EHHD MEDICAL COUNTERMEASURES / POD PLAN

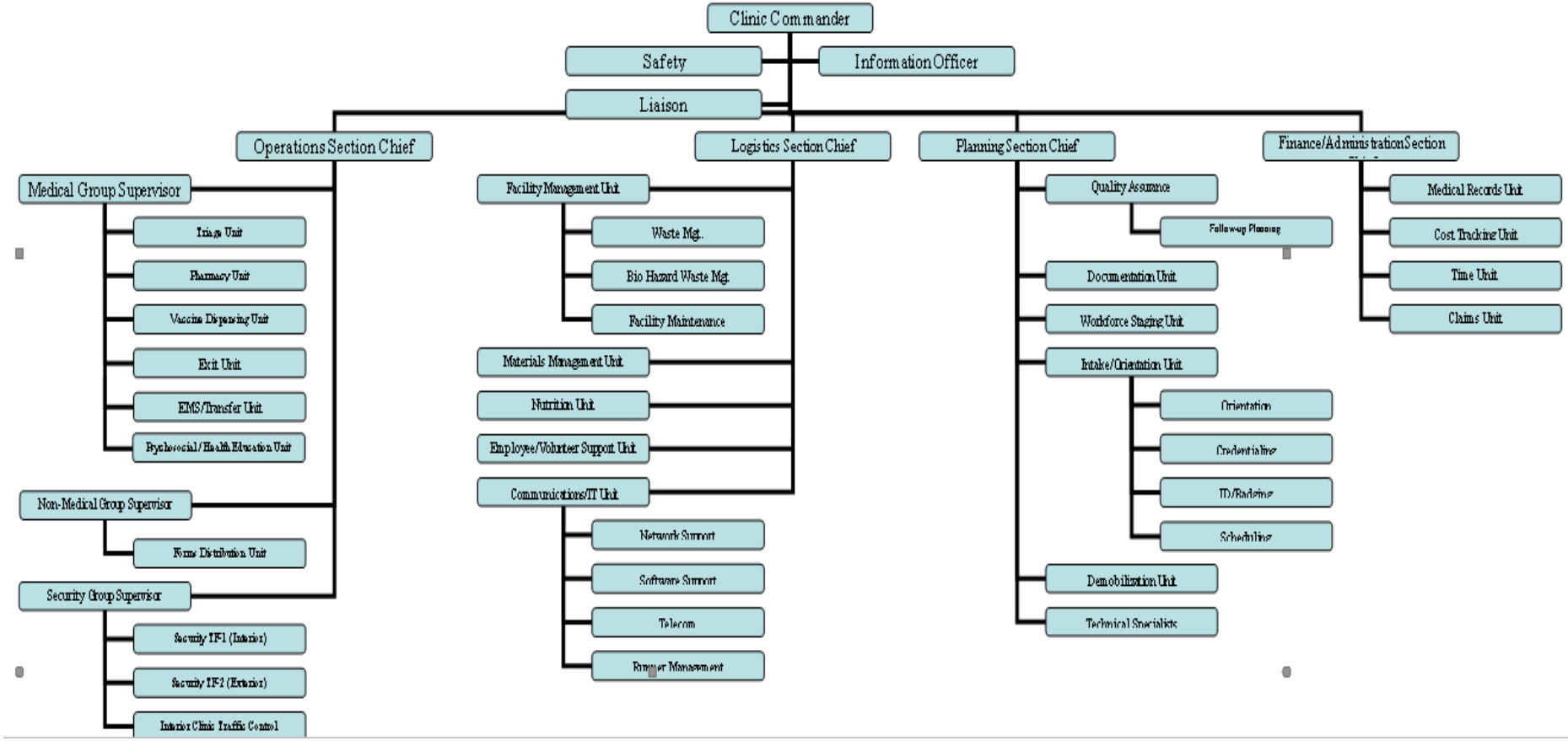
Updated June 2026

MCM / POD ORGANIZATIONAL CHARTS

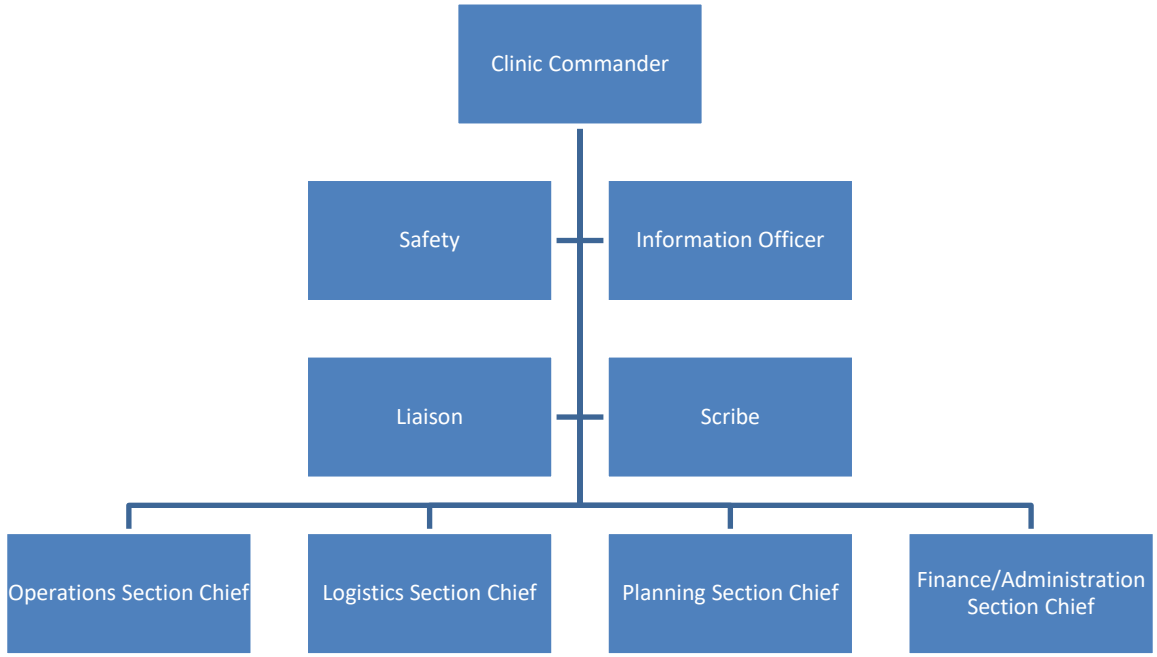
EASTERN HIGHLANDS HEALTH DISTRICT

P.O.D. CLINIC ORGANIZATION CHARTS

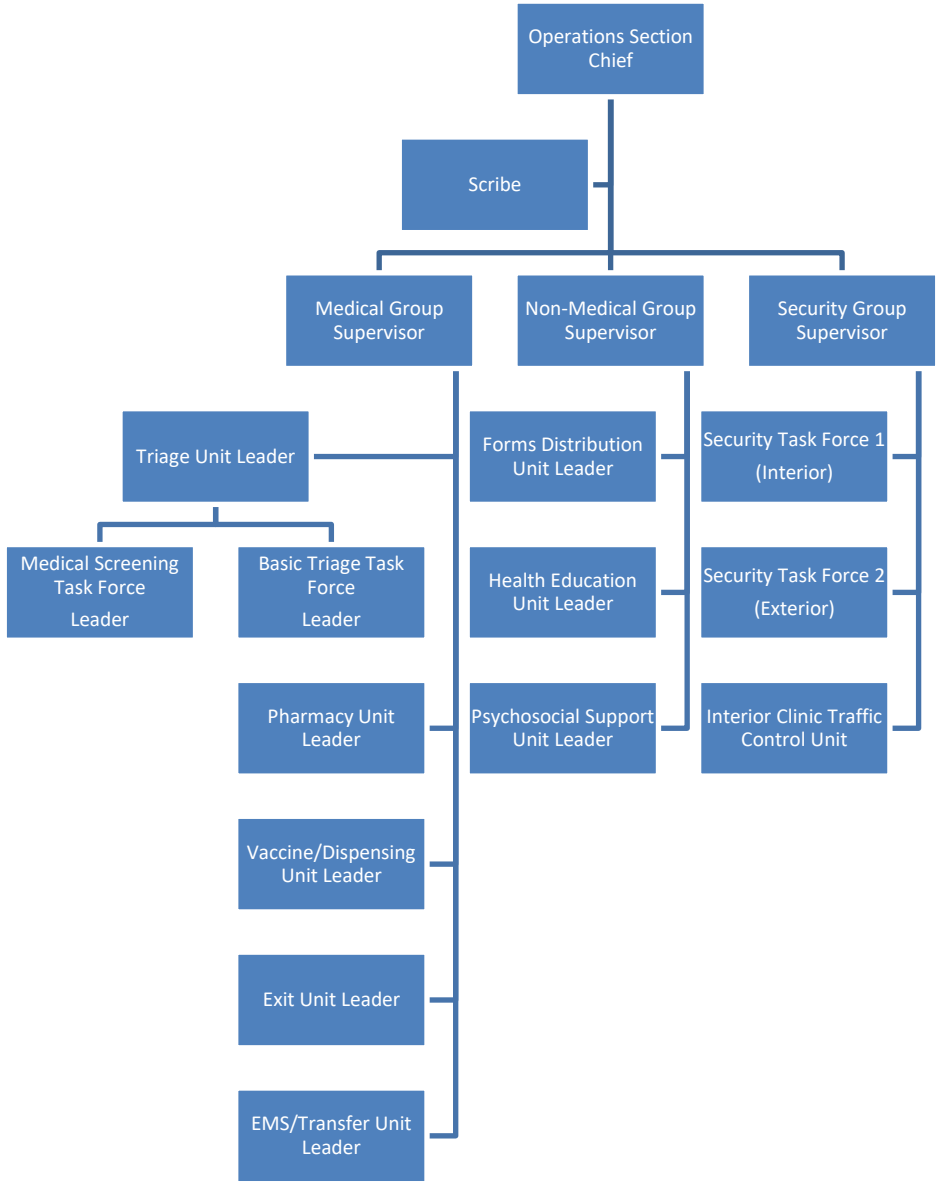
General Layout for Antibiotic or Vaccine Dispensing Clinic



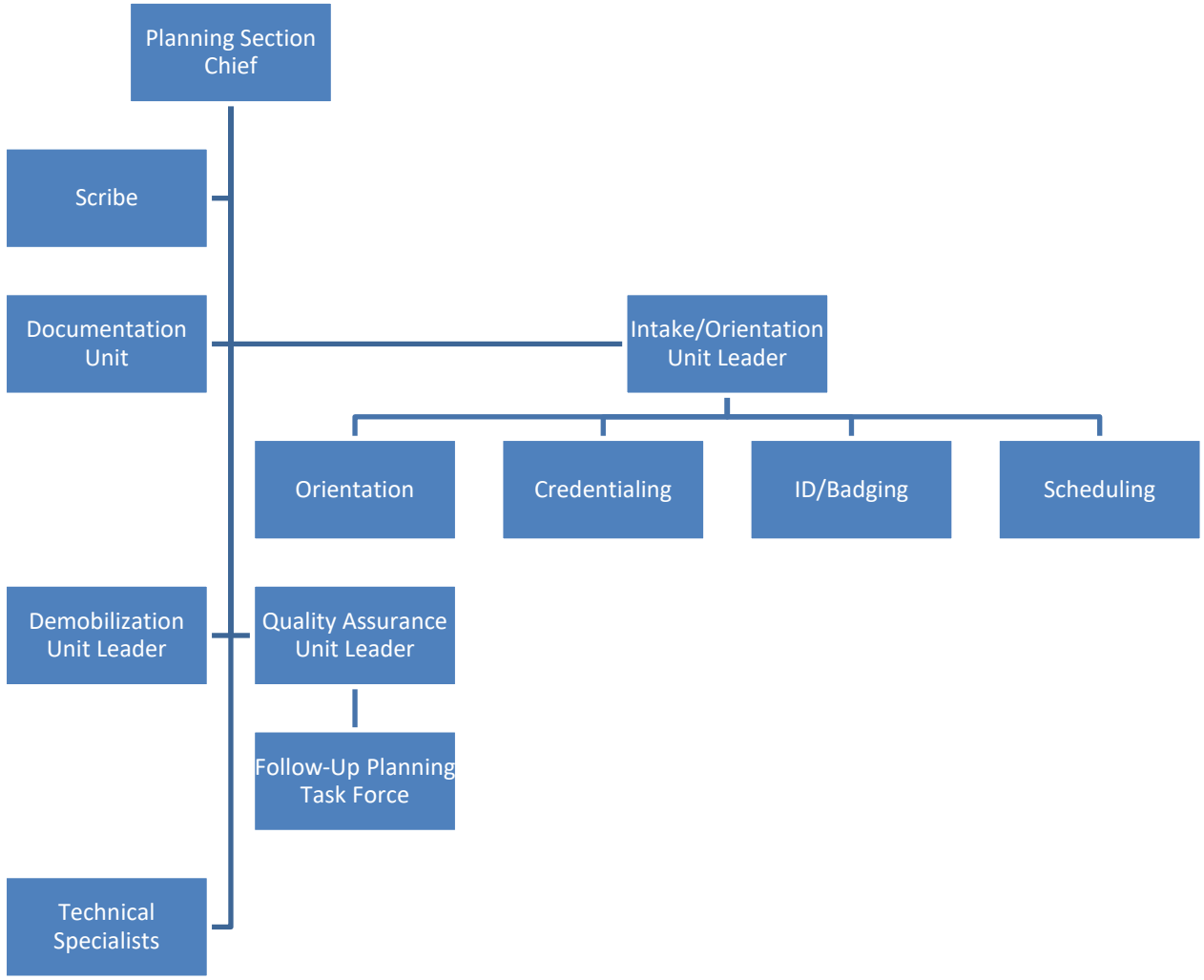
CLINIC COMMAND and GENERAL STAFF POSITIONS



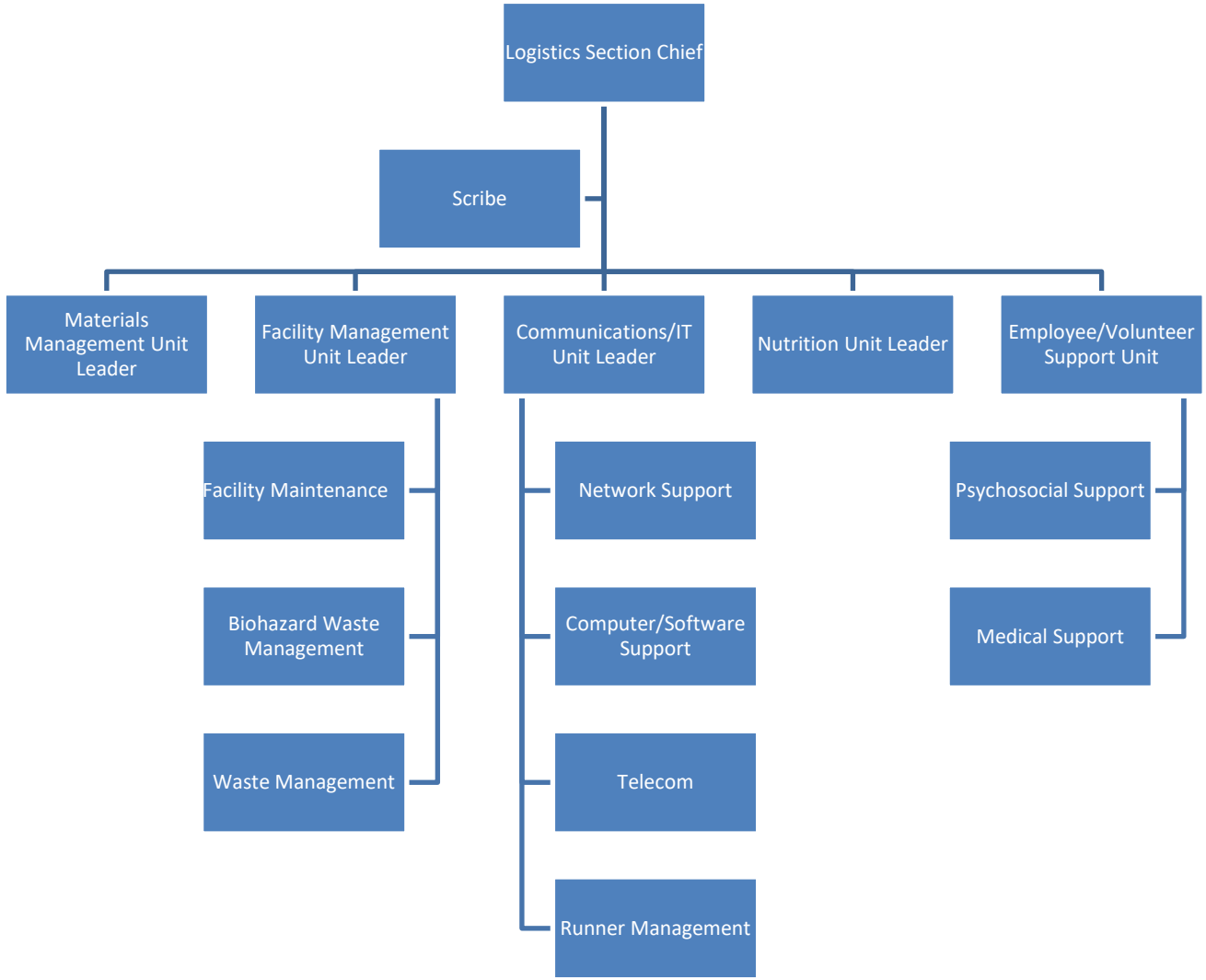
OPERATIONS SECTION



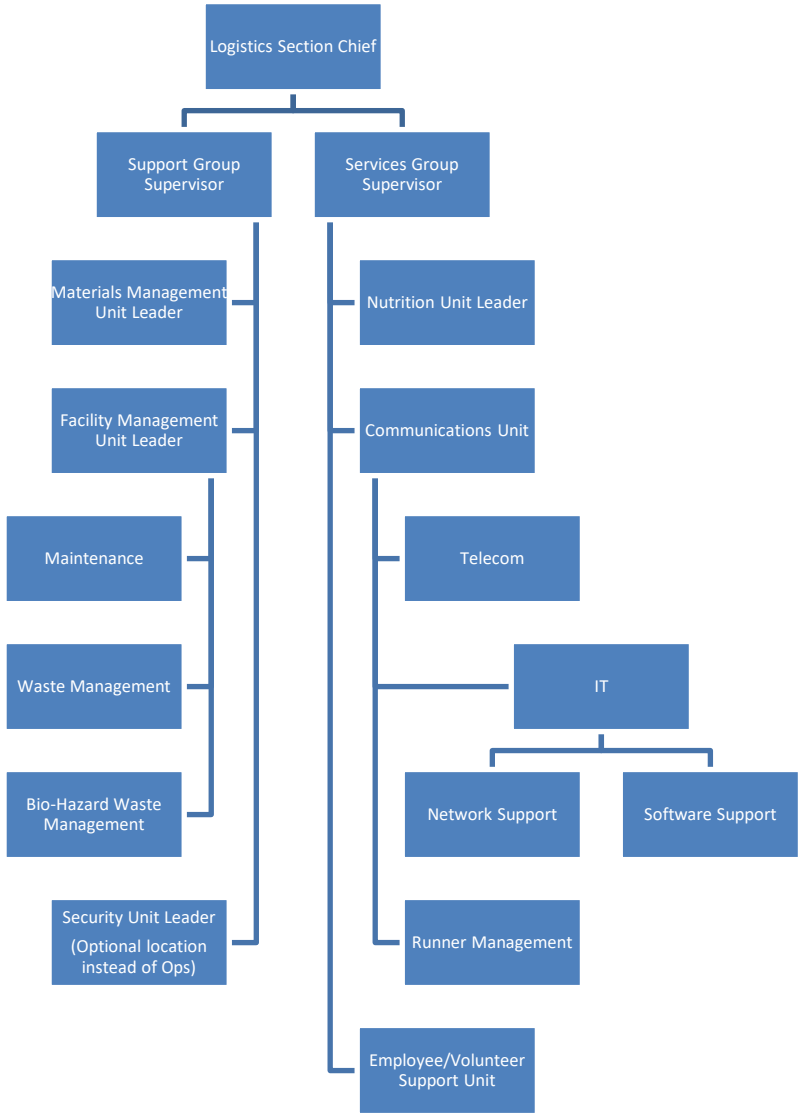
PLANNING SECTION



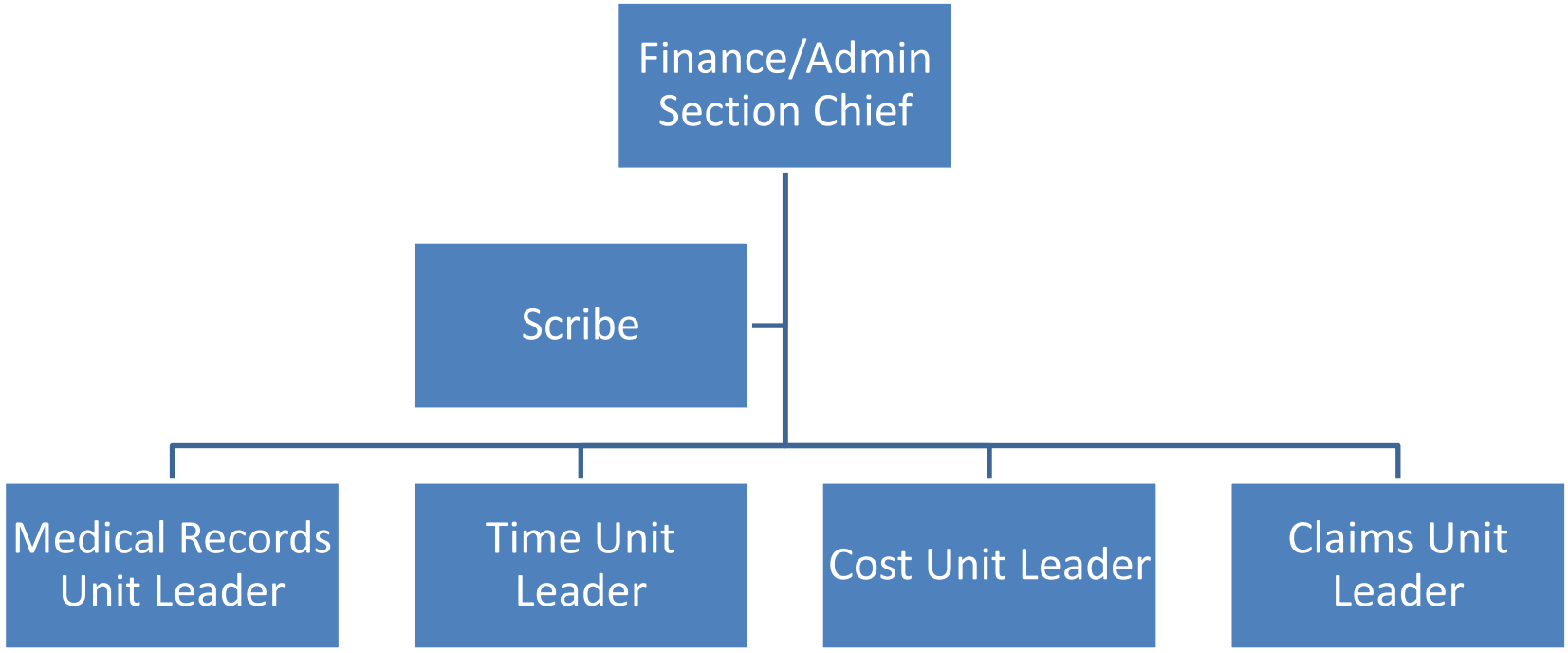
LOGISTICS SECTION



ALTERNATE LOGISTICS SECTION



FINANCE/ADMINISTRATION SECTION



Operational Notes

Flow and Station Placement

There will be a clinic diagram at each station to show the *patient "You are here."*

Each clinic area will have an assigned runner, wearing a distinctive color vest. Medication Distribution Stations will be spaced to allow for privacy. Patient Education and Support will be in a separate area, screened off from the clinic floor, or in adjoining room, but with clear, visible signage.

If needed; EMT will also do clinical screening for skin lesions, and have a private area, either in an adjoining room or in a screened off area. EMT's will initially utilize their own supplies for patient care. The District will back fill EMT supplies as soon as possible.

A Greeter will direct patients into a Forms Completion Area, from the lobby/waiting area as the area clears. Patients or Head of Households will complete registration documents in this area.

Supplies/Facility Station

Under the direction of the Logistics Section Chief, the Facility Manager will establish a designated Supply Station, with extra forms, and other needed medical supplies. The Supply Station will also be provided with a copier/printer, iPad and a laptop. Any problems with the facility should be reported to the Facility Manager at that location. Calculators will be provided to pharmacy. Training for Leadership positions will be conducted the day before clinic opening. This training will include an overview of clinic flow, implementation plan, ICS structure, and a more comprehensive train- the-trainer session. Position Leaders will review all forms, instructions, reference and resource material and Job Action Sheets. Position Leaders will conduct Just-in-Time Training for staff on the day before or the day of a clinic. They will also collect all their own supplies for their section

When a full staff meeting is convened on the opening day of the clinic, the Incident Commander will give a brief update on the situation and make introductions. Leaders will meet with their staffs in separate rooms for Just-in-Time training for at least one hour. This time will be spent on specific staff instruction. Everyone will review the patient forms to get a better understanding and to have a chance ask questions. Staff will then proceed to set up their own areas.

2. Drive-Thru Point of Dispensing "POD" Plan

DRIVE-THRU PODS

I. PURPOSE

The purpose of this guide is to offer an alternate method of dispensing life-saving medication in a health emergency to the entire population of Mass Dispensing Area #40 within 48 hour of the decision to do so. This guide is in no way attempting to replace the traditional method of the use of Points of Dispensing (PODs) for dispensing medication in a health emergency, the alternate methods contained in this guide are to be used in **addition** to PODs.

II. POLICIES

The Eastern Highlands Health District (EHHD) and Mansfield Emergency Management Agency (EMA) will develop and maintain a facility, location and point of contact information for an alternate method of dispensing (Drive-Thru PODs, Mobile PODs, and Closed POD/Business Dispensing) in addition to traditional PODs. Activation of the dispensing system of the MDA #40 - SNS plan initiates full-scale general public mass prophylaxis/vaccination.

III. SITUATION

During a full-scale general public mass dispensing/vaccination campaign, the POD remains the foundation for mass dispensing/vaccination. However to be successful in providing dispensing/vaccination to the entire population of MD #40 within 48 hours, it will necessary to use various methods of dispensing.

The plan that follows has been developed, and a location has been determined. This alternative dispensing site **could** be implemented at the existing POD location; however, that may complicate operations in the primary POD. An alternate site at the Mansfield Middle School has been reviewed and provides the necessary space and traffic patterns to accomplish the dispensing.

Whatever site is chosen, there will be a need to a significant amount of additional signage and equipment to execute the plan. Planning continues on the plan's details and training and exercising has not yet been accomplished.

IV. CONCEPT OF OPERATIONS A. DRIVE-THRU PODS
The drive-thru POD will have two (2) vehicle lanes: Express and H.O.V. The Express Lane is reserved for vehicles with passengers, motorcycles, mopeds, or bicycles. The H.O.V. Lane will be reserved for all vehicles with 6+ passengers. Examples may include school buses, municipal buses, or senior transport vehicles. If an additional lane is needed, the Drive-Thru POD Manager, in consultation with the Drive-Thru POD Traffic Control Unit Leader will inform the Public Health Operations Unit (at EOC) and Drive-Thru POD Operations that an additional lane will be open; the Drive-Thru POD Logistics will be notified

so that they may anticipate additional request for SNS assets. The request for supplies will follow normal operating procedures.

1. STEP ONE - FILL IN FORM

Step One is the first stop of the drive-thru POD and involves getting people into the stream. This station includes but not limited to; form distribution; fact sheet distribution; the completion of any paperwork.

Positions involved in this step include:

- Drive-Thru POD Traffic Control
- Drive-Thru POD Security
- Drive-Thru POD Greeter
- Drive-Thru POD Runner

Duties include but not limited to:

- Directing traffic;
- Distributing forms to patients;
- Distributing educational brochures or FAQ sheets to patients;
- Answering questions about POD drive-thru operations

2. STEP TWO- SHOW FORM

Step Two the second stop of the drive-thru POD involves sorting and classifying patients within the drive-through clinic to optimize resources

Positions involved in this step include:

- Drive-Thru POD Traffic Control
- Drive-Thru POD Registrars
- Drive-Thru POD Health Screeners
- Drive-Thru POD Runner
- Drive-Thru POD Sick Assessment
- Drive-Thru POD Mental Health Specialist

Duties include but not limited to:

- Triaging of vehicles
- Sick assessment, directing symptomatic patients to treatment center/hospital
- Route the vehicles to the appropriate lanes: Express Lane or H.O.V. Lane
- Checking the forms for legibility, accuracy, and completeness
- Placing appropriate placards to the vehicles' windshield

3. STEP THREE- PICK UP MEDICINE

The third stop of the drive-thru POD involves preparing and dispensing medication or delivering prophylaxis to the public.

Positions involved in this step include:

- Drive-Thru POD Traffic Control

- Drive-Thru POD Pharmacy Support
- Drive-Thru POD Dispenser/ Vaccinators
- Drive-Thru POD Runner

Duties include but not limited to:

- Dispense antibiotics as per health department regulations and Standing Orders
- Dispense vaccinations as per health district regulations and Standing Orders
- Checking the forms for allergies or any contraindications

4. STEP FOUR- TURN IN FORM & EXIT

Step Four is the final stop of the drive-thru POD involves moving the public out of the drive-through flow, as well as providing any necessary follow-up information and collecting patient's data forms.

Positions involved in this step include:

- Drive-Thru POD Traffic Control
- Drive-Thru POD Runner

Duties include but not limited to:

- Complete a final review of form for accuracy and completeness
- Collect patient's data form for data entry
- Distribute any follow-up information

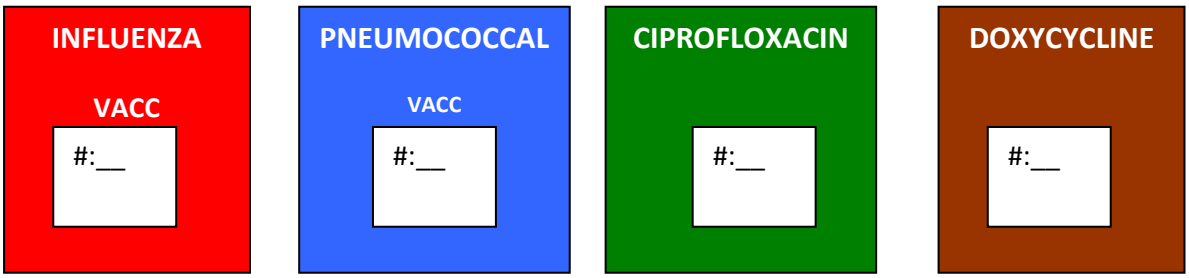
Note: At every step, volunteers and staff will provide educational opportunities to the patients. For example, at Step One, handouts can be provided or FAQ sheets that educate the public on why they are there. Step Two educational materials may include information on the prophylaxis used, signs and symptoms of the disease, and sites or locations where additional information can be obtained. At Step Three, reminders can be made to the patient on the importance of complying with the drug regimen and to stress the danger of overmedication. Step Four materials may include contact information of the health district or to inform the patient that they need to see their healthcare providers if symptoms appear or continue to progress or if the patient experiences a medical emergency.

B. PLACE CARDS

The place cards are visual, "semaphore-like" items for use by the drive-thru POD staff and volunteers that will signify what type of prophylaxis is needed and the expected quantity. The placard will be placed on a vehicles' windshield at Step Two by the Drive-Thru POD Registrars. This will save time as the Drive- Thru POD Pharmacy Support at Step Three can ready the appropriate medication/prophylaxis.

Note: The place cards are 8 ½" x 11", laminated. A dry-erase marker should be used to write the quantity expected or you can use Velcro to affix the numbers.

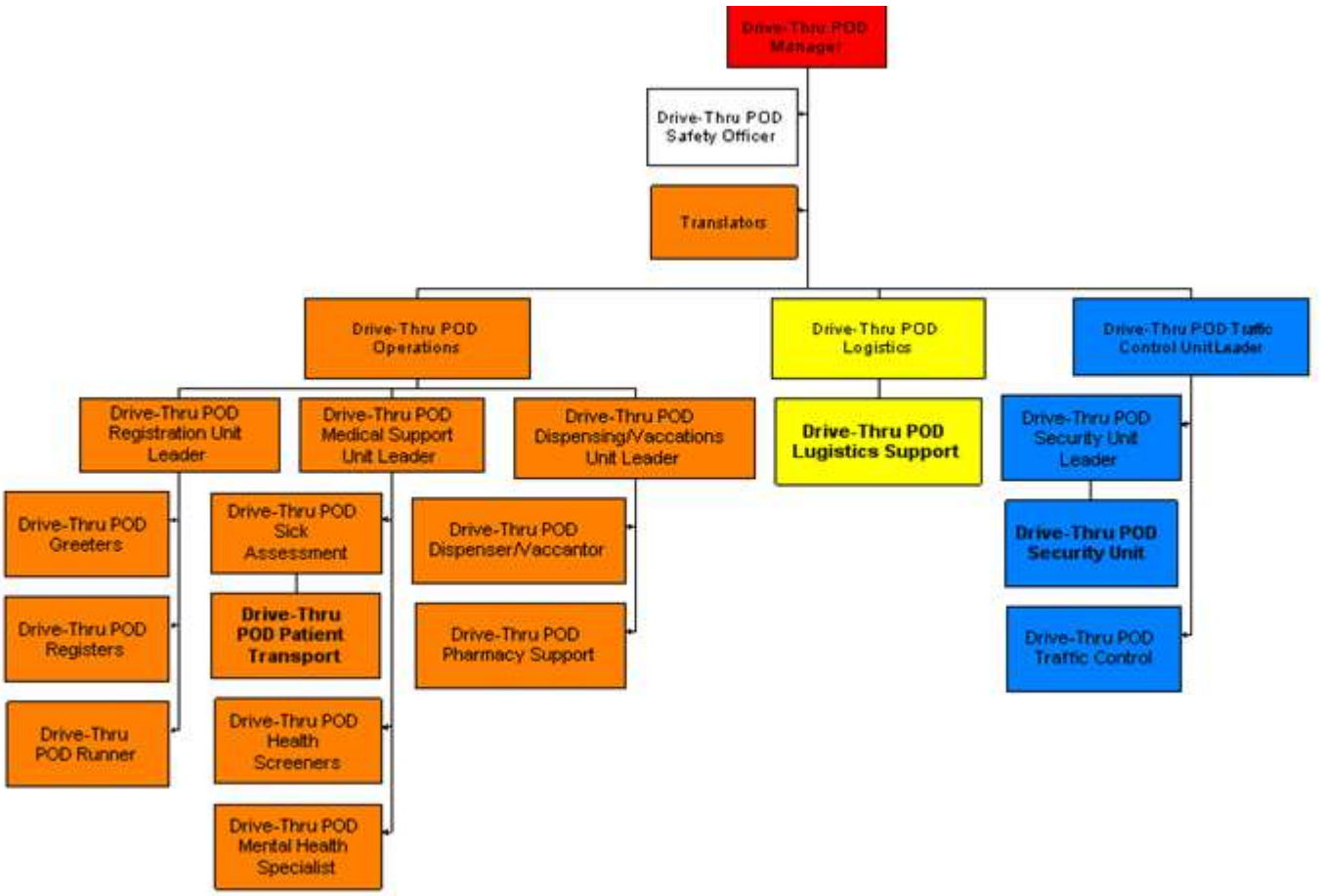
An example is provided below.



C. INVENTORY MANAGEMENT AND REORDERING

The Drive-Thru POD Logistics Section will be responsible for maintaining a standing inventory and will check inventory assets on a regular, or at least, an hourly basis; when the supplies on hand reaches 25% of an item or there is less than a 4-hour supply (based on current usage), they will contact the Drive-Thru POD Manager who will work with the Public Health Operations Unit at the EOC to coordinate re-supplies with RDS to obtain the necessary supplies for continued Drive-Thru POD operations.

D. DRIVE-THRU POD ORGANIZATION CHART



E. DRIVE-THRU POD VEHICLE FLOW CHART

DRIVE THROUGH POD STAFFING

Position	Station	Responsibilities	Qualifications	# Per Shift
Drive-Thru POD Manager	Command	To organize and direct all aspects relating of the Dispensing site	PHRN,MD Mass clinic mgmt	1
Translators	Roving	To assist with verbal and non-verbal communication	Certified Translator	1+
Drive-Thru POD Safety Officer	Roving	To address safety issues identified by staff, volunteers, and other operating at or near the Drive-Thru POD.		1
Drive-Thru POD Operations	Roving	Directly oversees the drive-thru operation to ensure appropriate implementation of procedure and guidelines, maintain efficient drive-thru flow		1
Drive-Thru POD Health Screener	Step 2 Triage	Perform initial health screen on the public, redirecting symptomatic people to treatment	RN, MD, or Paramedic	2+
Drive-Thru POD Medical Support Unit Leader	Step 2 Roving	Directly oversees the patient services activities, Sick Assessment, Health Screeners, and Mental Health Specialist	RN, MD, or Paramedic	1
Drive-Thru POD Sick Assessment	Step 2 Triage	To quickly and accurately assess symptomatic patients and direct seriously ill patients to treatment facility	RN, MD, or Paramedic	1+
Drive-Thru POD Patient Transport	First Aid & Emergency Station	To provide emergency care to clients and personnel in the event of injury or sudden illness, to provide patient transport to seriously ill patients	Paramedic, EMT	4
Drive-Thru POD Runner	Roving Step1 (Greeters)	To ensure a continuous supply of POD Packets to Greeters, assist with directing patients	Administrative or Volunteer	2+
Drive-Thru POD Registration Unit leader	Step 2 Registration Area	Directly oversees the distribution of the Patient Medical History and Consent Form,	PHRN	1
Drive-Thru POD Registers	Step 2 Registration Area	To assist in the completion of the Patient Medical History and Consent Form, and answer any patient questions	Administrative or volunteer	4+
Drive-Thru POD Logistics	Logistics	To ensure the dispensing site has adequate levels of supplies	Medical supply knowledge	1
Drive-Thru POD Logistic Support	Logistics	To ensure the dispensing site stations have adequate levels of supplies	Medical supply knowledge or volunteer	2+

Position	**Station**	**Responsibilities**	**Qualifications**	**# Per Shift**
Drive-Thru POD Mental Health Specialist	Roving	To ensure that all clients and staff have access to special need or crisis intervention services	SW or CISM certified	2
Drive-Thru POD Runner	Step 2 Registration Area	To assist Registers as needed, assist with directing patients	Administrative or volunteer	2+
Drive-Thru POD Dispensing Unit Leader	Step 3 Dispensing/ Vaccinations	Directly oversees that patients are provided with the correct dosage of medication	RN, MD	1
Drive-Thru POD Dispensers/Vaccinators	Step 3 Dispensing/ Vaccinations	To provide each patient with the correct dosage of medication	RN, MD, or Paramedic	6+
Drive-Thru POD Pharmacy Support	Step 3 Dispensing/ Vaccinations	Assess the patients forms for contraindications to the medication and to provide each patient with the correct dosage of medication	Registered Pharmacist, Pharmacy technician	6+
Drive-Thru POD Runner	Step 3 Dispensing/ Vaccinations	To collect completed antibiotic packages and deliver them to dispensers	Administrative or Volunteer	6+
Drive-Thru POD Traffic Control Unit Leader	Roving	To ensure appropriate and orderly patient flow	Security officer or Law enforcement	1
Drive-Thru POD Greeters	Step 1	Greet, direct, answer non-medical questions, and distribute POD Packets to patients	Volunteer	4+
Drive-Thru POD Runner	Step 4 Exit	To assist patients as needed, Verifies each client has completed the medication dispensing process completely and accurately.	Volunteer	3+
Drive-Thru POD Security Unit Leader	Roving	To oversee the security operations at the Dispensing Site	Security officer or Law enforcement	1
Drive-Thru POD Traffic Control	4 at Step 1 2 at Step 2 6 at Step 3 2 at Step 4	To maintain traffic control inside and outside dispensing site	Security officer, Law enforcement, Volunteers	14+++
Total staff				**68+++**

Note: + may require more staff than indicated

List of Supplies Per Station

(Outdoor Clinic)

STATION 1

	Sign "Check In" Station 1
	1 table
	2 chairs
	1 pad post it notes
	Clipboards
	Pens
	Questionnaire Forms
	Consent Forms
	Health Emergency Fact Sheets
	Two-way Radio

	Sign "Station 1, TRIAGE"
	Vest
	1 table
	2 chairs
	4 pens
	1 pad post it notes
	3 green "OK" stamps
	Two-way Radio

Sick Assessment (1 stations)

	Sign " Station 1A, MEDICAL TRIAGE"
	Vest
	1 table
	2 chairs
	4 pens
	1 pad post it notes
	2 red "Treatment" stamps
	2 green "OK" stamps
	Two-way Radio
	Sign "Registration"

	2 tables
	4 chairs
	3 dozen pens
	Two-way Radio
	4 staplers
	6 boxes staples
	10 hi-liters
	HIPAA forms
	20 Clipboards
	2 boxes markers

Dispensing (6 stations at four tables)

	Sign "Pharmacy"
	4 tables
	6 chairs
	10 pens
	3 boxes Kleenex
	6 table covers
	3 garbage container

	3 sharps container
	3 boxes band aids
	3 box 1 ½" needles
	50 vials vaccine
	6 Red "OK" stamps
	Two-way Radio

Emergency Station (1)

	1 table
	2 chairs
	1 sign "First Aid"
	3 ampoules of Epi
	5 TB syringes
	1 box alcohol wipes
	1 oxygen tank

	1 thermometer
	1 tourniquet
	2 stethoscopes
	1 flashlight
	1 cot with blanket
	Two-way Radio

Exit Station (1)

	Sign "Exit"
	6 file boxes
	Two-way Radio

Drive-Thru Command Post (1)

	10 pens
	3 post it pads
	1 stapler
	1 roll scotch tape
	1-box paper clips
	1 tape dispenser
	3 Notebooks
	100 garbage bags
	1 copier

	1 fax machine
	1 cell phone
	1 pair scissors
	Bottles water
	Two-way Radio
	1 Bullhorn
	Blue Tape
	"Caution" Tape

Mental Health Consultation (2)

	2 tables
	1 sign "Station 5B, Consultation"
	4 Chairs
	Two-Way Radio

Runner (13+)

	3 tables
	Water
	Snacks
	Pens

Drive-Thru Clinic Supplies By Clinic Location

Location _____ Date _____

Consumable Office Supplies (must be pre and post inventoried):

Qty Needed:	Description	# Out (pre-inv)	Initials	Addtl rec	# In (post-inv)	Initials
1000	Ink Pen Black					
500	Ink Pen Red					
50	Post It Note Pad					
100	Staples-Box					
50	Hi-Lighter Marker-yellow					
50	Black Marker-Box					
50	File Box					
20	Scotch Tape Roll					
10	Paper Clips-Box					
1000	Garbage Bags (33gal)					
10	Notebook-Lined Paper					
10 Boxes	Snacks					
15 Rolls	Duct Tape					
50 Cases	Water					
20 rolls	Yellow Caution Tape (1,000 ft roll)					
	Batteries					
	Stamp Pad Ink Red					
	Stamp Pad Ink Green					

Re-Usable Office Supplies (must be checked back in at end of event)

Qty Needed:	Description	# Out (pre-inv)	initials	Addtl Rec	# In (post-inv)	initials
10	"OK" Stamp-Green					
10	"OK" Stamp-Red					
10	Stapler					
10	Scotch Tape Dispenser					
5	Scissors					
100	Flashlight					
2	Calculator					
500	Clipboards					
20	Trash Cans (33gal)					
30	Tables					
100	Chairs					
100	Traffic Cones					
10	Red Vests					
10	White Vests					
20	Green Vests					
30	Orange Vests					
30	Blue Vests					
10	Gray Vests					
5	Yellow Vests					

Consumable Medical Supplies (must be pre and post inventoried)

Qty Needed:	Description	# Out (pre-inv)	initials	Addtl Rec	# In (post-inv)	initials
3	Facial Tissue-Box					
6	Table Cover					
3	Adhesive bandages-Box					
3	Latex Free Gloves-Box					
3	Antibacterial Hand Cleaner					
4	Alcohol Wipes-Box					
3	Syringes-1" Needles-Box					
1	1 1/2" Needles-Box					
85	Vaccine Vials					
3	Ampoules Epi					
5	TB Syringes					

Re-Usable Medical Supplies (must be checked back in at end of event)

Qty Needed:	Description	# Out (pre-inv)	initials	Addtl Rec	# In (post inv)	initials
3	Sharps Containers					
3	Blood Pressure Cuff					
1	Oxygen Tank					
3	Oxygen Tank Tubing & Mask					
1	Thermometer					
3	Adult Pocket Mask w/ one way valve					
1	Tourniquet					
2	Stethoscope					
1	Spray Bottle-Bleach					

Forms (be sure there is an adequate beginning inventory)

Qty Needed:	Description	# Out (pre-inv)	initials	Addtl Rec	# In (post inv)	initials
	VIS Forms					
	Screening Forms					
	HIPAA Forms					
	Side Effects Forms					
5	Incident Report Forms					
1000	Emergency Prep Hand Outs					
	1/2 Sheet Registration Form (demo)					
12	Tents printed "Please Leave Pens Here"					
12	Sample Forms, Laminated					
	Supply Requisition Forms					

General Equipment (must be checked back in at end of event)

Qty Needed:	Description	# Out (pre-inv)	initials	Addtl Rec	# In (post inv)	initials
22	6' Table					
164	Chair					
11	2-way Radio					
2	Television					
2	VCR/DVD Player					
1	CDC Video					
2	Cooler/Ice Chest					
1	Folding Cot					
1	Blanket					
1	Water Cooler					
1	Laptop Computer					

1	Copy Machine					

Qty Needed:	Description	# Out (pre-inv)	initials	Addtl Rec	# In (post inv)	initials
1	Fax Machine					
1	Cellular Telephone					
2	A-Frame Wood Sign					
1	White Board "Stop" Sign					
1	White Board Arrow Sign					
1	Portable Sound System					
1	Bullhorn					
2	Divider/Screen set					
5	Garbage Containers					
	Caution Tape Roll					
	Blue Tape Roll					

Signs (must be checked back in at end of event)

Qty Needed:	Description	# Out (pre-inv)	initials	Addtl Rec	# In (post inv)	initials
1	Check In (large white plastic)					
1	Registration (large white plastic)					
1	Form Check (large white plastic)					
1	Information (large white plastic)					
1	Medical Review (large white plastic)					
1	Pharmacy (large white plastic)					
1	Waiting (large white plastic)					
1	First Aid (large white					

	plastic)					
2	Data Entry (8 1/2 X 11 laminated)					
2	Flow Monitor (8 1/2 X 11 laminated)					
2	Special Needs (8 1/2 X 11 laminated)					
2	Clinic Command Post (8 1/2 X 11 lam)					

OTHER:

Qty Needed:	Description	# Out (pre-inv)	initials	Addtl Rec	# In (post inv)	initials

3. Staff Call Down Procedures

EASTERN HIGHLANDS HEALTH DISTRICT

Staff Call-Down Procedures

1. Staff are alerted on a quarterly basis using the Everbridge® system.
2. The office manager and/or Emergency Preparedness Coordinator will activate the system using text messages, email the text-to-speech software to call staff persons on their cell phones.
3. Calls are often made after hours to drill the use of the system.
4. Staff are asked to respond to the alert by replying to a text message their status – available – unavailable, etc.
5. Everbridge® automatically generates a report of the messages.
6. In the event of a real response, this system would be used to assemble a command staff to assist the Incident Commander or Medical Branch Chief, depending on the structure of the response.

4. POD/RDS Training Materials & Local EP Planning Committee

TRAINING PLAN

- Training of staff and selected volunteers in management of the Regional Distribution Site Plan. This will include training in receiving SNS materials, setting up and operating a warehouse, inventory controls and reporting. The training will involve a Tabletop Exercise and a Drill to establish competencies in SNS materials management.
- Initial Seminar training for EHHD staff, including tabletop training and a "walk-through" drill concerning the operation of a Drive-Through- POD.
- Initial Seminar training for EHHD staff, tabletop training and a "walk-through" drill concerning the operation of a Closed Pod (Push- POD).
- Additional training assets have been acquired through CADH and Yale University for JIT at a POD. EHHD staff will participate in these training programs.

Point of Dispensing (POD) Operations Guide
Staff Training Information

Table of Contents

Part One: Overview

1. Purpose of this Guide: This is a companion guide to the information you will receive in a general briefing and 1 -quick answers in an easy-to-use reference manual for all staff and volunteers working in a mass dispensing setting or Point of Dispensing clinic, called a POD. Additional materials will be provided to you specific to the situation and your own assignment.

The two most important things to remember are: Your Job Action Sheet (JAS) defines your own role. The Incident Command System is key to ensure good communication flow and efficient operation. Know your own supervisor and go to him/her with all questions and concerns.

2. What is a POD- Point of Dispensing clinic?

A POD is the response taken by the public health system to protect the health of the most people in the shortest possible time when there is a threat of a disease that can be prevented by medications.

It is not a medical setting where disease is treated. Sick people should not come to the POD. If they do, they will either be turned away before entering the POD and told to see their doctor or they will be transported to the hospital by ambulance if appropriate.

The goal is simple: get the medications to the people as quickly as possible. This goal is often referred to as "Pills in People."

3. Nature of the Emergency

You will be told the specifics of the situation triggering the activation of this POD, including:

Biological Agent:
Number of People exposed:
Incubation Period:
People to provide meds to in this setting:
Further risks anticipated:
Prophylaxis/Medication being administered or dispensed:

4. Activation/Mobilization

A POD can be activated whether or not a state of emergency has (has not/'will be) been declared by the Governor. In this case, a state of emergency (has/has not) been declared. The Public Health Emergency Response Act is (is not) in effect.

The POD will open at _____ on _____ and is expected to operate _____ .hours a day for at least _____ days.

When the mission of the POD is accomplished or a determination is made by the Incident Commander, the POD will be closed and the demobilization process will take place according to a plan that will be developed.

5. Priority Prophylaxis

Prophylaxis or prevention of disease is the purpose of the POD. To ensure that workers are protected first, as well as other essential personnel, we use a system that give first priority to POD workers, their families and Fire, Police, and EMS personnel.

You will receive medications for yourself and your family at _____

6. Incident Command System (ICS)

The organizational chart explains the command and control system used in the POD. It helps to assure that the POD runs efficiently. Find your job title in the chart. Identify who you report to and who reports to you. Each position has a Job Action Sheet (JAS) that explains the role you will play in the POD.

7. Safety and Security

We are very concerned that the POD runs safely for all patients and workers. There is a Safety Officer and Security Staff. If you have any concerns about safety or security issues, please inform your supervisor as soon as possible. Your supervisor will explain to you how to summon police or the EMT from your specific location.

Part Two: Operation of POD

8. Facility

The map of the facility shows the POD stations and the direction of patient flow. Also marked on the map are locations for the worker intake area where you will sign in and receive your ID, orientation areas, worker break room, the area where cell phones can be used, the telephone room where hard lines are available for use during breaks or at the end of shifts.

9. Clinic Flow: The flow chart shows the **clinic stations** and what function is performed at each one and who (by job title) performs that function.

The people coming through the POD will fill out patient forms to determine what medication they should receive. You should fill out that form as part of your training. You will use this form to get medications for yourself and your family. Filling out this form yourself will help you to understand the process.

10. Communications:

Internal

Communications in a POD must be very closely regulated. Your supervisor will explain how you will communicate with him/her while you are doing your job.
Methods: radio, cell phone, runners, whistle, flags
Content: Need for help (EMT, Police, Psychosocial Support), break, resupply, questions about process
Who to communicate with: Usually within the ICS structure, you will communicate only with your supervisor or subordinates. This is a safe assumption unless you are given different instructions.

External

Please turn off your cell phones while at your station. When you are on break, you can go to the cell phone area to call home. Please be very sensitive about information you share with anyone, including your own family about anything going on at the POD. For example, do not say how long lines are, if there have been problems, or if you saw people you know. We have learned from recent experience that information can be mishandled and widely disseminated very quickly, even when it seems innocent or well-intentioned. The Public Information Officer will release information to the media on a regular basis after it is approved by the Incident Commander and that should be the only information that comes from the POD.

ll. Communications with the Public

All patients (including you) will be given a Patient Information Sheet. You should read this and become familiar with it. Most questions you will get can be answered by referring to this.

IT IS CRUCIAL THAT YOU DO NOT GIVE OUT ANY OTHER INFORMATION.

Other questions that you can safely answer involve the process. "Where do I go from here?" types of questions can be answered by referring patients to the "You are here" maps that will be posted throughout the POD.

There are several stations in the POD where questions can and will be answered. Some people will be directed, upon review of their completed forms, to Medical Evaluation where many questions will be answered.

The Health Education and Psychosocial Support Stations can provide information to people who may or may not have been through the Medical Evaluation station. Anyone can direct a person to Health Education and Psychosocial Support. Just show them where it is on your map. All people exiting will pass the Health Education station.

12. People with Special Needs

People who need help because they have mobility, hearing, vision, literacy or language problems will be directed at the entrance to a Special Needs area. They will receive their medications and then exit from this self-contained area.

13. People with Emotional/Behavioral Health or Mental Health Needs

Some people may exhibit signs of not coping well with this process. For example, they may be anxious, tearful, or unruly. The Psychosocial Support Unit is designed to provide reassurance and assistance to them and to remove them from the line where their questions or behavior could slow down the process or upset other people. The Psychosocial Support Unit will have staff in purple vests roaming around keeping an eye out for this type of problem.

Any staff member or volunteer can let people know that this resource is available. The person would be helped at this station and then can be assisted to rejoin the process as appropriate.

Part Three: Job Specific Information

14. Unit Training

After the general briefing and shortly before your shift begins, you will meet with your supervisor who will make sure you know the specific people who you report to and who report to you.

You will receive a briefing from your supervisor to train you on the specifics of your assignment, (most information will be on your Job Action Sheet {JAS}) location, paperwork, supplies, equipment. You will be given a chance to read through the paperwork and ask questions.

One of the most important parts of this meeting will be to clarify the communications channels to be used by you and your unit. **Make sure you understand how you communicate, what you need to communicate and to whom you need to communicate on certain issues.**

Short scenarios will be provided to train you in dealing with specific situations. For example, you may discuss with your unit how to deal with a patient who becomes verbally abusive when they are directed to wait in a line that seems longer than the one next to it.

15. Checking Out

At the end of your shift, you will follow a checking out procedure which may include resupplying your station, transitioning with or training your replacement.

{Note: Unit level training may have to include the material from Parts One and Two if staff has not participated in general briefings.}

Timeframe (it *would be good to have this in a time graphic)*

Decision is made to pre-open POD in 24 hours

18-24 hours before Pre-opening time:

You will be notified that you are being asked to help staff the clinic. You will need to respond, stating your availability. You will be told the specific time and place.

3 hours before Pre-opening time:

You will arrive at POD site, check in, and receive general materials.

2 hours before Pre-opening time:

You will attend general briefing

1 hour before Pre-opening time:

You will attend Unit Briefing

Pre-Opening (up to 2 hours)

You will receive your medications for yourself and your family. This pre-opening time will serve as a "dress rehearsal" before the doors open to the public.

Opening Time

You will report to your station for a 6 – hour shift. Please note that subsequent shifts will be 8 or 12 hours depending on staffing resources.

ONGOING PLAN MAINTENANCE AND TRAINING

A. Coordination and Plan Maintenance

The Director of Health or designee is responsible for the Mass Dispensing Plan development, distribution, periodic review, and updating. Each service with emergency assignments is responsible for assigning personnel and equipment and providing training necessary to carry out emergency functions.

This plan will be reviewed annually based on lessons learned during actual emergencies, exercises or state public health organizational changes, state planning guidance or as other events warrant. The Public Health Emergency Response Coordinator is responsible for assuring routine annual review of this plan, as well as organizing exercises designed to test this plan. The Public Health Emergency Response Coordinator will also be responsible for assuring that an evaluation is conducted and an after-action report is completed on all exercises or real events related to the functions of the Public Health Mass Dispensing plan.

B. Training and Exercises

The Public Health Emergency Response Coordinator will assure that staff who will be filling key ICS and public information roles complete NIMS/ICS training as directed by the Connecticut DPH Public Health Preparedness program and Connecticut DEMHS Emergency Management Plans including: ICS-100 and IS-700. Staff will also participate in training related to Regional Distribution Service and Point of Dispensing. Partner agencies or departments are responsible for ensuring that appropriate staff members are trained on the use and maintenance of their communications equipment. The Eastern Highlands Health District will participate as required in drills and exercises conducted by Mansfield Emergency Management, DEMHS and other health agencies. Such exercises are held according to the timeline and frequency set forth by emergency management and the Department of Public Health – Contract Deliverables. These drills and exercises may range from seminars to tabletop to full-scale exercises. Training rosters will be maintained by Eastern Highlands Health District. Volunteers will be notified and encouraged to participate in all drills and exercises. They will also have access to CT TRAIN to facilitate personal training as required. Volunteers will be encouraged to complete ICS-100 and IS-700 and to provide documentation to Eastern Highlands Health District.

Additional drills and exercises may be conducted by various agencies and services to develop and test the ability to effectively respond to requests for public mass vaccination or prophylaxis needs. Evaluation and post exercise follow-up will serve to improve the plan and our ability to support the local EOP.
In-house drills will take place at least quarterly to test specific notification procedures. These are to be coordinated by the Public Health Emergency Response, Coordinator.

C. **Specific POD Training and Education: Understanding of the POD operations.**

1. Pre-event training module
    (a). POD schematic for patient flow and work station locations
    (b). Roles and functions for each work station
        (i) Utilize JASs for teaching and learning
        (ii) Standing Orders
        (iii) Use of forms
2. Communication Skills
    (a). Guidelines for handling on-site procedural changes that impact other functional groups
    (b). Documenting information received via phone
    (c). Periodic briefing of all staff to clarify misunderstandings, answer questions, and provide new information/updates
3. Screening Protocols- Triage
4. POD Supplies and Equipment List-Logistics
5. POD Operations
    (a) Documentation forms, meds/vaccine and recipient tracking
    (b) Screening tools
    (c) Patient Education materials, MIS
    (d) Referral processes
    (e) VAERS Reporting
    (f) Staffing Schedule
    (g) Organizational structure
    (h) Signage
    (i) Taping arrows/lanes/path for clients to follow
    G) Numbering stations
    (k) Procedure for victim status system utilizing color-coded system.
    (I) Provide quick reference cards to all greeters, registration staff, security, and other relevant personnel.
6. Recruit and train a corps of medical professionals to staff and manage dispensing operations (nurses, doctors, pharmacists, mental health specialists, etc)
7. Tabletop exercises
8. Functional exercises
9. Full Scale Exercises

D. NIMSIICS training for local public health staff and volunteers

1. On-site presentation of training PowerPoint
2. Use of individual JAS to orient each group of personnel
3. Group review of on-site JAS by Supervisors
4. Designated on-site individuals to handle all staff questions

Train the Trainer Session
Guidance for Lesson Plans for Unit Leaders

- Review staff/volunteer needs per clinic implementation plan
- Brief all staff on roles and responsibilities
    - Mission
    - Event information (scenario/injects)
    - Hazards and threats
    - Media plan and procedures
    - Information on ICS and EMS structure
    - Information flow
    - Shift change considerations (we will simulate staggered shift changes to allow staff to role play as patients)
    - Problem solving process
- Ensure consistency of information
- Describe process to resolve performance issues as needed
- Review demobilization plan
- Review all Job Action Sheets within your unit
- Ensure all assigned staff/volunteers know to whom they are to report, functionally and through ICS. Make introductions.
- Instruct all staff on completion of all documentation.
- Direct staff to look out for signs of stress, fatigue and inappropriate behavior, making referrals as appropriate to the Support Unit
- Key messages
- Describe process of acquisition of supplies
- Describe internal method of communication to be used-person-to-person
- Review forms to be used by patients

Just-in-Time Training for Local Distribution of Supplies/SNS materiel between PODs----------

1. **Chain-of-Custody Procedures:**

    a. Receipt of SNS at POD:

    SNS materiel received from the state at the local POD must have a Custody Transfer Form (see attached) accompanying the materiel. This form will list the materiel sent by number, quantity, and item description. The POD Manager will sign-off and date this form to verify receipt of the shipment and take responsibility for management of the materiel from that point. If controlled substances are included in the shipment, the medical director will serve as the DEA Registrant and sign-off and date Form 222 (sample attached).

    The Facility Supply Unit Leader (Logistics) has the responsibility for supply management, storage, inventory control, security and tactical communications once the materiel is at the POD. (See Job Action Sheet)

    b. Transfer of SNS from POD site to another delivery location:

    The Facility Supply Unit Leader (Logistics) also has the responsibility for preparing and arranging the materiel for transportation to other locations (PODs, hospitals, alternative care centers, etc), which would include preparing a Custody Transfer Form (or general chain-of-custody form -attached) with a list of materiel to be transferred. The Facility Supply Unit Leader and/or POD Manager signs-off and dates the form.

    The driver, transferring the materiel, takes possession, signs-off and dates the form for the receipt of the materiel and takes responsibility for its movement to another location. Law enforcement escorts the shipment. Drivers and security escort must be badged and vehicles should be easy to identify so they do not encounter problems from authorities as they deliver materiel.

    When the materiel arrives at the other location (POD, treatment center, prisons, homebound, and industrial sites, the Custody Transfer Form is signed-off and dated by the POD Manager or person in charge. That person takes responsibility for management of the materiel from that point.

    The Facility Supply Unit Leader at the new facility has the responsibility for supply management, storage, inventory control, security and tactical communications once the materiel is at the new location.

2. **Routing Information:**

    The primary method of transporting materiel will be by trucks. Alternative methods may include helicopters, trains, boats, etc. The main delivery points will

be the dispensing sites (PODs) that are listed for each state. Other potential delivery points may include hospitals, clinics, long-term care facilities, assisted-living facilities, correctional facilities, and other medical and mental health institutions that may be identified during the event.

At least two routes per site should be mapped out, a primary and secondary route. Maps to each location with routes marked that avoid contaminated areas, significant congestion, closed roads, downed bridges, etc. will be available.

3. Security/Communication Procedures:

Assign MARCS radio frequencies for communications with vehicle dispatchers, delivery points, and security forces. Interface with command and control (EOC, DOC, POD, other facilities). Security escort is provided by State Highway Patrol, National Guard, other from the state to the POD. Local law enforcement escort is provided from POD or distribution center to other PODs, hospitals, clinics, long-term care facilities, assisted living facilities, correctional facilities, and other medical and mental health institutions. Dispatchers will maintain communications with both the truck drivers and law enforcement escorts by radio primarily. Dispatchers will track locations on trucks and law enforcement units in case of need for repair, security, relief, or other support.

4. Appropriate Use of Material Handling Equipment:

Handling bulk materials and storing SNS materials involve diverse operations such as hoisting tons of medical materials in large containers; driving a truck loaded with boxes on pallets; carrying boxes or materials manually; and stacking palletized boxed materials. Staff/volunteer workers loading and unloading materials should be instructed in safe procedures appropriate to the material they handle. Powered Industrial Trucks are used to assist in movement of materials and follow OSHA Standard [1910.178].

The efficient handling and storing of materials are vital. Unfortunately, the improper handling and storing of materials often result in costly injuries. Many fatalities occur when a worker is crushed by a forklift that has overturned or fallen from a loading dock.

Using mechanical equipment to move and store materials increases the potential for worker injuries. Workers must be aware of both manual handling safety concerns and safe equipment operating techniques. They should avoid overloading equipment when moving materials mechanically by letting the weight, size, and shape of the material being moved dictate the type of equipment used. All materials-handling equipment has rated capacities that determine the maximum weight the equipment can safely handle and the conditions under which it can handle that weight. Supervisors must ensure that the equipment-rated capacity is displayed on each piece

of equipment and is not exceeded except for load testing.

Although workers may be knowledgeable about powered equipment, they should take precautions when stacking and storing material.

When picking up items with a powered industrial truck, workers must do the following:

- Center the load on the forks as close to the mast as possible to minimize the potential for the truck tipping or the load falling,
- Avoid overloading a lift truck because it impairs control and causes tipping over,
- Do not place extra weight on the rear of a counterbalanced forklift to allow an overload,
- Adjust the load to the lowest position when traveling,
- Follow the truck manufacturer's operational requirements, and
- Pile and cross-tier all stacked loads correctly when possible.

When operating or maintaining powered industrial trucks, they must consider the following safety precautions:

- Fit high-lift rider trucks with an overhead guard if permitted by operating conditions.
- Equip fork trucks with vertical load backrest extensions according to manufacturers' specifications if the load presents a hazard.
- Locate battery-charging installations in designated areas.
- Provide facilities for flushing and neutralizing spilled electrolytes when changing or recharging batteries to prevent fires, to protect the charging apparatus from being damaged by the trucks, and to adequately ventilate fumes in the charging area from gassing batteries.
- Provide conveyor or equivalent materials handling equipment for handling batteries.
- Provide auxiliary directional lighting on the truck where general lighting is less than 2 lumens per square foot.
- Do not place arms and legs between the uprights of the mast or outside the running lines of the truck.
- Set brakes and put other adequate protection in place to prevent movement of trucks, trailers, or railroad cars when using powered industrial trucks to load or unload materials onto them.
- Provide sufficient headroom under overhead installations, lights, pipes, and sprinkler systems.
- Provide personnel on the loading platform with the means to shut off power to the truck whenever a truck is equipped with vertical only (or vertical and horizontal) controls elevate with the lifting carriage or forks for lifting personnel.
- Secure deck boards or bridge plates properly so they won't move when equipment moves over them.
- Handle only stable or safely arranged loads.

- Exercise caution when handling tools.
- Disconnect batteries before repairing electrical systems on trucks.
- Ensure that replacement parts on industrial trucks are equivalent to the original ones.

Basic Safety and Health Principles

Supervisors can reduce injuries resulting from handling and storing materials by using some basic safety procedures such as adopting sound ergonomics practices, taking general fire safety precautions, and keeping aisles and passageways clear.

5. Loading and Off-loading materials:

Lifting

Lifting heavy items is one of the leading causes of injury in the workplace. In 2001, the Bureau of Labor Statistics reported that over 36 percent of injuries involving missed workdays were the result of shoulder and back injuries. Overexertion and cumulative trauma were the biggest factors in these injuries.

When workers use smart lifting practices and work in their "power zone," they are less likely to suffer from back sprains, muscle pulls, wrist injuries, elbow injuries, spinal injuries, and other injuries caused by lifting heavy objects.

Lifting, lowering, carrying, pushing and pulling are all job tasks that can cause strains and sprains, particularly when combined with heavy loads, twisting movements, and working in awkward positions. The following reminders and tips are provided to help workers avoid the debilitating effects inherent with strains and sprains, while helping to keep them safer and healthier.

Help Workers Learn:

- Physical exertion, especially in awkward positions, can result in sprain- and strain-related injuries.
- Back, neck, and shoulder pain are common signs of physical stress.
- Workers can redesign tasks in order to 'work smarter -- not harder'.

Help Workers Learn They Can Protect Themselves By:

- Bending at the knees, not at the waist, when lifting, and holding loads close to the body when lifting or carrying.

- Turning the whole body -- don't twist -- when lifting and lowering objects.

- Avoiding squatting, over-reaching, bent-over postures, and repeated forceful gripping.
- Using carts and dollies to move materials.
- Changing tasks and postures frequently to avoid repetitive stress.
- Avoiding lifts from the floor or above the shoulders.
- Placing handles on containers and using tools that fit the job.

Weights of Objects:

Potential Hazards:

- Some heavy loads place great stress on muscles, discs, and vertebrae.
- Lifting heavy loads has been associated with increased risk of injury.

Possible Solutions:

- Use mechanical means such as forklifts to lift heavy objects.
- Use pallet jacks and hand trucks to transport heavy items.
- Avoid rolling spool containers. Once they are in motion, it is difficult to stop them.
- Use ramps or lift gates to load materials into trucks rather than lifting it.
- Place materials that are to be manually lifted at "power zone" height, about mid-thigh to mid-chest. Maintain neutral and straight spine alignment whenever possible. Usually, bending at the knees, not the waist helps maintain proper spine alignment.
- Establish a weight limit for single person lifts. Consider mechanical assists or multiple persons for lifting loads heavier than your established limit.

Awkward Postures:

Potential Hazards:

- Bending while lifting forces the back to support the weight of the upper body in addition to the weight you are lifting. Bending while lifting places strain on the back even when lifting something as light as a screwdriver.

- Bending moves the load away from the body and allows leverage to significantly increase the effective load on the back. This increases the stress on the lower spine and fatigues the muscles.

- Reaching moves the load away from the back, increases the effective load, and places considerable strain on the shoulders.

- Carrying loads on one shoulder, under an arm, or in one hand, creates uneven pressure on the spine.

- Poor housekeeping limits proper access to objects being lifted, and forces awkward postures.

Possible Solutions:

- Store and place materials that need to be manually lifted and transported at power zone height, about mid-thigh to mid-chest.

- Minimize bending and reaching by placing heavy objects on shelves, tables, or racks.

- Avoid twisting, especially when bending forward while lifting. Turn by moving the feet rather than twisting the torso.

- Keep the vertical distance of lifts between mid-thigh and shoulder height. Lifting from below waist height puts stress on legs, knees, and back. Lifting above shoulder height puts stress on the upper back, shoulders, and arms.

- Keep the load close to the body. When lifting large, bulky loads, it may be better to bend at the waist instead of at the knees in order to keep the load closer to your body.

- Use ladders or aerial lifts to elevate workers and move them closer to the work area so overhead reaching is minimized.

- Break down loads into smaller units and carry one in each hand to equalize loads. Use buckets with handles, or similar devices, to carry loose items.

- Optimize employee access to heavy items through good housekeeping and preplanning.

High Frequency and Long-Duration Lifting:

Potential Hazards:

- Holding items for a long period of time even if loads are light, increases risk of back and shoulder injury, since muscles can be starved of nutrients and waste products can build up.

- Repeatedly exerting can fatigue muscles by limiting recuperation times. Inadequate rest periods do not allow the body to rest.

Possible Solutions:

- Rotate tasks so workers are not exposed to the same activity for too long.
- Work in teams.
- Take regular breaks and break tasks into shorter segments. This will give muscles adequate time to rest. Working through breaks increases the risk of musculoskeletal disorders (MSDs), accidents, and reduces the quality of work because workers are over-fatigued.
- Plan work activities so workers can limit the time they spend holding loads.

Inadequate Handholds:

Potential Hazards:

- Inadequate handholds make lifting more difficult, move the load away from the body, lower lift heights, and increase the risk of contact stress and of dropping the load.

Possible Solutions:

- Utilize proper handholds, including handles, slots, or holes, with enough room to accommodate gloved hands.
- Move materials from containers with poor handholds or without handholds into containers with good handholds.
- Wear proper personal protective equipment (PPE) to avoid finger injuries and contact stress. Ensure that gloves fit properly and provide adequate grip to reduce the chance of dropping the load.

Environmental Factors:

Potential Hazards:

- Cold temperatures can cause decreased muscle flexibility, which can result in muscle pulls.
- Excessively hot temperatures can lead to dehydration, fatigue, and increased metabolic load.
- Low visibility or poor lighting increases the chance of trips and falls.

Possible Solutions:

- Wear warm clothing when exposed to cold temperatures.
- Drink lots of water to avoid dehydration in excessive heat.
- Provide proper lighting for areas with low light and perform work during daylight hours.

Final Comments for loading and off-loading at POD Sites: Load and off-load no more than 2 trucks at a time. Track assets by number. Arrange by color and numbers. Key considerations for securing the materiel at the POD include:

- Controlling access into, within, and out of the facility,
- Perimeter protection,
- Establishing and protecting delivery areas, and
- Crowd Control.