OREGON PUBLIC HEALTH DIVISION

**Standardized**

# MASS PROPHYLAXIS

# Point of Dispensing (POD) Field Operations Guide (FOG)

Revised Spring 2012

This FOG was developed by the Standardized Point of Dispensing (POD) Workgroup, a team of state and local health department preparedness staff.

# TABLE OF CONTENTS

**Topic**                                                                              **Page #**

*Scanable Influenza Vaccination Intake form

* A scanable influenza vaccination intake form is forthcoming.  For updates, contact the Oregon Immunization Program's (OIP) Preparedness Epidemiologist or the OIP ALERT Immunization Information System manager.

# ACRONYMS and TERMS

| | |
|---|---|
| Category A Diseases | Anthrax, Botulism, Hemorrhagic fevers, Plague, Smallpox, Tularemia |
| CDC | Centers for Disease Control and Prevention |
| CRI | Cities Readiness Initiative |
| BERM | Weill/Cornell Bioterrorism and Epidemic Outbreak Response Model |
| DOC | Department Operations Center |
| EOC | Emergency Operations Center |
| FOG | Field Operations Guide |
| HAN | Health Alert Network (HAN in Oregon and SECURES in Washington) |
| IAP | An Incident Action Plan (IAP) authorizes, directs resources and assigns tasks to solve an incident.  The response objectives, strategies and tactics are clearly identified in the IAP.  The Operations Section Chief, Deputy or Branch Director, received a copy of the IAP from Incident Command and provides a copy to the POD Group Supervisor during their briefing.  Copies of the Division or Group Assignment List (Incident Command – ICS 204), the Communication List (ICS 205), Unit Log (ICS 214) forms and other pertinent information will also be provided to the POD Group Supervisor.  (See Appendix D- POD Forms for blank forms) |
| ICS | Incident Command System |
| JAS | Job Action Sheet |
| JITT | "Just in Time" Training |
| LE | Law Enforcement |
| MRC | Medical Reserve Corps.  Licensed Healthcare volunteers typically house under Local Public Health. |
| POD | Point of Dispensing (aka mass medication center) |
| PPE | Personal Protective Equipment |
| Prophylaxis | A medicine, vaccine or device used to prevent disease |
| SNS | Strategic National Stockpile |
| SECURES | Secure Electronic Communication, Urgent Response, and Exchange System (Washington State's Health Alert Network) |
| Throughput | The rate of people moving through a POD over a given period of time (e.g., number of individuals per hour) |
| WA DOH | Washington State Department of Health |

# OVERVIEW

The purpose of this document is to provide a standardized point of dispensing (POD) field operating guide (FOG) for use in POD planning by counties and tribes in the state of Oregon. The POD FOG describes how to set up and manage points of dispensing (PODs) that are scalable, adaptable in the field, and meet the Centers for Disease Control and Prevention (CDC) Division of Strategic National Stockpile (SNS) guidance standards. The information in the FOG may be: 1) adopted by countiesand tribes that do not have a POD section in their emergency response plan, 2) used by counties and tribes to amend existing POD plans, and 3) used by State,county,and tribespersonnel to stand-up a POD anywhere in Oregon. The FOG assumes that POD staff will be working under the Incident Command System (ICS), which is a widely-used management tool for organizing and coordinating a response.

This document is designed to address both mass dispensing of prophylactic antibiotics and mass vaccination of a given population. The mass dispensing portion addresses two types of PODs: medical model PODs, at which clients are screened for drug allergies, drug interactions, and health conditions that may affect what medications they should receive; and non-medical models, at which clients are expected to self-screen themselves to determine whether they should be taking the medications being distributed. Each of the three POD types (dispensing medical model, dispensing non-medical model, and vaccination POD) will have slightly different characteristics and operational requirements. When planning in your jurisdiction, be sure to take these into account.

For a catastrophic event, distribution will occur on a household model.

During public health emergency, the County and State public health officers will work together to determine whether a medical or non-medical model is used in the PODs. The criteria for the health officer selection of a non-medical model for rapid dispensing will depend on the estimated number of people exposed, potential severity of the disease and/or the amount of time available to dispense the medication. Health officials will consult with the policy makers and notify them of the decision to use a medical or non-medical model for communication to Incident Command.

## Legal and Policy Considerations

*The following POD Legal Considerations are put forth by State and Federal guidelines, these considerations must be adhered to regardless of county or tribal nation's operations:*

1. Procurement of private property and the management of resources occurs in accordance with the appropriate Oregon Revised Statutes (ORS 401 *Emergency Services and Communication*) and in coordination within the Office of Emergency Management.

2. Liability protection for all incident paid workers and volunteers is covered by the federal Public Readiness and Emergency Preparedness Act (PREP Act) for instances that require the use of approved countermeasures to prevent disease (e.g. antibiotic dispensing in an anthrax scenario) and if the federal Secretary of Health and Human Services has issued a PREP Act declaration.

3. Workers and staff compensation: Medical Reserve Corps (MRC) Volunteers who are pre-registered as emergency workers in the state database receive liability protection through the State of Oregon (see ORS 401.515 and 401.654 in Appendix B). Government and private employees receive workers and staff compensation in accordance with their respective employers' policies and procedures.

4. Other applicable legal authorities are listed on pages 22-24 of this document.

*The following Policy Considerations are allowable but may be adapted to support your county or tribal nation's operations:*
1) There is no limit to the number of antibiotic regimens that one individual may pick up at a POD. The POD Group Supervisor may impose a limit if an individual's actions are suspect.
2) A child 12 years of age and older, if unaccompanied by an adult, may pick up medication at a POD. Permitting a child less than 12 years of age to pick up medication will be at the discretion of the POD Supervisor.
3) No identification is required to pick up medication at a POD.
4) If possible, a pharmacist, physician or dentist will be at each POD, to provide consultation for dispensing of medications.
5) Each county EOC is responsible to provide security and crowd control with local law enforcement officers for the PODs. This may be a combination of law enforcement (LE) and private security officers. LE and security officers will follow the Use of Force guidelines of their respective employing agency.

## POD OPERATIONS

This section of the POD FOG contains a basic overview of POD operations. Refer to the Appendices for more detail.

### Appendix A - Standard Operating Procedures

POD Operating Procedures

POD Management Structure/Organization Chart and Staffing Guidelines
FOG reference: *Appendix A, SOP #2, Attachment 2-1.*
The Incident Command System (ICS) organizational chart lays out the positions and lines of authority and communication in a POD. This structure can expand or contract according to the needs and capabilities of the jurisdiction.

Internal POD Layout
FOG reference: *Appendix A, SOP #2, Attachment 2-2.*
The *first* internal layout presents the basic station concepts for standing up a POD. This basic layout emphasizes unidirectional flow for dispensing medication or vaccine to the public. The *second* internal layout provides more detailed information about PODs by emphasizing POD stations.

External POD Layout
FOG reference: *Appendix A, SOP #7, Attachments 7-2, 7-3, and 7-4.*
Planning considerations for functions outside of the POD are presented in the external layout.

Resource Requests Procedures
FOG reference: *Appendix A, SOP #4*

Local resources must be exhausted, or expected to be exhausted, before state and federal resources can be requested. All requests for resources go from the Local Health Department to the County EOC to the State Emergency Coordination Center (ECC). From the State ECC requests are forwarded to the State ESF-8 (Public Health and Medical) Agency Operations Center (AOC). The State will request federal assets as soon as the Governor or their designee determines that it is prudent to do so to protect the public's health. Please refer to Page 18 *Local to State to Federal SNS Resource Request Flow Chart* for resource request flow from Local Health Department to PODs.

Oregon State Public Health receives the SNS assets at its Receiving, Staging and Storing warehouse and ships the SNS assets directly to each POD or Local RSS as requested by each County. A pharmaceutical order form is included in this FOG. Inter-POD resource requests are made using standard logistic ICS procedures and forms.

Medical Section Considerations
FOG reference: *Appendix A, SOP #3 and Appendix D, POD forms and information.*
Planning for the dispensing of medication on a large scale requires special forms and considerations. This section will touch on a few of the larger issues and provides recommendations for tools to consider to support this effort.

## Appendix B - Job Action Sheets

On page 10 there is an organizational chart which outlines possible positions in a POD. In Appendix B all the accompanying Job Action sheets are made available to inform people of their roles and responsibilities.

## Appendix C - Just in Time Training

Signage and Color-Coding
FOG reference: *Appendix C, JIT #7.*
This section discusses how signs and color-coding can be used to ensure good POD throughput including a model color-coded algorithm for post exposure anthrax.

JITT will include: response objectives and communication messages for the current shift; knowledge of the reporting structure within each team, e.g., POD organization chart and flow; task training based on Job Action Sheet (JAS); other job aide information such as checklists, standing orders, guidelines, fact sheets, radio use, supply order and re-order procedures, etc.. Additional briefings and JITT occurs by supervisors and team leads at each shift change and as needed. Additionally, a summary about a helpful resource, the Inclusive Just-in-Time Training (IJITT) Toolkit for Mass Prophylaxis/Point of Dispensing (POD) Operations is made available in this appendix.

## Appendix D - POD Forms
The templates of all the forms you need in the POD are in this Appendix.

# POD Management Structure/Organization Chart and Staffing Guidelines

## POD Command Organization Chart

**POD Supervisor**
JAS 1

**Safety Officer**
JAS 1-4

**Personnel Coordinator**
JAS 1-1

**Public Information Officer**
JAS 1-2

**Liaison Officer**
JAS 1-3

**Security Lead**
JAS 5

**Facilities Lead**
JAS 3

**POD Flow/ Education/Forms Lead**
JAS 4

**Medical Task Force Lead**
JAS 2

**Behavior Health**
JAS 2C-1

Security
JAS 5-1

Traffic Control
JAS 5-2

Facilities Rep.
JAS 3-1

Information Tech.
JAS 3-2

Comm/Ham Radio
JAS 3-3

Runners
JAS 3-4 to 3-6

Greeters
JAS 4-1

Forms Distribution
JAS 4-2

Interpreter
JAS 4-3

Flow Monitor
JAS 4-4

Health Education
JAS 4-5

**Medication Lead**
JAS 2A-1

**Screening/Triage Lead**
JAS 2B-1

Pharmacist
JAS 2A-2

Dispensers
JAS 2A-3

Dispenser Asst.
JAS 2A-4

Med./Triage Physician
JAS 2B-2

Intake Screener
JAS 2B-4

Med. Screener
JAS 2B-5

Triage
JAS 2B-6

POD Supervisor may act as the POD Safety Officer or may delegate duties

[dashed box] Indicates Optional Staff Positions

POD SOP Atch 2-1

| | | | | Non-Medical Model |
|---|---|---|---|---|
| Position | JAS | Location | Role | Training/Exp |
| **POD Supervisor** | 1 | Command Post | Commander | ICS Training |
| Personnel Coordinator | 1-1 | Command Post | Personnel Assignments | Human Resources |
| Public Information Officer | 1-2 | Command Post | Media Liaison | ICS/Media Training |
| Liaison Officer | 1-3 | Command Post | Volunteer/Mutual Aid Liaison | ICS Training |
| Safety Officer | 1-4 | Command Post | POD Safety | Safety |
| **Medical Task Force Team Lead** | 2 | CP/POD Floor | Supervise Medical Task Force Team | Medical |
| Medication Lead | 2A-1 | POD Floor | Oversee Dispensing Stations | Medical |
| Pharmacist | 2A-2 | Vaccin. Stations | Oversees Dosages & Inventory Room | Medical |
| Dispensers | 2A-2 | Dispensing Stations | Oversees Dosages & Inventory Room | Medical |
| Dispenser Asst. | 2A-3 | Dispensing Stations | Assist in Dispensing Medications | Medical/EMS |
| Inventory Control | 2B-5 | First Aid Station | Respond to POD Medical Emergencies | Inventory Control |
| Screening/Triage Lead | 2B-1 | POD Floor/Triage | Oversee Medical Screening/Triage | EMS |
| Med./Triage Physician | 2B-2 | Triage/POD Floor | Screen & Assess Symptomatic Persons | Medical |
| Intake Screener | 2B-3 | Intake Station | Screen Forms for Medical Conditions | Health Educator |
| Medical Screener | 2B-4 | Medical Station | Screen for Medical Contraindication | Health Educator |
| Triage | 2B-5 | Triage Area | Respond to POD Medical Emergencies | Medical/EMS |
| First Aid | 2B-6 | First Aid Station | Respond to POD Medical Emergencies | Medical/EMS |
| Behavioral Health Lead | 2C-1 | POD Floor | Counceling, Intervention & Referral Svcs | Counceling |
| **Facilities Team Lead** | 3 | CP/POD Floor | Supervise Facilities Related Functions | Facility Staff |
| Facilities Representative | 3-1 | Roving | Provide Facility & Custodial Services | Facility Staff |
| Information Technology (IT) | 3-1 | Comm Area | Set Up Computers, Software & Comm | IT/Communications |
| Communications/Ham Radio | 3-3 | Comm Area | Set Up & Operate Hame Radio Comm | Communications |
| Runners (Supply) | 3-4 | Roving | Stock/Restock Supplies throughout POD | Non-Medical |
| Runners (Dispensing Supply) | 3-5 | Roving | Supply/Resupply Dispensing Stations | Non-Medical |
| Runners | 3-6 | Roving | Run Errands, Do-All Handyman | Non-Medical |
| **POD Flow Team Lead** | 4 | CP/POD Floor | Supervise POD Flow & Stations | Non-Medical |
| Greeters | 4-1 | POD Floor | Greet, Direct and Distribute Forms | Non-Medical |
| Forms Distribution | 4-2 | POD Floor | Distribute, Collect and Review Forms | Non-Medical |
| Interpreter | 4-3 | POD Floor | Provide Language Interpretation Svcs | Tech Language Skill |
| Flow Monitor | 4-4 | POD Floor | Direct foot traffice throughout POD | Non-Medical |
| Health Education | 4-5 | POD Floor | Provide Information & Answer Questions | Health Educator |
| **Security Team Lead** | 5 | CP/POD Floor | Supervise All Aspects of POD Security | Law Enforcement |
| Security | 5-1 | Roving | Provide Security & Crowd Control | Security |
| Traffic Control/Parking | 5-2 | Exterior | Direct Traffic, Parking & Crowd Control | Exterior POD Flow |
| | | **Staff guidelines are general estimates; to be adjusted as needed.** | | |

**Sample Staffing for Dispensing POD**

| Sample Staffing for Vaccination POD | | | | |
|---|---|---|---|---|
| | | | | Medical Model |
| Position | JAS | Location | Role | Training/Exp |
| **POD Supervisor** | 1 | Command Post | Commander | ICS Training |
| Personnel Coordinator | 1-1 | Command Post | Personnel Assignments | Human Resources |
| Public Information Officer | 1-2 | Command Post | Media Liaison | ICS/Media Training |
| Liaison Officer | 1-3 | Command Post | Volunteer/Mutual Aid Liaison | ICS Training |
| Safety Officer | 1-4 | Command Post | POD Safety | Safety |
| **Medical Task Force Team Lead** | 2 | CP/POD Floor | Supervise Medical Task Force Team | Medical |
| Medication Lead | 2A-1 | POD Floor | Oversee Dispensing Stations | Medical |
| Pharmacist | 2A-2 | Vaccin. Stations | Oversees Dosages & Inventory Room | Medical |
| Vaccinators | 2A-3 | Vaccin. Stations | Dispense Medications | Medical/EMS |
| Vaccinator Asst. | 2A-4 | Vaccin. Stations | Assist in Dispensing Medications | Medical Training |
| Inventory Control | 2B-5 | First Aid Station | Respond to POD Medical Emergencies | Inventory Control |
| Screening/Triage Lead | 2B-1 | POD Floor /Triage | Oversee Medical Screening/Triage | EMS |
| Med./Triage Physician | 2B-2 | Triage/POD Floor | Screen & Assess Symptomatic Persons | Medical |
| Intake Screener | 2B-3 | Intake Station | Screen Forms for Medical Conditions | Health Educator |
| Medical Screener | 2B-4 | Medical Station | Screen for Medical Contraindication | Health Educator |
| Triage | 2B-5 | Triage Area | Respond to POD Medical Emergencies | Medical/EMS |
| First Aid | 2B-6 | First Aid Station | Respond to POD Medical Emergencies | Medical/EMS |
| Behavioral Health Lead | 2C-1 | POD Floor | Counceling, Intervention & Referral Svcs | Counceling |
| **Facilities Team Lead** | 3 | CP/POD Floor | Supervise Facilities Related Functions | Facility Staff |
| Facilities Representative | 3-1 | Roving | Provide Facility & Custodial Services | Facility Staff |
| Information Technology (IT) | 3-1 | Comm Area | Set Up Computers, Software & Comm | IT/Communications |
| Communications/Ham Radio | 3-3 | Comm Area | Set Up & Operate Hame Radio Comm | Communications |
| Runners (Supply) | 3-4 | Roving | Stock/Restock Supplies throughout POD | Non-Medical |
| Runners (Dispensing Supply) | 3-5 | Roving | Supply/Resupply Dispensing Stations | Non-Medical |
| Runners | 3-6 | Roving | Run Errands, Do-All Handyman | Non-Medical |
| **POD Flow Team Lead** | 4 | CP/POD Floor | Supervise POD Flow & Stations | Non-Medical |
| Greeters | 4-1 | POD Floor | Greet, Direct and Distribute Forms | Non-Medical |
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| Interpreter | 4-3 | POD Floor | Provide Language Interpretation Svcs | Tech Language Skills |
| Flow Monitor | 4-4 | POD Floor | Direct foot traffice throughout POD | Non-Medical |
| Health Education | 4-5 | POD Floor | Provide Information & Answer Questions | Health Educator |
| **Security Team Lead** | 5 | CP/POD Floor | Supervise All Aspects of POD Security | Law Enforcement |
| Security | 5-1 | Roving | Provide Security & Crowd Control | Security |
| Traffic Control/Parking | 5-2 | Exterior | Direct Traffic, Parking & Crowd Control | Exterior POD Flow |
| | | **Staff guidelines are general estimates; to be adjusted as needed.** | | |

**Intentionally left blank**

# Fig. 1  Basic Example of Standardized POD

Step 4: Exit          Step 3: Get Meds          Step 2:  Show form          Step 1:  Fill out form

Supply Storage Area

Behavioral Health Station

Public Exit

Exit: Data collection station

Medication Dispensing

Or

Vaccination Stations

Screening Stations

Fill out forms area

Public Entrance

Greeters: Ask questions, distribute forms, and direct to enter POD

Staff Entrance

Staff Checkin

Pod Supervisor

Note: Layout will vary based on the facility; unidirectional flow is essential

# Fig. 2  Detailed Example* of Standardized POD

Public Exit

Exit: Data collection station

Secured Inventory Control Area

Behavioral Health Station

Staff should be roving

Supply Receiving

Medical Evaluation

Secondary screening

Family—Assisted Dispensing/ Vaccination

Screening, Health Education/ Interpretation

Fill out forms area

Public Entrance

Medication or Vaccination Station

Medication or Vaccination Station

No voucher**

Greeters

Check for Voucher, distribute forms & direct to enter POD

Have voucher**

Express Medication or Vaccination Station

Express    Dispensing

Staff Entrance

Staff Check-in

Pod Supervisor

| Key: | → = unidirectional patient movement | ⌐ ¬ = off-site or other location in facility | * Layout will vary based on facility. Numbers of dispensing stations vary by public demand |
| --- | --- | --- | --- |
| | | | ** People who have Vouchers used Dispense Assist to do the screening at home |

Triage: Med. Evaluator

**External POD Layout**

# Fig. 3  Model for external site elements for fixed POD grounds layout*



Supply Delivery Route

Secured delivery site for SNS materials

Street

POD

Public exit

Public entrance

Secured staff entrance

Parking Exit

ONE WAY

Staff flow

Port-a-Potties

Public flow

On-site POD public parking

On-site Handicapped parking

ONE WAY

Public Entrance and POD Street Signage

Street

Off-site

Staff parking

Parking overflow with transportation to POD site

*Roadways, parking, and traffic patterns will vary with each site

# SIGNAGE and POD COLOR-CODES

## *Signage*

- Signage for this POD Field Operations Guide was taken from Washington State's Medication Center signage website.  A link to photo-ready files for each sign can be found in the *Resources* section of this document.

- Size and layout of a POD will influence number of signs and specific messages needed.

- Signs to use from this resource are:

  - Entrance
  - No entrance
  - Prohibited
  - This is a medical services facility
  - Symptom signs according to the event: Anthrax, Botulism, Plague, Smallpox, Tularemia, Hemorrhagic Fever symptoms
  - Four Simple Steps

  - Step 1:  Fill In Form
  - Step 2: Show Form
  - Step 3: Please Wait
  - Step 4: Turn in Form & Exit
  - Thank you for your cooperation
  - First Aid
  - Exit
  - No Exit
  - Arrows

- Addition basic signs are available on HAN (see resource section) and include:
  - To POD (with arrows)
  - To Parking (with arrows)
  - Entrance (with arrows)
  - Restrooms (with arrows)
  - Pocket Communicator (very simple translation tool)

### *Color-coding*

Color-coding each function in a POD may improve throughput because colors provide the public with a visual path or cues to help direct them through the POD as long as too many colors are not used.

| POD Staff Vests (an example) | |
| --- | --- |
| POD Command Staff (Supervisor, PIO, Safety, Personnel and Liaison) | White – this is consistent with ICS |
| Forms/Flow/Educators (Greeters, Intake, Flow monitors and Educators | Green – matches the Washington State signs<br>Consideration: You may choose to put Educators or flow monitors in an alternate color to make them easier to point out |
| Screener and Triage | Orange – matches the Washington State signs for screening<br>Consideration: You may want to use an alternate color for the Medical Screener (secondary level of screening for clients with multiple contraindication) to make them easier to point out. |
| Dispensing | Blue – Matches the Washington State signs |
| Runners | Red |

Vests, caps, nametags, floor tape and tablecloths are items that can be color-coded to distinguish the various functions. The use of small, hand-held flags is helpful to indicate, for example, an available dispenser or for POD staff to call a runner.

# SNS Resource Request Flow Chart
## (Local to State)

**Local supplies not sufficient to respond to Public Health threat – Local health department requests resources from county EOC**

↓

Local resource request received by county Emergency Operations Center (EOC) ESF-8 Logistics Unit

↓

If county EOC cannot find the resource, county EOC submits request to Oregon's ESF-8 Logistics Unit through the state Emergency Coordination Center (ECC)

↓

If state ESF8-Logistics Unit cannot find the resource, state ECC submits request to Federal Joint Field Office Request for SNS assets comes from the Governor or his/her designee (i.e., State Health Officer)

↓

SNS assets deployed to Oregon's Receiving, Staging and
Storage (RSS) site

↓

Oregon's state ESF -8 Logistics Unit in coordination with state RSS staff process resource requests and distribute orders and re-orders to PODs

↓

**Additional resources required?**

**Yes** (→ loops back to top)

**No** ↓

Resource demobilized or expended

**Note: Resources must be exhausted or expected to be exhausted locally and at the state level before federal assets are requested.**

# Medical Considerations

*Standing Orders and Emergency Dispensing*
Sample standing orders for anthrax, tularemia and plague are available at:
http://www.oregon.gov/DHS/ph/acd/lhd/stdgordr/stndordr.shtml. These dosing charts and standing orders are examples.

The Local Health Officer will be responsible for signing the standing orders and approving all medication and vaccination dosing for all incidents as delineated in the IAP.

In an emergency situation sufficient licensed health professionals (nurses, nurse practitioners, physician assistants, pharmacists, emergency medical technicians, and physicians) may not be available to dispense medications. In these instances a health educator, other allied health professional, or trained staff may be used to dispense medications. Just-in-time-training with adequate supervision will be provided to all dispensing and POD staff. Optimally, at least one pharmacist, physician or dentist will be available for dispensing consultation at each POD. In emergency situations, consider integrating web based screening into existing dispensing practices. Tools such as Dispense Assist (www.dispenseassist.net) can help increase efficiency in the POD.

*Intake Form (Appendix D)*
Mass production of all forms, intake, and medication and disease fact sheets will be the responsibility of each county. Intake forms here describe medical and non-medical model examples for modification in PODs.

The full page form, with multiple household members' information, is given to the public to complete prior to receiving medication when a modified *medical model* is in use at a POD.

An individual may pick up medication for him/herself and other people, who may or may not live within the same household. It is at the discretion of the POD Supervisor to determine if an individual is requesting an unreasonable number of doses.

The half page form, containing just three questions, is given to the public to complete when a *non-medical model* is used at a POD.

*Pediatric Suspension Dosing Charts*
Limited amounts of pediatric suspension will be available through the SNS so this guide links to emergency dosing charts for infants and children courtesy of the Oregon Health Authority. See reference section for the Model Standing Orders for Anthrax. Due to limited quantities of suspension, the majority of pediatric dispensing will handled through pill crushing.

Information on pill crushing of Doxycycline for children and those who cannot swallow pills: Not everyone is able to swallow pills or requires a full dose. The United States Food and Drug Administration provides information on how to prepare Doxycycline for those with swallowing difficulties. Double and single sided pamphlets are available in both English and Spanish entitled, "In an Emergency: How to Prepare Doxycycline for Children and Adults Who Cannot Swallow Pills" electronically at:
http://www.fda.gov/Drugs/EmergencyPreparedness/BioterrorismandDrugPreparedness/ucm130996.htm

Note: The FDA does not approve the crushing of Ciprofloxacin.  Infants, children and adults who cannot swallow pills will need to be given Doxycycline along with the FDA pill crushing instructions listed above.

*Post exposure dispensing Algorithm*
The algorithm on the next page is a tool for determining who gets what medications in an antibiotic mass prophylaxis campaign.  This algorithm is based on a modified medical model so only takes into account the most important medical interactions.  This algorithm takes into account the new guidelines by the FDA that do not support the crushing of Ciprofloxacin pills.  The major demographic group that will need to be considered in light of this issue is children under nine years of age who can not swallow pills.

# DOXYCYCLINE – Dominant Antibiotic Algorithm

## For Initial Anthrax Post – Exposure Mass Prophylaxis

**Vaccine**

Is Vaccine expected to be available for response?

No — Yes

**Develop Public Messaging**
Encourage clients to return to clinic for balance of 60 day antibiotic course

**Develop Public Messaging**
Encourage clients to return to clinic for both vaccine and supplemental antibiotics

**Suspension**

Is there enough Ciprofloxacin suspension for all children ≤ 8 years?

No — Yes

**Dispensing**

### Doxy – Dominant Suspension Limited Algorithm

Screen #1
- Allergic to Doxycycline or other tetracyclines?
- Pregnant?

### Doxy – Dominant With Suspension Algorithm

Screen #1
- Allergic to Doxycycline or other tetracyclines?
- Pregnant?
- Age ≤ 8 yrs

No or Unknown to All →  Dispense **Doxycycline**  ← No or Unknown to All

Add
Doxy Crushing Instructions
if
- Unable to swallow pills
Or
- Child ≤ 90 lbs

Yes to Any

Yes to Any

Screen #2
- Allergic to Ciprofloxacin or other fluoroquinolones?
- History of Seizure or Epilepsy?
- Taking Tizanidine?

Screen #2
- Allergic to Ciprofloxacin or other fluoroquinolones?
- History of Seizure or Epilepsy?
- Taking Tizanidine?

No or Unknown to All →  Dispense **Ciprofloxacin**  ← No or Unknown to All

Dispense
Cipro suspension with dosing instructions if
- Unable to swallow pills
Or
- Child ≤ 75 lbs

Yes to Any

Yes to Any

Further Consultation

Further Consultation

Ciprofloxacin, doxycycline, procaine penicillin G, and, more recently, levofloxacin, have been approved by the US Food and Drug Administration (FDA) for PEP of inhalational anthrax. Of these, **only ciprofloxacin and doxycycline** are stockpiled in mass quantities.

Based on lower cost and equivalent effectiveness, the SNS has stockpiled more doxycycline. **The Doxy-dominant algorithm is most likely in a mass prophylaxis scenario**, and is designed to deliver doxycycline unless there are contraindications to doxycycline.

Oregon Public Health Division Anthrax Post-Exposure Prophylaxis Standing Order v 1.1

# Exposure Roster Planning

**I.  Purpose**

This document is designed to provide local and tribal jurisdictions in Oregon with information needed to perform Exposure Roster operations and work seamlessly with Oregon's state public health authorities.  It is designed specifically to provide assistance in planning efforts but may also be useful during an actual activation.  In most cases an exposure roster will only be appropriate during a chemical realease incident when it is unknown how many people have been exposed.

This document is designed specifically for exposure roster operations and NOT health registries.  The difference between the two is explained in the next section.

**II.  Introduction and Definitions**

In a hazardous materials incident it may be necessary to record the names and contact information of those exposed for future follow-up.  A list of exposed persons with their contact information and where/when they were exposed is an **exposure roster**.  Responsibility for developing an exposure roster often sits with the local public health department.

People listed in an exposure roster are usually tracked long-term, with periodic assessments to determine how their exposure may have affected their health.  A database that records such health information long-term is a **health registry** and the responsibility of state or federal health officials.

**III. Operational Description**

*A. Objectives of Roster Operations*

When creating an exposure roster during an incident, the objectives are simple.

1. *Make contact with those exposed.*
   This may be done near the exposure area (but ALWAYS outside the exclusion zone) or elsewhere, at shelters or health care providers or by calling them in to a collection POD.
2. *Collect their names and contact information.*
   Standardized forms with this information have been developed by the Oregon Health Authority; a sample is attached to this plan, but more specific forms for your incident may be provided by the Acute and Communicable Disease Program (ACDP).
3. *Collect clinical specimens, if appropriate for the exposure agent.*
   Depending on the agent urine and/or blood specimens may be required, but for other agents no specimens will be requested.
4. *Coordinate with health care providers.*
   Some exposed persons are likely to go straight to a hospital or clinic, so coordination with them is key.  Providers can collect information and specimens from those individuals, but will also need a case definition and information on the agent for treatment purposes.

5. *Transmit specimens and information to state and/or federal health authorities.*
   Information transmission may be done electronically or by delivery of the physical forms. Specimens may be shipped to the Oregon State Public Health Lab (OSPHL) or to another lab, as designated by OSPHL.

B. *Organization of Responsibilities*
   A successful rostering operation requires tasks be completed by a variety of partner organizations. Those organizations and their responsibilities are listed here, in chronological order according to when their help would be needed.
   1. First responders.
      - Notify public health that the incident has occurred. Be sure to include how many persons are likely to be affected, where they are currently located, what exclusion zone has been established, and information on the agent in question.
      - If rostering operations are established before evacuation and/or decontamination is completed, ask exposed persons to provide their information at the appropriate rostering site.
   2. Local Public Health.
      - Notify state public health about the incident; if appropriate, ask for a case definition from ACDP and test kits (as necessary) from OSPHL.
      - Notify local health care providers of the incident in progress and that they may see incoming patients from the scene. If a case definition has been provided by ACDP, transmit to providers.
      - Work with first responders and emergency management to determine the best way to reach all exposed persons and collect appropriate information/specimens.
      - Establish collection PODs appropriate to incident, at evacuation points, shelters, providers' offices, and/or other locations.
      - Provide public information, if necessary, on public points of collection for roster information / specimens (collection PODs). Be sure to coordinate messaging with other involved agencies.
      - Continue to coordinate closely with the Oregon Health Authority on collection and transmission of information and specimens.
   3. Oregon Health Authority.
      - ACDP provide case definition and appropriate forms for information collection.
      - OSPHL provide test kits and specimen transport resources.
      - Health Security, Preparedness and Response Program provide assistance as necessary with public information, command, and other resource requests.
      - Receive roster information and specimens and manage creation of health registry, or provide information to federal health authorities for this purpose.
   4. Health Care Providers.

- Collect contact information and clinical specimens (if requested) for public health of persons who meet the ACDP case definition for the exposure, or who were otherwise likely exposed in the incident.

    5. <u>Emergency Management</u>.
- Assist in integrating public health into the command structure, and by helping to acquire resources necessary for rostering operations.

C. *Command Structure*
Each local jurisdiction should design their rostering command structure to fit seamlessly into whatever existing systems they have in place. A ICS chart for such a response might be as follows.
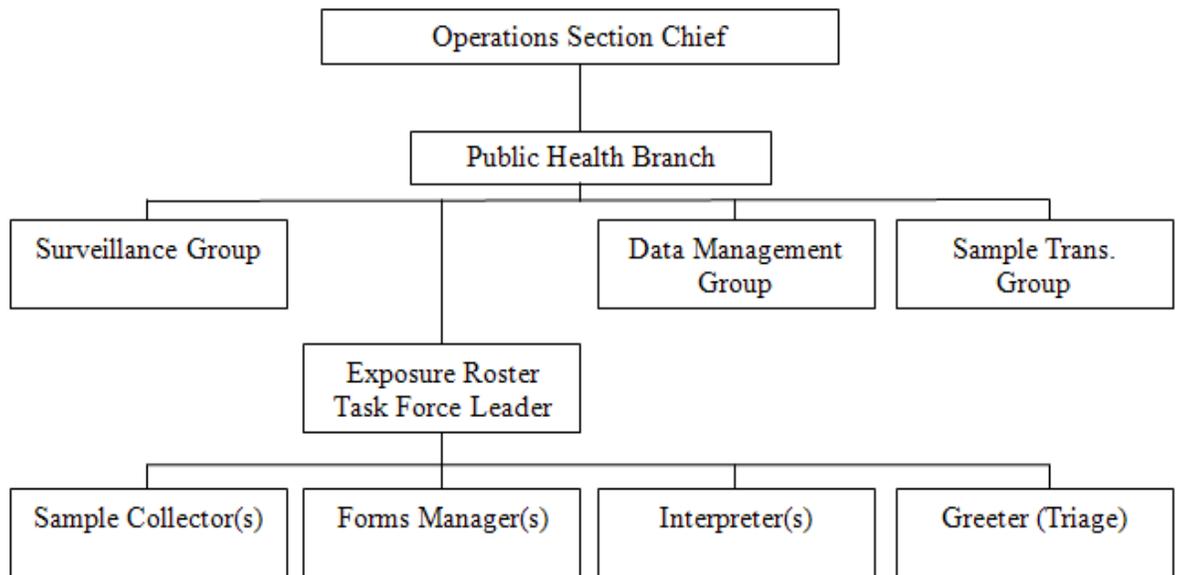


- Surveillance Group coordinates with local responders, OCDP and local health care providers.
- Data Management Group oversees data input into databases or shipment to ACDP.
- Sample Transport Group works with OSPHL to get sample collection kits and manages transport of specimens to appropriate labs.
- Exposure Roster Task Force deploys to collect information and specimens, at any of the sites discussed above.

D. *Communications Requirements*
During rostering operations the local health department should remain in close contact with the various offices of the Oregon Health Authority as described above. Whether working in their own offices or out of the county emergency operations center, internet and phone communications should not be an issue.

The command for the rostering operation should maintain contact with all exposure roster task forces that are sent into the field.  This may be done with radios, cellular phones or satellite phones as per local procedures.

Public information will be crucial in an incident like this, especially if you public ask (through the media) exposed individuals to report to a collection POD.  If the message is not carefully managed, it is likely that either 1) very few of the target population will report, or 2) the collection POD site will be overwhelmed with individuals who had no chance of exposure but are concerned about their health.  Planners must consider both of these possibilities and cooperate closely with the public information functions of partner organizations.

   E. *Collection POD Layout and Site Requirements*
   A collection POD layout should be much like a regular POD, with the same security, throughput, parking and human comfort needs.  In particular, look for a site at which the POD operation can:
   - Have adequate parking for clients and staff.
   - Station greeters/screeners out front to sort out individuals who had no chance of being exposed (and be sure they have proper training and information).
   - Provide space for individuals to wait in line.
   - Have restrooms available for clients and staff.
   - Move people through the facility smoothly and without confusion.
   - Station staff appropriately for both information collection and specimen collection, if necessary for the particular incident.

Some other considerations exist for collection PODs in addition to the needs of dispensing or vaccination PODs.
   - If urine collection is required, restroom facilities must be incorporated into POD flow.
   - If blood collection is required, safety protocols around sharps must be observed.

## IV. **For More Information**
   For more information contact the Oregon Health Authority's ACDP or Health Security, Preparedness and Response Program.

INCIDENT NAME _____ INTERVIEW DATE _____ INTERVIEWER _____

LANGUAGE_____

**EXPOSURE ROSTER – One form per person___FAX COMPLETED FORM TO 971-673-XXXX**

**Identification (check one and write in number)**

- ☐  Triage Tag _____
- ☐  Rapid Screen Tag _____
- ☐  Drivers License _____
- ☐  Other (describe) _____

### PERSONAL INFORMATION

| | |
|---|---|
| **(Last,          First,          M.I.)**<br>**Name** _____ , _____ _____ | **Email (Home)** _____<br>**Email (Work)** _____ |
| **Street Address** _____<br>**City** _____    **County**_____<br>**State** _____    **Zip** _____<br>**How many people live at this addres**s? _____ | **Phone (Home)** _____<br>**Phone** (**Work**)_____<br>**Phone** (**Other**)_____ |
| **Date of Birth (mm/dd/yy)**<br>_____ / _____ / _____       Or, Age (years)_____ | **Sex (circle one)**   Male    Female    Unknown<br>**If female, (circle one)**  Pregnant  Not Pregnant  Unknown |

### EMERGENCY CONTACT INFORMATION

| | |
|---|---|
| **Emergency Contact:**<br>     **(Last,          First,          M.I.)**<br>**Name** _____ , _____ _____ | **If same as above, write "same" and go to next question.**<br>**Email (Home)** _____<br>**Email (Work**)_____ |
| **If same as above, write "same" and go to next question.**<br>**Street Address** _____<br>**City** _____<br>**State** _____    **Zip** _____ | **If same as above, check "same" and go to next question.**<br><br>**Phone** (**Home**) _____    ☐ same<br>**Phone (Work)** _____    ☐ same<br>**Phone** (**Other**) _____    ☐ same |

### EXPOSURE DETAILS

| | |
|---|---|
| **Location/Proximity to the event on**<br>**[DATE] at [TIME]**<br><br>**Address** _____<br>     OR<br>**Nearest Intersection** _____<br>     OR<br>**Nearest Building** _____<br>     OR<br>**Nearest Landmark** _____ | **Physical location on [DATE] at [TIME] (check one)**<br><br> Inside a building          Inside a vehicle<br> Outside                    At another location (specify)<br>                            _____ |
| | **Reason for being at the location described**<br>**on [DATE] at [TIME] (check all that apply)**<br><br> A resident            A government official<br> A passerby            A responder or rescue worker<br> An employee           A non-governmental<br> A clean-up worker     organization/site volunteer |

### TO BE COMPLETED BY EVALUATOR

| Exposure location (check one) | Contamination status | Injury status | Specimens Collected: **fill out lab form, if any specimens collected** |
|---|---|---|---|
| ☐ Hot Zone<br>☐ Warm Zone<br>☐ Cold Zone | None<br>External contamination<br>Internal contamination<br> Y  N  Decontaminated?<br>(if deconned, list in what facility_____) | Open wound (non-critical)<br>Burn (non-critical)<br>Other (describe)<br>_____<br>(if hospitalized, list in what facility_____) | ☐ Blood<br>☐ Urine<br>☐ None<br>☐ Collection form filled in |

# Applicable Legal Authorities

This section presents a brief description of legal authorities that are pertinent to SNS and mass prophylaxis operations. These authorities are described in greater detail in *Attachment A: Authorities* to the state ESF-8 base plan, *Annex F: Public Health and Medical Services*. This attachment is located in the HAN document library under *001 – Oregon (Annex F) Health and Medical Plans: Attachment to Base Plan.*

## *Oregon Revised Statutes (ORS)*

**161.015**, 161.235, 161.239, 161.245 Oregon State Police, use of force, department policies and guidelines

**401.015** Statement of policy and purpose. The general purpose of ORS 401.015 to 401.105, 401.260 to 401.325 and 401.355 to 401.580 is to reduce the vulnerability of the State of Oregon to loss of life, injury to persons or property and human suffering and financial loss resulting from emergencies, and to provide for recovery and relief assistance for the victims of such occurrences.

**401.035** Responsibility for emergency services systems. The Governor is responsible for the emergency services system within the State of Oregon.

**401.043** Emergency Management Assistance Compact. The Governor shall participate on behalf of the State of Oregon with other states legally joining in the compact.

**401.055** Declaration of state of emergency; procedures. The Governor may declare a state of emergency by proclamation at the request of a county governing body or after determining that an emergency has occurred or is imminent.

**401.065** Police powers during state of emergency; suspension of agency rules. During a state of emergency, the Governor shall have complete authority over all executive agencies of state government and the right to exercise, within the area designated in the proclamation, all police powers vested in the state by the Oregon Constitution in order to effectuate the purposes of ORS 401.015 to 401.105, 401.260 to 401.325 and 401.355 to 401.580.

**401.515** Nonliability for emergency services; exception; emergency service workers as agents of state or local governments. (1) During the existence of an emergency, the state and any local government, any agent thereof or emergency service worker engaged in any emergency services activity, while complying with or attempting to comply with ORS 401.015 to 401.107, 401.257 to 401.325 and 401.355 to 401.584 or any rule adopted under those sections, is not, except in cases of willful misconduct, gross negligence or bad faith, liable for the death or injury of any person, or damage or loss of property, as a result of that activity. (4) Emergency service workers, in carrying out, complying with or attempting to comply with ORS 401.015 to 401.107, 401.257 to 401.325 and 401.355 to 401.584 or any local ordinance, or performing any of their authorized functions or duties or training for the performance of their authorized functions or duties shall have the same degree of responsibility for their actions and enjoy the same immunities as officers and employees of the state and its local governments performing similar work.

**401.654** Registry of emergency health care providers. The Department of Human Services may establish a registry of emergency health care providers who are available to provide health care services during an emergency or crisis.

**401.657** Emergency Health Care Facility; Emergency Operations Plan; Credentialing Plan; Rules. The Department of Human Services may designate all or part of a health care facility or other location as an emergency health care center.

**401.661** Voluntary provision of health care services. (1) The Department of Human Services may direct emergency health care providers registered under ORS 401.654 who are willing to provide health care services on a voluntary basis to proceed to any place in this state where health care services are required by reason of the emergency or crisis; and (2) Any emergency health care provider registered under ORS 401.654 or other health care provider may volunteer to perform health care services described in ORS 401.657 at any emergency health care center or health care facility in the manner provided by ORS 401.664.

**401.667** Agency of emergency health care providers and emergency health care facilities for purposes of ORS 30.260 to 30.300; rules.

**401.085** Management of resources during an emergency

**431.035** Authority of Director of Human Services to delegate functions; Public Health Director; appointment; duties.

**431.110** General Powers of Department of Human Services

**431.120** Duties of Department of Human Services; rules.

**431.150** Enforcement of health laws generally.

**431.170** Enforcing health laws and rules when local officers are delinquent.

**431.262** Authority of Department of Human Services and local public health administrators to enforce public health laws; authorized actions; rules; penalties.

**431.264** Authority of Public Health Director to take public health actions; authorized actions; rules.

**431.440** Public health administrators have police powers. All district and county public health administrators shall possess the powers of constables or other peace officers in all matters pertaining to the public health.

**431.530** Authority of local health administrator in emergency.

**431.550** Authority of Department of Human Services to collect information from local public health administrators.

**433.035** Testing or examination of persons with certain diseases or condition; order for medication or treatment

**433.040** Oregon Vaccine Education and Prioritization Plan; implementation of plan during vaccine shortage; rule; penalties. This plan can be used for other biologics such as antiviral medication.

**433.090 to 433.104** Immunization Registry and Tracking System

**433.441** Proclamation of public health emergency. Upon the occurrence of a public health emergency, the Governor may declare a state of public health emergency as authorized by ORS 433.441 to 433.452 to protect the public health.

**433.443** Authority of Public Health Director during public health emergency; penalties; access to and use of individually identifiable health information; rules.

**433.446** Authority of Governor during state of public health emergency.  The Governor may seek assistance under the Emergency Management Assistance Compact during a state of public health emergency to obtain additional resources for providing services directly related to mitigation of the crisis.

**433.448** Use of immunization registry and tracking and recall system during state of public health emergency.

**433.452** Detaining persons exposed to reportable condition or condition that is basis for state of public health emergency.

### *Oregon Administrative Rules (OARs)*

**855-007-0010** to 855-007-0110, Board of Pharmacy, Division 7, Public Health Emergency.  Covers emergency licensure, distribution, storage and administration of medications at the state RSS and PODs, emergency pharmacy rules, new and modified medication therapy, temporary pharmacies, and emergency record-keeping.

**855-019-0270** Administration of Vaccines by Pharmacists.

**847-035-0030** Board of Examiners, Scope of Practice for EMTs: covers vaccine administration under 10(g) and medication administration under, for example, 11(j).  Note: The numbering in this OAR is confusing.

**855-043-0110** Non-Pharmacy Dispensing Drug Outlets; County Health Clinics.  Speaks to how a registered nurse under the employment of a local health department may dispense a drug or device.

### *Federal Authorities:*

### Public Readiness and Emergency Preparedness (PREP) Act

The PREP Act authorizes the Secretary of the Department of Health and Human Services ("Secretary") to issue a declaration ("PREP Act declaration") that provides immunity from tort liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures.  A PREP Act declaration is specifically for the purpose of providing immunity from tort liability, and is different from, and not dependent on, other emergency declarations.

http://www.phe.gov/preparedness/legal/prepact/pages/default.aspx

### Emergency Use Authorization (EUA)

The Project BioShield Act of 2004 (Public Law 108-276) established the Emergency Use Authorization (EUA) program.  During certain, well defined emergency conditions, the EUA authorizes the FDA to approve emergency use of drugs, devices, and medical products, that were not previously approved, cleared or licensed by the FDA or the off-label use of approved products.  More information on the FDA's policies for authorizing the use of an unapproved medical product or an unapproved use of an approved medical product during a declared emergency can be found in the draft FDA guidance document available at

http://www.fda.gov/EmergencyPreparedness/Counterterrorism/BioterrorismAct/default.htm

# RESOURCES

Clark County Public Health Preparedness Program
http://www.clark.wa.gov/public-health/preparedness/prepare.html#Dispensing

Portland Metropolitan Cities Readiness Initiative
www.crinorthwest.org

CDC Emergency Preparedness and Response
http://www.bt.cdc.gov/

Dispense Assist – an example of web based screening
www.dispenseassist.net

Inclusive Just-in-Time Training (IJITT) Toolkit for Mass Prophylaxis/Point of Dispensing (POD) Operations
http://www.naccho.org/toolbox/tool.cfm?id=2199&program_id=9

Model Standing Orders for Anthraxn
http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/stdgordr.aspx

Model Standing Orders for Vaccines – Oregon State Public Health
http://public.health.oregon.gov/preventionwellness/vaccinesimmunization/immunizationproviderresources/pages/stdgordr.aspx

Oregon Health Authority
http://public.health.oregon.gov/Pages/Home.aspx

Oregon Health Network (HAN) (password required)
http://public.health.oregon.gov/Preparedness/Prepare/HealthAlertNetwork/Pages/index.aspx (PHICP Document Library)

U.S. Census Bureau "FactFinder2"
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

US Food and Drug Administration – Public Health Advisory: Doxycycline for Anthrax Exposure
http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm172577.htm

US Food and Drug Administration – Doxycycline Home Preparation
www.fda.gov/downloads/Drugs/EmergencyPreparedness/BioterrorismandDrugPreparedness/UCM131006.pdf

Washington State DOH Medication Center Signage
http://www.doh.wa.gov/phepr/signs/

Washington State DOH Preparedness Communication Toolkit
http://www.doh.wa.gov/phepr/toolkit/

# Appendix A
# Standard Operating Procedures

## <u>POD Operating Procedures</u>

**POD Activation and Deployment**

1.  **<u>References:</u>** The Oregon State Strategic National Stockpile Plan and Local Policy (as applicable).

2.  **<u>General:</u>** Once POD deployment is requested, designated PODs will be stood up at pre-determined sites for the dispensing of medications and/or mass prophylaxis. This operating procedure outlines those actions necessary in the course of the POD deployment phase.
    a.  Currently, PODs are supplied medications through the State's Receiving/Storage/Staging (RSS) Site, from either the CDC's Strategic National Stockpile (SNS) or Vendor Managed Inventories (VMI), which are follow-on shipments of SNS medications. These initial medications come from the SNS 12-Hour Push Packs, which are shipped to the State. Pre-arrangements have been made to dispatch and deliver the Push Packages and subsequent medications to each activated POD.
    b.  At each POD site, a POD Go Kit may be delivered by the county, which includes pre-determined equipment and supplies necessary for initial set up and operations. The Go Kit, by no means, is an all-inclusive kit; however, there is enough initial equipment and supplies for start up.

3.  **<u>POD Activation:</u>** The County Department of Health and Human Services (DHHS) or designated representative has the authority to activate PODs. The Public Health Emergency Preparedness (PHEP) Coordinator will determine which PODs are to be activated.

    a.  Call-Down Roster: The PHEP Coordinator will activate the POD's Medical Task Force Call-Down roster, contact the POD Supervisor, and mobilize and assign POD Staff personnel.
    b.  The POD Branch Director or designee at the DOC or EOC will contact the POD Facilities Point of Contact (POC), notifying them their facility is being activated as a POD site, <u>as outlined in the Site Survey or Memorandum of Agreement/Understanding (MOA/MOU), as applicable, between the School District and the County.</u>
        i.  Keys and/or security codes will need to be ready once the POD Supervisor arrives. Names and contact information are located in Tab A, the POD Site Assessment.
        ii. The County PHEP Coordinator will activate the delivery of POD equipment and supplies to each POD Site.
    c.  The DOC through the EOC Operations Section may contact County Sheriff's Office or other Law Enforcement agencies to dispatch Law Enforcement officials to the POD Site.
    d.  Once on-site, the POD Supervisor will coordinate with the Facilities representatives, Law Enforcement, Medical Task Force, POD Flow Team Lead, and/or community-

based volunteer organizations (i.e. CERT, Red Cross, etc.) to organize, set up, and stand up POD operations, to include:

1. Exterior Security
   a. Traffic Flow designs
   b. Parking
2. Interior Site Security
   a. Safeguard medications
   b. Restrict entry to staff areas
   c. Crowd control
   d. POD staff safety

3. POD Facilities
   a. POD Signage set up
   b. POD Flow Charting
   c. Inventory Room - refrigeration/cold storage (if needed)
   d. Restrooms
   e. Waiting areas
   f. Triage Area, as necessary
   g. Educational/Training rooms, as necessary
4. Entrance/Exit
   a. Patient registration/medical screening
   b. Points of Dispensing
   c. Easy exit access

**4. Public Information/ Media Coverage:** The County Public Information Officer (PIO) is the official spokesperson in the event a POD is activated. The PIO will arrange for media coverage, public notification, and the release of information to the public. In certain circumstances, the PIO may not be co-located at the POD, rather at the County Public Information Center (PIC) or Joint Information Center (JIC).
   a. POD Supervisors may be asked for information or solicited for comments relating to POD operations. **Release of information should be either referred to or coordinated with the PIO prior to dissemination.**
   b. The PIO provides a coordinated message through the Public Information Office and/or Office of Emergency Management and presents accurate and timely information flow to the public.
   c. The County EOC/DOC should designate specific POD's to be used for press access. This information will be coordinated with the County PIO and the POD manager should be informed of possible media presence. If media shows up to the POD with out prior notification by county PIO, the POD Supervisor must communicate this with the County EOC and the PIO.

# POD INVENTORY CHECKLIST

## POD "Go Kit" Checklists

| ITEM | Qty. | ITEM | Qty. |
|---|---|---|---|
| **Cleaning Supplies** | | **Staff Hygiene and Meals** | |
| Bucket | 1 | Paper Towels | 10 rolls |
| Mop | 1 | Kleenex | 4 boxes |
| Sponges | 4 | Antiseptic Pre-Moistened Towlettes | 2 – 100/box |
| Trash Bags | 1 box | Alcohol-Based Hand Rub | 5 bottles |
| All-Purpose Cleaner | 1 can | Drinking Water | 2 liters/staff |
| Bleach | 1-gal jug | Paper Napkins | 250 |
| Spray Bottle | 1 | Paper/Plastic Cups | 200 |
| Rubber Gloves | 4 pairs | **Technical** | |
| | | Extension Cords (50-ft) | 5 |
| | | Power Strips | 5 |
| | | Phone Extension Cord – 25+ feet | 1 |
| **General** | | **Triage, Education, Planning** | |
| Tables | 15 | Intake forms | 1 to copy |
| Chairs | 55 | Disease agent fact sheets | 11 to copy |
| **Office Supplies** | | Medication fact sheet | 1 to copy |
| Paper tablets (8-1/2" x 11") | 10 pads | Educational videos/DVD | 1-2 (smallpox) |
| Pens, black | 10- 12/box | SNS/Mass Prophylaxis Plan | 1 |
| Markers | 1 box | Drug reference guides (TBD) | |
| Highlighters | 1 box | **Technical** | |
| Stapler | 5 | Computer (or access to) | 5 |
| Staples | 1 box | FAX machine (or access to) | 1 |
| Scissors | 5 | Printer (or access to) | 1 |
| Calculator | 1 | Photocopier (or access to) | 1 |
| Scotch tape and dispenser | 2 | Internet Access | 5 |
| Masking tape | 2 rolls | Telephone for POD Supervisor | 1 |
| Clipboards with pens | 50 | Walkie-Talkies | 6 |
| Rubber bands (assorted) | 1 box | Ham Radio | 1 |
| Easel paper, self-stick | 3 pads | Flashlights (for power failures) | 10-20 |
| Envelopes - interoffice | 10 | Flashlight batteries | 10-20 sets |
| Bull Horn | 1 | Battery-Operated Weather Radio | 1 |
| Whistle | 1 | Batteries for Radio | 1 set |
| Scale, small step-on | 1 | Disposable Camera | 1 |
| Form collection box | 1 | Television & VCR/DVD Player | 1-2 |
| **Signage and Staff Identification** | | **First Aid** | |
| POD signs | 1 set | *see next page* | |
| Tablecloths | 4/color | **Emergency Medical** | |
| Floor tape | 4/color | *see next page* | |
| Vests, all staff | 100 | | |
| Name badges (Manual) | 150 | | |
| Hand-held flags, red (optional) | 12 | | |

POD SOP Atch 1-1

## First Aid Kit

| Item | Quantity |
|---|---|
| 1-in. adhesive bandage compresses | 16 |
| Antiseptic swabs | 20 |
| Ammonia inhalers | 10 |
| 4-in. adhesive bandage compresses | 8 |
| 40-in.triangular bandage compresses | 40 |
| 6 containers of silva sulfadiazine | 1/8 oz. |
| Noninflatable arm splint | 1 |
| Noninflatable leg splint | 1 |
| 4-in. roller bandages | 4 |
| 1-in. rolls of adhesive tape | 2 |
| Bandage scissors | 1 |

## Emergency Medical Kit

| Item | Quantity |
|---|---|
| Sphygmomanometer | 1 |
| Stethoscope | 1 |
| Oropharyngeal airways | 3 |
| 10 cm$^3$ syringes | 4 |
| 50 percent dextrose | 50 mL |
| Normal saline or lactated ringers (two 1-L bags) | 2-250mL bags |
| Intravenous catheters-assorted 18 and 20 gauge | 5 of each gauge |
| 25-gauge butterfly catheters | 10 |
| Epinephrine (1:1000) (4 ampules) or epi-pen (4 adult) and 2 epi-pen junior | |
| Diphenhydramine hydrochloride (25; 1pkg) and 2 injectable single-dose ampules | |
| Liquid benadryl for children (12.5mg in 5ml) | 1 bottle |
| Sublingual nitroglycerin tablets | 10 |
| AED (automatic external defibrillator) – if feasible/available | 1 |

POD SOP Atch 1-1

# POD STAND-UP CHECKLIST

**Stand UP Checklist**

| Item | Procedure | ✓ (Completed) |
|---|---|---|
| **1** | **Become Familiar with POD Go-Kit Binder Contents** | **POD Supervisor** |
| | a. POD SOPs | |
| | b. Site Assessment documents | |
| | c. Job Action Sheets | |
| | d. JIT Training Sheets | |
| | | |
| **2** | **Call POD Management Staff Initial Planning Meeting** | **POD Supervisor** |
| | a. Develop an Incident Action Plan (SOP2, Atch 2-2) | |
| | b. Incident Assessment | |
| | c. Establish Initial Needs and Requirements | |
| | d. Define Roles and Responsibilities | |
| | e. Set Preliminary Objectives and finalize IAP | |
| | | |
| **3** | **POD GO Kit:** | **POD Flow Team Lead** |
| | a. Inventory Contents vs. Inventory Sheet  (Atch 1-1) | |
| | b. Break Out Contents and distribute to Team Leads | |
| | c. Initiate and fill out Custodial Receipt Logs (Atch 9-1) | |
| | d. Distribute Supplies to their proper stations | |
| | | |
| **4** | **POD Set Up:** | |
| | **Credentialing Coordinator:** | **Credentialing Coordinator** |
| | 1.  Set Up Master Personnel Roster (Atch 5-1) | |
| | a.  Photo ID Verification | |
| | b.   Contact Information Verification | |
| | c.  Cross-reference Master Personnel Roster with Badge Numbers | |
| | 2.  Set Up Badging Process | |
| | a.  Electronic Badging (if available) | |
| | b.  Manual Badging | |
| | c.  Other Badging Capabilities | |
| | 3.  Volunteers (CERT, Red Cross, Citizens, et al.) | |
| | | |
| | **Medical Task Force**: | **Medical Task Force Lead** |
| | 1.  Arrange and Set Up Medical Dispensing Section (Atch 2-3) | |
| | 2.  Hand Out Job Action Sheets (JAS) | |

| | | |
|---|---|---|
| | 3.  Hand Out Just In Time (JIT) Training Sheets | |
| | 4.  Distribute Assigned Equipment | |
| |     a.  PPE (if necessary) | |
| |     b.  Radios | |
| |     c.  Vests | |
| | 5.  Initiate and fill out Custodial Receipt Logs (Atch 9-1) | |
| | 6.  Arrange and Set Up Intake Screening Station | |
| | 7.  Arrange and Set Up Intake Screening Station | |
| | 8.  Arrange and Set Up Medical Screening Station | |
| | 9.  Arrange, Set Up, and Organize Pharmaceutical Inventory Room | |
| |     a.  Arrange for SNS/State cache shipments | |
| |     b.  Fill out BIN Cards | |
| |     c.  Fill Out Runner Dispensing Logs | |
| |     d.  Coordinate Security for the Inventory Room with Security Team Lead | |
| | 10.  Arrange and Set Up Triage Area (if necessary) | |
| | 11.  Arrange and Set Up Behavioral Health Station | |
| | 12.  Arrange and Set Up Medical Dispensing Station | |
| | 13.  Arrange and Set Up First Aid Station | |
| | | |
| | **Facilities Team** | **Facilities Team Lead** |
| | 1.  Hand Out Job Action Sheets (JAS) | |
| | 2.  Hand Out Just In Time (JIT) Training Sheets | |
| | 3.  Distribute Assigned Equipment | |
| |     a.  Radios | |
| |     b.  Vests | |
| |     c.  Flashlights | |
| | 4.  Initiate and fill out Custodial Receipt Logs (Atch 9-1) | |
| | 5.  Coordinate Facilities Equipment | |
| |     a. Office/Administrative Equipment | |
| |     b Facilities Equipment | |
| | 6  Coordinate Facilities Supplies | |
| | 7. Coordinate IT/Communications Services | |
| |     a. Telephones | |
| |     b Internet Services | |
| |     c Fax Machine | |
| |     d.  Copier/Printer | |
| | 8  Set Up and Install Signage | |
| | 9  Assist with Pharmaceutical Inventory Room Set Up | |
| | 10 Prepare Loading Area for SNS Shipment | |
| | | |
| | **POD Flow Team** | **POD Flow Team Lead** |
| | 1  Hand Out Job Action Sheets (JAS) | |
| | 2  Hand Out Just In Time (JIT) Training Sheets | |

| | | |
|---|---|---|
| | 3  Distribute Assigned Equipment | |
| | a  Radios | |
| | b  Vests | |
| | 4  Initiate and fill out Custodial Receipt Logs (Atch 9-1) | |
| | 5  Assist Facilities Team with Signage Locations | |
| | 6.  Arrange and Set Up Greeters Station | |
| | 7.  Arrange and Set Up Forms Distribution Station | |
| | a.  Medical Screening Forms | |
| | b  Non-Medical Screening Forms | |
| | 8  Arrange and Set Up Interpreters Station | |
| | 9  Arrange and Set Up Waiting Area | |
| | 10. Arrange and Set Up Health Education Station | |
| | | |
| | **Security Team:** | **Security Team Lead** |
| | 1  Hand Out Job Action Sheets (JAS) | |
| | 2  Hand Out Just In Time (JIT) Training Sheets | |
| | 3  Distribute Assigned Equipment | |
| | a  Radios | |
| | b  Vests | |
| | c  Flashlights | |
| | d  Barricades | |
| | e  Traffic Cones | |
| | c  Exterior Lighting | |
| | 4  Initiate and fill out Custodial Receipt Logs (Atch 9-1) | |
| | 5  Set Up and Organize Security Command Post | |
| | 6  Establish and Implement Traffic Control Plan | |
| | 7  Establish and Implement Parking Plan | |
| | 8  Establish and Implement PIR Security Plan | |
| | 9  Establish and Implement Exterior Security Plan | |
| | 10 Establish and Implement Interior Security Plan | |
| | 11 Establish and Implement Roving Security Plan | |
| | | |
| | S**afety Officer:** | **Safety Officer** |
| | 1  Read Job Action Sheet (JAS) | |
| | 2  Read Just In Time (JIT) Training Sheet | |
| | 3  Sign Custodial Receipt Log for Assigned Equipment | |
| | 4  Review Safety Checklist | |
| | | |
| | **Liaison Officer:** | **Liaison Officer** |
| | 1  Read Job Action Sheet (JAS) | |
| | 2  Read Just In Time (JIT) Training Sheet | |
| | 3  Sign Custodial Receipt Log for Assigned Equipment | |
| | 4  Assist POD Supervisor, as assigned | |
| | | |
| | h. **Public Information Officer:** | **PIO** |

| | | |
|---|---|---|
| | 1  Read Job Action Sheet (JAS) | |
| | 2  Read Just In Time (JIT) Training Sheet | |
| | 3  Sign Custodial Receipt Log for Assigned Equipment | |
| | 4  Brief POD Supervisor on Public Information Protocol | |
| | 5  Assist POD Supervisor, as assigned | |

POD SOP 1-2

# POD Operating Procedures

### POD Stand Up

1. <u>**References:**</u> The Oregon State Strategic National Stockpile Plan, and Local Policy (as applicable).

2. <u>**General:**</u> The procedures described below outline basic steps for standing up a Point of Dispensing (POD) site. The POD Management structure conforms to National Incident Management System (NIMS) and Incident Command System (ICS) guidelines. **Atch 2-1** provides a standard POD ICS matrix. PODs are intended to be modular, flexible, scalable, and adaptable in size and structure.

3. <u>**POD Documentation, Site, and Personnel:**</u>

   a. **POD Incident Action Plan (IAP):** Refer to POD SOP #2, Atch 2-3 for ICS Form 201-2, IAP Planning Sheet. The POD Supervisor and Team Lead staff will provide input in formulating assessments, determining needs, define roles and responsibilities, creating objectives and finalizing a preliminary action plan. Subsequent shift command staff will re-evaluate assessments, needs, objectives, and issuing a follow on action plan (IAP) for the next operational period.

   b. **POD Documentation:** POD event documentation will be entered in the POD **Unit Log (ICS Form 214 and 214-1**, Continuation Sheet, **Appendix D**). Note events, discrepancies, problem areas, and/or best practices to document After Action Items or for future

   c. **POD Facility/Site Location:** A POD Site Assessment has already been conducted and is documented in **Appendix E** of this binder. Review the contents to determine stand up, pre-activation needs, and operating procedures.

   d. **POD Staff:** The POD Supervisor, Team Leads, or their designated representatives are to brief POD staff members on the nature of the POD operations and conduct JIT training, as needed. Other JIT Training items include shift change briefings, POD Sign-In/Sign Out, job duties and functions, POD supervision, and operational procedures. Refer to **Appendix C** for JIT Training sheets

      i. The POD Supervisor and Team Leads are to ensure the POD facilities, key facility personnel; POD Staff members, pharmaceuticals, supplies, and equipment are on-hand, available, and ready for operations prior to opening the POD to the public. Review the contents of this binder to determine pre-activation needs and procedures.
      ii. Initial POD staffing will be on-call and available through call-down rosters that are maintained and made available by County Department of Health and Human Services to the DOC. The DOC Operations Section, in conjunction with the DOC Logistics section will activate personnel for POD manning.
         a) Medical
         b) Security
         c) Facilities
         d) POD Flow/Volunteer Augmentation
      iii. Follow-on Shifts are to arrive at the POD 30 minutes prior to the beginning of their shift change briefing and report to their station 10 minutes prior to the beginning their shift.
      iv. All personnel will sign in when reporting for duty and sign-out at shift changes. Use the sample Sign-In/Sign-Out Roster form found in **Appendix D** as a guide.

v.  Shift duration: for 24-hour POD operations, shifts will normally be 12-hours long. For operations other than 24-hours, the POD Supervisor will determine shift length, according to manning requirements.

vi.  POD Supervisors and Team Leads will stagger their shift changes to ensure positive continuity between shifts.

vii.  At a minimum, the POD Supervisor and Team Leads will conduct briefings at each shift change.

viii.  Personnel are to ensure that their station and/or duties are covered during breaks. Coordinate all breaks with Team Leads to ensure position coverage.

4.  **Equipment:** Pre-packed "Go Kits" will be delivered to each POD upon activation. These Go Kits include everything necessary to set up and activate the POD. See **POD SOP 1, Atch 1-1** for the POD Go Kit Inventory List. Other Items

   a.  **POD Personal Protective Equipment (PPE):**  In the event that PPE is required, the POD Supervisor will ensure the equipment is properly worn. Some or all of the PPE may be dispatched with the SNS Stockpile delivery.
      i.  All staff members are expected to properly wear their PPE.
      ii.  Personnel that off-load and manage inventory are to wear steel-toed boots (if required) and work gloves.

   b.  **Tactical Communications:**  Refer to Appendix C, JIT Training #2. The following equipment is to be issued (unless one has already been issued):
      i.  POD Supervisor - a cell phone (for communicating with the EOC and/or DOC) and a hand-held radio (for communications with POD Team Leads).
      ii.  Team Leads - hand-held radios.
      iii.  Stations - one hand-held radio per station.

5.  **Receiving and Storage of Pharmaceuticals and Supplies:**

   a.  Receiving and Storage of Pharmaceuticals:  **Refer to POD SOP #4** for specific guidance for receiving State/SNS Stockpile shipments.

   b.  Pharmaceutical Inventory Room (PIR): Pharmaceuticals and medical supplies are to be strictly accounted for and controlled. Medications and supplies will be stored in a "room" or area with adequate security measures provided and restricted access to supplies.

   c.  POD Security/Traffic and Facilities Teams are to:
      a)  Make ready to receive and unload pharmaceuticals and supplies using the appropriate equipment (e.g., hand trucks, gloves and footwear)
      b)  Ensure that medication and materials will be stored securely in the Inventory Room, and at the proper temperature. **Refrigeration may be required.**
      c)  Ensure a smooth supply chain flow so that POD stations are stocked with pharmaceuticals and other supplies in a timely manner.
      d)  Ready all supply accountability documentation forms (Bin Cards) for POD dispensing from the Pharmaceutical Inventory Room.

   d.  Intra-POD Ordering (and re-ordering) Pharmaceuticals, use the POD Dispensing Log Form, found in **Appendix D**, to request pharmaceuticals and supplies for a Dispensing/ Vaccination Station from the Pharmaceutical Inventory Room. Form will be filled out by Inventory Room personnel and double-checked and signed by the runner.

6. **Facilities-Supplied Equipment:** Facilities representatives will augment POD Go Kit equipment with tables, chairs, and other furniture; plus ensure the POD has access to necessary fax machines, copiers, telephone and Internet access, etc.

    ii. The facility will also supply access to electrical outlets
    iii. Audio-Visual Equipment, as necessary.
    iv. Refer to Appendix E, page 2, of the POD Site Assessment, "Available On-Site Equipment".

7. **POD Flow Chart**: Refer to **Atch 2-3** for the POD Flow Chart

    a. POD Flow is paramount in order for smooth operations in an emergency situation. POD Flow is designed to eliminate bottle-necks and keep lines moving. The goal during a mass prophylaxis is 500 people per hour (heads of households).
       i. The POD Flow Team is responsible for ensuring a smooth flow at all stations
       ii. Orienting the public to the POD process
       iii. Answering questions
       iv. Using Interpreters where necessary to provide information
       v. Eliminating bottlenecks
       vi. Providing forms, information, and education materials

    b. Troubleshooting: The POD Flow Team Lead, along with the POD Flow Team members, will identify trouble areas and areas of concern, to streamline POD Flow operations.

    c. Documentation: Document shift activities, problem areas, solutions, best practices, et al., on the POD Unit Log, ICS Form 214 and 214-1 (**Appendix D**).

# POD Command Organization Chart

```
                              ┌─────────────────────┐
                              │    POD Supervisor   │
        ┌──────────────────┐  │                     │  ┌──────────────────────┐
        │ Safety Officer   │──│       JAS 1         │──│ Personnel Coordinator │
        │    JAS 1-4       │  └─────────────────────┘  │       JAS 1-1         │
        └──────────────────┘                           └──────────────────────┘

        ┌──────────────────────────┐              ┌──────────────────────┐
        │ Public Information Officer│──────────────│   Liaison Officer     │
        │        JAS 1-2           │              │       JAS 1-3         │
        └──────────────────────────┘              └──────────────────────┘
```

| Security Lead JAS 5 | Facilities Lead JAS 3 | POD Flow/ Education/Forms Lead JAS 4 | Medical Task Force Lead JAS 2 | Behavior Health |
|---|---|---|---|---|

| | | | Medication Lead JAS 2A-1 | Screening/Triage Lead JAS 2B-1 |

- **Security Lead JAS 5**
  - Security JAS 5-1
  - Traffic Control JAS 5-2

- **Facilities Lead JAS 3**
  - Facilities Rep. JAS 3-1
  - Information Tech. JAS 3-2
  - Comm/Ham Radio JAS 3-3
  - Runners JAS 3-4 to 3-6

- **POD Flow/Education/Forms Lead JAS 4**
  - Greeters JAS 4-1
  - Forms Distribution JAS 4-2
  - Interpreter JAS 4-3
  - Flow Monitor JAS 4-4
  - Health Education JAS 4-5

- **Medication Lead JAS 2A-1**
  - Pharmacist JAS 2A-2
  - Dispensers JAS 2A-3
  - Dispenser Asst.

- **Screening/Triage Lead JAS 2B-1**
  - Med./Triage Physician
  - Intake Screener
  - Med. Screener JAS 2B-5
  - Triage JAS 2B-6

POD Supervisor may act as the POD Safety Officer or may delegate duties

┌ ─ ┐
└ ─ ┘   Indicates Optional Staff Positions

# POD Incident Action Plan (IAP)

| Incident Name: | Date Prepared: | Time Prepared: |
|---|---|---|

| Operational Period Date:<br>From:            To: | Operational Period Time:<br>From:            To: |
|---|---|

Incident Assessment:

_____

_____

_____

_____

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_____

Initial Needs and Requirements:

_____

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_____

| Prepared By: | Company Name: | ICS Position: |
|---|---|---|
| Approved By: | Company Name: | ICS Position: |

ICS 201-2

# POD IAP Continuation Sheet

| Incident Name: | | Date Prepared: | Time Prepared: |
|---|---|---|---|

| Operational Period Date:<br>From:          To: | Operational Period Time:<br>From:          To: |
|---|---|

Define Roles and Responsibilities:

_____

_____

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Preliminary Incident Objectives and Action Plan::

_____

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| Prepared By: | Company Name: | ICS Position: |
|---|---|---|
| Approved By: | Company Name: | ICS Position: |

ICS 201-2

**Behavioral Health**

**Meds/Vac. Dispensing Station**

**Meds/Vac. Dispensing Station**

**Meds/Vac. Dispensing Station**

**Meds/Vac. Dispensing Station**

**Intake Screeners**

**Medical Screeners**

**Health Education**

**Interpreter**

**Forms Distribution**

**Waiting Area**

**First Aid**

**POD Flow Monitor/ Exit Security**

**Staff Area**

**Greeters**

**Exit**

**Triage Area**

**Entrance**

POD SOP Atch 2-3

# POD Operating Procedures

## POD Operations

1. **References:** The Oregon State Strategic National Stockpile Plan, County Emergency Operations Plan and Local Policy (as applicable).

2. **General:** Once a POD is stood up and functional; shift duties and rotations, the re-supply of medications, and on-going operations are paramount to a successful mass prophylaxis of medications. POD Types:

| POD Types | Considerations |
|---|---|
| **Dispensing POD (Non-medical Model):** Rapid Dispensing Strategy; POD that provides medications in pill or oral form for biological agents such as Anthrax, where minimal medical screening is provided and mass prophylaxis is paramount. POD throughput expectations are 600 doses per hour or more, depending on the POD size and number of dispensers assigned. Participants may also receive medications as "Head of Household", for the entire number of family members in their household.  Throughput can be increased using online screening tools such as Dispense Assist (www.dispenseassist.net) | In the event established POD criteria and procedures are inadequate for the current mass prophylaxis plan, the POD Supervisor, along with the Medical Task Force Lead, will contact the DOC seeking authorization to alter or streamline the POD dispensing plan allowing increased POD throughput. |
| **Vaccine POD (Medical Model):** A POD that provides vaccine injections of serum for biological agents such as Small Pox. POD throughput expectations are approximately 350 inoculations per hour, depending on the POD size and number of vaccinators assigned. Medical Screening may also be more extensive and slow the process. Throughput can be increased using online screening tools such as Dispense Assist (www.dispenseassist.net) | Certain diseases, such as Anthrax, are not contagious; whereas, other diseases such as Small Pox or Bubonic Plague are highly contagious. POD operations are dependent on whether the disease is contagious or non-contagious. If the disease is contagious symptomatic individuals are not to enter the POD; however, symptomatic persons will be routed through the Triage Area outside the POD for prophylaxis without entering the POD. Otherwise, symptomatic patients may go through the POD to collect medication for their family AND should be directed to go to a hospital for care. |

3. **Actions**: The POD Supervisor and Team Leads will ensure that all personnel have been properly trained to fill the function of their respective positions.

a. **Job Action Sheets** are provided for each respective position. Please refer to Appendix B for each job description and associated responsibilities.

b. **POD and ICS Command structures** are designed to be flexible, allowing the POD Supervisor to determine which POD elements to activate and which not to activate, based on situations and circumstances.

c. **POD Documentation**: POD Documentation will be logged on ICS Form 214 and 214-1, Unit Logs (Appendix D).

4. **POD Command Post:** The POD Command Post will be established in a private office or room in close proximity to the POD. The Command Post area will require access to the Internet, telephones, copier, and fax machine. The Command Post will require table, chairs, and sufficient space for the POD Supervisor and Team Leads.

5. **Traffic Control, Parking and Entrance/Exit the POD**:  The Security, Traffic and Facilities Teams will determine and streamline traffic control, set up, and marking that clearly directs the public to POD-designated parking, then direct patients from the parking area to the POD entrance.

a. **Traffic Control:** Traffic personnel must wear reflective safety vests and use flashlights in order to be visible during nighttime hours.
    i. Reflective tape, barricades, and/or cones may be used to help direct and streamline traffic flow.

b. **Parking**: Parking personnel must also wear reflective safety vests and use flashlights in order to be visible. Parking Controllers will ensure vehicles are parked properly to avoid scratches & scrapes, and yet not waste limited parking space.
    i. Parking Controllers will watch for vehicles that have been parked for elongated periods of time. This may be a sign that the vehicle has either been abandoned or the patient has medical complications. In this event, Controllers will notify the Security Team Lead.

c. **Security:** Security starts with Traffic Control & Parking, and continues through the Inventory Room, Triage and internal POD Security. Personnel are to be on the alert for symptomatic individuals. **Persons symptomatic with a contagious disease will be sent to the Triage Area for assistance, they <u>ARE NOT</u> to enter the POD.**
    i. Use running overhead announcements, triage staff and/or other signage to refer symptomatic individuals to medical treatment healthcare providers outside the POD facility.

d. **Exit Station**: Signage in the POD should direct the public toward the exit. Security will be placed near the exit area in order to keep foot traffic moving and to ensure people do not enter the exit.

6. **POD Flow Stations**: Below is a brief description of the functions of each POD Station. Refer to Appendix B, Job Action Sheets (JAS) for specific duties and details.

a. **Triage:** A Triage Area will be located <u>outside</u> of the Entrance to the POD facility. Emergency Medical or trained paramedics will provide triage and prophylaxis to symptomatic individuals. Staff from the Medical Screening/Triage Crew may also be pulled to man this station on an as needed basis. Contagious individuals **<u>ARE NOT</u>** to enter the POD and will be medicated in the Triage Area.

b. **Greeters Station:** Greeters will meet the public as they enter the POD. They will separate the English speakers from non-English speakers and route them through the Interpreter's Station. For a full detail of duties, refer to the Job Action Sheet (JAS) in Appendix B, D-1. Greeters will also be aware to identify other vulnerable populations or individuals with special needs. In the event a person is identified, contact the POD Flow Team Lead for assistance.

c. **Interpreter's Station:** Interpreters will be used when non-English speakers need to communicate or be understood. The Interpreters will also translate necessary forms, documentation, or other materials in order to maximize understanding and streamline POD Flow. In the event an Interpreter is not available, use the flash cards available in each POD Kit. Refer to Job Action Sheet (JAS) for a list of duties.

d. **Forms Distribution Station**: (The Forms Distribution Station may be co-located with the Greeter's station or at separate stations). The team is to distribute the appropriate intake forms and information sheets to the public, either as they enter the POD or wait in line. The Intake Form must be completed in full, either in line or in the waiting area. Greeters, Health Educators, and Interpreters may also help clients complete the necessary Intake or Medical Screening Forms. For a full detail of duties, refer to the Distribution and Health Educator Job Action Sheets (JAS).
   i. Tables with chairs, clipboards and pens/pencils are to be made available to aid form completion in the Waiting Area.
   ii. The Education/Forms team directs the public to deposit completed forms, clipboards and pens/pencils into designated containers.

e. **Health Education Station:** (May be co-located with Forms Distribution Station). The Health Education Station is designed to answer medical questions clients may have. They will also hand out literature and may have the aid of audio/visual (AV) equipment. As with Greeters, Health Educators will screen English speakers from non-English speakers and route them through the Interpreter's Station. For a full detail of duties, refer to the Job Action Sheet (JAS) in Appendix B, D-6.

   i. **Drug Fact Sheets** are included in the POD SOPs, Appendix A. Fact sheet information will be downloaded from the CDC website or other Internet website venues.
   ii. **Agent Fact Sheets** are included in the POD SOPs, Appendix A. Agent fact sheet information will be downloaded from the CDC website or other Internet website venues.

f. **Medical Intake Screening Station**: This position is the first line of medical screening. The screener reviews Intake forms for completion and instructs individuals to proceed to either the express dispensing lines or to the medical screening station for a more detailed medical review. For a full detail of duties, refer to the Job Action Sheet (JAS) in Appendix B, 2B-4 for the screening algorithm.

g. **Medical Screening Station**: Medical screeners conduct additional screening for patients with pre-existing medical conditions, allergies, or contraindications to medicines. After screening, the clients are to be directed to a dispensing station or referred to their health care provider. This station will not be stood up under a non-medical model. For a full detail of duties, refer to the Job Action Sheet (JAS) in Appendix B, 2B-5.

h. **Dispensing/Vaccination Stations**: Dispensing personnel hand out prophylaxis medication or administer vaccinations for individuals and additional family members listed on the Intake Form. For a full detail of duties, refer to the Job Action Sheet (JAS) in Appendix B, 2A-3.

i. **First Aid Station**: This station provides first aid or emergency medical treatment for the POD staff or clients. Staff from the Medical Screening/Triage Crew will be pulled to man this station

on an as needed basis. For a full detail of duties, refer to the Job Action Sheet (JAS) in Appendix B, 2B-3.

j.  **Behavioral Health Station**:  This station provides support to the public and POD staff.  Security and Education/Forms staff is to scan the public to identify and refer distressed or agitated clients to this station. For a full detail of duties, refer to the Job Action Sheet (JAS) in Appendix, 2C-1.

7.  **Vulnerable Populations:** Vulnerable populations require special handling to ensure they receive the required medications without disturbing POD Flow. All POD personnel should be aware to identify persons requiring assistance.

   a.  POD Flow personnel will be on the look out for persons who are:

      i.  Symptomatic Individuals (refer to Triage for medications)
      ii.  Physically Impaired
      iii.  Sensory Impaired (sight, hearing, etc.)
      iv.  Mentally Disabled
      v.  Medically Dependent
      vi.  Senior Citizens/Elderly
      vii.  Non/Limited-English Speaking
      viii.  Unaccompanied Minors Under the age of 18

   b.  POD will contact the POD Flow Lead when vulnerable persons are identified. The POD Flow Management Team will provide escort and assistance for special throughput.

   c.  Tools:

      i.  Signage (Multi-lingual, pictograms) – Go Kit
      ii.  Flash Cards – Go Kit
      iii.  Passport to Languages (www.passporttolanguages.com) (or appropriate service in each county)
      iv.  POD Translators

# POD Operating Procedures

### Supply and Inventory Operations

i.  **References:** The Oregon State Strategic National Stockpile Plan and Local Policy (as applicable).

ii. **General:** Medications and pharmaceuticals are distributed from the Strategic National Stockpile (SNS) or other source, through the State's Receiving/Storage/Staging (RSS) site, to one receving location or Local RSS as determined by the County, per County.

iii. **Procedures:**

1. **SNS/State Stockpile Receiving**:  POD Security, Traffic, and/or Facilities Teams will escort the ODOT courier to the facilities loading/unloading area.

   a. Ensure proper heavy lifting articles are available, such as gloves, steel-toed boots, and heavy lifting belts, etc. to breakdown the load to a manageable size.
   b. Medications and supplies will be unloaded using the appropriate equipment (e.g., pallet jacks, hand trucks, hand carts, rolling carts, etc.) when possible.

2. **Medication Storage and Security**:

   a. **POD Pharmaceutical Inventory Room (PIR)**: Ensure that medications and materials are stored in a securable location, either under lock and key or by assigned Security Staff.
   b. **Temperature Control Requirements**: Certain medications may require refrigeration or a special temperature controlled room that normally maintains a temperature range between 64º and 75º F, based on pharmaceutical requirements.

3. **POD Medication Receipt and Distribution:**

   a. **Pharmaceutical Inventory Room "BIN CARD":**

      1. The "Bin Card" is like a register in a checkbook. It is imperative to keep an accurate record of medications and a running balance of current supplies at all times. A Bin Card tracks information about **each specific** type of pharmaceutical medication and/or supply item received or dispensed. A Bin Card tracks pharmaceuticals and supplies that are:
         i.   Stored in more than one box or in different cartons
         ii.  Arrive at different times
         iii. Received from different sources (Strategic National Stockpile, State, or local caches)
      2. Examples include:
         i.   Vaccine, antibiotics, or anti-virals **with the same lot numbers**
         ii.  Injection needles of the same type
         iii. Gloves, caps, gowns, respirators, or other expendable supply items that are of the same type.

   b. **Pharmaceutical Inventory Room:**

i. Upon delivery of pharmaceuticals and/or supplies to the POD, create **one Bin Card for each type of pharmaceutical/supply item.** Complete the following information on each Bin Card:
   1. Item Description
   2. NDC/Product Number
   3. Lot Number
   4. Date
   5. Time
   6. POD Station
   7. Quantity Received
   8. Quantity On Hand
   9. Quantity Issued
   10. Balance
   11. Receiver's Signature

c. Refer to **POD SOP 4-1** for a sample Pharmaceutical Inventory Room Bin Card form.

d. **Controlled Substances:** Controlled substances require strict adherence to chain of custody accounting procedures. It is County's Public Health policy to not distribute or dispense controlled substances at PODs without the direct supervision and control by the county Public Health Officer or Drug Enforcement Administration (DEA) licensed designee. Controlled substances received at a POD will be signed for by the County Health Officer, or his/her designee, and logged on a separate BIN Card. Every medication that is transferred to a POD Dispensing/Vaccination Station will be signed for using the BIN Card and Dispensing Log forms. DEA Form 222 may accompany a shipment with controlled substance. This form will require the signature of a person with a DEA license. A copy of the form will be retained for documentation purposes. All controlled pharmaceuticals will be kept in a secured area under the guard of a Security Officer.

4. **SNS/State Stockpile Reordering:** During POD Operations, medical supplies may diminish to a level where re-supply is warranted. The Pharmaceutical Inventory Room personnel will alert the Medical Task Force Lead.

   a. Pharmaceutical Inventory Room. PIR personnel, along with Medical Task Force staff, will determine Minimum and Maximum re-supply thresholds for all bench stock medications and supply items. This level will be noted on the Bin Card and may fluctuate during the course of prophylaxis depending on re-supply delivery timing, POD throughput volume, dispensing rates, and/or usage of supplies.
   b. Once levels drop below their designated thresholds, PIR personnel will notify the Medical Task Force Lead, who will inform the POD Supervisor. The Medical Task Force Lead or POD Supervisor will contact the DOC/EOC to re-order supplies. This may be done by telephone, through fax, or via e-mail; however, positive documentation must be provided.
   c. The DOC/EOC will submit the proper re-supply documentation and go through the county EOC to the State, to enact a re-supply shipment.

5. **Intra-POD Dispensing Station Ordering/Reordering of Medications**:

   a. Use the POD Dispensing Station Pharmaceutical Supply Order Form, SOP 4 **Attachment 4-2**, to order/reorder supplies for each Dispensing/Vaccination Station.
   b. Supply Runners will fill each order from the Pharmaceutical Inventory Room and annotate the order on the POD Dispensing Station Pharmaceutical Supply Order Form (POD Dispensing Log).

          i. Complete the following information on each POD Dispensing Log:
1. Date
2. Runner
3. Shift Number
4. Time
5. POD Station
6. Item Description
7. NDC/Product Number
8. Lot Number
9. Quantity Requested
10. Quantity Received
11. Receiver Name
12. Receiver Signature

    c. Supply Runners will be pro-active to ensure that POD Vaccination/Dispensing stations remain stocked with pharmaceuticals and necessary supplies.
    d. Supply Runners will update each Bin Card when supplies are removed from the Pharmaceutical Inventory Room with the following information:
        i. Date
        ii. Time
        iii. POD Station
        iv. Quantity Issued
        v. Update Balance
        vi. Sign the Bin Card

6. **End of the Shift Inventory:**

    a. Pharmaceutical Supply Room: At the end of each shift, the outgoing and the incoming personnel will conduct a joint inventory to reconcile supplies.
    b. Count both whole and partial cases for all pharmaceuticals and supplies items for each Bin Card Item. Medications will be inventoried by the bottle, supplies will be counted by the box. All pharmaceuticals must be accurately accounted for.
    c. Complete the following information on each Bin Card:
        i. Date
        ii. Time
        iii. Physical Inventory Count
    d. Ensure the **Balance (Total in Stock)** Column and the **Physical Inventory Count** amounts are equal and balanced.
    e. Transpose the ending balances over to new Bin Cards for each Supply Item in the starting **Physical Inventory Count** balance column at the top of each new form.
    f. Gather all POD Dispensing Station Pharmaceutical Supply Order Forms (Dispensing Logs) and Bin Cards for each supply item used during the shift. Staple the forms together in date/time sequenced order and turn them in to the POD Medical Task Force Lead as a part of the POD's official record.
    g. Exchange additional shift change briefing information.

7. **Transfer of Pharmaceuticals and Medical Supplies:**

a. **Pharmaceuticals and Medical Supplies Transfer**: As directed by the county DOC, pharmaceuticals may need to be redistributed to other PODs or medical facilities that have a greater need for the stock. If a transfer is requested, the POD Supervisor will:
    i. Request, through DOC/EOC channels, that an authorized driver, with Law Enforcement escort, be dispatched to the POD Site for transport.

    ii.   Make arrangements through the POD Medical Task Force Lead to inventory and pull the required supplies from the ready stock in the Pharmaceutical Inventory Room.
        a.  Earmarked supplies will be separated and readied for shipment
        b.  Supplies will be subtracted from each BIN Card and annotated for transfer.
        c.  The transfer transaction will also be noted on the PIR Unit Log, ICS Form 214.
    iii.   Alert the Security Team Lead to ready the Loading Dock and have adequate security forces available to clear traffic for the detail.
    iv.   Once supplies have been transferred and signed for by the transfer team, the PIR is no longer responsible for those medications.

b.  **Demobilization and Return of Supplies**: Once the POD ceases operations and the Pharmaceutical Inventory Room has inventoried and readied supplies for return, the POD Supervisor will contact the DOC/EOC for dispatch and Law Enforcement escort to pick up the pharmaceuticals and medical supplies return them to the RDS.
    i.   Final BIN Card Totals will be verified and provided to the dispatch for turn-in along with the return shipment.
    ii.   Dispatch will verify shipment and sign the final BIN Card documentation, relieving the PIR of responsibility for SNS/State supplies.

# PHARMACEUTICAL INVENTORY ROOM
# <span style="color:red">BIN CARD</span>

**BIN Card #_____**

| ITEM: | | | | | |
|---|---|---|---|---|---|
| **NDC/ Product #:** | | **Minimum Stock Threshold (Units)** | | **Physical Inventory Start:** | |
| **Lot #:** | | **Maximum Stock Threshold (Units)** | | **Physical Inventory End:** | |

| Date | Time | POD Station | Quantities Received (Units) | Quantities On Hand (Units) | Quantity Issued | Balance (Total in Stock) | Runner Badge # | Signature |
|---|---|---|---|---|---|---|---|---|
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Adapted from: *PHSKC Medication Center Inventory Management Plan,* Seattle & King County, NW Center for PH Preparedness, Jan. 2006

**POD SOP 4-1**

POD Inventory Tracking
# Pharmaceutical Inventory Room

Item:_____

Item #:_____     **BIN CARD**     Inventory Start:     0

Product #:_____     Inventory End:_____

| Date | Time | POD Station | Quantity Received | Quantity Issued | Running Balance | Badge # | Runner Initials | Comments |
|---|---|---|---|---|---|---|---|---|
| | | | | | 0 | | | |
| 6/19/09 | 1123 | PIR | 500 | | 500 | | | SNS Shipment |
| 6/19/09 | 1300 | 2 | | 23 | 477 | | | |
| 6/19/09 | 1305 | 1 | | 17 | 460 | | | |
| 6/19/09 | 1317 | 3 | | 100 | 360 | | | |
| 6/19/09 | 1322 | 4 | | 230 | 130 | | | |
| 6/19/09 | 1417 | PIR | 1600 | | 1730 | | | State Cache |
| 6/19/09 | 1512 | 1 | | 110 | 1620 | | | |
| 6/19/09 | 1513 | 4 | | 140 | 1480 | | | |
| 6/19/09 | 1519 | 3 | | 120 | 1360 | | | |
| 6/19/09 | 2022 | PIR | 5000 | | 6360 | | | VMI |
| 6/19/09 | 2156 | 2 | 110 | | 6470 | | | |
| | | | | | 6470 | | | |
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# POD Operating Procedures

**POD Personnel Credentialing**

1. **References:** The Oregon State Strategic National Stockpile Plan and Local Policy (as applicable).

2. **General:** The POD Personnel Coordinator, in conjunction with the Security Team Lead, is responsible for credentialing POD staff members and volunteers.

3. **Procedures:**

   a. Prior to POD opening, the POD Personnel Coordinator will receive a list of the initial POD Stand Up team. Personnel will be filled from DOC/EOC resources, CERT, and/or community volunteer organizations.
      i. All initial POD members must sign into the POD to register for credentialing.
      ii. An official form of photo identification (ID) is required (i.e. state driver's license, state ID card, county photo ID credentials, city photo ID, etc.)
      iii. Assignments will be handed out and positions filled for the most critical areas first, depending on the number and qualifications of assigned personnel.
      iv. Badges and other forms of credentialing will be made and handed out to each POD team member.

   b. **Master Personnel Roster:** Serves a three-fold purpose and is a matter of the POD official record. The Master Personnel Roster:
      i. Serves as a continuous on-going log of all personnel assigned to the POD
      ii. It is also the master roster for photo identification validation
      iii. It logs all badge numbers

   c. **Credentialing:** All POD personnel must be verified with picture identification (ID) prior to assuming their POD duties. Non-verifiable persons will need to secure picture ID before they can be assigned to a post.
      i. All (initial and subsequent shift) personnel must be logged in on the Master Personnel Roster.
      ii. Badges will be issued prior to, or shortly after, shift change briefings, depending on the initial demand for badges.
      iii. Off duty POD members will keep their badges throughout the duration of the POD deployment.

1) **Electronic Badging.** When computer access is available, use Microsoft Word to create uniform badging for POD personnel. From a blank Word document, go to the top menu bar:
   a) Click on Tools
   b) Click on Letters and Mailings
   c) Click on Envelopes and Labels
   d) Select Avery Standard (default)
   e) From the Drawdown menu, click on Options
   f) Scroll down to "Name Badge Inserts – CB74C (3" X 4")

2) **Manual Badging.** In the event that a computer or other badging equipment are not available, refer to Appendix D, where there are pre-made badges with badge numbers ranging from #1 to #150 (this is a recommended practice).
   a) Simply write the person's name and POD Position on the badge
   b) Cross-reference and record the badge number on the Master Personnel Log

3) **Other Forms of Badging.** There may be other forms of badging and credentialing POD personnel; however, all must include name, role, venue, and POD access through a unique badge number, which can be cross-referenced to the Master Personnel Roster.

d. **Follow-On Shifts:** will be coordinated and assigned by the Department (of Health and Human Services) Operations Center (DOC), once the POD deployment duration is determined to be longer than the initial 12-hour shift.
   i. All follow-on POD members will need to sign into the POD and be registered on the Master Personnel Roster. Repeat paragraph 3a i. through iv. above, for credentialing of subsequent shift personnel.

e. **No Shows:** In the event that POD position personnel do not show up for duty, the Personnel Coordinator will confer with DOC Operations Section or recall other persons from the Master Personnel Roster to fill the position.

f. **Credential Turn-In:** Once the determination has been made, all personnel Team Leads will collect the badges and turn them in to the Personnel Coordinator. The Coordinator will destroy the Name Tags and save the Badges for recycling back in the POD Go Kit.

g. Refer to **Appendix C, JIT Training #1, Badging and Credentialing** for specific Badging procedures.

# Master Personnel Roster                    POD_____

| Date | First Name | Last Name | Address | City | St | Zip | Home Phone | Cell Phone | ID Type | ID Number | POD Badge # | Signature |
|------|-----------|-----------|---------|------|----|----|------------|-----------|---------|-----------|-------------|-----------|
|      |           |           |         |      |    |    |            |           |         |           |             |           |
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# POD Operating Procedures

## POD Personnel Scheduling and Management

1. **References:** The Oregon State Strategic National Stockpile Plan and Local Policy (as applicable).

4. **General:** The POD Personnel Coordinator is responsible for all personnel actions and shift scheduling of all non-medical POD staff members. The POD Personnel Coordinator will work with the County Public Health Department Operations Center (DOC) and/or the Medical Task Force Team Lead in scheduling shifts and assignments.

5. **Procedures:**

   b. Prior to POD opening, the POD Personnel Coordinator will receive a list of the initial POD Stand Up team.
      j. **Non-Medical Assignments:** will be handed out and positions filled for the most crucial areas first, depending on the numbers and qualifications of assigned personnel and volunteers.
      ii. **Medical Assignments:** will be coordinated through Public Health. Volunteer organizations, such as the Medical Reserve Corps (MRC) will be activated and personnel will be selected and assigned to PODs.
      iii. **Job Action Sheets** for each POD position are provided in this binder.
      iv. **Just-In-Time (JIT)** training will take place, as needed, for each POD function. Refer to this binder for JIT sheets.

   b. Follow-On Shifts: will need to be coordinated and contacted once the POD deployment duration has been determined to be longer than the initial 12-Hour shift.

   c. Credentialing: All POD personnel must be verified with picture identification (ID) prior to assuming a POD assignment. Refer to Appendix A, **POD SOP #5** for details.

   d. No Shows: In the event that POD positional personnel do not show up for duty, the Personnel Coordinator will coordinate with DOC Operations and Logistics for assistance and/or recall other POD personnel from the Master Personnel Roster to fill the position.

6. **POD Staff/Volunteer Management:**

   a. **Shifts:** Shifts normally will be two 12-hour shifts for a 24-hour continuing operations.

   b. **Work Breaks:** A 15-minute work break is recommended every 4 hours, with a half-hour to one-hour lunch break, depending on POD Flow volume. The POD Supervisor may schedule breaks or lunch hours at alternate intervals depending on POD throughput, manning, or other circumstances. Staff members are responsible to let their Team Leads know when it is break time in order to find suitable position coverage. Positions are not to be vacated without notifying supervisors.

   c. **Meals/Snacks:** POD Personnel Coordinator will contact the DOC Logistics Section or the county's EOC to schedule for POD meals, drinks, and/or snacks to be delivered. Prior timely coordination is required.

   d. **Lodging:** If volunteers or other staff assignments are from outside the local Metro area and are assigned to a POD, depending on travel circumstances, the DOC Logistics Section will make arrangements for lodging, if warranted. The POD Personnel Coordinator will initiate and coordinate lodging requirements through DOC/EOC Logistics.

    e. **Family Care:** POD Staff members will need to make contingency plans for necessary childcare. In the event of POD activation, no childcare capabilities will be available at the POD site.

7. <u>**Scheduling:**</u>

    a. Refer to SOP 6 **Atch #6-1** for examples of Schedule Rosters
    b. Shift may be scheduled in 12-Hour shifts for some POD Staff, while other members, such as Law Enforcement, Fire-Fighters, Paramedics, and EMTs, may have scheduling conflicts that preclude them from working more than a designated number of hours per shift or series of shifts.
    c. Other POD members, such as Medical Team members may be in short supply and may have to work extended hours because of a lack of expertise in their particular position.
       i. As in the example Work Schedule Roster, different types of POD members may work different scheduling schemes. In this event, innovation is the key in making out a shift schedule.
      ii. The Personnel Coordinator must work with each Team Lead in order to present a workable schedule for all POD Personnel.
    d. For blank Work Schedule Sheets, refer to **Appendix D**.

# POD Personnel Schedule

Month_____     POD_____

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **MEDICAL STAFF** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NON-MEDICAL STAFF** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECURITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OTHER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Shift Schedules:

| E = | Early Shift 05:30am to 18:00pm | 1 = | 05:30am to 14:00pm |
| L = | Late Shift 17:30pm to 6:00am | 2 = | 13:30pm to 22:00pm |
| | | 3 = | 21:30pm to 06:00am |

This is a Word document created from an Excel.

## Security Inspection Checklist

| | | |
|---|---|---|
| 1. | **Initial POD Shift Security Sweep Assessment:** | |
| | 1. Prior to POD opening, do a security assessment to identify POD areas within the facility and the grounds that require security: | |
| |    a. Devise an Exterior Security Plan for inclusion in the POD IAP: | |
| |       i. Traffic Control and Ingress/Egress to the facility grounds<br>      ii. Additional Equipment (barricades, cones, lighting, etc.)<br>      iii. Parking<br>      iv. Loading Dock<br>      v. Roving Security<br>      vi. Triage Area<br>      vii. Limited Access to the Facility<br>      viii. Crowd Control<br>      ix. Special Needs (Canine, Explosives, and Tactical Units et al.) | |
| |    b. Devise an Interior Security Plan for inclusion in the POD IAP: | |
| |       i. POD Entrance<br>      ii. POD Exit<br>      iii. Roving Security<br>      iv. Pharmaceutical Inventory Room<br>      v. Limited Interior Access to the Facility<br>      vi. Crowd Control | |
| 2. | **Receive Shift Change Briefing from Outgoing Shift** | |
| | 1. Conduct a Joint Security Sweep noting areas of issue | |
| |    a. Locked doors | |
| |    b. Limited Access Control Points | |
| |    c. Traffic Control and Parking areas | |
| |    d. SNS Receiving Area | |
| |    e. Pharmaceutical Inventory Room | |
| |    f. Crowd Control | |
| | 2. Ensure POD Walkie-Talkie Radios are set to the proper frequency | |
| |    a. Conduct a Radio Check to ensure communications | |
| |    b. Refer to **Appendix C, JIT Training #2** for radio frequency ranges. | |
| 3. | **POD Shift Security Sweep, Interior:** | |
| | 1. Physical Barriers/Limited Access to Off-Limit Areas and Equipment | |
| | 2. Access Control Points | |
| | 3. POD Ingress/Egress Points | |
| | 4. Pharmaceutical Inventory Room Security | |
| | 5. Proper Lighting in all Areas | |
| | 6. Access to Facility Security Cameras (if installed) | |
| | 7. Does Roving Security have Access to Locked Controlled Rooms? | |
| | 8. Crowd Control | |
| 4. | **POD Shift Security Sweep, Exterior:** | |
| | 1. Physical Barriers/Limited Access to Off-Limit Areas and Equipment | |

| | | | |
|---|---|---|---|
| | 2. | Triage Areas | |
| | 3. | Crowd Control | |
| | 4. | Adequate Lighting in all Exterior Areas | |
| | 5. | Access to Facility Security Cameras (if installed) | |
| | 6. | SNS Loading Dock | |
| 5. | **POD Joint Security Issues:** | | |
| | 1. | Are POD Security and Triage personnel briefed on keeping symptomatic individuals out and away from the POD? | |
| | 2. | Is Quarantine Area Security planned for in the event of infectious or communicable diseases are present? | |
| | 3. | Is Security a part of the POD's Demobilization Plan? | |
| | | | |

## Safety Inspection Checklist

| 1. | **Receive Shift Change Briefing** | |
|---|---|---|
| | | |
| 2. | **POD Shift Walk-Around Safety Assessment:** | |
| | 1. Look for, identify, and mark any **Tripping Hazards** found | |
| | 2. Look for, identify, mark, and repair any **Electrical Hazards** found | |
| | 3. Observe **Traffic Safety** practices. Talk with Traffic Control to identify potential hazards | |
| | 4. Observe **Pedestrian Safety** practices. Talk with Traffic Control and Parking personnel to identify potential hazards and stop-gap fixes. | |
| | 5. Assess adequate outside lighting for problem areas | |
| | 6. Watch for proper wear of **Protective Clothing** | |
| | 7. Observe **Triage Area** for outside exposure issues, adequate water and supplies. | |
| | 8. **Break Area**: Ensure a safe, clean, and quiet Staff Break Area | |
| | 9. Watch for proper **Personal Protective Equipment (PPE)** being worn | |
| | 10. **SNS Receiving Area**: PPE being worn, safe lifting practices, etc. | |
| | 11. Proper disposal of Medical PPE | |
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| 3. | **Medical Personal Protective Equipment (PPE)** | |
| | 1. Are hand-sanitizing stations set up throughout the POD with liquid hand-sanitizer or sanitizing wipes? | |
| | 2. Has an assessment of workplace hazards requiring Medical PPE been conducted? | |
| | 3. Has training been provided to each worker required to wear Medical PPE? | |
| | 4. Are gloves, protective clothing, masks, or respirators provided to workers and worn properly when there may be the need for Medical PPE? | |
| | 5. Have POD staff workers been trained in their work procedures and the proper wearing, use and disposal of Medical PPE? | |
| | 6. Is there a plan to properly dispose of used/discarded Medical PPE? | |
| | 7. Is there a plan to properly dispose of medical materials and supplies that may be medical hazards (i.e. gauze pads, needles/syringes, etc) | |
| | 8. Are Biohazard bags provided to properly dispose of used/discarded medical PPE and materials? | |
| | | |
| 4. | **Non Medical Personal Protective Equipment (PPE)** | |
| | 1. Are protective work gloves, boots, or other heavy-lifting equipment provided to workers for protection in unloading and moving of SNS supplies? | |
| | 2. Do staff workers exposed to vehicular traffic wear high visibility garments that make them stand out from their surroundings? | |

| | | |
|---|---|---|
| | 3. Do staff workers exposed to vehicular traffic use flashlights that make them visible from their surroundings? | |
| | 4. Do staff workers use reflective cones and/or barricades to direct traffic? | |
| | 5. Do staff workers wear reflective garments at night? | |
| | 6. Do all POD staff and station workers wear their proper identification vests and IDs? | |
| | | |
| 5. | **POD Safety** | |
| | 1. Are POD Security and Triage personnel briefed on keeping symptomatic individuals out and away from the POD? | |
| | 2. Are Quarantine areas planned for in the event of infectious or communicable diseases are present? | |
| | 3. Are cleaning and disinfecting supplies on hand and available (See POD Inventory Checklist? | |
| | 4. Are cleaning and disinfecting the facilities a part of the POD's Demobilization Plan? | |
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# POD Operating Procedures

## POD Resource Accountability

1. **References:** The Oregon State Strategic National Stockpile Plan and Local Policy (as applicable).

8. **General:** Upon POD activation a pre-packed "Go Kit" may be delivered to the POD Site (see Appendix A - POD SOP 1 for further details). Included in the kit are items that must be accounted for; such as radios, computers, fax machines, copiers, signage, bull horns, vests, etc. This SOP outlines guidance on the issuing and turning in of equipment. It also provides positive control upon shift change and a means for tracking functionality for non-expendable equipment and hardware.

9. **Procedures:**

   c. Upon arrival at the POD Site, the POD Supervisor, or his designated representative, will sign for the GO Kit. The Go Kit will be broken down and inventoried and compared against the Inventory Checklist (SOP 1, Attachment 1-1) for completeness. Once all items have been determined, the inventory will be logged in the POD records.
      i. If non-expendable equipment or hardware (items worth salvaging or reusing) are noted as missing from the Go Kit, note as a matter of record on ICS Form 214 (Unit Log) which can be found in Appendix D, then contact the DOC for item replacement.
      ii. If items are noted as non-functional or missing parts, also note as a matter of record on ICS Form 214 (Unit Log), then contact the DOC for item replacement.

   d. **Equipment Issue**: Once Go Kit contents are inventoried, counted, and signed for; place the office equipment in the most strategic locations for POD use (i.e. computers, printers, fax equipment, etc.). For those items, such as position vests, radios, flashlights, cones, barricades, and other POD non-expendable items; the designated Team Lead will distribute the equipment to the POD members filling those positions. Equipment will be signed for by using the Custodial Receipt Log (CRL) by the initial person manning the particular POD position.

   e. **Accountability:** Each station or position will be issued the necessary equipment or hardware to fulfill the duties of that position. A Custodial Receipt Log (CRL), with each item of equipment, will be kept and checked off by the incoming shift worker. Ensure the equipment is functional and operational before checking the item off. If equipment is missing, Report the item to the Team Lead for inclusion in the Unit Log and issue of a replacement.

   f. **Shift Change**: At shift change, the on-coming person will assume the duties of the position and the associated equipment assigned to that position. The on-coming person will inspect and test the equipment for operational functionality.

      i. If equipment is found in good repair and functionality, check off the item on the Custodial Receipt Log, then sign the log sheet.
      ii. If equipment is found to be missing, non-functional, or in disrepair, do not check off the item on the Custodial Receipt Log and report it to the Team Lead for replacement. The item will be noted in the POD's Unit Log.

   g. **High-Value Items:** High Value Items, such as computers, fax machines, copiers, radios, satellite phones, etc. will be accounted for by serial number or other form of unique identification. If high-value items become missing, an initial inquiry will be conducted to locate the item. The findings and circumstances will be logged in the POD's official record for further investigation.

**10. Equipment Turn In:**

   a. **Demobilization**: upon demobilization, the Team Leads will be responsible for collecting all equipment, components, vests, et al., assigned to the positions under their span of control. Missing, non-functional, or items in disrepair upon turn-in will be noted on the Unit Log for replacement, repair, or other form of accountability.

   b. Once an item is inspected and deemed serviceable, the Team Lead will sign off on the Custodial Receipt Log and place the item for repacking back in the Go Kit.

   c. Unserviceable equipment will also be turned in with a note on the Custodial Receipt Log of the apparent defect. The item will also be noted on the Unit Log for inclusion in the POD Records.

   d. Once the POD Go Kit is packed and ready for turn in, the Go Kit will be turned over to the Facilities Lead for safe-keeping until transportation arrangements can be made for pick up and return to the storage location.

   e. At the storage location, the Go Kit will be re-inventoried and re-supplied to make deployment-ready. Unserviceable, damaged, or lost equipment will be repaired or replaced

# Custodial Receipt Log

POD Station_____

**Equipment/Hardware Items**

| Date | Shift # | | | | | | | | | | Last Name | Badge # | Signature |
|------|---------|---|---|---|---|---|---|---|---|---|-----------|---------|-----------|
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# POD Operating Procedures

## POD Demobilization

1. **References:** The Oregon State Strategic National Stockpile Plan and Local Policy (as applicable).

11. **General:** Once POD operations wind down, are no longer required, or has been directed to de-activate, the POD Supervisor will devise a demobilization action plan. This SOP outlines the actions necessary to draw down operations, inventory supplies, pack up equipment, and return the facilities back to the schools.

12. **Procedures:**

   a. **Demobilization Plan:**

   i. The POD Supervisor will inform POD staff when POD operations will end and demobilization activities are to begin.
      a. The POD Supervisor and Team Leads will devise a time-sequenced demobilization action plan (IAP) to drawdown operations in a timely manner and turn the facilities back over to the school.
   ii. The POD Supervisor and Team Leads are to ensure that POD operations are demobilized appropriately, including breaking down all elements of the POD, reconciling medications and supply inventories, and completing associated paperwork and/or data entry.

   b. **Demobilization Activities:**

   i. The POD Supervisor will inform the POD staff when POD operations will cease and demobilization activities begin.
   ii. All POD staff members on shift will assist with demobilization activities.
   iii. The Vaccination/Dispensing Crew will team with the Supply Runners or Facilities Team to inventory the remaining pharmaceuticals and supplies. First Aid Kits and Emergency Medical Kits will also need to be turned in.
   iv. Each station's representative is responsible and accountable for turning in:
      a. Electronic devices; computers, scanners, DVD players, TVs, etc.
      b. Communications devices; phones, radios, chargers, Walkie-Talkies, etc.
      c. Vests, tablecloths, all signage, flashlights, badging equipment, etc.
      d. Clipboards, office supplies, staplers, scissors, tape dispensers, etc.
      e. Tables, chairs, extension cords/power strips, and other re-usable items.
   v. The POD Supervisor and Facilities Lead and/or Representative will conduct a joint facilities inspection to assess damage or maintenance concerns caused by the POD activation and operations. Any damage, missing items, etc. are to be documented in writing. The use of a disposable camera should be considered for photographing damage to the facility and equipment. Findings will be documented and included in the final After-Action Report.
   vi. POD staff members will work with the Facilities Team to store the POD facilities to their original configurations and condition.
   vii. Team Leads will solicit "Hot-Wash" feedback from their team members. Warranted items will be included in the After-Action report.
   viii. The POD Supervisor and Team Leads will dismiss staff, as appropriate.

   c. **POD Debrief:**

ii. Prior to POD Closure, the POD Supervisor will conduct a final Debrief meeting to formulate a collective list of concepts, observations, ideas, recommendations, and problem-areas for inclusion in the POD's After-Action report.

iii. Attendees will be determined by the POD Supervisor and Team Leads.

iv. Team Leads will solicit and collect inputs from their supporting staff.

d. **POD Closure:**

i. The POD Supervisor will turn the POD Go Kit responsibility over to the Facilities Representative for security and safe keeping until pick up

ii. The POD Supervisor will contact the County DOC/EOC to initiate the Sheriff's Office pick up of the POD Go Kit from the school

iii. The Sheriff's Department will return the POD Go Kit to its storage facility for inventory and restocking.

iv. POD pharmaceuticals, medications, and medical supplies will be returned to the County Receiving/Distribution/Storage (RDS) facility for collection

## <u>POD Operating Procedures</u>

**Post POD Operations Reporting**

1.  <u>**References:**</u> The Oregon State Strategic National Stockpile Plan and Local Policy (as applicable).

2.  <u>**General:**</u> The aftermath of POD activation and operations is summed up in the POD's After-Action Report (AAR). The AAR is a compilation of operations, successes and failures, lessons learned, and recommendations for future POD activations. This SOP outlines the actions necessary to conclude POD operations, finalize documentation, and provide feedback through the county Public Health and Department of Health and Human Services channels.

3.  <u>**Procedures:**</u>

**a. Debriefing:**

   i.    At the conclusion of POD operations, the POD Supervisor will conduct a final debrief meeting to formulate a collective list of concepts, observations, ideas, recommendations, and problem-areas for inclusion in the POD's After-Action report.
   ii.   Team Leads and staff members will summarize their Team's operations; successes, failures, problem areas, fixes, issues, and ideas for future operations. Team Leads will solicit "Hot-Wash" feedback from their team members. Warranted items will be included in the After-Action report.
   iii.  Inputs will be collected and documented, along with supporting documentation, and passed to the POD Supervisor.

**b. After-Action Report:** After Action Reports will include, as a minimum:

   i.    **Incident Overview**: Incident Name, Purpose, POD start and end dates, site location, personnel assigned, and number of participants, etc.
         a.  Key Personnel, (Teams Leads, Medical Task Force, etc.)
         b.  Key Participating Organizations, (i.e. Red Cross, C.E.R.T., etc.)
   ii.   **Analysis of Activities:**
         a.  POD Stand Up
         b.  POD Operations
         c.  Medical Task Force Operations
         d.  Support Functions
         e.  Security
         f.  Safety
         g.  Resource Accountability
         h.  Communications
   iii.  **Incident Summary**
         a.  Strengths
         b.  Areas of Improvement
   iv.   **Action Items:** Action Items are issues, problems, or practices (or lack of) that require corrective actions. Each Action Item should include:

a. **Problem/Issue.** What was the specific action or practice (or lack of) that created/caused an issue or problem?
b. **Observation:** State the circumstances around the issue or problem
c. **Result:** How or what did the action effect?
d. **Recommendations for Corrective Action:** The Action Item should recommend a best-practices approach to solve the problem.

**Examples:**

| 1 | **ACTION ITEM: POD Access to Fax Machine.** The POD did not have access to the facilities' fax machine. |
|---|---|
| | **Observation:** The facilities' fax machine was locked up and on-site facilities personnel did not have authorized access to the communications room. |
| | **Cause/Effect:** The POD Team had no fax capability to order pharmaceuticals and medical supplies for POD re-supply from SNS Stockpiles. |
| | **Recommendation:** The POD Facilities Team Lead needs to have access to all on-site facilities. One of two actions need to occur: 1) Issue the Facilities Team Lead a keys for POD access to necessary rooms 2) A small portable fax machine needs to be included in the POD Go Kits |
| 2 | **ACTION ITEM: POD Signage and Traffic.** The POD Go Kit did not include POD Flow signage or traffic barricades in the Go Kit. |
| | **Observation:** POD vehicle traffic flow was confusing and bottlenecked at the Ingress, parking, and egress. Foot traffic had to be physically escorted from parking to POD entrance during night time hours. |
| | **Cause/Effect:** The POD Traffic team utilized more manpower than allotted to keep the traffic moving and the parking area from gridlock. Law Enforcement personnel had to call-in and utilize county sheriff assets to control traffic flow. |
| | **Recommendation:** POD Go Kits must be inventoried on a quarterly basis to ensure all necessary supplies and equipment are included, on-hand and ready |

# Appendix B
# Job Action Sheets

# Appendix B – Job Action Sheets

## Table of Contents

**Job Action Sheets (JAS)**

## POD Command Organization Chart

**POD Supervisor**
JAS 1

Safety Officer
JAS 1-4

Personnel Coordinator
JAS 1-1

Public Information Officer
JAS 1-2

Liaison Officer
JAS 1-3

**Security Lead**
JAS 5

**Facilities Lead**
JAS 3

**POD Flow/ Education/Forms Lead**
JAS 4

**Medical Task Force Lead**
JAS 2

**Behavior Health**
JAS 2C-1

Security
JAS 5-1

Traffic Control
JAS 5-2

Facilities Rep.
JAS 3-1

Information Tech.
JAS 3-2

Comm/Ham Radio
JAS 3-3

Runners
JAS 3-4 to 3-6

Greeters
JAS 4-1

Forms Distribution
JAS 4-2

Interpreter
JAS 4-3

Flow Monitor
JAS 4-4

Health Education
JAS 4-5

**Medication Lead**
JAS 2A-1

**Screening/Triage Lead**
JAS 2B-1

Pharmacist
JAS 2A-2

Dispensers
JAS 2A-3

Dispenser Asst.
JAS 2A-4

Med./Triage Physician
JAS 2B-2

Intake Screener
JAS 2B-4

Med. Screener
JAS 2B-5

Triage
JAS 2B-6

POD Supervisor may act as the POD Safety Officer or may delegate duties

┆┄┄┆ Indicates Optional Staff Positions

POD SOP Atch 2-1

The following Job Action Sheets are for each of the positions in the Organizational Chart above.

**Larger PODs:** Expand the number of people in the necessary positions to promote a high throughput.

**Smaller PODs:** Use the minimum number of staff needed in each position and give some staff the duties of more than on position/Job Action Sheet as needed.

Public Health                                          Standard Operating Procedure
Point of Dispensing (POD)                                         Job Action Sheet

## POD Job Action Sheet

### POD Supervisor

***Report to:***    Operations Section Chief

***Supervise:***    Personnel Coordinator and leaders of the following teams: Security/Traffic Control, Facility, Education/Forms, POD Flow, and Medical Task Force

***Responsibility***: To direct the overall operations of the POD and be the communications link internally between team leaders and externally to the EOC and/or Local Public Health (depending on individual county operations).

***Qualifications:***  Strong managerial skills, Public Health or Medical background

***Pre-activation:***
- ❑ Receive briefing from Operations Chief.
- ❑ Review POD Field Operations Guide and SNS/Mass Prophylaxis plan.
- ❑ Brief team leaders on:
  - o Current situation and planned operations
  - o Chain of command and performance expectations
- ❑ Ensure the availability and transportation of POD supplies, materials, personnel and site.
- ❑ Ensuring that staff knows when, where and to whom to report for duty.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

***Check-in:***
- ❑ Arrive at POD site two hours prior to opening with photo ID and sign-in.
- ❑ Receive briefing from Operations Chief.
- ❑ Review job action sheet.

**Duties:**
- ❑ Develop an Incident Action Plan (IAP).
- ❑ Brief team leaders on IAP, operations and performance expectations
- ❑ Oversee timely setup of POD.
- ❑ Ensure:
  - o Internal and external security measures are in place
  - o Materials, supplies, prophylaxis or vaccine are on-site or in transit
  - o Communication devices (internal and external) are in working order
  - o Adequate staffing for POD operations
- ❑ Direct security to open POD to the public.
- ❑ Direct requests for additional materials, prophylaxis/vaccine, staff to Operations Chief.
- ❑ Act as Security Chief for the POD.
- ❑ Provide regular reports to Operations Chief.

***Check-out:***
- ❑ Debrief with team leaders and Personnel Coordinator.

- ❑ Conduct a site review with Facilities Team Leader and Representative noting damage, missing items, etc.
- ❑ Coordinate with Logistics Chief to ensure restocking of supplies and equipment.
- ❑ Brief replacement as necessary.
- ❑ Collect documentation from team leaders.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Oversee demobilization of the POD, if required.
- ❑ Participate in after action meetings.

Public Health                                    Standard Operating Procedure
Point of Dispensing (POD)                                    Job Action Sheet

## POD Job Action Sheet

### Personnel Coordinator

***Report to:***        POD Supervisor

***Supervise:***        NOT APPLICABLE

***Purpose:***        To oversee POD staff sign-in, credentialing, and other needs.

***Qualifications:***   Administrative experience

**Check-in:**
- ❑ Arrive at POD at designated time with proper ID.
- ❑ Receive briefing from POD Supervisor.
- ❑ Review job action sheet.
- ❑ Obtain list of POD personnel and volunteers scheduled to work.
- ❑ Obtain sign-in sheet.
- ❑ Set up sign-in station at personnel entrance.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Maintain the Master Personnel Roster
- ❑ Responsible for Credentialing Staff Members & verifying identification documents
- ❑ Ensure each staff member signs-in for duty.
- ❑ Ask each person to show proper identification.  People without ID will need to be cleared for duty by POD Supervisor or told to leave and return with proper ID.
- ❑ Give staff appropriate identification item (e.g., vest, badge, cap)
- ❑ Brief POD Supervisor on status of persons reporting for duty.
- ❑ Work with POD Supervisor to replace "no-shows."
- ❑ Schedule and assign 15-minute breaks for staff.
- ❑ Schedule and assign 30-meal breaks for staff.
- ❑ Ensure POD staff has access to food and beverages.
- ❑ Ensure that each staff signs-out at the end of a shift.
- ❑ Collect badges, vests, etc. from staff leaving POD.
- ❑ Maintain personnel log for each shift.
- ❑ Perform other duties as directed by POD Supervisor.
- ❑ Provide regular reports to POD Supervisor.

**Check-out:**
- ❑ Debrief with POD Supervisor.
- ❑ Hand in all documents to POD Supervisor.
- ❑ Brief replacement as necessary.
- ❑ Assist with demobilization as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

# JAS 1-2

Public Health
Point of Dispensing (POD)

Standard Operating Procedure
Job Action Sheet

## POD Job Action Sheet

### Public Information and Communication Liaison
### SNS Points of Dispensing

**This position answers directly to the Lead Media Relations Liaison at the county PIC and/or JIC, and coordinates with other Field PIOs/Media Escorts and Media Relations Team members.**

**Responsibilities:**
- ❑ Serve as the Point of Contact for media relations
- ❑ Accompany news media visiting the SNS Point of Dispensing site.
- ❑ Provide the latest confirmed information to the media.
- ❑ Ensure that all questions are answered in a timely manner.
- ❑ Exercise rumor control by countering unfounded and false stories that could mislead or alarm the public.
- ❑ Disseminate public information messages, materials, and methods for the POD.
- ❑ Log all contacts with the media.
- ❑ Refer questions you can't answer to the appropriate person or agency.
- ❑ Coordinate information dissemination with other members of the Media Relations Liaison Team.
- ❑ Keep a running record of all activities using the JIS/JIC Functional Activity Log.
- ❑ Sign for any assigned equipment using the Custodial Receipt Log (CRL).

**Activation Phase:**
- ❑ Review your role-based position description.
- ❑ Obtain a briefing on the emergency, media escorting protocols, media credentialing supplies, POD site visitation policies/restrictions and/or safety requirements from the Lead Media Relations Liaison and Safety Officer.
- ❑ Obtain a JIC phone list, media contact logging forms, incident fact sheets, media releases, information referral list, and frequently asked questions from the Lead Media Relations Liaison.
- ❑ Familiarize yourself with the SNS Public Information and Communication SOP and POD Field Operations Guide.
- ❑ Familiarize yourself with the situation status board and other information posted on the Virtual Joint Information Center.
- ❑ Obtain a cell phone or other necessary field/safety equipment and make sure it is working properly. Report any problems to the Lead Media Relations Liaison.

**Operational Phase:**
- ❑ Travel to the emergency site, announce your arrival and obtain a briefing from the POD Operations Manager or other person in charge and familiarize yourself with any site restrictions or safety requirements.
- ❑ Determine the overall media policy for this POD location (i.e. will media visits be allowed? If not, an explanation. If so, under what circumstances—will a special opportunity be set up for reporters to interview/take photos and video of consenting POD visitors or staff?

- ❏ Brief all personnel on media policy. Make sure security is aware of restrictions on media access to the POD.
- ❏ Provide appropriate credentialing, safety briefing/equipment and visitation ground rules to any media who show up at the POD.
- ❏ Set up a briefing area for the news media and a schedule of briefing opportunities, if warranted. If briefings will not be held at your location, refer media to the JIC or other media center.
- ❏ Ensure that all media are escorted for the entire time they are on site.
- ❏ Immediately notify the Lead Media Relations Liaison if additional media escorts are needed at the POD.
- ❏ Call the JIC frequently for situation updates to ensure that you are sharing the most recent information with reporters.
- ❏ Notify the Lead Media Relations Liaison of situational changes at the scene.
- ❏ Ensure that all media inquiries are addressed in a timely manner.
- ❏ Ensure that media questions for which you do not yet have answers are forwarded quickly to the Lead Media Relations Liaison for a response.
- ❏ If you receive significant new information about the emergency from the site or a a reporter, share the information as quickly as possible with the Lead Media Relations Liaison or Information Dissemination Team Lead.
- ❏ Refer media questions, as appropriate, to other agencies.
- ❏ Brief your relief at shift change, ensuring that ongoing activities are identified and follow-up requirements are known.

**Demobilization Phase:**
- ❏ Ensure that any open actions not yet completed will be handled after demobilization.
- ❏ Ensure that all required forms or reports are completed prior to demobilization.
- ❏ Participate in a "hot wash" evaluation of the media liaison function.

**Forms for this position:**
- ❏ Media Contact Logging Form
- ❏ Position/functional Activity Log
- ❏ General Message Form

Public Health                                                    Standard Operating Procedure
Point of Dispensing (POD)                                                    Job Action Sheet

## POD Job Action Sheet

### Liaison Officer

***Report to:***      POD Supervisor

***Supervise:***      NOT APPLICABLE

***Purpose:***      To coordinate POD activities with outside agencies

***Qualifications:***  ICS Training and administrative experience

**Check-in:**
- ❑ Arrive at POD at designated time with proper ID.
- ❑ Receive briefing from POD Supervisor and liaison counterpart.
- ❑ Review job action sheet.
- ❑ Obtain sign-in sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Responsible for developing relationships and coordinating with outside agencies, such as local police, fire departments, community volunteer organizations, and other community-base organizations.
- ❑ Act as a POD Point of Contact (POC) to community organizations and government agencies.
- ❑ Set Up and coordinate with interagency contacts
- ❑ Monitor POD operations to identify potential inter-organizational problems.
- ❑ Participate in meeting, provide resource status, including limitations and capabilities
- ❑ Provide POD-specific demobilization information and requirements
- ❑ Maintain a positional record on ICS Form 214, Unit Log, for each shift.
- ❑ Perform other duties as directed by POD Supervisor.
- ❑ Provide regular reports to POD Supervisor.

**Check-out:**
- ❑ Debrief POD Supervisor.
- ❑ Hand in all documents to POD Supervisor.
- ❑ Brief replacement as necessary.
- ❑ Assist with demobilization as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health                                      Standard Operating Procedure
Point of Dispensing (POD)                                    Job Action Sheet

## POD Job Action Sheet

### Safety Officer

***Report to:***      POD Supervisor

***Supervise:***      NOT APPLICABLE

***Purpose:***      Oversee POD safety issues and provide safety inspections

***Qualifications:***   Safety and administrative experience

**Check-in:**
- ❑ Arrive at POD at designated time with proper ID.
- ❑ Receive briefing from POD Supervisor.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Identify and mitigate hazardous situations
- ❑ Conduct an initial safety inspection of POD facilities, both interior and exterior using Safety Inspection Checklist (POD SOP #8)
- ❑ Ensure safety messages are created and disseminated in a timely manner
- ❑ Exercise emergency authority to stop and prevent unsafe acts.
- ❑ Review plans for safety implications
- ❑ Initiate preliminary investigations for all accidents within the POD
- ❑ Log inspections and findings on ICS Form 223, POD Risk Assessment Form
- ❑ Review and approve medical planning and strategies for safety issues.
- ❑ Maintain and ICS Form 214, Unit Log, for each shift.
- ❑ Perform other duties as directed by POD Supervisor.
- ❑ Provide regular reports to POD Supervisor.

**Check-out:**
- ❑ Debrief with POD Supervisor.
- ❑ Hand in all documents to POD Supervisor.
- ❑ Brief replacement as necessary.
- ❑ Assist with demobilization as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

# JAS 2

## POD Job Action Sheet

### Medical Task Force Team Leader

***Report to:***     POD Supervisor

***Supervise:***     Medical and pharmacy staff, task force support staff

***Purpose:***       To oversee medication dispensing, vaccine administration, medical screening and first aid activities.

***Qualifications:***  Registered nurse, pharmacist, physician assistant or nurse practitioner with strong supervisory skills.

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from POD Supervisor.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Brief team on job duties and assignments.
- ❑ Oversee, trouble-shoots, and problem-solves task force operations.
- ❑ Determines need for supplies, materials and personnel.
- ❑ Maintains log for task force.
- ❑ Submit situation and resource status information to POD Supervisor.
- ❑ Briefs POD Supervisor on task force activities, as directed.
- ❑ Debrief with POD Supervisor, Medical Task Force members at end of shift; brief replacement.
- ❑ Assist with demobilization, as directed.

**Check-out:**
- ❑ Debrief with team leader.
- ❑ Brief replacement as necessary.
- ❑ Turn in any documentation.
- ❑ Demobilize station, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

# JAS 2A-1

## POD Job Action Sheet

### Vaccination/Dispensing Crew Leader

***Report to:***     Medical Task Force Team Leader

***Supervise:***     Pharmacist, Dispenser/Vaccinators, Vaccinator Assistants, Runner

***Purpose:***     To ensure efficient and effective dispensing of prophylaxis and vaccination to the public.

***Qualifications:***     Nurse, nurse practitioner, physician assistant, pharmacist; strong supervisory skills

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Medical Task Force Team Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Brief team and assign staff to specific duties.
- ❑ Ensure stations have appropriate pharmaceuticals, vaccine, and other needed equipment.
- ❑ Ensure stations are set-up properly.
- ❑ Oversee all aspects of vaccination or dispensing of medications to clients.
- ❑ Trouble-shoot "bottle-necks" in flow, reassigning staff as necessary.
- ❑ Ensure availability of medication or vaccination information sheets for clients.
- ❑ Oversee inventory tracking at stations.
- ❑ Ensure proper storage and security of medications and vaccines.
- ❑ Perform other duties as assigned by Medical Task Force Team Leader.

**Check-out:**
- ❑ Debrief with team leader.
- ❑ Brief replacement as necessary.
- ❑ Turn in any documentation to team leader.
- ❑ Demobilize stations, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health                                              Standard Operating Procedure
Point of Dispensing (POD)                                              Job Action Sheet

## POD Job Action Sheet

### Pharmacist

***Report to:***    Vaccination/Dispensing Crew Leader

***Supervise:***    Monitors the work of dispensers

***Purpose:***    To support dispensing operations.

***Qualifications:***    Licensed pharmacist

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Prophylaxis Crew Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Instruct staff on policies and methods for preparation of prophylaxis.
- ❑ Check and assist with set-up of pharmaceutical supplies and drug information sheets.
- ❑ Oversee dispensing of appropriate dosages, including appropriate labeling.
- ❑ Assess pharmaceutical supplies and request additional supplies as needed.
- ❑ Act as technical resource for Medical Task Force staff.
- ❑ Counsel clients as appropriate.
- ❑ Ensure proper storage and security of medications.
- ❑ Perform other duties as assigned by Vaccination/Dispensing Crew Leader.

**Check-out:**
- ❑ Debrief with crew leader.
- ❑ Brief replacement as necessary.
- ❑ Turn in all documentation.
- ❑ Demobilize station, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health                                    Standard Operating Procedure
Point of Dispensing (POD)                                      Job Action Sheet

# POD Job Action Sheet

## Dispenser/Vaccinator

***Report to:***      Vaccination/Dispensing Crew Leader

***Supervise:***      Not applicable

***Purpose:***      To dispense medication or administer prophylaxis

***Qualifications:***   Persons qualified to dispense medicine or administer prophylaxis under
state law or who can be legally delegated to do so under appropriate
supervision

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Vaccination/Dispensing Crew Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Dispensing Duties:**
- ❑ Set-up station with appropriate forms, equipment and supplies.
- ❑ Create labels for unit of dose per requirements.
- ❑ Place labels on dispensed medicine and intake form.
- ❑ Maintain security and proper storage of medications.
- ❑ Review client intake form.
- ❑ Dispense medicines to clients.
- ❑ Report problems with client flow to crew leader.
- ❑ Report need for additional supplies to Medicine Inventory Runner.
- ❑ Perform other duties as assigned by Vaccination/Dispensing Crew Leader.

**Vaccination Duties:**
- ❑ Set-up station with appropriate forms, equipment and supplies.
- ❑ Review client forms.
- ❑ Vaccinate clients.
- ❑ Report problems with client flow to crew leader.
- ❑ Report need for additional supplies to Medicine Inventory Runner.
- ❑ Alternate role with Vaccinator Assistant as needed.
- ❑ Perform other duties as assigned by Vaccination/Dispensing Crew Leader.

**Check-out:**
- ❑ Debrief with crew leader.
- ❑ Brief replacement as necessary.
- ❑ Demobilize station, as directed.
- ❑ Turn in any documentation to crew leader.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).

❑ Participate in after-action meetings, as directed.

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Public Health                                           Standard Operating Procedure
Point of Dispensing (POD)                                        Job Action Sheet

# POD Job Action Sheet

## Dispenser/Vaccinator Assistant

***Report to:***     Vaccination/Dispensing Crew Leader

***Supervise:***     Not applicable

***Purpose:***     To prepare vaccines and related materials for vaccination of clients

***Qualifications:***  Persons qualified to dispense medicine or administer prophylaxis under state
                   law or who can be legally delegated to do so under appropriate supervision

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Vaccination/Dispensing Crew Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Assist in setting up station.
- ❑ Maintain security and proper storage of vaccine.
- ❑ Assist vaccinator by:
    - o Preparing needle and vaccine as needed.
    - o Reviewing client's paperwork.
    - o Documenting that vaccine was administered on client forms.
    - o Assisting with bandaging as needed.
- ❑ Collect completed forms if necessary.
- ❑ Alternate role with Vaccinator as necessary.
- ❑ Perform other duties as assigned by Vaccination/Dispensing Crew Leader.

**Check-out:**
- ❑ Debrief with crew leader.
- ❑ Brief replacement as necessary.
- ❑ Turn in any documentation to crew leader.
- ❑ Demobilize station, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health                                           Standard Operating Procedure
Point of Dispensing (POD)                                        Job Action Sheet

## POD Job Action Sheet

### Medical Screening/Triage Crew Leader

**Report to:**      Medical Task Force Leader

**Supervise:**      Medical Screening/Triage Physician, Triage staff, Medical Screeners

**Purpose:**        Oversee triage of arriving clients (symptom assessment), medical evaluation and first aid, and medical screening

**Qualifications:**  Nurse, nurse practitioner, physician assistant

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Medical Task Force Team Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Brief team and assign staff to specific duties.
- ❑ Advise team on use of PPE.
- ❑ Ensure stations have necessary supplies, materials and equipment.
- ❑ Assist staff with trouble-shooting "bottle-necks" in flow; reassign staff as needed.
- ❑ Assist staff with clients who are disruptive or upset.
- ❑ Support team members who respond to clients needing first aid or during a medical emergency.
- ❑ Provide regular reports to Medical Task Force Leader.
- ❑ Perform other duties as assigned by Medical Task Force Leader.

**Check-out:**
- ❑ Debrief with crew leader.
- ❑ Brief replacement as necessary.
- ❑ Turn in any documentation.
- ❑ Demobilize station, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health                                    Standard Operating Procedure
Point of Dispensing (POD)                                 Job Action Sheet

## POD Job Action Sheet

### Medical Screening/Triage Physician

***Report to:***     Medical Screening/Triage Crew Leader

***Supervise:***     Other medical personnel when providing medical care or treatment

***Purpose:***     To evaluate contraindications to prophylaxis or vaccine, respond to medical emergencies, and provide first aid.

***Qualifications:***  Physician licensed to practice medicine in Oregon

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**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Symptom Assessment/Triage Crew Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Set up station as appropriate.
- ❑ Evaluate contraindications to prophylaxis or vaccine for clients requiring medical screening.
- ❑ Approve or decline prophylaxis or vaccination; note decision on appropriate form.
- ❑ Provide first aid as necessary.
- ❑ Medically evaluate and determine appropriate care and treatment for persons if a medical emergency should arise.
- ❑ Act as a technical resource for POD staff.
- ❑ Perform other duties as assigned by Triage Crew Leader.

**Check-out:**
- ❑ Debrief with crew leader.
- ❑ Brief replacement as necessary.
- ❑ Turn in any documentation to crew leader.
- ❑ Demobilize station, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health                                    Standard Operating Procedure
Point of Dispensing (POD)                                    Job Action Sheet

## POD Job Action Sheet

### Medical Screener 1

***Report to:***      Medical Screening/Triage Crew Leader

***Supervise:***      Not applicable

***Purpose:***      Conduct initial screening of intake form for contraindications

***Qualifications:***      No specific qualifications

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Medical Task Force Team Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Review client intake form for completeness.
- ❑ Direct client to either the express dispensing lane or Medical Screener 2.
- ❑ Direct clients with questions that will not be answered further in the process to a health educator.

**Check-out:**
- ❑ Debrief with crew leader.
- ❑ Brief replacement as necessary.
- ❑ Turn in any documentation.
- ❑ Demobilize station, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health                                    Standard Operating Procedure
Point of Dispensing (POD)                                Job Action Sheet

## POD Job Action Sheet

### Medical Screener 2

***Report to:***     Medical Screening/Triage Crew Leader

***Supervise:***     Not applicable

***Purpose:***     Conduct second screening and assess contraindications

***Qualifications:***     Nurse, nurse practitioner, physician assistant

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Medical Screening Crew Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Set up station as appropriate.
- ❑ Identify contraindications and obtain necessary health history information.
- ❑ Provide medical information and answer clients' questions.
- ❑ If client clears screening, direct to dispensing/vaccination line.
- ❑ If client does not clear screening, refer to medical provider for follow-up.

**Check-out:**
- ❑ Debrief with team leader.
- ❑ Brief replacement as necessary.
- ❑ Turn in any documentation.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Demobilize station, as directed.
- ❑ Participate in after-action meetings, as directed.

Public Health                                         Standard Operating Procedure
Point of Dispensing (POD)                                        Job Action Sheet

## POD Job Action Sheet

### Triage Staff

***Report to:***    Medical Screening/Triage Crew Leader

***Supervise:***    Not applicable

***Purpose:***    Assess clients for symptoms before they enter the POD

***Qualifications:***  Good social skills, observant.

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**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Symptom Assessment/Triage Crew Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Use PPE as instructed by crew leader.
- ❑ Conduct triage outside of POD.
- ❑ Monitor clients arriving at POD.
- ❑ Make regular announcements to arriving clients that the POD is not a treatment center; redirect to a medical treatment facility.
- ❑ Identify ill patients.
- ❑ Redirect ill patients to a medical treatment facility.
- ❑ Respond to other POD staff who identify an ill client.

**Check-out:**
- ❑ Debrief with team leader.
- ❑ Brief replacement as necessary.
- ❑ Turn in any documentation.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Demobilize station, as directed.
- ❑ Participate in after-action meetings, as directed.

## POD Job Action Sheet

### Behavioral Health Staff

**Report to:**        Medical Task Force Team Leader

**Supervise:**        Not applicable

**Purpose:**        To assist POD clients or staff with special counseling or support.

**Qualifications:**    Licensed mental health professional

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**Check-in:**
- ❑ Arrive at clinic at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Medical Task Force Team Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Set up station, ensuring private area to assist clients or staff.
- ❑ Provide mental health support, education or therapeutic intervention as needed.
- ❑ Refer persons to outside sources of support, as necessary.
- ❑ Direct client back into POD flow or exit as appropriate.
- ❑ Provide routine status reports to team leader.
- ❑ Document all activities and actions taken.
- ❑ Perform other duties as assigned by team leader.

**Check-out:**
- ❑ Debrief with team leader.
- ❑ Brief replacement as necessary.
- ❑ Turn in any documentation.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Demobilize station, as directed.
- ❑ Participate in after-action meetings, as directed.

## POD Job Action Sheet

### Facilities Team Leader

**Report to:**    POD Supervisor

**Supervise:**    Supply runner, Facilities and IT staff, Ham Radio operators

**Purpose:**    Responsible for receipt, storage and distribution to POD stations of general, medication and vaccine supplies.

**Qualifications:**    Strong organizational skills, inventory control experience

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID.
- ❑ Open POD site, working with Facilities Representative if necessary.
- ❑ Sign-in when Personnel Coordinator station is set-up.
- ❑ Receive briefing from POD Supervisor.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).
- ❑ Review job action sheet.

**Duties:**
- ❑ Ensure receipt of supplies required to set-up and operate the POD.
- ❑ Assist POD Supervisor with setup of POD stations and signage (internal and external).
- ❑ Coordinate activities for arrival, receipt and storage of pharmaceuticals and other supplies.
  - o Prepared off-loading site.
  - o Ensure storage needs (i.e., temperature control).
  - o Work with Security team to secure medications and other supplies.
  - o Establish documentation and sign-off procedures for supply delivery.
- ❑ Utilize pharmaceutical inventory management forms for receiving, tracking and ordering pharmaceuticals (i.e., Bin Card, Room Record, Order Form)
- ❑ Direct runner to restock POD station supplies as needed.
- ❑ Provide updates to the POD Supervisor on pharmaceutical and other inventory issues.
- ❑ Work with Facilities Representative to:
  - o Follow schedule for garbage removal.
  - o Follow medical waste management protocols.
- ❑ Provide facility support, as needed, working with site facility staff.
- ❑ Arrange for supplies and materials not available on-site through established ordering system.
- ❑ Maintain Facilities Team log.

**Check-out:**
- ❑ Debrief with POD Supervisor.
- ❑ Brief replacement.
- ❑ Reconcile pharmaceuticals used and prepare items for return to EOC or RSS, as directed.

- ❑ Turn in all documentation.
- ❑ Assist with demobilization, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.)

Public Health                                      Standard Operating Procedure
Point of Dispensing (POD)                                   Job Action Sheet

## POD Job Action Sheet

### Facilities Representative

***Report to:***    Facilities Team Leader

***Supervise:***    Not applicable

***Purpose:***    To assist Facilities Team Leader with facilities management tasks.

***Qualifications:***  Individual who holds janitorial or facilities position at the site where the POD is being stood up.

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Facilities Team Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Working with team leader, IT staff and Ham Radio operators (if used):
  - o Unlock POD site, if necessary.
  - o Review location of needed furniture, equipment and supplies.
  - o Confirm availability of refrigeration.
  - o Assist with setup of equipment, as necessary.
  - o Trouble-shoot electrical, equipment or other facility-related problems.
- ❑ Work with Facilities Team Leader to:
  - o Follow schedule for garbage removal from staff break area, restrooms and POD stations.
  - o Follow medical waste management protocols for removal of medical waste.

**Check-out:**
- ❑ Tour site with POD Supervisor and Facilities Team Leader noting any damage or missing items.
- ❑ Turn in any documentation to POD Supervisor.
- ❑ Assist with demobilization activities, as needed.
- ❑ Sign-out from POD and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health                                         Standard Operating Procedure
Point of Dispensing (POD)                                      Job Action Sheet

## POD Job Action Sheet

### Information Technology Staff

***Report to:***      Facilities Team Leader

***Supervise:***      Not applicable

***Purpose:***      To maintain good working order of computer and communication equipment and devices.

***Qualifications:***      Information and communications technology experience; ability to engage in moderate physical activity

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Facilities Team Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Set up computers or ensure working status of computers on-site.
- ❑ Ensure internet access, printer and fax connections.
- ❑ Test communication devices and assign to staff.
- ❑ Give "just in time" training on use of computers and communication devices to appropriate staff.
- ❑ Trouble-shoot problems with team leader or Facilities staff, as needed.

**Check-out:**
- ❑ Debrief with team leader.
- ❑ Brief replacement.
- ❑ Turn in any documentation.
- ❑ Assist with demobilization activities, as directed.
- ❑ Sign-out from POD and turn in identification (vest, badge, etc).
- ❑ Participate in after-action meetings, as directed.

## POD Job Action Sheet

### Ham Radio Operator

***Report to:***     Facilities Team Leader

***Supervise:***     Not applicable

***Purpose:***      To provide redundant communications at POD.

***Qualifications:***   Experienced Ham Radio Operator

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Facilities Team Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Set up ham radio station.
- ❑ Give incoming messages to runner to carry to POD Supervisor.
- ❑ Send messages as directed by POD Supervisor.
- ❑ Maintain log of in-coming and out-going messages.

**Check-out:**
- ❑ Debrief with Facilities Team Leader.
- ❑ Brief replacement.
- ❑ Turn in any documentation.
- ❑ Demobilize station, when directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health                                    Standard Operating Procedure
Point of Dispensing (POD)                                    Job Action Sheet

## POD Job Action Sheet

### Supply Runner

***Report to:***      Facilities Team Leader

***Supervise:***      Not applicable

***Purpose:***      To assist team leader and POD stations with maintaining necessary medications and supplies

***Qualifications:***      Ability to remain standing for lengthy periods of time and carrying supplies.

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Facilities Team Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Carry supplies to POD stations as directed.
- ❑ Track medication inventory as utilized
- ❑ Take requests for supplies from POD stations.
- ❑ Report supply requests to team leader.
- ❑ Assist with off-loading and storage of in-coming supplies.
- ❑ Assist team leader with inventory control tasks.
- ❑ Perform other duties as assigned.

**Check-out:**
- ❑ Debrief with team leader at end of shift.
- ❑ Brief replacement, as necessary.
- ❑ Turn in any documentation.
- ❑ Assist with demobilization activities, as directed.
- ❑ Sign-out from POD and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

## POD Job Action Sheet

### Dispensing Supply Runner

***Report to:***     Vaccination/Dispensing Crew Leader

***Supervise:***     Not applicable

***Purpose:***     To delivery supplies and materials to dispensing/vaccination stations.

***Qualifications:***     Ability to remain on feet for an extended time and carry supplies.

**Check-in:**
- ❏ Arrive at POD at designated time with proper photo ID and sign-in.
- ❏ Receive briefing from POD Flow Team Leader.
- ❏ Review job action sheet.
- ❏ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❏ Assist with monitoring supplies at dispensing/vaccination stations.
- ❏ Deliver requests for additional supplies to Facilities Team.
- ❏ Perform other duties as assigned by team leader.

**Check-out:**
- ❏ Debrief with team leader.
- ❏ Brief replacement as necessary.
- ❏ Turn in any documentation.
- ❏ Demobilize station, as directed.
- ❏ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❏ Participate in after-action meetings, as directed.

Public Health                                      Standard Operating Procedure
Point of Dispensing (POD)                        Job Action Sheet

## POD Job Action Sheet

### Runner

***Report to:***        POD Flow Team Leader

***Supervise:***        Not applicable

***Purpose:***        Provide support to POD staff.

***Qualifications:***     Ability to remain on feet for an extended time and carry supplies.

**Check-in:**
- ❏ Arrive at POD at designated time with proper photo ID and sign-in.
- ❏ Receive briefing from POD Flow Team Leader.
- ❏ Review job action sheet.
- ❏ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❏ Take assigned position.
- ❏ Deliver messages and supplies as requested.
- ❏ Perform other duties as assigned by team leader.

**Check-out:**
- ❏ Debrief with team leader.
- ❏ Brief replacement as necessary.
- ❏ Turn in any documentation.
- ❏ Participate in demobilization activities, as directed.
- ❏ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❏ Participate in after-action meetings, as directed.

# POD Job Action Sheet

## Education/Forms Team Leader

***Report to:***     POD Supervisor

***Supervise:***     Greeter, health educators, interpreters

***Purpose:***     Responsible for oversight of the completion of intake forms by person receiving prophylaxis and educating these persons about the medication and disease.

***Qualifications:***     Health education background; strong supervision skills

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from POD Supervisor.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Brief staff on job duties and review educational and intake forms with staff.
- ❑ Supervise set-up of team stations.
- ❑ Oversee staff activities, including:
  - o Orienting the public to the process:
    - ▪ Complete the intake form handed out.
    - ▪ Review health education materials.
    - ▪ Receive prophylaxis.
    - ▪ Estimated length of the process.
    - ▪ Location of public restrooms.
  - o Assisting the public with completing the intake form accurately by:
    - ▪ Answering questions;
    - ▪ Working with interpreters to assist non-English speakers;
    - ▪ Responding to disruptive clients;
    - ▪ Reading intake form for individuals who are unable to read.
    - ▪ Review each individual's form, double-checking for completeness.
- ❑ Maintain team log.

**Check-out:**
- ❑ Debrief with POD Supervisor and team.
- ❑ Brief replacement.
- ❑ Turn in any documentation to POD Supervisor.
- ❑ Assist with demobilization, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.)

## POD Job Action Sheet

### POD Flow Team Leader

***Report to:***     POD Supervisor

***Supervise:***     Floaters

***Purpose:***     Responsible for efficient flow of efficient through the clinic.

***Qualifications:***     Understanding of POD setup and flow

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from POD Supervisor.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Brief team members and assign to POD posts.
- ❑ Work with other team leads to shift staffing patterns if needed to regulate flow
- ❑ Supervise staff activities including:
    - o Monitoring flow
    - o Directing people to appropriate entrances/exits, stations, personnel, etc.
    - o Resolving "bottle-necks" in flow.
    - o Addressing disruptive client behavior.
    - o Notifying Facilities Team of restocking needs.
- ❑ Maintain team log.

**Check-out:**
- ❑ Debrief with POD Supervisor and POD Flow Team.
- ❑ Brief replacement.
- ❑ Turn in any documentation to POD Supervisor.
- ❑ Assist with demobilization, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health                                            Standard Operating Procedure
Point of Dispensing (POD)                                          Job Action Sheet

## POD Job Action Sheet

### Greeters

***Report to:***        Education/Forms Team Leader

***Supervise:***        Not applicable

***Purpose:***          To greet clients as they enter the clinic.

***Qualifications:***   Enjoys working with people; good social skills

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Education/Forms Team Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Set up station.
- ❑ Greet clients as they enter.
- ❑ Identify non-English speakers and clients with special needs.  Alert float staff to assist.
- ❑ Provide clients with intake form and education sheets.
- ❑ Refer client questions to appropriate health educator.
- ❑ Watch clients for symptomatic people and direct to off-site medical services.
- ❑ Report disruptive client behavior to team leader.
- ❑ Report low supply of materials to team leader.
- ❑ Performed other duties as assigned by team leader.

**Check-out:**
- ❑ Debrief with team leader.
- ❑ Brief replacement as necessary.
- ❑ Turn in any documentation to team leader.
- ❑ Demobilize station, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health                                                Standard Operating Procedure
Point of Dispensing (POD)                                              Job Action Sheet

## POD Job Action Sheet

### Forms Distribution

***Report to:***        Education/Forms Team Leader

***Supervise:***        Not applicable

***Purpose:***          To distribute forms to clients as they enter the POD.

***Qualifications:***   Enjoys working with people; good social skills

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Education/Forms Team Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Set up/organize station.
- ❑ Greet clients as they approach the station.
- ❑ Identify non-English speakers and clients with special needs.
- ❑ Provide clients with intake and medical screening forms, plus education materials.
- ❑ Answer questions or refer questions to appropriate health educator.
- ❑ Watch clients for symptomatic persons and direct to off-site medical services.
- ❑ Report disruptive client behavior to team leader.
- ❑ Report low supply of materials to team leader.
- ❑ Performed other duties as assigned by team leader.

**Check-out:**
- ❑ Debrief with team leader.
- ❑ Brief replacement as necessary.
- ❑ Turn in any documentation to team leader.
- ❑ Demobilize station, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health                                         Standard Operating Procedure
Point of Dispensing (POD)                                     Job Action Sheet

## POD Job Action Sheet

### Interpreter

***Report to:***    Education/Forms Team Leader

***Supervise:***    Not applicable

***Purpose:***    To help non-English speakers understand the intake form, health education materials and POD procedures.

***Qualifications:***    Ability to read and speak the needed language; good social skills; experience in public health or the medical field.

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Education/Forms Team Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Familiarize yourself with all forms, materials and POD flow procedures.
- ❑ Work with other Education/Form team staff to identify and assist non-English speakers.
- ❑ Assist clients with completing the intake form.
- ❑ Assist clients in understanding the health education materials or provide with language-appropriate materials.
- ❑ Accompany clients through POD, as necessary.
- ❑ Provide routine reports to team leader.
- ❑ Report disruptive client behavior to team leader.
- ❑ Performed other duties as assigned by team leader.

**Check-out:**
- ❑ Debrief with team leader.
- ❑ Brief replacement, as necessary.
- ❑ Assist with demobilization, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health                                    Standard Operating Procedure
Point of Dispensing (POD)                                    Job Action Sheet

## POD Job Action Sheet

### Flow Monitor

***Report to:***        POD Flow Team Leader

***Supervise:***        Not applicable

***Purpose:***          Ensure the efficiency of client movement through the POD

***Qualifications:***   Ability to remain on feet for an extended time and carry supplies; good social skills

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from POD Flow Team Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Direct people to appropriate entrances/exits, stations, personnel, etc.
- ❑ Monitor flow.
- ❑ Trouble-shoot with team leader on ways to resolve "bottle-necks."
- ❑ Report disruptive client behavior to team leader.
- ❑ Perform other duties as assigned by team leader.

**Check-out:**
- ❑ Debrief with team leader.
- ❑ Brief replacement.
- ❑ Turn in any documentation.
- ❑ Demobilize station, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

## POD Job Action Sheet

### Health Educator

***Report to:***      Education/Forms Team Leader

***Supervise:***      Not applicable

***Purpose:***      To answer questions and education clients as appropriate for the event.

***Qualifications:***      Public health or medical background, good communication skills.

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from Education/Forms Team Leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Set up station with appropriate materials and AV equipment, as applicable.
- ❑ Answer clients' questions within scope of training and qualifications.
- ❑ Identify non-English speakers. Alert float staff to direct client to a translator.
- ❑ Maintain adequate supply levels. Report inventory needs to team leader.
- ❑ Provide routine reports to team leader.
- ❑ Report disruptive client behavior to team leader.
- ❑ Performed other duties as assigned by team leader.

**Check-out:**
- ❑ Debrief with team leader.
- ❑ Brief replacement as necessary.
- ❑ Turn in any documentation.
- ❑ Demobilize station, as directed.
- ❑ Sign-out and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

Public Health
Point of Dispensing (POD)

Standard Operating Procedure
Job Action Sheet

## POD Job Action Sheet

### Security/Traffic Control Team Leader

***Report to:***     POD Supervisor

***Supervise:***     Security personnel, traffic controllers

***Purpose:***     Responsible for on-site security and crowd/traffic control at mass clinics, and internal/external security. Position also manages parking issues. Works with Personnel Coordinator to ensure proper identification and monitoring of POD staff.

***Qualifications:***     Law enforcement or security background, strong supervision skills, understanding of clinic set-up and client flow

**Check-in:**
- ❑ Arrive at POD at designated time with proper photo ID and sign-in.
- ❑ Receive briefing from POD Supervisor.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Review security/traffic control plan or,
  - o Perform security and traffic control assessment, if plan does not exist.
- ❑ Post security personnel at entrance/exit points, parking area and supply storage site.
- ❑ Open doors to POD personnel, as needed, working with the Personnel Coordinator.
- ❑ Open doors to the public at POD Supervisor's direction.
- ❑ Direct security/traffic control staff to:
  - o Direct people to appropriate entrances/exits, stations, etc.;
  - o Watch for and resolve "bottle-necks" in traffic flow;
  - o Monitor and report number of waiting clients;
  - o Work with Clinic Float lead to adjust staffing if congestion is noted;
  - o Watch for, and assist with, any disruptive behaviors;
  - o Watch for symptomatic people and direct to off-site medical services;
  - o Call for back up or alert 911, as needed.
- ❑ Work with Facilities team leader to secure medication and other supplies, including:
  - o Securing delivery site;
  - o Directing incoming vehicles with supplies to delivery site;
  - o Securing supplies.
- ❑ Maintain security team log.
- ❑ Provide regular reports to the POD Supervisor.

**Check-out:**
- ❑ Debrief with POD Supervisor, Facilities team leader at end of shift.
- ❑ Brief replacement.
- ❑ Turn in all documentation to POD Supervisor.

❑ Assist with demobilization activities, as directed.
❑ Sign-out and turn in identification (e.g., vest, badges, etc.)
❑ Participate in after-action meetings, as directed.

Public Health                                                    Standard Operating Procedure
Point of Dispensing (POD)                                        Job Action Sheet

## POD Job Action Sheet

### Security Personnel

***Report to:***      Security/Traffic Control Leader

***Supervise:***      Not applicable

***Purpose:***      To coordinate internal and external safety, pedestrian and vehicular traffic control activities at the POD.

***Qualifications:***  Law enforcement or security background or crowd control training

**Check-in:**
- ❑ Arrive at POD at designated time with proper ID and sign-in.
- ❑ Receive briefing from Security/Traffic Control team leader.
- ❑ Review job action sheet.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Review security and traffic control plan with team leader, or
   - o Work with team leader to perform security and traffic control assessment if a site-specific plan is not in place.
- ❑ Man assigned position.
- ❑ Perform duties as assigned, which may include:
   - o Work with Personnel Coordinator to confirm identification of POD staff.
   - o Secure POD supplies, entrances and exits.
   - o Monitor behavior of public at the POD.
   - o Assist staff with disruptive client behaviors;
   - o Watch for symptomatic people and direct to off-site medical services;
   - o Work with Traffic Control to direct and confirm identification of delivery vehicles.
   - o Secure POD material delivery site.
   - o Call for back up or alert 911, as needed.
   - o Perform other duties as assigned by team leader.
- ❑ Report security incidents and suspicious occurrences to team leader.
- ❑ Provide regular reports to team leader.

**Check-out:**
- ❑ Debrief with team leader.
- ❑ Brief replacement, as necessary.
- ❑ Turn in all documentation.
- ❑ Assist with demobilization activities, as directed.
- ❑ Sign-out from POD and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

## POD Job Action Sheet

### Traffic Controller

***Report to:***    Security/Traffic Control Team Leader

***Supervise:***    Not applicable

***Purpose:***    To control and monitor the flow of pedestrian and vehicular traffic outside of the POD.

***Qualifications:***    Law enforcement or security background

**Check-in:**
- ❑ Arrive at POD at designated time with proper ID and sign-in.
- ❑ Receive briefing from Security/Traffic Control team leader.
- ❑ Review job action sheet.
- ❑ Review security and traffic control plan with team leader, or
    - o Work with team leader to perform security and traffic control assessment if a site-specific plan is not in place.
- ❑ Sign for any assigned equipment using the Positional Accountability Log (PAL).

**Duties:**
- ❑ Man assigned position.
- ❑ Perform duties as assigned, which may include:
    - o Direct vehicular traffic;
    - o Direct the public to appropriate entrances/exits;
    - o Monitor and resolve traffic flow problems;
    - o Work with security personnel, as needed, to identify and direct supply vehicles;
    - o Monitor and resolve parking issues.
- ❑ Record and report traffic control incidents to team leader.

**Check-out:**
- ❑ Debrief with team leader.
- ❑ Brief replacement.
- ❑ Turn in all documentation to team leader.
- ❑ Assist with demobilization activities, as directed.
- ❑ Sign-out from POD and turn in identification (e.g., vest, badge, etc.).
- ❑ Participate in after-action meetings, as directed.

# Appendix C
# Just in Time Training Sheets

# Appendix C – Just In Time Training

## Table of Contents

**Just In Time Training (JITT or JIT Training)**

# JIT #1

## POD JIT Training

### POD Badging and Credentialing

1. **Master Personnel Roster:** Refer to SOP #5. Upon POD activation, the Personnel Coordinator will initiate a Master Personnel Roster (SOP #5-1), which is an on-going account of all personnel assigned to the POD. The Master Personnel Roster will consist of:
   a. Date
   b. Name
   c. Address
   d. Home Phone
   e. Cell Phone
   f. Photo ID Type
   g. ID Number Verification
   h. POD Badge Number
   i. Signature

2. **Electronic Credentialing:** If a computer is available to the Credentialing Official, click on the Word program and open a new Word document. Click on Tools on the Task Bar at the top of the page. Select Letters and Mailings, then Labels and Envelopes. A draw-down box will appear. Click on Options and the Label Options box will appear.
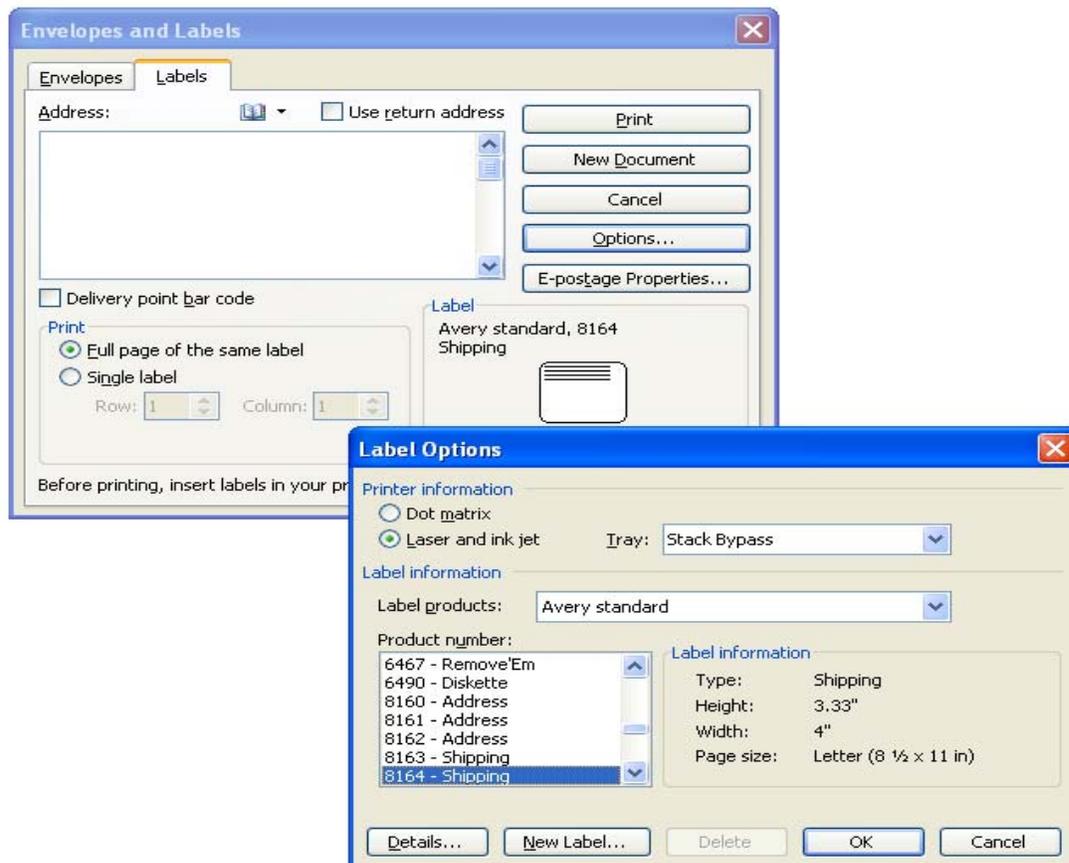
a. Choose Avery Standard for Label options.
b. Select Avery Product "Name Badge Inserts – CB74C" (3" X 4").
c. Label Information: This will create a label for printing on letter sized paper (8.5" X 11").
d. Click OK.
e. Returning to the Envelopes and Labels drawdown menu, select Full page of the same label (six to a page)
f. Click on New Document
g. A full page of CB74C - Avery Labels will appear.
h. Design one label then copy to the other 5 labels on the page. Use Manual Badge Templates in Tab 5 as a design example.
i. Once the page has been designed. Save the document as an electronic template.
j. Renumber badges accordingly so not to create duplicate numbers.
k. Use the template to create personalized badges, including name, position, and badge number; cross-referencing the badge number to the Master Personnel Roster.

3. **Manual Credentialing:**

a. If a computer is not available for electronic credentialing, use the pre-designed badging forms located in Tab 5.
b. Badge numbers range from 1 to 102. Fill in the names and positions with a colored Sharpie Marker.
c. Cross-reference the badge number to the Master Personnel Roster

4. **Other Forms of Badging.** There may be other forms of badging and credentialing POD personnel; however, all must include name, role, venue, and POD access through a unique badge number, which can be cross-referenced to the Master Personnel Roster.

## POD JIT Training

### POD Communications

**Reference:** Refer to **Tab 2, Site Assessment Survey** for a list of communications equipment and capabilities available at the POD Site.

1. **Ham Radio:** Coordinate with the county DOC/EOC for activating Ham Radio providing operators.

2. **Walkie-Talkies:** Walkie-Talkies may be issued to POD Staff and Team Leads for distribution. Walkie-Talkies are controlled items and will be signed for and assigned to stations.

    a. Suggested Radio Frequency Distribution:

        1) **POD Staff: Primary: Ch. 1**, Alt: Ch. 2 and 3
        2) **Medical Task Force: Primary: Ch. 4**, Alt: Ch. 5 and 6
        3) **Security: Primary: Ch. 7**, Alt: Ch. 8 and 9
        4) **Facilities: Primary: Ch. 10**, Alt: Ch. 11 and 12
        5) **POD Flow: Primary: Ch. 13**, Alt: Ch. 14 and 15

    b. Suggested Walkie-Talkie Distribution:

| | Position | Call Sign |
|---|---|---|
| 1) | The POD Supervisor (1) | Command |
| 2) | Personnel Coordinator (1) | Personnel |
| 3) | Security Team Lead (1) | Security Chief |
| 4) | Facilities Team Lead (1) | Facilities Chief |
| 5) | POD Flow Team Lead (1) | Flow Chief |
| 6) | Medical Task Force Team Lead (1) | Medical Chief |
| 7) | Behavioral Health (1) | Mental Health |
| 8) | Security/Traffic/Parking (5) | Security 1, 2, 3, 4, 5 |
| 9) | Greeters (1) | Greeter |
| 10) | Runners (2) | Runner 1, 2, etc. |
| 11) | Dispensing/Vaccination Station (4) | Station 1, 2, 3, 4, etc. |
| 12) | Pharmaceutical Inventory Room (PIR) (1) | PIR |
| 13) | Triage (1) | Triage |
| 14) | First Aid (1) | First Aid |
| 15) | Spares (2) | |

3. **International Phonetic Alphabet:**

| | |
|---|---|
| **A - Alpha** | **N - November** |
| **B - Bravo** | **O - Oscar** |
| **C - Charlie** | **P - Papa** |
| **D - Delta** | **Q - Quebec** |
| **E - Echo** | **R - Romeo** |
| **F - Foxtrot** | **S - Sierra** |
| **G - Gold** | **T - Tango** |
| **H - Hotel** | **U - Uniform** |
| **I - India** | **V - Victor** |
| **J - Juliet** | **W - Whiskey** |
| **K - Kilo** | **X - X-Ray** |
| **L - Lima** | **Y - Yankee** |
| **M - Mike** | **Z - Zulu** |

4. **Satellite Phone:** Satellite phones may be issued to the POD Supervisor in the event of massive communications failure where conventional communications are no longer available. Satellite phones are issued by either the county DOC or EOC.

5. **Land Line Telephones:** As a minimum, POD Command Operations will require at least one landline telephone in the POD Command Post for central access. Optimally, the POD Supervisor, each Team Lead, the Public Information Officer (PIO), the Liaison Officer, and the Personnel Coordinator will all have individual landline communications, totaling eight landlines.

6. **Fax Machine:** As a minimum, the POD will require access to a facility fax machine for transferring documents between the POD and outside agencies. Optimally, a fax line will be installed in the Command Post and a fax machine is included in the POD Go Kit.

7. **Internet Access:** Will be required in the POD Command Post. The Facilities Team Lead will work with IT personnel to gain access for all Command Post Staff. Access to the Washington County SharePoint site is crucial for POD management and communications.

8. **Printing:** As a minimum, the POD Command Post will have access to a computer printer for printing electronic documentation.

9. **Copier:** All POD Staff and Team Members must have easy access to a centralized copier for the duplication of documentation and forms.

## POD JIT Training

### POD Information Technology (IT)

**Reference:** Refer to **Tab 2, Site Assessment Survey** for a list of communications equipment and capabilities available at the POD Site.

POD Information Technology (IT) personnel will work to provide POD Staff with the following electronic tools that aid in POD management and operations.

1. **Computers:** The POD Supervisor and staff require computer access with print, e-mail, and Internet capabilities to write reports, create rosters, manage staff, order supplies, and provide electronic connectivity with higher echelons of incident command.
   a. Hardwire Access. Cat 5 connectivity allows networking through the facility's server. This allows access to the facility's printers and other electronic capabilities; however, may be limited in e-mail access and or other restrictions.
   b. Wireless Access. Provides the freedom to access the county's capabilities; however, may be problematic in using the facility's electronic infrastructure.

2. **Computer Program Interoperability**:

   a. **SharePoint:** Is a live web-based Command and Control program used for interagency operability during emergency operations. PODs will have SharePoint access as a command and control tool and to help manage the county's system-wide emergency operations. The POD is a part of this interoperability tool and has live direct access to all DOC and EOC sections.

3. **Printing:** Computer print capabilities are essential to set up and maintain POD Operations. Electronic forms are necessary to print and reprint to sustain continuing POD operations.

4. **E-Mail:** All county emergency command structures will maintain E-Mail addresses in order to communicate critical information between isolated operations centers. PODs must have e-mail access to the DOC and EOC sections.

5. **Internet:** Internet access is an informational tool in accessing information websites and research guidance for POD operations.

6. **Facsimile:** An operational fax machine is necessary for sending and receiving crucial documentation necessary for POD Operations. Each POD must have fax access for POD interoperability with higher public health echelons.

## POD JIT Training

### POD Traffic Control

**Reference:** Refer to **Tab 2, Site Assessment Survey** for Ingress and Egress to the POD Site, parking availability and capacity, SOP 7-3, Aerial Traffic Control and Parking Map.

**Designations:**

1. Glencoe Road is the main north/south arterial between Hillsboro's city center (1st and Main Streets) to North Plains. Glencoe High School is on the eastern side of Glencoe Road.

2. A traffic light is located at the southern edge of the high school grounds which accesses the Staff Parking lot and accesses the main entrance to the school. This parking lot is designated as the POD staff parking lot.

3. At the northern edge of the property, there is an access road to two student parking lots. These lots are designated as the POD public parking area.

4. Through the POD public parking lots, at the back side of the school, are the facilities loading/unloading area.

5. Along the access road to the POD public parking lots, there are fenced tennis courts, which may be utilized as a potential Triage Area.

**Equipment:**

1. Traffic and Parking personnel will wear reflective vests and use flashlights when directing traffic during all hours of duty.

2. Traffic and Parking personnel may also use reflective tape, cones, and barricades to assist in traffic flow.

**Traffic and Parking Personnel Placement:**

1. Traffic Control:

   a. A Law Enforcement Officer or designated representative will need to direct traffic at the intersection of Glencoe Road and the Ingress/Egress to the northern access road to the POD public parking areas. The access road is two-lane, but narrow, which may restrict traffic flow.
   b. A second Traffic Controller will be placed at the intersection where a right turn is required into the first parking lot.
   c. A third Controller will be located at the exit of the first parking lot and along the perimeter of the 2nd parking lot.

      d. Traffic is to be routed through the first parking lot, then along the perimeter of the second parking lot. This flow pattern will eliminate any cross traffic; however, traffic will be slowed because of the parking lot design.

      e. Egress will flow out along the access road to the Traffic Controller at Glencoe Road.

2. Parking:

      a. Parking personnel will direct traffic to empty parking spaces and will help direct traffic to allow vehicles to enter and exit parking spaces.

      b. Parking personnel will also help direct foot traffic through the parking lot to the Triage Area/POD Entrance.

**Traffic and Parking Personnel:** Will be watchful for:
1. Individuals who appear symptomatic. Those individuals will be directed to the Triage Area for evaluation.
2. Personnel will watch for vehicles that have been parked for long periods of time. Report suspected abandoned vehicles to the Security Team Lead.

## POD JIT Training

### POD Triage

**Reference:** Refer to **Tab 3, Job Action Sheet 2-B-2**.

1. **Triage Area:** The Triage Area will be established in the fenced tennis court area near the POD public parking lots.

2. **Triage Personnel:** The Triage Team Lead will supervise Triage personnel and is under the operational control of the Medical Task Force. Personnel may be pulled from other POD stations in the event that circumstances warrant.

3. **Duties:** Triage personnel will evaluate the public prior to them entering the POD. The Medical Task Force Team Lead and/or Triage Physician will train the Triage Staff to look for specific symptoms and/or behavior that may be indicative of exposed persons.
   a. Non-symptomatic individuals will be passed to the POD for prophylaxis.
   b. Symptomatic persons will be separated from the non-symptomatic individuals for further analysis.
   c. Symptomatic individuals will **NOT BE ALLOWED TO ENTER THE POD**. Those persons will be referred to the Triage Area for prophylaxis and treatment. If further referred to a health care provider, provide a copy of the Medical Referral Form Letter located in the POD SOP, Tab 5.
   d. Provide First Aid, as necessary.
   e. Document significant issues and events on the ICS Form 214, Unit Log.

4. **Prophylaxis:** In the event the POD refers symptomatic persons to the Triage Area, Triage personnel will dispense medications for the individuals in accordance with POD guidance.
   a. Symptomatic individuals will be isolated from the rest of the POD; however, they will be provided medical attention and the necessary pharmaceuticals to treat their condition.
   b. Head of Household. Intake Forms will be provided in the same manner as with POD guidance, including head of household picking up medications for their families.
   c. If further referred to a health care provider, provide a copy of the Medical Referral Form Letter located in the POD SOP, Tab 5.

5. **Equipment:**
   a. Shelter: During inclement weather, shelters are necessary to keep the public from over-exposure to the elements.
   b. Water: Bottled Water will be on-hand to prevent dehydration.
   c. Food: Food or snacks will not be served in the Triage area.
   d. PPE: Triage personnel will properly wear Personal Protective Equipment (PPE), as directed by the POD Staff.

## POD JIT Training

### First Aid

**Reference:** Refer to **SOP 3, POD Operations** First Aid Station, **POD SOP 1-1**, page 2, First Aid Kit.

1. **First Aid Station:** Normally located near the POD Exit/Egress, providing surveillance for individuals who may have a reaction to the medications or people who need medical assistance.

2. **First Aid Staff:** Medically trained personnel (Emergency Medical Technicians, Nurses, Nurses Assistants, etc.). Other individuals who are trained and certified in First Aid may also man this position. Personnel may also assist in the Triage Area, if necessary.

3. **Equipment:** POD First Aid Kit, Non-Latex Gloves, PPE

4. **Duties:** First Aid personnel will evaluate the public as they leave the POD after prophylaxis. A small waiting area may need to be set up to give those patients a short time to be evaluated further. The Medical Task Force Team Lead and/or Triage Physician will advise the First Aid Staff to watch for specific symptoms and/or behavior that may be indicative of persons with reactions to the medication.

5. **Treatment for Adverse Reactions:**

   a. **Response to Injections or Medications:**
      i. Signs & Symptoms:
         1. Becomes Pale
         2. Feels Faint, light headed, dizzy, nauseated, cold sweats
         3. Sudden collapse, unconsciousness, but maintains a slow steady and strong pulse. Normal breathing and blood pressure
      ii. Treatment:
         1. Feels Faint: Have patient lie flat, feet elevated for several minutes.
         2. Unconscious: Lie patient flat, feet elevated for several minutes. May use ammonia Ampule.
         3. After regaining consciousness, have patient remain in First Aid waiting area for 10 minutes.

   b. **Anaphylaxis (Anaphylactic Shock):**
      iii. Symptoms:
         1. Similar to Vasovagal Response, except pulse is rapid, weak, and fluttering. Blood pressure may drop.
         2. The quicker the symptoms appear, the more severe the reaction.
         3. **Signs and symptoms may become life-threatening.**
            a. Cardiac: Rapid, weal pulse. Irregular heartbeat.
            b. Respiratory: Rapid, shallow breathing, tightness in throat or chest, congestion (sneezing, wheezing, coughing)

        c.    Skin Pallor: Bluish tint to skin, fingernails, and inside the mouth
        d.    Other: Swelling of lips & tongue, nausea, sweating, irritability/anxiety, shock, possible seizures
        e.    Anaphylaxis may cause one, some, or all of the life-threatening symptoms

  iv.    Treatment:
      1.    Notify POD or Triage physician
      2.    Call 911 immediately if ambulance is not on-site.
      **3.    Lay patient flat and Assess the ABCs: Airways, Breathing, Circulation**
      **4.    IF PATIENT GOES INTO CARDIAC ARREST, PROCEED WITH CPR IMMEDIATELY**
            **a.**  Inject patient with **Epinephrine (1:1000)** at the site of the vaccination injection. This will slow the absorption of the antigen.
                  **i.**    Infants under 2 = 0.1ml
                  **ii.**   Children 2 to 6 = 0.15ml
                  **iii.**  Children 6 to 12 = 0.2ml
                  **iv.**  People 12 and older = 0.3ml
            **b.**  Keep under close surveillance until the ambulance arrives.
            **c.**  **If no improvement in condition, repeat epinephrine injections every 10 minutes**

6. **Reporting:** Adverse reactions to prophylaxis, such as Anaphylactic Shock, will be reported through the Medical Task Force Lead and POD Supervisor to the DOC/EOC Operations Section.

    **a.**  Fill out the POD MEDICAL Treatment Worksheet Form **(POD SOPs, TAB 5)** with all pertinent information. Fax the form to the DOC/EOC Operations Section as a matter of record.
    **b.**  Provide the form to the Medical Task Force Lead as a part of the official POD record.

## POD JIT Training

### POD Signage

1.  **General:** Signage for each POD is dependent on the size and layout of the POD and will influence the number of signs and specific messages needed.

2.  **Basic signs:**

    a.  Entrance
    b.  No entrance
    c.  Prohibited
    d.  This is a medical services facility
    e.  Category A Symptom signs according to the event:
        i.    Anthrax
        ii.   Botulism
        iii.  Plague
        iv.   Smallpox
        v.    Tularemia
        vi.   Hemorrhagic Fever
    f.  Four Simple Steps
        i.    Step 1:  Fill In Form
        ii.   Step 2: Show Form
        iii.  Step 3: Please Wait
        iv.   Step 4: Turn in Form & Exit
    g.  Thank You for your cooperation
    h.  First Aid
    i.  Exit
    j.  No Exit
    k.  Arrows
    l.  Do Not Enter

3.  **Color-Coding:** Color-coding organizes functionality and improves throughput by providing a visual color-coded pathway through POD stations.

    a.  **Greeters/Health Educators/Interpreters**       **Purple**
    b.  **Intake Screeners**                              **Yellow**
    c.  **Medical Screeners**                             **Blue**
    d.  **Dispensers/Vaccinators**                        **Green**
    e.  **Command Staff**                                 **Bright Green**

4.  **Tools:** Vests, caps, nametags, floor tape and tablecloths can be color-coded and coordinated to distinguish the various POD functions.

    a.  **Flags:** The use of hand-held flags is helpful to indicate available dispensers or POD Staff calling a Runner.

b.  **Flashcards**: for No-English speaking clients to guide them through the POD process

# JIT #8

## POD JIT Training

### POD Materials Handling

### 1.  PROPER LIFTING OF BOXES/CARTONS:



(Image source: www.hughston.com)

    a.  POD staff <u>should not</u> lift boxes unless authorized to do so through their normal job duties.
    b.  Ask for help or use a hand truck (see below) if a box is too large, heavy or awkward for one person to pick up.
    c.  To avoid injury when lifting and lowering a box:
    d.  Bend your knees, with one foot slightly ahead of the other
    e.  Squat down
    f.  Grasp the box with your hands
    g.  Keeping your back straight, rise to a standing position
    h.  Reverse these steps to lower a box to the floor.

### 2.  HAND TRUCKS



(Image source: www.ise.ncsu.edu)

**Description**: A hand truck is a manually powered, two-wheeled piece of equipment that is appropriate for horizontally transporting light loads (e.g., a few cartons) over short distances when the loads are too heavy or too awkward for a person to carry.

**Components:**  The hand truck has a load-carrying surface (lip), two fixed wheels, a backrest or frame, a brace attached to the frame, and one or two handles.

**Operating a Hand Truck:**

      a. Create a small gap between the floor and container by pushing the container forward.
      b. Push the lip of the hand truck into the gap until the container's edge rests against the frame of the hand truck.
      c. Holding on to the handle(s), place one foot on the hand truck's brace, press down on the brace, and tilt the loaded hand truck into the balanced position that allows the truck to be moved.
      d. The weight load should be on the two wheels of the truck, the lip of the truck, and the user's arms.
      e. Move the hand truck by pushing or pulling on its handle(s).
      f. To unload the hand truck, stop walking and carefully lower the lip of the truck to the floor using the handles and brace for control.
      g. Remove the lip from under the containers.

(Source: Mulcahy, D. *Materials Handling Handbook*, Publisher: McGraw-Hill)

## 3. MANUAL PALLET JACKS

**Description:** A manually powered tool used to lift and move pallets. A pallet is a flat transport structure that supports materials that are being lifted by a pallet jack or forklift. Pallets are commonly made of wood but can also be made of metal and plastic.

**Components:** A hydraulic pump with a handle, one or two wheels underneath the pump, and single wheels attached inside at the end of two forks. As the jack is raised vertically, the front wheels are separated vertically from the forks, which forces the load to rise. The load is lifted high enough to clear the floor for movement of the load across the floor

**Operating a Pallet Jack:**
(Source: http://www.ehow.com/how_2088130_operate-manual-pallet-jack.html)

Step 1
The little handle inside the main unit controls the lift of the jack. Place this handle in the down position to lift the jack. While it is in this position pump the handle up and down to raise the jack. Once you have the height you want, move the handle to the center position to keep it from adjusting while you move. Squeeze the handle upward to lower the jack when you have reached your final destination.

Step 2
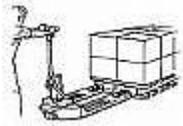
 With the jack in its lowest position, slide it under the pallet you need to move. You have to use a little force as you may have to cross a few pieces of timber to get all the way under the pallet. Make sure that the forward wheels are not on the last slat of the pallet.

Step 3

Raise the pallet by placing the control handle in the down position and pumping the main handle 10 to 15 times. You don't need to raise the pallet too high, just enough to keep it from dragging.

Step 4

Pull the pallet to where it needs to go. It is best to pull versus push as you need to make sure you have proper clearance on the sides and to make sure the floor is clear of debris.

Step 5

Once you get to where the pallet needs to be placed, use the control arm to maneuver it into place. The arm can move 180 degrees and makes putting a large pallet into a tight spot very easy. It is best to push the pallet into place rather than pull it. You don't want to get stuck against a wall or other pallet.

Step6

 Squeeze the control handle to lower the pallet. Pull the jack out and start all over.

## 4. FORKLIFTS



(Image source: www.wv-hfh.org)

**Description:** A powered industrial truck used to lift and transport materials.

**Operating a Fork Lift:** Only fork-lift certified personnel may operate the forklift. Facilities that have forklifts will also have personnel certified to operate them..

# JIT #9

## POD JIT Training

### POD Pharmaceutical Inventory Room (PIR)

BIN Bards are used in the same manner as a check book ledger. Supply items will be logged in as a deposit and added to the current running balance column. When supplies are removed from the PIR, they are debited from the current running balance column.

1. **PIR Set Up:**

   a. Set up BIN Cards for each supply item type in the PIR.
      - Pharmaceuticals
      - Medical Supplies
   b. Place each BIN Card on a clipboard to be hung with the item.
      - Doxy and Cipro are both medications, but are different medication types. Ensure each has its own BIN Card.
      - Medical gloves may be manufactured by two different companies, but they both are the same item type. Only one BIN Card is required.
   c. Once all BIN Cards are Set Up, log the initial supply amounts in the Physical Inventory Start space at the top of the page, then transpose that number to the Balance (Total in Stock) column
   d. Squat down
   e. Grasp the box with your hands
   f. Keeping your back straight, rise to a standing position
   g. Reverse these steps to lower a box to the floor.

2. **PIR Operations:**

   a. As supplies are added and/or removed during the course of each shift, Balance numbers will to be calculated to keep an accurate running total after each transaction.
   b. When the sheet is full, log the balance in the Physical Inventory End space at the top of the page.
   c. Transpose the information at the top of the used BIN Card to a new BIN Card
   d. Transpose the Physical Inventory End numbers to the Physical Inventory Start space and the starting Balance column.

3. **End of Shift:**

   a. At the end of each shift, the outgoing and the incoming PIR shift will inventory each supply item in accordance with their respective BIN Cards.
      i. Pharmaceuticals will be accurately accounted for by individual does.
      ii. Medical Supply items, such as gloves, masks, gowns, etc. will be accounted for to the nearest box within a case lot.
   b. Once all supplies are accounted for, both the oncoming and outgoing shifts will sign the BIN Cards and transpose the information over to new BIN Cards to start the next shift.

c. **Inventory Discrepancies:** If discrepancies are found in any BIN Card totals, the two inventorying parties will conduct a recount of the disputed supply item(s).
   i. If still not reconciled, the discrepancy will be brought to the attention of the Medical Team Lead and POD Supervisor, and will become a part of the official POD record by recording the situation on the ICS Form 214, Unit Log.
   ii. If warranted, an independent audit will be conducted to reconcile the disputed supply totals.
   iii. The oncoming PIR shift will sign for the reconciled supplies and continue PIR operations.

**4. Documentation Records:** All PIR documentation; BIN Cards, Unit Logs, etc. will be collected at the end of each shift, organized, and turned in to the Medical Team Lead. The Medical Team Lead will make the documents part of the POD official record.

# POD JIT Training

## POD Pharmaceuticals/Medical Supplies Dispensing

Runners, Supply Runners, and Dispensing Supply Runners may all be involved in dispensing pharmaceuticals and medical supplies from the PIR to the Dispensing/Vaccinations Stations. All Runners will familiarize themselves with these procedures.

### 1. Accountability:

   a. **BIN Cards** have been set up for each supply item type in the PIR.
      o   Pharmaceuticals
      o   Medical Supplies
   b. **POD Dispensing Log:** Each Runner with access to the PIR will carry and maintain a POD Dispensing Log on a clipboard, which catalogs withdrawals from the PIR and the dispensing to each Dispensing/Vaccination Station.
      o   Each Dispensing/Vaccination Station will contact a Runner to request supplies and/or pharmaceuticals.
      o   Runners, using the POD Dispensing Log, will take the supply request from the Dispensing/Vaccination Station (logging each supply line item on a separate line), and the quantities requested.
      o   The Runner will take the request to the PIR, where PIR Staff will fill the order from the cache on-hand.
      o   PIR Staff will log the BIN Card Number and the quantities filled for each line item on the POD Dispensing Log.
      o   The Runner will deliver the pharmaceuticals/supplies to the Dispensing/Vaccination Station, where the Dispenser will sign for the items.
      o   POD Dispensing Logs will be cross-checked with BIN Cards to reconcile supplies removed from the PIR and delivered to all of the Dispensing Stations during the course of a given shift.

### 4. End of Shift:

   a. At the end of each shift, each Runner will reconcile their Dispensing Logs and turn them in to the PIR Staff to be merged with the BIN Card records and turned over to the Medical Team Lead.
      i.   Pharmaceuticals are accurately accounted for by individual doses.
      ii.  Medical Supply items, such as gloves, masks, gowns, etc. are accounted for to the nearest box within a case lot.
   b. **Inventory Discrepancies:** If discrepancies are found in any BIN Card totals, the two inventorying parties will conduct a recount of the disputed supply item(s).
      i.   Supply Runners and the POD Dispensing Logs may be involved in this process and become a part of the official POD record.
      ii.  Runners will use ICS Form 214, Unit Log to make notes or document supply issues.
      iii. The oncoming shift will be briefed on issues occurring on the prior shift.

iv. Runners on the oncoming shift will fill out new POD Dispensing Logs for the upcoming shift.

**4. Documentation Records:** All POD Dispensing Log documentation will be collected at the end of each shift and turned into the Pharmaceutical Inventory Room, which will compile the documents and turn them in to the Medical Team Lead. The Medical Team Lead will make the documents part of the POD official record.

## POD JIT Training

### Staff Briefings

The Staff Briefing is provided at the beginning of the next operational period, such as at shift change, and pertains to all POD Command Staff members providing a forum for introducing the Incident Action Plan (IAP) for the upcoming shift. Staff Briefings may introduce a shift of direction or modification in POD operations, such as increasing POD throughput or demobilization.

1.  **Staff Briefing:**

    a.  Is conducted at the beginning of each operational period (shift change).
    b.  POD Command Staff and Operational Supervisors should attend.
    c.  Facilitated by the Planning Element of the POD
    d.  The briefing will be concise and to the point.

2.  **Staff Briefing Elements:**

    a.  Introduce the newest and most current IAP
    b.  Members will be briefed on the most current elements of the operations, including pertinent information coming from the DOC/EOC.
    c.  Team Leads will input relative information from each of their sections
    d.  Brief Question & Answer Period
    e.  Feedback

3.  **Follow-On Briefings:**

    a.  Following the Staff Briefing, operational supervisors will pass any pertinent information to their respective staff members.
    b.  Supervisors are encouraged to solicit information to be taken up-channel for Staff Briefing input.

**4. DOC/EOC Briefings:** The POD Supervisor is responsible for providing periodic briefings to the DOC/EOC Operations Chief. Supervisors will pass Situation Status (SitStat) or Situation Report (SitRep) information, to include:

    a.  Manning Status
    b.  Resource/Supply Status
    c.  Shortfalls
    d.  Security Status
    e.  Meals, Snacks, and Drinks Assistance

**5.  Documentation Records:** All Staff Briefings will be documented on the ICS Form 214, Unit Logs and reference the most current IAP. This document will be a part of the POD's official record.

## POD JIT Training

### Shift Change Briefings

This Just –In-Time Training pertains to all POD members in order to create a smooth transition between shift changes.

**1.  Incoming Personnel:**

    a.  Arrive 30 minutes early for duty
    b.  Sign In on the Sign In Roster
    c.  Review Job Action Sheets and JIT Training Sheets, as necessary
    d.  Arrive at station/position 15-minutes early to observe POD Flow and/or positional duties
    e.  Note ebb and flow of station or positional duties
    f.  Ask pertinent questions about POD positional issues
    g.  Inventory and test positional equipment. Sign the Custodial Receipt Log, assuming receipt of items in good working order.
    h.  If equipment/items are not functional, report to the Team Lead for repair or replacement
    i.  If items are lost or broken, note the item on the Unit Log and notify the Team Lead for replacement.
    j.  Assume positional duties

**2.     Outgoing Personnel:**

    a.  Brief incoming personnel on any significant events over the last 12-hours
    b.  Brief on significant positional events during the last shift
    c.  Note any entries on ICS Form 214, Events Log
    d.  Relate any POD positional issues
    e.  Provide an update on pertinent materials and supplies
    f.  Transfer positional equipment to oncoming replacement personnel.
    g.  If equipment/items are not functional, report to the Team Lead for repair or replacement prior to shift change
    h.  If items are lost or broken, note the item on the Unit Log and notify the Team Lead for replacement prior to shift change
    i.  Relinquish duties
    j.  Sign Out on the Sign In/Sign Out Roster.

**3.  Documentation Records:**  All documentation (ICS Form 214, Unit Logs) will be collected at the end of each shift and turned into the respective Team Lead for inclusion of the POD's official record.

# Inclusive Just-in-Time Training (IJITT) Toolkit* for
# Mass Prophylaxis/Point of Dispensing (POD) Operations
## Created by Multnomah County Public Health Advanced Practice Center, Oregon

**I-JITT PRINCIPLES**
This toolkit is based on an inclusive approach to training, or one that considers the following adult learning theory principles:
- Learning Dimensions: Cognitive, behavioral and affective needs of responders;
- Learning Styles: Visual, auditory, kinesthetic; and Cultural Context: Individual, group and organizational influences.

**OBJECTIVES**
- To assist local health department (LHD) preparedness planners integrate the Inclusive Just-in-Time Training (I-JITT) model into a rapid training program before and during a public health emergency requiring mass dispensing activities.
- To increase volunteer and surge capability and capacity within LHDs.

**TARGET LENGTH**
Planning to make this tool useful takes place in the weeks and months prior to the actual use. As a planner, it is critical to know this material, be familiar with the various parts and adapt the tool to suit your unique organization.

When functionally applied, this toolkit should take approximately 2 hours to conduct the just in time training. A breakdown of the timeline for the three major components is as follows:
- Training for Team Leads (including how to teach the hands on training portions of their team's training)                         60 min
- Operational Period Briefing:                         10 mins.
- I-JITT Curriculum Delivery:                         30 mins.
- I-JITT Practice Sessions:                         20 mins.

**TOOLKIT CONTENTS:**
- Mass Prophylaxis/POD Supervisor Briefing Checklist - A checklist that allows mass prophylaxis/POD leadership to confidently and succinctly brief responders on the current operational period
- Operational Period Briefing Notes Page - A resource for note taking during the operational period briefing
- Field Training Guide for Team Leaders - A color and icon-coded resource to allow Team Leaders to easily deliver a pre-scripted I-JITT curriculum to responders
- Go Guide for Responders - A reference guide with general response and job-related information
- Inclusive JITT Evaluation Form - A survey to measure effectiveness of I-JITT

**HYPERLINK:**
http://www.naccho.org/toolbox/tool.cfm?id=2199&program_id=9

# Appendix D
# Blank Forms

# POD Incident Action Plan

| Incident Name: | | Date Prepared: | Time Prepared: |
|---|---|---|---|

| Operational Period Date: From:        To: | Operational Period Time: From:        To: |
|---|---|

Incident Assessment:

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Initial Needs and Requirements:

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| Prepared By: | Company Name: | ICS Position: |
|---|---|---|
| Approved By: | Company Name: | ICS Position: |

# Incident Action Plan Continuation Sheet

| Incident Name: | | Date Prepared: | Time Prepared: |
|---|---|---|---|
| Operational Period Date:<br>From: To: | | Operational Period Time:<br>From: To: | |

Preliminary Incident Objectives:

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Preliminary Action Plan:

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| Prepared By: | Company Name: | ICS Position: |
|---|---|---|
| Approved By: | Company Name: | ICS Position: |

# Incident Organization Chart     ICS 207

| Incident Name: | Date Prepared: | Time Prepared: |
|---|---|---|
| Operational Period: | Operational Period Date/Time:     From: | To: |

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                          ┌─────────────┐
                          │ EOC Director│
        ┌──────────┐      └─────────────┘      ┌──────────┐
        └──────────┘                           └──────────┘

┌──────────────┐                                          ┌──────────────┐
│ Safety Officer│                                         │      PIO      │
└──────────────┘                                          └──────────────┘

┌──────────────┐          ┌─────────────┐                 ┌──────────────┐
│Security Officer│        │ Deputy EOCD │                 │Liaison Officer│
└──────────────┘          └─────────────┘                 └──────────────┘

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│Administrative Support│
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| Operations Chief | Plans Chief | Logistics Chief | Finance Chief |
|---|---|---|---|

Logistics Chief branches: Service Branch, Support Branch

| Operations | | Plans | Service Branch | Support Branch | Finance |
|---|---|---|---|---|---|
| Deputy Ops Chief | | Situation | Service Branch | Support Branch | Time Keeping |
| Search and Rescue | Medical/Health | Documentation | IT/Computers | Supply | Purchasing |
| Fire/Rescue | Care/Shelter | Resources | Food | Facilities | Recovery Unit |
| Law Enforcement | Construction | | Security | Transportation | |
| Human Services | Utilities | | Message Center | Resource Tracking | |
| Field Operations Branch | Military Support | | Communications | | |

| **Prepared By: (Name/Title)** | **Approved by EOC Director:** |
|---|---|

ICS 207 (07/25/2005)

| Unit Name: | Unit Leader: | Date Prepared: |
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## **Activity Log** (Continued)

| Time | Major Events |
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ICS 214-1 (9/95)                                                                                    Page:      Of:

# POD Safety

| Incident Name: | | Date Prepared: | Time Prepared: |
|---|---|---|---|

| Operational Period Date:<br>From:        To: | | Operational Period Time:<br>From:        To: |
|---|---|---|

Major Hazards and Risks:

Narrative:

| Prepared By: | Agency: | ICS Position:<br>**Safety Officer** |
|---|---|---|
| Approved By: | Agency: | ICS Position:<br>**Safety Officer** |

ICS 223 (9/95)

Unit Distribution: ❏ Finance ❏ Purchasing ❏ Planning ❏ Personnel ❏ Housing ❏ Food

| Incident Name: | | | | | Date Prepared: | | Time Prepared: |
|---|---|---|---|---|---|---|---|

Operational Period Date:
　　　From:　　　　　　　　　To:　　　　　　　Operational Period Time:　　　From:
　　　　　　　　　　　　　　　　　　　　　　　　　　　To:

| Requested By: | Title: | Date: | Time: |
|---|---|---|---|

| Mark For: | Date Required: | Time Required: | ETA Date: | ETA Time: |
|---|---|---|---|---|

| Delivery Location: | Prepared By: |
|---|---|

| Item | Quantity | Unit | Description | Vendor | M.R. No. | P. O. No. | MFG PN | Unit Cost | Total Cost | Status | Date | Time |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| 5 | | | | | | | | | | | | |
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Action Taken:

Comments:

| Prepared By: | Company Name: | ICS Position: |
|---|---|---|
| Approved By: | Company Name: | ICS Position:<br>**Unit Leader** |
| Approved By: | Company Name: | ICS Position:<br>**Logistics/Finance** |

ICS 222 (9/95)

# Master Personnel Roster

POD_____

| Date | First Name | Last Name | Address | City | St | Zip | Home Phone | Cell Phone | ID Type | ID Number | POD Badge # | Signature |
|------|-----------|-----------|---------|------|-----|-----|-----------|-----------|---------|-----------|------------|-----------|
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SOP #5-1

# Sign In Sign Out Log

| Print Name | Assignment | Station | Time In | Time Out | Signature |
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# POD Personnel Schedule

**Month**_____          **POD**_____

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **MEDICAL STAFF** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **NON-MEDICAL STAFF** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECURITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E Shift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **OTHER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Shift Schedules:

| | | |
|---|---|---|
| **E =** | Early Shift 05:30am to 18:00pm | **1 =** 05:30am to 14:00pm |
| **L =** | Late Shift 17:30pm to 6:00am | **2 =** 13:30pm to 22:00pm |
| | | **3 =** 21:30pm to 06:00am |

SOP #6-1

| | |
|---|---|
| Name: | Name: |
| Postion: | Postion: |
| **Washington County** **POD Staff** **Badge #1** | **Washington County** **POD Staff** **Badge #2** |
| Name: | Name: |
| Postion: | Postion: |
| **Washington County** **POD Staff** **Badge #3** | **Washington County** **POD Staff** **Badge #4** |
| Name: | Name: |
| Postion: | Postion: |
| **Washington County** **POD Staff** **Badge #5** | **Washington County** **POD Staff** **Badge #6** |

# PHARMACEUTICAL INVENTORY ROOM
# BIN CARD

| ITEM: | | | | |
|---|---|---|---|---|
| **NDC/ Product #:** | | **Minimum Stock (Units of Use)** | | |
| **Lot #:** | | **Maximum Stock (Units of Use)** | | |

| Date | Time | Quantity Received (Units of Use) | Quantity Issued | Station Number | Balance (Total Balance in Stock) | Physical Count | Signature |
|---|---|---|---|---|---|---|---|
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Adapted from: *PHSKC Medication Center Inventory Management Plan,* Seattle & King County, NW Center for PH Preparedness, Jan. 2006

**POD Inventory Tracking**

# POD Dispensing Log

| Date: | |
|---|---|
| **Runner:** | **Runner Badge #:** |
| **Shift#:** | |

| Time | Station | Pharmaceutical/ Supply Item | Quantities Requested (Units) | | BIN Card# | Quantities Delivered (Units) | Dispenser's Name | Dispenser's Initials |
|---|---|---|---|---|---|---|---|---|
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**POD SOP 4-2**

# ANTIBIOTIC SCREENING FORM

| **1.** List each person for whom you are picking up medication | **2.** Put a check mark (✓) in column ONLY if person has the condition(s) listed. | | | | | | **3.** Complete for children under 18 | |
|---|---|---|---|---|---|---|---|---|
| **First and Last Name** | **ALLERGIC TO Doxycycline, or any Tetracycline drug?** | **PREGNANT?** | **ALLERGIC TO Ciprofloxacin or ANY Quinolone or "floxacin" drug?** | **Currently taking Tizanidine (Zanaflex©)?** | **Ever had SEIZURES or EPILEPSY?** | **Unable to swallow pills?** | **AGE (under 18)** | **WEIGHT (Under 90 pounds)** |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

**FOR CLINIC USE ONLY**

Initial all appropriate boxes

| | DISPENSING | | SECONDARY SCREENING | |
|---|---|---|---|---|
| | **DOXY** | **Doxy Crushing Instructions** | **CIPRO** | **Referral letter given** | **Secondary Screening Notes (if needed)** |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

**Dispenser:** Put medication label below (next to the appropriate client number):

Label 1　Label 2　Label 3　Label 4　Label 5　Label 6　Label 7　Label 8　Label 9　Label 10

I certify that the above information is correct to the best of my knowledge. I authorize the recipient of this document to share this information with public health entities at the local, state and federal level for purposes of ensuring medication efficacy and safety.

Signature: _____

Date: _____

| Address: _____ | City:_____ | Zip_____ |
|---|---|---|
| Phone: (_____) _____-_____ | Email:_____ | |

**FOR CLINIC USE ONLY**

**Initial all appropriate boxes**

| **1.** List each person for whom you are picking up medication | **2.** Put a check mark (✓) in column ONLY if person has the condition(s) listed. | | | | | | **3.** Complete for children under 18 | | ___ DISPENSING | | | ___ SECONDARY SCREENING | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **First and Last Name** | ALLERGIC TO Doxycycline, or any Tetracycline drug? | PREGNANT? | ALLERGIC TO Ciprofloxacin or ANY Quinolone or "floxacin" drug? | Currently taking Tizanidine (Zanaflex©)? | Ever had SEIZURES or EPILEPSY? | Unable to swallow pills? | AGE (under 18) | WEIGHT (Under 90 pounds) | DOXY | Doxy Crushing Instructions | CIPRO | Referral letter .given | Secondary Screening Notes (if needed) |
| 1 | | | | | | | | | 1 | | | | |
| 2 | | | | | | | | | 2 | | | | |
| 3 | | | | | | | | | 3 | | | | |
| 4 | | | | | | | | | 4 | | | | |
| 5 | | | | | | | | | 5 | | | | |
| 6 | | | | | | | | | 6 | | | | |
| 7 | | | | | | | | | 7 | | | | |
| 8 | | | | | | | | | 8 | | | | |
| 9 | | | | | | | | | 9 | | | | |
| 10 | | | | | | | | | 10 | | | | |

**Dispenser:** Put medication label below (next to the appropriate client number):

Label 1   Label 2   Label 3   Label 4   Label 5   Label 6   Label 7   Label 8   Label 9   Label 10

I certify that the above information is correct to the best of my knowledge. I authorize the recipient of this document to share this information with public health entities at the local, state and federal level for purposes of ensuring medication efficacy and safety.

Signature: _____

Date: _____

# Letter of Referral

Dear Provider,

Your patient _____ may have been exposed to <u>Aerosolized Anthrax</u>. They have been given a post exposure prophylaxis of:

- ❑ **Ciprofloxacin 500mg (10 days course)**          ❑ **No antibiotic was given**
- ❑ **Doxycycline 100mg (10 day course)**

Your patient indicates that they:

- ❑ **Are allergic to Cipro**                              ❑ **Are under 75 lbs**
- ❑ **Are allergic to Doxy**                               ❑ **Are pregnant and**
- ❑ **Are taking Tizanidine**                                  ❑ Have other contraindications
- ❑ **Have a history of seizure or epilepsy**                     (see left hand column)
- ❑ **Are unable to swallow**                                 ❑ Declined to take Doxy

Because of interactions between this antibiotic and the medication or medical condition, your patient is being referred to you for:

- ❑ **Consultation regarding the reduction or discontinuation of Tizanidine**
- ❑ **Consultation regarding their history of seizure or epilepsy**
- ❑ **Alternate prophylactic Medication**
- ❑ **Ciprofloxacin in an oral suspension**

The following antimicrobials have shown good *in vitro* activity against *B anthracis*. One of these may be added to Amoxicillin as alternative PEP for clients who have MD-verified contraindications to both ciprofloxacin and doxycycline:

| **RIFAMPIN** | |
| --- | --- |
| Adults | 600 mg PO BID |
| Children and Infants Age >1 mo | 10 mg/kg (4.5 mg/lb) PO BID, max 600 mg PO BID |
| Infants Age <1 mo | 5 mg/kg (2.3 mg/lb) PO BID |
| Suspension | Pediatric suspension must be compounded in pharmacy; Rifadin® package insert has directions to create 50 mg/5mL suspension. |
| **CLARITHROMYCIN** | |
| Adults | 500 mg (immediate-release) PO BID |
| Children and Infants Age >6 mo | 7.5 mg/kg (3.4 mg/lb) PO BID, max 500 mg PO BID |
| Infants Age <6 mo | Not recommended |
| Suspension | Available as 125 mg/5 mL and 250 mg/5 mL |
| **CLINDAMYCIN** | |
| Adults | 300 mg PO TID |
| Children and Infants | 5 mg/kg (2.3 mg/lb) PO TID, max 300 mg PO TID |
| Suspension | Available as 75 mg/5 mL |

Thank you,

*Health Authority Signature*

**Health Department Hotline Number: 1-800-xxx-xxxx**

# In an Emergency:
## How to Prepare
## Doxycycline
## for Children and Adults Who Cannot Swallow Pills

### Mixing Doxycycline Hyclate 100mg Tablets with Food

Once you have been notified by your federal, state or local authorities that you need to take doxycycline for a public health emergency, it may be necessary to prepare *emergency* doses of doxycycline for children and adults who cannot swallow pills.

**June 2008**
**Prepared by the U.S. Food and Drug Administration**

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**1** **Supplies You Will Need**
You will need these items to make doses of doxycycline for adults and children who cannot swallow pills:

- 1 doxycycline pill (100 mg)
  *(Do not take doxycycline if you are allergic to tetracyclines)*
- a metal teaspoon
- 2 small bowls
- Water
- one of these foods or drinks to hide the bitter taste of crushed doxycycline:
  - milk or chocolate milk
  - chocolate pudding
  - apple juice and sugar

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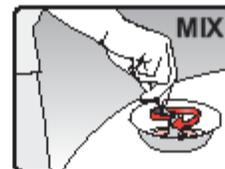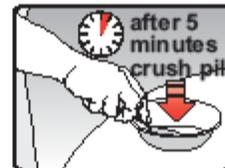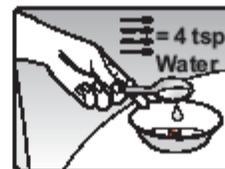
**2** **Crushing the Pill and Mixing with Water**

1. Put 1 doxycycline pill in a small bowl.
2. Add 4 full teaspoons of water to the same bowl.
3. Let the pill soak in the water for 5 minutes so it will be soft.
4. Use the back of a metal teaspoon to crush the pill in the water. Crush the pill until no visible pieces remain.
5. Stir the pill and water so it is well mixed.

**You have now made the Doxycycline and Water Mixture.**

# Use of Doxyclycline

### For More Information:

**Oregon Public Health Hotline**
1-800-978-3040, Toll-Free
503-872-6900, Portland-metro

**Centers for Disease Control
& Prevention, Toll-Free:**
1-800-CDC-INFO (232-4636)
1-888-232-6348 TTY
E-mail: cdcinfo@cdc.gov

**You can also visit the following
Web sites for more information
about anthrax:**

**Oregon Department of
Human Services:**
http://oregon.gov/DHS/ph/
acd/diseases/anthrax/
anthrax.shtml

**Centers for Disease Control and
Prevention:**
http://www.bt.cdc.gov/agent/
anthrax/index.asp

**or call your local public health
department at one of the
numbers listed on the back
side of this fact sheet:**

**Introduction**

Doxycycline 100-mg *Oral Tablet*
Doxycycline *Oral Suspension*

- Doxyclycline is an antibiotic drug that has been approved by the Food and Drug Administration (FDA) to treat and protect people who have been exposed to anthrax.

**How to Take Doxyclycline**
- ADULTS: Take one tablet every 12 hours, as directed.
- CHILDREN: A child's dose depends on body weight. Give the medicine to your child as directed by the doctor.
- Take doxycycline with food and least one full glass of water.
- Avoid taking antacids (like Tums or Maalox), cholestyramine (Questran), colestipol (Colestid), dairy products (like milk or yogurt) or vitamins 3 hours before or after taking doxycycline.
- If you miss a dose, start again taking 1 pill every 12 hours. Do not take 2 pills to make up for the missed dose.

*Finish all your pills, even if you feel okay, unless your doctor tells you to stop. If you stop this medication too soon, you may become ill.*

**Side effects**
- Common side effects of doxycycline include an upset stomach, vomiting, or diarrhea. If you have problems with any of these symptoms, tell your doctor.
- Less common side effects include dark urine, yellowing of the eyes or skin, sore throat, fever, unusual bleeding or bruising, fatigue, white patches in the mouth. If any of these symptoms occur, call your doctor right away.
- **Allergic reactions are rare.** Signs of an allergic reaction are rash, itching, swelling of the tongue, hands or feet, fever, and trouble breathing. If any of these symptoms occur, call you doctor right away.

*SPECIAL NOTE FOR CHILDREN: This medicine may cause staining of the teeth in children younger than 8 years old. This means that their teeth can become grayish in color and this color does not go away. This medicine can also cause bone growth delay in premature infants but this side effect goes away after the medicine is finished.*

**Local Health Departments**

Baker ................541-523-8211
Benton ..............541-766-6835
Clackamas.........503-655-8430
Clatsop .............503-325-8500
Columbia ..........503-397-4651
Coos .................541-756-2020
…………………………….ext. 510
Crook ...............541-447-5165
Curry ................541-247-3300
Deschutes.........541-322-7400
Douglas ............800-234-0985
Gilliam..............541-384-2061
Grant................541-575-0429
Harney .............541-573-2271
Hood River........541-386-1115
Jackson ............541-774-8209
Jefferson...........541-475-4456
Josephine .........541-474-5325
Klamath ............541-882-8846
Lake ..................541-947-6045
Lane..................541-682-4041
Lincoln .............541-265-4112
Linn...................541-967-3888
Malheur.............541-889-7279
Marion...............503-584-4870
Morrow..............541-676-5421
Multnomah.........503-988-3674
Polk...................503-623-8175
Sherman ...........541-506-2600
Tillamook ..........503-842-3900
Umatilla.............541-278-5432
Union ................541-962-8801
Wallowa ............541-426-4848
Wasco...............541-506-2600
Washington........503-846-3594
Wheeler ............541-763-2725
Yamhill..............503-434-7525

**If you have a disability and need this document in an alternate format, call**
**(971) 673-1222**
**(971) 673-0372 TTY**

2-29-08

*SPECIAL NOTE FOR PREGNANT WOMEN: There is little data about side effects from the use of this drug during pregnancy. If the mother of an unborn baby takes doxycycline, staining of baby teeth or poor bone development can result. There is a remote chance of severe liver disease in some pregnant women.*

**Precautions**

- Be sure to tell the doctor if you are allergic to any medicine.
- It is very important to tell the doctor the names of ALL medicines that you are currently taking even pills bought at the store such as vitamins and antacids.
- Doxycycline can make skin very sensitive to the sun which increases the chance of getting severe sunburn. Avoid the sun as much as possible. When outside, wear a long sleeve shirt and hat and always apply sunscreen (30 SPF).
- Birth control pills may not work as well when taking this medication. Be sure to use condoms or another form of birth control until you are finished the entire course of treatment. If you are pregnant or breastfeeding, tell your doctor.
- In women, doxycycline can cause vaginal itching and discharge commonly known as a yeast infection. Tell your doctor if this happens.
- Tell the doctor if you have ever had problems with your liver or kidneys, or if you have frequent heartburn.