**HEALTH AND MEDICAL ANNEX**

**I. Purpose**

This annex is intended to minimize the loss of life, subsequent disability, and human suffering by insuring that timely and coordinated public health services are provided to Lawrence County residents as needed due to a major natural disaster, technical incident, or nuclear defense emergency.

**II. Situation and Assumptions**

A. Situation

1. In the event of a national emergency, natural disaster, or a local disaster, wounded, disabled, and displaced persons will have to be provided with emergency care, mental health services, and sanitation services.

B. Assumptions

1. It may be assumed that there may be complete or partial disruption of the public and private sewer disposal systems and public and private water supplies within Lawrence County. This disruption would create a definite public health hazard which would have to be eliminated to ensure public health and safety.

2. It may be assumed that disaster victims and/or emergency services personnel who report to established shelters may be in need of triage and treatment of minor injuries.

3. It may be assumed that there may be displaced persons and emergency personnel who will have to be provided with a wholesome and unadulterated food supply, potable water, and adequate basic emergency sanitation in established shelters.

4. It may be assumed that environmental conditions may exist which may be conducive to the spread of communicable disease. This may necessitate any of the following services:

a) insect and rodent control,

b) immunization services,

c) isolation or quarantine procedures for cases of infectious disease, when indicated,

d) epidemiological investigations.

5. It may be assumed that there may be a number of bodies, both human and animal, which will have to be disposed of safely and immediately to protect the public health and safety of the citizens of Lawrence County.

6. It may be assumed that disaster victims, their families, and friends and/or personnel may be in need of mental health services to cope with the injury, death, and/or destruction caused by the disaster.

7. A large-scale emergency or disaster event would cause sufficient casualties and/or fatalities to overwhelm local medical, health, and mortuary services capabilities, thus requiring maximum coordination and efficient use of these resources.

8. Public and private medical, health, and mortuary services resources located in the jurisdiction will be available for use during disaster situations.

9. Large-scale emergencies and disaster threat situations (earthquakes, hurricanes, nuclear power plant accidents, floods, etc.) May affect large areas of the jurisdiction, the State, or other States, requiring the use of mutual aid.

10. Public and private health and medical resources located in the jurisdiction generally will be available for use during disaster situations, but many of these resources, including human resources, will themselves be impacted by the disaster.

11. Emergency measures to protect life and health during the first 12 to 24 hours after the disaster in all likelihood will be exclusively dependent upon local and area resources.

12. Resources available through area and regional medical, health, and mortuary services mutual aid agreements will be provided for use during the disaster situation.

13. It may be necessary to relocate hospital facilities under austere conditions to contingency field hospitals, or to permanent or temporary buildings that will provide patients and medical staff adequate protection from the effects of the disaster.

14. Volunteers will come forward to help perform essential tasks; their efforts must be anticipated and coordinated.

**III. Concept of Operations**

A. The senior paramedic will establish a medical command post and triage at the disaster site(s). If there are more than one disaster site(s), location of command posts shall be identified to all responding agencies by conventional VHF frequencies radio system or the responding agency’s own radio frequency by the E911 PSAPs.

B. Lawrence County Health Department Administrator shall be responsible for coordinating health and medical response.

C. Human Services will assist with stress management for responders and victims.

D. Ambulance services will be the primary medical care and transport providers for the injured.

E. The Lawrence County Coroner shall maintain a SOP for the identification, transportation and disposition of the deceased.

F. Lawrence Co. Memorial Hospital shall establish a holding and treatment area

for the injured.

G. Lawrence Co. Memorial Hospital shall isolate, decontaminate and treat victims

of hazardous chemical or infectious diseases, as needed.

H. Lawrence County Health Department shall identify hazardous chemicals or infectious diseases, controlling their spread, and reporting their presence to the appropriate state or federal health or environmental authorities.

I. The PIO will issue all health and medical advisories to the public,

such as: emergency water supplies, waste disposal, mass feeding services, immunizations, etc.

**IV. Organization and Assignment of Responsibilities**

A. Chief Executive Official (CEO)

1. Requires the Health and Medical Coordinator to send a representative to the EOC when notified of an emergency situation.

B. Health and Medical Coordinator (upon activation, or upon declaration or imminent declaration of an emergency or disaster)

1. Is assigned by Lawrence County Health Department.

2. Reports to the EOC or other designated location as deemed appropriate; sends a representative to the EOC if unable to report in person.

3. Rapidly assesses health and medical needs.

4. Oversees and coordinates the activated health and medical organizations to assess their needs, helps them obtain resources, and ensures that necessary services are provided.

5. Ensures that emergency medical teams responding to a disaster site establish a medical command post.

6. Coordinates with neighboring community health and medical organizations and with State and Federal officials on matters related to assistance from other jurisdictions, including Federal assistance

7. Screens and coordinates with incoming groups such as Disaster Medical Assistance Teams (DMAT) as well as individual health and medical volunteers; ensures that positive identification and proof of licensor is made for all volunteers.

8. Maintains a patient/casualty tracing system.

9. Coordinates the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.

10. Provides information through the PIO to the news media on the number of injuries, deaths, etc.

11. Ensures appropriate health and medical services information is made available to the information processing section in the EOC.

12. Coordinates support to the jurisdiction’s efforts to respond to inquiries from family members concerned about loved ones.

C. Emergency Medical Services (EMS)

1. Respond to the disaster scene with emergency medical personnel and equipment.

2. Upon arrival at the scene, assume appropriate role in the ICS. If ICS has not been established, initiate in accordance with the jurisdiction’s emergency management system and report implementation to the EOC.

3. Triage, stabilize, treat, and transport the injured. Coordinate with local and regional hospitals to ensure casualties are transported to the appropriate facilities.

4. Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.), and radio or telephone communications with hospitals, as appropriate.

5. Direct the activities of private, volunteer, and other emergency medical units, and of bystander volunteers as needed.

6. Evacuate patients from affected hospitals and nursing homes if necessary.

D. Lawrence County Memorial Hospital

1. Implement internal and/or external hospital disaster plan.

2. Advise the Health and Medical Coordinator or appropriate representative in the EOC of conditions of the hospital and number and type of beds.

3. Establish and maintain field and inter-hospital medical communications.

4. Provide medical guidance as needed to EMS.

5. Coordinate with EMS, other hospitals, and any medical response personnel at scene to ensure that casualties are transported to the appropriate medical facility. Distribute patients to and among hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, and bed capacity. Take into account special designations such as trauma centers and burn centers. Consider the use of clinics to treat less than acute illnesses and injuries.

6. Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.

7. Coordinate with other hospitals and with EMS on the evacuation of patients from affected hospitals, if necessary. Evacuation provisions should specify where the patients are to be taken.

8. Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.

9. Establish and staff a reception and support center at each hospital for the relatives and friends of disaster victims who may converge there in search of their loved ones.

10. Provide patient identification information to the ARC upon request.

E. Public Health Officer

1. Is assigned by Lawrence County Health Department.

2. Coordinates all public health services in the jurisdiction.

3. Inspects for purity and usability all foodstuffs, water, drugs, and other consumables that were exposed to the hazard.

4. Provides epidemiological surveillance, case investigating, and follow-up.

5. Provides laboratory services for identification required to support emergency health and medical services.

6. Coordinates operations for immunizations or quarantine procedures, if required.

7. Establishes preventive health services, including the control of communicable diseases such as influenza, particularly in shelters.

8. Monitors food handling and mass feeding sanitation service in emergency facilities, including increased attention to sanitation in commercial feeding and facilities that are used to feed disaster victims.

F. Environmental Health Officer

1. Is assigned by Lawrence County Health Department.

2. Provides for the monitoring and evaluation of environmental health risks or hazards as needed and ensures the appropriate actions are taken to protect the health and safety of disaster victims, responders, and the general public.

3. Implements actions to prevent or control vectors such as flies, mosquitoes, and rodents.

4. Detects and inspects sources of contamination.

5. Inspects damaged buildings for health hazards.

6. Coordinates with the water, public works, or sanitation departments to ensure the availability of potable water, an effective sewage system, and sanitary garbage disposal.

7. Coordinates with the animal care and control agency to dispose of dead animals.

8. Ensures that adequate sanitary facilities are provided in emergency shelters and for response personnel.

G. Mental Health Agencies

1. Are assigned by Lawrence County Health Department.

2. Ensure that appropriate mental health services are available for disaster victims, survivors, bystanders, responders and their families, and other community care-givers during response and recovery. Services may include crisis counseling, critical incident stress debriefings, information and referral to other resources, and education about normal, predictable reactions to a disaster experience and now to cope with them. There should be a capacity to provide specialized assistance for those affected by a traumatic event or who become traumatized by cumulative stress related to the disaster experience.

3. Provide outreach to identify and serve those in need of mental health support.

a) Coordinate with the PIO to arrange for dissemination of information to the public.

b) Coordinate with the Mass Care Coordinator to identify shelter occupants that may require assistance.

H. Mortuary Services (Lawrence County Coroner)

1. Provide for the collection, identification, and care of human remains, determining the cause of death, inventorying and protecting deceased’s personal effects, and locating and notifying the next of kin.

2. Establish temporary morgue sites.

3. Establish and maintain a comprehensive record-keeping system for continuous updating and recording of fatality numbers.

4. Coordinate with:

a) Search and rescue teams, hospitals, EMS, and other emergency responders.

b) Funeral directors, morticians, and assets for transportation of deceased persons.

c) Other pathologists.

d) The ARC for location and notification of relatives.

e) Dentists and x-ray technicians for purposes of identification.

f) Law enforcement agencies for security, property protection, and evidence collection.

I. American Red Cross

1. Provides food for emergency medical workers, volunteers, and patients, if requested.

2. Maintains a Disaster Welfare Information (DWI) system in coordination with hospitals, aid stations, and field triage units to collect, receive, and report information about the status of victims.

3. Assists in the notification of the next of kin of the injured and deceased.

4. Assists with the reunification of the injured with their families.

5. Provides blood, blood substitutes, and blood byproducts, and/or implementing reciprocal agreements for replacement of blood items.

6. Provides first aid and other related medical support at temporary treatment centers, as requested, and within capability.

7. Provides supplementary medical, nursing aid, and other health services upon request, and within capability.

8. Provides assistance for the special needs of the handicapped, elderly, and those children separated from their parents, within capability.

J. Social Service Agencies

1. Assist in providing for the special needs of the handicapped, elderly, and children separated from their parents; also provide for special needs of orphaned children.

K. Animal Control Agency

1. Coordinates with veterinarians and animal hospitals to arrange for services for animals as needed. These might include service, companion, or farm animals, wildlife, etc.

2. Coordinates with the Environmental Health Officer on the location, collection, and disposal of dead animals.

L. Law Enforcement

1. Maintains emergency health services at jail facilities.

2. Assists Mortuary Services in the identification of fatalities.

3. Provides security assistance to medical facilities and to health and medical field personnel upon request.

M. Illinois National Guard

1. Provides personnel and equipment to support medical operations during disaster situations (at the direction of the Governor).

N. All Tasked Organizations

1. Adhere to all professional and legal standards in the performance of duties.

2. Provide ongoing status reports to the Health and Medical Coordinator, including number of deaths, injuries, etc.

3. Provide and/or receive mutual aid in coordination with the Health and Medical Coordinator.

4. Provide information to the Health and Medical Coordinator for dissemination of public advisories as needed.

5. As needed, coordinate with other emergency health and medical services; with emergency services such as fire, police, and public works; and with the Health and Medical Coordinator.

6. Refer all media requests for information concerning health and medical status to the Health and Medical Coordinator. All other requests for information should go to the PIO.

7. Maintain updated resource inventories of emergency medical supplies, equipment, and personnel resources, including possible sources of replacements.

8. Arrange for security to protect vulnerable work sites such as remote aid stations, temporary morgues, etc.

9. Develop plans to evacuate and/or shelter, as appropriate, patients, staff, equipment, supplies, and vehicles before, during, and after disasters.

10. Prepare detailed SOPs that include, but are not limited to: call-down rosters for notifying personnel; step-by-step procedures for performing assigned tasks; telephone numbers and addresses/locations of similar services in other jurisdictions.

11. Designate staff to perform disaster duties.

**V. Administration and Logistics**

A. Administration

1. Since there are no medical response teams, initial medical actions will be the responsibility of the responding EMS services and Lawrence Co. Memorial Hospital.

2. Augmentation personnel

a) Lawrence County Health Department will be responsible for checking credentials of all volunteer health and medical responders.

b) Local emergency medical services personnel from medical and public health agencies and fire, police, public works, and other emergency services departments. Among these would be general physicians, specialists (qualifications should include hospital experience in trauma/disaster medicine), nurses, laboratory and x-ray technicians, emergency ambulance crews, etc.

c) State-employed general physicians, specialists (qualifications should include hospital experience in trauma/disaster medicine), nurses, laboratory and x-ray technicians, emergency ambulance crews, etc.

d) Volunteer/bystander health professionals including general physicians, specialists (qualifications should include hospital experience in trauma/disaster medicine), nurses, laboratory and x-ray technicians, emergency ambulance crews, etc.

e) Medical school residents and teaching staff from throughout the State.

f) Public Health Service (to include Federally sponsored DMATs and Veterinary Medical Assistance Teams).

g) Other volunteer medical personnel from throughout the State.

h) Armed Forces.

i) Department of Veterans Affairs Clinic personnel.

j) Volunteer medical personnel from other States.

k) Business and industry medical departments.

l) The Illinois Medical Emergency Response Team (IMERT) must be requested through IEMA.

B. Logistics

1. Sources of medical supplies and equipment:

a) Refer to the Resource Manual for listing of pharmacies, medical clinics, and local medical suppliers.

b) Mutual aid from hospitals outside the local jurisdiction.

c) National Disaster Medical System (NDMS C includes U.S. Department of Defense, Department of Health and Human Services, Department of Veterans Affairs, and FEMA.) Note: Local jurisdictions will work through ESDA, which in turn will work through the Illinois Emergency Agency and FEMA to obtain resources under the control of the State and/or Federal Government.

2. Acquisition of medical/health equipment and supplies including

a) Lawrence Co. Memorial Hospital shall supply and re-supply field medical operations.

b) Lawrence County Health Department will supply and re-supply for health services.

c) The Lawrence County Coroner’s Office will supply and re-supply mortuary service.

d) Lawrence Co. Memorial Hospital shall be responsible for its own supply and re-supply.

3. Transportation of medical/health supplies, personnel, and equipment:

a) Local government-owned vehicles will provide transportation.

b) Public ambulance services will provide transportation services.

c) Water transportation will be accomplished by volunteers and milk-hauling services.

d) The Lawrence County Coroner’s Office will provide transportation for mortuary services.

e) Volunteers with four-wheel-drive vehicles will provide transportation for medical evacuations under bad weather or terrain conditions.

4. Shelter and feeding of field, health, medical personnel, and patients shall be the responsibility of ARC, Salvation Army, and Emergency Medical Response Groups.

5. Funeral Homes will serve as temporary morgues. If they are overwhelmed, IEMA will provide temporary morgues to be located at the County Highway Department.

6. The acquisition of embalming supplies, body bags, etc. for dealing with a mass fatality situation will be through Lawrence County ESDA to the Illinois Emergency Management Agency.

**VI. Development and Maintenance**

A. The responsibility for revisions, keeping attachments current, and developing necessary documents for the annex belongs to EMA.

B. The responsibility for revisions and maintaining SOPs belongs to the emergency response groups.

**VII. Authorities and References**

Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended 42 U.S.C. 5121 et seq.

The Illinois Emergency Management Act (20 ILCS 3305)

County Ordinance relating to Emergency Management as adopted by the Lawrence County Board on April 8, 2005

Lawrence County Memorial Hospital Emergency Operation Plan

Emergency powers are authorized by the Emergency Medical Director of the Springfield Area/Mobile Intensive Care (SAMIC). Liability and/or immunity status of emergency medical, public health, and mortuary service workers are subject to the parameters of Illinois and local statutes.

Guide for All-Hazard Emergency Operations Planning: State and Local Guide (101); FEMA April 2001

**VIII. Appendices**

A. Pre-emergency Operations Checklist

B. Response Operations Checklist

C. Recovery Operations Checklist

D. Organizational Chart of Lawrence County Health Department

E. Lawrence County Health Department SNS plan

Appendix A

Pre-Emergency Operations Checklist

1. Establish/update plans and procedures for procurement of medical supplies, vaccines, potable water, and refrigeration units.

2. Identify shelters and develop procedures for staffing and supplying.

3. Maintain current and up-to-date lists of physicians, nurses, and other personnel within the county.

4. Provide specialized training in disaster operations for the staff of Lawrence County Health Department.

5. Develop and maintain emergency plans for mutual aid response of public health departments outside of Lawrence County.

6. Contact local ministerial association and (local) Mental Health for support.

7. Prepare news releases for disaster situations.

Appendix B

Response Operations Checklist

1. Activate Administrative, Nursing, and Environmental Health Staff.

2. Activate shelters.

3. Notify appropriate state and federal agencies.

4. Provide staging area for mutual aid forces.

5. Establish communication lines to shelters and Director of Environmental Health.

6. Provide triage and first-aid at shelters.

7. Ensure potable water supply during the emergency.

8. Provide sanitation services during the emergency.

9. Ensure adequate refrigeration during the emergency.

10. If deemed necessary, inoculate individuals to prevent the threat and/or spread of disease.

11. Distribute supplies, antidotes, vaccines, etc. to the shelters.

12. Maintain records of all resources used (personnel, equipment, and supplies).

13. Establish and operate emergency first-aid station at the shelters for emergency personnel.

Appendix C

Recovery Operations Checklist

1. Re-stock health and medical supplies.

2. Complete records and reports for local, state, and federal agencies.

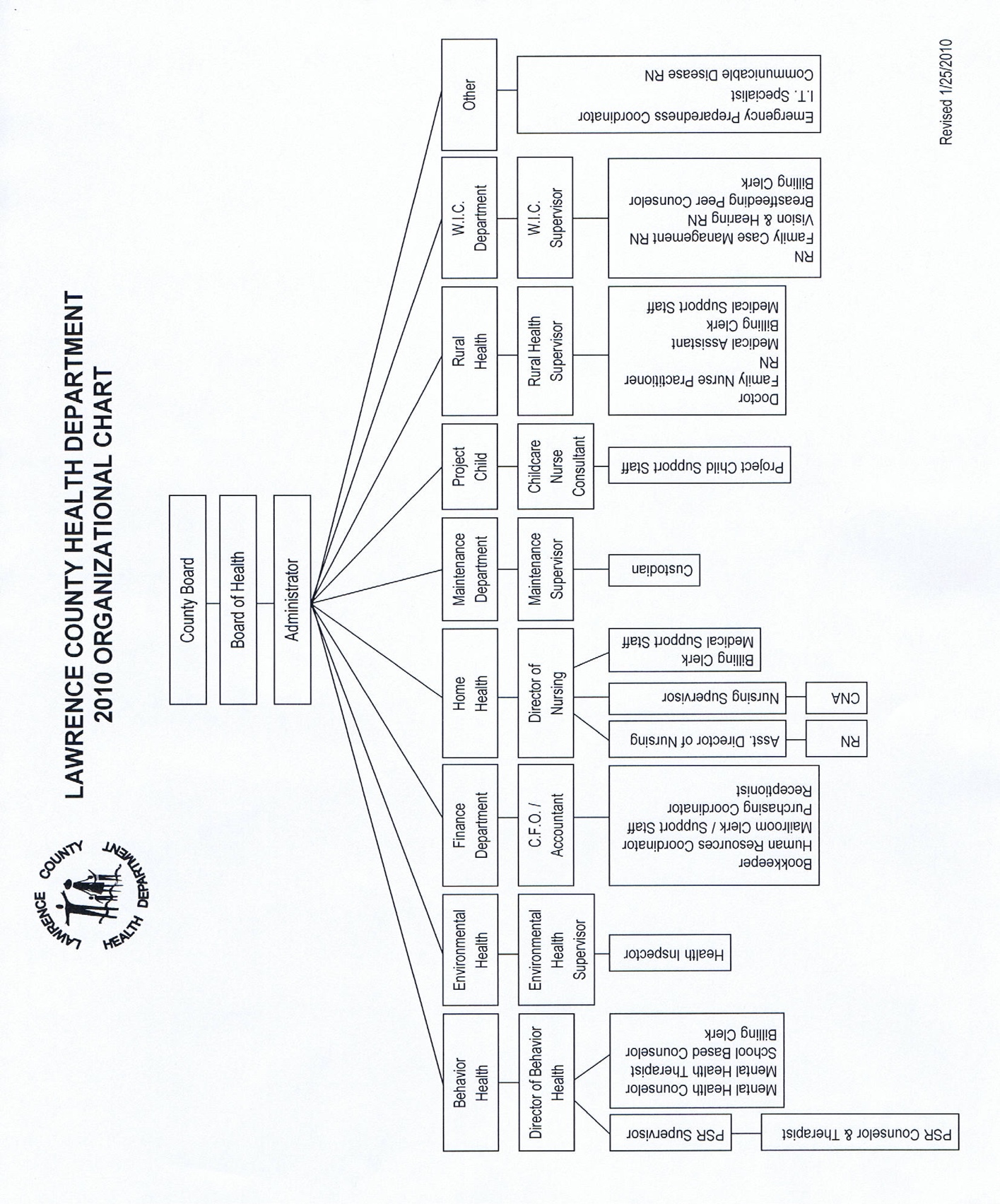
3. Revise Public Health Annex as a result of the disaster operations.

4. Participate in the critique and review of the response and recovery efforts.

5. Re-assess personnel assignments.

6. Continue response and treatment activities, as necessary.

Appendix D



Appendix E

**Lawrence County Health Department**

**Distribution Plan for Strategic National Stockpile (SNS) and**

**Illinois Pharmaceutical Stockpile Plan (IPS)**

**Operational Guidelines**

**Purpose**

The purpose of the Lawrence County Distribution plan for receiving, organizing, and distributing the Strategic National Stockpile (SNS) and Illinois Pharmaceutical Stockpile (IPS) of pharmaceuticals is to provide operational guidance for Lawrence County to request, receive, organize, and distribute SNS assets to all citizens of Lawrence County during an act or threat of biological or chemical terrorism or disease outbreak when County resources will be depleted or have already been depleted.

SNS contains antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The IPS contains antibiotics and chemical antidotes designed to enhance a community’s response to biological or chemical terrorism. It also provides antibiotics and chemical antidotes for events that do not require use of SNS.

The overall responsibility for the plan is with the Lawrence County Health Department. In order to respond to an actual event in initiating this plan, coordination and support of multiple agencies will be necessary to assist the whole community in minimizing the affects or potential effects of terrorism or disease outbreak.

**Assumptions**

In an event when SNS deployment is deemed necessary and local resources have been exhausted Lawrence County Health Department (LCHD) will determine the Strategic National Stockpile (SNS) medication requirements and prepare a SNS medication request, refer to “Local Health Department Analysis Questionnaire” for guidance on determining SNS medication requirements (Attachment 1). LCHD conveys SNS Medication Request to the Lawrence County Emergency Management Agency (EMA) office. (Note the Lawrence County Memorial Hospital will coordinate SNS requests through LCHD to avoid the potential of “double counting.”) EMA sends the actual request, but uses the information gathered by LCHD in the “Local Health Department Analysis Questionnaire.”

Lawrence County Health Department determines its emergency medication requirement in accordance with county population. The LCHD has authorized the following positions to request SNS resources: Public Health Administrator, Assistant Administrator, Emergency Preparedness Coordinator, Public Health Nurse, and Dispensing Site Manager. The LCHD then asks the Lawrence County Memorial Hospital to send their requests on a SNS request form (Attachment 3b) to the health department. This request is then sent to Lawrence County EMA using SNS request form (Attachment 3a) who makes the SNS Medication Request to the State Emergency Operation Center (SEOC) at the Illinois Emergency Management Agency (IEMA). IEMA Manager at the SEOC passes the SNS Medication Request to the Illinois Department of Public Health (IDPH) liaison. IDPH SEOC Liaison sends the SNS Medication Request to the Public Health Emergency Operation Center (PH EOC). PH EOC in consultation with the Governor’s Office makes a SNS Medication allocation decision based on Local Health Department (LHD) needs and presents inventories of the SNS. PH EOC prepares a LHD Medication Order based upon allocation decision. PH EOC sends LHD SNS Medication Order to IDPH SEOC Liaison. IDPH SEOC Liaison passes LHD Medication Order to IEMA SEOC Manager. SEOC makes the determination on which state assets to use to deliver Lawrence County’s SNS Medication Order. Throughout the event LCHD will continually assess medication and medical supply needs and make requests for supplies as needed following the same request process and the SNS request form (Attachment 3a). (Attachment See Attachment 2 for “Flow Diagram for LHDs (Local Health Department) Requesting SNS Supplies.”

The LCHD medical advisor, at the time of the request to do a mass prophylaxis, will issue standing orders based on the recommendations of the State.

Currently LCHD allows the nursing staff to issue medications with a standing order. We recognize in an emergency it may be deemed necessary to modify various medical professions scope of practice to assist in the timely delivery of medical materials according to the issuance of the Governor. LCHD will not operate in an illegal manner but we recognize the “rules” may have to be set aside to be able to dispense to the entire population of the county in a timely manner by using non-medical personnel, under the direct supervision of a pharmacist, doctor, or as named by the Governor and/or Illinois Department of Public Health, to assist in the dispensing efforts.

**Direction and Control**

The local level overall authority for the direction and control of the response of the SNS will rest with the LCHD. Assistance from local medical providers, volunteers, security, logistics, communications, and operations personnel will be necessary to fully implement SNS requests, reception, distribution and reconstitution.

The Lawrence County Emergency Operations Center (EOC) will activate to support and coordinate the response to an event requiring the SNS. Representatives from local agencies involved in this emergency or event will report to the operation center and remain there until the emergency is over. All requests for manpower, logistics, security, and operations will be coordinated in the EOC unless the situation or situations can be handled at the lower level. Depending upon the scope of the event direction and control will be achieved by implementing Unified Command and/or Area Command. Should specialty vaccines be required (such as the smallpox vaccine) the representative from each facility will receive on-site training in the administration and handling of the vaccine before it is released for administration.

**SNS Drop and Dispensing Center**

The LCHD has designated the Central Christian Church in Lawrenceville as the primary drop and dispensing center. The primary alternate drop and dispensing center is 4-H Center in Sumner and the secondary alternate being the Parkside Elementary School in Lawrenceville should the primary or the primary alternate not be available at the time of activation. The LCHD will utilize these facilities as the receiving, storing, staging, and dispensing centers.

**Activate Drop Site by contacting the: Lawrence County EMA,**

**Gerald “Jess” Angle, Coordinator**

**(618) 562-5800 cell or**

**(618) 936-2950 office or**

**E911**

**Drop Site Locations**

|  |  |  |
| --- | --- | --- |
| **Location** | **Address** | **Contact Information** |
| Central Christian Church  Phil Yackey | 303 Buchanan Drive  Lawrenceville, IL 62439 | (618) 943-4217 office  (618) 943-6637 home  (618) 843-6966 Cell |
| 4-H Center  Brant White | Route 50  Sumner, IL 62466 | office  (618) 936-2114 home  emerg |
| Parkside Elementary School  Contact Name | Park Drive  Lawrenceville, IL 62439 | (618) 943- office  (618) 943- home  (618) 943- emerg |

*Note:* Additional contact information can be found behind the Dispensing Site Facility Information tab.

The SNS will be sent primarily by ground transportation in the form of a 12-hour Push Package. The 12-hour Push Package contains 50 tons of medical material including pharmaceuticals, medical supplies, and medical equipment. Ground transportation will be conducted by Illinois Department of Transportation (IDOT). A forklift and a driver will be available through an MOU. SNS packages have color-coded tags: red tag-oral, yellow tag- injectable, clear tag-medical surge, green tag-chemical, blue tag-airway, and pink-pediatric supplies.

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **Manpower Unloading the State Distribution Vehicles** | **Forklifts and Operators** | **On-Site Security** |
| Central Christian Church | Volunteers through EMA | LCHD and  Ace Hardware through MOU | Lawrenceville City Police  By Chief and 8 officers |
| 4-H Center | Volunteers through EMA | N/A | Lawrence County Sheriff by 5 deputies |
| Parkside Elementary School | Lawrence County Highway Department with a staff of 6 | Lawrence County Highway Department | Lawrenceville City Police by Chief and 8 officers |

**LCHD Medication Distribution Site**

The following description of Lawrence County includes topographic and demographic information that may be beneficial for the direction of public health services.

Lawrence County embraces an area of 374 square miles, or 183,526 acres. The County is located in Southeastern Illinois and is bound on the East by the Wabash River, which serves as a dividing line between Illinois and Indiana. Lawrenceville, the county seat, is situated near the West shore of the Embarrass River.

A windshield survey of the county shows small villages and towns in rural settings, surrounded by farm ground. The villages and towns contain different classes of neighborhoods plus a district of business. The town of Lawrenceville hosts the county court house, a hospital, and an Illinois National Guard Armory.

The population of the county was 15,588 in 2007 (according to US Census Bureau, 2007). Lawrenceville is the largest population center of 4,800 followed by Bridgeport (population of 2,118), Sumner (population of 1,083), St. Francisville (population of 851), and Russellville (population of 133). The remaining population lives on family farms and in small farming communities.

The County also is the location of the Lawrence County Correctional Center that houses approximately 1800 inmates. The Correctional Center has their own plan to support this population.

There are approximately 3062 personnel associated with first responders and their respective families. The Lawrence County Memorial Hospital will support about 450 personnel which includes patients, employees, and employee family members. Approximately 12,526 members are to be accounted for and supported as members of the general public. (Attachment 3)

One dispensing site will be needed to support the general public in a worst-case scenario. This will enable the LCHD to provide prophylaxis to approximately 6,069 per day with the whole population completed in a 48-hour period. This is considered 1:1 ratio since all members must physically report to the dispensing site for dispensing of vaccines. If family members can pick up medications, this scenario is considered 1:5 ratio. Every one person coming to the dispensing site may pick-up 4 additional medication packets for family members. This will enable LCHD to possibly provide prophylaxis to the population in a shorter time period. The proper paperwork shall be completed and an IL Driver’s License may be required for identification. Unaccompanied minors (up to 18 years of age) will not be able to receive medication packets.

All dispensing sites will open up at the same time as determined by the Director of LCHD and the Unified Commander to include the Lawrence County Memorial Hospital.

**Security and Transportation**

Security of buildings and personnel, and transportation of medications to secondary or back-up sites will be coordinated through the Emergency Management Agency.

A single call to the 24-hour number at the Emergency Management Agency puts this system into operation.

## **Emergency Management Agency**

## **Gerald “Jess” Angle, Coordinator**

**(618) 562-5800 cell**

**(618) 936-2950 office**

**E911**

The Lawrence County Sheriff’s Department and the Illinois State Police will provide security during transport to the dispensing sites.

Security at County Medical Distribution Sites will be under the direction of the Lawrence County Sheriff’s Department and the local law enforcement agency that has jurisdiction for each site. Hospital Security will not be used for any other purpose than providing security in his or her own areas of responsibility because of concerns in at the hospital.

The Lawrence County EMA will act as the point of contact at activate security for the dispensing site and drop site. Upon activation the Lawrence County Sheriff will assume their duties and responsibilities as outlined in the County EOP, Annex N. The Lawrenceville City Police will assume the duties and responsibilities at the dispensing site for security of the premises and infrastructure, traffic control, and (possible) riot control.

LCHD has the ability to produce ID badges that has been used for credentialing personnel of county agencies in conjunction with the local EMA. The records are maintained in that database. The badge information consists of no less than name, position, discipline and additional important information included in the bar code. The computer software ID badge processing machine will be available at the SNS dispensing site. It will be the responsibility of the EMA Assistant (or designee) to issue the ID badges.

Volunteers and spontaneous volunteers will be screened by a panel consisting of LCHD Human Resource personnel, officer from the Lawrenceville City Police Department, EMA personnel, and American Red Cross. They will be issued an application (Attachment 16) and interviewed upon completion. When the volunteer is accepted they will be given the ESDA Oath (Attachment 17), personnel will complete the volunteer checklist with them (Attachment 18), and an ID badge will be issued.

All ID badges for responders, volunteers, and spontaneous volunteers will be scanned by the Lawrenceville City Police upon entry to the dispensing area. Those without the proper identification will not be allowed to enter.

For additional security information refer to the Security Plan located behind tab divider “SNS Security Plan.”

**Public Information**

All Media messaging and communications (Newspapers, TV, Radio) will be coordinated through the EOC. A Joint Information Center will be operated with the EMA Public Information Officer (PIO) and Public Health Representative designated by the LCHD Administrator, and Local Hospital Representatives. LCHD will have overall responsibility and control of all media communications. Media Communications will encompass but are not limited to the following:

* Communication campaign ready to tell people about the situation
* Communication campaign ready to tell people where to go for prophylaxis
* Communication campaign ready to encourage strict drug-taking adherence
* Communication campaign ready to educate people on the different drugs used
* Communication campaign ready to educate people on agent transmissibility issues
* Communication campaign ready to reach the undocumented/address other local issue

The Dispensing Site Manager or designee, at each site, will provide a PIO liaison to coordinate information with the LCHD PIO/JIC and handle public information/education at the dispensing site.

The local health department PIO will coordinate information with the county EOC. Also the PIO will serve as a point of contact with the media along with the county PIO. The PIO will contact the state EOC through the local EOC and the regional IDPH Emergency Response Coordinator.

The PIO/designee will utilize all media resources available in the county and surrounding area for the benefit of the local population. The local resources include WAKO Radio station (910 AM and 103.1 FM), local cable public information station, the Daily Record Newspaper, LCHD website (LCHealth.com), and Lawrence County EMA website (LCEMA.org) . The surrounding area resources include television stations located in Terre Haute and Evansville both of Indiana that serve the Lawrence County area. A Distribution Site information hotline will be established at the LCHD. The hotline will also be capable of providing information to non-English speaking individuals.

The LCHD PIO will supply scripted messages to the media with information to the public

regarding site locations, directions and routes to the sites (maps will be printed in the papers and listed on the websites), times, the dispensing site procedures, and medication compliance.

In case of electrical outages we will use the resources of the local law enforcement to do “drive arounds” making announcements across their PA systems. Also Lawrence County is very fortunate to have several active CERT, Neighborhood Watch programs, senior citizen Meals-on-wheels, and LCHD Home Health will be used to do door to door information campaign. The local SNAP committee will also participate.

The Lawrence County Special Needs Advisory Panel (SNAP) was formed in 2006. They have identified the special needs population. The committee consists of a wide variety of disciplines that have committed their agencies to the needs of this population during a disaster such as the senior citizen Meals-on-wheels, LCHD Home Health, LCHD WIC, and various faith-based organizations. See Attachment #19.

Therefore, the above agencies along with the EMA volunteers and / or Citizen Corps Program volunteers will go door to door to disseminate information to the identified at-risk population.

The local media are members of the local planning committee that meet every other month and participate in local exercises.

Easy to read Fact Sheets (including A agents) in both English and Spanish, scripted press releases, and templates have been developed and approved and can be found under Attachment 5. Materials and signage are located in the LCHD response trailer.

LCHD has the capability to reproduce fact sheets on a high speed Digital Duplicator (SD360) that can be powered by a generator if need be. The health department has the capability to produce mass quantities of handout information.

LCHD has formed a committee to address non-English speaking, hearing impaired, visually impaired, or functionally illiterate individuals. Committee members and contact numbers can be found under Attachment #20.

**Mass Distribution Staffing Plan**

Relevant Information

* The local health department employs 32 full time and part time nurses who may be mobilized in this plan dependent on need. This quantity of staff includes nurses at management levels.
* All local health department nurses are “on-call” and may be available to participate in this plan.
* The local health department employ staff other than nurses who may be called upon to participate in this plan. This would include, but will not be limited to sanitarians, social workers, health educators, and administration clerks.
* The LCHD employs 76 people and any of the health department staff may be called upon to fill a role in this plan dependent on need.
* Every attempt will be made to identify volunteers and staff by the use of ID badges prior to an event through EMA.
* Spontaneous volunteers will be identified as outlined in the Security Plan (Attachment #\_\_\_\_).

Initiation of a Mass Distribution of Antibiotics Effort

The following plan shall be used for staffing a mass distribution of antibiotics from the Medication Distribution Site. The plan can be modified to allow the staff to set up distribution elsewhere. For example, if the mass distribution needs to occur at secondary sites set up by the jurisdiction. It also can be expanded to include other sites if needed. See Attachment 7 for basic Command Structure and Job Action Sheets.

* The local health department has selected multiple distribution sites. Should these sites not be available for any reason, alternative sites will be available.
* If IDPH or the CDC has not provided eligibility criteria for medications, the Lawrence County Health Department will determine the eligibility criteria, if any. This will then determine the approximate number of people who will need to be treated.
* The Public Health Administrator or designee will determine the number of staff needed using the attached staffing and clinic model at Attachment 8.
* Upon activation the LCHD Response Trailer will be mobilized to the POD. The response trailer is equipped with fact sheets, dispensing supplies, patient history forms, copy machine, tables, chairs, 6,000 watts generator, general office supplies, ICS vests, 13 portable radios, 6 pagers, cell phones, mobile radio (located in truck), signs and stands, and cones/tape.

Alternate Dispensing Methods

**First Responder Plan**

First Responders will coordinate through the County EOC for their prospective prophylaxis requirements to include themselves and their family members. Once identified, First Responders will be able to pick up their prophylaxis at the drop site and distribute them at their respective work site or designated area. Any medical assistance needed for dispensing will be coordinated through the County EOC. Medication transfers will use the form at Attachment 4. First Responders and those who can pick up medications are considered, but not limited to:

First Responders

* EMA
* Law Enforcement (including jail facilities—specifically staff and inmates)
* Fire Department
* EMT
* ESDA
* Dispensing Site Personnel
* Non-Hospital Medical Workers
* Elected and Appointed City/County Officials
* Communications
* Transportation
* Coroners/Funeral Directors
* Military Installations

Other categories for medication pick-up

* Long term care facilities (nursing homes, specialty hospitals)
* Home care providers

In consideration for allowing for medication pickup for family members, staff will follow prescribing and dispensing guidelines provided by the Governor of Illinois in “consultation with the Illinois Department of Public Health.”

**Home Bound Plan**

Confined personnel such as Home Bound Citizens and those in Long Term Care Facilities will receive their required medications through their health care providers. Health Care providers in charge with their care will report to the dispensing site and coordinate with that prospective incident commander/site coordinator. The incident commander will verify the person’s identification and transfer the appropriate amount of medications to the health care provider. Medication transfers will use the form at Attachment 4. The first responders in charge of their care will provide their medications. Their medications will be picked up when the first responders pick up theirs at the drop site. Military Installations will be able to pick up their medications at the drop site if and when requested.

**Self Dispensing Plan**

One family member can pick up medications for themselves plus four family members, this scenario is considered 1:5 ratio, or a self dispensing plan. Every one person coming to the dispensing site may pick-up 4 additional medication packets for family members. This will enable LCHD to provide prophylaxis to approximately 6,085 per day with the whole population completed in a 24-hour period. The proper paperwork shall be completed and an IL Driver’s License may be required for identification. Unaccompanied minors (up to 18 years of age) will not be able to receive medication packets.

**Drive Through**

It may be deem necessary to use an alternative method of dispensing such as a drive through clinic in place of the traditional walk through clinic. This clinic could be established at the POD location. The LCHD has the capability to establish a drive through clinic in a minimal amount of time with the use of the LCHD response trailer. The trailer is loaded with the needed materials (tables, chairs, signage and stands, cones, etc.). Using the drive through method would expedite the dispensing efforts by allowing citizens to stay in their vehicles.

For the Medication Distribution or any other site

* Staff is to park at the site locations. Transportation to and from the site will be handled by local health department or coordinated through local emergency management.
* Twenty-four hour security in and around the Medication Distribution Sites will be the responsibility of the local law enforcement agencies.
* Access to the distribution sites will be restricted. Security personnel will check for local health department, public safety, or local emergency management agency badges.
* People will be screened for eligibility before they are allowed into the building. Furthermore, at least one security staff from the local police department and one local health department staff member will check proof of eligibility as they are allowed into the building. See Attachment 9.

Staffing coordinators will meet at the Health Department’s Conference Room located at RR 3 Box 414, 1 mile west of Lawrenceville, IL on US Route 50, road coordinate 1000E and 1100N.

The staffing coordinators will be responsible to gather the names for the Master Schedule of the following people:

* RNs
* Volunteer Escorts, Sanitarians, Nutritionists, Health Educators, and Interpreters
* Clerical support staff
* Volunteers

Volunteers will be coordinated through the local United Way, American Red Cross, Citizen Corps, and media outlets. Volunteers will report to the nearest dispensing site in his or the area and to the site’s Operation’s Chief. The Operations Chief will schedule the volunteers based on their availability and expertise.

Volunteers will be used in accordance with:

* 50 ILCS 1222 Local Government Disaster Service Volunteer Act Authorizes units of local government and their agencies to grant 20 days per year paid leave to an employee to participate in disaster relief services for the Red Cross, upon request of that agency.
* 745 ILCS 10 Local Government and Governmental Employees Tort Immunity Actsec. 1-202 defines employee to include volunteers Sec. 2-302 authorizes units of local government to indemnify employees, presumably including volunteers.
* 820 ILCS 315/2 Workers’ Compensation Act Defines civil defense worker to include volunteers during emergencies.
* 5 ILCS 350 State Employee Indemnification Act Definition of employee includes those who perform volunteer services where the volunteer relationship is reduced to writing.
* 20 ILCS 3302/10 IEMA Act Provides that volunteers engaged in a disaster, exercise, or training related to the emergency operations plan of a political subdivision or response that is beyond local response capabilities shall be a State employee for purpose of Workers’ Compensation, if certain criteria are met.
* 42 U.S.C. 14501 et seq. Volunteer Protection Act Preempts State Laws to limit the liability of persons serving as volunteers for governmental and non-profit organizations.
* Staff Compensation may be covered in a variety of ways dependent on the disaster and if there was a State or Federal disaster declaration.

A determination of the availability of medical professionals in the event has been made that 2/3 of them will not be available due to other obligations. Additional resources could be made available in accordance with MOUs with other counties’ Public Health departments in order to provide assistance as needed in an event.

The Lawrence County Health Department is fortunate to employ 82 personnel tha include RNs, CNAs, two (2) physicians, and two (2) APNs, clerical, behavioral health counselors/therapists and administrative staff. It has been identified in our plan that 31 persons will be needed to staff one 12-hour shift at a “traditional” walk through dispensing site or 62 persons to cover 24-hours (A4).

We also recognize that during a man made/natural event all of our staff may not be available and plans are in place to collaborate with the Lawrence County EMA. The Lawrence County EMA has a 44 member trained, credentialed volunteer base throughout the county that continues to grow. Each volunteer has received identification badges.

The volunteers can be utilized at a distribution and / or dispensing site for clerical, traffic control, assisting law with security, material handling, set up, and etc.

**Staffing Model**

Distribution

The staff for the Distribution Site will be made up of a Distribution Manager, Security Manager, Safety Manager, Communication/IT, Inventory Manager, Shipping/Receiving Manager, Pick Team Manager, and Quality Control Manager. As much as possible, LCHD trained staff will used for these positions.

Dispensing

In a worst case scenario (1:1 ratio), in order to staff 1 Dispensing Sites approximately 62 assigned staff will be need to operate the site 24 hrs for 2 days. A minimum of 31 people per 12-hour shift will be necessary at the dispensing site. In better case scenario (1:5 ratio), in order to staff 1 Dispensing Sites approximately 90 assigned staff will be need to operate each site 24 hrs for 2 days. A minimum of 26 people per 12-hour shift will be necessary at each dispensing site.

Each of the sites will be a potential site for distribution of antibiotics, should that become necessary. Under this plan, each site may function a little differently because of space considerations, but the process for antibiotic distribution will be similar.

Recommended staffing at each site (may vary) 1:1 and 1:5, 1:1 is when vaccines must be administered (individual) and 1:5 is for when medications can be dispensed (family) since medications can be picked up. See Attachment 10 for Expanded List of Responsibilities.

The LCHD Rural Health Clinic on staff doctor is authorized to issue standing orders and protocols for dispensing sites. The LCHD on staff Nurse Practitioners and Registered Nurses are authorized to dispense medications.

Distribution and Dispensing

LCHD collaborates with the Lawrence County EMA and the Lawrence County Citizen Corps Program to provide volunteers to assist with work breaks, shift schedules and meals/snacks for both distribution and dispensing sites. Job Action Sheets and Just-in-Time training sheets will be used for both LCHD staff and volunteers.

The LCHD’s Purchasing Coordinator will be responsible for the ordering and delivery of meals/snacks at the distribution and dispensing sites for the LCHD staff and volunteers.

**Staffing Needs for a 12-hour Shift (1:1 and 1:5)**

|  |  |  |
| --- | --- | --- |
| Number Per 12 hr shift  1:1/ 1:5 | Category of Staff | Role |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 1 | Senior Public Health Official (Incident Commander) | Provides direction, leadership, and problem solving techniques (Site Commander and in charge).  Communicates with and receives updates from EOC. |
| 1 | 1 | Safety Officer | Ensures Safety procedures and safe practices are observed by assigned personnel. |
| 1 | 1 | Public Information Officer | Assumes responsibility for all media and information related issues.  Collaborates with EOC and Public information Officer (PIO) |
| 1 | 1 | Liaison Officer | Acts as a point of contact for assisting or coordinating with lead agencies and other cooperating agencies. |
| 1 | 1 | Operational Chief | Oversight and coordination of SNS dispensing site. |
| 3 | 4 | Triage (EMT, Nurses, LPN, etc.) | Performs basic medical screening of symptoms “ill”; asks questions to determine health status |
| 1 | 1 | Clerical  (Form Distribution) | Hands out forms and directs clients to the triage area. |
| 1 | 2 | Medical Professional  (Physician, Physician Assistant, Nurse Practitioner, etc.) | Serves as a health resource to staff and clients |
| 1 | 1 | Clerical (Educational Materials) | Provides client educational materials |
| 1 | 1 | Clerical (Form Review/Completion/Collection) | Provides clerical support. Collects and Secures all completed forms from the dispensing areas as needed. |
| 1 | 2 | Clerical (Orientation/Guide) | Provides guidance and direction to clients throughout the Medication Dispensing Site. |
| 1 | 2 | Clerical (Orientation/Guide) | Provides guidance and direction to clients throughout the Medication Dispensing Site. |
| 3 | 6 | Professionals Certified to Administer Medications | Verifies eligibility of client to receive medications using designated forms. Distributes medication as appropriate. |
| 1 | 1 | Pharmacy | Prepares medication for pediatric doses, if necessary.  Labels and dispenses medications as time permits |
| 2 | 5 | Mental Health (Counseling) | Handle complex, extremely stressed individuals |
| 1 | 1 | Translators | Interpret for clients that are non-English speaking |
| 1 | 1 | Information Technology | Maintains informational system. |
| 1 | 1 | Clerical (Exit) | Directs clients to the exit area. |

|  |  |  |
| --- | --- | --- |
| Number Per 12 hr shift  1:1/1:5 | Category of Staff | Role |

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | 4 | Law Enforcement  (Security, Traffic Control, and Crowd Control) | Coordinates and oversees all security resources to assure safety for staff, clients and facility. Keeps Site Coordinator apprised of security, traffic control, and crowd control issues |
| 2 | 2 | Vehicles and Drivers | Pick up a deliver SNS and non-SNS supplies |
| 1 | 1 | Planning Chief | Assists Incident Command in developing the incident action plan. Anticipates changes in resource needs and prepares alternate strategic and tactical operations |
| 1 | 1 | Logistics Chief | Manages medications and supplies (requested, received, dispensed, and stored). Tracks SNS supply inventories. Secures needed resources for the site, staff, and clients. |
| 1 | 1 | Finance/  Administrative Chief | Responsible for maintaining receipts for all costs and financial considerations of the incident, |

These figures do not take into account volunteer support from other local agencies to include food service, custodial, facilities maintenance, and other volunteer services as needed.

**Initial Screening and Dispensing Prophylaxis**

Initial Screening

* Clients will be screened by medical personnel and symptomatic clients will be sent to the hospital to receive treatment.
* Clients will enter through the main door(s), after being screened by security personnel for eligibility to receive the medication. They will be directed into the waiting area. Once inside, they will proceed to the clinic counter where they will be given a Prophylaxis Screening/Consent Medication Administration Form (Attachment 11) with a clipboard that they will be asked to fill out. Chairs will be available.
* Once clients have filled out the form, they will be directed to the medication distribution area. There will be tables set up with nurses or other designated staff at each table. The minimum data required will be name, address, age, drug allergies, current mediations, physical condition, and weight of children (up to 18 years of age). See Attachment 11. Nurses or other designated staff will check over the form that the client has completed. The nurse/other staff will review the screening questions with the client, confirm eligibility for the antibiotic, verify identity, and answer any further questions that the client may have. If the client is eligible and the antibiotic is appropriate for the client, a nurse will dispense the medication. The client will sign the form acknowledging that they have received the medication. The Nurse will them fill out the Medical Assessment Form (Attachment 12).
* Every patient presenting to the dispensing site will be allowed to pick up to four (4) additional medication packets for family members.
* Symptomatically “ill” (visibly or stated) patients will be triaged to the medical professional medical area which has it’s own exit.
* Unaccompanied minors (up to 18 years of age) will not be able to receive a medication packet.
* Those patients arriving who are non-English speaking, hearing impaired, visually impaired, or functionally illiterate will be directed to a location where staff will be on hand to assist with these special needs.
* The client will then exit the building.
* Crowd control staff will be positioned at various locations at each of the distribution sites. The charge person will communicate via walkie-talkies.
* Due to the time-sensitive nature of the need for this plan to be implemented, all sites will operate on a “walk-in” basis.
* A phone bank will be set up at Lawrence County Health Department, (618) 943-3302, to handle calls and questions. Staff will consist of LCHD staff and volunteers. They will be given scripted information.
* All distribution and dispensing sites will work on a 12-hour operational period.

**Inventory Control**

Staff will be assigned to receive, unpack, transport, and account for shipment at the Medication Distribution Sites. The staff that will be authorized to sign for the SNS shipment will be: Phyllis Wells, Public Health Administrator; Mary Copp, MH/WIC Supervisor; Carla Simmons, Public Health Nurse; Julie Smith, Emergency Preparedness Coordinator; Eric Paulin, Environmental Health Director; and Jed Brian, EMA volunteer.

Record of amount of dose packs received will be sent to the Public Health Administrator.

Determination of where to send dose packs and how many to send will be made by the Public Health Administrator or designee.

Also sent with dose packs will be:

* Administration Record (AR) forms
* Fact sheets about medications
* Clip boards, pens and other office supplies will be set up in boxes
* Walkie-talkies will be arranged by LCHD Emergency Response Coordinator and EMA

Each unit pack will be sent with a “Medication Transfer Form.” (Attachment 4)

The unit packs, which are clearly marked “Medication,” will be delivered to one or more of the following sites:

* Central Christian Church, Primary
* 4-H Center, Secondary
* Parkside Elementary School, Tertiary

Unit Packs will be received directly by any of the following local health department staff:

* Public Health Administrator
* Director of Nursing
* Director of Community Health, Surveillance, and Planning
* Others as designated

Staff receiving unit packs will sign receipt, direct delivery to appropriate room and notify the Public Health Administrator or Public Health Representative a the County EOC.

Public Health Administrator or his designee will open pack and verify that amount received matches “# Units Sent” on Emergency Medication Form.

LCHD upon receipt of a controlled substance will complete the DEA form 222 to track the chain of custody (see Attachment #21). Dr. Gary Carr, RHC physician, will be authorized to sign for controlled substances. The LCHD will receive controlled substance under the DEA registrant number of Dr. Gary Carr on file in the RHC office.

When SNS assets have been initially apportioned, or when re-supply requests have been approved, (inventory) Chain of Custody forms (attachment #22) should be generated from the Inventory Management System, and the appropriate inventory should be pulled and packaged for delivery to the closed POD sites. Orders should be checked for accuracy and loaded onto distribution trucks. The following four copies of the Chain of Custody form should be given to the distribution truck driver.

1. Signature copy
2. Bill of Lading copy
3. Closed POD record copy
4. Distribution Center return copy

The driver should sign all four copies and keep them all except the signature copy which should be given to the Distribution Manager.

When the driver arrives at the closed POD site, he/she should have the facility representative sign all three copies. The site should retain the record copy. The driver retains the bill of lading copy as a record of the delivery. Finally the driver is to return the Distribution Center return copy to the Distribution Center.