

DIVISION OF STRATEGIC NATIONAL STOCKPILE
LOCAL TECHNICAL ASSISTANCE REVIEW

CRI MSA Affiliate: Manchester, NH

Assessment Date: February 10, 2012

County/Project Area/Planning Jurisdiction: Capital Area Public Health Region

Reviewer: Leigh A. Cheney

Baseline Data for Review ¹		Response
1	Local population covered by local planning jurisdiction's medical countermeasure dispensing plan. TIP	130,907
Notes:		
2	Hourly throughput needed to provide prophylaxis to 100% of the population within 48 hours of decision to deploy SNS. TIP	3636
A	Estimate of hours available for operations to meet the 48 hour goal for dispensing after receipt of assets from state/local distribution.	
3	Total number of Points of Dispensing (PODs) identified to cover 100% of the planning jurisdiction population. TIP	5
Notes:		
4	Calculated total estimated hourly operational throughput, based on modeling, exercise or estimate, to provide prophylaxis to 100% of the jurisdiction's population within 48 hours through operation of all PODs identified in 3. TIP	
Notes:	Was Head of Household used in this calculation? What number of multiple regimens is authorized? Additional comment:	
5	Number of PODs (general population) identified and supported through written agreement. TIP	5
Notes:		
6.	Number of PODs (general population) with documented site-specific plans. TIP	5
Notes:		
7.	Number of POD (general population) with identified primary and back-up management teams. TIP	5
Notes:		
8.	Estimated number of local government personnel and volunteer staff needed to staff 100% of POD functions for a medical countermeasure distribution and dispensing campaign. TIP	700 (137)
Notes:		
9.	Current number of local government personnel volunteer staff identified to staff POD functions for a mass prophylaxis campaign and/or medical supplies management and distribution. TIP	500
Notes:		

¹ Additional clarification is provided for selected Baseline Data questions through Excel ToolTip and through comment on Page 27.

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10.	Lines 10a-h relates to specific types of alternate dispensing modalities present in the project area.	
A	Number of drive-through PODs	0
B	Number of Closed PODs with healthcare entities/agencies (e.g., nursing homes, long term care facilities, skilled nursing facilities, retirement homes, hospitals, etc.)	13
C	Number of Closed PODs with private business (e.g., local chemical/power plant, grocery stores, newspapers, banks, hardware stores, car companies, etc.)	0
D	Number of Closed PODs with governmental agencies (e.g., DHS components, HHS operating divisions, VA Hospitals, local IRS offices, jails, juvenile detention programs, county/city departments, tribal, etc.)	2
E	Number of Closed PODs with military installations e.g., active duty bases, National Guard units)	
F	Number of Closed PODs with academic institutions (e.g., universities, colleges, high schools, school districts, elementary schools, etc.)	9
G	Number of Closed PODs with community-based agencies (e.g., Meals on Wheels, agencies assisting homeless, American Red Cross, United Way, VOAD, etc.)	1
H	Number of PODS using other types of alternate dispensing modalities (please explain in Notes section below)	0
Notes:	Closed pod planning has been a priority over the past four months. The POD working groups are identifying closed POD's and collecting information. We are ready to do operational plans when the state gives us the OK. This planning is coordinated with our CRVNA and other regional home care agencies.	
11.	Population covered by all Closed POD alternate dispensing modalities. (9b-h above) TIP	
Notes:		

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SECTION ONE: DEVELOPING A PLAN WITH SNS ELEMENTS (3%)		
1.1	Local SNS planning elements are incorporated in the local all-hazards plan and are NIMS-compliant.	
<input checked="" type="checkbox"/>	1	Local SNS planning elements are incorporated into the local all-hazards plan and are NIMS-compliant.
<input type="checkbox"/>	0	Local SNS planning elements are not incorporated into the local all-hazards plan and are not NIMS-compliant.
NOTES: Our Annex is shared with all 23 communities for inclusion in their EOP		

1.2	Local SNS planning elements are updated annually based on deficiencies revealed during federal and/or state SNS Program Technical Assistance Reviews and state/local trainings and exercises.	
<input checked="" type="checkbox"/>	1	Planners have documentation that the local SNS planning elements included in the all-hazards plan are updated annually.
<input type="checkbox"/>	0	Planners do not have documentation and/or the local SNS planning elements included in the all-hazards plan are not updated annually.
NOTES: Record of changes page 6		

1.3	Multi-discipline planning/advisory group or partners meet annually to review and/or update the SNS planning elements in the all-hazards plan.		
	<input checked="" type="checkbox"/> xHealth Department	<input type="checkbox"/> Department of Administrative/Finance	<input checked="" type="checkbox"/> xOrganizations Servicing At-Risk Pop.
	<input checked="" type="checkbox"/> xMental Health/Crisis Professionals	<input checked="" type="checkbox"/> xDepartment of Corrections	<input checked="" type="checkbox"/> xPrivate Business Representatives
	<input checked="" type="checkbox"/> xEmergency Management Agency	<input type="checkbox"/> Military Installations	<input checked="" type="checkbox"/> xVolunteer Organizations
	<input checked="" type="checkbox"/> xState Office of Homeland Security	<input type="checkbox"/> Tribal Nations	<input checked="" type="checkbox"/> X Civic Organizations
	<input checked="" type="checkbox"/> xPublic Works	<input type="checkbox"/> Regional HHS Liaison(s)	<input type="checkbox"/> Professional Organizations
	<input type="checkbox"/> Department of Transportation	<input checked="" type="checkbox"/> xMMRS Representative	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> xLaw Enforcement	<input type="checkbox"/> NDMS Representative	
	<input type="checkbox"/> Hospitals/Alternate Care Facilities	<input checked="" type="checkbox"/> xMedical Reserve Corps	
	<input checked="" type="checkbox"/> xEmergency Medical Services	<input checked="" type="checkbox"/> xCommunity Emergency Response Team	
<input checked="" type="checkbox"/> xFire	<input checked="" type="checkbox"/> xHome Health/Visiting Nurse		
<input checked="" type="checkbox"/>	1	The planning/advisory group includes representatives of 50% or more of the applicable agencies and institutions listed above and meeting documentation is available for review.	
<input type="checkbox"/>	0.5	The planning/advisory group includes less than 50% of representatives from the applicable agencies and institutions listed above and meeting documentation is available for review.	
<input type="checkbox"/>	0	A planning group has not been formed or meeting documentation is not available for review.	
NOTES:			

1.4	The roles and responsibilities of local agencies and/or other organizations concerning SNS planning elements are documented.	
<input checked="" type="checkbox"/>	1	Local planners have supporting documentation indicating appropriate local agencies and/or other organizations acknowledge their roles and responsibilities concerning the SNS planning elements indicated in the local all-hazards plan.
<input type="checkbox"/>	0	Local planners have no verifiable documentation that local agencies and/or other organizations have acknowledged their roles/responsibilities in SNS planning elements.
NOTES: See Record of Distribution		

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		State and local policies and procedures to support local mass prophylaxis operations and/or medical supplies management and distribution are referenced in plan, including:
		xProcess for requesting SNS assistance page 30
		xPolicy for dispensing multiple regimens to family members and household at a dispensing site page 38
1.5		X Policy for dispensing to unaccompanied minor page38
		xPolicy for minimum identification requirements in order to receive medication page 38
		xPolicy for use of force by law enforcement page 43
		Policy for providing prophylaxis to tribal nations (if applicable) NA
		<input type="checkbox"/> Procedure for providing support to prophylaxis to military installation(s) within jurisdiction (if applicable) NA
X	1	All the applicable policy issues listed above have been reviewed, identified, and incorporated in the SNS planning efforts to support mass prophylaxis operations and/or medical supplies management and distribution.
<input type="checkbox"/>	0	All the applicable policy issues listed above have not been incorporated in the SNS planning efforts to support mass prophylaxis operations and/or medical supplies management and distribution.
NOTES:		

		Legal issues to support medical countermeasure distribution and dispensing are outlined in plan, including:
		<input type="checkbox"/> Medical practitioners authorized to issue standing orders and protocols for dispensing sites page 40
		<input type="checkbox"/> Personnel authorized to dispense medications during a state of emergency page 41
1.6		<input type="checkbox"/> Procurement of private property page30
		<input type="checkbox"/> Liability protection page 41
		<input type="checkbox"/> Workers compensation page 42
		<input type="checkbox"/> Staff compensation page 42
X	1	All of the legal issues listed above have been identified, outlined or referenced in the plan.
<input type="checkbox"/>	0	All of the legal issues listed above have not been identified, outlined or referenced in the plan.
NOTES:		
SECTION ONE: Points Divided by 6 =		

SECTION TWO: MANAGEMENT OF SNS (10%)		
2.1		Local SNS Coordinator identified with back-up and POC information.
X	1	The local SNS Coordinator and back-up have been identified and their emergency contact information is available. Page 32
<input type="checkbox"/>	0.5	Only the local SNS Coordinator has been identified or POC information is not provided for person(s) identified.
<input type="checkbox"/>	0	Local SNS Coordinator and back-up have not been identified.
NOTES:		

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		Personnel (Lead and back-up) have been identified at the local level to oversee the planning and management of the following functional area and contact information is documented.
2.2	<input type="checkbox"/>	Staffing/Volunteer Coordination *
	<input type="checkbox"/>	Tactical Communications/IT Support *
	<input type="checkbox"/>	Security Coordination *
	<input type="checkbox"/>	RDS Operations, if applicable
	<input type="checkbox"/>	Distribution operations, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	Dispensing Site operations *
<input type="checkbox"/>	<input type="checkbox"/>	Inventory Management *
<input type="checkbox"/>	<input type="checkbox"/>	Hospital/Alternate Care Facilities coordination
<input type="checkbox"/>	<input type="checkbox"/>	Public Information and Communication *
<input type="checkbox"/>	<input type="checkbox"/>	Safety Coordination *
<input type="checkbox"/>	1	Lead / management staff has been identified for all functional planning areas listed above and contact information is documented.
<input checked="" type="checkbox"/>	0.5	Six or more of the lead and back-up staff have been identified and contact information documented.
<input type="checkbox"/>	0	Less than six of the lead and back-up staff have been identified and contact information documented.
NOTES:		At least six of these positions are covered in the MACE staffing roster as well as the POD management lists.

2.3		Call-down lists for personnel identified in item 2.2 are current and updated quarterly.
<input checked="" type="checkbox"/>	1	Call-down lists exist for all listed above and are updated quarterly.
<input type="checkbox"/>	0.5	Call-down lists exist for all listed above and are updated less than quarterly.
<input type="checkbox"/>	0	Call-down lists have not been developed or are not available for review.
NOTES:		These lists include our CAPHN 23 town Call Tree, our MACE call Tree and our MACE Team Activation list

2.4		Local jurisdiction conducts and documents call-down exercises of all personnel identified in item 2.2 at least quarterly
<input checked="" type="checkbox"/>	1	Call-down exercises are conducted quarterly, the results of these drills are documented, and any identified discrepancies corrected and documented.
<input type="checkbox"/>	0.5	Call-down exercises are conducted less than quarterly.
<input type="checkbox"/>	0	No documentation exists that quarterly call-down exercises were conducted.
NOTES:		Drills are documented on E-Studio in the Exercises folder

		SNS functions have been incorporated under the applicable functional area of the jurisdiction's Incident Command Structure and are documents.
2.5	<input type="checkbox"/>	Staffing/Volunteer Coordination
	<input type="checkbox"/>	Tactical Communications/IT Support
	<input type="checkbox"/>	SNS Security Coordination
	<input type="checkbox"/>	RDS Operations, if applicable
	<input type="checkbox"/>	Distribution Operations, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	Inventory management
<input type="checkbox"/>	<input type="checkbox"/>	Dispensing Site operations
<input type="checkbox"/>	<input type="checkbox"/>	Hospital/Alternate Care Facilities Coordination
<input type="checkbox"/>	<input type="checkbox"/>	Public Information and Communication
<input type="checkbox"/>	<input type="checkbox"/>	Safety Coordination
<input checked="" type="checkbox"/>	1	All of the above SNS functions are incorporated under the applicable functional area of the jurisdiction's ICS organizational chart.
<input type="checkbox"/>	0.5	Six or more of the above SNS functions are incorporated under the applicable functional area of the jurisdiction's ICS organizational chart.
<input type="checkbox"/>	0	Less than six of the above SNS functions are incorporated under the applicable functional area of the jurisdiction's ICS organizational chart.
NOTES:		Chain of Command page 21. See also Attachment 2.1 for all POD plans

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2.6		The local jurisdiction annually exercises the notification and activation process for all personnel below the local level management positions identified in item 2.2.
<input checked="" type="checkbox"/>	1	The local jurisdiction has a plan, tests or exercises the plan annually, and has a corrective action plan to address identified discrepancies.
<input type="checkbox"/>	0.5	The local jurisdiction has a plan in place but the plan has tested/exercised the plan on a less than annual basis and/or corrective actions plans are not in place.
<input type="checkbox"/>	0	A plan does not exist.
NOTES:		Training and Exercise Plan page 47
SECTION TWO: Points Divided by 6 =		

SECTION THREE: REQUESTING SNS (3%)		
3.1		Plan to communicate with key local officials to discuss incident to determine the need to request state assistance.
<input checked="" type="checkbox"/>	1	Local health officials have a written plan to communicate with the key local leaders regarding the decision to request state assistance.
<input type="checkbox"/>	0	Local health officials do not have a written plan to communicate with the key local leaders regarding the decision to request state assistance.
NOTES:		RPHE Annex page 30 “Local and Regional Requests SNS Assistance” see also page 33 for flow chart

3.2		Personnel authorized by the local health director to request state assistance are identified in the plan with contact information.
<input checked="" type="checkbox"/>	1	Personnel authorized to request are documented in the local all-hazards plan with contact information.
<input type="checkbox"/>	0	Personnel authorized to request are not documented in the local all-hazards plan.
NOTES:		RPHE Annex page 30/31 “Local and Regional Requests SNS Assistance” see also page 33 for flow chart

3.3		Plan details initial request justification guidelines and procedures for locals to request medical countermeasure distribution and dispensing assistance from the state.
<input checked="" type="checkbox"/>	1	Plan details justification guidelines and procedures for requesting state assistance.
<input type="checkbox"/>	0	Plan does not details justification guidelines and procedures for requesting state assistance.
NOTES:		Information that should be made available when requesting SNS assets should include: See bulleted list on page 31

3.4		Plan contains procedures for re-supply of medical countermeasures and material from the state.
<input checked="" type="checkbox"/>	1	Plan describes procedures for requesting re-supply from the state.
<input type="checkbox"/>	0	Plan does not describe procedures for requesting re-supply from the state.
NOTES:		Requesting re-supply of SNS material from the State of NH page 31, paragraph 4

3.5		Plans contain procedures for dispensing sites to request re-supply through their jurisdiction’s incident command.
<input checked="" type="checkbox"/>	1	Plan describes procedures for dispensing sites to request re-supply through their incident command.
<input type="checkbox"/>	0	Plan does not describe procedures for dispensing sites to request re-supply through their incident command.
NOTES:		Requesting re-supply of SNS material from the State of NH page 31, paragraph 4

SECTION THREE: Points Divided by 5 =		
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SECTION FOUR: COMMUNICATIONS PLAN (TACTICAL) (3%)		
4.1	Tactical communication and/or IT support staff call down lists in support communications pathway operations identified in 4.4 are reviewed and updated quarterly.	
<input checked="" type="checkbox"/>	1	Documentation supports process where communication/IT support call-down lists that are reviewed and updated quarterly
<input type="checkbox"/>	0	No documentation substantiates that communication/IT support call down lists are reviewed and updated quarterly.
NOTES: See Appendix 1, MACE. MACE TEAM Call list. Page 22		

4.2	Job Action Guides exist for Communications/IT support personnel.	
<input checked="" type="checkbox"/>	1	A job action guide is included in the plan for communication/IT support personnel.
<input type="checkbox"/>	0	A job action guide has not been developed.
NOTES: MACE Attachments See JAS for IT in MACE. All schools have designated IT personnel and did NOT want JAS page 20		

4.3	Redundant communications platforms and systems are in place and are tested quarterly to ensure communications remain available in the event primary communication systems are unavailable.	
	X Landline dependent telecommunications; landline telephones, FAX, Dial-up/DSL internet and email	X Amateur (HAM) Radio
	X Non-telephone based internet, email and web-based communications access systems; Satellite or Cable	X Two-Way VHF/UHF/700/800/900 MHz Communications
	X Cellular technologies and communications; phone, text	<input type="checkbox"/> Satellite telephone communications
	X Government Emergency Telecommunications Service "GETS"	
<input checked="" type="checkbox"/>	1	The local jurisdiction has documentation that six or more of the communication platforms or system categories listed above are available to link management/command locations and support agencies and those systems are used routinely or tested quarterly.
<input type="checkbox"/>	0.5	The state has documentation that at four to five of the communication platforms or system categories listed above is available to link management and command locations and support agencies and those systems are used routinely or tested quarterly.
<input type="checkbox"/>	0	The state has three or less of the above listed communication platforms or system categories.
NOTES: Maintained on E-Studio. Filed under TAR Supporting Documents This page states that these comms are tested RPHE See Also Annex page 29		

4.4	Communication pathways are established between command and management locations and support agencies, where applicable:	
	<input type="checkbox"/> Local EOC(s)	<input type="checkbox"/> RDS Locations
	<input type="checkbox"/> Local Health Department(s)	<input type="checkbox"/> Security
	<input type="checkbox"/> State and/or Regional EOC	<input type="checkbox"/> Transportation Resources
	<input type="checkbox"/> Dispensing Sites	<input type="checkbox"/> Regional Distribution (if applicable)
	<input type="checkbox"/> Hospitals/Alternate Care Facilities	
<input checked="" type="checkbox"/>	1	The plan contains documentation (e.g. matrix/flow-chart) that delineates communication pathways and support devices supporting the all applicable command and management locations listed above.
<input type="checkbox"/>	0.5	The plan contains documentation (e.g. matrix/flow-chart) that delineates communications pathways but does not identify the communication

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		device(s) supporting each pathway.
<input type="checkbox"/>	0	The plan does not contain documentation delineating communication pathways between command and management locations
NOTES:	RPHE Annex Communication Modes – Page 27	

4.5	Communication networks (equipment/hardware) between command and management locations and support agencies are tested quarterly.	
<input checked="" type="checkbox"/>	1	The local jurisdiction provides supporting documentation that communication networks are tested quarterly and corrective action plans have been developed to address identified deficiencies.
<input type="checkbox"/>	0.5	The local jurisdiction provides supporting documentation that communication networks have been tested less than quarterly.
<input type="checkbox"/>	0	The local jurisdiction is unable to provide supporting documentation that communication networks have been tested less than quarterly.
NOTES:	RPHE Annex Bottom of Page 28 also documented in E-Studio TAR supporting Documents folder	

4.6	Designated personnel (identified in item 2.2) are trained in the use of redundant communications equipment.	
<input checked="" type="checkbox"/>	1	The local jurisdiction can provide documentation to support that designated personnel have been trained.
<input type="checkbox"/>	0	The local jurisdiction is unable to document that designated personnel have been trained.
NOTES:	This was an ENORMOUS undertaking by our Region! WE had a memo approved by HSEM and send it out and tracked it in all 23 towns. They were not happy about it nor are they interested in doing it ever again! I AM HAPPY TO REPORT THAT ALL 23 TOWNS AND 1 DISPATCH CENTER PROVIDED SIGNED MEMORANDUMS AND ROSTERS! They are uploaded to the TAR Supporting Documents folder on E-Studio under Communications memo's.	
SECTION FOUR: Points Divided by 6 =		

SECTION FIVE: PUBLIC INFORMATION AND COMMUNICATION (PIC) (7%)		
5.1	Local public information and communication personnel (identified in 2.2) have been trained on responsibilities associated with a medical countermeasure distribution and dispensing campaign.	
	<input type="checkbox"/> Training of PIC personnel is documented	
	<input type="checkbox"/> Job action guides have been developed and approved for use	
<input checked="" type="checkbox"/>	1	Both of the above are completed and documented.
<input type="checkbox"/>	0.5	One of the above is completed and documented.
<input type="checkbox"/>	0	None of the above has been completed or documented.
NOTES:	Training documents were handed in at the last TAR and the state is in possession of these. We are fortunate to have a retired NG Public Affairs specialist on board but we have also trained the myself and another volunteer in SNS PIO and FEMA PIO classes. We are in the midst of recruiting and training additional PIO's. This year our workplan includes an ambitious project with our local PIO's from businesses and other partners. We will invite them look over our plan and comment on our process and offer us any expertise they might have to offer.	

5.2	A written PIC plan is developed to support to a medical countermeasure distribution and dispensing campaign and:	
	<input checked="" type="checkbox"/> Is part of the all-hazards public information plan	
	<input checked="" type="checkbox"/> Addresses coordination between local jurisdictions as well as with state to ensure message consistency	
	<input checked="" type="checkbox"/> Identifies a media policy for all distribution and dispensing sites	
	<input checked="" type="checkbox"/> Includes process for establishing hotline/call-bank procedures or other mechanisms to address questions/concerns from the public	

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<input checked="" type="checkbox"/>	1	All four of the components regarding a mass prophylaxis campaign mentioned above are included in the comprehensive written PIC plan.
<input type="checkbox"/>	0.5	Two or three of the components regarding a mass prophylaxis campaign mentioned above are included in the comprehensive written PIC plan.
<input type="checkbox"/>	0	Less than two of the components are present in the comprehensive written PIC plan.
NOTES:		I am especially happy with the updates we have made to this appendix. WE have created some new messaging that we are proud of. Also will update this again once we meet with our partner PIO's. Our regional municipality partners rely on our plan being updated and easy to use. SEE RPHE Annex Appendix 2 Public Information and Warning Scope page 26, see also page 3 for coordination, page 4 for media policy for dispensing sites.

5.3	The following PIC responsibilities appear on the job action guide of the PIC liaison or other designated site staff:	
	<input type="checkbox"/>	Coordinate information with the lead PIO and/or JIC
	<input type="checkbox"/>	Serve as a point of contact for the media
	<input type="checkbox"/>	Handle public information messages, methods and materials
<input checked="" type="checkbox"/>	1	All three of the components above are included in site plans.
<input type="checkbox"/>	0.5	One to two of the components above are included in site plans.
<input type="checkbox"/>	0	None of the above is included in site plans.
NOTES:		See RPHE Annex Appendix 1 MACE page 14 JAS for PIO. Our PIO is strictly run out of the MACE unless a coordinated PIO liaison is assigned at the POD.

5.4	Messages that are consistent with state and federal guidance have been developed to support medical countermeasure distribution and dispensing at the local level and including messages to:	
	<input checked="" type="checkbox"/>	Prepare the public before an event
	<input checked="" type="checkbox"/>	Direct people to the dispensing sites
	<input checked="" type="checkbox"/>	Inform people about alternate dispensing methods
<input checked="" type="checkbox"/>	1	Messages for a medical countermeasure distribution and dispensing campaign have been developed, completed, documented, and verified for all of the above.
<input type="checkbox"/>	0.5	Messages for a medical countermeasure distribution and dispensing campaign have been developed, completed, documented, and verified for three to five of the above.
<input type="checkbox"/>	0	Messages for a medical countermeasure distribution and dispensing campaign have been developed, completed, documented, and verified for two or less of the above.
NOTES:		RPHE Annex Appendix 2, page 11

5.5	Methods to disseminate the messages indicated in item 5.4 above have been developed, including:	
	<input checked="" type="checkbox"/>	Methods of communicating information that get people to the dispensing sites
	<input checked="" type="checkbox"/>	Methods of communicating information that get people through the dispensing sites
	<input checked="" type="checkbox"/>	Alternate methods to disseminate messages in case of electrical outages
	<input checked="" type="checkbox"/>	Development of pre-incident media relationships

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X	1	Methods for disseminating messages during a medical countermeasure distribution and dispensing campaign have been developed, for all of the above.
<input type="checkbox"/>	0.5	Methods for disseminating messages during a medical countermeasure distribution and dispensing campaign have been developed, for at least two of the above.
<input type="checkbox"/>	0	Methods for disseminating messages during a medical countermeasure distribution and dispensing campaign have been developed, completed, documented, and verified for less than two of the above.
NOTES:		See RPHE Annex Appendix 2 page 9

		Materials (fact sheets, press releases, signs) or templates, consistent with state and federal guidance have been developed and cleared for use:	
5.6		<input type="checkbox"/> To direct people to the dispensing sites	<input type="checkbox"/> To provide information to people after they leave the dispensing site
		<input type="checkbox"/> To help people navigate the dispensing sites	<input type="checkbox"/> On medications used for prophylaxis and treatment
		<input type="checkbox"/> On category A agents and critical public health threats	<input type="checkbox"/> A plan for mass reproduction and storage of printed materials
X	1	All of the above are developed and available for review.	
	0.5	Three to five of the above are developed and available for review.	
<input type="checkbox"/>	0	Two or less of the above are developed and available for review.	
NOTES:		See RPHE Annex Appendix 2, page 12.	

		Local plans for information needs of at-risk populations include:	
5.7		X Methods of communication to get people to and through dispensing sites RPHE Annex Attachment 7, page 17	
		X Definition and identification of at-risk population groups RPHE Annex Appendix 2 page 20/21	
		X Development of alternate methods for disseminating information to at-risk populations RPHE Annex Appendix 2 page 22	
		X Development of materials that are easy to read and have been translated to top languages in the community RPHE Annex Appendix 2 page 26	
		X A mechanism to translate information for non-English speaking, hearing impaired, visually impaired, or functionally illiterate individuals RPHE Annex Appendix 2 page 21	
X	1	All of the above are completed, documented, and verified.	
<input type="checkbox"/>	0.5	Three to four of the above are completed, documented, and verified.	
<input type="checkbox"/>	0	Two or less of the above are documented and verified.	
NOTES:			
		SECTION FIVE: Points	Divided by 7 =

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SECTION SIX: SECURITY (10%)		
6.1	<input type="checkbox"/>	Local level position (identified in 2.2) that coordinates the overall security issues has been trained on the specific security requirements for medical supplies management and distribution operations.
	<input type="checkbox"/>	Local security support agencies identified and oriented
	<input type="checkbox"/>	Contact information is available for security support agencies
X	1	The primary and back-up have been trained, contact information documented, and support agencies have been identified.
<input type="checkbox"/>	0.5	The primary and back-up have not been trained, contact information documented, but support agencies have not been identified.
<input type="checkbox"/>	0	The local jurisdiction has not identified a security coordinator or identified security-support agencies.
NOTES:		While our state has not provided any training for medical supplies management and distribution, we have spent considerable time with our POD management teams and three of our POD managers are Police Chiefs. They are aware of the security issues specific to their jurisdiction and the building we use for POD operations. The region is working out a training mechanism based on the MAD class. We will be rolling out a brief awareness class through one of our County Sheriff's Training officer. He will bring a ppt to each department and go through it with them during a one hour training and have them sign off on it. Our local sheriff's office has been our security point of contact for years.

6.2	Security plans for transportation of medical materiel have been developed.	
	<input type="checkbox"/>	Escort plans for materials coming from the RSS (if applicable)
	<input type="checkbox"/>	Escort plans for materials leaving the Regional Distribution Site (if applicable)
	<input type="checkbox"/>	Escort plans for transport of materials from dispensing sites to other sites that may need materiel
	<input type="checkbox"/>	Escort of personnel to and from site venues
X	1	Applicable security escort plans have been addressed and documented.
<input type="checkbox"/>	0	Security escort plans have not been addressed and documented.
NOTES:		RPHE Annex Security and Crowd Control page 43, paragraph 2

6.3	Security Plans have been developed for dispensing site(s) and/or Regional Distribution Site(s) (if applicable) and include:	
	1. Security and vulnerability assessment of location and facility strengths/weaknesses	
	2. Interior physical security of location	
	<input type="checkbox"/>	Security sweep prior to facility use/occupancy by staff or product
	<input type="checkbox"/>	Establishment of law enforcement officer posts
	<input type="checkbox"/>	Access control to locations within the facility
	<input type="checkbox"/>	Crowd control inside the facility
	3. Exterior physical security of location	
	<input type="checkbox"/>	Specialized unit needs (canine, explosive ordnance disposal, tactical, traffic, etc.)
	<input type="checkbox"/>	Additional physical barriers (necessity and/or identification of source)
	<input type="checkbox"/>	Additional lighting (necessity and/or identification of source)

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	<input type="checkbox"/>	Staging area for personnel and vehicles.
	<input type="checkbox"/>	Vehicular traffic control (ingress and egress)
	<input type="checkbox"/>	Crowd control, traffic management and parking outside the facility
	<input type="checkbox"/>	Access control to facility
	4. Command and management	
	<input type="checkbox"/>	Establish command center for law enforcement
	<input type="checkbox"/>	Determine radio channels
	<input type="checkbox"/>	Ensure communication and coordination between law enforcement organizations
	<input type="checkbox"/>	Establish shifts
	<input type="checkbox"/>	Establish sufficient number of law enforcement officer assignments
	5. Evacuation plans	
	6. Security breach plans	
X	1	All of the above numbered items have been addressed and documented.
<input type="checkbox"/>	0.5	Two to five of the six numbered items from above have been addressed and documented.
<input type="checkbox"/>	0	Less than two of the numbered items above have been addressed.
NOTES:	See RPHE Annex Safety and Security in addition to the individual Attachment 3.1 in each POD plan.	

	Badging procedures are in place for all personnel responding to a public health event involving medical materiel and resources.	
	X Badging procedures identify by:	
	<input type="checkbox"/>	Name
	<input type="checkbox"/>	Role
	<input type="checkbox"/>	Venue
	<input type="checkbox"/>	Access
	<input type="checkbox"/>	Just-in-time training on badging procedures
	<input type="checkbox"/>	Handling of spontaneous (not pre-event identified) volunteers
X	1	The local jurisdiction has documented procedures that address both pre-event and spontaneous volunteers and has just-in-time training on badging procedures.
<input type="checkbox"/>	0	The local jurisdiction does not have any badging procedures documented.
NOTES:	We have improved 100% on this in the past few months. We have developed our new badges for MRC, POD and MACE. See also JIT materials developed for our region which are kept in our MACE but are also uploaded on E-studio in TAR Supporting Docs. SEE RPHE Annex Appendix 4 Attachment 2.3 for all POD's.	

	6.5 Site-specific security plans have been developed for dispensing sites and/or regional distribution sites (if applicable).	
X	1	All dispensing sites and/or regional distribution sites have complete site-specific security plans.
<input type="checkbox"/>	0.5	50 % or more of the dispensing sites and/or regional distribution sites have complete site-specific security plans.
<input type="checkbox"/>	0	Less than 50% of the dispensing sites and/or regional distribution sites have complete site-specific security plans.
NOTES:	SEE RPHE Annex Appendix 4 Attachment 3.1 for all POD's,	

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SECTION SIX: Points Divided by 5 =

SECTION SEVEN: REGIONAL/LOCAL DISTRIBUTION SITE (12%)
****NOT APPLICABLE****

SECTION EIGHT: INVENTORY MANAGEMENT (9%)

		Plan for Inventory Management System (IMS) in place with back-up. This may include inventory management software system, electronic spreadsheet, paper system
8.1	<input type="checkbox"/>	Inventory Management Software System
	<input checked="" type="checkbox"/>	Electronic Spread Sheet
	<input checked="" type="checkbox"/>	Paper System
<input checked="" type="checkbox"/>	1	The local jurisdiction has two or more functional inventory management systems in place.
<input type="checkbox"/>	0.5	The local jurisdiction has one functional inventory management system in place.
<input type="checkbox"/>	0	The local jurisdiction does not have a functional inventory management system in place.
NOTES:		Our region uses an excel spreadsheet as well as order forms provided by the MACE. There is a MACE team member who is assigned to the Warehouse to fill orders. WE are awaiting the state IRMS system. In the meantime we use our paper and computer system. A Resource request form is uploaded on E-Studio in our TAR Supporting Docs file. This form was developed by the MACE Team after a recent activation (it is actually an ICS form modified but hey they did it!). I love that they did this on their own and solved a problem that we had experienced!
		8.2 All inventory staff are identified and trained in IMS functions.
<input checked="" type="checkbox"/>	1	Inventory management staff is identified and training in IMS functions is documented.
<input type="checkbox"/>	0.5	Inventory management staff is identified but not trained in IMS functions.
<input type="checkbox"/>	0	Inventory management staff have not been identified and trained.
NOTES:		A sign sheet is scanned in to the TAR Supporting Docs file on E-Studio. WE intend to send more staff as soon as the training is available for the new IRMS. The form the MACE developed is known to all members.
		8.3 Chain of custody procedures are outlined in plan and include the process for tracking pharmaceutical lot numbers.
<input checked="" type="checkbox"/>	1	Written procedures are documented in the plan and include process for tracking lot numbers
<input type="checkbox"/>	0	Written procedures are incomplete or are not documented in the plan for the chain of custody of controlled substances.
NOTES:		SEE RPHE Annex Chain of Custody page 33
		8.4 Procedure for chain of custody involving controlled substances received from DSNS is outlined in plan.
<input type="checkbox"/>	1	Written procedures are documented in the plan for chain of custody of controlled substances and includes procedures for control during storage and transport from the RDS sites to all receiving sites and hospitals, as applicable.
<input type="checkbox"/>	0	No written procedures are documented in the plan for the chain of custody of controlled substances from DSNS.
<input type="checkbox"/>	NA	Not applicable for this location.
NOTES:		=====

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8.5	Local plan lists DEA Registrant(s) to receive materiel from DSNS requiring DEA Form 222.
<input type="checkbox"/>	1 The local jurisdiction has identified and documented more than one DEA Registrant (primary and back up at least) to issue DEA Form 222.
<input type="checkbox"/>	0 The local jurisdiction has not identified a DEA Registrant to issue DEA Form 222.
<input type="checkbox"/>	NA Not applicable for this location.
NOTES:	=====

8.6	The local inventory management system has the capability to track the following data elements:	
	<input type="checkbox"/> Product Description	<input type="checkbox"/> Size
	<input type="checkbox"/> Unit of Use	<input type="checkbox"/> National Drug Code (NDC)
	<input type="checkbox"/> Lot Number	<input type="checkbox"/> Expiration Date
<input type="checkbox"/>	1	The local jurisdiction IMS can track all of the items listed.
<input checked="" type="checkbox"/>	0.5	The local jurisdiction IMS can track three to five of the items listed.
<input type="checkbox"/>	0	The local jurisdiction IMS can track two or less of the items listed.
NOTES:	RPHE Annex Inventory of SNS Page 32	

8.7	The local inventory management system can perform the following function(s):	
	<input type="checkbox"/> Generate pick lists	
	<input type="checkbox"/> Generate bill of lading	
	<input type="checkbox"/> Track open and closed orders	
<input type="checkbox"/> Track inventory levels throughout the distribution network (*Note: if RDN does not apply and IMS system used at all PODs meets this minimum criteria, award full score (1))		
<input type="checkbox"/>	1	The local jurisdiction IMS can track or perform all of the items listed.
<input checked="" type="checkbox"/>	0.5	The local jurisdiction IMS can track or perform one to three of the items listed.
<input type="checkbox"/>	0	The local jurisdiction IMS cannot track or perform any of the items listed.
NOTES:	RPHE Annex Inventory Management page 33	
SECTION EIGHT: Points Divided by 7 =		

SECTION NINE: DISTRIBUTION (10%)
****NOT APPLICABLE****

SECTION TEN: MEDICAL COUNTERMEASURE DISPENSING (22%)

10.1	The local mass prophylaxis/dispensing plan details the procedures for the following operational issues:	
	<input type="checkbox"/> Dispensing multiple regimens to the public page 37 paragraph 2	
	<input type="checkbox"/> Collection of minimum data elements for each unit of medication dispensed	
	<input type="checkbox"/> Processing symptomatic individuals see screening function	
<input type="checkbox"/> Processing unaccompanied minors page 37		

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	<input type="checkbox"/>	Processing non-English speakers/hearing impaired/visually impaired/functionally illiterate page 25, paragraph 1 see also attachment 7 of the RPHE Annex
	<input type="checkbox"/>	Procedures for shift hours and shift change page 41
	<input type="checkbox"/>	Monitoring information on adverse events page 37
X	1	All of the elements listed are included in the local medical countermeasure dispensing plan.
<input type="checkbox"/>	0.5	Four to six of the elements listed are included in the local medical countermeasure dispensing /dispensing plan.
<input type="checkbox"/>	0	Three or less of the elements listed are in the local mass prophylaxis/dispensing plan.
NOTES:		See RPHE Annex

10.2		The local mass prophylaxis/dispensing plan include a rapid dispensing strategy for dispensing at dispensing/POD sites.
X	1	Rapid dispensing methods, policies and procedures are documented in the plan.
<input type="checkbox"/>	0.5	Rapid dispensing methods have been identified but policies and procedures are not outlined in the plan.
<input type="checkbox"/>	0	Rapid dispensing methods have not been identified.
NOTES:		See Mass Immunization, prophylaxis and Pharmaceutical Dispensing page 29, paragraph 5

10.3		Alternate dispensing modalities are included in the plan.
X	1	Alternate dispensing modes have been identified and procedures are documented in the plan.
<input type="checkbox"/>	0.5	Alternate dispensing modes have been identified but details on policies and procedures are not outlined in the plan.
<input type="checkbox"/>	0	Alternate dispensing modes have not been identified.
NOTES:		See RPHE Annex Closed POD's page 30

10.4		The local mass prophylaxis/dispensing plan include established criteria, authorization and procedures to alter dispensing model to increase throughput.
X	1	Plans are in place.
<input type="checkbox"/>	0	Plans are not in place.
NOTES:		RPHE Annex Mass immunization, Prophylaxis and pharmaceutical dispensing page 29

10.5		The plan specifies procedures for providing prophylaxis to public health responders and critical infrastructure personnel.
X	1	Public health responder and critical infrastructure prophylaxis plans are in place.
<input type="checkbox"/>	0	Public health responder and critical infrastructure prophylaxis plans are not in place.
NOTES:		Our region has worked on collecting real information from each town of howmany people they deem critical personnel and their family. We have a form we uploaded to E-Studio in our TAR supporting Documents file.see also RPHE Annex "Protection of Public Health Staff and other First Responders" page 29.

10.6		The plan identifies and provides procedures for supplying prophylaxis to homebound and other at-risk populations.
X	1	Homebound and at-risk populations are identified and prophylaxis plans are in place.
<input type="checkbox"/>	0	Homebound and at-risk population prophylaxis is not identified or plans are not in place.

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NOTES:	See RPHE Annex page 30 Closed POD's
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10.7	There are site-specific plans for each of the dispensing/POD sites that include the following information:	
	<input checked="" type="checkbox"/> MOU for use of the facility	
	<input checked="" type="checkbox"/> Facility manager with contact information and procedures for accessing the site	
	<input checked="" type="checkbox"/> Address and telephone numbers at the facility	
	<input checked="" type="checkbox"/> Inventory of available office equipment on site	
	<input checked="" type="checkbox"/> Inventory of available material handling equipment on site	
	<input checked="" type="checkbox"/> Written floor plans/clinic flow charts (traditional and streamlined)	
	<input checked="" type="checkbox"/> Specific delivery location identified w/plans to ensure 24/7 unblocked access by delivery trucks	
<input checked="" type="checkbox"/>	1	All dispensing sites have a site-specific plan.
<input type="checkbox"/>	0.5	50% of dispensing sites have a site-specific plan.
<input type="checkbox"/>	0	Less than 50% of the dispensing sites have specific-plans.
NOTES:	RPHE Annex Appendix 4 Operational Plan.	

10.8	The plan specifies procedures for making the following items available at every dispensing/POD site before dispensing starts:	
	<input type="checkbox"/> Drug fact sheets	<input checked="" type="checkbox"/> Office equipment
	<input type="checkbox"/> Agent fact sheets	<input checked="" type="checkbox"/> Command and Control vests or other identifiers
	<input checked="" type="checkbox"/> Dispensing/medical supplies	<input checked="" type="checkbox"/> Communication equipment
	<input type="checkbox"/> Name/Address/Patient History (NAPH) forms	<input checked="" type="checkbox"/> Signs (interior and exterior)
	<input checked="" type="checkbox"/> Office supplies	<input checked="" type="checkbox"/> Crowd and traffic control equipment
	1	Plans and procedures address all of the applicable items to make them available at each dispensing site at time of event.
<input checked="" type="checkbox"/>	0.5	Plans and procedures address 75% of the applicable items to make them available at each dispensing site at time of event.
<input type="checkbox"/>	0	Plans and procedures address less than 75% of the applicable items.
NOTES:	RPHE Annex under "CAPHN Central Storage Location." Page33	

10.9	Core management teams with back-ups have been identified and trained for each dispensing/POD site and have received training annual.	
<input checked="" type="checkbox"/>	1	Core management teams have been identified and trained for all dispensing/POD sites.
<input type="checkbox"/>	0.5	Core management teams have been identified and trained more than 50% of the dispensing/POD sites.
<input type="checkbox"/>	0	Core management teams have been identified for less than 50% of the dispensing/POD sites.
NOTES:	RPHE Annex Appendix 4 See Attachment 7.2 for all PODS	

10.10	Personnel other than core management teams are available to staff dispensing/POD sites.	
<input type="checkbox"/>	1	Personnel are available to staff all of the dispensing/POD sites.
<input type="checkbox"/>	0.5	Personnel are available to staff at least 50% of the dispensing/POD sites.
<input checked="" type="checkbox"/>	0	Personnel are available to staff less than 50% of the dispensing/POD sites.
NOTES:		

10.11	Volunteer/staff database is maintained and current:	
	<input type="checkbox"/> There are enough people in the database for all POD sites, including shift changes.	

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<input type="checkbox"/>		<input type="checkbox"/> The database includes enough extra people to compensate for absent individuals.
<input type="checkbox"/>	1	The database has sufficient volunteers identified to staff all POD sites, including shift changes.
<input type="checkbox"/>	0.5	The database has at least 50% of the number of people needed to staff all the PODs based on the jurisdiction's staffing
<input type="checkbox"/>	0	A database is absent or has less than 50% of the people needed based on the jurisdiction's staffing model.
NOTES:		Not yet available but we do maintain an access data base for our MRC volunteers but not all volunteers are in it yet.

10.12	The plan includes Job Action Guide and Just-In-Time training materials to support each staff position for all dispensing/POD roles identified in the plan. POD roles may include common POD roles, such as:	
	X POD Manager	X Triage Team
	X IT/Communications	X Greeter/Triage Team
	X Safety Officer	X Forms/Data Collection
	X Logistics Officer	X Dispensing Team
	X Greeters	X Inventory Control
X	1	Job action guides and just-in-time training materials for all identified POD roles are documented and available for review.
<input type="checkbox"/>	0.5	Job action guides for six or more of the identified POD roles are documented and available for review.
<input type="checkbox"/>	0	Job action guides for less than six of the identified POD roles are documented and available for review.
NOTES:		All POD plans have attachment 2.6

10.13	The local plan includes details or reference to staff/volunteer management procedures and support (for example, work breaks, shift schedules, meals/snacks, lodging, family care, etc.).	
X	1	The local plan addresses staff/volunteer management and has written agreements with organizations providing services.
<input type="checkbox"/>	0	The local plan does not address staff/volunteer management.
NOTES:		RPHE Annex Volunteerism page 41 paragraph 2
SECTION TEN: Points Divided by 13 =		

SECTION ELEVEN: HOSPITALS AND ALTERNATE CARE FACILITES COORDINATION (3%)
****NOT APPLICABLE****

SECTION TWELVE: TRAINING, EXERCISE, AND EVALUATE (8%)		
12.1	Primary and back-up staff have been assigned to lead, plan and oversee public health and medical countermeasure distribution and dispensing emergency preparedness-related training, exercise and evaluation.	
X	1	Personnel have been assigned.
<input type="checkbox"/>	0	Personnel have not been assigned.
NOTES:		RPHE Annex Training and Exercise page 47, paragraph 1

12.2	The local jurisdiction has developed, identified and/or documented emergency preparedness training resources and opportunities related to medical countermeasure distribution and dispensing. Information includes course objectives, target audiences (i.e. public health staff, volunteers, etc) and scheduling.	
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X	1	The local jurisdiction has documented training resources and opportunities supporting medical countermeasure distribution and dispensing and other SNS specific activities.
<input type="checkbox"/>	0	The local jurisdiction has not documented training resources and offerings that support medical countermeasure distribution and dispensing and other SNS specific activities.
NOTES:		RPHE Annex Training and Exercise page 47, paragraph “Recommended Skills”

12.3	The local jurisdiction conducts training and exercise plan workshops (TEPW) annually and has developed a multi-year training and exercise plan in accordance with the Department of Homeland Security Exercise and Evaluation Program (HSEEP) guidance.	
X	1	The local jurisdiction conducts annual training and exercise workshop and has developed a multi-year training and exercise plan in accordance with HSEEP.
<input type="checkbox"/>	0	The local jurisdiction does not conduct annual training and exercise workshops and has not developed a multi-year training and exercise plan in accordance with HSEEP.
NOTES:		RPHE Annex Training and Exercise page 47, paragraph 2

12.4	The multi-year training and exercise plan is updated annually and incorporates medical countermeasure distribution and dispensing trainings, drills, discussion-based and operational exercises.	
X	1	A multi-year training and exercise plan incorporating medical countermeasure distribution and dispensing activities that follow HSEEP guidance is available for review.
<input type="checkbox"/>	0.5	A multi-year training plan and exercise plan incorporating medical countermeasure distribution and dispensing activities has been developed and is available for review but has not been developed in accordance with HSEEP guidance.
<input type="checkbox"/>	0	A multi-year training and exercise plan is not developed and available for review or does not incorporate medical countermeasure distribution and dispensing activities that are to be tested and evaluated.
NOTES:		RPHE Annex Training and Exercise page 47, paragraph 2

12.5	Action Report/Improvement Plans (AAR/IP) are developed in accordance with HSEEP guidance.,	
X	1	Discussion-based and/or operational –based exercises incorporating medical countermeasure distribution and dispensing activities are conducted and after action reports/improvement plans are completed in accordance with HSEEP principles and standards.
<input type="checkbox"/>	0.5	Discussion-based and/or operational –based incorporating medical countermeasure distribution and dispensing activities are conducted but after action reports and and/or operational –based exercises are not completed in accordance with HSEEP principles and standards.
<input type="checkbox"/>	0	Discussion-based and operational exercises incorporating medical countermeasure distribution and dispensing activities are not performed or documented
NOTES:		RPHE Annex Training and Exercise page 47, paragraph 2

12.6	The local jurisdiction can demonstrate that annual training has been performed for the following SNS functional areas or processes. (0.5 points for each element – 6.5 total points)			
	FUNCTION	Trained Annually	FUNCTION	Trained Annually
	Overall SNS Planning Elements	X	Security Operations	X
	Management of Operations	X	Inventory Management System	X
	Local-State Requesting SNS Procedures	X	Regional/Local RDS Operations	<input type="checkbox"/>

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	POD-Local Requesting SNS Procedures	<input type="checkbox"/>	Distribution Operations	<input type="checkbox"/>
	Communications Plan (Tactical)	<input type="checkbox"/>	Hospitals and Alternate Care Facilities Coordination	<input type="checkbox"/>
	Public Information and Communication	<input type="checkbox"/>		
NOTES:	RPHE Annex Training and Exercise page 47, paragraph 2 These functions are reviewed at several meetings held to plan throughout the year. These subjects are discussed at length with the POD planning working groups.			
SECTION TWELVE: Points		Divided by 11.5 =		

Scoring Instructions

- Divide points scored in an individual section by total points for that section. This gives a section score.
- To determine overall score, multiply the section score by the section weight for a weighted score.
- Sum of all weighted scores is the Overall Score.

OVERALL SCORE						
Section	Function	Points	Max Points	Section Score	Section Weight	Weighted Score
1	Developing a Plan with SNS Elements		6		.03	
2	Management of SNS		6		.10	
3	Requesting SNS		5		.03	
4	Communications Plan (Tactical)		6		.03	
5	Public Information and Communication		7		.07	
6	Security		5		.10	
7	Regional/Local Distribution Site	=====	24	=====	.42	=====
8	Inventory Management		7		.09	
9	Distribution	=====	7	=====	.40	=====
10	Medical Countermeasure Dispensing		13		.22	
11	Hospital and Alternate Care Facilities Coordination	=====	5	=====	.03	=====
12	Training and Exercise		11.5		.08	
Overall Score = Sum of 12 Function Scores =						

N/A Instructions

- If Section 7 is not applicable, add all sections **except** for Regional/Local Distribution Site.
- If Section 9 is not applicable, add all sections **except** for Distribution.
- If Section 11 is not applicable, add all sections **except** for Hospitals and Alternate Care Facilities Coordination.

Use this table if you have one or multiple sections that are not applicable:

If Section 7 is N/A	Divide sum of Weighted Score by .86
If Section 9 is N/A	Divide sum of Weighted Score by .90

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If Section 11 is N/A	Divide sum of Weighted Score by .97
If Sections 7 and 9 is N/A	Divide sum of Weighted Score by .76
If Sections 7 and 11 are N/A	Divide sum of Weighted Score by .87
If Sections 9 and 11 are N/A	Divide sum of Weighted Score by .83
If Sections 7, 9 and 11 are N/A	Divide sum of Weighted Score by .73

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Baseline Data TIP explanation from page 1.

1. Local population covered by local planning jurisdiction's medical countermeasure dispensing plan.
TIP *The most current US Census population and citation that reflects the population covered by the jurisdictional SNS Plan. If this local planning jurisdiction is a health district, please define the counties or other criteria for identification of population coverage in the NOTES section.*
2. Hourly throughput needed to provide prophylaxis to 100% of the population within 48 hours of federal emergency activation.
TIP *The needed throughput to prophylax 100% of the jurisdictional population is a critical planning consideration and should be based on estimates for hourly throughput of the total jurisdictional population per total hours of POD operation. The hours for operation will be less than 36 and dependent on estimates distribution times to provide material to local level POD sites.*
2A. TIP *Time for operation of PODs less time for SNS, state and local distribution. The operational window will 48 hours less 12 hours for SNS and additional estimates for state and local delivery.*
3. Total number of Points of Dispensing (PODs) identified to cover 100% of the population.
TIP *Total PODs (open PODs) that have been identified to serve 100% of the population identified in #1.*
4. Calculated combined hourly operational throughput, based on modeling, exercise or estimate, to provide prophylaxis to 100% of the jurisdiction's population within 48 hours through operation of all general population PODs identified in the local planning jurisdiction.
TIP *Throughput should be defined as the number of persons expected to visit the POD (i.e. prophylaxed) per hour. Depending on the PODs in your jurisdiction, estimates can be calculated or estimated in several ways. For jurisdictions that have all similar sized PODs they can submit an estimate of the number of people prophylaxed at an individual POD per hour and make a notation that this is single site estimate that is applicable to all PODs. For jurisdictions that have POD sites that vary significantly in size, layout and throughput, a combined total estimated of throughput should be provided. Indications of use of Head of Household dispensing and number of regimens per HOH are to be identified. Please refer to the DSNS Point of Dispensing (POD) Standards, April 2008 for additional considerations.*
5. Number of total PODs identified with appropriate authorization.
TIP *Number of PODs with established MOA's, MOUs or other written agreements in place to support use during public health emergency.*
6. Number of total PODs with documented site-specific plans.
TIP *Number of PODs with completed site specific operational plans. Number of PODs with in-progress or incomplete plans should be placed under NOTES section.*
7. Number of total POD sites with identified primary and back-up management teams.
TIP *Number of PODs with primary and back-up management staff identified and rostered.*
8. **Estimated** number of personnel needed to staff 100% of POD functions for a mass prophylaxis campaign and/or medical supplies management and distribution.
TIP *Estimated number of personnel needed to staff all POD operational functions.*
9. **Current** number of personnel on hand to staff POD functions for a mass prophylaxis campaign and/or medical supplies management and distribution.
TIP *Number of personnel currently available through PH or volunteer databases to staff operations and security at all PODs.*
11. Population covered by all Closed POD alternate dispensing modalities. (9b-h above)
TIP *Total population to receive prophylaxis at Closed POD locations identified in 9b-h. Clarification or additional detail can be placed in Notes section.*