

State of New Hampshire
Point of Dispensing Standard Operating Guide

v. Introduction

Purpose

The *State of New Hampshire Point of Dispensing Standard Operating Guide (POD SOG)* provides direction for planning, activating, and evaluating POD operations. This document is intended to guide preparation for diverse public health emergencies requiring mass dispensing of prophylaxis.

The intent of mass dispensing is twofold: provide prophylactic medication and vaccination to the general population in a rapid and precise fashion and maintain a safe environment for the staff and the public.

Points of Dispensing (POD) are designed to dispense medication and/or vaccine quickly and accurately to the well or exposed population. They are not clinics or places to receive extensive medical treatment and/or evaluation. Functional needs populations must be considered in all aspects of POD planning. Closed POD planning needs to be considered for designated populations such as nursing homes, group homes, large businesses, corrections, etc.

Organizational structure and terminology pertaining to command and control as well as communications between response elements are consistent with the Incident Command System (ICS) and are compliant with the National Incident Management System (NIMS).

The intended audience for this document includes, but is not limited to, state government agencies and officials, local government agencies and officials, Public Health Regions (PHR's), healthcare administrators and providers, and Emergency Support Functions (ESF) Health and Medical Services partners.

The POD SOG will coordinate with and complement existing State readiness initiatives including, but not limited to:

- a. *The New Hampshire Public Health Emergency Preparedness and Response Plan.*
- b. *Pandemic Influenza Public Health Preparedness and Response Plan.*
- c. *The Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP).*
- d. *The New Hampshire Strategic National Stockpile Annex to ESF-8 under the SEOP.*
- e. Other state emergency plans and essential support functions.

This document will be reviewed and updated annually. Responsibility for plan maintenance and updates lies with the Strategic National Stockpile (SNS) Coordinator, through the POD Sub-committee.

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1 counteract the effects of the identified hazard. Distribution of prophylaxis to family
2 members of responders also may be included when appropriate and as available.

- 3 7. Security precautions must be addressed because civil unrest may occur at the RSS site,
4 during transport of SNS assets, at any of the PODs, push sites, and/or treatment centers.
- 5 8. Medical triage and disaster behavioral health services will be required.
- 6 9. Public information and instructions will be disseminated when appropriate to facilitate
7 public access to prophylaxis.
- 8 11. Each PHR will annually conduct POD training and exercises. Call down rosters will be
9 tested quarterly. Associated documentation will be maintained according to Homeland
10 Security Exercise and Evaluation Program (HSEEP) and kept at the regional level unless
11 documentation is required by the State. The annual training should be on a rotating
12 basis so that all PODs within the PHR are involved.

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14 **Command and Control**

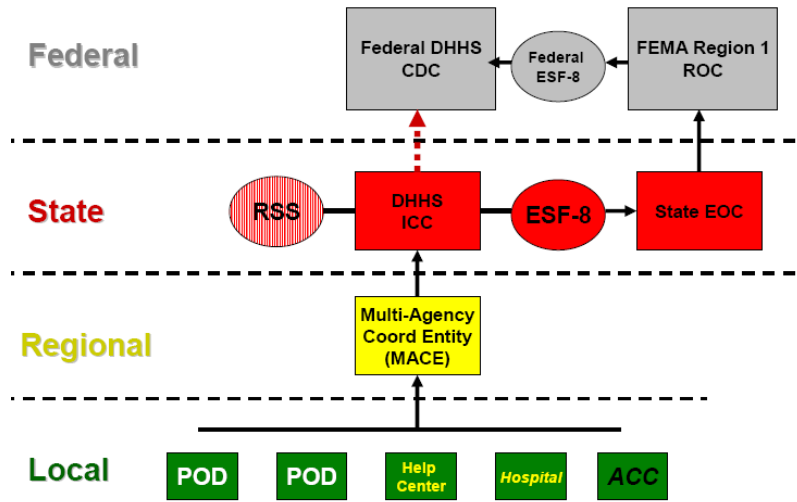
15 Management of emergencies that require the activation of the State Emergency Operations
16 Center (SEOC) is a function of the Department of Safety, Division of Homeland Security and
17 Emergency Management (HSEM).

18
19 POD functions are carried out as part of ESF-8 (Health and Medical), which is the lead entity
20 for a public health emergency. In such an event, the DHHS Incident Command Center (ICC)
21 will activate. Should the emergency be regional, or small in scope, the ICC may open and
22 manage the emergency with a command structure parallel to that of the SEOC. If both the
23 SEOC and ICC are opened, the two entities will develop a Unified Command Structure.

24
25 As outlined in Figure 1, each of the response clinics (PODs, Neighborhood Emergency Help
26 Centers [NEHC], Acute Care Centers [ACC] and hospitals) will report to their regional Multi-
27 Agency Coordinating Entity (MACE). If a MACE has a resource request that cannot be
28 fulfilled regionally, they will push the request to the ICC. If the ICC cannot support the
29 request, it will then be pushed to the SEOC, through the ESF-8 desk, for management. Both
30 the SEOC and DHHS have the ability to contact federal resources, if necessary.

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Figure 1: New Hampshire Resource Support for a Large-Scale Public Health Emergency



E. Legal Authorities

Authority for public health emergency preparedness planning and emergency response is outlined below:

1. Statutory Authority

Statute	Agency	Authority
US Public Law 93-288	Federal government	Provides authority to respond to emergencies and provide assistance to protect public health; implemented by Federal Emergency Management Act
RSA 4: Powers of the Governor and Council	Governor	Allows Governor to declare a state of emergency as that term is defined in RSA 21-P: 35, VIII Gives Governor direction and control of emergency management (see RSA 4:45, 4:46 & 4:47)
RSA 21-P	Governor HSEM	Allows the Governor to delegate authority to the HSEM Director to carry out necessary functions to preserve life of the people of New Hampshire during an emergency and become the conduit for this command function. HSEM provides working and communications facilities for the Governor and other state agencies to ensure the continuity of state government during a State of Emergency as provided for in the New Hampshire Emergency Operations Plan (EOP).
RSA 21-P: 37	Governor	Empowers the Governor to declare a "State of Emergency" in the event of a "natural, technological or man-made disaster of major proportions." Under a "State of Emergency," the Governor can, if necessary, assume direct operational control over all or any part of the emergency management functions within the state.

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Statute	Agency	Authority
RSA 21-P: 53 Public Health Powers and Duties	DHHS	During the existence of a state of emergency, the Commissioner of Health and Human Services has the following powers and duties, subject to the direction and control of the governor: I. the commissioner shall have the responsibility and authority to carry out all public health activities within the state in cooperation and collaboration with the division of Homeland Security and Emergency Management. II. the commissioner may purchase and distribute anti-toxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents that the commissioner deems to be in the interest of public health. III. if there is a statewide or regional shortage or threatened shortage of any anti-toxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents, the commissioner may control, restrict, and ration the use, sale, dispensing, distribution, or transportation of such products as necessary to best protect the health, safety, and welfare of the people of this state.
RSA 141-C: Communicable Disease		Allows DHHS to issue complaint to an individual and seek assistance of law enforcement; allows law enforcement officials to take an individual into custody and transport him/her to the place where he/she can be isolated, quarantined or treated; allows due process for such individuals (the right to a superior court hearing)
RSA 541-A: Administrative Procedure Act	State Agencies	Allows State agencies to adopt emergency rules when there is imminent peril to public health or safety, without going through normal rule-making process; see also RSA 4:47, III which allows the Governor to make, amend, suspend or rescind orders, rules and regulations during a state of emergency
RSA 508:17	DHHS, DOS	Provides important protections for persons who are designated to act as agents of the State during a public health or public safety incident.

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2. Local Authority

All communities in the State, including those without existing health departments, are part of a PHR. Each PHR has a Regional Coordinating Committee (RCC) that coordinates all public health emergency preparedness and response activities, under contract with the NH DHHS.

The *State of New Hampshire Public Health Emergency Preparedness and Response Plan* has a more detailed description of authority for public health emergency preparedness planning and emergency response. This plan can be found at:

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1 [http://www.dhhs.state.nh.us/DHHS/CDCS/LIBRARY/Policy-Guideline/dphs-health-emergency-](http://www.dhhs.state.nh.us/DHHS/CDCS/LIBRARY/Policy-Guideline/dphs-health-emergency-plan.htm)
2 [plan.htm](http://www.dhhs.state.nh.us/DHHS/CDCS/LIBRARY/Policy-Guideline/dphs-health-emergency-plan.htm)
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4 **3. Memoranda of Understanding**

5 It is essential that planners develop, sign, and review Memoranda of Understanding (MOU)
6 between the PHR and with all agencies/facilities/companies that will play a role in the
7 response. MOU's allow for the identification of resources in the jurisdiction and detail how they
8 may be committed in response to a public health emergency. Examples of necessary MOUs that
9 may be completed include the use of the selected facility, transportation assets, as well as
10 private companies and shops that may be able to supply materials and other resources in an
11 emergency. (See Appendix 5 for recommended guidelines for writing an MOU.)
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13 If Emergency Medical Services (EMS) staff and vehicles are not dedicated to each POD, planners
14 must establish protocols and MOUs to insure that appropriate emergency medical coverage is
15 in place for POD operations. It is important to work closely with EMS providers to assure that
16 an ambulance is either staged at the POD site or is available to quickly respond to the POD if
17 needed.
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19 **4. Liability Protection/Workers compensation**

20 In New Hampshire there are several State laws that address when personal or professional
21 liability protection and worker's compensation coverage are provided to responders. These
22 provisions differ based on the type of emergency, how or by whom a person is activated, and
23 the person's actions.
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25 House Bill 618 provides important protections for persons who are acting as agents of the State
26 during a public health or public safety incident.
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28 Persons assisting in responding to a public health or public safety incident will be protected
29 from liability provided that the following two conditions are met:

- 30 • The Commissioner of either the NH DHHS or the Department of Safety (DOS) has
31 declared in writing that a public health or public safety incident exists.
- 32 • Either DHHS or DOS has specifically designated in writing a person to act as its agent to
33 assist in responding to the public health or public safety incident.
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35 When these two conditions are met, in accordance with RSA 508:17-a, the person designated
36 to act as an agent will be protected from claims and civil actions arising from acts committed
37 within the scope of his or her official duty as an agent to DHHS or DOS to the same extent as
38 State officials and employees are protected, so long as:
39

- 40 1. The agent was acting in good faith and within the scope of his or her official functions
41 and duties as an agent to DHHS or DOS; and
- 42 2. The damage or injury was not caused by willful, wanton, or grossly negligent
43 misconduct by the agent.
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1 RSA 508:17-a also states that no disciplinary action may be taken by a licensing board against a
2 licensee who acts as an agent and items 1 and 2 are applicable.

3
4 HB 618 also amended the New Hampshire workers' compensation law (RSA 281-A) to clarify
5 that if a person is injured while acting as an agent in accordance with the provisions above, the
6 State of New Hampshire and not the agent's regular employer will bear the cost of workers'
7 compensation. In effect, the agent will be considered an employee of the State of New
8 Hampshire for the purposes of workers' compensation.

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10 SB 95 amended RSA 291-A:2, VII(a) and VII9(b) to include New Hampshire citizen corps
11 volunteers in the definition of employees.

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