

County of Orange
Health Care Agency (HCA)



Medical Countermeasures (MCM)
Plan – March 2019

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Medical Countermeasures Response Checklist

Purpose: Upon the decision to utilize this plan it is assumed it has been determined that the incident/event may/will have medical or health implications that call for the use of medical countermeasures (MCM).

- ☐ **Complete Initial Assessment and Response Meeting (IARM) (if not already initiated) (See Appendix E for more information)**

IF IT IS DETERMINED THIS INCIDENT/EVENT WILL IMPACT MEDICAL OR HEALTH:

- ☐ **Activate this Plan, authority to activate the MCM Plan is delegated to:**
 - Local Health Officer or designee
 - Health Care Agency (HCA) Director or designee
 - Medical Health Operational Area Coordinator (MHOAC) or designee
- ☐ **Activate Medical Health Operations in either of the Health Care Agency Operations Centers (AOC)**
- ☐ **The MHOAC or designee may report to the Operational Area Emergency Operations Center (EOC) when it is activated or reside in one of the AOCs**
- ☐ **Immediate Notifications:**
 - ☐ Internal Department representatives per EMS Duty Officer protocol
 - ☐ Orange County Sheriff's Department (OCSD) Emergency Management Division (EMD)
 - ☐ HCA Public Information Officer
 - ☐ Health Care Coalition of Orange County (HCCOC)
 - ☐ California Department of Public Health (CDPH) 24/hour duty officer
cdphdutyofficer@cdph.ca.gov
 - ☐ Emergency Medical Services Authority (EMSA) Duty Officer 24/hour duty officer,
emsadutyofficer@emsa.ca.gov
 - ☐ Regional Disaster Medical Health Coordination (RDMHC) Program
(866) 940 – 4401/(562) 941 – 1037
 - ☐ California State Warning Center (916) 845 – 8911
- ☐ **Submit a State level Medical Health Situation Report (SitRep) to the Regional Disaster Medical Health Coordination (RDMHC) Program**
- ☐ **Alert Orange County Health Care Agency staff to report to the AOC (formerly the HEOC):**
 - ☐ Use California Health Alert Network (CAHAN), AlertHCA and/or redundant communications systems as necessary to meet the needs of mission objectives.
- ☐ **Notify all partners of plan and AOC activations via CAHAN or other approved methods**
- ☐ **Identify if any other Medical Health Response Plans should also be activated {e.g. HCA Emergency Operations Plan (EOP), Disease Outbreak and Response Annex (DORA), HCA Crisis and Emergency Risk Communication (CERC) Plan, OCHCA Disaster Medical Response Annex, CHEMPACK, etc.}**

- ☐ **If Points of Dispensing (POD) will be activated, identify POD locations to be utilized and conduct notifications and activations as indicated in the POD Site Activation Procedures (Appendix H)**
- ☐ **Identify the need for First Responder and Critical Infrastructure prophylaxis/vaccination (Appendix F)**
- ☐ **Initiate the Orange County Risk Communication Handbook and ensure the Public Information Team is assigned to handle media and public inquiries per plan protocols.**
 - ☐ Coordinate development of public announcements with PIO, refer to HCA's CERC and Operational Area Public Information
- ☐ **Identify any MCM or other resource needs for the medical health response**
 - ☐ Assess healthcare partner needs through status reporting and resource ordering processes and documentation
 - ☐ Submit a Medical/Health Resource Request form as necessary to RDMHC Program
- ☐ **If additional MCM resources will need to be requested**
 - ☐ If the Strategic National Stockpile (SNS)/MCM resources will be deployed, ensure the AOC is activated and the AOC Manager is notified
 - ☐ The AOC Manager or designee will:
 - ☐ Notify MCM Coordinator of activation
 - ☐ Notify individuals who will be staffing warehouse positions
 - Disaster Service Workers (DSW's)
 - Medical Reserve Corps (MRC)
 - ☐ Identify approximate time of delivery from California Department of Public Health (CDPH) and/or other vendor
- ☐ **If a communicable disease event, ensure the DORA is activated to coordinate relevant disease-related activities, including:**
 - ☐ Investigation of suspected and confirmed cases
 - ☐ Coordination of surveillance and the analysis of case investigation data
 - ☐ Communication with community partners such as the HCCOC (consisting of ambulance providers, hospitals, Long Term Care and Skill Nursing Facilities, outpatient providers to include dialysis, clinics and surgery centers, and home health/hospice), schools and public health through ReddiNet, CAHAN, AlertHCA, email/fax distribution lists, and conference calls as needed, providing updates on the current situation, recommendations for diagnosis, testing, treatment, infection control, and prevention.
 - ☐ Ensure the activation of a 24/7 public access hotline and consider establishing a hotline for clinical providers.
- ☐ **Consider closure of schools, public venues, and/or public transportation in heavily impacted areas**

- ☐ Work with law enforcement to ensure adequate security at health-related facilities and PODs via Law Branch, if Operational Area (OA) is activated or directly with City/Law Enforcement Agency if OA is not activated.
- ☐ **Coordinate with HCA Behavioral Health to assess current needs and address as appropriate.**

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Record of Changes

Date of Revision	Revision Description	Section/Component	Revision Completed By
3/26/2019	Full Revision	Each Section	S. Noriega

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Chapter 1 Introduction

As part of the response to a public health emergency, medical countermeasures (MCM) may be required to reduce morbidity and mortality in the affected community. MCM (pharmaceuticals, medical supplies, and equipment) are available through many sources, e.g., local caches, neighboring jurisdictions, state caches, commercial vendors, and the Office of the Assistant Secretary for Preparedness and Response's (ASPR) Strategic National Stockpile (SNS).

The SNS is a federal resource of critical medical assets to supplement local resources during emergencies. The SNS is a cache of antibiotics, chemical antidotes, antitoxins, vaccines, antiviral drugs, personal protective equipment, ventilators, and other medical supplies to assist states in their response to: bacterial and viral diseases, pandemic influenza, radiation/nuclear emergencies, chemical attacks, and natural disasters.

Effective Oct. 1, 2018, the SNS is managed by the Office of the ASPR in the U.S. Department of Health and Human Services.. The California Department of Public Health (CDPH) will distribute/transport SNS/MCM assets from predetermined state receiving, staging, and storing (RSS) warehouse location(s) to any delivery point in California. Orange County Health Care Agency (OCHCA) Emergency Medical Services manages the distribution and dispensing within Orange County.

1.1 Purpose

The purpose of this plan and its appendices is to set the framework for the circumstances in which MCM resources can be requested and how they are requested. Components of this plan, the appendices, and attachments also may be used to distribute mass quantities of pharmaceuticals, vaccines, or other medical material from sources other than the SNS. The plan details the needed agreements and activities surrounding MCM request and distribution that would be performed during a public health emergency response. The OCHCA Emergency Operations Plan (EOP) and Disease Outbreak Response Annex (DORA) delineate additional activities and responsibilities involved in a public health emergency response to a communicable disease.

A medical health response requiring MCM is a complex and multifaceted task that requires engagement of all segments of the County, including the county emergency response structure, local businesses, private healthcare, other community-based organizations, and individual families. This plan addresses those aspects of MCM response that are specifically within the authority of the LHO, and how these interface and integrate with the actions of other response partners who are responsible for managing their own emergency response activities.

1.2 Scope and Background

The scope of this plan, its appendices, and attachments are to provide the entire Orange County population with MCM. Not all emergencies, incidents and/or disasters are the same; therefore the MCM plan operations are organized for a scalable response. This plan provides the roles and responsibilities; direction, control, and coordination; plan maintenance; and references for MCM operations within the county.

When requested, the initial shipment of SNS resources, whether it is the 12-hour Push Package or Managed Inventory (MI), will be delivered to a designated state-operated RSS site located in Riverside County. The SNS 12-hour Push Package contains a wide array of medications, antidotes, medical supplies, and medical equipment that state and local jurisdictions may need to respond to a variety of public health emergencies. These packages are stored in strategic locations around the United States to ensure their rapid delivery anywhere in the country. If a specific threat is identified and particular types of medications or supplies are needed, or if additional resources are required, specific resources can be supplied and resupplied with a second phase of MI. These shipments can be customized to deal with a specific threat.

1.3 Authority

The Local Health Officer is the public health authority for Orange County. OCHCA is responsible for the protection of the public's health and also the primary agency for coordination of public health emergencies and medical services within Orange County in response to an emergency or disaster of natural or manmade origin.

Authority to Activate the Medical Countermeasures Emergency Response Plan is delegated to:

- Local Health Officer or designee
- Orange County Health Care Agency Director or designee
- Medical Health Operational Area Coordinator (MHOAC) or designee

It is the responsibility of the OCHCA, in coordination with Orange County Operational Area (OA) and County Government to receive, dispense, and distribute MCM medications and medical supplies and/or administer vaccinations during public health emergencies. The Orange County Health Officer and/or the MHOAC will request deployment of medical countermeasures when the Orange County Health Officer or authorized designee determines that it is necessary to protect the residents of Orange County.

The California Department of Public Health (CDPH) will deliver resources to the County of Orange Local Distribution Center (LDC) or other designated location if the LDC is not available. The state will then transfer the responsibility for the delivered resources to the County of Orange. OCHCA will be responsible for receiving, storing, picking, staging, and distributing the medical countermeasures. The Orange County Sheriff's Department (OCSO) and local law enforcement are responsible for the security of personnel, equipment, and material at the LDC as well as during movement to and from the LDC, distribution centers, dispensing sites, and treatment centers. Use of force guidelines will follow local law enforcement guidelines which are based on guidance published by the California Peace Officers Association.

1.4 Situation Overview

Different variables can influence if, how, and/or when medical/health resources are needed. These may include:

- Information is received from the Governor's Office of Emergency Services (Cal OES), that a nuclear, chemical or biological threat is determined to be credible; or
- There is law enforcement or epidemiological confirmation of a nuclear, chemical or biological agent credible threat or release; or

- A disease outbreak requiring SNS assets has been confirmed through the local health officer; or
- Local requests for antibiotics/antidotes or medical supplies exceed local, and state sources.
- State will attempt to acquire local and state assets that may become available during the course of the event.

1.5 Planning Assumptions

This plan has been developed based on the following assumptions:

- Activation of the MCM plan assumes that there is a suspected or actual release of a biological, radiological, or chemical agent, a disease outbreak or other incidents requiring MCM.
- The Orange County Health Care Agency Disease Control & Epidemiology Division conducts public health surveillance and may detect an incident for which MCM resources will be required.
- The state will distribute MCM as soon as possible.
- The state will provide security for state to local health department shipments.
- The state will deliver first to a RSS facility located in Riverside County (beginning at hour six (6) past the Federal decision to deploy MCM) for staging prior to distribution/delivery to Orange County's Local Distribution Center (LDC). Pending traffic conditions, MCM arrival to Orange County's LDC will be approximately two (2) hours after initial staging at the RSS.
- Any event necessitating deployment of MCM resources within the State of California, Region 1, and/or a neighboring jurisdiction may affect the population of Orange County.
- Orange County Health Care Agency is the designated lead agency to receive and coordinate the distribution of medical countermeasures.
- The MCM material received from ASPR is intended to supplement limited local and regional supplies and assets that have been exhausted and should be distributed and dispensed to the public as soon as possible after receipt.
- Orange County will re-pallet only those bulk items that are part of the local cache of pharmaceuticals, should the county decide to set up such a cache.
- Planning for receiving, staging, storing, transporting, and dispensing of MCM is a continuous process involving local, regional, state, and federal entities
- Additional supplies and logistical resources (beyond that available to the Orange County Health Care Agency on a day-to-day basis) will be needed. Procurement of the resources will be coordinated through the MHOAC and the AOC.

- Information and instructions for the public will be disseminated, when appropriate, to facilitate public access to medical countermeasures information and material.
- While civil unrest is not anticipated in Orange County, Orange County must be prepared to respond should it occur.
- Orange County may declare a disaster for the Operational Area and may request mutual aid/assistance from the within the region or via pre-incident MOUs. The most likely mutual aid/assistance request will be for law enforcement to assist with maintaining order and providing security for SNS assets. The state may opt to send State Peace Officers and/or the National Guard. If several areas of the state are impacted, Orange County must be prepared to expand security on its own.
- Surface movement on roadways may be restricted at times. Therefore, Orange County should prepare alternate routing plans for coordinating delivery and will work with the necessary agencies to ensure adequate and timely deliveries of MCM.
- Orange County employees may be requested as Disaster Service Workers (DSW) to support medical and health operations during a public health emergency response.
- Orange County staff who have been identified in advance will be available to support plan implementation.
- Orange County support agencies and organizations (Cities and pre-identified POD site locations, Law, Fire, etc.) will be capable of executing their responsibilities for dispensing of MCM.
- The Orange County has Memoranda of Understandings and/or contracts with agencies and facilities necessary to enact this plan.

1.6 Constraints

This plan is based upon the following constraints:

- Emergency Use Authorization (EUA) or emergency use Investigational New Drug (IND) application may be needed to allow for off-label use of medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) threat agents when there are no adequate, approved, and available alternatives. An EUA or IND application, if needed, would have to be completed before deployment of MCM.
- Deployment of MCM is dependent on an accurate and timely identification of the disease or bioterrorist agent that constitutes a public health response to an emergency event.
- The delivery of MCM will be phased and will affect the timing of dispensing.
- The number of available medical personnel and volunteers qualified and trained to support MCM response activities will impact the rate of dispensing.

- The release of a biological, radiological, chemical agent or a disease outbreak may adversely impact the availability of personnel and volunteers for Point of Dispensing (POD), Agency Operations Center and Local Distribution Center (LDC) staffing.
- The public health response to the event will limit the number of actual Orange County Health Care Agency staff available to participate in medical countermeasures operations due to other response activities (e.g. epidemiological investigation, isolation and quarantine).
- Based upon the estimates of staff needed to operate PODs, the Orange County Health Care Agency alone does not have the number of employees required for staffing of all dispensing POD sites across Orange County. Therefore, pre-incident planning is recommended by all cities to identify necessary appropriate locations, positions and personnel to adequately accommodate the population.
- Public Health emergencies can occur with or without warning; they can be brief or persistent and can escalate despite efforts to mitigate their effects.
- Due to the nature of emergency response, the outcome is not easy to predict. Therefore, it should be recognized that this plan is meant to serve as a guideline and the outcome of the response may be limited by the scope, magnitude and duration of the event.
- Oral antibiotic pediatric suspensions are in limited supply. Crushing of pills will be required in all large-scale responses. Ciprofloxacin is considered unpalatable when crushed.
- The ratio of doxycycline to ciprofloxacin in SNS Managed Inventory is currently 80/20. The ratio of doxycycline to ciprofloxacin in the Push Package is 75/25. The SNS formulary ratios are subject to change based on the efficacy, availability, and price of the pharmaceuticals.

1.6 Whole Community – Preparing and Responding with the Whole Community

The County of Orange strives to incorporate the Whole Community perspective in its emergency planning and encourages Operational Area jurisdictions to do the same. Whole Community includes:

- Individuals and families, including those with disabilities or other access and functional needs
- Businesses
- Faith-based, nonprofit and other community organizations
- Immigrant populations and communities
- Schools and academia
- Media outlets
- All levels of government, including state, local, tribal, territorial, and federal partners

By planning for the Whole Community, complexities in the diversity in Orange County are assimilated into the County planning strategy.

Orange County's definition of disabilities and access and functional needs is as follows:

Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence and the ability to perform the activities of daily living, communication, transportation, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who may require transportation assistance.

The County of Orange is committed to complying with the Americans with Disabilities Act during all phases of disaster response and recovery. As such, the County of Orange adheres to and encourages Operational Area jurisdictions to follow the principles below:

- Affected individuals will not be excluded from or denied benefits of any sort based on a disability or other access or functional need.
- Work to accommodate people with disabilities or other access and functional needs in the most integrated setting possible.
- During all phases of disaster response, make reasonable modifications to policies, practices and procedures, if necessary, to ensure programmatic and architectural access to all.
- Provide access to shelters to all affected community members including those with disabilities or other access and functional needs in the most integrated setting possible in order to keep families, friends and/or neighbors together.

More information on whole community planning in Orange County can be found in the Unified County of Orange and Orange County Operational Area Emergency Operations Plan.

Chapter 2 Concept of Operations

2.1 General

The Orange County MCM Plan describes a system of personnel, policies/procedures, physical equipment and locations designed to receive, stage, store, manage, distribute, dispense and/or administer MCM. The state RSS Warehouse will deliver material directly to a local distribution center (LDC) warehouse, if established. The MCM Plan is designed to work in concert with the Orange County Operational Area Emergency Operations Plan, County of Orange Emergency Operations Plan and Orange County Health Care Agency's Emergency Operations Plan.

Receiving an Alert to Potential Incident

OCHCA may receive the alert of a public health event that could require the activation of this plan from several sources:

- California Department of Public Health (CDPH)
- Centers for Disease Control & Prevention (CDC)
- Office of the Assistant Secretary of Preparedness and Response (ASPR)
- Orange County Health Care Agency Public Health Laboratory or Epidemiology Division
- Law enforcement agencies
- Orange County BioWatch Program

Synopsis of Operational Priorities

The following are operational priorities for Public Health and the Medical Health Branch when the Emergency Operations Center (EOC) is activated in response to a potential medical countermeasures event:

- Identify the exposure source and the population at risk.
- Assess the need for supplemental medications, vaccinations, medical supplies, and equipment.
- Request medical countermeasures from CDPH.
- Receive, manage, and distribute medical countermeasures assets deployed to Orange County.
- Coordinate the dispensing of appropriate medical countermeasures and/or vaccination of the public.
- Coordinate the set up POD locations as the situation dictates with the OA.
- Coordinate outreach to Closed POD Partners.
- Coordinate with local and state public health laboratories.
- Coordinate with CDPH and other Local Health Departments (LHDs) to manage and disseminate information.
- Disseminate information to enlist public support and enable personal, community, and business based preparedness and response.
- Craft and manage an effective public information and risk communications campaign.
- Coordinate the local medical and health response.

Initial Assessment and Response Meeting

Prior to activation of this plan, an Initial Assessment and Response Meeting will be held to determine:

- Whether this plan and any other plans will be activated.

- Whether the AOC will be activated.
- The type(s) and quantities of MCM required for the response.
- The need to request additional MCM.

Consider Plan Activation if:

- An overt release of a chemical or biological agent.
- A claim of release by intelligence or law enforcement.
- A notification of a bio-terrorist event by CDPH, CDC, or World Health Organization (WHO)
- A naturally occurring pandemic as classified by CDPH, CDC or WHO.
- Indication from intelligence or law enforcement of a likely attack.
- Clinical or epidemiological indications suggestive of a chemical or biological agent release, including:
 - Large number of ill persons with similar disease or syndrome
 - Large number of unexplained disease, syndrome or deaths
 - Unusual illness in a population
 - Higher than normal morbidity and mortality from a common disease or syndrome
 - Failure of a common disease to respond to usual therapy
 - Single case of disease from an uncommon agent
 - Multiple unusual or unexplained disease entities in the same patient
 - Disease with unusual geographic or seasonal distribution
 - Multiple atypical presentations of disease agents or transmission patterns (e.g., through food, water, or aerosol)
 - Similar genetic type in agents isolated from temporally or spatially distinct sources
 - Unusual, genetically engineered, or antiquated strain of an agent
 - Unexplained increase in incidence of endemic disease
 - Simultaneous clusters of similar illness in non-contiguous areas
 - Deaths or illness among animals that precedes or accompanies human death
 - Illnesses in multiple people not exposed to common vent systems
 - Unexplainable increase in emergency medical service requests
 - Unexplained increase in antibiotic prescriptions or over-the-counter medication use
- Laboratory results including, but not limited to:
 - Confirmed positive polymerase chain reaction (PCR) test from BioWatch sample
 - Positive Biohazard Detection System (BDS) signal from United States Postal Service (USPS) mail sorting facility
- A recommendation from CDPH to activate the plan

2.2 Activation

The scope of the event and the required response will determine the level of activation of the AOC. OCHCA is the lead agency for coordination and logistics for receipt, distribution, and dispensing of MCM. A sample timeline illustrating required actions/activities, e.g., pre- event indicators, notifications, activations, logistics, operations, sustained operations or demobilization can be found in Appendix J.

2.3 Requesting Additional Resources

When to Request Additional Resources and Justification

Orange County Health Care Agency will request additional MCM when local pharmaceutical and/or medical material has been, or is anticipated to be, exhausted. The following questions may be used to justify the resource request:

- Is the resource need immediate and significant (or anticipated to be so)?
- Has the supply of the requested resource been exhausted, or is exhaustion imminent?
- Is the resource or an acceptable alternative available through:
 - Internal, corporate supply chain?
 - Other commercial vendors?
 - Existing agreements?

Request Process- Local to State

MCM request procedures are outlined in the California Public Health and Medical Emergency Operations Manual (July 2011, EOM). In short, resource requests will be processed from field-level entities to the state via the programs/individuals below:



State Process for Requesting SNS/MCM

Only the Governor and/or his/her designated representative may request MCM from the federal government. The state's request process will begin with a series of conference calls. The calls will be organized by CDPH and/or the California State Warning Center (CSWC). Typically, CDPH will host a confirmatory conference call with the impacted jurisdiction(s) and appropriate state agencies to review the request and justification for the request. The CDC's emergency operations center will organize the formal request call with the appropriate federal, state, and local agencies. The CDC operations center will provide the time, toll-free number, and pass code. Impacted jurisdiction(s) and appropriate state agencies should expect to participate in the call. Cal OES will follow up the telephonic request with an Action Request Form or Mission Request.

Receiving MCM

The Division of the Strategic National Stockpile (DSNS) will ship MCM to the state RSS located in Riverside County. Delivery of the MCM to the state RSS will be phased and will begin to arrive in Riverside four (4) hours following the Federal decision to deploy SNS. State RSS staff will process the MCM for further distribution upon arrival at the state RSS. State to local distribution times will depend upon traffic conditions, time of day, required preparation time the state needs; however initial estimates have initial shipments arriving at about hour six (6) following the Federal decision to deploy SNS. Oral medications may be shipped in unit-of-use bottles.

OCHCA will ensure that appropriate chain-of-custody policies and protocols are followed via the Pharmaceutical SOP, upon receipt of MCM. Chain-of-custody is defined as, "the receiving authority accepting full responsibility for the materials entrusted into its possession and agreeing to abide by the

terms, conditions, and responsibilities, of all applicable agreements.” Chain-of-custody protocols guarantee there is documentation that the receiving authority accepts full responsibility for the materials entrusted into its possession and agrees to abide by the terms, conditions, and responsibilities, of all applicable agreements between ASPR, the MCM Program, applicable federal and state laws and regulations, and state and local authorities. Chain-of-custody forms are the responsibility of each transferring entity.

The state will deliver the items to the Local Distribution Center (LDC), with California Highway Patrol (CHP) escort if needed. The LDC will then receive, store and distribute based on receiving of items from the State and orders from hospitals and POD site requirements. Specifics on how the LDC functions are included in the Local Distribution Center Field Operations Guide (LDC FOG).

2.4 Dispensing Medical Countermeasures (MCM)/Vaccinating

Orange County will dispense MCM through Open and/or Closed PODs. Additionally, when dispensing oral antibiotics, Orange County will allow head-of- household or multi-person pickup to speed dispensing operations. An individual may pick-up up courses of oral antibiotics when head-of-household policies are in effect. The number of Open and Closed PODs to be operated will be based upon the agent or event, staffing available, type of MCM (e.g., oral antibiotics or vaccine), and other salient information.

A high risk event such as an aerosolized anthrax attack requires a rapid mass prophylaxis with oral antibiotics. Orange County will open all available Open and Closed POD sites. Head-of-household policies will be in effect. The Open PODs have been selected to ensure population and geographic coverage of the OA. Closed PODs will be activated to relieve the numbers served by Open PODs.

Definitions of Open and Closed PODs

Open (Public) Points of Dispensing	Specific locations for dispensing medication or administering vaccinations to large populations in a public health emergency. PODs are typically run out of a large open space, such as a high school gymnasium, or parking lot. For potential POD sites identified for Orange County, see Point of Dispensing/Biohazard Detection System (POD/BDS) Coordinator Position Guide within the AOC.
Closed Points of Dispensing (Dispensing Partners)	Dispensing Partners are identified agencies who have entered into an agreement with the County to dispense medications to any or all of the following: employees, clients and the families of their employees and/or clients. For a list of Dispensing Partners see POD/BDS Coordinator Position Guide within the AOC.

For more information on Dispensing Operations see the Point of Dispensing Field Operations Guide (POD FOG).

2.5 Sustained Operations

Depending on the incident, individuals may not receive their entire course of medication immediately. The initial inhalation anthrax prophylaxis may be complete within 48 hours. However, the complete MCM response may require 60 days and could include vaccinations and/or additional oral antibiotics. A sustained emergency of this duration may:

- Lead to increased incidents of civil unrest
- Require the OA to continue to provide or coordinate prophylaxis or vaccinations through the operation of pods or other modalities
- Impact disposal of remains
- Impact the ability of local businesses to recover economically

Strategies for sustained dispensing/vaccination may include:

- Instructing individuals to see their primary care provider.
Note: Federal or State pharmaceuticals may be distributed to providers for this purpose
- Continued operations of both Open and Closed PODs
- Mobile outreach to at-risk populations
- Partnerships with existing pharmacies

If necessary, the LHO will request the continued development and release of public information to ensure the population knows how to retrieve additional medication or vaccinations.

Additionally, public information will be developed regarding the psychological impact of a sustained event, and suggested ways for individuals to cope with the psychosocial impact of a sustained event. Orange County Behavioral Health and/or other agencies will assist in providing psychosocial first and other behavioral health related services as needed throughout the event.

2.6 Demobilization

Demobilization will be conducted per the Unified County of Orange and Orange County Operational Area Emergency Operations Plan. Specific to a MCM response, Orange County Health Care Agency will accomplish the following:

- Recovery of unused MCM from dispensing sites
- Packaging and returning unused MCM per CDPH or federal guidance
- Disposal of medical waste per federal, state and local guidance
- Collection of pertinent paperwork
- An evaluation of the response will be conducted and may include a review of the following in the written After Action Report (AAR):
 - The notification system
 - Risk communication
 - Internal and inter-agency communications
 - Surveillance
 - Prophylaxis/Vaccination
 - Case and contact management operations
 - Epidemiologic investigation of cases
 - Prophylaxis/Vaccination status of the at-risk population
 - Safety, security, and logistics for medication/vaccine receipt, handling, and distribution
 - Publication of the AAR

The decision to declare the end of the emergency will be made by the Local Health Officer (LHO) in consultation with state and/or federal authorities as appropriate.

2.7 Recovery

Recovery operations require a coordinated effort from all County partners and will be conducted per the Unified County of Orange and Orange County Operational Area Emergency Operations Plan. Considerations should include, but are not limited to:

- Environmental Health
- Healthcare Restoration
- Disposal of Remains
- Behavioral Health issues and follow-up

Chapter 3 Roles and Responsibilities

The primary agencies that would be involved in a MCM/SNS event include: OCHCA to include Emergency Medical Services Division, the Medical Health Operations Area Coordinator (MHOAC), Public Health Epidemiology and Laboratory, Law Enforcement, Fire Services, Emergency Medical Services Providers, Orange County Hospitals, Community Healthcare Providers, Orange County School Districts, Orange County Cities and the American Red Cross.

The specific roles and responsibilities these agencies would have in a medical countermeasures response are outlined below.

Orange County Health Care Agency (OCHCA)

- Provide staffing of the Orange County OA EOC Policy Group and Operations Section (e.g. Medical/Health and Care and Shelter Branches), and other sections or branches as required
- Provide DSW at PODs, or other sites, as available.
- Maintain critical services programs to the maximum extent possible consistent with the overall health situation

Disease Control & Epidemiology

- Conduct surveillance, reporting and investigation of communicable disease cases and contacts
- Provide advice on appropriate personal protective equipment (PPE) required by medical and other response personnel while dealing with the biologic agent(s) involved in the event
- Report all cases of suspected or confirmed bioterrorism to law enforcement and the State of California

Emergency Medical Services

- Coordinate services with hospitals and first responders in a medical countermeasures event
- Coordinate with CDPH, ASPR, and other public health partners
- Request additional resources (ex. SNS/MCM) as necessary
- Coordinate chemoprophylaxis and/or vaccination of affected populations in accordance with the OCHCA Medical Countermeasures plan coordinated by the Medical Health Branch of the EOC
- Coordinate all Open PODs and Closed PODs

Medical Health Operational Area Coordinator (MHOAC) Program

The role of the MHOAC program is specific to the coordination of medical/health resources for any Operational Area during a disaster or state of emergency. When the medical or health resources within a local jurisdiction become overwhelmed, the MHOAC program is activated to liaison with local, regional and state resource providers and to coordinate the allocation of incoming resources.

Resources may be requested from any agency during a time of emergency, including local hospitals, ambulance providers, etc. The MHOAC Program may coordinate the following actions:

- Evaluate the need for additional medical/health resources (e.g. Field Treatment Sites (FTS), Medical Reserve Corp (MRC), regional assets)
- Coordinate additional personnel needs and where deployment will occur
- Coordinate with the LHO in the event of need for mass dispensing or vaccination
- Request regional/state resources for hospitals
- Plan for and support the medical needs of special populations

Behavioral Health Services

- Address the psychosocial needs of healthcare workers, Disaster Service Workers, Orange County employees, and the community at large. During a medical countermeasures event, behavioral health professionals will likely experience high levels of service demand, coupled with high employee absenteeism

Environmental Health Services, including Hazmat Response Team

- Provide support for environmental sampling and field testing as able
- Coordinate closely with law enforcement to preserve evidence and ensure proper chain of custody during suspected or confirmed bioterrorism events
- Coordinate closely with Orange County Public Health Laboratory to ensure proper packaging of biologic samples and other potential evidence
- Provide advice and consultation as appropriate to the Agency Operations Center and/or OA EOC on levels and extent of decontamination needed and protective actions such as shelter-in-place and evacuation; the extent and geographical areas affected; conditions for lifting protective actions and reentry procedures; environmental and public health implications of clean-up operations, and decontamination
- Make recommendations to the LHO and Medical/Health Branch on how to define when the event is cleared

Orange County Public Health Laboratory

- Perform laboratory testing of biological specimens and suspicious materials consistent with established bio-safety protocols
- Properly package and forward samples to CDPH or CDC, with appropriate notification, for further characterization. Notify LHO immediately upon a positive finding for a reportable disease or toxin that could be related to bioterrorism or public health outbreak.

Orange County Health Officer (LHO)

Although the LHO is a member of the Orange County Public Health, his position is specifically identified due to the unique powers based on legal authorities granted specifically to the LHO.

- Declare a local health emergency or recommend proclamation of a local emergency to the Orange County Board of Supervisors, or to the Orange County Chief Executive Officer (CEO)
- Act as a technical advisor and provide recommendations to the OA EOC Director of Emergency Services, City EOC Directors and Field Incident Commanders (IC)

- Take measures to control the spread or further occurrence of any contagious infections, or communicable disease of which he or she is aware
- Order disinfection of persons, houses or rooms, and animals and structures where animals are quartered
- Order destruction of beddings, carpets, household goods, furnishings, materials, clothing, or animals when disinfecting would be unsafe
- Take any other action necessary to preserve the public health.

Law Enforcement

- Provide initial Incident Command and establish Unified Incident Command as appropriate
- Collaborate with the Medical Health Branch to ensure the safe deployment of medical healthcare disaster workers, equipment, and/or supplies
- Coordinate closely with Orange County Public Health, Environmental Health Services and LHO to ensure chain of custody of biologic samples and other potential evidence
- Coordinate support from appropriate law enforcement agencies to implement security/safety actions such as mass chemoprophylaxis/mass vaccination, Field Treatment Site Safety, shelter in place and evacuation when determined to be necessary
- Coordinate support from appropriate law enforcement agencies (Orange County Sheriff's Department, Mutual Aid Division) to ensure the security and distribution of SNS/MCM material when received by Orange County.

Fire Services

- Participate in Unified Command as appropriate
- Provide a variety of levels of decontamination efforts as needed.
- Provide HazMat team/personnel with appropriate PPE

Emergency Medical Services (e.g., EMTs, paramedics, dispatch)

- Operate in accordance with current Orange County Emergency Medical Services (EMS) policies and procedures for coordination of patient destinations and treatment protocols

Orange County Hospitals

NOTE: All hospitals and other major healthcare providers in Orange County are private sector entities and are not directly under the control of Orange County.

- Notify Public Health immediately of any suspected infectious disease or bioterrorism-related patient symptoms, trends, and laboratory test results, for which immediate reporting is required
- Decontaminate patients within capabilities and coordinate with local resources/vendors/health facilities for additional support as needed
- Isolate victims and institute other infection control measures within capabilities
- Properly package and forward clinical samples to Orange County Public Health Laboratory, CDPH or CDC for further characterization.
- Provide chemoprophylaxis and vaccination within capabilities
- Implement internal surge plans as necessary
- Inform MHOAC/EMS Duty Officer via phone call.

- Make proper notifications to local city emergency management representative when/if operational status changes (e.g., infrastructure failure)

Community Healthcare Providers (e.g., physicians, clinics, all healthcare facilities)

- Implement guidelines and recommendations (disease reporting, treatment, infection control, etc.) disseminated by the Medical and Health Branch
- Participate in community-wide medical surge response as coordinated by the Medical and Health Branch

Orange County Sheriff's Department, Coroner Office

- Coordinate the recovery, tracking, temporary storage, quarantine, decontamination and/or disposal of human remains including those that are potentially contaminated
- Implement the Orange County Mass Fatality Plan as appropriate

Orange County School Districts

- Make selected school facilities available to support protective actions in accordance with agreements with Orange County Health Care Agency

Veterinarians, including large and small animal veterinarians

- Report any suspected animal disease which is potentially transmissible to humans (emerging pathogens, bioterrorism agent, etc.), to the local LHO and California Department of Public Health (CDPH), Veterinary Public Health Section
- Consult with LHO and CDPH on any animal disease suspected of being related to bioterrorism or other emerging infectious disease, and on matters of possible euthanasia and disposal of affected animals.
- Veterinarians are classified as "Health Care Providers" under Title 17 CCR §2500 and are required to report any suspected bioterrorism-related disease to the local LHO and CDPH.

Chapter 4 Direction, Control and Coordination

4.1 Introduction

Command and Control is how political leadership, emergency management, public health, law enforcement, and other organizations coordinate and exercise their unique authorities and responsibilities in response to a multi-jurisdictional or multi-agency emergency. OCHCA, in collaboration with the Orange County Emergency Management office is best positioned to provide planning leadership during a Medical Countermeasure response. The role of the LHO, MHOAC, and/or Medical Health Branch or other Subject Matter Experts (SMEs) is to advise on public health emergency response activities in the case of an activation of the Medical Countermeasures Plan.

4.2 Emergency Operations Centers

The Orange County Health Care Agency Operations Center (AOC)

Situations requiring the deployment of medical countermeasures will be managed from the Orange County Health Care AOC in accordance with existing emergency management procedures. This designated AOC is used as the central location for gathering and disseminating information, coordinating medical and health emergency operations, and coordinating with the Region 1 Medical and Health Coordination Program and California Department of Public Health (CDPH).

In some situations where the target population is small and/or the event is not severe, the deployment of Medical Countermeasures may be managed from the AOC.

County Emergency Operations Center (EOC)

If the severity of the situation warrants, the Local Health Officer or MHOAC will recommend that local OES activate the Operational Area Emergency Operations Center (OA EOC) to support all aspects of the countywide emergency response.

Key agencies involved in medical countermeasure deployment, and subsequent immunization or chemoprophylaxis operations (e.g. elected officials, public health, emergency management, law enforcement, fire, EMS, and public works) will be represented in the OA EOC. For more information on the OA EOC see Operational Area Emergency Operations Plan.

Public Health and Medical Emergency Powers

During an event requiring medical countermeasures in Orange County, the Local Health Officer may utilize his/her authority to declare a *local health emergency*. A local health emergency aides in the activation of all applicable emergency response plans and the process of establishing the Operational Area EOC. The LHO will immediately inform OA Emergency Management, California Department of Public Health (CDPH) and Cal OES (Governor's Office of Emergency Services) of the decision to proclaim a local health emergency. From the initiation date, the local emergency shall not remain in effect for a period in excess of seven days unless it has been ratified by the Orange County Board of Supervisors. Once ratified, the proclamation must be reviewed for continuance at least once every 30 days until it is deemed appropriate for proclamation termination. The proclamation shall be terminated at the earliest possible date that conditions warrant.

4.3 Contracts and Agreements

Orange County Health Care Agency partners with many different agencies and businesses to ensure that Orange County can effectively implement a medical countermeasures response. Different agreements are utilized for distinct types of partnerships. See Appendix C for a list of entities with agreements.

Chapter 5 Plan Development and Maintenance

5.1 Overview

With each disaster, emergency management professionals worldwide gain experience and knowledge that when shared can improve incident response and recovery. Emergency Managers and staff may receive “lessons learned” from updated State and Federal regulations or guidelines, conferences and seminars, as well as training and exercises.

This section addresses the maintenance of the MCM Plan, as well as training and exercises designed to facilitate efficient operations.

5.2 Plan Maintenance

The MCM Plan will be reviewed annually or as necessary following an actual or training event to ensure that plan elements are valid and current. The OCHCA EMS, will lead the responsible departments in reviewing and updating their portions of the plan as required based on identified deficiencies experienced in drills, exercises or actual occurrences. The OCHCA EMS is responsible for making revisions to the MCM Plan that will enhance the conduct of medical and health operations and will prepare, coordinate, publish and distribute any necessary changes to the plan to all entities as shown on the record of distribution list of this MCM Plan.

5.3 Training and Exercises

The best method of training staff for recovery operations is through exercising. Exercises allow personnel to become familiar with the procedures and systems. Exercises can be accomplished in several ways. Tabletop exercises provide a convenient and low cost method of introducing officials to problem situations for discussion and problem solving. Such exercises are a good way to see if adequate policies and procedures exist. The OCHCA leads and participates in numerous trainings and exercises throughout the year that includes portions, if not, all of this plan.

As a critical element to insuring the success of the MCM Plan, training should include both classroom training as well as the hands on experience provided by drills and exercises. All aspects of this plan are trained and exercised at various times as stated in our Multi-Year Training and Exercise Plan (MYTEP).

Chapter 6 Legal Authorities and References

The following Authorities and References related to this plan are listed below:

6.1 Federal

- Cooperative Agreements BP3 Continuation Guidance
- Disaster Mitigation Act of 2000
- Emergency Use Authorization of Medical Products
- Federal Civil Defense Act of 1950 (Public Law 920), as amended
- Federal Disaster Relief Act of 1974 (Public Law 93-288) - Section 406 Minimum Standards for Public and Private Structures
- FEMA Comprehensive Preparedness Guide (CPG) 101, v2.0, November 2010
- Homeland Security Act of 2002, as amended
- Homeland Security Presidential Directive (HSPD) 5, Management of Domestic Incidents
- Homeland Security Presidential Directive and Presidential Policy Guidance 8, National Preparedness
- Liability Protections of Pandemic and Epidemic Products and Security Countermeasures
- Medical Countermeasure Planning/Cities Readiness Initiative Guidelines
- Pandemic and All-Hazards Preparedness Reauthorization Act 2013 Public Law 113-5
- Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988 (Public Law 93 288, as amended)
- United States Department of Homeland Security (USDHS), NIMS, October 2017
- USDHS, National Response Framework (NRF), May 2013
- USDHS, National Disaster Recovery Framework (NDRF), September 2011
- USDHS, National Mitigation Framework, Second Edition, June 2016

6.2 State

- California Catastrophic Incident Base Plan, September 2008
- California Civil Code 1714.6
- California Disaster and Civil Defense Master Mutual Aid Agreement, 1950
- California Disaster Assistance Act (Chapter 7.5 of Division 1 of Title 2 of the Government Code)
- California Emergency Management Mutual Aid (EMMA) Plan, November 2012
- California Emergency Operations Manual
- California Emergency Services Act, 2015
- California Fire Service and Rescue Emergency Mutual Aid System, December 2014
- California Government Code 8607 (a)
- California Health & Safety Code § 1797.152-153 & 200
- California Health & Safety Code § 1799.102
- California Health & Safety Code § 101000
- California Health & Safety Code § 101075 - 101095
- California Health & Safety Code § 101310
- California Law Enforcement Mutual Aid Plan, 2016
- California Medical and Health Operational Area Coordination Program Manual, December 2016
- California Medical Mutual Aid Plan. September 2007
- California Public Health and Medical Emergency Operations Manual, July 2011

- California State Emergency Plan, 2017
- California State Hazard Mitigation Plan, 2013
- Emergency Management Assistance Compact (EMAC), 2015
- Government Code, Title I, Division 4, Chapter 8, Sections 3100-3109
- Government Code, Title II, Division 1, Chapter 7. California Emergency Services Act, Article 12 State of War Emergency, Sections 8620-8624
- Government Code, Title II, Division 1, Chapter 7. California Emergency Services Act, Article 13. State of Emergency, Sections 8625-8629
- Standardized Emergency Management System (SEMS) Guidelines, November 2009

6.3 County

- County of Orange Resolution adopting the California Master Mutual Aid Agreement, November 28, 1950
- County of Orange Resolution No. 12-036, adopting the amended membership of the Emergency Management Council and designation of the Director of Emergency Services, dated April 17, 2012
- Orange County Board of Supervisors Ordinance 95-870 creating the Orange County OA
- Orange County Board of Supervisors Resolution No. 05-144, adopting the National Incident Management System, dated June 7, 2005
- Orange County Codified Ordinance, Title 3, Division 1 (Emergency Services)
- Orange County Fire Service Operational Area Mutual Aid Plan, December 1, 1997
- Orange County Chiefs' of Police and Sheriff's Association Law Enforcement Mutual Aid Operational and Procedural Protocol, January 2010
- Orange County Operational Area Agreement, October 1995

6.4 Relationship to Other Plans/References

This County and OA EOP is the primary document used by the County and OA to describe the conduct of emergency management activities from the County and OA perspective. The EOP provides a conceptual framework for all other emergency management planning of OA, but not necessarily of OA jurisdictions.

The EOP contributes to the emergency management programs of County departments and OA jurisdictions by describing how activities will be conducted within County of Orange and as the Operational Area, the limits and how support will be requested and coordinated—in the form of mutual aid and other resources—by County departments and OA jurisdictions and supporting agencies. When emergencies or disasters necessitate resource support from regional, state, federal, international, private, or non-profit sources outside the immediate control of County and/or OA, then this EOP will serve as the primary guide to coordinating those resources at the next SEMS level.

The purpose of this plan is to support the emergency plans and procedures of the County of Orange and OA jurisdictions. This plan is designed to be flexible enough that it can adapt to changing response environments and to the needs of supporting and requesting organizations.

6.5 Standard Operating Procedures and Guidelines (SOPs or SOGs)

Departments, agencies, and organizations that have responsibilities in this plan should have prepared organizational and/or position-specific SOPs or SOGs detailing personnel assignments, policies, notification rosters, resource lists, and specific steps for accomplishing the functions assigned in this plan.

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Appendix A: Glossary

12-Hour Push Package	Federally pre-packaged and pre-staged Strategic National Stockpile (SNS) caches. Can be delivered to the State's Receiving, Staging and Storing (RSS) warehouse location within 12 hours.
Biohazard Detection System (BDS)	The United States Postal Service® is committed to keeping its employees and customers safe. To help counter the threat of anthrax in the mail, the Postal Service™ has developed a Biohazard Detection System (BDS) that will detect anthrax in the mail. The system is designed for the highest possible level of detection.
California Health Alert Network (CAHAN)	The California Health Alert Network (CAHAN) is the State of California's web- based information and communications system available on a 24/7/365 basis for distribution of health alerts, dissemination of prevention guidelines, coordination of disease investigation efforts, preparedness planning, and other initiatives that strengthen state and local preparedness. CAHAN participants have the ability to receive alerts and notifications via alphanumeric pager, e-mail, fax, and phone (cellular and landline).
Contract	A contract is used when partnering with an entity that may result in payment by the County of Orange.
Dispensing sites	The community locations where the public (individuals) receive prophylactic medicines.
Distribution	The process of delivering MCM from a staging warehouse to dispensing sites, treatment centers, and other locations. For variety, we use the terms distributing and delivering interchangeably.
FDA Emergency Use Authorization (EUA)	The Emergency Use Authorization (EUA) authority recently granted by Congress allows the FDA Commissioner to strengthen the public health protections against biological, chemical, radiological, and nuclear agents that may be used to attack the American people or the U.S. armed forces. Under section 564, the FDA Commissioner may allow medical countermeasures to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by such agents, when there are no adequate, approved, and available alternatives.
Emergency Operations Center (EOC)	A centralized location where individuals responsible for responding to a large scale emergency can have immediate communication with each other and with emergency management personnel for the purpose of enhancing coordination in exercising direction and control of emergency response and recovery efforts.

**Emergency Support
Function (ESF)**

Emergency Support Functions (ESFs) is the grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents.

**Incident Command
System (ICS)**

A nationally used standardized on-scene emergency management concept specifically designed to allow its users to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries. ICS is the field level component of SEMS. It is the combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

**Joint Information System
(JIS)**

The framework for organizing, integrating, and coordinating the delivery of public information. This system employs Joint Information Centers and brings incident communicators together during an incident to develop, coordinate, and deliver a unified message. This will ensure that Federal, state, tribal, and local levels of government are releasing the same information during an incident.

**Medical
Countermeasures (MCM)**

Medical countermeasures include both biologic and pharmaceutical medical countermeasures (e.g. vaccines, antimicrobials, and antibiotic preparations), non-pharmaceutical medical countermeasures (e.g. ventilators, devices, personal protective equipment, such as face masks and gloves), and public health interventions (e.g. contact and transmission interventions, social distancing, and community shielding) to prevent and mitigate the health effects of biological agents.

**Medical and Health
Coordination Center
(MHCC)**

Medical and Health Coordination Center is a cooperative effort by the California State Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) to support the medical and health system in California.

Operational Area (OA)

An intermediate level of the state emergency services organization, consisting of a county and all political subdivisions within the county area. The OA is a special purpose organization created to prepare for and coordinate the response to emergencies within a county area. Each county is designated as an OA. An OA may be used by the County and the political subdivisions for the coordination of emergency activities and to serve as a link in the system of communications and coordination between the State's EOCs and the EOCs of the political subdivisions

	comprising the OA. The OA augments, but does not replace, any member jurisdiction.
Prophylactic Medications	The drugs that protect against biological threats, such as anthrax.
Regional Disaster Medical Health Coordination (RDMHC) Program	EMSA appoints a Regional Disaster Medical Health Coordinator (RDMHC) who along with the RDMHS manage the regional coordination program. Responsibilities include supporting resource requests of the Medical Health Operational Area Coordination (MHOAC) Program for disaster response within an Operational Area. The RDMHC program also supports mutual assistance to other areas of the state impacted during a disaster.
Regional Disaster Medical Health Specialist (RDMHS)	The Regional Disaster Medical Health Specialist (RDMHS) manages the daily operations and coordinates disaster response for all Operational Areas within its Mutual Aid Region. The RDMHS is the point of contact for the Regional Disaster Medical and Health Coordination Program. The RDMHS may work in the Medical and Health branch (ESF8) of the REOC.
Regional Emergency Operations Center (REOC)	Regional facilities representing each of three Cal OES Administrative Regions (Inland, Coastal and Southern). REOCs provide centralized coordination among Operational Areas within their respective regions, and between the Operational Areas and State level.
Standardized Emergency Management System (SEMS)	The consistent set of rules and procedures governing the overall operational control or coordination of emergency operations specified in CCR Title 19, Division 2, §2400 et sec. It identifies at each level of the statewide emergency organization the direction of field forces and the coordination of joint efforts of government and private agencies. The ICS is the field level component of SEMS.
Strategic National Stockpile (SNS)	The Strategic National Stockpile is a stockpile of drugs and other medical material that is available from the Office of the Assistant Secretary of Preparedness and Response (ASPR).
State Operations Center (SOC)	The SOC is operated by the Governor's Office of Emergency Services (Cal OES). It is responsible for the centralized coordination of State resources in support of the three Cal OES Administrative Regions. It is also responsible for providing updated situation reports to the Governor and legislature.
Unified Command (UC)	An authority structure in which the role of incident commander is shared by two or more individuals, each already having authority in a different responding agency. Unified command is one way to carry out command in which responding agencies and/or jurisdictions with responsibility for the incident share incident management.

**Vendor Managed
Inventory (VMI)**

When a specific threat agent is known, or additional supplies are needed to supplement the 12-Hour Push Package, VMI will be shipped directly to specified sites. VMI consists of larger quantities of items included in the 12-Hour Push Package.

Appendix B: Acronyms

AAR	After Action Report
AOC	Orange County Health Care Agency's Operation Center
ASPR	Office of the Assistant Secretary of Preparedness and Response
BDS	Biohazard Detection System
CAHAN	California Health Alert Network
Cal OES	Governor's Office of Emergency Services
CBRNE	Chemical, Biological, Radiological and Nuclear explosives
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CERC	Crisis and Emergency Risk Communication
CHP	California Highway Patrol
CRI	Cities Readiness Initiative
DSNS	Division of the Strategic National Stockpile
DSW	Disaster Service Worker
EMS	Emergency Medical Service s
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
EUA	Emergency Use Authorization
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FOG	Field Operations Guide
FTS	Field Treatment Site
HHS	Health and Human Services
HPP	Hospital Preparedness Program
ICS	Incident Command System
IRAM	Initial Response Assessment Meeting
IT	Information Technology
JAS	Job Action Sheet
JIS	Joint Information System
JITT	Just In Time Training
LEMSA	Local Emergency Medical Services Agency
LDC	Local Distribution Center
LHD	Local Health Department
LHO	Local Health Officer
MCM	Medical Countermeasures
MCMD	Medical Countermeasures Distribution and Dispensing
MHCC	Medical Health Coordination Center

MHOAC	Medical Health Operational Area Coordinator/Coordination
MI	Managed Inventory
MOA	Memoranda of Agreement
MOU	Memoranda of Understanding
MRC	Medical Reserve Corps
NIMS	National Incident Management System
OA	Operational Area
OES	Office of Emergency Services
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
POD	Point of Dispensing
PPE	Personal Protective Equipment
RDMHC	Regional Disaster Medical Health Coordinator/Coordination
RDMHS	Regional Disaster Medical Health Specialist
REOC	Regional Emergency Operations Center
RSS	Receiving, Staging, and Storing
SEMS	Standardized Emergency Management System
SitRep	Situation Report
SNS	Strategic National Stockpile
SOP	Standard Operating Procedures
WHO	World Health Organization

Appendix C: MOUs and MOAs

Memorandums of Understanding/Agreement regarding Medical Countermeasures response activities exist with the following agencies and organizations:

Type of Agreement and Service Type	Business/Facility Name	Expiration Date	Business/Facility Address	Business/Facility Contact
<u>County Resource:</u> Trucking	County of Orange Operational Area	N/A	2644 E. Santiago Canyon Rd, Silverado, CA 92676	Victoria Osborn O: 714-628-7019 C: 714-448-1197 VOsborn@ocsd.org
<u>County Resource:</u> Alt. Warehouse	Orange County Health Care Agency	N/A	1301 E. Warner Ave., Santa Ana, CA 92705	Jessica Gardea O: 714-834-3152 F: 714-834-2657 JGardea@ochca.com
<u>MOU:</u> Trucking	Allen Lund Company	Dec. 6, 2022	4529 Angeles Crest Hwy, Suite 300, La Canada, CA 91011	Kenny Lund O: 800-777-6028 C: 626-840-9474 Kenny.lund@allenlund.com
<u>MOA:</u> Pharmaceuticals	Cardinal Health	Apr. 30, 2019	27680 Mentry Ave. Valencia, Ca. 91355	Kevin Nguyen O: 614.668.7064 C: 614-652-0316 Kevin.nguyen03@cardinalhealth.com
<u>MOA:</u> Inventory Mgmt System	Global Parcel Service, LLC	Apr. 5, 2019	407 W. Osborn Rd., Ste. 100 Phoenix, AZ 85013	Ryan Murray O: 412-656-5465 RMurray@goawh.com

Appendix D: BioWatch Fact Sheet



Office of Health Affairs BioWatch



Overview

The United States continues to face the risk of a major biological attack that could result in significant loss of human life, severe economic disruption, and substantial damage to our critical infrastructures and key resources. Early detection could mitigate that potential impact. The first indication that the nation has been attacked may come through early detection and warning systems, such as the BioWatch program – the nation's integrated biodefense network. BioWatch is the only federally-managed, locally-operated, nationwide bio-surveillance system designed to detect the release of select aerosolized biological agents.

Early Detection

One of the BioWatch program's high priority initiatives is to detect biological agents or pathogens rapidly, in order to save lives and mitigate damage. If a high threat agent of interest is detected on a BioWatch filter, the local laboratory director has a national network of support to turn to, beginning with the Centers for Disease Control and Prevention's (CDC's) Bio-terrorism Rapid Response and Advanced Technology Laboratory. When the laboratory director verifies that a high threat agent has been detected, a BioWatch Actionable Result (BAR) is declared. The BioWatch Quality Assurance program, implemented in 2011, enhances defensibility and confidence associated with the analytical results.

Guidance and Exercises

Detection technology is only part of the BioWatch program. Just as important are the guidance documents, concepts of operation, and exercises provided by BioWatch in coordination with state and local public health authorities within BioWatch jurisdictions. Guidance and exercises must be integrated into a carefully orchestrated response for the detection technology to be used to its full potential.

Program Structure

BioWatch has initiated and developed collaborative relationships with state and local public health, laboratories, law

enforcement, and environmental health agencies, strengthening our nation's overall biodefense preparedness. Key partners play pivotal roles to ensure the program's success.

- **State and local governments** – locally operate the BioWatch program and develop the plans that will enable an effective first response to an act of bioterrorism.
- **Centers for Disease Control and Prevention** – oversees the Laboratory Response Network where BioWatch laboratories that analyze the collected samples are co-located. CDC also acts as a liaison with state and local public health departments.
- **Department of Defense** – supplies critical screening testing materials and technical expertise in detection systems.
- **Environmental Protection Agency** – performs or assists in environmental sampling activities in response to a BioWatch Actionable Result (BAR).
- **Federal Bureau of Investigation** – provides threat assessments and is the lead law enforcement and investigative agency.
- **National Laboratories** – provide technical support, including the development and assessment of new technologies and protocols.

Future Goals

Improvements to existing technologies, processes, and relationships will continue to be important factors as the BioWatch program evolves. Future goals include:

- Continuing to strengthen partnerships with state and local public health authorities and stakeholders.
- Enhancing detection coverage by adding collectors to established and new BioWatch jurisdictions.
- Improving current collection technologies and methods for more rapid detection and greater cost efficiencies.
- Maximizing coordination and collaboration with other agencies and detection programs.
- Improving tools to identify released biological agents to support response operations.

Appendix E: Initial Assessment & Response Meeting

IARM Guide

For Use during the Initial Assessment and Response Meeting (IARM)

Assess the Situation (current and potential impact)

1. What type event: disease or illness, bio terrorism, extreme weather, shelter operations...
2. Is the health risk confined to one segment of our community or to the community at large?
3. If the event is disease related do we know the exposure pathways?
4. Have local medical and healthcare facilities been affected?
5. What other agencies and organizations are currently responding or set to respond?
6. Have any of the Orange County Health Care Agency operations been affected?
7. Have critical infrastructures been affected?
8. Have communications systems been affected?
9. Is this a local, regional, statewide or national situation?
10. Has any agency declared that we take specific actions related to this event?

Based on the above assessment do any of the following actions need to be taken?

- | | | |
|---|---|-----------------------------|
| 1. Does the provider health alert need to go out? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do we have pre-scripted message or fact sheet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do we need to start an Investigative Report? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is there a recommended action or existing plan for this situation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do we need to consider suspending non-essential services? | <input type="checkbox"/> Yes [!] | <input type="checkbox"/> No |
| 6. Does the incident currently, or do we expect that it will soon, exceed our _____ capacity to respond or require more coordination? | <input type="checkbox"/> Yes [!] | <input type="checkbox"/> No |

IF YES TO 5 OR 6 MOVE TO ICS MODEL, ACTIVATE AOC, & PREPARE TO DIVERT STAFF TO THE RESPONSE

Identify additional information needed to assess threat and/or take action and assign staff:

Suggested Agencies and staff that Public Health may need to notify

(This is not a comprehensive list of all possible contacts. Notifications will depend on the situation)

- ☐ Other Orange County Health Care Agency Staff
- ☐ Other County departments
- ☐ Local City & Towns
- ☐ EMS & other healthcare providers
- ☐ Local OES
- ☐ Local schools
- ☐ EMSA/CDPH Duty Officer
- ☐ CDPH
- ☐ Region 1 County public health jurisdictions

IARM Sample Meeting Agenda

<i>Topic</i>	<i>Time</i>
Information	10 min
<p>What we know: sharing current information only. Deciding and assigning actions comes later in the meeting.</p> <ol style="list-style-type: none"> 1. Situation status overview given by meeting lead 2. Roundtable report out/sharing of information by participants 3. Sharing of actions already taken by participants or agencies 	
Assessment	10 min
<p>Assess the situation and determine immediate impact or severity of the event by using the IARM Guide.</p> <ol style="list-style-type: none"> 1. Assess the current and potential impact of the event using 2. Actions to consider 	
Action Assignments	15 min
<p>Based on assessment identify and assign immediate actions needed</p> <ol style="list-style-type: none"> 1. Confirm internal and external notifications needed and assign responsibility and timeline 2. Confirm action items and assign responsibility and timeline 3. Confirm what additional information is needed 	
RAP – Up	10 min
<ol style="list-style-type: none"> 1. Review decisions and assignments 2. Assure that all participants are clear on the decisions and their action items 3. If it appears that the event will be resolved using usual day-to-day work processes schedule one follow-up meeting 	

If it is evident that a larger or coordinated response will be required, do the following:

- ☐ Move to ICS mode and assign command and section chief staff
- ☐ Activate appropriate AOC level
- ☐ Make staff assignments
- ☐ Schedule Initial Action Planning meeting

Adjourn meeting – Remind participants to continue documenting their activities in their Individual Activity Log until the event is closed. (ICS 214)

Appendix F: Critical Infrastructure & First Responder Personnel Dispensing Protocols

DEFINITION OF ESSENTIAL SERVICE WORKERS

Essential service groups must be established to address the overall goal of reducing morbidity, mortality, and secondarily reduce societal disruption. In order to ensure an optimal Medical Countermeasures response, it will be imperative to provide as much protection as possible to healthcare workers and other essential service workers. Essential service sectors are groups that will generally meet one or more of the following criteria:

- Have increased demand placed on them during a pandemic to fulfill basic necessities and social needs.
- Directly support reduction in deaths and hospitalizations.
- Function in healthcare sector or emergency services.

For the purposes of MCM/SNS planning and role identification, essential service entities are defined and listed as follows (listed in alphabetical order):

Emergency Medical Services Provider Organizations

This category includes all private and public ambulance providers and first response agency personnel. These workers are critical to maintaining the 911 emergency medical systems and providing inter-facility transportation of patients.

Fire Service Agencies

This category includes all duly authorized full-time and volunteer fire service personnel. These workers are critical to maintaining social functioning and civil order, and will contribute to a MCM/SNS response by providing support at vaccination centers, Point Of Dispensing (PODs), and at other key locations.

Food Suppliers (non-restaurant)

This category includes large wholesale and retail food suppliers and distributors. These services are critical to meet basic human needs.

Hospitals, Clinics and Other Licensed Medical Facilities (Health Care Coalition)

This category includes all acute care hospital personnel, community medical clinic staff, mental health, psychiatric facility staff, and skilled nursing facility staff. These workers are critical to maintaining the healthcare delivery system at all levels.

Key Government Agencies and Officials

This category includes local, state and federal government employees (within Orange County) who provide key functions in regard to leadership, decision-making, and general government oversight.

Law Enforcement Agencies

This category includes all public police and other law enforcement personnel, including correctional facility staff, reserves, and 911 dispatchers. These workers are critical to maintaining social functioning and civil order, and will contribute to a MCM/SNS response by providing security to various sites, and will assist with the implementation of LHO directives.

Media Organizations

This category includes primary print and electronic media organizations that operate within Orange County. These organizations are essential for supporting risk communication to the public and the transmission of emergency public information during times of local emergency. It is anticipated that risk communication will be an important component of Orange County's response.

Mortuary Services

This category includes all mortuary and embalming services. These services are essential to protect environmental and public health associated with increased number of deaths due to the event.

Public Health Services

This category includes public health workers assigned to various disease investigations and response activities, staffing of the AOC and other key duties associated with protection of public health. This group includes persons who may not have direct patient care duties, but who are essential for surveillance of the disease, allocation of public health resources for MCM/SNS development and implementation of public health policy as part of the response.

Public Transportation Agencies

This category includes organizations responsible for providing public bus service and operation of train services. These services are essential to assure that the basic social and community infrastructure is not disrupted, including the transportation of persons affected by the event.

Utility Services (water, sanitation, power and electricity, telecommunications)

This category includes local employees of utility services (including workers of private and public sector entities). These services are critical for the support of the healthcare system as well as to meet basic human needs. Note: During an MCM/SNS event, the definition of essential services may change based on epidemiologic evidence. Specifically, schools were not identified on the essential services list because of the potential closing of school facilities to limit the spread.

Appendix G: Dispensing Modalities

Orange County Health Care Agency must pre-determine these protocols, including identifying individuals authorized to alter the clinical model and the steps necessary to transition between models. The following are types of public (open) PODs:

- Full medical (clinical) PODs: In the medical model, each person receives a medical assessment and MCMs from a licensed medical professional. Jurisdictions typically would use the medical model in a dispensing operation that afforded ideal circumstances, such as adequate time and medical staff. Under this model, medical personnel would dedicate more time to providing a personalized medical evaluation and education on the agent and MCMs to each client at the dispensing site.
- Non-medical (rapid dispensing) PODs: The non-medical model refers to a modification of the medical model that streamlines dispensing operations in order to achieve rapid dispensing. The goal of rapid dispensing is to increase the number of people who can go through a POD, also known as increasing throughput. In light of the anticipated large number of individuals requiring MCMs during an emergency and the timeframe in which the jurisdiction must accomplish dispensing, the non-medical model takes into account limited medical staffing and decreased time to provide MCMs. In the non-medical model, clients might receive a less comprehensive screening form; steps in the dispensing process might be combined or eliminated; or trained nonmedical personnel may dispense MCMs under limited supervision from licensed medical professionals.
- Modified medical POD: In a modified medical model, the POD will employ variations of both the full medical and non-medical POD model, as discussed above.

Dispensing strategies are necessary to account for Orange County's population in need. While public (open) points of dispensing (PODs) may serve the largest population, alternate dispensing modalities, such as closed PODs and strategies to reach those with access and functional needs, should be part of the jurisdictions plans to provide a tiered approach to serve all the population. Orange County Health Care Agency's plans clearly identify processes for providing prophylaxis via the following mechanisms, at a minimum:

- Open (public) PODs: Open PODs have been the primary focus of dispensing operations since the early days of planning for large-scale MCM dispensing campaigns. They are referred to as "open" because there are no restrictions on who can go to them; they are open to everyone.
- Closed PODs: A dispensing site that is closed to the general public and open only to a specific group (e.g., staff of a participating business or healthcare personnel in a specific hospital).
- Alternate dispensing for people with disabilities and those with access and functional needs: individuals in need of alternate dispensing mechanisms may include those who have disabilities; live in institutionalized settings; are seniors; are children; are from diverse cultures; have limited English proficiency or are not English speaking; or are transportation disadvantaged.

Appendix H: Point of Dispensing (POD) Activation Checklist

This checklist should be provided to the Incident Commander and/or the individual(s) responsible for coordinating the activation of the POD sites locations with the OA.

- ☐ **Coordinate with the OA to determine the Target Population to Receive Medications/Vaccinations**
- ☐ **Determine with the OA, which POD sites will be activated**
- ☐ **Coordinate with the OA to Initiate POD Site Notification & Activation**
 - Public Health Unit Leader or POD Coordinator [in the Health Care Agency's Operations Center (AOC)] to contact selected POD sites via phone, utilizing the contact information in the POD Site Tracking Document within the Position Guide of the POD Coordinator in the AOC.
 - POD Site Contacts will be:
 - (a) Given a brief overview of the incident and why POD Sites are being activated
 - (b) Informed of probable timeline for POD opening, length of time they will be open and the fact that they may need to open again for sustained dispensing
 - (c) Instructed on the time the facility should be opened for County staff, as well as the name of the staff member who will be at the facility
 - (d) Reminded of the rooms, equipment, and supplies that will be needed from the facility (This information can be found in the site specific POD Field Operations Guide (FOG))
 - (e) Reminded that a POD Manager will arrive at the site to implement and manage POD Operations utilizing the site specific POD FOG
 - (f) Instructed to ensure all doors (staff break room, bathrooms, etc.) will be unlocked
 - (g) Additional essential information as needed
- ☐ **Initiate the Staging of POD Supplies and Equipment**
 - Coordinate with the OA the initiation of POD equipment deployment
 - Coordinate with the OA to ensure that City Emergency Managers/Coordinators Identify and deploy POD Site Set-up Staff
- ☐ **Identify POD Staffing Needs**
 - Coordinate with the OA to initiate call-down lists for POD site staffing
 - Utilize CAHAN, email and/or phone as necessary and appropriate
 - Coordinate with Law Enforcement to ensure proper security coverage at each POD Site

- Coordinate with the Personnel Unit of the Logistics Branch for any additional staffing needs
- ☐ **Coordinate with the OA to arrange for Pre-Event Training for Command and General Staff**
 - This may be Just-in Time Training (JITT) at the site or at a central location before POD Staff are deployed
- ☐ **Ensure that a hard copy of the following documents are sent to the site:**
 - Site specific POD FOG
 - Screening Forms
 - Drug Information Sheets
 - Packing slips
 - HCA/MRC assigned POD Staff Check-in/out form (completed with names of staff assigned to that site if possible)
- ☐ **Email POD FOG to Command and General Staff**
- ☐ **Add additional tasks as appropriate**

Appendix I: Notification and Alerting

Notify RDMHC Program, CDPH Duty Officer, EMSA Duty officer and/or MHCC of incident and plan activation

- Submit a State level Medical Health Situation Report (SitRep) to MHCC & RDMHC Program

Notify all partners of plan activation via CAHAN or other approved method

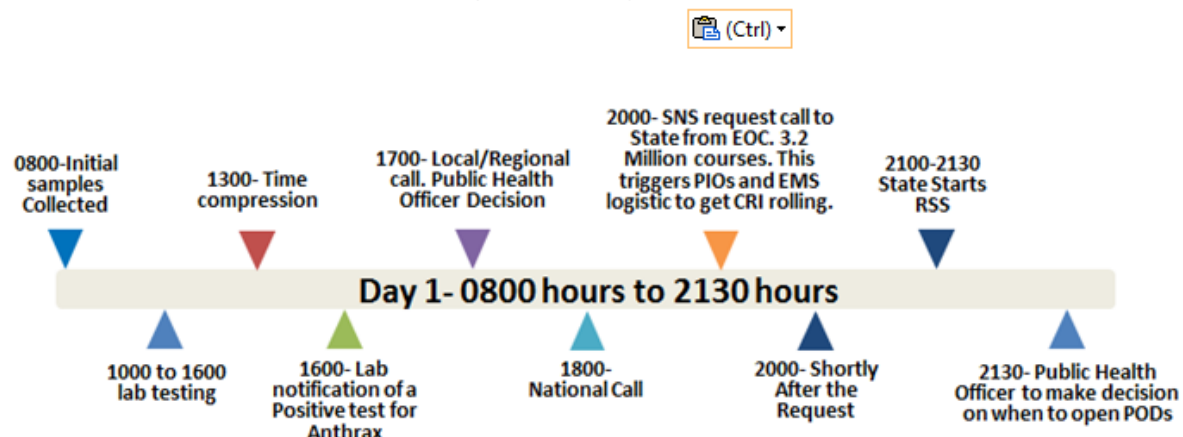
- Orange County Health Care Agency employees, Orange County Sheriff's Department, Emergency Management Division and Mutual Aid, LEMSA, Region 1 Public Health Departments, and local healthcare/HPP partners.

Agency	Telephone	E-mail
California State Warning Center	(916) 845-8911	Warning.Center@ops.caloes.ca.gov
CDPH Duty Officer		CDPHDutyOfficer@cdph.ca.gov
EMSA Duty Officer		EMSADutyOfficer@emsa.ca.gov

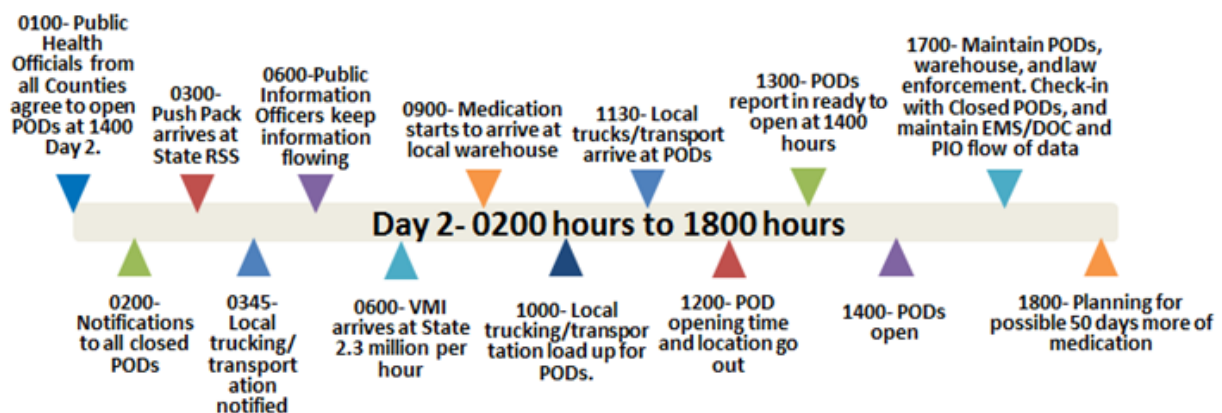
Appendix J: Timeline

A timeline depicting what and when actions would be initiated for the following: pre-event indicators, notifications, activations, logistics, operations, sustained operations or demobilization.

Sample- Day 1



Sample- Day 2



Appendix K: Supporting Annexes and Plans

All documents referenced below are current operational plans, field operations guides, and standard operating procedures that are related to Medical Countermeasures and/or are activated in an MCM event.

<u>MCM Supporting Annexes & Plans</u>
Biohazard Detection System (BDS) Preparedness and Response Plan
BioWatch Plan
Business POD Planner
CHEMPACK Standard Operating Procedures (SOP)
Cold Chain Management & Vaccine Distribution Plan
Disease Outbreak Response Annex (DORA)
Family Assistance Center (FAC) Plan
First Responder POD Planner
HCA - Crisis & Emergency Risk Communications (CERC) Plan
Joint Information System (JIS) Annex
Local Distribution Center Field Operations Guide (LDC FOG)
Mass Fatalities Response Plan
Medical Health Operational Area Coordinator Program Annex
Orange County Health Care Agency Emergency Operations Plan (HCA EOP)
Point of Dispensing Field Operations Guide (POD FOG)
Recovery Annex
Unified County of Orange and Orange County Operational Area Emergency Operations Plan (EOP)
Weapons of Mass Destruction (WMD) Annex

Chapter 8: Attachments

Attachment 1 – Potential Alternate Local Distribution Center Checklist

Recommendations	Additional Considerations	Notes
Availability	<ul style="list-style-type: none"> • Available within 12 hours • MOU (if applicable) 	
Location Criteria	<ul style="list-style-type: none"> • Access to major transportation arteries • Adequate parking • Proximity of lodging • Flood Plain hazard • Helicopter Landing Zone (If desired) 	
5,000 square feet or more	Has space for a command and control area, and receiving, storing, and staging assets; hard surface floors (concrete); sound, secure structure; clean environment; rodent and insect free.	
Secure Space	<ul style="list-style-type: none"> • Secured area for the storage of controlled drugs • Refrigerated vaccine storage 	
Loading docks	Tractor-trailer receiving/shipping docks; the more docks the faster the loading and unloading will go. Dock height should be 48 to 50 inches high for trailer unloading.	
Doors	If docks are not available, doorways must allow for palletized material 43 x 61 x 80 inches to pass through.	
Driveway	Docks must be able to accommodate a 53-foot trailer with an 11-foot tractor, plus a turn radius into the docks.	
Material-handling equipment	<ul style="list-style-type: none"> • Forklifts • Pallet jacks, dollies • Empty pallets 	
Lighting of facility	Lighting is necessary to support nighttime operations in the warehouse and loading dock areas.	
Outlets	Sufficient quantity of outlets for computers, fax machines, etc.	

Backup power supply	Backup generators available and sufficient to keep the lights on and the warehouse temperature controlled.	
Security	<ul style="list-style-type: none"> • Arrangement with local law enforcement for security services • Completed Security Assessment • All entrances and exits must be lockable • Perimeter fences 	
Temperature Range	Must be able to maintain temperature range from 58 to 86 degrees	
Office Space	Desks, chairs, electrical outlets	
Phone lines	Voice and data lines	
Internet connection	Should have a local-area-network or high-speed Internet connection (a wireless connection is not recommend for security reasons).	
Staff Considerations	<ul style="list-style-type: none"> • Break Room (Preferably with a kitchen and/or snack machines) • Restrooms 	
Sprinkler System/Fire Extinguishers	<ul style="list-style-type: none"> • Overhead sprinklers • Fire extinguishers 	
Miscellaneous		