# ESF 8: Public Health, Medical, and Mortuary Services

## Appendix #1: Emergency Medical Resources

### ESF Coordinating Agency:

Department of Health

### Primary Agency:

Department of Health

### Support Agencies:

Washington State Patrol
Emergency Management Division
Washington National Guard
Washington State Department of Enterprise Services
Washington State Department of Agriculture
Washington State Department of Transportation
Washington State Pharmacy Association
United States Department of Health and Human Services
Local Health Jurisdictions
Tribal Governments

## I. Introduction

### A. Purpose

The purpose of this Emergency Support Function (ESF) 8 Public Health, Medical, and Mortuary Services is to support people in Washington State during public health emergencies and disasters with necessary biologicals, medical equipment, and supplies. ESF 8 also provides technical assistance and guidance to state agencies, local government jurisdictions, military installations, and tribal governments following an emergency or disaster. This ESF also provides the capability for requesting, receiving, distributing, and tracking health and medical resources to protect or save lives. Federal assistance will primarily be obtained through the Centers for Disease Control and Prevention (CDC), Division of Strategic National Stockpile (DSNS), or the United States Department of Health and Human Services (US HHS) Assistant Secretary of Preparedness and Response (ASPR).

### B. Scope

ESF 8 activates medical resource support when state agencies, local government jurisdictions, military installations, or tribal governments exhaust their resources or

expect to exhaust their resources and capacity to provide medical services due to either an increase in patient numbers or limitations in personnel and medical resources during an emergency or disaster. During emergencies communities and healthcare providers may implement crisis standards of care. This plan is applicable regardless of the implementation of crisis standards of care.

## C. Policies

Emergency Health and Medical Resources Request:

1. Medical resources during such an incident will be sourced and/or procured locally prior to requesting assistance through mutual aid and/or the State Emergency Operations Center (SEOC).

2. When a jurisdiction anticipates that local resources will be exhausted and that the jurisdiction does not have the ability to procure them quickly, it becomes the responsibility of state ESF 8 to assist local jurisdictions in obtaining health and medical resources.

3. All state, local, and tribal governments, as well as military installations, are responsible for assessing and planning for people with unique access, functional, or language needs within a jurisdiction. Additionally they are expected to focus on equitable communication to all populations and necessary planning to ensure public points of dispensing (PODs) or medication centers are accessible for everyone.

   Examples of accessibility include:

   a. Individuals who may not be reached through standard procedures (traditional public media/outreach efforts)

   b. Groups that may not be able to obtain services at PODs without accommodation/wrap-around services (interpreters, access considerations, transportation, etc.)

4. The SEOC will process and assign all requests for medical resources to those representatives staffing the ESF 8 desk. ESF 8 staff will work to locate and procure the needed medical resources within the state (through the state or medical procurement system or mutual aid). If the needed resources cannot be readily procured, ESF 8 will begin the process of requesting federal assistance. There are currently two distinct methods of requesting assistance from our US HHS partners. These methods are dependent on an emergency declaration under the Stafford Act.

   a. The decision to request and if necessary, allocate limited public health and medical resources is the responsibility of the Secretary of Health or designee. The Secretary may rely on any advisory group deemed necessary to inform that decision.

b. For requests under the Stafford Act: SEOC ESF 8 representative(s) will work with our federal liaisons to complete a Federal Action Request Form (ARF).

   1) SEOC ESF 8 representative(s) will forward the ARF through SEOC Logistics Section (ESF 7). The Logistics Section processes and forwards the ARF to the Regional Response Coordination Center.

   2) The SEOC ESF 8 representative(s) will notify the US HHS Regional Emergency Coordinator and complete the documentation.

c. If the declaration does not fall under the Stafford Act, the Governor of the state of Washington may request deployment of federal health and medical resources.

   1) The US HHS, ASPR may mobilize public health and medical assets under the following circumstances:

      i. At the direction of the US HHS Secretary, typically, but not always, through a declared public health emergency by the Secretary

      ii. In response to a designated National Security Special Event (e.g., the Olympics, Inauguration, National Political Convention, etc.)

      iii. At the discretion of the ASPR, under their own authority, and under US HHS policies and procedures, when there has been no emergency declaration

   2) The CDC's Strategic National Stockpile (SNS) may be deployed when the Governor or designee as specified in the Governor's letter of delegation for activating the SNS (attached to this appendix), determines that it is prudent to do so to protect the public's health. The decision to request deployment of SNS resources to Washington State rests with the Governor. Should the Governor not be available, the Secretary of Health or the State Health Officer or the Washington State Department of Health (DOH) Chief of Emergency Preparedness and Response – in that order – may act in the Governor's stead.

   3) When the SNS is requested, the DOH Incident Management Team (IMT) and ESF 8 will forward the ARF through SEOC Operations and ESF 7 (SEOC Logistics Section). The Logistics Section processes and forwards the ARF to the Regional Response Coordination Center. Informal coordinating during the process between SEOC ESF 8 representative(s) and support and regional federal ESF 8 staff is encouraged.

5. The DOH Office of Emergency Preparedness and Response, Operational Readiness section will maintain appropriate license(s) to receive, store, and distribute pharmaceuticals.

6. Under the provisions of the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), the US HHS Secretary can work with the Food and Drug Administration (FDA) to expand options related to emergency medical countermeasures (MCM).

7. During public health emergencies, Investigational New Drugs (INDs) may be identified as a lifesaving option. If an IND is employed for the incident, the CDC will obtain approval from the FDA to use the specific IND and/or obtain an Emergency-Use Authorization (EUA). The EUA associated with an IND will confer specific indemnifications to personnel dispensing drugs and/or using equipment or supplies. The state of Washington will follow these protocols.

8. There are pre-established EUA protocols for the MCM that are currently in the DSNS. The EUA associated with an existing SNS medical countermeasure will confer specific indemnifications to personnel dispensing drugs.

9. Specific recommended policies for local health jurisdictions (LHJs), military installations, and tribal governments or the state of Washington concerning emergency MCM are listed as follows:

    a. DOH policy is that all people impacted by any public health emergency will be treated with respect, dignity, and equality. LHJs, military installations, and tribal governments will receive emergency MCM based on their exposure to the disease or agent and will be provided the countermeasures in a timely manner.

    b. In an event that the needed countermeasures, equipment, and supplies are in short supply, they will be allocated based on a number of factors ultimately aiming for the most equitable and ethical approach.

10. The chain of custody, which establishes each person having custody/being in possession of the MCM, will be completed with the transfer of possession throughout the transport and distribution process.

11. The Secretary of Health is responsible for making decisions regarding the allocation of state and federal health and medical resources in accordance with guidance in Section III, B, 3 of this document.

## D. Legal Authorities

See ESF 8 Annex Policies section starting on page 8-2 for the key state authorities that govern our emergency response. Other than those listed in the ESF 8 Annex, the following apply:

1. RCW 69.50.302 (Uniformed Control Substances Act, Registration Requirements)

This RCW provides that the Pharmacy Commission rules must be adhered to. Registration must be obtained from the State Department of Health annually for anyone who manufactures, distributes, or dispenses any controlled substances or who proposes to within the state of Washington.

2. RCW 69.50.308 (Uniformed Control Substances Act, Prescriptions)

   This RCW provides specific guidance on who, what, when and where a controlled substance may be dispensed.

3. RCW 18.71.205 (Emergency Medical Services Personnel-Certification)

   RCW section 18.71.205 provides the ability for the Secretary of the Department of Health to certify emergency medical service personnel. This section also allows the department to prescribe standards and performance requirement procedures for certification and recertification of physician's trained advanced emergency medical technicians and paramedics.

4. RCW 42.56.210 (Certain personal and other records exempt)

   This RCW provides for the protection from public disclosure information, which is confidential and would violate personal private or vital government interests.

5. WAC 246-879 (Pharmaceutical wholesalers)

   WAC 246-879 provides the minimum requirements for the storage and handling of prescription drugs and for the establishment and maintenance of prescription drug distribution records by wholesale drug distributors and their officers, agents, representatives, and employees.

6. WAC 246-907 (Pharmaceutical licensing periods and fees)

   WAC 246-907 provides the licensing periods and fees for pharmacists, pharmacy technicians, and pharmacy interns. Licenses must be renewed every year on the practitioner's birthday as provided in Chapter 246-12 WAC, Part 2. The Secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds.

7. 21 USC 9 (Federal Food, Drug & Cosmetic Act)

   The United States Code that empowers the Federal Food and Drug Administration to regulate drugs and devices branding and labeling.

8. 21 USC 353 (Prescription Drug Marketing Act)

   This is the United States Code that provides the FDA the ability to issue exemptions and consideration for certain drugs, devices, and biological products.

9. Legal issues specific to support medical supplies management and distribution and/or mass MCM:

    a. Medical practitioners authorized to issue standing orders and protocols for emergency dispensing sites in Washington are designated by the local health officer and are covered in RCW 70 and RCW 43.

    b. Personnel authorized to dispense medications during a state of emergency are covered in WAC 246 in chapters 851, 858, 869, 887, and/or an EUA issued by US HHS and the FDA.

# II. Situations and Assumptions

## A. Situations

This plan is implemented when there has been an event that requires extensive medication, medical supplies, or medical equipment. The incident is such that local jurisdictions, military installations, and tribes do not have sufficient resources of these kinds to provide treatment or prevent the spread of disease. DOH through the SEOC is responsible for locating, requesting, receiving, and redistributing the required medical materiel in order to save lives.

## B. Limitations & Assumptions

1. All communities and healthcare providers will work to provide the highest standard of care possible within the constraints created by the incident and all emergency management procedures and processes will be followed.

2. The National Incident Management System (NIMS) will be used to guide all aspects of the multi-agency coordination necessary to manage emergency medical resources.

3. Any incident requiring the deployment of federal resources is a major event, likely affecting thousands of people in multiple local jurisdictions.

4. It takes time to mobilize resources. The most rapid resources that can be accessed often exist at the local level. Resources that can be accessed in a relatively short amount of time typically reside at the state level and might be available from US HHS Region X partners. Federal resources may take additional time to mobilize.

5. It may take DOH up to 12 hours to repackage and redistribute procured medical resources to local health, military installations, or tribal governments from the time resources are received.

6. A deployment of a Federal Medical Station (FMS) will be a direct federal deployment to the pre-determined facility housing the FMS and will not go through the DOH Receipt, Stage, and Store (RSS) facility.

7. Moving resources during a disaster can be a challenge with damaged infrastructure and with displaced populations.

8. Sufficient storage and operational space that meet the minimum legal requirements for distributing pharmaceuticals will be available.

9. All levels of government will likely declare a disaster and the National Guard may be activated as conditions warrant.

10. Staff will be available to implement this plan.

11. Local governments, military installations, tribal governments, state agencies, and organizations will be capable of executing their responsibilities for ultimate distribution of the medical resources to the population.

12. Local governments, military installations, tribal governments, state agencies and organizations will allow a head of household or single family member to pick up a regimen of emergency MCM for each family or household member listed on the screening and dispensing form(s).

13. Local governments, military installations, tribal governments, state agencies, and organizations will allow unaccompanied minors to pick up needed emergency MCM for themselves and their immediate household or family members as described above in paragraph 12.

14. Local governments, military installations, tribal governments, state agencies, and organizations will accept as the identification needed to receive emergency MCM the name, age, and address recorded on the screening and dispensing form(s). Proof of residency is not recommended and should not be used to determine the need of a medical countermeasure, which may save the life of the person in question.

15. Local governments, military installations, tribal governments, state agencies, and organizations are responsible for their security protocols within their MCM system.

16. Local governments, military installations, tribal governments, state agencies, and organizations are responsible for planning for and implementing policies listed in section 1. C. Policies of this appendix.

17. A pandemic influenza and catastrophic incident response will require a resource push strategy rather than the standard of responding to requests for resources and is covered in the appropriate ESF 8 and DOH emergency response plans.

18. One important source of medical countermeasures, critical burn therapies, and quickly available medical supplies is the federal strategic national stockpile (SNS).

# III. Concept of Operations

## A. General

1. DOH's key mission is to save lives.

2. State Agency Medical Countermeasures Dispensing is intended to provide key state agencies with response roles the ability to provide MCM to their personnel and associated family members to protect them from a biological disease agent. DOH is responsible for development and maintenance of the operational plan and guide.

3. CHEMPACK Program, Chemical Nerve Agent Response Capability, the CHEMPACK Program assists states in strategically forward deploying chemical nerve agent countermeasures in hospitals and emergency medical services (EMS) agencies. Maintaining these caches in Washington State is a collaborative effort between federal, state, and city/local officials who are participating in the CHEMPACK program. CHEMPACK is intended as a secondary response to supplement local supplies. Forward placement of chemical nerve agent antidote and treatment makes it readily available when every moment saved translates into lives saved.

4. Federal Medical Stations (FMS) are assets owned by the US HHS and managed by the CDC's DSNS. The SECO ESF 8 responsibilities include identifying locations to deploy the FMS during disasters, arranging for wrap-around services during deployment, and demobilization and return to federal health officials. Greater detail on the FMs and their role in response can be found in the ESF 8 Medical Surge Appendix.

5. DOH's role in medical materiel management is to locate, procure, and receive needed resources, process it, break it down, and ship it out to key locations within Washington State.

6. DOH will make shipments of the needed MCM and/or medical materiel regardless of regional boundaries.

7. DOH will minimize the time from receiving an order for MCM and/or medical materiel to delivering that resource.

8. DOH is developing agreements with critical infrastructure entities, other state agencies, certain large corporations, and federal partners for dispensing medications to their staff during large-scale incidents.

9. DOH is implementing state-level mass dispensing with strategic partners to reduce the number of people that would require services at public PODs supported at the local level.

10. DOH is working with large healthcare systems and pharmacy chains to expedite deliveries of medications to dispensing locations during an emergency.

11. DOH works directly with large pharmaceutical distributors (such as Cardinal and McKesson) to minimize redundant medication delivery systems currently used by CDC.

    - DOH depends on LHJs to develop "Hub" distribution capability for the local distribution system (LDS) (hubs are local delivery sites and are not expected to maintain the same capabilities as regional distribution sites (RDS)). DOH helps local jurisdictions decrease the number of planned public PODs and emphasizes the importance of closed PODs as a more realistic method of distributing MCM.
    - DOH will partner with LHJs to provide technical assistance and support for identifying vulnerable populations not already serviced by the multi-layered MCM distribution system and work to develop "push" strategies to enhance overall connectivity to the distribution system by leveraging statewide partnerships and critical infrastructure networks to reach identified populations.
    - Overall state-level medical resource operations will be directed and controlled from the SEOC. DOH will deploy representatives to the ESF 8 desk and provide a liaison to the Multi-Agency Coordination Group in the Policy Room. ESF 8 representatives connect the SEOC to the DOH IMT.

12. Actions undertaken by the DOH ESF 8 representatives and the RSS Task Force will be documented and kept current in WebEOC to maintain situational awareness.

13. DOH maintains Inter-Agency Agreements with the Department of Enterprise Services (DES), Spokane County, and other agencies for the use and support as RSS facilities and transportation.

14. DOH will coordinate all incident public information with SEOC and supporting state, local, tribal, and federal agencies.

The figure below is intended to graphically describe the key dispensing modalities that will be applied in order to maximize efficiency, best utilize existing infrastructure, and reduce the overall operational burden on governmental public health agencies during an incident where mass dispensing of MCM is necessary.

*Figure 1, Distribution Strategy*

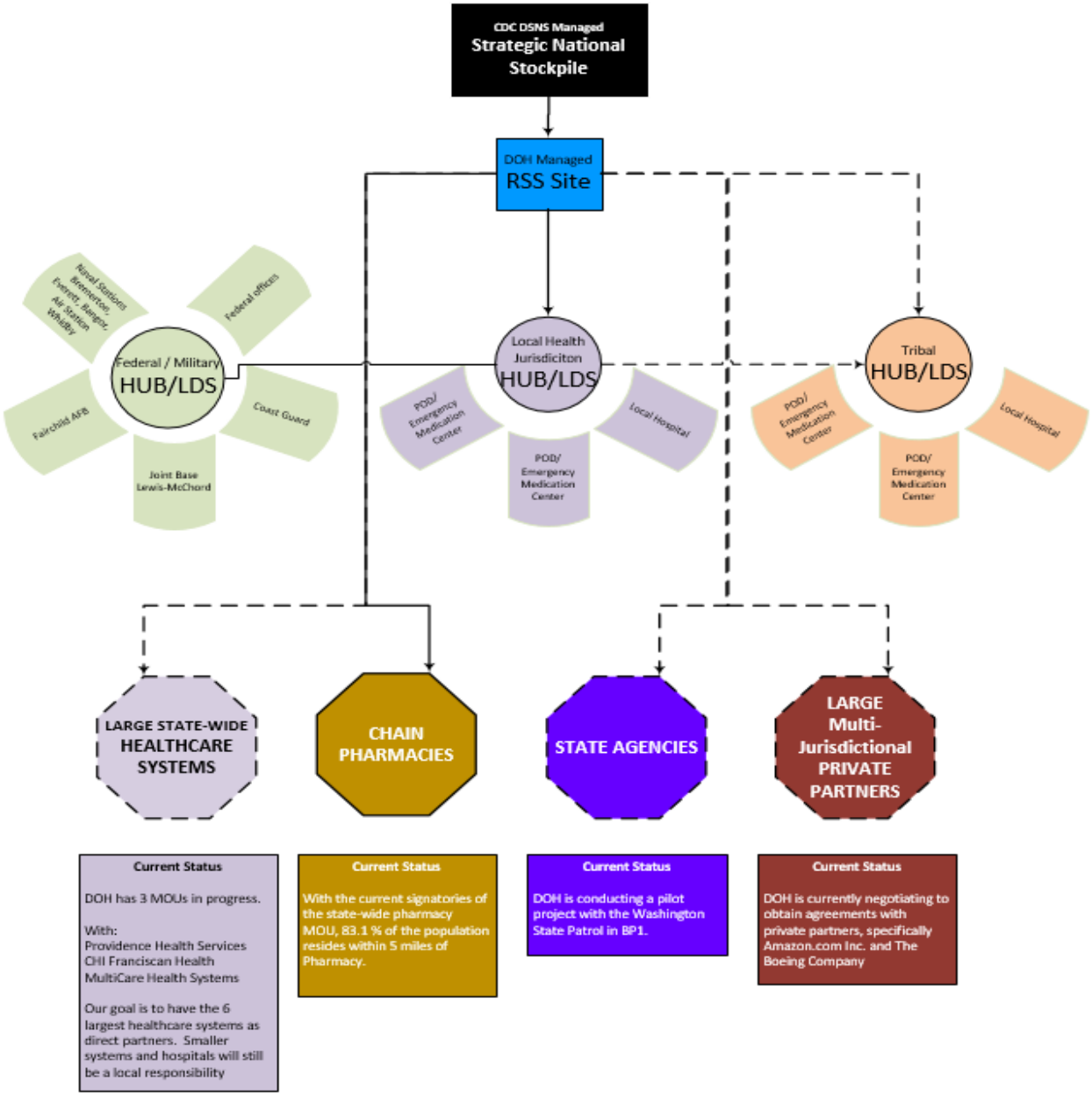
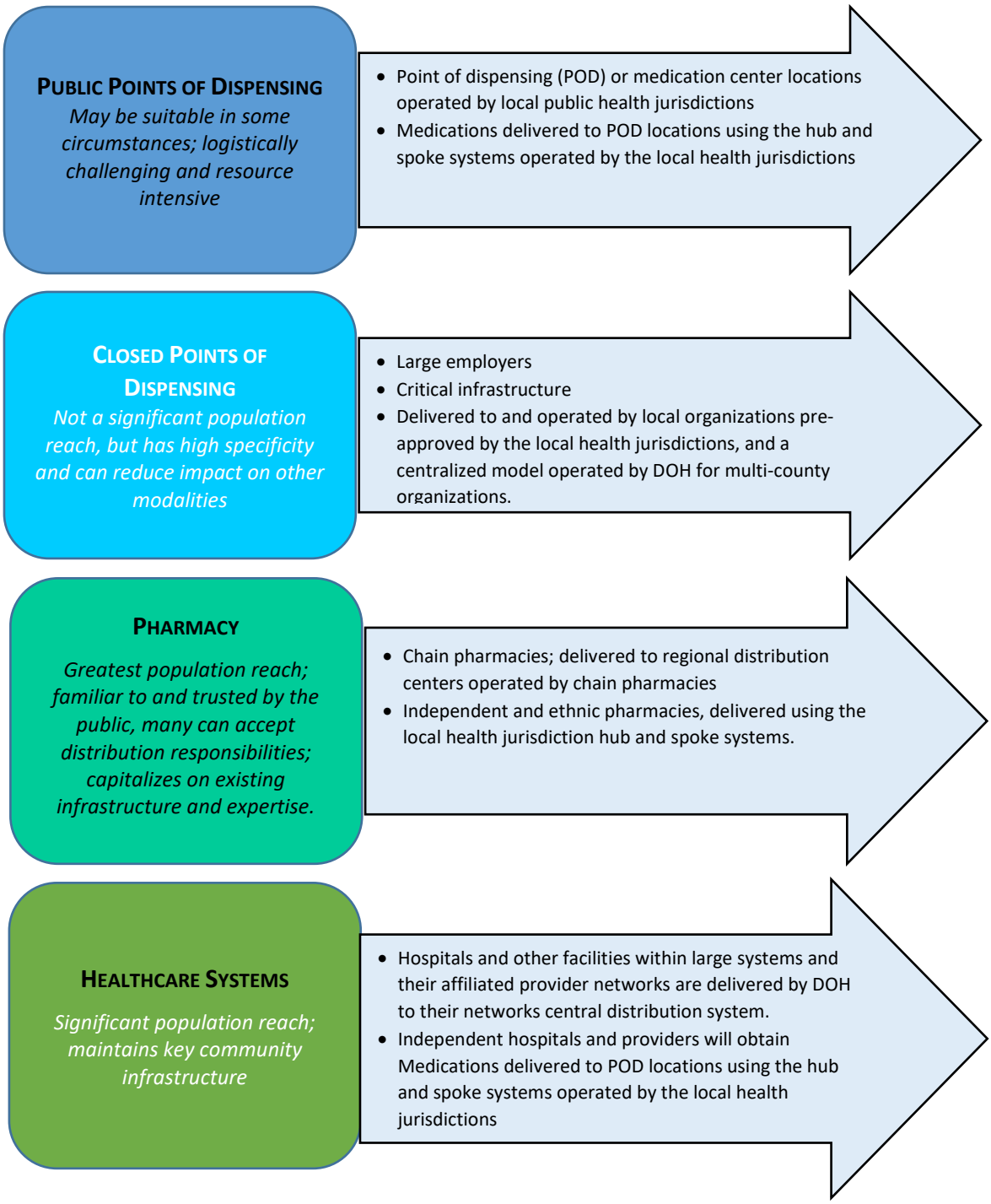


*Figure 2, State Dispensing Network*



## B. The Decision-Making Process

The Governor or designee (Secretary of Health) will request federal medical resources and/or SNS deployment when, in the judgment of the Governor and state health officials, available in-state supplies of essential drugs, vaccines, medical equipment, and medical supplies will be insufficient to meet the demand generated by the incident.

1. The need for federal assistance may be identified by state health officials as they continually assess and reassess the public health and medical impacts of the incident and the availability of pharmaceuticals, vaccines, medical supplies, medical equipment, and other healthcare resources. Assessments may include evaluated common operating picture using epidemiological data, healthcare infrastructure information, disease surveillance data, and intelligence information.

2. The Secretary of Health is responsible for making decisions regarding the allocation of state and federal health and medical resources. In making these decisions, the Secretary relies on information from the following groups. This list is neither exhaustive nor binding.

    a. DOH Policy Group
    b. Disaster Advisory Group (DAG)
    c. Disaster Medical Advisory Committee (DMAC)
    d. Impacted Local Health Officers
    e. Subject matter experts
    f. Other state and federal health officials

3. There are four basic considerations that inform ethical and equitable decisions for distribution of MCM when responding to the public health consequences of emergencies:

    a. Should we distribute the MCM using the geographic concentration of people?
    b. How do we address serving populations disparately affected, broader social and cultural expectations, and the ethical dimensions of social justice in allocating MCM?
    c. Which are the most effective distribution mechanisms for MCM – specifically government PODs, pharmacies, private sector PODs, or healthcare systems (or combinations)?
    d. To what extent should the allocation approach focus on preserving continuity of society?
        1) Public health officials must determine that a particular case or cluster of cases indicates a potential public health emergency.
        2) Epidemiological investigation will be conducted to determine the population most affected, cause, and extent of any outbreak.

3) At the local jurisdiction, military installation, or tribal level, a surge in medical need has been identified and resources have been requested from the state.

4. Rapid consultation among appropriate officials must take place once initial information reveals the potential need for federal resources (i.e., that a major public health incident may have occurred). The coordination and consultation will normally include representatives from the Governor's office, Department of Health, Military Department (Emergency Management Division), and the local health jurisdiction(s) and/or tribal government affected. Due to the urgency of these situations, consultation will not be delayed. Other persons may be consulted as well (such as local pharmaceutical wholesalers and hospital representatives) in order to assess the need for the federal assistance.

## C. Essential Elements of Information

In order to make these decisions, key information is required. The following essential elements of information are related to an incident in which medical materiel management is required.

1. Has there been any change in the status of critical resources or any resource shortfalls?

2. Has there been any change in the status of critical facilities and distribution systems, specifically emergency operations centers and RSS facilities?

3. Has there been any significant change in the status of the disaster or emergency, such as any change in the affected agency(ies), any change in the known boundaries of the hazard, or any change in the CDC threat condition to red?

4. Is this a nonstandard request for support?

5. Are non-stockpile items being requested?

6. What infectious disease or agent is involved in the incident?

7. What is the likelihood of further spread of the disease?

8. Are any pre-identified RSS facilities, routes, or areas likely to be unsafe?

9. Will the threat impede movement of the logistics personnel or assets?

10. Is the threat capable of disrupting communications or logistical connectivity?

11. What obstacles would prevent delivery of the SNS assets to the RSS facility?

## D. Requesting Federal Medical Resources

Medical resource requests will be made in accordance with Policy 1 in section I. C. of this appendix found on page 1. DOH will procure health and medical resources from specific entities in this order:

1. In-state, privately owned resource procurement through private sector vendors, pharmacies, and government-owned supplies.

2. Regionally through an Emergency Management Assistance Compact (EMAC) request to our FEMA Region X partners in Alaska, Idaho, and Oregon. Resources can also be requested from other nearby states through EMAC, such as Montana or California.

3. Regional international partners in Canada through the Pacific Northwest Emergency Management Agreement (PNEMA) request with specific resources that are allowable by law.

4. A request to our federal partners for the deployment of SNS resources.

## E. Organization

1. The DOH ESF 8 representative at the SEOC serves as the conduit for receiving local government, military installation, and tribal government resource requests.

2. DOH is responsible for establishing a logistics system to receive, stage, store, inventory, fill orders, and distribute federal and state resources to local governments, military installations, and tribal governments within the state. In order to meet this responsibility, DOH has:

    a. Organized, trained, and equipped the RSS Task Force;

    b. Maintained a set of DOH RSS procedures; and

    c. Created an RSS Task Force Field Operations Guide (FOG).

3. There are several resources produced by DOH that support the work of ESF 8, which include:

    a. Governor's Letter of Authorization (Attachment 1) – This letter provides authorization in the Governor's absence for the Secretary of Health, the State Health Officer, or DOH Office of Emergency Preparedness and Response Chief to request resources from the SNS.

    b. Emergency Repackaging of Pharmaceuticals – The SNS pharmaceuticals are configured in 10-day, unit-of-use regimens. The likelihood of receiving bulk packaged pharmaceuticals is remote, however still possible. Therefore, the state repackaging of bulk pharmaceuticals is covered in DOH RSS procedures.

c. DOH maintains the RSS procedures to distribute Antiviral Drugs (AVDs). AVDs may prove to be effective in the management of the response to pandemic influenza. Two AVDs have been approved to counter influenza A and avian influenza: Oseltamivir (brand name Tamiflu®) and Zanamivir (Relenza®) under EUA.

### F. Whole Community Involvement & Non-Discrimination

The "Whole Community" includes individuals, families, and households; communities; the private and nonprofit sectors; faith-based organizations; and local, tribal, state, and federal governments. This appendix is committed to communicating with the Whole Community as needed during emergency response and disaster recovery operations. The Whole Community includes populations with Limited English Proficiency (LEP), individuals with disabilities, and Access and Functional Needs (AFN).

## IV. ESF Responsibilities Aligned to Core Capabilities

The following table aligns the Core Capabilities that this ESF most directly supports, and the agencies and organizations identified provide services and resources in accordance with their individual missions, legal authorities, plans, and capabilities in coordination with the SEOC. All ESFs support the core capabilities of Planning, Operational Coordination, and Public Information and Warning.

| Coordinating State Agency | Responsibilities | Core Capabilities |
|---|---|---|
| **Department of Health** | • Coordinate the planning of MCM and medical materiel management and distribution response activities. | **Planning**<br><br>**Public Health, Healthcare, and Emergency Medical Services**<br><br>**Logistics and Supply Chain Management** |

| Primary Agencies | Responsibilities & Actions | Core Capabilities |
|---|---|---|
| **Department of Health** | • Develop, maintain, implement, train on, and test procedures, field operations guides, and tools to conduct RSS operations.<br>• In conjunction with partners and stakeholders develop, implement, train on, and test procedures, field operations guides, and tools to conduct point of dispensing POD operations.<br>• Maintain an inventory control system capable of tracking all pharmaceuticals from receipt to distribution. | **Planning**<br><br>**Public Health, Healthcare, and Emergency Medical Services**<br><br>**Operational Coordination**<br><br>**Logistics and Supply Chain Management** |
| **Local Government Public Health Agencies** | • In conjunction with partners and stakeholders develop, implement, train on, and test procedures, field operations guides, and tools to conduct local distribution (hub & spoke) and point of dispensing POD operations. | **Planning**<br><br>**Public Health, Healthcare, and Emergency Medical Services** |

| Support Agency | Responsibilities & Actions | Core Capabilities |
|---|---|---|
| **Washington Military Department** | • Develop, implement, train on, and test procedures and tools to coordinate MCM and MMMD operations. | **Operational Coordination** |
| **Washington State Patrol** | • Develop, implement, train on, and test procedures, field operations guides, and tool to provide for the safety and security of the resources. | **On-Scene Security, Protection, and Law Enforcement**<br><br>**Physical Protective Measures**<br><br>**Intelligence and Information Sharing** |
| **Department of Enterprise Services (DES)** | • Develop, implement, train on, and test procedures, field operations guides, and tool to provide for the transport and movement of resources throughout the state and provide technical expertise to the RSS Task Force. | **Logistics and Supply Chain Management** |
| **Washington Department of Agriculture** | • Provide specific zoonotic disease technical assistance.<br>• Provide additional staffing support for RSS operations<br>• Provide support to service and companion animals, as well as livestock. | **Planning**<br><br>**Public Health, Healthcare, and Emergency Services** |
| **Washington State Department of Transportation (WSDOT)** | • Provide route planning assistance.<br>• Provide detour passes for delivery vehicles and route status information. | **Critical Transportation**<br><br>**Operational Communications** |

# V. Resource Requirements

## A. Delivery Locations

As part of the management of medical materiel, DOH must maintain an inventory of delivery locations for local health jurisdiction hubs, chain pharmacy distribution locations, state agency hubs, private partners, and healthcare systems' preferred delivery locations.

### B. RSS Facilities

An additional resource requirement for medical materiel management is RSS facilities that can serve the state geographically. Currently there are two pre-identified RSS facilities.

- The primary Western Washington RSS location is:
  Department of Enterprise Services
  7511 New Market Street
  Tumwater, WA 98001

- The RSS location in Eastern Washington is:
  Spokane County Fair & Expo
  404 North Havana Street
  Spokane, WA 99202-4663

- DOH has a functional pharmaceutical storage facility that can be used as an alternate location at:
  Department of Health
  Pharmaceutical Cache Storage Site
  7745 Arab Drive SE
  Tumwater, WA 98001

### C. RSS Task Force

DOH maintains a Receive, Stage, and Store Task Force able to run all of the logistical functions associated with an RSS facility.

### D. Interagency Agreements

The final set of resources DOH maintains are interagency agreements for medical materiel distribution and transport, MCM dispensing, and warehousing facilities.

## VI. References & Support Plans

### A. Resource Management (DOH ERP Annex 5)

The SNS is a large federal cache of medical resources including pharmaceuticals, vaccines, antitoxins, and other medical and surgical supplies and equipment. The cache is managed by the CDC DSNS whose mission is to deliver critical medical assets to the site of a national emergency. This DOH Annex is the resource management plan for logistical support including receiving, staging, storing, and distributing these medical resources.

### B. Emergency Repackaging of Pharmaceuticals (Attachment to DOH ERP Annex 5)

The SNS pharmaceuticals are configured in 10-day, unit-of-use regimens. The likelihood of receiving bulk packaged pharmaceuticals is remote, however still possible. Therefore, the state repackaging of bulk pharmaceuticals is covered in DOH ERP Annex 5 Resource Management.

**C. Antiviral Drugs (AVDs) (ESF 8 Appendix 4)**

AVDs may prove to be effective in the management of the response to pandemic influenza. Two AVDs have been approved to counter a novel influenza and avian influenza. Oseltamivir (brand name Tamiflu®) and Zanamivir (Relenza®) under EUA.

**D. Medical Countermeasures (MCM) Strike Team Operating Procedures (Attachment to DOH ERP Annex 9)**

The DOH Prevention and Community Health, Office of Immunization and Child Profile has the primary responsibility for the MCM Strike team, procedures, field operations guides and any MOUs or contracts to support the emergency response activities of the MCM Strike Team.

The MCM Strike team will adhere to the specific procedures and or field operations guides (FOG) to recall staff, conduct pre-deployment actions, deploy, and provide or supplement MCM services and demobilize upon mission completion

**E. CHEMPACK Program, Chemical Nerve Agent Response Plan (DOH ERP Annex 9)**

The CHEMPACK Program, working with the Local jurisdictions and other private entities, assists in the strategic "forward" placement of these products into cache sites selected by state and city/local officials, where they are maintained by the CHEMPACK program as a sustainable supply of pharmaceuticals readily available to emergency first responders and hospital treatment facilities. CHEMPACK is intended as a secondary response to supplement local supplies. Forward placement of antidote and treatment – every moment saved translates into lives saved.

## VII. Terms, Acronyms & Definitions

AFN – Access and Functional Needs
ARF – Action Request Form
ASPR – Assistant Secretary of Preparedness and Response
AVD – Antiviral Drugs
CDC – Centers for Disease Control and Prevention
DAG – Disaster Advisory Group
DES – Department of Enterprise Services
DMAC – Disaster Medical Advisory Committee
DOH – Department of Health
DSNS – Division of Strategic National Stockpile
EMAC – Emergency Management Assistance Compact
EMS – Emergency Medical Services
ESF – Emergency Support Function
EUA – Emergency-Use Authorization
FDA – Food and Drug Administration
FMS – Federal Medical Station
FOG – Field Operations Guide
IMT – Incident Management Team
IND – Investigational New Drugs
LDS – Local Distribution System
LEP – Limited English Proficiency
LHJ – Local Health Jurisdiction
MCM – Medical Countermeasure
NIMS – National Incident Management System
PAHPRA – Pandemic and All-Hazards Preparedness Reauthorization Act
PNEMA – Pacific Northwest Emergency Management Arrangement
POD – Point of Dispensing
RDS – Regional Distribution Site
RSS – Receipt, Stage, and Store
SEOC – State Emergency Operations Center
SNS – Strategic National Stockpile
US HHS – United States Department of Health and Human Services
WSDOT – Washington State Department of Transportation

## VIII. Appendices/Attachments

Attachment 1, Governor's Letter of Designation

Attachment 1, Governor's Letter of Designation

JAY INSLEE
Governor

STATE OF WASHINGTON
OFFICE OF THE GOVERNOR
*P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 902-4111 • www.governor.wa.gov*

November 8, 2016

Dr. Thomas R. Frieden, Director
Centers for Disease Control and Prevention
Department of Health and Human Services
1600 Clifton Road, NE
Atlanta, Georgia 30333

Dear Dr. Frieden:

In the event that Washington State has a health emergency that requires deploying resources from the Strategic National Stockpile and I am unavailable, I authorize the following state officials to act on my behalf in requesting such resources:

- Secretary of Health
- State Health Officer
- Public Health Emergency Preparedness and Response Chief

If you need additional information, please contact John Wiesman, Secretary of Health, at (360) 236-4030.

Very truly yours,

Jay Inslee
Governor

cc: Major General Bret D. Daugherty, Washington State Military Department
John Wiesman, Secretary of Health, Department of Health
Robert Ezelle, Director, Emergency Management Division
Michael Loehr, Chief, Emergency Preparedness and Response