

Local SNS Management Infrastructure							
This function would normally fall under an Incident Command System, but since the incident involves pharmaceuticals, many well-trained and experienced ICS participants may feel somewhat unqualified to make decisions. It is critical to have experienced support personnel identified by name and position.							
Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Are adequate core management personnel identified by name and position in your local plan?	The essential personnel should include persons such as admin, PIO, health officer, security, etc. Alternates or provisions for their designation should be included.						
Is there an overall SNS push package coordinator identified by name and position in your local plan?	This may be your regional planner/coordinator such as for the Regional Transfer Point (RTP). At the local dispensing level this may be served by a partner in the emergency management community.						
Is the location for your Regional Transfer Point (RTP) identified in your local plan?	The Regional Transfer Point (RTP) is the location that the state will transfer SNS assets for further distribution to local entities. Information on RTP sites can be obtained from regional planners.						
Is there an operations manager identified by name or position in your local plan?	This is the person ultimately responsible for the day-to-day management of local SNS asset deployment.						
Does your RTP site depend on you to provide personnel to staff it? If so, how many personnel and for how long a commitment?	If you are a smaller health department or nursing agency, initial state deployment of SNS assets may be to a regional location. You may be required by agreement to supply staff to support the RTP function.						
Is there a receiving/storage and staging coordinator identified by name and position in your local plan?	This will be the area that will store SNS assets such as antibiotics, vaccines, supplies, etc... until distributed to clinic sites. This may be your sheriff's department or other location with 24/7 access with security.						
Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Is there a pharmaceutical repackaging coordinator identified by name and position in your local plan?	Normally, this is assumed to be a state function, but may be delegated to health departments/agencies in the event the state SNS staff are overwhelmed. Provisions for pharmaceutical oversight may be necessary for change in dosage/dispensing after distribution has been made to local departments.						
Is there a distribution coordinator identified by name and position in your local plan?	This is the person who is responsible for overseeing distribution of SNS assets to clinic and distribution sites. For security coordination this may best be accomplished by law enforcement						

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Is there a dispensing coordinator (preferably a pharmacist) identified by name and position in your local plan?	This is the person who is responsible for overseeing dispensing of pharmaceutical products to patients. The chief medical officer of the state or his/her delegated medical practitioner designee should authorize the prescription of pre-packaged SNS pharmaceuticals.						
Is there a communications coordinator identified by name and position in your local plan?	This is the person who has overall responsibility for all communications support under your local plan. Activation of internal call-down and protocol for contact of community partners, the media and the public will be handled by this person.						
Is there a treatment center/clinic coordinator identified by name and position in your local plan?	This person is responsible for coordinating the set up of clinics and treatment centers.						
Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Is there a security manager identified by name and position in your local plan?	This person is ultimately responsible for coordinating and managing all security functions regarding receipt, distribution and dispersement of SNS assets at the local level. This individual should be a law enforcement officer with managerial authority. Security not only for SNS assets but also for crowd control and worker safety at distribution sites.						
Is there a training coordinator identified by name and position in your local plan?	This person is responsible for overseeing all training functions with regards to SNS asset receipt, distribution and dispersement under the local plan.						
Does your local plan ensure that all core leadership individuals are tethered by pager or cell phone?	This plan should identify what types of communication equipment is to be used, how core leadership will use the communication equipment and how they will be isolated from unnecessary calls.						
Does your local plan accommodate and make provisions for coordinated planning across functional areas?	This component of the plan should accommodate integration of various agencies and departments in order to cooperate under specific sections of the plan						
Does your local plan have redundancy designed into it at all levels?	Do you have alternates named by name or position in the event of the absence of primary/principal personnel and do you have alternative locations, procedures, communication, etc identified in your local plan?						

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Does your local plan have local transportation pre-identified and contracts/agreements in place?	Do you have agreements executed and in place for use of outside contractors (e.g., FedEx, UPS, etc), vehicle/truck rental agencies or local government entities (city utilities, etc) to facilitate having adequate transportation for SNS assets?						
Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Does your local plan have official DEA registrants identified to accept the SNS components if that is necessary?	This is normally a state function, but in the event that state staff is overwhelmed, do you have licensed physicians and pharmacists identified who could accept DEA-controlled components of the SNS if necessary?						
Does your local plan ensure that a contact roster for team members is current and maintained?	Considerations include how often the roster is updated, how often is it tested to ensure that phone numbers/pager numbers/cell numbers are current and correct and a test of time that it takes for persons called to respond.						
Does your local plan identify who initiates the call list and how team members respond back?	If only specific individuals can activate the call list, what happens if those individuals are unavailable? Does your plan address how to avoid multiple callouts?						
Does your local plan have the means for prophylaxis planned for all team and immediate families?	This is a priority so that personnel will respond to an actual event and should be both well planned and well briefed. Beyond the local SNS team, are there provisions for prophylaxis of key partners and personnel? Who are the "essential personnel" in your community?						
Does your local plan provide for having current necessary credentials verified and on file for all team members?	Who is responsible for maintaining records/copies of current credentials (nursing licenses, EMT certifications, etc), how are these files maintained and how often are they updated/reviewed for currency?						
Does your local plan address who credentials personnel/volunteers as they come in?	Is there a format for issuing credentials to personnel/volunteers that may not otherwise have identification under the plan? How will you issue photo identification to these personnel?						
Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Does your local plan address who requests the Nurse Alert System?	Is the phone number and notification criteria clearly identified for activation of the Nurse Alert System? Are state systems being relied upon for Nurse Alert or is there a local function?						
Local SNS Logistics Issues							

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This item deals with the logistical management of receipt, inventory control, storage and distribution of components of the SNS when accepted from state of federal authorities by the local SNS team.							
Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Are staff identified and named in the local plan for receipt, staging and storage of the push package?	Do you know how many people will be available/necessary if you have to send personnel to the RTP? Do they have sufficient security personnel needs identified to send with them?						
Has an inventory control coordinator and have staff been identified in the local plan by name and position?	These are the personnel responsible for inventory maintenance, stock control and reordering.						
Has appropriate training for the inventory control team been conducted and evaluated for effectiveness?	A training program should be developed to ensure that an effective inventory control plan is in effect and is workable.						
Are receiving site(s) pre-identified and designated in your local plan?	Where will the SNS be delivered to in your county and do you have sufficient space to receive SNS assets?						
Is a system developed, tested and in place for local inventory control of components of the SNS?	Is there a computerized inventory control system based on bar codes available to you? Can you order replenishment SNS assets simply from the computerized inventory without physically counting? Are signs pre-made identifying the site and its inventory (e.g., these signs might be color coded : oral meds (red), injectables (yellow), chemical (green), airways (blue), med/surg (white), staging, dispensing, receiving, inventory, etc.)?						
Has site security for storage and staging sites been pre-arranged and evaluated with local law enforcement?	Is the site secure 24/7? One option could be co-location of a storage or staging site at your sheriff's department. Local needs assessments should be conducted to evaluate availability of law enforcement staff in consideration of total SNS security and other emergency responsibilities.						
Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Has security for receiving site(s) been evaluated in place and has it been tested?	Security should be evaluated by law enforcement and security plans for the receiving site(s) should be tested for inadequacies.						
If cold storage for SNS assets is required, does your secure site have cold storage (walk-in refrigerator, free standing refrigerators, etc... that can be locked)?	One option is to execute an agreement with local appliance stores (Sears, Best Buy, etc..) to borrow/buy needed refrigeration or lease/borrow of refrigerated trucks.						
Does your local plan envision and plan for replenishment of SNS assets?	Will you send every 24 hours to RTP for new pickups? What is the turn around time? Depending on the scenario, RTP may distribute all available materiel and de-activate.						
Local SNS Repackaging Issues							

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This item deals with the ability to breakdown a "Push Pack" into individual doses for distribution to the treatment sites by the local SNS team.

Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Has the local plan specifically-designated a repackaging team if needed (identified by name/position)?	According to state planning, no repackaging should have to take place. This will be accomplished at the state Receiving, Storage and Staging Area (RSS) The RTP will receive for the region and will break down prepackaged meds according to county/local population. Large metropolitan areas may want to break down by dispensing sites.						
In the event repackaging is necessary, has the local plan identified an appropriate number of pharmacists and pharmacy technicians by name?	In the event an RTP becomes the RSS, procedures must be in place in your local plan to handle repackaging issues at a local level. The RTP needs to be capable of receiving vendor managed inventory.						
Has a designated repackaging team been trained and oriented for their potentially required tasks?	These personnel should ideally be pharmacy technicians working under the direct supervision of a state licensed pharmacist.						
Are all identified packaging team members proficient in skills necessary for this task?	Training and evaluation tools should be developed to ensure proficiency in using state plan labeling and packaging.						
Have potential repackaging site(s) been pre-identified/pre-determined in the local plan?	These sites should be as close to receiving sites as possible. Co-location with receiving sites is desirable. If not necessary in consideration of security issues.						
Has the local plan ensured that security is arranged for repackaging site(s)?	Security should be evaluated by law enforcement and security plans for the receiving site(s) should be tested for inadequacies.						
Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Does the local plan have as a component a workable call-down system identified and in place to schedule repackaging team members appropriately if they are needed?	If only specific individuals can activate the call list, what happens if those individuals are unavailable? Does your plan address how to avoid multiple callouts?						

Local Distribution of the SNS

This item deals with the ability to dispense components of the SNS to the public at DISPENSING SITES by the local DISPENSING team, and TREATMENT CENTERS by hospital staff.

Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
In the local plan, have private (UPS, FedEx, etc) or public entities been identified and contracted to carry out local SNS distribution functions?	Are all local agreements in place? Have drivers actually driven the routes for distribution? Have routes been developed with law enforcement approval? Are secondary routes identified? Have appropriate security-related screenings of private contractors been performed?						

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Does the plan address redundant distribution functions, are they in place and have they been tested?	From the distribution site, how many ways can SNS assets be delivered to clinic sites? Are routes pre-planned and submitted to RTP planner? Are alternate routes identified? This might include local airstrips if roads are impassible.						
Does the plan ensure that the distribution entity can be contacted and operate 24/7?	Who is local SNS coordinator in charge of inventory? How are request handled and communicated back to RTP?						
Has the local plan ensured that the drivers are trained and credentialed to perform tasks associated with distribution of the local SNS inventory?	Who are your drivers? Have they been screened for security purposes? What will they be driving? Have the drivers actually driven the routes? How will these drivers be contacted? Who has approval to activate driving contracts?						
Does the local plan address how vehicles have predetermined identification and markings to allow for unimpeded function?	Is there a generally agreed upon method of marking trucks/vehicles in such a manner that security identification is satisfied, but cannot be readily copied?						
Does the local plan ensure that drivers will have uniform communication devices and will know how to use them?	How will communications equipment be distributed to the drivers? With whom will they communicate?						

Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Does the local plan ensure that routes are pre-determined and route security has been planned/exercised for local distribution of SNS assets?	This involves both review of route security by law enforcement and the route should be regularly surveyed for any changes (e.g., road construction, detour, etc). Plan and train for elevated levels of security associated with distribution of SNS assets.						
Does the plan consider that drivers are qualified to transport controlled substances, if necessary?	Discussion of this issue with private contractors such as FedEx and UPS is important. These contractors usually have procedures for this in place.						

Local Dispensing of the SNS

This item deals with the ability to dispense components of the SNS to the public at the treatment sites by the local SNS team.

Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Does the local plan ensure that local dispensing sites are pre-determined, selected and identified in the plan?	This includes parking considerations, traffic flow, etc.... Will you have off-site parking and bus clients in? Who are the key contacts to activate 3rd party sites and to open these sites.						
Does the local plan ensure that sites identified are readily accessible to all?	Who is your staff? Family members of county employees, sheriff's, police, fire, EMS, hospitals, mental health, red cross, city employees, volunteers, etc Who are your patients? This may also include special populations, demographics, etc.						
Does the plan address decisions made for adults picking up prophylaxis for other household members?	How will they be prophylaxed? When? Where?						

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Does the local plan include a cueing plan and is it in place?	How will people be asked to cue for dispensement of SNS assets at the treatment sites (by address, telephone number, alphabetically, "first come, first served," etc)? Coordination with law enforcement and media is necessary for any cueing function.						
Will you supply 3, 7, 10, 14 days initial supply to essential personnel under the local plan and family members?	How much will be dispensed and how often to essential personnel and their family members?						
Do you have agreements with hospitals, pharmacies for interim antibiotics if needed? How much will you need?	Do you have a means or agreement in place with local pharmacies or hospitals to borrow/access/buy essential antibiotics in the event of shortage? What local agencies have stockpiles for employees and/or family?						
Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Has the local plan ensured that enough chairs, tables, scales, etc. will be available onsite for dispensing local SNS assets?	Where will you get your supplies from? Who is in charge of copying information sheets? How is request of supplies handled?						
Has the local plan addressed and ensured that all staff is identified and trained to gather medical info, administer Dx/Tx (symptomatic, asymptomatic, infant), prophylaxis, etc...at the local dispensing sites?	Staff should be familiar with all forms to be used at dispensing and treatment sites. Training should be conducted on proper method of gathering required patient information using the approved forms.						
Does the local plan include provisions to deal with non-ambulatory and undocumented populations?	Does the local plan address how home-bound or institutionalized persons will receive pharmaceuticals? How will undocumented persons not only be encouraged to receive dispersement, but have appropriate screening and documentation of receipt. Do you have multi-lingual staff identified and available? Are there multi-lingual Emergency Medical Phrase books on hand for each clinic site? How many multi-lingual staff will you need per shift? MOU's may needed to be in place with identified agencies who offer these services.						
Does the plan ensure that security is pre-determined and rapidly in place for local dispensing sites?	This plan should be coordinated with local law enforcement and should be tested for inadequacies.						
Do you have an agreement with a medical waste company? How often will they pick-up?	Does the local plan address the disposal/removal of medical wastes? Is a contract/agreement in place with a local provider?						
Local Treatment Centers							

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This item deals with the identification and readiness of local treatment centers to receive casualties and the epidemiological reporting at the treatment centers.							
Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Has the local plan identified treatment centers for symptomatic casualties (e.g., hospitals, clinics, etc.) by name and location?	This is where symptomatic/sick will be transferred for care. These can be hospitals, clinics, nursing homes, field hospitals/clinics, dormitories, etc.						
Will there be on-site triage? If not, will people be directed to triage sites? Does your local plan address how will sick/symptomatic be transferred to the treatment center and to which one?	If triage is to be performed off-site, are these triage sites pre-identified in the local plan, are the receiving treatment sites pre-identified and is a method for patient transfer identified? Where is triage located if off site parking and transportation is used to distribution sites?						
Does the local plan identify alternate treatment centers and have they been pre-surveyed for use?	Are alternate locations identified if need arises such as unavailability of primary sites, overflow, etc ?						
Has the local plan accounted for and made available provisions for a communication system and communication means dedicated for all treatment sites to communicate with ICS?	This should be a dedicated system to enable treatment center coordinators to communicate directly with the treatment centers coordinator or operations manager.						
Has the local plan ensured that epidemiologists or epidemiology technicians are identified by name and are able to go to treatment centers for accurate reporting?	These individuals may be infection control nurses, community health personnel or anyone else with basic epidemiological skills who can use the basic reporting system in place.						
Does the local plan identify a treatment site coordinator by name or position at treatment site who would communicate with ICS?	Who are your clinic coordinators? How do they relay request to local SNS coordinator?						

Local Communication Requirements

This item deals with the ability of the local SNS team to communicate effectively during operations.							
Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Has the local plan ensured that a reliable communication system is available and issued to all critical personnel and sites?	Where do personnel go to get secure communications equipment for all sites?						
Has the local plan ensured that back-up and redundant communication systems are identified and available?	If one system fails or is insufficient, is there a backup or ancillary system that can be easily put into place? Are RACES and ARES incorporated into local communications plans?						
Does the local plan ensure that confirmed radio frequencies are identified in the plan?	Are the secure frequencies both verified and tested regularly?						

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Does the local plan ensure that all personnel with communication responsibilities are trained in and understand communication requirements?	A training program should be developed to ensure that an effective communication plan is in effect and is workable.						
Does the local plan ensure or make provisions for an adequate number of cell phones, walkie-talkies, pagers, spare batteries and re-charging units to be available?	Where are radios, cell phones and pagers to be drawn from when the local plan is activated and how will necessary communications equipment be issued?						
How are communications handled between various venue sites, the RTP and incident command?	Is there a plan to segregate communication frequencies? Will conference calls be regularly scheduled? Will there be communication via e-mail or the internet?						
Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Who is your PIO? Do you have pre-scripted messages for delivery. Who will feed the PIO information? Where will the media set up?	The PIO and alternate PIO should have pre-scripted messages prepared and should practice delivery to the media. Has your PIO met with local media to assess both their needs during the activation of the local plan and how the PIO can use local media to deliver critical information to the public? Are prescribed messages in other applicable languages (e.g., Spanish)?						
Are clinic sites hardwired for extra phones, internet lines?	Can "landline" communication such as telephone, fax and internet access be easily increased to meet needs if necessary?						
Do you have sufficient fax machines, copiers, computers, etc...? If not, do you have local agreements executed to rapidly procure them in sufficient quantities?	You may wish to contract with local office machine and computer dealers (Office Depot, Office Max, Best Buy, etc) to rapidly procure copiers, fax machines and computers if necessary for various sites.						

Local Security Requirements

This item deals with the ability of the local plan to provide SNS team operations with appropriate levels of security.

Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Has the local plan ensured that secure and encrypted communication is available to law enforcement, security and fire?	Encryption may not be available in most areas for personnel other than law enforcement and security, therefore appropriate radio/telephone discipline must be exercised with the understanding that anyone may be listening.						
Does the local plan address back-up security measures and ensure that they are in place?	If one system fails or is insufficient, is there a backup or ancillary system that can be easily put into place?						

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Does the local plan provide for or require that formal security reviews, site assessments and vulnerability analyses have been conducted and are updated on a regular basis?	A formal and regular security review conducted by someone with law enforcement experience and familiar with the local plan is essential. These reviews should be conducted regularly on every security aspect of the local plan. Modifications to the local plan should be made based on changing security requirements.						
Does the local plan address traffic control (e.g., parking, vehicular volume, pedestrian safety, etc.)?	Where will the public park? How will the public access dispersing sites? How will essential personnel access their assigned sites and where will they park?						
Does the local plan address the need for direct, secure communication between security and ICS and ensure that it is available?	This is one area where secure, reliable, encrypted communication is essential and must be made available.						
Does the local plan ensure that transportation and route security is pre-planned, exercised and updated regularly?	Transportation routes should be evaluated by law enforcement and security personnel and should be driven to verify for adequacy.						

Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Do all venues have security (e.g., clinic sites, parking, RTP, local distribution sites, triage sites, etc...)? Is your dedicated security force identified (e.g., sheriff's department, police, local police auxiliary, etc) and do you know what your security personnel need levels are?	Who is your security force, where will they go and do you have enough to satisfy security requirements at these sites?						

Local Training, Evaluation and Exercise Requirements

This item ensures that the local SNS team is trained, exercises the local plan and that the local plan is evaluated appropriately. The plan should be modified periodically based on "lessons learned" from training, exercise and evaluation.

Question	Considerations/Explanations	Yes	No	N/A	Comments	Action Required	Priority
Has SNS push package receipt actually been trained, exercised and evaluated by the local SNS team?	Tabletop exercises and actual drills should be developed. Regular training and exercise with critical feedback is essential. Include all participants who would be involved in an actual SNS activation?						
Have all local SNS team personnel received training on receipt of an SNS push package and their collective and individual roles/responsibilities?	Functional area and team training should be developed under the various functional aspects of the local plan to ensure that all essential personnel understand their duties and responsibilities.						
Has formal communication training been conducted for all members of the SNS team, including contractors?	Communications training, especially on methods (e.g., radio, alphanumeric pager, etc), equipment and non-secure (non-encrypted) communication, should be conducted on a regular basis.						

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<p>Have local SNS tabletop exercises been developed and are they performed regularly, with immediate post-exercise feedback?</p>	<p>These exercises should be developed locally and table-topped regularly with key management personnel, not only from the health department or agency, but all other functional organizations also (e.g., emergency management, law enforcement, fire, EMS, contractors, local hospital, etc...).</p>						
<p>Are local plans constantly and regularly updated to reflect personnel changes, plan improvements and changes reflected by state and federal planning?</p>	<p>Plans should be reviewed at least quarterly to ensure accuracy and currency. Certain components of the plan such as callout rosters and essential personnel listings should be reviewed monthly for accuracy. Are training packets or videos prepared and presented in new employee orientation in order to integrate them into the plan?</p>						