

Mass Prophylaxis

Resource	S/W	Comments
People	S	<ul style="list-style-type: none"> • The Medical Reserve Corps (MRC). (6) • Full time staff time is well trained, committed, and have participated in exercises (5) • Strong core group of planners working on regional coordination; well exercised. (3) • Curriculum is in place to train volunteers in mass prophylaxis activities (e.g., distribution). • Strength of people in area; know how to handle emergencies. • Successfully developed public information sharing mechanisms and messages. • SNS planners are very knowledgeable and dedicated. • Have good plans in place. • Working well with all levels of the government to coordinate activities.
	W	<ul style="list-style-type: none"> • Need to continue recruiting, training, and credentialing volunteers for mass prophylaxis activities including PODs, home quarantine, etc. It is important to keep volunteers committed. (22) • Priority needs to be placed on hospital staff and family receiving prophylaxis. (12) • MRC needs to be funded. Number of volunteers need to be increased and there needs to be standardized training for volunteers across all jurisdictions. (8) • Increase regional coordination of all relevant entities and planning for mass prophylaxis activities. (8) • Increased number of health care staff (MDs, RNs, and pharmacy) is needed to be trained in mass prophylaxis activities. This will increase all capabilities and decrease competition for staff in emergency. (9) • Need to perform study “gap analysis” to identify current number and skill level of MDs, RNs and pharmacy personnel in the region. (4) • Need clear identification of EMS/fire role in distribution of mass prophylaxis. (4) • Increased training needed in all areas, e.g. special needs response, dispersal, PPE training. (2) • Need better way of sharing information in advance. Need a regional message. Need a coordinated communication process for all emergency agencies. (2) • Need to increase the number of planners and staff to support mass prophylaxis. Need to incorporate lessons

		<p>learned onto plans. (2)</p> <ul style="list-style-type: none"> • Need full time trainers and exercisers to support teaching mass prophylaxis activities in NCR. (2) • Need to increase security and security training for non-law enforcement personnel to secure PODs. • Need to consider special populations. • Need system for credentialing volunteers • Need to increase number of emergency preparedness staff. • Need larger support from skilled volunteer force; can not rely on unskilled volunteers. • Need system to identify credentialed people. • Need to increase risk communication capabilities. • Need increase support from other ESFs. • Need to train more SNS planners for the NCR. • Need increase in assessment • Insufficient resources to support for staff of mass prophylaxis activities. • Increase patient tracking is needed.
Equipment	S	<ul style="list-style-type: none"> • Much of needed equipment has been identified (3) • Most prophylaxis equipment has been obtained (3) • This is one of the easier categories to apply funding and this has been done in the NCR (2) • Fit testing in place in some counties • Have satellite phones/pagers/cells – all useful; had regional JIC, but I believe funding is going away
	W	<ul style="list-style-type: none"> • Lack of adequate storage for antibiotics, antivirals, vaccines, and other supplies (13) • Need additional medical supplies for PODs and hospitals (13) • Need tracking system for patients and supplies (10) • Transportation capabilities for supplies and personnel is limited (7) • There is inadequate communications equipment established (7) • Pharmaceuticals need a better resupply process (6) • Need standardization of/distribution of equipment (6) • No clear regional set of expectations for equipment; needs to be standardized across region (5) • Need more PPE (4) • Have not identified physical space to handle large number of patients (4) • Need stronger logistical capabilities (4) • Priority prophylaxis for first responders and fires

		<p>receivers has not been adequately ensured (2)</p> <ul style="list-style-type: none"> • Lack of emergency power supplies (2) • Need to address special needs, e.g., translation services (2) • Lack of effective serialized equipment • PODs are not interconnected • Need to enhance and integrate response capability • Need more money for management and prophylaxis • Need database of volunteers • Need laptops • Lack of common decision making tools • Need mobile unit to be available • Lack interoperability • Lack of equipment to support quarantine • There is not a common decision support tool/no place to go to monitor equipment/coordinate resources/people etc. • Do not have adequate number of hospital beds. • PIO can only provide information once it is provided • Volunteer supplies needed for MRC members, e.g., medical equipment, etc.
<p>Training</p>	<p>S</p>	<ul style="list-style-type: none"> • Training is on-going • Progressive MRC training on-going • Developing exercises • People are resilient in the NCR • Some hospitals in WHC have invested a lot of time in developing methods • full time staff well trained • Training/forums have been developed but we need more • Have been able to conduct some small scale events
	<p>W</p>	<ul style="list-style-type: none"> • Have not optimized regional approach (23) • Need behavioral health training (6) • Not all resources are known by all groups (5) • Need outline of what is required for volunteers (4) • EMS roles (3) • Educate staff/volunteers on operations of dispensing sites and hospital staff on recognition of disaster (3) • Encourage disciplines to learn different skills (2) • Many first responders can't get overtime for training (2) • Keeping volunteers trained/ready is challenging; needs to be addressed (2) • Training needs to be available to all ESF-8 (2)

		<ul style="list-style-type: none"> • Need to train non & quasi-medical staff (2) • Drills don't include Special Needs persons (2) • Maryland law does allow governor to suspend licenses. Need to pre-train some in the event of an emergency • More flexible methods to develop training • Don't have training academy for public health • Need "Just-in-time" training for spontaneous volunteers • Insufficient Training in IMS • Not provided in hospital environment • Special needs requirements • Backfill approach does not apply well to public health • No public awareness campaigns • No conference held for Special Needs Person • Don't have training to run multiple events • POD volunteer disciplines • POD security techniques training
Exercises/Evaluation	S	<ul style="list-style-type: none"> • Carrying out exercises. (8) • Coordination of exercises increase propensity of volunteer sharing. • PIOs are at the table while planning table-tops.
	W	<ul style="list-style-type: none"> • Need for different jurisdictions to train and exercise together to smooth out communication processes in case of an emergency. (9) • Need to have joint (multi-ESFs or discipline) drills on a regular basis to implement plans for working together. (7) • Infectious disease should be included in all other ESFs exercises. (5) • Need an exercise for process volunteers and MRCs. (4) • DAP analysis and other evaluation guidance needed to identify exercise needs. (4) • Need training for SNPs. (2) • Undefined roles for fire/ EMS. (2) • No plan for IMT to help facilitate management of public health emergencies. • Health care staff and agencies need training. • Need table-top with top-level officials for appropriating antibiotics needed. • Need exercises to test preparedness in hospital environments. • Need regional exercise to evaluate where first

		<p>receivers really stand.</p> <ul style="list-style-type: none"> • Need more exercises on public messaging. • Need to include medical examiners in exercises. • Need joint state and local drills. • Need incident management training for public health personnel. • Need more functional POD exercises. • Need regional SNS. • Need to exercise use of NCR triage barcode as a means to track victims from scene to hospital to communication of placement at the Red Cross. • Need to improve after-action reports.
Plans, Policies and Procedures	S	<ul style="list-style-type: none"> • Have a solid all-hazards response plan and local plans (4) • Jurisdictions have plans for operation of individual dispensing sites
	W	<ul style="list-style-type: none"> • Need for coordinated public information plan and public education plan that includes a medical component and reaches special populations (11) • Need to transport volunteers – plan to do so/transport of people and drugs, e.g., flu vaccine, to PODs (including special populations) require planning and security (8) • Dispensing plans are not fully developed and do not use a medical model/Need to develop baseline SOPs and mutual aid agreements/many legal questions with regional response that crosses state lines/need exercises as well (7) • Lack of transparency in development of plans particularly at federal level (4) • Medical Reserve Corps need to be connected to ESF #8 (3) • Need to adopt IM (ICS) to ensure organizational approach to mass prophylaxis is in compliance with NIMS (2) • Need to improve planning with hospitals and healthcare systems/need clear plan for provision of mass prophylaxis to health workers preferentially/plan for staffing sufficient to fully execute regional mass prophylaxis response/plan for hospital support/consistency among different health care providers and institutions • Lack of clear authority regarding quarantine decisions