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COMMISSIONER OF HEALTH

ALBANY COUNTY DEPARTMENT OF HEALTH

COMMUNITY DISTRIBUTION PLAN

FOR THE TOWN OF BETHLEHEM

AUGUST 2007

PREPARED FOR:

TOWN OF BETHLEHEM
AND
ALBANY COUNTY DEPARTMENT OF HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12201

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List of Abbreviations and Acronyms

ACDOH	Albany County Department of Health
CDC	Centers for Disease Control and Prevention
CDP	Community Distribution Plan
CRI	Cities Readiness Initiative
DPW	Department of Public Works
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
IT	Information Technology
NYS	New York State
NYSDOH	New York State Department of Health
POD	Point of Dispensing
RN	Registered Nurse
SNS	Strategic National Stockpile

1 Introduction

1.1 Albany County Department of Health

The Albany County Department of Health (ACDOH) is responsible for protecting and caring for the citizens of Albany County prior to and during health-related incidents and disasters. These incidents may be caused by naturally occurring phenomena such as influenza outbreaks, the emergence of new diseases, and local health conditions such as Lyme disease, or they may be caused by the intentional acts of others, such as terrorists, to inflict pain and suffering through the introduction of biological agents, toxins, and/or disease pathogens.

Regardless of the cause of the emergency, the ACDOH will be called upon by the communities it serves to supply the guidance and resources necessary to effectively and efficiently deal with the situation regardless of its nature, size, severity and duration. The communities' expectations for service from ACDOH and the municipalities within Albany County will likely be great. As a result, ACDOH is taking the proactive step to develop Community Distribution Plans (CDPs) with local communities to further utilize local resources and more effectively implement local Points of Dispensing (PODs). Funding for this initiative has been received through the Cities Readiness Initiative (CRI).

All local health departments in New York State (NYS) rely, at some level, on assistance from state and federal partners and counterparts to accomplish their goals and objectives in preventing and responding to public health-related emergencies. Key to the implementation of resources from these state and federal partners is coordination among local agencies and organizations. This plan provides a brief description of federal support and impetus for this project and a description of county demographics but more importantly documents key local staff and resources available to implement the CDP.

1.2 Cities Readiness Initiative

The CRI is a federally funded effort to prepare major United States cities and metropolitan areas to effectively respond to a large scale bioterrorism incident by improved dispensing of antibiotics from the Strategic National Stockpile (SNS). The ACDOH is implementing the current planning initiative under grant funding received through the CRI program. A primary goal of the program is to develop efficiencies throughout the County in SNS asset distribution such that prophylactic medication can be dispensed locally to the entire identified population within

48 hours. This goal is particularly important in the case of a weaponized anthrax release, during which prophylactic medication must be administered within a discrete timeframe post-exposure to offer protection from illness. CRI-funded activities will help to enhance preparedness at federal, state, and local levels of government and to provide a consistent nationwide approach to prepare for, respond to, and recover from such large-scale public health emergencies.

1.2.1 Strategic National Stockpile Program and the Community Distribution Plan

The CDC SNS contains large quantities of medicine and medical supplies to help protect residents in response to a public health emergency (e.g., terrorist attack, flu outbreak, earthquake) severe enough to cause exhaustion of locally available supplies. In the event of a public health emergency for which SNS deployment is appropriate, Albany County can request such supplies through the New York State Emergency Management Office from the CDC. Upon receipt and approval of a request, SNS supplies will be delivered within 12 hours at no cost. Once received, pre-existing local plans must be activated to distribute the SNS medicines and medical supplies within the County as quickly as possible.

Local municipalities within Albany County have been engaged in a cooperative planning effort with the ACDOH for the distribution and dispensing of medications in the event that SNS materials are received. Specifically, municipalities are planning for an efficient response appropriate to meet the goal of prophylaxis within 48 hours of SNS material receipt by creating and maintaining Community Distribution Plans (CDPs). These plans are designed to leverage pre-established relationships within the County and local resources for local dispensing of SNS assets. These local and collaborative planning initiatives are being undertaken with the overarching goal of protecting public health but also protection of local government function. The plans, therefore, include components to:

1. Enhance protection of municipal employees and their families through prioritized distribution of appropriate prophylaxis;

2. Ensure continuity of critical operations and services through protection of municipal employees' health; and

3. Facilitate a well-prepared, coordinated, and timely response by leveraging local resources by using an established municipal-specific plan.

Toward this end, the CDPs include municipal-specific information for local PODs where persons who are currently healthy but may have been "exposed" may receive prophylactic medication. This includes the identification of essential populations for prioritized distribution of prophylaxes including municipal employees and their families and employees of municipal-critical infrastructure. In addition, each municipality's plan includes the identification of facilities appropriate for use

as PODs as well as the resources that are available to implement dispensing activities at these sites.

1.3 Albany County Demographics

It is important to understand the demographics of Albany County in order to properly plan community-based dispensing activities. Albany County is centered around the City of Albany, which is also the capitol of State Government. Albany County consists of 4 cities and10 towns. Within these municipalities there are also 6 villages and 65 different hamlets. Albany County has a population of almost 300,000 with slightly less than 30% of which are school age children. In Albany County a little more than 3% of its citizens do not speak English well, almost 50,000 are disabled and approximately 46,000 are over 65 years old. This demographic information is useful in identifying the special needs populations of Albany County and in helping plan the best methods to eventually provide prophylaxis to all within the County. Table 1-1 below lists the demographics of Albany County including individual municipalities.

Table 1-1 Albany County Demographic Information

Description	Units (Percentage)
Square miles	523.45
Total Population	294,565
Total Households	120, 512
School Age Population - 3 years and older and enrolled in school	87,713 (29.8%)
Total Who Speak English Less than Well	9,176 (3.3%)
Population with Disabilities - Non-institutionalized	
Population 5-20 y/o	5,623 (8.7%)
Population 21-64 y/o	28,879 (17.1%)
Percent employed	58.9%
Population 65 y/o and older	14,361 (36.1%)
Total with Disabilities	48,863 (16.6%)
Population Older than 65 Years	45,594 (14.5%)
Cities	**3**
City of Albany[a]	
City of Cohoes[a]	
City of Watervliet[a]	
Towns	**10**
Town of Berne	
Town of Bethlehem[a]	
Town of Coeymans	
Town of Colonie[a]	
Town of Green Island[a]	
Town of Guilderland	
Town of Knox	

Table 1-1 Albany County Demographic Information

Description	Units (Percentage)
Town of New Scotland	
Town of Rensselaerville	
Town of Westerlo[a]	
Villages	**6**
Village of Altamont	
Village of Colonie[a]	
Village of Green Island[a]	
Village of Menands[a]	
Village of Ravena	
Village of Voorheesville	
Hamlets	**65**

[a] These municipalities are initial participants in the Albany County Community Distribution POD Project.

Note: Data above was taken directly from 2000 US Census Bureau data.

1.3.1 Albany County Geography and POD Site Locations

Figure 1-1 shows the geographic boundaries of Albany County including all the municipalities included within. This figure also shows all of the POD sites identified by each municipality participating in the Community Distribution POD Project.

1.4 The Town of Bethlehem

The Town of Bethlehem is partnering with Albany County to prepare for a public health emergency requiring local distribution of SNS assets by undertaking development of this municipal-specific CDP. ACDOH and the Town of Bethlehem recognize that such a pro-active and cooperative effort is necessary for effective and efficient delivery of medicines to protect municipal employees and their families, protect government function, and to maintain critical infrastructures. The demographics and geography of the Town of Bethlehem are shown in Table 1-2 and Figure 1-2, respectively.

Table 1-2 Demographics for the Town of Bethlehem

Demographics	Number (Percentage)
Population	31,304
Square Miles	48.8
Total Households	12,112
School Age Population	8,677 (27.7%)
Population Over 65	4,518 (14.4%)
Population with Disabilities	4,099 (13.1%)
Population Speaking English Less Than Well	559 (1.8%)

Note: Terms and data are taken directly from the 2000 U.S. Census Bureau data.

1.5 Key Components of this Plan

The key components described in the following sections of this plan include the identification of:

- Key Personnel;
- Target Populations for Prophylaxis;
- Possible POD Location;
- Staffing Resources and Requirements; and
- Communication, Resources and Capabilities.

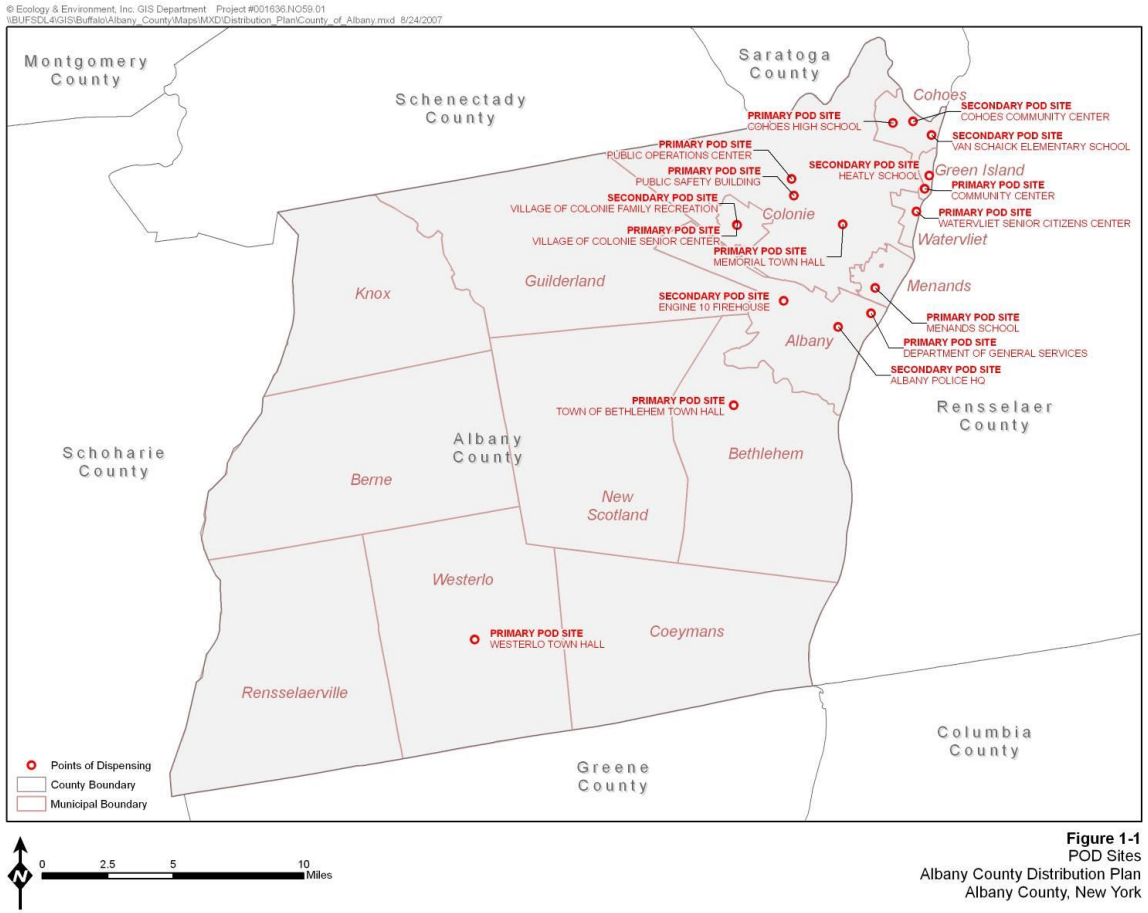

Figure 1-1
POD Sites
Albany County Distribution Plan
Albany County, New York

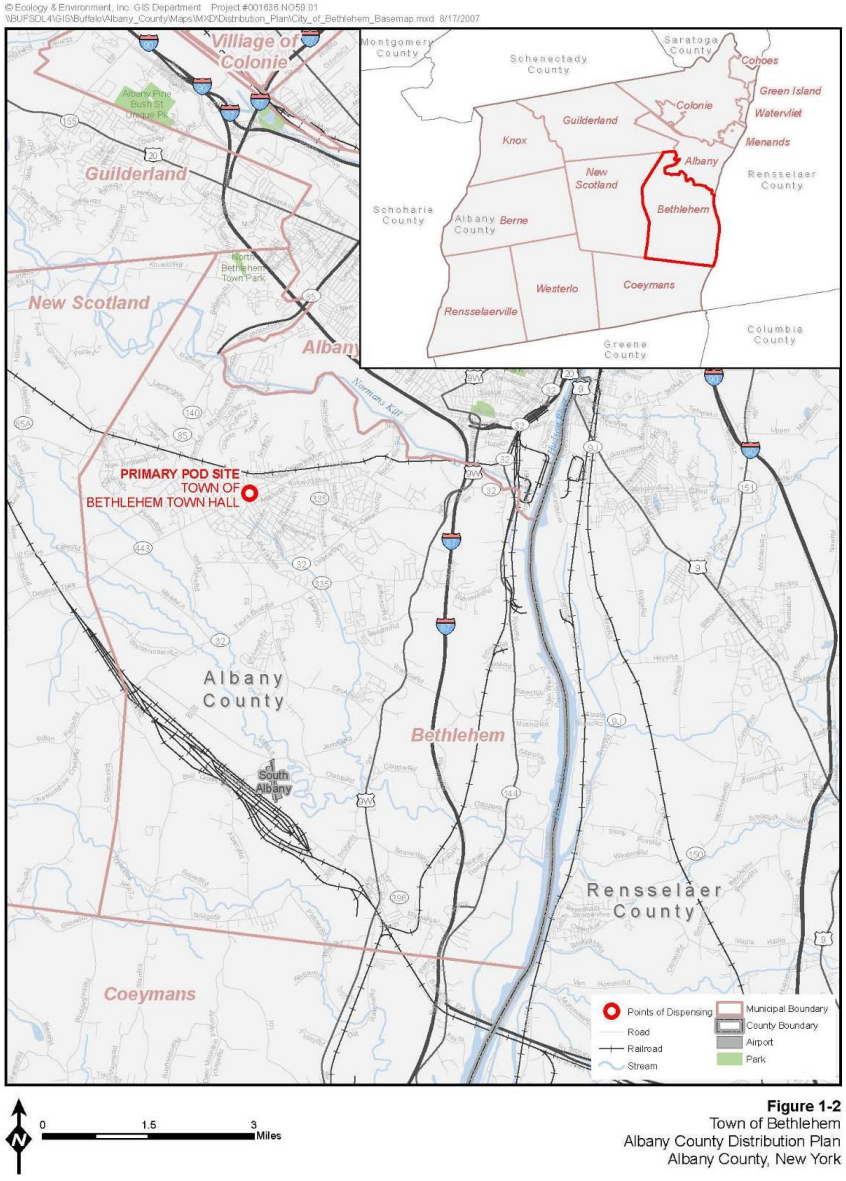

Figure 1-2
Town of Bethlehem
Albany County Distribution Plan
Albany County, New York

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2 Community Distribution Plan (CDP) Key Personnel for the Town of Bethlehem

2.1 Municipal Leaders

Table 2-1 Key Town of Bethlehem Municipal Leaders

Name/Position	Address	Phone #	E-mail Address
David VanLuven, Supervisor	Town Hall, Room 101 445 Delaware Ave. Delmar, NY 12054	518-439-4955, ext. 1164 –office	dvanluven@townof bethlehem.org
John E. Brennan, Emergency Manager	Town Hall Room 101 445 Delaware Ave. Delmar, NY 12054	518-439-4955 ext. 1166 – office	jbrennan@townofbethlehem.org

2.2 Medical Asset Coordinators

Table 2-2 Designated Medical Assets Coordinators

Name/Position	Address	Phone #	E-mail Address
Dr. Michael Dailey, MD	Bethlehem Town Hall 445 Delaware Ave. Delmar, NY 12054	518-439-4955, ext 1166 –office	daileym@amc.edu
Dr. Bruce Ushkow, MD	Bethlehem Town Hall 445 Delaware Ave. Delmar, NY 12054	518-439-4955, ext 1166 –office	bushkow@emp.com
	Bethlehem Town Hall 445 Delaware Ave. Delmar, NY 12054	518-439-4955, ext 1166 –office	

2.3 Public Information Officers

Table 2-3 Public Information Officer

Name/Position	Address	Phone #	E-mail Address
John E. Brennan, Emergency Manager	Town Hall Room 101 445 Delaware Ave. Delmar, NY 12054	518-439-4955, ext. 1166 –office	jbrennan@townof bethlehem.org

2.4 Bethlehem Strategy Board

Police Chief	Gina Cocchiara
Highway Superintendent	~~Gregg Sagendorph~~Marc Dorsey
Commissioner, Public Works	~~Erik Deyoe~~George Kansas
Director Econ. Dev. & Planning	~~Michael Morelli~~Robert Leslie
Fire Marshall	~~Gilbert Boucher~~Justin Harbinger
Director, Emer. Management	John Brennan
Fire Service Representative (TOBVFOA)	Wm. Borger~~James Kerr~~
Medical Advisor	Michael Dailey, MD
Town Attorney	James Potter, ESQ.
ProTempore;	
Fire Commander	TBD
EMS Commander	TBD
Industry Liaison	TBD

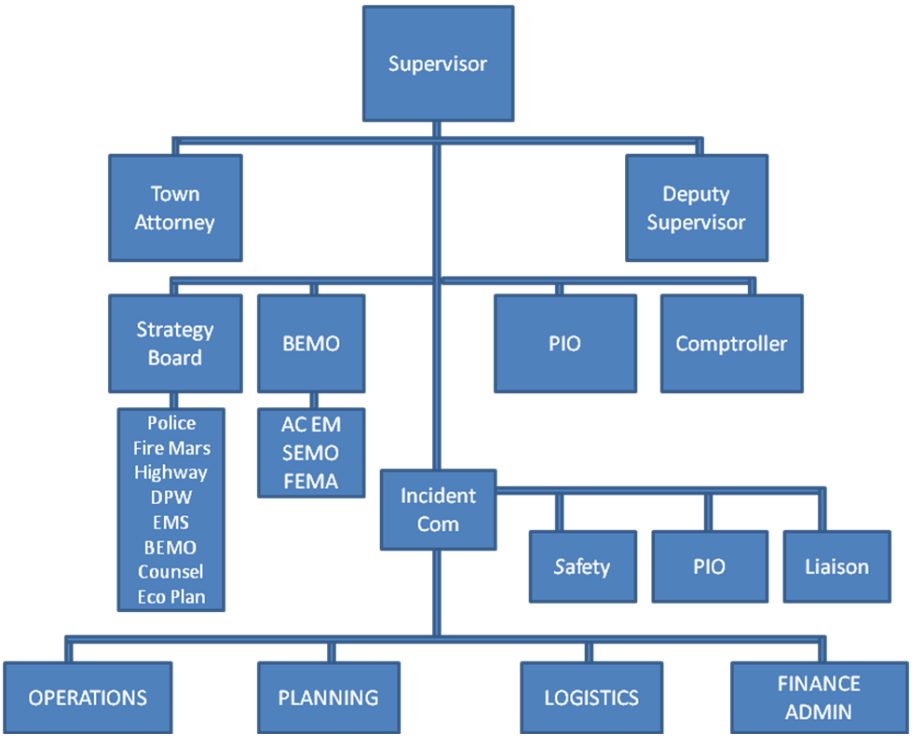
2.5 Alternate POD Locations & Key Personnel

Delmar Fire District	~~Robert Lemieux~~Merideth Bastiani-Infantino
145 Adams Street	Chairman
Delmar, NY 12054	
518-475-7310	
518-475-7324 fax	
Elsmere Fire District	Richard Webster
15 W. Poplar Drive	Chairman
Elsmere, NY 12054	
518-439-9144	
518-439-0454 fax	
Elmwood Park Fire District	Robert Miller
589 Russell Road	Chairman
Albany, NY 12203	
518-489-6556	
518-459-3342 fax	

Cont.

Selkirk Fire District 301 Glenmont Hill Rd. Glenmont, NY 12077 518-436-8023 518-432-9814 fax	Charles Wickham Chairman
Slingerlands Fire District 1520 New Scotland Rd. Slingerlands, NY 12159 518-439-4734 518-439-4842 fax	Walter W. Eck, Jr. Chairman

Figure 2-6 Town of Bethlehem's Organizational Chart



Chapter 3

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3 Populations Targeted for Mass Prophylaxis

3.1 Municipalities Targeted Population

Municipal employees, including volunteer emergency responders, are essential to providing emergency response services, maintaining public safety and security, and ensuring that a municipality can adequately respond in a crisis by sustaining critical infrastructures. Therefore, it is critical to provide prophylaxis to these employees and their families quickly so they can then continue to protect and serve the citizens within their municipalities. Successfully providing prioritized prophylaxis to municipal employees will help ensure that community-based dispensing activities can then proceed in an effective and safe manner to provide prophylaxis to remaining citizens. Based on this strategy, the Town of Bethlehem supported by ACDOH has targeted the following first responders and critical municipal employee populations for prioritized mass prophylaxis during an anthrax incidence:

- Municipal Employees and Volunteer Emergency Responders;
- Municipal Employees, Volunteers and Immediate Family Members;
- Limited Non-Municipal Critical Infrastructure Employee Populations.

Sections below provide a detailed breakdown of this population.

3.2 Employee Population Data by Municipal Departments

Municipal employees, organized by department, including volunteer emergency responders, within the Town of Bethlehem who would receive antibiotic prophylaxis are listed in Table 3-1 below. In addition, the Town of Bethlehem plans to provide prophylaxis to family members of these employees where noted in Table 3-1. The Albany County Department of Health will allow "Head of Households" to pick up medication doses for all members in their household to help speed up the distribution of medications in an emergency. This, of course, is dependent upon the type of event as well as the availability of medications, but in this scenario municipal employees, as Heads of Households, will be able to pick up the prescribed amount specific to the event if availability and supply allow. For each course of medications sent with the family member, a brief patient data collection form will need to be completed. The number of municipal employee family members was calculated using United States Census Bureau statistics and will be

used as a guide for the amount of prophylaxis requested by the Community Dispensing Plan.

Municipal employees, organized by department, within the Town of Bethlehem who would receive antibiotic prophylaxis are listed in Table 3-1 below. In addition, the Town of Bethlehem plans to provide prophylaxis to family members of these employees where noted in Table 3-1. The number of municipal employee family members was calculated using US Census Bureau statistics and will be used as a guide for the amount of prophylaxis requested by the CDP.

Table 3-1 Town of Bethlehem Municipal Employees Targeted for Prophylaxis

Department	Employees	Total Estimated Family Members[a]
Supervisor, Town Board, and Town Clerk	10	31.3
Fire, Emergency Medical Services (EMS), and Bethlehem Emergency Management Office	526	1,646.4
Police and Court	60	187.8
Assessor, Comptroller, and Receiver of Taxes	12	37.6
Fire Marshall and Building	8	25.0
Parks and Recreation	20	62.6
Highway and Department of Public Works (DPW)	104	325.5
Information Services	4	12.5
Economic Development and Planning and Town Planner	16	50.1
Senior Services	5	15.7
Identified POD Volunteers	85	266.1
Independent Healthcare Providers	50	156.5
Grand Total	900	2,817.0

[a] Total family numbers were estimated using the US Census Bureau, Current Population Survey Annual Social and Economic Supplement (March 2007). This supplement derives average population numbers per family (3.13) based on the most current population survey (2006).

3.3 Non-Municipal Critical Infrastructure Employee Populations

Critical infrastructure could include electrical utilities, heating fuel (i.e., natural gas and fuel oil) companies, and telephone/communications companies and other services needed to maintain the continuity of our governmental operations.

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Name	Number
Food Purveyors	50 (est.)
Oil, Fuel, and Gas companies	50 (est.)
Medical Care Centers	50 (est.)
Total	150 (est.)

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4 Potential Community Distribution POD Sites

4.1 POD Site Assessment Process

The POD site selection process requires the establishment of a preliminary list of potential sites suitable for implementation, based on the population identified in Section 3, with possible expansion to larger populations. Identifying possible candidates for POD sites is based on numerous factors including location, accessibility for the targeted populations, proximity to public transportation, adequate building and parking capacity, site security, and available resources. Important facility resources include electricity, heat and air conditioning, potable water, adequate bathroom facilities, material handling equipment, and a receiving area. Typically, municipal buildings, schools, and polling facilities make ideal locations for POD sites because they are easily accessible, are known to the public, and can handle a large flow of people and traffic. The information provided represents the initial step in determining the most appropriate POD site location(s). Based on the information collected on possible POD sites for the Town of Bethlehem, a more detailed POD site assessment will be conducted at each location in the future. Figure 1-1 shows the geographic location of the facilities identified in Section 4.

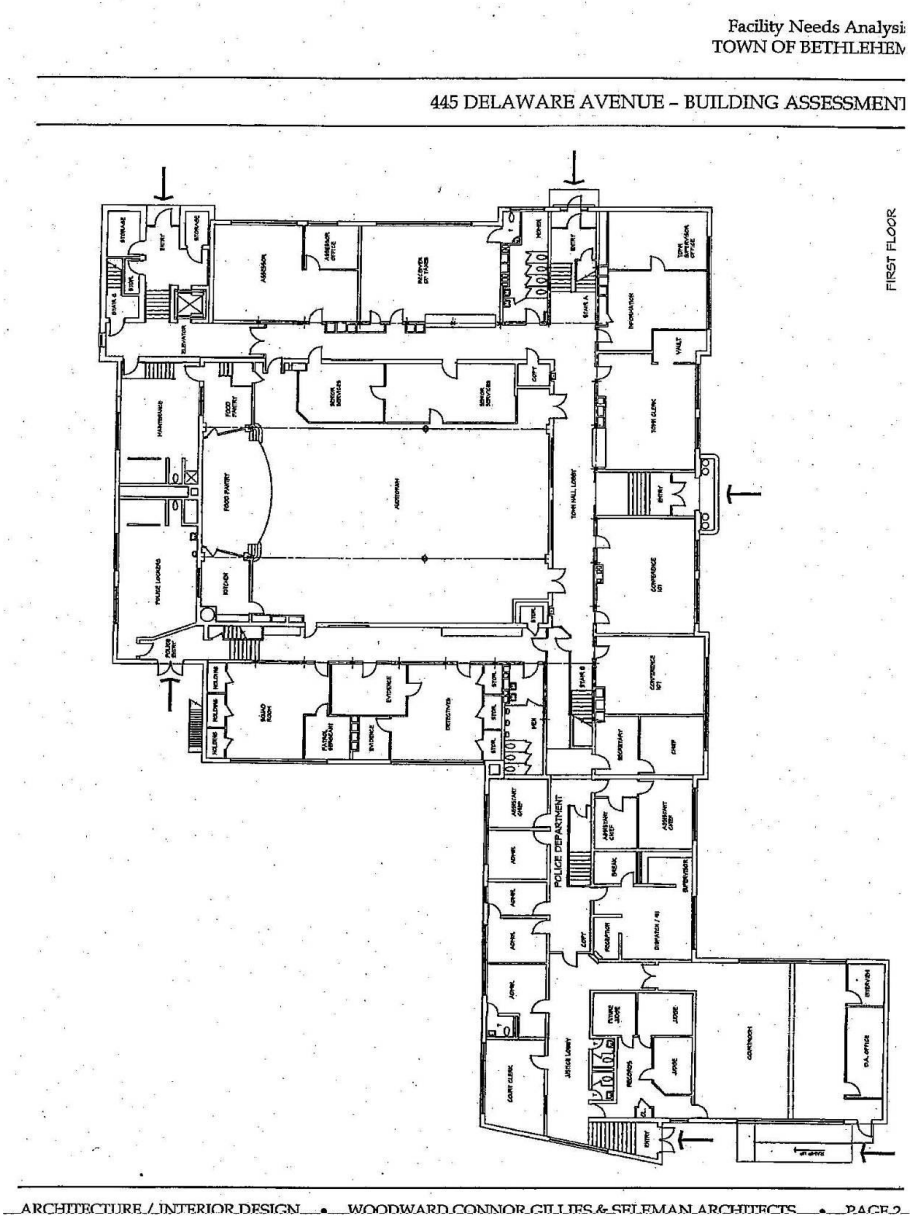
4.2 Primary POD Site(s)

Table 4-1 Primary POD Sites Identified

Facility Name	Location
Bethlehem Central School District Senior High School Complex *	700 Delaware Ave. Delmar, NY 12054
Town of Bethlehem ** Town Hall	445 Delaware Ave. Delmar, NY 12054

The primary site for the general population will be located at the Senior High School (*). The primary site for emergency responders, designated other response personnel, key municipal and infrastructure personnel will be located at Town Hall (**). A separate Distribution Plan for the High School complex is available through the Albany County Department of Health.

Primary POD Site – Bethlehem Town Hall



Floor Plan for Primary POD Site – Bethlehem Town Hall, First Floor

4.3 Additional Potential POD Sites

Because they are typically good candidates for POD sites, first responder facilities, primary and secondary schools, colleges and universities, polling facilities, and other locations are listed below to assist in the selection of additional potential POD sites.

4.3.1 Emergency First Responder Facilities

Table 4-2 Emergency First Responder Facilities

Facility Name	Location (Number)
Elsmere Fire District	Fire Station, 15 West Poplar Drive, Elsmere, NY 12054
Delmar Fire District	Fire Station, 145 Adams Street, Delmar, NY 12054
Slingerlands Fire District	Fire Station, 1520 New Scotland Road, Slingerlands, NY 12159
Selkirk Fire District	Fire Station, Maple Ave., Selkirk, NY 12158
Elmwood Park Fire District	Fire Station, North Bethlehem Fire Department, 589 Russell Road, Albany, NY 12203

4.3.2 Primary and Secondary Schools

No specific primary or secondary schools were described by the Town of Bethlehem.

4.3.3 Colleges and Universities

No specific colleges or universities were described by the Town of Bethlehem.

4.3.4 Polling Facilities

No specific polling facilities were described by the Town of Bethlehem.

4.3.5 Other Possible POD Sites

No other possible POD sites were identified.

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5 Community Distribution POD Staffing

5.1 Typical Staffing for a Community Distribution POD

POD staffing typically includes the following categories: Command, Medical, Non-Medical, and Special Skills. Each staffing category is assigned specific responsibilities to ensure that the POD functions efficiently. Table 5-1 provides a breakdown of staff within these four categories. In some cases a single individual may undertake responsibilities of several job titles depending on the type, size, and requirements of the POD. To successfully staff a POD, it is assumed that personnel from the municipality as well as volunteer groups and organizations within the community will be required.

Table 5-1 Typical Staffing Positions for a Community Distribution POD

Command Staff
Site Manager
Operations and Planning Section Chief
Safety Officer
Administrative Supervisor
Security Officer
Medical
Operations Supervisor
Medical Evaluator
Triage Leader and Triage Nurse(s)
Medical Screener Leader and Medical Screener(s)
Mental Health Counselor Leader and Counselor(s)
Medication Unit Leader and Distributor(s)
Non-Medical
Educator Coordinator and Educator(s)
Personnel Coordinator and Clerical/Data Staff
Check In/Check Out Coordinator
Greeter Coordinator and Greeter(s)
Flow Controller Coordinator and Flow Controller(s)
POD Supply Officer and Staff
Runner Coordinator and Runner(s)
Transportation Coordinator
Security Officer and Staff

Table 5-1 Typical Staffing Positions for a Community Distribution POD

Facility Maintenance
Food Officer and Server(s)
Special Skills
Special Needs Team Leader and Team Member(s)
Communications Officer
Information Technology (IT) Coordinator and IT Team Member(s)
Volunteer Coordinator

5.2 Town of Bethlehem POD Staffing Plan

The Town of Bethlehem has identified numerous sources of personnel to staff a municipal POD as described below.

5.2.1 Municipal Employees

There are a number of individuals within the Town departments that are already familiar with PODs and Town government and the emergency services. There are also a number of individuals within the same departments who have some degree of medical background and expertise.

The Town of Bethlehem is unsure which individuals within Town of Bethlehem organizations might be willing, qualified, or trained in or have an interest in staffing a POD. Training of these individuals to a degree to allow them to staff a POD should be offered by the ACDOH. Upon training, a selection of staffing individuals should become apparent.

It should be noted that the Town of Bethlehem, its employees, volunteers, and personnel from other local sources would not be able to act in these suggested capacities unless and until provided the necessary training and instructions along with proper documentation and guidance to successfully carry out this role. Included in this would be exemption from possible litigation and to be held harmless for actions undertaken at the direction of State and County health managers. It should further be understood that the final and accepted plan for the Community Distribution Planning Data for the Town of Bethlehem and its activation would not be authorized unless duly resolved, obviously required, and legally directed under a declared emergency situation as put forth by the Town of Bethlehem Supervisor under Article 2-B, New York State Executive Law.

While the Town of Bethlehem police and other internal departments respond to emergencies as employees, the Town is fortunate to have a large number of individuals in the community who are active in the emergency response community. Volunteers are particularly active in the fire and emergency medical agencies. These organizations are very actively recruiting new volunteers.

Depending on the magnitude of the emergency at hand, the circumstances, and impacts on the local community, it will be hard to determine the number of employees or volunteers that would or could respond to or actively be involved in

this POD staffing effort. All reasonable steps will be taken to enlist a cadre of individuals in an effort to assist in the staffing of a POD (12 hour shifts for 48 hours) and still provide necessary municipal services.

5.2.2 Medical Volunteer Groups/Organizations

Medical volunteer groups and organizations identified that could support the Community Distribution POD include:

- Ambulance and Rescue Squads
- School/Parish Nursing Groups
- Pharmacists and
- Private Medical Practitioners.

5.2.3 Non-Medical Volunteer Groups/Organizations

The greatest staffing requirement for a Community Distribution POD is non-medical personnel. Non-medical volunteer staff can be provided by various volunteer groups and organizations ranging from community service to faith-based groups. Non-medical groups and organizations that may provide staffing assistance include:

- Chamber of Commerce
- Elks Club
- Veterans of Foreign Wars
- American Legion
- Rotary
- Lions Club
- Kiwanis
- Seniors Project and
- Fire Department Auxiliaries.

5.2.4 External Resources

The following external resources may be available to staff a POD in the Town of Bethlehem:

- Town-wide Sheltering Group (approximately 12 town-wide organizations involved in their sheltering program); and
- Bethlehem Area Ministerial Association and other faith based groups.

One important follow-up to this plan will be to determine how many volunteers will be available from the many different resources listed above.

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6 Community Distribution POD Flow

6.1 Community Distribution POD Flow Diagram

The ACDOH has developed a typical POD Flow Diagram to visually chart basic POD stations, their functions, and their special relationships to each other. This diagram, seen in Figure 6-1, was developed to clearly outline the critical stations within a POD and the flow of patient traffic between them. This diagram will be used to guide POD operations at the site(s) selected by the Town of Bethlehem.

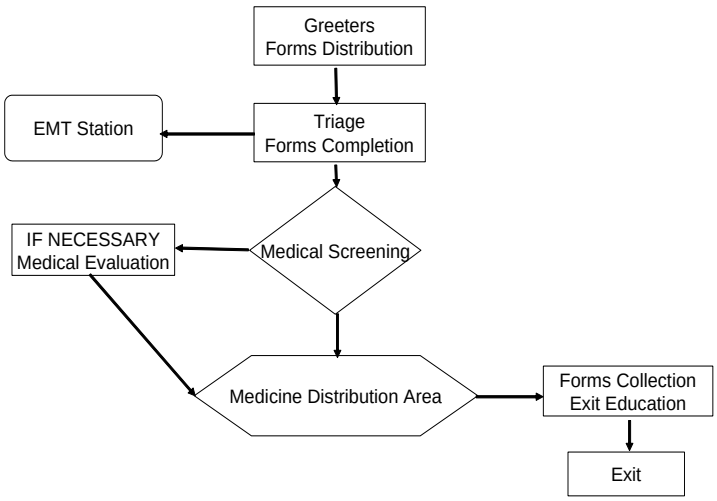

Figure 6-1 Typical POD Flow

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7 Communications

7.1 Communication Mechanisms Available

The following information distribution mechanisms are used in the Town of Bethlehem to communicate with employees and would be used during the POD plan implementation.

Table 7-1 Communication Mechanisms

Mechanism	Utilized
E-mail	Yes
Internal Web sites (Intranet)	Yes
Phone Tree	No
Two-Way Radio	Yes
Private Radio Networks	No
Informational Meetings	Yes
TV Channel 18 Public Television	Yes

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US Census Bureau , 2007, Current Population Survey Annual Social and Economic Supplement, March 2007.

Chapter A

A Primary POD Site Plan

A.1 Town of Bethlehem Key Personnel

Table A-1 Key Personnel Contact Information

Name/Position	Address	Phone #	E-mail Address
David VanLuven, Supervisor	Town Hall, Room 101 445 Delaware Ave. Delmar, NY 12054	518-439-4955, ext. 1164 –office	dvanluven@townofbethlehem.org
John E. Brennan, Emergency Manager	Town Hall Room 101 445 Delaware Ave. Delmar, NY 12054	518-439-4955 ext. 1166 –office	jbrennan@townofbethlehem.org

A.2 Volunteer Personnel Contact Information

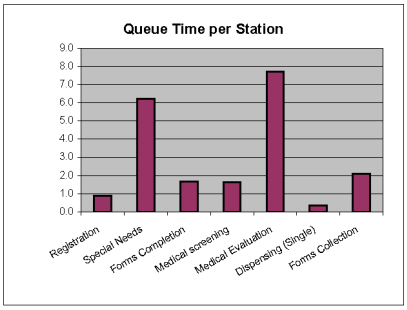
Not Currently Available. To Be Developed.

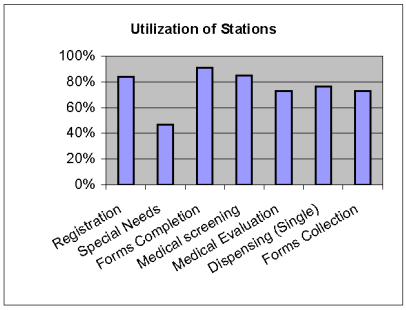
A.3 POD Staffing Model Calculation Sheet

Bethlehem Anthrax **9/14/2007**
Model created by D. Hosterman with Clinic Planning Model Generator 1.25

Size of population to be treated:	1050	Time in clinic (min):	17.77
Time allotted for treatment (days):	1	Average number of patients in clinic:	51.83
Daily hours of operation:	6	Bus interarrival time (min):	0.34
Number of clinic sites:	1	Clinic capacity (patients per hour):	192.00
Required throughput (patients per hour):	175	Total staff per shift across all clinics:	33

Station	Staff	Utilization	Process Time (min)	Wait Time (min)	Cycle Time (min)	Queue Length	Suggested Queue Space (ft)	WIP
Registratio	4	84%	1.15	0.88	2.03	3	15	6
Special Ne	1	47%	8.00	6.24	14.24	0	1	2
Forms Con	8	91%	5.00	1.67	6.67	4	26	19
Medical sci	6	85%	1.75	1.64	3.39	4	26	10
Medical Ev	1	73%	5.00	7.73	12.73	1	7	2
Dispensing	4	77%	1.05	0.34	1.39	1	6	4
Forms Coll	1	73%	1.00	2.09	3.09	5	28	9
Total	**25**							





A.4 Decision-Making Guidelines for Medical Screeners Post-Exposure Prophylaxis for Anthrax

Medical Screeners should use these guidelines to determine proper recommendations for antibiotics when patients have "yes" answers in the medical self-screening section of the registration form. When in doubt, screeners should refer patients to medical consultation.

See page 2 of this form for decision-making rationale.

"Yes" Question	**Action**
Reactions or problems after taking antibiotics	
☐ Hives or breathing problems after antibiotics	Refer to Medical Consult Workstation
Allergy	
☐ Ciprofloxacin	Give Doxycycline
☐ Doxycycline	Give Ciprofloxacin
☐ Ciprofloxacin and doxycycline	Refer to Medical Consult Workstation
Pregnant or trying to become	
☐ 1st choice	Give Ciprofloxacin and refer patient to her obstetrician/PCP for follow-up
☐ 2nd choice (if allergic to Ciprofloxacin)	Give Doxycycline and refer patient to her obstetrician/PCP for follow-up
Kidney	
☐ Hemodialysis	Give ½ dose Ciprofloxacin
☐ Peritoneal dialysis	Give ¾ dose Ciprofloxacin
☐ Kidney damage	Give Doxycycline
Taking following medications	
☐ Theophylline (asthma)	Give Doxycycline
☐ Dilantin (seizures)	Give Doxycycline
☐ Tegretol (seizures)	Give Ciprofloxacin
☐ Phenobarbital (seizures)	Give Ciprofloxacin
☐ Oral hypoglycemics (diabetes)	Give Doxycycline
☐ Coumadin (blood thinner)	Give Ciprofloxacin and refer to PCP for coumadin dose adjustment/monitoring
☐ Probenicid (gout)	Give Doxycycline
☐ Cyclosporine (immunosuppressant)	Give Doxycycline
☐ Not Sure of Medication(s) taken	Attempt to determine medication(s) through interview. If unable, refer to Medical Consult Workstation
Children	
☐ Weight ≤ 55 lbs. to receive Ciprofloxacin ☐ Weight ≤ 99 lbs. to receive Doxycycline	See dosing chart

See page 1 of this form for medication recommendations.

"Yes" Question	Issues to Consider
Hives or breathing problems after taking antibiotics	Possible Anaphylaxis
Allergy	
□ Ciprofloxacin	Ciprofloxacin and doxycycline are both preferred choices.
□ Doxycycline	
□ Ciprofloxacin **and** Doxycycline	Normal side effects (nausea, diarrhea, etc.) can be confused with true allergy (hives, respiratory distress, throat swelling.) Determine if true allergy. **IF YES**: refer to medical consult. **IF NO:** Give Ciprofloxacin.
Pregnant or trying to become	
□ Ciprofloxacin	Ciprofloxacin has not been adequately studied for use in pregnant women, but an expert review of published data on experience with Ciprofloxacin use during pregnancy concluded that Ciprofloxacin is unlikely to pose substantial risk.
□ Doxycycline	Doxycycline use during tooth development (2nd & 3rd trimester) can cause staining of teeth in the fetus, and liver problems in the mother. Ciprofloxacin is the drug of choice, unless allergic.
Kidney Disease	
□ Hemodialysis	Patients on dialysis clear Ciprofloxacin more slowly than normal. They will need reduced a reduced Ciprofloxacin dose, or Doxycycline.
□ Peritoneal dialysis	
□ Kidney disease	Ciprofloxacin is not recommended for patients with inadequate creatinine clearance. They should be given Doxycycline.
Taking following medications	
□ Theophylline	Ciprofloxacin can inhibit hepatic metabolism of theophylline, thus increasing risk of theophylline toxicity. Serious and fatal reactions have been reported.
□ Dilantin	Altered serum levels of dilantin (increased and decreased) have been reported in patients receiving concomitant ciprofloxacin.
□ Tegretol	Tegretol decreases the half-life of doxycycline.
□ Phenobarbital	Barbiturates decrease the half-life of doxycycline.
□ Oral hypoglycemics	Concomitant use of Ciprofloxacin can cause severe hypoglycemia.
□ Coumadin	Both Ciprofloxacin and Doxycycline can enhance the effects of coumadin. Ciprofloxacin is the preferred therapy; prothrombin times should be closely monitored.
□ Probenicid	Probenicid may decrease the renal excretion of ciprofloxacin, therefore increasing the risk of ciprofloxacin toxicity.
□ Cyclosporine	Concomitant use of ciprofloxacin may result in increased serum creatinine.
Children under 18 years old	
□ Ciprofloxacin	Ciprofloxacin has not been fully studied for routine use in children, but is approved for post-exposure prophylaxis.
□ Doxycycline	Doxycycline in children under 8 years old can cause staining of teeth and joint problems. Ciprofloxacin is the drug of choice, unless allergic.

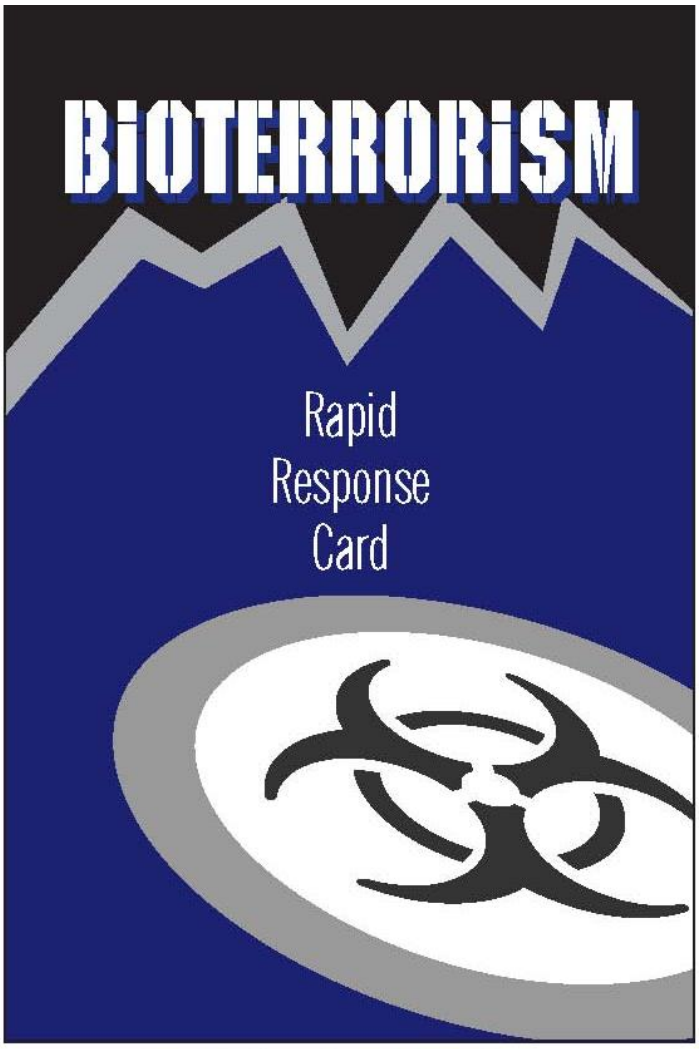
A.5 Internal POD Flow Diagram
Not Currently Available. To Be Developed.

A.6 Additional POD Maps and Directions
Not Currently Available. To Be Developed.

A.7 Vehicular Traffic Flow Plan
Not Currently Available. To Be Developed.

A.8 POD Security Plan
Not Currently Available. To Be Developed in conjunction with the ACDOH.

A.9 Bioterrorism Rapid Response Guide



State of New York • George E. Pataki, Governor
Department of Health • Antonia C. Novello, M.D., M.P.H., Dr. P.H., Commissioner
7001 05/03

RECOGNIZING BIOTERRORISM-RELATED ILLNESSES

Healthcare providers should be alert to illness patterns and diagnostic clues that might signal an act of bioterrorism (BT). The following clinical and epidemiological clues are suggestive of a possible BT event:

- A rapidly increasing disease incidence
- An unusual increase in the number of people seeking care, especially with fever, respiratory, or gastrointestinal symptoms
- Any suspected or confirmed communicable disease that is **not endemic** in New York (e.g., plague, anthrax, smallpox or viral hemorrhagic fever)
- Any unusual age distributions or clustering of disease (e.g., chickenpox or measles in adults)
- Simultaneous outbreaks in human and animal populations
- Any unusual temporal and/or geographic clustering of illness (e.g., persons who attended the same public event)

Any unusual illness or disease clusters should be reported immediately to your county health department.

PHONE NUMBERS

New York State Department of Health

Communicable Disease Control	**518-473-4436**
After hours: Duty Officer	**1-866-881-2809**
New York State Biodefense Laboratory	**518-474-4177**

New York City Department of Health and Mental Hygiene

Communicable Disease Program	**212-788-9830**
After hours: within Manhattan	**212-764-7667 (212-POISONS)**
outside Manhattan	**1-800-222-1222**
NYC Public Health Laboratories	**212-447-1091**

Your County Health Department

Consult phone book blue pages under "County Offices"

RECOGNIZING AND DIAGNOSING ILLNESSES POSSIBLY DUE TO BIOTERRORISM – Table 1

Disease	Incubation Period	Early Symptoms	Clinical Syndrome	Diagnostic Samples	Diagnostic Tests
Inhalational Anthrax	1-7 days (possibly up to 60 days)	Non-specific: fever, malaise, cough, dyspnea, headache, vomiting, abdominal and chest pain.	Widened mediastinum, pleural effusion on chest x-ray. Rapid onset of severe respiratory distress, respiratory failure, and shock.	Blood, serum, CSF, pleural or ascitic fluids.	Gram stain or Wright stain; blood culture Specialized labs: IHC, serology, DFA, PCR
Cutaneous Anthrax	1-12 days	Painless or pruritic papule	Papule evolves into a vesicular or ulcerative lesion, then forms a black eschar after 3-7 days.	Swab of lesion, skin biopsy, blood.	Gram stain, culture of lesion; blood culture Specialized labs: PCR, serology
Botulism	Foodborne: 12-72 hours range, 2 hours – 8 days Inhalational: 12-80 hours	Usually none. If foodborne, possibly nausea, vomiting, abdominal cramps or diarrhea.	Afebrile, ptosis, diplopia, dysarthria, dysphonia, dysphagia, symmetrical descending paresis or flaccid paralysis. Generally normal mental status. Progresses to airway obstruction and respiratory failure.	Nasal swab (if obtained immediately following inhaled exposure), serum, gastric aspirate, stool, food sample when indicated.	Specialized labs: Mouse bioassay for toxin

RECOGNIZING AND DIAGNOSING ILLNESSES POSSIBLY DUE TO BIOTERRORISM – Table 2

Disease	Incubation Period	Early Symptoms	Clinical Syndrome	Diagnostic Samples	Diagnostic Tests
Brucellosis	Very variable, 5-60 days	Fever (often intermittent), headache, chills, heavy sweats, arthralgias.	Systemic illness, may become chronic with fever and weight loss. May have suppurative lesions. Bone/joint lesions common.	Blood, serum, bone marrow, tissue.	Culture, serology, PCR
Equine Encephaltides (Eastern, Western, Venezuelan)	2-6 days, Venezuelan 5-15 days, others	Non-specific: Sudden onset of malaise, fever, rigors, severe headache, photophobia, myalgias of legs and back.	Fever, headache, stiff neck, nausea, vomiting, sore throat, diarrhea lasting several days often followed by prolonged period of weakness and lethargy. Central nervous system symptoms may develop.	Serum, CSF	Viral culture, serology, PCR
Pneumonic Plague	1-6 days	Non-specific: high fever, cough, chills, dyspnea, headache, hemoptysis, nausea, vomiting, diarrhea.	Fulminant pneumonia, often with hemoptysis, rapid progression of respiratory failure, septicemia and shock. Presence of hemoptysis may help distinguish from inhalational anthrax.	Blood, sputum, lymph node aspirate, serum.	Gram, Wright, or Wayson stain; culture Specialized labs: Serology, DFA, PCR

RECOGNIZING AND DIAGNOSING ILLNESSES POSSIBLY DUE TO BIOTERRORISM – Table 3

Disease	Incubation Period	Early Symptoms	Clinical Syndrome	Diagnostic Samples	Diagnostic Tests
Q fever	10-40 days	Fever, headache, chills, heavy sweats, arthralgias.	Self-limited febrile illness lasting 2 days to 2 weeks, may present like atypical pneumonia (Legionella).	Serum, sputum	Serology, Culture difficult
Ricin (toxin from castor bean oil)	18-24 hours	Inhalation: fever, weakness, cough, hypothermia, hypotension, cardiac collapse.	In high doses, short incubation and rapid onset suggestive of chemical agent.	Blood, tissue	Serology, IHC staining of tissue.
Smallpox	12 days; range: 7-17 days	Non-specific: fever, malaise, headache, prostration, rigors, vomiting, severe backache.	Maculopapular, vesicular, then pustular lesions all at same developmental stage in any one location. Begins on face, mucous membranes, hands and forearms; may include palms and soles.	Vesicular or pustular fluid, pharyngeal swab, scab material, serum.	Specialized labs: PCR, viral culture, electron or light microscopy, serology.

RECOGNIZING AND DIAGNOSING ILLNESSES POSSIBLY DUE TO BIOTERRORISM – Table 4

Disease	Incubation Period	Early Symptoms	Clinical Syndrome	Diagnostic Samples	Diagnostic Tests
Staphylo-coccal enterotoxin B	3-12 hours for inhalation. Minutes to hours for ingestion.	Inhalation: Fever, chills, headache, myalgias, cough, nausea. Short incubation and rapid onset suggestive of chemical agent.	Inhalation: Dyspnea, retrosternal pain may develop Ingestion: nausea, vomiting, diarrhea	Inhalation: serum, urine Ingestion: stool, vomitus	Specialized Labs: Ag-ELISA, Ab-ELISA serology.
Tularemia	3-5 days; range: 1-14 days	Non-specific: fever, fatigue, chills, cough, malaise, body aches, headache, chest discomfort, GI symptoms.	Pneumonitis, ARDS, pleural effusion, hemoptysis, sepsis. Ocular lesions, skin ulcers, oropharyngeal or glandular disease possible.	Serum, urine, blood, sputum, pharyngeal washing, fasting gastric aspirate, other.	Gram stain, culture; DFA or IHC staining of secretions, exudates or biopsy specimens.
Viral hemorrhagic fevers (Ebola, arenavirus, filoviruses)	2-21 days; varies among viruses	Fever, myalgias, petechiae, easy bleeding, red itchy eyes, hematemesis.	Febrile illness complicated by easy bleeding, petechiae, hypotension, and shock.	Serum, blood	Viral culture, PCR, serology.

TREATMENT AND PROPHYLAXIS - Table 1

AGENT	TREATMENT	PROPHYLAXIS
Anthrax Inhalation/Cutaneous	Ciprofloxacin; doxycycline Combination therapy of ciprofloxacin or doxycycline, plus one or two other antimicrobials should be considered with inhalation anthrax. PCN should be considered if strain is susceptible.	Ciprofloxacin or doxycycline, with or without vaccination. If susceptible, PCN or amoxicillin should be considered.
Botulism	Supportive care – ventilation may be necessary. Trivalent equine antitoxin (serotypes A,B,E – available from CDC) should be administered immediately following clinical diagnosis.	None
Brucellosis	Doxycycline plus streptomycin or rifampin. Alternatives: ofloxacin plus rifampin; doxycycline plus gentamicin; TMP/SMX plus gentamicin.	Doxycycline plus streptomycin or rifampin
Equine Encephalitides (Eastern, Western, Venezuelan)	Supportive care – analgesics, anticonvulsants as needed.	None

TREATMENT AND PROPHYLAXIS - Table 2

AGENT	TREATMENT	PROPHYLAXIS
Pneumonic Plague	Streptomycin; gentamicin. Alternatives: doxycycline; tetracycline; ciprofloxacin; and chloramphenicol.	Tetracycline; doxycycline; ciprofloxacin
Q-Fever	Tetracycline; doxycycline	Tetracycline; doxycycline (may delay but not prevent illness).
Ricin	Supportive care. Treatment for pulmonary edema. Gastric decontamination if toxin is ingested.	None
Smallpox	Supportive care. Cidofovir shown to be effective in vitro.	Vaccination given within 3-4 days of exposure can prevent or decrease the severity of disease.
Staphylococcal Enterotoxin B	Supportive care.	None
Tularemia	Streptomycin; gentamicin. Alternative: ciprofloxacin	Tetracycline; doxycycline; ciprofloxacin
Viral Hemorrhagic Fevers	Supportive care. Ribavirin may be effective for Lassa fever, Congo-Crimean hemorrhagic fever, Rift Valley fever.	Ribavirin may be effective for Lassa fever, Congo-Crimean hemorrhagic fever, Rift Valley fever.

INFECTION CONTROL PRECAUTIONS FOR BIOLOGICAL AGENTS

AGENT	PRECAUTION CATEGORY *See other side for explanation of each precaution	PERSONAL PROTECTIVE EQUIPMENT GL=Gloves GO=Gowns M=Mask	PRIVATE ROOM
Anthrax	Standard. Contact precautions for cutaneous and gastrointestinal anthrax if diarrhea is not contained.	GL=when entering the room GO=if likely contact with patient, equipment or environment	No
Botulism	Standard precautions.		No
Brucellosis	Standard precautions.		No
Plague (pneumonic)	Standard. Droplet precautions until on appropriate therapy for 72 hours. Contact precautions if draining buboes present.	GL=when entering the room GO=if likely contact with patient, equipment or environment M=surgical mask	Yes Cohort if necessary
Q fever	Standard precautions.		No
Smallpox	Standard, contact and airborne precautions.	GL, GO=when entering the room M=N-95 respirator	Yes Negative pressure
Tularemia	Standard. Contact precautions if lesions present.	GL=when entering the room GO=if likely contact with patient, equipment or environment	No
Viral Hemorrhagic Fever	Standard and contact precautions. Airborne precautions, especially in late stages.	GL, GO=when entering the room M=N-95 respirator	Yes Negative pressure
Venezuelan Equine Encephalitis	Standard precautions.		No

INFECTION CONTROL PRECAUTIONS:

Standard Precautions: Standard precautions apply to blood, all body fluids, secretions, nonintact skin, mucous membranes and excretions, except sweat. Gloves and gowns should be used to prevent exposure to blood and other potentially infectious fluids. Mask and eye protection or face shield should be used during procedures or activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Appropriate hand hygiene is always necessary.

Additional Precautions for the following:

Droplet Precautions: Private room or cohort patients with same infectious agent. Use a mask if within 3 feet of a patient.

Contact Precautions: Private room or cohort patients with same infectious agent. Use gloves when entering the room and a gown if clothing is likely to have contact with patient, environmental surfaces or patient care equipment.

Airborne Precautions: Requires a negative pressure isolation room and appropriate respiratory protection such as the N95 respirator which has been fit-tested.

Reference: Garner JS, Hospital Infection Control Practices Advisory Committee. Guidelines for Isolation Precautions in Hospitals. Infection Control Hospital Epidemiology 1996;17:53-80.

DECONTAMINATION GUIDELINES:

In general, persons exposed to a biological agent need only to remove clothing, if heavily contaminated, and use shampoo, soap, and water on themselves (shower). The clothing should be bagged and laundered normally in hot water. No precautions for effluent water are needed. Dilute bleach solutions should NEVER be used on people, only environmental surfaces.

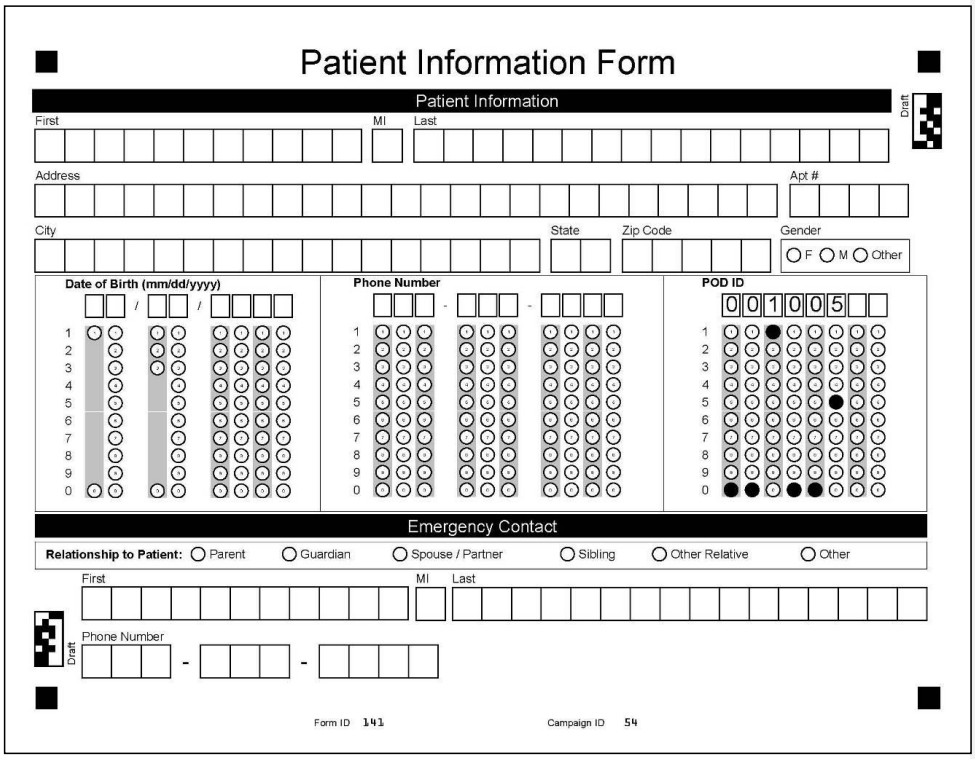
A.10 Just-in-Time POD Training Curriculum

Not Currently Available. To Be Developed.

A.11 Job Action Sheets for POD Clinic

Not Currently Available. To Be Developed.

A.12 POD Clinic Forms



Patient Information Form

Patient Information

First | MI | Last

Address | Apt #

City | State | Zip Code | Gender: F M Other

Date of Birth (mm/dd/yyyy) | Phone Number | POD ID: 0 0 1 0 0 5

Emergency Contact

Relationship to Patient: Parent | Guardian | Spouse / Partner | Sibling | Other Relative | Other

First | MI | Last

Phone Number

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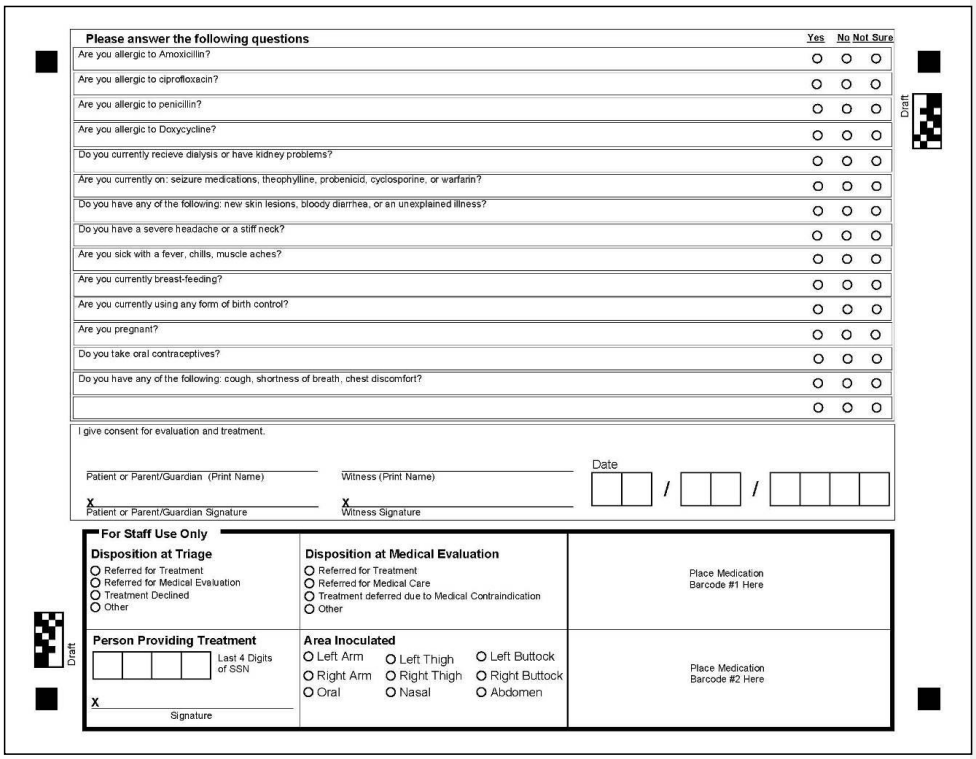

Please answer the following questions	Yes	No	Not Sure
Are you allergic to Amoxicillin?	O	O	O
Are you allergic to ciprofloxacin?	O	O	O
Are you allergic to penicillin?	O	O	O
Are you allergic to Doxycycline?	O	O	O
Do you currently recieve dialysis or have kidney problems?	O	O	O
Are you currently on: seizure medications, theophylline, probenicid, cyclosporine, or warfarin?	O	O	O
Do you have any of the following: new skin lesions, bloody diarrhea, or an unexplained illness?	O	O	O
Do you have a severe headache or a stiff neck?	O	O	O
Are you sick with a fever, chills, muscle aches?	O	O	O
Are you currently breast-feeding?	O	O	O
Are you currently using any form of birth control?	O	O	O
Are you pregnant?	O	O	O
Do you take oral contraceptives?	O	O	O
Do you have any of the following: cough, shortness of breath, chest discomfort?	O	O	O
	O	O	O

Draft

I give consent for evaluation and treatment.

Patient or Parent/Guardian (Print Name) _____ Witness (Print Name) _____ Date ___ / ___ / _____

X _____ Patient or Parent/Guardian Signature

X _____ Witness Signature

For Staff Use Only

Disposition at Triage
- O Referred for Treatment
- O Referred for Medical Evaluation
- O Treatment Declined
- O Other

Disposition at Medical Evaluation
- O Referred for Treatment
- O Referred for Medical Care
- O Treatment deferred due to Medical Contraindication
- O Other

Place Medication Barcode #1 Here

Person Providing Treatment

Last 4 Digits of SSN

X _____ Signature

Area Inoculated

O Left Arm	O Left Thigh	O Left Buttock
O Right Arm	O Right Thigh	O Right Buttock
O Oral	O Nasal	O Abdomen

Place Medication Barcode #2 Here

Draft

A.13 POD Supply List

POD Site Supply List Template (Excluding pharmaceutical and other durable medical equipment included in the SNS)	Item supplied by Albany County Department of Health	Where items will be stored
SET-UP		
List of emergency phone numbers		
Name badges		
Sign-in sheets for patients and staff		
Signs directing flow of traffic		
Signs to mark way to restrooms		
Patient Registration/Consent Record	Yes	ACDOH
Station Identification Signs	Yes	ACDOH
Command and Control Vests or Idenifiers		
OFFICE SUPPLIES		
Applicable site evacuation plans/procedures		
Calculator		
Clipboards (Optional for registration)		
Colored markers		
Job action sheets	Yes	ACDOH
Masking Tape (Opitional for traffic flow)		
Pencils		
Pens		
POD site maps with clinic flow diagrams		
Colored Dots	Yes	ACDOH
Poster Board (Optional for signage)		
GENERAL SUPPLIES AND EQUIPMENT		
Biohazard bags	Yes	ACDOH
Bottled water (Optional for staff)		
Chairs (Optional for staff/clients)		
Food and drink (Optional for staff)		
Alcohol based hand cleanser (Optional for staff)		
Orange cones for traffic flow (Optional)		
Crowd Control Equipment		
Paper to cover table (Optional)		
Paper towels		
Tables		
Toilet tissue		
Trash bags		
AV Cart (Optional)		
Pallet Jacks	**NO**	BETH
Dollies	**NO**	BETH
Forklifts	**NO**	BETH
Industrial Extension Cords (50ft) (As needed)		
Industrial Hand Cart (As needed)	NO	BETH
Industrial Surge Protectors (Backup) (As needed)		
Portable Generator (if no power available)		
Portable TV with VCR/DVD (Optional)		
Storage Coolers (Dependent on medication/vaccine)	Yes	ACDOH
MEDICAL SUPPLIES AND EQUIPMENT		
Alcohol wipes (Dependent on medication/vaccine)	Yes	ACDOH
Masks (general, N-95) (If indicated)	Yes	ACDOH
Medication/vaccine refrigerator (Dependent on need)		
Plastic Bags-dispensing meds for home	Yes	ACDOH
Sharps Containers (Dependent on need)	Yes	ACDOH
Privacy Accommodations		
Wheelchairs (Optional)		
Band-Aids	Yes	ACDOH
Labels	Yes	ACDOH
POD COMMUNICATION SUPPLIES AND EQUIPMENT		
Fax capability or Fax machine (Optional)		
Internet access availability (Optional)		
Land line phone connection		
Laptop or desktop computer (Optional)		
Printer(s) (Optional)		
Radio (VHF/UHF)		
2-Way Radios or Cell phone for backup Comms		
EDUCATIONAL MATERIALS		
Consumer question and answer sheets specific to BT event	Yes	ACDOH
Educational Videos (If available)	Yes	ACDOH
Patient Drug Information sheets (available in 48 languages from CDC)	Yes	ACDOH
Drug Fact Sheet	Yes	ACDOH
Agent Fact Sheet	Yes	ACDOH

A.14 POD Communication Systems and Equipment

Not Currently Available. To Be Developed.

A.15 Adverse Event Tracking Plan

Not Currently Available. To Be Developed.

A.16 POD Demobilization Plan

Not Currently Available. To Be Developed.

Chapter B

B Alternate POD(s) Site Plan

B.1 Additional Alternate POD(s) Maps and Directions
Not Currently Available. To Be Developed.

B.2 Vehicular Traffic Flow Plan
Not Currently Available. To Be Developed.

B.3 Alternate POD(s) Security Plan
Not Currently Available. To Be Developed.

B.4 Alternate POD(s) Supply List
Not Currently Available. To Be Developed.

B.5 Alternate POD(s) Communication Systems
Not Currently Available. To Be Developed.

B.6 Alternate POD(s) Demobilization Plan
Not Currently Available. To Be Developed.

Chapter C

C Additional Information