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POD Squad

Colorado Full Scale Mass Vaccination Exercise

Exercise Plan (EXPLAN)

November 15-17, 2007

Presented by the Colorado Department of Public Health and Environment Emergency Preparedness and Response Division

PREFACE

This Exercise Plan (EXPLAN) is designed to aid exercise planners in the design and implementation of an effective exercise. An EXPLAN also enables exercise participants to understand their roles and responsibilities in exercise planning, execution, and evaluation.

This EXPLAN was produced by the Colorado Department of Public Health and Environment (CDPHE) Emergency Preparedness and Response Division (EPRD) with input, advice, and assistance from public health regional staff in all nine of the Colorado All-Hazards Emergency Management Regions.

This EXPLAN follows guidance set forth in the Federal Emergency Management Agency (FEMA), Homeland Security Exercise and Evaluation Program (HSEEP). The information in this document is current as of the publication date, October 22, 2007, and is subject to change as dictated by the CDPHE EPRD Exercise Planning Team.

ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is *POD Squad* Mass Vaccination Full Scale Exercise Plan (EXPLAN).

2. This document is *For Official Use Only (FOUO)* and should be handled as sensitive information. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the Colorado Department of Public Health and Environment's Emergency Preparedness and Response Division is prohibited.

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PART 1: GENERAL INFORMATION

Introduction

The *POD Squad* Mass Vaccination Exercise is a full-scale exercise (FSE) is designed to bring players from multiple disciplines throughout Colorado together to exercise state, regional and local Strategic National Stockpile (SNS) and Points of Dispensing (POD) plans, policies and procedures.

Confidentiality

POD Squad is an unclassified exercise. All exercise participants should ensure the proper control of exercise information within their areas of expertise and protect this material in accordance with CDPHE EPRD directives. Public release of exercise materials to third parties is at the discretion of the Federal Emergency Management Agency (FEMA) and the CDPHE EPRD Exercise Planning Team, and Regional Exercise Points of Contact only.

This EXPLAN may be viewed by all exercise Participants, however, the Controller and Evaluator (C/E) Handbook is a restricted document intended for Controllers and Evaluators only.

Purpose

The purpose of this EXPLAN is to provide Participants (Players, Controllers, Evaluators, and Observers) from appropriate agencies and organizations with information on the 2007 CDPHE *POD Squad* Full Scale Exercise including: general information, roles and responsibilities, communication guidelines and other protocols required during exercise play, and clarification on assumptions, artificialities, and/or simulations. This EXPLAN is based on planning factors and estimates available at the time of preparation and is subject to modification during final exercise planning and preparation. The Player Handbook and the Controller and Evaluator (CE) Handbook complement this EXPLAN. The Player Handbook provides guidance to players while the CE Handbook provides guidance for conduct of the exercise for Controllers and Evaluators.

Background

The CDPHE EPRD recognizes its responsibility to help protect the public from, and mitigate the consequences of, natural and man-made public health emergencies. With this responsibility in mind, the CDPHE EPRD has developed response plans, protocols, and procedures to respond to public health incidents and has identified a need to conduct exercises testing these protocols and plans.

This will be the first full-scale exercise conducted by the CDPHE EPRD Exercise Planning Team. In addition to several county Regional Transfer Point (RTP) and POD exercises conducted at the regional and local level, three statewide exercises led up to the culmination of *POD Squad*:

1. 2005 Functional Exercise "*Fowl Play*"
2. 2006 Advanced Tabletop "*Squawk Talk*" (October 2006)
3. 2006 Functional Exercise "*Squawk Talk*" (December 2006).

These exercises tested state and local Department Operations Center (DOC) operations, Receipt, Store and Stage (RSS) warehouse functions, and interoperable communication capabilities of state and local public health agencies with multiple response partners during a simulated public health emergency. *POD Squad* will test corrective actions that were identified during these three exercises.

Training provided prior to the 2007 *POD Squad* Exercise includes:

Homeland Security Exercise and Evaluation Program (HSEEP) Training – August 20, 2007
Points of Dispensing (POD) Training – August 21-22, 2007
Internal CDPHE DOC Trainings – June-October 2007
Exercise Briefing – November 6, 2007
Controller and Evaluator Training – November 6, 2007

Target Capabilities

The purpose of this exercise is to measure and validate performance of the following target capabilities and their associated critical tasks:

1. Mass Prophylaxis
2. Emergency Public Information and Warning
3. Medical Supplies Management and Distribution
4. Emergency Operations Center Management

Exercise Goals and Objectives

The goal for the 2007 CDPHE *POD Squad* Full-Scale Exercise is to coordinate, manage, operate, and support a statewide mass vaccination Point of Dispensing (POD) exercise in Colorado to prepare for a potential influenza pandemic by evaluating the state and local public health capacity to perform the following measurable objectives:

State Health Department (CDPHE):

- Establish and maintain incident command at the CDPHE Department Operations Center (DOC).
- Establish and maintain timely and accurate communication with the State Emergency Operations Center, local public health agencies, and media.
- Establish, maintain and communicate statewide situational awareness for pharmaceuticals, volunteers and other resource needs.
- Evaluate the ability of the RSS and RTP staff to obtain, transport, distribute, maintain and track flu vaccine supplies in accordance with SNS plans prior to an event.
- Establish and maintain incident command at the CDPHE mass vaccination exercise site per organizational charts, protocols and procedures established by the CDPHE Immunization Program.
- Develop, coordinate, and disseminate accurate alerts and emergency information to the media and the public during an emergency.

Local Public Health Agencies (LPHAs):

- Obtain and maintain flu vaccine supplies and transport, distribute, and track these medical assets during an incident according to the state's Strategic National Stockpile (SNS) plan *(applicable only to LPHAs opening a Regional Transfer Point on November 16, 2007)*
- Establish and maintain Incident Command at the Point-of-Dispensing (POD) site per organizational charts, protocols and procedures established in the LPHA POD plan.
- Set up, operate and break-down a POD per protocols and procedures established in LPHA POD plan
- Establish and maintain timely and accurate communication with the CDPHE, local partners, the public, and the media, as applicable.

PART 2: EXERCISE SUMMARY AND LOGISTICS

Scope of Play

POD Squad is full-scale exercise of limited duration – the exercise will take place over approximately 15 hours throughout three consecutive days: November 15, 16, and 17, 2007.

Exercise play will begin at approximately 11:00 am on Thursday November 15, 2007 with the initiation of a pandemic influenza scenario in Colorado (see Appendix A). All exercise play will be in accordance with established state and local plans and procedures. The Exercise Director will begin and end exercise play each day based on the completion of operational goals and attainment of the exercise objectives.

November 15, 2007

CDPHE will be testing its prophylaxis capabilities by opening a POD at the CDPHE. CDPHE staff, and select first responders will be vaccinated with influenza vaccine during a predetermined 2-hour period.

November 16, 2007

CDPHE will activate a Denver metro area Receipt Store and Staging (RSS) warehouse facility to test the movement of medical assets (surplus influenza vaccine from the November 15 CDPHE POD) from the RSS to three Regional Transfer Points (RTPs) within Colorado. This portion of the exercise will test the ability for state and local public health to effectively and efficiently pack, transport, receive, and store critical medical assets during an emergency and will test communications during this process. The Colorado National Guard will be transporting the vaccine by Blackhawk Helicopter from Denver to two of the RTPs – one RTP in the Southeast Region and one RTP in the San Luis Valley Region. Vaccine will be delivered to the South Central Region via ground transportation using a carrier that has a memorandum of understanding (MOU) with CDPHE.

November 17, 2007

Twenty-eight local public health agencies (LPHAs) will conduct Points-of-Dispensing (PODs) operations throughout the state (see Appendix B). LPHAs will test and critique their local POD plans and will be expected to maintain communication, provide situational reports, and utilize proper request protocols with their RTP point of contact and their assigned Regional Liaison at the CDPHE DOC throughout the duration of *POD Squad*.

The CDPHE DOC will be activated to coordinate local response, situational awareness information, and communication during a simulated pandemic influenza outbreak in which limited doses of vaccine have been made available to the public.

Exercise Schedule

Exercise play will begin with a situation update going to each participating venue. Play will proceed according to the events outlined in the MSEL and in accordance with established plans and procedures. The exercise will conclude upon the completion of operational goals and attainment of the exercise objectives, as determined by the Exercise Director.

Time	Personnel	Activity	Location
November 6, 2007			
1000-1100	All Players	Exercise Briefing	CDPHE DOC and Web Conference
1300-1400	All Controllers, Evaluators, CDPHE EPRD Exercise Planning Team **ONLY**	Controller and Evaluator Training	CDPHE DOC and Web Conference
November 15, 2007			
0830	CDPHE EPRD Exercise Planning Team	Set up SIMCELL	CDPHE 5th Floor - Boardroom
0900	Select CDPHE Exercise Staff	Setup CDPHE POD exercise site	CDPHE 1st Floor – DOC, DOC Training, Snow and Carson
1000	CDPHE POD Players, Evaluators, and Exercise Staff	Check In	CDPHE 1st Floor- Snow Room
1100	All CDPHE POD Players	Exercise Play Start (STARTEX)	CDPHE
1300	All CDPHE POD Players	Exercise Play End (ENDEX)	CDPHE
1300	Select CDPHE staff	RSS badging	CDPHE DOC Training
Immediately following ENDEX	All CDPHE POD Players	Hotwash	CDPHE DOC
November 16, 2007			
0630	Select CDPHE staff	Setup of RSS exercise site	RSS Site (confidential)
0700	Select CDPHE Staff, National Guard, RSS and RTP players, Controllers and Evaluators	Exercise Play Start (STARTEX)	RSS and RTP sites in SER, SLV, SCR
0700	RSS and RTP Players, Controllers and Evaluators	Check In and Participant Briefing	RSS Site
0900	Colorado National Guard	National Guard loads vaccine, takeoff from Buckley AFB	Buckley AFB
1400	All RSS, RTP, National Guard, Players, Controllers and Evaluators	Exercise Play End (ENDEX)	RSS and RTP sites in SER, SLV, SCR
Immediately following ENDEX	All RSS, RTP, National Guard, Players, Controllers and Evaluators	Hotwash	CDPHE DOC and Teleconference
November 17, 2007			
0730	Select DOC and POD Exercise Staff	Setup of exercise site	CDPHE DOC, 26 POD sites
0830	CDPHE select staff, DOC, all PODs, Evaluators, Controllers	Exercise Play Start (STARTEX)	CDPHE DOC, 26 POD sites
1230	All	Exercise Play End (ENDEX)	CDPHE DOC, 26 POD sites
Immediately following ENDEX	All (at a minimum, all POD and DOC Controllers must participate in CDPHE Hotwash)	Hotwash	CDPHE DOC and Teleconference
November 28, 2007			
1300-1400	All Controllers, Evaluators, CDPHE EPRD Exercise Planning Team	Controller and Evaluator Debriefing	CDPHE DOC and Teleconference
December 14, 2007			
NA	POD Evaluators	Top 3 Strengths and top 3 Areas of Improvement due to CDPHE	NA

Exercise Tools

Player Handbook

The Player Handbook is a culmination of documents, including resource request protocols, guidelines, and operational procedures that will all be utilized for the exercise. Exercise Participants need to familiarize themselves with these documents and understand their meanings and their functions.

Controller and Evaluator (C/E) Handbook

The *POD Squad* C/E Handbook contains detailed materials, procedures, and guidance, enabling Controllers and Evaluators to effectively conduct and evaluate the exercise. The handbook also enables Controllers and Evaluators to understand their roles and responsibilities in exercise execution and evaluation. Should a player, observer, or media representative find an unattended handbook, they should not read it, rather they should hand the book over to the nearest Controller or Evaluator without reading its contents.

Master Scenario Events List (MSEL)

The MSEL outlines benchmarks and injects that drive exercise play. The MSEL provides realistic input to the Exercise Players as well as information expected to originate from simulated organizations (i.e., those nonparticipating organizations, agencies, and individuals who would usually respond to the situation). An inject will include several items of information, such as inject time, intended recipient, responsible Controller, inject type, a short description of the event, and the expected Player action.

The actions of participating agencies will be in response to events outlined in the MSEL. The basis for actions in the operations centers will be a combination of existing department procedures and directives as well as additional tasks and skills acquired during training. Therefore, the MSEL is limited in scope, serving as a catalyst for initial actions and as a list of projected operational milestones. The MSEL allows the exercise control staff to ensure the exercise stays on track and objectives are met. The Exercise Director and the Lead Controller may identify additional actions or adjustments required during the exercise to guide play to ensure these objectives are met.

For a list of participating agencies, please see Appendix C.

Assumptions, Artificialities and Simulations

Assumptions. The following general assumptions apply to *POD Squad*:

- Real world response actions will take priority over exercise actions.
- The exercise will be conducted in a no-fault learning environment wherein systems and processes, not individuals, will be evaluated.
- Exercise simulation will be realistic and plausible, containing sufficient detail from which to respond.
- Exercise players will react to the information and situations as they are presented, in the same manner as if this had been a real event.
- The term "Participants" includes Players, Controllers, Evaluators, Observers, and Exercise Control Cell.
- Players will respond in accordance with existing plans, policies, and procedures. In the absence of appropriate written instructions, Players will be expected to apply individual initiative to satisfy response requirements.
- Players will have completed necessary training and received appropriate preparatory documents such as the EXPLAN, Player Handbook, Controller and Evaluator Handbook and the Full-Scale

Exercise Briefing. In addition, CDPHE staff will attend and review the CDPHE DOC training materials.

Artificialities. The CDPHE EPRD Exercise Planning Team acknowledges that the following artificialities and constraints will detract from realism; however, Participants should accept these artificialities as a means of facilitating accomplishment of exercise objectives:

- Exercise communication and coordination will be limited to the participating exercise venues and the Simulation Cell (SIMCELL).
- Many Local Public Health Agencies (LPHAs) are only playing for a few hours on the morning of November 17. Some communication to and/or from these agencies may continue through the SIMCELL once the LPHA time of play has expired.
- The timeline for this exercise has been compressed. The exercise planning team acknowledges that an actual pandemic influenza outbreak would take place over an extended period of time, request and receipt of SNS supplies will take longer than 24-hours; and POD operations will need to continue for longer than a four hour period in an real event.
- CDPHE will perform a call down of certain CDPHE staff to activate the CDPHE DOC prior to the start of the exercise.
- Some information will be given to all Players at the same time.

Simulations. Simulation is required to compensate for nonparticipating individuals or organizations. Although simulations detract from realism, they provide the means to facilitate exercise play.

- The SIMCELL will play non-participating agencies that would typically be involved in a real response to a pandemic influenza outbreak.

- RTP Operations will be simulated on November 17, 2007. The planning Regional Exercise Point of Contact (or one that is designated from a Region that has multiple) is responsible for being the RTP Representative on November 17th from 8:30am to 12:30 pm.

PART 3: PLAYER GUIDELINES

Exercise Participants
The following are the categories of participants involved in this exercise; note that the term "Participant" refers to all categories listed below, not just those playing in the exercise:

- **Exercise Director.** The Exercise Director has the overall responsibility for planning, coordinating, and overseeing all exercise functions. The Exercise Director manages the exercise activities and maintains a close dialogue with the Lead Controller regarding the status of play and the achievement of the exercise design objectives. The Exercise Director also runs the Exercise Hotwash at the conclusion of the exercise.

- **Lead Controller.** The Lead Controller is responsible for the overall organization of *POD Squad* and takes direction from the Exercise Director. The Lead Controller monitors exercise progress and coordinates decisions regarding deviations or significant changes to the scenario caused by unexpected developments during play. The Lead Controller monitors actions by individual Controllers and ensures they implement all designated and modified actions at the appropriate time. The Lead Controller debriefs the Controllers and Evaluators after the exercise and oversees the setup and takedown of the exercise.

- **Controllers.** Controllers set up and operate the exercise site; plan and manage exercise play; and act in the roles of response individuals and agencies not playing in the exercise. Controllers direct the pace of exercise play and routinely include members from the exercise planning team. They provide key data to players and may prompt or initiate certain player actions to ensure exercise continuity. Controllers may employ compressed time to ensure exercise continuity and completion. All Controllers will be accountable to the Lead Controller.

  Controllers at each POD site will have limited decision-making authority. Any changes that impact the scenario or affect other areas of play must be coordinated through the Lead Controller, who will coordinate with the Exercise Director in the SIMCELL. Controllers at the POD sites will manage exercise play by following the direction set by the MSEL and by prompting or initiating actions in the form of 'injects' to keep players on track during the exercise. All Controllers are required to attend the Hotwash at the end of exercise play on November 16 *(applicable only to LPHAs opening a Regional Transfer Point)* and November 17, 2007. Controller duties are further detailed in the Controller and Evaluator Handbook.

- **Evaluators.** Evaluators are chosen from various agencies at the state and local level to evaluate and comment on designated functional areas of the exercise. Evaluators should be assigned to review functional area(s) during the exercise based on their expertise and their familiarity with local emergency response procedures. Evaluators assess and document participants' performance against established emergency plans and exercise evaluation criteria, in accordance with HSEEP standards. Evaluators have a passive role in the exercise and only note the actions of players; they do not interfere with the flow of the exercise. Evaluators work as a team with Controllers and should not interact with players during exercise play. Evaluators will record events in their assigned Exercise and Evaluation Guides (EEGs) and ensure documentation is submitted for

review and inclusion in the After Action Report (AAR) and Improvement Plan (IP).

- **Players.** Players actively respond to the simulated emergency and perform their regular roles and responsibilities during the exercise. Players initiate actions that will respond to and mitigate the simulated emergency.

- **Simulators.** Simulators are personnel who role-play as non-participating organizations or individuals. They most often operate out of the SIMCELL, but may occasionally have face-to-face contact with players. Simulators enact roles in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are accountable to the Exercise Director and Lead Controller.

  One public health emergency preparedness regional planner, epidemiologist or trainer in each of the nine All-Hazards regions will be responsible for simulating the Regional Transfer Point (RTP) Warehouse Manager. Communications to and from the RTP simulators are outlined in Appendix D.

- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, and do not perform any control or evaluation functions. Observers will view the exercise from a designated observation area and will be asked to remain within the observation area during the exercise. Observers may view all or selected portions of exercise play at various sites during *POD Squad* but are not allowed to interfere with exercise play. For POD Squad, we are requesting that <u>all</u> observers register on CO.TRAIN at the specific site they wish to observe.

- **Media.** Some media personnel may be present as observers pending approval by CDPHE and/or the LPHA personnel in charge of the POD site. Media interaction may also be simulated by the SIMCELL to enhance realism and meet related exercise objectives. Any media personnel that will be attending the exercise will be asked to stay in the designated observer areas of the POD and/or the CDPHE DOC, as applicable. Local PODs are encouraged to take into consideration the possible arrival of media personnel during the *POD Squad* exercise. Thanks to the "*What If*" Media campaign, many local jurisdictions will have maintained communication with their local media outlets to let the local general public know about the *POD Squad* exercise.

- **Support Staff.** Exercise support staff includes individuals who are assigned administrative and logistical support tasks during the exercise (i.e. registration, catering, etc.).

- **VIP Staff:** Governor Ritter and members of the Governor's Office will be observing a POD operation in Denver and may visit the CDPHE DOC on November 17, 2007.

Player Instructions

<u>Before the Exercise</u>

- Review the appropriate emergency plans, procedures, and exercise support documents.
- Be at the appropriate site at least 30 minutes before the start of the exercise. Wear appropriate clothing and identification per agency requirements.
- If you gain knowledge of the scenario before the exercise, notify a Controller so that appropriate actions can be taken to ensure a valid evaluation.

- Please sign in before the start of the exercise and receive appropriate materials including vests, supplies, Job Action Sheets (JAS), etc.

During the Exercise

- Respond to the exercise events and information as if the emergency were real, unless otherwise directed by a Controller.
- Controllers will only give you information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
- Do not engage in personal conversations with Controllers, Evaluators, Observers, or Media personnel while the exercise is in progress.
- If you do not understand the scope of the exercise or if you are uncertain about an organization's or agency's participation in an exercise, ask a Controller.
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require the incorporation of unrealistic aspects. Note that every effort has been made by the Exercise Design Team to balance realism with safety and the creation of an effective learning and evaluation environment.
- All exercise communication will begin and end with the phrase "This is an exercise." This is a precaution taken so anyone overhearing the conversation will not mistake the exercise play for a real-world emergency.
- When communicating with the SIMCELL, identify the organization, agency, office, and/or individual with which you want to speak.
- Verbalize out loud when taking an action. This will ensure that Evaluators are made aware of critical actions as they occur.
- Maintain a log of your activities. Many times, this log may include documentation of activities missed by a Controller or Evaluator.
- Follow required procedures and protocols for Resource Requests, reporting, and communications.

Following the Exercise

- At the end of the exercise at your facility, participate in the Hotwash with the Controllers and Evaluators.
- Complete a participant feedback and/or evaluation form. This will allow you to comment candidly on emergency response activities and effectiveness of the exercise. Please provide the completed form to a Controller or Evaluator.
- Provide any notes or materials generated from the exercise to your Controller or Evaluator for review and inclusion in the AAR.
- The top three strengths and top three areas of improvement will need to be sent from your local EEGs to CDPHE by December 14th, 2007 to be incorporated into the CDPHE AAR.. Local agencies are still encouraged to complete and post their own AARs for *POD Squad*.
- A coldwash will be conducted in the weeks following POD Squad.

Exercise Rules

The following rules of play apply to all exercise participants:

- Real emergencies take priority over exercise activities. State the phrase, "Real-World Emergency", in the event of a real emergency requiring immediate attention that may or may not stop exercise play.

- In the event of a real emergency, Controllers at the exercise site(s) will immediately suspend exercise play and notify the Exercise Director and Lead Controller who will decide if the exercise can be safely resumed.
- All verbal and written exercise communication must begin and end with the words, "This is an exercise."
- Exercise Players communicating with the SIMCELL must identify the organization, agency, office, or individual with whom they wish to speak.
- If a player gains knowledge of the exercise scenario prior to the exercise, they must notify an exercise Controller so appropriate actions can be taken to ensure a valid evaluation.
- It is the responsibility of each Player to read the appropriate materials prior to the exercise. If a player is uncertain about the exercise scope, they should ask a Controller.
- If parts of the scenario seem implausible, please withhold criticism and recognize that the exercise has objectives that must be satisfied and may require actions and/or assumptions that may not be as realistic as we would like. Provide your feedback during the Hotwash.
- Players should not engage in conversations with Evaluators, Observers, Controllers, and the Media.
- Act as if simulated hazardous conditions are real. Adhere to all usual health protection controls for the simulated hazard(s) presented by the exercise scenario, in this case, pandemic influenza.
- Controllers will only give you information they are specifically designated to disseminate from their assigned functional area. You are expected to obtain other necessary information through existing emergency information channels.

Exercise Safety

During the *POD Squad* exercise, safety is paramount. Participant safety takes priority over exercise events. Although the organizations involved in the *POD Squad* exercise come from various response agencies, they all share the responsibility for ensuring a safe environment for all personnel involved in the exercise. The following general requirements apply to the exercise:

- A Safety Officer should be identified at each DOC/EOC, RSS/RTP, and POD site to ensure participant safety.
- All players are responsible for stopping exercise play if, in their opinion, a real safety problem exists. Once the problem is corrected, exercise play can be restarted.
- Any safety concerns must be immediately reported to the Controller on site.
- The Controller who is made aware of a real emergency will immediately contact the Lead Controller and/or the Exercise Director via phone to report a "Real-World Emergency", and will provide the following information:
  - Name and contact information
  - Name and location of RSS/RTP or POD site
  - Nature of Emergency
- If the nature of the emergency requires a suspension of the exercise at the venue/function, all exercise activities at that facility will immediately cease. Exercise play may resume at that facility once the situation has been addressed.
- Exercise play at other venues should not cease if one facility has declared a "Real-World Emergency" unless they are reliant on the affected venue.
- If a real emergency occurs that affects the entire exercise, the exercise may be suspended or terminated at the discretion of the Exercise Director and Lead Controller. The notification of the interruption in play will be made from the SimCell.

- All organizations will comply with their respective environmental, health, and safety plans and procedures, as well as the appropriate Federal, State, and local environmental health and safety regulations and procedures.
- Take weather conditions into account during the exercise. November in Colorado means that weather conditions will vary throughout the state. Ensure that all exercise participants and members of the general public are kept safe from inclement weather.

The CDPHE DOC will assign a safety officer for the duration of *POD Squad* exercise. The Glendale Police Department will be briefed on safety issues associated with the activation of the CDPHE DOC prior to the execution of *POD Squad*. Local public health agencies opening a POD are encouraged to have a safety officer and/or a law enforcement representative present in their PODs throughout the duration of the exercise to ensure safety and security is maintained for POD Staff and the general public. Additional safety concerns need to be addressed at each POD site including (at a minimum):

- Proper Personal Protective Equipment (PPE) should to be worn at all times by staff handling and/or administering influenza vaccine in the POD
- Used needles and other biohazard materials be handled and disposed of properly, in approved biohazard containers.

Exercise Setup

Exercise setup involves the pre-staging and the distribution of exercise materials; including registration materials, documentation, and other equipment as appropriate. LPHAs should brief exercise participants about their own site-specific logistics similar to those listed below. ***The information currently reflected in this document is specific to the CDPHE DOC.***

Site Access and Security

Access to the exercise sites and to the SIMCELL will be limited to exercise Participants only. Players should advise their Controller or Evaluator if an unauthorized person is present. Each organization should follow their internal security procedures, augmented as necessary, to comply with exercise requirements.

CDPHE building operations will provide security to the CDPHE Main Campus Building A (site of CDPHE DOC and POD) on November 15-16, 2007. The Glendale Police Department will provide perimeter security to the CDPHE main campus on November 17, 2007. CDPHE EPRD staff will monitor and control entry access into the DOC on November 15-17, 2007. Only authorized personnel will be permitted access into the CDPHE DOC. The assigned DOC Safety Officer will be responsible for maintaining the integrity and safety of the DOC during exercise play and will be responsible for security requirements that may arise during *POD Squad* play. CDPHE DOC staff will be granted special access to enter the CDPHE facility after-hours and on the weekend.

Observer Coordination

Each organization with Observers will coordinate with CDPHE to access the CDPHE POD, RSS and/or DOC facilities. Organizations with Observers at the LPHA PODs must coordinate with the LPHA in charge of the POD to access the exercise site. Observers will be escorted to an observation area for orientation and conduct of the exercise. All Observers will be asked to remain within the designated observation area during the exercise. CDPHE or LPHA representatives and/or the site's designated Controller will be present to explain the exercise program and answer questions for the Observers during the exercise.

Public Affairs

Special attention must be given to the needs of the media, allowing them to get as complete and accurate a story as possible while ensuring their activities do not compromise the exercise realism, safety, or objectives. CDPHE and participating local public health agencies are responsible for disseminating public information in advance of the POD Squad exercise. CDPHE will coordinate this function by means of the "What If? Colorado" public information campaign:

> *What If? Colorado Public Information Campaign*
> The CDPHE EPRD developed a statewide media campaign titled "What If? Colorado" to inform citizens about pandemic influenza, increase the number of Coloradans who receive seasonal influenza vaccinations, and encourage residents to assemble emergency preparedness kits for their homes. The "What If? Colorado" campaign is scheduled to take place from July-December 2007. One component of the campaign is to inform and encourage the general public to assist in testing Colorado's mass vaccination plans in the event of a pandemic influenza outbreak. The "What If? Colorado" campaign will be used to communicate exercise dates, locations and objectives to the general public via public service announcements on television, in newspapers, on the radio and online. Members of the public can also find exercise locations in their community using the campaign website, www.WhatIfColorado.com or from the toll free Colorado Help Line, 1-877-462-2911, which provide information in both English and Spanish.

CDPHE will be disseminating a press release to Colorado media contacts on Monday, November 12, 2007 to inform the public and the media of the exercise on November 17 and will be sending out a press release at the conclusion of the exercise on Saturday, November 17, 2007.

Parking and Directions

Parking will be available in the CDPHE Main Campus parking lot (CDPHE POD and DOC location) and at the RSS facility (all RSS Participants will be pre-identified and provided with parking and other logistical information individually).

Parking information and directions to each POD site can be obtained by contacting the responsible LPHA.

Refreshments and Restroom Facilities

Restroom facilities and refreshments will be provided at each venue for all exercise participants. Lunch will be provided at the CDPHE DOC on November 15, 2007 for immunization staff and on November 17, 2007 for CDPHE DOC staff. No lunch will be provided to exercise participants on November 16, 2007.

Exercise Identification

Identification badges and/or vests will be issued to exercise staff. All exercise Participants and Observers will be identified by agency uniforms or identification badges/vests distributed by the exercise staff at each venue.

Simulation Cell (SIMCELL)

The SIMCELL will simulate activity for non-playing entities, as applicable. SIMCELL operations will receive player information and, where applicable, direct the injection of selected core events during the exercise. The SIMCELL will be staffed during all three days of POD Squad to ensure the running of the

exercise maintains a timely efficient pace.

Cleanup and Restoration
The CDPHE DOC will be deactivated and restored to a state of readiness after the official end time of the POD Squad exercise at 12:30 pm on November 17, 2007.

Communications

Exercise Start, Suspension, and Termination Instructions
From the SIMCELL, the Exercise Director will announce the start and end of the exercise via email, phone, fax or radio. All spoken and written communication will start and end with the statement, "This is an exercise." Before the start of the exercise, the SIMCELL will conduct a communication check with all interfacing communication means to ensure redundancy and uninterrupted flow of control information.

Player Communication
Players are to use routine methods for communication and/or other methods for communications as outlined in the county's Points of Dispensing (POD) plans. Each venue will coordinate its own internal communication networks and channels. The need to imitate a real-world response may preclude the use of certain communication channels or systems that might otherwise be available. Exercise communication should never interfere with real-world emergency communications. The primary means of communication among the SIMCELL, Controllers, CDPHE DOC, and POD sites will be email, phone, fax and radio. A list of key telephone and fax numbers, and radio call signs in addition to additional communication information and protocols for *POD Squad* is included in Appendix D.

Controller Communications
The principal method of communications for Controllers during the exercise will be designated cellular and/or landline phone numbers. All exercise Controllers must have access to a cellular and/or landline phone that will enable them to communicate control information to other exercise Controllers and to the SIMCELL. Alternative or backup communications for Controllers will be via the Internet. Controller communications will link control personnel at all play areas and will remain separate from the player communications. In no case will Controller communications interfere with, or override, player communications.

Player Briefing
Controllers may be required to read specific scenario details to the Participants to begin exercise play. They may also have technical handouts or other materials to give to Players in order to better orient them to the exercise environment.

Controller and Evaluator Orientation Briefing
A comprehensive Controller/Evaluator (C/E) Briefing will be conducted on November 6, 2007. All Controllers and Evaluators are required to attend this session, plus any specialized training required, to learn all assigned responsibilities. This is also the time for the C/E teams to get acquainted and address any issues that might arise during the exercise.

PART 4: EVALUATION AND POST EXERCISE ACTIVITIES

Exercise Documentation
POD Squad is designed to exercise and evaluate the state Strategic National Stockpile (SNS) plan and procedures and local public health agency Point of Dispensing (POD) plans and capabilities as they pertain to a potential pandemic influenza incident. After the exercise, data will be collected by Controllers, Evaluators, and the SIMCELL and will be used to identify strengths and areas for improvement in the context of the exercise design objectives.

This exercise enables Participants to assess current response capabilities to a public health incident, to identify strengths and weaknesses, and to identify future training needs. *POD Squad* will focus on critical decisions, communication and coordination between the state and local public health agencies necessary to respond to a simulated pandemic influenza event. Evaluators will be positioned at all of the Points of Dispensing (POD) sites, the CDPHE DOC, statewide RTP sites, and any activated EOC locations statewide to assist in the overall identification of areas of improvement to be addressed in the Improvement Plan.

Exercise Evaluation Guides
DHS has developed Exercise Evaluation Guides (EEGs) that identify expected activities for evaluation, provide consistency across exercises, and link individual tasks to disciplines and expected outcomes. The EEGs selected by the CDPHE EPRD exercise planning team are contained in the C/E Handbook and will be provided to each Evaluator to assist in capturing the highlights of exercise play at each EOC/DOC, RSS/RTP, and POD location. These EEGs have been selected because the activities they describe will be observed during the exercise and will guide evaluation to match the exercise design objectives.

Hot Wash
After the November 17th portion of POD Squad, CDPHE EPRD Exercise Design Committee will conduct a brief Hotwash that should not last more that 30 minutes. During this Hotwash, one Controller from each of the 28 POD sites must call in and provide local exercise information. POD operations may continue after the official exercise has ended at 12:30 PM. Controllers at each POD site can continue to facilitate a Hotwash after the CDPHE call with players from their assigned location. The Hotwash is an opportunity for players to voice their opinions on the exercise and their own performance. At this time, Evaluators can also seek clarification on certain actions and what prompted players to take such actions. The Hotwash Evaluators should take notes during the Hotwash and include these observations in their analysis.

Each local POD is responsible for holding its own Hotwash after the deactivation of the POD on November 17, 2007. LPHAs are responsible for recording strengths and gaps identified during the Hotwash session to be incorporated into their local After Action Report (AAR) and Improvement Plan (IP).

CDPHE is requesting that each POD site send the top three strengths and top three areas of improvement to CDPHE to be incorporated into the state AAR and IP.

Coldwash / Controller and Evaluator Debriefing
Controllers, Evaluators, Exercise Regional Points of Contact, and CDPHE EPRD exercise planning team staff will attend a facilitated Controller and Evaluator Debriefing / Coldwash via conference call on November 28, 2007 from 1:00-2:00 pm. During the debriefing these individuals will discuss their observations of the exercise in an open environment to clarify actions taken during the exercise. Evaluators should take this opportunity to complete their EEGs for submission to the lead Evaluator as well as begin the analysis process outlining the issues to be included in the AAR.

After Action Report (AAR)
The AAR is a written report outlining the strengths and areas for improvement identified during the *POD Squad* exercise. The AAR will include the timeline, executive summary, scenario description, mission outcomes, and capability analysis. The AAR will be drafted by a core group of individuals from the CDPHE EPRD exercise planning team within 60 days of exercise completion.

After Action Conference and Improvement Plan
The lessons learned and recommendations from the AAR will be incorporated into an Improvement Plan (IP). The IP identifies how recommendations will be addressed, including what actions will be taken, who is responsible, and the timeline for completion. It is created by key stakeholders from the *POD Squad* participating agencies during the After Action Conference.

The After Action Conference is a forum for jurisdiction officials to hear the results of the evaluation analysis, validate the findings and recommendations in the draft AAR, and begin development of the IP.

APPENDICES

Appendix A: Exercise Scenario

Appendix B: POD Site Map

Appendix C: Participating Agencies

Appendix D: Player Handbook

1. Communications Plans for November 15, 16, and 17, 2007
2. JIC Protocol
3. SNS asset request protocol/form
4. SNS Inventory Transfer Form (RTP to PODs)
5. SNS Chain-of-Custody Form (RTPs to PODs)
6. 2007-2008 Influenza Vaccine information
7. Dosage Administration & Storage of Influenza Vaccine
8. Influenza Vaccine Dosage FAQs
9. Persons Who Should not be Vaccinated guidance
10. Large Scale Influenza Vaccine POD site guidance / tips
11. Utilizing Nursing Students for Mass Immunization Operations Exercises
12. List of EXPLAN Acronyms
13. Information that May Be Requested from Exercise Players during *POD Squad*

Appendix A: Exercise Scenario

March – August 2007

In March 2007, the first wave of a severe influenza pandemic reached the United States. The pandemic has overwhelmed and altered healthcare, business, and government systems, which are working around the clock to recover communities worldwide. Public health experts and the media are comparing this pandemic to that of the 1918 flu pandemic. On a national level, 9,000,000 people in the United States are infected with the disease, and to date, 190,300 citizens have died. Colorado healthcare systems have reported 50,000 have been hospitalized during this first wave. Since influenza is a respiratory disease, overwhelming demand for respiratory therapists, ventilators, hospital beds and primary outpatient care has depleted medical resources. The Colorado Department of Public Health and Environment Vital Records Office reports 2,950 fatalities from February – July 2007.

International Health Regulations, developed in 2005, facilitated reporting and sampling of the disease, which originated in Asia and mutated over time. From these samples, vaccine research and development has been conducted, particularly to find a vaccine that would protect the public from deadly strains. Vaccine development has been ongoing in the United States for the past three years, as well as researching mutations of the disease.

Surveillance by epidemiologists and astute medical practitioners first identified the disease in Colorado in April 2006. Colorado was one of the first states hit with pandemic influenza in the lower 48 states. The Colorado Health Emergency Line for Public Information (COHELP) has also assisted with surveillance activities as well as serving as a call center statewide for the general public to call with questions or concerns about the pandemic. Hospital response plans were implemented, isolating sick individuals. Newly revised triaging guidelines have been implemented to help keep less ill patients out of the hospital by moving these patients to alternate care facilities throughout the state.

Emergency Management has worked tirelessly to coordinate multiple disciplines to respond to the devastation. The Colorado Multi-Agency Coordinating Center (MACC) and the CDPHE DOC have been activated, as well as many local Emergency Operation Centers (EOCs).

The media has covered the changing faces of Colorado communities as they lose loved ones and have been providing information to the public about measures individuals and families can take to avoid the spread of disease. Since healthcare systems are overwhelmed, many families are caring for loved ones at home.

Morticians and funeral directors have altered the services they provide in order to meet the growing demand. Coroners have implemented mass fatality plans.

In June 2007, public health officials in many states initiated work quarantine for many healthcare workers to lessen the spread of disease. Containment and control measures (such as school closures and cancellation of public events) were also implemented by public health officials to slow the spread of disease. Respiratory hygiene guidelines and social distancing concepts for families and employers are heard on the radio around the clock. These actions have in fact slowed the rate of spread of disease in Colorado, which was projected to create much higher morbidity and mortality rates. However, these decisions were notably unpopular and contested by many members of the general public. The economic impacts of this pandemic have been devastating. Businesses are reporting a 30% absenteeism rate due to

workers caring for sick family members, or employee illness and death.

According to World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) experts, a second wave of the disease may surface toward the end of September in the United States. The second and possibly third waves of this disease have the capacity to increase morbidity and mortality nine fold. In the 1918 pandemic, 90% of the fatalities occurred in the second and third waves. The projections for morbidity and mortality during the second wave are that 125,000 more Coloradoans may need hospitalization, and 26,000 could die.

Since this is a global event; medical, pharmaceutical and food supplies have been in great demand. Utilities have been affected by high rates of absenteeism in the workforce. Sustaining first responders, who have already been overwhelmed with the first wave, is critical to obtaining the best outcome for our communities.

September 2007

The CDC announces in mid-September that a recently developed vaccine has shown promise to fight this strain of influenza. As the vaccine is currently in production, there are limited amounts of vaccine available for each state at this time. The CDC is allocating a small portion of the vaccine to each state, recommending that healthcare workers, first responders, public health officials, and other essential, front-line staff receive the vaccine first. States will receive small shipments on a weekly basis.

Through coordination with the Governors Expert Emergency Epidemic Response Committee (GEEERC), Dr. Ned Calonge, Chief Medical Officer at the Colorado Department of Public Health and Environment announces that in accordance with Executive Order 3.1, Colorado's initial supply of vaccine will be provided to**:**

- Medical staff and public health workers involved in direct patient contact or other support services essential for direct patient care and vaccinators
- Public health emergency response workers critical to pandemic response
- Other public safety emergency response workers critical to pandemic response

The GEEERC begins to review CDPHE's pandemic influenza triage guidance in anticipation of altered standards of care and coordination of limited healthcare resources during the second wave of this pandemic.

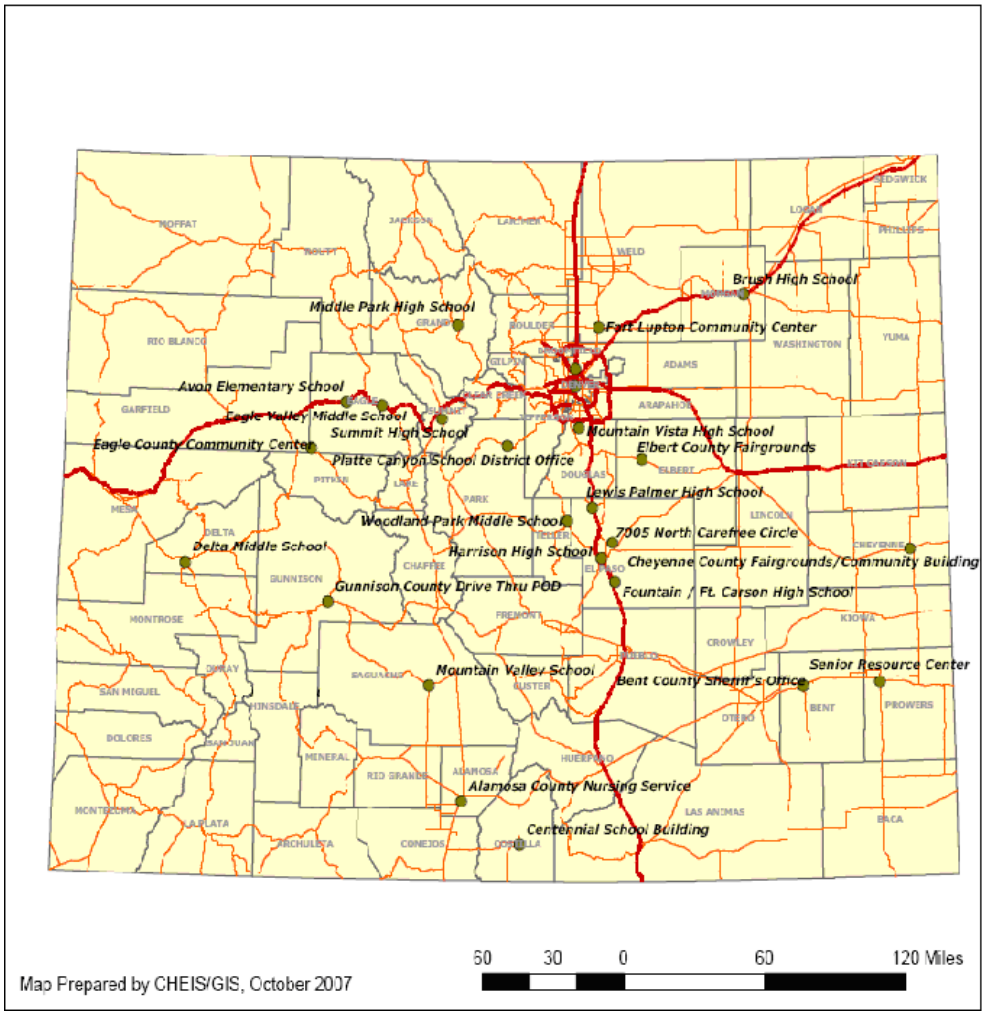
November 2007

After numerous production delays, the CDC has confirmed that large doses of the new influenza vaccine are now available and will be distributed to each state via the Strategic National Stockpile (SNS).

On November 15, Colorado is notified that a shipment of 19,200 doses of vaccine will be arriving within the next 24-48 hours. CDPHE has activated the state SNS plan and is notifying staff and volunteers to report to the Department Operations Center (DOC) and the Receipt, Staging and Storage (RSS) warehouse. CDPHE is urging all regions to begin preparations for mass vaccination at pre-identified POD sites via the state call-down list. The National Guard has been called upon to deliver vaccine to Regional Transfer Point (RTP) sites in the Southeast and San Luis Valley regions via helicopter due to inclement weather conditions. All other RTP sites throughout the state will receive vaccine via ground transportation using pre-existing memorandums of understanding (MOUs) with transportation vendors and/or the Colorado State Patrol.

Local public health officials are working with partner agencies to implement Point of Dispensing (POD) operations in the following counties statewide: Adams, Alamosa, Bent, Cheyenne, Costilla, Denver, Douglas, Delta, Eagle, Elbert, El Paso, Grand, Gunnison, Morgan, Park, Prowers, Saguache, Summit, Teller and Weld. CDPHE's expectation is to have the first shipment of vaccine dispensed to the public within 48 hours of receipt.

Appendix B: POD Site Map



Metro Denver

POD Location

Appendix C: Participating and Simulated Agencies

Participating Agencies and Organizations

Local Public Health Agencies

Local public health agencies opening a POD on November 17, 2007:

Northwest Region
Eagle County Public Health Nursing Service
Grand County Public Health Nursing Service
Summit County Public Health Nursing Service

Southeast Region
Bent County Nursing Service
Prowers County Public Health Nursing Service

West Region
Delta County Health and Human Services
Gunnison County Public Health

San Luis Valley Region
Alamosa County Nursing Service
Costilla County Nursing Service
Saguache County Public Health Nursing Service

South Central Region
El Paso County Department of Health
Park County Public Health Nursing Service
Teller County Public Health

Northeast Region
Cheyenne County Public Health
Lincoln County Public Health
Northeast Colorado Health Department
Weld County Department of Public Health

North Central Region
Denver Health and Hospital Authority
Elbert County Public Health
Tri-County Health Department

Local public health agencies supporting POD operations on November 17, 2007:

Northwest Region
Community Health Services, Inc
Garfield County Public Health Nursing Service
Jackson County Nursing Service
Mesa County Health Department
Northwest Colorado Visiting Nurse Association
Rio Blanco County Nursing Service

Southeast Region
Baca County Nursing Service
Kiowa County Nursing Service
Otero County Department of Health (includes Crowley)

West Region
Hinsdale County Nursing Service
Montrose Health and Human Services
Ouray County Public Health Department
San Miguel Public Health

Southwest Region
Dolores County Nursing Service
Montezuma County Health Department
San Juan Basin Health Department
San Juan County Nursing Service
Southern Ute Nation
Ute Mountain Ute Nation

San Luis Valley Region
Conejos County Nursing Service
Mineral County Public Health
Rio Grande County Public Health

South Central Region
Chaffee County Public Health Nursing Service
Lake County Public Health Nursing Service

South Region
Custer County Public Health Nursing Service
Fremont County Public Health Nursing Service
Las Animas-Huerfano Counties Health Dept
Pueblo City-County Health Department

Northeast Region
Kit Carson County Health and Human Services
Larimer County Department of Health

North Central Region
Boulder County Public Health
Broomfield Health and Human Services Dept
Clear Creek County Nursing Service
Gilpin County Public Health Nursing Service
Jefferson County Department of Health

NOTE: Local public health agencies were asked to invite and manage county and regional-level partners involved in their Point of Dispensing (POD) and/or Regional Transfer Point (RTP) exercises. A final participant list, including all local partnerships, will be made available in the After Action Report.

State Agencies

Colorado Department of Public Health and Environment
Colorado National Guard
Governor's Office
Colorado Department of Human Services - Mental Health Division
Colorado State Patrol
Buckley Air Force Base

Private Organizations

HealthONE
Express Messanger (ground transport from RSS to South Central RTP)

Simulated Agencies and Organizations

Federal Agencies

Centers for Disease Control and Prevention (CDC)

State Agencies

Colorado Division of Emergency Management

Regional Contacts

Regional Transfer Point (RTP) Contacts in the following Colorado Emergency Management All-Hazards Regions:

- North Central Region
- Northeast Region
- Northwest Region
- South Central Region
- Southeast Region
- San Luis Valley Region
- West Region

The public health emergency preparedness and response regional staff members responsible for simulating the Regional Transfer Points are identified in Appendix D: Player Handbook.

Appendix D: Player Handbook

1. Communications Plans
    a. November 15, 2007
    b. November 16, 2007
    c. November 17, 2007
2. JIC Protocol
3. SNS Asset Request Form
4. SNS Inventory Transfer Form (RTP to PODs)
5. SNS Chain-of-Custody Form (RTPs to PODs)
6. 2007-2008 Influenza Vaccine Information
7. Dosage Administration & Storage of Influenza Vaccine
8. Influenza Vaccine Dosage FAQs
9. Guidance on Persons Who Should not be Vaccinated
10. Large Scale Influenza Vaccine POD Site Guidance
11. Utilizing Nursing Students for Mass Immunization Operations Exercises
12. List of EXPLAN Acronyms
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Communications Plan: November 15, 2007

Colorado Department of Public Health and Environment (CDPHE) Point of Dispensing (POD)

Exercise Start, Suspension and Termination Instructions. On November 15, 2007, the CDPHE POD portion of the *POD Squad* exercise is scheduled to run for 5 hours, or until the Exercise Director determines that the exercise objectives have been met. The exercise will start when the "Start Ex" inject is disseminated. The exercise will end when the "End Ex" inject is disseminated.

All spoken and written communications will start and end with the statement, "This is an exercise."

CDPHE POD Player Communications. CDPHE POD Players will use routine, in-place agency communications systems. Landline telephones, cell phones, email, fax, face-to-face and two-way radio communication will be available and operational on the day of the exercise. Real world response activities may preclude the use of all or some communications channels or systems that would usually be available. In no instance will exercise communications interfere with real-world emergency communications.

Controller, Evaluator and Site Safety Officer Communications. The Lead Controller, Lead Evaluator, Evaluators, and the Site Safety Officer will communicate directly with the Exercise Director, as necessary. Their primary mode of communication will be face-to-face communications at the CDPHE POD. Back up communications will be via cellular telephone or landline. Contact information for key exercise participants is listed in *Attachment 1: November 15, 2007 POD Squad Contact Information,* which is located on the following page. Evaluators should report unsafe conditions to the Lead Controller. The Lead Controller will report these conditions to the Site Safety Officer. The Site Safety Officer, once any immediate action has been taken to remedy the unsafe condition, should report this action to the Exercise Director. Unsafe conditions that are beyond the ability of the Site Safety Officer to control should be reported immediately to the Exercise Director.
Communications within the CDPHE POD will be verbal, written or by using the cellular telephone numbers listed in Attachment 1.

Simulation Cell/Controller Communications. The Lead Controller will act as the primary Controller on November 15, 2007.

Communications Check. Before the start of the exercise, the Exercise Director and Lead Controller will conduct a communications check with all exercise staff including Evaluators.

Attachment 1: November 15, 2007 *POD Squad* Contact Information

INCIDENT NAME: *POD Squad* **OPERATIONAL PERIOD**: November 15, 2007 **TIME FROM**: 1030 **TO**: 1500

ALL Controllers, Evaluators and Safety Officer should use the following contact information for all communications.
Note: Most communications will occur in person and in real-time during the CDPHE POD Exercise on November 15, 2007

ASSIGNMENT	NAME	EMAIL	CELL PHONE
SIMCELL			
Exercise Director	Diana Harris	diana.harris@state.co.us	303-916-3182
Lead Controller	Nicole Sangouard	nicole.sangouard@state.co.us	720-320-1707
Lead Evaluator	Phyllis Bourassa	phyllis.bourassa@state.co.us	303-229-9567
Evaluator #1	Deanna Butler	deanna.butler@state.co.us	720-840-9598
Evaluator #2	Nancy Enyart	nancy.enyart@state.co.us	303-916-2360
CDPHE POD Command Staff			
Incident Commander	Margaret Huffman	margaret.huffman@state.co.us	NA
Operations Section Chief	Rosemary Spence	rosemary.spence@state.co.us	NA
Planning Section Chief	Lane Wake	lane.wake@state.co.us	NA
Deputy Operations	TBD	NA	NA
Planning Chief	Marianne Koshak	marianne.koshak@state.co.us	NA
Deputy Planning Chief	TBD	NA	NA
Logistics Chief	Greg Stasinos	gregory.stasinos@state.co.us	303-918-0121
Deputy Logistics	TBD	NA	NA
Safety Officer	Korey Bell	korey.bell@state.co.us	303-909-5859
Check In	Houston Hurlock	houston.hurlock@state.co.us	NA
Triage Lead	Karen Willeke	karen.willeke@state.co.us	NA
Vaccination Lead	Lori Quick	lori.quick@state.co.us	NA
Patient Info Lead	Jamie Damico	jamie.damico@state.co.us	NA

Exercise Start, Suspension, and Termination Instructions. On November 16, 2007, the RSS/RTP portion of the *POD Squad* exercise is scheduled to run for approximately 7 hours, or until the Exercise Director determines that the exercise objectives have been met. The Lead Controller will announce the start and end of the exercise through the dissemination of Injects stating "*Start Ex*" and "*End Ex*".

All spoken and written communications will start and end with the statement, "This is an exercise."

RSS/RTP Player Communications. Exercise Players will use routine, in-place agency communications systems at the RSS, RTP, and other sites as applicable. Landline telephones, cellular telephones, radios, email, and/or fax are all identified forms of communication for the *POD Squad* exercise and will be available on November 16, 2007. Real world response activities may preclude the use of all or some communications channels or systems that would usually be available. In no instance will exercise communications interfere with real-world emergency communications.

RSS/RTP Communication Protocol: To communicate between RSS and RTP sites, the primary mode of communication will be conducted through landline telephones using the phone numbers provided in *Attachment 2: November 16, 2007 POD Squad Contact Information*. Secondary communications will be conducted using cell phones. Tertiary communications will be conducted by communicating on the 800Mhz radio talk groups provided in Attachment 2.

Simulation Cell Communications. The principal methods of information transfer from the Lead Controller to the RSS Controller will be via landline or cellular telephone, fax, and/or email. The primary means of communication among the Simulation Cell, Controllers, and Players will be landline or cellular telephone with backup methods consisting of fax, e-mail, and 800 Megahertz radio. A list of key telephone and fax numbers, radio call signs, and e-mail addresses are available in Attachment 2.

Communications Check. Before the start of the RSS/RTP portion of the exercise, the Exercise Director and/or the Lead Controller will conduct a communications check of the cellular phone lines/any applicable landlines with all exercise staff including Evaluators and key exercise personnel.

Attachment 2: November 16, 2007 *POD Squad* Contact Information

INCIDENT NAME: *POD Squad* **OPERATIONAL PERIOD**: November 16, 2007 **TIME FROM**: 0700 **TO**: 1500
ALL Players, Controllers, Evaluators and Safety Officers should use the following contact information for all exercise communications.

ASSIGNMENT	NAME	AGENCY	PHONE	CELL	EMAIL	RADIO
SIMCELL						
Exercise Director	Diana Harris	CDPHE	NA	303-916-3182	diana.harris@state.co.us	CHD NC
Lead Controller	Nicole Sangouard	CDPHE	NA	720-320-1707	nicole.sangouard@state.co.us	CHD NC
Lead Evaluator	Dana Erpelding	CDPHE	NA	303-917-8044	dana.erpelding@state.co.us	CHD NC
RSS Site						
RSS Incident Commander	Dr. Andy Kissel	CDPHE	NA	720-394-5331	andy.kissel@state.co.us	CHD NC
RSS Planning Chief	Korey Bell	CDPHE	NA	303-909-5859	korey.bell@state.co.us	CHD NC
RSS Logistics Chief	Greg Stasinos	CDPHE	NA	303-918-0121	greg.stasinos@state.co.us	CHD NC
RSS SNS Trailer Logistics Chief	Judy Yockey	CDPHE	NA	720-290-7553	judy.yockey@state.co.us	CHD NC
DOC SNS Lead	Jennifer Trainer	CDPHE	NA	303-241-0191	jennifer.trainer@state.co.us	CHD NC
Controller - RSS Site	Phyllis Bourassa	CDPHE	NA	1-303-229-9567	phyllis.bourassa@state.co.us	CHD NC
Evaluator - RSS Site	Kevin Hake	CDPHE	NA	303-204-5607	kevin.hake@state.co.us	CHD NC
Southeast RTP						
Controller	Chad Ray	CDEM	719-544-6563	719-240-1531	chad.ray@state.co.us	CHD SE
Evaluator #1	Riley Frazee	Baca OEM	719-523-6532	719-529-0300	riley.frazee@seregion.com	CHD SE
Evaluator #2	John Dombaugh	SE DHS	719-456-0201	719-469-5252	john@bentcounty.net	CHD SE
San Luis Valley RTP						
Controller	Kendrick Holman	CSP	719-589-5807	NA	NA	CHD SL
Evaluator #1	Lorrie Crawford	Forest Service	719-580-0949	NA	NA	CHD SL
Evaluator #2	Pam Stewart	CSP	719-587-6712	NA	pamela.stewart@cdps.state.co.us	CHD SL
South Central RTP						
Controller	Mike Wagner	EPCHD	719-578-3117	719-439-7250	mikewagner@epchealth.org	CHD SC
Evaluator #1	Lisa Powell	EPCHD	719-578-3171	719-439-3775	lisapowell@epchealth.org	CHD SC

Communications Plan: November 17, 2007

Statewide Points of Dispensing (POD) Exercise

Exercise Start, Suspension, and Termination Instructions. On November 17, 2007, *POD Squad* is scheduled to run for approximately 4 hours or until the Exercise Director determines that the *POD Squad* objectives have been met. The exercise will start when the "Start Ex" inject is disseminated from the SIMCELL to all players at 8:30 AM and will end when the "End Ex" inject is disseminated from the SIMCELL to all players at 12:30 PM.

All spoken and written communications will start and end with the statement, "This is an exercise."

Player Communications. Players will use routine, in-place agency communications systems. Additional communication assets may be made available as the exercise progresses. Real world response activities may preclude the use of all or some communications channels or systems that would usually be available during an actual public health emergency. In no instance will exercise communications interfere with real-world emergency communications**.** Each local Point of Dispensing (POD) and Emergency Operations Center (EOC) is responsible for coordinating its own internal communication networks and channels.

Simulation Cell Communications. The principal method of communication to and from Controllers during the exercise will be via landline or cellular telephone, fax, e-mail and/or 800 MHz radio. Controllers must provide a minimum of two forms of communication to the SIMCELL for the duration of the *POD Squad* exercise. The SIMCELL will send all injects to Controllers using the contact information provided in Attachment 3. The primary means of communication among the SIMCell will be cellular telephone, e-mail, and 800 MHz radio. The Lead Controller may announce universal changes in exercise documentation, such as changes to the Master Scenario Events List (MESL) injects on the day of the exercise if needed.

SIMCELL, RTP and Controller contact information is included in Attachment 3.

Note: DOC positions and contact information, including telephone numbers, fax numbers, email, and cellular phone numbers (as applicable) will be sent via inject to all participating Players in real-time as these positions are established by the CDPHE Incident Commander during the exercise on November 17.

CDPHE DOC Regional Liaisons: CDPHE DOC Regional Liaisons will be assigned for communication purposes on November 17. CDPHE DOC Regional Liaisons will be responsible for fielding communications to and from regional and/or local public health staff in the assigned All-Hazard Region(s). The Regional Liaison telephone numbers and contact information will be sent via an Inject on the morning of November 17. Simulated Regional Transfer Points (RTPs) need to contact the Regional Liaison regarding issues such as volunteer requests, asset requests, and other region-specific issues. RTPs are to contact their Regional Liaison by telephone if possible. All telephone communications need to be followed up by a secondary request to the Regional Liaison by email or fax.

NOTE – Point of Dispensing (POD) sites should not contact the CDPHE DOC directly. All PODs should communicate with their Regional Transfer Point (RTP). RTP contacts will communicate with their assigned Regional Liaison at the CDPHE DOC to communicate specific POD requests and to provide POD data to the state.

WebEOC: WebEOC is a secure Internet-based communication tool that provides information in real time to individuals involved in the response of a community-based emergency event. A restricted number of individuals will have access to event communications posted by various operation centers on the system. This tool is used to brief regions and the state on the most critical issues underway during an emergency event and will not to be used as the primary communication system for detailed local activity. CDPHE will request specific information from individual regions through WebEOC and will summarize information that all regions need to know through this tool.

Public Affairs. *POD Squad* enables local public health agencies from throughout the state to demonstrate an increased readiness to respond to a pandemic influenza mass vaccination emergency event. Any public safety exercise of this scope is a newsworthy event. Because this exercise deals with the public, news media attention can be expected at the local level. Special attention must be given to the needs of media personnel, allowing them to get as complete and accurate a story as possible while ensuring their activities do not compromise the realism of the exercise, safety, or exercise objectives. If the media is expected to be at your local PODs for reporting purposes, please plan accordingly and inform the media of your local Public Information Officers (PIOs) and establish a designated media area in your POD.

On November 12, CDPHE will be sending a Press Release to media contacts throughout the state to inform them of the upcoming *POD Squad* Exercise. At the conclusion of the *POD Squad* exercise on November 17, a press release will be sent to media contacts statewide to summarize exercise events.

Joint Information Center (JIC) Protocols: The Joint Information Center (JIC)/Joint Information System (JIS) protocols have been included in this Player Handbook.

Attachment 3: November 17, 2007 *POD Squad* Contact Information

INCIDENT NAME: *POD Squad* **OPERATIONAL PERIOD**: November 17, 2007 **TIME FROM**: 0830 **TO**: 1500
ALL Players, Controllers, Evaluators and Safety Officers should use the following contact information for all exercise communications.

ASSIGNMENT	NAME	PHONE	CELL	EMAIL	RADIO
SIMCELL					
Exercise Director	Diana Harris	NA	303-916-3182	diana.harris@state.co.us	CHD NC
Lead Evaluator	Dana Erpelding	NA	303-917-8044	dana.erpelding@state.co.us	CHD NC
Deputy Evaluator	Phyllis Bourassa	NA	303-229-9567	phyllis.bourassa@state.co.us	CHD NC
Lead Controller	Nicole Sangouard	NA	720-320-1706	nicole.sangouard@state.co.us	CHD NC
Simulated Regional Transfer Points (RTPs)					
North Central Region	Melanie Simons	303-692-2950	303-229-5877	melanie.simons@state.co.us	CHD NE
Northeast Region	Kim Meyer-Lee	NA	970-310-6416	Kmeyerlee@larimer.org	CHD NE
Northwest Region	Larry Chynoweth	970-248-6971	970-261-8604	larry.chynoweth@mesacounty.us	CHD NE
South Central Region	Mike Wagner	719-578-3117	719-439-7250	mikewagner@epchealth.org	CHD NE
Southeast Region	Kris Stokke	719-336-8721	719-688-1059	kstokke@prowerscounty.net	CHD NE
San Luis Region	David Osborn	719-587-5213	719-588-5600	dosborn@alamosacounty.org	CHD NE
West Region	Julie Thibodeau	970-247-5702 x219	970-749-7288	julie@sjbhd.org	CHD NE
POD Controllers					
Northwest Region					
Eagle County- Barry	Greg Rajnowski *in Edwards, CO	970-248-6929	970-778-5393	Greg.Rajnowski@mesacounty.us	CHD NW
Eagle County– El Jebel	Greg Rajnowski	970-248-6929	970-778-5393	Greg.Rajnowski@mesacounty.us	CHD NW
Eagle County–Valley	Diana Andrade	970-683-6642	970-260-0279	Diana.Andrade@mesacounty.us	CHD NW
Grand County	Steve Hilley	970-871-7632	970-734-8844	shilley@nwcovna.org	CHD NW
Summit County (2 PODs)	Chris Bukala *in Breckenridge	970-248-6936	970-589-1585	Chris.Bukala@mesacounty.us	CHD NW
Summit County (2 PODs)	Chris Bukala	970-248-6936	970-589-1585	Chris.Bukala@mesacounty.us	CHD NW
West Region					
Delta County	Nanci Quintana	970-248-6947	970-260-5554	Nanci.Quintana@mesacounty.us	CHD W
Gunnison County	Christine Barth	970-248-6946	970-589-1490	Christine.Barth@mesacounty.us	CHD W
Southeast Region					
Bent County	Chris Sorenson	719-719-438-2288	719-688-1976	chris@kiowaoem.com	CHD SE
Prowers County	Renay Crain	719-438-5782	719-688-2227	renay@plainsonline.net	CHD SE

San Luis Valley Region					
Alamosa County	Kendrick Holman	719-589-6639	NA	NA	CHD SL
Costilla County	Mathew Valdez	719-672-3332	NA	NA	CHD SL
Costilla County- Ft. Garland	Lawrence Pacheco	719-379-3450	NA	NA	CHD SL
Saguache County	Mike Norris	719-655-2578 719-655-2544	NA	NA	CHD SL
South Central Region					
El Paso County - Sandcreek	Tobi Blanchard	NA	719-442-3935	tblanchard@springsgov.com	CHD SC
El Paso County - Lewis Palmer	Jessica Johnson-Simmons	NA	719-492-3033	jsimmons@springsgov.com	CHD SC
El Paso County - Harrison	Meri Hanley	NA	719-859-6000	mhanley@la-h-health.org	CHD SC
El Paso County - Ft. Carson	Joli Garcia	719-556-1135	719-439-3775	Joli.Garcia.ctr@peterson.af.mil	CHD SC
Park County	Mark Korbitz	719-583-9904	719-289-1976	mark.korbitz@co.pueblo.co.us	CHD SC
Teller County	Jennifer Ludwig	Pager 719-253-4131	719-214-1264	Jennifer.Ludwig@co.pueblo.co.us	CHD SC
Northeast Region					
Cheyenne County	Judi Mitchek	NA	719-342-0053	hhsjm@kitcarsoncounty.org	CHD NE
Morgan County	Clint Goldenstein	NA	970-580-8808	clintg@pctelcom.coop	CHD NE
Lincoln County	Dawn James	NA	719-342-1910	dawn.james@state.co.us	CHD NE
Weld County	Deborah Blandin	970-304-6420	970-590-4119	dblandin@co.weld.co.us	CHD NE
North Central Region					
Denver County	Melanie Simons	303-692-2950	303-229-5877	melanie.simons@state.co.us	CHD NC
Elbert County	Glenn Ohrns (?)	303-621-3196	303-638-0886	gohrns@mho.com	CHD NC
Tri-County- Adams	Tom Butts	303-846-6228	720-937-5513	tbutts@tchd.org	CHD NC
Tri-County- Douglas	Jesse Weaver	303-846-2011	303-981-9842	jweaver@tchd.org	CHD NC

CDPHE Joint Information System (JIS) Standard Operating Procedures

I. PURPOSE

Emergencies can and do occur at any time. During a public health emergency, the highest priority of the Colorado Department of Public Health and Environment is to protect public health and facilitate related emergency operations. This document provides guidance to establish a Joint Information System (JIS) and operate a Joint Information Center (JIC) during a public health emergency that involves multiple agencies within Colorado.

The goal of a joint information center and system is to provide accurate, timely and consistent information to the public and the media.

II. SCOPE

An all-hazards joint information center serves as the location representing various organizations from local, state and federal jurisdictions to coordinate the dissemination of emergency public information. In coordinating timely and consistent information, the joint information center serves to reduce information gaps, misinformation and rumors during the emergency.

In a public health emergency, the Colorado Department of Public Health and Environment is designated as the lead agency for emergency response. The state emergency plan designates the Governor's Office as the lead agency for public information when the emergency spans multiple state agencies. The Governor's Office may delegate its authority for public information to the Colorado Department of Public Health and Environment during a public health emergency.

This document details the activation, operation, and deactivation of the Colorado Department of Public Health and Environment's joint information system and center. When Colorado Department of Public Health and Environment response staff are serving in another agency's joint information center, the host agency's joint information system protocols may take precedence. All employees participating in other agencies' joint information systems must have the approval of their supervisors and are expected to follow all Colorado Department of Public Health and Environment rules and procedures.

III. ASSUMPTIONS

It is anticipated that many federal, state and local agencies will have to work together as they become involved in a large-scale public health emergency. Each organization will implements its own internal public information plans until the agencies involved agree to participate in a joint information system and the joint information system is declared operational.

The joint information center is a single location where the informational needs and demands of the public and media can be handled. The concept of a joint information system anticipates that each individual will continue to bring expertise and information from his or her own agency, while receiving the benefits of coordinated information. In a joint information system, each agency representative has an obligation to share and coordinate information with all other participating agencies prior to the release of that information to the media and public. The primary benefit of this model is that the public receives accurate, timely and consistent emergency information, which in turn reduces fear and increases compliance with public health recommendations.

IV. CONCEPT OF OPERATIONS

A. Joint Information System/Center Activation

During a public health emergency, the Colorado Department of Public Health and Environment may activate its Crisis Management Center and staff its Emergency Communications Center. If the event broadens in scope to involve multiple state, federal and/or local agencies, the Colorado Department of Public Health and Environment may initiate a Joint Information System.

The Colorado Department of Public Health and Environment Director of Communications will make the initial decision to activate a joint information system during a large-scale emergency affecting Colorado. Once the decision to activate a joint information system is made, the public information officers from responding agencies will initiate their respective joint information system activation procedures.

The Colorado Department of Public Health and Environment may "host" a joint information center in its Emergency Communications Center at 4300 Cherry Creek Drive South in Glendale, or may request the use of the Colorado Division of Emergency Management's Multi-Agency Coordination Center (MACC), located at 9195 East Mineral Avenue, Suite 200, in Centennial.
The authorization of the Colorado Department of Local Affairs is required to operate a Colorado Department of Public Health and Environment joint information center from the MACC. The procedure to request to use the MACC shall be initiated by the Colorado Department of Public Health and Environment Director of Communications through the Executive Director, who shall contact the Executive Director of the Colorado Department of Local Affairs for the authorization.

If the joint information center is located at the MACC, the Colorado Division of Emergency Management's public information officer will coordinate operations with the Director of Communications. If the nature of the emergency involves multiple state agencies, the Governor's Office will designate the MACC as the site for the joint information center and will coordinate (or delegate coordination of) operations from the MACC.

In the event of an emergency involving multiple agencies, some of which are not within the jurisdiction of the state, the Director of Communications shall contact other public information officers in those agencies to determine whether a joint information center and system are needed and where it will be located. Though the Colorado Department of Public Health and Environment may be the initiating agency or host site, each agency retains its independence, a guiding principle of joint information systems.

Once the decision to activate a joint information system and/or center is made, the public information officers from the agencies involved will initiate their respective activation procedures. If the Colorado Department of Public Health and Environment is the host for the joint information center and the lead agency for the joint information system, the Director of Communications will ask the other agencies to dispatch public information staff to the Emergency Communications Center at 4300 Cherry Creek Drive South in Glendale. A Colorado Department of Public Health and Environment-hosted joint information center will be declared operational when at least one other agency is present to work with the Colorado Department of Public Health and Environment.

When other agencies participate in a joint information system with the Colorado Department of Public Health and Environment, the communications leads within each agency will consider whether there is a need to release information jointly, from a joint information center. If there is a decision to release information jointly, the lead for each agency will seek the approval of authorities within his or her own agency.

Upon activation, the agencies involved in the joint information system or center shall:

- Establish point(s) of contact and exchange contact information.
- Determine method(s) of notification (COHAN, Dialogics, phone, fax, e-mail, etc.).
- Determine if formal or informal channels to be followed (report forms, phone calls).
- Identify standard information to be communicated and how often.
- Identify whether other formal forms are to be used between agencies.
- Establish a strategy to confirm that messages are received accurately.
- Establish a format for news releases from the joint information system or center.

B. Staffing

The Director of Communications shall identify which Colorado Department of Public Health and Environment emergency joint information center operations positions are needed immediately and appoint department and, as they report, other agencies' staff to those positions.

If the joint information center is sited at another agency, the Director of Communications shall appoint department staff to both the joint information center site and the Colorado Department of Public Health and Environment Emergency Communications Center, if activated.

During the initial stages of an emergency, it maybe necessary to operate the joint information center in 12-hour shifts, 24 hours per day, seven days a week. The staffing plan may need to reflect this, indicating which staff will relieve those on duty and when. Joint information center staff may include public information employees from the Colorado Department of Public Health and Environment, other State of Colorado agencies, local public health departments and county nursing services, local emergency response agencies and other local/state/federal volunteer resources.

It is anticipated that staff from multiple agencies will be integrated into the joint information center staff. The Chief Public Information Officer, in consultation with the joint information center leadworkers, will adjust staffing patterns as the situation develops.

C. News Conferences

The Chief Public Information Officer, in consultation with the leadworkers, will schedule news conferences as information and the evolving situation warrants. Conference times will be scheduled to accommodate media schedules when possible.

1. A news advisory with the time and location of the news conference will be issued by the joint information center or the Office of Communications.
2. A spokesperson with subject-matter expertise from each participating agency should be present at the news conference to answer questions.
3. Before the news conference, the spokespersons will meet to coordinate key messages, to discuss their statements and anticipated questions, and to identify needs for the news conference. If time does not permit such a meeting, public information staff from the agencies represented at the news conference will meet on behalf of their agency spokespersons.
4. A moderator, designated prior to the conference, will lead with welcoming statements, explain any grounds rules for the conference and introduce the spokespersons.
5. Each spokesperson may make a statement with updated information from his or her agency, if appropriate.
6. During the conference, the moderator will receive all questions and direct them to the appropriate spokesperson.
7. A public information officer or joint information center support staff member will be designated to record questions, both to identify trends in public information needs and to track information gaps.
8. During the conference, any questions to which the answers are not known or for which the information is not available will be recorded and an answer provided as soon as possible afterward. Follow-up answers and information to questions will be provided via fax, email, telephone or during the next news conference.
9. Spokespersons and public information officers should meet after the conference to discuss any follow-up course of action or new responsibilities.
10. Schedule the next news conference so that the media in attendance can be prepared.
11. News briefings may be videotaped by the Photo/Video Documentation Unit.

D. Misinformation and Rumor Control

The joint information center serves as the single authoritative source for public information.
In any situation involving the dissemination of information to many people, misinformation and rumors may occur. The public information staff will handle and monitor incoming queries, which will assist in rumor control.

1. The joint information center should serve as the primary source of information to the media and public.
2. Media monitoring staff should monitor and document all media coverage, including Internet coverage. Rumors and misinformation should be recorded and reported immediately to the appropriate program or

unit leadworker via the appropriate routing form.

3. The Telephone and Hotline Unit will relay rumors and misinformation to the Information Dissemination Group Lead. The Information Dissemination Lead will inform the Information Gathering and Production Group Lead and Lead Emergency Communications Center Public Information Officer of the rumors. The Lead Emergency Communications Center Public Information Officer will keep the Chief Public Information Officer informed.
4. The Information Gathering and Production Group's Information Analysis and Strategy Unit will investigate the rumor and recommend how to respond.
5. Rumor response will be carried out by the Information Dissemination Group or the Chief Public Information Officer, if necessary. The response may take the form of a news release, media briefing, live interview or personal contact with a reporter, or in another appropriate manner.
6. The Information Dissemination Group will post the rumor response in the Emergency Communications Center and relay the information to the Crisis Management Center or designated emergency operations center staff as well. The Telephone and Hotline Unit will keep the hotline staff informed.

V. SECURITY

Access to the Emergency Communications Center or other designated joint information center will be limited to the authorized staff on duty and incident command staff. Media will not be permitted in the Emergency Communications Center. The Systems and Operations Group will work with the Crisis Management Center or designated emergency operations center security staff to ensure that access is limited to authorized personnel.

VI. DEACTIVATION

The Chief Public Information Officer, with the concurrence of the participating agencies, will determine when to deactivate the joint information center. The Information Dissemination Program Lead will issue a news release stating the joint information center is no longer operational and refer media inquiries to the appropriate agencies. However, information regarding the incident may continue to be released through the joint information system.

The Systems and Operations Group will lead the Colorado Department of Public Health and Environment staff in deactivation. At minimum, staff will:

A. Ensure all equipment and facilities are returned to pre-emergency status.
B. Ensure all generated information is given to the appropriate group lead for documentation.
C. Assist the director of the Office of Communications with the evaluation of response actions and ensure the following are addressed:
    1. Inoperable equipment
    2. Procedural inadequacy
    3. Clarity of policies
    4. Notification difficulties
    5. Other lessons learned

After deactivation, joint information center staff will evaluate joint information center operations and submit recommendations to the Colorado Department of Public Health and Environment director of the Office of Communications.

VII. PLAN DEVELOPMENT AND MAINTENANCE

Custodial care of this document lies with the Emergency Preparedness and Response Section of the Colorado Department of Public Health and Environment's Disease Control and Environmental Epidemiology Division. At a minimum, this document shall be reviewed and updated annually, with the lead responsibility for reviews and updates resting with the Colorado Department of Public Health and Environment Health Risk Communication Coordinator/Public Information Officer.

SNS Asset Request Protocol Form **REQUESTOR'S NAME:**	**EMERGENCY POSTION:**
AGENCY NAME:	**AGENCY ADDRESS:**
PHONE NUMBER CALLING FROM:	**CELL OR PAGER NUMBER:**
FAX NUMBER:	**AGENT IF KNOWN:**
DESCRIPTION OF WHAT HAPPENED	
AGENT IF KNOWN	
TRANSMISABILITY/COMMUNICABILITY:	
TIME SENSITIVITY/INCUBATION PERIOD:	**REGIONAL POPULATION:**
ESTIMATED # OF SYMPTOMATIC	**# OF POTENTIALLY EXPOSED**
Requested Assets	
Pharmaceuticals	
Drug Name	Quantities (how many bottles, cases, boxes, units, etc.)
Medical/Surgical Supplies	
Name of Supplies	Quantities (how many bottles, cases, boxes, units, etc.)

Equipment	
Name of Equipment	Quantities (how many bottles, cases, boxes, units, etc.)
REGIONAL TRANSFER POINT (RTP):	**PHYSICAL ADDRESS OF RTP:**
PRIMARY CONTACT:	**SECONDARY CONTACT:**
EMERGENCY POSITION:	**EMERGENCY POSITION:**
PHONE NUMBER:	**PHONE NUMBER:**
CELL/PAGER NUMBERS:	**CELL/PAGER NUMBERS:**
FAX NUMBER:	**FAX NUMBER**
SIGNATURE:	**DATE SIGNED:**

SNS Inventory Transfer Form (RTP to POD)

From RTP to POD	Time Rec'd:	Order No.

TO POD:	FROM RTP:
enter POD address here	enter RTP address here

								Office Use Only	
Location	**Item #**	**Description**	**Requested Qty**	**Pick Qty.**	**Qty. Delivered**	**Lot No.**	**Exp. Date**	Quant. Ordered	Quant. B/O

Picker_____ **Staging**_____ **Shipper**_____

Chain of Custody Form (RTP to POD)

This Document contains _____ pages. Order # _____

Relinquished by:	_____	_____	_____	_____
	RTP Authorized Personnel Printed Name	Signature	Date	Time
Transferred to:	_____	_____	_____	_____
	Carrier Printed Name	Signature	Date	Time
Relinquished by:	_____	_____	_____	_____
	Carrier Printed Name	Signature	Date	Time
Received By:	_____	_____	_____	_____
	POD Authorized Personnel Printed Name	Signature	Date	Time
Transfer of Schedule II Substance:	_____	_____	_____	_____
	Print Name of Authorized Receiving DEA Registrant	Signature	Date	Time
	_____			
	Print DEA Registration No. & Title			

After SNS assets/medical supplies have been received, any exceptions or remarks made, must be faxed to the RSS along with this document.

The RTP Warehouse Manager will ensure a FAX copy of this entire document is sent to the RSS and/or CDPHE DOC as requested by CDPHE at time of event.

Telephone lines down? Select channel CHD NC on Digital Trunk Radio to confirm delivery information to the RSS

2007-2008 Influenza Vaccine Information

Source: ***http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf***

WHAT YOU NEED TO KNOW

Influenza ("flu") is a contagious disease. It is caused by the influenza virus, which spreads from infected persons to the nose or throat of others. Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days. It can cause:

- Fever
- Sore throat
- Chills
- Fatigue
- Cough
- Headache
- Muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die – mostly elderly. Influenza vaccine can prevent influenza. There are two types of influenza vaccine:

- Inactivated (killed) vaccine, or the "flu shot" is given by injection into the muscle.
- Live, attenuated (weakened) influenza vaccine, called LAIV, is sprayed into the nostrils. This vaccine is described in a separate Vaccine Information Statement.

For most people influenza vaccine prevents serious influenza related illness. But it will not prevent "influenza-like" illnesses caused by other viruses. Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended. Protection lasts up to a year. It takes up to 2 weeks for protection to develop after the vaccination. Some inactivated influenza vaccine contains thimerosal, a preservative that contains mercury. Some people believe thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine published a report concluding that, based on scientific studies, there is no evidence of such a relationship. If you are concerned about thimerosal, ask your doctor about thimerosal-free influenza vaccine. People 6 months of age and older can receive inactivated influenza vaccine. It is recommended for anyone who is at risk of complications from influenza or more likely to require medical care:

- All children from 6 months up to 5 years of age.
- Anyone 50 years of age or older.
- Anyone 6 months to 18 years of age on long-term aspirin treatment (they could develop Reye Syndrome if they got influenza).
- Women who will be pregnant during influenza season.
- Anyone with long-term health problems with:
    - heart disease
    - kidney disease
    - lung disease
    - metabolic disease, such as diabetes
    - asthma
    - anemia, and other blood disorders
- Anyone with a weakened immune system due to:
    - HIV/AIDS or other diseases affecting the immune system

    - long-term treatment with drugs such as steroids
    - cancer treatment with x-rays or drugs
- Anyone with certain muscle or nerve disorders (such as seizure disorders or severe cerebral palsy) that can lead to breathing or swallowing problems.
- Residents of nursing homes and other chronic-care facilities.

Influenza vaccine is also recommended for anyone who lives with or cares for people at high risk for influenza related complications:

- Health care providers.
- Household contacts and caregivers of children from birth up to 5 years of age.
- Household contacts and caregivers of people 50 years and older, and those with medical conditions that put them at higher risk for severe complications from influenza.

A yearly influenza vaccination should be considered for:

- People who provide essential community services.
- People living in dormitories or under other crowded conditions, to prevent outbreaks.
- People at high risk of influenza complications who travel to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time. Influenza vaccine is also recommended for anyone who wants to reduce the likelihood of becoming ill with influenza or spreading influenza to others.

Plan to get influenza vaccine in October or November if you can. But getting vaccinated in December, or even later, will still be beneficial in most years. You can get the vaccine as soon as it is available, and for as long as illness is occurring. Influenza illness can occur any time from November through May. Most cases usually occur in January or February. Most people need one dose of influenza vaccine each year. Children younger than 9 years of age getting influenza vaccine for the first time should get 2 doses. For inactivated vaccine, these doses should be given at least 4 weeks apart. Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine. Some people should talk with a doctor before getting influenza vaccine.

What are the risks from inactivated influenza vaccine?
A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- Soreness
- Redness or swelling where the shot was given
- Fever
- Aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a certain type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million

people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

What if there is a severe reaction?
In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed. For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

- Tell your doctor if you have any severe (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
    - Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
    - A severe allergy to any vaccine component is also a reason to not get the vaccine.
    - If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

What should I look for?
Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?
Call a doctor, or get the person to a doctor right away.

- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967. VAERS does not provide medical advice.

How can I learn more?
- Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
    - Call 1-800-232-4636 (1-800-CDC-INFO)
    - Visit CDC's website at ***www.cdc.gov/flu*** department of health and human services Centers for Disease Control and Prevention

Dosage Administration & Storage of Influenza Vaccine

NOTE: The text below is taken directly from Prevention & Control of Influenza - Recommendations of the Advisory Committee on Immunization Practices (ACIP) (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5606a1.htm) . MMWR 2007 Jul 13;56(RR06):1-54. Also available as PDF (http://www.cdc.gov/mmwr/PDF/rr/rr5606.pdf) (720K).

TIV: Dosage, Administration, and Storage

The composition of TIV varies according to manufacturer, and package inserts should be consulted. TIV formulations in multidose vials typically contain the vaccine preservative thimerosal; preservative-free single dose preparations also are available. TIV should be stored at 35°F–46°F (2°C–8°C) and should not be frozen. TIV that has been frozen should be discarded. Dosage recommendations and schedules vary according to age group (Table 4 (http://www.cdc.gov/flu/professionals/acip/dosage.htm#tab4)). Vaccine prepared for a previous influenza season should not be administered to provide protection for any subsequent season.

The intramuscular route is recommended for TIV. Adults and older children should be vaccinated in the deltoid muscle. A needle length of more than 1 inch (more than 25 mm) should be considered for persons in these age groups because needles of less than 1 inch might be of insufficient length to penetrate muscle tissue in certain adults and older children. When injecting into the deltoid muscle among children with adequate deltoid muscle mass, a needle length of 7/8–1.25 inches is recommended.

Infants and young children should be vaccinated in the anterolateral aspect of the thigh. A needle length of 7/8–1 inch should be used for children under 12 months of age for intramuscular vaccination into the anterolateral thigh. Each dose of LAIV contains the same three antigens used in TIV for the influenza season. However, the antigens are constituted as live, attenuated, cold-adapted, temperaturesensitive vaccine viruses. Additional components of LAIV include stabilizing buffers containing monosodium glutamate, hydrolyzed porcine gelatin, arginine, sucrose, and phosphate. LAIV does not contain thimerosal. LAIV is made from attenuated viruses and does not cause systemic symptoms of influenza in vaccine recipients although a minority of recipients experience effects of intranasal vaccine administration or local viral replication (e.g., nasal congestion).

In January 2007, a new formulation of LAIV (also sold under the brand name FluMist™) was licensed that will replace the older formulation for the 2007–08 influenza season. Compared with the formulation sold previously, the principal differences are the temperature at which LAIV is shipped and stored after delivery to the clinic and the amount of vaccine administered. LAIV is intended for intranasal administration only and should not be administered by the intramuscular, intradermal, or intravenous route. LAIV is not approved for vaccination of children less than 5 years of age or adults more than 49 years of age. The new formulation of LAIV is supplied in a prefilled, singleuse sprayer containing 0.2 mL of vaccine. Approximately 0.1 mL (i.e., half of the total sprayer contents) is sprayed into the first nostril while the recipient is in the upright position. An attached dose-divider clip is removed from the sprayer to administer the second half of the dose into the other nostril. The new formulation of LAIV is shipped to end users at 35°F– 46°F (2°C–8°C). LAIV should be stored at 35°F–46°F (2°C– 8°C) upon receipt, and can remain at that temperature until the expiration date is reached.

Table 4. Approved Influenza Vaccines for Different Age Groups- United States, 2007-08 Season

Vaccine	Trade name	Manufacturer	Presentation	Thimerosal mercury content (mcg Hg/0.5 mL dose)	Age group	No. of doses	Route
TIV*	Fluzone®	Sanofi Pasteur	0.25-mL prefilled syringe	0	6-35 mos	1 or 2†	Intramuscular§
			0.5-mL prefilled syringe	0	36 mos and older	1 or 2†	Intramuscular§
			0.5-mL vial	0	36 mos and older	1 or 2†	Intramuscular§
			5.0-mL multidose vial	25	6 mos and older	1 or 2†	Intramuscular§
TIV*	Fluvirin™	Novartis Vaccine	5.0-mL multidose vial	24.5	4 yrs and older	1 or 2†	Intramuscular§
TIV*	Fluarix™	GlaxoSmithKline	0.5-mL prefilled syringe	<1.0	18 yrs and older	1	Intramuscular§
TIV*	FluLuval™	GlaxoSmithKline	5.0-mL multidose vial	25	18 yrs and older	1	Intramuscular§
LAIV¶	FluMist™**	MedImmune	0.2-mL sprayer	0	5-49 yrs	1 or 2††	Intranasal

* Trivalent inactivated vaccine (TIV). A 0.5-mL dose contains 15 mcg each of A/Solomon Islands/3/2006 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens.
† Two doses administered at least 1 month apart are recommended for children aged 6 months–8 years who are receiving TIV for the first time and those who only received 1 dose in their first year of vaccination should receive 2 doses in the following year.

§ For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh.

¶ Live attenuated influenza vaccine (LAIV).

** FluMist dosage and storage requirements have changed for the 2007–08 influenza season. FluMist is now shipped to end users at 35°F–46°F (2°C–8°C). LAIV should be stored at 35°F–46°F (2°C–8°C) upon receipt and should remain at that temperature until the expiration date is reached. The dose is 0.2 mL, divided equally between each nostril.

†† Two doses administered at least 6 weeks apart are recommended for children aged 5–8 years who are receiving LAIV for the first time, and those who received only 1 dose in their first year of vaccination should receive 2 doses in the following year.

Influenza Vaccine Dosage, and Administration Questions & Answers

Source: http://www.cdc.gov/flu/about/qa/vaxadmin.htm

Can I pre-fill syringes for a flu shot clinic? If so, how long before the clinic can I pre-fill the syringes?
CDC does not recommend pre-filling syringes because of the potential for administration errors. The same person who draws vaccine should ideally be the person who administers it. Once the needle is placed on the syringe it should be used immediately. Any syringes except those filled by the manufacturer should be discarded at the end of the clinic day.

What is the appropriate dosing of a child <2 years of age?
Children age 6 months through 35 months of age receiving influenza vaccine for the first time should receive two doses (0.25cc per dose) of inactivated (injectable) vaccine separated by at least four weeks.. If only one dose of vaccine has ever been given in any previous year, give two doses of vaccine this season. If one dose was given in any previous 2 years, give one dose this season.

What length of needle should we use to give influenza vaccinations to adults?
A 1- to 1.5-inch needle should be used to give inactivated influenza vaccine intramuscularly to adults.

If adult inactivated influenza vaccine is not available, can a high-risk adult or a high-risk child receive the pediatric product (thimerosal preservative-free 0.25 ml dose) as long as they are given 0.5ml?
If an adequate supply of adult formulation is available in the community, CDC does not recommend that providers combine two 0.25 mL doses of pediatric influenza vaccine to vaccinate a single individual who requires a 0.5 mL dose of vaccine. However, if there is not an adequate supply of adult formulation, providers vaccinating high-risk individuals requiring 0.5 mL of influenza vaccine when the provider has only the 0.25 mL prefilled syringes of pediatric vaccine may choose to give two separate injections of the 0.25 mL product to protect the high-risk individual. Providers should never attempt to transfer vaccine from one syringe to another for the purpose of administering only one injection.

A Child age 3 to 9 years being vaccinated for the first time mistakenly receives a 0.25 mL (pediatric) dose rather than the recommended 0.5 mL dose. Should the first dose be repeated? Although this is not optimal, the first dose does not need to be repeated. The second dose should be administered at least 4 weeks after the first dose and should be a 0.5 mL.

Should I repeat a dose of influenza vaccine administered by an incorrect route (such as intradermal or subcutaneous)?
If the DOSE (amount) of vaccine was age-appropriate, it can be counted as valid regardless of the ROUTE by which it was given.

Should I repeat a dose of influenza vaccine that is less than the recommended dose (0.25 mL for children 6-35 months; 0.5 mL for persons 36 months and older)?
If less than an age-appropriate dose of influenza vaccine is administered it should NOT be counted as valid regardless of the route it was given, and should be repeated, except in the case of a child being vaccinated for the first time, as noted above.

Persons Who Should Not Be Vaccinated

Source: http://www.cdc.gov/flu/professionals/acip/shouldnot.htm

NOTE: The text below is taken directly from Prevention & Control of Influenza - Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007 Jul 13;56(RR06):1-54. Also available as PDF (720K).

TIV

TIV should not be administered to persons known to have anaphylactic hypersensitivity to eggs or to other components of the influenza vaccine. Prophylactic use of antiviral agents is an option for preventing influenza among such persons. Information regarding vaccine components is located in package inserts from each manufacturer. Persons with moderate to severe acute febrile illness usually should not be vaccinated until their symptoms have abated. However, minor illnesses with or without fever do not contraindicate use of influenza vaccine. GBS within 6 weeks following a previous dose of TIV is considered to be a precaution for use of TIV.

LAIV

LAIV is not currently licensed for use in the following groups, and these persons should not be vaccinated with LAIV:

- persons with a history of hypersensitivity, including anaphylaxis, to any of the components of LAIV or to eggs.
- persons aged <5 years or those aged >50 years;
- persons with any of the underlying medical conditions that serve as an indication for routine influenza vaccination, including asthma, reactive airways disease, or other chronic disorders of the pulmonary or cardiovascular systems;
- other underlying medical conditions, including such metabolic diseases as diabetes, renal dysfunction, and hemoglobinopathies; or known or suspected immunodeficiency diseases or immunosuppressed states;
- children or adolescents receiving aspirin or other salicylates (because of the association of Reye syndrome with wild-type influenza virus infection);
- persons with a history of GBS; or
- pregnant women

Large Scale Influenza Vaccine POD Site Guidance

CDC Guidelines for Large-Scale Influenza Vaccination Clinic Planning

To facilitate the most efficient and safe delivery of available vaccine via large community clinics, these recommendations and guidelines have been developed to assist with planning large-scale influenza vaccination clinics by public and private vaccination groups. Ideally, plans from private and public groups should be shared to identify best practices, avoid unnecessary overlapping of services, and maximize the effective and efficient delivery of influenza vaccinations.

This document provides general guidance to help ensure smooth operations at large-scale vaccination clinics under 8 major headings:

- Leadership roles
- Human resource needs
- Vaccination clinic location
- Clinic lay-out and specifications
- Crowd management outside of the clinic
- Crowd management inside of the clinic
- Clinic security
- Clinic advertising

Leadership Roles: Designate local clinic leaders for overall vaccination campaign operations, and leaders for communications systems from both the public and private sectors Designate a clinic manager and a team leader each for supplies, logistics, medical personnel, support functions and their respective backups

Human Resource Needs: Secure staff to fill the positions of greeters-educators, priority client screeners, registration personnel, medical screeners, form/payment collectors, clinic flow Controllers, vaccination assistants, vaccination administrators, security and emergency medical personnel. Meet the language needs of the community using multi-lingual staff . Prepare staff members to know and execute their responsibilities and be able to correctly answer questions from clients. Cross-train staff members, if possible, to enable flexibility in meeting needs at various stations as demands fluctuate. Make provisions for surge capacity staffing, particularly at clinic opening time, where pre-scheduling will not be done or large numbers of unscheduled clients are anticipated. Request surge capacity staff from out-of-area city/county agencies and health departments, local private nursing agencies, local nursing associations, local law enforcement, local medical community, health care worker and pharmacy students, volunteer groups and personnel working at the retail stores/corporations that might be used as the clinic sites . Ensure staff well-being by scheduling times for rests and snacks in a designated area.

Vaccination Clinic Location: Seek out school gyms, churches, auditoriums, theaters or other large covered public spaces accessible to the elderly and persons with disabilities. Ensure proximity to population centers and mass transit, ample parking, separate entry and exit doors, adequate lighting and heating, functional and accessible restrooms, and adequate space for all clinic functions such as screening, registration, vaccine storage, vaccination, and staff breaks. Select a facility with space for reasonably large and well-delineated covered gathering areas outside and inside of the clinic.

Clinic Lay-Out and Specifications: Set up for unidirectional client flow from an external gathering area → eligibility screening area (multiple stations) → clinic entrance → facility waiting area(s) → registration/question and answer/form completion area (multiple stations) → medical screening/treatment area (as needed) → Medicare and other payment area (multiple stations) → vaccination area (multiple stations) → exit at a location distant from the entrance. Use liberal amounts of rope, stands and signs in multiple languages, as needed, in outside waiting area(s) and inside clinic to delineate routes for clients to follow from station to station. Provide seating for clients at each vaccination station and one or more vaccination stations with surrounding screens where over-clothed clients can discreetly bare their arms for vaccination. Section off private area(s) where clients who experience acute adverse events after vaccination or who have medical problems can be evaluated and treated. Ensure the presence of an onsite emergency medical kit and a designated trained physician, emergency medical technician (EMT), pharmacist, or nurse certified in basic cardiopulmonary resuscitation who can administer treatment for allergic reactions and address urgent medical problems.

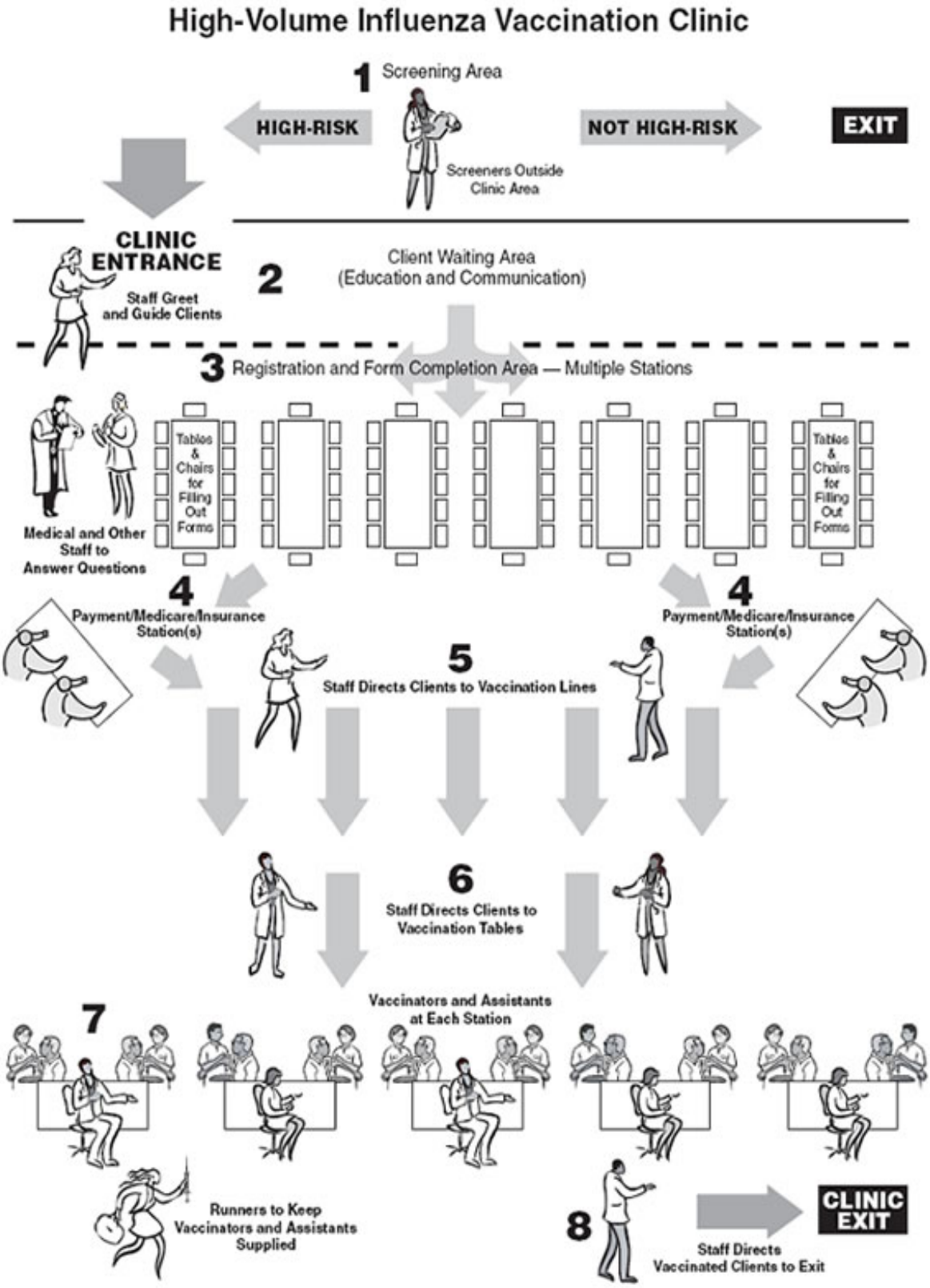
Crowd Management Outside of the Clinic: Schedule staff to arrive 1 to 2 hours before clinic opening time to welcome and screen clients even if pre-scheduling is being used. Arrange accommodations for special-needs clients (e.g., persons with disabilities, very advanced age or fragility) for expedited access into the clinic. Direct arriving clients into several lines and use numerous signs and announcements to clarify who falls into high-risk groups. Communicate the number of vaccine doses available at the clinic to the clients. Instruct clients to assess their eligibility to receive vaccination by reviewing the CDC, or similar, self-screening form and vaccine information statement (VIS); provide language translation services where necessary. Update clients on their estimated waiting times to be screened. If vaccine supplies are limited and vaccine is being prioritized for certain groups, inform waiting clients that high-risk populations only will be served and a client numbering system will be in use. More information about ACIP's recommendations for priority groups in the setting of limited TIV vaccine can be found at: URL here. Schedule at least 2 screeners per line to reduce crowd size and waiting times by rapidly identifying and retaining high-risk clients and dispersing non-priority individuals. Distribute sequentially numbered tickets, VIS or other forms in appropriate languages that permit entry into the clinic to high-risk clients only. Provide clients who cannot be served for lack of vaccine an up-to-date listing of alternative clinics providing vaccinations.

Crowd Management Inside of the Clinic: Vaccinate clients in the order of their numbered tickets. Arrange accommodations for special-needs clients (e.g., persons with disabilities, very advanced age or fragility) to receive expedited vaccination – consider a dedicated vaccination line. Communicate clinic updates and wait times for vaccination so that clients are free to leave and return to be vaccinated. Provide entertainment materials, TV and/or refreshments if wait times are anticipated to be long. Assist clients in completing required forms (e.g., consent forms and/or

vaccination cards) by having sufficient registration staff available. Utilize runners to keep staff stocked with ample supplies so that they can remain at their stations. Maintain a steady flow of clients through the clinic so that vaccinators are never without a client at their stations; redirect clients who create bottlenecks. Fill syringes with vaccine at the time of vaccination only – prepare just enough vaccine to meet the clinic's ongoing needs if providers insist upon pre-filling syringes; never pre-fill before clinic opening hours. Discard any vaccine-filled syringes remaining after the clinic closes. Provide adequate facilities (e.g., waiting areas, restrooms, water) to meet the needs of the clients.

Clinic Security: Require all staff to wear identification cards color coded for their job functions. Consider using uniformed presence to act as security and assist in managing crowds. Employ security personnel to monitor the mood of waiting crowds and communicate deteriorating situations to the clinic manager. Secure the vaccine and protect clinic staff and their valuables. Recruit local volunteers familiar to clinic customers since they may be especially effective in diffusing crowd-related tension

Clinic Advertising: Use multi-lingual and multimedia channels to widely post clinic purpose, dates, locations, times, and which populations will be served. Provide instructions on how to set up appointments via telephone, in person, or other systems if pre-scheduling will be used. Know how much vaccine is available for a scheduled clinic and how to reallocate vaccine through centralized or individual clinic efforts to meet the acute needs of other providers. Recognize that scheduling may be overwhelmed and therefore not be maintainable or able to meet clients' needs during a time of severe vaccine shortage; direct clients to other facilities as required.


High-Volume Influenza Vaccination Clinic
1 Screening Area
HIGH-RISK
NOT HIGH-RISK
EXIT
Screeners Outside Clinic Area
CLINIC ENTRANCE
Staff Greet and Guide Clients
2 Client Waiting Area (Education and Communication)
3 Registration and Form Completion Area — Multiple Stations
Tables & Chairs for Filling Out Forms
Medical and Other Staff to Answer Questions
4 Payment/Medicare/Insurance Station(s)
5 Staff Directs Clients to Vaccination Lines
6 Staff Directs Clients to Vaccination Tables
Vaccinators and Assistants at Each Station
7
Runners to Keep Vaccinators and Assistants Supplied
8
CLINIC EXIT
Staff Directs Vaccinated Clients to Exit

REFERENCES These vaccination clinic planning considerations are a compilation of concepts and practices from many sources – published, unpublished and personal communication.
Published sources:

- Prevention and Control of Influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP)
- General Guidelines for Smallpox Vaccination Clinics:
- Guidelines for Large Scale Vaccination Clinics:
- HHS Pandemic Influenza Plan
- Vaccination Ventures: Explanation and Outcomes of Mass Smallpox Vaccination exercises. San Francisco Department of Public Health

Unpublished draft document sources

- Outbreak Control and Vaccination Campaign Management; Meningitis and Special Pathogens Branch, NCIS, CDC
- Community-Based Mass Prophylaxis: A Planning Guide for Public Health Preparedness. October 2004. Agency for Healthcare Research and Quality, Rockville, MD.
- General Guidelines for Pandemic Influenza Vaccination Clinics; Health Services Research and Evaluation Branch, NIP, CDC
- Pandemic Influenza: Clinic Preparation Checklists; Health Services Research and Evaluation Branch, NIP, CDC
- State and county health pandemic influenza preparedness plans; selected states
- State, county and city after action reports on exercises of mass prophylaxis and immunization plans; selected states

Utilizing Nursing Students for Mass Immunization Operations EXERCISES

Issues to Consider
This list of issues to consider when utilizing nursing students for mass immunization operations exercises is not exhaustive. It is intended to be a tool to be used during the planning process to prompt dialogue with planners, local legal counsel, agency and school decision makers.

Nursing students pose a unique set of considerations when planning for a mass immunization operation (in an exercise or in a real event). Because they are not licensed health care professionals, it is important for the agency to consider the legal issues surrounding the use of students before the event occurs in order to protect the agency, the school and the community from unwanted liability risk.

The use of nursing students in disaster response is desirable and would be a tremendous asset in the time of critical need. Considering these issues prior to a real event will provide both agencies and schools the opportunities to put into place agreements, etc. that would be vital when these assets are most needed.

1. Contracts

   Nursing Schools typically go into agreement with an agency that will provide the students with a clinical experience. These agreements outline what the expectations are regarding student performance, required skill sets (basic life support, universal precautions, clinical skills, etc.), and workman's compensation/liability coverage during the experience. They also outline what the agency will provide to the student. These are usually entered into for a calendar year or semester. (See attached example provided by AHEC.)

   Memorandum of Understanding

   A Memorandum of Understanding is a document that describes an agreement for cooperative effort between two separate organizations. It could be entered into with the same content described above, but it could be for a one-time event if a contract does not already exist between the school and the agency.

2. Workman's Compensation and Liability Insurance

   The school carries the Workman's Compensation and General Liability Insurance for the students. The students carry their own professional liability insurance. This should be expressed in the contract or in the MOU.

3. Student Roles and Responsibilities

   Student Roles and Responsibilities should be expressed clearly. Will they be allowed to inject vaccine, will their role be supportive, etc.?

4. Supervision

   Who will be supervising the students? The Board of Nursing requires that student nurses in a clinical experience have direct supervision by a licensed health care professional (registered nurse, physician, mid-level provider, etc.). The supervisor to student ratio has been set at 1:8-10 (the lesser is desirable in an uncontrolled environment such as a Point of Dispensing).

   Will the school provide the supervisory staff for the students?
   Will the agency provide the supervisory staff for the students?

5. Pre-Basic Training Requirements

   In order to provide a rich and meaningful experience to the students, have you considered the pre-training requirements that the students should have? Some training requirements to consider include: NIMS, CPR, Universal Precautions, medication reactions, Immunization protocols, HIPAA

6. Proof of Immunization

   Will you require the students to have proof of immunization prior to the clinical experience? Typical examples include Hepatitis B and Tetanus.

7. What, if any are the barriers to your agency using students as volunteers?

   Liability Issues
   Inadequate Supervisory Capacity
   No time for training

Resources you can review regarding the use of volunteers in general:
https://www.citizencorps.gov/cert/start-3-1d.shtm
http://www.hrsa.gov/esarvhp/guideliens/guide_4-0.htm
Insurance/Legal Liability for Volunteers. The National Volunteer Center. 1111 North 19th Street, Suite 500, Arlington, Virginia 22209. 703-276-0542
http://www.swcphp.ouhsc.edu/toolkit/volunteer/start_here.html

COOPERATIVE EDUCATION AGREEMENT

This COOPERATIVE EDUCATION AGREEMENT (the "Agreement") is made and entered into as of _____by and between as applicable AGENCY NAME, hereafter referred to as "Facility" and SCHOOL NAME located at _____ hereafter referred to as "School".

WHEREAS, Facility is duly recognized by the Colorado Department of Health and Environment to operate public health operations and

WHEREAS School offers students educational programs and training opportunities for its students ("Participating Students") and wishes to advance such training at Facility under the terms and conditions of this Agreement.

WHEREAS, Facility has the necessary facilities, services and personnel to provide clinical educational experiences essential to the appropriate curriculum at School;

NOW, THEREFORE, in consideration of the agreements herein contained, it is hereby mutually agreed and covenanted between the undersigned parties as follows:

1) **RESPONSIBILITIES OF FACILITY**

a) Facility will make available to Participating Students its facilities and staff as Facility determines reasonable and appropriate to provide opportunities for educational experience (the "Cooperative Education Program").

b) Facility shall maintain full responsibility for client care throughout the term of the Cooperative Education Program.

c) Facility will determine the number of Participating Students that may be accepted into the Cooperative Education Program for a given period of time, which number will depend upon the availability of space, the patient or client population, qualified staff and any other condition Facility deems pertinent. Facility will determine the clinical experiences for such Participating Students in consultation with School, including a statement of criteria for participation, the term of the Cooperative Education Program, and the placement and scheduling of Participating Students.

d) Facility will appoint a representative to be School's contact and consultant regarding the Cooperative Education Program. The initial representative is _____. The Facility's representative will have the following duties:

i) Arrange for supervision of School's Participating Students by persons designated by Facility;
ii) Cooperate with School to establish educational objectives and curricula related to the Cooperative Education Program;
iii) Advise School of changes in personnel, operation or policies which materially relate to and can reasonably be anticipated to adversely affect the Participating Students' educational experience; and
iv) Coordinate communication between Facility and School regarding Participating Students' educational objectives and performance.

e) Facility will provide to School and its Participating Students:
i) a copy of, or other reasonable access to, Facility's current policies and procedures with which Participating Students must comply;
ii) a statement of Participating Students' responsibilities;
iii) student orientation;
iv) such access to Facility's supplies and equipment as Facility determines is appropriate;
v) other information as Facility determines is needed for the clinical experience.

f) Facility will allow on-site visit of representatives of School upon prior notice during normal working hours. Facility will permit reasonable inspection by organizations and individuals responsible for accrediting the School and will cooperate in supplying non-privileged information reasonably required to assist School in maintaining accreditation.

g) Facility in its sole discretion may immediately suspend, and/or require School to withdraw, any student from the Cooperative Education Program. If reasonably possible, such suspension or withdrawal will be implemented cooperatively by the Facility and School, and any grievance against any student will be discussed among Facility, School, and student.

h) Facility will evaluate the performance of Participating Students using an evaluation form provided by the School or, at Facility's option, one that is regularly used by the Facility.

i) Facility will provide emergency health care to a student in case of accident or sudden illness occurring at the Facility at the expense of the student pursuant to 2b below.

2) **RESPONSIBILITIES OF SCHOOL**

a) School will place in the Cooperative Education Program only those Participating Students who have successfully completed appropriate prerequisite courses and clinical educational experience. School will inform Facility of the level of training a student has received and will provide current information regarding the student's clinical educational goals.

b) School will require each student to maintain, or School will provide, throughout the term of the Cooperative Education Program without interruption applicable professional liability insurance in such amounts and under such terms as may be required by applicable law and by Facility. School or Participating Student will either name Facility as an additional insured party or provide a certificate of insurance on any applicable professional liability insurance policy maintained by School or Participating Student. Consistent with Colorado Revised Statutes § 8-40-302(7), School will also provide workers' compensation and other liability insurance as may be applicable for the Participating Students. Upon execution of this Agreement, School will provide to Facility proof of such insurance in the form of a certificate of insurance. School will notify Facility thirty (30) days prior to any cancellation of or significant change in insurance coverage.

If School is a governmental entity, it shall be subject to such insurance provisions as may be required by state law, and the insurance requirements above shall be modified according to such laws.

c) School will designate a representative to work with Facility's representative regarding the coordination of the administrative and academic aspects of the Cooperative Education Program. The representative will provide copies of applicable curricula to Facility's representative, and accept Facility input on curricula. School will have a faculty representative on site at Facility during clinical experiences as determined necessary by Facility and School depending upon the particular clinical experience. The School's initial representative is _____.

d) School will inform each student that he or she is responsible for:

i) respecting the confidentiality of patients of Facility and Facility's clinics and their records;
ii) following Facility's rules, regulations, policies and procedures;
iii) complying with Facility's Blood Borne Pathogen policies, procedures and protocols;
iv) paying all applicable expenses, including without limitation meals, laundry of uniforms, medical expenses, transportation and books;
v) providing Facility with records of student's physical examinations, immunization status and other medical tests and documentation of necessary training in OSHA regulations, HIPAA requirements, and BLS certification or any other training as requested by Facility and consistent with OSHA and other requirements;
vi) providing evidence of appropriate health insurance; and
vii) obtaining written permission from Facility and School before publishing any material relating to the clinical experience.

e) School will obtain, as Facility may request, any authorizations from Participating Students necessary for release of confidential records, including without limitation Participating Students' medical records, educational records and criminal records.

f) School will require its faculty, employees and agents involved in the Cooperative Education Program to comply with all applicable policies, procedures, rules and regulations of Facility.

g) All patient information, financial information, information concerning any matter relating to the business of the other party, records and data collected or obtained by Facility (or its employees) or exchanged among Facility and School will be treated in a confidential manner and in compliance with applicable state and federal law.

Neither party shall disclose the substance of this Agreement or any information acquired from the other party during the course of this Agreement to any third party unless required by law or authorized, in writing, by the other party.

This section does not apply to information: (1) required by law to be disclosed or to be provided to government agencies and organizations; (2) disclosed in legal or government administrative proceedings, when ordered to do so by court of competent jurisdiction; (3) disclosed through no fault of the party with the obligation not to disclose; or (4) which is or becomes part of the public domain through no fault of either party hereto.

Insofar as School has access to or has been provided with protected personal health information ("PHI") (as defined in HIPAA) of Facility's patients or employees, School agrees that it shall:

- Only use or disclose PHI as permitted (i) under this Agreement or (ii) by Facility under the HIPAA rules;
- Use appropriate safeguards to prevent misuse of PHI;
- Make PHI available to individuals as set forth under the HIPAA rules;
- Return or destroy all PHI upon termination of this Agreement;
- Require that its permitted subcontractors under this Agreement, if any, shall agree to all these restrictions; and
- Report any improper disclosure of PHI immediately to Facility.

Any material breach of the terms of this section shall be deemed a material breach of this Agreement. Furthermore, in the event of a material breach or threatened material breach by either party of this section, the other party shall be entitled to an injunction restraining such defaulting party from disclosing, in whole or in part, any confidential information. Nothing herein shall be construed as prohibiting either party from pursuing any other remedy available for such breach or threatened breach, including the recovery of damages, costs and reasonable attorneys' fees.

h) School shall provide the following facility-approved training, and/or certification to Participating Students:

i) HIPAA;

ii) OSHA; and

iii) BLS certification for clinical areas, as applicable.

3) **GENERAL PROVISIONS**

a) ***Term and termination.*** The term of this Agreement will begin on _____and will continue for a period of _____, and shall automatically renew for _____ terms, unless terminated by either party, with or without cause, following _____ days' written notice by registered mail to the other party. However, subject to the provisions of Section 1(g) above, Facility may, but is not required to continue with, Participating Students then currently enrolled in the Cooperative Education Program until such Participating Students have completed their term.

b) ***Supervision.*** Facility and School agree that Participating Students engaged at the Facility under this Agreement will be under the supervision and control of the Facility and will adhere to Facility's policies and procedures regarding health care delivery and the Participating Students' role in delivering same.

c) ***Indemnification.*** To the extent permitted by law, School agrees to indemnify Facility against liability on any action, claim or proceeding instituted against the Facility arising out of negligent acts or omissions by the School's faculty, employees, Participating Students, or agents while in the conduct of the Cooperative Education Program and to hold the Facility harmless from any expenses connected with the defense, settlement, or payment of monetary judgments from such action, claim or proceeding. Facility agrees to indemnify School against liability on any action, claim or proceeding instituted against the School arising out of negligent acts or omissions by the Facility's staff, employees, or agents while in the conduct of the Cooperative Education Program and to hold the School harmless from any expenses connected with the defense, settlement, or payment of monetary judgments from such action, claim or proceeding. In the event any state law or constitutional mandate prohibits School from indemnification, then the indemnification requirements of this provision shall not apply.

d) Deleted

e) ***No remuneration.*** No pay of any kind shall be provided to or received by School, Participating Students, or Facility for participation in this Agreement.

f) ***Status of Parties***. The parties agree that instructors, staff and Participating Students participating in the Cooperative Education Program are not the employees or agents of Facility. Instructors, staff and Participating Students are not entitled to any benefits from Facility, including but not limited to workers' compensation, unemployment insurance, health benefits (except as herein above provided), insurance or any other benefits provided by Facility to its employees except as specifically required by law, and in such case, only to the extent and for the purposes so required.

g) ***Entire Agreement***. This Agreement and all exhibits hereto constitute the sole and only agreement between the parties hereto respecting the subject matter hereof and correctly set forth the rights, duties and obligations of each party as of the date hereof. Any prior agreements, promises, negotiations or representations concerning the subject matter of this Agreement not expressly set forth herein are void and of no force or effect whatsoever.

h) ***Severability***. If for any reason, any provision of this Agreement is held invalid, such invalidity will not affect any other provision of this Agreement not held so invalid, and each such other provision will, to the full extent consistent with law, continue in full force and effect.

i) ***Choice of Law***. This Agreement will be governed and interpreted by the laws of the State of Colorado. Any legal action brought under this Agreement will be brought in] the State of Colorado.

j) ***Notice***. Any notice required to be sent to the parties under this Agreement will be sent certified mail, return receipt requested, and addressed as follows:

To School:

_____
School Name

_____
Department

_____
Contact Person and Title

_____
Address

_____
Phone

To Facility: _____
Facility Name

_____
Address

_____
Contact Person and Title

_____
Phone

k) ***Nonexclusive Agreement***. This Agreement is nonexclusive. Facility reserves the right to offer a cooperative education program to Participating Students of other educational institutions.

l) ***Nondiscrimination***. Neither Facility nor School will discriminate against any person because of race, color, religion, sex or national origin.

IN WITNESS WHEREOF, the parties hereunto executed this Agreement as of the day and year first above written.

SCHOOL	FACILITY
By: _____	By:_____
Printed Name:	
Title:	
Date: _____	Date: _____

EXPLAN List of Acronyms

AAR	After Action Report
C/E or CE	Controller/Evaluator
CDC	Centers for Disease Control and Prevention
CDPHE	Colorado Department of Health and Environment
CO.TRAIN	Colorado Training finder Real-time Affiliate Integrated Network
DHS	Department of Homeland Security
DOC	Department Operations Center
EEG	Exercise Evaluation Guide
ENDEX	Exercise Play End
EOC	Emergency Operations Center
EPRD	Emergency Preparedness and Response Division
EXPLAN	Exercise Plan
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
GEEERC	Governor's Expert Emergency Epidemic Response Committee
HAN	Health Alert Network
HSEEP	Homeland Security Exercise and Evaluation Program
IP	Improvement Plan
JIC	Joint Information Center
LPHA	Local Public Health Agency
MACC	Multi-Agency Coordinating Center
MOU	Memorandum of Understanding
MSEL	Master Scenario Events List
POD	Point of Dispensing
PPE	Personal Protective Equipment
RSS	Receiving, Storing and Staging
RTP	Regional Transfer Point
SIMCELL	Simulation Cell
SNS	Strategic National Stockpile
STARTEX	Exercise Play Start
WHO	World Health Organization

Information that May Be Requested from Exercise Players during *POD Squad*

During the course of exercise play, POD players may be asked to provide information to the CDPHE Department Operations Center (DOC) about following the items listed below:

- Name and contact information for POD Manager
- The number of symptomatic individuals you have transported to appropriate health facilities prior to their entering the POD.
- The approximate wait time at the POD for individuals to receive their vaccine.
- The number of patients you are currently vaccinating per hour.
- The status of vaccine and medical supplies. (Do you have enough vaccine for all those waiting in line. If not, how do you plan to handle this?)
- The number of individuals that have had adverse reactions to the vaccine.
- Total number of people vaccinated by 12:30 PM, total vaccinated by end of your exercise play on November 17

During the course of exercise play, Regional Transfer Point players may be asked to provide information to the CDPHE Department Operations Center (DOC) or Receipt, Store and Stage Warehouse (RSS) staff about the following items listed below:

- Name and contact information for RTP Warehouse Manager
- Shipment of vaccine received and at what time.
- Did you receive the amount requested?
- Is refrigeration available and adequate for transport of the vaccine to the POD sites?
- How long do you anticipate it will take for the RTP to deliver medical assets to the POD locations?
- What is your security situation at the RTP? Do we need to be aware of any changes?
- What time do you plan to demobilize?