



Medical Countermeasure Distribution and Dispensing (MCMDD) Plan

*Functional Annex 2 of the
New Mexico Department of Health
All-Hazard Emergency Operations Plan (EOP)*

October 2017

FOR OFFICIAL USE ONLY

Do Not Reproduce or Distribute this Document Without Authorization.

This document contains information pertaining to the deployment, mobilization, and tactical operations of the executive branch in response to emergencies and is exempt from disclosure

Contents

- I. Introduction 1
 - A. Approval and Implementation 1
 - B. Record of Changes 2
 - C. Acknowledgement of Receipt 3
 - D. Record of Distribution 4
- II. Purpose, Scope, Situation and Assumptions..... 13
 - A. Purpose..... 13
 - B. Scope 13
 - C. Situation Overview 13
 - D. Planning Assumptions 14
- III. Concept of Operations 16
 - A. General 16
 - B. Hazard Control and Assessment..... 17
 - C. Protective Action Selection 18
 - 1. Analyze the hazard..... 18
 - 2. Determine protective action..... 18
 - 3. Determine notifications and provision of situational information 18
 - 4. Determine protective action implementation plan 18
 - D. Emergency Public Information and Education 19
 - E. Protective Action Implementation 19
 - F. MCM Dispensing..... 20
 - G. First Responder Health and Safety..... 20
 - H. Access and Functional Needs Population Support 21
 - I. Short-term Needs..... 21
 - J. Long-Term Needs 22
- IV. Organization and Assignment of Responsibilities..... 24
 - A. General 24
 - B. Assignment of Responsibilities 24
 - 1. Centers for Disease Control and Prevention (CDC) 24
 - 2. Indian Health Service (IHS)..... 24
 - 3. New Mexico Office of the Governor 24
 - 4. New Mexico Department of Homeland Security and Emergency Management (DHSEM) 24
 - 5. New Mexico Department of Public Safety (DPS) 26

6.	New Mexico Department of Public Safety (DPS)	26
7.	New Mexico National Guard (NMNG)	26
8.	Civil Air Patrol (CAP)	27
9.	New Mexico General Services Department (GSD)	27
10.	New Mexico Human Services Department (HSD)	27
11.	New Mexico Department of Transportation (DOT).....	27
12.	New Mexico Regulation & Licensing Department (RLD)	27
13.	New Mexico Department of Information Technology (DoIT).....	28
14.	New Mexico Medical Reserve Corps Serves (NMMRC Serves)	28
15.	American Red Cross (ARC)	28
16.	University of New Mexico (UNM)	28
17.	Local Governments	28
18.	Indian Nations, Tribes, Pueblos	29
19.	Hospitals, Treatment Centers, Alternate Care Facilities	29
20.	Hot Shot Services, Inc.	Error! Bookmark not defined.
C.	Support Functions	30
V.	Direction, Control and Coordination.....	31
A.	Authority to Initiate Actions	31
B.	Command Responsibility for Specific Actions	31
1.	General guidance of emergency operations	31
2.	Direction of response	31
3.	Incident Command System	31
VI.	Information Sharing.....	33
VII.	Communications	33
VIII.	Administration, Finance, and Logistics	33
IX.	Annex Development and Maintenance	34
A.	Development.....	34
B.	Maintenance	34
1.	Requirements	34
2.	Review and Update	34
X.	Authorities and References.....	35
A.	Legal Authority	35
1.	Federal	35
2.	State	35
B.	References.....	35
1.	Federal	35
XI.	Attachments	36

I. Introduction

A. Approval and Implementation

The New Mexico Department of Health (NMDOH) All-Hazard Emergency Operations Plan (EOP) Functional Annex 2: **Medical Countermeasure Distribution and Dispensing (MCMDD) Plan** describes the management and coordination of NMDOH resources and personnel during periods of public health emergencies requiring a medical countermeasure response. Planning teams, comprised of subject matter experts, planners and representatives of stakeholder organizations contributed to this plan.

This Plan incorporates guidance from the U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), Office of the Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Homeland Security (DHS) and Federal Emergency Management Agency (FEMA). It also builds on lessons learned from planned events, disasters, emergencies, trainings and exercises.

This plan:

- Defines NMDOH emergency response roles and responsibilities, as outlined in the *Emergency Support Function (ESF) #8: Public Health and Medical Services* annex to the State of New Mexico Emergency Operations Plan (SEOP).
- Aligns the basic structures, processes, and protocols of the National Response Framework (NRF) guidelines into NMDOH response plans.
- Incorporates National Incident Management System (NIMS) concepts and guidelines utilizing integrated command and control guidelines for local, regional, and/or national response coordination in the event of a public health or medical emergency.
- Provides a basis for unified training and exercises.

This **Medical Countermeasure Distribution and Dispensing (MCMDD) Plan** is hereby approved. This Plan is effective immediately and supersedes all previous editions. The following signatories agree to support the **NMDOH MCMDD Plan** and to carry out their

 11/3/14
Date

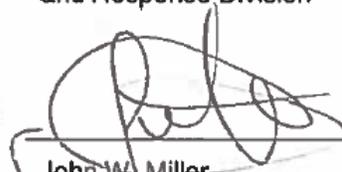
Michael Landen, MD, MPH
Director, Epidemiology and
Response Division

 11/3/14
Date

Lee Collen
Deputy Director, Epidemiology
and Response Division

 11/3/14
Date

Christopher Emory, MPH
Chief, Bureau of Health Emergency
Management

 11/3/14
Date

John W. Miller
ENS Coordinator, Bureau of
Health Emergency Management

B. Record of Changes

Change notifications are sent to those on the distribution list.

To annotate changes:

1. Add new pages and destroy obsolete pages.
2. Make minor pen and ink changes as identified by letter.
3. Record changes on this page.
4. File copies of change notifications behind the last page of this EOP.

Change Number	Date of Change	Print Name & Signature	Date of Signature
001	Oct 11, 2017	John Miller 	11/17/17
Description of Change:	AAR/IP recommended items from Spring Fever FSE: 1) Responder Safety and Health, III-G; 2) AFN Support (III-H); updated Record of Distribution; C-3 notification system; III-J Adverse Event Reporting; IV-B-3 & 20 Assignment of Responsibilities; VI Information Sharing; XI Updated Attachment list		
Change Number	Date of Change	Print Name & Signature	Date of Signature
Description of Change:			
Change Number	Date of Change	Print Name & Signature	Date of Signature
Description of Change:			

C. Acknowledgement of Receipt

I, _____, certify that I have received the *NMDOH All-Hazard EOP Functional Annex 2: Medical Countermeasure Distribution and Dispensing (MCMDD) Plan* or the changes to the Plan listed below. In the event of any questions, please contact the SNS Coordinator.

Change Number	Description of Change	Date of Change

Signature

Date

Title

Email/Phone

Department/Agency/Organization

Please return this signed form to:

SNS Coordinator
 Bureau of Health Emergency Management
 Epidemiology and Response Division
 New Mexico Department of Health
 1301 Siler Rd Bldg F, Santa Fe, NM 87507
 Or Fax 505-476-8288

D. Record of Distribution

Date Received	Agency	Title	Name
Department of Health – Epidemiology and Response Division (ERD)			
	ERD	Division Director	Michael Landen
	ERD	Deputy Division Director	Lee Collen
	Emergency Medical Services Bureau (EMSB)	Bureau Chief	Kyle Thornton
	Infectious Disease Epidemiology Bureau (IDEB)	Deputy State Epidemiologist, Bureau Chief	Joan Baumbach
	Environmental Health Epidemiology Bureau (EHEB)	Bureau Chief	Heidi Krapfl
	Bureau of Health Emergency Management (BHEM)	Bureau Chief	Christopher Emory
	BHEM	Interoperable Communications Coordinator	Regis Chavarria
	BHEM	EOCR, WIPP/HazMat Coordinator	Timothy Yackey
	BHEM	EOCR, Training and Exercise Manager	Gregory Manz
	BHEM	EOCR, Planning Manager	Nancy Newell
	BHEM	PHEP Program Manager	
Department of Health – Public Health Division (PHD)			
	PHD	Division Director	Mark Williams
	PHD	Chief Nurse	
	PHD	Medical Director	Chris Novak, MD

Date Received	Agency	Title	Name
	PHD	Deputy Division Director Regions	
	NW Region	Region Director	Connie Dixon
	SW Region	Region Director	Dawn Sanchez
	SE Region	Region Director	Jeff Lara
	NE Region	Region Director	Susan Gonzales
	NW Region	Emergency Preparedness Specialist (Metro)	Michael Rose
	NW Region	Emergency Preparedness Specialist (NW)	
	SW Region	Emergency Preparedness Specialist	David Daniels
	SE Region	Emergency Preparedness Specialist	Christine Amicone
	NE Region	Emergency Preparedness Specialist	Tim Reeder
	NW Region	Region Health Officer	Ralph Hansen, MD
	SW Region	Region Health Officer	Eugene Marciniak, MD
	SE Region	Region Health Officer	Keith Levitt, MD
	NE Region	Region Health Officer	
Department of Health – Scientific Laboratory Division (SLD)			
	SLD	Division Director	Lixia Liu, PhD
	Biological Sciences Bureau	Bureau Chief	, PhD

Date Received	Agency	Title	Name
	Biological Sciences Bureau, Molecular Biology Section	Section Supervisor	Pascale Léonard, PhD
	SLD	Emergency Manager	
Regional Healthcare Coalitions			
	Regional Healthcare Coalition I	Executive Officer	Dante Halleck,
	Regional Healthcare Coalition II	Executive Officer	Daniel Pattarozzi,
	Regional Healthcare Coalition III	Executive Officer	John Bridges,
	Albuquerque Regional Coalition for Healthcare Preparedness (ARCH-P)	Executive Officer	Robert Perry
	DOH, Division of Health Improvement	Director	Joseph Foxhood
Other State Agencies			
	Department of Homeland Security Emergency Management	Cabinet Secretary	Jay Mitchell
	New Mexico Environment Department, Operational Support Division	Division Director	Kristine Pintado
	State Office of the Medical Investigator	Chief Medical Examiner	Kurt Nolte, MD

Date Received	Agency	Title	Name
	State Office of the Medical Investigator	Assistant Chief Medical Examiner	Karen Cline-Parhamovich, DO
	UNM Center for Disaster Medicine	Director	Laura Banks
	UNM Office of Emergency Management	Emergency Manager	Byron Piatt
	New Mexico Poison and Drug Information Center	Director	Susan Smolinske
	Environment Department	Cabinet Secretary	Butch Tongate
	Department of Agriculture	Cabinet Secretary	Jeff Witte
	Department of Public Safety	Cabinet Secretary	Scott Weaver
	New Mexico State Police	Chief	Pete N. Kassetas
	New Mexico Army National Guard, Plans and Operations	Adjutant General	Ken Nava, Brigadier General
	New Mexico Army National Guard, 64th Civil Support Team (WMD-CST)	Commander	Troy W. Chadwell
	Department of Indian Affairs	Cabinet Secretary	Suzette Shije
	Human Services Department (HSD)	Cabinet Secretary	Brent Earnest
	HSD Behavioral Health Services Division	Clinical Services Manager	Mika Tari

Date Received	Agency	Title	Name
	HSD Loss Prevention and Control	Emergency Preparedness Coordinator	Kristin Abdill
	Aging and Long Term Services Department	Cabinet Secretary	Kyky knowles
	Information Technology Department	Cabinet Secretary	Darryl Ackley
	150 th Special Operations Wing, NM Air National Guard	Cabinet Commander	John Castillo, Colonel
Federal Government			
	U.S. Dept of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR)	Region 6, Regional Emergency Coordinator (REC)	Mark Byrd
	HHS, ASPR	Field Project Officer	William Mangieri
	HHS, Centers for Disease Control and Prevention (CDC)	MCM Specialist	Scott Rice
	Indian Health Service, Albuquerque Area	Director	Leonard Thomas
	Indian Health Service, Navajo Area	Director	Michael Weahkee
	Veterans Health Administration (VHA) Office of Emergency Management	Area Emergency Manager	Mary Edwards
	377 th Air Base Wing – Kirtland Air Force Base (KAFB)	Commander	Richard Gibbs, Colonel
Tribal Government			

Date Received	Agency	Title	Name
	Acoma Pueblo	Emergency Manager	
	Cochiti Pueblo	Emergency Manager	
	Isleta Pueblo	Emergency Manager	
	Jemez Pueblo	Emergency Manager	
	Jicarilla Apache Nation	Emergency Manager	
	Laguna Pueblo	Emergency Manager	
	Mescalero Apache Nation	Emergency Manager	
	Nambe Pueblo	Emergency Manager	
	Navajo Nation	Emergency Manager	
	Ohkay Owingeh Pueblo	Emergency Manager	
	Picuris Pueblo	Emergency Manager	
	Pojoaque Pueblo	Emergency Manager	
	San Felipe Pueblo	Emergency Manager	
	San Ildefonso Pueblo	Emergency Manager	
	Sandia Pueblo	Emergency Manager	
	Santa Ana Pueblo	Emergency Manager	
	Santa Clara Pueblo	Emergency Manager	
	Santo Domingo Pueblo	Emergency Manager	
	Taos Pueblo	Emergency Manager	

Date Received	Agency	Title	Name
	Tesuque Pueblo	Emergency Manager	
	Ysleta del Sur Pueblo	Emergency Manager	
	Zia Pueblo	Emergency Manager	
	Zuni Pueblo	Emergency Manager	
County Government			
	Bernalillo County	Emergency Manager	
	Catron County	Emergency Manager	
	Chaves County	Emergency Manager	
	Cibola County	Emergency Manager	
	Colfax County	Emergency Manager	
	Curry County	Emergency Manager	
	De Baca County	Emergency Manager	
	Dona Ana County	Emergency Manager	
	Eddy County	Emergency Manager	
	Grant County	Emergency Manager	
	Guadalupe County	Emergency Manager	
	Harding County	Emergency Manager	
	Hidalgo County	Emergency Manager	
	Lea County	Emergency Manager	
	Lincoln County	Emergency Manager	

Date Received	Agency	Title	Name
	Los Alamos County	Emergency Manager	
	Luna County	Emergency Manager	
	McKinley County	Emergency Manager	
	Mora County	Emergency Manager	
	Otero County	Emergency Manager	
	Quay County	Emergency Manager	
	Rio Arriba County	Emergency Manager	
	Roosevelt County	Emergency Manager	
	San Juan County	Emergency Manager	
	San Miguel County	Emergency Manager	
	Sandoval County	Emergency Manager	
	Santa Fe County	Emergency Manager	
	Sierra County	Emergency Manager	
	Socorro County	Emergency Manager	
	Taos County	Emergency Manager	
	Torrance County	Emergency Manager	
	Union County	Emergency Manager	
Municipal Government			
	Alamogordo, City of	Emergency Manager	
	Albuquerque, City of	Emergency Manager	

Date Received	Agency	Title	Name
	Belen, City of	Emergency Manager	
	City of Gallup	Emergency Manager	
	Cloudcroft, Village of	Emergency Manager	
	Deming, City of	Emergency Manager	
	Elephant Butte, City of	Emergency Manager	
	Espanola, City of	Emergency Manager	
	Los Lunas, Village of	Emergency Manager	
	Los Ranchos, Village of	Emergency Manager	
	Milan, City of	Emergency Manager	
	Red River, Village of	Emergency Manager	
	Rio Rancho, City of	Emergency Manager	
	Ruidoso, Village of	Emergency Manager	
	Santa Fe, City of	Emergency Manager	
	T or C, City of	Emergency Manager	
Non-Governmental Organizations (NGO)			

II. Purpose, Scope, Situation and Assumptions

A. Purpose

This plan describes the phases of rapid, coordinated deployment of personnel and resources to supplement local capabilities to distribute and dispense medical countermeasures during a public health emergency or incident within the State of New Mexico. Specifically, this plan outlines the systems developed for medical materiel management and distribution, as well as medical countermeasure dispensing operations, and describes a response that involves federal resources from the Centers for Disease Control and Prevention (CDC), Division of Strategic National Stockpile (DSNS).

This plan provides guidance to agencies within the State of New Mexico with respect to potential emergency assignments before, during, and following emergency situations where additional medical resources are required to support state and local response capabilities for distribution and dispensing operations. Strategic concepts reflected in the MCMDD Plan may also be used during small scale public health incident response (i.e., localized disease outbreaks) and non-emergency activities such as flu shot clinics, health fairs, and exercises. The MCMDD Plan does not replace county or local emergency operations plans or procedures.

B. Scope

This plan applies to all participating departments and agencies contained within the geographical boundary of the State of New Mexico. However, this plan also identifies basic response tasks specific to the New Mexico Department of Health (NMDOH).

C. Situation Overview

The NMDOH prepares for a large-scale campaign to dispense medical countermeasures (MCM) to the general public, specifically where the demand for local resources exceeds supply or there is an interruption in the supply chain that affects resource availability. Current pre-event preparations are based on a planning scenario for a response to a bioterrorist attack over a large geographic area (i.e., statewide) with an agent such as *Bacillus anthracis* (b. anthracis or anthrax).¹ Medical supplies may be insufficient to support tactical operations for state and local responses to a public health emergency, including outbreaks, intentional attacks, and environmental disasters, presenting a life/safety risk. Mobilization of cache materiel from the Strategic National Stockpile (SNS) is based on a state or local request or a federal decision to deploy resources to increase resource availability in advance of a response to a public health threat.

¹ The CDC selected aerosolized anthrax as the focus planning scenario for public health emergency planners due to the compressed timeline for provision of medication to the affected population to minimize illness and loss of life (i.e., citizens in affected communities receive the required post-exposure prophylaxis within 48 hours following a decision to deploy Federal resources).

The geographic area covered by this plan includes all jurisdictions within the State of New Mexico and covers the entire population of 2,085,538 residents, the 2012 estimate from the United States Census Bureau.² The NMDOH also plans to assist non-residents during health and medical emergencies (i.e., tourists). Additionally, the NMDOH plans for the Albuquerque Metropolitan Statistical Area (MSA) under the Cities Readiness Initiative (CRI) planning framework established by the CDC for the most populous cities nationwide. To maximize resources and ensure that plans are integrated and operational, agencies within the MSA have collaborated to form a single planning jurisdiction for a response to a public health emergency that requires mass dispensing of MCM. All planning jurisdictions within the MSA have agreed to use the standards and guidelines set forth by the NMDOH.

D. Planning Assumptions

1. Key officials and participating departments and agencies will be responsible, to save lives, relieve human suffering, sustain survivors, and restore essential services.
2. Deployment of the SNS is a national response effort. If SNS assets are deployed, it will be an event of national significance with potentially significant health risks and high mortality rates.
3. State-level agencies with emergency response leadership roles will have initiated the processes for implementing executive orders for a public health emergency and the legal powers to use public health emergency response authorities.³
4. As defined in the *New Mexico Emergency Operations Plan (State EOP)*, the NMDOH is the coordinating agency for *Emergency Support Function (ESF) 8: Public Health and Medical Services* in the State of New Mexico, and advises leadership within the state emergency management agency, the New Mexico Department of Homeland Security and Emergency Management (DHSEM), in the support and coordination of the State's emergency response efforts during a public health emergency.
5. The Cabinet Secretary of Health will implement the *NMDOH All-Hazard EOP* to guide NMDOH personnel and resource response activities.
6. Response actions during a declared or undeclared public health emergency will be conducted in accordance with National Response Framework (NRF)

² The State of New Mexico has a centralized governance structure for state health agencies where local public health offices are staffed by State employees and the State department of health (NMDOH) retains authority over most decisions (i.e., fiscal decisions, issuance of public health orders, etc).

³ Federal authorities may direct deployment of the SNS without a state request or emergency declaration and it remains the responsibility of the state to receive, distribute, and dispense SNS materiel.

and National Incident Management System (NIMS) principles and practices, including the Incident Command System (ICS).

7. Pre-planning, mitigation and initial response to incidents or potential disaster conditions has been conducted by the local government and local emergency management agencies.
8. Situational awareness of critical supplies and medical resources will be monitored by State and local agencies. Rapid needs assessments and demand forecasting/projections for shortages or potential shortages will be performed at the onset and for the duration of an incident or event.
9. State and local emergency procurement processes and resources will be utilized before initiating a process to request the SNS or other materiel through the State EOC.
10. Federal resources will be available when requested to provide assistance to the State and local jurisdictions for distribution and dispensing of MCM.
11. Support agencies and organizations will be capable of fulfilling their roles as set forth in this plan.
12. There will be an increased need for safety and security efforts to protect critical SNS/MCM assets, personnel and facilities.
13. State and local governments will comply with conditions for the receipt and use of critical federal assets (i.e., the SNS, Federal Medical Stations (FMS), CHEMPACK, etc).
14. The 12-hour Push Package (standardized, packaged medical materiel for a quick response when the situation is developing) will be at the Receipt, Staging and Storage (RSS) site within 12 hours.
15. Managed Inventory (MI) assets are large quantities of antibiotics and medical supplies that comprise the bulk of the SNS response capability and will arrive at the RSS within 24-36 hours.
16. Upon receipt of SNS assets, it will take 6-12 hours to apportion and distribute the MCM assets to the pre-identified receiving sites.
17. Local jurisdictions may have limited time to set up and staff Points of Dispensing (POD) sites. Local volunteers and public sector personnel and security forces may not be sufficient to activate all PODs in the jurisdiction.

III. Concept of Operations

A. General

The decision to deploy assets from the SNS is a collaborative effort by local, State, and Federal officials. State/local officials identify a situation they believe has the potential to threaten the health of the population or an affected jurisdiction. State/local officials inform the state emergency management agency (i.e., DHSEM) and/or health department (i.e., NMDOH) and inform the Governor of a situation that requires resources that state/local officials do not have readily available. If the Governor or delegate determines MCM resources available within the State are insufficient for the situation, an initial request for SNS assets is justified. A request for assistance may then be submitted directly to the CDC/DSNS or as part of an overall request for federal assistance through the national emergency response system.

Direct tactical operations to support medical material management and delivery of SNS/MCM assets from the receipt, store, and stage (RSS) facility to dispensing sites, hospitals, treatment centers, intermediary distribution points (i.e., staging areas) and PODs will be activated and directed by participating departments and agencies.

The statewide MCM dispensing strategy for dispensing medical countermeasures is predominantly reliant on the activation of open points of dispensing (PODs) which are temporary facilities operated out of pre-identified, community-based facilities where services are provided to the general public from the jurisdiction. Closed PODs are pre-identified sites that serve a specific subset of the population to reduce the strain on open PODs. Examples of organizations that serve as closed PODs are private businesses, universities, faith-based organizations, hospitals, military installations and correctional facilities. Indian Nations, Tribes or Pueblos are also considered closed PODs. Additionally, emergency planners design and propose plans for drive-through operations at venues large enough to accommodate high-volume vehicle traffic flow. While the MCMDD Plan describes planning considerations for community mass dispensing operations for oral antibiotics, mass dispensing and mass vaccination operations overlap conceptually and operationally. Planning considerations for a mass vaccination campaign should utilize the scalable, modular POD system (see attachment 2.1 POD Operations Guide) to establish the baseline infrastructure required to sustain such a campaign. County or local emergency operations plans or procedures may identify viable alternate dispensing modalities to the temporary clinic model.

Task organizing for request and receipt processes, and response operations for specific item assets like Federal Medical Stations (FMS) and CHEMPACK, will be described in supporting and supplemental documentation to the *NMDOH All-Hazard EOP (Basic Plan)* and this annex plan. (See attached *New Mexico CHEMPACK Program Guide* and Federal Medical Stations (FMS) site plans).

B. Hazard Control and Assessment

An effective public health response begins with the processes in place that identify, analyze, gain control of, and monitor hazards. Public health surveillance, epidemiological investigation, and laboratory testing are the routine and essential services required for public health preparedness and response. These activities are significant through all phases of the incident, but are fundamental during the interval between incident start and the decision to respond. Figure 1 illustrates conceptually the shift during phase 1 from normal operations to incident-specific surveillance and investigation. The response timeline depicted involves both the provision of medical countermeasures and the decision to request federal assistance. For written plans that describe the preliminary work required to verify a threat or incident of public health concern, refer to established processes described in the *NMDOH All-Hazard EOP (Basic Plan)* or supplemental documentation.

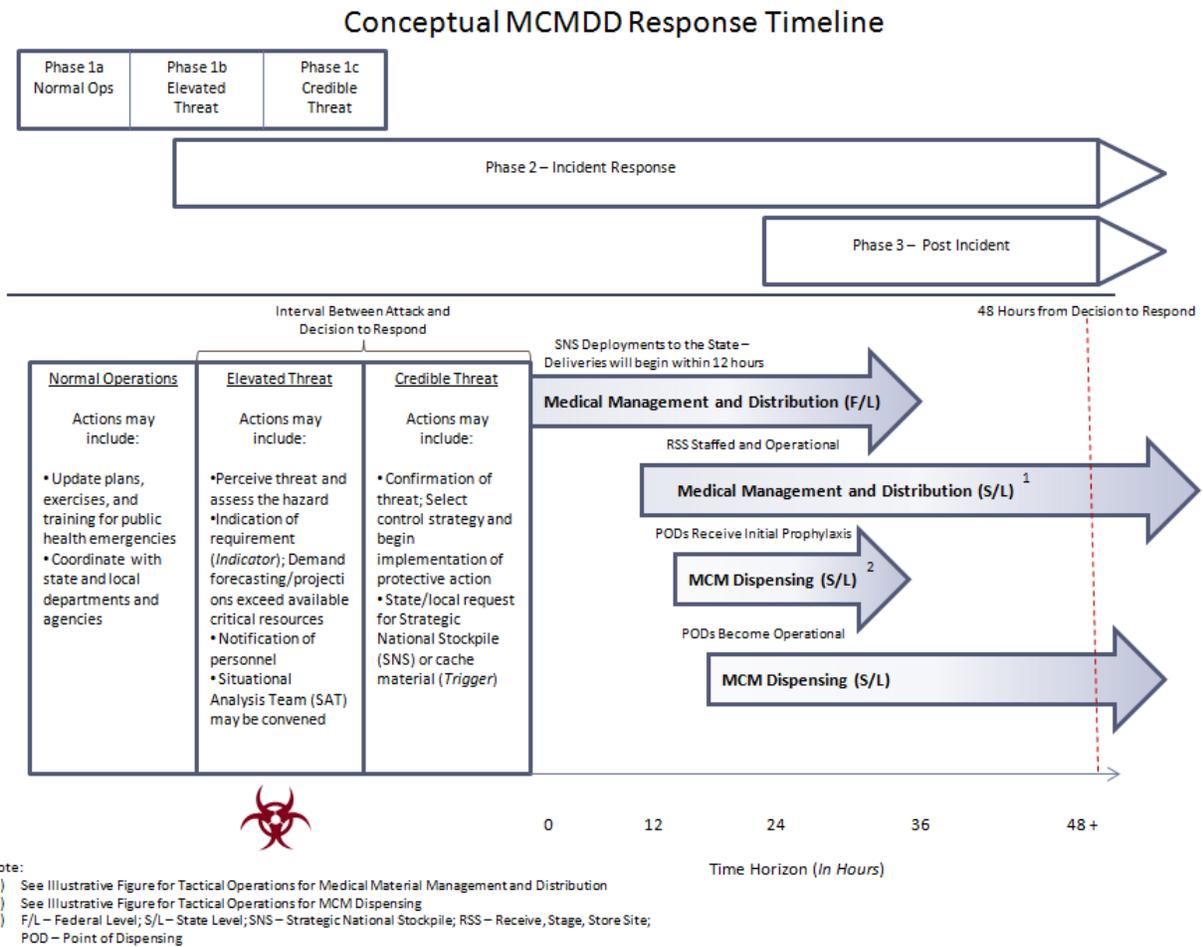


Figure 1: Conceptual Medical Countermeasure Distribution and Dispensing (MCMDD) Response Timeline

C. Protective Action Selection

1. Analyze the hazard

Analysis of the hazard, the type of health event and resource issue may justify a State request for Federal assets and support. Refer to the *NMDOH All-Hazard EOP (Basic Plan)* for requesting State & Federal assistance, and the *NMDOH Standard Operating Procedure (SOP): Requesting SNS Assets*.

2. Determine protective action

Staff will identify the medical countermeasure best suited and available for the incident (for additional and supporting details, see supplemental documentation and *NMDOH All-Hazard EOP: Hazard-specific Annex plans*). Depending on the incident, leadership staff may be required to follow protocols/procedures to develop and approve informational material and guidance pertaining to dispensing operations (i.e., Medical Protocols, Standing Orders) (See supplemental documentation and/or *NMDOH SOP: Authorization/Standing Orders*).

3. Determine notifications and provision of situational information

Participating support agencies and organizations at the state and local level should receive proactive and timely notification of a decision to use SNS assets. Contacts should include: the Governor's Office, the state/local emergency management agency, the NMDOH, state/local emergency medical services agencies, state and local law enforcement agencies, state and local fire protection agencies, state transportation agency, state and local agencies responsible for hazardous material response, and response organizations or systems in the state, such as the New Mexico Healthcare Coalitions (HCCs) or disaster medical response teams. See additional documentation on information sharing within the *NMDOH All-Hazard EOP Functional Annex 1: Risk Communication Plan* and the *NMDOH All-Hazard EOP Functional Annex 8: Interoperable Communications Plan* and refer to standard set of procedures for activation and initiating call-down lists – *SOP: Emergency Call-Down Procedure Utilizing the Everbridge Mass Notification System*.

4. Determine protective action implementation plan

State/local officials select pre-identified essential facilities for direct tactical operations, medical materiel management and mass dispensing, and determine activation sequence for all required functional elements within the distribution and dispensing system. Before, during, and following emergency situations, to help protect the health of the population or the affected jurisdiction, consideration should be given to appropriate risk communication messaging about non-pharmaceutical interventions that can help prevent development of disease among persons exposed or potentially exposed to public health threats. (See *NMDOH All-Hazard EOP Functional Annex 1: Risk Communications Plan*)

Ongoing hazard control and assessment of an emergency public health response should give consideration to:

- Level of civil unrest and hostility
- Changes in threat exposure/transmission routes
- Need and effectiveness of personal protective equipment (PPE)
- Sustained staffing levels
- Patency of transportation routes
- Impact of operational conditions on security assets
- Specific and pertinent intelligence

D. Emergency Public Information and Education

Successful mass dispensing campaigns that implement strategies for the administration of oral medications or vaccinations will rely heavily on timely risk communication messages to address the concerns of the public. The Public Information Officers (PIOs) will determine health emergency message content, select appropriate public alerting system(s), and disseminate public health information. Depending on the incident, PIOs from the affected jurisdiction(s), DHSEM, and other state agencies, may establish the Joint Information System (JIS) to coordinate messaging to the public as well as the activities of participating PIOs. The PIOs may work together in the Joint Information Center (JIC) or virtually by phone and E-mail. The Department PIO will coordinate with NMEOC PIO and others in accordance with *ESF Annex #15: External and Public Affairs, State of New Mexico All-Hazard Emergency Operations Plan (State EOP)* and with the processes and protocols identified in the *NMDOH All-Hazard EOP (Basic Plan)* and the *NMDOH EOP Functional Annex 1: Risk Communications Plan*.

E. Protective Action Implementation

Medical Materiel Management and Distribution

Medical materiel management and distribution are the capabilities and processes that the NMDOH and participating agencies have in place to direct, activate, support, and coordinate the receipt and delivery of SNS assets from the receipt, store, and stage (RSS) site to their destinations (i.e., dispensing sites, hospitals, treatment centers, staging areas).

Actions or considerations for the stockpiling, storage and distribution of medical supplies include, but are not limited to:

- Warehouse activation and site set-up;
- Security;
- Staff readiness;
- Communication;
- Arrival of assets;
- Inventory control;
- Repackaging (If required)
- Staging;
- Storing;

- Transportation;
- Re-supply;
- Recovery; and
- Demobilization.

State and local dispensing operations will rely heavily on an integrated and robust distribution network, as well as the performance of administrative and physical functions associated with the management of goods and materials. Implementing instructions from the *Receipt, Store, and Stage (RSS) Field Operations Guide (FOG)* for medical materiel management are included as an attachment to this plan.

F. MCM Dispensing

MCM dispensing, or mass dispensing, is the ability to provide critical medical interventions (i.e., antibiotics, vaccinations, antivirals) to the population or an affected jurisdiction for treatment or prophylaxis to prevent disease, save lives, and reduce human suffering.

Large-scale dispensing operations require the following considerations and actions, but are not limited to:

- Points of Dispensing (POD) site activation and set-up;
- Security;
- Medical protocols;
- Staff readiness;
- Communication;
- Inventory control;
- POD Just-in-Time Training (JITT)/opening;
- Triage;
- Screening and intake procedure;
- Dispensing – conventional/rapid;
- Education;
- Resource requests/re-supply requests; and
- Demobilization.

The characteristics of the public health emergency will affect the number of sites, physical locations, services provided and security requirements. Alternative dispensing modalities are considered for both contagious and non-contagious threats. The NMDOH Public Health Division (PHD) Regions, in partnership with local emergency management agencies, will develop and maintain regional and local planning documents for distribution and dispensing operations in alignment with state-level guidance. Mass dispensing operations instructions from the *POD Operations Guide* are included as an attachment to this plan.

G. First Responder Health and Safety

The human resources dimension of public health risk mitigation is a critical aspect of incident management. The ability to protect human capital may require implementation of significant measures prior to an incident and during an incident to enhance response capabilities. Responder-specific risks will be addressed in

Incident Action Plans (IAP). Response entities will follow instructions to properly coordinate operations relating to a specific incident through the production and use of an approved IAP that is shared with public health response staff (refer to Federal and NMDOH guidance on the production/contribution to an IAP). Provision of prophylaxis to public health first responders and other critical infrastructure staff (CIS) and personnel supporting dispensing operations is planned for during the walk-through phase of just-in-time training, and prior to the POD opening. Government, non-government, public and private sector staff and personnel that play an essential role in a public health emergency response may also be considered CIS and be provided prophylaxis. (refer to supplemental documentation for expanded descriptions of protective measures for first responders and critical infrastructure personnel).

Medical Treatment – Hospital and Treatment Center Coordination

Federal assets and support, to include the SNS, may be required to support health services sustained by hospitals, treatment centers, and alternate care facilities, specifically when normal supply chains or local and state efforts fall short. The mechanism by which health officials engage with health care facilities may be through local emergency management, health care coalitions, or the NMDOH Healthcare Preparedness Program (HPP). Coordination with healthcare facilities may include the following activities, but are not limited to:

- Resource requests/re-supply requests;
- Compliance with the set conditions on the receipt and use of government-owned medical materiel;
- Procedures for approval and allocation of medical materiel;
- Inventory Control;
- Distribution;
- Staff readiness; and
- Recovery.

H. Access and Functional Needs Population Support

A coordinated approach to mass dispensing operations that incorporates planning considerations for those with access challenges and functional needs during a disaster is required to achieve dispensing goals. For guidance on accommodations for individuals or groups whose needs are not fully addressed by traditional service providers or who feel they cannot comfortably or safely use the standard resources offered during preparedness, response and recovery, refer to the *NMDOH All-Hazard EOP Functional Annex 7: Access and Functional Needs Plan*.

I. Short-term Needs

Initial 10-day Drug Regimen for Treatment/Prophylaxis/Post-exposure Prophylaxis

SNS materiel configured in a *12-hour Push Package* may be used for a rapid response to an emerging situation where the threat is ill-defined. Standardized packages contain a broad range of medicines and medical supplies, including oral medications for several hundred thousand people who have been exposed or potentially exposed. Oral medications in 10-day unit-of-use, tamper-proof

bottles are employed as part of a strategy to contain or suppress the development of disease through treatment, prophylaxis and post-exposure prophylaxis. Implementation instructions from the *POD Operations Guide* for mass dispensing operations are included as an attachment to this plan.

Adjust Security Needs

Security considerations for medical countermeasure distribution and dispensing operations will be determined by participating partner agencies. Detailed documentation will describe the steps required to protect medical materiel, the essential facilities used to support a public health response, the people that support public health response operations, and the transportation infrastructure that supports medical countermeasure distribution. Actions to protect and defend will adapt to the emerging situation, and ongoing assessments will be made to increase or decrease security measures as required. Unique security considerations are described in supplemental documentation to this plan.

Stabilize the Affected Area

Medical countermeasure dispensing strategies should be reassessed on an ongoing basis throughout the duration of the public health emergency. Surveillance, investigation, and testing will continue to inform the development of incident objectives over multiple operational periods. Timely implementation of dispensing strategies and non-pharmaceutical interventions will help to mitigate risk during a public health threat.

J. Long-Term Needs

Sustaining Dispensing Operations

Provision of medical countermeasures to individuals within an affected jurisdiction may become more targeted after continued analyses of the agent or exposure. Mass dispensing plans focus on a planning scenario for aerosolized anthrax for which the full course of antibiotics for post-exposure prophylaxis is sixty days of either ciprofloxacin or doxycycline. Pre-event planning for such a scenario requires the ability to distribute and dispense an initial 10-day supply of the appropriate medical countermeasure, followed by the remaining 50-day supply if needed. Specific item support from CDC/DSNS may cover a wide range of medications, medical equipment, or consumable medical supplies that may be needed for a response that spans multiple operational periods or when the situation is clearly understood. Managed Inventory (MI) are palletized assets that will likely be used during sustained response operations.

Compliance through Public Information

As a result of epidemiologic and, potentially, criminal investigations, populations that are identified as having a high index of probability for exposure will be provided information through public information campaigns for instructions to obtain the required MCM. These methods may include sustained POD operations or referral to public and private healthcare facilities.

Adverse Event Reporting

To monitor health status of MCM recipients, and as part of a public information campaign initiated for the distribution and dispensing of medical countermeasures to an affected population, participating agencies will provide services required by the CDC for reporting adverse events or reactions to the counteragents being administered. For detailed information about the notification mechanism for adverse event reporting, refer to supplemental documentation, as well as documentation on information sharing within the *NMDOH All-Hazard EOP Functional Annex 1: Risk Communications Plan* and *Functional Annex 8: Interoperable Communications Plan* and the POD Operations Guide Annexes 2.1

Recovery

The recovery of medical materiel and the return to pre-incident “ready” status will be conducted according to jurisdictional policies and Federal regulations, in coordination with state and local emergency management. Demobilizing distribution and dispensing sites, releasing personnel, and handling the storage of unused medications, medical equipment, and ancillary supplies are the activities conducted to effectively bring closure to a response. Refer to supplemental documentation, as well as the *NMDOH All-Hazard EOP Functional Annex 9: Demobilization and Recovery Plan*.

IV. Organization and Assignment of Responsibilities

A. General

Most departments/agencies of government have emergency functions in addition to their normal, day-to-day duties. Emergency functions usually parallel or compliment normal functions. Each department/agency is responsible for developing and maintaining its own emergency management procedures. Letters of Agreement, Memorandums of Understanding/Agreement, Provider Agreements and contracts that support the involvement of these agencies and organizations are kept on file at the NMDOH/ERD/Bureau of Health Emergency Management (BHEM).

B. Assignment of Responsibilities

The following agencies have responsibilities which include, but are not limited to the following:

1. Centers for Disease Control and Prevention (CDC)

Division of Strategic National Stockpile (DSNS)

The CDC/DSNS agrees to transfer SNS assets to the NMDOH for use in responding to public health emergencies through the following actions:

- Assist with the SNS request process;
- Deliver to mutually agreed upon site (i.e., pre-identified RSS site);
- Manage cache materiel until delivery to the state;
- Provide federal treatment guidelines;
- Ensure appropriate transfer of medical materiel; and
- Provide technical support as requested.

2. Indian Health Service (IHS)

- Provide assistance to Indian Nations, tribes, and pueblos; and
- Ensure policies and guidelines are in place to support tactical operations for medical materiel management and dispensing.

3. New Mexico Office of the Governor

- Declare a state of emergency or disaster;
- Approve requests for SNS assets;
- Request assistance from the federal government;
- Authorize the sending and receiving of assistance under the EMAC; and
- Issue, amending, or rescinding Executive Orders and/or Emergency Declarations during an emergency or disaster.

4. New Mexico Department of Homeland Security and Emergency Management (DHSEM)

- Facilitate the activation of a MCM Task Force, if required;
- Determine appropriate EOC activation levels;
- Activate and managing the State EOC;
- Analyze, evaluating, and distributing emergency information through briefings, displays, and reports;
- Coordinate with and supporting requests from state organizations and local jurisdictions;
- Receive and processing EMAC requests for assistance from other states (i.e., requests for RSS Teams and additional POD staffing);
- Implement and enforcing emergency directives through coordination with other state and federal agencies;
- Coordinate state agencies and other organizations through the MCM Task Force;
- Provide emergency management coordination state-wide;
- Provide coordination of response activities; and
- Coordinate transportation for the SSAG from the receiving airport to the RSS site and for the SSAG Liaison to the State EOC.

5. New Mexico Department of Health (NMDOH)

- Request approval from the Governor to request the SNS from the CDC.
- Make the request to CDC for the SNS assets.
- Coordinate the set up of POD sites.
- Coordinate with the CDC SNS Program Liaison.
- Ensure the request process is completed properly.
- Provide a representative to the State EOC to facilitate activities on the MCM Task Force.
- Provide oversight for all SNS/MCM functions.
- Provide administrative and procurement support for the SNS/MCM.
- Determine control measures including the recommendation to request the deployment of SNS/MCM assets.
- Provide support to include personnel for the breakdown and distribution of the SNS/MCM.
- Place qualified and protected field staff to support the epidemiological investigations.
- Provide an immediate survey and analysis of the case of the outbreak or emergency and disaster if it pertains to their area of expertise.
- Mobilize and stage RSS site equipment.
- Ensure the set-up of the RSS site to receive assets.
- Receive, stage, store and distribute SNS/MCM assets
- Demobilization and recovery of MCM assets.
- Ensure guidelines, procedures, and plans are in place for requesting, receiving, storing, and distribution of MCM assets within the assigned Public Health Region counties to include all Indian Nations, tribes, and pueblos.
- Ensure appropriate areas are designated to store and secure countermeasures at PODs.
- Ensure PODs have contact list for all region personnel to activate POD operations.

- Ensure pre-identified PODs with contact information for immediate activation of the sites.
- Set-up POD sites as necessary.
- Provide regional personnel and volunteers for PODs.
- Follow dispensing protocols.
- Ensure guidelines and procedures are in place to collect, transport, and analyze biological materials.

6. New Mexico Department of Public Safety (DPS)

DPS will coordinate physical security during SNS/MCM assets transport incoming to the State to the RSS site, at the RSS site, at the repackaging facility if necessary, and escorts to the PODS and other sites as determined necessary.

State Police

- Coordinate with and providing two radios (2-way communications) with the U.S. Marshals assigned to the SNS assets coming into the state to ensure communications between the State Police and the U.S. Marshals;
- Coordinate security escort of SSAG Team to RSS site and NMDOH DOC;
- Assume responsibility for all security for the SNS/MCM assets;
- Taking lead in physical security at the RSS site and all activities related to the SNS/MCM operations;
- Taking lead in all security plan development for the RSS site;
- Development of security escort plans and templates;
- Provide officers to escort incoming SNS/MCM assets from the state line;
- Provide officers to secure RSS site or coordinate security for the RSS site;
- Ensure a badging procedure is in place to identify SNS/MCM personnel and prevent unauthorized entry into RSS sites; and
- Provide escort officers for SNS/MCM assets shipments from the RSS site to individual POD sites or ensure assignment of local law enforcement.

7. New Mexico National Guard (NMNG)

The New Mexico National Guard will supply personnel in the RSS site and provide transportation for distribution operations to POD sites. It will provide physical security at the RSS site; provide the equipment, personnel, and logistical support for RSS site operations and transportation; maintain policies and procedures, lists of personnel, equipment, and vehicles needed to execute and support movement of MCM assets either in bulk or in individual quantities; and conduct periodic mobilization training exercises needed to maintain readiness. The Director of Military Support will designate which unit(s) of the Guard will be required to provide support.

- Maintain lists of New Mexico National Guard personnel who can respond to support MCM functions;
- Maintain a list of equipment and transportation assets to support MCM functions;

- Provide personnel for the RSS site for breakdown and palletizing the MCM assets;
- Provide vehicles assets and personnel for distribution of the MCM assets throughout the state;
- Provide security personnel and resources to assist with security of the RSS site and escort of the MCM to POD sites;
- Through State contracting provide food for RSS site personnel (approximately 100 personnel per 24 hour period); and
- Set up and provide personnel for a medical & health clinic to provide prophylaxis to RSS staff, security personnel/escorts, truck drivers and other personnel assigned to the RSS site.

8. Civil Air Patrol (CAP)

- Ensure policies and procedures are in place to support MCM functions;
- Maintain a list of New Mexico Civil Air Patrol personnel who can respond to support MCM functions;
- Maintain a list of equipment and aircraft to support MCM functions;
- Provide aircraft (CAP Planes or NMNG helicopters) for emergency transportation of MCM assets; and
- Provide up to 10 passenger vans (NMNG assets).
- New Mexico Public Regulations Commission

9. New Mexico General Services Department (GSD)

The GSD will establish and maintain policies for providing personnel and equipment resources needed to unify state MCM operations under a single communications network. This network will span all MCM areas and essential facilities. The GSD will also provide technicians for radio communications repair.

- Ensure policies and procedures are in place to support MCM functions;
- Maintain a list of New Mexico GSD personnel who can respond to support the MCM communications function;
- Maintain a list of communications equipment to support MCM functions;
- Provide GSD personnel at the RSS site to manage communications equipment;
- Assist with vehicle needs for MCM as they maintain the vehicle fleet for the state; and
- Assist with facility identification and usage for MCM around the state.

10. New Mexico Human Services Department (HSD)

- The provision of mental and behavioral health services to emergency response staff and clients

11. New Mexico Department of Transportation (DOT)

12. New Mexico Regulation & Licensing Department (RLD)

Board of Pharmacy:

The New Mexico BOP may assist in directing RSS management and operations at the RSS Site. Duties may include working with the RSS Lead, Inventory Control Lead, Transportation Lead, Re-Packaging Lead, Security Lead, and other command functions such as Operations, Planning, Logistics and Finance Chiefs at the RSS site.

- Provide staff to assist in operations as Deputy RSS Director at the RSS site; and
- Provide guidance on the handling of pharmaceuticals and overall management of the RSS site.

13. New Mexico Department of Information Technology (DoIT)

- Provide statewide Emergency Medical Services (EMS) and hospital communication systems.

14. New Mexico Medical Reserve Corps Serves (NMMRC Serves)

- Deployment of volunteer staff to assist in MCM operations at POD sites, RSS site or as needed for other emergency functions.

15. American Red Cross (ARC)

- Deployment of volunteer and professional staff to assist in MCM and sheltering operations.

16. University of New Mexico (UNM)

Center for Disaster Medicine
College of Pharmacy
NM Poison and Drug Information Center

- The provision of volunteer and professional staff to assist in MCM operations or as needed for other emergency functions.
- The provision of medical consultation services in the determination of appropriate drug administration during POD operations
- Screening and validation of requests for CHEMPACK assets needed for hospital and field use.

17. Local Governments

Local jurisdictions will be the frontlines and the first-level of emergency response during any emergency or disaster. Coordination for dispensing and distribution operations may occur at local emergency operations center.

- Provide support to the NMDOH for local dispensing operations (i.e., site set-up, security);
- As requested, provide additional assistance and resources; and

- Participate in pre-event planning for MCM dispensing and medical materiel management.

18. Indian Nations, Tribes, Pueblos

Indian Nations, tribes, and/or pueblos will be responsible for pre-event planning for MCM dispensing and medical materiel management for their jurisdictions.

- Conduct pre-event planning;
- Provide resources for local dispensing, including pre-identified alternate dispensing modalities;
- Provide security for PODs;
- As required, provide additional assistance and resources; and
- Participate in pre-event planning MCM dispensing and medical materiel management.

19. Hospitals, Treatment Centers, Alternate Care Facilities

Health care organizations and agencies within the jurisdiction may assist with a wide variety of tasks based on their capabilities. Refer to state, regional, and local planning documents for pre-identified roles and responsibilities for participating organizations.

20. Roadrunner Foodbank

The private transport service provider will assist with the distribution of MCM assets. Service provider will provide personnel, vehicles, and equipment as identified in the governing contract.

- Maintain a list of personnel who can respond to support MCM functions;
- Maintain a list of vehicles and equipment to support MCM functions;
- Provide vehicles and equipment for transportation of MCM assets;
- Assist with the coordinate and implementation of transportation needs and strategy, specifically during an undeclared emergency.

C. Support Functions

During a declared emergency, support from the National Guard may be requested through DHSEM. Military assistance will reinforce, not substitute for local participation in emergency operations. Military forces will remain at all times under military command, but will support and assist response efforts.

Support from other state government departments and agencies may be made available in accordance with the *NM State All-Hazard EOP*.

Private sector organizations within the jurisdiction may assist with a wide variety of tasks based on their capabilities. Refer to state, regional, and local planning documents for pre-identified roles and responsibilities for participating organizations.

Volunteer agencies, such as the American Red Cross, local church/synagogue congregations, and assistive organizations, such as the Salvation Army, are available to give assistance with staffing, feeding, and other issues, as necessary.

Assistance from surrounding jurisdictions may be available through the execution of a memorandum of understanding (MOU) or memorandum of agreement (MOA).

V. Direction, Control and Coordination

A. Authority to Initiate Actions

The Cabinet Secretary of Health implements the *NMDOH All-Hazard EOP* to guide response activities. The type of health event and resource issue justifies a state request for federal assets and support (Refer to the established processes described in the *NMDOH All-Hazard EOP* for requesting SNS assets – *SOP: Requesting State & Federal Assistance*).

An approved request for federal medical assets activates this functional annex, the *NMDOH All-Hazard EOP Functional Annex 2: MCMDD Plan*, as well as the appropriate supplemental planning documents. Subsequently, the SNS/MCM Coordinator and/or backup help to carry out assigned functional areas as identified in this plan in support of a public health response involving MCM dispensing and medical materiel management.

B. Command Responsibility for Specific Actions

1. General guidance of emergency operations

Initial actions to mitigate the effects of emergency situations or potential disaster conditions will be conducted as soon as possible by the local government.

2. Direction of response

Response actions during a declared or undeclared public health emergency are conducted in accordance with National Response Framework (NRF) and National Incident Management System (NIMS) principles and depend on local incident command system (ICS) integration.

3. Incident Command System

The NMDOH is the *Emergency Support Function (ESF) 8: Public Health and Medical Services* coordinating agency for the State of New Mexico, and advises leadership within the state emergency management agency, the New Mexico Department of Homeland Security and Emergency Management (DHSEM), to support the State's emergency response efforts during a public health emergency. See the *Concept of Operations* section of the *NMDOH All-Hazard EOP (Basic Plan)* for support structures activated or augmented during incident phases.

Figure 2: NMDOH Department Operations Center (DOC) ICS Organization Chart with MCMDD Functions and Positions

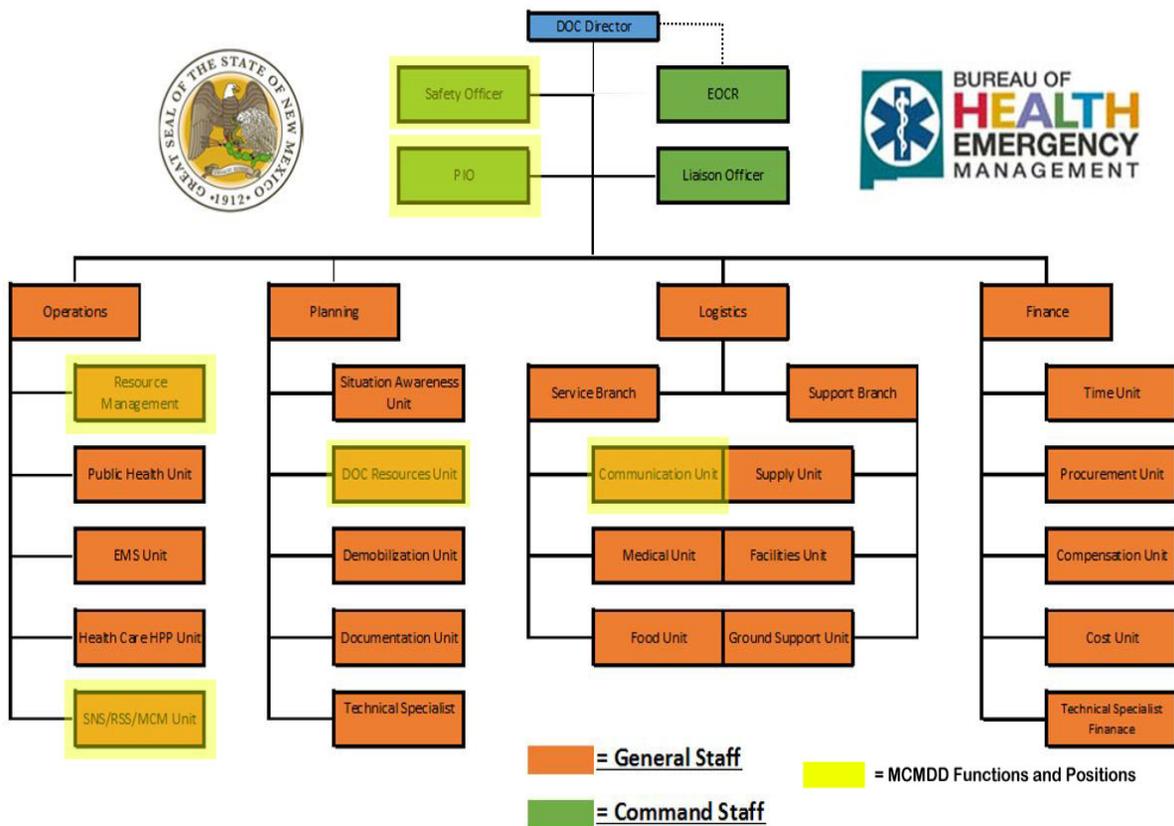


Figure 2 illustrates the organizational structure representing the functions and positions of the NMDOH DOC for medical materiel management and distribution, as well as medical countermeasure dispensing operations. DOC personnel provide coordination and support during a response that involves federal resources from the CDC/DSNS.

The local incident command structures are responsible for directing on-scene emergency operations and maintaining command and control of on-scene incident operations. If a disaster affects multiple widely separated facilities or jurisdictions, separate incident command operations and an area command may be established. See the *Concept of Operations* section of the *NMDOH All-Hazard EOP (Basic Plan)* for potential ICS organizational charts.

VI. Information Sharing

Information sharing and processes for the collection and provision of critical or essential information is detailed in the *NMDOH All-Hazard EOP (Basic Plan)* and the *EOP Functional Annex 1: Risk Communication Plan*. Information sharing platforms and systems used during NMDOH activations may be found in the *Department of Health Operations Center (DOC) Standard Operating Guidelines*.

VII. Communications

Communication protocols and coordination procedures are described in state/local planning documents. See the *NMDOH All-Hazard EOP (Basic Plan)* and the *EOP Functional Annex 8: Interoperable Communications Plan* for additional information.

VIII. Administration, Finance, and Logistics

Administration, finance, and logistics policies that support the implementation of this plan are established in the *NMDOH All-Hazard EOP (Basic Plan)*.

Agreements and Understandings

Emergency use of resources and capabilities of organizations will be pre-arranged through agreements to the maximum extent feasible. Duly authorized officials will enter into agreements, which will be formalized in writing whenever possible. Agreements and understandings that support public health response exist for the use of human capital, facilities, and transportation assets, as well as other pre-identified resources and relationships.

Details of such agreements, which are inappropriate for inclusion in these plans, will be set forth in an SOP, instructions, or other directives. Unless otherwise provided, agreements remain in effect until rescinded or modified. Annual or other periodic updates will prevent them from becoming outdated.

IX. Annex Development and Maintenance

A. Development

The State Strategic National Stockpile (SNS) Coordinator and/or backup position plans for and coordinates the deployment of assets from the SNS. As such, the above named position(s) collaborate with state/local emergency management and participating agencies to support planning for direct tactical operations that involve medical countermeasure dispensing and medical materiel management.

B. Maintenance

1. Requirements

The State SNS/MCM Coordinator and/or backup position will maintain, distribute, and update the plan. Responsible officials in state or local agencies should recommend changes and provide updated information periodically (i.e., changes of personnel and available resources). This plan and supplemental documentation will be shared as guidance to each jurisdiction to help support local response planning for public health emergencies.

2. Review and Update

This plan and its attachments will be reviewed annually. The review of planning documents, as well as the preparation and distribution of revisions or changes, will be conducted in accordance with the *NMDOH All-Hazard EOP (Basic Plan)* plan development and maintenance procedures.

Plan Revision

A revision is a complete rewrite of an existing plan that essentially results in a new document. Revision is advisable when numerous pages of the document have to be updated, when major portions of the existing document must be deleted or substantial text added, or when the existing document was prepared using a word processing program that is obsolete or no longer available. Revised documents should be given a new date and require new signatures by officials.

Formal Plan Change

A formal change to a planning document involves updating portions of the document by making specific changes to a limited number of pages. Changes are typically numbered to identify them, and are issued to holders of the document with a cover memorandum that has replacement pages attached. The cover memorandum indicates which pages are to be removed and which replacement pages are to be inserted in the document to update it. The person receiving the change is expected to make the required page changes to the document and then annotate the record of changes at the front of the document to indicate that the change has been incorporated into the document. A change to a document does not alter the original document date; new signatures on the document need not be obtained.

X. Authorities and References

A. Legal Authority

The legal basis for public health emergency response operations are described in the *NMDOH EOP*. Please refer to the *NMDOH All-Hazard EOP (Basic Plan)* for a complete list of legal authorities.

1. Federal

Executive Order 13527 -- Medical Countermeasures Following a Biological Attack: Establishing Federal capability for the timely provision of medical countermeasures following a biological attack (December 2009). <http://www.whitehouse.gov/the-press-office/executive-order-medical-countermeasures-following-a-biological-attack> or <http://www.gpo.gov/fdsys/pkg/FR-2010-01-06/pdf/2010-38.pdf>

2. State

New Mexico Public Health Emergency Response Act [12-10A -1 to 12-10A-19 NMSA 1978] – Relating to public health emergencies; Enacting the Public Health Emergency Response Act; Providing procedures for declaring and responding to a public health emergency; Providing civil penalties; Declaring and emergency - <http://public.nmcompcomm.us/NMPublic/gateway.dll?f=templates&fn=default.htm>

B. References

Please refer to the *NMDOH All-Hazard EOP (Basic Plan)* for a complete list of references.

1. Federal

Federal Interagency Concept of Operations – Rapid Medical Countermeasures Dispensing (September 2011). U.S. Department of Homeland Security (DHS). For Official Use Only.

Receiving, Distributing, and Dispensing Strategic National Stockpile Assets (Version 11 Guidance) (date). Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS).

2. State

New Mexico Department of Health/Epidemiology and Response Division – Bureau of Health Emergency Management publications, <https://nmhealth.org/about/erd/bhem/>

XI. Attachments

For the purposes of this plan, attachments are guides and supplemental planning documents that are needed to implement the *NMDOH All-Hazard EOP Functional Annex 2: Medical Countermeasure Distribution and Dispensing Plan*.

The following documents are included as part of planning for distribution and dispensing operations either as attachments or as reference documents or the listed document may be withheld For Official Use Only (FOUO) and appear below for record keeping. Copies of protected material may be made available upon request and subsequent approval (include handling instructions).

MCM distribution and dispensing documents include, but are not limited to:

-
- New Mexico Point of Dispensing Operations Guide (2.1)
- POD Site & Security Plans
- New Mexico Receipt, Storage, and Staging (RSS) Field Operations Guide (FOG) (2.2)
- Site Activation Plan(s)
- Repackaging Plan
- Local EOP Cities Readiness Initiative (CRI)/MCM plans (2.3)
- New Mexico CHEMPACK Plan (2.4)
- Federal Medical Stations (FMS) Site Plans
- New Mexico Essential Personnel Mass Prophylaxis Plan

The following elements and/or plans are listed below for record-keeping and warrant further investigation as to current status:

- DTPA Response (redacted version)
- In-State Pharmaceutical Caches and Antiviral Distribution
- National Veterinarian Stockpile

Acronyms

Please refer to the *NMDOH All-Hazard EOP (Basic Plan), Attachment A*, for a list of acronyms.