

Exercise Determined Promise 2003

Logandale, Nevada Plague Prophylaxis Clinic: Exercising the Strategic National Stockpile

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The Department of Defense asked the Clark County Health District (CCHD) to participate in the disaster drill entitled Determined Promise '03 (DP '03) from August 18 -23, 2003. The purpose of this exercise was to test the capacities of the U.S. Northern Command (U.S.Northcom) Homeland defense/homeland security mission and integration of the Joint Task Forces-Civil Support (JTF-CS) with state and local responders. Part of the JTF-CS mission was to coordinate military support to civilian state and local authorities when it was requested.

The scenario of events was to include a simulated release of aerosolized plague bacterium from a vehicle driven down the Las Vegas Strip on Friday evening Aug. 15 and affecting over 300 tourists. In addition to the Clark County Health District, participants in the drill included the Las Vegas Metropolitan Police Department, the Clark County Fire Department, the Clark County Office of Emergency Management, the Clark County School District, the Nevada National Guard, the Nevada Highway Patrol, and the Nevada State Health Division.

The scenario was designed so that local resources would become overwhelmed and would need to call on State resources for help. In turn, State resources would become over tasked and ask the Federal government for assistance.

The first challenge for the CCHD was to identify the pathogen, and then develop a plan to prophylax the general population. Mass prophylaxis clinics needed to be established. For the purpose of this exercise, one demonstration clinic would be set up, staffed and operational by 12:00 p.m. on August 18. We needed to demonstrate that the clinic could prophylax at least one hundred twenty three people per hour, (this goal was set by the health district). To accomplish this, the Health District first had to activate the Strategic National Stockpile by alerting the CDC for the need. The stockpile then had to be shipped to Las Vegas, unloaded, transported to the clinic site and dispensed to the population.

This article will explore the research of previous clinic plans, staffing needs, software implementation and discuss the lessons learned from this exercise.

On Monday morning, August 18, 2003, sixty-two hours after the simulated release of plague bacterium on the Las Vegas Strip, the Clark County Health District Office of Epidemiology started receiving calls from area hospitals. There were an unusually high number of patients presenting to these facilities with flu-like symptoms and a productive cough with bloody sputum. The number of victims escalated rapidly. At 10:30 A.M. the Chief Health Officer alerted the Clark County Office of Emergency Management and the Emergency Operation Center was opened at the Clark County Government Center. Simultaneously the Clark County Health District opened an Incident Command Post at the District. All health district operations were run from this facility.

During the initial planning phase of this exercise the original site of the demonstration prophylaxis clinic was to be located in Indian Springs Nevada, approximately 45 miles North of Las Vegas. The clinic would be opened using tents provided by Nevada National Guard, with communication lines and other facilities provided by FEMA. During subsequent planning meetings it was decided that due to many factors, including the desert heat in August that an alternate location, the Clark County Fairgrounds in Logandale (approximately sixty miles from Las Vegas) would be used that would afford the exercise participants more space, stable a/c buildings and additional facilities. It was decided that the Logandale clinic model plan would be adapted from the Clark County Smallpox immunization plan and aspects of the "Medication for the Masses: A Dispensing Plan in Action" from Pima County Health Department Tucson, Arizona. The goal was to prophylax patients with oral antibiotic medication at a rate of 123 clients per hour. Nursing was confident of meeting that goal for the purpose of the exercise and in fact actually achieved a higher goal of 200/hour.

Staffing the plague prophylaxis clinic involved fifty-two licensed personnel from the CCHD -3 RN Public Health Nurse managers, 20 Registered Nurses, 1 clerk, 2 Information Technologies support staff, 1 Public Information Officer and 120 volunteers. The volunteer staff included licensed personnel from the Medical

Reserve Corps, translators from Salud en Acción volunteer services, (addresses the health needs of Hispanic Women) and counselors from Montevista Mental Health Services. The Nevada Army National Guard and the Nevada Air National Guard also supplied us with medical personnel. Personnel were grouped and placed in jobs that they had been trained for. CCHD nurses had detailed job descriptions, a previously created data base containing staff's special abilities, credentials with the appropriate staffing for this clinic. See Annex A for Job descriptions. In each clinic, laminated job descriptions, job aids and check lists delineated responsibilities of both clinic staff and volunteers.

Equipment lists for each clinic were also compiled prior to the exercise. Lists detailed the equipment needed, when it was needed and who was responsible for obtaining the equipment and delivering it to the clinic site. The Clark County Health District worked closely with FEMA prior to the exercise and discussed the supplies that FEMA would be able to provide. See Annex B for general supplies and equipment lists.

The Incident Command Post (ICP) was opened at 1000 on August 18; at 1434 the Chief Health Officer requested the State Health Division contact the Governor to activate a request for the Strategic National Stockpile (SNS). Governor Guinn signed the order requesting the Strategic National Stockpile (SNS) from the CDC. The CDC then authorized and granted the request.

The SNS "Test Pack" arrived at Nellis AFB nine hours after the order was authorized by the Governor, the Chief Health Officer signed off as receiving the supply of medications. (For exercise purposes CDC provides a "Test Pack" which simulates an actual push pack that would be used during a real emergency. The test pack contains bottles of appropriate antibiotics for the identified agent but no actual medication is contained in the bottles). The SNS was guarded by the NNG during ground transit on August 20 and escorted by the Nevada Highway patrol to the Logandale clinic site arriving at 1145 on August 20. Metropolitan police were available to secure the perimeter of the clinic site. Staff found that there was a definite need to have security on the inside of the clinic to monitor activities during the clinic operations. Once the stockpile was secured and opened two CCHD nurses were assigned to open the boxes and inventory the contents. The medications were then distributed to the distribution tables by designated volunteers. One CCHD nurse was

designated as the Stockpile manager and was responsible for inventory control, keeping the distribution tables stocked and, advising the Clinic Manager when additional medications were needed. This person was also responsible for the accurate return of all medication bottles at the end of the exercise.

Clinic Operations:

It took three hours to set up the clinic site. A site map was developed depicting the clinic layout and sent to FEMA prior to the start of the exercise. FEMA staff used that schematic to set up the clinic. The map was also reviewed with staff prior to beginning work at their stations so they had a clear understanding of the clinic flow and function.

Volunteers from the Logandale community and Community Emergency Response Team (CERT) acted as patients. In their staging area volunteers were given cards with various fictitious preexisting medical conditions, symptoms of illness, medication histories etc. This was done to exercise the ability of CCHD nurses to triage patients to appropriate areas within the clinic, while maintaining a constant flow of patients through the distribution site.

As part of the clinic layout a special needs area was set aside to assist patients who were in need of special services. This area included: translation services, telecommunications device for the deaf, TDD and Tele-Interpreter lines, multiple family members needing medications, a weighing center for children whose dosages depended on their weight, hearing impaired, a pharmacy section for those with special medication needs, and other according to the patients needs, a MD station for those presenting with symptoms and a mental health area for those who were exhibiting marked anxiety.

LESSONS LEARNED IN CLINIC OPERATION

- A lesson learned was to have only medically trained personnel at the triage table, these personnel would immediately assess the severity of illness of people presenting to the clinic and determine the direction they should be directed.
- Another identified need was to have medical/nursing personnel in the queue line, proficient in the language or dialect of the community being served. It was found that many people with language barriers were sent to the

- special needs area MERELY FOR INTERPRETATION SERVICES this would have been remedied with an interpreter/nurse in the queue line.
- Additional orientation for CCHD staff, Nevada Army National Guardsmen, and Nevada Air National Guard reserve staff should have included added focus on forms preparation and instruction on completion of the medical screening documentation. Lack of this focus resulted in missing documentation i.e. medication lot number, medication dispensed and dispensing nurses' initials. A laminated model form would have assisted in the accurate completion of the records.
 - In the future a logistics officer would assist in assigning specific instructions to the National Guard personnel to secure the stockpile and assist in clinic security.
 - All personnel wore their designated agency identification badges, this helped to inform staff of licensed personnel, but a suggestion was made to make large generic badges i.e. R.N., M.D., Pharm.D., P.A., Interpreter, Counselor, Clerk and place them on the upper chest of the individual. This action may reduce the time it takes to identify appropriate personnel. Human Resources could assist the staff with this task.
 - A sign in log was onsite in the clinic to document the personnel reporting. These included licensed, certified and volunteer personnel, however, credentials of non CCHD employees were not verified prior to the exercise, which led to some confusion.

Staffing:

Prior to the exercise, CCHD nurses reviewed the triage techniques, plague symptomatology and first aid skills and assessment. The prior training was an asset to the positive outcome of the clinic exercise. Staff became increasingly fatigued after the first few hours of the clinic operations.

LESSONS LEARNED IN STAFFING

- The recommendation was made to staff these clinics in 6 hour increments, due to decreased stamina of the nursing population. Most staff currently employed would not be accustomed to the 12 hour shifts as most normal vaccination clinic operations at the CCHD do not exceed 8 hour shifts.
- Because of the volume of the crowd, break times and food considerations were inadvertently overlooked. The American Red Cross was unavailable to assist due to real-time floods occurring the night before in Clark County and unable to provide previously planned food during the drill. The Salvation Army provided 300 meals for the Metropolitan police, and volunteers. However, the Clark County Health District staff did not receive these meals. A recommendation for in the future is to have Logistics oversee for the provision of food, well-being and safety of staff involved in an incident.

Clinic Management

Three clinic managers oversaw the total clinic operations, in hindsight an additional manager would have assisted in meeting the needs of the staff. To communicate with managers and other nursing personnel, a red/green flag system was implemented to notify the managers of the staffs' needs. Clark County Health District Staff were also using two way radios and Nextel phones to communicate with each other. The use of a public address system was also very useful for communicating with the crowds. It was determined that additional two way radios at the dispensing sites would be beneficial,

An added component of the operation was providing rapid, real time data entry during clinic hours. Clerical personnel were posted near the distribution area and entered demographic data and medication prescribed from the hard copy forms. This data was entered via laptop into the mainframe server and Epidemiology was able to obtain information about patients and potential contacts if needed. Prior to the event, nursing and information technologies developed an Access data base that mirrored the screening form that each victim had to complete. The clerical staff was able to input this on a single screen which greatly facilitated data entry. The Access program was selected due to its simplicity and the ability to generate reports as needed. Onsite Information Technologies support personnel were invaluable to keep phone lines, modems and equipment functioning properly. They also assisted in the printing of medication instructions in different languages.

A public information officer was required to conference with the press, and make public announcements on a regular basis. This position was critical for the clinic managers, by keeping the press and public informed and updated on the clinic operations, it allowed them to concentrate on clinical issues.

People in need of prophylaxis were initially instructed to come to a distribution site via the media. Upon arrival they were triaged according to their needs and sent either to the special needs area or into the general queue lines and queue lines were formed to organize the mass prophylaxis. Nursing personnel were walking the lines to assist in assessing the patient needs, assist in forms completion (attach screening form) that included demographic information and contact information for follow up care, and informing people of the estimated wait times. This area also allowed patients the chance to discuss their medication, history and any questions or concerns they had about the dispensing clinic. These nurses also served as a back up to triage victims who may have had previously undetected special needs and direct people to appropriate services according to need.

In the special needs area, a physician was standing by to assist with determining medication dosage and type according to patient needs, i.e. breastfeeding, pregnant, chronic illnesses. A pharmacist was also assisting in the calculation of dosages for the pediatric population. An added luxury would have been to have a lap-top computer with a CD-Rom containing the Physicians' Desk reference instead of a hard cover book.

An Emergency Medical Unit was standing by to assist with transport to a hospital, or in case of an advanced life support emergency in the clinic. Patients were counseled by pharmacists on the appropriate use of their medication. A pharmacist was also assisting in the calculation of dosages for the pediatric population.

In a real event, stress levels would be very high among patients and staff. Counseling support was provided by Montevista (a mental health provider), which offered patients access to mental health professionals adjacent to the dispensing area. Two informational DVD's played near the queue line to inform the English and Spanish speaking public of the check in, screening and dispensing routine of the clinic, clinical manifestations of plague, the importance of antibiotics and the need to take all the prescribed antibiotics, the need to screen the public for symptoms of plague, post exposure

prophylaxis, infection control and decontamination of the environment. These DVD's were on a continuous loop and replayed every 3 minutes. Volunteer victims commented that the education was informative and gave them a sense of calm and what to expect in this clinic. See Appendix for transcripts of the Plague clinic educational DVD.

As patients were given bottles of Cipro or Doxycycline they were also given written medication information sheets, medication dosing instructions and a card that was proof of prophylaxis. The intent of the prophylaxis card was to be presented to the authorities at the borders if the patient wanted to leave Clark County. (The scenario had evolved to the point where state borders were closed)

LESSONS LEARNED IN CLINIC MANAGEMENT

- Although there were two way radios provided by FEMA additional two way radios were needed.
- Amount of clerical staff needed for data entry was grossly underestimated. Suggestion is for at least one data entry person for each dispensing table
- Obtain CD Rom of Physician Desk Reference to facilitate Pharmacist in drug interaction research
- CDC did not supply drug information sheets or dosing instructions for patients as part of the SNS. Have copy machines ready to duplicate information sheets.

The overall outcome for people served in this clinic totaled over 200 people per hour, surpassing the goal set for the exercise and exceeding the goal we had set for ourselves. The clinic operation was three hours in length; if the staff would have been allowed to proceed longer it is believed that a higher total would have been achieved. The clinic floor plan and flow of patients worked well. The dimensions of the building were 100 feet x 80 feet; the area was large enough to accommodate large numbers of patients waiting to receive their initial supply of medication.

The Clark County Health District had previously trained Senior and Middle Management staff in the Incident Command System to the Major Incident Management 400 level. The 400 level trains employees how major incidents and events can create special problems related to incident organization. By anticipating these problems staff can lead and have a more effective management team. In subsequent

debriefing sessions the CDC commented that the CCHD provision for Incident Command System training for all senior administrators and managers was advantageous to the success in the overall operations of the DP'03, SNS drill.

**MOST VALUABLE LESSON LEARNED
ALWAYS HAVE A BACKUP PLAN FOR
EVERY PHASE OF YOUR OPERATION**

References:
Clark County Health District Smallpox Plan
Pima County Health Department Mass
Dispensing Plan

Appendix A

LOGANDALE PLAGUE CLINIC (123 PER HR / 1,000 PER DAY / 8 HRS A DAY)

NEED	Number PEOPLE NEEDED per 8/hr shift	PROVIDERS List out personnel by name	RESPONSIBLE PARTY	Positions
Non-medical volunteers: 2) Clinic Flow 2) Line control 3) Clipboards 2) Weighing 2) Forms completion	11	Volunteers	Medical Reserve Corps	Clinic Flow QA Reviewer Forms Helpers
Nurses or MD	3 – 6	Nurses CCHD	CCHD	Medical Screeners
Physician Physician's Assist. to evaluate ill or difficult med. history screening	1 – 2	National Guard	National Guard	Physician/P.A. Evaluators
Referral personnel	2	Monte Vista Mental health personnel	Monte Vista	
Alternate antibiotic Prescription Therapy Verification Card Signature witness	6	Nurses	CCHD and National Guard	Medication Administrator
Pharmacist Pharmacy Tech or nurse Experienced with meds	1	Volunteer Pharmacist	Medical Reserve Corps	Medication Preparation Supply
Non-medical Supply dispensing site P/up boxes, etc.	2	Volunteer	CCHD Volunteers	Supply / Housekeeper
Non-medical Data entry	2	CCHD clerk and National Guard	CCHD National Guard	Medical Records Data Entry
Existing Vaccine Programs personnel	1 – 2	Nurse managers	CCHD	Clinic Manager
Bottle Counter – setup for drugs / fill boxes # of pts per hour	1	Volunteer	MRC	Bottle Counter
Clipboards	1	Volunteer	MRC	Clipboard p/up
Non-medical Security 2) Restroom 2) Monitor 7) Security guards	9	Volunteer National Guard	MRC National Guard	Traffic Flow / Security
Medical or PH personnel for final review	1	Nurse	CCHD National Guard	Exit Review
IT support - non-medical	1	It Specialist	CCHD	IT Support
Interpreters - language	2	Volunteers	Saluid 'en Action	Interpreters
PH Epidemiology	0			Contact Evaluation
EMT	1	Medic	National Guard	Medical
TOTAL	-52~			

General guidelines:

1. All persons administering the antibiotic prophylaxis will be medicated beforehand in order to minimize the clinical impact of exposure to plague should it occur.

JOB DESCRIPTION: CLINIC MANAGER

REPORTS TO: Operations Chief

Responsible for:

1. Organizing and coordinating direct patient services
2. Ensuring safety of staff, volunteers and patients
3. Provide briefing to Incident Commander and/or Operation Chief
4. Liaison with other agencies at dispensing site
5. Providing guidance to security staff regarding unruly patients
6. Providing informational briefings to observers, staff and volunteers
7. Ensuring set up and tear down of dispensing site
8. Ensure adequate staffing of dispensing site

JOB DESCRIPTION: CHECK IN STAFF (RNs)

REPORTS TO: Clinic Manager, MRC Coordinator

There will be two check in stations, a special needs check in and a main check in.

SPECIAL NEEDS CHECK IN

Patients arriving at the special needs check in will have their special needs/symptoms written on their identification tags. If they are exhibiting signs & symptoms of plague or are seriously ill, give them a screening form and mark it with a red marker on the top left corner and have them escorted to the MD or PA if he/she is not seeing other patients. Otherwise direct them to the triage nurse. If all three are busy, have the patient escorted to the chairs and notify the Clinic Manager.

Give all other patients a clipboard, pen and screening form. Mark the time on **all** screening forms as you give them to the patients. Mark the screening form with a yellow marker in the upper left hand corner and direct the patients either to the chairs or into the appropriately marked line for the service they need.

There will be lines marked for:

Triage nurse / Pharmacist

1. Weighing children
2. Assisting MD/PA, Pharmacist, Mental Health Counselors
3. Unaccompanied minors
4. Calculating appropriate doses for children
5. Drug interaction issues
6. Adverse event issues regarding medications

Mental Health Counselors

1. Counseling distraught patients

Tele-Interpreters

1. Access tele-interpreter lines for patients
2. Translate forms and instructions if able and necessary
3. Access TDD lines

Medical Doctors/PA

1. Patients who are ill
2. Patients on dialysis

Patients may go directly to the lines or sit in the chairs to fill out forms if medically necessary.

MAIN CHECK IN

Patients arriving at the Main Check in area will have their name, possibly age and other diagnoses or symptoms described on their identification tags. If they are exhibiting signs & symptoms of plague or have other special needs have them escorted to the special needs check in area. All other patients should be given a clipboard, screening form and pen. Mark the time on all screening forms and make a mark with a green marker in the top left hand corner of the screening form. Direct patient to get into line and begin filling out the screening form. If there are patients who are unable to fill out form, because they can't read, write or see well enough, there will be volunteers standing by to take them to the table behind you and assist them.

JOB DESCRIPTION: SPECIAL NEEDS NURSE**REPORTS TO:** Clinic Manager**DUTIES:**

1. Assist with set up of clinic
2. Weigh infants, toddlers, and other special needs patients if necessary
3. Assist MD/PA with seriously ill patients
4. Assist in reviewing screening forms
5. Ensure documentation is complete on screening forms
6. Assist with clinic tear down at completion of exercise
7. Assure orderly and safe special needs area
8. Assist unaccompanied minors. See guidelines.

JOB DESCRIPTION: CLINIC NURSES**REPORTS TO:** Clinic Manager**DUTIES:**

1. Assist setting up clinic.
2. Sign in before beginning distribution and sign out when done
3. Review screening forms of patients waiting in line for allergies, and drug interactions
4. When reviewing forms, if patient answers "Yes" to any questions indicating drug interactions or contraindications to antibiotic therapy, mark that answer with a green highlighter.
5. Provide education and support to patients
6. Assist with line management
7. Assess patients in line for special needs and refer to appropriate personnel
8. Assist other licensed personnel as necessary with special needs or difficult patients.

JOB DESCRIPTION : DISTRIBUTION NURSE**REPORTS TO:** Clinic Manager**DUTIES:**

1. Sign in before beginning distribution and sign out when finished
2. Assist with clinic set up.
3. Raise green flag when ready to see next patient
4. Review screening form for allergies, adverse events and drug

interaction. If drug interactions or contraindications to therapy are noted on screening form, give patient the precaution sheet and review appropriate item with patient. If patient is reluctant to take drug or has additional questions follow procedure for referring to MD or Pharmacist. (see # 6)

5. Clarify any missing or illegible information
6. If unable to quickly choose appropriate therapy, raise hand for assistance and refer patient to Pharmacist.
7. Distribute appropriate medication.
8. Review the important counseling points for that medication and provide the patient with the appropriate medication packet.
9. Review follow up procedures.
10. Document on form medication distributed, lot number, disposition of patient and clearly initial form.
11. Assist with tear down when exercise is complete.

JOB DESCRIPTION: REGISTRATION STAFF**REPORTS TO:** Clinic Manager**DUTIES:**

1. Assist with setting up clinic
2. Sign in and out sheet
3. Greet patients outside medication distribution area
4. Send the following patients to the special needs area
 - a. Families with infants, toddlers and whose weight is questionable for less than 100 pounds.
 - b. Anyone whose tag describes plague symptoms.
 - c. Anyone on dialysis
 - d. Anyone who is distraught
 - e. Anyone who can't speak English and doesn't have an interpreter with them.
 - f. Anyone who is handicapped.
 - g. Anyone under the age of 18 who is unaccompanied by a parent or guardian.
5. Direct all other patient to the main entrance.
6. Assist with site tear down when exercise is complete.

**JOB DESCRIPTION: LINE
MANAGEMENT STAFF****REPORTS TO:** Clinic Manager, MRC

Coordinator

DUTIES:

There will be six lines of patients waiting for medication dispensing and three dispensing tables with two nurses each. Two lines will be directed to each table.

1. Maintain order in patient lines
2. Escort handicapped patients if necessary
3. Keep lines moving quickly
4. When distribution nurse raises green flag, direct next patient in line to appropriate table.

Line management staff may also be used in the special needs area if it gets crowded. In that instance the patient's screening form will indicate which service they need and line management staff will direct patient as appropriate.

**JOB DESCRIPTION: PHARMACIST/
PHARMACIST TECH****REPORTS TO:** Clinic Manager**DUTIES:**

1. Counsel patients and advise distribution nurses regarding drug interactions and adverse events that may complicate choice of antibiotics
2. Assist with dispensing medications, if necessary
3. Calculate correct dosages for infants, toddlers, children and other special needs patients
4. Document findings and actions on reverse side of screening form
5. Sign in and out form

JOB DESCRIPTION: CLERICAL STAFF**REPORTS TO:** Clinic Manager**DUTIES:**

1. Assist with clinic set up
2. Data entry information from screening forms, while dispensing is taking place
3. Separate complete forms from incomplete.
4. Run reports as requested.
5. Assure that all screening forms are returned to Clinic Manager, when complete and data entry has been completed
6. Assist with tear down at completion of exercise
7. Investigate as much as possible to complete forms after distribution exercise.
8. Clerical staff is also responsible for the safe conduct of all screening forms. Forms are to be returned to the district, input completed and forms are to be returned to designated Clinic Manager.

**JOB DESCRIPTION: INFORMATION
TECHNOLOGY****REPORTS TO:** Clinic Manager**DUTIES:**

1. Set up all computers and printers
2. Troubleshoot problems with computers and printers
3. Print copies of medication instructions in requested foreign languages
4. Dismantle all printers and computers when exercise is completed.

**JOB DESCRIPTION: INVENTORY
MANAGER****REPORTS TO:** Clinic Manager**DUTIES:**

1. Assist setting up clinic
2. Coordinate with volunteers delivery and pick up of medication bottles
3. Ensure that dispensing tables are kept stocked
4. Ensure that complete inventory of bottles are returned to stockpile
5. Assist with clinic tear down when exercise is complete

Additional Clinic Supplies and Personnel

Support for Each Clinic

- Computers – (2) laptops for data entry (all need internet connection, for web-based database utilized) with ACCESS Data base software. 1 universal sign on for data input.
- Centralized supplies warehouse – Estimate quantity of clinic supplies needed for 1 day operation (paper, pens, staplers, etc.) and package accordingly for single unit delivery to each clinic.
- Shipping – Dedicated trucks/vehicles, staff, and drivers and preplanned routes to support SNS antibiotics from Airport with delivery to Clinic in Logandale.

Communications Equipment

- Hand-held radio system to communicate on site without having to send a runner.
 - Public Address system or bull horn to direct recipient flow.
1. Will have 8 total phone lines with modems:
(1) Fax, provided by FEMA, located in Dr area. Phone instruments from FEMA.
 2. FEMA to provide drop cords, lights, partitions, 1 refrigerator, 3 TV's with DVD, and Cots.
 3. FEMA to have Ham Radio operators on site.

Logistics for staff

1. Red Cross/Salvation Army to provide H2O and food.
2. 4 Port a potty with hand washing for the Dispensation clinic, provided by the state.
3. Emergency management to have a Para Medic Unit on site.