



# Public Health Meals on Wheels

## Planning Guide

for Medical Countermeasure Delivery and Dispensing



FINAL DRAFT

The Oak Ridge Institute for Science and Education (ORISE) is a U.S. Department of Energy (DOE) institute focusing on scientific initiatives to research health risks from occupational hazards, assess environmental cleanup, respond to radiation medical emergencies, support national security and emergency preparedness, and educate the next generation of scientists.

This document was developed by ORISE in collaboration with the Centers for Disease Control and Prevention (CDC) Healthcare Preparedness Activity (HPA) through an interagency agreement with DOE. ORISE is managed by Oak Ridge Associated Universities (ORAU) under DOE contract number DE-AC05-06OR23100.

Disclaimer: The findings and conclusions in this document are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

**Public Health Meals on Wheels Planning Guide for  
Medical Countermeasure Delivery and Dispensing**

**June 2016**

[This page is intentionally blank]

# Table of Contents

- PREFACE ..... 1
- FIRST STEPS WITH MEALS ON WHEELS ..... 2
- BEFORE REVIEWING THIS GUIDE ..... 3
- HOW IS THIS GUIDE STRUCTURED? ..... 3
- MCM MEALS ON WHEELS PROJECT COLLABORATION ..... 5
  - Why should our public health department pursue Meals on Wheels as an alternate dispensing partner? ..... 5*
  - Why is Meals on Wheels MCM delivery and dispensing a good fit for your public health plan? ..... 5*
  - Will a Meals on Wheels MCM Delivery and Dispensing Option Serve Enough People to Make it Worthwhile? ..... 6*
  - What is My Role in Partnering with Meals on Wheels and CDC? ..... 8*
- LIABILITY AND AGREEMENT ..... 9
  - Legal Liabilities and Security ..... 9*
  - Agreement ..... 10*
- CONCEPT OF OPERATIONS ..... 11
  - Notification and Activation ..... 11*
  - Medication Recipients ..... 12*
  - Delivery and Dispensing ..... 13*
  - Medication Handling and Management ..... 14*
  - Volunteers ..... 15*
  - Delivery Route Planning ..... 16*
  - Security ..... 17*
  - Communications ..... 18*

**Public Health Meals on Wheels Planning Guide for Medical Countermeasure Delivery and Dispensing**

*Deactivation*..... 19

APPENDIX..... 21

FINAL DRAFT

## PREFACE

An all-hazards approach to preparedness necessitates planning for natural, biological, chemical, and radiological events whether accidental or deliberate. These threats have the potential to affect millions of people in communities across the nation. State officials request deployment of Strategic National Stockpile (SNS) assets to the state public health departments. State public health departments distribute to the local public health department (LPHD) for dispensing to the community. Local public health officials have long-standing and well-rehearsed mass dispensing plans via "push and pull" methods, usually through open point of dispensing (PODs) sites.



**Push strategies:** Deliver or push out medication to the public

**Pull strategies:** Bring the public to a point of dispensing site to receive medication

**Point of Dispensing:** location for dispensing medication to large populations in a public health emergency

**Open:** entire population

**Closed:** specific population

*Example: all students and staff on a campus serving as a POD*

Even with extensive preparation, long lines may form at open POD sites as thousands of people wait in long lines to get their medications. People may be stressed about missing work and trying to calm their children as they endure long waits; anxiety and tempers may flare. Remember, the possibility exists that the entire population of any given community may become at risk of exposure to a highly infectious disease, such as anthrax, and, as such, local health departments will be diligently working to dispense necessary medication to the entire population in less than 48 hours.

Some LPHDs may consider their dispensing plan complete and ready to implement. Other LPHDs may believe their current plan does not reach the entire local population and will look for alternative dispensing options. Using alternative medical countermeasure (MCM) dispensing methods, such as partnering with and leveraging the resources and capabilities of local private and public organizations, offers a wider range of options for reaching more people. LPHDs want to ensure that vulnerable populations are identified and supported in a public health emergency.

## FIRST STEPS WITH MEALS ON WHEELS

Since 2002, state and local public health departments have partnered with the Centers for Disease Control and Prevention (CDC) to identify preparedness planning solutions for the entire population during a disaster. Vulnerable populations, such as homebound people who are elderly, disabled, or impaired, are at great risk during a public health emergency. Existing homebound services to vulnerable populations make Meals on Wheels a viable partner to help public health officials plan and protect those most vulnerable in an emergency.

CDC initiated the Meals on Wheels Project Workgroup, which is composed of public health officials and Meals on Wheels representatives, to identify an engagement strategy and planning considerations when working with your local Meals on Wheels program. The workgroup suggests engaging your local Meals on Wheels program in preparedness planning using a two-part approach:



### **PART I – INITIAL OUTREACH: BUILD OR ENHANCE YOUR RELATIONSHIP.**

Connect with your Meals on Wheels contact, provide a high-level context for MCM partnership, and send the Meals on Wheels Homebound Delivery brochure for reference.

Outreach product: This brochure provides background information emphasizing the importance and benefit of working with local public health officials on MCM preparedness initiatives.



### **Part II – Clarifying and Gaining Buy-In on Dispensing Planning: *Emphasize the Importance of Partnership***

Your Meals on Wheels contact may have questions about the information and partnership involved, especially if you do not have a previous relationship. Take time to make sure your Meals on Wheels contact clearly understands the initiative, planning, expectations, and tasks.

Planning product: This guide is a discussion and planning template for local public health officials to clarify the scope of dispensing and planning with Meals on Wheels programs. Review the steps on how to use and complete this guide on the next page.



## Before Reviewing This Guide

Complete the following steps based on the outreach approach described on the previous page.

### Step 1: **Determine your best local Meals on Wheels contact.**

Your Meals on Wheels contact may not be the decision maker or primary planner required to support this initiative.

- Check to make sure you are engaging the right person.

### Step 2: **Reach out to your confirmed Meals on Wheels contact.**

- Briefly share the MCM dispensing initiative and goal.
- Obtain consent to send the Meals on Wheels MCM informational brochure to your local contact.
- Ask if you can follow up to discuss the project.
- Secure a time for a one-on-one, follow-up conversation.

### Step 3: **Send the informational brochure.**

Now you are ready to review this guide in preparation for your one-on-one conversation with your Meals on Wheels contact.



## How Is This Guide Structured?

This guide is organized based on the structure example provided on the next page. A general overview of the section is provided under the main title. Supporting planning information is located under the subtitle. The primary content is focused on the Meals on Wheels program and associated partnering agencies' policies and protocols within the context of public health preparedness planning.

The action icon signals actions to complete as you plan with Meals on Wheels partners. Local public health department (LPHD) reviewers who have worked with their local Meals on Wheels have provided plan practices captured in the partner practices box. Check the considerations box for additional planning concepts to review with your Meals on Wheels partners. If you find yourself answering "no" to questions in the consideration box, that does not mean you cannot partner with your local Meals on Wheels program; it simply identifies areas where you need to plan or ask questions. Specific public health

partner examples, if available, are provided at the end of each section along with additional concepts or areas for consideration.

**NOTE:** Some of the partner practices may reflect a specific partner. Some examples reference a specific agency or entity using a letter, such as Meals on Wheels — "X" to maintain the anonymity of the source.

<b>Title</b>			
<b>General overview</b>			
<b>Subtitle</b>			
<b>More specific content</b>			
<b>Action Icon</b>	 <hr/> <hr/>		
<b>Partner Practices</b>	 <hr/> <hr/>		
<table border="1"><thead><tr><th>Considerations</th></tr></thead><tbody><tr><td> </td></tr></tbody></table>		Considerations	
Considerations			

## MCM Meals on Wheels Project Collaboration

In January 2015, CDC Division of Strategic National Stockpile (DSNS) collaborated with the National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO) to help identify jurisdictions interested in working on a MCM pilot project with the Meals on Wheels program.

Several jurisdictions expressed interest, and the Meals on Wheels MCM delivery and dispensing planning project began February 2015. The CDC Division of State and Local Readiness (DSLRL) continues the Community and Resilience Activity (CRA) work collaborating with state and local partners to provide Meals on Wheels resources for preparedness planning.

The planning foundation began with the Frederick County Maryland Meals on Wheels dispensing plan, and includes feedback from other public health jurisdictions. Many public health departments work with Meals on Wheels programs through agencies such as the Council on Aging (COA), Senior Center, and More, Inc. These partner agencies, or associate agencies, provide strong alliances in developing Meals on Wheels dispensing plans.

### Why should our public health department pursue Meals on Wheels as an alternate dispensing partner?



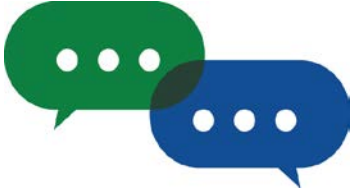
The Meals on Wheels corporate vision is dedicated to addressing senior hunger and isolation and supports more than 5,000 community-based senior nutrition programs across the country.<sup>1</sup> Meals on Wheels programs are a well-known, credible resource. Public health departments recognize the vital service Meals on Wheels provides. The established infrastructure, services, and systems of these programs can be leveraged to provide support to some of the local homebound populations during a public health emergency.

### Why is Meals on Wheels MCM delivery and dispensing a good fit for your public health plan?

Each local Meals on Wheels program is unique with different capacities. Meals on Wheels facilities are well equipped and positioned to service the homebound populations based on their demographics and resources.

---

<sup>1</sup> <http://www.mealsonwheelsamerica.org/national/>.



### Partner Practices

- The Natick Health Department in Massachusetts works with Meals on Wheels through the COA, which administers the Meals on Wheels program from the senior center facility in the community. Meals on Wheels policies coordinate closely with COA policies, and COA and the Town of Natick partner in efforts to support immunization for homebound clients.
  - Meals on Wheels in Forsyth County, North Carolina provides service through Senior Services, Inc., a private organization.
- 

The Meals on Wheels programs have dedicated staff, established delivery routes, and packaging processes to prepare meals for home delivery. Some Meals on Wheels programs have only volunteer staff; others have some paid staff. All meals are delivered by volunteers and routes may vary based on the local agency, demographics, and number of volunteers. Normal delivery may take 1 or 2 hours per day. In an emergency, delivery may take longer depending on when delivery takes place, delivery policies, and routes.

Meals on Wheels staff routinely and efficiently set up and manage both normal and special-delivery operations. These skills are critical to operating a MCM dispensing option.

### Will a Meals on Wheels MCM Delivery and Dispensing Option Serve Enough People to Make it Worthwhile?

Local public health emergency planning must integrate older adults and people with disabilities of all ages into every aspect of community emergency planning, response, and recovery.<sup>1</sup> Older adults and people with disabilities may have limited capacity to respond to emergencies. Their caregivers and extended family must also be integrated into emergency planning, response, and recovery. Communities may have significant numbers of people who depend on these provided services.

Older adults may have impaired mobility, diminished sensory awareness, multiple chronic health conditions, and social and economic limitations. All of these factors can impair their ability to prepare for, respond to, and adapt during emergencies.<sup>1</sup>

For example

- Georgia: In 2011, 39.6% (386,146) of people aged 65+ have a significant intellectual or physical disability.
- Washington, D.C.: In 2014, 37.7% (23,373) of the 65+ population is living at home with a disability.
- Kansas: In 2013, 25% of people aged 65 to 74 and 51% of the 75+ population had a disability.<sup>2</sup>
- Arkansas: In 2013, 32.8% of people aged 65 to 74 and 54.8% of the 75+ population had a disability.<sup>3</sup>

For some older adults, independent living is possible only with help from friends, family, and in-home services that provide meals, home-based health care, and help with the activities of daily living. A study by Cornell University reports that in 2013 the prevalence of noninstitutionalized disabled Americans between ages 65 and 74 was 25.8%, and further, those with disabilities over the age of 75 were reported as 50.7%.<sup>4</sup> Meals on Wheels programs serve a significant portion of this population. This is the same population within your community that most likely will not be able to present at local PODs. Those served by Meals on Wheels, and in some cases extended family residing in the home, may be homebound during an emergency. That population includes the following:

- Clients 65 years of age or older who are homebound or isolated.
- Persons providing care for the seniors.
- Spouses, caregivers, or disabled adult children.
- Registered clients with an illness or health condition.
- Disabled or dependent clients.

---

<sup>2</sup> Cornell University. 2013 Disability Status Report: Kansas. Available at: [http://www.disabilitystatistics.org/StatusReports/2013-PDF/2013-StatusReport\\_KS.pdf](http://www.disabilitystatistics.org/StatusReports/2013-PDF/2013-StatusReport_KS.pdf).

<sup>3</sup> Cornell University. 2013 Disability Status Report: Arkansas. Available at: [http://www.disabilitystatistics.org/StatusReports/2013-PDF/2013-StatusReport\\_AR.pdf](http://www.disabilitystatistics.org/StatusReports/2013-PDF/2013-StatusReport_AR.pdf).

<sup>4</sup> Cornell University. 2013 Disability Status Report: United States. Available at: [http://www.disabilitystatistics.org/StatusReports/2013-PDF/2013-StatusReport\\_US.pdf](http://www.disabilitystatistics.org/StatusReports/2013-PDF/2013-StatusReport_US.pdf).

Meals on Wheels programs serve more than 220 million meals per year to these homebound populations through more than 5,000 community-based nutrition programs across the country.<sup>5</sup>

## What is My Role in Partnering with Meals on Wheels and CDC?

State and local public health agencies have years of experience working with CDC and other preparedness partners. Your efforts to forge relationships with your local Meals on Wheels programs can pave the way for other similar partnerships in your community. The following steps can help your local Meals on Wheels contact understand the importance of this initiative and the supporting requirements.



- 
- Review the local Meals on Wheels program's structure; determine if the program has the capacity to support your preparedness plan for vulnerable populations.
  - Gain information about Meals on Wheels policies and procedures during normal operations.
  - Maintain communication with key CDC Office of Public Health Preparedness and Response (OPHPR) contacts to receive technical assistance and planning support.
  - Lead the planning for MCM dispensing operations to cover the homebound populations, additional persons residing with the homebound populations, as well as the Meals on Wheels staff and their families.
  - Discuss local Meals on Wheels program goals and upcoming events to identify any potential synergies for demonstrating and exercising this plan.
  - Plan for enough medications to dispense to the entire target populations.
  - Ensure the Meals on Wheels program, as the trusted agent, delivers medications to the target populations.
- 

---

<sup>5</sup> Meals on Wheels Fact Sheet. 2015. Available at: <http://www.mealsonwheelsamerica.org/docs/default-source/fact-sheets/senior-fact-sheet-national.pdf?sfvrsn=2>.

## LIABILITY AND AGREEMENT

Local and state laws address many of the liability issues surrounding MCM distribution and dispensing in a public health emergency. This planning and agreement section describes the existing guidance and lists potential liability and agreement considerations as you partner with Meals on Wheels programs in MCM dispensing operations.

### Legal Liabilities and Security

Legal preparedness is a critical part of preparedness planning. Local planners already have local and state laws that cover volunteers supporting emergency operations.

The Model State Emergency Health Powers Act (MSEHPA) grants public health powers to state and local public health authorities to ensure strong, effective, and timely planning, prevention, and response mechanisms to public health emergencies (including bioterrorism) while also respecting individual rights. **Thirty-eight** states have passed a total of **66** bills or resolutions that include provisions from or are closely related to MSEHPA. Provisions vary in each state.

Finding an equivalent perspective on legal and liability issues is almost impossible because of the variance among states. Some liability issues have been addressed in mutual aid legislation produced in part by the National Emergency Management Association (NEMA).

The Public Readiness and Emergency Preparedness (PREP) Act also provides federal protection. The PREP Act of 2005 provides "immunity from liability except for willful misconduct" for countermeasures to diseases, threats, and conditions determined by the Department of Health & Human Services (HHS) Secretary to constitute a "present or credible risk of future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures."<sup>6</sup> Liability immunity through the PREP Act provides legal protection for private entities dispensing MCM by requiring courts to dismiss claims for any loss related to distribution, dispensing, prescribing, or use of a MCM recommended by a PREP Act declaration. Specifically covered by this legal protection are program planners, including "private sector employers or

---

<sup>6</sup> U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response. December 2014. Public Readiness and Emergency Preparedness Act. Public Health Emergency. Available at <http://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx>.

community groups (officials, agents, and employees) that establish requirements or provide guidance, technical or scientific advice or assistance, or provide a facility."<sup>7</sup>

**NOTE:** The following information provided in this planning guide is intended to be used for planning considerations, and it does not constitute legal advice in any jurisdiction. Please consult with legal counsel in your respective jurisdiction for specific legal guidance.

## Agreement

Meals on Wheels America corporate has a global perspective. Most of the local decisions are developed and implemented by your local Meals on Wheels program. Some of the MCM partners have verbal agreements, while others have informal written agreements.



- Determine the best agreement for your preparedness plan. Consider that Meals on Wheels assets may be obligated by other agencies.
- Make sure planning commitments are outlined as well as the ongoing assistance required to support the public health emergency response cycle.

## Considerations

- Do you have any concerns about working with Meals on Wheels as MCM dispensing partners?
- Do you have a memorandum of agreement (MOA) template already established for working with agencies to deliver to the homebound populations?
- Does a MOA need to be signed before we go to the next step? Who else does it make sense to involve at this stage?
- Have you considered adding retirement communities? Adding these communities will impact planning.
- Have you talked to your Meals on Wheels program contact about how to dispense to program staff?
- How will operations, actions, and processes be evaluated?

<sup>7</sup> U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response. December 2014. Public Readiness and Emergency Preparedness Act. Public Health Emergency. Available at <http://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx>.



## CONCEPT OF OPERATIONS

Local public health departments will find benefits for augmenting their MCM dispensing plans and capabilities as operational considerations are provided to planners from Meals on Wheels.

### Notification and Activation

When a public health emergency ensues, Meals on Wheels programs and associated agencies will have to activate quickly the Meals on Wheels MCM delivery and dispensing operational plan. Helping the Meals on Wheels program understand steps for activation, notification, staff identification, and access to the dispensing facility is critical to support the numerous activities required to serve the homebound populations.

Meals on Wheels programs should ensure emergency notification processes are reviewed, updated, and in place to prevent any delays in delivery operations. Meals on Wheels programs will need to look at their existing emergency notification process to verify the following:

- Accuracy of the names and contact information for available Meals on Wheels staff.
  - Ability to get in Meals on Wheels staff for support operations.
  - Idea of next steps to package or prepare medications for delivery.
- 



- Create a list of primary Meals on Wheels contacts to notify when the emergency operations center and local public health response personnel are activated.
  - Review your activation plan with the Meals on Wheels contact and identify any planning needs to make sure redundancies are in place for orderly notification.
-

## Considerations

- How will you make sure the notification list is accurate and updated?
- Does the Meals on Wheels program have redundant methods of contact in place?
- What public information messages do you need to relay to the Meals on Wheels program upon activation?
- Who will receive the activation notice(s)?
- How will you know the Meals on Wheels facility is operating and ready to receive medication?

## Medication Recipients

The Meals on Wheels program maintains a current list of clients approved for services. The list may or may not include live-in family or extended family members, and it may not list their medical history or dietary restrictions. In addition, there may be homebound individuals and families not included on the Meals on Wheels' client list that will need medication.

---

Decide how the Meals on Wheels program will complete a medication screening form for all delivery recipients and

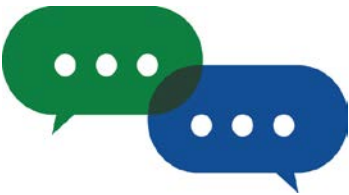
- Estimate the targeted dispensing population, including live-in family and extended family members, number of staff and volunteers, and their families.
- Distinguish the dispensing method.
- Determine constraints, such as physical space or number of volunteers (see Volunteers section).
- Determine the delivery rate based on dispensing population, dispensing method(s), and number of available volunteers.
- Adjust dispensing method, delivery routes, and/or number of volunteers if dispensing time goes beyond pre-established goals.
- Determine if screening forms will be completed on the day of delivery or when a participant signs up for services.





After determining the total population Meals on Wheels can serve, explain to the Meals on Wheels contact the calculation method used to determine the amount of medication needed to distribute to the targeted populations. Calculation methods will take into account the potential for duplicate service, or "double-upping."<sup>8</sup> Service areas and target population designation may be modified to avoid duplicate dispensing to certain groups.

---



---

### Partner Practices

- One state found redundancies or "double-upping" from places that used Meals on Wheels and the local housing authority.
  - Some states communicate with the partners to avoid doubling up or skipping buildings.
  - One state suggests engaging both parties from the beginning and throughout the entire plan development process. Discuss phases of plan implementation.
- 

### Delivery and Dispensing

After medication is distributed from the state, local public health departments will work with Meals on Wheels programs to determine the quickest way of getting medications to them. Each Meals on Wheels program operates based on particular local needs.

Meals on Wheels programs receive large quantities of food supplies and equipment to prepare meals. Depending on the size and demographics, the Meals on Wheels programs may use a vendor to prepare the meals. The vendor in turn may deliver the packages to Meals on Wheels or Meals on Wheels staff and volunteers pick up the meals from the vendor and make deliveries to clients.

---

<sup>8</sup> "Double-upping" refers to one or more agencies providing similar services to the same homebound populations.



- Clarify the location, method, process, and frequency for distribution.
- Review any equipment, access, and supporting documentation (e.g., the medical material transfer form for receiving medical material).

## Considerations

- Is additional documentation and identification required to transfer possession of medication to the Meals on Wheels program?
- Is the public health department delivering to the Meals on Wheels site or will Meals on Wheels staff pick up the medication?
- If the public health department is delivering to a Meals on Wheels site, what details need to be worked through or confirmed so that this receiving location is able to accept medication delivery with ease?
  - Can the delivery truck enter the Meals on Wheels dock or delivery space?
  - Are the doors wide enough to accept a stacked pallet?
  - Will the facility need to break a pallet to transfer it?
  - Are service elevators needed to position medication for delivery setup? If so, where are they located?

## Medication Handling and Management

Make sure your Meals on Wheels program is prepared to receive medication, and manage and set up the inventory for delivery to the homebound populations. Your Meals on Wheels program will need key information from the public health department. This information includes, but is not limited to, the following:

- Size of pallets, containers, or boxes.
- Number and size of boxes planned for distribution.
- Public health department templates developed for tracking inventory.
- The process for requesting additional inventory.

## Public Health Meals on Wheels Planning Guide for Medical Countermeasure Delivery and Dispensing

- If required by the public health department, access to an inventory system to track transit, confirm arrival, and submit requests for additional medication, as needed.
- Key public health department contacts.

### Considerations

- Who does the Meals on Wheels program contact to verify inventory received or requested?
- What is the most reliable and redundant tactical communications method? What is the phone number?
- Does the Meals on Wheels program have its own inventory system and can both systems effectively and accurately share information?
- What reporting information will the public health department need from the Meals on Wheels program?

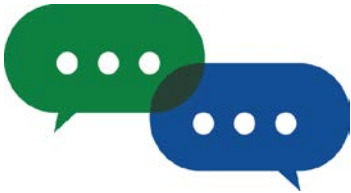
### Volunteers

Meals on Wheels staff positions vary based on the location, capacity, services, and needs of the community.

As you review existing Meals on Wheels positions, work with your Meals on Wheels contact to determine how ongoing meal delivery responsibilities can align with MCM dispensing staffing needs. You may want to ensure sufficient staff is available to effectively organize dispensing efforts. Some suggested Meals on Wheels staffing positions to consider are as follows:



- Distribution site coordinator
- Nutrition specialist
- Meal servers
- Administrative officer/assistant
- Program assistant/coordinators
- Case manager
- Volunteer drivers/delivery clerk/van driver



### Partner Practices

- Meals on Wheels program in Forsyth County, North Carolina, has about 1,600 volunteers to deliver hot meals on 69 routes and frozen meals on 20 routes.
  - Frederick County, Maryland, Department of Aging Meals on Wheels program uses about 200 volunteers to staff 12 delivery routes. Each 1-hour route delivers to up to eight people.
  - From October 2011 to September 2012, the Meals on Wheels program in the greater San Diego area reported
  - 135 to 150 volunteers a day deliver meals during normal operations, which includes 96-weekday and 55-weekend delivery routes, including rural routes.
- 

Some Meals on Wheels programs have volunteer staff; others have paid staff. Determine if your local Meals on Wheels program has paid staff and research the public health department policies for handling paid staff in an emergency.

### Considerations

- Availability of volunteers may be limited during an emergency.
- The minimum number of volunteers needed may vary based on each jurisdiction's requirements and planning demographics (staff, volunteers, routes, capacity).

### Delivery Route Planning

Meals on Wheels programs have established routes for meal delivery. In an emergency, normal routing patterns may be altered.



- Talk with your Meals on Wheels contact. Changes to the route will impact inventory setup and the number of staff needed to support delivery.
- Connect the Meals on Wheels program with local emergency management and the local department of transportation to explore the possibility of adjusting road closures in certain areas to support dispensing.

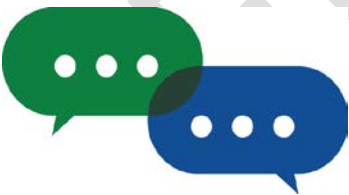
## Considerations

- Operating hours may be augmented or outside normal business hours for Meals on Wheels program.
- Road closures occur outside of disaster situations and are commonly dealt with by Meals on Wheels volunteers.
- Based on the number of routes and available staff, planners can assess what capacity each jurisdiction has for meals distribution.

## Security

Meals on Wheels and the public health department must address security considerations for MCM operations. The primary security concern is to make sure the deliveries are successfully completed. Existing public health preparedness plans can be used to help Meals on Wheels programs review any security considerations required to receive medication from local public health department contacts.

### Partner Practices



- Frederick County, Maryland, combined routes and assigned two volunteers per route to provide a safety buddy so additional security is not needed.
- If security problems are noted in a certain area, delivery service may be suspended to the affected areas of concern.

## Considerations

- Will Meals on Wheels routes require additional security measures?
- What are the security protocols drivers must follow to ensure the safety of Meals on Wheels staff and resources?

## Communications



- Inform Meals on Wheels programs about communication channels established by public health departments and any existing information to be transmitted through these channels. Communications is critical throughout the entire process from activation to demobilization.
- Determine how public health departments will communicate with key Meals on Wheels contacts, the frequency, and the critical information.

## Considerations

- What information will public health departments need from the Meals on Wheels associated agency?
- What information will public health departments provide to Meals on Wheels?
  - Upon MCM dispensing support activation?
  - During the MCM dispensing?
  - After MCM delivery and dispensing has completed?

Determine the equipment and supplies needed to make sure both Meals on Wheels and local public health systems are able to maintain consistent communication. Discuss the communication equipment used, the assigned role using the equipment issued, and the process for acquisition, use, and maintenance.



Equipment	Assigned Role
Cell phones	Outreach worker Delivery driver
Batteries	[Insert role]
Adapter, car charge adapter, AC	[Insert role]
Clipboards	[Insert role]

Receiving medication instead of, or along with, the normal meal may be confusing for the homebound populations.



- Discuss the best method to provide instructions for taking medication. Pictographs and infographs may help with language or other communication barriers. You and your Meals on Wheels contact can determine if communication mechanisms, such as pictographs, are available to use. Existing informational products may be revised to include critical messages about MCM delivery and dispensing to the homebound populations.
- If needed, provide additional public information templates and standard messages to ensure consistent communication is provided to Meals on Wheels programs and their homebound clients.

### Deactivation

Explain your local public health department's process for deactivation in a public health emergency and possible challenges in returning to normal Meals on Wheels operations.

## Considerations

Review and develop a plan for demobilization, including disassembly, inventory, and return shipping, addressing the following questions:

- How will surplus materials be retrieved?
- Who will develop reports from critical data captured?
- Does your current plan include Meals on Wheels contacts for deactivation notification?
- Does the Meals on Wheels program have a safety officer to make sure the facility is ready to resume normal meal preparation, receipt, and/or delivery?

## APPENDIX

The following is a list of suggested documentation for Meals on Wheels delivery and dispensing. Determine which forms, checklists, position descriptions, handouts, and contact information are critical for customizing the plan. When attaching personal information, be aware of the requirement to safeguard that personal information.

- Liability policies
- Agreement
- Key Meals on Wheels contacts
- Medical form
- Population calculations
- Delivery routes
- Meals on Wheels facility layout
- Transfer of inventory form
- Meals on Wheels position descriptions
- Security process
- Safety protocol
- Meals on Wheels communications tactical equipment and protocol
- Deactivation checklist

[This page is intentionally blank]