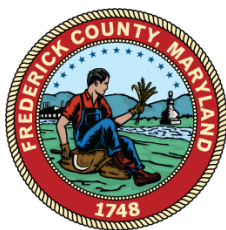


**Frederick County  
Health Department**

**Medical Countermeasure  
Dispensing and  
Distribution Annex  
(Formerly SNS Plan)**

**Frederick County, Maryland**



**October 2024**

**Revision 2, Modification 11**

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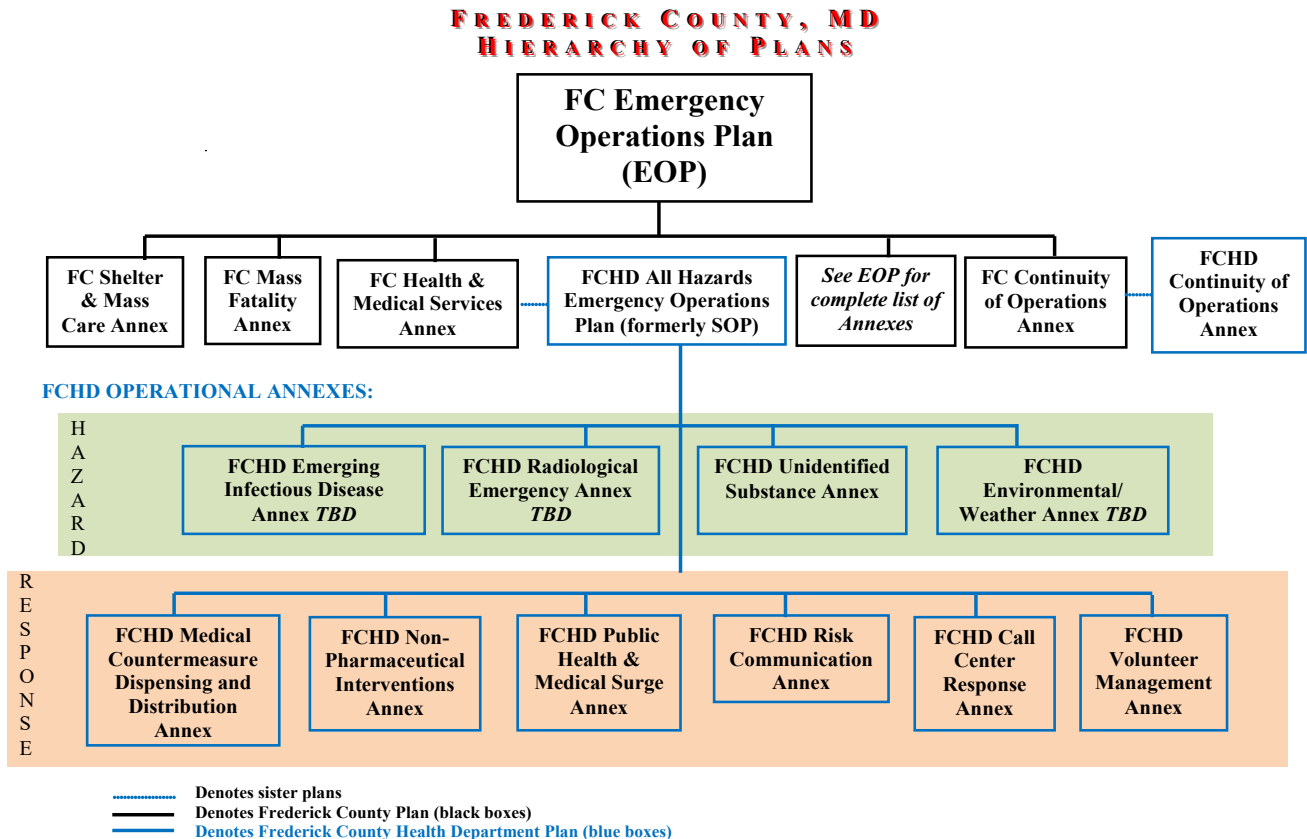
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## i. Hierarchy of Plans



The Frederick County Emergency Operations Plan (FC EOP) outlines Frederick County Government's (FCG) approach to emergency operations. It provides general guidance for emergency management activities and an overview of our methods of mitigation, preparedness, response and recovery. The FC EOP consists of a base plan and multiple annexes addressing specific county plans in detail, such as the Frederick County Mass Shelter Annex, and the Frederick County Mass Fatality Annex.

The Frederick County Health & Medical Annex outlines the local organization, operational concepts, responsibilities, and procedures to accomplish coordinated public health and medical services to reduce death and injury during emergency situations and restore essential health and medical services within a disaster area.

The Frederick County Health Department All Hazards Emergency Operations Plan (FCHD EOP) is a sister plan to the FC Health & Medical Plan. These two plans work in conjunction with one another. The FC Health & Medical Annex gives a broad overview of the health and medical agencies and entities roles and responsibilities and how they work together during a public health emergency. The FCHD All Hazards Plan focuses on the Frederick County Health Department's role and response to all public health emergencies.

*Frederick County Health Department*

*Medical Countermeasure Dispensing and Distribution Annex, Rev. 2, Mod. 11, 2024*

# BASE PLAN

## I. Overview

### A. Background

A large-scale public health emergency, a large-scale natural disaster, or an act of terrorism targeting the U.S. civilian population will require rapid access to large quantities of pharmaceuticals and medical supplies. Such quantities may not be readily available unless special stockpiles are created. No one can anticipate exactly where a public health crisis will occur or where a terrorist will strike, and few state or local governments have the resources to create sufficient stockpiles on their own. Therefore, a national stockpile has been created as a resource to be used by all jurisdictions in need.

In 1991, the Centers for Disease Control and Prevention (CDC) recognized the need for the United States to establish a lifesaving and highly mobile resource to respond to a national terrorist attack and created the National Pharmaceutical Stockpile (NPS) Program. In March of 2003, NPS became the Strategic National Stockpile (SNS). The mission of the SNS Program is to ensure the availability of lifesaving pharmaceuticals, antidotes, and other medical supplies and equipment anywhere in the United States in the event of an emergency. The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS Program was designed on the assumption that a large-scale public health emergency has the potential to rapidly strain, if not deplete local supplies, and therefore the program will supplement and re-supply state and local public health agencies anywhere and at any time within the U.S. or its territories.

The SNS program is organized for a flexible response and has a variety of ways in which to provide assets. These assets include:

- 12-Hour Push Packages – medical supplies, equipment, and pharmaceuticals pre-packed in air cargo containers for immediate shipment. As the name implies, 12-Hour Push Packages can be deployed

anywhere in the United States and its territories within 12 hours after a request is made.

- Managed Inventory – palletized stockpiles of pharmaceuticals, medical supplies, and equipment for use in large-scale emergencies. Normally, this materiel can be sent within 24 to 36 hours after approval for deployment. The form, packaging, and method of delivery of managed inventory can vary widely with circumstances.
- Vaccines – the repository for various types and quantities of vaccines.

## **B. Purpose**

This plan describes the processes for requesting, receiving, staging, storing, transporting, and distributing the SNS assets. It also describes roles and responsibilities of the Frederick County Health Department (FCHD) and its partner agencies.

## **C. Scope**

It is the nature of an emergency and/or disaster that each event is unique and the specific details of each response will be event driven. Depending on the type and scope of the event, the components of this plan may take different directions.

It is the responsibility of FCHD, in coordination with Frederick County (FC) Emergency Management and County Government to request, receive, organize and distribute SNS assets such as medications and medical supplies and/or administer vaccinations to residents of Frederick County in an emergency. This plan provides the concept of operations and organizational roles and responsibilities for SNS operations within the county. This plan:

- Applies to the FCHD and other departments and agencies, municipalities and partner organizations that have identified roles and responsibilities within the plan.
- Establishes authority for direction and control of SNS operations.

- Is county-wide in scope and includes coordination and support to the municipalities within Frederick County.
- Defines and assigns emergency roles and responsibilities to organizations and key positions for conducting SNS operations in the county.

## **D. Policy**

It is the responsibility of the FCHD, in coordination with Frederick County Emergency Management and County Government to request, receive, organize and distribute SNS medications and medical supplies and/or administer vaccinations to residents of Frederick County in an emergency.

## **E. Authority**

The Maryland local Health Departments, in conjunction with local governments, have the primary responsibility to coordinate emergency health and medical services within their jurisdiction in response to an emergency or disaster of natural or manmade origin.

## **F. References**

The following are the guidance documents from which this plan has been developed:

- Centers for Disease Control Receiving, Distributing and Dispensing Strategic National Stockpile Assets; A Guide for Preparedness Version 11, March 2014
- Centers for Disease Control Point of Dispensing (POD) Standards, April 2008
- National Incident Management System (NIMS), 2017 version
- State Of Maryland Public Health and Emergency Medical Countermeasure Dispensing and Distribution Plan, Draft Version 5.0, Oct. 2018 (MDH MCMDD Plan)
- Frederick County Emergency Operations Plan (EOP), March 2016
- Health and Medical Services Annex, Frederick County Emergency Operations Plan, Version 3.0, July 2022

- Maryland Public Health Legal Handbook, 2017

## II. Situation

Frederick County, Maryland is vulnerable to a number of potential public health hazards and as such, may cause the SNS request and activation and implementation of this plan. These hazards could result in the evacuation, destruction of or damage to homes and businesses, loss of personal property, disruption of food distribution and utility services, serious health risks, and other situations that adversely affect the daily life of the citizens of Frederick County.

Strategically located at the intersection of major east-west highways in and out of Baltimore and Washington DC, Frederick County Maryland encompasses 664 square miles and contains an estimated population of approximately 287,000 residents. Frederick County borders the southern border of Pennsylvania and the northeastern border of Virginia.

The County is a hub of interconnecting major arterial and secondary highways. I-70 connects with Baltimore, 45 miles to the east and Hagerstown to the northwest. I-270 connects with Washington, DC, 45 miles to the southeast and US-15, US-40, and US-340, all intersect in the City of Frederick. The City of Frederick is the second largest city in Maryland, the largest city in the County, and is home to the County Government, Fort Detrick, and the County's only hospital, Frederick Health Hospital.

Fort Detrick's installation houses the United States Army Medical Research and Materiel Command (MRMC), the National Cancer Institute, (NCI), the United States Army Medical Research Institute for Infectious Diseases (USAMRIID), and over 30 other tenant organizations including the National Interagency Biodefense Campus (NIBC). Other federal agencies sharing the Fort Detrick NIBC are Health and Humans Services National Institute of Allergy and Infectious Diseases, the Department of Homeland Security National Biodefense Analysis and Counter measures Center, the Naval Medical Research Center Biodefense Research Directorate, the Centers for Disease Control and Prevention and the Department of Agriculture's Agricultural Research Service and Foreign Disease-



Weed Science Research Unit. The Fort Detrick campus is on the forefront of both biomedical research and lends communications support for the National Command Authority, Joint Chiefs of Staff, Department of Defense and other Federal agencies

The presidential retreat at Camp David and the Federal Emergency Management Agency's Emmitsburg facility are also significant Federal installations located in the County.

### **III. Planning Assumptions and Considerations**

The following assumptions should be used as guidelines for consideration to assist Frederick County in adequately preparing for an emergency requiring the activation, staging, and dispensing of medications from the SNS and will serve as an operational guide for key personnel involved in command and operations.

- The County and State and/or Federal Government may declare an emergency depending on the nature and scope of the crisis.
- The SNS assets will be delivered to the State in response to a Governor's request.
- Should a State of Emergency be declared, the FCHD Emergency Operations Plan and Continuity of Operations (COOP) Plan will be implemented by the Health Officer or designee and Health Department programs and services will be triaged in accordance with those plans.
- Any event necessitating deployment of the SNS within the State of Maryland, the National Capital Region, and/or a neighboring jurisdiction may affect the population of Frederick County.
- The FCHD will provide services to the individuals who reside within the County (approximately 287,000 individuals).

- This plan can be implemented at selected medical model Points of Dispensing (POD) for a designated portion of the population and can be expanded to the entire population in an affected area at non-medical model PODs.
- Disease surveillance occurs on an on-going basis by the FCHD Community Health Services, Environmental Health, Public Health Preparedness, and the School Health Divisions.
- The FCHD dispensing plan provides guidelines for dispensing oral chemo prophylactic agents/medicines and/or vaccines to post-event asymptomatic clients and agents/medications for the treatment of symptomatic clients including:
  - 1) healthcare workers;
  - 2) first responders;
  - 3) critical infrastructure;
  - 4) general public;
  - 5) homeless; and
  - 6) the homebound, institutionalized, and other vulnerable populations.
- Memoranda of Understanding (MOU) have been established with local healthcare facilities and other closed POD locations to distribute medications, function as internal medication points of distribution or delivery, to healthcare workers and/or critical infrastructure partners based on CDC, Maryland Department of Health (MDH), and FCHD guidance specific to the current situation. *(See Appendix 9)*
- In order to provide for the health and safety of Frederick County residents in an emergency, it may be necessary to provide prophylactic medications and/or vaccines to the First Responder and Critical Infrastructure community prior to establishing public clinics. *(See Appendix 11)*

- Local organizations in contact with the homebound population have been identified and education, training, and delivery methods have been developed for this population.
- Service providers for vulnerable populations serve as the key conduit and trusted agents for this population. Whole community engagement is supported by the FCHD Equity Office.
- All dispensing activities will include provisions for interpretive services either through an on-site interpreter or the use of telephonic interpretations services. Signage and pictograms will be used to assist those who may be visually impaired or functionally illiterate.
- A Biological Detection System (BDS) was installed within a Frederick County postal facility but was removed in 2010. The BDS plan is now used as a basic medical model of response. *(See Appendix 10)*
- All FCHD staff are essential personnel in a public health emergency. Job descriptions include “duties in response to a Public Health emergency at the request of the Health Officer”. Therefore, all staff will be expected to assist in the SNS operations as necessary and will be compensated in accordance with their State or County position. Liability and Worker’s Compensation will be provided through the State or County System *(See Appendix 3)*
  - Lead and back-up core management staff and personnel available to staff PODs have been identified and staffing plan templates have been established for the different models. *(See Appendix 3)*
- Frederick County employees may be requested as staff by the Health Officer or through the Frederick County Division of Emergency Management under the authority of the County Chief Administrative Officer to support health and medical operations during a public health emergency response.

- Appropriately identified and credentialed volunteers will be utilized through the MDH volunteer board process. (*See Appendix 3*)
- Local pre-affiliated and credentialed Medical Reserve Corps (MRC) volunteers will be activated through Maryland Responds.
- The Frederick County Division of Emergency Management will liaise with other County agencies and provide logistical support to public health emergency response efforts. This may include POD site support in the event of inclement weather during a response.
- Food and water for all staff involved in SNS operations will be provided through coordination between the FCHD Public Health Command Post and the County EOC. Providers will be the American Red Cross Frederick Chapter, Frederick County Detention Facility, or the Frederick County Department of Fire and Rescue Services Canteen Services, and local private infrastructure partners.

## IV. Concept of Operations

### A. General

The Maryland Department of Health (MDH) is the coordinating state agency responsible for the receipt, management, and further distribution of the SNS. The State is responsible for initial receipt of the SNS 12-hour Push Package or Managed Inventory at the State's Receiving, Staging, and Storage Site (RSS). It will take approximately 12-24 hours from the time of receipt of the 12-hour Push Package until the delivery to the local health departments (LHD). At the State RSS, the 12-hour Push Package will be received and broken down by State personnel. The medications and medical supplies will be repackaged and apportioned prior to the delivery to the LHD.

The State is responsible for the transportation of the apportioned supplies to the designated FCHD's bulk distribution center and and/or local PODs per the

current situation, State Plans, and/or FCHD SNS coordinator's instruction. Procedures will be implemented to track all SNS assets. *(See Appendix 6)*

The FCHD will be responsible for coordinating with healthcare facilities and other Frederick County agencies for the management of all SNS materials.

The apportionment of SNS assets will generally be based on a medical risk profile.

The pre-assigned Frederick County PODs will be activated to coincide with the arrival of the SNS.

FCHD (including State and County employees), County staff, and trained volunteers will staff the bulk distribution center and PODs.

## **B. Legal/Policy Issues**

There are common legal and policy issues to all SNS responses. The following identifies several key issues that apply to Frederick County's SNS operations.

- The number of medication regimens that a head of household can pick-up is determined by the State of Maryland and is outlined in the State of Maryland Strategic National Stockpile Plan. *(See Appendix 10)*
- The minimum identification requirements to receive medications at a dispensing site are determined by the State of Maryland and is outlined in the State of Maryland Strategic National Stockpile Plan. *(See Appendix 10)*
- The process for dispensing of medication to an unaccompanied minor is determined by the State of Maryland and is outlined in the State of Maryland Strategic National Stockpile Plan. *(See Appendix 10)*
- The Frederick County Sheriff's Office and the municipal police departments will employ the minimum amount of force necessary to affect an arrest and overcome any resistance offered. The use of force policy is constant, regardless of the type of assignment/deployment. In the event that force is

applied to an individual(s) the officer shall affect an arrest and provide decontamination and/or render first aid as appropriate.

- All adverse events will be tracked and monitored through the use of the Vaccine Adverse Event Reporting System (VAERS) and MedWatch: The FDA Safety Information and Adverse Event Reporting Program
- Hotline or call bank procedures will be established to address questions/concerns from the public and provider community. (*See FCHD All Hazards Emergency Operation Plan Active Disease Surveillance and Call Center Procedures*)
- MOUs exist or are in the process of being established with local federal agencies such as Fort Detrick and FEMA Emergency Management Institute / National Fire Academy for the distribution of SNS assets to military and federal personnel in a public health emergency. (*See Appendix 9*)

## **C. Requesting SNS Assets**

### **1. Decision-making Process**

The decision to deploy SNS assets will be a collaborative effort among local, state, and federal officials and subject matter experts. The decision may begin at the local level when officials identify a potential or actual situation that they believe has the potential to threaten the health or safety of the community.

Events that provide justification for SNS deployment:

- A chemical, biological radiological, nuclear, or explosive (CBRNE) event.
- A medical emergency brought on by a natural disaster.
- Claim of release by intelligence or law enforcement personnel.
- An indication from intelligence sources or law enforcement of an increased potential for a terrorist attack.
- Clinical, laboratory, or epidemiological indications including:

- A large number of persons with similar symptoms, disease, syndrome, or deaths.
- An unusual illness in a population – single case of disease from an uncommon agent, and or a disease with unusual geographic or seasonal distribution, and / or an endemic disease or unexplained increase in incidence.
- A higher-than-normal morbidity and mortality from a common disease or syndrome.
- A failure of a common disease to respond to usual treatment.
- Multiple unusual, genetically engineered, or an antiquated strain of a disease agent.
- Multiple atypical presentations of disease agents.
- Similar genetic type in agents isolated from temporally or spatially distinct sources.
- Unusual, genetically engineered, or an antiquated strain of a disease agent.
- Simultaneous clusters of similar illness in non-contiguous areas.
- Atypical aerosol-, food-, or water-borne transmission of a disease.
- Deaths or illness among animals that precedes or accompanies human death.
- Unexplained increases in emergency medical service requests.
- Unexplained increases in antibiotic prescriptions or over-the-counter medication use.

To determine if SNS assets will be requested the Frederick County Health Officer will:

- Confer with the Frederick County Emergency Manager on the situation and the need for the SNS assets.
- Confer with appropriate MDH agency, Infectious Disease Epidemiology and Outbreak Response Bureau (IDEORB) and/or Office of Preparedness and Response (OP&R) representatives on the need for the SNS.

- Confer with FCHD Strategic Planning/Operation Team (SPOT) members on the need for the SNS based on the following criteria:
  - Detection of an unusual medical case or a cluster of case indicating the presence of a potentially dangerous agent that could precipitate a public health emergency and strain local assets. This detection will come from medical surveillance networks, health care providers, laboratories, hospitals, veterinarians, pharmacists, medical examiners, the emergency medical system, and public health agencies. (*See FCHD All Hazards Emergency Operation Plan, Active Disease Surveillance*)
  - Activation of an alert system such as the Postal Service Biological Detections System or the Baltimore/Washington/Richmond Corridor (BWRC) BioWatch Jurisdiction.
  - Information from law enforcement and/or public health officials indicating a significant threat to the citizens of Frederick County.
  - Confirmation of a widespread event via epidemiological investigation expanded surveillance or through laboratory or medical diagnosis.
  - Threat projection analysis.
  - Assessment of in-state inventory vs. needed pharmaceuticals and/or medical supplies.
- Collect epidemiological and medical data including:
  - Number of persons with a similar disease or syndrome
  - Unusual illness in a population
  - Disease with unusual geographic or seasonal distribution
  - Deaths or illness among animals that precede or accompanies human illness and/or death
  - Total number of cases
  - Single case of disease from an uncommon agent
  - Known or highly suspected release or exposure
  - Assessment of local supplies of medication and health



- Equipment to determine if they are adequate for responding to the public health event

## **2. Request Process**

SNS assets may be deployed to a local jurisdiction through three basic processes. One, the Federal Government decides there is a need to deploy the assets to the State of Maryland. Two, the State of Maryland decides there is a need to deploy these assets to a local jurisdiction and requests the SNS assets. Third, a local jurisdiction decides that they will need the SNS assets and requests the deployment from the State. It is not in the scope of this plan to address the first two processes. This plan focuses on the third process – when the local jurisdiction asks the State to request the SNS assets from the Federal Government.

To initiate an SNS request the Health Officer and the Emergency Manager will initiate a phone conference with MDH to formally request the SNS assets. The request will follow the guidelines as outlined in the MDH MCMDD Plan. *(See Appendix 6)*

## **3. Notifications**

The Health Officer and the Emergency Manager will inform the County Executive of the need to request SNS assets prior to the actual request. This notification may occur via notification of the County Chief Administrative Officer or designee.

The FCHD will initiate the FCHD EOP and/or the COOP Plan and activate the SPOT and Division staff via phone tree and/or the Frederick County Emergency Management notification system to notify public health responders and critical infrastructure personnel. The SPOT, Response Team, and Division notification listings will be updated semi-annually and exercised at least quarterly per the FCHD EOP. The Frederick County EOC will initiate notification of other critical infrastructure personnel such as county employees by contacting division management personnel who

will activate division specific call downs. Information about first responder pick up locations and instructions will be pushed down via the same path.

If a bulk distribution center is to be established, a FCHD Command Staff member will send notification to the bulk distribution center site to ensure and/or prepare the site for SNS delivery. Closed PODs will be notified of the event by the FCHD. *(See Appendix 2)*

Possible open/public POD sites include publicly owned buildings and private facilities agreeable to use at the time *(See Appendix 11)*. Specific county-owned buildings have been pre-selected and evaluated for POD sites. Use of county-owned buildings will be coordinated through FC Emergency Management. Use of Frederick County Public Schools will be initiated by the FCHD Command Staff, the Frederick County Public School (FCPS) Superintendent or designee, and the FCPS Director of Safety and Emergency Management. *(See Appendix 9)*

## **D. Implementation**

### **1. Management of SNS Operations/Command and Control**

The FCHD command and control structure is based on the National Incident Management System (NIMS). The State of Maryland and Frederick County SNS operations are integrated within the Incident Command System (ICS) structure and are compliant with the current CDC guidelines. The SNS response organization structure and associated forms can be found in the FCHD All Hazards Emergency Operations Plan.

The FCHD Health Officer, or designee, serves as the Incident Commander and appoints the Command Staff and a FC local EOC representative as the Emergency Support Function (ESF) 8 Liaison Coordinator. *(See Appendix 3)* The FCHD EOC representative will function as the SNS liaison at the FC EOC.

The FCHD PHP Program Manager, the SNS Coordinator, or designee will function as the Planning Section Chief or Incident Commander during SNS activation.

Specific shift hours and the length of each shift for staff/volunteers will be established by the Public Health Command Post (PHCP). In a full activation, 12-hour shifts may be established with overlapping times to ensure an adequate briefing period and smooth transition. The PHCP and Incident Command will ensure that all staff receive adequate food, hydration, and work breaks. Family assistance for staff will be provided through the County Family Assistance Plan.

## **2. Communications**

### **a) Tactical**

The utilization of specialized communication systems such as landline phones, cell phone, email, wireless text messaging, faxing, UHF/VHF radios, HAM radios and other identified methods of information sharing will be implemented to ensure real-time communications related to distribution and surveillance activities are maintained. To ensure communications are uninterrupted, redundant communication systems will be used.

Communication between PODs, FCHD Public Health Command Post, Frederick County EOC, Frederick Health Hospital, MDH, the State EOC and other responder elements will be accomplished through the use of email, Web EOC, Disaster Local Area Network (D-LAN), Health Alert Network (HAN), cell phones, UHF/VHF two-way radios, HAM radio and telephone landlines. *(See Appendix 2)*

At Open PODs, on-site law enforcement will be paired with POD staff outside for use of law enforcement 800 MHz radios. Communication will be from outside law enforcement to the law enforcement representative inside the Open POD at the Command Post with the Site Supervisor. The Site Supervisor and Communications Officer will

be communicating directly with the Public Health Command Post via 800 MHz radios and conference lines as instructed.

Law enforcement and FCPS staff will have access to the school cameras at each open POD, as well as remote access to all school cameras at the Emergency Operations Center or the Public Health Command Post.

### **b) Information Technology**

The FCHD Interagency Information Technologies (IIT) is responsible for the implementation of program management systems issued from MDH and/or CDC for investigation and surveillance, medication/vaccine inventory, patient tracking, and other related activities. IIT specialists will work cooperatively with FCPS and Frederick County Interagency Information Technology (IIT) to ensure adequate computer equipment to operate software at PODs. IIT will provide IT support to SNS operations. *(See FCHD All Hazards Emergency Operation Plan)*

## **3. Security**

A large public health emergency will likely produce many casualties and it will also produce concern, fear, and possibly confusion within the affected community. The arrival of SNS assets will be newsworthy and may make operations a magnet for persons unwilling to wait for the planned dispensing of drugs or other assets to protect or treat them and their families. During a deliberate attack, SNS response organizations may become a target of terrorists or terrified citizens.

Security for the SNS will be a cooperative effort between local, State, and Federal agencies coordinated through the EOC and may change at different stages of the SNS distribution process. Local law enforcement assumes responsibility upon receipt of the SNS. The Frederick County Sheriff's Office, and/or The City of Frederick Police Department, and/or

Thurmont City Police and/or Brunswick City Police, will provide law enforcement support based on the location and scope of the effort. Security support to SNS operations will be coordinated through the county EOC and law enforcement personnel will be requested and coordinated through the EOC. The Frederick County Sheriff's Office will be the lead law enforcement agency & SNS Security Coordinator. (*See Appendix 8*)

Law enforcement personnel will:

- Provide security and personnel protection escort for the staff at the sites and the general public.
- Provide crowd control
- Provide security escort for all SNS materials at each site.
- Provide security and traffic management advice at the bulk distribution center and the PODs.
- Maintain awareness of POD sites and locations.
- Maintain awareness of the operational needs.
- Develop POD site security plans and update them every five years or as needed.

All staff working in SNS operations must show identification prior to entering any site. First time spontaneous volunteers will be processed, credentialed, badged, and assigned through the process outlined in the *FC Donations and Volunteer Management Annex*.

The initial notification to activate the open POD sites, such as Frederick County Public Schools, will include instructions to secure the property, using cones to block off parking lot entrances to allow for the set-up of traffic flow and other security measures.

Site specific security plans can be found in Appendix 8. If up to three open POD sites are activated simultaneously, the full security plan will be implemented. If more than three open PODs are activated, the following actions will be taken:

- Request mutual aid for staffing from Maryland State Police and/or neighboring jurisdictions.
- If required by situation, request a standby mobile field force, either through local channels or through mutual aid, for the possibility of civil unrest.
- Request staffing from County and City Dept. of Public Works to assist with traffic management at open PODs.
- Request Frederick City Police Auxiliary personnel to assist with traffic management in city PODs.
- Request municipalities to provide at least two staff for open POD law enforcement.

Law enforcement may decide to secure the Montevue Campus as needed, utilizing two City Auxiliary personnel to block off Montevue Lane and position one officer in the Public Health Command Post.

#### 4. Controlling Inventory

To deal with an SNS deployment successfully, the proper resources in the quantities that the point of dispensing and treatment centers need and in the proper configurations must be on hand. This function is known as inventory control and the team that is responsible for this is the Logistics Section. All SNS materials received, stored, and distributed will be inventoried and tracked. *(See Appendix 6)*

The Logistics Section is specifically responsible for: *(See Appendix 6)*

- Recording the receipt, storage location, orders, and issues regarding all resources, including the maintenance of a record of the assets that are shipped to PODs, treatment centers, and other sites.
- Maintaining integrity of medical materiel according to FCHD protocols and manufacturer specifications, including 1) cold chain management, 2) tracking by lot number, 3) tracking by expiration date, and 4) chain of custody (controlled and non-controlled substances).
- Processing requests for assets from PODs, treatment centers, and other locations.

- Tracking the type, quantity, location, and configuration of the assets that are on hand.
- Ordering more assets when supplies run low and tracking the quantity, type, and configuration of the resources that are on order.
- Knowing the address of all sites to which resources must be shipped.
- Setting up an automated or manual inventory-management system prior to receipt of SNS shipments using federal/state inventory-management systems when possible.
- Entering the quantity, configuration, and source of each item received from records supplied by the RSS staff after their physical receipt of the SNS assets.
- Recording the locations to which all SNS material, equipment, and containers are sent.
- Monitoring inventory levels and ordering more inventory when levels are low.
- Recovering SNS equipment, containers, and unused material after an event.

## 5. Distributing SNS Assets

Medication/vaccine and supply distribution and redistribution plans for any SNS activation must be scalable and flexible. The State may initially directly deliver to the FCHD PODs or may deliver to a more centralized holding area for local distribution, a bulk distribution center, or use a combination of these delivery systems. Supply, resupply, and redistribution of PODs will need to be an ongoing process based on the situation, method of dispensing and/or delivery of medications and supply delivery method by the State. *(See Appendix 11)* Printed materials required for the response effort will be supplied by the State. If printed materials are not immediately available from the State, the FCHD will rely on existing relationships to meet the need until State resources are available. *(See Appendix 6)*

The FCHD Health Officer, or designee, will be responsible for the total Frederick County SNS assets and will further redistribute these assets to other facilities based on Frederick County apportionment from the State and the facilities' needs, which will be reevaluated each year.

#### **a) Direct Distribution**

Supply, resupply, and redistribution may occur directly from the State RSS to the PODs, or to facilities without the use of a bulk distribution center regardless of the POD model being utilized. The implementation of the direct distribution will be based on factors such as the POD models utilized, the situation, population numbers, and other influencing factors as necessary.

If direct distribution is utilized, the FCHD maintains the responsibility for:

- Inventory tracking
- Receipt of medications/vaccines and supplies maintaining chain of custody
- Redistribution of medications/vaccines and supplies
- Supply delivery
- Post event storage
- Arrangement of security
- Procurement of loading/unloading equipment
- Loading/unloading of supplies
- Arranging and training of staff for all distribution/redistribution functions

In this situation, the Logistics Branch Chief will oversee all distribution of supplies, medications, and materials between PODs and function as the Distribution Coordinator. Requests for additional equipment, supplies, and transport vehicles will be coordinated with Emergency Management through the county EOC. Transport



vehicles may be supplied through the use of County owned vehicles, FCPS vehicles, or contracted vehicles. *(See Appendix 9)*

### **b) Bulk Distribution Center Operations**

A Bulk Distribution Center site may be established to receive SNS material from the State. The purpose of the bulk distribution center is to manage the distribution of SNS materials to the Frederick County PODs, treatment centers or other delivery sites. The selection of the main and backup bulk distribution center sites will be based on the location, nature, and scope of the event. Location selection will be made in consultation with county and city agency partners. *(See Appendix 8)*

### **c) Supply, Resupply, and Redistribution**

Supply, resupply, and redistribution of PODs will need to be an ongoing process based on the situation, method of dispensing and/or delivery of medications and supply delivery method by the State. *(See Appendix 6)*

## **6. Dispensing Medications and Vaccines**

The FCHD Health Officer, in conjunction with MDH and/or CDC will determine which populations are to receive prophylaxis/immunization and/or treatment, what model of distribution will be used, and the designated timeframe for intervention based upon the nature and scope of the event.

- The number of courses of medication and the amount provided to each individual and/or family will be based on the supply of medications available, nature, and scope of the event.

- The disease agent, incubation period, population affected, and time of exposure will guide the model for distribution of medications. The availability and qualification of POD staff may be a contributing factor in this decision.
- The Health Officer will evaluate considerations of clinical accuracy and necessary throughput to achieve optimal prophylaxis within the population.
- Medications will be dispensed according to the model most appropriate for the event which may include: *(see Appendix 11)*.
  - Medical model POD
  - Non-medical model POD
  - Drive-thru POD
  - Closed POD
  - First Responder POD
  - Bulk distribution center
  - SuperPOD – combining First Responder POD and bulk distribution center in one location
  - FC Cluster Model
- All open POD models will plan for populations with access and functional needs, including identifying limited mobility access and parking.
- Based on the emergency, it may be beneficial to schedule appointments for easier distribution of medications. Scheduled appointments may be appropriate if the demand for medication exceeds availability, screening is required, and there is sufficient time to respond.

- Based on the supply of medications, nature and scope of the event, identification requirements may be necessary in order to receive medication. If required, any state driver's license or state ID will be utilized.
- The FCHD Health Officer and/or FCHD Medical Officer in conjunction with MDH and/or CDC will initiate medical orders, including standing orders and protocols for dispensing sites, for the medication distribution and/or immunization, as well as management of adverse reactions and medical emergencies. *(See Appendix 5)*
- Authorized Registered Nurses employed at FCHD may dispense medications during a local emergency. *(See Appendix 5 and 10)*
- Trained FCHD, Frederick County government, and volunteer staff may deliver medications during a local emergency based on a declaration by the Governor due to a Catastrophic Public Health Emergency. *(See FCHD All Hazards EOP, Chapter 6)*

**a) Point of Dispensing Sites**

Point of dispensing site operations may be established to distribute prophylactic medications/vaccines to the general public when:

- There is a need to distribute oral antibiotics for non-communicable diseases such as exposure to anthrax or,
- There is a need to distribute oral antibiotics for communicable diseases such as exposure to plague or,
- There is a need to provide immunizations for communicable diseases such as exposure to Smallpox

The FCHD PODs will be implemented at one or all pre-determined sites throughout Frederick County. *(See Appendix 11)* The number of these dispensing sites can be expanded to meet the assessed need. The sites can be geographically dispersed throughout the County. The sites utilized will be determined based on the location, nature,

and scope of the event, and FCHD staff and volunteer availability. One of these sites may be designated as a First Responder POD.

When possible, the Frederick County Division of Fire and Rescue Services (DFRS) will assign an ambulance and staff to each POD to be available to assist in emergency care and transport for clients at the PODS.

When PODS are established the number, flow and specific stations, including rapid dispensing, utilized are event and size specific and may vary according to the situation. *(See Appendix 11)*

## **b) Facility Distribution**

The agencies listed below are responsible for distribution of apportioned medications and supplies through the “Closed POD” model to their staff and clients. In a medical model response, Closed PODs are required to have licensed medical staff to dispense medication. The categories of Closed PODs are as follows: *(See Appendix 11)*

- Healthcare Facilities
  - Licensed nursing homes
  - Assisted living facilities
  - Frederick Health Hospital
- Critical Infrastructure / Local Businesses
  - County, City, Municipal personnel, and other contracted partners
  - Businesses that support the FEMA Community Lifelines
- Closed PODs for Populations with Access and Functional Needs
  - Frederick County Detention Center
  - City of Frederick Dept. of Housing and Human Services
  - Maryland School for the Deaf
  - Meals on Wheels
- Residential Educational Institutes

- Hood College
- Mount Saint Mary's University
- Local Federal Agencies
  - FEMA Emergency Management Institute / National Fire Academy
  - Fort Detrick

Facilities will receive their supplies from the bulk distribution center by delivery to their facility if they are not designated to receive direct delivery from the state.

The FCHD will provide training and guidance on the dispensing and/or vaccination recommended protocol. Facilities and agencies with Medical Directors will be responsible for implementing the recommended protocols for their residents.

### **c) First Responder Distribution**

- A First Responder Closed POD site may also be established prior to the opening of public sites. This may be accomplished by:
  - Opening a POD designated as the First Responder site for priority disposition of medications to First Responders, essential personnel and their families. First Responders include those individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment.
  - Pre-screening of key personnel and pre-positioning of medications at strategic sites within the County.
- County, city, municipal, employees, and contracted partners employees may be considered Critical Infrastructure in addition to traditional first responders. These essential personnel required to maintain their job function or participate in the emergency response may receive emergency medication by

sending representatives to the First Responder POD, or by participating in the Cluster Model with other nearby essential offices, receiving delivery from the Bulk Distribution Center and dispensing in a closed POD fashion or by supervisors, at their discretion.

#### **d) Vulnerable Populations Distribution**

- Division of Aging and Independence volunteers and staff can serve to deliver medications to identified Meals on Wheels patrons and others through the non-medical model of delivery.
- FCHD has identified the City of Frederick Dept. of Housing & Human Services (COF HHS) as the key link to the homeless population in Frederick County and education, training, and delivery methods will be identified in partnership with COF HHS for this population.
- The Maryland School for the Deaf (MSD) located in the City of Frederick serves as a central cultural and communication hub for the large and vibrant deaf community in Frederick. MSD has been identified as the key link to this population.

## **7. Demobilization**

Plans for demobilization will begin as soon as operations begin. Incident Command is responsible for the decision to demobilize staff and assets. This decision may be based on meeting the goals of the MCMDD operation or other guidance from CDC or MDH. Demobilization may occur in stages or at the same time.

Closed POD partners are required to hold medication in a secure location until arrangements can be made to return or dispose of supplies according to FCHD. (*See Appendix 7*)

Locations used for POD operations will be demobilized according to facility agreements. Materiel and equipment will be returned to or picked

up by FCHD. Biomedical waste materials will be disposed of according to the FCHD Exposure Control Plan.

## **8. Treatment Center Coordination**

Treatment centers are the locations in a community where people who are already symptomatic receive treatment. These locations include hospitals, clinics, and other sites that treat individuals who are ill. A large-scale emergency event can quickly overwhelm the resources of a treatment center: the emergency room, operating rooms, intensive care unit, surgical ward, isolation ward, diagnostic laboratories and equipment, and cardiac- and respiratory-assistance equipment.

The FCHD is responsible for coordinating planning efforts with local Treatment Centers. The FCHD will coordinate with Frederick Health Hospital (FHH), other treatment centers, and the Frederick County Office of Emergency Management to develop plans, procedures and protocols to include, but not limited to:

- Defining specific locations to deliver SNS materials.
- Identifying persons authorized to sign for controlled substances.
- Maintaining 24/7 contact roster for treatment centers and FHH point-of-contact. (This information should be updated quarterly.)

During SNS operations, the FCHD may establish a Public Health Liaison at FHH who may assist in identifying needs and coordinating the request and receipt of SNS assets at Frederick Health Hospital (FHH). This may be an additional role for the Public Health Liaison at FHH or may require additional personnel. (*See FCHD All Hazards EOP and Appendix 13*)

FHH will designate a Pharmacy Liaison authorized to request materials on behalf of FHH. As appropriate, this FHH Pharmacy Liaison may also assist at the bulk distribution center with:

- Pharmaceutical quality assurance activities.
- Coordination and transport of SNS assets to FHH.

- General bulk distribution center operations.
- Signing controlled substance chain of custody documentation in the absence of the FCHD Health Officer or Medical Officer.

Following established procedures and protocols Treatment Center requests for SNS assets will be reviewed and processed to MDH.

## **E. Public Information**

Public Information is an important component of a successful plan. The coordination of federal, state, and local dissemination of public information is essential to mitigating fear, confusion, and inefficiency in an emergency situation. The MDH MCMDD Plan designates public information as the responsibility of the local jurisdiction.

The Health Officer has primary responsibility for coordination of health and medical information intended for release through public media during emergency operations, with support provided by those public health and medical services responsible for particular aspects of the response.

Through the media, in consultation with MDH PIO and in conjunction with the Frederick County PIO, the designated Health Department PIO will address questions, minimize false rumors and misinformation, and reassure the public that systems are in place to effectively address the need. Various means of communication will be used to provide current and up-to-date information to the public. These are consistent with state and federal guidelines and include the following: (*See Risk Communication Annex*)

- Radio/television including local and regional channels/stations
- Frederick County Health Department website
- Frederick County Government website (through FC PIO)
- Telephone bulletin boards
- Local print media
- Communication plan for local healthcare providers



- Social Media venues
- Alert Frederick County

The Health Department PIO in coordination with the Frederick County PIO will:

- Implement the principles of risk communication and will participate in a Joint Information Center (JIC) with community partners as appropriate. Language appropriate material will be utilized and developed as part of the overall communication strategy. FCHD and volunteer interpreters will be utilized in the PODs, on telephone hotlines, and by facility SNS operations. (*See Risk Communication Annex*)
- Disseminate emergency public information provided by health and medical officials.
- Provide 1<sup>st</sup> Responders and partner agencies updates through EOC representatives.

## V. Training and Exercises

Training for all SNS activities, plans, and operations is coordinated through the FCHD Office of Public Health Preparedness.

- Training for all FCHD staff and core management staff consisting of FCHD personnel, Frederick County government staff and pre-affiliated volunteers will consist of pre-event training and exercises.
- All FCHD staff will complete the annual training course “Public Health Emergency Planning: Preparedness and You” containing instruction in emergency notification process, expectations for emergency response, Cities Readiness Initiative/MCMDD and National Incident Management System concepts.
- All Health Department staff and volunteers utilized for SNS operations will receive position specific training either pre-event or through just-in-time

training in the event of an SNS activation. All staff will receive a situation specific briefing at the time of the event.

- FCHD participates in county, state and regional exercises.
- FCHD conducts an annual functional or full scale SNS exercise.

## **VI. Roles and Responsibilities**

### **A. Primary Agency - Frederick County Health Department**

The FCHD functions as the local Health Authority. In a public health emergency the Health Authority has primary responsibility for coordinating the health and medical services function. The Health Officer or their designee will plan and coordinate public health and medical services during emergency situations. The Health Officer or a designee shall serve as a member of the EOC Staff. Health and medical service response activities at an incident scene will be coordinated through the IC. Large-scale health and medical efforts shall be coordinated from the EOC. Under the Frederick County Emergency Operations Plan, the FCHD has primary responsibility to coordinate and/or provide the following services in response to emergency situations:

- Essential medical, surgical, and hospital care and treatment for persons whose illnesses or injuries are a result of a disaster or where care and treatment are complicated by a disaster.
- Public health protection for the affected population including vaccination and/or medication distribution.
- Disease control measures.
- Tracking of affected persons.
- Mortuary and vital records services.
- Collect reports of damage impact on health and medical care for public health and medical facilities and systems.

The FCHD will perform specific roles and responsibilities as outlined in the Health and Medical Annex of the Frederick County EOP (*See Appendix 10*).

### **B. Support Agencies**

All support agencies/organizations (listed below) assigned to provide health and medical services support are responsible for the following:

- Designating and training representatives of their agency.

- Ensuring that appropriate SOPs are developed and maintained.
- Maintaining current notification procedures to ensure trained personnel are available for extended emergency duty in the EOC and, as needed, MCMDD operations and/or the public health emergency response.
- Frederick County Divisions not listed may also be asked to participate in MCMDD preparedness planning activities.

Additional specific responsibilities for each agency are outlined below.

*Frederick County Emergency Management Division*

- Coordinate the overall County emergency response.
- Activate and maintain EOC operations.
- Coordinate requests for state and federal assets.
- Coordinate with Health Officer for requests of SNS assets
- Coordinate internal and external (public information) communications processes.
- Participate in MCMDD preparedness planning activities

*Frederick County Interagency Information Technologies Division*

- Ensure the MCMDD communications network is reliable.
- Maintain redundant IT capabilities.
- Participate in MCMDD preparedness planning activities.
- Review communications and information technology plans.
- Provide guidance on MCMDD equipment procurement.

*Frederick County Water & Sewer Utilities, and Solid Waste Management Divisions*

- Participate in MCMDD preparedness planning activities.
- Provide vehicles and equipment for MCMDD operations.

*Frederick County Finance, and Procurement & Contracting Divisions*

- Track MCMDD operational expenses.
- Maintain contracts and assist with procurement of materials to support MCMDD operations.
- Provide guidance on personnel issues such as workers' compensation and liability.

*Frederick County Office of Economic Development*

- Coordinate with private sector businesses and resources.
- Identify resource sharing opportunities and develop mutual aid agreements with private sector resources.
- Participate in MCMDD preparedness planning activities

*Frederick County Planning and Permitting Division*

- Participate in MCMDD preparedness planning activities.
- Provide operational staff support.

*Frederick County Family Services Division*

- Participate in MCMDD preparedness planning activities on behalf of vulnerable populations.
- Provide operational staff support.

*Frederick County Aging and Independence Division*

- Coordinate MCMDD preparedness and dispensing operations activities with vulnerable population resources such as Meals on Wheels, senior housing, adult daycare facilities and others.
- Participate in MCMDD preparedness planning activities on behalf of vulnerable populations.

*Frederick County Public Works Division*

- Maintain county facilities and warehouse.
- Identify appropriate facilities for MCMDD operations.
- Provide access to facilities for MCMDD operations.
- Provide maintenance to facilities during MCMDD operations.
- Provide vehicles and equipment for MCMDD operations.
- Provide additional staff for traffic management at open PODs as needed.
- Provide maintenance services for essential Frederick County services.
- Participate in MCMDD preparedness planning activities

*Frederick County Fire and Rescue Services Division*

- Participate in MCMDD preparedness planning activities.
- Provide operational staff support at PODS.
- Provide emergency medical services at MCMDD sites.
- Provide public vaccinations under emergency order.

*Frederick County Health Department*

*Medical Countermeasure Dispensing and Distribution Annex, Rev. 2, Mod. 11, 2024*

- Provide canteen support for open PODs.
- Implement a First Responder Closed POD.

*Frederick County Animal Control Division*

- Participate in MCMDD preparedness planning activities.
- Provide operational staff support.

*Frederick County Human Resources Division*

- Participate in MCMDD preparedness planning activities.

*Frederick County Transit Services Division*

- Provide transportation of assets and people during MCMDD operations.
- Provide vehicles for MCMDD operations.
- Participate in MCMDD preparedness planning activities

*Frederick County Attorney*

- Participate in MCMDD preparedness planning activities.
- Provide legal review of MCMDD related plans.
- Provide legal guidance as necessary during MCMDD operations.

*Frederick County Public Schools*

- Participate in MCMDD preparedness planning activities.
- Provide for the use of facilities, vehicles, and other school resources for MCMDD operations.
- Coordinate communication with the school aged population.
- Participate in disease surveillance and reporting.

*Frederick County Sheriff's Office*

- Serve as the lead law enforcement agency for MCMDD operations.
- Coordinate law enforcement services with all local, state, Federal law enforcement entities.
- Coordinate MCMDD operations for the Frederick County Adult Detention Center.
- Participate in MCMDD preparedness planning activities

*Frederick County Health Department*

*Medical Countermeasure Dispensing and Distribution Annex, Rev. 2, Mod. 11, 2024*

*The City of Frederick Department of Public Works*

- Provide vehicles and equipment for MCMDD operations within the City of Frederick.
- Provide additional staff for traffic management at open PODs as needed.

*The City of Frederick Police Department*

- Lead law enforcement agency for MCMDD operations within the City of Frederick.
- Coordinate law enforcement services with all local, state, Federal law enforcement entities.
- Participate in MCMDD preparedness planning activities
- Provide operational staff support for the implementation of a closed POD.

*Brunswick Police Department*

- Lead law enforcement agency for MCMDD operations within the City of Brunswick.
- Coordinate law enforcement services with all local, state, Federal law enforcement entities.
- Participate in MCMDD preparedness planning activities

*Thurmont Police Department*

- Lead law enforcement agency for MCMDD operations within the City of Thurmont.
- Coordinate law enforcement services with all local, state, Federal law enforcement entities.
- Participate in MCMDD preparedness planning activities

*City of Frederick Department of Housing & Human Services*

- Coordinate MCMDD preparedness activities with the homeless population.
- Participate in MCMDD preparedness planning activities.

*American Red Cross*

- Participate in MCMDD preparedness planning activities.
- Provide support to MCMDD operations through the provision of mass care for MCMDD operations staff.

*Frederick County Health Department*

*Medical Countermeasure Dispensing and Distribution Annex, Rev. 2, Mod. 11, 2024*

#### *Frederick Health Hospital*

- Participate in MCMDD preparedness planning activities.
- Provide surveillance and treatment.
- Coordinate the distribution of MCMDD assets for the hospital.

#### *Fort Detrick*

- Participate in MCMDD preparedness planning activities.
- Coordinate with FCHD for care of individuals who live on base
- Provide mutual aid to FCHD

#### *Mental Health Association/2-1-1*

- Participate in MCMDD preparedness planning activities.
- Coordinate with FCHD to provide call center support

#### *Frederick County Local Behavioral Health Authority*

- Participate in MCMDD preparedness planning activities.
- Provide operational staff support.
- Provide behavioral healthcare services and communications.

## **C. Support Municipalities**

All municipalities within Frederick County will provide support to MCMDD operations in accordance with the Frederick County Emergency Operations Plan and as requested through the Frederick County EOC.

The Frederick County municipalities of the City of Brunswick, the City of Frederick, and the City of Thurmont will provide the following support during MCMDD activation:

- Assist with traffic and crowd control within their jurisdiction
- Assist with all law enforcement activities as needed
- Assist with Department of Public Works activities as needed
- Assist with transportation of MCMDD materials to PODs.



## D. State Agencies

FCHD will coordinate with Maryland departments according to established policies and procedures. The MDH MCMDD Plan outlines the roles and responsibilities of the state departments in SNS operations which include:

- Maryland Department of Health
- Maryland Department of Emergency Management
- Maryland Institute for Emergency Medical Services Systems
- Maryland State Police
- Maryland Department of Transportation
- Maryland Department of the Environment
- Maryland Department of Human Services
- Maryland School for the Deaf

## VII. Plan Review and Maintenance

Maintenance of the Maryland SNS Plan is the responsibility of the Maryland SNS Coordinator. It is the responsibility of LHD Planners to keep leadership, partners, and stakeholders within their jurisdiction informed of appropriate changes.

Maintenance of the Frederick County Medical Countermeasure Dispensing and Distribution plan (MCMDD) is the responsibility of FCHD PHP. The FCHD MCMDD Plan will be reviewed annually by the Frederick County Emergency Policy Advisory Committee (EMPAC). (*See FCHD All Hazards Emergency Operation Plan and Appendix 1, Review of MCMDD Plan*). The EMPAC is the multi-disciplinary group tasked by the County Executive as Frederick County's Emergency Planning vehicle. The EMPAC functions as the FCHD Emergency Planning and Preparedness multi-disciplinary advisory group.

The FCHD will update the MCMDD plan at least annually based on deficiencies identified in operational readiness reviews conducted by MDH and lessons learned from training, exercises, and/or actual incidents.

## A. Record of Changes

Change #	Date of Change	Entered By	Summary of Changes
Mod 11	10-05-05	BSR	
Mod 12	04-04-06	BSR	
Mod 13	04-04-07	BSR	7/07
Mod 14	07-23-07	BSR	
Mod 15	03-08	BSR	03/08
Mod 16	04-08	BSR	04/08
Mod 17	06-18-08	BSR	06/08
Mod 18	01-28-09	BSR	01/09
Revision 1 (Dewberry)	07-01-09	RJW	01/11
Rev. 1 Mod 1	01-11	RJW	<ul style="list-style-type: none"> <li>• Implementing lessons learned from H1N1 pandemic</li> <li>• Appointment scheduling procedure created and utilized</li> <li>• Decrease in the number of open Points of Dispensing (POD) sites from the 32 elementary schools to the 10 high schools</li> <li>• Increased security coverage of open PODs</li> <li>• Increase in the number of closed PODs which serve populations unable to receive medication in open/public PODs</li> <li>• Relocation of the 1<sup>st</sup> Responder POD</li> </ul>
Rev. 2 Mod 2	1-2012	RJW	<ul style="list-style-type: none"> <li>• Removing HandsOn Frederick as a partner agency</li> <li>• Increasing the Frederick County population estimate from 220,000 to 240,000 for planning purposes</li> <li>• Adding more Memoranda of Understanding with new partners</li> <li>• Adding procedure for requesting non-county site to be used as open POD</li> <li>• Changing wording from Local Distribution Center (LDC) to bulk distribution center to stay consistent with state wording</li> </ul>

<b>Change #</b>	<b>Date of Change</b>	<b>Entered By</b>	<b>Summary of Changes</b>
<b>Rev. 2 Mod 3</b>	<b>12/2012</b>	<b>RJW</b>	<ul style="list-style-type: none"> <li>• Addition of Frederick County Hierarchy of Plans</li> <li>• Changing plan name from SNS Plan to Medical Countermeasure Dispensing and Distribution Annex, and change SNS Plan Annexes to Appendices</li> <li>• Revisions to move procedural information into Appendices to allow for easy creation of public plan</li> <li>• Clarification added to role of Frederick County employees during a public health emergency response (p. 12)</li> <li>• Removal of Risk Communication Plan from Appendix 2 to its own Annex.</li> <li>• Revision of Field Operation Guide (FOG) in Appendix 11 Medical Model Response, including update to standing orders, changes to screening form and decision trees, and creation of screening form guide.</li> </ul>
<b>Rev. 2 Mod 4</b>	<b>12/2013</b>	<b>RJW</b>	<ul style="list-style-type: none"> <li>• Changes to Non-Medical Model Staffing Plan based on through-put modeling (Reduction of BHS and increase to TJHS PODs) (Appendix 3)</li> <li>• POD security plans will be updated every 5 years (p. 21)</li> <li>• 1<sup>st</sup> Responders and partner agencies will receive situation updates through EOC representatives. (p. 32)</li> <li>• MOUs from Appendix 9 are moved to the Legal Chapter of the All Hazards Plan.</li> </ul>
<b>Rev. 2 Mod 5</b>	<b>12/2014</b>	<b>RJW</b>	<ul style="list-style-type: none"> <li>• Support plans from Appendix 10 were moved to the All Hazards Plan.</li> <li>• Changes made to documents in Appendices 7, 11, and 13 based on Improvement Plans from Throughput Drill and CRI Bulk Pick Up Exercise.</li> <li>• Removal of references to Board of County Commissioners to County Executive.</li> </ul>

<b>Change #</b>	<b>Date of Change</b>	<b>Entered By</b>	<b>Summary of Changes</b>
<b>Rev. 2 Mod 6</b>	<b>12/2015</b>	<b>RJW</b>	<ul style="list-style-type: none"> <li>• Addition of Demobilization section</li> <li>• Addition of FCHD site layouts for medical and non-medical models (App. 8)</li> <li>• Addition of Secondary BDS site (App. 8)</li> <li>• Updates to POD site layout (App. 8)</li> </ul>
<b>Rev. 2 Mod 7</b>	<b>10/2016</b>	<b>RJW</b>	<ul style="list-style-type: none"> <li>• Updated process in Communication and Security</li> <li>• Updated roles and responsibilities for City and County DPW and municipalities.</li> </ul>
<b>Rev. 2 Mod 8</b>	<b>10/2017</b>	<b>TDJ</b>	<ul style="list-style-type: none"> <li>• Updated to reflect recent change from Department of Health and Mental Hygiene to Maryland Department of Health</li> <li>• 700 MHz radios added to reflect additional radios issued in Maryland First system</li> <li>• Disaster Local Area Network added as communication platform</li> <li>• Changed title from Director of PHP to PHP Program Manager</li> <li>• Updated to reflect change of Infectious Disease and Environmental Health Administration (IDEHA) to Infectious Disease Epidemiology and Outbreak Response Bureau (IDEORB)</li> <li>• Deleted duplicate Frederick County Community Development Division under VI.B</li> </ul>
<b>Rev. 2 Mod 9</b>	<b>10/2018</b>	<b>TDJ</b>	<ul style="list-style-type: none"> <li>• Added new Frederick County Senior Services Division and de-conflicted responsibilities previously listed under Frederick County Citizens Services Division</li> <li>• Corrected name of Mental Health Management Agency of Frederick County, Inc.</li> <li>• Re-assigned Closed POD responsibilities for the City of Frederick from Frederick Community Action Agency to The City of Frederick Police Department</li> <li>• Corrected name from “Department of” to “Division of” Strategic National Stockpile</li> </ul>

<b>Rev. 2 Mod 10</b>	<b>10/2019</b>	<b>TDJ</b>	<ul style="list-style-type: none"> <li>• Updated National Incident Management System reference to “2017 version”.</li> <li>• Updated Frederick County population with 2018 American Community Survey estimate.</li> <li>• Updated the following titles: <ul style="list-style-type: none"> <li>○ County Manager to Chief Administrative Officer</li> <li>○ Frederick Memorial Hospital (FMH) to Frederick Health Hospital (FHH)</li> <li>○ Mental Health Management Agency of Frederick County to Frederick County Local Behavioral Health Authority</li> </ul> </li> <li>• Moved responsibility for liability and workers’ compensation guidance from Frederick County Human Resources Division to Frederick County Finance Division.</li> <li>• Clarified the following responsibilities: <ul style="list-style-type: none"> <li>○ “Adult” Daycare under Frederick County Senior Services Division.</li> <li>○ Frederick County Sheriff’s Office will request a stand-by mobile field force “if required by situation”.</li> <li>○ Changed all references of traffic “control” to traffic “management”.</li> </ul> </li> </ul>
<b>Rev. 2 Mod 11</b>	<b>10/2024</b>	<b>TDJ</b>	<ul style="list-style-type: none"> <li>• Updated for current titles/terms/citations.</li> <li>• Updated expectation for all FCG Divisions.</li> <li>• Updated to reflect new distribution concept of operations.</li> <li>• Revised reference to appendices language.</li> <li>• Added Privacy Statement regarding embargo of sensitive information.</li> <li>• Updated Frederick County population with 2022 American Community Survey estimate.</li> </ul>

## VIII. Acronyms

BDS	Biological Detection System
CBRNE	Chemical, Biological, Radiological, Nuclear, and Explosive
CDC	Centers for Disease Control
CoF HHS	City of Frederick Dept. of Housing & Human Services
COOP	Continuity of Operations
CRI	Cities Readiness Initiative
DFRS	Division of Fire and Rescue Services
D-LAN	Disaster Local Area Network
DPW	Department of Public Works
DSNS	Division of Strategic National Stockpile
EMPAC	Emergency Policy Advisory Committee
EOC	Emergency Operations Center
EP	Emergency Preparedness
ESF	Emergency Support Function
FC	Frederick County
FCHD	Frederick County Health Department
FHH	Frederick Health Hospital
HAN	Health Alert Network
ICP	Incident Command Post
ICS	Incident Command System
IDEORB	Infectious Disease Epidemiology and Outbreak Response Bureau

IIT	Interagency Information Technology
IMS	Inventory Management System
IT	Information Technology
JIC	Joint Information Center
LHD	Local Health Department
MCMD	Medical Countermeasure Dispensing and Distribution
MDH	Maryland Department of Health
MI	Managed Inventory
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MRMC	Medical Research and Materiel Command (US Army)
MSD	Maryland School for the Deaf
NCI	National Cancer Institute
NIBC	National Interagency Biodefense Campus
NIMS	National Incident Management System
NPS	National Pharmaceutical Stockpile Program
OPR	Office of Preparedness and Response
PHCP	Public Health Command Post
PHP	Public Health Preparedness
PIO	Public Information Officer
POD	Point of Dispensing
PP	Push Package

RSS	Receiving, Staging, and Storage Site
SNS	Strategic National Stockpile
SOP	Standard Operating Procedure
SPOT	Strategic Planning/Operation Team
USAMRIID	United States Army Medical Research Institute for Infectious Diseases



## **LIST OF APPENDICES**

### **Appendix 1: Review of MCMDD Plan**

Documentation of the annual reviews of the MCMDD plan is tracked here.

### **Appendix 2: Communications**

This appendix contains information on communication pathways, scripts, and template press releases for a variety of possible public health emergencies. Emergency signage is also located here.

### **Appendix 3: SNS Organization and Staffing**

Staffing and personnel policies are located in Appendix 3, as well as blank organizational charts for various types and sizes of public health emergencies.

### **Appendix 4: Logistics and Facilities**

Supply lists and logistic tools for different public health emergency responses are found here.

### **Appendix 5: Clinic Dispensing Orders**

Copies of current dispensing orders are maintained here.

### **Appendix 6: SNS Master Inventory Lists**

This appendix contains inventory lists and schematic diagrams of supplies that can be distributed by the state of Maryland to the local jurisdictions, inventory tracking forms for a variety of public health emergencies, as well as POD supply and resupply plans.

### **Appendix 7: Forms**

This is the main repository of all forms associated with the SNS Plan, including supply request forms, inventory forms, and tracking forms. The Incident Action Plan (IAP) planning tools are pre-populated for public health emergencies of varying scales and response types.

## **Appendix 8: Site Specific Plans and Security**

This appendix contains the security plans for all pre-planned Points of Dispensing. It includes floor plans with recommended flow, aerial photos of sites, and the security requirements for each site.

## **Appendix 9: Memorandums of Understanding**

The current signed Memoranda of Understanding (MOU) between the Frederick County Health Department and various county agencies and partners are stored in the Legal Chapter of the All-Hazards Plan. A short-cut to the Master List of MOUs is saved in this appendix for easy access.

## **Appendix 10: Plans and Other Reference Documents**

Plans from other jurisdictions as well as other Frederick County plans that are referenced by the MCMDD Plan are maintained in this appendix. Additional documentation is available in the All Hazards Plan.

## **Appendix 11: Dispensing Models/POD Information**

This appendix contains operational details on various medical and non-medical dispensing models that may be employed during a public health emergency, such as drive-through dispensing, vaccination dispensing, and other medical models.

## **Appendix 12: Training and Exercises**

Copies of trainings that have been given to Frederick County Health Department employees and other county partners are stored here. These trainings help maintain a level of familiarity with the SNS Plan to ensure that the responding parties are prepared for their role in a public health emergency.

## **Appendix 13: Health Department Job Aids**

This appendix contains the job aids for each position needed in a public health emergency response. These aids are a quick reference that summarizes duties and allow for rapid on-the-job training.