



# MODEL TRIBAL MEDICAL COUNTERMEASURES PLAN

**About This Form:** The American Indian Health Commission for Washington State (AIHC) has designed this plan to serve as a drafting tool for developing a tribal medical countermeasures plan. The AIHC gives permission to tribal nations to use this form for noncommercial purposes. This form should not be construed as legal advice. Please contact an attorney for legal advice about your tribe's specific situation. This form should not be used "as is" but should be modified after careful consideration of the explanations and alternative wording choices in the text of the plan and appendices.

# Table Contents

I.	Introduction and Purpose .....	4
II.	Authority .....	4
III.	Planning Assumptions.....	4
	A. Responsibility for Distributing and Dispensing MCM to Tribe.....	4
	B. State and Local Government Lack of Authority.....	4
	C. Federal Role in Distributing and Dispensing MCM to Tribe .....	4
	D. Tribal Activation of Incident Command System .....	4
IV.	Concept of Operations .....	4
	A. General.....	4
	B. Designating a Tribal Health Officer .....	4
	C. Activating the MCM Plan.....	5
	1. When to Activate Plan .....	5
	2. Who Activates Plan.....	5
	3. Determining Whether to Request MCM.....	5
	D. Coordinating with Other Jurisdictions and Partners .....	5
	1. Access to Resources.....	5
	2. Notify Other Jurisdictions.....	5
	E. Requesting MCM from Federal, State, and/or Local Jurisdictions .....	5
	1. Complete Forms.....	5
	2. Request a Mission Number .....	6
	3. Select Option for Receiving MCM .....	6
	4. Chain of Custody Protocols .....	8
	F. Dispensing Medical Countermeasures .....	8
	1. Select a Dispensing Option(s).....	8
	2. Determine Number of Sites Needed and Choose Tribal Dispensing Site(s) .....	9
	3. Choose Medical vs. Non-Medical Model of Dispensing .....	9
	4. Tribal Medication Dispensing Center Staffing .....	10
	5. Insurance and Fees .....	10
	6. Security.....	10
	7. Age Requirements for MCM Pick-up.....	10
	8. Priority Groups.....	11
	9. Individuals with Functional and Access Needs .....	11
	10. Adherence to Emergency Use Authorization.....	11

11. MCM Inventory Tracking and Other Data Collection .....	11
12. Public Information .....	12
G. Post-Incident Activities.....	13
1. Demobilization.....	13
2. After-Action Review and Report .....	13
V. Training, Exercises, and Plan Maintenance .....	13
A. Training, Drills, and Exercises.....	13
B. Periodic Reviews and Updates.....	14
VI. Terms and Definitions.....	14
VII. Reference Documents.....	14
VIII. Appendices .....	15
A. Resolution Granting Temporary Authority to a Public Health Officer - Example .....	15
B. Washington State Partner Profile Form.....	15
C. Tribal-State-LHJ Medical Countermeasures Coordination Guide .....	15
D. Mass Dispensing Response Organizational Chart - Example .....	15
E. Mass Dispensing Plan Activation Checklist - Example.....	15
F. Qualifications for Tribal Health Officer - Example.....	15
G. Link for Partner Profile Share Site.....	15
H. Informed Refusal Form - Example.....	15
I. Chain of Custody Protocols - Example .....	15
J. Clinic Form for Individuals with Functional and Access Needs - Example.....	15
K. Demobilization Checklist – Example .....	15

## I. Introduction and Purpose

This document establishes the [TRIBE] Medical Countermeasures Plan. Medical countermeasures (MCM) are life-saving pharmaceuticals and medical supplies for use in a public health emergency. The plan outlines processes for requesting, receiving, distributing, and dispensing MCM during a public health emergency.

## II. Authority

The [TRIBE] has the sovereign authority to coordinate emergency health and medical services within its jurisdiction in response to an emergency or disaster of natural or manmade origin [Cite to Tribal Code or Tribal Council Resolution Number and Title].

## III. Planning Assumptions

### A. Responsibility for Distributing and Dispensing MCM to Tribe

The State and local health jurisdictions (LHJs) are responsible for distributing and dispensing MCM to tribal nations in accordance with the National Response Framework and Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide to Preparedness Version 11.

### B. State and Local Government Lack of Authority

The State and local health jurisdictions do not possess legal authority over how the [TRIBE] receives MCM or dispenses MCM.

### C. Federal Role in Distributing and Dispensing MCM to Tribe

In most circumstances, the federal government (including IHS, the Centers for Disease Control and Prevention (CDC), and the Office of the Assistant Secretary for Preparedness and Response (ASPR)) will not distribute medical countermeasures to the [TRIBE] directly. Instead, the federal agencies will likely coordinate the delivery of the [TRIBE]'s medical countermeasures with Washington State.

### D. Tribal Activation of Incident Command System

[TRIBE] will operate under the Incident Command System (ICS) and in adherence to the National Incident Management System (NIMS). [TRIBE] will activate its Emergency Operations Center (EOC) or Emergency Coordination Center (ECC) and Emergency Response Team (ERT), when responding to an incident that requires mass dispensing.

## IV. Concept of Operations

### A. General

The Washington Department of Health (DOH) is the coordinating state agency responsible for managing and distributing MCM to local health jurisdictions and tribes. When a public health emergency occurs that requires MCM, [TRIBE] may coordinate with federal, state and/or local health jurisdictions on distribution and dispensing, depending on the circumstances.

### B. Designating a Tribal Health Officer

(This policy is optional for tribes that do not have a Health Officer position on staff.) The [TRIBE] does not have a permanent Health Officer position. The [TRIBE] will appoint an individual to serve as Tribal Health Officer, as soon as possible, after a public health emergency is identified. The [TRIBE] may choose to make a temporary grant of authority to a Public Health Officer from another jurisdiction.

## C. Activating the MCM Plan

### 1. When to Activate Plan

This plan will be activated during an event where MCM are urgently needed to save lives and prevent disease transmission. Example events include:

- a) A disease outbreak, epidemic or pandemic;
- b) A chemical, biological, radiological, nuclear or explosive event (CBRNE) event;
- c) A medical emergency brought on by a natural disaster, or
- d) A suspect or confirmed release of a bioterrorism agent.

### 2. Who Activates Plan

This plan will be activated by the [TRIBE INCIDENT COMMANDER OR TRIBAL COUNCIL], in consultation with the Tribal Health Officer.

### 3. Determining Whether to Request MCM

To determine if MCM need to be requested from the State or federal government, the Tribal Health Officer will:

- a) Confer with Washington State Department of Health Office of Emergency Preparedness (EPR) staff, and the \_\_\_\_\_ County Health Department Local Emergency Response Coordinator (LERC).
- b) Direct the [TRIBE] Emergency Response Team (ERT) to collect epidemiological and medical data including:
  - (1) Number of persons with a similar disease or syndrome;
  - (2) Unusual illness in a group of community members;
  - (3) Disease with unusual geographic or seasonal distribution;
  - (4) Death or illness among animals that precede or accompany human illness and/or death;
  - (5) Total number of cases;
  - (6) Single case of disease from an uncommon agent;
  - (7) Known or highly suspected release or exposure; and
  - (8) Assessment of tribal supplies of medication and health equipment to determine if they are adequate for responding to the public health event.

## D. Coordinating with Other Jurisdictions and Partners

### 1. Access to Resources

The Tribal Health Officer may request resources, such as medications, supplies, equipment, and volunteers through the \_\_\_\_\_ Mutual Aid Agreement, Medical Reserve Corps (MRC), DOH, CDC, ASPR, Washington State Emergency Management Division (EMD) and/or other partners. The [TRIBE] engages in pre-incident planning with all partners.

### 2. Notify Other Jurisdictions

[TRIBE] will notify \_\_\_\_\_ County and DOH when a public health incident is emerging, for purposes of identifying areas for collaboration and developing coordinated response strategies.

[TRIBE] will contact DOH (duty officer at (360) 888-0838 or hanalert@doh.wa.gov), \_\_\_\_\_ County ((999) 999-9999 or contact@county.wa.gov), Mutual Aid Agreement partners (if [TRIBE] is signatory to a MAA), and other partners (contact information available at Region \_\_ Share Site: [www.xxxx.com](http://www.xxxx.com) – insert your region’s share site link) as early as possible, so they may prepare to offer the [TRIBE] assistance, if that should become necessary.

## E. Requesting MCM from Federal, State, and/or Local Jurisdictions

### 1. Complete Forms

### a) Partner Profile Form

The [TRIBE] maintains information updated, necessary to execute a response to a public health emergency that requires MCM, in the MCM Partner Profile form. The form is available and is shared with Region \_\_\_\_\_ partners at ([www.sharesitex.com](http://www.sharesitex.com) -insert your region's share site link).

Before requesting MCM, the Tribal Health Officer will review the Partner Profile form, make changes as needed, and provide the updated form to partners via the \_\_\_\_\_ Region's share site. Partners include:

- (1) Washington State Department of Health
- (2) \_\_\_\_\_ County
- (3) \_\_\_\_\_ County
- (4) \_\_\_\_\_ Tribe
- (5) \_\_\_\_\_ Partner

The [TRIBE]'s Partner Profile form will be posted with other partners' information on the Region \_\_\_\_\_ share site at ([www.sharesitex.com](http://www.sharesitex.com) -insert your region's share site link).

### b) Washington State Resource Request Form

The Tribal Health Officer will complete a Washington State Resource Request Form (ICS 213 RR [https://mil.wa.gov/uploads/pdf/LogisticsResources2/wa-resource-request-form\\_ics-213-rr\\_fillable.pdf](https://mil.wa.gov/uploads/pdf/LogisticsResources2/wa-resource-request-form_ics-213-rr_fillable.pdf) ) which will include the following information:

- (1) A clear, concise description of the situation;
- (2) [TRIBE]'s MCM Partner Profile;
- (3) Any results of specimen testing;
- (4) Information on decisions already made regarding the response to this event (target population for prophylaxis, quarantine and/or social distancing measures, and facilities to be used during the response)
  - (a) information on available local resources
  - (b) a description of the needs identified to support the response
  - (c) any information regarding evidence of terrorism or suspected terrorism; and
- (5) The address of the desired delivery location.

The Tribal Health Officer will send the resource request to the State EOC, at \_\_\_\_\_ and DOH at [hanalert@doh.wa.gov](mailto:hanalert@doh.wa.gov) . If DOH is unable to fill this request with state resources, they will contact the federal government to request MCM from the Strategic National Stockpile (SNS). To request additional MCM, the Tribal Health Officer will use the same process as the one for initially requesting MCM, described above.

## 2. Request a Mission Number

The [TRIBE]'s Health Officer or his/her designee will request a mission number from the Washington State Emergency Management Division (EMD). Some disaster reimbursement funds require a mission number for governments to be eligible. Also, having a mission number facilitates access to resources and assistance, if needed. To request a mission number, the [TRIBE]'s Health Officer or his/her designee will call EMD's 24/7 Alert and Warning Center at (800) 258-5990, or send an email to: [dutyofficer@mil.wa.gov](mailto:dutyofficer@mil.wa.gov).

## 3. Select Option for Receiving MCM

The [TRIBE] has four primary options available for receiving MCM from federal, state, or local health jurisdictions (LHJs), as outlined below.

In most cases, the [TRIBE] will likely choose to OPTION \_\_\_\_\_.

**OPTION 1: Tribe Picks Up MCM from State.** Tribal representatives travel to the State's Receive, Stage and Store (RSS) location and pick up the Tribe's supply of MCM.

- Tribe contacts DOH to request MCM
- Tribe provides DOH information on the Tribe's service population and other relevant community-specific data
- State reports to Tribe the amount and type of MCM available
- State provides instructions to Tribe on requesting MCM
- State provides Tribe vehicle specifications and transporting requirements
- State provides Tribe regular updates regarding MCM availability timelines
- State provides Tribe information regarding documentation, dispensing, return of non-consumable materials, etc.
- Tribe sends tribal representatives to RSS location
- State releases MCM to Tribe

**OPTION 2: State Delivers MCM Directly to Tribe.** Tribe coordinates with DOH to have DOH deliver MCM directly to a location identified by the Tribe.

- Tribe contacts DOH to request MCM
- Tribe provides DOH information on the Tribe's service population and other relevant community-specific data
- Tribe provides DOH information on the desired MCM delivery location
- State reports to Tribe the amount and type of MCM available
- State provides instructions to Tribe on requesting MCM
- State provides Tribe information regarding delivery location requirements
- State provides Tribe regular updates regarding MCM availability timelines
- State provides Tribe information regarding documentation, dispensing, return of non-consumable materials, etc.
- State releases MCM to Tribe

**OPTION 3: Tribe Coordinates with Local Health Jurisdiction (LHJ).** Tribe requests DOH to deliver Tribe's MCM allocation to a LHJ. Tribe coordinates with LHJ to arrange delivery or pickup of MCM. (Actual process may vary, depending on the incident).

- Tribe engages with LHJ in pre-incident planning on how they will coordinate efforts during a response
- LHJ engages with Tribe in pre-incident planning on how they will coordinate efforts during a response
- Tribe contacts LHJ to confirm and coordinate process for delivery or pickup of MCM
- Tribe contacts DOH to request MCM
- Tribe provides DOH information on the Tribe's service population and other relevant community-specific data
- Tribe provides DOH information on the desired MCM delivery location
- State reports to Tribe the amount and type of MCM available
- State provides instructions to Tribe on requesting MCM
- State provides Tribe information regarding delivery location requirements
- State provides Tribe regular updates regarding MCM availability timelines
- State provides Tribe information regarding documentation, dispensing, return of non-consumable materials, etc.
- State delivers Tribe's MCM to LHJ at requested location
- LHJ distributes and releases the Tribe's MCM allocation based on the Tribe's requested approach which could include: the LHJ delivering the MCM to a tribal location, the Tribe picking up the MCM from the LHJ's location, the Tribe and LHJ managing a joint medication dispensing center/point of dispensing (POD), or other tribally-determined process

**OPTION 4: Tribe Coordinates with Federal Government.** Tribe contacts federal government (CDC and/or ASPR). State may be called upon by the federal government to assist, depending on the facts and circumstances of the incident.

#### 4. Chain of Custody Protocols

The [TRIBE] will follow the chain of custody protocols when transferring medications or vaccinations between locations. DOH will provide guidance, if there are exceptions to the chain of custody protocols and/or additional reporting requirements for any given response.

### F. Dispensing Medical Countermeasures

#### 1. Select a Dispensing Option(s)

##### a) Determining a Dispensing Strategy

The Tribal Health Officer will determine whether to activate and manage a Tribal Medication Dispensing Center (also known as Point of Dispensing or POD), and/or select an alternate strategy to dispense MCM. The goal is to make the MCM available in the quickest and most convenient manner to the [TRIBE]'s service population.

If the [TRIBE] determines the [TRIBE]'s service population would be best served by an alternate strategy, the [TRIBE]'s response efforts will focus on expediting informed, safe access to a non-tribal medication dispensing center. This will require an emphasis on public information and transportation. Alternate strategies include but are not limited to: (1) Partnerships with local hospitals, medical clinics, and pharmacies; and (2) Partnership with \_\_\_\_\_ Local Health Jurisdiction.

In selecting the MCM dispensing strategy to activate, the Tribal Health Officer will consider factors such as:

- (1) The speed at which it is necessary to dispense the MCM to be effective and save lives;
- (2) The number of individuals needing to receive the MCM;
- (3) The amount of MCM that will be received;
- (4) The demographic, social, and/or health characteristics of the individuals needing the MCM,
- (5) The geographic location of the individuals needing the MCM,
- (6) Whether the MCM needs to be distributed by medical personnel (e.g. vaccines needing to be administered by qualified medical personnel),
- (7) Whether the MCM requires a second dose,
- (8) Tribal resources immediately available for a response,
- (9) Mutual Aid Agreement and other planning strategies in place with non-tribal partners, and
- (10) Requirements of the MCM storage (e.g. temperatures, storage space requirements, etc.)

##### b) Options for Dispensing MCM

###### **OPTION 1: Partnership with Local Hospitals, Medical Clinics, and Pharmacies**

If determined to be the best strategy, the [TRIBE] will work with local pharmacies, clinics, and/or other medical providers for mass dispensing to the [TRIBE]'s service population. The [TRIBE] has agreements and plans in place with the following partners: \_\_\_\_\_ Hospital, \_\_\_\_\_ Pharmacy, \_\_\_\_\_ Primary Care Clinic. The ERT will develop and implement communications and logistics strategies to assure [TRIBE]'s service population receives accurate and timely information and has access to MCM, including transportation assistance.

**OPTION 2: Partnership with \_\_\_\_\_ Local Health Jurisdiction**

If determined to be the best strategy, the [TRIBE] will work with the \_\_\_\_\_ Local Health Jurisdiction to accomplish mass dispensing to the [TRIBE]’s service population. This may include approaches, such as activating a Joint Medication Dispensing Center, operated jointly by the [TRIBE] and the \_\_\_\_\_ Local Health Jurisdiction; the \_\_\_\_\_ Local Health Jurisdiction operating a Medication Dispensing Center for the [TRIBE]; the \_\_\_\_\_ Local Health Jurisdiction assisting the [TRIBE] in assuring the [TRIBE]’s service population have access to non-tribal Public Medication Dispensing Centers and/or Private Medication Dispensing Centers.

**OPTION 3: Tribal Medication Dispensing Center(s) (PODs)**

Tribal Medication Dispensing Center(s) (also known as Points of Dispensing (PODs)). The Tribal Health Officer will determine whether to activate and manage a Tribal Medication Dispensing Center, or to direct community members to Public Medication Dispensing Centers (also known as Open Points of Dispensing (Open PODs)) operated by other jurisdictions, such as the neighboring county(ies) and/or the state. Tribal community members may also have access to Private Medication Dispensing Centers (also known as Closed Points of Dispensing (Closed PODs)) through their employer, non-tribal healthcare provider, or other associations.

The [TRIBE]’s Health Officer will approve standing orders, including medication and vaccine administration, and dosing for all MCM incident response events.

**2. Determine Number of Sites Needed and Choose Tribal Dispensing Site(s)**

**a) Determine Number of Dispensing Sites Needed**

The following formula will be used to determine the number of Tribal Medication Dispensing Centers needed:

Total population / (hours to provide prophylaxis – Setup time) / # persons per hour in through-put = # of Tribal Medication Dispensing Centers

**b) Choose Tribal Dispensing Site**

The [TRIBE] has identified the following sites as potential locations for a Tribal Medication Dispensing Center(s):

Potential Tribal Medication Dispensing Center site A \_\_\_\_\_

Potential Tribal Medication Dispensing Center site B \_\_\_\_\_

**3. Choose Medical vs. Non-Medical Model of Dispensing**

Based on the circumstances of the event, the Tribal Health Officer will determine whether the Tribal Medication Dispensing Center(s) will use a medical or non-medical model of dispensing. Considerations for the decision will include the type of MCM, disease agent, necessary throughput needed to achieve the dispensing objective, resources available, and dispensing recommendations from CDC, DOH, and other science-based resources.

**a) Medical Model**

The medical model includes screening individuals for existing medical conditions, current medication use, and allergies to specific medications. A medical model will be used for vaccinations or injections of serum for biological agents such as smallpox.

The assumption is that most public health emergencies will involve a localized event, involving a limited number of individuals, and sufficient time to employ a medical model.

**b) Non-medical Model**

The non-medical model emphasizes speed of dispensing medications with minimal information gathered on each individual and allows a household representative to pick up medication for the rest of their household. This model requires fewer medical staff and

less time to provide MCM than the medical model.

A non-medical model will most likely be used when there is not sufficient time to employ a medical model for a biological agent such as anthrax that requires minimal medical screening if DOH waives dispensing licensing requirements or there is a federal public health emergency declaration.

There is no reasonable limit to the number of medication regimens that one individual may pick up. If an individual's actions are suspect, the Tribal Medication Dispensing Center staff may impose a limit on the number of medication that individual receives.

#### **4. Tribal Medication Dispensing Center Staffing**

##### **a) Staffing**

Tribal Medication Dispensing Center(s) will be staffed by [TRIBE] employees and supplemented with emergency volunteers, as needed. The [TRIBE] will request additional volunteers by activating the \_\_\_\_\_ Mutual Aid Agreement (if the tribe is signatory to a mutual aid agreement) or by contacting other jurisdictions, such as DOH, the \_\_\_\_\_ County Health Department, other tribes or other partners.

##### **b) Protection for Staff**

Tribal Medication Dispensing Center staff will receive appropriate prophylaxis and personal protective equipment prior to Tribal Medication Dispensing Center activation as appropriate.

##### **c) Licensure**

Standing orders and protocols authorized by the [TRIBE]'s Health Officer will delineate health licensure and/or other qualifications needed for dispensing medications.

##### **d) Liability**

[CHECK THIS PROVISION WITH LEGAL COUNSEL] Liability protection for all incident paid workers, Tribal Medication Dispensing Center partners, and volunteers is covered by the federal Public Readiness and Emergency Preparedness (PREP) Act for instances that require the use of MCM to prevent disease (e.g., antibiotic dispensing in an anthrax scenario) and the federal Secretary of Health and Human Services has issued a PREP Act declaration. The Federal Tort Claims Act may also apply.

#### **5. Insurance and Fees**

The [TRIBE]'s Health Services may bill insurance plans if individuals seeking MCM at the Tribal Medication Dispensing Center(s) have medical insurance. The Tribal Medication Dispensing Center(s) may also request a dispensing fee. An individual without insurance or who is unable to pay the dispensing fee will not be denied MCM at the Tribal Medication Dispensing Center. The dispensing fee will be waived.

#### **6. Security**

The [TRIBE]'s law enforcement will provide security, traffic control and other support, as needed, to the Tribal Medication Dispensing Center(s). In providing security, traffic control and crowd control services, the [TRIBE]'s law enforcement officers will employ the minimum amount of force necessary to make an arrest, if necessary, and overcome any resistance offered at a Tribal Medication Dispensing Center. If force is applied to an individual(s) the officer shall make an arrest and provide decontamination and/or render first aid as appropriate.

#### **7. Age Requirements for MCM Pick-up**

A child 12 years of age and older, if unaccompanied by an adult, may pick up medication at the Tribal Medication Dispensing Center(s). Permitting a child younger than 12 years of age to pick up medication will be at the discretion of the Tribal Medication Dispensing Center Supervisor.

## 8. Priority Groups

The Tribal Health Officer will determine priority populations, depending on the circumstances of the public health emergency. The Tribal Health Officer will consider factors such as: exposure status, medical status, potential for disease severity, risk of complications, etc. Groups that may receive priority status, due to performing a role critical in protecting life and property, include first responders, healthcare workers, Tribal Medication Dispensing Center staff, and critical infrastructure managers.

**Example Prioritization List.** The following is an example of an incident-specific prioritization list:

**First Responder Priority Group 1** - People likely to have direct contact with patients with disease including clinic-based healthcare workers; EMTs and paramedics; public health workers; community health representatives (CHRS) and other tribal mid-level providers; pharmacists and pharmacy technicians

**First Responder Priority Group 2** - People likely to have direct contact with people who might have been exposed (field personnel) including law enforcement; fire fighters; search and rescue; behavioral health professionals

**First Responder Priority Group 3** – support including emergency management; emergency operations center (EOC) and/or emergency coordination center (ECC) staff

**First Responder Priority Group 4** - groups to assure continuity of government-critical services; government officials and political leaders; department heads; critical infrastructure personnel (e.g., public works, utilities, specific transport agencies,)

## 9. Individuals with Functional and Access Needs

The [TRIBE] Primary Care Clinic maintains a registry of individuals with functional and access needs for emergency response purposes. The ERT will coordinate with the [TRIBE] Primary Care Clinic to assure that individuals with functional and access needs get medically-appropriate access to MCM. The primary objectives are assuring the individual is medically-eligible for MCM, assuring the individual is properly informed, and assuring the individual has proper access to receive the MCM. Individuals with functional and access needs that choose not to accept MCM will be referred to their [TRIBE] primary care provider or non-tribal care provider, to discuss disease prevention and risk reduction.

## 10. Adherence to Emergency Use Authorization

[CHECK WITH LEGAL COUNSEL ON THIS PROVISION][TRIBE] will adhere to any Emergency Use Authorization (EUA) issued during a public health emergency. An EUA is issued by the U.S. Food and Drug Administration (FDA) to allow either the use of an unapproved medical product or an unapproved use of an approved medical product in certain types of emergencies.

## 11. MCM Inventory Tracking and Other Data Collection

### a) Tribal Health Officer and/or Incident Commander Role

- (1) Before MCM are received, the [TRIBE] Health Officer will identify the individual(s) responsible for ensuring medications are labeled and tracked. All MCM received from the SNS will be labeled and tracked by lot number and expiration date in accordance with federal labeling requirements, the EUA, and any other applicable requirements and laws. The Health Officer will be the prescriber per standing orders.
- (2) Determine data that needs to be collected to assess the effectiveness of vaccine/prophylaxis strategies and for any mandatory reporting to local, state, or federal agencies.

**b) The ERT Logistics Section Role**

The ERT Logistics Section will oversee MCM inventory control. Specifically, the ERT Logistics Section will be responsible for:

- (1) Setting up an automated or manual inventory management system before receiving the MCM;
- (2) Knowing the address of all Tribal Medication Dispensing Center sites to which resources must be delivered;
- (3) Recording the quantity, configuration, and source of each MCM received;
- (4) Recording the MCM receipt, storage location, orders, and issues;
- (5) Maintaining integrity of MCM per [TRIBE] protocols and manufacturer specifications, including: 1) cold chain management, 2) tracking by lot number, 3) tracking by expiration date, and 4) chain of custody (for both controlled and non-controlled substances);
- (6) Recording the locations to which all MCM are sent;
- (7) Tracking the type, quantity, location, and configuration of the MCM on hand;
- (8) Providing ongoing accounting of MCM inventory to Tribal Health Officer;
- (9) Assisting Tribal Health Officer with ordering more MCM when supplies run low and tracking the quantity, type, and configuration of the MCM that are on order; and
- (10) Recovering and returning any unused MCM after an event.

**c) Data Collection Method**

[TRIBE] will use \_\_\_\_\_ (existing data collection and reporting system, such as CDC’s IMATS, or electronic spreadsheets and paper forms) to track MCM inventory and distribution.

**d) Documentation and Reporting**

[TRIBE] will document and follow up on all adverse reactions to medications or vaccinations using CDC Vaccine Adverse Effects Reporting System (VAERS, <http://vaers.hhs.gov/index>) and the FDA’s Safety Information and Adverse Event Reporting Program (<https://www.fda.gov/safety/medwatch/>). Any adverse event that is not due to medication or vaccine reaction will be reported using [TRIBE]’s incident reporting system.

**12. Public Information**

The [TRIBE]’s Public Information Officer (PIO), as designated by Tribal Council, is responsible for coordinating public information activities during a mass dispensing event. The [TRIBE] may station a PIO at the Tribal Medication Dispensing Center(s), as necessary. The Tribal Health Officer will assign additional public information duties to the PIO or other members of the ERT, including:

- a) Answering media inquiries;
- b) Writing and disseminating press releases;
- c) Acquiring/drafting/selecting, providing, and re-supplying educational materials and factsheets to the Tribal Medication Dispensing Center(s), covering topics such as general

information on the vaccine/medications being used, adverse reactions, actions required after leaving the Tribal Medication Dispensing Center(s), etc.;

- d) Assisting with signage that can help get people through Tribal Medication Dispensing Center(s) efficiently;
- e) Identifying the most effective and timely ways to inform the [TRIBE]'s service population about MCM distribution and other response details, and coordinating these communication efforts;
- f) Coordinating messages and messaging strategies with the Regional or County Joint Information Center (JIC), if activated; and
- g) Coordinating public information messaging with neighboring LHJs and DOH, to ensure message consistency.

## **G. Post-Incident Activities**

### **1. Demobilization**

#### **a) Decision to Demobilize**

The Tribal Health Officer and the [TRIBE]'s Incident Commander will decide when to demobilize [TRIBE]'s response staff.

#### **b) Demobilization Plan**

The Demobilization Plan will be developed and executed by the [TRIBE] Planning Section, under the direction of the Tribal Health Officer and the [TRIBE]'s Incident Commander. The [TRIBE] Planning Section will demobilize response staff and volunteers, and ensure medical supplies, equipment, and MCM are properly accounted for, recovered, and reconstituted in preparation for any future event or incident. The Planning Section will use the Demobilization Checklist.

#### **c) Disposition of Recovered Assets**

Disposition of the recovered assets will include:

- (1) Coordinate with \_\_\_\_\_ County EOC and Washington State EOC for demobilization and return of remaining federal and/or state purchased medical materials or pharmaceuticals in accordance with agreements.
- (2) Recover unused pharmaceuticals and supplies, and return to [TRIBE]'s inventory, as appropriate.
- (3) Recover and return borrowed assets to other partners.
- (4) Reallocate and/or repurpose unused or excess supplies, as appropriate.
- (5) Recover functional and/or repairable equipment and return for repurposing or preparation for use in future events.
- (6) Dispose of materials that are no longer usable. Proper precautions and procedures for disposal of medical materials will be followed.

### **2. After-Action Review and Report**

[TRIBE] will conduct an after-action review after the mass dispensing operations have been deactivated and will write an after-action report and improvement plan. This [TRIBE] MCM Plan will be updated and improved, based on after-action findings and recommendations.

## **V. Training, Exercises, and Plan Maintenance**

### **A. Training, Drills, and Exercises**

Trainings and exercises will be conducted as needed to maintain [TRIBE]'s and partners' understanding of this plan, and to update and improve this plan on a continuous basis. Training for all MCM activities, plans, and operations is coordinated by the [TRIBE]'s Public Health Emergency Preparedness and Response (PHEPR) Coordinator. The PHEPR Coordinator also coordinates exercises to regularly test this Plan.

## B. Periodic Reviews and Updates

This plan is reviewed annually by the Tribal Health Officer and Tribal Council. Maintenance of this plan is the responsibility of the [TRIBE]'s Public Health Emergency Preparedness and Response (PHEPR) Coordinator. This plan will be updated and reviewed on a continuous basis.

## VI. Terms and Definitions

1. **Closed Point of Dispensing (POD):** See Private Medication Dispensing Center
2. **Emergency Operations Center (EOC):** The physical location at which the all hazards coordination of information and resources takes place, to support local incident management activities. EOCs can be stood up by any jurisdiction: tribal, local, state.
3. **Emergency Coordination Center (ECC):** The physical location at which coordination of information and resources to support incident management activities takes place. ECCs can be stood up by any jurisdiction: tribal, local, state.
4. **Emergency Response Team (ERT):** [TRIBE] staff and volunteers designated to respond to an emergency; consists of the Command and General staff and is led by the Incident Commander.
5. **Emergency Use Authorization (EUA):** Issued by the U.S. Food and Drug Administration (FDA), it allows either the use of an unapproved medical product or an unapproved use of an approved medical product in certain types of emergencies.
6. **Mass Dispensing:** The rapid dispensing of medications or provision of vaccinations to large numbers of people in response to a public health emergency.
7. **Medical Countermeasure (MCM):** Pharmaceutical interventions (e.g., vaccines, antimicrobials, antidotes, and antitoxins) or non-pharmaceutical equipment and supplies (e.g., ventilators and personal protective equipment [PPE]) that may be used to prevent, mitigate, or treat adverse health effects from an intentional, accidental, or naturally occurring public health emergency.
8. **Point of Dispensing (POD):** Site where medications or vaccinations are dispensed. (Also known as Medication Dispensing Center.)
9. **Private Medication Dispensing Center (Closed POD):** Site where organizations use their own resources (e.g., private businesses, government offices, colleges/universities, etc.) in coordination with the state or local health department to dispense MCM in their own facilities to their designated populations.
10. **Public Medication Dispensing Center:** Public location where there are no restrictions on who can go to them to access MCM (MCM Guidance, version 11, FEMA). (Also known as an Open POD.)
11. **Private Point of Dispensing (Closed POD):** See Private Medication Dispensing Center
12. **Public Point of Dispensing (Open POD):** See Public Medication Dispensing Center
13. **Strategic National Stockpile (SNS):** A federal network of strategically located repositories of potentially life-saving pharmaceuticals, and medical and non-medical supplies for use in a local or state-wide public health emergency in which local supplies have been or may be depleted.

## VII. Reference Documents

### A. Federal and State Documents

1. Centers for Disease Control Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide to Preparedness, Version 11
2. Washington State Comprehensive Emergency Management Plan (CEMP) Emergency Support Function (ESF) 8 Public Health and Medical Services Appendix 1: Emergency Medical Resources
3. Washington State Comprehensive Emergency Management Plan (CEMP) Emergency Support Function (ESF) 8 Public Health and Medical Services Appendix 5: Resource Support
4. Washington State Comprehensive Emergency Management Plan (CEMP) Emergency Support Function (ESF) 8 Public Health and Medical Services Appendix 9: Medical Countermeasures

5. Washington State LHJ-Pharmacy MOU Operational Plan

**B. Tribal Documents**

1. Tribal Medication Dispensing Center (Open Pod) Field Operation Guide (FOG)
2. Mutual Aid Agreement
3. Mutual Aid Agreement Guidance

**VIII. Appendices**

- A. Resolution Granting Temporary Authority to a Public Health Officer - Example
- B. Washington State Partner Profile Form
- C. Tribal-State-LHJ Medical Countermeasures Coordination Guide
- D. Mass Dispensing Response Organizational Chart - Example
- E. Mass Dispensing Plan Activation Checklist - Example
- F. Qualifications for Tribal Health Officer - Example
- G. Link for Partner Profile Share Site
- H. Informed Refusal Form - Example
- I. Chain of Custody Protocols - Example
- J. Clinic Form for Individuals with Functional and Access Needs - Example
- K. Demobilization Checklist – Example