

Medical Countermeasures (MCM) & Strategic National Stockpile (SNS) Plan

State Emergency Operations Plan
Annex K 1.7 - Volume I

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Missouri State Emergency Management Agency
Sebastian Gely, MCM/SNS Program Manager
Jessica Sexton, MCM/SNS Planner




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PROMULGATION PAGE

The Missouri Medical Countermeasures (MCM)/Strategic National Stockpile (SNS) Program is managed by the Missouri State Emergency Management Agency (SEMA) within the Department of Public Safety (DPS). Funding for the program comes from the Public Health Emergency Preparedness (PHEP) Cooperative Agreement, administered through Missouri's Department of Health and Senior Services (DHSS).

Working directly with the Centers for Disease Control and Prevention (CDC), US Department of Health and Human Services (HHS), Federal Emergency Management Agency (FEMA), and Missouri's DHSS, and SEMA, the MCM/SNS program would respond to a Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) event when the medical countermeasure resources required in order to respond to the event exceed, or are projected to exceed resources that are available on a local, regional, or statewide basis. The MCM/SNS program exists to assist state agencies, local public health agencies (LPHAs), organizations, hospitals, and communities to respond to the public health and medical consequences of terrorist attacks, emerging infectious diseases, natural disasters, and technological events.

The Missouri MCM SNS Plan is reviewed and revised continuously by MCM/SNS program staff to maintain relevancy and consistency with changing requirements, emerging technology and results from training, exercises and improvement plans. The plan is also reviewed and a new promulgation page signed by the DHSS PHEP Director, or their designee, at least every two years.



DHSS Representative

Paula F. Nickelson

Printed Name

Director, Dept. Health & Senior Services

Title

9/27/2022

Date



SEMA Representative

James Remillard

Printed Name



Title

9.26.2022

Date



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INTRODUCTION

MISSOURI'S MEDICAL COUNTERMEASURES (MCM) & STRATEGIC NATIONAL STOCKPILE (SNS) PROGRAM

A. PURPOSE

Missouri's Medical Countermeasure (MCM)/Strategic National Stockpile (MCM/SNS) Program provides life-saving pharmaceuticals and medical supplies to Missouri's residents and visitors during a Chemical, Biological, Radiological, Nuclear, and/or Explosives (CBRNE) event when the needed medical resources to respond exceed, or are projected to exceed, those currently available on a local, regional, or statewide basis.

The Missouri MCM/SNS Program is managed by the Missouri State Emergency Management Agency (SEMA) within the Department of Public Safety (DPS), in coordination with the Missouri Department of Health and Senior Services (DHSS). The MCM/SNS program assists State agencies, local public health agencies (LPHAs), organizations, hospitals, and communities to respond to the public health and medical consequences of terrorist attacks, emerging infectious diseases, natural disasters, and technological events. Missouri MCM/SNS Program staff work directly with the Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS), Federal Emergency Management Agency (FEMA), and DHSS.

The Missouri State Hazard Mitigation Plan identifies and assesses hazards facing the State and its communities in order to evaluate and characterize their profile and risk, including estimates for the probability of occurrence and the severity of consequences for each hazard.¹ Hazards that could require MCM/SNS Program response include CBRNE attack or accidents, public health emergencies, environmental issues, and terrorism.

B. MISSION

The MCM/SNS program is tasked with performing all functions of the CDC's Public Health Emergency Preparedness (PHEP) Capabilities 8 and 9, listed below:

CAPABILITY 8 Medical Countermeasure Dispensing and Administration

- Function 1:** Determine MCM dispensing/administration strategies
- Function 2:** Receive MCMs to be dispensed/administered
- Function 3:** Activate MCM dispensing/administration operations
- Function 4:** Dispense MCMs to targeted population(s)
- Function 5:** Report adverse events

CAPABILITY 9 (Medical Materiel Management and Distribution)

- Function 1:** Direct and activate medical materiel management and distribution
- Function 2:** Acquire medical materiel from national stockpiles or other supply sources
- Function 3:** Distribute medical materiel

¹ http://sema.dps.mo.gov/programs/mitigation_management.php. Scroll down to the link "State Hazard Mitigation Plan"

Function 4: Monitor medical materiel inventories and materiel distribution operations

Function 5: Recover medical materiel and demobilize distribution operations

C. BACKGROUND & PLANNING ASSUMPTIONS

The following topics provide a foundational knowledge about medical countermeasures and the Strategic National Stockpile, both within Missouri and at a national level:

1. MEDICAL COUNTERMEASURES

According to the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE), medical countermeasures (MCMs) include both pharmaceutical interventions (e.g., vaccines, antimicrobials, antidotes, and antitoxins) and non-pharmaceutical interventions (e.g., ventilators and personal protective equipment [PPE]) that may be used to prevent, mitigate, or treat adverse health effects from an intentional, accidental, or naturally occurring public health emergency.

2. STRATEGIC NATIONAL STOCKPILE

The Centers for Disease Control and Prevention’s (CDC’s) Strategic National Stockpile (SNS) is a repository of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency in which local supplies have been or may be depleted. The SNS program encompasses a wide range of medical countermeasures and response capabilities.

The SNS is organized for scalable response to a variety of public health emergencies, and SNS assets are stored in strategically located facilities across the nation. Once a formal request for federal assets and assistance is made, the CDC considers a variety of distribution methods depending on the threat and number of people affected. In some cases, SNS is the only repository of certain medications used to treat rare conditions. SNS assets can be rapidly deployed to treat as few as one person or a large affected population. For large-scale incidents, CDC can distribute assets through 12-Hour Push Packages, managed inventory, or rapid purchasing power.

Specific medical countermeasures for responding to chemical or nerve agent incidents are pre-positioned throughout the state as part of the CHEMPACK program. More about the CHEMPACK program can be found in the CHEMPACK section of this document.

3. 12-HOUR PUSH PACKAGE

The national SNS program is flexible and offers several levels of assistance to states, including 12-Hour Push Packages.²

- “12-Hour” refers to the time for the package to arrive after federal decision to deploy.
- “Push” reflects that transportation to the state is provided by the Federal government.

² Current SNS formulary (via DHSS): [Strategic National Stockpile 12-hour Push Package Product Catalog \(mo.gov\)](https://www.mo.gov/health/strategic-national-stockpile/12-hour-push-package-product-catalog)

- [Contents of a 12-Hour Push Package](#) include both pharmaceutical and non-pharmaceutical products, such as:
 - Adult and pediatric oral drug preparations in prepackaged individual regimens;
 - Intravenous medications;
 - General emergency medications;
 - Various size intravenous catheters and administration sets;
 - Burn and blast supplies;
 - Items to help establish and maintain airways;
 - Fluids for maintenance, irrigation, and wound care; and
 - Equipment for repackaging bulk oral antibiotics.

Vaccines for anthrax and smallpox, botulism antitoxin, anthrax hyper-immune plasma, and pediatric oral antimicrobial suspensions are not in the 12-Hour Push Package and are shipped separately if required.

4. CONTROLLED SUBSTANCES

The SNS contains drugs classified as controlled substances, Officials receiving and distributing the controlled substances must adhere to all applicable local, state, and federal regulations. These regulations require tracking of distribution and dispensing of controlled substances from the federal level down to the patient level.

5. MANAGED INVENTORY (MI)

The next level of response from the CDC is through the Managed Inventory (MI) program. The majority of SNS assets are kept as MI. Unlike a 12-Hour Push Package, MI is normally shipped within 24–36 hours once the state identifies the need, and contains large quantities of items to address a specific threat or natural disaster.

The CDC may decide to ship only MI materiel and not a 12-Hour Push Package if the agent or disaster is apparent from the beginning of an emergency. MI materiel may be requested if additional pharmaceuticals and/or medical supplies are needed beyond the 12-Hour Push Package. As such, Missouri may receive a 12-Hour Push Package, MI, or a combination of the two, and MCMs will continue to arrive for as long as needed.

6. RAPID PURCHASING POWER

When tasked with providing materials not typically included in the SNS inventory/formulary, the CDC can make purchases directly from vendors through federal rapid purchasing power systems. The CDC can provide additional medications and medical supplies through existing contracts with prime vendors. Direct purchases can take longer to deliver than 12-Hour Push Packages or MI because CDC cannot control product availability and shipping. Also, certain required formal requisition and approval procedures during a large-scale incident may affect the speed with which CDC is able to act on an asset request. Because of these factors, CDC cannot provide specific timeframes for direct purchase actions.

7. FEDERAL MEDICAL STATIONS

Federal Medical Stations (FMS) are designed for deployment when communities experience a widespread terrorism incident or a large-scale natural disaster that incapacitates or overwhelms the affected area's medical care delivery system. CDC maintains FMS assets as deployable 250-bed medical units equipped to provide shelter and care for displaced individuals who have non-acute medical and mental health or other health-related needs not provided for by a general shelter. Each FMS is a flexible, modular, and scalable unit that can be staged in a large local facility within a jurisdiction. HHS directs the deployment of FMS based on a request from state officials, which follows the same request process as for other SNS assets. Once the FMS is deployed and set up, it can be operated with a combination of federal, state, and local staff.

8. CDC DEPLOYMENT TEAMS

CDC has the ability to efficiently and effectively deploy personnel to assist jurisdictions during emergencies, either in-person or virtually, through the Stockpile Services Advance Group, RSS Task Force, and/or FMS Strike Team. The decision to deploy SNS technical staff will follow consultation with the affected jurisdiction(s).

Stockpile Services Advance Group (SSAG): The SSAG is a tailored pool of subject matter experts that can assist during public health emergencies, either on-site or virtually from the CDC EOC. They can answer questions concerning SNS assets and response activities, assist with requests for additional supplies, and provide information on the status of incoming supplies.

RSS Task Force: An RSS Task Force includes technical specialists deployed to assist in the receiving, staging, and storage function based on their specific skills to assist in the receipt, staging, and storing SNS assets.

FMS Strike Team: An FMS Strike Team includes technical specialists deployed to provide assistance to jurisdictions and the U.S. Public Health Service Rapid Deployment Force responsible for the set up and operation of an FMS.

9. MISSOURI SNS ADVISORY COUNCIL

Missouri's SNS Advisory Council is a multi-disciplinary group of stakeholders and subject matter experts in Missouri's medical and public health response scenario. Members include, but are not limited to FEMA, SEMA, DHSS, LPHAs, hospital partners, law enforcement, military, private business, volunteer organizations, mental health, and similar organizations.

The SNS Advisory Council:

- Includes representatives of both metro and rural hospitals, LPHAs, medical associations, state and federal agencies, and DHSS staff;
- Provides recommendations and guidance to DHSS regarding policies and procedures of Missouri's MCM/SNS Program;
- Provides applicable input on the State's MCM/SNS plan;

- Discusses collaboration for the management and planning of MCM/SNS materials and supplies;
- Serves on workgroups to suggest changes in Missouri's statutes related to non-pharmacy dispensing during a public health emergency;
- Reviews, identifies, and addresses policy issues to support MCM/SNS operations; and
- Meets quarterly, or as determined by the MCM/SNS Program Manager and participants.

10. MO DMAT-1 & MO MORT-1

The Missouri Disaster Medical Assistance Team (MO DMAT-1) and the Missouri Mortuary Operations Response Team (MO MORT-1) operate throughout the state and are deployed to provide medical and mortuary care. Operating out of two strategic locations in Jefferson City and Hollister, along with hosted assets in St. Louis and Kansas City, allows the teams to respond quickly.

MO DMAT-1 and MO MORT-1 are staffed with medical professionals and para-professionals who can help area health systems respond by providing expert patient care. Team members include physicians, advanced practice clinicians (nurse practitioners/physician assistants), medical officers, registered nurses, respiratory therapists, paramedics, pharmacists, safety specialists, logistical specialists, information technologists, communication, death investigators, pathologists, odontology, anthropology, funeral directors, and administrative specialists.

The team is equipped to set up a full mobile hospital or a mobile emergency room with capabilities near that of a standard ER. They can also assist in existing healthcare facilities or other healthcare operations where staffing support is needed. Operations are scalable and can be based out of tents or whatever structures are available and with existing equipment, pharmaceuticals, wound care, cardiac, respiratory, and diagnostic equipment.

11. CHEMPACK PROGRAM

DHSS/SEMA, in collaboration with the CDC, partners with public and private entities (primarily hospitals) to pre-position nerve agent antidote CHEMPACK containers in 23 secured locations around the state. Pre-positioning the CHEMPACK containers allows for expedited delivery when immediate treatment is needed post exposure to either the accidental release of organophosphates or acts of terror using nerve agents. Each CHEMPACK container contains medications with a treatment capacity of 454 doses.

The medications stored in the CHEMPACK caches are inventoried and expiring product is replaced by the CDC. State planning includes guidance for local responders (Fire/HAZMAT, EMS and 911 Dispatch Centers) to request CHEMPACK antidotes directly from custodial sites for a timely response to nerve agent exposure. Guidance on requesting, administering and coordinating deployment of CHEMPACK antidotes is provided through regional CHEMPACK exercises and is available by contacting the SEMA Medical Countermeasures Program. CHEMPACK sites and points of contact are available through the CHEMPACK cache locator board in WebEOC and through EMResource, managed by the Missouri Hospital Association through a contract with DHSS.

As pre-positioned assets, the request for and distribution of CHEMPACK cache materiel differs from other SNS assets. The local incident commander will contact the LEOC who will initiate contact directly with the closest CHEMPACK custodian. The Local LEOC will contact the SEOC and/or DHSS Emergency Response Center (ERC) to report the current situation (SEMA at 573-526-9100 or 573-751-2748; or the ERC at 800-392-0272).

12. DHSS MEDICAL OFFICER

The State's DHSS Medical Officer shall provide expertise to MCM/SNS Program staff, serve as a liaison to physicians and the medical community, and ensure health alerts and other medical guidance documents are accurate and consistent with the CDC alerts.

During an event, the DHSS Medical Officer:

- Serves as primary contact with the State Epidemiologist;
- Provides updated information of prophylaxis regimens;
- Has knowledge of treatment protocols for antibiotic and antiviral distribution;
- Signs standing orders for prophylaxis of DHSS and SEMA staff, State SNS Response Team members, and first responders that may potentially be exposed to the agent;
- Assists to resolve issues related to standing orders within local communities;
- Provides information regarding diagnostic and treatment recommendations;
- Reviews and update standing order protocol;
- Provides medical consultation to private physicians;
- Provides medical consultation and recommendations to MCM/SNS Program staff; and
- Provides medical consultation and recommendations to the Governor.

13. STATE SNS RESPONSE TEAM

The roster for the State SNS Response Team members is updated quarterly and pertinent information is forwarded to the ERC by the SNS administrative assistant. Additional training resources and program information is available on the DHSS website.³

14. CONSOLIDATED CONTACT ROSTER

The MCM/SNS Program staff will maintain and update all of the required contact listings, including subject matter experts. Updates will be provided to the Centers for Disease Control and Prevention as required.⁴

15. VOLUNTEERS (ESAR-VHP): SHOW-ME RESPONSE

Show-Me Response is Missouri's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program. It is a secure, web-based format for registration, credential

³ [Strategic National Stockpile | Health & Senior Services \(mo.gov\)](#)

verification, communication with and management of health professionals willing to volunteer in the event of an emergency. Working with key partners such as the Medical Reserve Corps (MRC), LPHAs, hospitals, clinics and local communities, Show-Me Response supports the efficient registration, professional credentialing, management and activation of pre-registered volunteers as well as those who register at the time of an emergency.

Volunteers registered in Show-Me Response are both credentialed and non-credentialed including physicians, registered nurses, LPHAs, Missouri Disaster Medical Assistance Team (DMAT), Community Organizations Active in Disaster (COADs), and others of both medical and non-medical professional backgrounds. Missouri's MCM/SNS program uses Show-Me Response to manage the credentials of both dispensers in the Point of Dispensing (POD) volunteer program and those prepared as trainers for the POD volunteers.

Volunteers may be requested during a gubernatorial or presidentially-declared emergency. The Show-Me Response volunteer request form is available at www.showmeresponse.org and in the file library of Missouri's WebEOC online emergency management tool. The Show-Me Response team provides a preliminary response to requests within two hours when requests are received, and then provides a preliminary roster of volunteers within 24 hours. The volunteer management team can provide a communication link between the MCM program and MRC units.

For more information regarding Show-Me Response and the SEMA Emergency Human Services section, contact the Program Coordinator at 573-522-8637.

16. GEOGRAPHIC INFORMATION SYSTEMS

A team of trained technicians provides Geographic Information Systems (GIS) analysis and support from the Information Technology Services Division of the Missouri Office of Administration (OA). This support provides valuable resource materials including mapping of events and other epidemiological resources.⁵ GIS program staff participate in drills with the Geographic Health Emergency Response Management (GHERM).

17. STATE EMERGENCY OPERATIONS CENTER

The **primary State Emergency Operations Center**, or SEOC, is located in the lower level of the Missouri National Guard Headquarters/Ike Skelton Missouri Army National Guard Training Site, 2302 Militia Drive, Jefferson City, Missouri. The facility has 24-hour operations capabilities with maximum protection from all hazards, fully interoperable communications capabilities with all participating organizations, and a complete voice and data network. DHSS and SEMA personnel report to the SEOC floor for training, exercises, and real-world events. Representatives staff the Emergency Support Function 8 (ESF 8) – Public Health and Medical Services - desk on the SEOC floor when needed to assist local jurisdictions.

The **alternate EOC**, or **ASEOC**, is activated if the SEOC cannot function. The ASEOC can perform all the SEOC functions to maintain adequate round-the-clock life support and

⁵ http://sema.dps.mo.gov/maps_and_disasters/gis.php

communications. Plans for the ASEOC and its activation are part of the SEOC Standard Operational Guidance (SOG). For security reasons, the State Emergency Operations Plan (SEOP) does not specify the location of the ASEOC.

18. TREATMENT CENTER COORDINATION

As stated in Missouri's SEOP, DHSS – through collaboration with regional Healthcare Coalitions and local/regional healthcare providers – provides regional coordination of direct patient care in a CBRNE or natural disaster incident including triage, decontamination, isolation, and documentation.

19. MCM/SNS PROGRAM FUNDING

Funding for the MCM/SNS program comes from the Public Health Emergency Preparedness (PHEP) Cooperative Agreement, administered through DHSS.

20. MCM/SNS PLAN MAINTENANCE

The Missouri MCM/SNS Plan is reviewed and revised continuously by MCM/SNS program staff to maintain relevancy and consistency with changing requirements, emerging technology and results from training, exercises, and improvement plans. The plan is also reviewed and signed by the PHEP Director, or their designee, at least every two years.

Volume I contains procedures related to functional issues of receiving, distributing, and dispensing Strategic National Stockpile assets in response to a large-scale public health emergency.

Volume II contains each Incident Command System (ICS) position's responsibilities during the activation of a Receiving, Staging, and Storage (RSS) site or a Regional Distribution Site (RDS). Volume II is currently under development.

21. COORDINATION WITH ASPR HPP

The U.S. Department of Health and Human Services Office of the Administration for Strategic Preparedness and Response (ASPR) funds the [Hospital Preparedness Program](#) (HPP), which supports planning, preparedness, response, training, and exercise activities with healthcare entities, including hospitals, through three Healthcare Coalitions (HCCs) in the state.⁶ Three HPP contractors, including Mid-America Regional Council (MARC) in the greater Kansas City area; St. Louis Area Regional Response System (STARRS), a component of the East-West Gateway Council in the greater St. Louis area; and the Missouri Hospital Association (MHA) provide information sharing, resource coordination and technical assistance to the Healthcare Coalitions across the state. These contractors, along with the Missouri Department of Mental Health and SEMA work in preparing the ASPR HPP grant application and required reports.

⁶ About the Office of the Assistant Secretary for Preparedness and Response's (ASPR's) Hospital Preparedness Program (HPP) <https://www.phe.gov/Preparedness/planning/hpp/Pages/default.aspx>

Each of the HCCs include representatives from hospitals, emergency medical services (EMS), emergency management and local public health agencies. HCCs may also include federally-qualified health centers (FQHCs), mental health providers, long-term care, home health, dialysis centers and other health care entities in their respective regions. In addition, HCCs often include COADs and other support partners. HCC leadership meets regionally and on a statewide basis to enhance collaborative planning efforts.

Public health authorities in the three HCCs assume primary responsibility mass prophylaxis planning and management of MCMs, with the remaining coalition members serving in support roles. HCC Coordinators can provide regional coordination assistance across county and other jurisdictional boundaries.

Healthcare Coalition duties relative to MCMs may include:

- Provide disaster, emergency, bioterrorism, and emerging infectious disease preparedness technical assistance and MCM education for the hospitals and other healthcare providers and entities within the region.
- Collaborate with HCC members to assure planning across healthcare entities, striving for inclusive communication and collaboration. Encourage HCC members to participate in local bioterrorism and emerging infectious disease planning, training, and exercises.
- Collaborate with regional partners, state DHSS, and other ESF8 representatives in statewide planning efforts for specialty care, interoperable communications, and pre-placement of mobile medical assets.
- Collaborate with regional and statewide partners to facilitate the use of mutual aid, including hospital aid agreements, emergency medical services' mutual aid agreements, and local public health mutual aid agreements as well as appropriate use of Missouri's ESAR-VHP, Show-Me Response.

CHAPTER 1: CONCEPT OF OPERATIONS

The following sections provide an overview of the state and local health and emergency management structure in Missouri, delineates expectations and existing legalities regarding response to all types of emergencies, requesting MCMs from the federal government, medication use, and other liabilities. This plan is implemented whenever deemed necessary by the Governor of Missouri or their designee(s). The policies and guidance herein are subject to change based on updates to local, state, or federal statutes and newly-defined best practices from training and/or plan activations for disaster assistance.

A. STATE COMMAND AND CONTROL

Missouri's Governor has overall direction and control of state emergency activities and has delegated authority for emergency management to the Department of Public Safety and SEMA. Responsibilities delegated to state agencies are coordinated from the SEOC. The Governor may authorize the use of state resources by declaring a "State of Emergency" according to Section 44.032 Revised Statutes of Missouri (RSMo), under which response and recovery provisions of the SEOP are implemented.⁷ Those provisions include "Volunteer Dispensing of Strategic National Stockpile Medications during a Governor Declared Disaster", under Section 19 CSR 20-44.010 RSMo.⁸ The Governor may also procure private and public property for use during an emergency.

According to the SEOP, all disaster-related operations are conducted under the National Incident Management System (NIMS) using the Incident Command System (ICS). Emergency operations are initiated at the lowest government level able to effectively respond. Additional assistance is requested from the state when an emergency exceeds a local jurisdiction's response capabilities. If additional resources are needed beyond state and private sector capabilities, the state coordinates Emergency Management Assistance Compact (EMAC) assistance from other states, or requests support through the proper federal agencies, as outlined in the National Response Framework (NRF) and federal disaster response and recovery plans and legislation.

Event Escalation and Activation: State emergency response is implemented following procedures outlined in the SEOP's Basic Plan. Whenever state resources are committed to an emergency or disaster, the SEOC is fully or partially activated depending on the emergency classifications noted in the "SEOC Activation" section of this chapter. The SEOC staffing is determined by the type and scope of the incident and, at any time, the SEMA Director can supplement SEMA staffing with other appropriately qualified and trained personnel.

Natural disasters and public health emergencies (PHE) that result in or pose an imminent threat of illness or health condition caused by a novel and/or highly infectious agent, bioterrorism or bio-toxin, chemical or radiological exposure will be managed by ESF 8 (Public Health and Medical Services) from the ERC. A PHE impacting community or economic sectors, in addition to public health and healthcare services delivery, requiring Level 3 activation of the SEOC will be managed from the SEOC. A PHE impacting multiple sectors of the community or economy OR at the

⁷ <http://www.moga.mo.gov/mostatutes/stathtml/04400000321.HTML>

⁸ <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c20-44.pdf>

discretion of the Governor triggers Unified Command response between state public health and emergency management leadership, and will be managed from the SEOC.⁹

State Unified Command: DHSS is the state agency with primary responsibility for health and medical emergency response operations (ESF 8), noted in the SEOP Annex K. This plan, the *Missouri Medical Countermeasures Strategic National Stockpile Plan*, is Annex K 1.7 to the SEOP. Emergency response is scalable based on incident size and scope, which may or may not require SEOC or ERC activation. When activated for incidents with larger potential safety and economic impacts that include health and medical emergency response, SEMA and DHSS establish State Unified Command (UC) with applicable agencies in accordance with the SEOP and NIMS Incident Command System guidance.

State UC supports consistent actions during response and provides a cohesive system between multiple agencies, jurisdictions, and partners, including public health and emergency management at all levels of government while allowing agencies to remain autonomous. UC agencies set overall strategy and priorities, allocates critical resources according to those priorities, ensures that incidents are properly managed, and ensures that objectives are met and strategies followed by developing an Incident Action Plan (IAP).

For the purposes of any response by the State of Missouri, the SEOC (and corresponding organizational structure) serves as the State UC location. The senior official leading the State UC, as designated by the Governor of the State of Missouri, is the Director of Public Safety or their successor. The Director of Public Safety will be the Principal State Official (PSO) responsible for the State Unified Command and for coordinating with all departments, commissions and agencies on behalf of the Governor.¹⁰

Regardless of SEOC and/or ERC activation status, or state or federal disaster declaration, no provision of this plan is to be construed as an obstruction to any agency taking emergency lifesaving actions or immediate protective measures.¹¹

1. SEOC ACTIVATION

The SEOP identifies four SEOC activation levels, as follows. These levels reflect the all-hazards nature of SEMA's operations and could be used during events requiring SNS/MCM assistance.

- **Level 4 Enhanced Monitoring:** A small, isolated, or potential event that has some indicators that warrant extra attention, enhanced monitoring, or external communication.
 - SEMA staff only.
 - Agencies may be asked individually to support any remote operations or reporting from their home agency.
- **Level 3 Partial Activation:** An incident or event requiring a partial activation of the SEOC, which may or may not require ESF activation.

⁹ Missouri State Emergency Operations Plan, ESF 8 page 13; Response, Section III B: Direction and Control.

¹⁰ Missouri State Emergency Operations Plan, page 250.

¹¹ Missouri State Emergency Operations Plan, ESF 8 page 2, "Scope".

- ESF 5 (Information and Planning) and ESF 7 (Logistics) will be activated.
- The ESF leadership is activated on an as-needed basis.
- Additional ESFs and state-level partners will be determined at the time of the event.

- **Level 2 Full Activation:** An incident requiring full activation of the SEOC with ESF activation. A Level 2 activation indicates the local response does not have the capabilities to sustain life-saving, incident stabilization, or property conservation operations.
 - ESF leadership is activated.
 - Additional partners will be determined at the time of the event.

- **Level 1 Full State/Federal Response:** An incident requiring full activation of the SEOC with ESF activation and Federal ESF integration and coordination. Level 1 activation occurs when extensive federal resources are needed by the State to sustain life-saving operations, incident stabilization activities, or property conservation operations.
 - ESF leadership is activated.
 - Additional partners will be activated.
 - The activities of the ESF will be integrated with those of their Federal ESF counterparts.

During SEOC activations where additional local assistance is requested of the State, SEMA’s Logistics Section assists with resource needs, including initiating Missouri’s EMAC requests. Additional EMAC-requested resources might include staff and/or equipment. ESF primary and support agencies provide subject matter expertise in their respective function, and may be consulted for input on response strategies as needed. Details of each respective agency’s capabilities, competencies, and resources are described in the SEOP’s Annexes.

During an event requiring mass prophylaxis and/or other MCMs from the SNS, the DHSS and SEMA Directors will work jointly in Unified Command. Subject matter experts may be requested in accordance with the SEOP.

Subject matter expertise and technical assistance will be provided by the DHSS Medical Officer to MCM/SNS Program staff. The DHSS Medical Officer also serves as a liaison to the medical community and insures guidance documents are accurate and consistent with CDC and DHSS alerts.

2. DHSS EMERGENCY RESPONSE CENTER

The ERC serves as the coordination point for DHSS response to emergencies. The ERC is staffed Monday through Friday from 7 a.m. to midnight, and 8 a.m. to 4 p.m. on Saturday and Sunday. During unstaffed hours, ERC staff is on call and can generate call downs as required.

A 24/7 reporting hotline is in place to answer general health questions or forward complex issues to staff that have expertise in a particular area; the public health emergency hotline number is 1-800-392-0272. Outside of normal business hours, hotline staff follows established protocol in determining whether to contact someone immediately or forward the information to a subject matter expert for follow-up the next workday.

a. ERC Activation

ERC activation, as described by the DHSS *Emergency Response Center Procedure Manual*, will be initiated by the DHSS Director, DHSS Deputy Director, Division of Community and Public Health (DCPH) Director, or a DCPH Deputy Director. If an incident occurs that is public health specific, DHSS may activate without immediate support of other agencies and notify SEMA.¹²

Once instructed to activate, whether at Standby or Full Activation level, the ERC Duty Officer is responsible for the appropriate ERC activation procedures. Until a trained ERC Branch Director arrives in the ERC, the Manager/Coordinator of the ERC may serve as the initial ERC Branch Director for DHSS, and provide initial logistical and communications support including:

- Coordinating with the SEMA and MSHP activities related to security of the RSS Site, State SNS Response Team Members, and MCM assets;
- Assisting local agencies in identifying appropriate state and local partners to enforce isolation and quarantine orders;
- Coordinating between local law enforcement, MSHP, MONG, and SEMA;
- Activating backup teams for ERC coverage as needed;
- Assigning a liaison to the SEOC; and
- Providing continuous information to the DHSS Director, SEMA Director, and Missouri Office of Homeland Security Director.

DHSS and SEMA staff can be called to report for duty in case of an emergency event. These personnel have been trained to be part of the State SNS Response Team. The ERC has 24/7 contact information on each team member in the Emergency Notification System (ENS).

The ERC Duty Officer will:

- Activate the ENS;
- Monitor the system to determine which individuals respond or do not respond to the notification;
- Contact those entities that do not respond to the notification;
- Monitor the Departmental Response Management System (DRMS) email every half hour for CDC alerts/advisories/updates, Intel reports, Amber Alerts, and emergency or potential emergency communication from DHSS division, center, program and state public health lab staff; and
- Monitor state, national, and world events through television news channels, social media and internet.

See Attachment C of this plan for the ERC flow chart regarding activation, event escalation, and demobilization triggers.

¹² Missouri State Emergency Operations Plan, ESF 8 page 7 Section M

b. Emergency Notification System

DHSS uses Juvare software for call-down drills and activations of the Emergency Notification System (ENS). The ENS notifies key members of the public health work force of an emergency. ENS uses cell phones, plain landline phones, pagers, and emails to simultaneously notify designated responders with automated message providing information or instructions. The ERC staff ensures that information in the ENS is updated and drilled quarterly. ENS quarterly testing logs are available through the ERC.

When instructed to do so, the ERC will contact each State SNS Response Team member through the ENS. The ERC staff conducts ENS call-down exercises to insure team readiness. The ERC compiles and retains exercise data.

The ERC is designed with 13 workstations in addition to the duty officer workstation for the emergency teams. Each workstation has a phone, computer, access to a printer and publication resources relevant to the assigned role during activation.

c. ERC Team Members

Additional information on certain ERC roles are available in Attachment D: Job Action Sheets.

- **ERC Branch Director** - Coordinates the team's recommendations for response/action and relays them to the DHSS Director.
- **Operations Section Chief** – Organizes and directs operations of the department, carrying out directives of the commander.
- **Logistics** – Resource support (facility space, office equipment and supplies, contracting services, etc.). This station is virtual.
- **Branch Director Support** – Provides clerical duties for the Branch Director and Operations Section Chief by monitoring emails, phone calls, and faxes. Provides activity report documentation to Branch Director.
- **Planning Intelligence** – A team of 4-5 individuals planning ahead during an event, responding to anticipated outcomes (e.g. recovery operations), and leading development of the DHSS Incident Action Plan (IAP).
- **Medical Operations:** Responsible for monitoring HCO and HCC operations during disasters and medical surge events. Assist with coordination of healthcare resources requested by healthcare facilities or HCC leaders.
- **LPHA Liaison** – Ensures communication and coordination with LPHAs and provides assistance via mutual aid.
- **Public Information** – Assists in drafting press releases and handles media relations.

- **Division of Regulation and Licensure (DRL)** – Ensures communication and coordination with hospitals, nursing homes, day care providers, and others.
- **Field Investigations and Surveillance** – Coordinates, analyses data, and provides situational assessments regarding epidemiological investigations to Incident Command so that the team can use the input to assist with response plans and take appropriate actions.
- **Finance/Administration Section** – This off-site position oversees the overall management and use of financial assets and human resources during a public health activation.
- **Senior and Disability Services** – Organizes and directs services for the care and needs of seniors and the disabled population.
- **Missouri State Public Health Laboratory (MSPHL)** – Prioritizes and manages the activities of laboratory staff, and identifies specific tests and turnaround times for study results. This team is off-site at the State Public Health Laboratory.
- **Safety Officer** – Ensures safety at the ERC while activated.
- **Duty Officer** – Answers 24-hour hotline, directs calls to appropriate individuals/divisions for handling. Monitors and analyzes EMS System, notifying DRL team member of diversions and unusual activity. Enters data and produces reports from the Emergency Response Data Collection System as needed.
- **Information Technology** – Coordinates and manages technical support and resources.
- **Communications** – Information technology / amateur (HAM) radio operators; MOSWIN radio, portable radios, fax and satellite radios.
- **EMS** – Responsible for monitoring availability and deployment of EMS resources for the state.

3. REQUESTING MEDICAL COUNTERMEASURES

State and/or local health and emergency management officials may become aware of a concern before it is recognized as a Public Health Emergency (PHE) by the federal government.¹³ As the situation evolves state, local, regional, and federal public health officials, including ASPR and CDC, and emergency management, will share information with each other for analysis. State and local officials should determine the need for and request federal assistance early in an emergency, if needed, to maximize the time available to provide MCMs to the affected population.

There are multiple ways to request federal resources, including MCM/SNS assets, during disasters and emergencies. The following section discusses three processes for requesting assistance from the federal government, including:

¹³ Active PHE Declarations | ASPR: <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

- Requests during Presidentially-declared emergencies or major disasters,
- Requests in absence of a Presidentially-declared emergency or disaster, and
- The request process for isolated, individual, or time-critical response cases.

The distinguishing factor in determining how the state should route the request for federal assistance is established by the presence or absence of a federal disaster declaration for the incident.

a. Request Process for Presidentially-Declared Emergencies or Major Disasters:

Once state and local health officials recognize a PHE may overwhelm local, regional, and state pharmaceutical and medical material response assets, they should recommend that the Governor, the Governor's designee, or other health/emergency management official request federal assistance through DHS/FEMA using the following process.

- State health officials (DHSS) should submit requests through their respective emergency management agency (SEMA) to DHS/FEMA per the established mission assignment request process during a declared federal disaster. During such federally-declared disasters, all requests for assets should follow the prescribed request process as defined by DHS/FEMA in 44 Code of Federal Regulations (CFR).
- In that request process, the state or territory completes an Action Request Form (ARF) that describes the federal assistance and capability required. This process is done at the SEOC in conjunction with the DHS/FEMA Regional Response Coordination Center (RRCC) or a Joint Field Office (JFO), if established, and submitted to DHS/FEMA.
- An HHS ASPR Regional Emergency Coordinator (REC) may be located at the SEOC, the JFO, or remotely available to assist the state with the request process.
- Upon submission of the ARF, DHS/FEMA may then direct HHS, through the mission assignment process, to provide the appropriate assistance. HHS analyzes the request and determine which operating division is best suited to fill the request and direct the deployment of assets.
- In some instances, HHS may determine that the best option is to purchase the assets directly from the vendor; in which case, the vendor would ship the assets directly to the state and would not involve CDC.
- Figure 1-1 on the following page demonstrates this request process.

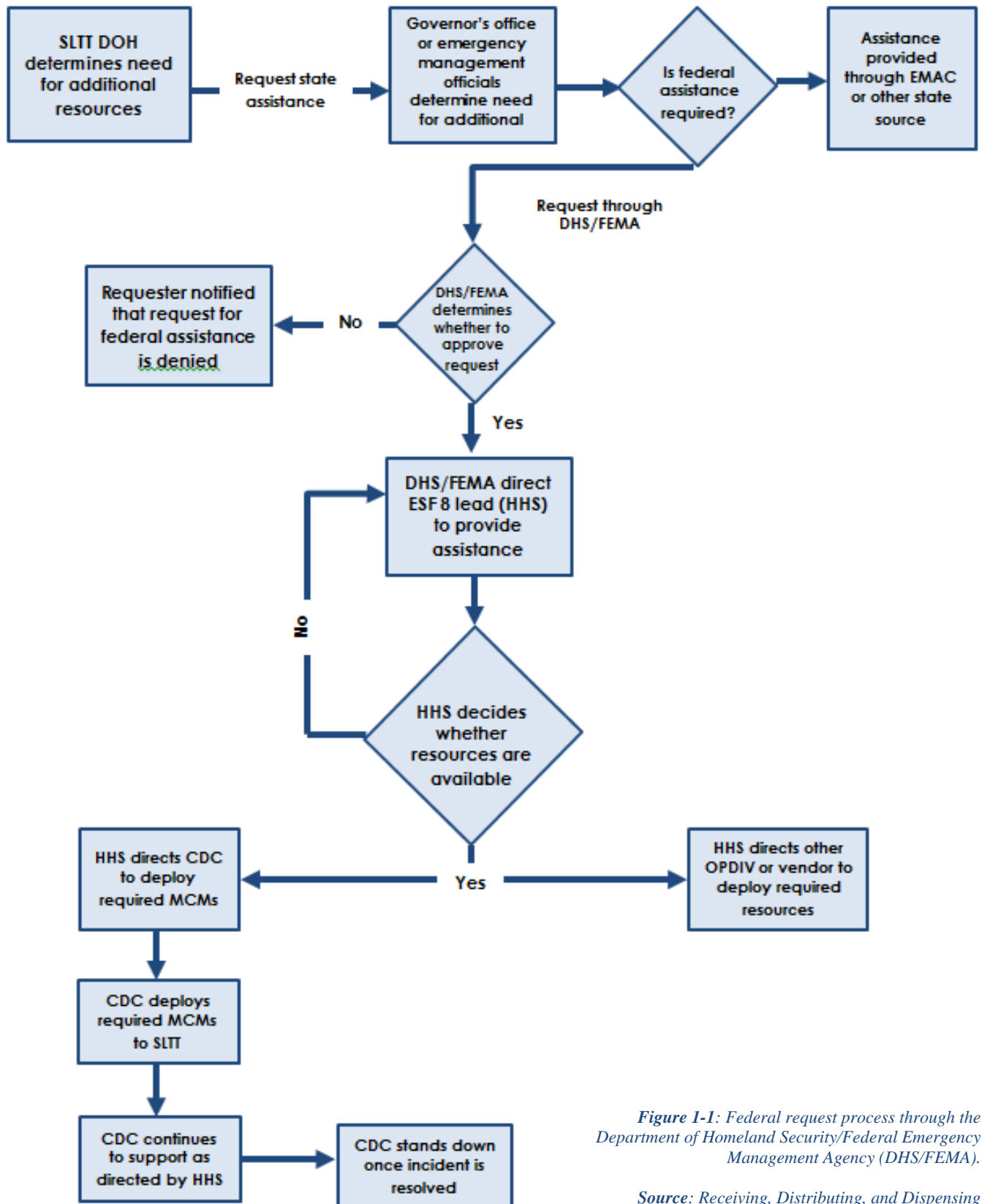


Figure I-1: Federal request process through the Department of Homeland Security/Federal Emergency Management Agency (DHS/FEMA).

Source: Receiving, Distributing, and Dispensing Strategic National Stockpile Assets, Vol. 11 (most current guidance as of 2022).

b. Request Process in the Absence of a Presidentially-Declared Emergency or Major Disaster:

In the absence of a federal disaster declaration, once state and local health officials recognize a public health emergency may overwhelm local, regional, and state pharmaceutical and medical material response assets, they should recommend that the governor, the designated health official, or other designee request MCMs by:

- Calling CDC's Emergency Operations Center (EOC) at **770-488-7100**, or by working through their HHS ASPR REC.
- In support of this request process, representatives from ASPR's regional and headquarters offices and CDC's Division of Strategic National Stockpile (DSNS) and Division of State and Local Readiness (DSLRL) will hold a conference call with the requesting state's officials to discuss the request and the specific situation. DHS also may be on the call, especially if the incident involves a known or suspected intentional release of a biological agent.
- During this conference call, participants will determine if federal assistance is required. HHS will analyze the request and determine which of its operating divisions is best suited to fill the request and direct the deployment of assets. In some instances, HHS may determine that the best option is to purchase the assets directly from the vendor; in which case, the vendor would ship the assets directly to the state or local representative and would not involve SNS assets.
- Figure 1-2 on the following page demonstrates this request process.

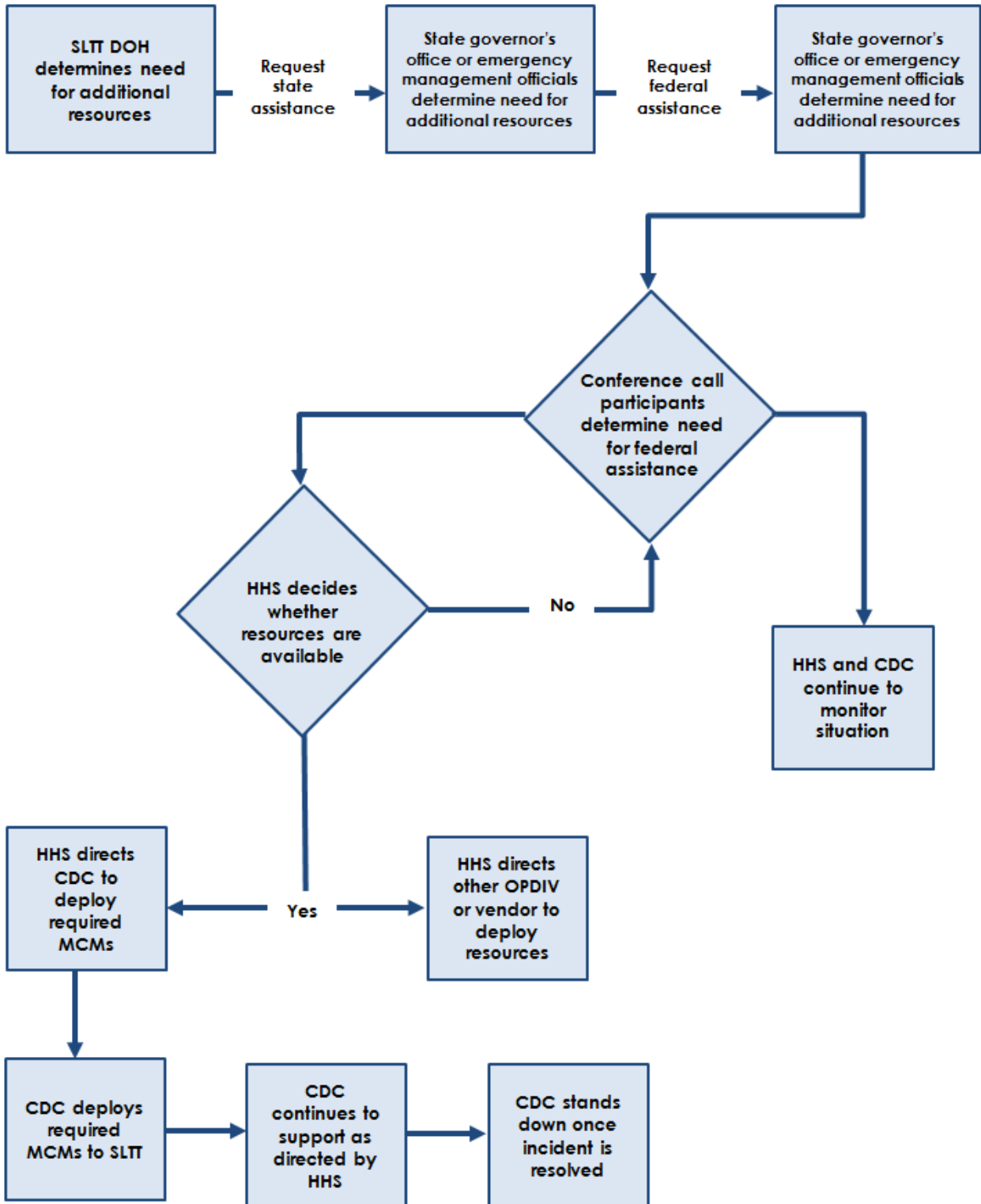


Figure 1-2: Federal request process through the CDC EOC.
 Source: Receiving, Distributing, and Dispensing Strategic National Stockpile Assets, Vol. 11 (most current guidance as of 2022).

c. Request Process for Isolated, Individual, or Time-Critical Cases:

During a suspected, isolated, minor, or time-critical incident, health officials may request MCMs from the SNS by:

- Calling CDC’s emergency operations center (EOC) at **770-488-7100**. In these instances, the request may come from state public health (DHSS) and/or HHS ASPR REC.
- Once the request is initiated, CDC’s EOC quickly arranges a telephone conference call between the requesting state representative(s) and the appropriate CDC staff and subject matter experts (SMEs). The purpose of this conference call is collaborating with the state and evaluation through assessing the detailed information related to the request, such as the overall public health impacts, patient’s condition, urgency of the need for MCMs, and location to which MCMs will be delivered (e.g., hospital, pharmacy, or treatment facility) if the request is approved.
- Based on the recommendation of SMEs, the CDC Director or his/her designee can authorize the deployment of SNS assets. In many small-scale or single-patient requests, the DSNS Director is the CDC Director’s designee for deploying SNS assets.
- Figure 1-3 on the following page illustrates the process for requesting assistance directly from CDC.

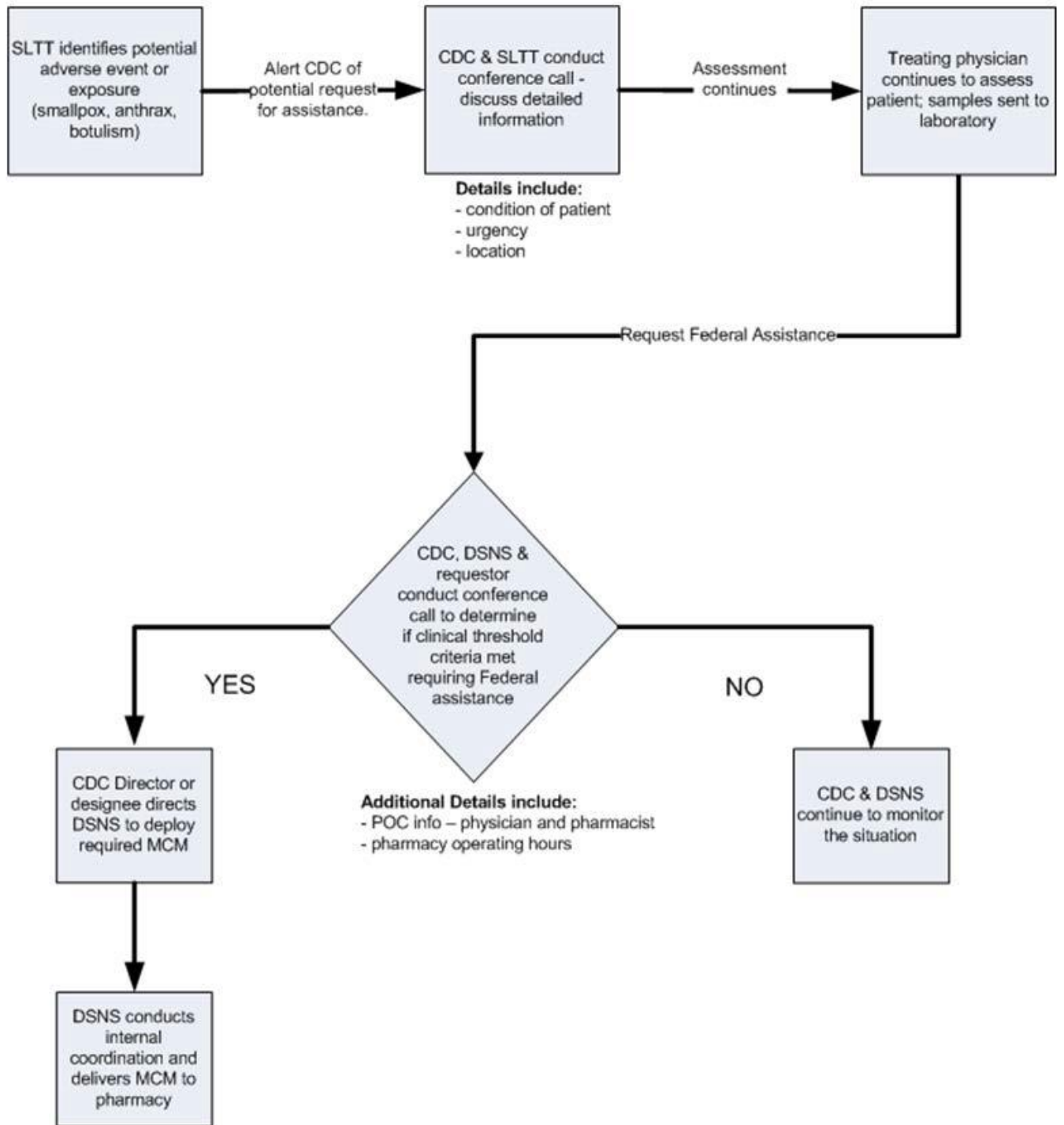


Figure 1-3: Request process for isolated, small-scale incidents.
 Source: Receiving, Distributing, and Dispensing Strategic National Stockpile Assets, Vol. 11 (current guidance as of 2022).

The Governor has the authority and final decision on requesting SNS assets for Missouri.

Chapter 44 of RSMo provides statutory authority for most state disaster/emergency response activities.¹⁴ The Governor or other authorized state official(s) may or may not declare a state of emergency in instances requiring MCMs. State officials may arrange support from another state or through agreements such as the Emergency Management Assistance Compact (EMAC). If additional resources and/or capabilities are required beyond those available through those agreements, the Governor or other authorized official may ask for federal assistance.

Missouri applies an epidemiological approach in determining the appropriate response strategy and requesting MCMs and/or SNS materiel in collaboration with, but not limited to, the following:

- CDC consultants,
- The Governor of Missouri,
- SEMA Director,
- FEMA Region VII/HHS/ASPR RECs,
- DHSS Director,
- PHEP Director,
- DHSS Medical Officer, and
- State MCM/SNS Coordinator.

State and local officials should assess and clearly identify capability shortfalls, such as depleted MCM supplies, and other available local, regional, and state inventory levels, and clearly communicate the shortfalls in the federal assistance request. Once the local jurisdiction indicates that local inventory resources have been exhausted or are forecasted at less than the expected need, the DHSS Director, in consultation with the CDC, the DHSS Medical Officer, the SEMA Director, and MCM/SNS Coordinator, shall determine whether the Governor should be advised to request activation of the SNS/MCMs. Once the decision is made to request SNS materiel:

- The MCM/SNS Program Manager can make the request using the Action Request Form (ARF) through the SEOC to FEMA Region VII in accordance with the processes for federal requests, or
- The Governor or their designee can call CDC directly and make the request.

When state officials request assistance, the federal government may direct CDC to deploy SNS assets as part of coordinated federal response. Alternately, the CDC can direct-ship to the state without a formal request at their own discretion.

The Stafford Act provides the statutory authority for most federal disaster response activities.¹⁵ In scenarios other than isolated or small-scale incidents, the federal government will take actions, such as issuing a PHE declaration, national emergency declaration, or a presidential declaration of emergency or major disaster under the Stafford Act. By working through the FEMA Region VII Administrator, the Governor, or other authorized official can submit a request to the President for a disaster declaration.¹⁶ This request should outline the incident and certify that combined

¹⁴ <https://revisor.mo.gov/main/OneChapter.aspx?chapter=44>

¹⁵ [Stafford Act | FEMA.gov](https://www.fema.gov/stafford-act)

¹⁶ <https://www.fema.gov/locations/missouri>

jurisdictional resources are insufficient to respond effectively. The President then decides whether or not to declare a major disaster or emergency.

In most cases, local jurisdictions must make a formal disaster declaration request through the state, who in turn requests assistance from the federal government. However, the federal government may deploy assets without a Stafford Act declaration. For instance, under an HHS Secretary's [declared PHE](#), HHS can assist states in preventing and controlling disease outbreaks by providing personnel, equipment, medical supplies, and other resources from agencies that fall under the HHS Secretary's authority, such as CDC and the U.S. Public Health Service. The HHS Secretary also may activate the National Disaster Medical System (NDMS) and deploy SNS assets without a PHE declaration.¹⁷ In addition, authorized state and local public health officials can submit a request to HHS for assistance in the absence of a Stafford Act declaration by working through the HHS ASPR Regional Emergency Coordinators (RECs).¹⁸

4. STATE DISTRIBUTION OF MCM ASSETS

Generally, Missouri will use a “pull” network model for most MCM distribution operations, during which local partners come to a designated RSS site to pick up MCM assets.

In certain responses however, it may not be feasible for local partners to provide transportation and security to pick up and distribute MCM assets. In those cases, Missouri may instead use a “push” distribution network model. DHSS/SEMA leadership would procure transportation and security resources required to distribute medical countermeasures to the local level:

- ESF 7 (Logistics), located at SEMA, would procure vehicles and operators.
- Missouri State Highway Patrol (MSHP) and Missouri Army National Guard (MONG) would provide additional security, if necessary.

The decision to use a push or pull distribution method would be based on the size of the event and affected population. DHSS and SEMA would also consider additional issues affecting the distribution process such as geographical location, highway damage, availability of vehicles/fuel/operators, and security to determine best distribution methods and actions.

5. EMERGENCY USE AUTHORIZATION

Emergency Use Authorization (EUA) guidance allows the Federal Drug Administration (FDA) Commissioner to strengthen public health protections against biological, chemical, radiological, and nuclear agents that may be used to attack the United States.¹⁹ Under Section 564 of the [Federal Food, Drug, and Cosmetic Act](#) (FD&C Act), the FDA Commissioner may issue an EUA to allow unapproved medical countermeasures or unapproved uses of medical countermeasures “to be used in

¹⁷ [NDMS | Home \(hhs.gov\)](#)

¹⁸ <https://www.phe.gov/Preparedness/responders/rec/Pages/default.aspx#7>

¹⁹ <http://www.fda.gov/RegulatoryInformation/Guidances/ucm125127.htm>

<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-dispensing-orders-and-emergency-use-instructions-eui>

an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by such agents when there are no adequate, approved, and available alternatives.”²⁰

The guidance is intended to inform industry, government agencies, and FDA staff of the Administration’s general recommendations and procedures for issuance of EUAs. The FDA expects that requests for consideration for an EUA would be submitted by government agencies (e.g., the Department of Health and Human Services, the Department of Defense). The FDA may seek additional data and information on a case-by-case basis to ensure that the statutory criteria are met for issuance of an EUA.

DHSS coordinates with the CDC Director’s Emergency Operations Center (DEOC) on the EUA request. When an EUA has been declared, Missouri’s responsibilities include:

- Developing methods to monitor citizens who receive medication for adverse side effects;
- Provision of informed consent; and
- Collection and storage of documents.

Missouri state regulations ([4 CSR 2150.5.020](#), [4 CSR 2200-4.200](#)) outline the requirements that must be followed for dispensing medications.

Agencies dispensing medications must maintain required records to guarantee security, storage, and accountability.

6. OFF-LABEL USE OF MCM/SNS MEDICATION

SNS medications are not FDA-labeled to treat the specific agents for which they may be used. Such off-label use would usually necessitate additional Investigational New Drug (IND) regulatory processes and guidance.²¹ However, if EUA permission has been granted, states may dispense these products without an IND.

In an event requiring such use of SNS medications, the CDC will send consent/assent forms, information sheets, protocols/treatment guidelines, case report forms, adverse event reporting forms, and other specialty items. DHSS, SEMA, and LPHAs do not need to develop these forms. States are required to let the CDC know languages needed for translated forms.

[Section 353\(b\)\(2\) of the FD&C Act](#), and Missouri state regulations 4 CSR 2150-5.020 and 4 CSR 2200-4.200 RSMo, outline the requirements for labeling of all medications.^{22 23}

²⁰ FD&C Act: <https://www.fda.gov/regulatory-information/laws-enforced-fda/federal-food-drug-and-cosmetic-act-fdc-act>

²¹ Investigational New Drugs: <https://www.fda.gov/drugs/types-applications/investigational-new-drug-ind-application>

²² <http://www.fda.gov/RegulatoryInformation/Legislation/FederalFoodDrugandCosmeticAct/FDCAct/FDCActChapterVDrugsandDevices/default.htm>

²³ <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/20csr/20c2200-4.pdf>

7. EMERGENCY USE INSTRUCTION

Some medications that are approved for the disease or condition may be administered during emergencies in inconsistent ways to current FDA-approved product labeling requirements (e.g., emergency dispensing without individual prescriptions, doxycycline for post-exposure prophylaxis of inhaled anthrax). The FDA may create, issue, and disseminate special Emergency Use Instructions (EUI) concerning eligible MCMs approved, licensed, or cleared conditions of use [FD&C Act, Section 360bbb-3a(e)(2)] EUIs are similar to fact sheets, which have been used in association with previous EUAs. The EUI provides a description for how the approved drug may be used during an emergency for the disease or condition it is approved to treat in ways differing from standard usage.

Agencies dispensing medications must maintain required records to guarantee security, storage, and accountability.

8. LIABILITY COVERAGE

State SNS Response Team members and personnel working at RSS/RDS locations are extended liability coverage under the [Public Readiness and Emergency Preparedness \(PREP\) Act](#) when they act in any capacity in the distribution or dispensing of assets from the Strategic National Stockpile.²⁴

Trained volunteers who dispense MCM assets during a governor-declared emergency, under the supervision of a health care professional, are afforded liability protection under Missouri [19 CSR 20-44.010](#).²⁵ Health care professionals licensed in Missouri or any other state who volunteer to assist in Missouri during a governor-declared emergency are afforded liability protection under [RSMo. Section 44.045](#).

B. LOCAL COMMAND AND CONTROL

LPHAs have the responsibility of receiving and dispensing necessary MCMs in a timely and efficient manner through developing appropriate community partnerships to accomplish dispensing goals. Through the CDC PHEP Grant, the DHSS has contracted with LPHAs to provide staffing for all-hazards planning and epidemiological investigation and surveillance, including extensive planning for mass prophylaxis involving a terrorist event or natural causes.

Missouri's [114 LPHAs](#) serve as the lead agencies at the local level.²⁶ As a part of PHEP Grant requirements, local jurisdictions review their MCM/SNS plans on a regular basis. The following is guidance for LPHAs before and during emergencies requiring MCM/SNS assistance and/or mass prophylaxis.

²⁴ <https://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx>

²⁵ Volunteer Dispensing of SNS Medications During Governor-Declared Disasters: <https://www.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c20-44.pdf>

²⁶ <http://health.mo.gov/living/lpha/index.php>

Before an event, LPHAs should:

- Ensure that the local public health system uses enhanced surveillance.
- Establish a plan with treatment centers to create a network that, in a deployment, can report on the number of symptomatic persons diagnosed or being evaluated and current inventories of drugs and supplies to treat them.²⁷
- Establish a plan to reach vulnerable populations.
- Recruit and train volunteers for dispensing and supporting duties.
- Establish a plan addressing topics listed in the *Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: a Guide for Preparedness, Version 11*, including POD site security plans.²⁸
- Clearly define essential community participants and delineate responsibilities, including (but not limited to):
 - Local Emergency Planning Committee (LEPC)
 - Local law enforcement
 - Local fire protection
 - Physicians
 - Pharmacies
 - Hospitals and treatment centers, including ambulatory surgery centers
 - Community health centers
 - Retired licensed professionals such as nurses, physicians, pharmacists, social workers, and psychologists
 - Faith-based organizations
 - School systems
 - EMS providers
 - Funeral homes
 - Long-term care facilities
 - Private businesses, such as large community employers
 - Government leaders (county and city)

At the time of an event, LPHAs should:

- Ensure that all LPHA partners including local emergency management, healthcare providers, and related non-governmental organizations are familiar with the processes outlined in their local plans.
- Provide information on the contents of the MCM/SNS.
- Provide information on the Federal and State roles in MCM/SNS management.
- Define local medical inventories required to protect first responders.
- Identify the quantity of medicines and other items needed locally for potentially affected populations.
- Ensure the locations of local MCM/SNS resources are convenient to essential personnel needed.
- Determine a credentialing process of local SNS response team, including:
 - Authorization of select members to attend local intelligence briefings.

²⁷ This is needed to fairly apportion MCM/SNS drugs, supplies, and equipment for clinically ill patients.

²⁸ <https://www.hsd1.org/?view&did=799144>

- Proper identification, including badging and credentialing.
- Job action sheets for local SNS response team positions and training for personnel.
- Role definition prior to the event.
- Exercise and evaluation of the local SNS response team.

Local emergency response command and control actions typically occur in a local emergency operations center (LEOC) where political leaders, emergency managers, public health officials, law enforcement officials, and others work side by side to evaluate emergency information and manage response.

Each LPHA is mandated through the PHEP contract to obtain standing orders from a local physician for dispensing at the local level for both first responders and the general population. Standing order forms will be obtained through LPHAs.

DHSS sets prophylaxis protocol based on Missouri's dispensing statutes and recommendations posted through the CDC. The State DHSS Medical Officer is available to local physicians for consultation regarding the standing order protocol.

A liaison to the LEOC from the LPHA should be available to:

- Serve as the representative for local ESF 8;
- Serve as the local SNS Team Liaison between the local jurisdiction/LPHA and State SNS Team;
- Answer leadership's questions about the MCMs;
- Clarify leadership information and guidance to the local response team; and
- Explain the local response team's operational status reports, if necessary.

The local SNS Team Liaison should report the following to the LEOC to establish two-way information flow between the local jurisdiction and the state (SEOC):

- Status of MCM inventory levels remaining, including replenishment actions when existing supplies run low and apportionment when demand exceeds existing supplies;
- Status of deliveries (timeliness and frequency) to dispensing sites, treatment centers, and other locations;
- Status of the MCM/SNS inventory sent to the community;
- Operational problems that delay materiel delivery;
- Local SNS response team interaction with the DHSS ERC and SEOC;
- Answer DHSS questions about the MCM/SNS materiel designated for the community;
- Clarify information related to the local plan; and
- Request materiel for local mass prophylaxis from the MCM/SNS.

Local jurisdictions that cover, in part or in whole, a Federal military installation (Fort Leonard Wood/Pulaski County, Whiteman Air Force Base/Pettis and Johnson Counties) will plan jointly with the installation for the mass prophylaxis of active duty personnel, reserves, family members, Department of Defense civilians and contractors, and others on-base as part of their normal population.

1. DISPENSING GUIDANCE FOR LOCAL PARTNERS

As part of their contract, LPHAs are required to develop MCM/SNS plans, including local PODs. MCM and SNS planning guidance is provided to all jurisdictions. The MCM/SNS Program Manager and/or Planner reviews the local plans for each jurisdiction in the Cities Readiness Initiative (CRI) regions using the CDC Operational Readiness Requirements (ORR). Non-CRI jurisdictions may also seek review for their local plan, however, it is not required. Specific guidance and oversight for POD security planning elements arranged through the state’s Law Enforcement Mutual Aid Coordinator.

In collaboration with the local health care providers and pharmacists, the LPHAs will determine if/when local resources will be exhausted by an incident. LPHAs will make the recommendation to the local jurisdiction authority to request assistance from DHSS/SEMA.

The specific process to request assistance from the state for MCM/SNS assets varies from jurisdiction to jurisdiction. Generally, the initial request may be made by phone, but shall be followed with the request in writing before any requests may be filled. Requests can also be made through WebEOC, or by faxing the DHSS MCM Inventory Request Form to the ESF8 desk at the SEOC.

The federal [PREP Act](#) and Missouri’s [19 CSR 20-44.010](#) detail circumstances when non-medical personnel may dispense medication. Under 19 CSR 20-44.010, if the Governor declares a State of Emergency, DHSS may suspend any provision of RSMo Chapters [195](#) and [334](#) pertaining to dispensing medications. Suspending applicable provisions allows non-medical personnel to dispense medications, provided they have successfully completed a “[Points of Dispensing – Volunteer/Staff Training](#)” class (view upcoming courses at www.sematraining.com).

To comply with current state medication dispensing regulations, the local plan must have a policy and standard operating procedure (SOP) of who will dispense medications and how medications will be dispensed. LPHAs will not be responsible for repackaging bulk medication; all medication will come pre-packaged in either unit-of-use bottles or in a pre-packaged bag.

When dispensing medications, the guidelines found in the *Public Health Nursing Manual, Section 200, and Subsection: 200.70, 9/98* should be followed.²⁹ Detailed information on dispensing is included in Chapter 8.

2. POD PROTOCOLS

Various methods of POD operations have proven viable in recent years, including both Closed and Open PODs, drive-thru and walk-through designs, and using medical and non-medical setups based on the required methods of mass prophylaxis. The goal throughout the incident, regardless of the POD type used, is 100 percent of the affected population prophylaxed in 48 hours, per Cities Readiness Initiative (CRI) guidelines.

²⁹ <http://health.mo.gov/living/lpha/phnursing/dispensingmeds.php>

Open PODs will be open to the public and set up to rapidly provide medication to the public. Closed PODs may be available via prior arrangement with the LPHA to preselected population groups, such as (but not limited to) major employers, public institutions, government offices, or hospitals. Generally, Open PODs are for the asymptomatic public (aka: non-medical POD). Depending on the type of incident, a symptomatic (medical) POD may be designated.

A medical POD model would be used in events where there is an adequate location, time, and staff to conduct individual medical assessments, allowing the person to receive medications from a licensed medical professional. The non-medical POD model would be used if the situation could not allow for medication distribution in an acceptable amount of time. Once the Governor declares a State of Emergency, trained, non-medical personnel would be able to dispense medications, streamlining POD operations.

The following guidance regarding medical and non-medical PODs is provided simply as a guideline; some LPHAs have the capacity to provide mass prophylaxis to larger volumes of patients within their jurisdictions. LPHAs can best determine methods that fit their communities' size, scope, staffing, trained volunteers, and required POD throughput.

- If less than 100 people are affected, dispensing can take place using medical personnel at the LPHA.
- If 100 to 1,000 people are affected, dispensing can take place using medical personnel at PODs at the regional level. This involves coordination of several LPHAs in the affected area.
- If more than 1,000 people are affected and a State of Emergency has been declared, dispensing can take place using non-medical and medical personnel at several PODs in the affected area.

Should extended duration dispensing operations be needed, PODs will be operated using a combination protocol involving non-medical personnel for dispensing antibiotics and medical personnel for giving vaccines.

Types of PODs and available personnel to assist can and will affect the jurisdiction's throughput. See Attachment G: POD Throughput Calculations for ways to determine ratios for accomplishing prophylaxis rate goals.

3. SECURITY PLANS FOR DISPENSING SITES

LPHAs, treatment sites, and hospitals are required to provide security planning for their components of distribution and dispensing in their emergency response plans, including transport of the MCMs in a pull-type response and the physical security of PODs.

The LPHA plans follow guidance provided by DHSS/SEMA in the contracted scope of work, as well as the PHEP Operational Readiness Review guidance. Plans are reviewed by the state's Law Enforcement Mutual Aid Coordinator. Security plans should include both exterior and interior physical security, security breach procedures, evacuation procedures, and security command and

management aspects. Jurisdictions will work directly with local law enforcement partners to establish use of force guidelines in accordance with existing local policies.

4. MCM PROGRAM RELATIONSHIP TO COMMUNITY PARTNERS

DHSS/SEMA works with several community partners on MCM-related public health preparedness and response training and guidance. It is important that community partners receive specific and current information regarding the SNS and similar programs for their response plans and related activities. For instance, Missouri Army/Air National Guard is a resource for logistics, security, and transportation that could be available after 72 hours based on the type and severity of each specific event.

5. VULNERABLE POPULATIONS

Every community has people who are disproportionately impacted by an event and cannot use traditional dispensing sites, including those with disabilities and/or access or functional needs. Anyone who cannot get to, or through, a dispensing site without assistance is considered a member of the vulnerable population group. Examples of vulnerable populations include, but are not limited to:

- Inmates of corrections systems (jails, prisons, juvenile detention facilities),
- People with communication barriers due to language or literacy,
- Patients in nursing homes and other long-term care institutions,
- Patients in hospitals for reasons not related to the terrorist threat,
- Immobile patients who get care at home through local home healthcare service providers,
- Individuals who are economically or transportation disadvantaged, and
- Infants and children under 18, including unaccompanied minors.

Local plans should identify methods for providing prophylactic medicines to individuals with access and functional needs in their community.

Numbers of persons residing in nursing homes, assisted living, or any other type of group residential facilities should be identified in local plans, and medications will be dispensed in bulk to the facilities. If a facility uses medications from the MCM/SNS, each person receiving medication must have a health assessment form completed and receive drug information sheets.

6. UNACCOMPANIED MINORS REQUESTING TREATMENT

The State of Missouri has no restrictions on an unaccompanied minor requesting medication at a POD. Any unaccompanied minor presenting to a POD and requesting treatment should be referred for medical evaluation and a decision on disposition. Disposition must be discussed with the Lead Medical Screener/Physician Evaluator.

Under Federal law (the Emergency Exception under Implied Consent), 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.³⁰ If the minor is ill, that minor will be seen by a Medical Screener/Physician Evaluator. A decision concerning treatment and transfer to a medical facility will be made.

Exceptions to this rule include:

- The emancipated minor (minor is self-reliant and independent) who is:
 - Married,
 - In military service,
 - Emancipated by a court ruling,
 - Financially independent and living apart from parents, and/or
 - Pregnant minors, minors with children, is a runaway, or college students.

- The mature minor (minor is capable of providing informed consent for the proposed treatment):
 - Generally a minor, 14-years-old or older, that 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 or treatment provided.

7. UNACCOMPANIED MINOR REQUESTING MEDICATION FOR FAMILY MEMBERS

The State of Missouri has no restrictions on an unaccompanied minor (Head of Household) requesting medication at a POD. Medications can be dispensed to unaccompanied minors as Head of Household at the discretion of the POD Site Manager.

³⁰ <https://revisor.mo.gov/main/OneSection.aspx?section=431.063>

CHAPTER 2: SURVEILLANCE & INVESTIGATION

Missouri uses various means of surveillance and investigation based on epidemiological data received between local and state organizations.³¹ By identifying trends in time, place, and populations through surveillance, changes can be managed or anticipated by the entire response system, allowing appropriate actions to be taken such as investigative or control measures. During surveillance and investigation, DHSS's Bureau of Communicable Disease Control and Prevention (BCDCP) Epidemiologists forward placed in each region maintain communication with LPHA communicable disease staff, assuring timely responses to LPHA requests for assistance.

A. SURVEILLANCE

Surveillance systems are used to track public health events including the effects of extreme weather, outbreaks, or injuries and provide situational awareness during biological, chemical, and radiological events. In addition, various diseases and conditions are considered reportable to DHSS in Missouri.³²

1. ACTIVE SURVEILLANCE

Active surveillance is data actively sought out and commonly used during outbreaks. Through the Participation Agreement for State Investment in Local Public Health Services (PASILPHS), LPHAs perform active surveillance in their jurisdiction (city or county). The PASILPHS requires LPHAs to have enough surveillance sites to know disease patterns and status within their jurisdiction.

2. SYNDROMIC SURVEILLANCE

Syndromic surveillance is the use of non-traditional data sources to detect public health events earlier than possible with other methods (laboratory confirmed diagnosis, physician diagnosis). Syndromic surveillance uses emergency department (ED) chief complaints, over-the-counter drug sales, and school absenteeism data that are available earlier than traditional surveillance sources. DHSS receives data from hospitals meeting certain criteria under [19 CSR 10-33.040](#) specifically for syndromic surveillance via the ESSENCE System.³³

3. ESSENCE SYSTEM

DHSS and SEMA use the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) for surveillance.³⁴ ESSENCE is specialized web-based software designed to use hospital ED data for early event detection and situational awareness.

³¹ [Communicable Disease Surveillance | Health & Senior Services \(mo.gov\)](#)

³² [Diseases and Conditions Reportable In Missouri \(19 CSR 20-20 \(mo.gov\)\)](#)

³³ [Electronic reporting of patient abstract data by hospitals for public health syndromic surveillance \(19 CSR 10—33.040\)](#)

³⁴ <http://health.mo.gov/data/essence/index.php>

Currently, [99 Missouri hospitals](#) with EDs report directly to DHSS, SEMA, the DCPH, and the BCDCP on a daily or real time basis; data are automatically loaded into ESSENCE for analysis, visualization, and reporting. Data are also shared with CDC and partners for use in the BioSense 2.0 system through CDC's [National Syndromic Surveillance Program](#) (NSSP).³⁵

Public health events do not recognize state borders, especially in Missouri's two largest metro areas: Saint Louis and Kansas City. At present, 12 Illinois and 5 Kansas facilities share their ED visit data with DHSS and SEMA for surveillance use in the ESSENCE system, totaling 116 participating facilities.³⁶

ESSENCE groups electronic ED data into syndrome categories. This information is used to determine if the number of visits is greater than expected for that facility based on historical data and statistical analyses to conduct early event detection. Syndrome groups used are: botulism-like exposure, fever, gastrointestinal, hemorrhagic illness, influenza-like illness, injury, neurological, rash, records of interest, respiratory, and shock/coma. ESSENCE can also be used for situational awareness during known health events by querying all ED visits for a particular syndrome or by keyword (such as carbon monoxide, animal bite, injury, etc.).

Based on ESSENCE findings, DHSS epidemiology staff shall receive, collect, maintain, analyze, and disseminate surveillance data in accordance with policies, procedures, and protocols.

DHSS may grant Missouri ESSENCE access to:

- Public health authorities including those employed at DHSS or local public health agencies so they can view statewide data, and
- Staff from hospitals or hospital groups that send electronic ED data under 19 CSR 10-33.040, so they can view their own data.

LPHA staff are allowed access to ESSENCE for monitoring data in their own jurisdiction and will be notified immediately regarding areas of concern.

Based on the surveillance reporting, GIS mapping will be completed by DHSS and SEMA staff. Personnel monitor ESSENCE and follow up with LPHAs according to ESSENCE policies, procedures, and protocols.

B. INVESTIGATION

DCPH initiates investigation of confirmed, probable, or suspected cases to determine threat scope and potential need for MCMs. Investigation will be conducted by the DHSS BCDCP and includes contacts associated with an accidental or deliberate biological, chemical, or radiological event.

During an event, the DHSS BCDCP in coordination with DCPH:

³⁵ [National Syndromic Surveillance Program \(NSSP\) | CDC](#)

³⁶ Map of ESSENCE Facilities: [missourimap.pdf \(mo.gov\)](#)

- Provides assistance in intervention and control of biological agents,
- Provides assistance with the investigation of all events,
- Augments Regional Assessment Teams as necessary,
- Determines whether an investigation is necessary, and
- Ensures appropriate staff completes the investigation.

DHSS and SEMA share primary responsibility for response coordination to secondary transmission of an infectious agent when the affected area extends beyond the area of one LPHA.

In a biological event, both DHSS and SEMA share the primary role in detecting diseases that pose a significant threat to the health of the public. In the event of a zoonotic disease, DHSS and SEMA work closely with the Missouri Department of Agriculture (MDA) and the Missouri Department of Conservation (MDC) to enhance surveillance within livestock, other domestic animal populations, and wild animal populations.

1. INCIDENT OR THREAT REPORTS

Situations or conditions that prompt case investigations include, but are not limited to:

- Large numbers of ill persons with similar disease or syndrome;
- Large numbers of unexplained disease, syndromes or deaths;
- Unusual illness in a selected population (e.g., an outbreak of severe rash illness affecting adults);
- Endemic disease with unexplained increased incidence; and/or
- Reports by the LPHA, physicians, hospitals, or media.

2. CHEMICAL AND RADIOLOGICAL INCIDENT INVESTIGATION

The Department of Natural Resources (DNR) and local HAZMAT teams lead response in a chemical event, while DHSS and SEMA provide coordination and support roles.

Under [RSMo Chapter 192.400-510](#), DHSS acts as the lead agency for technical response to radiological incidents and coordinates the collection of air, water, soil, and agricultural products.³⁷ DHSS shall coordinate its radiation emergency response activities and plans with SEMA, the Department of Natural Resources (DNR), and other agencies, and provide a memorandum of agreement documenting responsibilities.³⁸ Sample analysis is coordinated with the State Public Health Laboratory, [University of Missouri Research Reactor](#), and/or the Federal government.

DHSS, SEMA, and DNR all have staff trained to respond to chemical/radiological incidents. The state has established the Missouri Radiological Emergency Team (MoRET), which can be activated to assist DHSS in a radiological event. MoRET includes health physicists, nuclear engineers, physicists, and other personnel specifically trained in radiological emergency response.³⁹

³⁷ RSMo Chapter 192.400-510: <https://revisor.mo.gov/main/OneChapter.aspx?chapter=192>

³⁸ RSMo Chapter 192.510: <https://revisor.mo.gov/main/OneSection.aspx?section=192.510&bid=9791&hl=>

³⁹ Missouri State Emergency Operations Plan, Radiological and Technological Protection Annex P-2, page 431.

3. REGIONAL INVESTIGATIONS

Upon LPHA request, appropriate DCPH staff complete field investigations and sample collection. The DCPH Epidemiologist or designee organizes and manages the investigation at the regional level.

The LPHA communicable disease staff confers with the DCPH Epidemiologist or designee to determine the population requiring mass prophylaxis. Both agencies maintain constant communication during the event, providing the LPHA administrator and the State continuous details regarding the number of people requiring treatment.

4. INCIDENT INVESTIGATION NOTIFICATIONS

Several state and federal agencies and offices are notified when an incident investigation is necessary, including:

- DNR,
- The SEOC at SEMA,
- The DHSS ERC,
- The Administrator of DHSS DCPH, and
- The Federal Bureau of Investigation (FBI).

Any possible terroristic event is considered to be part of a criminal investigation, and coordination with appropriate local law enforcement and the FBI is essential.

CHAPTER 3: ACQUISITION, DISTRIBUTION & DISPENSING

A. DISTRIBUTION

1. NOTIFICATION OF STATE SNS RESPONSE TEAM

Upon confirmation of the impending arrival of SNS assets, the MCM/SNS Program Manager:

- Assigns core team members including the Site Commander, Liaison, Staging Team, Safety/Facility Operations Managers, and others.
- The selected RSS/RDS site is notified, and staff will be directed to report to the selected site through an ERC call down.
- Notify the MSHP State Security Lead that the MCM has been requested and security is required.
- The ERC Duty Officer, or MCM/SNS Program Manager if needed, notifies warehouse staff to deploy the designated RSS/RDS cages to the selected site(s).
- Once the RSS/RDS location is determined, ERC staff notifies LPHAs and hospitals. ERC staff will also provide LPHAs and hospitals instructions on ordering SNS supplies via WebEOC and vehicle staging for materiel pickup.

2. SNS TEAM IDENTIFICATION

State SNS Response Team staff members complete training for the receiving, staging and management of the MCM materiel at the RSS/RDS site(s). SNS Response Team staff also receive a SEMA identification badge and/or Salamander rapidTAG which includes name, photo, and access details. The badge gives the team member immediate access through security at the RSS/RDS site. In the event that a team member misplaces or forgets their badge, the RSS Administration Chief will verify the member's identity and authorize a temporary badge for that specific incident. The badge will be turned in and accounted for when no longer needed.

Spontaneous volunteers are not accepted for RSS and other state level MCM operations. Spontaneous volunteers will be redirected to the local Volunteer Reception Center (VRC) or health/emergency management authorities for registration, badging, credentialing, and just-in-time training (as appropriate).

3. SNS TEAM HEALTH AND SAFETY

Following a request for the SNS, the ERC will send an ENS message to SNS Response Team members to standby and obtain a list of staff available to report to duty. The message will include guidance on personal protective equipment that workers should bring to the RSS for their use, such as work gloves and steel-toe boots (if handling cargo containers). The state inventory includes an

Automated External Defibrillator (AED), first-aid kits, carbon monoxide detectors, and additional gloves to support worker safety.⁴⁰

During operations at an RSS or RDS, the Safety Officer is responsible for monitoring the health and safety of team members. The RSS staff should include at least one nurse who can assist with work-related issues or accidents on-site. The Missouri Department of Mental Health (DMH) can provide just-in-time training for psychological first aid to staff prior to beginning RSS operations.

4. RSS/RDS OPERATIONS & APPORTIONMENT

All RSS and RDS sites have appropriate equipment to manage operations and the MCM materiel; this can be found under the SNS Inventory Listing.

LPHAs, hospitals, and treatment sites can place orders through WebEOC for MCMs. Once orders have been placed, received and apportioned by SNS staff, the requesting organization is notified through WebEOC, email, and/or phone call on when and where to pick up their order. Additional information and order updates will be passed to the requester through Missouri WebEOC. If for any reason WebEOC is unavailable, order information will be passed by phone, fax, or radio.

Apportioning will occur by the MCM/SNS Program Manager at the RSS. Apportionment is determined using evidence-based epidemiological and population census data with regards to the type and scope of the event.

5. FILLING ORDERS AT THE RSS

Once orders have been apportioned and amounts entered into WebEOC or an alternate inventory management system, order documentation is given to the Inventory Management Coordinator, who will then take it to the Operations Chief. The orders then go to Pick Teams consisting of one Pick Team Leader and two Pick Team Members.

- The Pick Team Leader provides quality control for orders, including the building and marking of pallets.
- Pick Team Members locate and pack the ordered products, and palletize orders for shipping.
- Orders assembled by the Pick Teams are then routed to the Distribution Coordinator so that they can be verified and loaded for distribution outside the RSS.

6. SUSTAINED RESPONSE

DHSS and SEMA leadership takes an all-hazards approach to incidents, regardless of projected duration. Implementing a sustained distribution and dispensing campaign for all Missouri residents takes coordination with local, state, and federal partners. Missouri implements continuous situation assessments during response and the transition from initial to sustained distribution operations.

⁴⁰ See “Cage Inventory” at I:\CPHDivision\CERT\Strategic National Stockpile\INVENTORIES.

Federal and state epidemiological and laboratory specialists will work with the 7th Weapons Mass Destruction Unit to determine the incident’s scope. Specific guidance will be given on the impact to the public and appropriate MCM means to prevent and/or treat related illness or disease.

Critical MCM operations team activities during this phase include but are not limited to:

- Rotating personnel at the state (RSS) and local level (PODs);
- Monitoring usage of MCMs, medical supplies, and equipment, and ensuring timely replenishment;
- Continuing to seek guidance and information for our federal partners;
- Ensuring that state and local EOCs continue to operate as necessary;
- Sustaining or downsizing distribution operations per state incident leadership/Unified Command decision;
- Assess efficacy and efficiency of the distribution process and use partners (UPS, FedEx) if needed;
- Gather information about commercial pharmacies that may be able to resume normal operations; and
- Preparing cold chain storage for vaccines via request through ESF7, as appropriate.

7. PRODUCT RECALLS

In the event that any medical supplies, antivirals, or antibiotics are deemed unsafe or otherwise inappropriate for use by the FDA, CDC, or other federal agencies, DHSS/SEMA leadership, working jointly with Missouri’s federal partners, would recall the asset. In the event such a recall occurs prior to distribution to the local level, the MCM/SNS Program Manager halts distribution and arranges for storage of the bulk assets until direction is given for disposition. If local distribution already began, the MCM/SNS Program Manager schedules the packaging, shipping and storage of the bulk assets until direction is given for disposition. DHSS leadership and staff, working jointly with local partners, reviews screening forms to identify persons who received the recalled product, and then follow additional recall guidance.

B. DISPENSING

The remainder of this chapter discusses dispensing operational issues to include in local plans. Guidance regarding Points of Dispensing and throughput calculations based on population served are available in Attachment G of this plan.

1. ROLES AND RESPONSIBILITIES OF POD STAFF AND VOLUNTEERS

Local health professionals, LPHA staff members, volunteers, and public safety should do the following:

- ***Staff members can assist with:***
 - “Greriage” – greet and triage: examine and redirect symptomatic people to treatment;

- Tracking POD throughput (trained staff);
- Replenishing and reorder supplies, including labels, unit-of-use drugs, and consumable items such as pens, paper, and toilet paper;
- Explaining dispensing site procedures and policies, for example, head of household dispensing and other details; and
- Managing dispensing site operations and serving as the “problem solver of last resort”.

- ***Volunteers can assist with:***
 - Directing completion of health assessment forms, either online or by paper, for all people in line and those who are not present and part of the household, and collecting completed forms;
 - Educating and orienting people standing in line;
 - Providing patient information sheets explaining the importance of complying with the drug regimen, the dangers of overmedicating, and the date to return for the next regimen (volunteers with supervision);
 - Weighing children under age 5;
 - Interpreting directions for people who do not speak English or are hearing impaired, deaf, or illiterate (interpreter, volunteers, and/or multi-language videos); and
 - Annotating required additional information on the drug label (prescription number, drug, lot, etc.), and recording the drug regimen on the person’s *Nutritional Assessment (NA)* form with professional supervision (see section below on labeling under operational issues to understand how our labels support this action).

- ***Healthcare professionals***, and/or those allowed by law under the specific standards of 19 CSR 20-44.010 RSMo, should:
 - Assist with “grievance”;
 - Dispense oral medication;
 - Provide technical expertise including answering questions, prescribing alternative drug regimens based on patient’s medical history for conditions such as allergies, pregnancy, breastfeeding, and adverse reactions to existing medications (medical and/or pharmacy professionals);
 - Administer vaccinations;
 - Distribute regimens;
 - Explain important information including
 - Drugs people will receive, including pediatric medicines;
 - Reasons to adhere to the regimen with instructions;
 - Dangers of overmedicating; and
 - When to return for any additional regimens.

- ***Local law enforcement:***
 - Provides physical security for traffic and crowd control and protection of MCMs, equipment, and materiel.

2. DISPENSING PROPHYLACTIC REGIMENS

- No person will be refused prophylactic medication because of failure to produce identification.
- Multiple regimens will be dispensed on the head-of-household basis.
- Missouri will use the unit-of-use regimens provided by the MCM/SNS Program for the treatment of various biological threats; 10-day regimens do not require repackaging for dispensing.
- The MCM/SNS Program intentionally designed regimens to begin prophylactic treatment for anthrax, the worst-case scenario, recognizing that different agents may necessitate the use of multiple regimens.

3. TRACKING DRUGS & RECIPIENTS

The key to tracking a drug, its lot, and its recipient is the drug's unique prescription number. Annotating that number on the patient's health assessment form identifies every person that received a particular drug/lot combination.

- Tracking drugs and drug recipients is a process that:
 - Starts with the completed health assessment form for everyone receiving protective medicines, including those in line and those for whom people in line will pick up regimens (children and family members who are ill, incapacitated, or did not come to the dispensing site); and
 - Information about the drug a person receives, and information associated with dispensing, is recorded on the health assessment form (date, time, location, dispenser, and the prescription number).
- Recording this information allows:
 - Tracking possible contamination or adulteration of drug lots;
 - Investigating serious adverse reactions;
 - Identifying prophylaxis failure when individuals contract a disease in spite of having taken oral drugs to prevent it;
 - Informing recipients of FDA drug recalls for additional or different drugs in the event of prophylaxis failure; and
 - Identifying individuals who do not return for indicated refills.

4. ASSESSMENT FORMS

In order to have continuity during a statewide response, a health assessment form has been developed by the DHSS Medical Officer and shared with all LPHAs.

The LPHA is responsible for making copies and providing forms to any medical provider that they distribute medication to from their MCM/SNS apportionment. If documentation is complete on the health assessment form, then LPHAs will not be required to maintain a separate medication log for

antibiotics or antivirals in pill form, given the possibility that large numbers of individuals will require prophylaxis. However, persons receiving a vaccination must be entered into ShowMeVax.⁴¹

- LPHAs must retain health assessment forms at their agency site. LPHAs will be informed after the event of what to do with the forms. In multi-county arrangements, one LPHA retains all forms.
- One health assessment form can be completed for up to ten people. Complete information for each of the medication recipients must be included on the form. Individuals picking up medications for family members or other individuals not present must complete the required information for each individual.
- Completed forms can be retained in a general file; data for each person does not need to be kept in an individual file. One file can be maintained for an entire family when head-of-household dispensing is completed for multiple family members.
- The physician order does not have to be attached or referenced on the health assessment form; by using the form it is understood that the individual received treatment under the mass prophylaxis medical protocol.

5. MEDICATION LABELS

State and federal regulations specify that the following items must be provided on both the drug label and information sheet provided to the patient when dispensing prophylactic medicines:

- The date the medication was dispensed;
- Sequential or serial number;
- Person's name;
- Prescriber's direction for usage including frequency, route of administration and cautionary statements;
- Prescriber's name;
- Name and address of the dispenser;
- Name and strength of the drug dispensed;
- Quantity dispensed; and
- Number of times refillable, if appropriate, or the words "no refill".⁴²

Drug labels designed by the SNS Program for the 12-Hour Push Package's unit-of-use bottles make it easy to manually capture the drug, lot, and recipient information. The bottles have two tabs, one on each side. The tabs contain the drug name, expiration date, lot number, and unique prescription number. POD staff can easily document the drug and lot information each patient received by attaching one of the tabs to their health assessment form. Dispensing staff should also annotate the health assessment form with the patient's identification, date, time, and location where, when, and how a recipient received treatment. Doing so ensures the drug can be tracked.

⁴¹ <http://health.mo.gov/living/wellness/immunizations/showmevax/>

⁴² Section 503(b) (2) of the Act (21 U.S.C. 353(b) (2)), and 4 CSR 150-5.020 and 4 CSR 200-4.200 RSMo outline the requirements for labeling of all medications.

Labels on the unit-of-use bottles that the SNS Program vendor prepares will have only the drug name, strength, quantity, lot number, and unique prescription number. The dispensing sites must provide the above information plus a 24-hour phone number to call with questions.

Packaging machine labels have a tear-off tab on the bottom of the label that contains the same unique prescription number as the label itself. When this tab is torn off and stapled to the recipient's health assessment form, there will be a link between a drug, its lot, and its recipient.

6. PROVIDING INFORMATION TO RECIPIENTS

Fact sheets are tailored to the incident by CDC and distributed to the state at the time of the event, and they will be reproduced and distributed at the local level. The following information must be given to, and discussed with, all individuals receiving prophylaxis:

- Conditions for which the medication has been prescribed;
- Explanation of the Investigational New Drug form (if required);
- Effects of medications, expected and untoward actions;
- How, when, what, and amount of medication to take;
- If or when to return for refill of medication;
- How to report any adverse events or side effects;
- Warning to keep the adult medication out of reach of children and to not give children the adult medication;
- Explanation of why they may not be getting the same drug given to their family members or a neighbor;
- The importance of taking the prescribed treatment for the full period prescribed; and
- Care of the vaccination site (if smallpox vaccination).

LPHAs and/or private healthcare providers are required to provide copies of the incident-related fact sheets provided by the CDC to people receiving prophylaxis.

CHAPTER 4: MCM ACTIVATION PROCEDURES

There are multiple potential triggers to activate the provisions of this SNS/MCM Plan and the subsequent request of MCMs from the federal level. Information about activation and MCM request processes and triggers are included in Chapter 1, and syndromic surveillance and investigation is discussed in Chapter 2 of this plan.

A. NOTIFICATION & RESPONSIBILITIES

1. FIRST INDICATIONS OF A CHEMICAL OR BIOLOGICAL EVENT

First indications of bioterrorism or other significant biological or chemical events can come in several ways:

- Epidemiological evidence through existing surveillance systems,
- An actionable BioWatch “hit”,
- A claim of responsibility from a terrorist or terrorist group, and/or
- Law enforcement or intelligence sources.

Once it is determined that a Class A biological agent has been released, the overall response is the same regardless of how the agent was detected. Class A agents include anthrax, botulism, plague, smallpox, tularemia, and viral hemorrhagic fevers.

If local resources have been, or will be, insufficient to fully respond, the DHSS and DPS/SEMA Directors, and the Missouri Office of Homeland Security, in consultation with the CDC, will determine whether the Governor should request MCM activation.

2. DHSS/SEMA CONTACTS THE CDC

A full background of state command and control responsibilities and the process for requesting MCMs is found in Chapter 1 of this plan. The following details the contact process.

- DHSS/SEMA advises the Governor to contact the FEMA Region VII REC when requesting the MCM from CDC. The Governor may delegate request authorization to the DHSS and SEMA Directors.
- The state will submit evidence concerning the biological or chemical event that warrants the MCM request:
 - a. Overt release of a chemical or biological agent.
 - b. Claim of release with intelligence and/or law enforcement confirmation.
 - c. Clinical/epidemiologic indications, including:
 - A large number of unexplained disease, syndrome, or deaths;
 - Unusual illness in a population;
 - Higher morbidity and mortality with a common disease or syndrome;
 - Failure of a common disease to respond to usual therapy;

- Single case of disease caused by an uncommon agent;
- Multiple unusual or unexplained disease entities in the same patient with other explanation;
- Disease with unusual geographic/seasonal distribution;
- Multiple atypical presentations of disease agents;
- Unusual, atypical, genetically engineered or antiquated strain of the agent;
- Endemic disease/unexplained increase in incidence;
- Simultaneous clusters of similar illness in non-contiguous areas;
- Atypical aerosol/food/water transmission;
- Ill people presenting near the same time;
- Deaths/illness among animals that precedes/accompanies human death;
- No illness in people not exposed to common vent systems but in those in proximity to the systems;
- Review of laboratory information;
- Unexplained increase in EMS requests; and/or
- Unexplained increase in antibiotic prescriptions or over-the-counter medication use (monitored by LPHAs via direct communication with local pharmacists).

3. DHSS/SEMA RESPONSIBILITIES

A full background of state command and control responsibilities and the process for requesting MCMs is found in Chapter 1 of this plan.

- Recommend initial request of the MCM to the Governor.
- Designated members of the State SNS Response Team will sign for the MCM assets from the U.S. Marshals Service upon arrival at airfield or RSS site. (*Refer to Attachment H, "Acceptance Authorization Letter".*)
- Serves as the Site Operations Manager, ensuring the following:
 - Management, including appropriate storage of medication and supplies, of the MCM until distributed to LPHAs or hospitals;
 - Tracking MCM materials during the event, and returning stock as required;
 - That established forms are used throughout event;
 - Training of volunteers during the event; and
 - Verification of recovery and packaging of unused MCM medication and supplies.
- Dispatch personnel to the SEOC during an event.
 - Primary staff will be required to report as outlined in SEOP and this plan.
 - Secondary staff will await assignment.
- Assist local teams who do not have adequate response infrastructure.
- Activate the Communication Team.
- Immediately inform all public information staff that the plan has been activated, including DHSS/SEMA and metro area/CRI LPHA public information staff.
 - Prepare and release appropriate messaging, including pertinent media advisories or news releases, social media content, fact sheets, etc.
- Inform hotline volunteers of need to report, and ensure hotline phone lines are activated.
- Activate Show-Me Response (ESAR-VHP), if necessary.
- Notify agencies through the Health Alert Network, as appropriate.

- Implement daily phone briefings.
- State SNS Response Team members will operate the RSS/RDS site(s) as applicable.
 - Assigned RSS/RDS staff should report to the sites upon activation.
 - See Attachment C for organizational chart for RSS and RDS sites.
 - See SNS Plan Volume II for job activity sheets for RSS and RDS site staffing.

B. ACTIVATION & RECEIVING MCM/SNS ASSETS

This plan is implemented whenever deemed necessary by the Governor of Missouri.

The Directors of DHSS/SEMA, or designee(s), make the determination of the need and the location for receiving the MCM assets. DHSS/SEMA has participation agreements with each RSS/RDS facility, which are included in each site-specific plan.

Depending on the nature and scope of the event, one or more 12-Hour Push Packages can be requested. Specific items from the Managed Inventory may be requested, or any combination of the MCM assets may be requested. Additional assets may be requested as the event warrants. Because of the time sensitivity of the response, these preparatory tasks must be worked on simultaneously by more than one individual.

1. PREPARING FOR MCM/SNS ACTIVATION

The MCM/SNS Program Manager works with the ERC Duty Officer to activate the call-down roster, alerting the State SNS Response Team to standby for deployment. The call-down message includes notices to:

- Standby and await additional information,
- Prepare their personal “go kit” for deployment,
- Activate their family care plan or other personal arrangements, and
- Bring their State SNS Response Team badge to ensure access to the deployment site.

After the call-down message has been sent, the ERC Duty Officer provides a list of responding team members to the MCM/SNS Program Manager. DHSS/SEMA staff will follow the existing department protocol for authorized overtime and staff compensation requirements. Quarterly activation drills are conducted to ensure that the call-down system functions properly.

The MCM/SNS Program Manager will:

- Notify and remain in contact with the FEMA Region VII REC(s).
- Complete the Asset Request Form (ARF) requesting MCM Push Package or Managed Inventory.
- Confirm the staffing model for RSS/RDS site.
- Develops notification message for State SNS Response Team members including (location, time, shift, expectations).

- Develops EMResource notification and LPHA notification (Emergency Notification System) to alert of MCM activation and standby for ordering information.
- Confirm MCM arrival times to the RSS/RDS sites.
- Communicate MCM arrival information to the LPHAs and healthcare facilities. Local jurisdictions may then begin requesting orders from the state via WebEOC.
- Communicate apportionment to the SEOC Staff, ERC Staff, DHSS Medical Officer, and requesting LPHAs/healthcare facilities.
- Notify the Board of Pharmacy to activate the application form for DHSS/SEMA to obtain a temporary drug wholesale license. The RSS Site Commander serves as the “manager-in-charge” and is responsible for proper storage, security, records, and other compliance issues associated with the RSS/RDS as a drug distribution site.
- Begins planning for deactivation/demobilization, including the recovery of durable medical equipment and material, and the assets anticipated to accomplish such. More information regarding demobilization processes is found in Chapter 10 of this plan.
- The MCM/SNS Program Manager should request technical assistance from the CDC’s SSAG through the FEMA Region VII REC(s).

2. MANAGING ACTIVATION PROCEDURES

The MCM/SNS Program Manager continually monitors the situation while activated, ensuring that all RSS Response Team members have arrived safely and are present onsite, and that the RSS site is secure.

The MCM/SNS Program Manager remains in contact with the CDC Program Services Consultant, the U.S. Marshals Service, the RSS Site Commander/Liaison, and local partners to keep all parties informed on the expected arrival time of MCM assets at the RSS Site.

The MCM/SNS Program Manager requests EUA information, drug and agent fact sheets, and any other pertinent information from the FEMA Region VII REC(s), CDC, HHS/ASPR, and FDA. This related information will be immediately shared with the DHSS Medical Officer and local partners, so that local information sharing and reproduction activities can begin.

The MCM/SNS Program Manager remains in contact with the FEMA Region VII REC, DHSS ERC, DHSS Medical Officer, and SEOC team to plan for any additional MCM assets that might be required. Planning for future needs includes:

- The scope of the event;
- The agent involved;
- The need for MCMs beyond the initial 10 days;
- Additional MCMs required, such as vaccines and ancillary items; and
- Acquisition lead time for additional MCMs.

The DHSS Medical Officer signs the standing order for prophylaxis for DHSS, SEMA, RSS Response Team members, and first responders potentially exposed to the agent.

3. ASSIGN RSS/RDS SITE COMMANDER AND STAFF

The MCM/SNS Program Manager reviews the list of RSS Response Team Members available to deploy and selects RSS Site Commanders and Command Staff, including Distribution Leader primary and backup, Logistics Leaders primary and backup, and Receiving Site Leader primary and backup. Role selection should take into account team member experience, training, and abilities that best serve response needs.

Team members selected as Site Commanders will be contacted by the MCM/SNS Program Manager with instructions to initiate command upon arrival at the site. The Security Coordinator primary and backup positions will be filled by the Missouri State Highway Patrol (MSHP) upon activation.

4. DETERMINE THE APPROPRIATE RSS/RDS SITE

Which RSS Site to use is determined by the FEMA Region VII REC(s), SEOC, ERC, and the MCM/SNS Program Manager based on these considerations:

- Distance from the affected area,
- Suitability of roadways to and from the affected area,
- If the RSS Site is located within the “hot zone”, and
- If the site is immediately available.

The selected site must be contacted immediately and alerted that the site will be activated to serve as an RSS Site.

5. ACTIVATE RSS/RDS SITE SECURITY

The MSHP Field Operations Office and U.S. Marshals Service must be immediately notified once a RSS Site is chosen.

MSHP contacts local law enforcement and alerts them that the site is being activated. MSHP dispatches a Special Weapons and Tactics (SWAT) team to secure and control access to the site.

A DPS Mobile Command Unit (MCU) will be requested through the MSHP when this Security Plan is activated.

6. PRE-SCRIPTED WAIVERS

The MCM/SNS Program Manager works with the DHSS Bureau of Narcotics and Dangerous Drugs (BNDD) to ensure that pre-scripted waivers are sent to the Governor’s Office for approval. These waivers request that the Governor temporarily suspend current state laws regarding labeling of MCMs obtained by the state from federal sources. With these waivers approved, LPHAs can dispense MCMs with only the name, date of dispensing, and POD site handwritten on the bottles. LPHAs must be notified of approval of these waivers immediately so the dispensing effort is not impeded.

7. RESERVING STATE VEHICLES

The ERC Planning Section will request as many vehicles as possible from the Office of Administration (OA). SEMA personnel are required to contact SEMA vehicle coordinators if using state vehicles. Secondary protocol, per the OA, is to login to the Car Pool Automated Reservation System (CARS) from any computer and make a reservation.⁴³ Getting a vehicle from the former Missouri State Penitentiary at 102 N. Chestnut St. in Jefferson City is preferred since it is open 24/7.

8. RSS RESPONSE TEAM LODGING

The Finance Coordinator will be located on the SEOC floor. All purchases made by designated SEMA staff will first be approved by the Finance Coordinator. The MCM/SNS Program Manager retains a state purchase credit card at the RSS in the event on-scene payment is needed concerning lodging, equipment, or supplies needed to conduct response operations.

The MCM/SNS Program Manager works with the SEOC Finance and Administration Section to secure the required number of hotel rooms for staff near the selected RSS Site. Multiple hotels can be used if needed. Since the response duration is unknown, hotel reservations should be open-ended.

9. PREPARE COMMUNICATIONS EQUIPMENT FOR DEPLOYMENT

SNS Response Team handheld radios, chargers, and computers for use at the RSS site are stored in the ERC. The ERC Duty Officer prepares and transfers the equipment and sign-out sheets to the DHSS Warehouse Team for rapid deployment.

10. ESTABLISH COMMUNICATION WITH RSS/RDS SITE

The MCM/SNS Program Manager will:

- Monitor phone, email, Missouri Statewide Wireless Interoperable Network (MOSWIN), and amateur (HAM) radio systems for communications from the RSS Site;
- Report RSS set up status to the SEOC and ERC; and
- Inform the RSS Site Commander and Liaison of the expected MCM assets' arrival time.

Communications checks ensure that all modes of communication are working. Should communications fail inside the RSS Site, the Site Commander will move the RSS Command Center to a MSHP Mobile Command Unit (MCU).

11. TRANSPORT “GO CAGES” TO THE RSS/RDS SITE

Upon deployment notification, OA warehouse personnel assigned to the SNS Response Team will load the “Go Cages” into DHSS vehicles for transport to the RSS Site. The warehouse personnel

⁴³ <http://triptimizer.mo.gov/>

will stop at the ERC and pick up the handheld radios, chargers, and computers prepared by the ERC Duty Officer.

C. RESOURCE MANAGEMENT ELEMENTS

The following considerations will be taken to provide adequate resource management of existing and requested MCMs.

1. STATE

- The state does not maintain a first meds cache, nor does it have an inventory of MCMs available for response.
- Initial MCM requests will be made using WebEOC and, if needed, through the ERC/SEOC once the Push Package/Managed Inventory arrives in Missouri.
- Local, state, and federal government-level staff including DHSS, DNR, MSHP, SEMA, MONG, Reserves, and RSS Site Staff receive priority prophylaxis.
- The DHSS Medical Officer and DHSS/SEMA leadership determine the need to provide prophylaxis to state level public health employees, including RSS Team members and/or their family members during the activation.
- Staff members selected to receive prophylaxis are identified by their superiors.
- Dispensing staff provide prophylaxis under the direction of the DHSS Medical Officer.

2. LOCAL

- The *MCM Receiving, Distributing and Dispensing Plan Volume 11* includes prophylaxis dispensing models for first responders and critical infrastructure including staff with the LPHA, fire departments, law enforcement officers, emergency medical services personnel, key government leaders, and volunteers supporting local dispensing.⁴⁴
 - These models may include closed PODs, pre-positioned First Med kits, or other models identifying treatment centers and locations to obtain medication.
 - Medications from the 12-Hour Push Package will be used for first responders and critical infrastructure staff mentioned above, since no local medications are currently identified for this purpose.
- LPHA plans identify community pharmacies and/or medical supply wholesalers that may provide response inventory.
- Regional and local plans assess and indicate local resource capacity and number of individuals who can be offered prophylaxis.
- Local plans also state how the local jurisdiction will determine how they will monitor the event to request additional materiel.

⁴⁴ <https://www.hsdl.org/?abstract&did=799144>

3. MCM ASSETS ARRIVAL

The MCM/SNS Program Manager stands by for word from the RSS Commander/Liaison that the MCM assets have arrived and are accounted for. The MCM inventory will either be uploaded into WebEOC/Salamander or manual backup system at the RSS Site. The MCM/SNS Program Manager assures that inventory status is accessible to the SEOC/ERC.

4. APPORTIONMENT

The MCM/SNS Program Manager establishes apportionment baselines based on the jurisdiction's population, including:

- Age groups as directed by CDC/federal government,
- pediatric dosing,
- population, and
- limited inventory.

5. CONTROLLING MCM INVENTORY

Management and supervision of MCM inventory is the responsibility of the MCM/SNS Program Manager. Missouri has more than one system to track MCM inventory for different scenarios, including Salamander, WebEOC, and through technical partnership with OA's Information Technology Services Division (ITSD). As a backup, inventory would be manually tracked.

The SEOC/ERC notifies requesting agencies (such as hospitals, LPHAs, or treatment centers) that MCM assets are available so that they may begin ordering supplies. Requesting agencies will be notified by WebEOC when and where to pick up orders. Any additional order information will be sent via WebEOC or by phone or email to the requesting agency/agencies.

If normal communications modes are not operational, MCM orders can be sent from local partners to the SEOC/ERC, and passed on to the RSS by phone, email, fax, MOSWIN, HAM radio or courier. The MCM/SNS Program Manager will ensure that receipt of order messages are communicated back to local partners, as well as order status and pickup/delivery information.

Local partners (LPHAs, hospitals, emergency management) will provide inventory levels/data to their respective LEOC via WebEOC, which will in turn send that information to the state (ERC/SEOC ESF8 desk) to be compiled and sent to the CDC via IMATS and/or another information data exchange compliant inventory management system.

6. ALTERNATE MCM INVENTORY MANAGEMENT

In the event that WebEOC's internet-based system is not accessible, MCM inventory will be tracked using an Excel spreadsheet. Updated inventory information from the spreadsheet will be entered into WebEOC when access is restored. DHSS, SEMA, and LPHA staff have received clearance and training in WebEOC, as well as training on the redundant plan utilizing the Excel spreadsheet.

Should power and/or communications fail between sites, “runners” will physically transport MCM orders and inventory information between the ERC, SEOC, LPHAs, RSS and RDS. The information will be collected and documented in real time, and subsequently be entered into Excel or WebEOC once accessible.

7. ORDER PICKUP

Requesting agencies are required to have a Peace Officer Standards and Training (POST) certified law enforcement officer with them when accessing the RSS/RDS site to pick up supplies. Additionally, the vehicle used to transport MCM materials must have sufficient and appropriate cargo space to keep the materials free from damage caused by the elements or exposure to highway speeds (i.e., no open-bed trucks).

Requesting agency representatives are required to produce a picture ID that corresponds to the individual’s name indicated on the WebEOC order that will be making the pickup. Information on vehicle type, make, model, or plate information may also be cross referenced to the information provided when ordering.

8. CHAIN OF CUSTODY

Each agency is also required to follow chain of custody requirements by listing in their plans three individuals authorized to sign for the MCM materiel. The chain of custody form will be signed at the RSS site when picking up the MCM order. Documentation includes medication name, lot number, dosage strength, expiration date, and acknowledges receipt. This chain of custody process and documentation continues at each level of distribution, including any subsequent receipt and distribution from an RDS/LDS.

If an LPHA is picking up for a hospital and controlled substances drugs are part of the order, the hospital has 48 hours to return the DEA 222 form signed by their Drug Enforcement Administration (DEA) registrant ([see MCM Controlled Substance Policy and Procedure](#)).

CHAPTER 5: TACTICAL COMMUNICATION

Per the SEOP, SEMA and the DPS-MOSWIN have shared primary responsibility for communications during an emergency or disaster. Other state agencies support SEMA and DPS-MOSWIN when communication cannot be established between the SEOC and the disaster site.

Normal phone and internet services are used for MCM distribution sites when possible. The MCM ICS Logistics Chief arranges for phone and internet capabilities at the distribution sites. Communications capabilities at MCM distribution sites will be practiced to demonstrate full functionality.

Upon activation, MSHP deploys its mobile communication vehicle to the RSS. Designated RSS staff will maintain communication in the vehicle.

The ERC stores and maintains 30 UHF radios that can be used for local radio communication by RSS Response Team members at an MCM distribution site. The ERC also has 6 VHF radios that can be used for tactical communication between distribution site leadership and cooperating outside agencies, such as the MSHP or local emergency response organizations. VHF radios are not meant for long distance communication, however the ERC also has 2 portable MOSWIN radios capable of statewide communication. These MOSWIN radios may be available for MCM distribution site use unless they are dedicated to other response areas by ICS decision makers in the SEOC or ERC.

Five amateur radios in Pelican cases are available for communications as a last resort. The radios/Pelican cases are located in the DHSS Warehouse along with three, 30-foot telescoping fiberglass masts per case for deploying the radio antennas. When deployed, power for the amateur radios can be obtained through normal electric service or by car batteries if normal utility services are disrupted. Licensed amateur radio operators, General class or higher for statewide communication, can operate the radios.

Should widespread infrastructure disruption affect the MCM distribution site, 10 ASPR-funded communications trailers are available upon request. Each trailer provides limited internet and communications services (ex: single-line internet service for 1-2 computers). These ASPR-funded trailers can be requested through the SEOC/ERC.

Additional information concerning tactical communication can be found in the Tactical Communication Plan. Contact the ERC for additional information.

A. MISSOURI WebEOC

Missouri WebEOC is an online platform for information sharing and resource request tracking during emergencies, disasters, significant events and daily operations. WebEOC provides all jurisdictions a common operating picture and near real-time situational awareness of events affecting their region and state. All response partners in Missouri are encouraged to use WebEOC on a regular basis.

WebEOC displays information electronically by subject matter such as situation reports, contact information, and resource requests. Additionally, Missouri's WebEOC platform includes certain customized boards.

Information-sharing and platform access guidelines for WebEOC have been established through formal policies and guidance.⁴⁵ Data and information that is shared on WebEOC in a MCM response will be limited to the nature, scope, and morbidity and mortality of the agent, response, actions, and status, including logistics information and planning for the next operational cycles.

Open and clear communications are vital for successful response, particularly during an event involving medical countermeasures. However, it is important to regulate what is shared via WebEOC. Data entries onto the platform are subject to Freedom of Information Act (FOIA) requests and applicable state Sunshine Laws. Information not appropriate for public dissemination, such as personal information that could violate the Health Insurance Portability and Accountability Act (HIPAA), should not be entered on WebEOC. Nothing is authorized for public release by any individual users of WebEOC other than public information officials.

Personnel must be cleared by their organization's leadership and attend WebEOC training to receive accounts for the platform. ESF8 personnel accounts are assigned Health Operations (Health Ops) positions, which gives the user either read, write, or edit access based on their supervisors' recommendation.

B. INFORMATION SHARING

During MCM event response, it is critical that local, state, and federal partners share vital information in a timely manner in accordance with ICS. This plan includes several assumptions related to information sharing:

- Event-related information communicated by phone, WebEOC, email, etc., should be handled by the manager or designee at that location. This includes:
 - The MCM/SNS Program Manager and/or ESF8 Lead at the SEOC;
 - The RSS Site Commander at the RSS;
 - Assigned federal government/CDC/ASPR representative(s);
 - Regional CRI Planners; and
 - Directors/Administrators at LPHAs.
- Information will be shared from one location to another in an orderly fashion under the proper chain of command by those who have been trained and vetted to be in these command positions.
 - LPHAs will communicate to their Regional CRI Planner, if applicable, or the state MCM/SNS Program Manager.
 - The Regional CRI Planner communicates up to the MCM/SNS Program Manager.
 - The RSS Site Commander coordinates with the federal government representatives and communicates with the MCM/SNS Program Manager.

⁴⁵ WebEOC Authorized User Information is at <https://webeoc.sema.dps.mo.gov/eoc/>

- The MCM/SNS Program Manager communicates to the ESF8 Lead at the SEOC.
 - The ESF8 Lead communicates with the SEMA Operations Chief as well as the DHSS Director's office.
 - The SEMA Operations Chief communicates with the SEMA Director.
- This information sharing system will be used for passing information from local to state to federal or in the reverse order.

At the RSS, the Planning Chief meets with other section chiefs to establish incident action plans. The Planning Chief reports to the Site Commander in a regular and timely manner, so that the Site Commander can provide hourly updates to the MCM/SNS Program Manager.

DHSS has a policy that its information technology systems adhere to Public Health Information Network (PHIN) and National Institute of Standards and Technology (NIST) standards for vocabulary, storage, transport security, and accessibility. The PHIN standards provide the framework for DHSS's systems. DHSS is developing a document that lists additional links to these overarching requirements. These standards and documents have been in place for multiple years and DHSS has been compliant with these requirements⁴⁶.

⁴⁶ <http://www.cdc.gov/phinf/resources/standards/>
<http://www.nist.gov/healthcare/index.cfm>
<http://www.nist.gov/information-technology-portal.cfm>

CHAPTER 6: PUBLIC INFORMATION

Public information personnel regularly inform, educate, and communicate with the public during an incident. This section describes the state-level communications roles and responsibilities for Medical Countermeasures (MCM). The SEMA risk communications and public information plan for all-hazards emergency response is included in Annex K.1.6 of the SEOP.

The [Emergency Response Public Information Toolkit for Local Public Health Agencies](#) is available on the DHSS website and provides fact sheets, press release templates, and other materials that can be customized to meet their needs.⁴⁷ The toolkit includes a pandemic influenza section and other enhancements. Another section of the toolkit has fact sheets on biological and chemical agents, as well as radiological/nuclear threats. News release templates are available for all aspects of responding to the above events, including smallpox and other bioterrorism agents.

Additional messaging will be needed to mobilize the public to PODs. Message templates are available to prepare the community on medications being offered, how to receive medication, where to go for medication, what to bring to the POD, transportation to the POD, and medication adherence. Vulnerable population groups, including those with access and functional needs, are discussed with suggested communication channels to reach these groups. Other messages focus on recruiting volunteers at the time of the event.

DHSS/SEMA ensures the following:

- PIO and staff roles and responsibilities are established, and team members are trained in risk communications through exercises in the DHSS ERC, SEOC, and at the RSS site.
- Call-down lists are up-to-date for the public information response team, designated spokespersons, and regional public information officers.
- Up-to-date media lists including email, phone, and fax (when applicable).
- Established message development, review, approval, dissemination, and media monitoring procedures are established.
- Plans for printing and distributing hard-copy materials during emergencies.

A. HEALTH COMMUNICATIONS PLANNING

All health communications plans should consider the following aspects so that the right information is given to the right people at the right time, so they can make the right decisions for their personal and family health.

1. EVENT-RELATED HEALTH INFORMATION

- Details about the agent involved.
- Early signs and symptoms, including information on any incubation period.
- The mode of transmission.

⁴⁷ [Disaster & Emergency Planning | Health & Senior Services \(mo.gov\)](#)

- Affected locations and/or communities that are known at the time, and as the situation develops.
- Who needs to receive prophylaxis (medicine or vaccination) and why.
- Details about the medication or vaccine, and how it will be dispensed.
- Asymptomatic persons will have time to get treated and should avoid going to local hospitals.
- Symptomatic or ill persons should consult with their healthcare provider.
- It is important to reinforce to the public that regimens may change as more is learned about the specific threat.
- Local supplies of the needed medication have been exhausted (don't contact your local pharmacy for the medication).
- Medical countermeasures from the Strategic National Stockpile have been requested for the community.

2. PUBLIC DISPENSING SITES

- Where Open Points of Dispensing are located and their hours of operation.
- Each dispensing site will have a designated process and flow for everyone to follow to assure efficient, orderly and safe medication dispensing. Dispensing site volunteer staff and signs will help guide people through the site.
- Any alternative transportation available to the PODs for vulnerable populations and/or persons with access and functional needs.
- The hotline number to provide information about the event, agents, dispensing sites, etc.
- Wait times may be long; please be patient.
- Pills may vary in numbers and colors due to the manufacturing difference relating to dosage and vendors.
- Specific personal health information you may need at the dispensing site.
- Persons over 16 years of age will be asked for a picture ID or other means of identification.
 - However, no one should be turned away for lack of identification.
- Adults will have to give written consent for minors in their household.
- One adult household representative can receive antibiotic or antiviral treatments in pill form for all other household members, including disabled, homebound relatives, or neighbors.
 - In addition to their own picture ID, adults will be asked to provide identification, health information, drug allergies, and current medication lists for each person for whom they wish to obtain prophylaxis.
 - For children less than 13 years old current weight, age, health information, drug allergies, and current medications will be needed on patient forms.
- Medication may be obtained for others if in pill form; if vaccinations are required, each person must be at the dispensing site to receive the vaccination.

3. ADDITIONAL INFORMATION & LEGALITIES

- Persons caught hoarding or reselling pharmaceuticals intended for mass prophylaxis will be prosecuted.

- Do not use any pharmaceuticals obtained through unofficial sources; they may be ineffective or harmful. Use only medications provided at the dispensing sites or prescribed by physicians and dispensed by a licensed pharmacist.
- Do not use expired medications.
- Medications and vaccinations related to this event are free to the public.
- If you are unable to get to a dispensing site and are instructed to do so, notify the appropriate authorities (give number to call).

B. JOINT INFORMATION SYSTEM / CENTER

As a communications best practice, the Joint Information System (JIS) concept is used to coordinate and share information across multiple departments and governmental entities. The JIS structure “integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, accurate, accessible, timely and complete information during crisis or incident operations.” The location where PIOs meet and confer on these objectives on behalf of Incident Command is known as the Joint Information Center (JIC).⁴⁸

1. JIS/JIC GOALS & OBJECTIVES

- Inform the public, policy makers, health officials, partner organizations, and the media about the current situation and how they’re asked to respond.
- Address public questions and concerns with accurate, factual information. Respond to rumors and misinformation quickly.
- Instill and maintain public confidence in the public health system’s ability to respond and manage the distribution of mass prophylaxis by providing accurate, rapid, and complete information.
- Coordinate accurate, consistent, and highly-accessible information with all federal, state, and local response partners.
- Share message development, review, approval, and dissemination protocols with all PIOs assigned to the incident/JIS. Agencies remain autonomous but with coordinated message development (“multiple agencies speaking with one voice”).
- Designate spokespersons for each RSS site.
- Coordinate areas of restricted media access with the onsite Security Officer; inform media of any site restrictions if allowed at any POD or other response sites.

2. JIS/JIC BEST PRACTICES

- Establish communication coordination with PIOs at DHSS and DPS/SEMA through the ERC and SEOC JIC, affected local and regional EOCs.
- Determine JIC organizational structure, including a Lead PIO to serve as the communications liaison with State Unified Command.

⁴⁸ [FEMA Joint Information System, Center definitions](#)

- Use trained spokespersons and PIOs.
- Incorporate risk communication strategies when developing public information messages.
- Share news releases, fact sheets, talking points, frequently asked questions, etc., with the LPHAs, health care providers, and other partners to ensure accurate, consistent information is available to all responders.
- Clinical and drug information resources and subject matter experts will be able to answer questions for public information staff.
- Pre-event messages, talking points, key messages, and news release templates are available for MCM deployment and implementation.

3. INCIDENT KEY MESSAGES

- Describe the current situation;
- Provide background on the agent/medical event (e.g., smallpox, plague, tularemia);
- Educate residents on agent transmissibility issues;
- Inform residents on the required type of mass prophylaxis (medicine or vaccine);
- Encourage strict drug-taking adherence;
- Describe what we are asking people to do;
- Emphasize that public should remain calm and keep order;
- Provide information on dispensing sites (location, hours, eligibility criteria, etc.);
- Use message maps as provided by CDC and/or developed by DHSS/SEMA; and
- Use targeted messages developed for various audiences—general public, healthcare professionals, policy makers, etc.

4. INFORMATION SHARING CHANNELS

The following list of possible information sharing channels is not all-inclusive and subject to update or change. Both internal (inside agency) and external (public-facing) communications channels will be considered.

- Emergency Notification System (ENS), which includes DHSS/SEMA emergency response staff and LPHAs.
- Email and phone – media contact lists.
- System to communicate immediately with the hospitals and health care providers through their associations
- News releases
- Media briefings
- Press conferences
- Websites
- Official agency social media accounts

5. COORDINATING MESSAGES WITH PARTNERS

- Use the ENS, email listserv groups, and other communication media to communicate routinely with the LPHAs and other partners.
- Communicate with other state agencies through the SEOC.
- Communicate to hospital public affairs staff through partnership with the MHA.

6. MEDIA INFORMATION REQUESTS

- Coordinate all public information messages through the DHSS Office of Public Information (OPI) and/or SEOC ESF15 using procedures established for the event.
- Use additional media spokespersons as needed.
- Engaging other spokespersons, based on area of expertise, assignments, geographic location.
- Update emergency response/terrorism web page at least twice daily, and more often as new information becomes available. These updates should also be coordinated through DHSS OPI and the SEOC JIC.
- Publicize the 1-800 number (available 24 hours a day, 7 days a week) for non-media questions.
- Implement DHSS senior referral line, Family Care Safety Registry resources, and nurse referral line as needed/appropriate.

C. PUBLIC HEALTH EMERGENCY HOTLINE

DHSS/SEMA provide annual training for frontline emergency call center workers and nurse hotline staff, using scenarios such as pandemic influenza and plague, along with MCM deployment. During MCM-related activations, plans exist for operating an expanded use of the DHSS Public Health Emergency 24/7 hotline, including:

- The PHE Hotline Coordinator or designee activates the hotline following established procedures.
- The PHE Hotline Coordinator works with PIO staff and the DHSS Medical Officer to develop scripts as needed.
- The PHE Hotline Coordinator or designee will activate the Missouri Poison Control (MO-PC) Center hotline per contractual agreement.

D. ACCESS & FUNCTIONAL NEEDS, VULNERABLE POPULATIONS

Alternative means of communications will be considered for Missourians with access and functional needs and other vulnerable or diverse populations.

- The JIS will tailor messages and materials to meet the needs of diverse including, but not limited to:
 - Non-English speaking;
 - Hearing impaired;

- Visually impaired; and
 - Limited language proficiency/literacy.
- State contracts exist for translators/operators trained in other languages for translating communications materials as appropriate for affected populations.
- Ensure that information that is released about the MCM is appropriate for vulnerable populations.

CHAPTER 7: SECURITY

Missouri's MCM security lead is the Missouri State Highway Patrol (MSHP), which creates and maintains the state's security plan for SNS. The MSHP Security Lead is a member of the MCM SNS Advisory Council and meets at least annually with the MCM/SNS Program Manager to review Force Protection standards for MCM Team Members.

1. RSS SECURITY ASSESSMENT

The MSHP is actively involved in the review and evaluation of all existing and potential RSS sites in Missouri. RSS site security plans include both exterior and interior physical security, security breach procedures, evacuation procedures, and security command/management aspects. Identified RSS sites have received a vulnerability review by the MSHP in collaboration with the U.S. Marshals Service. The review evaluates sites for perimeter fencing, accessibility, vehicle staging, traffic and crowd control, lighting, guarded and locked entrances, internal access control, ability to barricade areas, and personnel safety including evacuation and/or shelter in place considerations.

2. SECURITY DURING AN EVENT

MSHP provides security for MCM materiel from the time the assets arrive in Missouri to the time the assets are shipped to the local dispensing agencies. Knowledge of the whereabouts and security of medical material is the responsibility of the jurisdiction in custody. As a pull-type response is expected, each LPHA will provide their own security during transportation and distribution in their local jurisdictions. Transportation security plans, whether at the state level or local level, should include the following planning aspects as applicable: crossing jurisdictional lines, crossing governmental sovereignty, MCMs arriving at the RSS, MCM transport from the RSS to a RDS/LDS/POD, and MCM transport from an RDS/LDS to a POD.

3. SECURITY ACTIVATION PROCEDURES

The MCM/SNS Program Manager notifies MSHP General Headquarters that MCM assets have been requested and which RSS/RDS site(s) are being set up.

During periods of activation at one of the pre-selected RSS facilities, the MSHP tailors site security measures to levels of activities and risks. The following guidelines will be used as a general template for security operations. The actual level of security can be scaled/adjusted upward based on the judgment of the MSHP MCM Security Lead or the senior MSHP Trooper at the site:

- The MSHP will activate specialized units as needed, such as the SWAT Team. The SWAT Team will provide security for the RSS/RDS site(s) and transportation of MCM materiel through the contracted commercial carrier, and/or transportation via state ground and air vehicles.
- The MSHP will use their Mobile Communication Unit (MCU) as the security command post. This MCU will be brought by the MSHP to the designated RSS site. The Site Commander will collaborate with the SWAT Team Commander and assign staff in the MCU.

- Once the security command post is established, the SWAT Commander coordinates security arrangements with the U.S. Marshals Service, and RSS Site Commander. Security will be established outside, inside, and on streets surrounding the RSS site. SWAT Team members will follow established MSHP task force deployment and civil disturbances guidelines pertaining to security and use of force.
- The MSHP will inform both city and county local law enforcement that they are providing security during the emergency. If additional security is needed during the event, the SWAT Commander will request assistance from the SEOC.

4. RSS/RDS SITE(S) SECURITY DUTIES

- Evaluate potential RSS and state RDS sites for security clearance.
- Notify local law enforcement of RSS site operations within their jurisdiction.
- Provide security from the arrival airport to the RSS site for MCM materiel.
- Provide security of the MCM materiel and DHSS staff at the RSS.
- Provide security during transportation of the MCM materiel from RSS site to RDS.
- Assure mobile command unit arrives at RSS site.
- Collaborate with the U.S. Marshals Service.
- Collaborate with the MONG.
- Provide the mobile command center at the RSS site.
- Provide air transport of MCM materiel (if needed).

5. U.S. MARSHALS SERVICE DUTIES

- Collaborate with the MSHP and the DHSS Site Commander at the RSS site;
- Protect the MCM materiel in federal custody and work with state/local law enforcement in securing the MCM materiel when custody is transferred from federal possession;
- Work with state/local law enforcement to identify immediate or potential threats; and
- Be located at the state RSS site if need dictates.

6. POD SECURITY- LOCAL LEVEL

In their individual plans LPHAs, treatment sites, and hospitals are required to include security planning aspects for their roles in MCM distribution and dispensing. The plans should also include MCM transport provisions in a pull-type response and physical security of the PODs. The Law Enforcement Mutual Aid Coordinator works with LPHAs statewide to provide guidance and oversight of such security plans.

CHAPTER 8: TRAINING, EXERCISING, AND EVALUATION

The training and exercise portion of the plan is ensures that staff working with MCMs are trained and prepared to receive, stage, store, and distribute MCM supplies in an emergency.⁴⁹ Exercises and training sessions are critical to evaluating staff members' knowledge and system readiness. Post-exercise evaluation and improvement action planning aids in pinpointing and making appropriate SNS Plan and system changes.

A. TRAINING & EXERCISE PROGRAM PHILOSOPHY

The State Training and Exercise Coordinator prepares training and exercises based on this SNS Plan, associated MCM functions, and any regional and local plans. Exercises will be developed to the appropriate scale and scope, and will be consistent with Homeland Security Exercise and Evaluation Program (HSEEP) guidance, including:

- Exercises start at the simplest level with orientations, tabletop discussions, and drills, working progressively to more difficult and complicated functional and full-scale exercises;
- The Training and Exercise Coordinator assists local agencies in planning, conducting, and evaluating local and regional exercises;
- Communications exercises will be drilled at least annually, and will include primary and backup communication equipment, including the ENS for SNS Response Team alert and;
- Regional statewide exercises are conducted during a five-year period in accordance with CDC guidelines.

Exercise goals and objectives ensure that existing and future plans, policies, procedures, and trainings will fulfil the MCM/SNS program mission. Exercises will include, but not be limited to, testing and evaluating the following:

- Command and control,
- Requesting MCMs/SNS resources,
- Receiving, Staging, and Storage (RSS) sites,
- Distribution,
- Dispensing,
- Security,
- Communications, and
- Demobilization.

The SEMA State Training Officer and their staff are responsible for:

- Developing ongoing exercises and training for SNS staff and volunteers based on the MCM/SNS Plan and job descriptions/job action sheets;
- Coordinating training and exercise policies with local and regional Cities Readiness Initiative (CRI) planners as defined by the grant deliverables; and

⁴⁹ Staff is defined as DHSS and SEMA employees, and those who comprise the State SNS Response Team.

- Hosting a periodic Integrated Preparedness Planning Workshop (IPPW) with the MCM/SNS Program Manager, MCM/SNS Planner, RSS Site Commanders, LPHAs, hospitals and other partners to establish strategy, objectives and structure for the MCM/SNS exercise program based on the following MCM Training Functions.

B. MCM TRAINING FUNCTIONS

1. COMMAND AND CONTROL

Command and Control includes staff from both DPS/SEMA and the DHSS ERC that play essential leadership roles in the state and local Incident Command System, and is attached to SEMA's Operations Section. Command and control's purpose is to:

- Maintain a comprehensive overview of MCM operations during an event with communications and assessments from MCM operations management.
- Inform state/local leaders of progress and problems.
- Answer questions from state and local officials.
- Request the MCMs. The decision to deploy the SNS is a collaborative effort between local, state, and federal officials.
- Maintain coordination with the RSS and RDS sites. Testing through exercises will determine the capability of each site to fulfill its mission.

2. DISTRIBUTION

Distribution training and exercise functions emphasize coordination between RSS Site Commanders, RDS Task Force Leaders, site security, and MCM/SNS personnel ensuring that the RSS/RDS site(s) and deliveries are protected. Additional distribution training will focus on pulling appropriate MCM contents for distribution to hospitals, treatment centers, and LPHAs.

3. DISPENSING

Dispensing training and exercise functions evaluate the coordination and oversight of the Volunteer Dispensing Program in accordance with local and regional partners' dispensing plans.

4. SECURITY

Security training and exercise functions evaluate the ability to keep SNS/MCM assets safe during all phases of receipt, staging/storing, transportation, distribution and dispensing, and also communicating and collaborating with local, state, and federal security and public safety assets.

5. COMMUNICATIONS

Communications training and exercise functions are broken into two areas: public information and tactical communications.

- Public information exercises evaluate the ability to get the right information to the affected populations at the right time so they can make the right decisions. See Chapter 6 for additional public information requirements.
- Tactical communications exercises assess proper use of radio equipment, satellite phones, internet applications, and interoperability among these systems. See Chapter 5 for additional tactical communications considerations.
- The Communications Officer at the RSS site, the PIO, and Core Team Leaders and members will be trained on the Incident Command System to ensure that
 - Personnel are trained, familiar with and exercised in their respective roles in this plan,
 - And they are equipped with and trained on the communications equipment they would use in an actual event.

6. DEMOBILIZATION

Demobilization training and exercise functions will determine the team's ability to scale down response and retrieve any state-owned durable medical materiel.

C. STATE SNS RESPONSE TEAM TRAINING

State SNS Response Team training conducted by the Training and Exercise Coordinator includes orientation and instruction on the MCM mission, MCM functions, and specific roles under the Incident Command System. Detailed job action sheets for each position are available in SNS Plan Volume II, in the MCM Operations Manual portion. The job action sheets provide SNS Response Team members with position descriptions and specific instructions for lead personnel.

State SNS Response Team members should have successfully completed the following training courses prior to being deployed:

- Orientation to MCM and the SNS;
- Incident officer training (based on their expected role);
- Hands-on training in setting up the RSS/RDS;
- Communications equipment training;
- Inventory management;
- ICS 100, 200, 300, 700, and 800 courses;
- Handling Emotions Under Pressure course;
- If available, the Department of Mental Health would provide just-in-time training based on its Psychological First Aid course; and
- Participation in Missouri's full-scale exercises.

Each ERC / SEOC section and its staff is trained in accordance with NIMS ICS:

- Command Section
- Operations Section
- Logistics Section
- Administrative Section
- Planning Section

Training on State SNS Response Team functions includes, but is not limited to:

- Command and Control,
- Requesting the MCM,
- Receiving, Staging, and Storage (RSS) Sites,
- Distribution,
- Security,
- Communications, and
- Demobilization.

Team members are encouraged to attend additional trainings and conferences related to disaster and emergency response.

1. JUST IN TIME TRAINING

Just in time training for State SNS Response Team members is conducted at the RSS/RDS. Training includes two phases: a walk-through and deployment exercise. During the walk-through, team members receive instruction on their roles and expectations. Then, members will exercise deploying the entire team simultaneously. Deployment work is timed and evaluated using the evaluation plan in this chapter. Just in time training includes actual equipment including go-kits and full-size, simulated SNS/MCM containers with payloads and manifests.

2. LOCAL AGENCY TRAINING

Training for local agencies includes MCM/SNS presentations. Additional resources for LPHAs and other agencies are available on the DHSS website.⁵⁰ Other specified training includes:

- Volunteer Dispensing Training;
- Coordination of Mobile Prep Course, Public Information Officer, and other CDC or Homeland Security sponsored training; and
- Practical Approaches course.

⁵⁰ Resources are available on the MCM Website <http://health.mo.gov/emergencies/MCM/index.php>

D. EXERCISE EVALUATION

The SEMA Training and Exercise Section coordinates after action reviews and related reports in concordance with HSEEP. After action reports should contain:

- A recap of **exercise goals and objectives**.
- An **exercise overview** section including exercise background information, a list of participating agencies, dates and locations, exercise type, scenario overview, and evaluation process description.
- An **analysis of mission outcomes**, which discusses the team's capacity to perform MCM/CRI critical tasks based on exercise goals and objectives affecting the overall mission outcome.
- The specific **tasks, responsibilities, policies, or procedures** included in the exercise evaluation and required corrections.
- **References** to specific items requiring correction. Citations of the issues can come from plans, procedures, policies, agreements, equipment, etc., relating to the exercise evaluation and SNS/MCM Plans.
- A brief **summary** of any issues, positive and negative, from the evaluation of exercise objectives.
- Describe anticipated **consequences** of the ability to/inability to respond as expected.
- **Analysis** of whether entities involved have the plans, policies, procedures, trained personnel, equipment, and agreements needed to perform the required tasks.
- **Recommendations** on resolving issues from the exercise (examples: changes in plans, procedures organizational structures, training, equipment, personnel, or equipment).
- **Improvement/corrective action plans**, including actions to be taken, agencies that will address the recommendations, and when actions will be implemented.

Copies of the after action report and improvement/corrective action plan will be provided to the MCM/SNS Program Manager, DHSS Director, PHEP Director, and chief administrative officials of agencies involved in the exercise.

Updates to the MCM/SNS Plan will be made in accordance with exercise findings documented on after action reports and improvement/corrective action plans. The SEMA Training and Exercise Coordinator will assist the MCM/SNS Program Manager with additional exercises testing subsequent plan changes.

E. STATE/LOCAL AGENCIES SUPPORT TRAINING / EXERCISE FUNCTIONS

Administration for state and local support for training and functions is divided into separate responsibilities among staff for roles in:

- Administration, finance and accounting
- Compliance and contract monitoring
- Exercise design and execution.

The PHEP Director provides oversight for the financial and accounting aspects of the training and exercise program and is also responsible for preparing contracts with local public health agencies and exercise consultants responsible for preparing exercises.

The DHSS Office of Emergency Coordination ensures compliance and provides monitoring plans and ensures execution of the plan for contracts with local public health agencies regarding public health preparedness.

The SEMA Training and Exercise Manager is responsible for designing and conducting exercises and working with any exercise consultants, other state agencies and local public health agencies as necessary in the design and execution of exercises.

The MCM/SNS Program Manager works with the PHEP Director, the DHSS Office of Emergency Coordination and the SEMA Training and Exercise Coordinator, as well as other state agencies and local public health agencies, to plan and assist with the development and administration of training, exercises, equipment and support meet the needs of the MCM mission.

CHAPTER 9: COLD CHAIN MANAGEMENT

Vaccines and other biologic products must be stored properly from the time they are manufactured until the time they are administered, as excess heat or cold reduces potency and increases the risk that recipients will not be protected. The system used to maintain and distribute vaccines in optimal condition is called "cold chain". Cold chain management has three components to ensure safe vaccine transport and storage:

- Trained personnel,
- Efficient and effective management procedures, and
- Appropriate transport and storage equipment.

Manufacturers' product specifications in the package insert should be followed. Proper storage temperatures must be maintained at every link in the chain. During transport from manufacturer or distributor to provider, most vaccine is transported in a refrigerated or frozen state (refrigerator 36°–46°F [2°–8°C]; freezer between -58°F and +5°F [-50°C and -15°C]), using an insulated container or a refrigerated truck. Dry ice is no longer acceptable for storage or transport of frozen vaccine. Vaccines must also be appropriately stored at the recommended temperature ranges shown above. As noted in the CDC [Vaccine Storage and Handling Toolkit](#), the desired average temperature is 40°F/5°C for refrigerated vaccines.⁵¹

For SNS products requiring cold chain management, CDC will most likely ship them in specialized shipping containers designed to maintain required temperatures for at least 72 hours. For more detailed information see *Appendix E: Cold Chain Management* of the CDC's *Receiving, Distributing, and Dispensing Strategic National Stockpile: A Guide for Preparedness, Version 11*.

A. COLD CHAIN FAILURE

If a cold chain failure is suspected, there is evidence vaccine has been exposed to temperatures outside the recommended temperature range, or vaccine was inappropriately exposed to light, providers should immediately:

- Contact the DHSS immunization program for guidance and follow the instructions in the CDC *Vaccine Storage and Handling Toolkit* regarding inappropriate vaccine storage conditions.⁵² Clearly mark affected vaccines with a label stating "DO NOT USE" so it is not administered until a response is received regarding its acceptability for use. DO NOT discard any vaccine unless directed to do so.
- Segregate wasted/expired/spoiled vaccine from storage containers with viable vaccine to prevent inadvertent administration.
- Continue storing the vaccine under correct temperature storage conditions.

⁵¹ Additional CDC vaccine storage and handling information: <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

⁵² <http://www.cdc.gov/vaccines/pubs/pinkbook/vac-storage.html>

B. TEMPERATURE MONITORING

Vaccine and other biologic products requiring precise controls must have their storage unit temperatures read and documented twice each workday to ensure that any failures are documented and corrected quickly to prevent loss.

The CDC recommends using a digital thermometer with a biosafe glycol-encased probe that measures liquid temperature. This type of digital thermometer more accurately reflects the temperature of the vaccine vial and does not register extraneous air temperature fluctuations not impacting vaccine temperature.

The digital thermometer should have a detachable probe (that is kept in the glycol-filled bottle), and should be able to provide continuous data monitoring and logging, with an active display placed on the outside of the unit door to allow for reading temperatures without opening the unit door. A detachable probe facilitates downloading temperature data without removing the probe from the storage unit, and should simplify daily use and minimize operator cause of temperature variability.

The digital data logger should also include the following:

- Alarm for out-of-range temperatures
- Current temperature, as well as minimum and maximum temperatures
- Reset button
- Low battery indicator
- Accuracy of +/-1°F (0.5°C)
- Memory storage of at least 4000 readings: the device will not rewrite over old data and stops recording when its memory is full
- User programmable logging interval (or reading rate)

Thermometers are required to have annual Certificate of Traceability and Calibration Testing (also known as Report of Calibration). If not done annually, calibration must follow the manufacturer recommendations.

The DHSS Missouri State Public Health Lab currently uses a system from Senso Scientific that provides 24/7 temperature readings. The Senso system will send alerts to staffs' smartphones should a cold room, incubator, or other tracked cold chain managed storage falls out of their specified ranges.

C. VACCINE TRANSPORT

Cold chain storage procedures must be followed during vaccine transport, and appropriate storage devices are available to assist vaccination teams. VaxiPac shipping containers hold up to 24 vaccine vials and can be used for transports that are 24 hours or less. Additional VaxiPac containers can be used for additional vaccine. Having one container at each vaccination station is convenient and will help prevent vaccine compromise. Do not use ice blocks with this container; the VaxiPac must be used with the silver phase change brick in each container.

Another approved device designed for temporary transportation and storage, the VaxiCool unit, is best for large-scale vaccination campaigns and can hold 400 vials. The VaxiCool unit has a LCD read out displaying temperature and voltage data, comes with an alarm system, and can be powered by internal batteries or external sources. It is designed to maintain a temperature of 2°C to 8°C, or dual temperature ranges for frozen requirements. When fully charged and off external power, the VaxiCool can maintain temperatures for up to 60 hours in refrigeration mode.

Vaccine should be transported to the dispensing location in manufacturer-supplied packaging. Do not remove the vaccine from packaging to try to fit more vials into your VaxiPac or VaxiCool unit.

An insulated barrier, such as crumpled paper, bubble wrap, or cardboard, should be placed between the vaccine and refrigerated/frozen packs when in the approved shipping containers. Air pockets created by the barrier protects the vaccine from over-exposure to freezing temperatures. A single layer of towel over ice is not adequate protection.

At a minimum, vaccine temperatures should be checked and recorded hourly when off-site. If vaccine is out of the required storage temperature range, or becomes compromised in any other way, report the incident immediately. Report vaccine storage and handling incidents that result in vaccine loss, reasons for loss, and the number of doses involved in loss, as instructed. Refer to the *Cold Chain Failure* section of this chapter for detailed instructions on how to report loss.

CHAPTER 10: DEMOBILIZATION PLAN

Demobilization planning begins initially during the activation phase, regardless of the size of the incident. State officials, including the MCM/SNS Program Manager, will make the decision when to begin the demobilization action steps or terminate distribution/dispensing. The following may indicate the point at which that may occur:

- The need to continue distributing MCM/SNS assets for a large scale event has been reduced;
- Less manpower and resources are needed to effectively distribute/dispense MCM/SNS assets to the public;
- The State needs to transition from initial distribution to the extended distribution phase of and emergency; and/or
- Federal, State and Local leadership has determined that the need to distribute/dispense MCM/SNS assets is no longer necessary at this time.

The State takes the following steps during demobilization:

- Notify all partners when demobilization begins;
 - Record the beginning of the demobilization process by official documentation after incident stabilization;
- Monitor drawdown of resources (staff, equipment, contractual resources);
- Perform detailed inventory of medication, equipment on hand, and equipment distributed throughout the state of Missouri;
 - Consider long-term storage.
 - Update inventory database (accountability is very important).
 - Update shelf/service life dates.
- Gather and organize all required forms, paperwork, etc.;
- Ensure the signed State to Local Transfer Form is returned to the State;
- Participate in the After Action Report / Corrective Action Plan process;
- Determine the need to destroy expired pharmaceuticals that are not recommended to be stored for future use;
- Participate in Critical Incident Stress Debriefing (if needed);
- Facilitate the clean-up and restoration of facilities to their original condition;
- Cleaning, maintenance, breakdown, resupply of equipment, repairs as necessary;
- Maintain security presence at facility until all staff and equipment have vacated the property;
- Transport state assets back to state facilities; and
- Complete asset inventory and accountability.

A. DEMOBILIZING PERSONNEL

The RSS Administration Section Chief is responsible for:

- Coordinating the demobilization of RSS personnel, under the direction of the Site Commander. This will be done in accordance with the SEOC and the Planning Section Chief.
- Ensuring all team members have out-processed (RSS) and also:

- Returned any issued personal protective equipment;
- Returned issued equipment (radio, vehicle, clip boards, etc.);
- Filed a completed and signed expense report;
- Filed a completed medical countermeasures out-processing form (see Attachment C);
- Checked out of the hotel; and
- Returned to their home of record safely.

B. BIOMEDICAL WASTE

The RSS Commander will ensure that state vehicles are available to pick up any biomedical waste from the RSS and return it to contract personnel hired to take care of its disposal. Any biomedical waste generated during an MCM/SNS response at the state level will be disposed of using the statewide biomedical waste disposal contract.

C. DURABLE MEDICAL EQUIPMENT AND MATERIEL RECOVERY

The LPHAs will notify the ERC/SEOC of any need for assistance, lost or damaged equipment, and/or unopened pharmaceuticals. It is both the state and local partners' responsibility to coordinate return of appropriate durable goods and equipment and recoverable medical materiel, including any CDC assets (storage containers, MCMs, and material handling equipment), to the State's RSS Site(s). Possible return mechanisms include state resources (state vehicles and/or private contractors) deployed from the RSS to pick up assets from local jurisdictions. Otherwise local jurisdictions will return assets to the State via mail or locally obtained transportation.

ATTACHMENT A: ACRONYMS AND DEFINITIONS

12-Hour Push Package: A 50-ton cache of pharmaceuticals and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill-defined threat.

Administer: The act of administering medication involves giving the client a single dose of prescribed medication. All personnel who are licensed to do so may administer medications as well as volunteers when the specific conditions of 19 CSR 20-44.010 are met.

ARF: Action Request Form

ASPR: Office of the Assistant Secretary for Preparedness and Response

BCDCP: Missouri Department of Health and Senior Services' Bureau of Communicable Disease Control and Prevention

CBRNE: Chemical, Biological, Radiological, Nuclear, and Explosives

CDC: Centers for Disease Control and Prevention

CHEMPACK: Specific medical countermeasures for responding to chemical or nerve agent incidents that are pre-positioned throughout the state.

COAD: Community Organizations Active in Disaster

Collaborative Practice Agreement: A written agreement that states jointly agreed-upon protocols or written standing orders for the delivery of health care services.

Concept of Operations: Section that explains in broad terms the intent of the plan; presents a clear picture of the sequence and scope of the planned emergency response, what should happen, when, and at whose direction (source: FEMA).

CRC: Community Reception Center

CRI: Cities Readiness Initiative

DCPH: Missouri Department of Health and Senior Services' Division of Community and Public Health

DEA: U.S. Drug Enforcement Administration

DEOC: CDC Director's Emergency Operations Center

DHS: U.S. Department of Homeland Security

DHSS: Missouri Department of Health and Senior Services

Dispensing: The act of dispensing includes the selection and labeling of prepackaged medications ordered by the physician, advanced practice nurse, or trained and accepted volunteer under the authority of 19 CSR 20-44.101 RSMo, to be self-administered by the client (individual presenting at dispensing clinic). Only a physician, pharmacist, registered nurse, or trained and accepted volunteer under the provisions of 19 CSR 20-44.010 RSMo may dispense medications.

Distribution Network: A system of interrelated people, facilities, and transportation resources that work together to move assets efficiently from the State RSS facility to MCM dispensing sites including PODs, hospitals, treatment centers, and alternate dispensing partners. In some jurisdictions, the Distribution Network forms a direct line from the RSS to the dispensing sites. In other jurisdictions, the Distribution Network includes one or more Regional Distribution Sites (RDS).

DMAT: Disaster Medical Assistance Team

DMH: Missouri Department of Mental Health

DNR: Missouri Department of Natural Resources

DPS: Missouri Department of Public Safety

DRL: Division of Regulation and Licensure

DRMS: Departmental Response Management System

Drug Order or Prescription: A physician has the independent legal authority to administer or dispense drugs. This authority is delegated to another person through an order, prescription, standing orders, protocols, or collaborative practice agreement. An order is generally considered to be written on the client's record. A prescription generally refers to an order written on a separate piece of paper. For simplicity, the word "order" will be used throughout this document.

ED: Emergency Department

EMAC: Emergency Management Assistance Compact

EMResource: A web-based resource management and communications tool used by healthcare, public health, and other agencies for situational awareness.

EMS: Emergency Medical Services

ENS: Emergency Notification System

ERC: Missouri DHSS Emergency Response Center

ESAR-VHP: Emergency System for Advance Registration of Volunteer Health Professionals; Missouri's ESAR-VHP program is called Show-Me Response.

ESF: Emergency Support Function

ESSENCE: Electronic System for the Early Notification of Community Epidemics

EUA: Emergency Use Authorization

EUI: Emergency Use Instruction

FEMA: Federal Emergency Management Agency

FOIA: Freedom of Information Act

GHERM: Geographic Health Emergency Response Management

GIS: Geographic Information Systems

Griega: The combination of greet and triage, commonly found at Points of Dispensing.

HAZMAT: A shortened form of the words “hazardous materials”, this refers to substances in quantities or forms that may pose a risk to health, property, and/or the environment.

HHS: U.S. Department of Health and Human Services

HIPAA: Health Insurance Portability and Accountability Act

HPP: Hospital Preparedness Program

HSEEP: Homeland Security Exercise and Evaluation Program

IAP: Incident Action Plan

IC: Incident Command, Incident Commander

IND: Investigational New Drug

IPPW: Integrated Preparedness Planning Workshop

ITSD: Missouri Office of Administration’s Information Technology Services Division

JIC: Joint Information Center

JIS: Joint Information System

LDS: Local Distribution Site

LEOC: Local Emergency Operations Center

LEPC: Local Emergency Planning Committee

LPHA: Local Public Health Agency/Agencies

MARC: Mid-America Regional Council (Kansas City area)

Materiel: Refers to supplies and equipment in a supply chain or military context.

MCU: Mobile Communication Unit

MDA: Missouri Department of Agriculture

MDC: Missouri Department of Conservation

Medical Countermeasure (MCM): According to the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE), medical countermeasures (MCMs) include both pharmaceutical interventions (e.g., vaccines, antimicrobials, antidotes, and antitoxins) and non-pharmaceutical interventions (e.g., ventilators and personal protective equipment [PPE]) that may be used to prevent, mitigate, or treat adverse health effects from an intentional, accidental, or naturally occurring public health emergency.

Medical Protocol: Describes the medical treatment to be included in the plan of care for a specific condition. This includes prescription medications and treatments that require a physician's signed order.

MHA: Missouri Hospital Association

MI: Managed Inventory

MOA / MOU: Memorandum of Agreement, Memorandum of Understanding

MoDOT: Missouri Department of Transportation

MONG: Missouri National Guard

MRC: Medical Reserve Corps

MSHP: Missouri State Highway Patrol

MSPHL: Missouri State Public Health Laboratory

NIMS: National Incident Management System

NRF: National Response Framework

NSSP: CDC's National Syndromic Surveillance Program

Nursing Protocol: Describes the steps to be taken in the nursing management of specific health problems. Includes strategies for obtaining historical and physician assessment data and plans of action. Nursing protocols do not need to be signed by a physician.

OA: Missouri Office of Administration

OPI: DHSS Office of Public Information

PASILPHS: Participation Agreement for State Investment in Local Public Health Services

PHEMCE: Public Health Emergency Medical Countermeasures Enterprise

PHE: Public Health Emergency; generally, this acronym is used in conjunction with the PHE Hotline in Chapter 5 of this document.

PHEP: Public Health Emergency Preparedness

PIO: Public Information Officer

POD: Point of Dispensing

POST: Peace Officer Standards and Training

PPE: Personal Protective Equipment

REC: FEMA Region VII Regional Emergency Coordinator

Risk: Describes the possibility that something bad or unpleasant (such as an injury or a loss) will happen; someone or something that may cause something bad or unpleasant to happen; or a person or thing that someone judges to be a good or bad choice for insurance, a loan, etc.⁵³

RDS: Regional Distribution Site

RSS: Receive, Stage, and Store Site

SEMA: Missouri State Emergency Management Agency

SEOC: State Emergency Operations Center

SEOP: State Emergency Operations Plan

SPHL: State Public Health Laboratory

Standing Order: Often used interchangeably with the term “medical protocol.” A standing order is usually narrower in focus and consists of physician orders only (i.e., Immunization Standing Order).

⁵³ Merriam-Webster Online Dictionary at <http://www.merriam-webster.com/>.

STARRS: St. Louis Area Regional Response System, a component of the East-West Gateway Council in the greater St. Louis area.

Strategic National Stockpile (SNS): The Centers for Disease Control and Prevention (CDC)'s Strategic National Stockpile is a repository of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency in which local supplies have been or may be depleted. The SNS program has grown over the years to encompass a wide range of medical countermeasures and response capabilities.

SWAT Team: Special Weapons and Tactics Team

Syndromic Surveillance: The use of non-traditional data sources to detect public health events earlier than possible with other methods (laboratory confirmed diagnosis, physician diagnosis).

Terrorism: Violent, criminal acts committed by individuals and/or groups who are inspired by, or associated with, designated foreign terrorist organizations or nations (state-sponsored) or to further ideological goals stemming from domestic influences, such as those of a political, religious, social, racial, or environmental nature (source: FBI).

Throughput: The rate at which dispensing sites (PODs) process people per hour and/or the rate of prophylaxis dispensing per hour.

UC: Unified Command, Unified Commander

VRC: Volunteer Reception Center

WebEOC: A web-based resource management and communications tool used by emergency management, public safety, public health, and other agencies for situational awareness.

ATTACHMENT B: ADDITIONAL RESOURCES

Department of Agriculture (MDA) upon request of the SEOC:

- Provides staff for RSS or RDS site;
- Provides lab personnel to assist with repackaging at RSS site; and
- Activates the Missouri Veterinary Volunteer Corps.

Department of Conservation (MDC) upon request of the SEOC:

- Deploys conservation agents as security back-up for RSS site;
- Provides 4X4 trucks and drivers as back-up transport for MCM materiel;
- Provides use of heavy equipment and operators;
- Activates aircraft for MCM delivery if needed; and
- Provides personnel for maintenance of vehicles and RSS site.

Department of Corrections (DOC) upon request of the SEOC:

- Deploys transportation assets; and
- May deploy mobile kitchen to RSS site to feed workers.

Department of Mental Health (DMH) upon request of the SEOC:

- Provides information to LPHAs of local community mental health centers;
- Upon federal declaration for individual assistance, prepares FEMA Immediate Services; and
- Prepares grant application for crisis counseling as needed.

Department of Natural Resources (DNR) upon notification of SEOC:

- Deploys Park Rangers as security backup per request from MSHP; and
- Coordinates with MSHP for security needs at RSS site.
-

Department of Public Safety/Division of Fire Safety upon notification of MSHP:

- Deploys fire marshal officers as security backup; and
- Provides covered trailers as backup for transporting MCM materiel.
-

Department of Transportation (MoDOT) upon notification from SEOC:

- Assesses road conditions in area of event;
- Deploys road maintenance crews for snow removal/ice control;
- Provides mobile electronic billboards to assist with traffic flow; and

- Provides traffic control barriers upon request.
-

Missouri Army/Air National Guard (MONG) based on level of activation and upon notification from SEOC:

- Provides additional security at the RSS site;
- Provides security during transportation of the MCM materiel;
- Activates aircraft for MCM delivery, if needed; and
- Provides interoperability communication equipment and technical assistance.

Office of Administration (OA) upon notification from SEOC:

- Deploys staff to serve as facilities manager at RSS site;
- Provides rapid response contractual services upon DHSS request; and
- Provides contractual security services upon DHSS request.

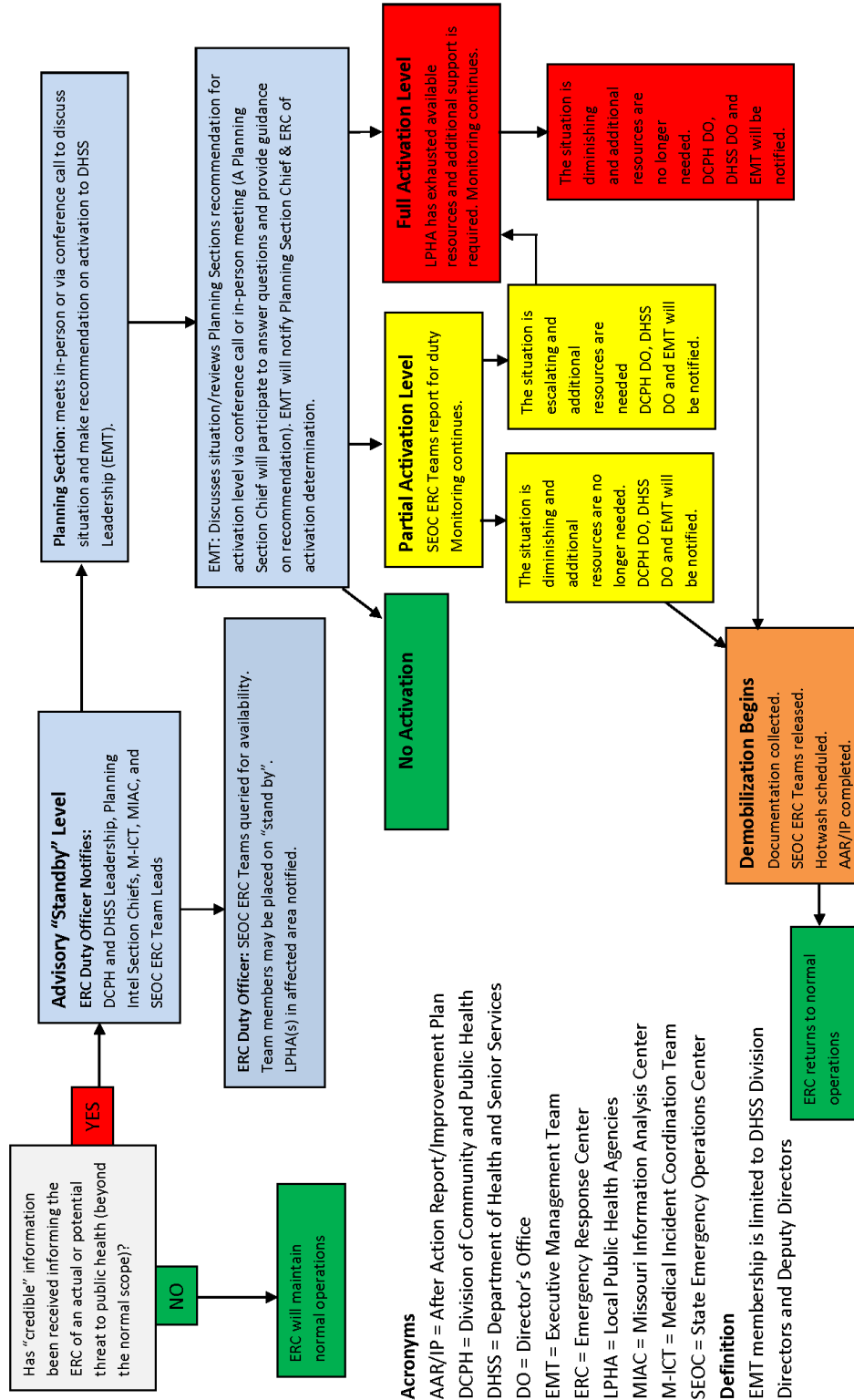
State Emergency Management Agency (SEMA), working through the SEOC:

- Delineates primary and support roles for all state agencies;
- Coordinates activities with FEMA;
- Assists DHSS with planning, implementing, and evaluation of the MCM exercises; and
- Serves as the primary resource requesting and acquisition agency during an emergency response for:
 - Facilities
 - Food
 - Lodging
 - Personnel
 - Equipment

MCM Asset transportation is coordinated through SEMA Logistics through existing contracts with transportation vendors.

ATTACHMENT C: ERC DECISION-MAKING FLOW CHART

ERC Flowchart – Activation, Escalation, Demobilization



4/30/2021
 I:\CPH\Division\CERT\ERC\ERC Coordinator\Anna Working Folder\ERC Team Info 2021\ERC Activation Flow Chart.doc

ATTACHMENT D: JOB ACTION SHEETS

The following pages contain Job Action Sheets for ERC and SEOC positions that could be used during public health emergency and/or disaster response. The Job Action Sheets should be used as a position guide for activated personnel. Questions about particular job qualifications and responsibilities should be directed to one’s supervisor during incident response.

| <u>Selected Acronyms</u> | <u>Emergency Support Functions (ESFs)</u> |
|--|---|
| AAAs Area Agencies on Aging | ESF 1 - Transportation |
| AIC Agency Incident Commander | ESF 2 - Communications |
| AICo-C Agency Incident Co-Commander | ESF 3 - Public Works and Engineering |
| ARFs Action Request Forms | ESF 4 - Firefighting |
| BCDCP Bureau of Communicable Disease Control and Prevention | ESF 5 - Information And Planning |
| BEHS Bureau of Environmental Health Services | ESF 6 - Mass Care, Emergency Assistance, Temporary Housing and Human Services |
| CRU Central Registry Unit | ESF 7 - Logistics |
| DCPH Division of Community and Public Health | ESF 8 - Public Health and Medical Services |
| DMAT Disaster Medical Assistance Team | ESF 9 - Search and Rescue |
| DMH Missouri Department of Mental Health | ESF 10 - Oil and Hazardous Materials |
| DRMS Departmental Response Management System | ESF 11 - Agriculture and Natural Resources |
| DSDS Division of Senior & Disability Services | ESF 12 - Energy |
| EMAC Emergency Management Assistance Compact | ESF 13 - Public Safety and Security |
| EMD Emergency Management Director | ESF 14 - Superseded by the National Disaster Recovery Framework |
| EMS Emergency Medical Services | ESF 15 - External Affairs Standard Operating Procedures |
| ENS Emergency Notification System | |
| ERC Emergency Response Center | |
| ESF Emergency Support Function | |
| EMT Executive Management Team | |
| IAP Incident Action Plan | |
| ICS-201 Incident Briefing form | |
| ICS 206 Medical Plan | |
| ICS 208 Safety Message/Plan | |
| ICS-211 Incident Check-In List | |
| ICS 214 Activity Log | |
| IT Information Technology | |
| JIC Joint Information Center | |
| LEOC Local Emergency Operations Center | |
| LPHA Local Public Health Agency | |
| MHA Missouri Hospital Association | |
| MOMORT Missouri Mortuary Operations Response Team | |
| OPI Office of Public Information | |
| Ops Operations | |
| SEOC State Emergency Operations Center | |
| VIC Victim Information Center | |
| WebEOC Web-based Emergency Operations Center | |

Job Action Sheet

Branch Director

ERC

Mission:

- Organize and direct DHSS's Emergency Response Center (ERC).
- Give overall direction to ERC Stations through the appropriate Section Chief.
- Coordinate with the SEOC to assure seamless communications and coordinated response for federal, state and local level response activities.
- Work to assure seamless communications and coordination with any forward-placed response teams (e.g., radiological; EPHRT; SNS; SACC, etc.) through appropriate Section Chief.
- Coordinate with other ESF-8 partners not directly situated in the ERC (e.g., laboratory; MO Hospital Association; Missouri Disaster Response System (MODRS – who coordinates DMAT, DMORT, FAST).

Immediate Duties:

- Sign in on ICS 211.
- If first to respond:
 - Assure that the Planning & Intelligence Section is activated. (The IAP is their responsibility.)
 - Assure Ops, Logistics, and Finance/Administration Sections are activated, if needed.
 - Determine which ERC stations should be staffed and assure team leads are notified.
 - Prepare or direct completion of ICS-201.
- Read Job Action Sheet.
- Establish communication with the AIC, if ESF 8 at SEOC is activated.
- Receive briefing from appropriate individual(s) – e.g., previous Branch Director, AIC and/or the AICo-C.
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Review most recent IAP. Coordinate with Section Chiefs to carry out response objectives and assignments.
- Review most recent ERC ESF 8 Activity Report. (Ops Section Chief, working with ERC Branch Support, is responsible for its completion.)
- Review most recent SEMA Sit Rep.
- Clarify with SEOC team the time frames for ESF 8 Activity Report.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Follow ICS and serve as lead point person for communication with AIC and/or AICo-C.

- Review and initiate as appropriate any recommended actions for first 96 hours, as documented on Critical Action and Information log located at O:\CERT\DSR Duty Officer\Critical Situation and Information.doc.
- In conjunction with Planning & Intelligence Section, develop recommendations for goals and objectives for the incident.
- Ensure completion and review/approve IAP, provided by Planning & Intelligence Section. Submit to AIC by designated time.
- Conduct regular briefings with Section Chiefs and ERC stations. Assure off-site ESF 8 partners are kept in communication; coordinate communications with forward-placed teams.
- Coordinate with SEOC ESF 8 to hold joint conference calls with ERC command staff. Branch Director can facilitate call. Script is located at O:\CERT\###_DSR Work Stations_###\DSR Branch Director.
- Select times/intervals to have ERC workstations submit their ICS 214s and report out to full group.
- Coordinate ERC stations' recommendations for response/action and relay to AIC or AICo-C.
- Establish and communicate routine times for expected ERC reports.
- Participate in (or delegate representative to participate in) and report back on SEOC conference calls.
- Delegate assignments/tasks (with deadlines) to accomplish objectives. Assignments/tasks will include resource requests approved by the AIC or AICo-C.
- Utilize the ERC task assignment sheet to track pending issues/assignments. This sheet is located at: O:\CERT\###_DSR Work Stations_###\DSR Branch Director\DSR Task Assignment folders
- Ensure completion and review/approve the ERC's section of the ESF 8 Activity Report. Submit to AIC by designated time.
- When sending public information drafts, key messages, etc. to the ESF 8 staff to forward to the SEOC JIC, copy the DHSS OPI Chief.
- Review, approve, and send ARFs and EMAC requests to SEOC.
- Request that ERC Coordinator begin activation of the Poison Center contract when needed to handle increased call volume.
- Coordinate with federal partners who may be present in the ERC.
- If the ERC Branch Director and Ops Section Chief need to leave the room, transfer command (or give authority) to another section or station. Do not transfer command to duty officer or support person.
- In conjunction with AIC and Ops Section Chief, review need to adjust operational periods, and whether specific ERC workstations could be deactivated.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff (e.g., incoming Branch Director).
- Ensure your departure is documented on the ICS 214.

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- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

Branch Director Support

ERC

Mission: Provide clerical support to the ERC Branch Director and Operations Section Chief (Ops Chief), serving as the contact for email and telephone communications between SEOC and ERC, assist in production of reports as needed, document actions and other duties as assigned.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – e.g., Branch Director, Ops Chief and/or previous ERC Branch Support.
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- LEAD: Assess situation and schedule shifts if necessary.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Serve as information management for the Branch Director and Ops Chief.
- Screen emails and calls coming into the ERC for the Branch Director and Ops Chief.
- Collect needed data as required, such as that on ICS 214, from other stations.
- Attend hourly briefings with Branch Director as requested.
- Prepare ESF 8 Activity Reports as requested by Branch Director.
- Monitor all forms of communication including emails, calls, fax and Ham Radio coming into the ERC for the Branch Director and Ops Chief. When communicating with outside sources, be sure to document who they are, where they are from/who they are with, who/what specifically are they needing, time of call, how you directed the call, etc.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients as directed by the Branch Director. (Copies will always go to SEOC).
- Provide briefings to incoming staff (e.g., incoming support staff).
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

Communications

ERC

Mission: Organize and coordinate communications plan to ensure functioning of internal and external communications.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) (i.e., ERC Branch Director, Operations/Logistics Section Chief or previous ERC Communications staff).
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Ensure that State Emergency Operations Center (SEOC) has your contact information – phone and fax number.
- Assess current status and inventory of the internal and external communication resources (telephone, fax machine, handheld radios, ACU-2000, satellite phone).
- Distribute the communications plan covering the use of telephone numbers, radio frequencies, etc.
- Distribute a list of current telephone numbers or other means of contact for SEOC/ERC stations.
- Establish and/or maintain the system for receiving communication from external agencies.
- Acquire necessary work materials on CERT O: drive.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Maintain a log of all communication equipment requests received.
- Immediately report to the Logistics Section Chief issues that cannot be resolved with current resources.
- Work closely with ITSD to facilitate hardware, equipment and software installation or troubleshooting.
- Document all activities and decisions on ICS 214.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff.
- Ensure your departure is documented on the ICS 214.

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- Sign out of WebEOC.
- Sign out on ICS 211.
- At end of shift, assure completion all required reports and their submission to appropriate recipients.
- At end of shift, if applicable, provide briefings to oncoming Communications staff and sign out on ICS 211.

Job Action Sheet

Division of Regulations & Licensure (DRL)

ERC

Mission: To assist and provide data and information to DHSS ESF 8 at the SEOC and also assist facilities in the process of how to acquire resources if unable to connect with local EMDs.

Immediate Duties:

- Sign in on ICS 211 (ERC sign-in log).
- Read Job Action Sheet.
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Receive briefing from appropriate individual(s) – e.g., Branch Director, DRL staff.

Note: Upon every state emergency and ERC activation, the first step is to determine if the Governor has declared a state of emergency. This declaration allows the department to waive, through the use of 1135 Waivers, to waive various DRL requirements. Determine which regulations will likely need waived and prepare the 1135 Waivers.

If a state of emergency has been declared, Bureau of Narcotics and Dangerous Drugs (BNDD) can draft a waiver for certain controlled substance laws. Found in the [DSR Medsurge folder](#)

Note: Some certified hospitals will need to expand their functions capabilities through a request of a federal waiver approved by CMS. This is coordinated by Section for Health Standards and Licensure and DRL to assist in getting these waivers for hospitals. (1135 waivers)

[O:\CERT\++++DSR Work Stations++++\DSR Medical Surge\Waiver of Laws and 1135](#)

- Request the login password for the EM Resource System form the ERC duty officer.
- Log into the EM Resource System.

Ongoing Duties:

- Ensure all activities and decisions are recorded on the *Emergency Response Center (ERC) Activity Log* (ICS 214).
- Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Collect data, prepare reports, and respond to requests as assigned by the Ops Section Chief.
- Monitor the EM Resource system to identify problems with the emergency department diversion status.
 - A. Determine whether or not there has been a state of emergency declared.
 - B. DRL needs to determine the status of licensed facilities in these impacted counties. DRL will have each section contact their licensees and report back to the ERC with a spreadsheet to monitor facilities.

- Section for Long Term Care will contact the LTCFs facilities, skilled nursing, RCF, etc.;
- MHA or ERC Duty Officer can query hospitals on the EM system;
- Bureau of Ambulatory Care will contact ambulatory surgery centers and dialysis clinics;
- The following questions are examples of questions that may be asked:
 1. Are you fully operational? If not, what are the limitations?
 2. Number of residents in facility:
 3. Access to power/electricity;
 4. Access to a generator if needed;
 5. Access to potable water;
 6. Do they have adequate staff;
 7. Does the facility anticipate evacuating;
 8. Does the facility have any unmet needs?
 9. Make sure their facility has updated the EM system if applicable.

- Assist medical providers and facilities by providing information on how to connect with local emergency management and how to properly request resources through the local level, and if not able to request resources through local emergency management the process to request resources.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff (e.g., incoming DRL staff).
- Ensure your departure is documented on the ICS 214. Sign out of WebEOC.
- Sign out on ICS 211 (ERC sign-in log).

Additional DRL Notes:

The purpose of the ERC/DRL station is to assist and provide data and information to DHSS-ESF 8 at the SEOC. We do not and cannot:

- Send resources to sites – they need to go through their local emergency management directors;
- Send supplies or money;
- Transfer patients or arrange for bed space or transfers of patients.

Note: OGC does not allow this, only physicians can release patients, and only hospitals know how many beds and what bed types they need.

Earthquake Notes

BURNS:

There is an attachment for burn treatment information.

Missouri has very limited burn treatment resources available. Earthquakes have a lot of burns, electrical lines down, exploding gas lines, fires, leaking fuel tanks igniting, etc.

There are:

- Burn units and burn centers, but there is a major difference;
- Most 1st degree burns will be “treated and released”;
- 2nd degree burns can be released or transferred to another facility if needed;
- Only the worst 3rd degree cases will have a chance of being admitted somewhere. Due to limited treatment locations, many of these will have to be stabilized and evacuated/transported to another facility.

PRISONERS BURNED IN CORRECTIONAL FACILITY:

If a request is received for inmates needing medical care, the standard response plan is as follows:

- DOC has their own emergency response plan and system that does not involve our ERC or local hospitals or resources;
- The DOC is self-contained in their institution;
- Inmates do not leave the institution and go to local hospitals.

EVACUATE & TRANSFER WEST AND NORTHWEST:

Missouri, Kentucky, Tennessee, Arkansas, Illinois, Mississippi will all be having the same types of emergencies. When speaking about transfers, plan on sending patients more toward:

- Iowa
- Kansas
- Oklahoma
- Texas
- Nebraska

Job Action Sheet

Division of Senior & Disability Services (DSDS)

ERC

Mission: To ensure the health and safety of seniors and adults with disabilities, living in a “home and community based setting” in Missouri, are addressed during disaster or weather-related emergency.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – (e.g., ERC Branch Director, DSDS outgoing staff).
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Sign in on the ICS 214 (Activity Log) who is “on duty” at the station.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214, including all actions taken, assignments given, follow-up completed, decisions made, and any concerns. Highlight those issues that are high level in yellow. Remember to notate with your initials for any follow-up questions. Forward the entire ICS 214 to ERC Branch Support as requested
- Station computer should be logged into the station’s generic account by the ERC Duty Officer. Do not log into your network account. You may access your personal e-mail through WebMail if you need it.
- Monitor DSRSenior generic e-mail account and station phone. Always use the “DSRSenior” e-mail account for event e-mails so that e-mails and responses do not get lost.
- Monitor WebEOC for situational information and resource requests.
- Coordinate wellness checks on priority one clientele and regional situational updates through regional managers and Terry Black, Bureau of Home and Community Based Services. (See Communication Checklist.)
- Communicate (see AAA Communication Protocol) and coordinate with Area Agencies on Aging (AAAs) regarding:
 - The status of and/or need for additional resources or services.
 - The status of senior centers such as cooling/heat centers, information and assistance centers, or shelters, as well as ability to provide congregate and home-delivered meals to participants during the emergency. Some senior centers are locally managed and operated. If information comes into the ERC, let the appropriate AAA know the information was received.
- Coordinate for expansion of hours or services of the Adult Abuse/Neglect/Exploitation Hotline (Central Registry Unit {CRU}) with CRU Supervisor, based on the current situation.
- Coordinate and gather hotline data from CRU. (See CRU Template for Weather Related Reports & Communication Checklist.)

- Provide situational updates regarding all gathered information to the Ops Section Chief/ERC Branch Director, and DSDS Disaster Response Coordinator, as requested, by providing completed ICS 214 forms with highlighted high-level issues.
- Work with Public Information team member on developing messages impacting clientele or in-home service providers/vendors. Messages may be posted to the DSDS web site or may be public service announcements. Approval through the Division Director's Office required.
- Forward and coordinate information and public messages to CRU if hotline expansion is activated by calling/e-mailing the CRU Supervisor.
- Work with DSDS Disaster Response Coordinator or Bureau of Long-Term Services & Support to post messages to the DSDS E-news Listserv for in-home service providers/vendors. Approval through Division Director's Office required.
- Keep DSDS field staff, AAAs, and the State Independent Living Council (SILC) updated on event activities impacting their clientele and/or staff by sending information to:
 - Regional Managers and Bureau Chief of Home and Community Services.
 - AAA Directors and AAA Emergency Planning List
 - Pat Chambers and Gary Copeland

*See communication checklist for details.
- Participate in conference calls and briefings, providing situation reports/updates regarding activity at the station, as requested by the ERC Branch Director or Ops Section Chief.
- Ensure that Division Director's Office and Disaster Response Coordinator are kept informed of situation reports, as well as any critical issues in between situation reports. Copy them on ICS 214 report submissions, as well as e-mailing or calling when there are urgent issues.
- Provide brief situational updates, as needed, to the DMT to keep them apprised of the overall situation and need for staff to respond/staff the ERC.
- Review Statute Waiver list for any needed waivers pertinent to the emergency and start the waiver request process. (See Procedures for Reviewing Matrix in the Statute Waiver Matrix folder.)
- Provide back-up to the DRL Station, if requested.
- Read the detailed instructions for duties that can be located in the DSDS ERC Operations Manual at the station or on the O:drive at: O:\CERT\++++DSR Work Stations++++\DSR Senior and Disability Services\DSR Operations\DSR Manual
- Ensure coverage for the DSDS station for shifts required. The ERC Branch Director will determine which stations will need to be active and the shifts/hours to be covered.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff (e.g., incoming DSDS staff).
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on the ICS 211.

Job Action Sheet

Duty Officer

ERC

Mission: Support emergency operations of all ESF#8 ERC responders during activation.

Immediate Duties:

- Call additional Duty Officer(s) as required for the situation.
- Through the ENS, agency email, landline, or other means, notify appropriate disaster response teams of the activation and let them know what response is expected of them (should they report to ERC or SEOC, are they on stand-by, etc...)
- As directed by Leadership, through the Emergency Notification System, agency email, landline or other means, notify Division/Center Directors that the ERC has been activated and staff may be called upon to report or provide assistance.
- As needed or as directed by Leadership, notify the Missouri Poison Center at **1-800-222-1222** of the event and the potential for calls. Also, provide the Poison Center with any scripts that are prepared for public release.
- Print off and place sign-in sheets (ICS-211) at South door of the ERC. Post signs for shift members to "PLEASE SIGN IN" at both doors.
- Sign in on ICS 211.
- Read Job Action Sheet.
- Create an ICS 214 for the Duty Officer workstation.
- Sign into EMResource, WebEOC, DRMS, and other ERC resources as appropriate for the event.
- Sign on to the generic account at each ERC station and bring desktop up on each computer.
 - Ensure work station computers are up with email auto forwarding turned off.
 - Ensure that phones are forwarded.
 - Ensure adequate pencils, pens, notepads, and other supplies are available at each workstation.
- Acquire work materials from the O:\CERT folder.
 - Make sure that the Incident folder is set up with folders for each workstation.
 - Ensure that workstation staff are aware of the location of forms on the O: drive
- Receive briefing from appropriate individual(s) – e.g., Branch Director.
 - Review most recent IAP.
 - Review most recent SEMA Sit Rep.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.

- Post work schedule in the ERC for all stations as provided by team leads.
- Continue to answer the Public Health Emergency hotline calls.
- Placard the workstations with Name ID Cards with the person on duty on top.
- Provide basic IT troubleshooting to the ERC stations.
- Format and distribute Health Alerts, Updates, and Advisories as needed.
- Enter data into WebEOC/call tracking as directed/needed.
- Monitor resource requests and forward requests to Branch Director.
- Monitor the EMSsystem, checking every 30 minutes.
- Monitor DRMS email for alerts and injects, checking every 5 minutes.
- Monitor the WebEOC for ESF 8 resource requests and forward information about those resource requests to the Branch Director.
- Check the fax machine and printers frequently for reports and incoming faxes.
- Remain aware of and track incident expansion/contraction due to changes in conditions.
- Attend hourly briefings with the Branch Director as appropriate.
- Other duties as assigned by the Branch Director.
- As needed ensure the hand-held mobile two-way radios are working and charged prior to checking out of the ERC.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff (e.g., incoming Duty Officer).
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211 (WebEOC).

Deactivation:

- Ensure that all equipment is accounted for.
- Receive and secure all reports and other documentation from all SEOC and ERC positions.
- Additional instructions relevant to deactivation are in the ERC Procedure Manual.

Job Action Sheet

Emergency Medical Services (EMS)

ERC

Mission: Coordinate requests for ambulance services and other Emergency Medical Resources during disasters.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from ESF 8 leadership.
- Sign into WebEOC.
- Sign into eICS/EMResource
- Acquire work materials from the O:\CERT folder.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Maintain electronic database/directory of resources at workstation
- Work closely with ESF 4, ESF 5, and ESF 9.
- Coordinate requests for ambulance services, strike teams, and emergency medical resources.
- Provide regular updates to ESF 8 at the SEOC.
- Coordinate EMS mutual aid activities utilizing the EMS spreadsheet

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff.
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out of eICS/EMResource.
- Sign out on ICS 211.

Job Action Sheet

Investigations/Surveillance

ERC

Mission: To provide epidemiologic support to public health incidents, including but not limited to providing public health surveillance data, disease etiology, disease prevention and control recommendations, and coordinating disease investigation activities. Ensure collection of specific types of surveillance data in areas affected by the public health disaster.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – e.g., Branch Director, Ops Section Chief, and/or previous Investigations/Surveillance staff.
- Sign into WebEOC.
- Acquire work materials from O:\CERT\++++DSR Work Stations++++\DSR Investigations & Surveillance. Relevant materials may also be available in other O:\CERT\ subfolders such as:
 - O:\CERT\+++RESOURCES – BIOLOGICAL, CHEMICAL, RADIOLOGICAL, TRAUMA+++
 - O:\CERT\+++SNS__BIOTERRORISM ATTACK PROPHYLAXIS+++

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Coordinate field epi and environmental investigations of public health incidents by sending information to BEHS or BCDCP for assignment of resources.
- Work with the epi and surveillance staff to establish the cause of the illness and develop an action plan by utilizing available resources.
- Coordinate the gathering and reporting of incident-based surveillance data. Request OA IT GIS analyst or Duty Officer to generate GIS maps as needed,
- Coordinate with other ERC duty stations and DCPH to communicate necessary information to the LPHAs, medical facilities/staff, and providers.
- Provide incident briefings to appropriate bureau chiefs for dissemination to their field staff as needed.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff (e.g., incoming Investigations/Surveillance staff, Ops Section Chief).

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- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

LPHA Management

ERC

Mission: Serve as a point of contact/liaison for local public health agency needs relevant to public health disasters.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – e.g., Branch Director, previous LPHA Management team members, and/or Ops Section Chief.
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Ensure communication and coordination with LPHA s, etc.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Serve as a point of contact/liaison for LPHAs.
- Coordinate public messages for LPHAs with PIO team and Branch Director.
- Collect data, prepare reports, and respond to requests as assigned by the Ops Section Chief.
- Coordinate activities with the Center for Local Public Health Services.
- Activate the LPHA emergency web page if necessary. (See LPHA Emergency Webpage Protocols.)
- If activated, monitor the LPHA emergency web page for LPHA postings to the page (e.g., LPHA questions and situation updates).
- Coordinate LPHA Mutual Aid activities and requests.
- Serve as a point of contact for other community agencies as requested.
- Gather information on the functional capacity of LPHAs, and provide situational awareness based on this information, utilizing the WebEOC situational status board. (See templates folder for draft email.)

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff (e.g., incoming LPHA Management staff).
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

Medical Operations

ERC

Mission: Monitor HCO and HCC operations during disasters and medical surge events. Assist with coordination of healthcare resources requested by healthcare facilities or HCC leaders.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from ERC Branch Director or ERC Operations Section Chief.
- Sign into WebEOC.
- Sign into eICS/EMResource
- If M-ICT activated prior to ERC activation, obtain briefing or written summary of any M-ICT conference calls held prior to work station activation.

Ongoing Duties:

- Document all activities and decisions on an ICS 214, Activity Log.
- Monitor EMResource for significant changes in:
 - o ED Status (diversion or closure)
 - o Facility Operational Status (e.g., power, communications, water)
 - o TCD Stats
 - o Incident Command Status
 - o Healthcare Coalition Operational Status
- Using EMResource, conduct the following resource availability queries as appropriate for immediately affected region and/or contiguous regions and/or state-wide (Note: Such queries are always conducted in coordination with Missouri Hospital Association and the impacted regional healthcare coalition to eliminate duplication.):
 - o Current Bed Availability (e.g. ED, Med/Surg, specialty)
 - o Advanced Bed Availability
 - o Infrastructure Query
 - o Sectional Assessment
 - o Resources specific to the event response (e.g., ventilators, dialysis capacity)
 - o Specialized query designed to meet information needs of the incident

Forward this information to the Planning/intelligence Section Chief and the Operations Section Chief for appropriate communication with ERC Branch Director and ESF-8 Incident Command.

- Collaborate with DRL for regulated facility licensure issues and 1135 waiver requests. DRL is responsible to submit the waivers, this work station assists with discussions with impacted healthcare facilities regarding the availability of the 1135 waiver and process, collating

information DRL needs to complete the wavier process and assuring information shared as necessary with community and other healthcare partners.

- Collaborate with M-ICT to ensure common situational awareness with state-level partners and impacted healthcare coalitions, assure early awareness of anticipated resource requests to allow ERC to 'lean forward' and provide updates on resource requests underway.
- Monitor eICS for active HCO incidents. Ensure HCC situational updates are entered into WebEOC.
- Conduct follow-up resource quires as event dictates and/or requests for information occur.
- Coordinate healthcare-based resource requests and deployment among and from healthcare organizations and regional healthcare coalitions.
- Provide additional information and medical expertise to facilities local, state and federal requests for resources.
- Coordinate requests for healthcare professionals through Missouri Hospital Association for hospital mutual aid, Bureau of EMS for EMS mutual aid, and LPHA Work Station for LPHA mutual aid. Any unmet healthcare professional request will be discussed and referred to Show-Me Response staff.
- Develop EMAC requests for unmet healthcare/medical resource requests, as appropriate.
- Develop requests for NDMS assets for unmet health/medical resource requests, as appropriate.
- At end of shift, assure completion of all required reports and their submittal to appropriate recipients.
- At end of shift, if applicable, provide briefings to incoming staff.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff.
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out of eICS/EMResource.

- Sign out on ICS 211.

Job Action Sheet

Operations/Logistics Section Chief

ERC

Mission: Assist Branch Director with operational plan, and implement incident action plan (IAP). Coordinate with ERC Teams to organize, direct and coordinate activities associated with the maintenance of the physical environment (facilities), security, personnel deployment and provide for adequate levels of shelter and supplies to support the objectives.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – e.g., Branch Director.
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Review most recent IAP.
- Review most recent SEMA Sit Rep.
- Identify and report to Logistics and Finance/Administration Section Chiefs any tactical resources needed for the IAP.
- Assure that each station is recording all activities on an ICS 214.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Routinely brief the Branch Director on the status of the ERC stations.
- Monitor the stations to identify resources needed to support tactical operations.
- Maintain documentation of all actions and decisions on a continual basis, compile the ICS 214, and forwarding compiled ICS 214 to Branch Director.
- Attend planning meetings to provide information to prepare the IAP
- Make or approve changes to the IAP during operational periods as necessary.
- Compile the ESF 8 Activity Report.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff (e.g., incoming Ops Section Chief).
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

Planning and Intelligence Section

ERC

Mission: Collect and analyze information about the incident in order to report to others and make forecasts.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – e.g., Branch Director, Planning & Intelligence Section Chief, other Planning & Intelligence staff).
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Review most recent IAP.
- Review most recent SEMA Sit Rep.

Ongoing Duties:

- Record activities and decisions on an ICS 214. Highlight key items. Submit the ICS 214 to Branch Director to be added to the ESF 8 Situation Report sent to the AIC and AICo-C.
- Oversee the collection, processing, and organization of information about the incident.
 - Monitor WebEOC, social media, news (TV, newspapers, etc.), Internet, Sit Reps, etc.
- Support the development of the IAP by gathering and disseminating information, and requesting maps or reports, as needed.
- Acquire assistance from subject matter experts as needed.
- Stay informed as individuals responsible for resources change the resource status or location.
- The Section Chief and/or another member(s) of the section should participate in M-ICT Conference Calls, enter notes into WebEOC, and incorporate actions/issues into the IAP.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
 - See the “ICS Forms Process for Planning Unit” document on the O:drive for responsibility for each form.
- Provide briefings to incoming staff.
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

Public Information

ERC

MISSION: To provide event-related public information support to DHSS leadership, ERC Branch Director, other ERC sections and/or SEOC JIC staff, responding to requests for public information resources such as draft media releases, talking points, background information and scripts for DHSS Nurses Hotline. Dependent upon the type and severity of the incident, there may not be a Public Information staff assigned to the SEOC.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – e.g., the Branch Director, previous ERC Public Information staff, Public Information at JIC (if activated).
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Review most recent IAP.
- Review most recent SEMA Sit Rep.
- If appropriate, establish communication with Public Information staff in the JIC and record the primary JIC contact information (e.g., phone number, email, Twitter, Facebook, as appropriate).

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested..
- Assist in drafting any media talking points and other public information resources to provide risk communication and/or to instruct SEOC, LPHAs, or individuals about health and medical factors involved in the emergency/incident.
- Coordinate with DHSS Communications Director and/or ITSD on the use of DHSS' website to provide incident-related public information.
- Assure that all incident-related media calls coming into the ERC are referred to SEOC JIC (if activated).
- Review, edit, and approve public messages for LPHAs with LPHA Management staff.
- Determine from the Branch Director, SEOC Command Staff, DHSS Director, Governor, and/or JIC Coordinator any limits or special directions on release of public health information. Generally, all incident-related public information is to go through the SEOC JIC and Incident Command Staff for final review and approval prior to release. Unless otherwise directed, all incident-related public information will be released by the SEOC JIC.
- Obtain DHSS Communications Director's and or Branch Director's review and approval of any information developed for media or public release prior to sending to SEOC JIC for final approval and release.

- Work with the SEOC JIC staff to assure that all pertinent incident-related public information is shared with DHSS staff and updated as necessary to assure the most current information is available.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff.
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

Resource Unit - Planning and Intelligence Section

ERC

Mission: Assist in compiling information collected about the incident in order to report to others and make forecasts.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – e.g., Branch Director, Planning & Intelligence Section Chief, other Planning & Intelligence staff).
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Review most recent IAP.
- Review most recent SEMA Sit Rep.

Ongoing Duties:

- Record activities and decisions on an ICS 214. Highlight key items. This will be submitted to Branch Director to be added to the ESF 8 Situation Report sent to the AIC and AICo-C.
- Assist in the collection, processing, and organization of information about the incident.
 - Monitor WebEOC, social media, news (TV, newspapers, etc.), Internet, Sit Reps, etc.
- Support the development of the IAP by documenting and disseminating information, as needed.
- Acquire assistance from subject matter experts as needed.
- Stay informed as individuals responsible for resources change the resource status or location.
- The Section Chief and/or another member(s) (Resource Unit) of the section should participate in M-ICT Conference Calls, enter notes into WebEOC, and incorporate actions/issues into the IAP.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
 - See the “ICS Forms Process for Planning Unit” document on the O:drive for responsibility for each form.
- Provide briefings to incoming staff.
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

Safety Officer

ERC

Mission: To develop and recommend measures for assuring safety (psychological and physical) of the ERC team members who respond during an emergency event. The Safety Officer will assess and/or anticipate hazardous and unsafe situations.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – e.g., Branch Director.
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Review the IAP for safety implications.
- Observe the work space for any obstacles that could be hazardous to those reporting to the ERC.
- Complete the ICS 206.
- Complete the ICS 208 that will be delivered to responders during briefings.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Exercise emergency authority to stop and prevent unsafe acts.
- Keep all staff alert to the need to identify and report all hazards and unsafe conditions and ensure that all accidents involving personnel are investigated and actions and observations documented.
- Conduct safety rounds in the ERC to look for health/safety hazards and to assess the physical and mental status of all personnel. If problems are found, intervene appropriately.
- Arrange with Logistics to secure all areas as needed to limit unauthorized access.
- Observe all staff for signs of stress. Report issues to Branch Director.
- Provide rest periods and relief for staff.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff (e.g., incoming Safety Officer).
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

Agency Incident Co-Commander (AICoC)

SEOC

Mission: Assist the Agency Incident Commander by assuring communication to/from ERC Branch Director. Serve as a point person with other ESFs/state agencies.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s), including:
 - SEOC (SEOC Ops Manager, Human Services Manager, and/or Emergency Services Manager)
 - DHSS (AIC)
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Review most recent IAP.
- Review most recent SEMA Sit Rep.

Ongoing Duties:

- Serve as the direct link between the ERC and ESF 8 Desk at the ERC.
- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Coordinate response to resource requests with the ERC or other ESF/state agencies.
- Contact LEOCs for clarification of resource requests.
- Assist in the development of the IAP.
- Maintain awareness of sheltering operations with ESF 6.
- Establish and communicate routine times for expected ERC reports.
- Serve as liaison to ERC and participate in briefings when time allows.
- Ensure top portion of ESF 8 Activity Report is completed.
- Work with AIC to get the DHSS IAP approved before the next operational period.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff, including the incoming AICo-C.
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

Agency Incident Command Documentation Specialist SEOC

Mission: Maintain accurate up-to-date documentation relative to the incident. Ensure that AIC and AICo-C are kept aware of activities related to the event. Ensure that incident files will be stored electronically for legal, analytical, and historical purposes.

Immediate Duties:

- If first Documentation Specialist reporting for duty, retrieve SEOC Go-Kit from the ERC and transport to SEOC.
- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – e.g., AIC and/or AICoC.
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Review most recent IAP.
- Review most recent SEMA Sit Rep.
- Ensure the SEOC/ESF 8 laptop computer brought from the ERC is operational.
- Upon arrival at the SEOC, contact the SEMA Control Room to advise them that DHSS and other ESF 8 staff have arrived (refer to “SEOC Activation Checklist” provided by SEMA for phone number - refer to copy located at ESF 8 table). Advise AIC and AICoC when this action is completed.
- Complete other steps on SEOC Activation Checklist.
- Determine fax number at SEMA where SEOC Team can receive/send information to the ERC.
- Phone the ERC (see “Communication with Department Situation Room” guide) and provide ESF 8 table phone numbers and SEOC fax number. To get outside phone lines: [enter appropriate information on SEOC phone protocols]).
- Access DHSS network through VPN/data port to access “SEOC Team” Outlook email account. Once signed into Outlook email, one Documentation Specialist should contact the ERC via email (using all email accounts listed in “Communication with Department Situation Room” guide) to confirm connectivity, and to provide information on who is present at the ESF 8 table.
- Establish and maintain communications with the ERC.
 - Send an email to the ERC Branch Director stating who is staffing the ESF 8 table at SEOC.
 - Send an email to DRMS stating who is staffing the ESF 8 table at SEOC.
- Document names of staff on duty at SEOC.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Communicate as needed with the ERC, SEOC Ops Chief, Human Services Branch Manager, EMS, and other ESF and SEMA staff.
- Assist in coordinating the response to resource requests with the ERC or other ESF/state agency.
- Monitor WEBEOC for resource requests, and notify AIC/AICoC of incoming requests and relevant postings.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff, including incoming AIC Documentation Specialist.
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Deactivation:

- Upon deactivation of SEOC Team, return SEOC Go-Kit and any electronic equipment to the ERC.
- Following deactivation, all documents are to be given to the ERC Duty Officer.

Job Action Sheet

Agency Incident Commander (AIC)

SEOC

Mission: Organize and direct the Emergency Support Function #8 at the State Emergency Operations Center. Give overall strategic direction for public health incident management and support in Emergency Response Center (ERC) activities. Approve DHSS IAPs.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s), including:
 - SEOC (SEOC Ops Manager, Human Services Manager, and/or Emergency Services Manager)
 - DHSS (AIC)
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Review most recent IAP.
- Review most recent SEMA Sit Rep.
- Activate the ERC, if appropriate.
- Establish communication with/provide briefing to ERC Branch Director, if ERC is activated. If the ERC is not activated communicate with OEC Chief or their designee. During this briefing, establish timeframes to receive ESF 8 Activity Reports from the ERC to be used for subsequent SEOC briefings.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Evaluate the current situation and ESF operations for proactive measures suitable to the type and severity of the incident.
- Coordinate and communicate health data related to the event.
 - Numbers of persons affected by the disease/condition/damage,
 - Surveillance findings as reported by ERC stations,
 - Number of hospitals on diversion,
 - Number of public health and healthcare facilities damaged, compromised, or in need of assistance,
 - Expected numbers of persons to be evacuated, sheltered, or in need of mass care,

- Alert ERC Branch Director of anticipated needs for staffing shelters, mobilization of the DMAT, assistance needed through the state EMAC or Federal assistance requested through ARFs.
- Coordinate response with ESFs that can assist or provide intelligence to ESF 8 represented at SEOC.
- Coordinate with federal officials led by HHS Regional Coordinators if the event exceeds state response capacity.
- Participate in SEOC conference calls and provide ESF 8 SEOC floor briefings.
- Review ESF 8 Activity Reports received from the ERC to ensure information is consistent with information entered into WebEOC, and demonstrates expected outcomes.
- Approve the DHSS IAP before the next operational period.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff, including the incoming AIC.
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

Disaster Mortuary Services (EMAC)

SEOC

Mission: Coordinate requests for mortuary service needs during disasters.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – e.g., AIC and/or AICoC.
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Work closely with ESF 8 at SEOC, and with the ERC, to determine resources needed, and deploy resources to affected or supporting jurisdictions during a mass fatality incident.
- Utilize resource maps available at:
<https://mosema.maps.arcgis.com/apps/MapSeries/index.html?appid=a271965222ad4bb7857a7ef2727f0678>.
- Utilize MOMORT state fatality equipment listing available at I:\CPHDivision\CERT\Planning and Capacity Building\Mass Fatality\DPMU-MOMORT Inventory.
- Follow mortuary services procedures outlined in ESF 8 Health and Medical Services Plan.
- Liaison with local EMDs, LPHAs, coroners and others, as necessary, to determine needs and availability of resources.
- Assist in coordination of MO MORT and DMORT assets.
- Document all activities and decisions on ICS 214.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff.
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

Finance/Administration Section

ERC-OFF SITE

Mission: Overall management of the use of financial assets and human resources during a public health disaster. Oversee the acquisition of supplies and services necessary to facilitate disaster response efforts. Supervise and ensure the documentation of expenditures is relevant to the incident. Authorize expenditures to carry out the Incident Action Plan (IAP), ensuring the documentation supports requests for reimbursement.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – e.g., ERC Branch Director.
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Update Section Chiefs of additional duties of the Finance/Admin Section related to the incident.
- Receive briefing on any changes in, or additional financial needs related to, the IAP.
- Establish and distribute DELTA time codes to be used by staff during activation.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Through briefings, monitor incident operations to identify current or potential inter-operational problems.
- Determine funding sources for the incident.
- Track/monitor incident costs to DHSS. Purchase meals for ERC team members who will not be able to go off-site when activated. Follow up with SEMA to seek reimbursement from FEMA and direction as to what documentation is required.
- Brief DHSS administrative personnel on all incident-related financial issues needing attention or follow-up.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff (e.g., incoming Finance/Admin Section Chief).
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

ITSD

ERC-OFF SITE

Mission: Provide information technology support services to SEOC and ERC staff to ensure that electronic communications are functional at all times during a Public Health event.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – e.g., Branch Director, previous ERC ITSD staff, ERC Logistics Section Chief.
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Ensure that SEOC has your contact information – phone and fax number.
- Assess current status and inventory of the internal and external electronic equipment (laptops, desktop computers, printers, wireless communications, etc.).
- Have system sign on requirements available to assist staff logging onto the DHSS network from various locations.
- Ensure that all stations are able to access work materials on CERT O: Drive.

Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Maintain a log of all IT equipment requests through normal IT documentation procedures and forward new requests for procurement needs to ERC Logistics Section Chief.
- Immediately report to the ERC Logistics Section Chief issues that cannot be resolved by your unit with current resources.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff (e.g., incoming ITSD staff).
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

Job Action Sheet

Missouri State Public Health Laboratory

ERC-OFF SITE

Mission: Manage and coordinate laboratory specimen tracking information relevant to public health disasters.

Immediate Duties:

- Sign in on ICS 211.
- Read Job Action Sheet.
- Receive briefing from appropriate individual(s) – e.g., previous MSPHL staff, ERC Branch Director, ERC Ops Section Chief.
- Sign into WebEOC.
- Acquire work materials from the O:\CERT folder.
- Review most recent IAP.
- Review most recent SEMA Sit Rep.
- Report on-site to the State Public Health Lab.
- Establish communication with ERC Ops Section Chief.

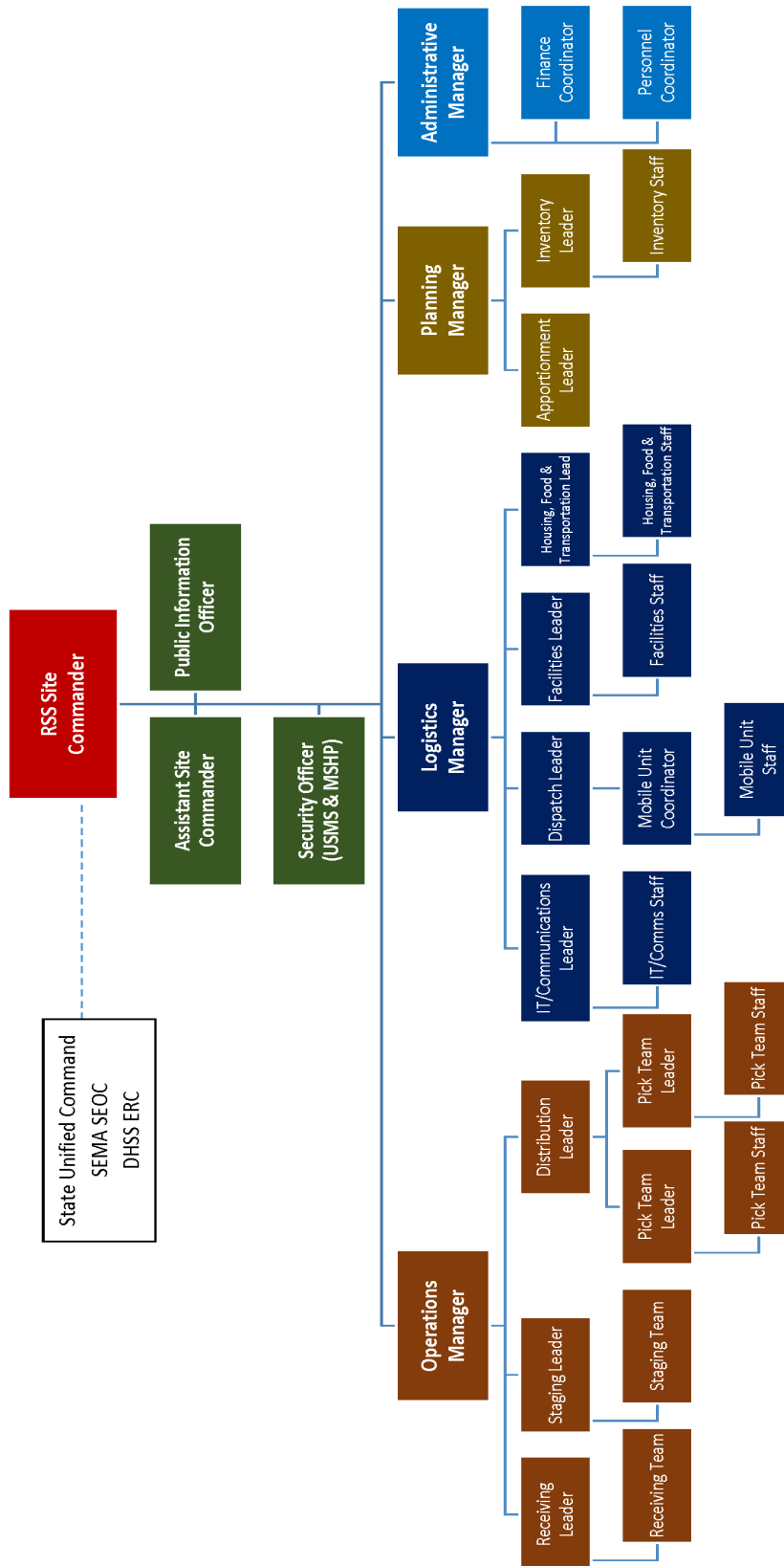
Ongoing Duties:

- Ensure all activities and decisions are recorded on ICS 214. Highlight key items, forwarding the entire ICS 214 to ERC Branch Support as requested.
- Prioritize the activities relevant to the incident.
- Coordinate triage procedures for specimen submission that include screening for disease, explosives, chemicals, and radiological hazards prior to submission.
- Assist with identification of specific tests and turnaround times for study results.
- Work closely with, and communicate results of lab tests to, ERC Investigations & Surveillance staff.
- Provide technical information regarding specimens to staff at this station.
- If applicable, provide education and technical information regarding the disease organism(s) associated with the incident.
- Coordinate and schedule MSPHL after hour staffing.

End of Shift Duties:

- Assure all required reports are completed and submitted to appropriate recipients.
- Provide briefings to incoming staff.
- Ensure your departure is documented on the ICS 214.
- Sign out of WebEOC.
- Sign out on ICS 211.

ATTACHMENT E: STATE RSS/RDS ORGANIZATIONAL CHART



Staff positions can be combined or added at the discretion of the SNS Program Manager and RSS Site Commander, based on available SNS Team Members expected to arrive at the RSS Site and to cover multiple operations periods.

ATTACHMENT F: MCM RESPONSE OUTPROCESSING FORM

A. VERIFY PERSONAL INFORMATION

| | | | |
|----------------------------|--|----------------------|-----------------------------------|
| NAME | | | |
| HOME ADDRESS | | | |
| CITY | | STATE | ZIP |
| SSN (Last 4 Digits) | | DATE OF BIRTH | |
| CELL PHONE | | HOME PHONE | |
| E-MAIL ADDRESS | | | SEX (Circle One) M F |

B. VERIFY USUAL WORK INFORMATION

| | | |
|----------------------------|--|--------------------------|
| PLACE OF EMPLOYMENT | | |
| SUPERVISOR | | SUPERVISOR PHONE |
| WORK ADDRESS | | |
| CITY | | STATE |
| OCCUPATION | | YEARS WORKED HERE |

C. VERIFY ACCESS AND FUNCTIONAL NEEDS

| | | | |
|---|------------|-----------|-----------------------|
| WERE SUFFICIENT ACCOMODATIONS PROVIDED FOR YOUR NEEDS? | | | |
| Circle Answer | YES | NO | UNSURE |
| | | | NOT APPLICABLE |
| Comments: | | | |

D. RESPONSE-RELATED INFORMATION

| | |
|--|-------------------------|
| DESCRIBE WHAT TYPE OF RESPONSE WORK YOU WERE DOING. | |
| LOCATION OF RESPONSE WORK: | |
| DATES WORKED: | SHIFT(S) WORKED: |
| ON-SITE SUPERVISOR: | |

E. RESPONSE-RELATED QUESTIONS

| |
|--|
| HAVE YOU BEEN EXPOSED TO THE DISEASE, OR BIOLOGICAL OR CHEMICAL AGENT, PRIOR TO REPORTING TODAY TO THE RSS SITE? If so, please explain nature of exposure: |
| DESCRIBE YOUR OVERALL WORK CONDITIONS/ENVIRONMENT. |
| DID YOU USE ANY PERSONAL PROTECTIVE EQUIPMENT DURING YOUR RESPONSE WORK? If so, please list: |
| DID YOU HAVE ADEQUATE TRAINING ON SAFETY AND HEALTH ISSUES RELATING TO YOUR WORK? Circle Answer YES NO UNSURE NOT APPLICABLE Comments: |
| WHAT WERE THE MOST POSITIVE ASPECTS OF THIS DEPLOYMENT FOR YOU? |
| WHAT WERE THE MOST NEGATIVE ASPECTS OF THIS DEPLOYMENT FOR YOU? |
| DO YOU HAVE ANY SUGGESTIONS FOR THING THAT COULD BE DONE DIFFERENTLY FOR FUTURE DEPLOYMENTS? |

F. GENERAL POST-RESPONSE STATUS

| |
|---|
| DO YOU HAVE ANY CONCERNS ABOUT YOUR WELL-BEING AS YOU LEAVE? Circle Answer YES NO UNSURE NOT APPLICABLE Comments: |
| DID YOU SUFFER ANY INURIES DURING YOUR RESPONSE WORK? Circle Answer YES NO UNSURE NOT APPLICABLE Describe Injury: |

| | | | | |
|---|----------------------|----------------------------|---------------|-----------------------|
| IF APPLICABLE, WHAT IS THE CURRENT STATE OF THE INJURY? | | | | |
| Circle Answer | IT HAS HEALED | IT IS STILL PRESENT | UNSURE | NOT APPLICABLE |
| Comments: | | | | |
| DO YOU HAVE ANY OTHER MEDICAL OR MENTAL HEALTH CONCERNS RELATED TO YOUR RESPONSE WORK? | | | | |
| Circle Answer | YES | NO | UNSURE | NOT APPLICABLE |
| Comments: | | | | |

If you need further attention regarding an injury sustained or symptoms of an illness experienced during your response work, contact your medical provider.

If you need further attention regarding any mental health concerns, contact your mental health provider or access resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) at <http://www.disasterdistress.samhsa.gov/>.

For additional information, contact the Medical Countermeasures Program at the Missouri State Emergency Management Agency at (573) 526-9100.

| |
|-------------------------|
| PRINT NAME _____ |
| SIGNATURE _____ |
| DATE _____ |

Make sure your form is complete and is turned in to the appropriate person from the State RSS Administrative Unit before you leave.

ATTACHMENT G: POD THROUGHPUT CALCULATIONS

Successful POD operations are all about throughput. Throughput is the total population needed to process through a POD per hour to accomplish prophylaxis distribution goals. PODs operate much like assembly lines: successful operations depend on well-planned structure, trained and exercised staff, and well-educated public. Prophylaxis distribution goals are based on the estimated number of people expected to use each POD, based on the total population affected and other factors. If distribution goals are not met, maintained, or exceeded, POD life-saving measures are impacted.

Three equations for determining POD efficiency during prophylaxis distribution, assuming 24-hour operations, are as follows:

1. *Population Covered by Open PODs*

Jurisdiction’s total population – Those covered under Closed POD agreements = Remaining population for Open PODs

2. *Jurisdiction’s Minimum Throughput: Total Population Processed per Hour*

$$\frac{\text{Population covered by Open PODs}}{\text{Hours available to complete dispensing}} = \text{Jurisdiction’s Minimum Throughput}$$

3. *Number of Open PODs Needed Based on Jurisdiction’s Minimum Throughput*

$$\frac{\text{Population covered by Open PODs}}{\text{Jurisdiction’s Minimum Throughput}} = \text{\# Open PODs needed}$$

Calculations change when using the *Head of Household* for dispensing. The total population covered by Open PODs is divided by the average household size in the area to determine a new total population to plug into the formula (estimated household size). Jurisdiction household estimates can be found on the U.S. Census Bureau’s website: <https://www.census.gov/quickfacts/>.

Testing POD Models’ Throughput

Jurisdictions receiving PHEP funding are required to complete a POD throughput drill every five years. The CDC provides two simulation programs – [CRC-STEP and RealOpt-CRC](#) – that planners can use to test Community Reception Center (CRC) and POD models, including:

- Throughput analysis,
- Identifying process bottlenecks, and
- Determining additional resource needs and uses.

CRC-STEP and RealOpt-CRC are available by request online at <https://www.cdc.gov/nceh/radiation/emergencies/crc/simulation.htm>.

ATTACHMENT H: ACCEPTANCE AUTHORIZATION LETTER

Michael L. Parson
Governor

Sandra K. Karsten
Director of Public Safety



STATE OF MISSOURI

STATE EMERGENCY MANAGEMENT AGENCY

DEPARTMENT OF PUBLIC SAFETY
PO Box 116, Jefferson City, Missouri 65102
Phone: (573) 526-9100 Fax: (573) 634-7966
E-mail: mosema@sema.dps.mo.gov

James Remillard
Director



October 1, 2022

The following Missouri Department of Public Safety, State Emergency Management Agency personnel are authorized to sign for and accept Strategic National Stockpile assets shipped from the federal MCM/SNS program at any location in Missouri that is designated as an RSS or distribution site.

Sebastian Gely
Jessica Sexton
Tom Stiefermann
Stephen Lyczak
Elizabeth Weyrauch

Questions should be directed to Sebastian Gely at 573-298-1191.

A handwritten signature in cursive script that reads "Sebastian Gely".

Sebastian Gely
MCM/SNS Program Coordinator
Missouri State Emergency Management Agency



A Nationally
Accredited
Agency