



District of Columbia Department of Health

Cities Readiness Initiative Plan

Purpose

- 01.00 The Cities Readiness Initiative (CRI) is an emergency preparedness project intended to prepare 72 major metropolitan areas for an aerosolized anthrax terrorist attack covering a large geographic region and the subsequent need to provide prophylactic medication to the affected population. The National Capital Region (NCR) has been identified as a location to implement this initiative. This document outlines necessary and supplemental components that enable the rapid distribution of prophylaxis to large populations. The project goal is to have medications distributed to 100% of the population within 48 hours.
- 01.01 The CRI approach is dependent upon the successful receipt, staging, storage and delivery of the Strategic National Stockpile (SNS). As it relates to the CRI, this plan addresses the procedures the District of Columbia would use to coordinate the receipt and distribution of SNS material.

Background

- 01.02 The District of Columbia (DC), the State of Maryland (MD) and Commonwealth of Virginia (VA) comprise the three primary jurisdictions in the NCR. The local jurisdictions within the NCR include the Maryland counties (and incorporated areas) of Montgomery, Prince George's, Frederick, Charles and Calvert.
- 01.03 The District of Columbia, with a population of approximately 1/2 million residents, has the unique position of serving as a state, as well as a local jurisdiction.
- 01.04 The District of Columbia is the nation's capital, with multiple federal facilities and agencies within its borders. A large portion of the NCR mass transit system runs through it, in the form of the Metrorail and Metrobus, the second largest rail transit system and fifth largest bus network in the United States. The District poses a significant risk for terrorist targeting, as exemplified by the failed attack on the U.S. Capitol building with United Airlines 93 on September 11, 2001.
- 01.05 The District of Columbia is a densely populated urban area, of 67 square miles.



Assumptions

- 01.06 Quick Delivery Centers (QDC) will provide efficient, non-medical delivery of prophylaxis to the public within 48 hours of the decision to do so.
- 01.07 Following a CRI event, each NCR primary jurisdiction will receive one-third of the Push- Pack.
- 01.08 Managed Inventories of antibiotics and other requested supplies will go to one site in each state, for a total of three RSS (Receipt, Store and Stage) sites in the NCR.
- 01.09 Due to the inherent inefficiencies of rapid distribution, the fluctuation of population size caused by commuting workers and tourism and the need to manage anxiety caused by long lines or perceived shortages, the region will need a magnitude of supply above 100% of the daytime population of the NCR.
- 01.10 For a limited period of time, the public may be directed to “shelter in place” and/or travel restrictions will be imposed.
- 01.11 Under a declared emergency of this nature, limitations on driving and community activities would be implemented to enable critical health response.
- 01.12 Sufficient amounts of medication will be readily available from the SNS.
- 01.13 There are no plans to distribute anthrax vaccine with medication.
- 01.14 Governments and treatment facilities (e.g., hospitals) in all jurisdictions will be responsible for utilizing existing drug and other medical supplies to protect those who will initially respond to an event (e.g. local/state emergency medical services, fire, police, medical community, government) for approximately 24-36 hours and to treat initial victims until delivery of SNS supplies are received.
- 01.15 Authorities with the SNS program will coordinate the time and location of the delivery of the SNS with representatives of the State or District of Columbia that requested material.
- 01.16 The decision where to locate a central receipt, store, and stage facility will depend on an assessment of the jurisdictions that will need SNS materials, as well as the suitability, readiness, and proximity of available sites in the NCR that will provide that material.
- 01.17 SNS includes the Push-Pack and Managed Inventory (MI).
- 01.18 The Push Package includes unit-of-use containers of certain antibiotics and will be augmented by Managed Inventory (MI) which is also provided in unit-of-use containers.



- 01.19 Requests from each jurisdiction for SNS material will be coordinated through a NIMS (National Incident Management System)- compliant incident command system / unified command system. Each primary jurisdiction’s Emergency Operations Center (EOC) will be operational and serve as the main point-of-contact for coordination and communication, in support of SNS operations.

- 01.20 The distribution of all SNS material will occur based on the best available epidemiological and surveillance data in the NCR that is communicated through an incident management system.



Cities Readiness Initiative Plan Pre Incident Operations

Purpose

- 02.01 To provide a comprehensive CRI plan covering all aspects of distribution of SNS supplies.
- 02.02 To provide planning, guidance and procedures for pre-planning, training, exercises, public education and pre-established logistical support for all QDC operations.
- 02.03 To provide a consistent training curriculum for participants in QDC operations at all levels.
- 02.04 To obtain and make ready support materials and facilities that will be needed in a CRI scenario.
- 02.05 To pre-identify and document personnel who will be instrumental in carrying out QDC operations.
- 02.06 To establish a notification system for all identified personnel.
- 02.07 To establish and test inter-agency communication and inter-operability procedures in the event of a CRI scenario.

Responsibilities

- 02.08 Unless otherwise stipulated, all the following procedures will be the responsibility of the District of Columbia Department of Health's Emergency and Preparedness Response Administration (HEPRA).



Procedures

- 02.09 A comprehensive CRI plan will be written covering operations, duties, and logistics, specific to the District of Columbia. This plan will include:
- CRI background
 - Assumptions
 - Pre-incident operations
 - CRI initiation and incident command procedures
 - SNS receipt and distribution procedures (RSS Plan included in appendix)
 - QDC operations and procedures
 - CRI termination procedures and post review
- 02.10 The locations of the District’s QDCs will be pre-selected but will allow for additional sites as necessary, suitable, and available. The District’s Department of Parks and Recreation Centers have been identified as suitable and available sites for QDCs and exercised as such.
- 02.11 The location of the City’s Local-Receipt, Staging and Storage Site has been pre-selected and exercised.
- 02.12 The location of the City Health Emergency Command Coordinator Center has been pre-selected as 64 New York Ave, N.E., Washington, D.C.
- 02.13 The initial QDC site directors have been pre-selected in conjunction and consultation with the Department of Parks and Recreation (DPR).
- 02.14 A series of training exercises will be scheduled to periodically test the CRI plan and all its components. The planning of these exercises will be coordinated with all District agencies that will be involved in a CRI incident as well as all the jurisdictions within the NCR, and the state and federal government, to allow all jurisdictions and agencies to benefit from evaluating the targeted components of the exercise. These exercises will evaluate either separately or together the following aspects of the CRI plan:
- Health Emergency Coordination Center operations
 - SNS operations
 - POD operations
 - QDC operations



- Training curriculum
- Inter-agency communications

02.15 A training curriculum will be developed and a program executed to train the essential personnel involved with all aspects of the CRI plan including:

- Health Emergency Coordination Center staff
 - Pre-assigned positions with assignment lists are in place
 - Cross training for multiple positions
- RSS site supervision staff
- QDC Directors

02.16 A prepared kit will be assembled and stored for each QDC containing the following:

- Instructional and directional signs (delivery center, reception, medication delivery, arrows, exit / information, incident command flow chart)
- Office equipment (pens, paper, clips, stapler, tape, correction tape, scissors)
- Colored tape for floor flow markings (red and blue)
- Colored identification vests for :
 - Site Coordinator (Manager) – white
 - Safety Officer – Red
 - Other Site Management – blue (with title specified)
 - Operations Leader
 - Logistics Leader
 - All other site personnel (designated responders) – orange
- Laminated instruction sheets for QDC setup and operations, and shutdown; including security and staffing procedures (Appendix)
- Phone number list (Appendix)
- Inventory / traffic tracking forms (Appendix)
- Job descriptions for:
 - Site Director
 - Site Operations Leader
 - Site Logistics Leader
 - Site Security Leader
 - Line Worker
 - Flow control Position



- Delivery Position
- Exit Position
- Logistics Assistant
- Float Position

02.17 A prepared kit has been assembled and stored at the HECC containing the following:

- Layout diagrams and directional signs (Command locations, computer placement, room layout, incident command flow diagrams)
- Updated phone lists including e-mails and primary, work, cellular and pager and Blackberry phone numbers of:
 - HECC staff
 - QDC assigned personnel
 - DC Parks & Recreation Centers main office and Nextel phones
 - RSS Staff and Corrections Dept. representatives
 - DC Dept. of Parks & Recreation administration, including center managers
 - DC Dept. of Transportation officials
 - EMA, Fire /Rescue, and Police representative
- Colored identification vests for :
 - Incident Commander (White)
 - Operations Chief (Red)
 - Logistics Chief (Yellow)
 - Other support positions (Beige with appropriate title)
- Laminated instruction sheets for HECC setup and operations, and shutdown; including security and staffing procedures (Appendix)
- Inventory / traffic tracking forms (Appendix)
- Communications and equipment status forms
- Staffing status forms
- Position Checklists

02.18 All forms to be utilized at the QDCs will be pre-printed, collated, and pre-packaged for distribution.

- Forms will be stored at the RSS and will be distributed with the SNS.
- All forms will be printed in English and Spanish.



Cities Readiness Initiative – Pre and Post Incident Operations Plan



- Each household receives 1 pack of collated forms (see Appendix) including:
 - Patient Summary Instructions
 - CDC Anthrax fact sheet
 - CDC/NCR Doxy and Cipro patient information forms
 - FDA form on Doxy (or Cipro) mixture for pediatrics
 - Cipro renal dosing form (if necessary)

- 02.19 As specified in the Council of Governments (COG) NCR regional plan, public health information officers throughout the NCR are working in conjunction with CRI subject matter experts and pre established communications plans to develop a public awareness campaign scope of work and work plan. In addition to the identification of effective mediums, this group will produce messaging on the following topics:
 - Accessing delivery sites, including times and locations
 - Information to bring to sites (allergy history, pregnancy status)
 - Forms and medication instructions
 - Screening criteria
 - Household representative policy
 - Special population issues
 - What is CRI?
 - What to expect at QDCs
 - Anthrax information / Importance of taking medication

- 02.20 Representatives of all county agencies that will be involved with CRI operations will meet periodically (at least annually) to discuss various issues related to the CRI plan and discuss updates, changes and issues. These agencies include but are not limited to:
 - DC DOH
 - Law Enforcement
 - Fire/Rescue (DCFRS)
 - Public Works and Transportation (DPW & DDOT)
 - RSS / Dispensing Group
 - DC Emergency Management Agency
 - DC Dept. of Parks & Recreation
 - Public Schools (DCPS)



- Mayor’s Office and City PIO
- 02.21 Representatives of all NCR regions will meet regularly utilizing the resources of the Metropolitan Washington Council of Governments and its subcommittees, as well as other regional resources to coordinate all aspects of planning and cooperation between jurisdictions for the regional CRI plan.
- 02.22 DC DOH will regularly communicate with all state and federal agencies that make policy for, or deal with CRI operations, in any capacity including:
- The Centers for Disease Control and Prevention (CDC)
 - District Emergency Management Agency (DC EMA)
 - D.C. Metropolitan Police Department (DC MPD)
 - District of Columbia Protective Services (DCPS)
- 02.23 Essential personnel for CRI operations will be pre-identified and included in updated phone lists and included in the District of Columbia Emergency Network for immediate notification by the HECC. These personnel will include:
- All Public Health and RSS Command Staff
 - All initial QDC Site Directors
 - All appropriate city agency representatives
 - Volunteer resource agencies
- 02.24 Exemptions to the driving restrictions for the personnel listed above, will be coordinated with law enforcement and public works representatives.
- 02.25 If utilizing schools as Dispensing Sites, DCPS will be provided with pre-scripted announcements for school principals to send to student parents from the schools.



Post Incident Operations

Initiation of CRI Operations

Purpose

- 30.00 To provide procedures for the District to:
- Initiate CRI operations
 - Set up and operate the Health Emergency Coordination Center (HECC) for a CRI event
 - Begin activation of the QDC system.

Assumptions

- 30.01 The DC Department of Health must organize itself during a public emergency to meet the challenges and tasks that biological events may present. The HECC will be staffed by DOH personnel and augmented by other agencies.
- 30.02 The demands placed on the Health Director, the Dept. of Health, and upper level managers during an emergency will overwhelm their capacity to maintain personal, effective, minute-to-minute command, control, coordination and communications.
- 30.03 A unified command within a central facility is necessary to effectively control and track numerous events and activities, as well as maintain liaison with other agencies.
- 30.04 Field personnel must apply their full-time and energy to completing their jobs. Time spent with supply, equipment, personnel, communication and other centralized issues is a waste of field resources. Field personnel will communicate their needs and provide information to a single point of contact to expedite fulfillment of their requests and allow for accurate and systematic data collection.
- 30.05 Receipt and distribution of the SNS medications will require close tracking and coordination with neighboring jurisdictions and federal officials. Knowledge of distribution rates, delivery times, and locations for each delivery site are necessary to provide timely re-supply and other support functions.

Responsibilities

- 30.06 DC DOH:
- Maintains continuous epidemiological surveillance in the District:



- Shares epidemiological information with private and public agencies within the region and state.
- Confers with epidemiology partners on any suspicious anomalies observed in the community.
- Investigates suspicious disease or deaths in the community.
- Confers with hospitals and other health care providers when disease outbreaks challenge resources.
- Collaborates with state and regional infectious disease control partners to create a disease control plan.
- Determines how many and where Point of Delivery should be located (pre-determined).
- Activates the Health Emergency Coordination Center.
- Activates the RSS.
- Provides site Directors for QDCs.
- Notifies all RSS and QDC assigned staff through the HECC
- Provides Site Director for the RSS.
- Coordinates volunteer recruitment, utilizing the resources of the District's Emergency Health Reserve Corps and Medical Reserve Corps.

30.07 DC EMA:

- Activates to assess the situation and to start the District's multi-agency response process.
- Participates in the process of requesting SNS Assets from the District of Columbia.
- Coordinates regional departments and agencies for a collective response effort.
- Coordinates support from Law Enforcement and Transportation agencies
- Activates District EOC.

30.08 District PIO

- Sets up virtual Joint Information Center (JIC) utilizing PIO resources from all agencies involved.
- Confers with Public Health PIO, DC DOH and regional partners on information campaign to the community.
- Access pre-prepared PSA on locations and hours of operations for QDCs.
- Access pre-prepared PSA on who should seek prophylaxis or immunizations.
- Access pre-prepared PSAs messages explaining what to expect when one goes to a QDC.
- Work with DOH to dispel rumors.
- Access pre-prepared self-care instructions to public.

Procedures



- 30.09 The Center for Policy, Planning, and Epidemiology of DOH continuously tracks and controls outbreaks in the community. Their goal is to detect and control communicable outbreaks as early as possible. They confer with epidemiological and disease control partners throughout the region and investigate suspicious cases and deaths. The need for SNS assets will be identified as public health officials recognize an imminent public health emergency and the fact that existing inventory of drugs and medical supplies will be insufficient to meet anticipated demand.
- 30.10 The Health Emergency Command Center (HECC) will be activated upon direction of the Director of Health in response to surveillance or communication from other jurisdictions, or from other city, state or federal agencies that verifies an event of intentional Anthrax contamination. The HECC will begin 24 hour operations until otherwise decided by the Director of Health. The HECC is designed to assist the Director of Health in implementing his/her policies and decisions. The setup and operations of the HECC is detailed in the Health and Medical Emergency Operations Plan.
- 30.11 The HECC Commander will have sufficient authority to make emergency decisions and requests for materials and assistance in the absence of the Director of Health. The HECC Commander is considered to be the Public Health Incident Commander and is the only person designated as commander in the CRI process.
- 30.12 The HECC will be staffed from within HEPRA / Department of Health, and other District agencies. Persons assigned to the HECC will be relieved of their normal duties so that they can give their full attention to the HECC.
- 30.13 The HECC will be staffed as follows:
- The Health Emergency Coordination Center Incident Commander.
 - Reports to the Director of the Department of Health
 - Oversees all HECC operations
 - The HECC Operations Chief
 - Reports to the HECC Incident Commander.
 - Oversees all staffing, scheduling, and human resource issues for QDCs throughout the city.
 - The HECC Logistics Chief
 - Reports to the HECC Incident Commander.
 - Oversees all delivery inventory and supply issues for QDCs throughout the city.
 - The HECC Communications Officer
 - Reports to the HECC Incident Commander.
 - Receives all outside communications including phone and radio transmissions. Directs the communication to the appropriate individual in the HECC.
 - The HECC Planning Officer



- Reports to the HECC Incident Commander.
- Observes and analyzes HECC and QDC operations for needed changes in procedures, organizes periodic status briefings as well as post incident de-briefing.
- The HECC Finance Officer
 - Reports to the HECC Incident Commander.
 - Oversees all budgetary issues including emergency financial disbursements and acquisitions needed for the incident.
- Public Information Officer
 - Reports to the HECC Incident Commander.
 - Will be in direct contact with County PIO and other agency PIOs through means of a virtual JIC.
- Operations Assistant(s)
 - Report to the HECC Operations Chief.
 - Assist in monitoring the staffing status of QDCs throughout the city.
- Logistics Assistant(s)
 - Reports to the HECC Logistics Chief.
 - Assists in monitoring and tracking medical inventory and supply issues for all QDCs and the RSS.
- Information Hotline Staff
 - Report to the HECC Operations Chief.
 - Operates phone bank to answer questions from county citizens.
- Department of Fire & Rescue will provide one officer for the communications officer, and incident command structure assistance.
- Other Administrative Staff
 - Appointed by the HECC Incident Commander.
 - Reports to the HECC Operations Chief.

30.14 The HECC will be the center for DOH situational awareness by:

- Maintaining constant communication with other public health officials within the NCR and surrounding area.
- Monitoring commercial media.
- Receiving summery epidemiology reports via phone, fax, e-mail, US Mail, radio, messenger or in person.
- Maintaining staff briefing notes.
- Receiving current guidance from Centers for Disease Control (CDC) and other reliable sources via telephone, e-mail, fax or web site.
- Receiving reports from the QDCs and PODs
- Maintaining liaison with hospital infection control staff via the HECC or EOC.

30.15 Information collected in the HECC is for use of DOH. Normally reports to other agencies are channeled through the DOH representative in the District EOC. Reports to the press will go through a Joint Information Center established by the District Public Information Officer (PIO) utilizing coordinated information from all agency PIOs including the DOH PIO.



- 30.16 QDC, POD, and RSS Site Directors will have a single point of contact, i.e. a team consisting of the HECC Operations Chief and a HECC Logistics Chief, at a single phone telephone number with a radio backup. All reports and requests for assistance will go through this team. Only the site directors will be communicating with the HECC. The HECC Operations Chief and Logistics Chief are in charge of HECC sections and are the only personnel designated as chiefs.
- 30.17 Any liaison person or team assigned from outside organizations assisting District of Columbia DOH will be based in the HECC and will be responsible to the HECC Commander.
- 30.18 Communication with the District PIO and Joint Information Center (JIC) will be maintained by a communications officer designated by the HECC Commander.
- 30.19 Status reports and briefing charts will be maintained for regularly scheduled and impromptu briefings.
- 30.20 An initial priority for the HECC is to contact the other jurisdictions within the NCR to get a regional picture of the event prior to the decision making process to request the SNS.
- 30.21 The District Department of Health Director and/or whomever else s/he designates as a DOH representative, will be located at the EOC and be in continuous communication with the HECC.
- 30.22 The District Department of Health Director and appropriate HEPRA staff will brief the mayor about the situation. The District of Columbia Administrative Officer (CAO) will coordinate with the elected officials for their role in the decision process.
- 30.23 When a decision has been made to request the SNS, a preliminary telephone call should be placed to the mayor by the District Department of Health Director; time will be needed to arrange for all the numerous personnel to be on the conference call. Other NCR jurisdictions could be involved and could possibly be participants of this conference. Time, phone number, and passwords for the conference call should be requested.
- 30.24 It is recognized that the time of delivery and how many push packs will be deployed to the state and/or NCR region is a federal decision. It is still essential to request an Estimated Time of Arrival (ETA) and idea of their allocations.
- 30.25 Warnings and alerts to key RSS personnel may be preceded before the actual approval for the request. Estimated times of arrival will be a major factor in when many activities will commence.



- 30.26 It will be the responsibility of the HEPRA to establish a unified command center at the Health Emergency Coordination Center (HECC).
- 30.27 The District PIO will begin activation of the Joint Information Center (JIC) in direct and constant coordination with the PHS PIO.
- 30.28 The DOH PIO will be in constant contact with the HECC and will coordinate all public health information through the HECC.
- 30.29 The District and DOH PIO will coordinate together the initial Public Service Announcements (PSAs) to be disseminated to the public via television, radio, newspaper, reverse 911 automatic dialing, the Health Action Alert Notification System (HAAN), the CRI brochure, handouts and flyers, the CRI instructional video from the HEPRA website, e-mail, and posted notices. The information included in these pre-planned announcements will include:
- What is CRI? Enough medication will be available for all residents.
 - Anthrax information / Importance of taking medication.
 - Driving restrictions (this would be coordinated through law enforcement agency PIOs).
 - Accessing delivery sites, including times and locations.
 - Hospitals and physicians offices and pharmacies will not be an option for Anthrax medication.
 - What to expect at QDCs: Non medical delivery model.
 - Information to bring to sites (allergy history, pregnancy status).
 - Medication instructions.
 - Screening criteria.
 - Household representative policy.
 - Special population issues.
 - Public Health hotline number for further information.
- 30.30 The HECC will initiate an information hotline, staffed by call center personnel and volunteers to respond to questions from the public.
- 30.31 After verification of SNS delivery, the District of Columbia Director of Health, in consultation with the mayor, Senior and Assistant Senior Deputies of HEPRA, will initiate HECC activation.
- 30.32 The HECC will notify the pre-designated RSS director and DOH staff assigned to the RSS.



- 30.33 The HECC will begin the process of notifying all QDC directors and alternates of QDC activation. This process could take some time and utilize several personnel to accomplish.
- 30.34 The HECC will notify District of Columbia Parks and Recreation of the QDC activation to allow them to get together resources for opening and setting up the centers.
- 30.35 The HECC will begin the process of utilizing city resources to recruit volunteers, if needed, for the staffing of QDCs. These resources could include but are not limited to:
- Emergency Healthcare Reserve Volunteer Corps
 - District Community Emergency Response Team (CERT)
 - District Election Volunteer resources
 - District Department of Fire Rescue Volunteer resources
 - District Parent, Student, Teacher Association resources
- 30.36 Law enforcement agencies will activate their (classified) SNS security plan and coordinate activities with all other agencies through the District EOC. Exceptions to the driving restrictions for RSS and QDC staff will be coordinated with law enforcement agencies.



Receipt, Transportation, and Storage of SNS Material,

40.00 The District of Columbia has an established Local Receipt, Staging, and Storage (RSS) plan. The RSS plan is included in the District SNS plan.

Quick Delivery Center (QDC) Operations

Purpose

50.00 To establish the setup, staffing, and operation of the Quick Delivery Center within the CRI command structure throughout the District of Columbia.

- Overview
- Setup
- Leadership
- Staffing
- Operations
- Communications
- Safety/Security

Assumptions

50.01 (same as in background section)

Responsibilities

50.02 The District of Columbia Department of Health:

- Will deploy, command, and operate all twenty QDCs throughout the city.
- Will provide announcements and generalized education to the citizens of the District on aspects of QDC and delivery operations.
- Will provide or recruit staffing for all QDCs.
- Will train QDC staff utilizing “Just-in-time” training.
- Will provide signage, office supplies, and forms for each QDC.
- Will coordinate SNS inventory delivery and restocking of QDC inventory.
- Will coordinate transportation of SNS inventory from the RSS to the QDCs in conjunction with DPW and DDOT

50.03 District of Columbia Dept. Of Parks and Recreation:



- Will provide facilities and furnishings for QDC operations.
- Will provide building management assistance in setting up QDCs.
- Will provide access to building intercom and announcement system if possible.
- Will provide communications resources for each QDC if possible:
 - Hard Line Phones
 - Verizon cellular phones
 - Fax Machine
- Will provide secure location for inventory storage.
- Will ensure optimum environmental conditions for QDC operations if possible.

50.04 Law Enforcement:

- Will provide quickly accessible law enforcement response to all QDCs by establishment of a sector operating and surveillance system.
- Will provide assistance as needed to get essential personnel to the QDCs and HECC.
- Will assist in traffic control and security as needed and as availability allows.

Procedures

Overview

50.05 QDC Deployment will be initiated by order of the D.C. Director of Health.

50.06 Multi-Agency Unified Command will set up at the City EOC.

50.07 Health Emergency Coordination Center (HECC) will be established within HEPRA of the District Health Department.

50.08 QDCs will be under the direction of the HECC.

50.09 In general, the HECC will:

- Monitor all operations, staffing and logistical issues for all QDCs throughout the city utilizing a phone bank and communications team that will be sufficient to accommodate the large volume of calls expected.
- Ensure that QDCs are adequately staffed and supplied throughout the entire incident.



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- Monitor SNS supply for the entire city throughout the incident.
 - Be aware of law enforcement responses to any QDCs security emergency.
 - Update the EOC and PIO throughout the incident.
 - Troubleshoot administrative and logistical issues that occur that cannot be rectified by the QDC staff.
- 50.10 QDC will open within 24 hours of the decision to initiate QDCs .
- 50.11 QDCs will all open simultaneously.
- 50.12 QDCs will remain open for 48 hours.
- Two 12-hour shifts per every 24-hours.
- 50.13 Site Directors (the only pre-assigned staff for QDCs) will be notified by HECC via Incident Command.
- 50.14 Initial QDC staff will be pulled from the personnel roles of the District Department of Health.
- If needed, Volunteers will be recruited through the resources of :
 - District of Columbia Community Emergency Response Team (CERT)
 - District of Columbia Election Volunteer resources
 - District of Columbia Department of Fire Rescue Volunteer resources
 - Any volunteers will report to the nearest QDC.
 - Recruiting from QDC participants will most likely be needed.
- 50.15 Other District government agencies may be directed to support the staffing or recruitment of QDC staff.
- The Mayor and agency heads may use a pre-scripted announcement provided by the HECC and DC EMA.
- 50.16 Each QDC will receive an equal percentage of the total city SNS inventory of indicated materials (33% reserve will be kept at city storage facility).
- Pre-printed Amoxicillin prescriptions will be stored and delivered with the SNS inventory.
 - SNS inventory will be delivered by DDOT & DPW vehicles from the RSS.
 - QDCs will be re-supplied as needed.
- 50.17 Public awareness announcements will be broadcasted for all city residents.
- QDC locations
 - Travel restrictions
 - QDC operations
 - Picking up medication for disabled family/neighbors



- Non-medical
 - Delivery only
 - No medical counseling available
- 50.18 Travel restrictions will be in place. All recipients will have to walk to the nearest QDC for medication.
- QDC staff will be exempt from driving restrictions en route to centers and returning home
 - Public transportation including Metro will be in service
- 50.19 QDC staff will be provided medication for their households.
- 50.20 The QDC Site Manager will ensure that all QDC staff receive sufficient breaks and if possible rotate to different positions to reduce fatigue and increase efficiency.
- Float staff will be cross- trained for all positions and will rotate into positions for breaks and as backup personnel.
- 50.21 One household representative may pick up medication for non-household individuals who might be unable to get to a QDC on their own.
- Medication requests from health care facilities or large group residences will be handled through the push operations of the RSS plan.
 - Large facilities will not be supplied from QDC inventory. The QDCs are designed for individual homes only.
- 50.22 Forms will all be in English, Spanish, Korean, Chinese, Amharic, and French
- Translators will be on-site to assist, to the extent possible:
 - Individuals speaking other prevalent languages
 - Vision impaired
 - Individuals with lower literacy levels.
- 50.23 Household representatives will be directed to follow along a pre-designed flow route through four different stations to receive all appropriate information and medication for all members of their household (and any other medication recipients they are representing). (See Flow Chart examples)
- Line-information packet pick up
 - Flow control
 - Medication delivery
 - Exit-information
- 50.24 No medical personnel will be available. All medical questions will be referred to the written information packet provided at the entrance to the delivery center.
- Any questions that cannot be answered by the provided information, must be referred to the recipient’s private physician or to the Public Health information phone line.



- 50.25 Household representatives will be asked questions by QDC staff pertaining to pregnancy, breastfeeding status, and drug allergies per a pre-designed algorithm.
- 50.26 Following the directions of the algorithm, the appropriate quantity and type of medication or pre-printed prescription will be provided to the household representative.
- Doxycycline will be the standard medication provided to all recipients with no drug allergies and who are not pregnant or breastfeeding.
 - If any other medication or prescription slips are provided to the household representative than the standard Doxycycline, the bottle and/or slip will be labeled specifically with the name of the intended recipient.
- 50.27 Safety and Security Considerations
- There will be an assigned Safety Security Team Leader.
 - If staffing allows it would be preferable to have a both a safety and a security leader position.
 - If a law enforcement or DCPS security officer is available, they would be utilized as the designated security leader.
 - All staff are to keep alert for any safety or security issues. And immediately alert the Safety/Security Leader of any issues.
 - If advised by the Site Director or Safety Security Leader, all staff are to immediately withdraw and meet at pre-designated location. Staff should not re-enter until notified by the Site Director.

Set up

- 50.28 The QDC Site Director will arrive at the Department of Parks and Recreation (DPR) Center location.
- 50.29 The QDC Site Manager will contact the DPR Site Director, or the DPR Liaison to unlock center, main office, health room, storage area and provide phone access .
- 50.30 The Site Director will access QDC kit, which will include:
- Signs
 - Colored tape (red and blue)
 - Incident command flow charts
 - QDC training packet
 - Office supplies
 - Job Descriptions
 - Vests (for designated site response staff)
 - Site Coordinator (Manager) – white
 - Safety Officer – Red
 - Other Site Management – blue (with title specified)
 - Operations Leader
 - Logistics Leader



- All other site personnel (designated responders) – orange
 - QDC forms (Information forms and pre-printed Amoxicillin prescriptions will arrive with medicine inventory)
 - Counting device
 - Set-up/shutdown check off sheets
- 50.31 The Site Manager will establish a command center within the delivery room that is highly visible and accessible.
- This command center will be staffed throughout the incident by the Site Manager or a member of the command team designated by the manager.
- 50.32 The Site Manager will identify and establish a “Breakaway” room that can be used as a private area for the Site Manager and a meeting place for command team members away from the delivery room.
- A good choice for this room would a private office within the main office area.
- 50.33 The Site Manager will access a hard line phone that will be accessible but not directly in the delivery room.
- 50.34 The Site Manager will, if possible, ensure that phone line is dedicated (does not go through the office phone).
- Ascertain phone number
- 50.35 The Site Director will Call the HECC (240-777-3038) and advise Communication Officer of hard line phone number and Nextel number and that they have arrived
- and have begun to setup.
- 50.36 With Building Services and available designated responders, begin to set up tables and chairs.
- The Site Director should not deviate from pre-designed flow plan
- 50.37 The Site Manager should ensure that there is enough space between tables for wheelchair access.
- 50.38 The Site Manager will appoint an Operations Leader, Logistics Leader, and Safety/Security Leader as volunteers arrive.
- They should be provided with job descriptions and a training packet to review.
- 50.39 As more volunteers arrive, the Operations Leader will assign positions and schedule breaks.



- 50.40 The Operations Leader should identify and note surplus staff and have them return to the QDC later for the second shift.
- 50.41 The Logistics Leader and Building Services staff should find a secure and accessible location for SNS inventory.
- 50.42 The Logistics Leader should install appropriate signage and apply colored tape to the floor to mark the flow patterns
- 50.43 The Site Manager should Advise Logistics Chief at the HECC when inventory has arrived.
- 50.44 The Logistics Leader should divide each separate medication inventory, as well as the pre-printed Amoxicillin prescriptions in four equal sections for inventory monitoring purposes, and then secure inventory until center opens.
- 50.45 The Site Director should await notification from Operations Chief at the HECC when QDC will open (all centers will open simultaneously).
- 50.46 One hour (or earlier) prior to QDC opening, the Site Director should provide “Just-in-Time” training for all staff.
- Each staff member should receive a standardized training packet as well as a job description. Training packet includes:
 - Orientation and introduction to QDC
 - QDC operations
 - Layout and flow patterns
 - Incident Command Structure (NIMS)
 - Job Description for all positions
 - Emergency procedures
 - After each staff member reviews their job description they should be instructed to review the other job descriptions.
 - Prior to opening the QDC all staff should walk through all the stations and orient themselves with all the job descriptions.
- 50.47 At the designated time, the Logistics Leader and Assistant should place inventory at delivery tables and open the QDC.

Operations

- 50.48 QDC Leadership:
- Site Director-Oversees all site operations.
 - Site Operations Leader- Oversees staffing, scheduling (see attached scheduling form), human resource issues and customer service issues.
 - Site Logistics Leader- Oversees and monitors medicine inventory (see attached inventory form), signage and supplies.
 - Site Safety/Security Leader-Monitors safety and security at center.



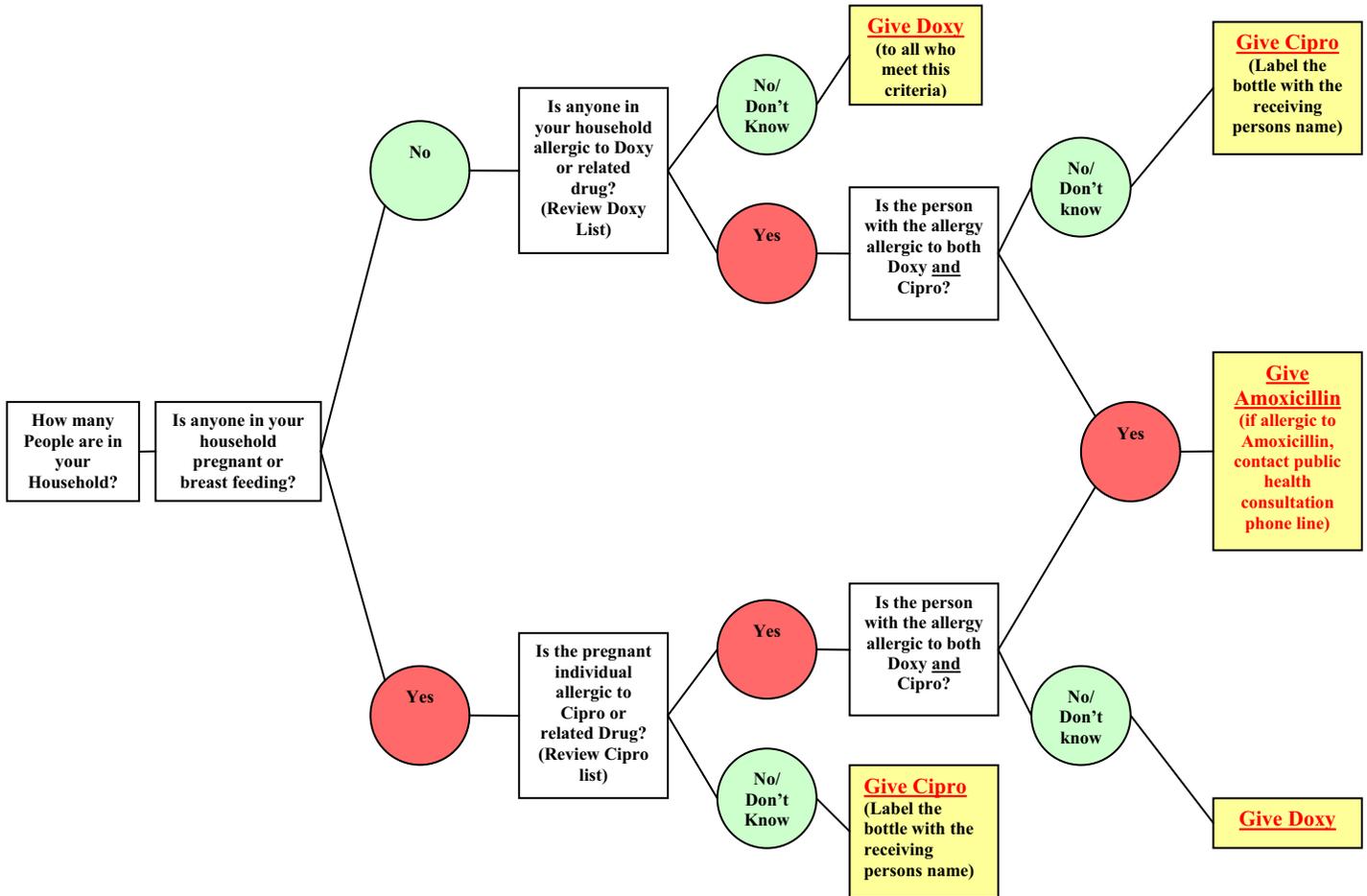
- Site Logistics Assistant-Assists Logistics Leader with restocking tables and supplies.

50.49 QDC Staff

- Line Worker-Greets household representatives and provides them with information packets (see attached forms).
- Flow Control-Directs individuals to delivery tables.
- Delivery Staff – Utilizing algorithm sheets, questions the household representatives, and ascertains and delivers the correct type and quantity of medication (or prescription) to be delivered to the household representatives,
- Also keeps track of table inventory (see attached table inventory form).
- Exit Staff- Directs individuals to exit and answers any non-medical questions about the information forms.
- Float Staff-Provides assistance and relief for all positions.



50.50 Medication Delivery Algorithm





50.51 Job Descriptions

QUICK DELIVERY CENTER (QDC)
JOB DESCRIPTION
SITE DIRECTOR

1. Serves as the Supervisor of the Site
 - a. Oversees site setup
 - b. Assigns people to leader roles
 - i. Operations Leader
 - ii. Logistics Leader
 - iii. Safety/Security Leader
 - c. Provides Just-In-Time training to all staff.
 - d. Communicates with The Health Emergency Coordination Center (HECC)
 - i. The Site Director the **only** staff member who is to communicate with the command post or 911(except for the designated Safety/Security leader in the case of a security emergency).
 - ii. Locates and designates a hard line phone that will be the primary communication link to the Command Center or 911.
 - iii. The school or rec center Nextel system phone will be an alternate communication link with the Command Center or 911.
 - iv. All 150 800 MHz radios will be the third communication link with the Command Center or 911.
 - e. Establishes a Command center within delivery room.
 - i. The Command center should be visible and accessible.
 - ii. The Command Center Should be staffed at all times by the Site Director or a member of the command team designated by the Site Director.
 - f. Identifies a “Breakaway “room for the Site Director to have meetings and confidential communications.
 - i. A good choice for this room would be a school health room, cafeteria office, or a private office within the main office area.
 - ii. This room would be the best location for the hard line phone to make outgoing calls.
2. Health Emergency Coordination Center Number: **(202) 671-0722**
3. Liaison to rec center or school personnel at the site.
4. Final authority on all site issues
5. Site setup
 - a. Oversees site setup with both Operations and Logistics Leaders (see check off sheet)
 - b. Do not deviate from pre-designed flow plan
 - c. Ensure that there is enough space between tables for wheelchair access.
6. Inventory control
 - a. With Logistics leader, set up secure location for medication inventory storage.
 - b. With Logistics leader, prepare site for receipt of medication inventory.
 - c. Receives hourly inventory report from the Logistics Leader.



- d. Reports inventory status for both medications to the Incident Logistics Chief at the Health Emergency Coordination Center at designated inventory levels (75%, 50%, and 25 % of inventory left).
- e. Report any other supply issues (forms, office supplies, etc) to the Logistics Chief at the Command Center.
7. Just-In-Time training
 - a. Assign and review roles
 - b. Provide and review staff handout information
 - c. Provide staff with vests and nametags
8. If necessary, with the Operations Leader, recruits volunteers from the household representatives to work in the QDC either immediately or during the next 12- hour shift.
9. Reports any staffing shortages or excessive surplus of personnel to the incident Operations Chief at the Health Emergency Coordination Center.
10. Rectify any safety issues brought up by the Safety/Security Leader.
11. If notified by Safety/Security Leader of a potential (non-threatening) security issue, notify the Operations Chief at the HECC for law enforcement assistance.
12. If notified by the designated Safety/Security Leader of a threatening situation, Immediately have all staff withdraw from the delivery center to a pre-designated meeting area (if possible, secure medical inventory prior to withdrawing).
 - a. Contact 911 via phone or 800 MHz radio from a safe location for immediate Law Enforcement response.
 - b. Notify Command post of situation when it is safe to do so.
13. If necessary utilizes the site’s public address system for informational or emergency announcements.
14. Advises household representatives to direct any non-medical questions to the exit staff.
 - a. If any medical questions are asked, remind the representatives that this is a delivery staff, not a medical staff and that any questions not answered in the information packet should be addressed to their private physician, local pharmacist, the Public Health Hotline (number on their instruction sheet), or they can wait for a media announcement for the opening of medical dispensing clinics throughout the county where their questions could be answered (advise them not to delay taking medicine waiting for information).
15. At the end of the 12-hour shift, transitions to (and if necessary trains) the new site director.
16. At conclusion of the 12-hour shift hold a quick debriefing for all staff.
 - a. What went well
 - b. What did not
 - c. Needed areas for improvement/suggestions
17. Provides “just-in-timetraining” to oncoming shift of workers.



QUICK DELIVERY CENTER (QDC)
JOB DESCRIPTION
SITE OPERATIONS LEADER

1. Designated by the Site Director
2. Reports directly to the Site Director.
3. Oversees staffing, customer service, and line flow issues
4. Site setup:
 - a. Set up and assign staff to Line Worker area.
 - b. Sets up and assign staff to Flow Control position
 - c. Sets up and assign staff to Medication Delivery stations.
 - d. Sets up and assign staff to Exit position.
 - e. Sets up and assign staff to Float positions.
5. Assures that all positions within the QDC are filled consistently
6. Assigns relief for all site personnel for breaks and meals.
 - a. Reassigns work locations as needed for equal work distribution.
7. If necessary, with the Site Director, recruits volunteers from the household representatives to work in the Delivery Center, either immediately, or during the next 12-hour shift.
 - a. Directs extra staffing to leave and return for second shift
8. Directs any non medical questions to the Exit Staff.
 - a. If any medical questions are asked, remind the representatives that this is a delivery staff, not a medical staff and that any questions not answered in the information packet should be addressed to their private physician, local pharmacist, the Public Health Hotline (number on their instruction sheet), or they can wait for a media announcement for the opening of medical dispensing clinics throughout the county where their questions could be answered (advise them not to delay taking medicine waiting for information).
9. Deals with all non threatening customer service issues.
10. Deals with all site human resource issues.
11. Keeps alert for any security issues. Immediately alerts Safety/Security Leader of any issues.
12. If any unsafe conditions exist, **immediately withdraw. Do not re-enter until notified by the Site Manager.**
13. At the end of the 12-hour shift, transitions to, and Provides “just-in-time training” to the oncoming Operations Leader.



**QUICK DELIVERY CENTER (QDC)
JOB DESCRIPTION
SITE LOGISTICS LEADER**

1. Designated by the Site Manager.
2. Reports directly to the Site Manager.
3. Oversees all inventory and supply management at the site.
4. Site setup
 - a. Sets up secure location for medication inventory storage.
 - b. Applies appropriate signage for facility
 - c. Prepare site for receipt of medication inventory.
 - d. Accesses and secures QDC forms and packets for easy accessibility.
 - i. Medication algorithms
 - ii. Handouts (see attached)
 1. Summary of Instructions (Spanish and English)
 2. Doxy info (Spanish and English)
 3. Cipro info (Spanish and English)
 4. Notice to Parents (Spanish and English)
 5. Doxy for infants and children (Spanish and English)
 6. Anthrax information Sheet
5. Monitors and notifies Site Manager of any supply issues (forms, office supplies, signs etc.)
6. Ensures screening forms and information packet supplies are restocked at those positions.
7. Inventory control
 - a. Divides all medication and prescription inventory into 4 equal sections for inventory monitoring.
 - b. Constantly monitors all tables for inventory level and restocks each table with appropriate medical supply when that inventory is low.
 - c. Monitors table inventory, utilizing Table Inventory Control Forms for each table (see attached).
 - d. Collects all table inventory forms.
 - e. Reports inventory status of both medications and Amoxicillin prescriptions to Site Director at designated inventory levels (25%, 50%, and 75 % of entire inventory dispensed).
 - f. On delivery of new restock supply, entire inventory should again be divided into four equal sections for continuing inventory
 - g. monitoring.



8. Keeps alert for any security issues. Immediately alerts Safety/Security Leader of any issues.
9. If any unsafe conditions exist, **immediately withdraw. Do not re-enter until notified by the Site Manager.**
10. Advises household representatives to direct any non medical questions to the exit staff.
 - a. If any medical questions are asked, remind the representatives that this is a delivery staff, not a medical staff and that any questions not answered in the information packet should be addressed to their private physician, local pharmacist, the Public Health Hotline (number on their instruction sheet), or they can wait for a media announcement for the opening of medical dispensing clinics throughout the county where their questions could be answered (advise them not to delay taking medicine waiting for information).
11. At the end of the 12-hour shift, transitions to and provides “just-in-time training” to oncoming Logistics leader.



QUICK DELIVERY CENTER (QDC)
JOB DESCRIPTION
SITE SAFETY/SECURITY LEADER

1. Designated by the Site Manager.
2. Reports directly to the Site Manager.
3. Oversees safety and security independently or in addition to regularly assigned duties.
4. Will be assigned as a separate position.
5. Constantly monitors entire location for safety and security issues.
6. Maintains access to communication links for emergency notifications.
 - a. The Site Manager the **only** staff member who is to communicate with the command post or 911 (except for the designated Safety/Security leader in the case of a security emergency).
 - b. The health room or office phone will be the primary communication link to the Command Center or 911.
 - c. The site's or school's Nextel system phone will be an alternate communication link with the Command Center or 911.
 - d. An 800 MHz radios (provided with inventory) will be the third communication link with the Command Center or 911 (see attached instruction form).
7. Health Emergency Coordination Center number: **(202) 671-0722.**
8. Notifies Site Manager of safety or security issues, or if unable to immediately contact Site Manager has the authority to call 911 and initiate an immediate evacuation of QDC.
9. Advises household representatives to direct any non medical questions to the exit staff.
 - a. If any medical questions are asked, remind the representatives that this is a delivery staff, not a medical staff and that any questions not answered in the information packet should be addressed to their private physician, local pharmacist, the Public Health Hotline (number on their instruction sheet), or they can wait for a media announcement for the opening of medical dispensing clinics throughout the county where their questions could be answered (advise them not to delay taking medicine waiting for information).



QUICK DELIVERY CENTER (QDC)
JOB DESCRIPTION
LOGISTICS ASSISTANT

1. Reports to the site Logistics Leader.
2. With the Logistics Team Leader, ensure that delivery station has adequate supplies of medication, Amoxicillin prescriptions and station-specific supplies
3. Re-stocks delivery tables from the inventory storage area.
 - a. Medications and prescriptions should only be removed from one of the 4 separate divided inventory sections at a time, so as to enable inventory monitoring.
4. Keeps alert for any security issues. Immediately alerts Safety/Security Leader of any issues.
5. Assists in replacing center staff for breaks.
6. If any unsafe conditions exist, **immediately withdraw. Do not re-enter until notified by the Site Supervisor**
7. Advises household representatives to direct any non medical questions to the exit staff.
 - a. If any medical questions are asked, remind the representatives that this is a delivery staff, not a medical staff and that any questions not answered in the information packet should be addressed to their private physician, local pharmacist, the Public Health Hotline (number on their instruction sheet), or they can wait for a media announcement for the opening of medical dispensing clinics throughout the city where their questions could be answered (advise them not to delay taking medicine waiting for information).



QUICK DELIVERY CENTER (QDC)
JOB DESCRIPTION
LINE WORKER

1. Reports to the Site Operations Leader
2. Initial contact for household representatives standing in line.
3. Determines if any individuals have special needs.
 - a. Individuals with special needs are taken to chairs and table set aside outside dispensing area.
 - b. If necessary, medications can be retrieved for special needs individuals by line workers or float staff utilizing medication algorithm forms.
4. Provides household representatives with the medication information packet.
5. Notifies Logistics leader when form supply is running low for reception area.
6. Keeps alert for any security issues. Immediately alert Safety/Security Leader of any issues.
7. If any unsafe conditions exist, **immediately withdraw. Do not re-enter until notified by the Site Manager.**
8. Advises household representatives to direct any non medical questions to the exit staff.
 - a. If any medical questions are asked, remind the representatives that this is a delivery staff, not a medical staff and that any questions not answered in the information packet should be addressed to their private physician, local pharmacist, the Public Health Hotline (number on their instruction sheet), or they can wait for a media announcement for the opening of medical dispensing clinics throughout the county where their questions could be answered (advise them not to delay taking medicine waiting for information).
10. Directs all individuals to the Flow Control position.



QUICK DELIVERY CENTER (QDC)
JOB DESCRIPTION
FLOW CONTROL

1. Reports to the Site Operations Leader
2. Receives individuals from Line Workers and directs them to appropriate delivery tables
3. Keeps a count of how many household representatives are entering (i.e., how many households do not include children or other individuals accompanying the representative).
4. Monitors all tables to keep waiting lines at each table consistent
5. Ensures that no waiting lines at any table exceeds four household representatives
6. Keeps alert for any security issues. Immediately alerts Safety/Security Leader of any issues.
7. If any unsafe conditions exist, **immediately withdraw. Do not re-enter until notified by the Site Manager.**
8. Advises household representatives to direct any non medical questions to the exit staff.
9. If any medical questions are asked, remind the representatives that this is a delivery staff, not a medical staff and that any questions not answered in the information packet should be addressed to their private physician, local pharmacist, the Public Health Hotline (number on their instruction sheet), or they can wait for a media announcement for the opening of medical dispensing clinics throughout the county where their questions could be answered (advise them not to delay taking medicine waiting for information).



QUICK DELIVERY CENTER (QDC)
JOB DESCRIPTION
MEDICATION DELIVERY STAFF

1. Reports to the Operations Team Leader
2. Ascertains the correct type and quantity of medications or Amoxicillin prescriptions by questioning the household representative utilizing the medication algorithm.
3. Provides medication to household representative exactly according to the medication algorithm
4. Provides household representative the with correct amount of medication or prescription according to the medication algorithm
 - a. Doxycycline and/or Cipro and/or Amoxicillin prescription.
 - b. Labels all Cipro bottles and Amoxicillin prescriptions with the name of the person to take them.
 - i. Doxycycline bottles need not be labeled.
 - c. Advises individuals that medication information including dosage and pediatric preparation are in the information packet provided by the line workers.
 - d. Places medications in the provided bag
5. Utilizes table inventory control sheet (see attached) to record inventory used.
6. Notifies Logistics Leader or Logistics Assistant when medication or prescription supply is running low (below 25%)
7. All operational issues referred to Form Reviewer (Table Leader) at the delivery table.
8. Keeps alert for any security issues. Immediately alerts Safety/Security Leader of any issues.
9. If any unsafe conditions exist, **immediately withdraw. Do not re-enter until notified by the Site Manager.**
10. Advises household representatives to direct any non medical questions to the exit staff.
 - a. If any medical questions are asked, remind the representatives that this is a delivery staff, not a medical staff and that any questions not answered in the information packet should be addressed to their private physician, local pharmacist, the Public Health Hotline (number on their instruction sheet), or they can wait for a media announcement for the opening of medical dispensing clinics throughout the city where their questions could be answered (advise them not to delay taking medicine waiting for information).
11. Directs all individuals to the exit position.



QUICK DELIVERY CENTER (QDC)
JOB DESCRIPTION
EXIT STAFF

1. Reports to the Site Operations Leader
2. Directs all individuals to the exit when they are finished at the delivery tables.
 - a. Ensures that individuals do not try to exit from the wrong door or remain in the delivery center.
3. Advises household representatives if questions are asked, that all pertinent information is in the information packet and to please read thoroughly.
 - a. Answers any questions household representatives have about the information forms.
 - b. If any medical questions are asked, remind the representatives that this is a delivery staff, not a medical staff and that any questions not answered in the information packet should be addressed to their private physician, local pharmacist, the Public Health Hotline (number on their instruction sheet), or they can wait for a media announcement for the opening of medical dispensing clinics throughout the county where their questions could be answered (advise them not to delay taking medicine waiting for information).
4. Keeps alert for any security issues. Immediately alerts the Safety/Security Leader of any issues.
5. If any unsafe conditions exist, **immediately withdraw. Do not re-enter until notified by the Site Manager.**
6. Ensures that no individual enters via the QDC exit door.



QUICK DELIVERY CENTER (QDC)
JOB DESCRIPTION
FLOAT STAFF

1. Reports to the Site Operations Leader
2. Familiarizes themselves with all job descriptions within the QDC.
3. Provides backup for all positions.
4. Provides Relief at all positions for breaks at the direction of the Operations Leader.
5. Keeps alert for any security issues. Immediately alerts the Safety/Security Leader of any issues.
6. If any unsafe conditions exist, **immediately withdraw. Do not re-enter until notified by the Site Manager.**



50.52 <Reference NCR QDC Matrix>



50.53 HEAD OF HOUSEHOLD, SPECIAL NEEDS, UNACCOMPANIED
MINORS DISPENSING GUIDANCE [DRAFT 07-07-04]

The purpose of this guidance is to create a standard for the dispensing of prophylactic medications to a “Head of Household,” “Special Needs Person” or “Unaccompanied Minor.” Through this standard, adults, with appropriate identification and documentation can pick up medications for members of their household and/or for Special Needs individuals who are physically unable to report to public dispensing sites. Specific guidance is also provided for the issuance of prophylactic medications to an Unaccompanied Minor.

It must be emphasized that these guidelines may be waived at the discretion of the Health Commissioner/designee or Health Director. For example, if an event occurs such that failure to dispense in a timely manner will result in injury or death (i.e., as many people as possible need to be prophylaxed in the shortest time possible), only a minimum of patient demographic and medical information will be collected.

For the purposes of this document:

- A Head of Household is defined as an adult who reports to a dispensing site to receive prophylactic medications for other individuals residing in the same dwelling, including Special Needs individuals residing in that dwelling.
- A Household Member is defined as any person residing in the same dwelling as the Head of Household regardless of legal recognition of that relationship.
- A Special Needs Custodian is an individual who reports to a dispensing site to receive prophylactic medications for Special Needs individuals (e.g., elderly, infirmed, incapacitated) who do not reside with the Custodian and who are unable to report to a dispensing site.
- A Special Needs individual is defined as:
 - Any person (relative, neighbor, etc.) who is unable to report to a dispensing site due to disability, and who provides a Special Needs Custodian with identifying documentation (e.g., Medicare Card, utility bill indicating name and address, etc.) necessary to collect medications on his/her behalf.
 - A resident of a nursing home, extended care facility or home health care agency patient for whom a facility representative may pick up medications.
- An Unaccompanied Minor is defined as an individual under the age of 18 who reports to a dispensing site to receive prophylactic medications without a parent or legal guardian.

If an emergency occurs requiring the mass dispensing of medications to the public, the Local Health Department will establish a dispensing site from which antidotes or antibiotics can be administered. Individuals should pay close attention to emergency public information and carefully follow the instructions. The name, location and hours of operations for the dispensing activity will be announced using this process. Persons that have no risk of exposure will be asked not to report to clinics but to stay at home.



Dispensing to Head of Household and Special Needs Custodian:

One adult representative from each household can receive medications for the entire household. An adult may also serve as a Special Needs Custodian and receive medications for a Special Needs individual(s).

After providing his/her proof of identification (via picture ID such as a Military ID, Driver’s License, or Medicaid card), the Head of Household or Special Needs Custodian will be requested to provide the following information on each person for whom medications are to be issued:

- 1) Personal information including name, address, birth date, age, weight, telephone numbers.
- 2) Medical history including primary care physician information, immunization records, current medications, allergies, disease and dietary information.
- 3) Respond to questions regarding general medical history and background for all those individuals for whom he/she is collecting medications, to the best of their ability.
- 4) When collecting medication for a non-household Special Needs Person(s), a form of identifying documentation (e.g., utility bill with name and address or some other identification providing name and associated address) specific to that individual.
- 5) The adult picking up medications for another individual will be required to sign an Informed Consent statement such as the following:

“I am picking up medications for myself, others that live in my household, and/or someone who is unable to pick up their own medications. **None of the persons listed will request the same medications at other sites.** I am seeking medication in accordance with current guidelines from the Centers for Disease Control and Prevention (CDC) and the Virginia Department of Health. I have received information about the disease and medication. **I agree to take medications as prescribed and to provide medications and instructions to the above named individuals for whom I am authorized to sign.**”

Dispensing to a Special Needs Facility/Institution Agent:

Patient care facilities and services (e.g., Nursing Homes, Home Care Agencies) may make arrangements with the Local Health Department to pick up medications for their clients outside of the normal dispensing site flow. This option, if used, should be pre-arranged between facility management and the Local Health Department to the furthest extent possible. Through this mechanism, an authorized representative of that facility/agency can provide the Local Health Department with a client list so that medications needed to accommodate the facility or client population can be prepared and issued. The representative picking up medications will be expected to provide written authorization to do so by the facility management, a picture ID indicating affiliation with that facility, and will need to sign for receipt of dispensed medications.

Alternatively, patient care facilities and services should also be able to pick up medications for their clients at the Dispensing Site, once staffed and operational. Consideration should be given to establishing a Special Needs dispensing area within the dispensing facility, with scheduled pick-up times arranged for each institution. The representative picking up medications will be expected to provide written authorization to do so by the facility management, the number of clients served, a picture ID indicating affiliation with that facility, and will need to sign for receipt of dispensed medications.



Dispensing to Unaccompanied Minors:

In the event an unaccompanied minor reports to a dispensing site, the following guidelines apply:

1. Emancipated minors may consent to medical treatment per Va. Code § 16.1-334 which states, “An order that a minor is emancipated shall have the following effects:
 1. The minor may consent to medical, dental, or psychiatric care, without parental consent, knowledge, or liability.”
2. Minors who are married may consent to medical treatment. Virginia Code § 54.1-2969 addresses consent for medical treatment of minors and states, “F. Except for the purposes of sexual sterilization, any minor who is or has been married shall be deemed an adult for the purpose of giving consent to surgical and medical treatment.
3. Generally, any other Unaccompanied Minor(s) may receive medications without the consent of a parent/guardian as provided per Virginia Code § 54.1-2969 (excerpts below). However, the Health Commissioner/designee or Health Director should issue a specific event-based determination where failure to dispense to minors will result in a risk to their health and safety.
 - § 54.1-2969.C: Whenever delay in providing medical or surgical treatment to a minor may adversely affect such minor's recovery and no person authorized in this section to consent to such treatment for such minor is available within a reasonable time under the circumstances, no liability shall be imposed upon qualified emergency medical services personnel as defined in § 32.1-111.1 at the scene of an accident, fire or other emergency, a licensed health professional, or a licensed hospital by reason of lack of consent to such medical or surgical treatment. **However, in the case of a minor fourteen years of age or older who is physically capable of giving consent, such consent shall be obtained first.**
 - § 54.1-2969.E: A minor shall be deemed an adult for the purpose of consenting to:
 1. Medical or health services needed to determine the presence of or to treat venereal disease or any infectious or contagious disease that the State Board of Health requires to be reported.
4. Minors may not obtain medications or provide consent for any other person with the exception of his/her spouse or children (should those circumstances apply).
5. Collect as much personal demographic information and medical history as possible.



Cities Readiness Initiative Plan

Post Incident Operations

Incident Termination

Purpose

60.00 To establish the procedure for QDC shutdown, and HECC transition to Point of Dispensing (POD) operations.

Assumptions

60.01 All city residents have received initial SNS delivery through the QDC system.

Responsibilities

60.02 District of Columbia Department of Health

- Coordinate QDC shutdown throughout the city.
- Will provide announcements and education to the city citizens on all aspects of transition from QDC to P.O.D. operations.
- Will provide return all QDC forms and materials to original package and secure back to health room
- Will assist DCPS Building Management in center breakdown.
- Will provide debriefing and evaluation tools for QDC staff to provide input into future operations.
- Will secure left over SNS inventory delivery until pick up by RSS staffing.
- Will coordinate RSS pick up and transfer of SNS inventory either back to RSS warehouse, or to P.O.D. locations specified in P.O.D. Plan.

60.03 District of Columbia Department of Parks and Recreation:

- Will return facilities and furnishings back to normal status.
- Will provide building management assistance if possible, in breaking down the center.
- Will provide secure location for left over inventory storage until picked up by RSS staff
- Will ensure optimum environmental conditions for QDC operations.
- Will assist in traffic control and security utilizing DCPS security staff.



60.04 Law Enforcement (MPD & PSD):

- Will provide quickly accessible law enforcement response to all QDCs by establishment of a sector operating and surveillance system.
- Will provide assistance as needed to get essential personnel to the QDCs and HECC.
- Will assist in traffic control and security as needed and as availability allows.

Procedures

60.05 At the direction of the Director of Health, all QDCs throughout the city will be shut down simultaneously at a designated time.

- All Site Managers will be notified by the HECC as to the designated time.
- All Site Managers will be advised of a date and time for incident debriefing.

60.06 City and HECC PIOs will coordinate public service announcements as to QDC shutdown and transition to P.O.D. operations.

60.07 At the designated time QDC shutdown will commence, allowing those in queue for delivery to still receive their medication.

60.08 All QDC Site Managers will secure left over SNS inventory, and identify DPR staff to be responsible for secured inventory until picked up by RSS staff.

60.09 All QDC Site Directors will hold a debriefing with all staff.

- Observations on QDC Operation.
- What was successful?
- What needs improvement?

60.10 All QDC staff should assist DPR building management staff in breaking down QDC facilities and furnishings.

60.11 QDC Site Director should return all QDC materials to QDC kit box and return to secured location in health room.



Cities Readiness Initiative – Pre and Post Incident Operations Plan



- All completed QDC forms should be left with SNS inventory for later pickup.
 - If used, DPR Verizon phone should be returned to main office.
 - All 800 MHz radios and hand held short range radios should be left with SNS inventory for later pickup.
- 60.12 QDC Site Manager should contact the HECC and advise Operations Chief that QDC is shut down, and staff is vacating.
- Advise Logistics Chief of ending inventory amount for Cipro, Doxy, and Amoxicillin prescriptions.
- 60.13 HECC Commander and City Health Officer will coordinate HECC transition to P.O.D. operations.
- HECC Commander will advise HECC staff as to Command Center changes P.O.D. operations.
 - HECC QDC Debriefing held by Planning Officer.
 - Coordinate RSS pickup of inventory, forms and 800 MHz radios.
 - Coordinate return of inventory to RSS, or redistribution to P.O.D.s.
 - Coordinate pick up and filing of all QDC staffing and inventory forms from RSS.
- 60.14 Specific actions for HECC transition from QDC to POD system is incorporated in the HECC and DC SNS Operations Plans.



Appendix

- Recipient information Forms:
 - Medical Screening Algorithm (Spanish and English)
 - Related drug form
 - Summary of Instructions (Spanish and English)
 - Doxy info (Spanish and English)
 - Cipro info (Spanish and English)
 - Notice to Parents (Spanish and English)
 - Doxy for infants and children (Spanish and English)
 - Anthrax Information Sheet (Spanish and English)

- QDC Forms:
 - Set up check list
 - Shut down check off list
 - Position check off sheets
 - Table Inventory Control Forms
 - Exercise Information Form
 - Exercise Participant Evaluation
 - Exercise Evaluators form

- QDC Site Manager Training Presentation (Power Point Handout)

- QDC staff “Just-in-Time” Training Packet.

- Department of Health Emergency Notification Phone List.



Annexes – Supporting Plans

- District of Columbia – District Response Plan
- District of Columbia – DOH Health and Medical Emergency Operations Plan (2007)
- District of Columbia – Department of Health Strategic Plan (2007)
- District of Columbia – Strategic National Stockpile Plan (2007)
 - DC SNS Update - Executive Summary (2006)
- CRI Specific Annexes
 - Risk Communication Preparedness and Planning Template for Response to an Aerosolized Anthrax Attack
 - Special Needs Annex Addendum Risk Communication for People with Disabilities During an Anthrax Event
 - Public Messaging Templates
 - Sheltered-In Populations Delivery Template
 - Special Needs Annex Template
 - Special Needs Recommendations on the NCR CRI Plan, Pilot Study and National Planning Scenario and Next Steps
 - Outreach and Training
 - CRI Tabletop Exercise AAR

District of Columbia Department of Health
Health Emergency Preparedness and Response Administration

**CRI – Biopack Protocol Development
Scope of Work**

C.1 SCOPE

The Government of the District of Columbia, Department of Health (DOH), Health Emergency Preparedness and Response Administration (HEPRA) is seeking a contractor with technical knowledge in the field of public health emergency preparedness and mass prophylaxis to develop operational protocols and collect initial roll-out data for the District’s Cities Readiness Initiative (CRI) program to pre-position and dispense medications for designated critical responders (Biopack program). A CRI response requires 100% of the regions population to be provided prophylaxis in 48 hours. Due to this scope, the use of non-traditional methods of dispensing, and the current status of existing resources; operational procedures and protocols must be developed that are thorough, concise, and consistent.

The period of performance shall be from date of award through August 9, 2008.

C.1.1 Applicable Documents

<i>Type</i>	<i>Title</i>	<i>Date</i>	<i>Location</i>
Guidance	Public Health Emergency Preparedness Cooperative Agreement	September 2007	Centers for Disease Control and Prevention
Plan	DOH Cities Readiness Initiative Operations Plan	May 2007	attached

C.1.2 Definitions

- Biopack District program to pre-position antibiotic prophylaxis with specific groups of critical responders.

- CDC Centers for Disease Control and Prevention Agency charged with managing the Strategic National Stockpile.

- CRI Cities Readiness Initiative, component of SNS program that focuses on response to a widespread aerial release of anthrax. Requires prophylaxis of 100% population within 48 hours of decision to do so. Response coordinated with National Capital Region.

- DOH District of Columbia Department of Health.

HEPRA	Health Emergency Preparedness & Response Administration; DOH. Located at 64 New York Ave, NE; Washington, DC 20003
POD	Point of Dispensing Center, a medically staffed Medication Center run by DOH which provides emergency distribution of prophylactic medications and vaccines.
QDC	Quick Delivery Center, a non-medically staffed Medication Center run by DOH which provides emergency distribution of prophylactic medications. QDCs are designed for short term delivery to a high or full percentage of the population.
SDL	Site Distribution Leader; individual responsible for BioPack management and oversight of distribution at each critical responder pre-positioning site.
SNS	Strategic National Stockpile. Federal, State, and local programs that utilize a repository of medications and medical supplies for use during a public health emergency.

C.2 BACKGROUND

The mission of the Health Emergency Preparedness and Response Administration (HEPRA) is to coordinate the delivery of emergency medical services and trauma care to residents, workers, and visitors in the District of Columbia. HEPRA assists in the District's planned response to emergency health and medical crises through planning, preparedness, training, and operational programs. The Administration's responsibilities also include emergency planning, training for emergency response, and operation of Department of Health Medical Command Posts during citywide emergencies.

CDC's Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack, flu outbreak, and earthquake) severe enough to cause local supplies to run out. Once Federal and local authorities agree that the SNS is needed, materials will be delivered to any state in the U.S. within 12 hours. Each state must have plans to receive and distribute SNS materials to local communities as quickly as possible.

Under the Cities Readiness Initiative (CRI), the DOH and the National Capital Region is preparing to distribute medications to 100% of the region's population within 48 hours. Following a CRI event, DOH has planned for 40 medication centers to open for the first 24 hours. Household representatives will be directed to walk to centers and pick up medications for their households. Medications will also be "pushed" out to sheltered-in populations who either have restrictions on movement or are critical personnel.

The DC Biopack program will pre-position antibiotic prophylaxis with specific critical responder groups. Initially, protocols, planning logistics, and inter-agency agreements must be developed to support roll out.

The DOH has developed a base SNS plan, which includes sections on mass vaccination and mass antibiotic distribution responses. The DOH has developed a draft operational

plan to describe a District-wide response to CRI. Concise and detailed operational protocols, reflective of existing plans, resources, and agreements, are necessary to facilitate a timely response.

C.3 REQUIREMENTS

The contractor's application shall demonstrate that project personnel have extensive experience in and technical knowledge of each of the following: Public Health emergency response, the Strategic National Stockpile program, the Cities Readiness Initiative program, and operational protocol development.

The contractor shall be available to attend meetings in-person at DOH HEPRA's offices or other DC critical responder agencies as necessary to develop Biopack planning and collect baseline data.

Operational protocols shall be aligned with DOH Plans, including DOH SNS Plan, DOH CRI Plan, and DOH Health and Medical Emergency Operations Plan. Protocols must also be consistent with District Response Plan, National Response Framework, and the National Incident Management System.

C.3.1 Develop Biopack Plans and Procedures

Antibiotics (doxycycline and ciprofloxacin) and secure cases have been procured to pre-position prophylaxis at critical responder facilities for quick availability during a large scale bio-event. The contractor shall develop plans to: enable placement, ensure reliability, support deployment during event, and recovery post event.

Within one week of award, the COTR will host a kickoff meeting to supply any additional restricted dissemination documents and any updates to documents and to discuss specific deliverables.

C.3.1.1 The contractor shall be in attendance at a briefing meeting held no later than thirty days from the date of contract award to receive the existing materials, including guidances, plans, and priorities.

C.3.1.2 Develop draft of Biopack procedures and protocols and collect and document baseline information for COTR review. Brief COTR on all drafts and receive feedback. Protocols shall include:

C.3.1.2.1 Determine program implementation phases for District critical responders;

C.3.1.2.2 DOH/HEPRA program rollout and maintenance activities (site review, communication testing, etc);

C.3.1.2.3 Receiving localities planning, storage and maintenance requirements;

- C.3.1.2.4 Event distribution protocols inclusive of: any modifications to existing CRI antibiotic distribution materials; dispensing model for shift emergency workers; consent procedures; standing medical orders and allowable dispensers; resupply and household distribution;
 - C.3.1.2.5 Post event notification procedures with emphasis on: security, sustainability, timeliness, redundant capabilities, and limited burden upon staff resources during an event;
 - C.3.1.2.6 Documentation of baseline data, with direction from DOH and critical responder agency leadership, of all phase one (MPD, F/EMS, HSEMA, PSD, and DOH/HEPRA) sites, their Site Distribution Leaders (SDLs) and backups, storage locations within each site, and their site's 24/7 notification information;
 - C.3.1.2.7 Stand down and recovery procedures
 - C.3.1.2.8 Powerpoint briefing reviewing all procedures and protocols to be used for training of SDLs;
 - C.3.1.2.9 All forms and documents necessary to operationalize program and complete C.3.1.2.1 through C.3.1.2.8.
- C.3.1.3 Develop final BioPack protocols based on feedback provided from HEPRA.
- C.3.1.4 Provide a written report evaluating the project, including coverage of key planning elements and ability to pre-position Biopacks; and recommended tasks to improve or sustain the DC Biopack program.

CLIN	Deliverable	Quantity	Format and Method of Delivery	Due Date
C.3.1.1	Receive briefing on existing guidances, plans, materials, and priorities related to BioPack program.	1	Attendance of principal members of project team in DOH briefing	No later than 30 days after contract awarded
C.3.1.2	Provide draft BioPack protocols and begin collecting baseline information	1 Electronic copy 6 hard copies	Monthly briefings with COTR on progress and draft protocols, held at DOH. Electronic copies in a Microsoft Word 2003 file, unprotected, free of grammatical and spelling errors, and follow a standard consistent format. Data may be submitted in Microsoft Excel 2003 electronic copy.	Monthly, final drafts no later than July 1, 2008

C.3.1.3	Provide final BioPack Protocols and baseline data collection, following feedback from COTR. Documents should include all items described in C.3.1.2.1 to C.3.1.2.9	1 Electronic copy 3 hard copies	Electronic copies in a Microsoft Word 2003 file, unprotected, free of grammatical and spelling errors, and follow a standard consistent format. Data may be submitted in Microsoft Excel 2003 electronic copy. All proprietary rights of produced materials shall rest in DOH.	No later than August 1, 2008
C.3.1.4	Written Evaluation Report	1 Electronic copy 3 hard copies	Electronic copies in a Microsoft Word 2003 file, unprotected, free of grammatical and spelling errors, and follow a standard consistent format.	15 days after completion of C.3.1.3, but no later than August 9, 2008

C.4 Contracting Officer's Technical Representative (COTR)

The Contracting Officer's Technical Representative (COTR) for this project will be:

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