



# STATE OF CALIFORNIA MASS PROPHYLAXIS PLANNING GUIDE



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## INTRODUCTION

Weapons of Mass Destruction involving Chemical, Biological, Nuclear, Radiologic and Explosive (CBNRE) agents have become an increasing reality in United States of America. These agents will create their effect through a mass casualty incident or person to person exposure, and, as with the biological agents, they will propagate their effect through exposure to individuals within the community. Prophylaxis of these agents can often occur during this incubation period from exposure to the agent until the onset of symptoms, thus reducing the spread of disease. Widespread public exposure to a terrorist agent, particularly a biological agent, would therefore require large scale mass prophylaxis of the public.

In the event of a terrorist release, mass prophylaxis of the public will be directed and coordinated by the public health system on a local, regional or statewide level. This would thus require logistical and operational assistance to mobilize, manage, and demobilize a mass prophylaxis clinic site.

Because of the extensive operational and logistical needs to perform public mass prophylaxis, the State of California Mass Prophylaxis Guide was developed. The guide operates under the construction and function of the Incident Command System (ICS) and the Standardized Emergency Management System (SEMS). Therefore, local entities will determine the public scope of prophylaxis, including place, persons in need of prophylaxis, operation length, and mutual aid requests and resources if necessary. Additionally, the resources to operate a mass prophylaxis clinic will vary considerably across the state. Thus local public health, local emergency planners, The State of California Department of Health Services (CDHS), The Emergency Medical Services Authority (EMSA), and other private and volunteer resources will play an integral role in planning, coordinating, and securing the resources necessary to implement a mass prophylaxis clinic.

Local health departments will oversee planning and implementation of a mass prophylaxis clinic. This guide is intended to be flexible and serve as a manual for the implementation of a mass prophylaxis clinic. The guide will start with some general definitions and guidelines that apply to all mass prophylaxis clinics. A further discussion of staffing and pharmaceutical resources will follow with additional attached annexes addressing specific clinic forms, flow charts, staffing requirements, and specific disease agents. The guide is organized into lists and forms whenever possible.

As this plan guides with the implementation of a mass prophylaxis clinic, it is additionally designed to accompany the State of California Strategic National Stockpile handling guide. Additionally, smallpox and other vaccination issues are further addressed in State of California Smallpox Clinic Guide, released in 2002.

## **Definitions of Mass Prophylaxis**

### **What constitutes Mass Prophylaxis?**

No consensus exists on the population numbers that would define mass prophylaxis. For a mass casualty incident (MCI), the numbers range between 500 to “thousands” of casualties that would exceed the normal capacity of the healthcare system. (Emerg Med Clin North Am 2002 May;20(2):409-36) Federal Bioterrorism Planning (under the CDC and HRSA funding guidance) defines “mass” as 500 patients, while prior exercises (such as “TOPOFF”) have 3-5000 casualties with the simulated event. (CID 2001;32:436-45.) Mass Prophylaxis in New York City with the Anthrax attack constituted approximately 7000 postal workers at one site (EID June 2003;9(6):615-22). As all local healthcare systems and resources vary, the definition of a “mass” incident will vary depending on the local region. Therefore, mass prophylaxis is defined as a prophylaxis incident that exceeds the normal capacity of local public health and healthcare system.

### **How many patients should be processed in a mass prophylaxis clinic?**

Prior experience in mass vaccination clinics with meningococcus and other infectious disease outbreaks, approximately 180 patients per hour were vaccinated at an individual clinic site (13,148 over 3 days). (Em Infect Dis 2002 Dec;8 (12)). For post event smallpox vaccination, the Center for Disease Control and Prevention (CDC) under the *General Guidelines for a Vaccination Clinic* document recommend approximately 210 patients per clinic per hour (1 million people distributed over 20 clinics vaccinated in 10 days, approximating 210 patients per hour per clinic). In New York City, 7,076 postal workers were given anthrax prophylaxis, averaging 161 employees per hour. (Ann Merg Med 41(4): 441-6). Simulated exercises with pneumonic plague as an agent (such as “TOPOFF” [top officials]) yielded a rate of approximately 140 patients per hour for prophylaxis and treatment of early disease. (CID 2001;32:436-45). Finally, in New York City with anthrax prophylaxis, 7,081 patient received prophylaxis over 67 hours, averaging approximately 105 patient per hour, including a 7 minute live briefing (EID June 2003;9(6):615-22).. Therefore, the overall estimated rate for mass prophylaxis in a clinic in this manual will be approximately 150-200 patients per hour. Clinic organization and staffing needs described within this manual reflect this volume of processing per hour.

### **How quickly should mass prophylaxis be initiated?**

After a MCI with a biological, chemical, and/or radiological agent, the time for optimal prophylaxis will vary and be dependent on the agent used, route of exposure and dose/amount of the agent. For example, a radiological event would require rapid administration of KI in the event of radioactive iodine. Other biological agents have a 1-4 day period before active disease develops. Given these variables, the time to optimal

prophylaxis will greatly vary and be directed by local public health and emergency planners. .

# Mass Prophylaxis Clinic Set-up

## Introduction

This section will review the set-up, format, patient flow, materials, equipment and issues surrounding a mass prophylaxis clinic. Local public health, emergency planners and other local entities involved in planning for a mass prophylaxis event are recommended to prospectively review sites and locations as well as review local sources for equipment and materials that may be needed.

## Overall Organization

A community may have multiple sites for a mass prophylaxis clinic whose organization can vary based on the community resources. The following are some organizational options for clinic structure:

### Separate sites (facilities) for each population:

This clinic would require large sites for mass public prophylaxis that may be separated based on multiple medical needs or levels of exposure. This sample was seen in the mass prophylaxis given in New York City (EID June 2003;9(6):615-22). The Department of Health administered prophylaxis at the worksites of the media and one hospital, working in a non contaminated area with separate ventilation from the site of incidence. This site also proved to be a reliable site for law enforcement to question and examine the employees. Effective public information is extremely important to guide people to the appropriate clinic and adequate security will be required to allow access to only the effected and at risk people. This method is the most difficult given the need for multiple location, public coordination, and extensive security.

### Separate clinics within one large facility:

This clinic would employ a large building or facility for mass prophylaxis with separate clinics within the building. All members of the public would arrive at this clinic and then be triaged to the appropriate locations within the clinic. For example, a large university hospital converts their outpatient treatment building into a clinic for mass prophylaxis. A triage station is established on the first floor and all patients are processed through this location. The high risk patients are referred to the second floor. The third floor is reserved for symptomatic, low risk patients and the fourth floor for asymptomatic, low risk patients.

### One Large Vaccination Clinic.

This clinic would employ the principles listed above but would have separate lines or areas within one large clinic. For example, a large sports stadium is converted into a mass prophylaxis site. Patients enter through a single gate and then proceed to triage. High risk patients are filtered out to a separate (or to the head of) line while the other patient of lower risk are processed together.

### Fast Track Clinic

This clinic would employ the use of “fast track” lines that could accommodate medical personnel, public health, and first responders. An abbreviated educational session could be conducted for medical personnel and a separate area within the clinic structures could be established to administer prophylaxis to public health, medical personnel, and first responders and enable those key providers to return to duty.

### **Site Selection**

Each local region will establish sites for a mass prophylaxis clinic, and these sites should be identified and reviewed prospectively. Schools, sports arenas, and large gymnasiums are the most likely sites in a community. The following are some issues surrounding clinic site selection:

- If possible, clinic sites should have a large open floor space and should have a minimum of 2,500 square feet (EID June 2003;9(6):615-22).. Ideal locations include schools, auditoriums, college halls, arenas, conference halls, large churches, or any large building with wide open areas as opposed to separate rooms and areas.
- In open area clinics, a separate room or remote area should be considered for the evaluation and possible transport of ill patients selected during the triage process. This area should have easy access for ambulances and medical personnel.
- If selecting an open area facility, consider the acoustics of the facility.
- Consider a seated area within each area (briefing/orientation rooms, waiting rooms, etc.). Some of the on-site employer anthrax clinics in New York City did not have a seating area for each station to allow for faster processing, and thus this should be considered by the clinic manager or public health officer (EID June 2003;9(6):615-22)
- The location must be handicap accessible or adaptable for all forms of patient transport.
- The facility must provide for adequate sanitary facilities.



- Entries and exits, as well as pharmacy and medication sites, must be readily securable.
- The designated facility should have temperature control or refrigeration storage capabilities available for specific medications that may require specialized storage. The actual size and scope of storage should be calculated based on the prophylaxis population size.
- Adequate heating or air conditioning should be available, depending on time of year.
- Staff break rooms, injury area and rest room facilities should be incorporated based on clinic structure.
- An adequate loading area for receipt of supplies should be available.

## **Security**

As each clinic site will vary from community to community, the security needs should be formally assessed and incorporated into the specific site selected. However, the following security issues should be considered for every clinic site.

- Medication storage sites within the clinic may include security personnel and/or locked, limited access to the medications during open hours. The need for protected medications with 24 hour security staff is a high priority as identified from the anthrax prophylaxis clinics in New York City (EID June 2003;9(6):615-22).
- If the clinic is non-operational for a period of time (i.e. overnight), security measures may involve a locked storage area or removal of the medications from the site to a secure central location. In past exercises and clinics, the safety and welfare of the clinic volunteers, staff, and patients was the most unexpected area, especially when public panic and concern ensued (EID June 2003;9(6):615-22).
- Security personnel may be needed for crowd control, traffic movement, clinic staff safety, and infrastructure protection.
- Patients leaving the clinic after prophylaxis will additionally need security, as “public worry” may lead to the stealing of medications (EID June 2003;9(6):615-22).
- Law enforcement may have a need to talk with many patients involved in prophylaxis. Performing investigative interviews separate from the clinic site will lessen anxiety and provide the most adequate medical confidentiality (EID June 2003;9(6):615-22).

## **Parking**

Public parking should be considered when the clinic site is determined. Thus, the amount of public parking will vary and the following issues should be considered:

- A site should have sufficient parking in order to accommodate the large volume of patients.
- If parking is unavailable, and alternate area of parking with shuttle transport should be considered (possible transport mechanisms include school or luxury bus transport companies).
- An area closest to the entrance and triage areas should be reserved for handicapped and ambulance parking
- Some medications have side effects that may alter the driving ability of a rare number of patients and thus a secondary transport mechanism may be considered
- Whenever possible, a site should be chosen with access to reliable public transportation.

## **Eligibility**

At the screening station and registration, eligibility should be verified. In some cases, only exposed people, and not the general public, will be receiving prophylaxis. Articulating clear eligibility criteria and obtaining verifiable lists of names of persons expected at the clinic will help maintain order at the front door (EID June 2003;9(6):615-22. This should be evaluated and planned closely with security to help speed the flow of eligible patients and decrease the interference of the “worried well”.

## **Transportation**

Transportation to the facility will depend on the community. Ideally, in metropolitan areas, mass prophylaxis sites should be evenly placed about the area and within walking distance to large populations. However, this may be feasibly difficult, particularly in more rural areas. For transportation to the site, the following may be considered:

- In addition to adequate parking as mentioned, adequate access by car should be considered. For example, site with easy freeway access may be preferred.
- A mass prophylaxis site along a common public transit site would ease access and potentially lessen traffic flow.
- Local emergency planner and public health may consider contracting local transport companies (i.e. school bus companies) to assist with public transport to a site

## **Communications**

Communication ability in a mass prophylaxis clinic will vary depending on size of clinic and numbers of population served. Consideration should be given to the following communication systems:

- Phone and fax lines
- Hand-held radios for internal communications
- Cellular phone for internal and external communications
- Internet capability for messaging, telemedicine or information resources
- Bullhorn or microphone system for voice communication in clinic areas, especially the patient briefing area.

### **Risk (Public) Communication**

During large scale mass prophylaxis, effective health communication will greatly lessen public fear and anxiety. Considerations should be given for the following health communication plan:

- A plan should be started by information officers long before an incident occurs in order to prepare educators and public health officers
- The messages given during an incident should be threat specific, informing the public specific information about the disease and prophylaxis medications
- Multimedia approach to information dissemination, including flyers, radio, TV, phone and posters.
- Department of Health 24 hour hotlines should be established, either on the local level or state level. This will provide some assurance, information, and greatly lessen the clinic treatment time by providing an alternative for patient questions. The hotline can include a separate line for physicians, those seen in the clinic, and the general public (EID June 2003;9(6):615-22).
- The format for communicating with patients in the clinic (printed material, live briefings, both) should be decided by management and public health officials on the basis of resources, the extent and severity of actual cases, and the knowledge level of the patients. For example, mass prophylaxis of hospital staff may not require a live briefing and thus will lessen clinic time (EID June 2003;9(6):615-22).
- Consider multi-language approach to information dissemination, depending on the ethnic populations within the community.
- A partnership with a local university or public institution (foundation or library) may assist in support, production and release of threat specific information.
- Many Frequently Asked Questions sheets for threat specific disease can be found at [www.cdc.gov](http://www.cdc.gov)

### **Paper flow and Document Management**

It is recommended that the patient “chart” and materials should remain with the patient on the clipboard through all stations of the clinic processing. This will decrease the incidents of “lost” charts and decrease incidence of charting errors. The patient will

carry the documentation from station to station and clinic staff will record information on the chart as evaluation, care, and prophylaxis is rendered to the patient.

All patient charts should be numbered for follow-up evaluation of medication reactions and disease surveillance. Such numbers could be the patients social security number or telephone number, but should be consistent throughout the clinic site to facilitate data entry and storage.

The "chart" will be collected by the staff in the Out-Processing Station before disposition of the patient.

The patient "chart" should be considered confidential and must be kept secure. Patient information will be computerized in the Data Input Station; however, written records should be maintained and secure as according to local public health policy.

Data entry of patient chart into surveillance or other programs is not recommended during the active mass prophylaxis as this will slow the clinic function production. However, data entry should be performed within a few days of mass prophylaxis, as tracking medications, side effects and disease development will be important.

## CLINIC PHYSICAL REQUIREMENTS

The following equipment listed is based on the definitions outlined earlier in the manual and under the assumption that 150 patients will be processed per hour at a clinic site with the accompanying staff (see staff section for further details).

### 1. General Equipment/Supplies

Crowd control system (ropes, cones, stakes, etc.)

1 vehicle for medication and supply transport (pickup, flatbed truck, etc)

Sign-making supplies

PA system capabilities (bullhorn, etc)

Personal Protective Equipment for staff (protection level and quantity will vary based on agent encountered and numbers of staff working at the clinic.)

Lighting system (i.e. flood lights)

### 2. Check-In Area

1 table

3 chairs

100 pencils or black ink pens

1 pencil sharpener

250 clip boards

300 numbered "ID" cards or triage tags (bar-coded if possible through local planning)

Forms:

a) Instructions for Screening & Dispensing of Medication Prophylaxis

b) Patient Log

c) Medical Screening Form (Patient History/Physical)

Office supplies

### 3. Seating Area (accommodates 50 people per seating for filling out H&P forms)

55 chairs

### 4. Clinical Briefing Area (to accommodate 50 people)

1 table or podium

55 chairs

1 microphone

1 flip chart, w/ pens

Standardized Presentation Materials

Presentation materials delivery system (e.g., computer projector/screen)

Forms:

a) Medication Fact Sheets/Frequently Asked Questions

b) Disease Fact Sheets

Office supplies

5. Clinical Interview Area (2 interviewers and 2 patients per table)

8 tables

40 chairs

Forms:

- a) Drug Information Sheets
- b) Guidance for Physician
- c) Provider Protocol for specific disease exposure
- d) Health Care Facility Referral
- e) Notification to Patient's Primary Care Provider
- f) Prescription for Antibiotic
- g) Consent to Swab & Release

Office supplies

6. Physician In-depth Interview or Physician Evaluation,

2 tables

4 chairs

Physical evaluation/assessment equipment/supplies

Stethoscopes

Reflex hammer

Blood pressure cuffs

Pulse oximetry monitors (Optional)

EKG machine (Optional)

7. Medical Treatment Area (Optional)

3-4 Gurney beds for treatment

1 ALS medical kit

1 cardiac monitor/defibrillator

1 airway kit with (masks, cannulas and intubation supplies)

Oxygen Tank (or secondary supply source)

5-6 IV poles

IV tubing and equipment (number to vary depending prophylaxis size)

8. Pharmacy Assembly Station (counting, filling bottles)

- 3 tables (1 for drugs, 1 for counting/assembly, 1 for assembled bottles)
- 4 chairs
- 4 pill counting trays / setups
- Medications (number, amount and route to be determined by public health)
- Pill bottles (or bags)
- Sterile water/saline for drug reconstitution (10cc vials, number based on amount of drug to be reconstituted)
- Empty liquid bottles (50cc, if necessary for children)
- Bottled water (if necessary to reconstitute liquid meds for children)
- Liquid measuring devices (if necessary to reconstitute liquid meds for children)
- Pill counting machine (optional)
- Graduated Cylinders (optional)
- Forms:
  - a) Drug Labels
- Extension cord and /or power strip for above machines
- Office supplies (pens, paper)

9. Pharmacy Dispensing Site (3 stations per table)

- 4 tables
- 24 chairs
- 2 hand stamps, with ink pads
- Specific Medication Information forms and FAQ sheets

10. Mental Health (2 stations per table)

- 1 table
- 4 chairs

11. Out Processing (3 stations per table)

- 2 tables
- 4 chairs
- 2 documentation collection bins
- Office supplies

12. Data Input

- 1 table
- 2 chairs
- 2 computers with software/database
- 1 printer (networked to computers)
- 2 power strips
- 2 25' extension cords
- 4 documentation collection bins
- Office supplies

### 13. Operations Desk

1 table

3 chairs

2 telephones

12 radios, with spare batteries (IC, Ops Chief, Logs Chief, 5 Security Officers, Clinical Supervisor, Greeting station, Mental Health, Pharmacy Supervisor)

6 radio battery chargers

1 copier

1 high speed, high capacity printer

1 fax machine, connected to phone line

2 25' extension cords

Directory with essential contact numbers (i.e. LHD, Hospital, and resources)

Office supplies

Computer with internet connectivity and printer

2 power strips



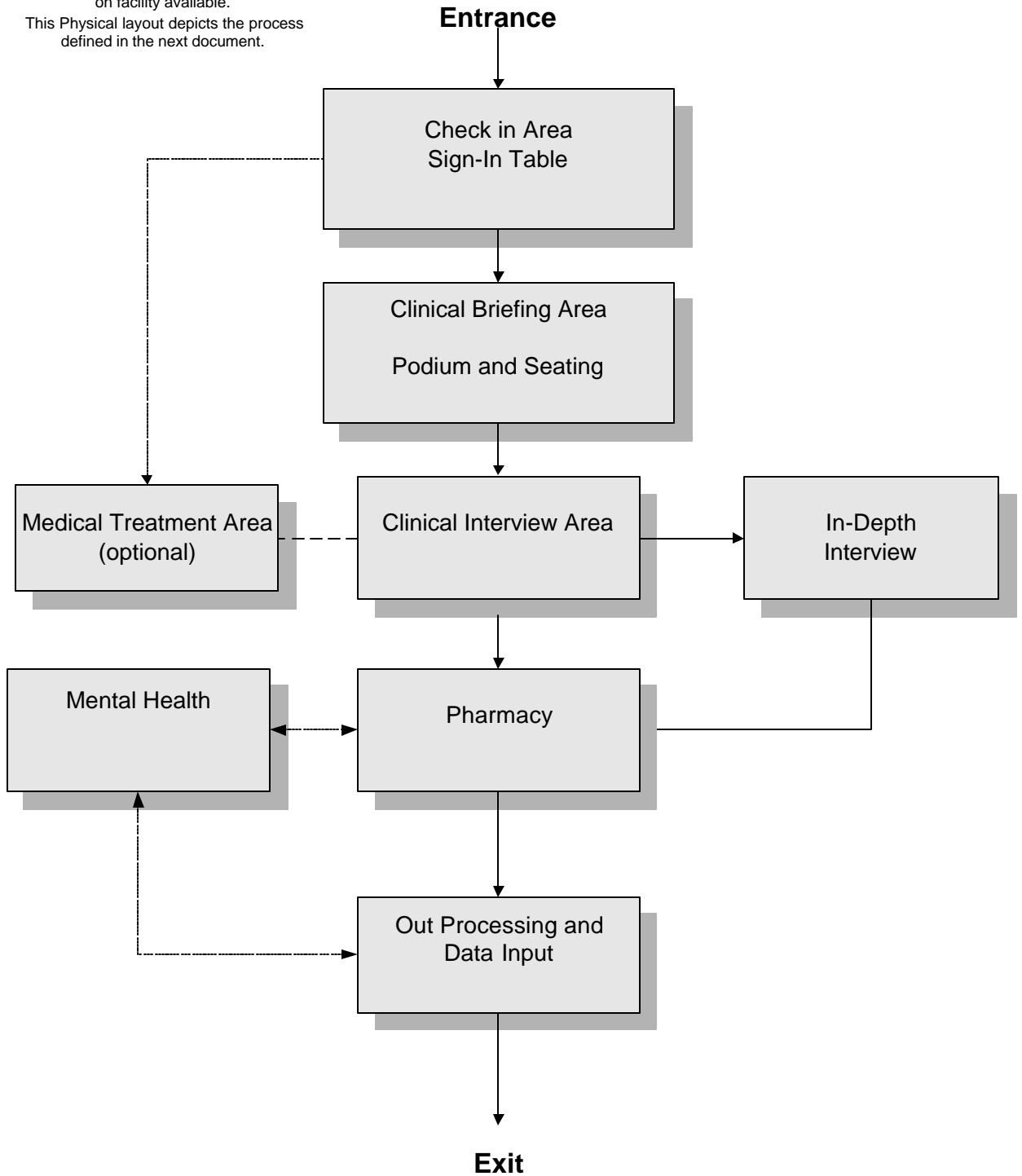
## Physical Layout and Patient Flow Chart for a Mass Prophylaxis Clinic Site

Each mass prophylaxis clinic will vary depending on patient volume, needs and community resources. The following 2 pages contain a sample clinic with physical layout and patient flow. Site schematic assumptions include:

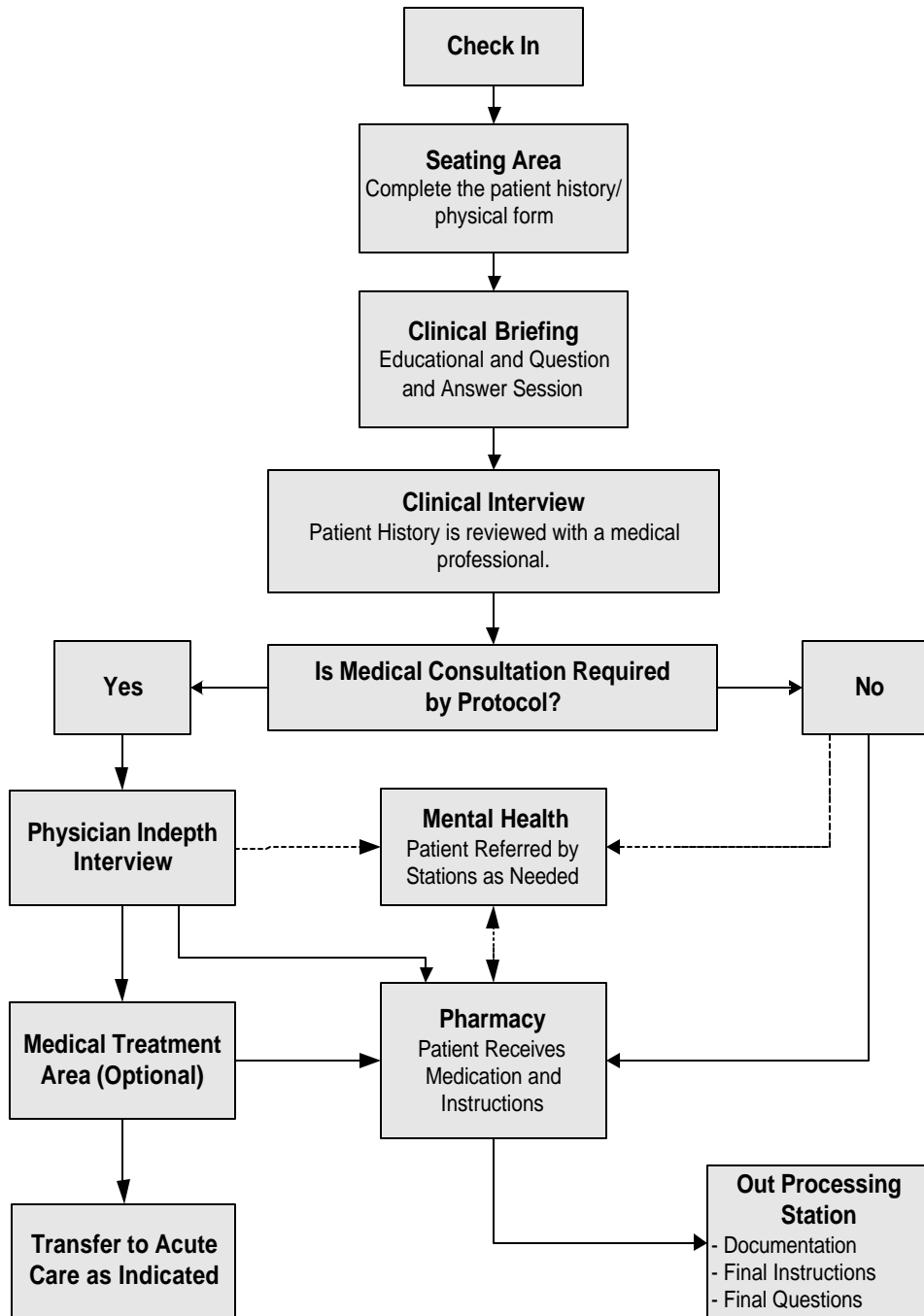
- Local public health in conjunction with local emergency planners will determine those people in need of prophylaxis. This schematic is designed with the assumption that scheduled or pre-determined patients will be arriving at the clinic.
- A triage and treatment area should be established early in the clinic flow process. Certain members of the public may have ongoing illnesses (not related to the biological exposure) or signs of active disease that would necessitate medical evaluation, initial treatment, and possible transport to an acute care facility. In New York City, only 10% of postal workers evaluated in a large anthrax prophylaxis clinic needed a physician or nurse practitioner evaluation. (Ann Emerg Med 2003 41(4):441-6.)
- A clinician may be stationed at the triage site to rapidly facilitate the triage of acutely ill patients.
- As mentioned in the clinic structure site, exposed public health staff and first responders may receive prophylaxis through a fast track process
- The site schematic does not include staff break and rest areas.
- This clinic layout and patient flow is designed for a large individual room, such as a gymnasium or auditorium. As needed, this schematic should be adapted to the mass prophylaxis clinic location and structure.
- Within every community, groups of people will be unable to use the dispensing sites. Such populations include nursing homes, prisons and jails, and home care (bound) patients. This population is usually at low risk for contact with a biological agent due to their immobility. Nonetheless, local plans should include a provision for prophylaxis delivery to these people after the higher risk individuals are given prophylaxis.

## MASS PROPHYLAXIS SITE SCHEMATIC (PHYSICAL LAYOUT)

Note: Design and Structure vary based on facility available.  
This Physical layout depicts the process defined in the next document.



## Mass Prophylaxis Patient Flow





# INSTRUCTIONS FOR SCREENING PATIENTS AND DISPENSING PROPHYLAXIS

The following is a description of each station on the physical layout. Each section can be adapted as per patient and facility needs as determined by the incident commander.

## Check-In Station (Administrative personnel)

- ❑ Sign patient in and give numbered ID card
- ❑ Instruct patient to retain numbered ID card until discharged from Out Processing Station
- ❑ Give patient Medical Screening Form (see Medical Screening form in Appendix B) and FAQ sheet (See FAQ for specific diseases in Appendix)
- ❑ Instruct patient to proceed to seating area and complete Medical Screening Form and read FAQ sheet (general information)

## Triage Station

- ? Vital signs are taken by medical personnel
- ? A quick symptom review is done by medical personnel (Appendix B)
- ? Any abnormal vital signs or symptoms review is reported to clinician for further evaluation
- ? Acutely ill or medically unstable patients are referred to a medical treatment area
- ? Those with normal vital signs or without active symptoms are directed to the clinical briefing area

## Clinical Briefing Station (Physician, Physician Assistant or Registered Nurse)

- ❑ Provide information from the “Fact Sheet and Frequently Asked Questions” Form (See disease FAQ form in disease specific appendix)
- ❑ Provide uniform information about recent exposure and cases, exposure risk and assessment, purpose and duration of prophylaxis, side effects, effect of refusal of prophylaxis, and the medication distribution process
- ❑ Provide information on medications to be dispensed and the reasons for various forms of prophylaxis (i.e. pregnancy, children, medication interaction, etc).
- ❑ Provide assistance with completing Medical Screening Form
- ❑ Answer questions

## Clinical Interview Station

- ❑ Collect and Review Medical Screening Form
- ❑ If **NO** contraindication to medical prophylaxis
  1. Complete prescription form
  2. Give prescription to patient
  3. Send patient to Pharmacy Dispensing Station
  4. Send Medical Screening Form to data analyst

- ❑ **If ANY** contraindication or medical issue (i.e. pregnancy or medicine interaction) limiting prophylaxis is found on clinical review refer to the health care professional

### **Health Care Professional**

- ❑ Review medical history and contraindications and determine the adequate prophylaxis needed
- ❑ Provide information and discussion on reasons for medical decision and need to alter prophylaxis
- ❑ Complete prescription form and give to patient
- ❑ Give patient Primary Care Notification Form (see appendix B), if applicable
- ❑ Instruct patient to call primary care MD for an appointment on next working day, if applicable
- ❑ Refer patient to Pharmacy Dispensing Station
- ❑ Send Medical Screening Form to data analyst
- ❑ Refer patient to Mental Health, if necessary or to Out Processing Station

### **Pharmacy Dispensing Station**

- ❑ Check Medicine order
- ❑ Verify the patient's identity
- ❑ Dispense medication
- ❑ Give patient instructions for taking medication
- ❑ Sign Dispensing Form (see appendix B for form)
- ❑ Send Antibiotic Prescription Form to data analyst

### **Mental Health Station**

- ❑ Counsel patient
- ❑ Document patient's visit
- ❑ Answer questions
- ❑ Send patient back to referring area (either Health Care Professional or to Out Processing Station)

### **Out Processing Station**

- ❑ Review medication instructions with patient
- ❑ Confirm appropriate medication dispensed
- ❑ Confirm registration number
- ❑ Review Primary Care Notification (see appendix B for form) instructions with patient, if applicable
- ❑ Answer questions
- ❑ Refer patient to Mental Health, if necessary

### **Optional: Separate Medical Treatment Area**

- ? Establish outpatient follow-up with local public health officer, if needed
- ? Immediate contact of ambulance transport to acute care facility, if needed
- ? Ensure proper personal protective equipment is available to the staff for protection.
- ? Ensure immediate and easy availability of medical equipment, such as stethoscopes, IV equipment, telemetry monitoring, and airway kits.

# Staffing

## General Considerations

In an event requiring mass prophylaxis, the staffing needs and requirements will vary, based largely upon the population requiring prophylaxis and the time in which the prophylaxis is delivered. In prior exercise and vaccination clinic experience, an average of 150-200 patients per hour were assessed (see definition section). Therefore, the staffing requirements to run the clinic structure outlined in this manual is designed to process approximately 150 patients per hour. The following are some assumptions and considerations in clinic staffing:

- Local public health and emergency planners will determine the prophylaxis need and scope for the community. Thus, as with the clinic organization and structure, the staff and staffing requirements should be tailored to meet local and clinic needs.
- The requirements of positions within the clinic structure can be altered according to local and clinic needs (i.e. security specialist). Please see the individual Position Checklists in the appendix for a detailed description of suggested job position and requirements.
- Shift structure and length should be determined by incident commander based on local needs and requirements. Specific shift recommendations and length were not addressed in this manual. Prior research, emergent medical vaccination clinics, and prophylaxis exercises have proposed multiple shift organizations, with no clear recommendation. Some examples include:
  - A clinic with 24 hour prophylaxis ability to include 8 or 12 hour staff shifts. Daytime staffing should be increased as the number of patients will be larger.
  - A daytime clinic with 16 hours of operation and 1 to 2 staff shifts
  - A single daytime clinic with a single 12 hour shift.
- For a clinic with daytime processing only, security of the clinic should be considered if no staff will remain overnight. Please see security in the clinic organization section for further suggestions
- For a clinic with nighttime hours, the vaccination population will be considerably less than daytime hours, and staffing should be adjusted accordingly.
- Regular breaks, meal times and sick times (including injury time) should be expected and incorporated into the planning.
- Additional staff may be present and expected to be at the clinic site regularly, depending on local needs and events. They have not been incorporated into the staff description but staff extenders could include: firefighters, police, HAZMAT workers, National Guard Members, courier services, private delivery companies (i.e. UPS, Fed Ex), and other medical supply companies.



## Sources for Personnel/Staffing

As the local public health and emergency planners will provide the organization and staff to the clinics, additional staff will likely be needed. Other operational areas will provide some staffing under SEMS, but additional state and federal resource may be necessary. The following are possible staff resources:

### California State:

American College of Emergency Physicians (ACEP)

Association of Pharmacists

Department of Health Resources (DHS): Consultation and oversight, then staffing. Also has expertise available for assistance in obtaining, handling, and dispensing medications.

Disaster Medical Assistance Teams (DMATs): Available through the Emergency Medical Services Authority (EMSA), a DMAT can provide assistance from organization to function. For example, a California DMAT did this function in New York City in October of 2001.

Emergency Medical Services Authority (EMSA): Can coordinate DMAT activation and provide a Management Support Team (MST) for Operational Guidance and Logistical Support to the DMATs.

California National Guard: The California National Guard will deploy two task forces (Task Forces MILMAT and Medic) in support of the DMAT or other mission takings. This deployment request will come from the Joint Emergency Operations Center (JEOC) or the Governor's Office of Emergency Services (OES) if assistance is needed at the local level (under SEMS). There task forces can provide medical augmentation or personnel, administrative, and security support during mass prophylaxis distribution. The can also play an additional role under the SNS plan to augment distribution and delivery of the SNS to the local level.

Medical Reserve Corps: These teams are state wide resources located at the community level. Only three teams remain funded federally in this pilot project, but they are forming throughout the state. Standardization, consistency, and SEMS training are being addressed currently at the state level.

### Federal Resources:

Center for Disease Control and Prevention (CDC): May have personnel available, with particular expertise in the ordering, handling and dispensing of medications. Deployment resources include Epidemiologic Intelligence Services, Strategic National Stockpile Program with 12-hour "Push Packages", and Bioterrorism Preparedness and Response Program.

U.S. Public Health Services (USPHS): In a federally-declared disaster, can provide DMATs and other medical/health resources.

Office of Emergency Response/DMAT: DMAT teams from other states and regions may be mobilized to assist with organization and implementation.

Volunteers:

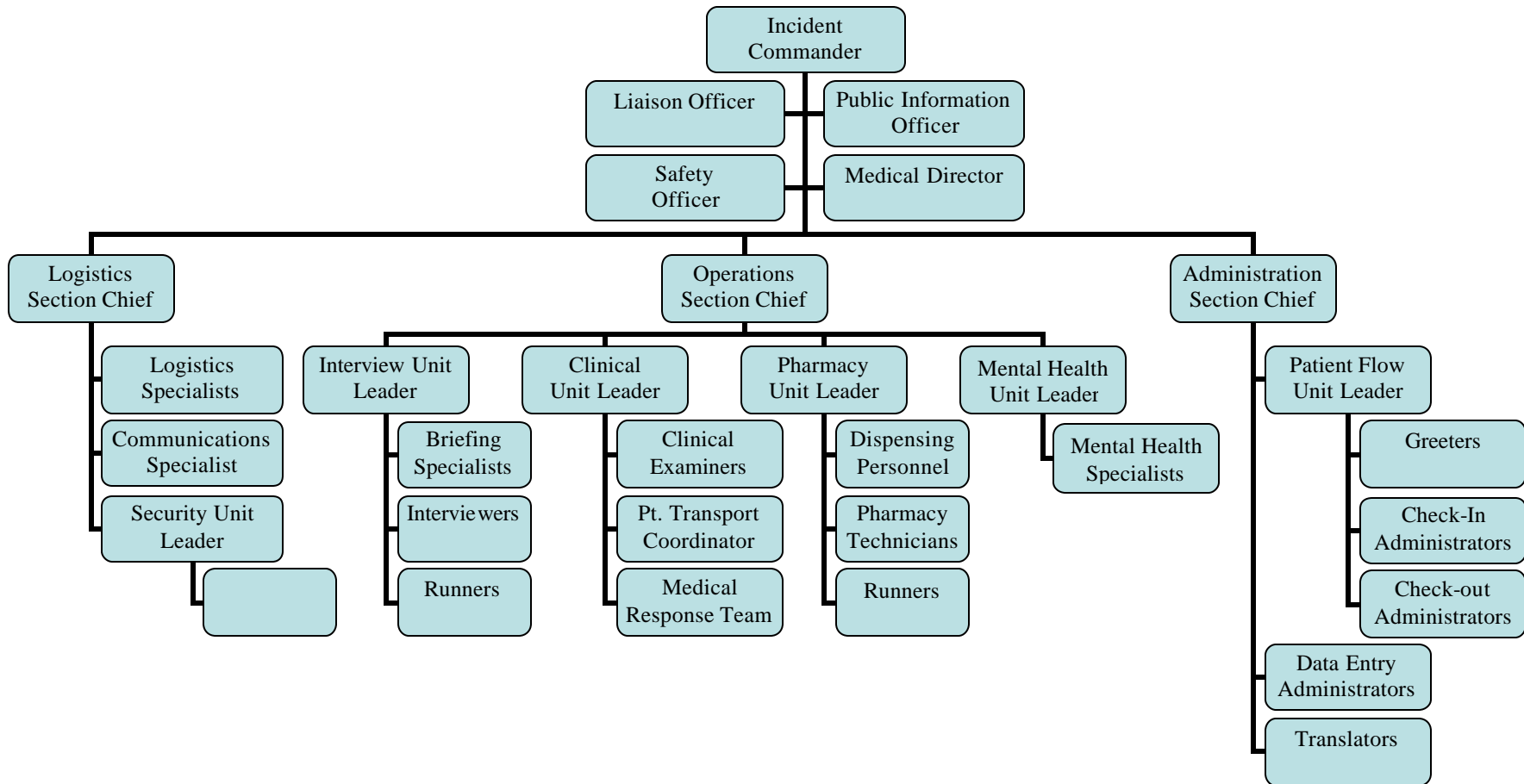
Volunteers are an invaluable resource within the community and may come from multiple sources, such as local medical organizations, churches and other religious groups, and local schools. If volunteers are utilized for participation in the Mass Prophylaxis clinic, it is recommended that they be signed up as State Disaster Workers through the county or regional Governor's Office of Emergency Services (OES). This status will provide volunteers Workers Compensation and Liability Insurance coverage.

On-line Resources:

The following web page developed through the Agency for Healthcare Research and Quality (AHRQ) for public health and hospitals. This program can be downloaded for planners and public health specialists to determine local staffing and supply needs. The program can be easily downloaded and adjusted to local needs.

[www.ahrq.gov/research/biomodel.htm](http://www.ahrq.gov/research/biomodel.htm)

# MASS PROPHYLAXIS ORGANIZATIONAL CHART & REPORTING STRUCTURE



## PERSONNEL RESOURCE LIST (CLINICAL DISTRIBUTION SITE)

As outline in this manual, the chart listed below include staffing to process approximately 150 patients per hour at a single clinic site (please see definitions section). The local incident commander will determine staffing needs and full position based on local, event, and clinic needs. Please see the individual position checklist in appendix C for a detailed description position requirement. Additional information, including a staff roster form, unit log list, tasker form and physician license form are found in appendix A.

**Numbers are per shift of operation.**

<b><u>Position</u></b>	<b><u>Station</u></b>	<b><u>Expertise/training</u></b>	<b><u># Needed</u></b>
Incident Commander	Mobile	ICS mgmt	1
Operations Section Chief	Mobile	Operations mgmt	1
Clinical Unit Leader	Clinical Interview	Med. mgmt – Charge RN	1
Clinical Examiners	Clinical Interview	MD, PA, NP, RN	15
Interview Unit Leader	In-depth Interview/Eval	MD	1
In-depth Interviewer	In-depth Interview/Eval	MD	1
Briefing Specialist	Briefing	RN or NP	2
Pharmacy Unit Leader	Pharmacy	Pharmacist + Mgmt	1
Pharmacy Dispenser	Pharmacy Dispensing	Pharmacist, MD, PA, NP	10
Pharmacy Technician	Pharmacy Assembly	Pharmacist or Pharm Tech	5
EAP/Mental Health Unit Leader	Out-processing, Mobile	Mental Health	1
EAP/Mental Health Specialist	Out-processing, Mobile	Mental Health	1
Administration Section Chief	Mobile, Data Input	Administrative mgmt	1
Patient Flow Unit Leader	Entrance	Administrative	1
Greeter	Entrance	Administrative	1
Check-in Administrator	Patient Check-in	Administrative	1
Check-Out Administrator	Out-processing	Administrative	1
Data input Administrator	Data input	Administrative	2
Translators	Mobile	Fluent in English + other	
Logistics Section Chief	Mobile	Logistics mgmt	1
Communications Specialist	Operations	Radio, phone, computer	1
Runners	Mobile	Admin, Logistics	4 - 6
Logistics Specialists			
Security/Safety Officer	Mobile	Security & safety	1
Security Specialist	Entrance, Exit, Pharmacy	Security	3
Public Information Officer	Mobile	Media management	1
Runners	Mobile	Operations/Admin	5
<b>Total staff</b>			<b>58</b>

# PHARMACY

Receipt, repackaging and distribution of pharmaceuticals will an important role in the mass prophylaxis clinic and will vary considerably depending on the type and source of medication for those clinics. A discussion of the possible pharmaceutical sources follows this section. The distribution and packaging of pharmaceuticals at the local clinic level will be reviewed by a pharmacist and pharmacy technician located on site. Some issues regarding the implementation of pharmaceuticals at the local level includes the following:

- Most medications require adequate room temperature, as specified in the Strategic National Stockpile guidelines, to range between 68° and 77° F. Local planning therefore should not include outside storage at more extreme temperatures.
- Medications from large dispensing sites may come in unit dose (a single packaged pill) or in bulk bottles (a bottle containing 100 pills) that will require local repackaging. Labels will need to be made accordingly depending on package type. These labels are important for lot number and patient tracking in the event of contamination, side effects, or medication error. For further details on the SNS packaging, please see the State of California Operational Plan for Receiving, Packaging and Distributing the Strategic National Stockpile. Considerations for labeling should include the following:
  - For unit dose labeling, vendors will have drug name, strength, lot number and NDC (unique prescription number) on each pill package. Labels will thus need to be made to include the following as per FDA regulations:
    - Drug name, strength, and quantity
    - Directions
    - Name and address of dispensing location
    - Serial number and patient number for tracking
    - Date of prescription
    - Medication expiration date
    - Name of prescriber
  - For bulk dose, labels should be made as above. For SNS medications in the push package, packaging machine labels will label each bag in English with the FDA requirements for doxycycline for anthrax, plague or tularemia and cipro for anthrax and tularemia. Additional CD software is included in the Push Package in order to print labels in 47 different languages.
- A numbered 24 hour answered phone number should be given on the pharmacy label or packaging for patient questions and concerns. In cases of SNS Push Package use, the CDC will provide a number. In other medication resources, local and state numbers may be used.
- Tracking of the drug and patient is an important process and should occur in all mass prophylaxis clinics. As mentioned before in this guide, recording the drug and patient information allows tracking contamination and alteration of drug lots, investigation of adverse drug events, identification of prophylaxis failures and allows contact for drug recalls.

- Data entry of drug and patient tracking should occur in the pharmacy. However, entry should be deferred to a later time when prophylaxis is nearly complete in order to prevent slowing of the clinic. Easy ways to facilitate tracking and data entry during medication distribution include
  - Unit dose medications have a back tab that can be removed and applied to the patient chart for tracking and lot numbers.
  - Packaging machine labels have tear off tabs for the patient chart or could be produced in duplicate for the chart.
  - The CDC Push Package contain a stamp machines to stamp the prescription number to each patient chart.
- Some medication supplies contain oral suspensions for pediatric or non-pill taking populations. If a medication supply does not contain suspensions, the local pharmacist can consider alternatives, such as creating a suspension, crushing a tablet, opening a capsule, or using food to alter the texture.

## PHARMACEUTICAL RESOURCES

The need for antibiotics and other pharmaceutical supplies will be varied and can involve local regional and state supplies or require federal assistance. The following is an overview of the flow of pharmaceutical supplies with some description of possible resources under SEMS:

- 1) Local Supplies- Various local entities will be present depending on a given operational area. Some examples include city or county EMS stocks, large hospital stocks, Metropolitan Medical Response System (MMRS) and other operational area supplies. When a local supply is exhausted, The Medical Health Operational Area Coordinator (MHOAC) will contact the Regional Disaster Medical Health Coordinator (RDMHC) for regional supplies.
- 2) Regional Supplies- RDMHC will coordinate regional supplies that will support the operational area. Some examples include hospital based regional caches. When the regional supply is exhausted, the RDMHC will contact the Joint Emergency Operations Center (JEOC) for additional state supplies.
- 3) State Supplies- through the JEOC, state supplies can be mobilized to an operational area. Such supplies include additional MMRS sites, State of California Vendor Managed Inventory supplies, and pharmaceutical assets garnered by the Governor of California as declared in a state of emergency. If the state supplies become exhausted, the Governor's Office of Emergency Services (OES) will contact Federal agencies (ESF #8 in the Federal Response System) for additional resources.
- 4) Federal Supplies- The federal government can provide additional supplies at the request of The State of California, including the Strategic National Stockpile (SNS), Federal Vendor Managed Inventory via the CDC, VA stockpiles, National Medical Response Teams (NMRT), and National Pharmacy teams on the National Disaster Medical System.

A more detailed description of the state and federal supplies listed are listed below:

### **Metropolitan Medical Response System (MMRS)**

With funding from the US Department of Health and Human Services' Office of Emergency Response (OER), designated cities or counties in the State of California have developed an inventory of drugs and other items necessary to respond to a weapon of mass destruction (WMD) event. In most cases, the inventory (supplies to treat 1,000 victims of a chemical nerve agent event and/or 10,000 victims for 48 hours of a biological event). The MMRS jurisdictions are on two-year contracts with OER from grants via the United States Public Health Service. After receiving equipment and training, and developing their plans, they are required to purchase the caches of medical antidotes and pharmaceuticals. The similarity between MMRS and SNS caches are designed to provide a smooth transition from the initial prophylaxis provided by MMRS to the more sustained and broad supply of the SNS after the initial 48 hours.

### **State Departments' Agreement and Plan to Purchase Medical Supplies**

In December of 1998, the Emergency Medical Services Authority (EMSA), the California Department of Health Services (CDHS), and the Department of General Services (DGS) signed a memorandum of understanding to engage in a cooperative effort to enable the State to procure medical and pharmaceutical supplies after a major disaster. This process will identify the supplies most likely to be needed, list the vendors who provide these supplies, and

specify the process to purchase them. Wholesalers have indicated that these supplies can be shipped within 24 hours to staging sites. These supplies will then be redistributed to clinical sites.

Finally, the Governor has the ability to freeze pharmaceutical assets following the declaration of a state of emergency. Standby Orders give the Governor the authority to mobilize certain resources critical to responding to any declared emergency.

### **National Strategic Stockpile (SNS)**

The CDC maintains emergency “Push Packages” strategically located around the country that can be delivered to the state within 12 hours after the Governor makes a request. These packages require 5,000 square feet of storage space and carry the similar agents of the MMRS cache to treat CDC Category A and B biological and chemical agents. The Push Package is able to treat over 46,000 persons with a 60-day supply of medication.

Once delivered to California, state emergency personnel must repackage the PUSH package (for any contents still remaining in bulk form) and deliver it to staging areas in the operational areas established in local plan. The counties will redistribute the pharmaceuticals to clinical sites for dispensing.

### **Vendor Managed Inventory (VMI)**

If the incident requires a large or multi-phased response, or if only specific drugs/medications are needed, the CDC will prepare vendor managed inventory (VMI) packages – a component of the SNS - that will arrive within 24 to 36 hours. These packages can be tailored to provide specific medications or agents in the quantities needed. The VMI can supplement the Push Package with medical material specific for response to the agent of concern and can deliver quantities greater than all twelve Push Packages combined.

### **National Medical Response Team (NMRT)**

These are four specialty teams available through the U.S. Public Health Services (ESF #8 in the Federal Response System). These teams, which are trained to respond to WMD events, have a pharmaceutical cache available.

### **Other Federal Resources**

It is important to note that there are other sources of federal assistance that can be provided. The Disaster Medical Assistance Teams (DMAT) or the National Pharmacy Teams of the National Disaster Medical System (NDMS) and the health care professionals of the Commissioned Corps Readiness Force (CCRF) of the US Public Health Service are also assets that are available to provide assistance and respond during an emergency.



## DEMOBILIZATION PROCEDURES

The Incident Commander will collaborate with public health and the local government to determine when mass prophylaxis is near completion and demobilization should commence. As per ICS, the Incident Commander will work with the Logistics Section Chief and the Operations Section Chief to arrange the following:

- 1) Staff
  - a) Notification of date/time to be released from duties
  - b) Collection and verification of any pertinent payroll records
  - c) Arrangements for return to home base
- 2) Equipment/Supplies
  - a) Tearing down of equipment after all patients have left the premises
  - b) Packing of equipment and supplies
  - c) Arranging to have equipment/supplies returned to agency providing resources
- 3) Documentation
  - a) Determination of who will take possession of all records pertinent to the prophylaxis process
  - b) Logging of all documentation being turned over, and maintenance of any duplicates as deemed necessary
  - c) Packing of records and transfer to appropriate personnel/ authority
  - d) Secure facility and return keys/access items to the proper authority
- 4) Debriefing

Prior to leaving the facility, Incident Commander and/or Operations Section Chief should debrief staff. In this process, staff should be offered an opportunity to share:

  - a) Evaluation of the process and clinic operations
  - b) Any problems that they personally are experiencing as a result of participating in this process
  - c) Suggestions they have for improving the process for future
- 5) Facility Security

Prior to leaving the facility, the Operations Section Chief and/or the Logistics Section Chief will make sure that the facility is restored to the pre-clinic condition.
- 6) After Action Report
  - a) Event report, including
    - i) Description of clinic operations
    - ii) Number of patients treated
    - iii) Start and stop dates/times
    - iv) Total number of hours of operation/staff hours
    - v) Listing of all personnel involved
  - b) Problems identified throughout the process
  - c) Suggestions for improvement

**Appendix A:  
Staff Forms**

## STAFF ROSTER

<b>Position</b>	<b>AM Shift</b>	<b>PM Shift</b>
Incident Commander		
Operations Section Chief		
Clinical Briefing		
Clinical Briefing		
Clinical Supervisor		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
Clinical Interviewer		
In-depth Interviewer		
In-depth Interviewer		
EAP/Mental Health Counselor		
EAP/Mental Health Counselor		
Pharmacy Supervisor		
Pharmacy Dispenser		
Pharmacy Dispenser		
Pharmacy Dispenser		
Pharmacy Dispenser		
Pharmacy Dispenser		
Pharmacy Dispenser		
Pharmacy Dispenser		
Pharmacy Dispenser		
Pharmacy Dispenser		
Pharmacy Dispenser		
Pharmacy Dispenser		

<b>Position</b>	<b>AM Shift</b>	<b>PM Shift</b>
Pharmacy Technician		
Pharmacy Technician		
Pharmacy Technician		
Pharmacy Technician		
Pharmacy Technician		
Administration Section Chief		
Greeter		
Check-in Administrator		
Out-processing Administrator		
Data input Administrator		
Data input Administrator		
Translator		
Translator		
Translator		
Translator		
Logistics Section Chief		
Communications Specialist		
Security/Safety Officer		
Security Specialist		
Security Specialist		
Security Specialist		
Public Information Officer		

# UNIT ACTIVITY LOG

Unit Name: \_\_\_\_\_

Date	Time	Activity

Unit/Section Chief: \_\_\_\_\_ Signature: \_\_\_\_\_

# TASKER FORM

Tasking Number: \_\_\_\_\_

Time/Date: \_\_\_\_\_

Tasking Generated by: \_\_\_\_\_

Incident Commander \_\_\_\_ Ops \_\_\_\_ Logs \_\_\_\_

Admin \_\_\_\_ Commo \_\_\_\_ Other \_\_\_\_

Task:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested By: \_\_\_\_\_

Assigned To: \_\_\_\_\_

Assigned By: \_\_\_\_\_

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time/Date Closed: \_\_\_\_\_

Closed By: \_\_\_\_\_

## LOGISTICS NEEDS SPREADSHEET (MODIFY FOR EACH SET-UP)

Item	Check-in	Seating	Briefing	Clinical Interview	In-depth Interview	Physician Evaluation	Pharmacy Assembly	Pharmacy Dispensing	Mental Health	Out-processing	Data Input	General & Ops	Total	Notes
Chair														
Clipboard														
Computer, with software/database														
Copier (leased)														
Crowd control system (ropes, cones, stakes, etc.)														
Documentation collection bins														
Extension cord, 25'														
Flip chart, w/ pens														
Floodlights (number depends on site location)														
Form: Alternate Medicine List														
Form: Checklist, Clinical Briefing Personnel														
Form: Checklist, Clinical Interviewers														
Form: Checklist, Greeter														
Form: Checklist, Pharmacy Dispensing Personnel														
Form: Checklist, Pharmacy Technician														
Form: Checklist, Security Personnel														
Form: Checklist, Site Admin (Check-in)														
Form: Checklist, Translator														
Form: Renal Dose Reduction														
Form: Consent for Nasal Swab & Release of Information														
Form: Medicine Fact Sheet & FAQ														

Item	Check-in	Seating	Briefing	Clinical Interview	In-depth Interview	Physician Evaluation	Pharmacy Assembly	Pharmacy Dispensing	Mental Health	Out-processing	Data Input	General & Ops	Total	Notes
Form: Medicine Information (if needed)														
Form: Medicine Information (if needed)														
Form: Medicine Information (if needed)														
Form: Drug labels (antibiotic specific)														
Form: Drug labels (blank)														
Form: Guidance for Physician Referral														
Form: Health Care Facility Referral														
Form: Instructions for Screening & Dispensing Antibiotic Prophylaxis														
Form: List of Personnel Providing Antibiotic Prophylaxis														
Form: Mass Prophylaxis Planning Guide														
Form: Medical Screening Form (Patient H&P)														
Form: Notification to Patient's Primary Care Provider														
Form: Patient Log														
Form: Process Flow Chart (Process Flow Description on reverse)														
Form: Provider Protocol for Anthrax Prophylaxis														
Form: Standing Orders for Provision of Antibiotic Prophylaxis														
Form: Treatment Protocol Flowchart (Decision Flowchart on reverse)														
Form: Unit Activity Log														
Hand stamp, with ink pad														
Liquid bottles (50cc, if needed for children)														
Liquid measuring device (if necessary to reconstitute liquid meds for children)														



Item	Check-in	Seating	Briefing	Clinical Interview	In-depth Interview	Physician Evaluation	Pharmacy Assembly	Pharmacy Dispensing	Mental Health	Out-processing	Data Input	General & Ops	Total	Notes
Medical equipment: airway kit w/ oxygen, cannulas, masks, intubation supplies														
Medical equipment: ALS medical kit														
Medical equipment: cardiac monitor/defibrillator														
Medication: Antibiotic 1 (dependent on agent)														
Medication: Antibiotic 2 (dependent on agent)														
Medication: Antibiotic 3 (dependent on agent)														
Microphone														
Numbered ID cards														
Office supplies: 4 black pens, 2 red pens, 2 lined pads, ruler, stapler, staples, staple remover, paper clips, tape w/ dispenser, post-its														
Pen, black ink														
Physical eval/assessment equipment supplies (if needed)														
Pill bottles (or Ziploc bags or pill envelopes)														
Pill-counting trays/setup														
Power strip														
Presentation delivery system (e.g., computer projector/screen)														
Printer (connected to computer/s at same station)														
Printer, high-capacity/speed, networked to computers (leased)														
Radio, battery charger														
Radio, spare battery														
Radio: IC, Ops, Logs, Security (5), Clinical Supv, Greeting, Mental Health, Pharmacy														

Item	Check-in	Seating	Briefing	Clinical Interview	In-depth Interview	Physician Evaluation	Pharmacy Assembly	Pharmacy Dispensing	Mental Health	Out-processing	Data Input	General & Ops	Total	Notes
Sign-making supplies														
Standardized presentation materials														
Table														
Telephone														
Vehicle (for internal support)														
Water, bottled, pint, case/24 (if needed to reconstitute liquid meds for children)														



**Appendix B:**  
**Patient Information and Medical Screening**

# MEDICAL SCREENING FORM (PATIENT HISTORY & PHYSICAL)

Site: \_\_\_\_\_ Patient ID#: \_\_\_\_\_

---

## Contact Information

Date: \_\_\_ / \_\_\_ / \_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Sex: \_\_\_\_\_ Home Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

---

## Consent to treatment

I, \_\_\_\_\_, hereby grant permission to the Department of Health to obtain laboratory specimens and receive treatment as is deemed necessary for potential anthrax exposure.

Patient (or legal guardian): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

---

## Have you had any of the following symptoms during the past 10 days?

Cough, shortness of breath or pressure/discomfort in the chest?	No ►	Yes ►
Fever, chills or muscle aches?	No ►	Yes ►
Severe headache?	No ►	Yes ►
New lesions on the skin?	No ►	Yes ►
Bloody diarrhea?	No ►	Yes ►
Hospitalized in past month for pneumonia, meningitis, other unexplained infection?	No ►	Yes ►

---

## Have you ever had any of the following medical conditions?

Heart Disease	No ►	Yes ►	HIV/AIDS	No ►	Yes ►
Stroke	No ►	Yes ►	Organ Transplant	No ►	Yes ►
Seizure/epilepsy	No ►	Yes ►	Sickle Cell Disease	No ►	Yes ►
Asthma/Emphysema	No ►	Yes ►	Spleen Removal	No ►	Yes ►
Stomach Ulcers/ acid reflux	No ►	Yes ►	Cancer	No ►	Yes ►
Hepatitis	No ►	Yes ►	Kidney Disease/dialysis	No ►	Yes ►

---

## Are you presently taking any medications, including over-the-counter medications? No ► Yes ►

If yes, please circle or list them: \_\_\_\_\_

- Warfarin (Coumadin<sup>®</sup> — Blood thinner) \_\_\_\_\_
- Theophylline \_\_\_\_\_
- Probenicid (Benemid<sup>®</sup> — Gout) \_\_\_\_\_
- Dilantin \_\_\_\_\_

---

**Have you ever had a bad reaction or side effect to any of the following medications?**

Ciprofloxacin, Norfloxacin, Ofloxacin, Gatifolxacin, Levofloxacin, or Moxifloxacin? No ► Yes ►

Doxycycline (tetracycline)? No ► Yes ►

Amoxicillin, Ampicillin, penicillin, or a cephalosporin? No ► Yes ►

Any allergic reaction to another medicine? No ► Yes ►

Describe any medication reaction or allergy: \_\_\_\_\_

**Females only, please continue on other side**

**Females Only**

What was the date of your last menstrual period: \_\_\_ / \_\_\_

Are you currently pregnant? Possibly ► No ► Yes ►

Are you taking oral contraceptive (birth control pills)? No ► Yes ►

If no, what other form of birth control do you use? \_\_\_\_\_

Are you currently breast-feeding? No ► Yes ►

**Do not write below this line**

---

**Health Care Professional Notes:**

**Referral:** ► MH Consultant ► ED / Hospital / Clinic ► Physician

Facility/name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

---

**Antibiotic Prescription Order**

Ciprofloxacin: 500 mg BID x 10 days

Medication: \_\_\_\_\_ mg \_\_\_ x / day x \_\_\_ days

Doxycycline: 100 mg BID x 10 days

Medication: \_\_\_\_\_ mg \_\_\_ x / day x \_\_\_ days

Amoxicillin: 500 mg TID x 10 days

Medication: \_\_\_\_\_ mg \_\_\_ x / day x \_\_\_ days

Other medication prescribed (reason): \_\_\_\_\_

Provider prescribing medication (print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_

---

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**Dispensing information**

Verified identity of patient receiving medication by:

▶ Driver's license    ▶ Passport    ▶ Social Security card    ▶ Other (specify): \_\_\_\_\_

Provider dispensing medication (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_

---

**Additional information Given to Patient**

▶ Medication Information Summary    ▶ FAQ sheet    ▶ Primary Care Physician Notification

---

**Patient declines medication treatment**

The risk and benefit of medication prophylaxis for possible exposure to \_\_\_\_\_ has been explained to me and I am declining treatment at this time.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

Witness (print & sign): \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

# ALTERNATE PATIENT HISTORY/CARE FORM

PATIENT NUMBER FROM DISASTER TAG:

## NATIONAL CAPITAL REGION DISPENSING SITE CASE REPORT FORM

CASE NUMBER: \_\_\_\_\_ EPIDEMIOLOGIC CODE: \_\_\_\_\_ DATE: \_\_\_\_\_

### SECTION 1: DEMOGRAPHICS (TO BE COMPLETED BY PATIENT)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_ (lbs) Gender: Male   
or Female

### SECTION 2: MEDICAL HISTORY (TO BE COMPLETED BY PATIENT)

Do you have any allergies? Yes  or No  If yes, please list medications: \_\_\_\_\_

Have you ever had any of the following medical conditions?

*Asthma or Emphysema* Yes  No

*Cancer* Yes  No

*Heart Disease* Yes  No

*Hepatitis/Liver Disease* Yes  No

*HIV/AIDS* Yes  No

*Organ Transplant* Yes  No

*Seizures* Yes  No

*Sickle Cell Disease* Yes  No

*Spleen Removal* Yes  No

*Stomach/Throat Ulcers* Yes  No

*Stroke* Yes  No

*Kidney Disease* Yes  No

Are you presently taking any medications including over the counter medications? If yes, please list them:

\_\_\_\_\_



Females Only: Date of last menstrual period: \_\_\_/\_\_\_/\_\_\_ Are you pregnant? Yes  No   
Are you breast-feeding? Yes  No  Do you use birth control? Hormonal  Barrier  Other

SECTION 3: INFORMED CONSENT (TO BE COMPLETED BY PATIENT)

“\_\_\_\_\_” (I) am seeking medication in accordance with current guidelines from the Centers for Disease Control and Prevention (CDC) and the state health department. I have received and read the information sheets about the disease and medication. I do / do not (circle one) consent to the treatment prescribed.

\_\_\_\_\_  
Signature (Self or Guardian) Date Witness (Printed Name/Signature)

SECTION 4: DISPENSING INFORMATION (TO BE COMPLETED BY HEALTH CARE PROFESSIONAL)

Drug name, strength, dosage form: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
Lot Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
RX#: \_\_\_\_\_ Quantity: \_\_\_\_\_ Directions: \_\_\_\_\_

Health Care Professional Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date \_\_\_\_\_

Medical Provider Notes: \_\_\_\_\_  
\_\_\_\_\_

-----DETACH AS NEEDED-----  
-----

Patient Instructions: \_\_\_\_\_  
\_\_\_\_\_

HEALTH DEPARTMENT, ADDRESS, CITY, STATE, ZIP CODE, PHONE

PATIENT NUMBER FROM DISASTER TAG:

# PATIENT LOG

Test Facility \_\_\_\_\_

Tracking Number \_\_\_\_\_

#	SSN	NAME	DOB	SEX	HOME#	WORK#	PLACE OF EXPOSURE
1	123-45-6789	John Doe	1/2/2001	M	916-555-1212	916-555-9999	Identify Location in Facility



## HEALTH CARE FACILITY REFERRAL

Date: \_\_\_ / \_\_\_ / \_\_\_

Registration Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

The above named patient was seen at an prophylaxis clinic regarding exposure to \_\_\_\_\_ . He/she is being referred to (Name of health care facility or attending physician) \_\_\_\_\_ for evaluation of the following symptoms:

- Cough
- Shortness of breath
- Chest pain or discomfort on inspiration
- Fever / Chills
- Muscle aches / Joint pain
- Severe headache / Meningeal signs
- New skin lesions
- Other symptoms (specify) \_\_\_\_\_

The following prophylactic medication has been prescribed:

- Cipro 500 mg BID X 10 days
- Med: \_\_\_\_\_ mg \_\_\_\_ x/day \_\_\_\_ # days
- Doxycycline 100 mg BID X or 10 days
- Med: \_\_\_\_\_ mg \_\_\_\_ x/day \_\_\_\_ # days
- Amoxicillin \_\_\_\_ mg \_\_\_\_ x/day \_\_\_\_ # days
- No** antibiotic was prescribed

If none prescribed:

- After evaluation, this patient should be started on a 10-day course of antibiotic prophylaxis and should be notified if there is reason to continue beyond that time.
- This patient does not require prophylaxis

## NOTIFICATION TO PATIENT'S PRIMARY CARE PROVIDER

Date: \_\_\_ / \_\_\_ / \_\_\_

Patient name: \_\_\_\_\_

Dear Primary Care Provider:

Because of a possible exposure to a biological agent, your patient was seen at an evaluation center on the above date. Following the completion of a brief medical history, a supply of one of the following antibiotics was prescribed and dispensed from the National Pharmaceutical Stockpile. If it is determined that your patient should receive antibiotics for longer than 10 days, we will notify your patient and provide an additional supply of medication.

**Antibiotic:** \_\_\_\_\_ **Dose:** \_\_\_\_\_ **Number of Pills:** \_\_\_\_\_

**Serum levels of certain medications may be altered.**

**Check levels after 3-5 days of antibiotic and adjust as needed.**

**Some examples are listed below.**

### Interactions with both Doxycycline and Floroquinolones

<b>Warfarin (Coumadin)</b> effect may be enhanced. Check PT/INR and decrease dose if needed
<b>Probenecid (Benemid)</b> will increase antibiotic levels; stop until antibiotic regimen is completed

### Doxycycline drug interactions

<b>Isotretinoin (Accutane)</b> slight risk of pseudotumor cerebri, stop if headache develops
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### Floroquinolone drug interactions

<b>Theophylline</b> levels increase. <i>Your patient was advised to decrease the theophylline dose by one-half.</i> Check level and adjust as needed.
<b>Ropinirole</b> (for Parkinson's) effects may be increased resulting in toxicity
<b>Dilantin</b> levels may increase or decrease. Check level and adjust as needed.
<b>Cyclosporine</b> plus Cipro may result in increased serum creatinine. Check renal function.
<b>Glyburide</b> plus Cipro rarely results in severe hypoglycemia. Monitor blood sugar initially.

### Floroquinolone dose may need adjustment based on creatinine clearance

Creatinine Clearance	Recommended dose of Cipro (an example)*
➤ 50 mL/min or >0.83 mL/sec	500 mg po q 12 hours
➤ 30-50 mL/min	250 mg po q 12 hours
➤ 5-29 mL/min	250 mg po q 18 hours
➤ Hemodialysis	250 mg po q 24 hours

\* See clinician for other floroquinolone dose adjustment

Thank you for your help in this matter.

## **CONSENT FOR NASAL SWAB AND RELEASE OF MEDICAL INFORMATION**

Note: While swabbing patients for lab testing was not discussed in this guide, this form is provided in the event that a specific local prophylaxis process found the need to do this testing.

**Patient Number:** \_\_\_\_\_

I understand that the nasal swab test is not a diagnostic clinical test and is for investigative purposes only.

I, \_\_\_\_\_, hereby grant permission to the \_\_\_\_\_  
\_\_\_\_\_ to obtain specimens, perform tests and receive  
medical treatment as deemed necessary.

Patient (or legal guardian): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Note: If patient declined to consent, please refer the patient to speak with the physician before the patient leaves.

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### **Consent to Release of Medical Information**

I further authorize \_\_\_\_\_ to provide the result of this  
investigative nasal swab test to me.

Patient (or legal guardian): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Appendix C:  
Position Checklist**

## POSITION CHECKLIST – INCIDENT COMMANDER

### Upon Activation:

- Receive briefing from local management and/or from State Joint Emergency Operation Center (JEOC) . Ensure knowledge of full mission request. Communicate any concerns or problems prohibiting mission completion.
- Review Mass Prophylaxis Planning Guide.
- Determine staffing needs and acquire appropriate staff resources.
- Assign or greet your direct reports as they arrive:
  - Logistics Section Chief
  - Operations Section Chief
  - Administration Section Chief
  - Safety Officer
  - Public Information Officer
  - Liaison Officer
  - Medical Director
- Meet with your direct reports:
  - Establish chain of command and performance expectations:
    - Your direct reports are to report ONLY to you.
    - They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
    - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
    - It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.
  - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s):
  - Mission as assigned by local management
  - Latest event information and environmental conditions
  - Identification of the affected local emergency management structure
  - Pertinent or unique cultural or local considerations
  - Shift considerations, and transition instructions to oncoming staff
  - Problem solving process and methods for establishing or changing priorities
- Determine hours of operation and work with your direct reports to provide staff coverage as needed.



### On-site Operations:

- Participate in staff briefing(s) as scheduled by the Administration Section Chief.
- Interface with the EMSA/DHS Joint Emergency Operations Center (JEOC) for coordination of medical/health resource requests.
- Establish interface with local officials:
  - Establish call-back numbers to local management.
  - Notify local officials when you are ready to begin processing patients.
  - Report progress to local management as appropriate.
- Review work schedule and specific assignments for each group of staff.
- Ensure consistency in information provided to patients in all stations.
- Assist local government in briefing officials and media, as appropriate.
- Establish time schedule for operational briefings, and conduct as scheduled.
- Monitor patient flow through the process, and move staff where necessary to reduce or eliminate bottlenecks in the process.
- Prepare and review Demobilization Plan with your direct reports as end of mission becomes eminent.

### Deactivation Phase:

- Ensure that all records and reports are turned in to the appropriate official(s).
- Conduct exit interviews with your direct reports and appropriate local officials.
- Ensure that an After Action Review occurs and is documented.
- Participate in After Action review meetings, as required.

## POSITION CHECKLIST – OPERATIONS SECTION CHIEF

### Upon Activation:

- Receive briefing from Incident Commander. Ensure knowledge of mission and plan of operations.
- Review Mass Prophylaxis Planning Guide.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
  - Interview Unit Leader
  - Clinical Unit Leader
  - Pharmacy Unit Leader
  - Mental Health Unit Leader
- Meet with your direct reports:
  - Establish chain of command and performance expectations:
    - Your direct reports are to report ONLY to you.
    - They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
    - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
    - It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.
  - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s):
  - Operational overview
  - Stations / patient flow
- Confirm with Logistics Section Chief that all equipment and supplies are being shipped to the treatment site, and that areas are being set up.
- Develop on-site staff assignments and work schedule.

### On-site Operations:

- Participate in staff briefing(s) as scheduled by the Administration Section Chief.
- Maintain Unit Log.
- Work with the Logistics Section Chief to set up briefing, interview, clinical and pharmacy areas. Make sure staff has all equipment and supplies needed to carry out their functions.
- Meet with briefing area staff and ensure that material presented is consistent with mass prophylaxis process and other information being distributed.

- Meet with Pharmacy Supervisor and review mass prophylaxis process flow chart ensuring that pharmacy is ready to process prescriptions.
- Meet with Mental Health staff and review mass prophylaxis process flow chart ensuring that staff is clear on treatment protocols.
- Brief all station supervisors on procedures for additional supplies, security problems, treatment issues or other problems.
- Follow the process as patients begin to filter through each station. Modify any process as needed.
- Ensure that proper documentation is maintained for all activities.

Deactivation Phase:

- Ensure that all records and reports are turned in to the Incident Commander.
- Conduct exit interviews with your direct reports.
- Participate in the After Action process.

## POSITION CHECKLIST – INTERVIEW UNIT LEADER

### Upon Activation:

- Receive briefing from Operations Section Chief. Ensure knowledge of full mission request and plan of operations.
- Review Mass Prophylaxis Planning Guide.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
  - Briefing specialists
  - Interviewers
  - Runners

### On-site Operations:

- Follow the chain-of-command. **THIS IS CRITICAL** to ensuring consistent behavior and information across sections and shifts:
  - Give instructions **ONLY** to personnel that report to you, and take instructions **ONLY** from your supervisor.
  - Coordinate with your peers (anyone who reports to your supervisor) to accomplish your assigned tasks.
  - Do **NOT** make decisions that impact others outside your area, or that use information that is not in writing or provided by your supervisor.
  - Report to your supervisor when you encounter problems that you cannot resolve or questions that you cannot answer.
- Attend overall staff briefing, and receive assignment-specific briefing from the Operations Section Chief (your supervisor).
- Maintain Unit Log.
- Receive on-site briefing from Operations Section Chief.
- Meet with your direct reports:
  - Brief your staff regarding planned operations.
  - Establish chain of command and performance expectations:
    - Your direct reports are to report **ONLY** to you.
    - They work with other staff as assigned by you, but they **DO NOT** take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
    - Any questions, problems, or incidents should be reported to you, **NOT** to anyone else.
    - It is important that they **DO NOT MAKE DECISIONS** on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.
- Ensure that all physical and set up and supplies are available for the interview area.

- Meet with interview staff and review mass prophylaxis process flow charts ensuring that staff have and are clear on treatment protocols.
- Monitor patient flow through clinical areas and problem solve with Operations Section Chief.

Deactivation Phase:

- Coordinate and supervise the teardown and re-packing of each clinical station
- Ensure the collection of all paperwork and turn in to administration.
- Conduct exit interviews with your direct reports.
- Identify issues for the After Action Report.

## POSITION CHECKLIST – IN-DETH INTERVIEWER

### On-site Operations:

- Review your position checklist.
- Attend overall staff briefing, and receive assignment-specific briefing from the Interview Unit Leader (your supervisor).
- Ensure that interview site is physically set up and ready for operations
- Ensure that all necessary flowcharts and forms are available including:
  - Treatment Protocol Flowchart
  - Flowchart for Optimal Preventative Therapy
  - Standing orders for antibiotic prophylaxis (RN and PA)
  - Alternative Antibiotic List
  - Anti-Seizure Medication Matrix Worksheets
  - Drug Interaction Matrix Worksheets
  - Notification to Patient's Primary Care Provider
  - Prescriptions for Antibiotics
- Ensure that all patients receive appropriate prescription for antibiotics as per treatment protocol.
- Ensure that all patients are referred for medical consultation or follow-up as per protocol.

### Deactivation Phase:

- Assist with the teardown and re-packing of the Interview Area.
- Ensure the collection of all paperwork and turn in to administration.
- Identify issues for the After Action Report

## POSITION CHECKLIST – BRIEFING SPECIALIST

### On-site Operations:

- Review your position checklist.
- Attend overall staff briefing, and receive assignment-specific briefing from the Interview Unit Leader (your supervisor).
- Set up the briefing area.
- Prepare and review briefing material.
- Confer with the Interview Unit Leader and establish clear, concise, and consistent briefing for patients.
- Procure and have enough copies on hand to provide the Anthrax Fact Sheet and Frequently Asked Questions to each patient.

### Deactivation Phase:

- Assist with the teardown and re-packing.
- Identify issues for the After Action Report

## POSITION CHECKLIST – PHARMACY UNIT LEADER

### On-site Operations:

- Review your position checklist.
- Attend overall staff briefing, and receive assignment-specific briefing from the Operations Section Chief (your supervisor).
- Confirm and determine numbers and types of pharmacy staff available by specialty. Assign or greet them as they arrive:
  - Pharmaceutical dispensers (pharmacists)
  - Pharmaceutical assembly staff (technicians)
- Meet with your direct reports:
  - Brief all pharmacy staff on set up and operations.
  - Establish chain of command and performance expectations:
    - Your direct reports are to report ONLY to you.
    - They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
    - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
    - It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.
- Ensure that all workstations and equipment is set up and operational.
- Ensure that all pharmaceutical and other supplies are available.
- Ensure that drug information sheets are available.
- Assign pharmacist(s) to provide counseling where needed.
- Ensure drug utilization reviews are conducted as necessary.
- Monitor patient flow through the process, and recommend movement of staff to the Incident Commander where necessary to reduce or eliminate bottlenecks in the process (i.e. recommend movement of staff to-and-from pharmacy, evaluation, and interview areas)

### Deactivation Phase:

- Supervise the teardown and repacking of all equipment/supplies.
- Ensure the collection of all paperwork and turn in to administration.
- Identify issues for the After Action Report.



## POSITION CHECKLIST – PHARMACY DISPENSER

### On-site Operations:

- Review your position checklist.
- Attend overall staff briefing, and receive assignment-specific briefing from the Pharmacy Unit Leader (your supervisor).
- Set up pharmacy dispensing site workstations.
- Check and set up all pharmaceutical supplies for dispensing.
- Set up pill counting machines (if necessary) and start stocking prescriptions based on protocols.
- Ensure that all prescriptions are filled via prescription form, retaining all forms.
- Ensure availability of and distribute drug interactions forms with each prescription.
- Apply an ink stamp to the right hand of each person that receives medication, and do not issue medication to someone who already has a hand stamp.
- Ensure that each patient is dispensed the correct drug and strength.

### Deactivation Phase:

- Break down and repack all equipment/supplies.
- Ensure that all paperwork is complete for turn in to administration.
- Identify issues for the After Action Report.

## POSITION CHECKLIST – PHARMACY TECHNICIAN

### On-site Operations:

- Review your position checklist.
- Attend overall staff briefing, and receive assignment-specific briefing from the Pharmacy Unit Leader (your supervisor).
- Set up workstations and ensure availability of pharmaceutical labeling supplies.
- Prepare stock of prescriptions as required.

### Deactivation Phase:

- Break down and repack all equipment/supplies.
- Ensure that all paperwork is complete for turn in to administration.
- Identify issues for the After Action Report.

## **POSITION CHECKLIST – EAP/MENTAL HEALTH UNIT LEADER AND SPECIALISTS**

### On-site Operations:

- Review your position checklist.
- Attend overall staff briefing, and receive assignment-specific briefing from the Mental Health Unit Leader (your supervisor).
- Prepare the Mental Health Interview Area.
- Ensure that all patients transiting your area have had their needs met and are as comfortable as possible with situation.
- Provide on-site counseling.
- Identify and refer any patient needing a mental health referral and/or follow-up.

### Deactivation Phase:

- Assist with the teardown and re-packing of the Mental Health Interview Area.
- Ensure the collection of all paperwork and turn in to administration.
- Identify issues for the After Action Report.

## POSITION CHECKLIST – ADMINISTRATION SECTION CHIEF

### Upon Activation:

- Receive briefing from Incident Commander. Ensure knowledge of full mission request and plan of operations.
- Review Mass Prophylaxis Planning Guide.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
  - Patient Inflow Unit Leader
  - Data Entry Administrators
  - Translators
- Meet with your direct reports:
  - Establish chain of command and performance expectations:
    - Your direct reports are to report ONLY to you.
    - They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
    - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
    - It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.
  - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Establish Point of Arrival and Briefing for new incoming staff members.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s):
  - Information flow and reporting requirements
  - Documentation requirements
- Establish a staff briefing schedule with the Incident Commander, and direct command staff (Incident Commander, Logistics Section Chief, Operations Section Chief, Security/Safety Officer, Public Information Officer) to prepare their staff briefing notes.

### On-site Operations:

- Conduct staff briefings as scheduled.
- Maintain Unit Log.
- Work with Logistics Section Chief to set up greeting, check-in, waiting, out-processing and data input areas. Make sure staff has all equipment and supplies needed to carry out their functions.
- Work with Incident Commander or Operations Section Chief to establish procedures for handling unusual patients or circumstances (i.e. children/infants, ill

patients, non-mobile or disabled patients, hearing impaired patients, non-English speaking patients, etc.)

- Monitor the documentation process and flow. Make modifications as needed.

Deactivation Phase:

- Ensure that all records and reports are turned in to the Incident Commander.
- Determine permanent storage/ownership of all documentation and coordinate delivery of all materials through the Logistics Section Chief.
- Conduct exit interviews with your direct reports.
- Participate in the After Action process.

## POSITION CHECKLIST – GREETER

### On-site Operations:

- Review your position checklist.
- Attend overall staff briefing, and receive assignment-specific briefing from the Patient Flow Unit Leader (your supervisor).
- Assist with set-up of Check-In area, and other areas as requested.
- Greet patients as they arrive/assemble, and answer their initial questions. Perform an initial “triage” process to separate the sick from the “well” patients. Receive instructions on further separate handling of these two groups from the Administrative Section Chief. Let patients know that all of their technical questions will be answered in the briefings and/or the clinical interview phase.

### Deactivation Phase:

- Assist with the teardown and re-packing as requested.
- Identify issues for the After Action Report.

## POSITION CHECKLIST – CHECK-IN ADMINISTRATOR

### On-site Operations:

- Review your position checklist.
- Attend overall staff briefing, and receive assignment-specific briefing from the Patient Flow Unit Leader (your supervisor).
- Assist with the set-up of the Check-In area and any other areas as requested.
- Ensure Crowd Control system (cones, ropes, etc.) is set up by security/safety personnel.
- Log arriving patients on the Patient Log. Provide each person with a numbered I.D. card and make sure the number is logged along with patient name, etc.
- Provide each patient with a Medical Screening Form (Patient History & Physical) and direct him or her to proceed to the Seating Area to complete the form.

### Deactivation Phase:

- Assist with the teardown and re-packing of the Check-In Area and any other areas as requested.
- Ensure the collection of all paperwork.
- Identify issues for the After Action Report.

## POSITION CHECKLIST – CHECK-OUT ADMINISTRATOR

### On-site Operations:

- Review your position checklist.
- Attend overall staff briefing, and receive assignment-specific briefing from the Patient Flow Unit Leader (your supervisor).
- Assist with the set-up of the Check-Out area and any other areas as requested.
- Collect all paperwork from patients as they leave; ensure all paperwork is completed and in order.
- Deliver completed documentation to the Data Input station.

### Deactivation Phase:

- Assist with the teardown and re-packing of the Check-Out Area and any other areas as requested.
- Identify issues for the After Action Report.



## POSITION CHECKLIST – DATA INPUT ADMINISTRATOR

### On-site Operations:

- Review your position checklist.
- Attend overall staff briefing, and receive assignment-specific briefing from the Administration Section Chief (your supervisor).
- Assist with the set-up of the Data Entry area and any other areas as requested.
- Receive paperwork from Check-Out station.
- Enter data into computer as it arrives.
- Generate reports for the Administration Section Chief as requested.

### Deactivation Phase:

- Assist with the teardown and re-packing of the Check-Out Area and any other areas as requested.
- Identify issues for the After Action Report.

## POSITION CHECKLIST – TRANSLATOR

### On-site Operations:

- Review your position checklist.
- Attend overall staff briefing, and receive assignment-specific briefing from the Administration Section Chief (your supervisor).
- Work with greeters and patient check in area to identify patients with language barriers requiring translators.
- Assist with intake forms completion and provide translation as necessary at each clinical site.

### Deactivation Phase:

- Assist with teardown of stations and repacking of all equipment/supplies.
- Identify issues for the After Action Report.

## POSITION CHECKLIST – LOGISTICS SECTION CHIEF

### Upon Activation:

- Receive briefing from Incident Commander. Ensure knowledge of full mission request and plan of operations.
- Review Mass Prophylaxis Planning Guide.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
  - Communications Specialist
  - Logistics Specialists
  - Security Unit Leader
- Meet with your direct reports:
  - Establish chain of command and performance expectations:
    - Your direct reports are to report ONLY to you.
    - They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
    - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
    - It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.
  - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s):
  - Facility overview, including locations of stations, restrooms, break rooms, emergency exits, etc.
  - Communications protocol
  - Role of logistics in this operation: services you provide, problems you solve, etc.
- Ensure shipment of equipment/supplies and arrange for transport to treatment site.
- Ensure that ground transportation is ordered and available for all staff when team reaches destination.
- Establish communications protocols.

### On-site Operations:

- Follow the chain-of-command. THIS IS CRITICAL to ensuring consistent behavior and information across sections and shifts:
  - Give instructions ONLY to personnel that report to you, and take instructions ONLY from your supervisor.

- Coordinate with your peers (anyone who reports to your supervisor) to accomplish your assigned tasks.
  - Do NOT make decisions that impact others outside your area, or that use information that is not in writing or provided by your supervisor.
  - Report to your supervisor when you encounter problems that you cannot resolve or questions that you cannot answer.
- Participate in staff briefing(s) as scheduled by the Administration Section Chief.
  - Maintain Unit Log.
  - Set up all communications equipment (phones and radios) and establish communications protocols.
  - Work with staff in each area to set up physical work stations.
  - Arrange for procurement of additional equipment/supplies as needed and as authorized by Incident Commander.
  - Work with Operations Section Chief to make sure that the ordering, inventory, and re-supply of the pharmaceutical cache meets standards.
  - Make arrangements for food and beverages for all staff members. Provide plenty of fluids at each work location.
  - Anticipate staff needs and request additional staff as needed.
  - Arrange for transportation of staff members to and from the treatment site.
  - Provide logistical support as needed by each station.
  - Participate in the Demobilization Planning process.

Deactivation Phase:

- Ensure that all records and reports are turned in to the Incident Commander.
- Conduct exit interviews with your direct reports.
- Supervise the break down and repacking of all equipment/supplies at each station.
- Arrange to have all equipment/supplies returned to place of origin and state of readiness.
- Ensure facility is cleaned and returned to former operating condition.
- Participate in the After Action process.

## POSITION CHECKLIST – COMMUNICATIONS SPECIALIST

### Upon Activation:

- Work with Logistics Section Chief to ensure all communications equipment (radios, telephones, batteries, chargers, electrical cords, etc.) are included in equipment cache sent to the operation site.
- Work with Logistics Section Chief to create an operational site Communications Plan.

### On-site Operations:

- Attend overall staff briefing, and receive assignment-specific briefing from the Logistics Section Chief (your supervisor).
- Set up, test, maintain, and arrange for repair all telecommunications equipment.
- Set up a space in Operations area to house communications support equipment (back-up radios and phones, batteries, etc.)
- Obtain information for a directory of significant contact phone/fax/pager numbers.
- Establish contact with lead agency and other cooperating agencies.
- As needed, obtain on-site operational radio frequencies.
- Establish and manage a message system.
- Issue radio and/or phone equipment to personnel according to orders from Logistics Section Chief. Maintain records of equipment issued.
- Maintain a Unit Log.

### Deactivation Phase:

- Remove all communications equipment and pack it appropriately for transport.
- Account for all communications equipment issued to staff.
- Identify and tag all equipment needing repair and/or replacement.
- Ensure all records and reports are turned over to Logistics Section Chief.
- Identify issues for After Action Report.

## POSITION CHECKLIST – SECURITY UNIT LEADER

### Upon Activation:

- Receive briefing from Logistics Section Chief. Ensure knowledge of full mission request and plan of operations.
- Review Mass Prophylaxis Planning Guide.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
  - Security Officers
- Meet with your direct reports:
  - Establish chain of command and performance expectations:
    - Your direct reports are to report ONLY to you.
    - They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
    - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
    - It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.
  - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignments.

### On-site Operations:

- Review your position checklist.
- Maintain Unit Log.
- Ensure that a resource accountability system (personnel and equipment) is established and maintained.
- Arrange for security of equipment and supplies as they arrive at the site.
- Supervise the set-up of Crowd Control system (cones, ropes, etc.)
- Participate in meetings and briefings to ensure that security considerations are a part of the plan at all times.
- Post security staff as needed. At a minimum:
  - Entrance: admit authorized personnel and patients only; check for hand-stamps (indicating prior treatment; refer these individuals to the Incident Commander, as they may be trying to acquire additional medications)
  - Exit: ensure no unauthorized entry
  - Pharmacy: Ensure right hand is stamped upon receipt of pharmaceuticals.
- Ensure security is provided for all personnel, equipment, vehicles and buildings.
- Meet with local law enforcement and coordinate issues/efforts.
- Coordinate staff badges/passes as necessary.

- Identify and make known to the Logistics Section Chief any security issues.
- Offer operational assistance and recommendations regarding evidence collection, processing, and security to local law enforcement.
- Notify the Safety Officer of any accidents.

Deactivation Phase:

- Ensure all records and reports are turned in to the Incident Commander.
- Conduct exit interviews with your direct reports.
- Identify issues for the After Action Report.

## POSITION CHECKLIST – SECURITY SPECIALIST

### On-site Operations:

- Review your position checklist.
- Attend overall staff briefing, and receive assignment-specific briefing from the Security Unit Leader (your supervisor).
- Perform duties as outlined by the Security Unit Leader, which may include:
  - Participation in the set-up of Crowd Control system (cones, ropes, etc.)
  - Checking stations on routine basis for any potential security problems. Report findings to the Security Unit Leader.
  - Issuing access badges or passes.
  - Establishing a protective perimeter for the operation.
  - Offering assistance and/or advice regarding evidence processing and custody to the agency of the affected jurisdiction charged with that responsibility.
  - Ensuring that evacuation signals and routes are labeled appropriately.
  - Investigating accidents and writing accident reports.
  - Ensuring that all patients receive an ink stamp to their right hand at the Pharmacy Dispensing station when they receive their medication. This will prevent them from re-processing to receive more medication.
  - Ensuring that all patients entering the facility do NOT have an ink stamp on their right hand (indicating that they might be trying to re-process for more medication).
- Report any security findings to the Security Unit Leader.

### Deactivation Phase:

- Turn over all records and reports to Security Unit Leader.
- Provide operational assistance in packing up equipment/supplies to all areas.
- Identify issues for the After Action Report.



## POSITION CHECKLIST – SAFETY SPECIALIST

### Upon Activation:

- Receive briefing from Incident Commander. Ensure knowledge of full mission request and plan of operations.
- Review Mass Prophylaxis Planning Guide.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s):
  - Any hazards or threats to staff safety and health
  - Evacuation signals and routes, if needed
  - How to contact security

### On-site Operations:

- Review your position checklist.
- Participate in staff briefing(s) as scheduled by the Administration Section Chief.
- Participate in meetings and briefings to ensure that safety considerations are a part of the plan at all times.
- Identify and make known to the appropriate Section Chief any safety issues that you cannot resolve on the spot, or inform the Incident Commander if additional intervention is required.
- Review sanitation issues as they arise.
- Ensure that accident reports are written and that accidents are investigated.

### Deactivation Phase:

- Ensure all records and reports are turned in to the Incident Commander.
- Identify issues for the After Action Report.

## POSITION CHECKLIST – PUBLIC INFORMATION OFFICER

### Upon Activation:

- Receive briefing from Incident Commander. Ensure knowledge of full mission request and plan of operations.
- Review Mass Prophylaxis Planning Guide.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s):
  - Mission as assigned by local management
  - Latest event information and environmental conditions
  - Any hazards or threats to staff safety and health
  - Media plan and procedures
  - Identification of the affected local emergency management structure
  - Pertinent or unique cultural or local considerations
  - Information flow and reporting requirements
  - Shift considerations, and transition instructions to oncoming staff
  - Problem solving process and methods for establishing or changing priorities

### On-site Operations:

- Review your position checklist.
- Receive on-site briefing from Incident Commander.
- Determine overall media policy (with Incident Commander). For example:
  - No comment; refer media to a different contact
  - Explanatory statement; no media admittance
  - Media visits permitted
  - Media permitted to attend briefing station
- Develop media statement(s) as appropriate. Review with Incident Commander.
- Brief all personnel on media policy.
- Brief security personnel and greeters on media handling procedures.
- Coordinate media activities:
  - Make media contacts as necessary.
  - Provide media statements, answer questions.
  - Arrange guided tours for media as necessary.
- Participate in meetings and briefings to ensure that media considerations are a part of the plan at all times.
- Document all media contacts.

### Deactivation Phase:

- Submit media contact documentation to the Incident Commander.
- Identify issues and participate in After Action Report.

**Appendix D:  
The CDC Category A Agents  
Anthrax**

## **ANTIBIOTIC PROPHYLAXIS FOR POSSIBLE ANTHRAX EXPOSURE**

Public Health will oversee the implementation of prophylaxis therapy to a biological exposure in a manner similar to the Treatment Protocol Flowchart sample in this packet. Clearly, the exact treatment options will vary depending on local public health. However, the following assumptions have been incorporated into the sample treatment flowchart:

- All patients with active symptoms (either consistent with the agent of biological exposure or another concurrent disease) will be initially evaluated by a health professional and or transported to a acute care facility.
- At the discretion of the local public health officer of incident commander, patients without concurrent medical illnesses, symptoms, major drug allergies and interactions, pregnancy, and breast feeding may proceed to prophylaxis administration without extensive interviewing by a health care professional.
- At the discretion of the local public health officer or incident commander, patients will concurrent medical illnesses, drug interactions, major antibiotic allergies, pregnancy and/or breast feeding should be evaluated by a health care professional to determine the optimal risk/benefit ratio for antibiotic prophylaxis administration.
- Based on local pharmaceutical availability, drugs may be substituted as recommended by public health, incident commander, or oversight pharmacist (i.e. levofloxacin for ciprofloxacin).

# ANTHRAX FACT SHEET AND FREQUENTLY ASKED QUESTIONS

## What is anthrax?

- Anthrax is an infectious disease caused by bacteria called *Bacillus anthracis*, which is capable of forming spores.
- Anthrax can occur in three forms:
  - **Cutaneous (skin) infection**, the most common form of the disease, occurs when the spores come in contact with an area of skin that is broken, such as a cut or a sore. Cutaneous anthrax is marked by an itchy, boil-like lesion that eventually forms an ulcer with a black center. The cutaneous form responds very well to antibiotics if treatment is started soon after symptoms appear.
  - **Inhalational (lung) infection** is much less common. Inhalational (lung) anthrax occurs when a large number of spores of a certain size are inhaled into the lungs. Inhalational anthrax begins early on as "viral-like" illness characterized by fever, muscle aches, fatigue, and cough. It may progress to more serious symptoms including shortness of breath, respiratory (lung) failure, meningitis (infection of the spinal fluid), or death. It is important that patients with inhalational anthrax be treated with antibiotics and intensive care in a hospital.
  - **Gastrointestinal (stomach and intestines) anthrax** is rare. The gastrointestinal form may begin with abdominal (stomach pain) and bloody diarrhea. Patients with gastrointestinal / anthrax should receive antibiotics and intensive care in a hospital.

## Frequently asked questions

### **Is anthrax contagious from person to person?**

Inhalation (lung) anthrax is not spread from person to person. Even if you develop symptoms of inhalation anthrax, you are not contagious to other people. If you develop cutaneous (skin) anthrax, the drainage from an open sore presents an extremely low risk of infection to others. Anthrax is *not* spread from person to person by casual contact or by coughing or sneezing.

### **How will I know if I was exposed to the germ?**

It will depend on how the germ is released, where it was released, and where you were in relation to the release site. The further away you were from the release site, the less likely it will be that you were exposed.

### **How soon will symptoms develop (incubation period)?**

Symptoms may start from 1 – 6 days after exposure to the germ. Since the germ can live for a long time in the environment, symptoms may not start for up to 60 or more days after the germ was released into the air.

### **What are the symptoms of infection?**

If the germ invades your lungs you will have a fever, possibly a non-productive cough and severe shortness of breath. If the skin is contaminated an itchy, black spot with swelling may appear. If the germ is eaten you may develop a stomachache, vomiting and diarrhea that may be bloody.

### **How is the infection treated?**

If you have the infection, your health care provider (doctor) will give you antibiotics.

### **How is the infection prevented?**

If the local health officer determines that you were exposed to the germ, you will be offered an antibiotic. Even if you take the antibiotic you may develop the infection. If you develop symptoms such as fever or shortness of breath while you are taking the antibiotic, you should go to the nearest emergency service center or hospital immediately.

### **How long should I take the antibiotic?**

You may have to take the antibiotic for a long period of time (up to 60 days). The local health officer will make frequent announcements on television or radio – or will personally contact you – to give you the most current information, and to give you additional medications if they are needed.

### **What should I do if I DO NOT have symptoms?**

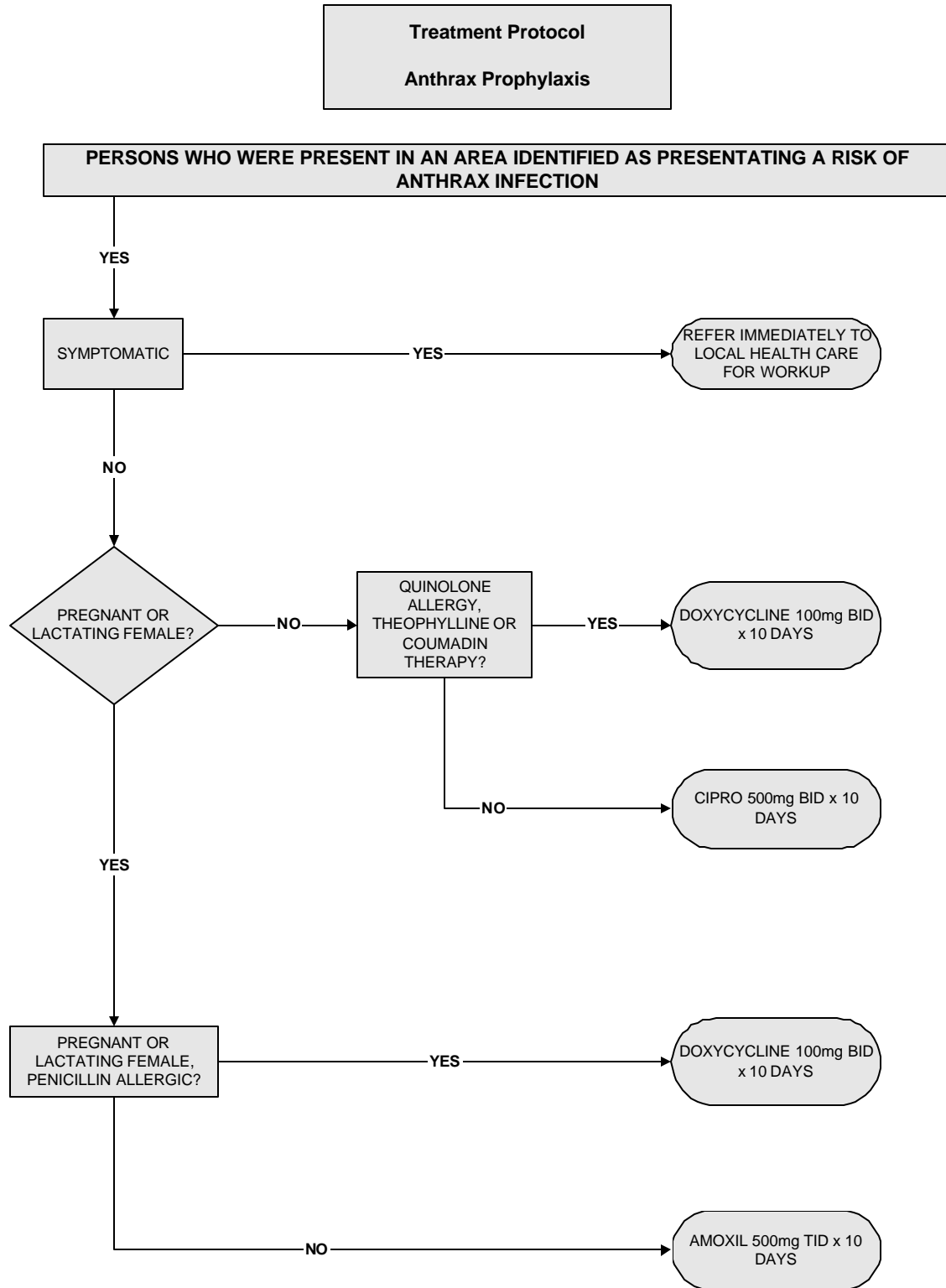
If you do not have symptoms of the infection you should continue with your routine daily activities. Please **DO NOT** go to the hospital emergency room unless you have a fever or you develop shortness of breath.

### **How can I get more information?**

**The local health department will make frequent public announcements – or may contact you directly – about who should receive the antibiotic, how to take the antibiotic, and where you can obtain the antibiotic. It is important that you listen to the radio or television for more information, since there may be too many affected people for the health department to contact directly.**

# TREATMENT PROTOCOL FLOWCHART

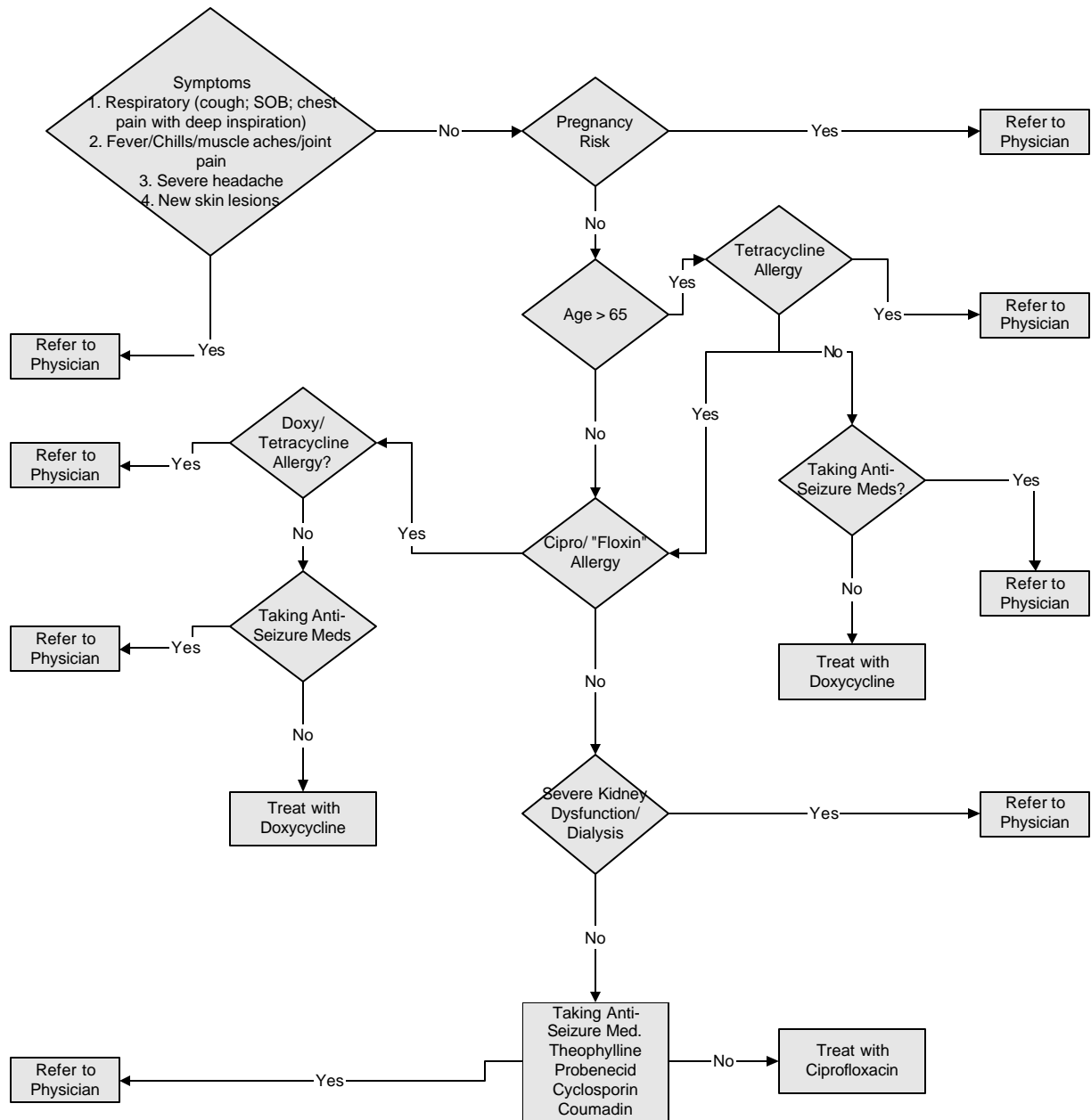
## (Anthrax Prophylaxis Sample)





# DECISION FLOWCHART (Choosing Optimal Preventive Therapy)

DECISION TREE FOR CHOOSING OPTIMAL PREVENTIVE THERAPY



## ALTERNATIVE ANTIBIOTIC LIST FOR ANTHRAX PROPHYAXIS

(For Persons with Absolute Contraindications to florquinolone and doxycycline)

From the CDC guideline for antibiotic prophylaxis for anthrax. Optimal prophylaxis will be targeted after susceptibilities for the organism return:

1. Florquinolone (contraindicated)
2. Doxycycline (contraindicated)
3. Amoxicillin (if not penicillin allergic)
  - a. Adults: 500mg tabs PO q8h (# – 90 tabs; refill – 1) [available in 250 and 500mg tabs]
  - b. Children: 80 mg/kg/day PO q8h, in 3 evenly divided doses (give 2 week supply and 3 refills) [available as 125mg and 250mg chewable tabs, and 125mg/5 mL, 200 mg/5mL, 250 mg/5mL, or 400mL/5mL solutions (both in 100 mL and 200 mL bottles)]
4. Erythromycin
  - a. Adults: Ery-Tab 333 mg tabs PO q8h (# -- 90 tabs; refill – 1)
  - b. Children: EES 50 mg/kg PO q8h, in 3 evenly divided doses (give 1 month supply and 1 refill) [available as 200 mg/5mL or 400 mL/5 mL (both in 100 mL bottles)]

## GUIDANCE FOR PHYSICIAN REFERRAL

This will not be an acute care referral but rather an outpatient establishment after prophylaxis. The patient reasonably should see their physician within 30 days of receiving prophylaxis. Persons will be referred to a physician for the following indications:

- 1) Pregnancy
- 2) Symptoms of a disease process that are chronic and not immediately in need for evaluation as deemed by the public health officer, incident commander or health care professional on site.
- 3) Adjustments in chronic drug regimen when prophylaxis is administered. Examples include:
  - a) Persons who are taking seizure medication should be evaluated and a drug chosen based on which seizure medication they are taking. Given the increased risk for a drug-drug interaction, the patient should be evaluated by their PMD within the 30 day window.
  - b) Persons taking theophylline, probenecid, cyclosporine, or warfarin should have their medications adjusted as per the drug interaction. Patient should be evaluated by their PMD within the 30 day window.

## **Drug Information Sheets**

Note: the information on the following drug sheets must be confirmed by local health officer and medical officials prior to utilization.

These health care professionals will confirm the content for accuracy and current medical opinion.

## Doxycycline Oral Tablet - Antibiotic Information

Before Doxycycline can be prescribed, you must complete a **medical screening form**. If you have previously taken doxycycline or other tetracycline antibiotics and have had a reaction or side effect, an alternate antibiotic such as ciprofloxacin (Cipro) or amoxicillin may be given to you. These alternate antibiotics are equally as effective as Doxycycline in preventing infection. **DO NOT** take this antibiotic without first consulting with a health care worker if you **are pregnant, become pregnant or are breastfeeding**. Tell the health care worker if you are taking any prescription medication to control seizures such as **Dilantin or Phenobarbital**, if you are taking **Tegretol or Carbatrol**, or if you are taking any over-the-counter medicine such as aspirin, cold or sinus medicine. If you are taking any of these medications, **you must see your primary care provider within 3 -5 days after starting antibiotic prophylactic therapy**.

### Instructions for taking Doxycycline

- You will be given a 10 day supply of Doxycycline. If it is determined that you should take Doxycycline for a longer period of time, you will be contacted by a health care worker.
- Take Doxycycline exactly as directed by the health care worker. If you stop taking Doxycycline too soon, you may become infected.
- Although it is best to take Doxycycline 1 hour before or 2 hours after you eat a meal, if your stomach becomes upset, take Doxycycline with food. **DO NOT** take Doxycycline with milk, yogurt or cheese.
- Take Doxycycline with a full glass of water. Drink several glasses of water each day.
- If you miss a dose, take Doxycycline as soon as possible. If it is almost time for the next dose, skip the missed dose and take the next dose at the regular time. **DO NOT** take 2 doses at one time.

### Reactions or Side Effects

Seek medical advice if you have any reaction to Doxycycline.

**Rare side effects:** yellow or discolored skin or teeth; increase frequency or amount of urine; headache; increase thirst; loss of appetite; vomiting; visual changes, or muscle weakness.

**Common side effects:** nausea, mild diarrhea, stomach pain, cramps or discomfort; lightheadedness (**DO NOT** drive a car or operate machinery if you experience these symptoms). Doxycycline may increase the risk of sunburn for several months after you finish the antibiotic. It is best to stay out of the sun and avoid sun lamps. Wear sunscreen to protect your skin.

### Avoid the following food and drugs while taking Doxycycline

**DO NOT** take the following medications within 2 hours before or 2 hours after taking Doxycycline: Antacids (Maalox, Mylanta, Tums) or other medicine or foods that contains calcium such as milk, yogurt or cheese; vitamins, iron or zinc supplements, sucralfate (Carafate).

**DO NOT give your Doxycycline to any other person. DO NOT give Doxycycline to children without a physician's order.**

***If you do not understand the instructions provided or if you want more information, please tell the health care worker before you leave the dispensing area.***

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### TO BE COMPLETED BY THE DISPENSING HEALTH CARE WORKER

Dosage prescribed:   ▶ Take one capsule every 8 hours until all the capsules are gone.  
                                  ▶ Take two capsules every 8 hours until all the capsules are gone.  
                                  ▶ Other dosage prescribed: \_\_\_\_\_

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# CIPROFLOXACIN (CIPRO) ORAL TABLETS - ANTIBIOTIC INFORMATION

You have been given this drug for protection against possible exposure to Anthrax, bacteria that can cause serious infections. You have been provided a limited supply of medicine. Local emergency health workers will inform you if you need more medicine after you finish this supply. You may also be switched from this medicine to a different medicine based on laboratory tests.

**To avoid serious medication problems**, please tell the health care worker any history of:

- A previous reaction or side effect to Cipro or any other fluoroquinolone antibiotic such as Ofloxacin (Floxacin) and Norfloxacin (Noroxin) or nalidixic acid (Neg-gram);
- Seizures (epilepsy), (may be worsened by Cipro);
- Kidney disease or dialysis (requires reduced dosage of Cipro);
- Pregnancy or breastfeeding (Cipro may be contraindicated);
- Currently taking theophylline, probenecid (Benemid), Coumadin or Cyclosporine. (Cipro may effect blood levels of these medications) If you are taking one of these medicines:

**See your primary care physician in 3 - 5 days** after starting the antibiotic.

## **Instructions for taking Cipro**

- Take Cipro twice daily or every 12 hours (example: 9 AM and 9 PM)
- Take this medicine until all the pills are gone or until you are told to stop. If you stop taking this medicine too soon you may become ill.
- Although it is best to take Cipro 2 hours before or after you eat a meal, if your stomach becomes upset, take Cipro with food, but do not take it with milk, yogurt, or cheese.
- Take Cipro with a full glass of water. Drink several glasses of water each day.
- If you miss a dose, take Cipro as soon as possible. If it is almost time for the next dose (within 3 hours), skip the missed dose and take the next dose at the regular time. **Do not** take 2 doses at one time.
- DO NOT** give your Cipro to any other person.

## **Drug and foods to avoid**

**Do not** take the following medications within 2 hours of taking Cipro: Antacids (Maalox, Mylanta, Tums) or other medicine that contains calcium; sucralfate (Carafate); vitamins with iron or zinc supplements. Do not drink more than 2 caffeinated beverages (coffee, tea, soft drinks) per day.

**Do not** take Cipro with milk, yogurt or cheese.

## **Reactions and Side Effects**

Seek medical advice if you have any reaction to Cipro.

**Allergic reaction:** rash, hives, itching, swelling or face, throat, or lips, shortness or breath or trouble breathing.

**Common side effects:** nausea, mild diarrhea, stomach pain or discomfort; headache; lightheadedness, dizziness or sleepiness (**Do not** drive a car or operate machinery if you experience these symptoms), trouble sleeping. Cipro may cause sun sensitivity with increased risk of sunburn; cover skin or apply sunscreen. Yeast infection in vagina.

**Rare side effects:** vomiting or severe diarrhea; disorientation, confusion, agitation, hallucinations; fever; inflammation of tendons.

If you do not understand the instructions provided or if you want more information, please see the health care worker before leaving the dispensing area.

# Amoxicillin Oral Capsules - Antibiotic Information

You have been given this drug for protection against possible exposure to Anthrax, a bacteria that can cause serious infections. Most anthrax bacteria are sensitive to penicillins, including amoxicillin; in this case, they are as effective as Cipro or Doxycycline. Of the antibiotics used for anthrax prophylaxis, amoxicillin is the only one proven safe for children and pregnant women.

You have been provided a limited supply of medicine. Local emergency health workers will inform you if you need more medicine after you finish this supply. You may also be switched from this medicine to a different medicine based on laboratory tests.

**To avoid serious medication problems**, please tell the health care worker if:

- You have previously had a reaction or serious side effect to amoxicillin, ampicillin, penicillin, cephalosporin (Keflex, Cephalexin);
- If you are pregnant or are breastfeeding (this is the preferred antibiotic);
- If you are currently taking methotrexate (the combination may increase side effects);
- If you are currently taking other antibiotics (may decrease the effectiveness of amoxicillin);
- You have a history of kidney problems or colitis (may be more prone to side effects);
- If you are currently taking birth control pills (amoxicillin may make them less effective, so use alternative or additional method to avoid pregnancy)

## **Instructions for taking Amoxicillin**

- Take Amoxicillin 3 times a day or every 8 hours, as directed by the health care worker.  
If you stop taking Amoxicillin too soon you may become ill.
- Amoxicillin may be taken with meals.
- Take Amoxicillin with a full glass of water. Drink several glasses of water each day.
- If you miss a dose, take Amoxicillin as soon as possible. If it is almost time for the next dose, skip the missed dose and take the next dose at the regular time. **Do not** take 2 doses at one time.
- DO NOT** give your Amoxicillin to any other person.

## **Reactions or Side Effects**

Seek medical advice if you have any reaction to amoxicillin.

- Allergic reaction:** rash, hives, itching, trouble breathing, swelling of face, lips, or throat.
- Common side effects:** nausea, stomach cramps or discomfort, vaginal yeast infection. If you are a diabetic your urine sugar tests may be falsely positive.
- Rare side effects:** severe watery or bloody diarrhea; fever; joint pain; change in urination; seizures; unusual bleeding or bruising, insomnia, anxiety, confusion.

***If you do not understand the instructions provided or if you want more information, please tell the health care worker before you leave the dispensing area.***

## DRUG INTERACTION SHEET FOR ANTIBIOTICS COMMONLY USED IN ANTHRAX PROPHYLAXIS

Note: ciprofloxacin is the florquinolone used here. If levofloxacin, moxifloxacin or gatifloxacin are used, they may be substituted in the place of cipro, except with warfarin. Both gatifloxacin and moxifloxacin have a lower interaction rate with warfarin.

History or drug	Interaction	Recommendation
Allergy to either antibiotic		Use alternative antibiotic
History of seizures	Cipro may worsen	Use Doxycycline
Renal insufficiency or dialysis	Increased serum levels of Cipro	(See provider notification letter) Reduce dose and/or refer to provider to adjust dose by creatinine clearance
Coumadin + Cipro Coumadin + Doxycycline	May increase effects of Coumadin	Refer to provider in 3-5 days for PT/INR and adjust dose as needed
Probenecid + Cipro Probenecid + Doxycycline	Increases levels of antibiotic	Stop Probenecid while taking antibiotic; refer to provider for gout
Theophylline + Cipro	Cipro increases levels	Reduce theophylline dose by ½ Refer to provider in 3-5 d for level
Dilantin + Cipro	May alter dilantin levels	Use doxycycline or refer to provider in 3-5 d for level
Cyclosporine + Cipro	May increase creatinine	Refer to provider in 3-5 days for serum creatinine and drug level
Ropinirole + Cipro	Possible Ropinirole toxicity	Refer to provider in 3-5 days to check for symptoms / adjust dose
Birth control pills + Doxy BCPs + Amoxicillin	Possible decreased effectiveness of birth control pills	Recommend additional or alternative method of birth control during antibiotics
Doxycycline + Isoretinoin	Slight increased risk of pseudotumor cerebri	See provider if headaches develop



## CIPROFLOXACIN RENAL DOSE REDUCTION INFORMATION SHEET

<u>Creatinine Clearance</u>	<u>Ciprofloxacin Dose</u>	<u>Levofloxacin Dose</u>
a) > 50 mL/min or 0.83 mL/sec	500 mg PO BID	500 mg PO QD
b) 30-50 mL/min or 0.5-0.83 mL/sec	250 mg PO BID	250 mg PO QD
c) 5-29 mL/min or 0.08-0.48 mL/sec	250 mg PO BID	500 mg PO QOD
d) Hemodialysis	250 mg PO QD	250 mg PO QD

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