



ANNEX M

MASS VACCINATION AND HEALTH PLAN

I. Introduction:

In a medical emergency on the University of Northern Colorado campus, the medical services group will set up a site location to triage, treat, and disburse patients as needed. Although all medical emergencies cannot be fully anticipated, this document is meant to give an outline of the services, and process and handling of such events that can be done on campus. An overall county wide emergency will stretch the services and plans from the Weld County Department of Public Health and Environment; thus, this document is meant to be the first response in a campus emergency when deemed appropriate.

II. Identified Employee Roles:

A. Emergency Operations Centers (EOC) Contact for Medical Emergency:

The Associate Vice President for Administration will be located at the Command Center to ensure constant communication with the command staff, relaying information from the Site Coordinator and the Clinic Coordinator, to keep the team informed of the situation.

B. Site Coordinator:

The UNC Medical Officer will be at Cassidy Hall (Student Health Center), or other designated site, to be the event's coordinator, relaying information back to the EOC. This person will solicit assistance from UNC Police Department, Environmental Health & Safety, Facilities Management personnel and Parking Services personnel. This person will also direct insurance personnel to coordinate people traffic flow, keep order in lines, and coordinate alternative short-term holding, if necessary, due to severe weather. This person will also be responsible for requesting additional supplies, additional resources and ensuring the media is directed back to the Public Information Office (PIO).

C. Clinic Coordinator:

The Health Center Campus Clinic Manager will be at Cassidy Hall, or other designated site, to coordinate all medical personnel, supplies, and actual medical care on site. This person will also work closely with other agencies (North Colorado Medical Center and Weld County Department of Public Health and Environment) for transportation and needed information sharing.

D. Medical Personnel:

The medical personnel from Cassidy Hall (student health center) will coordinate all medical records, information gathering, documentation, triage, short term treatment, coordination of moving long term care patients, and coordination with needed outside agencies including Northern Colorado Medical Center and the Weld County Department of Public Health and Environment.

III. Location:

Cassidy Hall will be the designated campus wide emergency treatment center. This site is chosen based on access to supplies, medical personnel, ambulance access, ease of traffic flow pattern, and proximity of other buildings. This building has ease of entrance through the east door with ease of exit through north door. This plan will be based on utilizing that location.

Cassidy Hall is at 19th street and 10th avenue. Scott Wilcoxon Hall is next to Cassidy Hall, and the next building to the south of Scott Wilcoxon Hall is Hansen Willis Residence Hall.

IV. Process:

Injured or exposed staff, students and faculty will line up on the sidewalk to the east of Cassidy Hall. In the event of inclement weather, Scott Wilcoxon and Hansen Willis Halls will be utilized to stage patients until they can be routed and guided through the Cassidy location.

The Site Coordinator will ensure insurance personnel have vests, masks, and gloves and are in place to coordinate traffic flow outside and from the other two buildings. Site Coordinator will also ensure food/water is transported and delivered to medical personnel at Cassidy Hall via contact with EOC. On-site delivery utilization of food supplies for staff will be distributed via the south door into the workroom.

Health Center medical records personnel will be information takers. They will have aprons or medical coats, gloves, masks, clipboards, and pen/pencils, along with proper triplicate forms to ensure all patients are accounted for prior to being treated through the health center. This information will be passed to the medical staff and duplicates to the site coordinator for further distribution to the Command Center as needed. Once treated by the medical staff, the triplicate form will be

retained to ensure an additional tracking method. The information takers will screen the patients in the line, identify any critically injured, and coordinate the flow of patients into the triage area. The Clinic Coordinator will oversee the information takers.

The triage stations will be in the waiting room of Cassidy Hall. Four stations will be activated with cots and minor supplies (in storage at Cassidy Hall) by the Clinic Coordinator. Triage stations will be staffed by nurse practitioners and medical assistants. As patients are triaged, documentation will be noted on forms. If only delivery of prophylaxis is needed, NP or MA will distribute with instructions, and document on the patient form. If the patient is free to go after triage, form will be kept at triage station for possible further tracking. Patients will exit through the north door of Cassidy Hall. If further treatment is needed, the patient will be routed to an exam room and the patient form will go with the patient to the next medical staff person.

The exam rooms at Cassidy Hall will become treatment rooms. These rooms will be staffed by physicians, nurse practitioners, and medical assistants. A pharmacy technician or medical assistant will also be on site to distribute pharmaceuticals as directed by a physician or nurse practitioner. Exam rooms 1-6 will be designated as short-term care. Exam rooms 7-10 will be designated as longer care needs and "awaiting transportation". The procedure room will be designated as the critically injured/deceased site. All transportation of severely injured persons will be coordinated by the clinic coordinator via the north door of Cassidy Hall.

The Clinic Coordinator will relay updates of information to the Site Coordinator. Clinic Coordinator, Site Coordinator and Command Contact will utilize walkie talkie system/radio system. Additionally, Site Coordinator and Command contact will maintain contact via cell phones as needed/possible. Command contact will keep University Incident Commander updated with information throughout the incident.

V. Documentation:

The patient form that will be utilized contains the following information:

- Name
- Bear Number
- Permanent Address
- Telephone number
- Cell phone number
- Emergency contact name and number
- Patient described problem
- Identified problem
- Disposition
- Lot number
- Amount distributed

VI. Business Continuity:

The health center recognizes that returning the student health center back to regular daily business will be determined by the extent of the emergency. It is anticipated that the Weld County Department of Public Health and Environment will take over coordination of any needed medical site after the first three days. On the fourth day, or as deemed by university administration, the health center will return to regular hours and staffing.

Appendix 1 – Public Health Support in Strategic National Stockpile Medication Dispensing: Closed Points of Dispensing Operations

Background –

CDC's Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack, flu outbreak, earthquake) severe enough to cause local supplies to run out. Once Federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. in time for them to be effective. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible.

A Point of Dispensing, or POD, is the Centers for Disease Control and Prevention (CDC) designation for a location where public dispensing of prophylactic pharmaceuticals in response to a biological incident takes place. The physical locations may be of different routine purpose (i.e. school, auditorium, convention center, etc.) but must share several qualities to accommodate the projected population it must serve. PODs are designed to provide prophylaxis (prevention) to non-symptomatic individuals and not designed to provide definitive treatment to symptomatic individuals. General qualities include the following:

- Separate ingress / egress points for the public, American Disability Act (ADA) compliant
- Ingress / egress point for staff, separate from public
- Initial greeting / triage area
- Registration area
- Screening (second triage) area
- Dispensing area
- Separate areas each for education, medical consultation, behavioral health needs
- Securable area for pharmaceuticals
- Access (loading / unloading) for supplies
- Incident Command Post
- Staff areas
- Internal and external security perimeter
- Parking

Other qualities such as size of facility, accessibility by public transportation, etc. are determined by the population and geography the POD is serving.

The main function of a POD is to distribute prophylactic medication, usually oral antibiotics, to the public within the effective time frame (48 hours), to prevent disease. The following is a list of core functions that contribute to the main function:

- Triage – to determine if an individual is symptomatic or non-symptomatic
- Registration – to obtain necessary demographic and medical / health data from individuals
- Screening – to determine which medication the individual should receive
- Dispensing – to provide the individual with the determined medication
- Security – to provide security for public, staff, supplies, and facility
- Planning – to document the operations and to provide projected needs
- Logistics – to support all functions with communication, facilities, transportation, supplies, loading, unloading, etc.)
- Educational – to provide additional, in depth, and necessary information to the public
- Medical consultation – to provide technical consultation to individuals unable to receive the supplied antibiotics due to medical complications
- Behavioral health – to provide support to individuals with unusual levels of or unmanageable stress reactions to the incident

Notification –

University of Northern Colorado shall be notified by Weld County Incident Command Team via the University Police Dispatch Center

Internal Staff Alert –

The Police Dispatch Center shall notify the Chief of Police and Campus Medical Officer via the established contact information. The Campus Medical Officer will notify health service staff and clinic manager. The clinic manager will notify medical staff.

Staff and Student Notification –

Staff and students shall be notified through UNC Media Relations as to when, where and how to acquire prophylactic treatment on campus. In an urgent and immediate life-threatening emergency, the UNC Emergency Alert system may be used.

POD Staffing Needs –

Coordination of lines – health services staff members

Screeners – health center records personnel

Triage – health center nurse practitioners, physician assistants, medical assistants

Dispenser – health center medical assistants at direction of NP, PA, and medical director

Medical Consult – health center Medical Director

Behavioral Health Support – UNC Counseling Center staff

Security / Crowd Control – UNC Police Department and Parking Services staff

Other ICS (Incident Command System) staffing positions – to be determined at time of incident. Command center will be at Parsons Hall.

POD Equipment Needs –

Office Supplies (pens, paper, clipboards, etc.) – cupboard at Cassidy Hall
Furniture (tables, chairs) – at Cassidy Hall
Pharmaceutical Supplies (between 18,500 and 20,000 doses of a combination of Ciprofloxacin and Doxycycline from the SNS via the State of Colorado to be picked up from Weld County Regional Transfer Point) – UNC EHS (Environmental Health and Safety) staff, wearing official UNC ID badges, will pick up supplies from transfer point. Supplies will be delivered to the designated Inventory Control person who will fill out required forms. .

Dispensing Protocols – will be documented on screening sheet

Basic contraindications for Ciprofloxacin 1) Known allergic reaction to Cipro / Fluoroquinolones; 2) kidney disease and / or dialysis

Basic contraindications for Doxycycline 1) Known allergic reaction to Doxy / tetracyclines; 2) under 9 years of age; 3) currently pregnant

Advisories for individuals with histories of seizure, taking blood thinners, and / or currently breast feeding are as follows:

Follow up with personal physician for patients with the above medical conditions;
Utilize formula for nursing infants while on the medication

Documentation –

University of Northern Colorado Required Documentation

For Public Health – will also be on screening sheets

Collect the following information for the health department as a part of overall incident documentation:

1. Individual demographic information and medication received to include lot numbers (for the purpose of follow up and tracking)
2. The total number of individuals dispensed to
3. The total number of each medication dispensed
4. Quantity of unused doses

Demobilization and Recovery

Health Center dispensing site will remain active for 3 days. On the 4th day, it will return to regular business operations.