

Medical Countermeasures Program Manual

Texas Strategic National Stockpile Guidance

March 2016



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"It is important that those serving in key emergency management and public health positions understand the dynamic nature of the public health aspects of an emergency, the processes they must work through to acquire and deploy resources, and the balancing of the rise and fall of priorities."

**Bruce Clements MPH,
Health Emergency Preparedness and Response Section Director,
Division for Regional and Local Health Services, DSHS**

Preface

This program manual provides general guidance for administration of the Strategic National Stockpile (SNS) operations in Texas and overall medical countermeasures (MCM) operations planning. It draws on the United States Centers for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities: National Standards for State and Local Planning Guidance, the Texas Department of State Health Services (DSHS): Public Health and Medical Services Annex (H), the Medical Countermeasure Operational Readiness Strategy, the Association of State and Territorial Health Officials (ASTHO) MCM/SNS Coordinator Resource Guide and previous material from the prior versions of the Texas SNS MCM guidance.

This guidance is developed to support both local public health departments and DSHS health service regional (HSR) field offices. The document is intended to provide guidance and is not prescriptive or comprehensive. This document does not prohibit any jurisdiction from implementing additional requirements or operating procedures within that jurisdiction.

This program manual outlines MCM, which falls under the Emergency Service Function (ESF) 8-Public Health and Medical Services. The scope of this guidance is aligned with the following fifteen (15) public health preparedness capabilities as outlined per the CDC. Local health department's (LHD) MCM programs are annually reviewed based on specific capabilities selected by CDC for the respective budget period. The [capabilities](#)¹ are:

- Capability 1: Community Preparedness
- Capability 2: Community Recovery
- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 5: Fatality Management
- Capability 6: Information Sharing
- Capability 7: Mass Care
- **Capability 8: Medical Countermeasure Dispensing**
- **Capability 9: Medical Material Management and Distribution**
- Capability 10: Medical Surge
- Capability 11: Non-Pharmaceutical Interventions
- Capability 12: Public Health Laboratory Testing
- Capability 13: Public Health Surveillance and Epidemiological Investigation
- Capability 14: Responder Safety and Health
- Capability 15: Volunteer Management

¹ http://www.cdc.gov/phpr/capabilities/dslr_capabilities_july.pdf

Using This Document

This section explains how and where to find additional supporting information.

This document is not designed to be read from cover to cover. Use this page to quickly find the information you need.

Find general SNS background information, overview and purpose on this page.	6
Review the SNS contract requirements here.	17
Turn here to read about the Operational Readiness Review (ORR).	22
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Please note: This document contains many hyperlinks to other documents and information, most of which is housed on the SNS SharePoint site. It is recommended that the user of this guide has the SharePoint site open and is logged in.

If you do not have a SNS SharePoint username and password, refer to page **49**, titled: **How to gain access to SharePoint.**

Overview and Purpose

This section will describe the background of SNS, roles, responsibilities, and requirements of the Texas SNS Program to include distribution and dispensing of medical countermeasures.

Background-History

In 1999, CDC launched the National Pharmaceutical Stockpile (now SNS), a stockpile of drugs, vaccines, and other medical products and supplies, to provide for the emergency health security of the US and its territories.

In 2002, a division of CDC named, the Office of Public Health Preparedness and Response (PHPR), was established. Their mission is to strengthen the nation’s health security by saving lives and protecting against public health threats, whether at home or abroad, natural or man-made. PHPR supports our state, local, tribal, and territorial partners by providing funding, building capacity, offering technical assistance, and assuring their role in protecting the public’s health.

The PHPR receives approximately \$1.3 billion in annual funding from Congress to build and strengthen national preparedness for public health emergencies including natural, biological, chemical, radiological, and nuclear incidents. This funding supports a range of activities at CDC and state and local public health departments. Congress appropriates over three-quarters of this funding to support the [Public Health Emergency Preparedness \(PHEP\) cooperative agreement](#)² and the federal [SNS](#)³.



The structure of PHPR is comprised of four major divisions:

PHPR Divisions	Responsibilities
Division of Emergency Operations (DEO)	▪ Responsible for the 24-hour CDC Emergency Operations Center that monitors and coordinates CDC's emergency response to public health threats in the United States and abroad.
Division of State and Local Readiness (DSLRL)	▪ Manages the PHEP Cooperative Agreement, which supports preparedness nationwide in state, local, tribal, and territorial public health departments.
Division of Strategic National Stockpile (DSNS)	▪ Delivers critical medical assets to the site of a national emergency and maintains the Strategic National Stockpile (SNS).

² <http://www.cdc.gov/phpr/coopagreement.htm>

³ <http://www.cdc.gov/phpr/stockpile/stockpile.htm>

**Division of Select
Agents and Toxins
(DSAT)**

- Oversees the Federal Select Agent Program, which regulates all entities that possess, use, and/or transfer biological agents or toxins that could pose a severe threat to public health and safety.
-

For more information about the divisions within PHPR see:
<http://www.cdc.gov/phpr/about.htm>

What is SNS and why it's important

SNS is defined as the national repository of critical medicines and medical assets to protect the American public if there is a public health emergency (i.e. - disease outbreak, terrorist attack or severe weather events) severe enough to cause local supplies to run out. Once federal, state and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. in time for them to be effective. Each state has plans to receive and distribute MCM to local communities as quickly as possible.

The materials in the SNS is free for everyone and contains enough resources to protect people in several large cities.

Federal, state and local community planners are working together to ensure that the SNS assets will be delivered to the affected area to protect families in the event of a public health emergency.

As the assigned local SNS coordinator/planner, this is where your role is important. You are the first line of contact if a public health threat as described above occurs.

MCMs have been requested and deployed during disasters and public health emergencies. The list below details a few key SNS deployments:

Year	Incident
September 2001	9/11 terrorist attack on New York City, resources included: <ul style="list-style-type: none"> Medications/medical supplies Work boots and masks
August 2005	Hurricane Katrina response in Louisiana, resources included: <ul style="list-style-type: none"> Work boots and body bags Diapers
June 2009	H1N1 Influenza outbreak in Texas, resources included: <ul style="list-style-type: none"> Antivirals (Tamiflu & Relenza) PPE (masks and gloves)



The 5 D's of an SNS Response	Actions taken
Detect	Data and information gathering to include epidemiological investigation, disease surveillance, reporting from healthcare facilities, or credible threats from fusion centers.
Decide	Decision-making process for the possible request of medical countermeasures via SNS. This will include public health, emergency management, and the eventual decision and request made by the governor or their designees. The SNS is rapidly deployed to supplement and resupply local medical resources during public health emergencies.
Distribute	MCM distribution is the transport and dispensing of critical pharmaceutical interventions, including vaccines, antivirals, antibiotics or antitoxin to prevent the development of a disease among those who are exposed or potentially exposed to a threat. DSHS coordinates request, receipt and distribution of SNS pharmaceuticals and medical supplies. The receipt, breaking down and repackaging of medical countermeasures at designated RSS sites (either on the state or regional level). Medical countermeasures are managed within the inventory management system (ITEAMS) and distributed to POD sites for dispensing
Dispense	The receipt of medical countermeasures at designated POD sites and dispensing to the public or a closed population. POD sites are planned for and operationalized by local jurisdictions. Requests for countermeasures are made through the ITEAMS web portal.
Demobilize	The ramping down of operations and return of medical countermeasures, as dictated by DSHS. The DSHS State Medical Operations Center (SMOC) will coordinate with all operating RSS sites to secure product and return to designated sites, as dictated by the incident.

- MCM Dispensing consists of the following functions**
- Identify and initiate medical countermeasure dispensing strategies.
 - Receive medical countermeasures.
 - Activate dispensing modalities.
 - Dispense medical countermeasures to identified population.
 - Report adverse events.
 - Demobilize dispensing.

The Texas SNS Mission and Strategy

The DSHS mission for the SNS Stockpile Program is to distribute and dispense effective medical countermeasures to the most amount of people in the least amount of time. Planning, training, and exercising towards this mission will preserve and protect the health and lives of the citizens of Texas against a wide range of life threatening risks. Standing on current progress and seeking to make the best use of available resources, the *2014 Medical Countermeasure Operational Readiness Strategy* establishes these strategic goals for the State of Texas for the next three years:

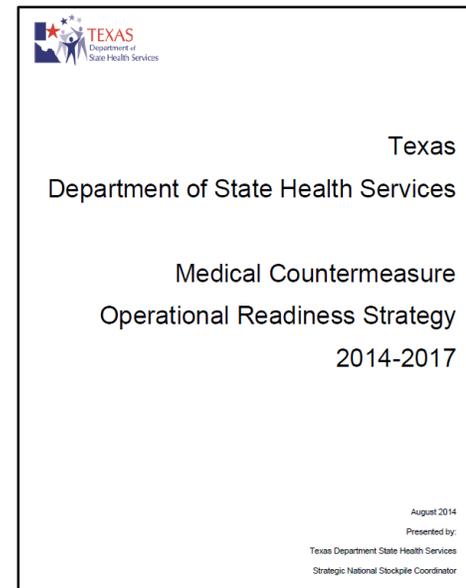
- *Goal 1: Optimize operational plans for dispensing methodologies*
- *Goal 2: Optimize operational plans for medical material distribution methodologies*

This Strategy provides the blueprint that DSHS, local health departments, and all partners will follow to make the best use of available resources to enhance the preparedness and capabilities of Texas for medical countermeasure operations.

DSHS provides the framework by which CDC PHEP capabilities will be carried out. The goals, objectives, and action items contained within this strategy lay a foundation for public health partners to protect our state from various public health threats.

The goals of this strategy are interconnected and designed to accomplish the mission of medical countermeasure operational readiness in Texas in accordance with the CDC PHEP Capabilities, and other relevant federal guidance documents. Each goal has accompanying objectives and action items that will further guide the efforts of DSHS and its partners. For more information regarding the DSHS MCM mission, click the link below to the MCM Strategy document:

- DSHS Texas [Medical Countermeasures Strategy](#)⁴



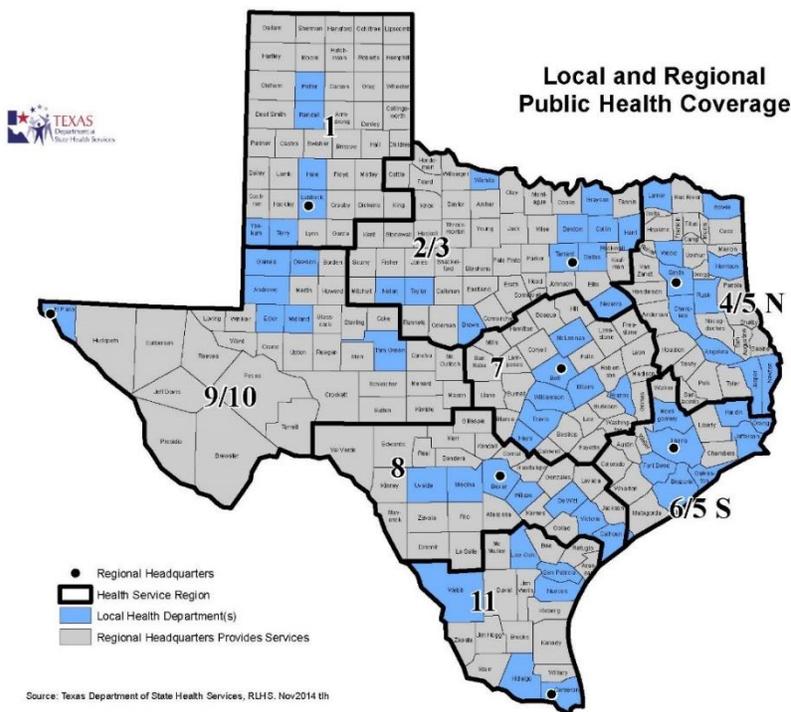
⁴ www.dshs.state.tx.SNS Information

Local Health Departments and the DSHS-HSR Offices

In Texas, local governments are permitted but not required to perform public health functions. They are referred to as the local health departments (LHDs). If they opt out of this role, the regional DSHS-HSR steps in to coordinate public health services within that non-LHD.

When a MCM event occurs, the U.S. Health and Human Services (HHS) Secretary may issue a [Public Readiness and Emergency Preparedness \(PREP\) Act⁵](#) declaration. This declaration provides qualified persons involved in dispensing MCM with immunity from liability for claims relating to countermeasures covered by the declaration (except for willful misconduct). Per the PREP Act, the declaration extends immunity to other qualified persons, such as volunteers working at the local POD.

DSHS regional offices are the sole providers of public health services to residents in three-quarters of Texas counties, shaded in gray below.



*** Note: Some of the LHDs on this map do not participate in the SNS program.**

HSR	Location and Phone Number
HSR 1	6302 Iola Avenue, Lubbock, TX 79424, Mail Code 1899 Phone: 806-744-3577
HSR 2/3	1301 South Bowen Road, Suite 200, Arlington, TX 76013, Mail Code 1905 Phone: (817) 264-4500

⁵ <http://www.phe.gov/preparedness/legal/prepact/pages/default.aspx>

HSR 4/5 2521 West Front Street, Tyler, TX 75702, Mail Code 1901
Phone: (903) 595-3585

HSR 6/5 5425 Polk, Suite J, Houston, TX 77023, Mail Code 1906
Phone: (713) 767-3000

HSR 7 2408 South 37th Street, Temple, TX 76504, Mail Code 1902
Phone: (254) 778-6744

HSR 8 7430 Louis Pasteur Drive, San Antonio, TX 78229, Mail Code 5716
Phone: (210) 949-2000

HSR 9/10 401 East Franklin, Suite 210, El Paso, TX 79901, Mail Code 1903
Phone: (915) 834-7675

HSR 11 601 West Sesame Drive, Harlingen, TX 78550, Mail Code 1907
Phone: (956) 423-0130

For a contact list of field DSHS HSR SNS Coordinators/Staff, link here:

<https://texasns.securespsites.com/snstexas/Lists/RegionalCoordinators/Main.aspx>

For more information about the DSHS HSRs' role, link here:

<http://www.dshs.state.tx.us/rls/RLHS042211.shtm>

Public Health Funding Streams

The Public Health Emergency Preparedness Cooperative Agreement (PHEP) provides the majority of funding for SNS and other medical countermeasure programs. Certain jurisdictions may also receive additional PHEP funding for the Cities Readiness Initiative (CRI).

CRI, as part of the PHEP cooperative agreement, supports medical countermeasure distribution and dispensing for all-hazards events, which includes jurisdictions' ability to develop capabilities to respond to a large-scale biologic attack. PHEP CRI funding is administered through the state and large metropolitan public health departments. The program includes a total of 72 metropolitan statistical areas, with at least one CRI metropolitan statistical area in every state.

For more information about PHEP and CRI funding, links here:

<http://www.cdc.gov/phpr/coopagreement.htm>⁶,
<http://www.cdc.gov/phpr/stockpile/cri/index.htm>⁷

⁶ <http://www.cdc.gov/phpr/coopagreement.htm>

⁷ <http://www.cdc.gov/phpr/stockpile/cri/index.htm>

State Resource Request Process

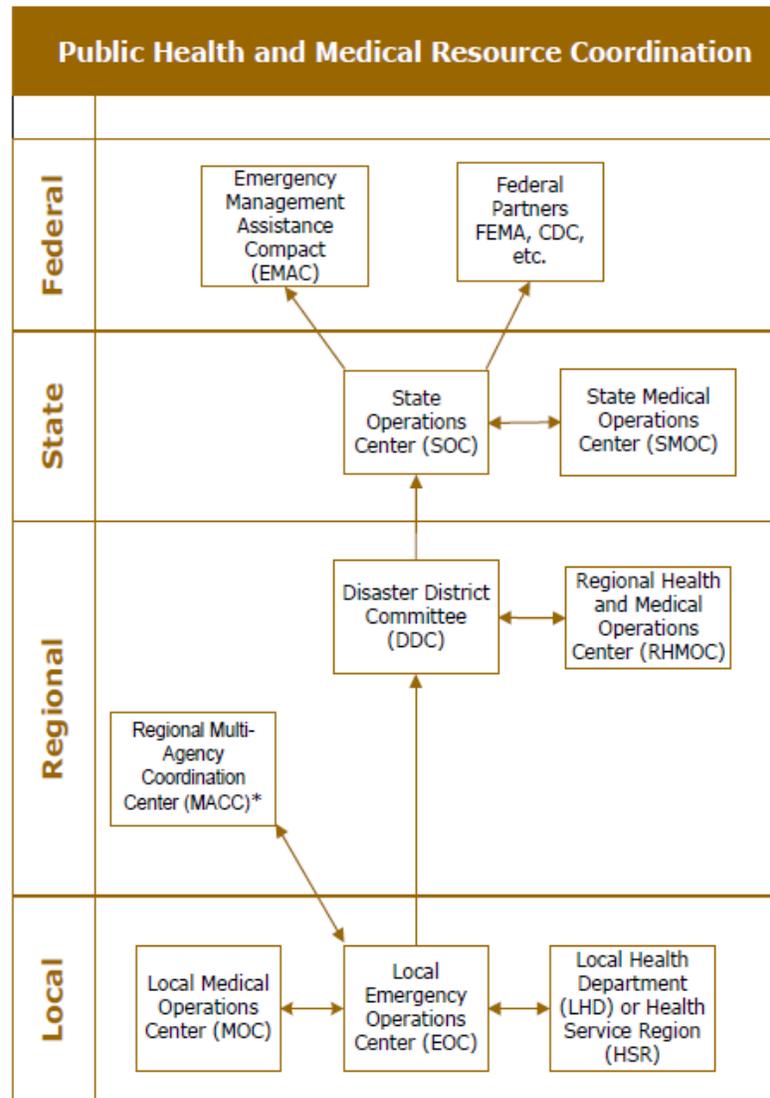
The Texas Division of Emergency Management (TDEM), a division of the Texas Department of Public Safety (DPS), leads the Emergency Management Council and coordinates statewide emergency response. Together with supporting emergency management council agencies including DSHS and non-council partners, TDEM supports local response efforts by coordinating state resources to fill unmet operational requirements. Emergency management council agencies, voluntary organizations and private sector partners work together in the State Operations Center (SOC) when it is activated in response to a public health emergency.

Medical countermeasures response organizations originate at the local level and can expand all the way to the federal government. Given the potential complexity of the event, effective response relies on communication and collaboration between private sector and volunteer organization partners, along with public entities at all levels of government.

Emergency response begins at the local level. County judges and city mayors are the designated Emergency Management Directors (EMD) of their jurisdictions, as stated in Texas Government Code, Chapter 418.

Regional Health and Medical Operations Centers (RHMOs) are staffed with local regional and state public health officials and other medical response partners who coordinate resources and mutual aid in conjunction with local and regional emergency response entities. RHMOs coordinate with Disaster District Committees (DDC) to ensure that regionally-based state resources are applied to a response before requesting additional state support from outside the region. RHMOs serve as the public health and medical coordination points for disaster districts, and provide public health and medical expertise to DDC Chairs.

DDC Chairs are Texas Department of Public Safety (DPS) Highway Patrol (THP) Division Captains or Command Lieutenants who direct each DDC. DDCs consist of state agencies and volunteer groups that can provide disaster response and



*Coordination with Regional MACCs where applicable.

recovery resources within the district’s area of responsibility. This group assists the DDC Chair in identifying, mobilizing and deploying personnel, equipment, supplies and technical support to respond to requests for emergency assistance from local governments and state agencies in each disaster district.

If DDC-level resources are inadequate to support the type or amount of assistance requested by a local jurisdiction, DDCs can request additional resources from the State Operations Center (SOC) using a State of Texas Assistance Request (STAR).

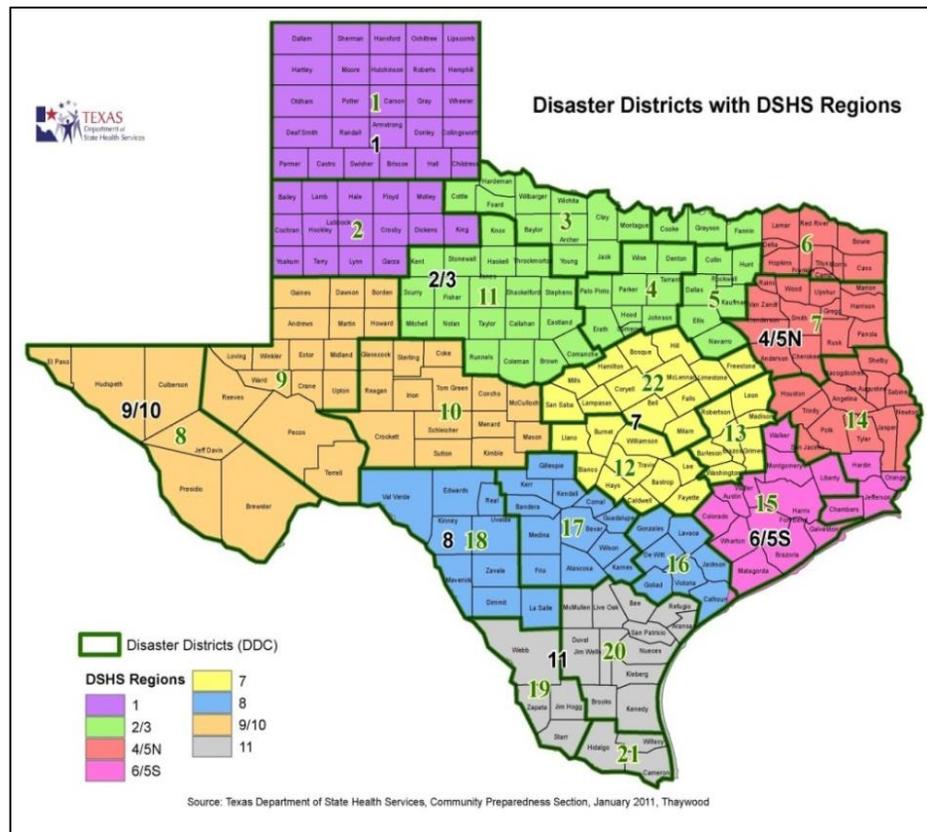
Together with supporting emergency management council entities, voluntary organizations and private sector partners, the Texas Division of Emergency Management (TDEM) operates the SOC, coordinating with state entities to fill unmet operational requirements.

State emergency public health and medical coordination occurs at the State Medical Operations Center (SMOC). When activated, the SMOC acts as an extension of the SOC, facilitating coordination with RHMOC to support local jurisdiction and state agency public health and medical response operations.

If the state cannot meet mission requirements using state resources, the SMOC can assist the SOC in preparing an Emergency Management Assistance Compact (EMAC) requests for support from other states, or Resource Request Forms (RRF) to the Federal Emergency Management Agency (FEMA), which coordinates federal support to the state.

For more information, please review the State of Texas’ Public Health and Medical Annex (H) linked here:

- <https://www.txdps.state.tx.us/dem/documents/planState/annexh.pdf>



Contract Requirements

This section describes contract requirements for SNS MCM procedures.

SNS Program Requirements for LHDs

Each year, the SNS Program requirements may be modified to fit changes in state or federal guidance. There are separate requirements for Health Service Regions and local jurisdictions. You can access the requirements documents on SharePoint in the [latest contract requirements folder](#).⁸

Drill Requirements

Local jurisdictions (as well as jurisdiction where the Health Service Region serves as a local) are required to conduct three (3) types conduct drills as part of the program requirements. Three drills must be chosen from following five (5) types:

- Site activation
- Staff call down
- Facility set-up
- Dispensing Through-put
- Real Opt (Dispensing through-put simulation)

Each drill has an accompanying data collection sheet that must be filled out and submitted to DSHS Central Office via the SNS SharePoint site. Further details regarding these drills, as well as the data collection sheet templates can be found on the SNS SharePoint site in the [Resources and Guidance folder](#).⁹

Quarterly Call Downs

These are to be conducted in order to confirm availability of POD core and back-up staff to respond. The staff call down data collection sheet (referenced above) should be used to collect response rates and pertinent data.

POD Standards

All POD sites within each jurisdiction must be accounted for on a spreadsheet document known as the [POD Standards](#).¹⁰ It is important that local planners keep this document up to date, as POD sites can change over time. Having accurate details on the capacity and capability of each POD site is critical. The POD standards are due to DSHS each year on March 1st, and should be uploaded to SharePoint.

Operational Readiness Review (ORR)

Each LHD and CRI jurisdictions shall take part in an ORR every other year, with their designated DSHS SNS Coordinators: both HSR SNS Coordinator and a Central Office Assistant SNS Coordinator. Each review tool will have updates, as CDC will make changes after each year of reviews. In off years, when there is no review

⁸ <https://texasns.securespsites.com/snstexas/SharedDocuments/Forms/AllItems>.

⁹ <https://texasns.securespsites.com/snstexas/SharedDocuments>.

¹⁰ <https://texasns.securespsites.com/snstexas/SharedDocuments/Forms/PODs>.

conducted, DSHS will still coordinate technical assistance visits with jurisdictions. The details of the ORR process can be found in the section titled, **Operational Readiness Review (ORR)**.

Jurisdictional Data Collection Sheet

As part of each ORR, jurisdictions are required to fill out a [CDC-created drill data collection sheet](#)¹¹ in order to track demographic and POD data. It is recommended that jurisdictions keep the information up to date as the numbers change.

Full Scale Exercise

It is important that jurisdictions test out POD site specific plans by conducting a full scale exercise. The Operational Implementation portion of the Operational Readiness Review, as well as the CDC Performance Measures, should be utilized for the development of exercise objectives. When conducting an exercise, please follow the guidelines outlined in the [SNS requirements](#).¹² A full scale MCM-specific exercise should be conducted by participating HSR and LHD at least once every five years. CRI jurisdictions are required to have an MCM-specific at least once every five years.

For guidance on how to conduct a full scale POD exercise, consult the [Operational Implementation Guide](#).¹³

DSHS SNS SharePoint

The SNS Program utilizes a SharePoint site to house resources, guidance, and as the portal for which documentation will be submitted. As a regional or local planner, you will be given access to the site by DSHS staff.

Further guidance regarding the use of the SharePoint site can be found in Section 10: Tools and Resources. The SharePoint site can be found [here](#).¹⁴

¹¹ <https://texassns.securespsites.com/snstexas/SharedDocuments/Forms/DrillDCSheets>

¹² <https://texassns.securespsites.com/snstexas/SharedDocuments/Forms/AllItems>.

¹³ <https://texassns.securespsites.com/snstexas/SharedDocuments/ORR/OIG.Vers2.0>

¹⁴ <https://texassns.securespsites.com/snstexas/default.aspx>

SNS Coordinator Training

The section describes training available regarding the national SNS Program.

Recommended ICS Courses

The Central Austin SNS Teams recommends the below training courses to familiarize yourself with Incident Command System, public health, and overall SNS program functions.

Course Code	Title/Link	How it applies
ICS-100.b Intro to Incident Command System	Introduction to Incident Command System, ICS-100¹⁵	Introduction to the Incident Command System, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System.
ICS-200	ICS for Single Resources and Initial Action Incidents¹⁶	ICS-200 provides training on and resources for personnel who are likely to assume a supervisory position within the ICS.
ICS-700.a	National Incident Management System (NIMS) An Introduction¹⁷	This course introduces and overviews the National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.
ICS-808	Emergency Support Function (ESF) #8- Public Health and Medical Services¹⁸	Course describes the overall purpose and scope of ESF #8, identifies the supplemental assistance ESF #8 provides to State, tribal, and local governments and identifies typical actions accomplished by ESF #8 resources and teams.
1008723	Texas CHEMPACK Training¹⁹	The TRAIN Texas course provided overview of the CHEMPACK program as it relates its function in the state of Texas. NOTE: this course is available on DSHS' TRAIN Texas website. For more information, please see page 19.

¹⁵ <https://training.fema.gov/is/courseoverview.aspx?code=IS-100.b>

¹⁶ <https://training.fema.gov/is/courseoverview.aspx?code=IS-200.b>

¹⁷ <https://training.fema.gov/is/courseoverview.aspx?code=IS-700.a>

¹⁸ <https://training.fema.gov/is/courseoverview.aspx?code=IS-808>

¹⁹ <https://tx.train.org/DesktopModules/eLearning/CourseDetails/CHEMPACK>

Course Code	Title/Link	How it applies
1041004	CDC SNS Overview Course²⁰	This CDC course gives federal, state, and local officials information on how to best plan and prepare for a public health emergency and how to use and manage the SNS in response to a terrorist attack, natural disaster, or technological accident.
1059349	SNS Overview Course²¹	This TRAIN Texas course is designed to provide basic background information and definitions of federal agencies, stakeholders and other partners that will help understand all Texas SNS operations during a public health event.
SNS-102	Mass Dispensing Overview: An SNS Perspective²²	This course will introduce students to the terminology and concepts of mass dispensing at the community level.
SNS-103	Closed Point of Dispensing Considerations: an SNS Perspective²³	The Closed POD Planning course provides state and local agencies with information to manage Closed POD sites during a public health emergency.
SNS/PER-310	SNS Planning and Coordination²⁴	This CDC-sponsored Strategic National Stockpile Preparedness Course is a 3-Day course (held in Anniston, AL) designed to give federal, state, and local officials information on how to best plan and prepare for a public health emergency and how to use and manage the Strategic National Stockpile in response to a terrorist attack, natural disaster, or technological accident.

²⁰ <http://www2a.cdc.gov/TCEOnline/>

²¹ <https://tx.train.org/DesktopModules/eLearning/SNSOverview>

²² <http://www2a.cdc.gov/TCEOnline/>

²³ <http://www2a.cdc.gov/TCEOnline/>

²⁴ <https://cdp.dhs.gov/training/courses/sns>

TXTRAIN

What is TRAIN? The TrainingFinder Real-time Affiliate Integrated Network (TRAIN) is the nation's premier learning resource for professionals who protect the public's health. TRAIN is comprised of the national www.train.org site and participating TRAIN affiliate sites. Affiliate sites are managed by many state public health agencies, academic partners, and others. DSHS manages the state's affiliated TRAIN site called TXTRAIN.

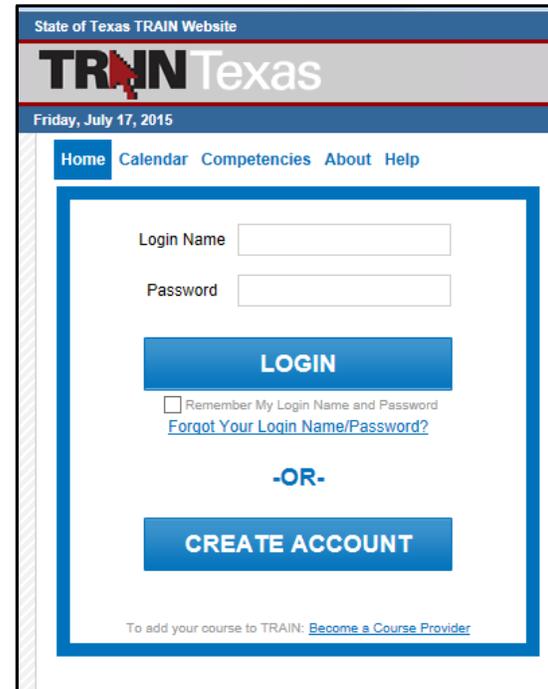
Because all TRAIN sites are connected, TRAIN users can access information about state, local, national, or international training available to them through any participating TRAIN site.

Learners can use TRAIN to:

- Search the nationwide database for on-site or distance learning courses
- Sign up for e-mails about new courses
- Create a personal learning record of competency-based training
- Provide and view feedback about courses listed on the site
- Register online for many courses
- Earn CEUs (often at no cost)

To register and obtain a TXTRAIN account, link to: <https://tx.train.org/>.

To contact the TXTRAIN administrator regarding questions about registering or technical assistance, email: TXTRAIN@dshs.state.tx.us.



The screenshot shows the login page for the State of Texas TRAIN Website. The page has a blue header with the text "State of Texas TRAIN Website" and the "TRAIN Texas" logo. Below the header, the date "Friday, July 17, 2015" is displayed. A navigation menu includes "Home", "Calendar", "Competencies", "About", and "Help". The main content area contains a login form with fields for "Login Name" and "Password", a "LOGIN" button, a checkbox for "Remember My Login Name and Password", and a link for "Forgot Your Login Name/Password?". Below this is a "-OR-" separator and a "CREATE ACCOUNT" button. At the bottom, there is a link to "Become a Course Provider" with the text "To add your course to TRAIN:".

Other Training Providers:

Here are some other emergency management related training websites available for your consideration:

- Texas A&M Engineering Extension Service (TEEX) offers emergency management, public health-related courses and an accredited and certification curriculum: <https://teex.org>
- TDEM's Preparedness website offers emergency management preparedness courses available throughout the state: <https://www.preparingtexas.org/>

Operational Readiness Review (ORR)

This section describes the ORR process as it relates to the SNS program

An LHD's MCM programs are annually reviewed based on specific capabilities selected by CDC for the respective budget period. The Austin Central Office SNS Team conducts operational readiness reviews to assist LHDs across the state. If an area does not have a registered LHD, DSHS-HSRs serves the region in that capacity. The SNS Team travels to LHDs, HSRs and non-LHDs and provides technical assistance to local SNS coordinators regarding their programs. For example, within budget period 4 (BP4- from July 1, 2015 to June 30, 2016), CDC established the following capabilities to be reviewed by the state:

- Capability 1: Community Preparedness
- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 6: Information Sharing
- Capability 8: Medical Countermeasure Dispensing
- Capability 9: Medical Material Management and Distribution
- Capability 14: Responder Safety and Health
- Capability 15: Volunteer Management

ORR Process

- Schedule meeting in coordination with the regional SNS coordinator and determine document upload deadline.
- LHD will conduct an initial self-assessment prior to the SNS Central Office's visit.
- Upload self-assessed ORR Tool and supporting documents to SharePoint.
- Follow instructions on using the [ORR Tool on SharePoint](https://texasns.securespsites.com/snstexas/StateDeliverables/Forms/AllItems)²⁵

Function	Criteria	Evidence	Supporting Documents and Comments
Capability 1: Community Preparedness			
Function 1: Determine risks to the health of the jurisdiction	1) Definition of risks		List Supporting Documents and Comments
	2) mapped locations of at-risk populations according to IHA, 3) assessment of community resources, 4) assessment of loss or disruption of essential services (i.e. water, sanitation, healthcare services, and public health agency infrastructure)		
4) select current status	Written plans include none of the above	Written plans include one or two of the above	None
Document Guidance:	Written plans include three of the above	Written plans include all of the above	
5) Review feedback (SDRG Only)			
Function 2: Build community partnerships to support health preparedness			
Function 2: Build community partnerships to support health preparedness	1) knowledge of response roles for the following partners: 2) local 3) state 4) regional		List Supporting Documents and Comments
	1) knowledge of response roles for the following partners: 2) local 3) state 4) regional		
11) select current status	Written plans include none of the above	Written plans include one or two of the above	No exercise conducted Tabletop exercise conducted Functional exercise conducted Full-scale exercise or real incident
Document Guidance:	Written plans include three of the above	Written plans include all of the above	
* After Action Report/Improvement Plan			

²⁵ <https://texasns.securespsites.com/snstexas/StateDeliverables/Forms/AllItems>

Partners

Invite partner agencies that may have a role in the MCM plan to participate in the review by explaining their function in a response. Not every listed partner is required to be present in the ORR. Attendees should include:

- Health Officer
- PHEP Director
- MCM Coordinator
- CRI Coordinator
- State/local emergency management representative(s)
- Public health public information officer(s)
- Law enforcement/security lead
- Receipt, State, Store (RSS) lead
- Distribution lead
- Inventory control head
- Dispensing lead
- Hospital Preparedness Program Coordinator
- Training lead
- Tribal partners
- Military installation liaisons
- Tactical communications lead
- Volunteer coordinator
- Private Sector partners/agencies
- National Guard
- Texas National Guard
- Medical Reserve Corp Coordinator
- Federal partners (i.e. HHS Regional Emergency Coordinators (RECs), U.S. Marshal Service, HPP Field Project Officers (FPOs) and Federal Executive Board partners)



Public Health
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Dispensing Methodologies

This section highlights options of dispensing medical product to the public.

Based on needs and operational capabilities, SNS Coordinators can choose dispensing methodologies that are best suited for their communities and to the threat at hand.

How to estimate the number of PODs needed

Jurisdictions can use a head-of-household (HHH) model for an estimation. In this model, a designated HHH would pick up medicines for all members of a family. The estimation is derived by dividing the jurisdiction's total population (TP) by the average size of households in the area to determine a new total population to plug in the formula. This basic model allows for planners to add or subtract more time for set up or average household. This will be based on a 48-hour request timeline. NOTE: The Average Household Size estimate is based on the CDC's [SNS Planning and Coordination course](#)²⁶.

Calculation for the number of PODs

- Formula**
- TP = Total Population
 - HPP = Hours to Provide Prophylaxis
 - PPH = Persons Per Household (throughput)
 - **$TP / HPP / PPH = \text{Number of PODs}$**

-
- Head of Household Example**
- TP = 200,000 people
 - Average Household Size = 3.2
 - New TP = $(200,000 / 3.2) = 62,500$
 - HPP = 36 hours; PPH = 500
 - $62,500 / 36 / 500 = \mathbf{3.4 \text{ PODs that need to be placed}}$
-

Variables

- PPH is difficult to determine initially.
- A true PPH should be derived through drills within the jurisdiction.
- In the above example, an average of 500 PPH will be used.
- The flow of people coming to the POD will probably not be constant.
- Set-up time must include receiving assets from state/regional.

²⁶ <https://cdp.dhs.gov/training/courses/sns>

POD Types

Open PODs

Local jurisdictions will utilize these facilities to dispense medications to the public. These are usually schools, convention centers, or large facilities with the ability accommodate large numbers of clients.

Alpha PODs

A jurisdiction may choose to designate one of their POD sites to break down and further distribute medical countermeasures to other (usually smaller) POD sites. It may be arranged that staff from the smaller PODs come to pick up assets at the Alpha POD. This should be agreed upon in the planning process.

Closed PODs

Entities such as businesses, universities, healthcare facilities or others can enter an agreement to dispense medications to their populations in a secure setting. These are not open to the public and local planners should agree upon the manner in which these sites will receive or pick up countermeasures. Jurisdictions are encouraged to engage potential Closed POD partners and enter agreements with these partners. More on Closed POD planning can be found in the **POD Site Planning** section.

Non-Medical Model vs. Medical Model

Dispensing for the **non-medical model** is only for oral medications. An approved screening form and algorithm will help to ensure the proper medication is dispensed. This type of dispensing does not require medically trained staff to dispense the medications. Per the Public Readiness and Emergency Preparedness Act (PREP), staff dispensing medication is legally protected from liability in a declared public health emergency (see the Authority Section for clarification).

The following type of staff positions should be considered for a **non-medical model**:

Entry: Patients enter through a designated doorway or entrance to POD.

Greeting and Forms Distribution: Queuing and Exit Staff greet patients upon entrance, triage ill patients and distribute medical screening forms. Patients are then instructed to move to the Queuing Area.

Waiting Area: Patients fill out medical screening forms and form a line for forms to be screened.

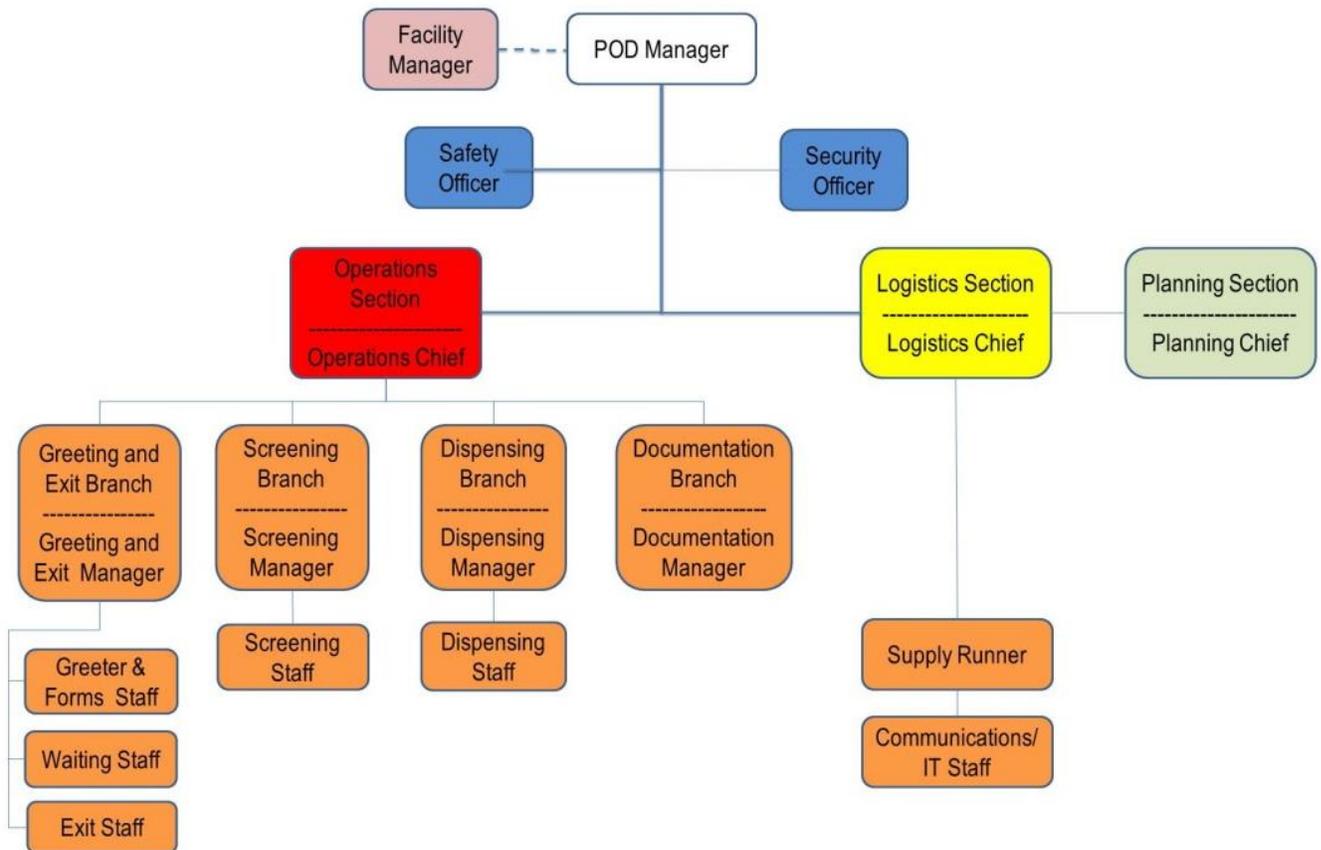
Screening Station: After the Queuing Area, patients are directed to the Screening Station where Screeners evaluate the completed medical screening forms.

Special Assistance Station: Patients with medical contraindications (as indicated by the form), mental health issues or other special needs are directed to this station.

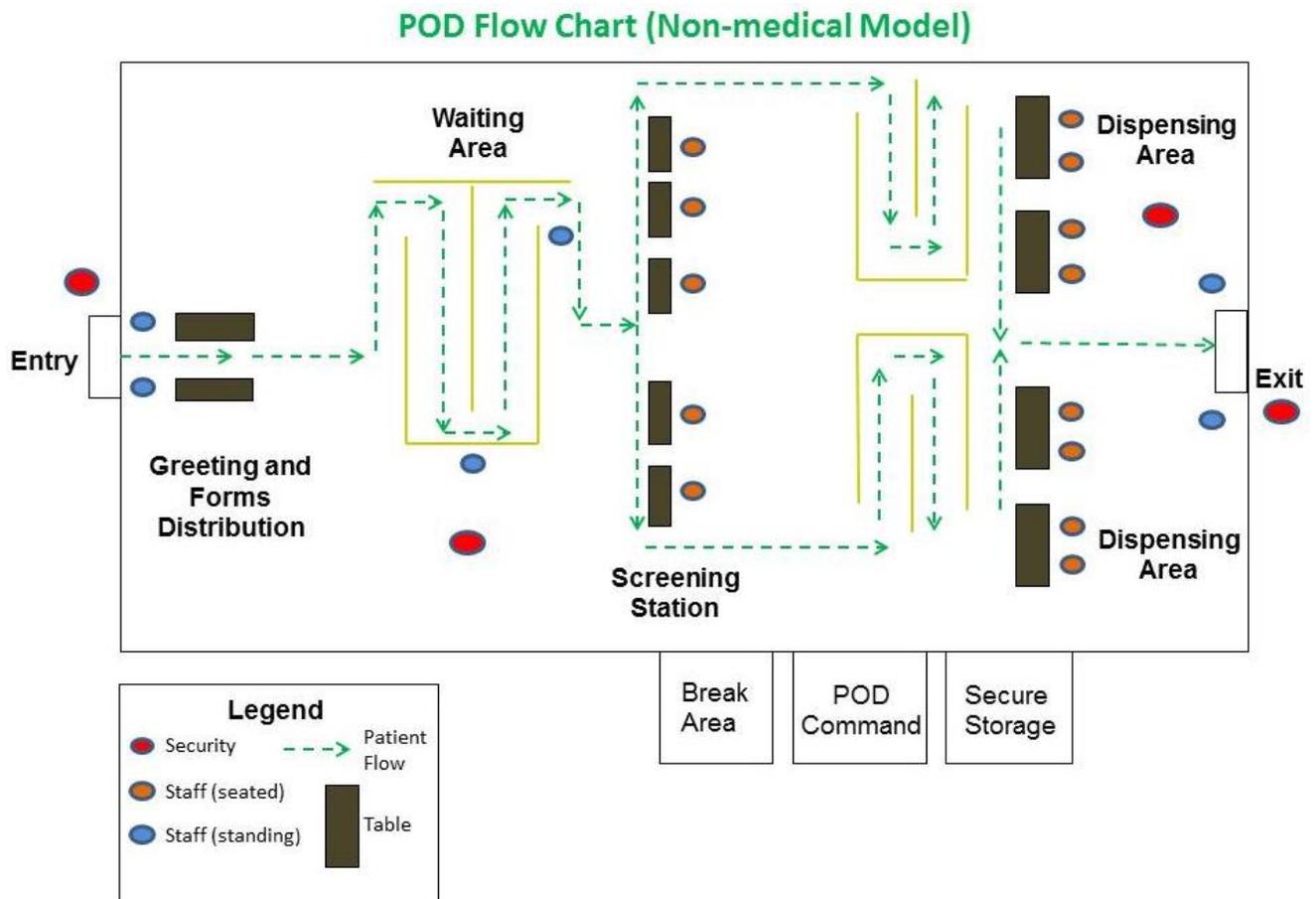
Dispensing Area: Medications are dispensed to patients after Dispensing Staff validate the medical screening form.

Exit: Staff perform a final check of the medical screening form and the amount of medication dispensed to verify accuracy.

Sample Organizational Chart: Non-medical model



Sample Flow Diagram: Non-medical Model



Further guidance documents on open POD planning and operations, including screening forms and pediatric pill, crushing guidance can be found on the [open PODs folder](#).²⁷

²⁷ <https://texasns.securespsites.com/snstexas/ProgramResources/doxypillcrush>

A **medical model** is a mass prophylaxis/vaccination operation that has direct oversight by licensed medical professionals, such as a vaccination clinic.

Not all staff within a medical POD need to be trained medical professionals. Specific positions require a licensed medical professional and qualifications are referenced within each job action sheet in this section.

Medical PODs are best used for incidents needing:

- Complex screening forms and/or algorithms
- Mass vaccinations
- Other invasive procedures

Medical PODs including clinical consultation and medical observation are staff positions within the medical model. It is recommended that clients be observed for any adverse reactions to the vaccination received.

The following type of stations and staff positions should be considered for a **medical model**:

Entry: Clients enter through designated doorway or entrance to POD.

Greeting and Forms Distribution: Greeting and Forms Staff distribute medical screening forms and direct clients to the Forms Completion Area.

Forms Completion Area: Seated area where clients complete their forms; forms Completion Staff are present to answer the public's questions.

Screening Area: Upon form completion, clients are directed into a queue for this station. Screening Staff evaluate forms and direct clients to the Vaccination/Dispensing Queue or Clinical Medical Consultation.

Clinical Medical Consultation: Clients with medical contraindications are directed to this medical professional station for further screening and medical evaluation.

Vaccination/Dispensing Queue: Clients with no medical contraindications are directed to this queue to await vaccination/dispensation from a trained medical professional.

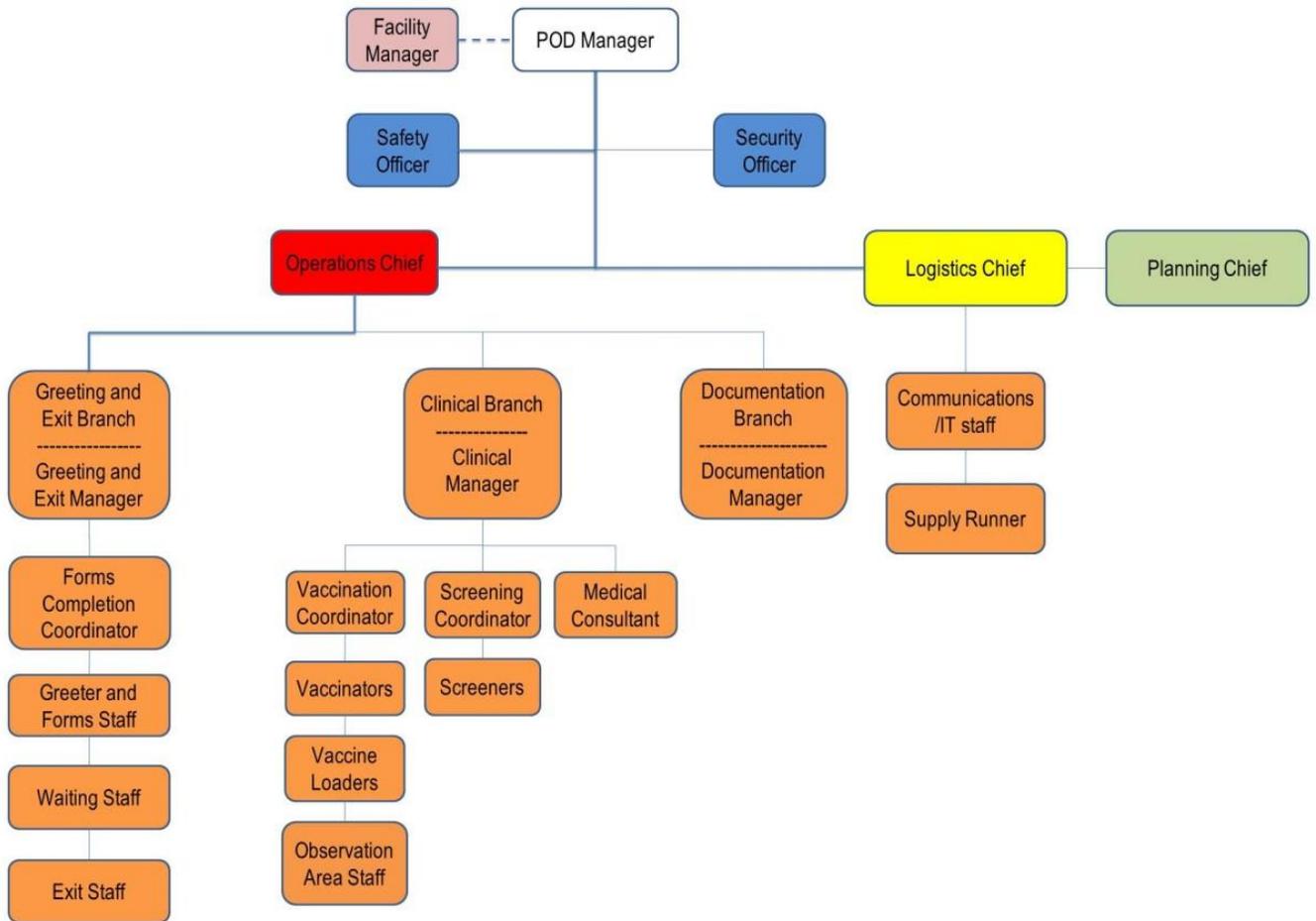
Vaccination/Dispensing Lanes: Lanes where trained medical professionals administer vaccinations/dispensations.

Observation Area: After receiving their vaccination, clients are directed to this waiting area to be observed by trained medical professionals for adverse reactions.

Behavioral Health Table (recommend): If clients have any behavioral health needs, they will be directed to this designated table staffed by trained mental health professionals.

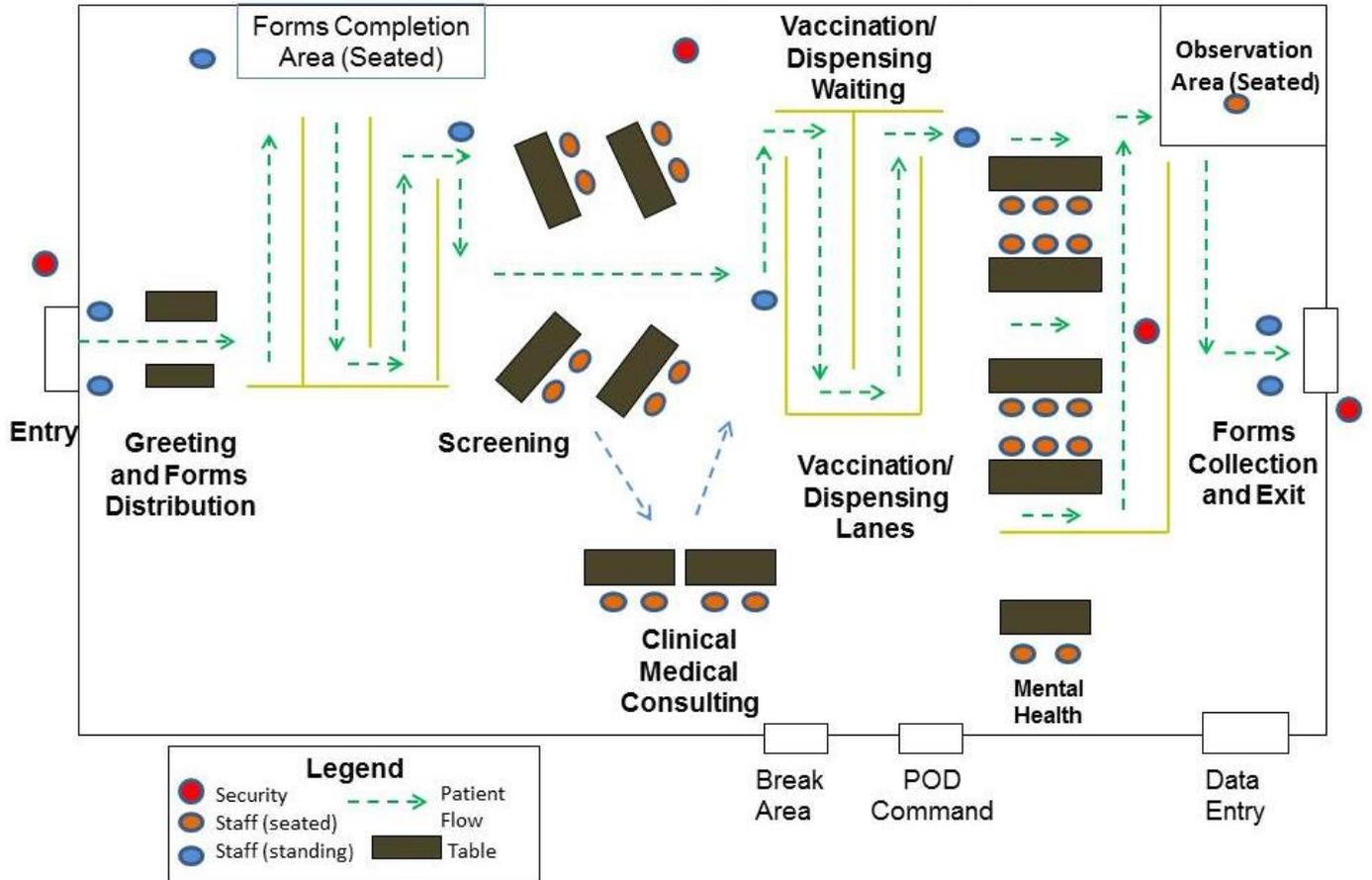
Forms Collection and Exit: Exit Staff will collect medical screening forms from clients once they have been cleared to leave the Observation Area and exit the facility.

Sample organizational chart: Medical model



Sample flow chart: Medical model

POD Flow Chart (Medical Model)



POD Site Preparedness and Operations

This section specifies different types of POD Standards, Drills and exercises incorporated into planning.

Site specific planning

Local jurisdictions should work to secure POD sites within their communities. Ideal PODs include schools, convention centers, or other similar spaces that can accommodate the amount of people within the jurisdiction. It is important to select POD sites that can be easily accessed by the population. This includes being Americans with Disabilities Act (ADA) compliant and near public transportation (for larger jurisdictions). Once POD sites are identified, it is necessary to engage the organization or entity which manages the facility and work to enter into a written agreement, or Memorandum of Understanding (MOU). The MOU should be between the local jurisdiction and POD facility. Approved [MOU templates](#)²⁸ can be found in SharePoint.

Once an agreement is forged, a site specific plan should be created for the facility. Local planners should first conduct a site survey to determine proper station layout, client flow, and to address any potential security issues. It is critical to engage local law enforcement in conducting the site survey. They will need to be a part of the planning process, as they will be relied on to provide site security.

Checklist for POD Site Specific Plan

Regional SNS coordinators can assist local jurisdictions with creating their POD site specific plans and provide technical assistance and examples as needed. The following planning elements should be created for each POD site within a jurisdiction:

POD Site Plan Checklist	Elements
	<ul style="list-style-type: none">▪ Flow diagram based on the layout of the specific facility▪ Site security plan▪ Site parking plan (or road flow for drive-through PODs)▪ Organizational chart▪ Staffing plan/roster of POD core staff (and volunteers where possible)▪ Job Action Sheets/Just-In-Time training (JITT)

Law enforcement assistance regarding site security

The arrival of the SNS assets will be newsworthy, and could be a target of individuals wanting to disrupt SNS operations, or of individuals wanting to obtain MCM improperly. As a result, the security of the deployment, distribution and dispensing of the SNS will be paramount. In the State of Texas, security of the

²⁸ <https://texasns.securespsites.com/snstexas/SharedDocuments/MouTemplates/>

SNS will be provided by the TXDPS, and the local law enforcement agencies in the jurisdictions of affected areas.

Generally, the TXDPS will have the responsibility of security during the escort of the SNS, and then maintaining security at the RSS. Local law enforcement will have the responsibility for security at the POD.

SNS security begins with planning. It is imperative that law enforcement be involved during the development of SNS plans. While each aspect of the overall SNS plan is important, the entire plan could fail if security is not properly planned and maintained. The SNS coordinator relies on the support of law enforcement, as the overall SNS plan cannot be completed without written security plans. The SNS security plans must be certified by the law enforcement agency responsible for security in a given jurisdiction.

Upon initial deployment, the SNS is a federal asset, and security is provided by the [U.S. Marshals Service SNS Security Operations \(SNSSO\)](#)²⁹. The TXDPS has agreed to assist the SNSSO with the escort of the SNS within the State of Texas. Upon arrival at the RSS, the SNS becomes a state asset, and the TXDPS assumes the responsibility for security. The TXDPS will provide a security escort for the SNS materiel from the RSS to the POD. Upon arrival at the POD, the SNS becomes a local asset, and local law enforcement assumes the responsibility for security.

The SNS coordinator relies on law enforcement for: site assessments, developing site specific security plans, asset and personnel protection, crowd and traffic control as well as many other duties that provide overall security for the SNS. The necessity for law enforcement participation during the planning and deployment of the SNS cannot be over stated, as the function of SNS security can only be performed by certified peace officers. The success of dispensing MCM to the public at large, depends on an orderly, secure environment that is provided by law enforcement carrying out carefully written SNS security plans.

More information regarding site-specific planning can be found in the [CDC SNS Guide: Version 11, Chapter 8](#).³⁰

²⁹ <http://www.usmarshals.gov/pubs/pub99.pdf>

³⁰ https://texassns.securespsites.com/snstexas/SharedDocuments/2014-2015_SNS_ProgramManual_V11.pdf

Staffing/Volunteers

Each POD site should have a staffing plan, most importantly a group of core staff that can fill minimum amount of stations for that specific site. It is critical to build a base of volunteers that can fill the staffing numbers necessary for all POD sites in the jurisdiction. Volunteer coordinators should request access to utilize the [Texas Disaster Volunteer Registry \(TDVR\)](https://www.texasdisastervolunteerregistry.org/)³¹ to register and manage their own volunteers. It should be determined how volunteers will be utilized and then trained to fulfill those roles successfully.

To gain access to the system and become a Texas Disaster Volunteer Registry Local Administrator please contact State TDVR Coordinator for more information.

Training

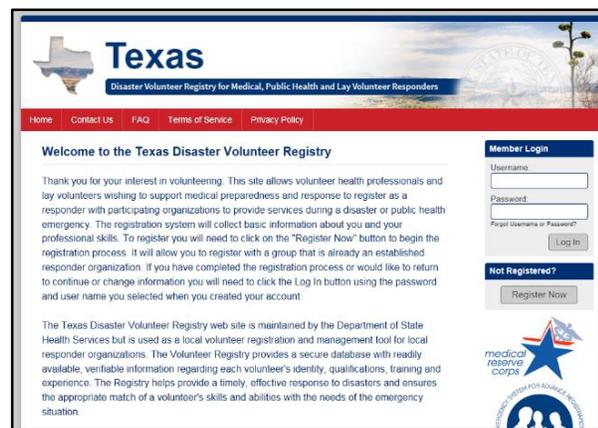
Training should be regularly scheduled on your multi-year training and exercise plan (MYTEP) and conducted with POD core staff and volunteers. Trainings should be based on a POD site specific plan and objectives should reflect the capabilities necessary to test that specific facility.

It is critical for jurisdictions to create or have access to just-in-time trainings. These trainings should be tested among staff in drills and exercises. In an incident, they may be relied on to quickly train volunteers. The Texas DSHS POD Pocket Guide contains basic POD information and job action sheets that can be helpful in designing and conducting just-in-time trainings. It is important to include demonstrations of each POD station's activities during just-in-time trainings (i.e. demonstrating the use of a medication screening form).

POD Drills

Local jurisdictions are to conduct POD drills according to the requirements outlined in Section 2: Contract Requirements. These drills will allow planners to ensure POD sites can be activated in a timely manner, gauge if core staff is able to report on time, conduct a POD site set up, and determine throughput levels for clients going through the POD to receive countermeasures.

Planners should create an After Action Report for each drill, as well as complete a corresponding data collection sheet to gather data for that specific type of drill. The data collection sheets are spreadsheets for [site activation, facility site set up, staff call down, and dispensing throughput](#).³² Completed data collection sheets should be submitted to the SNS SharePoint site, in your jurisdictions drills folder.



³¹ <https://www.texasdisastervolunteerregistry.org/>

³² <https://texassns.securespsites.com/snstexas/SharedDocuments/Forms/DataCollSheet>

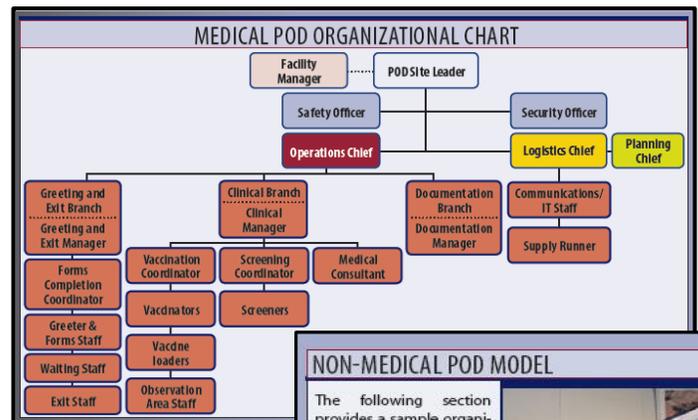
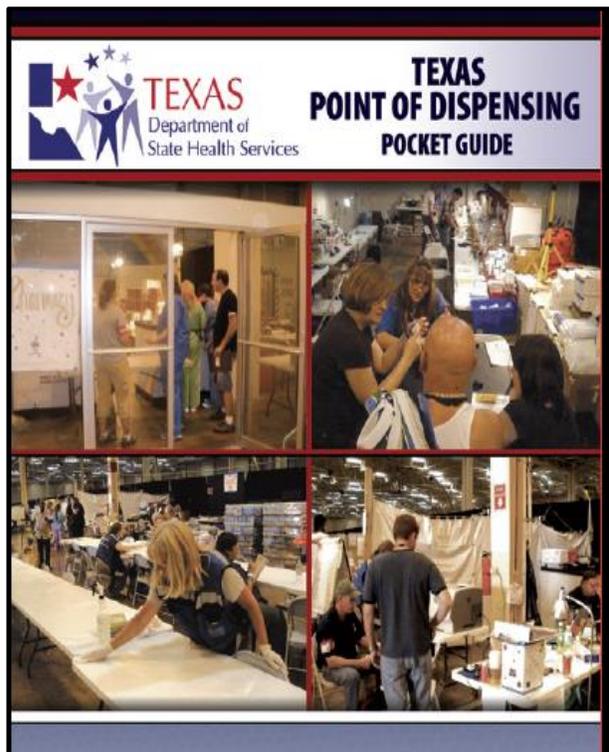
Conducting these drills will allow the planner to make necessary changes to the POD site specific plan, including staffing levels, how many lanes and/or stations are needed, and where some of the stations may be set up.

Closed POD Planning

Planners should work with Closed POD partners in providing technical assistance to the development of their site-specific plans. When requested, local jurisdictions may need to provide training to Closed POD staff. [There are resources and templates available to assist planners.](#)³³

POD Pocket Guide

DSHS SNS Central Office staff has produced a helpful Texas POD Pocket Guide for local jurisdictional SNS Coordinators. The guide provides a general overview of the roles, responsibilities and functions necessary to dispense MCM to the local population. For copies of the POD Pocket guide, contact your regional DSHS HSR SNS Coordinator.



NON-MEDICAL POD MODEL

The following section provides a sample organizational chart, flow chart and job action sheets associated with a general, non-medical Point of Dispensing (POD) model. The term "non-medical" denotes a mass dispensing operation conducted primarily without the use of medical professionals.

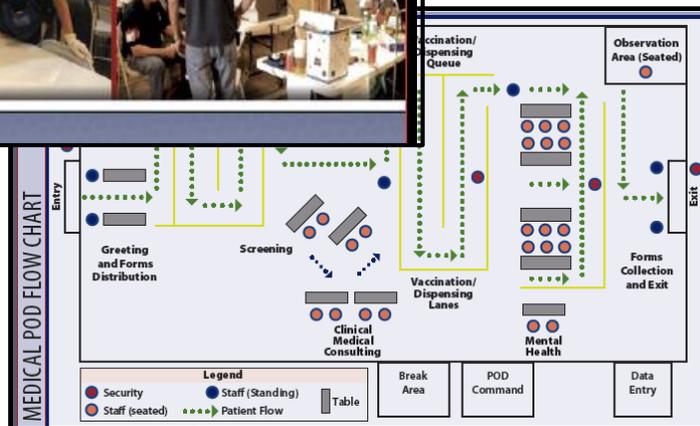
Dispensing for the non-medical model is only for oral medications. An approved screening form and algorithm will help to ensure that the proper medication is dispensed.

For the purposes of the job action sheets in this model, the following definitions apply:

Activation
The onset of operations prior to beginning dispensing activities (i.e. check-in, just-in-time training).

Operations
The period during in which dispensing operations occur within the facility.

Demobilization
The end of operations, when activities are scaled down and resources accounted for within the facility.



³³ <https://texasns.securespsites.com/snstexas/SharedDocuments/Resources/PODs>

Inventory Management

This section explains different aspects of inventory management, allocation, the management of assets, and storage methods.

Inventory management consists of two areas: local resources and non-local provided resources. Local resources are the equipment/people needed to run a pre-planned POD. Non-local provided resources during a pandemic incident are typically MCMs or ancillary medical devices which are provided to fill a need as well as other locally requested resources needed to facilitate the response. Many jurisdictions may be requesting the same resources so it's possible that all requests won't be filled as quickly as needed. That is why pre-planning and acquiring needed supplies is important.

The inventory management process begins with the request for resources (usually MCM) for the local jurisdiction. This is the basis of how much you believe you need to provide for those in need of medical countermeasures or other resources.

Managing your inventory becomes critical when keeping track of resources for the next response. Managing inventory is a continual cycle which needs to be done monthly or quarterly to ensure all equipment and people are ready to respond when needed.

With a POD and RSS site, you need to maintain accountability of the MCM received at your site. In order to do this the below tool depicts a format to tract your MCMs with. Below the graphs are split it at the supplier column of the spreadsheet and put in on two lines. The following instructions help the user understand what is meant by each column:

Product Name	Pharmaceutical	Item Number	Package Type	Package Size	Size	Strength	Supplier
Ciprofloxacin	Y	6633690320	BOT	20		500mg	Bayer Healthcare Pha
Ciprofloxacin	Y	6633690320	BOT	20		500mg	Bayer Healthcare Pha
Doxycycline	Y	6633644920	BOT	20		100mg	Mutual Pharmaceutic
Doxycycline	Y	6633644920	BOT	20		100mg	Mutual Pharmaceutic

Supplier	Serial Number	Lot Number	Expiration Date	UI	Units per UI	Storage Location	Quantity
Pharmaceuticals Inc.		F88908	20-Apr-2022	Box	100	A01D35	96
Pharmaceuticals Inc.		F88908	20-Apr-2022	Box	100	A01D36	96
Medical Company, Inc		D1234	31-Dec-2022	Box	100	A02D45	96
Medical Company, Inc		D1234	31-Dec-2022	Box	100	A02D46	96

Once MCMs arrive at the state's receipt, stage, store (RSS) facility, they will need to be inventoried and broken down into shipments to go to dispensing sites. The RSS will utilize an inventory management process for receiving, storing, and locating assets to fill orders for shipment.

This process relies on an inventory management system (IMS) to track the movement and storage of assets within the RSS and associated processes for managing MCMs, including receiving, storing, picking (i.e., pulling items from storage to fill orders), and shipping orders to dispensing sites. In addition, the jurisdiction can link its IMS to systems that will allow a line of site of available MCMs from the federal down to the local level.

Cold Chain Storage/Management

Certain items (e.g., vaccines or controlled substances) received at the RSS require extensive chain of custody protocols due to specialized requirements for their safe handling, which are regulated by the U.S. Food and Drug Administration (FDA) and/or Drug Enforcement Administration (DEA).

SNS contains certain controlled substances and items requiring cold chain management that are subject to these specialized chain of custody requirements to maintain the products in accordance with DEA regulations and manufacturer specifications during storage, distribution, and dispensing. To address these standards, written plans for inventory management should cover:

- Maintenance of packaging;
- Storage of and access to controlled substances;
- Cold chain management procedures, as required; and
- Documentation procedures and forms (e.g., DEA Form 222) required for chain of custody.

Cold chain management is an extension of current Good Manufacturing Practice (cGMP) that requires additional controlling of temperature, plus documentation and validation of temperature control to maintain the safety, efficacy, and quality of MCMs during the receipt, distribution, or dispensing processes.

When the CDC ships items that require cold chain management, such as vaccines (e.g., smallpox vaccine, anthrax adsorbed vaccine, or other biologic products), it utilizes cold chain packing protocols, temperature monitoring devices, and specialized shipping containers to ensure that the items remain at the proper temperature throughout the packing and shipment processes.

CDC ships cold chain items in either an electric/battery back-up refrigeration shipping container (Vaxi-Cool™) or, in most cases, a specialized foam shipping container (Endotherm™), which can maintain the required temperature for up to 72 hours without electricity or the need for additional refrigeration.

The shipment also will contain a temperature monitoring device to record the temperature of the product during shipment. However, the jurisdiction's distribution plans should include plans for refrigeration trucks to maintain items in cold chain management in case the product is not dispensed within the timeframe for which shipping containers can sustain the required storage temperature. The jurisdiction's IMS will need to track and account for maintenance of the storage temperature of MCMs in cold chain management during RSS, distribution, and dispensing operations.



**Vaxi-Cool™
shipping
container**

Pallet size-storage planning

The SNS coordinator and RSS lead should work together to develop an inventory management process that assigns location identifiers to warehouse so that the pick team can readily locate material.

For more information regarding Inventory Management can be found in the [CDC SNS Guide: Version 11, Chapter 6: Managing MCM Inventory](#).³⁴

³⁴ https://texasns.securesites.com/snstexas/SharedDocuments/2014-2015_SNS_ProgramManual_V11.pdf

Distribution Methodologies

This section explains various aspects of site planning including distribution models, facilities supplies and cold chain management/storage among others.

Introduction to Distribution Planning

Distribution is a critical part of the overall process of receiving MCM's from CDC and getting those MCM's into the hands of the residents of Texas. Without proper analysis and decisions pre-event the ability to conduct distribution operations will be difficult if able to occur at all. The primary means of transportation in Texas is by tractor trailer. This is to allow for a large quantity of MCM's to be delivered to multiple locations with one vehicle.

Types of Distribution Sites, Methods, and Responsibility

Receipt, Staging, Storage (RSS)/Regional Distribution Site (RDS) - State Responsibility

The RSS or RDS is the responsibility of the Texas Department of State Health Services or their agent. These are critical distribution centers which allow for the distribution of medical countermeasures (MCM) to the local jurisdiction for dispensing operations to the residents of Texas. The RDS can be used to support a more rural area of the state which due to distance is easier to drop ship a large amount of MCM's and have the local jurisdictions pick up the MCMs to take to their open PODs and alpha PODs.

The direction for Texas in regards to partnering with and RSS site is to seek out a private business as a partner. When developing the MOU ask if their staff, equipment, and shipping resources can be used during a response. Also work towards a zero dollar contract/MOU.

The following type of staff positions should be considered for an RSS:

RSS Site Leader: Manages all aspects of receiving, staging and storage of the SNS materiel at the warehouse. This position will monitor and coordinate warehouse personnel and provide any additional support as requested. They will ensure the safety of all personnel of RSS staff in coordination with the Safety Officer.

Safety Officer: Provide oversight of the health and safety of all staff within the RSS; monitor all staff and operations for any issues

Shipping and Receiving Manager: Provide supervision over the receipt and distribution of SNS assets

Shipping and Receiving Team Staff: Participate in shipping and receiving activities of the SNS assets

Pick Team Manager: Direct all activities associated with picking of materials and preparing for shipment

Pick Team Staff: Perform Pick Team duties of storing, picking and palletizing SNS assets for shipment

Communications/IT Manager: Coordinate all communications and information technology needed to fully operate the RSS

Distribution Chief: Coordinate distribution of assets from the RSS site to all designated Points of Dispensing (POD) sites

Inventory Control Manager: Coordinate the receipt and tracking of SNS assets from arrival at the RSS site to distribution to each POD site, treatment center, or other designated facility

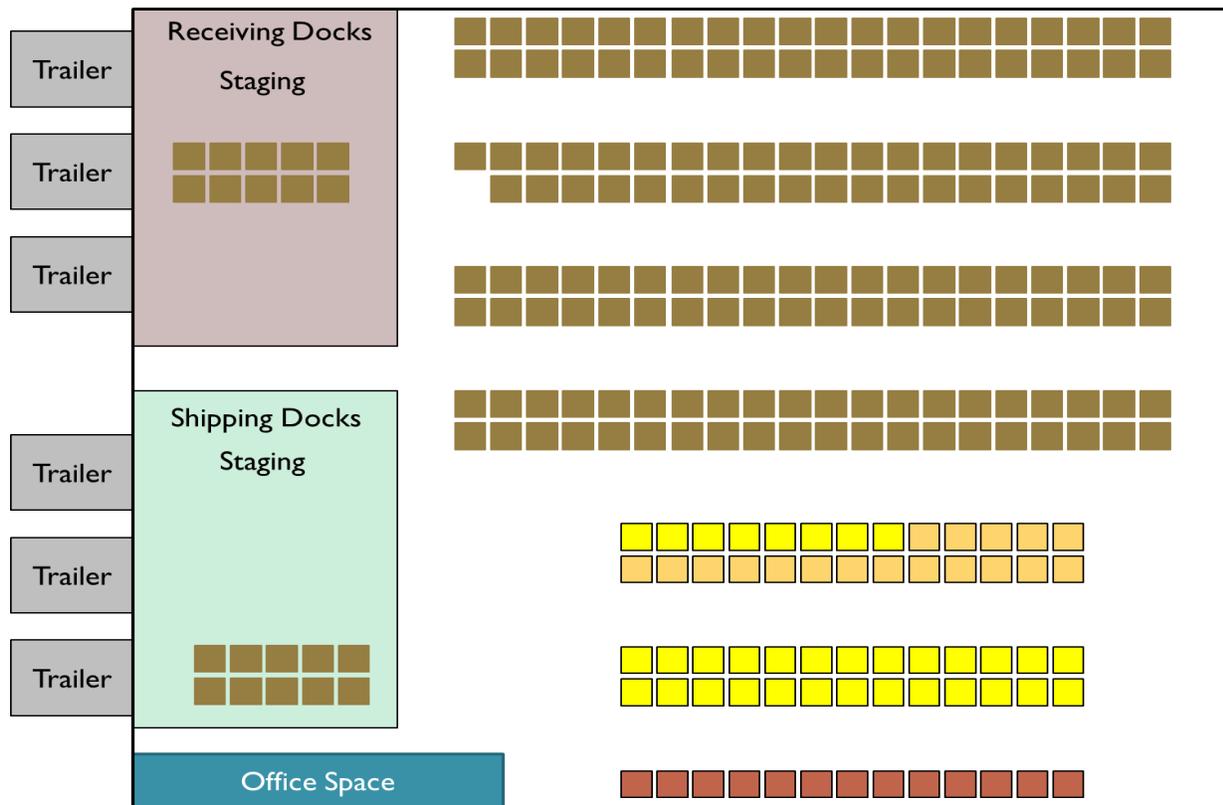
Inventory Control Team Staff: Coordinate the receipt and tracking of SNS assets from arrival at the RSS site to distribution to each POD site, treatment center, or other designated facility

Logistics Chief: Coordinate activities regarding the use or procurement of supplies needed to operate the RSS

Sample Organizational Chart: RSS



Sample Diagram: RSS



Alpha POD/Local Distribution Site (LDS) - Local Responsibility

The Alpha POD is a POD which doubles as a pick up point for a closed POD representatives to pick up the MCMs for their closed POD. The advantage of using an Alpha POD is the slight increase of staff over having to staff and support an entire location as an LDS.

An LDS is a separate location which is used at the local jurisdiction to distribute or be a pick up point for closed PODs and possibly even their own open PODs.

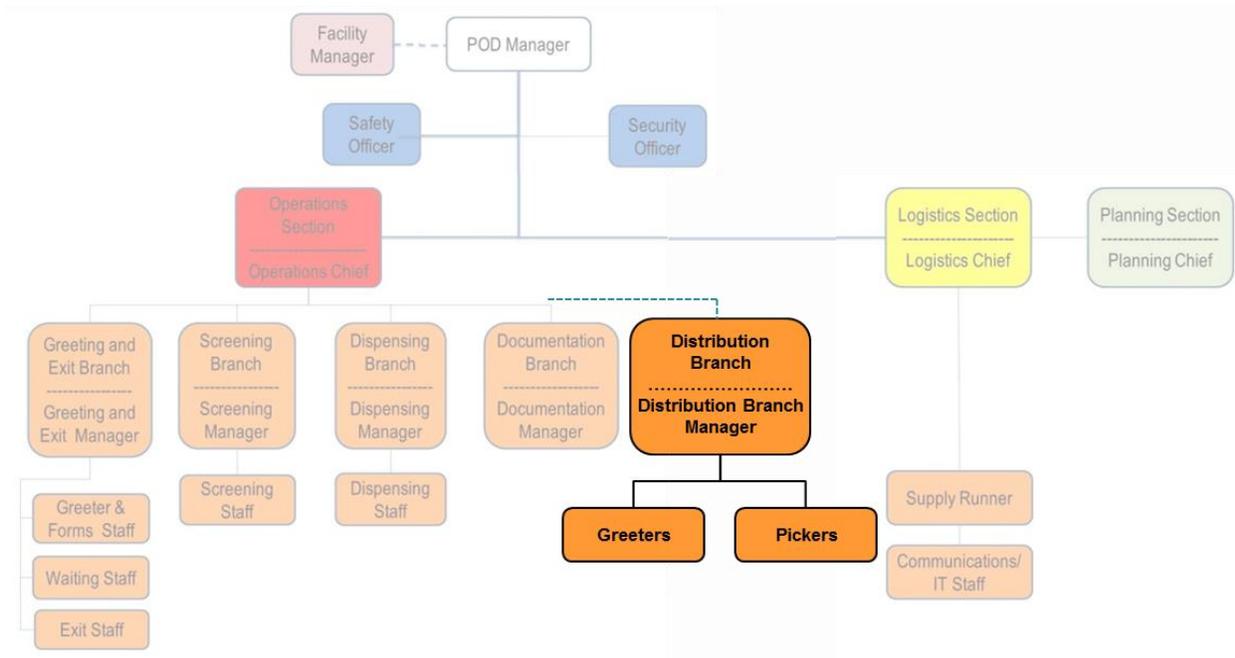
The following type of staff positions should be considered for an Alpha POD:

Distribution Branch Manager: Overseas distribution operations and also acts as quality assurance.

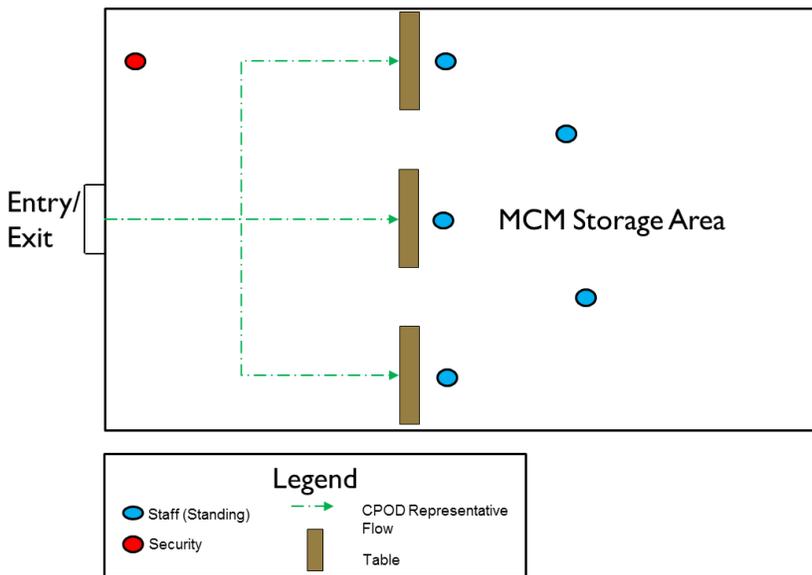
Greeter: Receives Closed POD representative, verifies number of people covered by Closed POD and coordinates with Picker.

Picker: Gathers the appropriate amount of MCM's for each Closed POD.

Sample Organizational Chart: Alpha POD (Note: This is a simple add on to an Open POD)



Sample Flow Diagram: Alpha POD



RSS Site Preparedness and Operations

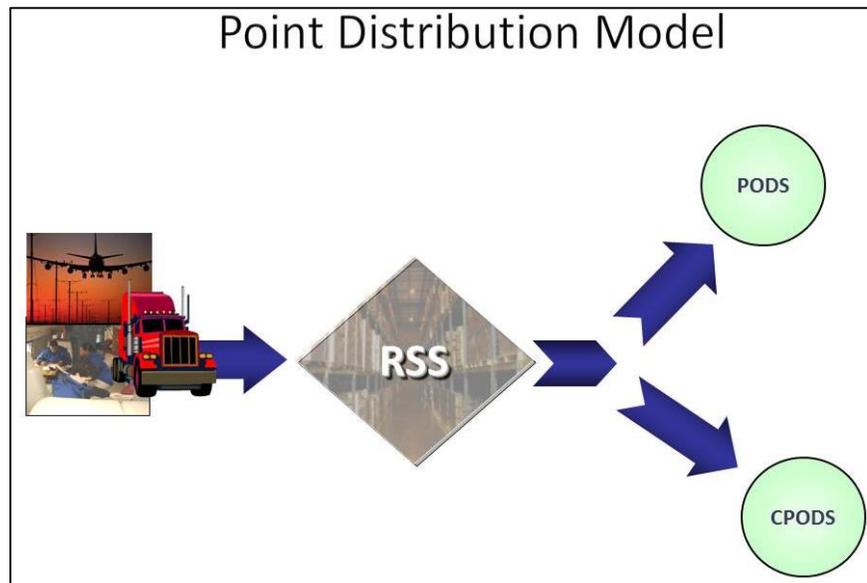
This section specifies different types of RSS site considerations and training incorporated into planning.

To assist planners in determining the suitability of RSS facilities, CDC developed the RSS Site Survey. CDC encourages planners to use the RSS Site Survey to identify, assess, verify, and re-verify their facilities. The RSS Site Survey defines the elements available in an optimal RSS site. CDC recognizes that some of the features described in the RSS Site Survey may not be on site, such as cold chain storage supplies or back-up generators, but that plans are in place to provide such equipment at the time of a response. CDC provides the list of features in the RSS Site Survey to assist planners in ensuring the RSS meets the minimal storage conditions (as established in [21CFR211](#)³⁵), recognizing the items necessary for RSS operations, determining if the selected RSS location has necessary items on hand, and identifying items the jurisdiction needs to deliver during RSS activation.

When considering your RSS or RDS sites you should take into account what distribution network model you want to use and how it changes the required resources. There are two (2) types of distribution models used in Texas for MCM distribution:

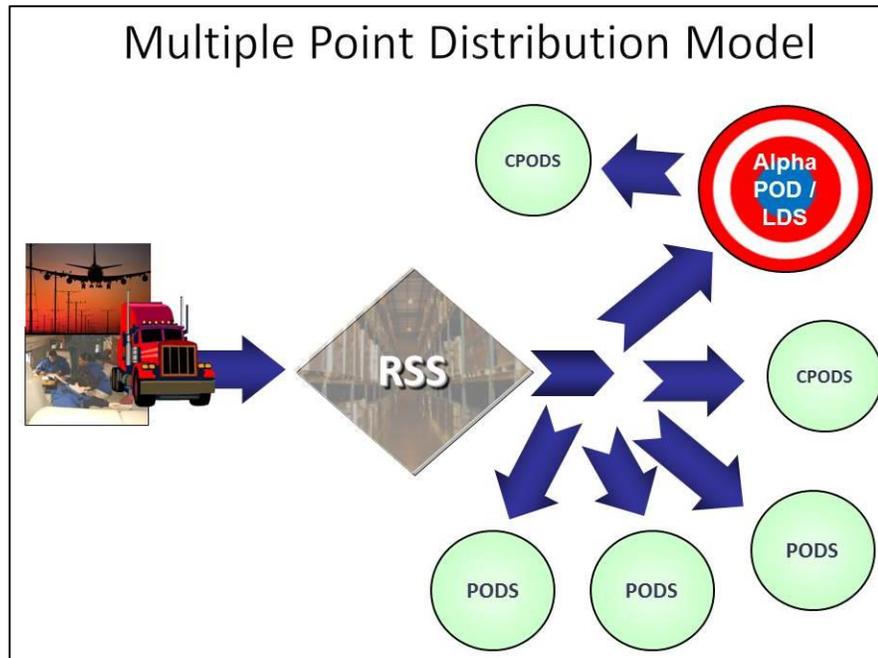
- Point Distribution
- Multiple Point Distribution

Point distribution is the process of CDC delivering to the RSS and the RSS delivering to all PODs, alpha, open or closed. This method requires more vehicles for transportation and can slow the overall delivery process down.



³⁵ <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/CFRSearch.cfm?CFRPart=211&showFR=1>

Multiple point distribution is the process of CDC delivering MCM to the RSS, the RSS delivering to all open and alpha PODs, and the alpha POD having the local closed PODs gather MCM from the alpha POD. This method reduces the amount of direct shipments from the RSS site while expediting delivery to key PODs and in turn allowing open PODs to start dispensing operations sooner. Due to the growing population of Texas and limited transportation resources this is being becoming the desired model of distribution for the SNS program.



Facility Requirements

Facility size requirements per CDC is 30,000 – 60,000 square feet to be used during an incident. An exact square footage requirement for your area of responsibility can be determined using techniques included in Structure and pallet size-storage planning.

Each RSS site must have a completed RSS Site Survey, which can be found in SharePoint. Each RSS site must also have a site security plan included with it.

Each RSS site must also have an MOU between the Department of State Health Services and the private business partner. The MOU must be signed off on by the Associate Commissioner of Regional and Local Health Services. This requires submission after signed by the private business partner to SharePoint.

Structure and pallet size-storage planning

When looking for a potential facility to be an RSS site, can also be used for an Alpha POD, one should consider the following. Location of the facility is key to an RSS being successful, does it have adequate environmental systems to maintain the correct temperature through heating and cooling systems to maintain a temperature range of 58 - 86 degree Fahrenheit. What is the potential RSS sites proximity and how accessible is it to airports, rail yards, or major road networks, if delivery trucks can't get in or out easily it will create a bottle neck which will impede the success of your RSS site. You should also determine if your potential RSS site is securable.

There are also certain size requirements for both managed inventory and the push package. Managed inventory space requirements can be calculated using the following information.

One standard pallet of Ciprofloxacin or Doxycycline contain, on average, 96 cases. With each case containing 100 10-day unit-of-use bottles, therefore each pallet contains 9,600, 10 day supply of prophylaxis for 9,600 individuals. So the formula to use is total population / 9600 = total pallets needed for the population. Let us say your population is 1,000,000/9,600= 104.2 pallets.

Now then to calculate the space needed for an RSS site you will need to determine how the size of your pallet. The typical pallet is 48X40 inches; however you should do your calculations using 48X48 inches or 16 square feet, Figure 1, for the pallet, this is due to space needed to get around the pallet and also for fork length of material handling equipment.

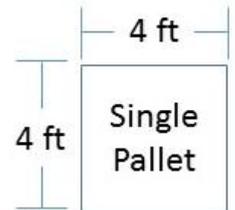


Figure 1

To lay out the pallets in the RSS the following pictures depicts an easy floor plan layout, figure 2. The area marked 8 ft. depicts two rows of pallets back to back while the area marked 10 ft. is the isle area between rows of pallets which is large enough for MHE to be used. The shaded area reflects one pallet plus half the isle space for one pallet which is equal to 20 square feet.

Thus for planning purposes one pallets needs 36 square feet of space in an RSS site. If we now take the number of pallets 104.2 and round up to the nearest whole number we get 105. Multiply 105 pallets times 36 sq. feet this equals 3,780 sq. feet of floor space.

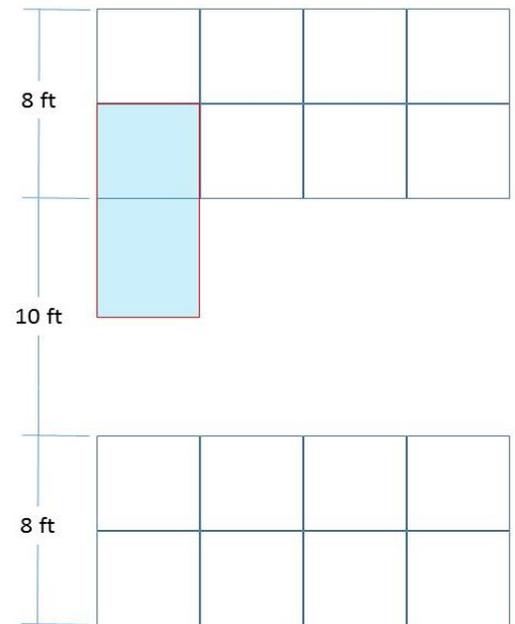


Figure 2



Staging areas for managed inventory are determined by the fact that a 53 foot tractor-trailer can haul 24 pallets. Receiving and shipping both require staging areas. Receiving will use the planning factors of 384 sq. ft. needed per dock door without isles plus 80 sq. ft. for transition from trailer to staging area for a grand total of 464 sq. ft. If using multiple dock doors factor in a 5 foot isle space thus increasing the space required to 624 sq. ft. plus 105 sq. ft. for transition from trailer to staging area for a grand total of 729 sq. ft. The shaded area in the figure 3 depicts one pallet plus half the isle space for a 5 ft. isle, which equals 26 sq. ft.

The push package will typically arrive before managed inventory. The push package includes 130 containers which are 60 5/8 inches wide by 43 inches deep. For planning purposes to receive the push package the RSS site should have at least 12,000 sq. ft. of space. The 12,000 sq. ft. is broken down as follows: 7,000 square feet for storage of the 130 containers in a 12-hour Push Package, 2,000 square feet for receiving and staging assets, 2,000 square feet for staging and shipping assets, and 1,000 square feet for office space to accommodate staff for inventory control and operations management

Adequate parking is essential for warehouse staff and supply truck deliverers at the RSS site as well as those distributing medical countermeasures to your direct delivery sites. Ensure there is enough parking for as many as 20 tractors trailer combinations at one time. Plus you need to consider facility employee parking plus DSHS Regional Staff parking also.

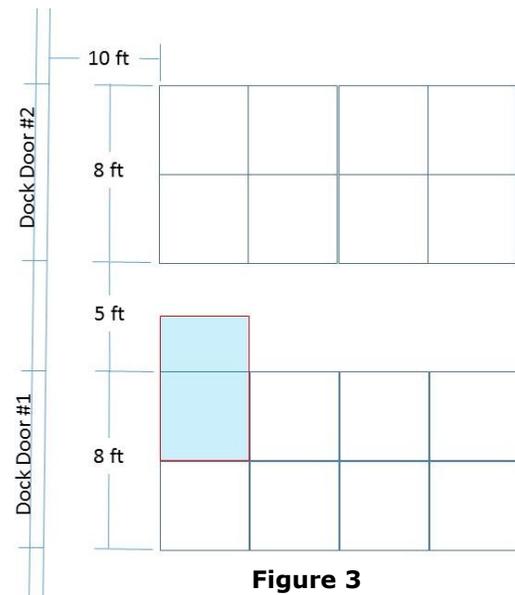


Figure 3

Two additional important items for an RSS site to have are loading docks and material handling equipment (MHE). It is recommended to have at least three loading docks for receiving and two for shipping. When talking about MHE we are discussing forklifts and pallet jacks. If you are partnering with a private business forklifts run by the businesses employees is a very good idea. If you are using an empty warehouse it is probably better to use pallet jacks. Pallet jacks may take longer but with an inexperienced driver a forklift can be very dangerous. Some people consider the pallet jack to be dangerous without practice.

Facility Supplies

When partnering with a private business and it is agreed upon to use the businesses' MHE you need to also agree on additional supplies that might be provided or coordinated by the business. MHE fuel is a prime example. Some MHE are powered by electricity while others may use propane or gasoline depending on the size of the MHE and facility. Additional pallets are a recommendation to have on hand as well. It is somewhere around 100 extra pallets to be able to configure shipments to send to PODs. If the facility has a pallet stretch wrap machine it may be useful to use. If a stretch wrap machine is not available, then individuals will have to manually stretch wrap each pallet.

Office Supplies

Office supplies are very important to remember when you must sustain operations for a period of time. Once you have finished the necessary distribution of medical countermeasures don't think your job is done just yet. There is also where to collect the items to be returned to CDC or consolidated into another warehouse for long term storage or to await destruction.

Staffing/Volunteers

Each RSS/Alpha POD site should have a staffing plan, most importantly a group of core staff that can fill minimum amount of stations for that specific site. It is critical to build a base of volunteers that can fill the staffing numbers necessary for all POD sites in the jurisdiction. Volunteer coordinators should request access to utilize the [Texas Disaster Volunteer Registry \(TDVR\)](#)³⁶ to register and manage their own volunteers. It should be determined how volunteers will be utilized and then trained to fulfill those roles successfully.

To gain access to the system and become a Texas Disaster Volunteer Registry Local Administrator please contact State TDVR Coordinator for more information.

Training

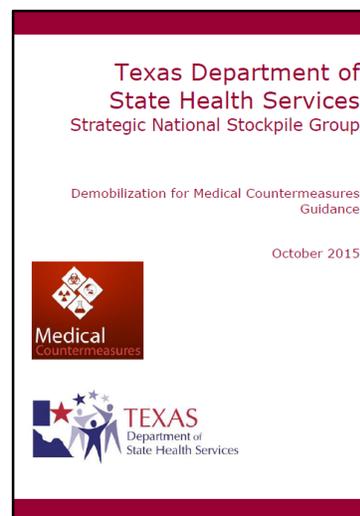
Training should be regularly scheduled on your multi-year training and exercise plan (MYTEP) and conducted with RSS core staff and facility personnel. Trainings should be based on a RSS and Alpha POD site specific plans and objectives should reflect the capabilities necessary to test that specific facility.

It is critical for jurisdictions to create or have access to just-in-time trainings. These trainings should be tested among staff in drills and exercises. In an incident, they may be relied on to quickly train volunteers. It is important to include demonstrations of each station's activities during just-in-time trainings (i.e. demonstrating the use of a medication screening form, or demonstrate completing an order from a pick-list). RSS Training information is available in SharePoint in the [RSS Section](#).³⁷

Demobilization

As the need to dispense to large numbers of people wanes, jurisdictions will need to close down PODs. For large-scale incidents, this may require a graduated system for POD closures so that a few sites stay open over the course of several days, weeks, or even months. Staff will need to conduct inventory of MCMs at the dispensing sites and arrange with the inventory control team and distribution team for pick of any unused or damaged MCMs for return to the RSS or distribution to those dispensing sites that remain operational.

The RSS site will also need to maintain and conduct inventory reconciliations during the demobilization process. LHDs and HSRs should develop demobilization plans for the respective jurisdictions. Stored on the SharePoint site, the SNS Team has developed guidance titled, "MCM Demobilization Guidance" to assist in the development of those plans. For more information, link here: [TX MCM Demobilization Guidance tab](#).³⁸



³⁶ <https://www.texasdisastervolunteerregistry.org/>

³⁷ <https://texassns.securespsites.com/snstexas/SharedDocuments/RSS/DistTraining>

³⁸ <http://texassns.securespsites.com/snstexas/Demobilization>

CHEMPACK

This section explains various aspects of the CHEMPACK program.

The CHEMPACK program is an ongoing initiative of CDC's Division of Strategic National Stockpile (DSNS) launched in 2003. CHEMPACKs are deployable containers of nerve agent antidotes (Mark 1 kits/DuoDote, atropine, pralidoxime, and diazepam) that work on a variety of nerve agents and can be used even if the actual agent is unknown.

Traditional stockpiling and delivery would take too long because these antidotes need to be administered quickly. The CHEMPACK program solves this problem by maintaining 1,960 CHEMPACKs strategically placed in more than 1,340 locations in all states, territories, island jurisdictions, and the District of Columbia.



▪ **CHEMPACK bulk containers and Atropine autoinjector and pralidoxime chloride autoinjector (2-PAM)**

Most are located in hospitals or fire stations selected by local authorities to support a rapid hazmat response. Most likely there are CHEMPACK resources in your immediate area, accessible to firefighters and other first responders. If hospitals or first responders need them, they can be accessed quickly.

There are two types of containers:

EMS Containers	Hospital Containers
<ul style="list-style-type: none">▪ Geared to first responders▪ 85% auto injectors▪ 454 casualty capacity	<ul style="list-style-type: none">▪ Geared to clinical care environment▪ 85% Multi-dose vials▪ 1,000 casualty capacity

CDC retains ownership of the CHEMPACK assets but gives custody of the nerve agent antidotes to jurisdictions upon receipt. The delivery time ranges from within a

few minutes to less than 2 hours. Click the link for information about the [CHEMPACK formulary](#)³⁹.

Product Sustainment, Storage and Transfer

CHEMPACK containers must be stored in secure, environmentally controlled storage areas with phone connectivity. CHEMPACK storage sites should meet storage and security requirements for controlled substances.

CHEMPACK containers must be stored in a climate-controlled environment with a thermostat that automatically maintains room temperature between 68 to 77 degrees Fahrenheit (15 degrees and 30 degrees Celsius). Room humidity levels must be maintained below 60% to prevent visible mold growth.

CDC maintenance technicians establish connectivity and alarm functionality once containers are in place and then continue to monitor temperature and security of containers remotely on a 24-hour basis. **CHEMPACK containers can be opened if the contents are needed during a chemical nerve agent emergency.**

CDC maintains a CHEMPACK SharePoint site for jurisdictions in which CHEMPACK containers are fielded. To request access to the CHEMPACK SharePoint Site:

1. Link to the website <http://www.orau.gov/chempack>
2. Click the "Request Access" button,
3. Follow the prompts to request a user name and password.

Personnel who may use them need to know where they are and must be trained. Please review the [CHEMPACK Awareness Overview](#)⁴⁰ document located in SharePoint.

³⁹ <https://chemm.nlm.nih.gov/chempack.htm>

⁴⁰ <https://texassns.securespsites.com/snstexas/SharedDocuments/CHEMPACK/Guidance>

Tools and Resources

This section outlines various useful tools and resources SNS Coordinators and staff could employ.

DSHS SNS Texas SharePoint

The Central Office DSHS SNS Team maintains a secure access Microsoft SharePoint website for sharing and uploading SNS documentation related to SNS program activities and ORR deliverables.

The site contains helpful SNS program resources and guidance documents; announcements; web links; shared calendars; state, regional and local contact information; project workgroups; and discussion boards. (Note: Not all users will have permissions to view all items listed above or viewed in the image below.)

Deliverables

- HSR 1
- HSR 2/3
- HSR 4/SN
- HSR 6/SS
- HSR 7
- HSR 8
- HSR 9/10
- HSR 11

Shared Documents

- SNS Program Resources & Guidance
- Shared Docs HSR 1
- Shared Docs HSR 2.3
- Shared Docs HSR 4.5
- Shared Docs HSR 6.5
- Shared Docs HSR 7
- Shared Docs HSR 8
- Shared Docs HSR 9 10
- Shared Docs HSR 11

Meetings

- Regional SNS Face to Face Meetings
- Regional SNS Monthly Conference Calls

Contact Lists

- Central Office & Regional 24 hour Contact list
- Central Office Staff Contact List
- Regional SNS Coordinators Contact List
- Local SNS Coordinators Contact List

Work Groups

- TDMS MCM/CBRNE WG
- Operational Implementation WG
- Medical Countermeasures Symposium WG

Announcements

SharePoint Functionality and Compatibility with Internet Explorer
by SNS TEAM Calandra Bradford 12/10/2013 2:08 PM
If SharePoint is not functioning as it should; drop down boxes not visible or menu options not available, then it could be a compatibility issue with your Internet Explorer. If your computer is operating with Internet Explorer 11 or possibly anything...

SNS Courses are Online!
by SNS TEAM Michael Poole 10/19/2011 11:26 AM
The following Strategic National Stockpile (SNS) Courses are now available online at <https://tx.train.org>

SNS: A Basic Introduction for Hospital Preparedness Staff-Course ID 1013282
Continuing Education Hours Awarded for CME, CNE, CHES, SW, Registered...

Add new announcement

Calendar

July, 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	1	2	3	4
5	6	7	8 1:00 PM Medical Countermeasure (MCM) Second Wednesday Webinar	9	10	11
12	13	14 11:00 AM SNS Regional/Planner Monthly Conference Call	15	16	17	18
19	20	21 9:30 AM HPP MANDATORY Meeting 2:00 PM HPP/PHEP Quarterly Joint Meeting	22 9:30 AM PHEP Mandatory Meeting	23	24	25
26	27	28	29	30	31	1

How to Gain SharePoint Access

To request permissions for the SNS Texas SharePoint site, send an email request to sns@dshs.state.tx.us. Copy the Regional SNS Coordinator and State Assistant SNS Coordinator assigned to the LHD's jurisdiction, if this information is known. The request should include all of the following information:

Local/Region	
Name	
Job Title	
SNS Role Primary/Backup	
Office Number	
Mobile Number	
Email Address	
Mailing Address	

Once access has been granted, SNS Coordinators/Planners may access the site through the following links:

- Secure Website Link: <https://texasns.securespsites.com/snstexas>
- Website Link: www.snstexas.info

SNS Texas SharePoint Resources & Training

Below are useful links TX SNS Coordinators can utilize

- [SNS Texas SharePoint Users Guide⁴¹](#) – a “how-to” guide
- SharePoint Training Webinars – available upon request. Send email to sns@dshs.state.tx.us requesting a webinar training.
- SharePoint PowerPoint – still to come

Lessons Learned Information Sharing (LLIS) Program

The Lessons Learned Information Sharing (LLIS) program is part of FEMA’s National Preparedness Assessment Division (NPAD). NPAD’s mission is to advance all hazards preparedness by assessing and communicating investments, activities, and accomplishments related to national preparedness. The initiative promotes preparedness by identifying lessons learned and innovative practices, analyzing recurring trends, and sharing knowledge with the whole community.

⁴¹ https://texasns.securespsites.com/snstexas/SharedDocuments/SharePoint_UserGuide

The LLIS program supports this mission by:

- Developing and disseminating lessons learned, innovative practices, and other related content to support continuous improvement throughout the whole community;
- Analyzing emergency management capabilities in order to identify common areas of strengths or improvements; and
- Developing policy and doctrine.

For more information, link to this site: <https://www.fema.gov/about-lessons-learned-information-sharing>.

Texas Antiviral Distribution Network Toolkit

DSHS considers the use of antiviral medications as one component of a comprehensive containment and treatment plan to assist in the control of an outbreak of a novel influenza virus, such as the novel H1N1 influenza virus. DSHS has a limited supply of antiviral medication in a state stockpile (referred to as “state stock”) comprised of purchases made using general revenue, and federal preparedness funds, and antiviral medication received as the Texas portion of the federal SNS.

For the document, link to the [Texas Antiviral Distribution Network Toolkit PDF](#).⁴²

SNS Extranet

The CDC’s SNS Extranet serves as an online information resource on planning for a medical countermeasure response. This site holds guidance documents on SNS planning, future dates and archived copies of the Second Wednesday Webinars series, and trainings. Use this link to request access and log on:

<http://www.orau.gov/sns/>.

CDC SNS SharePoint Site

The CDC SNS SharePoint Site is an online information exchange for public health preparedness professionals involved in MCM response planning.

This site is a web-based collaborative workspace that allows users to interact and contribute content. It has regional workspaces to enhance collaboration between awardees. Within these workspaces, users can create, upload, and share new documents and folders using drag and drop features. The site also features function-based discussion boards where you can interact with other interested planners.

The site is secure; therefore, you must register and be approved to gain access. To gain access, link to: <http://www.orau.gov/sns/>.

- Click the “Request Access” button to begin the approval process.

⁴² <http://www.cidrap.umn.edu/practice/antiviral-distribution-control-h1n1-tx>

List of Attachments

This section lists one or more attachments to this document.

Attachments to this document are considered additional reference tools, which are presented as separate documents for your convenience.

Attachment 1: Algorithm for Screening and Dispensing Template (English)

Attachment 1 is an example of a medical screening form created by DSHS-HSR 6/5 North Staff. **Note: this form was designed for an anthrax MCM event, however it can be modified.** Downloadable copies of both English and Spanish versions and the JITT form can be found here: [SNS Texas SharePoint-Medication Screening Forms](#).⁴³

Attachment 2: Algorithm for Screening and Dispensing Template (Spanish)

A Spanish version of the same medical screening form.

Attachment 3: Medical Screening Form - (JITT)

Attachment 3 is an example of a medical screening form used for JITT.

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https://texasns.securespsites.com/snstexas/SharedDocuments/ProgramResource_PODs_MedScreeningForm

Acronyms and Glossary

The section defines common acronyms and terms found in this document.

Term	Definition
21CFR211	Code of Federal Regulations Title 21, legal regulation passed the Food and Drug Administration agency regarding current manufacturing practices for preparation of drug products
ADA	Americans with Disabilities Act
Algorithm	A self-contained step-by-step procedure, formula or set of operations to be performed
Amoxicillin	(Also spelled amoxicillin) An antibiotic useful for the treatment of a number of bacterial infections
Antiviral	A class of medication used specifically for treating viral infections
ASTHO	Association of State and Territorial Health Officials
Atropine	A medicine that relieves spasms of the gastrointestinal tract (stomach and intestines), the bladder, and the biliary tract and also used during emergencies involving the heart
CDC	Centers for Disease Control and Prevention
cGMP	Good Manufacturing Practice (cGMP), Food and Drug Administrative regulations for drugs contain minimum requirements for the methods, facilities, and controls used in manufacturing, processing, and packing of a drug product
CHEMPACK	An ongoing initiative of CDC's Division of Strategic National Stockpile (SNS) launched in 2003, which provides antidotes to nerve agents for pre-positioning by State, local, and/or tribal officials throughout the U.S.
Ciprofloxacin	An antibiotic medicine that treats infections and is given to people who have been exposed to anthrax
CRI	Cities Readiness Initiative, 72 large metropolitan cities under this initiative may earn additional PHEP funding to support MCM efforts
DDC	Disaster District Committee
DEA	Drug Enforcement Agency
DEO	CDC's Division of Emergency Operations

Diazepam	Also known as Valium, a medicine used to treat anxiety disorders, alcohol withdrawal symptoms, or muscle spasms
DSAT	CDC's Division of Select Agents and Toxins
DSHS	TX Department of State Health Services
DSLRL	CDC's Division of State and Local Readiness
DSNS	CDC's Division of Strategic National Stockpile
DPS	Texas Department of Public Safety
Doxycycline	A tetracycline antibiotic medicine that treats infections and anthrax infection after possible exposure
EMAC	Emergency Management Assistance Compact
EMD	Emergency Management Directors
ESF	Emergency Service Function
EUA	Emergency Use Authorization
FDA	Food and Drug Administration
FD&C Act	Food, Drug, and Cosmetic Act
FEMA	Federal Emergency Management Agency
FOA	Funding Opportunity Announcement
H1N1	A flu virus also known as "swine flu" because it was similar to those found in pigs. Due to its rampant spread in 2009, H1N1 was called a pandemic
HHH	Head-of-household
HHS	U.S. Health and Human Services
HSR	Health Service Region
ICS	Incident Command System
IMT	Inventory Management System
ITEAMS	Inventory Tracking Electronic Asset Management System - software that allows inventory tracking
JITT	Just-In-Time Training

LDS	Local Distribution Site
LHD	Local Health Department
LLIS	Lessons Learned Information Sharing
Mark 1 Kits/ DuoDote®	DuoDote® contains atropine and pralidoxime chloride, the 2 antidotes for organophosphorus nerve agent and insecticide poisoning
MCM	Medical Countermeasures
MHE	Material handling equipment
MOU	Memorandum of Understanding
MYTEP	Multi-Year Training and Exercise Plan
NAACHO	The National Association of County and City Health Officials
NIMS	National Incident Management System
NPAD	National Preparedness Assessment Division (a section of FEMA) who's mission is to advance all hazards preparedness by assessing and communicating investments, activities, and accomplishments related to national preparedness
ORR	Operational Readiness Review
PHEP	Public Health Emergency Preparedness
PHPR	Office of Public Health Preparedness and Response
PPE	Personal protective equipment
POD	Point of Distribution
Pralidoxime	Also known as 2-PAM (2-pyridine aldoxime methyl chloride) - a medicine used with atropine to treat nerve agent poisoning
PREP Act	Public Readiness and Emergency Preparedness Act
Push Package	Full shipment cache of SNS medical assets/products
RDS	Regional Distribution Site
Relenza	(Zanamivir) is an antiviral medication used to treat flu symptoms caused by influenza virus in patients who have had symptoms for less than 2 days

RHMOC	Regional Health and Medical Operations Centers
RRF	Resource Request Forms
RSS	Receiving, Staging, and Storing
SMOC	State Medical Operations Center, located at DSHS HQ in Austin, TX
SNS	Strategic National Stockpile
SNSO	United States Marshals Service SNS Security Operations
SOC	State Operations Center, located at DPS HQ in Austin, TX
STAR	State of Texas Assistance Request
Tamiflu	(Oseltamivir phosphate) an antiviral medicine for treatment of flu (influenza) in people two weeks of age and older
TDEM	Texas Division of Emergency Management
TDVR	Texas Disaster Volunteer Registry
TEEX	Texas A&M Engineering Extension Service
THP	Texas Highway Patrol (a division within the DPS)
TP	Total Population
TXTRAIN	TrainingFinder Real-time Affiliate Integrated Network. A national training website specializing in public's health learning

Authority

Strategic planning guidance and authorities governing the enactment and implementation of this program manual are summarized below.

The following table presents specific sources, their relevance to this document, and hyperlinks to their online location.

Source	Relevance	Link
Pandemic and All Hazards Preparedness Act (PAHPA)	Authorizes new establishments for a number of programs, including the advanced development and acquisitions of medical countermeasures; and called for the establishment of a quadrennial National Health Security Strategy.	http://www.phe.gov/Preparedness/egal/pahpa/Pages/default.aspx
Public Readiness and Emergency Preparedness (PREP) Act	Authorizes the U.S. Department of Health and Human Services secretary to issue a declaration that provides immunity from tort liability for claims of loss caused by countermeasures against diseases or other threats of public health emergencies. The act covers persons and entities involved in the manufacture, testing, distribution, administration, and use of covered countermeasures.	http://www.phe.gov/preparedness/egal/prepact/pages/default.aspx
Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206	Authorizes a state's governor to request supplemental federal in the event of a declared disaster event when the event appears to be beyond the combined resources of both the state and local governments.	https://www.fema.gov/pdf/about/stafford_act.pdf
Texas Government Code Chapter 418	Provides authority and mechanisms to clarify and strengthen key roles, as well as authorize and provide for cooperation and coordination of an emergency management system embodying all aspects of pre-disaster preparedness and post-disaster response.	http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.418.htm
Texas Government Code Section 418.11	Describes the Texas Statewide Mutual Aid System.	http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.418.statemutualaid.htm.018
Texas Health and Safety Code Chapter 508	Authorizes the commissioner of public health or a health authority to respond to the introduction of an environmental or toxic agent into the environment in a manner similar to	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.508.htm

	that authorized for responding to an outbreak of a communicable disease, as provided in Section 81.085.	
Texas Health and Safety Code Chapter 81	Describes the Communicable Disease Prevention and Control Act.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm
Texas Health and Safety Code Chapter 97	Authorizes the control of communicable diseases.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.97.htm
Texas Health and Safety Code Chapter 121	Describes the Local Public Health Reorganization Act.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.121.htm
Texas Health and Safety Code Chapter 121, Subchapter B	Defines the role and responsibilities of Public Health Authorities.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.121.htm
Texas Health and Safety Code Chapter 161	Provides public health provisions.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.161.htm
Texas Health and Safety Code Section 161.00705	Describes recording administration of immunization and medication for disasters and emergencies.	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.161.htm#161.00705
Texas Health and Safety Code Chapter 508	Authorizes the commissioner of public health or a health authority to respond to the introduction of an environmental or toxic agent into the environment in a manner similar to that authorized for responding to an outbreak of a communicable disease, as provided in Section 81.085	http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.508.htm
Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206	Authorizes a state's governor to request supplemental federal in the event of a declared disaster event when the event appears to be beyond the combined resources of both the state and local governments.	https://www.fema.gov/pdf/about/stafford_act.pdf

Emergency Use Authorization (EUA) under Section 564 of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Describes Section 564 of the Federal Food, Drug, and Cosmetic Act (FD&C Act) allows for the special use of drugs and other medical products during certain types of emergencies. An EUA permits the use of unapproved medical products (drugs, biologics [e.g., vaccines], and devices or the use of approved medical products in unapproved ways to diagnose, treat, or prevent serious diseases or conditions caused by chemical, biological, radiological, or nuclear agents.

<http://www.phe.gov/emergency/news/healthactions/lists/EUA/AllItems.aspx>

Maintenance and Change

This section describes the process by which this document is maintained and updated.

Maintenance

The SNS team authorizes and issues changes to this document until such time as it is superseded. This document and all attachments are living documents. Council member representatives are responsible for participating in plan reviews and are required to provide information concerning capability changes that impact their emergency management responsibilities.

Record Keeping

Lead and support agencies should ensure all records necessary for MCM operations are obtainable, and that duplicate records are held at alternate locations.

Date	Changes Made	Person(s) Responsible
March 1, 2016	SNS Program Manual Complete Revision	Michael Poole Calandra Bradford Robert Kirkpatrick Bryan Damis Daniel Walker

Section	Updates Needed	Person(s) Responsible	Estimated Completion Date

Contributors

This section provides a list of organizations and individuals who contributed to the development of this document.

This program could not have been developed without the participation and collaboration of representatives from multiple organizations.

Agency/Organization	Name
DSHS HSR 1	Jordan Coulson
DSHS HSR 2/3	Brenda Hart Chris Washington
DSHS HSR 4/5N	Kimberly Friend
DSHS HSR 6/5S	Lanny Brown
DSHS HSR 7	Yolanda Holmes Julia Butler
DSHS HSR 8	Sammy Sikes
DSHS HSR 9/10	John Hernandez
DSHS HSR 11	Monica Espinoza
DSHS Central Office	Kelly Lawrence Adams
DSHS Central Office SNS Team	Bryan Damis
	Calandra Bradford
	Daniel Walker
	Michael Poole
	Robert Kirkpatrick
Northeast Texas Public Health District (NETPHD)	Stephanie Walker

References

This section provides a full list of the sources and references cited throughout this document.

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For More Information

For more information on this guidance contact Daniel Walker, Asst. State Strategic National Stockpile Coordinator, at Daniel.Walker@dshs.state.tx.us.

Please direct general questions to Michael Poole, State Strategic National Stockpile Coordinator, at Michael.Poole@dshs.state.tx.us.

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