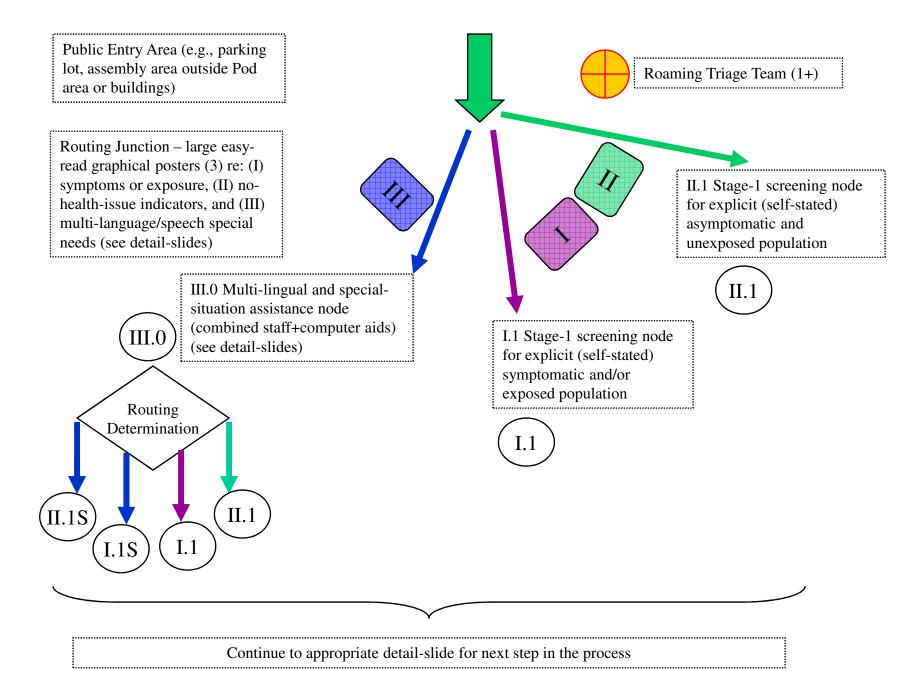
Suggested Operational Plan for Mass-Population Walk-In CBR Exposure Screening, Aid Dispensing and Treatment Routing

This plan is based upon a synthesis of several models including live simulations and exercises in USA and other countries (Canada, Costa Rica, United Kingdom, Germany, France, Netherlands, Russia, Malaysia and Singapore). It takes into account results of studies during 1995 – 2011 from groups in several agencies and universities including the H1N1 "Race for Resilience" (Pandemic Initiative), including the protocols developed for CRAIDO (Community Rapid-Response for Infectious Disease Outbreaks) and the parent-model, CUBIT (Coordinated Unified Biothreat Intervention and Treatment).

Initial Process – outdoors or in a structure that provides for rapid, non-crowded, contact-minimized movement, with no closed-circulating or non-circulating HVAC system



POSTER Contents

This is what people see when they come walking up to the entrance – these are in bright clear simple words and icons





No symptoms of illness? No unusual incidents or contacts? No experience of exposure?

[clear, simple icon-graphics]

 $\rightarrow \rightarrow \rightarrow \rightarrow$

Problem with English Language? Special Communication Needs? $\rightarrow \rightarrow \rightarrow \rightarrow$

Feel sick or a change in health? Any unusual incidents or contacts? Do you think you were exposed? Any symptoms like these:

[clear, simple icon-graphics with simple text labels]



Problem with English Language? Special Communication Needs?

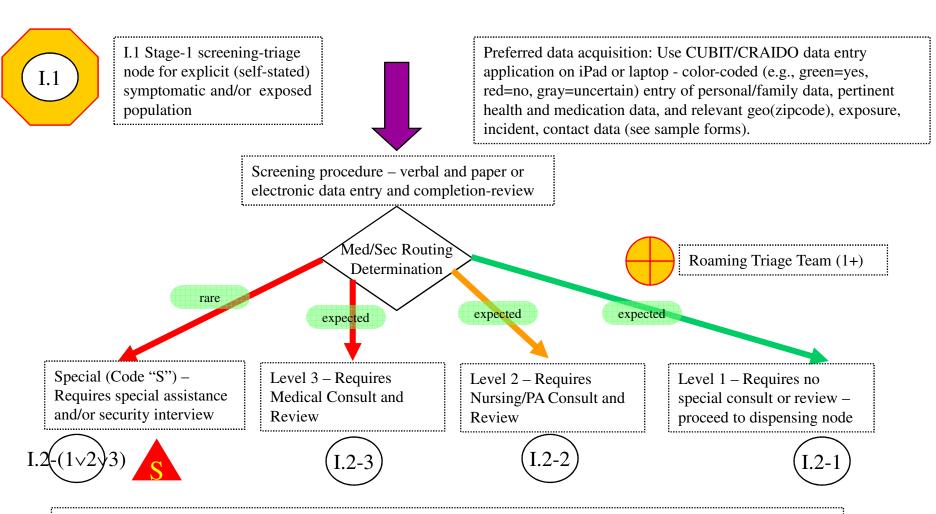




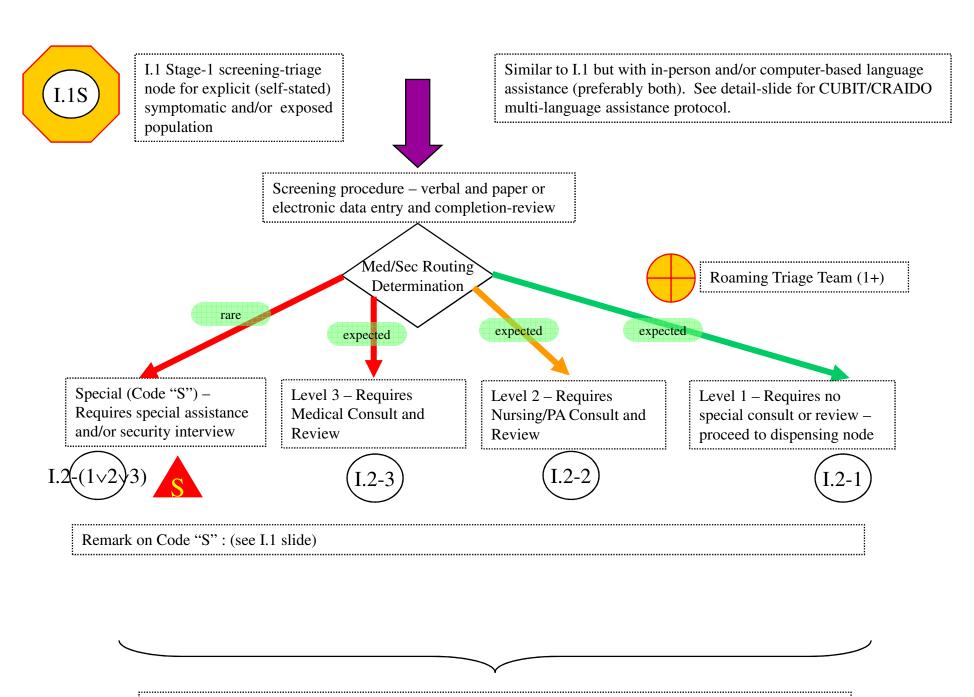
No English?

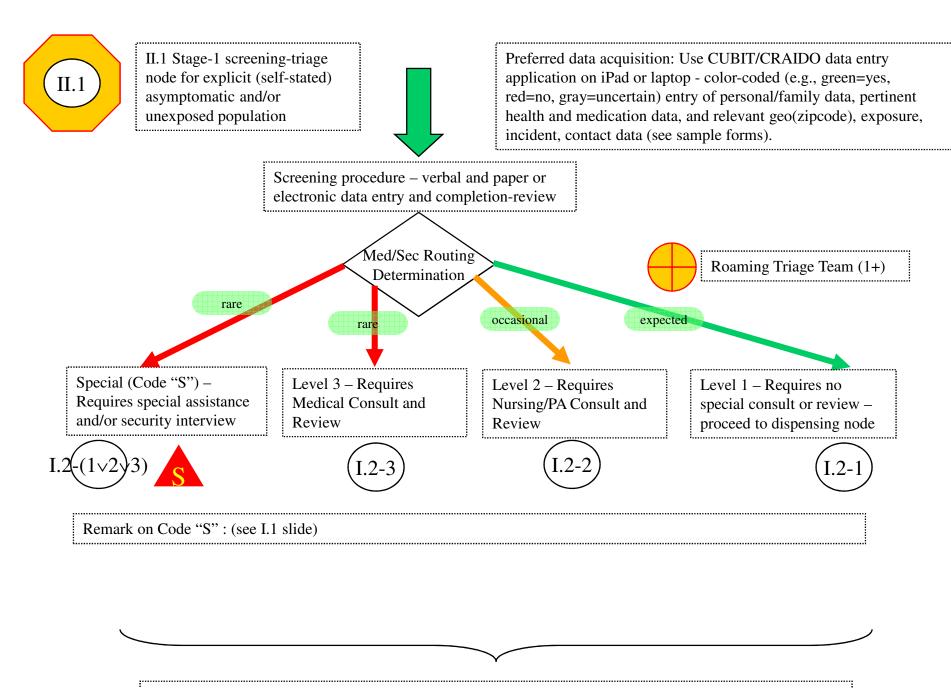
AYUDA con Español Помощь в Русском 与中国的帮助 GIÚP ĐÕ với Việt المساعدة في اللغة العربية ار دو کے ساتھ مدد 한국어 도움 Türk Ticaret YARDIMI **HELP** with Other Languages

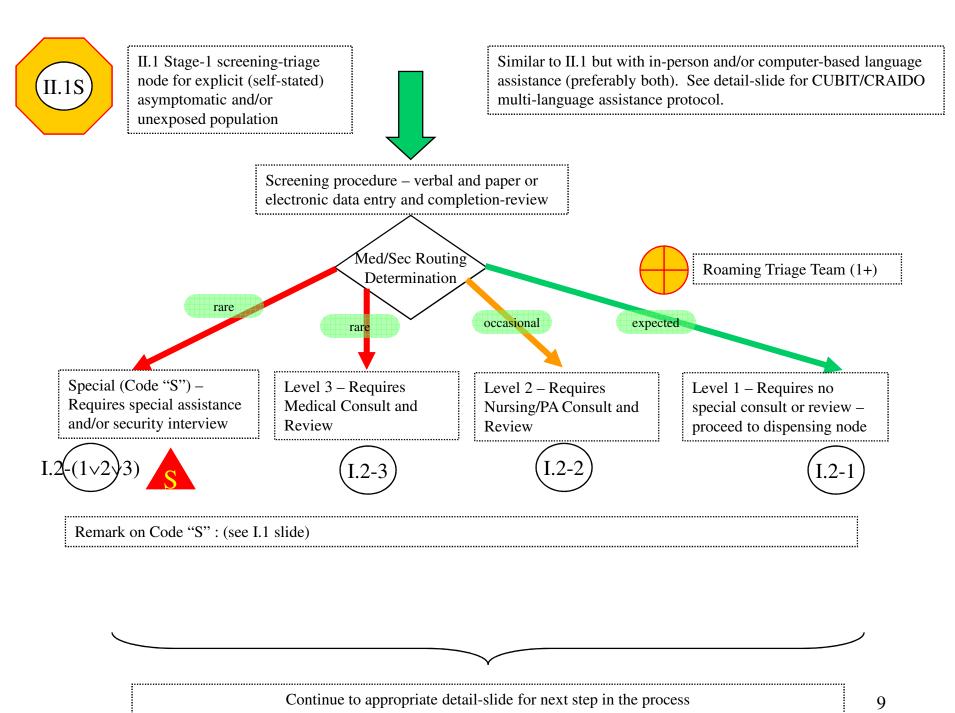
Stage-1 Screening and In-line Triage



Remark on Code "S": This can be if a person or family member evidently needs special assistance in understanding and using dispensed medications, performing self-monitored observations, or due to inconsistencies between observed condition and stated condition, or because of evidence that person(s) were exposed to the CBR hazard in a manner that indicates either (a) continued or extended threat to others or (b) conditions, persons, or situational information of interest to hazmat, counterterrorism, intelligence or law enforcement operations.







Stage-2 Processes –

- Basic medical and informational dispensing
- Medical and/or security consultations
- Emergency processing for transit to hospital

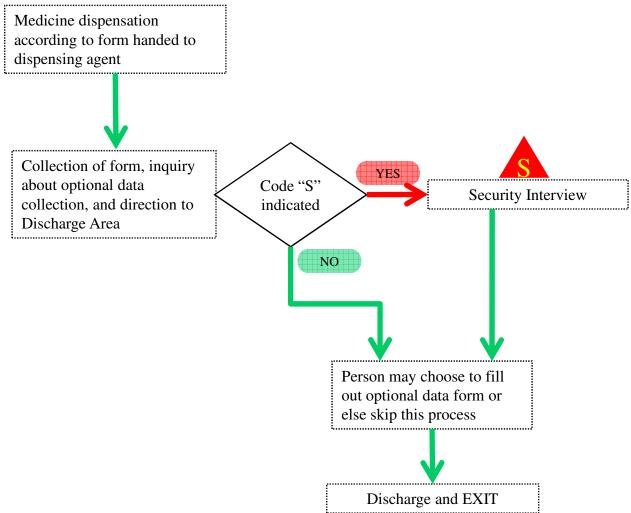


I.2 Stage-2 (Level 1)
No special problems –
straightforward, provide meds
and info dispensing, collect
optional data, send people to exit



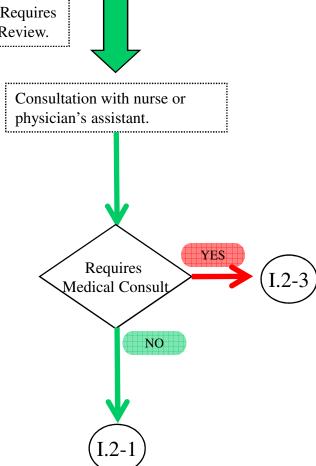
Optional data collection:

Persons can provide on a paper form or on an electronic tablet, if they wish, additional information for use in future contact and GISenhanced epidemiological mapping and forecasting (e.g., place of residence, schools, employment, physical social-networking.





I.2 Stage-2 (Level 2)
Potential medical issues re:
condition or medication. Requires
Nursing/PA Consult and Review.



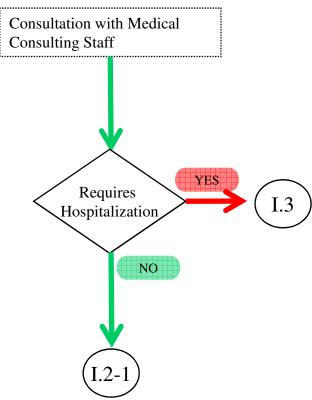


I.2 Stage-2 (Level 3)
Definite or high-probability
medical issues re: condition or
medication. Requires Medical
Consult and Review.



Additional data collection:

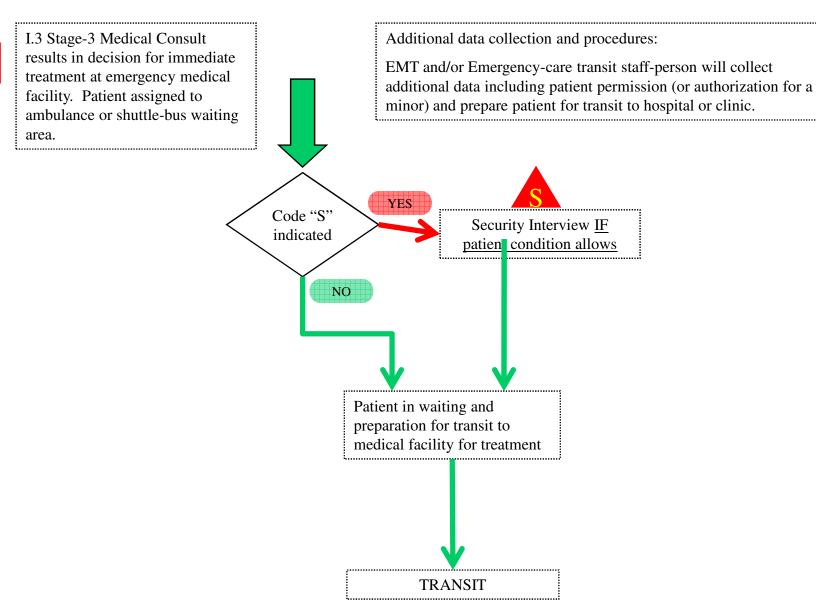
Medical consultant (physician or CBR medical specialist) will collect additional data as necessary and add to screening form or directly via tablet/laptop into database.



Stage-3 Processes –

- Person deemed to require immediate medical attention at ER or equivalent facility
- Preparations, additional data collection, waiting, and transit to facility





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