer to supply list
- Receive and respond to requests for personnel, supplies and equipment.
- Maintain Activity Log ICs form 214
- Ensure oncoming Supplies Unit Leader is fully briefed and prepared to begin shift. Do not leave position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with packing of supplies/equipment at each workstation.
- Ensure all records and reports are turned over to Planning Section Lead.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Logistics Section Lead.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Logistics Section Lead.

9.22.11 OPERATIONS SECTION LEAD

Date	Start Time	End Time
Report to:		
Direct reports:		

Responsible for dispensing of medications to general public through the efficient movement of individuals through all EDS stations. Reports to and carries out the directives of the EDS Manager.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from EDS Manager.
- Meet with the Personnel/Volunteer Unit Leader to gather assigned volunteers and Unit Log. Escort volunteers to assigned work location. Request additional staff as needed.
- Meet with staff to discuss:
  - o Role of operations (e.g. services you provide, problems you solve)
  - o Specific duties of direct reports.
  - o Facility overview, including locations of specific areas (e.g. stations, restrooms, break-rooms, emergency exits)
  - o Communications protocol
- Write down noteworthy activities in the activity section of Unit Log (ICS 214)
- Work with the Logistics Section Lead to set-up physical work stations according to the EDS Flow Diagram. Ensure that the following six areas are completed:
  - o Triage
  - o Registration
  - o Screening (1 and 2)
  - o Dispensing
  - o Exit
- Establish a special needs area for supplies and equipment. Ensure that needs are met.
- Meet with Screening and Dispensing Unit Leaders and review Mass Dispensing Process Flow Chart ensuring dispensing is ready to distribute medications and notify EDS manager.
- Follow the process as individuals begin to filter through each station. Modify any process as needed.
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Operations Section Lead is fully briefed and prepared to begin shift. Do not leave your position until a replacement has arrived.
- End of shift or clinic: sign out on Log and turn in badge/vest in Staff Staging Area

**Responsibility during Deactivation**

- Assist with packing of equipment and supplies at each workstation.
- Ensure all records/reports are turned in to the Planning Section Lead.
- Identify issues for the After Action Report.
- Participate in After Action Review meetings and provide any documentation, as required.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the EDS Manager.
- Report any adverse events, witnessed by EDS staff or self-reported by members of the public, to the EDS Manager.

9.22.12 **GRIAGE UNIT LEADER**

Date	Start Time	End Time
Report to:		
Direct reports:		

Ensures that individuals entering the EDS are greeted, and that persons who are sick or showing symptoms are identified and directed to a medical facility. Reports to and carries out the directives of the Operations Section Lead. Coordinates and supervises Greeting and Triage staff.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Operations Section Lead.
- Meet with the Volunteer/Personnel Unit Leader to gather assigned volunteers and Unit Log. Escort volunteers to assigned work location. Request additional staff as needed.
- Meet with staff to discuss:
  - o Role of greeting and triage in this operation (e.g. services you provide, problems you solve)
  - o Specific duties of direct reports.
  - o Facility overview, including locations of specific areas (e.g. stations, restrooms, break-rooms, emergency exits)
  - o Communications protocol
- Ensure that the Triage Station is physically set-up with supplies and ready for use. Check supply expiration dates if appropriate.
- Ensure that Greeting Station is physically set-up with appropriate supplies and ready for use.
- Work with Special Needs Unit Leader to assist persons with mental and physical disabilities, language assistance, etc.
- Notify security of any potential issues (disruptive behavior) that need to be addressed.
- Request supplies from Logistic Supply Unit Leader as needed.
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Griage Unit Leader is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with packing of supplies/equipment at each workstation.
- Ensure all paperwork is turned in to the Planning Section Lead.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Operations Section Lead.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Operations Section Lead.

9.22.13 GREETING STAFF

Date	Start Time	End Time
Report to:		
Direct reports:		

Greet and direct individuals entering the EDS. Direct those exposed, showing symptoms or known to be sick to triage. Reports to and carry out the directives of the Griage Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Griage Unit Leader.
- Greet individuals as they arrive/assemble and answer their initial questions. Let individuals know that all of their medical questions will be answered in the screening process.
- Ensure individual flow is maintained through entrance.
- Identify people who have been exposed, showing symptoms, or known to be sick and direct to triage.
- Notify Griage Unit Leader and/or Security of anyone exhibiting disruptive behavior.
- Ensure oncoming Greeting replacement is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with the packing of workstation equipment and supplies.
- Ensure all paperwork is turned in to the Griage Unit Leader.
- Participate in After Action Review meetings and provide any documentation as required.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Griage Unit Leader.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Griage Unit Leader.

9.22.14 **TRIAGE STAFF**

Date	Start Time	End Time
Report to:		
Direct reports:		

Determine if individuals entering EDS are symptomatic and direct to appropriate level of care. Report to and carry out directives of the Griage Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Griage Unit Leader.
- Familiarize self with the individual form(s) and be able to separate well individuals from sick or contact individuals.
- Conduct triage: emergent, urgent and non-urgent care.
- Provide individuals with sufficient information to help them determine if they may have been exposed. Provide individuals with a list of symptoms of which they must be aware.
- Direct person to appropriate medical facility.
- Notify Griage Unit Leader and/or Security of anyone exhibiting disruptive behavior.
- Ensure oncoming Triage replacement is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with packing of workstation equipment and supplies.
- Ensure all paperwork is turned over to the Griage Unit Leader.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Griage Unit Leader.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Griage Unit Leader.



9.22.15 REGISTRATION UNIT LEADER

Date	Start Time	End Time
Report to:		
Direct reports:		

Greets and directs individuals arriving at the EDS for registration. Ensures that registration (NAPH) forms are completed, questions answered and individuals appropriately directed to the next stations. Reports to and carries out directives of the Operations Section Lead. Coordinates and supervises Registration Staff.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Operations Section Lead.
- Meet with the Volunteer/Personnel Unit Leader to gather assigned volunteers and Unit Log. Escort volunteers to assigned work location. Request additional staff as needed and enter names on Assignment List (ICS 203)
- Meet with staff to discuss:
  - o Role of registration in this operation (e.g. services you provide, problems you solve)
  - o Specific duties of direct reports.
  - o Facility overview, including locations of specific areas (e.g. stations, restrooms, break-rooms, emergency exits)
  - o Communications protocol
- Familiarize self with registration procedures and forms.
- Assist with set-up of the Check-In Area and ensure appropriate supplies (pens, pencils, clipboards, etc.) are available.
- Ensure individual flow is maintained through registration station.
- Identify people who are ill and direct back to triage station.
- Let individuals know that all of their medical questions will be answered in the screening process.
- Work with Special Needs Unit Leader to assist persons with mental and physical disabilities, language assistance, etc.
- Provide assistance to Registration Staff. Identify and correct problems.
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Registration Unit Leader is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log. Turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with the packing of supplies/equipment at each workstation.
- Ensure all paperwork is turned in to the Planning Section Lead.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Operations Section Lead.
- Report any adverse events, witnessed by EDS staff or self-reported by members of the public, to the Operations Section Lead.

9.22.16 REGISTRATION STAFF

Date	Start Time	End Time
Report to:		
Direct reports:		

Help individuals complete registration forms, answer questions, and direct to next station. Report to and carry out directives of the Registration Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Registration Unit Leader.
- Familiarize self with registration procedures and forms.
- Assist with set-up of the Registration Area.
  - o Help individual complete form if needed.
  - o Ensure forms are complete before sending to next station.
- Ensure individual flow is maintained at registration station. Direct individual to proceed to the next station.
- Identify people with special needs. Work with Registration Unit Leader to assist persons with mental and physical disabilities, language assistance, etc.
- Ensure oncoming Registration Team Member is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with the packing of workstation equipment and supplies.
- Ensure all paperwork is turned in to the Registration Unit Leader.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Registration Unit Leader.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Registration Unit Leader.

9.22.17 **SCREENING UNIT LEADER**

Date	Start Time	End Time
Report to:		
Direct reports:		

Oversee screening activities to ensure that individuals who should not receive medications are identified and provided with appropriate options. Report to and carry out directives of the Operations Section Lead. Coordinate and supervise Level I and II Screeners.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Operations Section Lead.
- Meet with the Volunteer/Personnel Unit Leader to gather assigned volunteers and Unit Log. Escort volunteers to assigned work location. Request additional staff as needed.
- Meet with staff to discuss:
  - o Role of screening unit in this operation (e.g. services you provide, problems you solve)
  - o Specific duties of direct reports.
  - o Facility overview, including locations of specific areas (e.g. stations, restrooms, break-rooms, emergency exits)
  - o Communications protocol
- Familiarize yourself with information given about biological agent/infectious disease involved and medications being provided.
- Ensure Screening Station has appropriate supplies to begin operation.
- Ensure that all necessary flowcharts/ forms are available including:
  - o Prophylaxis Protocol Flowchart
  - o Flowchart of Optimal Preventative Therapy
  - o Standing orders for antibiotic prophylaxis
  - o Alternative Antibiotic List
  - o Anti-Seizure Medication Matrix Worksheets
  - o Drug Interaction Matrix Worksheets
  - o Notification to Individual’s Primary Care Provider
  - o Prescriptions for antibiotics
- Ensure that staff has medication protocols for Level I and II and is able to identify individuals who need Level II screening.
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Screening Unit Leader is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log. Turn in badge/vest in Staff Staging Area.

**Responsibility during Deactivation**

- Assist with packing of supplies/equipment at each workstation.
- Ensure all paperwork is turned in to the Planning Section Lead.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Operations Section Lead.
- Report any adverse events, witnessed by EDS staff or self-reported by members of the public, to the Operations Section Lead.

9.22.18 **LEVEL 1 SCREENER**

Date	Start Time	End Time
Report to:		
Direct reports:		

Screen EDS individuals for contraindications to antibiotics/treatment. Report to and carry out directives of the Screening Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Screening Unit Leader.
- Review information given about biological agent/infectious disease involved and treatments being provided.
- Conduct a medical screening.
- Determine what types of treatment or medications may be needed using Prescription Key. Refer individuals to Level II Screening, if needed, or send to Dispensing.
- Complete "Staff Use Only" Section of NAPH Form.
- Ensure oncoming Level I Screener is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with the packing of workstation equipment and supplies.
- Ensure all paperwork is turned in to the Screening Unit Leader.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Screening Unit Leader.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Screening Unit Leader.

9.22.19 **LEVEL 2 SCREENER**

Date	Start Time	End Time
Report to:		
Direct reports:		

Screen EDS individuals for contraindications to antibiotics/treatment and provide medical/pharmacological consultation. Report to and carry out directives of the Screening Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Screening Unit Leader.
- Review information given about biological agent/infectious disease involved and treatments being provided.
- Conduct medical screening. Use dispensing algorithm as needed.
- Determine what types of treatment or medications may be needed.
- Ensure that all individuals receive appropriate prescription for antibiotics as per treatment protocol.
- Ensure that all individuals are referred for medical consultation or follow-up as per protocol.
- Complete "Staff Use Only" Section of NAPH Form.
- Ensure oncoming Level II Screener is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with the packing of work station equipment and supplies.
- Ensure all paperwork is turned in to the Screening Unit Leader.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Screening Unit Leader.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Screening Unit Leader.

9.22.20 **DISPENSING UNIT LEADER**

Date	Start Time	End Time
Report to:		
Direct reports:		

Responsible for dispensing medications to individuals at the EDS. Checks level of supplies and notifies pharmacy unit leader when additional supplies are needed. Monitors flow through dispensing and modifies set up as needed. Report to and carry out directives of the Operations Section Lead. Coordinates and supervises Dispensing Staff.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Operations Section Lead.
- Meet with the Volunteer/Personnel Unit Leader to gather assigned volunteers and Unit Log. Escort volunteers to assigned work location. Request additional staff as needed and enter names on Assignment List. ICS 203
- Meet with staff to discuss:
  - o Role of dispensing in this operation (e.g. services you provide, problems you solve)
  - o Specific duties of direct reports.
  - o Facility overview, including locations of specific areas (e.g. stations, restrooms, break-rooms, emergency exits)
  - o Communications protocol
- Ensure that dispensing staff are trained and aware of specific treatments dispensed and protocols.
- Meet with Logistics Section Lead / Pharmacy Unit Lead each ½ hour to determine which tables need to be restocked. Ensure the oral medications and supply materials are available at the dispensing stations.
- Ensure that all prescriptions are filled via prescription form.
- Ensure availability of and distribute drug interaction forms with each prescription.
- Ensure that each individual is dispensed the correct drug and dosage.
- Work with Operations Section Lead to ensure individual flow through the dispensing station and substations
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Dispensing Unit Leader is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with the packing of supplies/equipment at each workstation.
- Ensure that all unused medications have been returned to Pharmacy Unit Leader.
- Ensure all paperwork is turned in to the Planning Section Lead.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Operations Section Lead.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Operations Section Lead.

9.22.21 **DISPENSING STAFF**

Date	Start Time	End Time
Report to:		
Direct reports:		

Check individual information and properly dispense medications to individuals at EDS. Report to and carry out directives of the Dispensing Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Dispensing Unit Leader.
- Set up dispensing site workstations.
- Check and set up all supplies for dispensing.
- Ensure availability of and distribute drug interaction forms with each prescription.
- Ensure that each individual is dispensed the correct drug and dosage.
- Ensure oncoming Dispensing staff is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with packing of workstation medication, equipment and supplies.
- Ensure all paperwork is turned in to the Dispensing Unit Leader.
- Participate in After Action Review meetings and provide any documentation as required.

**Situational Awareness**

Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Dispensing Unit Leader.

- Report any suspicious behavior to the nearest security personnel and notify the Dispensing Unit Leader.

9.22.22 EXIT MONITOR UNIT LEADER

Date	Start Time	End Time
Report to:		
Direct reports:		

Oversee the movement of individuals from the dispensing area, collection of forms, addressing last minute questions, and exiting the facility. Report to and carry out directives of the Operations Section Lead. Coordinates and supervises Exit Monitor Staff.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Operations Section Lead.
- Meet with the Volunteer/Personnel Unit Leader to gather assigned volunteers and Unit Log. Escort volunteers to assigned work location. Request additional staff as needed.
- Meet with staff to discuss:
  - Role of exiting duties in this operation (e.g. services you provide, problems you solve)
  - Specific duties of direct reports.
  - Facility overview, including locations of specific areas (e.g. stations, restrooms, break-rooms, emergency exits)
- Communications protocol
- Familiarize self with screening and dispensing process and drug information form.
- Assist with the set-up of the Exit Area and any other areas as requested.
- Ensure that staff is trained and aware of specific diseases, treatments dispensed, side effects, length of treatment, etc.
- Ensure the educational materials are available at the Forms Collection and Exit Education Station.
- Ensure that all paperwork is completed and checked for quality control.
- Ensure that all paperwork is collected as individual leaves EDS.
- Procure and have enough copies available to provide a biological agent Fact Sheet and a Frequently Asked Questions sheet for each individual.
- Work with Security Section Lead to ensure individual flow out of the EDS.
- Deliver completed documentation to Operations Section Lead.
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Exit Monitor Leader is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with packing of supplies and equipment at each station.
- Ensure that all unused MCMs are packed up and are ready to be picked up.
- Ensure all paperwork is turned in to the Planning Section Lead.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Operations Section Lead.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Operations Section Lead.



9.22.23 EXIT MONITOR STAFF

Date	Start Time	End Time
Report to:		
Direct reports:		

Collect forms from individual, check for completeness, address last minute questions, and direct them to facility exit. Report to and carry out directives of the Exit Monitor Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Exit Monitor Leader.
- Assist with the set-up of the Exit Area and any other areas as requested.
- Learn about the specific disease, side effects, prophylaxis dispensed and length of prophylaxis.
- Ensure the educational materials are available at the Forms Collection and Exit Education Station.
- Collect NAPH form and check for accuracy in regards to quality control.
- Collect all paperwork from individuals as they leave the EDS; ensure all paperwork it is complete.
- Procure copies to provide a biological agent Fact Sheet and a Frequently Asked Questions sheet for individual in clinic.
- Answer questions regarding disease, medication information, and adverse event reporting.
- Work with Security Unit Team Members to ensure individual flow out of the EDS.
- Ensure oncoming Exit Monitor Staff are fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with packing of workstation equipment and supplies.
- Pack up all unused MCMs.
- Ensure all paperwork is turned in to the Exit Monitor Leader.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Exit Monitor Leader.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Exit Monitor Leader.

9.22.24 **MENTAL HEALTH STAFF**

Date	Start Time	End Time
Report to:		
Direct reports:		

Provide Mental Health services to staff and public. Report to and carry out directives of the Access and Functional Needs Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Special Needs Unit Leader.
- Meet with Special Needs Unit Leader or other Command Staff to plan, project, and coordinate mental health care needs of individuals coming to the EDS and EDS staff.
- Provide mental health guidance and recommendations to Special Needs Unit Leader based on response needs and potential triggers of psychological effects (trauma exposure, perceived risk to staff and family, restrictions on movement, resource limitations, and information availability).
- Establish an overall mental health treatment plan for the disaster including priorities for mental health response for individuals coming to EDS and EDS staff; recommended mental health activities/interventions; resources available and needed; and problems to be addressed in the next operational period.
- Coordinate with Special Needs Unit Leader to expand/create a recognized provisional Mental Health Individual Care Area, if necessary.
- Ensure that appropriate mental health standards of care are being followed and mental health needs are being met
- Participate in development of risk communication and public information that addresses mental health concerns.
- Ensure oncoming Mental Health Specialist is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with the packing of workstation equipment and supplies.
- Ensure all paperwork is turned in to the Special Needs Unit Leader.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Access and Functional Needs Unit Leader.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Access and Functional Needs Unit Leader.

9.22.25 **PHYSICAL SUPPORT STAFF**

Date	Start Time	End Time
Report to:		
Direct reports:		

Assist individuals who may need assistance via wheelchair, reading information, gathering information, etc. Report to and carry out the directives of the Access and Functional Needs Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Special Needs Unit Leader.
- Ensure physical support equipment is available including wheelchairs, multilingual medical phrasebook, etc.
- Provide physical support needs for all individuals including assistance with maneuvering through EDS (wheelchair), reading information, gathering materials and medications, etc.
- Ensure oncoming Physical Support Specialist is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with the packing of workstation equipment and supplies.
- Ensure all paperwork is turned in to the Special Needs Unit Leader.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Access and Functional Needs Unit Leader.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Access and Functional Needs Unit Leader.

9.22.26 **TRANSLATOR STAFF**

Date	Start Time	End Time
Report to:		
Direct reports:		

Provide sign and language translation services to public. Report to and carry out the directives of the Access and Functional Needs Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Special Needs Unit Leader.
- Prepare Special Services/Interpreter Station to provide both sign and language interpretation services (Use Multilingual Medical Phrasebook).
- Ensure disease and medication information sheets are available in multiple languages.
- Work with greeters and registration staff to identify individuals with language barriers requiring translators.
- Assist with intake forms completion and provide translation as necessary.
- Provide language assistance to public from the Special Services/Interpreter Station or other areas of EDS as necessary.
- Identify issues and correct or inform Special Needs Unit Leader if further assistance is required.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with the packing of workstation equipment and supplies.
- Ensure all paperwork is turned in to the Special Needs Unit Leader.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Access and Functional Needs Unit Leader.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Access and Functional Needs Unit Leader.

9.22.27 **TRANSPORT STAFF**

Date	Start Time	End Time
Report to:		
Direct reports:		

Coordinates transportation and movement of all personnel, including clients of the Dispensing Site to hospitals, clinics, treatment centers, etc. Report to and carry out directives of Access and Functional Needs Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Special Needs Unit Leader.
- Ensure transportation is available from EDS to treatment center.
- Ensure the transfer of those individuals needing additional medical assistance to a treatment center.
- Ensure oncoming Transporter is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Ensure the collection of all paperwork is turned in to Special Needs Unit Leader.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Access and Functional Needs Unit Leader.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Access and Functional Needs Unit Leader.

9.22.28 **PLANNING/SAFETY/PERSONNEL LEAD**

Date	Start Time	End Time
Report to:		
Direct reports:		

Uses appropriate information to analyze the EDS status in order to help determine probable course of events and prepare alternative strategies. Tracks resources. Performs duties of Safety Officer. Performs duties of Volunteer/Personnel Lead. Reports to and carries out the directives of the EDS Manager.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station & Obtain ID badge and/or vest.
- Receive briefing from EDS Manager.
- Establish Staff Staging Station with Logistics Lead
- Sign in EDS workers on ICS 211 form. Determine where Personnel/Volunteers are needed. Direct volunteers to assigned work location. Request additional staff as needed.
- Meet with staff to discuss:
  - Role of planning in this operation (e.g. services you provide, problems you solve)
  - Specific duties of direct reports.
  - Facility overview, including locations of specific areas
  - Communications protocol
- Write down noteworthy activities in the activity section of Unit Log. ICS 214
- Gather documentation generated by the EDS, work with the EDS Manager and Operations to track activities, EDS ICS Structure, analyze the EDS situation and provide updates on the EDS operations, track resources through logistics
- Perform the duties of the Safety Officer ensuring the safe operation of the EDS including:
  - \_\_\_ Maintain Unit Log
  - \_\_\_ Advise EDS Site Manager and Section Leads immediately of any unsafe or security related conditions and provide recommendations to prevent, mitigate, and remove.
  - \_\_\_ Review sanitation issues as they arise.
  - \_\_\_ Ensure accidents are investigated and reports are written.
  - \_\_\_ Authorize the cessation of all operations when unsafe.
  - \_\_\_ Observe all contacts for signs of stress and inappropriate behavior.
  - \_\_\_ Report concerns to EDS Manager
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Planning-Safety-Personnel Lead is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area.

**Responsibility during Deactivation**

- Account for all volunteers.
- Assist with packing of supplies and equipment at each station.
- Identify issues specific to the EDS for the After Action Report.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the EDS Manager.
- Report any adverse events, witnessed by EDS staff or self-reported by members of the public, to the EDS Manager.

9.22.29 **PERSONNEL/VOLUNTEER UNIT LEADER**

Date	Start Time	End Time
Report to:		
Direct reports:		

Responsible for managing and overseeing all aspects of volunteer and staff participation, including recruitment, induction, and deployment. Report to and carry out directives of Planning Section Lead.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Review EDS Flow Diagram for the operations of the EDS.
- Receive briefing from Planning Section Lead.
- Coordinate with the Resource Unit to determine where Personnel/Volunteers are needed.
- Perform these duties ensuring fluid operation of the EDS staffing including:
  - o Identify any necessary skills and training needs.
  - o Activate personnel/volunteers as necessary.
  - o Coordinate nearby or on-site training Induct convergent (on the scene) volunteers.
  - o Assess, train, and assign volunteers.
  - o Assist volunteers with other special needs.
  - o Maintain Unit/Activity Log ICS Form 214
- Coordinate with Logistics for volunteer meal accommodations.
- Ensure oncoming Personnel/Volunteer Unit Leader is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area.

**Responsibility during Deactivation**

- Account for all volunteers.
- Assist with packing of workstation equipment and supplies.
- Ensure all paperwork is turned over to the Planning Section Lead
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Planning Section Lead.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Planning Section Lead.

9.22.30 SECURITY SECTION LEAD

Date	Start Time	End Time
Report to:		
Direct reports:		

Responsible for supervision and control of inside and outside security of EDS and medications. Reports to and carries out the directives of the EDS Manager.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from EDS Site Manager.
- Meet with the Volunteer/Personnel Unit Leader to gather assigned volunteers and Unit Log. Escort volunteers to assigned work location. Request additional staff as needed.
- Meet with staff to discuss:
  - o Role of security in this operation (e.g. services you provide, problems you solve)
  - o Specific duties of direct reports.
  - o Facility overview, including locations of specific areas
  - o Communications protocol
- Review Security Plan for EDS site
- Write down noteworthy activities in activity section of the Unit Log. ICS 214
- Ensure that a resource accountability system (personnel and equipment) is established and maintained.
- Arrange for security of equipment and supplies as they arrive at the site.
- Supervise the set-up of the crowd control system (e.g. cones, ropes).
- Position security staff as needed. At a minimum, security is required for these areas:
  - o Entrance: Admit authorized personnel and individuals only
  - o Exit: Ensure no unauthorized entry.
  - o Pharmacy: Ensure that individuals have their right hand stamped when they receive the pharmaceuticals.
- Meet with local law enforcement and coordinate issues/efforts.
- Coordinate staff badges/passes as necessary.
- Notify the Safety Officer of any accidents. Identify any security issues and inform the EDS Manager.
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Security Section Lead is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area.
- Turn in communications equipment to communications station.

**Responsibility during Deactivation**

- Assist with packing of equipment and supplies at each workstation.
- Ensure all records and reports are turned in to the Planning Section Lead.
- Identify issues for the After Action Report.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the EDS Manager.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the EDS Manager.



9.22.31 **OUTSIDE SECURITY UNIT LEADER**

Date	Start Time	End Time
Report to:		
Direct reports:		

Responsible for supervision and control of security operations for EDS perimeter. Reports to and carries out directives of the Security Section Lead. Coordinate and supervise Outside Security Staff.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Security Section Lead.
- Meet with the Volunteer/Personnel Unit Leader to gather assigned volunteers and Unit Log. Escort volunteers to assigned work location. Request additional staff as needed.
- Meet with staff to discuss:
  - o Role of outside security in this operation (e.g. services you provide, problems you solve)
  - o Specific duties of direct reports.
  - o Facility overview, including locations of specific areas
  - o Communications protocol
- Obtain (or register pre-positioned items) communications equipment (e.g., cell phone, walkie-talkie, agency radio)
- Review Security Plan for EDS site
- Write down noteworthy activities in activity section of the Unit Log. ICS 214
- Inform Security Section Leader of any needs/requests prior to start of shift
- Ensure that a resource accountability system (personnel and equipment) is established and maintained.
- Arrange for security of equipment and supplies as they arrive at the site.
- Provide perimeter security and force protection for EDS staff
- Position security staff as needed. At a minimum, security is required for these areas: Traffic Management, Crowd Control/Flow, Volunteer/Staff entrance (Authorized Staff/Volunteers only). Roving Security Patrol (Watch for unruly or odd behavior and assist in any areas as required.)
- Meet with local law enforcement and coordinate issues/efforts.
- Coordinate staff badges/passes as necessary.
- Notify the Safety Officer of any accidents. Identify any security issues and inform the Security Section Lead.
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Security Outside Unit Leader is fully briefed and prepared to begin shift. Do not leave your position until a replacement has arrived.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area.

**Responsibility during Deactivation**

- Assist with packing of supplies/equipment at each workstation.
- Ensure all paperwork is turned into the Planning Section Lead.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the Security Section Lead.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Security Section Lead.

9.22.32 **OUTSIDE SECURITY STAFF**

Date	Start Time	End Time
Report to:		
Direct reports:		

Will provide security for the EDS perimeter. Reports to and carries out directives of the Inside Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Obtain (or register pre-positioned items) communications equipment (e.g., cell phone, walkie-talkie, agency radio)
- Review Security Plan for EDS site
- Receive briefing from Security Outside Unit Leader.
- Ensure that the accountability system is understood.
- Maintain Logs as required. ICS 214
- Arrange for security of equipment and supplies as they arrive at the site.
- Provide perimeter security and force protection for EDS staff
- Deployed as needed to:
  - o Traffic Management
  - o Crowd Control/Flow
  - o Volunteer/Staff entrance - Authorized Staff/Volunteers only.
  - o Roving Security Patrol – Watch for unruly or unusual behavior and assist in any areas as required
- Meet with local law enforcement and coordinate issues/efforts.
- Coordinate staff badges/passes as necessary.
- Notify the Safety Officer of any accidents. Identify any security issues and inform the Outside Unit Leader.
- Ensure oncoming Medications Security is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader. Turn in communications equipment to communications station.

**Responsibility during Deactivation**

- Ensure all records and reports are turned in to the Security Outside Unit Leader.
- Identify issues for the After Action Report.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the Security Section Lead.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Security Section Lead.

9.22.33 **INSIDE SECURITY UNIT LEADER**

Date	Start Time	End Time
Report to:		
Direct reports:		

Responsible for supervision and control of internal security operations for the EDS. Reports to and carries out directives of Security Section Lead. Coordinate and supervise Inside and Medication Security Staff.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station & Obtain ID badge and/or vest
- Receive briefing from Security Section Lead.
- Meet with the Volunteer/Personnel Unit Leader to gather assigned volunteers and Unit Log. Escort volunteers to assigned work location. Request additional staff as needed.
- Meet with staff to discuss:
  - o Role of inside and medication security in this operation
  - o Specific duties of direct reports.
  - o Facility overview, including locations of specific areas
  - o Communications protocol
- Obtain (or register pre-positioned items) communications equipment
- Review Security Plan for EDS site
- Write down noteworthy activities in activity section of the Unit Log. ICS 214
- Inform Security Section Leader of any group needs/requests prior to start of shift
- Ensure that a resource accountability system (personnel and equipment) is established and maintained.
- Arrange for security of medications/supplies as they arrive at the site.
- Provide internal security and force protection for EDS staff
- Position security staff as needed. At a minimum, security required for:
  - o Entrance: Admit authorized personnel and individuals only
  - o Exit: Ensure no unauthorized entry.
  - o Roving Patrols looking for unruly or odd behavior/maintain flow
  - o Pharmacy: Ensure that individuals have their documentation
- Coordinate staff badges/passes as necessary.
- Notify the Safety Officer of any accidents. Identify any security issues and inform the Security Section Lead.
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Security Inside Unit Leader is fully briefed and prepared to begin shift. Do not leave your position until a replacement has arrived.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area. Turn in communications equipment to communications station.

**Responsibility during Deactivation**

- Assist with packing of supplies/equipment at each workstation.
- Ensure all paperwork is turned into the Planning Section Lead.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the Security Section Lead.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Security Section Lead.

9.22.34 **MEDICATIONS SECURITY STAFF**

Date	Start Time	End Time
Report to:		
Direct reports:		

Responsible for protecting the medications at the EDS for movement in and out of the EDS as well as in storage. Reports to and carries out the directives of the Inside Security Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Obtain (or register pre-positioned items) communications equipment (e.g., cell phone, walkie-talkie, agency radio)
- Receive briefing from Inside Unit Leader.
- Review Security Plan for EDS site.
- Inform Inside Unit Leader of any needs/requests prior to start of shift
- Ensure that a resource accountability system (personnel and equipment) is established and maintained.
- Arrange for security of medications/supplies as they arrive at the site.
- Provide internal security and force protection for Medication/Pharmacy.
- Medication security staff could be assigned to these areas:
  - o Entrance: Admit authorized personnel and individuals only
  - o Pharmacy Storage: Secure Medication Storage Room
- Meet with local law enforcement and coordinate issues/efforts.
- Coordinate staff badges/passes as necessary.
- Notify the Safety Officer of any accidents. Identify any security issues and inform the Security Inside Unit Leader.
- Ensure oncoming Medications Security is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Pack supplies and equipment at workstation.
- Ensure all records and reports are turned in to the Security Inside Unit Leader
- Identify issues for the After Action Report.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the Inside Security Unit Leader.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Inside Security Unit Leader.

9.22.35 **INSIDE SECURITY STAFF**

Date	Start Time	End Time
Report to:		
Direct reports:		

Will provide security for the EDS interior. Reports to and carries out directives of the Inside Security Unit Leader.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Obtain (or register pre-positioned items) communications equipment (e.g., cell phone, walkie-talkie, agency radio)
- Review Security Plan for EDS site
- Receive briefing from Security Inside Unit Leader.
- Ensure that the accountability system is understood.
- Maintain Logs as required. ICS 214
- Provide internal security and force protection for EDS staff
- Position security staff as needed. At a minimum, security is required for these areas:
  - o Entrance: Admit authorized personnel and individuals only
  - o Exit: Ensure no unauthorized entry.
  - o Roving Patrol – Watch for unruly or unusual behavior and assist in any areas where required.
- Meet with local law enforcement and coordinate issues/efforts.
- Coordinate staff badges/passes as necessary.
- Notify the Safety Officer of any accidents. Identify any security issues and inform the Inside Unit Leader.
- Ensure oncoming Inside Security Staff is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest/ in Staff Staging Area. Turn in communications equipment to communications station.

**Responsibility during Deactivation**

- Ensure all records and reports are turned in to the Security Inside Unit Leader.
- Identify issues for the After Action Report.
- Participate in After Action Review meetings and provide any documentation, as required.

**Situational Awareness**

- Report any suspicious behavior to the Inside Security Unit Leader.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Inside Security Unit Leader.

9.22.36

9.24.36 **ACCESS AND FUNCTIONAL NEEDS UNIT LEADER**

Date		Start Time	End Time
Report to:			
Direct reports:			

Responsible for ensuring psychological and physical support and transport for individuals needing special assistance. Reports to and carries out directives of the Operations Section Lead. Coordinates and supervises Mental Health, Physical Support and Transporter Staff.

**Responsibility during Operation**

- Sign in on the Sign-In Log at the Staff Staging Station.
- Obtain ID badge and/or vest.
- Receive briefing from Operations Section Lead.
- Meet with the Volunteer/Personnel Unit Leader to gather assigned volunteers and Unit Log. Escort volunteers to assigned work location. Request additional staff as needed.
- Meet with staff to discuss:
  - o Role of special needs unit in this operation (e.g. services you provide, problems you solve)
  - o Specific duties of direct reports.
  - o Facility overview, including locations of specific areas (e.g. stations, restrooms, break-rooms, emergency exits)
  - o Communications protocol
- Ensure that special needs staff stations are set-up with supplies and equipment and ready for use.
- Work with Communications Unit Leader to ensure forms (in multiple languages) are available.
- Ensure that the needs of individuals who speak languages other than English are met. Use multilingual medical phrasebook.
- Ensure wheelchairs are provided for those needing this service.
- Ensure mental health of both staff and public at the EDS.
- Notify security of any potential issues (disruptive behavior).
- Request any additional staff through the Operations Section Lead.
- Provide adequate rest and break periods for station personnel.
- Ensure oncoming Special Needs Unit Leader is fully briefed and prepared to begin shift. Do not leave your position until a replacement has physically been provided.
- End of shift or clinic, sign out on Log and turn in badge/vest in Staff Staging Area with Volunteer/Personnel Unit Leader.

**Responsibility during Deactivation**

- Assist with the packing of supplies/equipment at each workstation.
- Ensure all paperwork is turned in to the Planning Section Lead.
- Participate in After Action Review meetings and provide necessary documentation.

**Situational Awareness**

- Report any suspicious behavior to the nearest security personnel and notify the Operations Section Lead.
- Report any adverse events, either witnessed by EDS staff or self-reported by members of the public, to the Operations Section Lead.

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CHECKLIST

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