

Chapter 4

Closed POD Plan Guidance

A. INTRODUCTION

The dispensing of medications is a core function of the Strategic National Stockpile (SNS) plan and preparedness. It is the most complex and challenging of all the functions since large numbers of persons must be provided medication in just a few days when an event occurs. The key to survival for most people is to provide antibiotics as soon as possible and/or before an individual begins to show any clinical symptoms. This plan describes the dispensing of medications to a large number of people for prophylaxis of asymptomatic individuals. (Other plans are designed to deal with those who are symptomatic.) Prophylactic treatment of asymptomatic people is provided at venues such as Open and Closed Points Of Dispensing (PODS). Hospitals in the St. Louis region will be used to treat those who show symptoms. The size of the affected population determines the number of PODs. The CDC recommendation is for one POD per 20,000 populace. Persons eligible to receive medications will be determined by Public Health officials working within a unified command structure based upon reports from Emergency Medical Services (EMS), hospitals, Infection Control Practitioners (ICPs), law enforcement and physicians regarding the number of the potentially exposed population.

B. PURPOSE

The purpose of this document is to describe the organization and operation of a Closed POD; define responsibilities and responsible parties; provide an operational template for dispensing medications/vaccine locally or regionally; receive medications, vaccines, supplies, equipment from the Receipt, Stage and Store (RSS) warehouse; submit orders to restock materials; maintain tracking and inventory of material; and tracking of recipients and documentation of personal health information care received.

C. ORGANIZATION

The organization of the command and control structure for Closed PODs will be locally determined and will fit into existing local emergency command structure. The model for such organization is the National Incident Management System (NIMS) and specifically the Incident Command System (ICS). Chapter 5 contains a model that can be adapted locally and regionally to provide on-site structure for efficient and productive service.

D. ROLES AND RESPONSIBILITIES

1. **Management.** The following list of management roles is intended to be advisory only; each Closed POD must determine which roles need to be filled and who will fill them.

a) **Incident Commander or POD Manager:** The POD Manager is responsible for the command and control activities of the POD. This person(s) will manage and control the total operation of the facility. The Manager ensures the POD functions at the highest level of efficiency possible with the given staff and supplies. The POD Manager directly oversees the operations, logistics, planning, and administration by working closely with the section chiefs and coordinators for all shifts. The POD Manager (or designee) will communicate/coordinate with the county Emergency Operations Center (EOC).

b) **Public Information Officer(s) (PIO):** This person(s) will establish and maintain a relationship with all stakeholders to provide information and receive information. The POD PIO will coordinate media activities and information releases with the county EOC and county DOH PIO. Media communications will be the responsibility of the county or state PIO. Information will be forwarded to the county/state PIOs for possible distribution to appropriate groups or organizations. The PIO may participate in the county Joint Information Center (JIC), if such meetings are held.

c) **Health and Safety Officer:** This person is responsible for ensuring the POD is free from health and safety hazards before, during and after operations. The Health and Safety Officer will collaborate with the other section chiefs regarding the resolution of any safety issue.

d) Operations Section Chief: This section takes responsibility for all clinical areas of the POD. This section consists of the following functional areas:

- (1) Enrollee Services: registration, medical screening/triage, emergency care, transportation of internal enrollees, enrollee education and exit monitor
- (2) Pharmacy Services: dispensing and consultation with:
 - (a) Health and Safety Officer Public Information Officer
 - (b) Administration/Finance Communications Chief
 - (c) Site Manager
- (3) Special Needs: non-English speaking enrollees; deaf, blind, illiterate enrollees, wheelchair/walker/cane enrollees, and enrollees requiring mental health services
- (4) Inventory of supplies, medications, equipment

The Operations Chief will ensure the staff in the respective services fulfill the requirements of any existing standard operating procedures and are within their scope of practice and training. If staffing adjustments are needed, this Chief will develop the plan/recommendations for the Site Manager to consider and/or implement. This section must coordinate the transport of any enrollee from triage or sick room to a treatment center.

e) Logistics Section Chief: This section is responsible for all support needs of the POD. This section consists of the following functional areas:

- (1) Facility maintenance
- (2) Security
- (3) Supplies
- (4) Food Services
- (5) Equipment Maintenance
- (6) Housekeeping

This section is tasked with procurement of materiel and therefore, must work closely with the Operations Section Lead and the POD Manager. The nutritional needs of the staff are essential and this must be coordinated with the company to provide food/beverages for the POD volunteers.

f) Administration Section Lead: This section is responsible for ensuring all POD personnel, volunteers, enrollee and supply records are correctly kept and maintained throughout the event. This section consists of the following functional areas:

- (1) Event documentation
- (2) Enrollee record retention
- (3) Enrollee data entry
- (4) Coordination of personnel/volunteers (time records, credential verification, staff schedules)
- (5) Transportation of personnel/volunteers to POD from staging site, if necessary
- (6) Communication with the Section Leads and POD Manager regarding problems, shortages, needs, etc.
- (7) Documentation, tracking, inventory tools/logs
- (8) Routine reporting to POD Manager, county/state EOC

This Section Lead will need to work closely with this section's coordinators to insure enrollee and personnel statuses are current and accurate. Time, procurement and cost accounting are the primary functional activities of this section. This section will manage all paperwork generated at the POD. This section is responsible for enrollee registration, treatment or its deferral, disposition of records, and communicating changes in standing orders. Additionally, this section will direct the management of unassigned personnel/staff, such as spontaneous volunteers who may report to the POD, and coordinate with the POD Manager to insure impromptu on-site training to new members is provided as necessary. Consider positioning the POD Manager's office/workstation in close proximity to the Administration Section. Insure internal POD communications conform to the site IMS structure. They must be prepared to handle situations such as: post-exposure prophylaxis capacities based on different event scenarios; multiple vs. individual regimens; adult pick-up for other family members with incomplete identification information; establishment of triage location at outset; collaborating with county DOH officials and county EOCs to determine volume of enrollees per hour; and staffing for continuous operations.

g) Communications Chief: Responsible for coordinating the internal and external communication resources such as radios, walkie-talkies, land and cell phones, computers, printers, and fax machines. Telecommunications and information technology are crucial because incoming and outgoing information must be efficiently and consistently maintained. Important information, such as: number of radios, frequencies used, and who has what type of equipment must be determined. The Communications Chief will perform an inventory analysis at the end of each shift to account for such material. All offices, appropriate workstations, and administrative areas should have, at minimum, phone lines. The Communications section must have dedicated phone lines and computers to receive and transmit requests and information. The Chief and section coordinators must provide technical assistance, as needed, or be able to access such assistance. Additional phone jacks should be made available if needed. Consider use of multi-function wireless communication devices powerful enough to communicate outside of the POD. Consider a staff pool to use as runners if resources are scarce, inadequate, or inoperable.

2. Functional Unit: Operations. The following functions will need to be met:

a) Credential Verification of Licensed Personnel (both for medical overseer and all dispensers)

Each Closed POD must be overseen by a certified medical professional (physician, emergency medical technician, nurse, pharmacist, etc.)

b) Volunteer Activation and Training

The company's plan needs to include:

- (1) A list of essential personnel, with guidelines to regularly update the list
- (2) A notification system to alert company volunteers and direct them to a staging site or designated clinic site
- (3) A process for identifying volunteers who will be needed for non-skilled functions. A pre-event volunteer list is ideal.
- (4) Pre-event preparation should include community-training opportunities for both professional and non-professional volunteers. St. Louis County will provide training at least annually. Your company may consider additional training through use of videos, community presentations, web-based instruction, collaborative partnerships between organizations to provide the training, etc.
- (5) Staff briefings and just-in-time training should occur on-site. Pre-activation planning will make this process effective and efficient. Suggested training materials may include educational videos, job action sheets, agent specific information (i.e., fact sheets), samples of accurately completed forms, written scripts when applicable, and an organizational chart outlining the chain of command and communication flow. The staff should be clear about whom to report to regarding questions. A POD flow chart should be clearly posted for staff to use as a reference tool. Training (pre-event or on-site) must also include the use of personal protective equipment (PPE) and relevant infection control measures, any existing standard operating procedures (SOPs), information on the agent and prophylactic measures/standing orders, standard reporting procedures, response to outside requests for information, and patient confidentiality. Universal precautions should be routinely practiced by health care workers/volunteers at the POD. Hand washing or waterless hand sanitizer use is paramount. PPE should be disposable and disposed of appropriately.

3. Receipt of the Medications and Supplies

a) The POD must have the ability to maintain appropriately controlled temperature settings for medications/pharmaceuticals. The drugs do not need to be refrigerated, but must be kept at room temperatures; they can't get too cold or too hot. The U.S. Pharmacopoeia defines as "the usual and customary working environment of 20° C to 25° C (68-77° F) that allows for brief deviations between 15° C and 30° C (59-86° F) that are experienced in pharmacies, hospitals, and warehouses." When your Closed POD receives the medications and supplies from the St. Louis County DOH, the material must be formally accepted and stored immediately by the Supply Coordinator.

b) The received pharmaceuticals and supplies must be inventoried by the Supply Coordinator and documented. Any discrepancies (excess/deficiency or wrong medications/supplies) between the order and delivery require the Logistics Section Lead be notified in order to contact the county DOH for reconciliation.

c) The delivery invoice is checked, signed off by the Logistics Section Lead, and then copied by the appropriate person in logistics. Copies are then forwarded to the Administration section and county DOH.

d) POD delivery points for receipt of medications and other supplies should be designated and clearly marked.

e) Ensure that the POD has a plan to receive supplies and move them to the POD location.

4. Handling of Medications, including Labeling Requirements

(1) Medications will be pre-labeled to comply with State of Missouri, St. Louis County Department of Health, and Food and Drug Administration (FDA) regulations. It is anticipated that a number of the normal labeling requirements will be waived during a declared emergency. The St. Louis County DOH will provide dispensing labels to be used on the bottles that are part of the SNS. These labels will carry the name of the enrollee, which will be written by Closed POD staffers.

Pre-event: St. Louis County Department of Health has created a Dispensing Sheet that will be provided to you. You will need one sheet for every 50 enrollees. After an activation, the completed forms must be provided to the County DOH when it collects the remaining medicine.

E. Staffing

1. The number of staff needed to operate a POD depends on the size of the POD; the number of enrollees expected to be treated and the throughput of enrollees desired. Other factors, which cannot be determined until an event has occurred, include the type of agent; the magnitude of the event; and whether the agent is infectious or noninfectious. Identification of staff with proper training is paramount to Closed POD operations. Staff can be categorized as follows:

a) Medical Professionals, health professionals with specialized skills and training. This group includes doctors, nurses, and pharmacists, and emergency medical services personnel.

b) Trained volunteers. This group includes the following:

(1) Staff from your company who have been trained by the state, either to dispense medications, or to help operate your Closed POD.

(2) Staff from your company who have been given some background information on the operation of a Closed POD, and who receive just-in-time training at the activation of your Closed POD.

(3) Interpreters, including people who know sign language

2. Refer to Chapters 5 and 6 for staffing roles and Job Action Sheets

F. Site Selection

1. Identification of your physical dispensing site or sites should be based on a worst-case scenario. Facilities should be assessed with consideration to providing prophylaxis to all of your enrollees. It is much easier to scale down than to try to expand. The magnitude, type, and location of an attack determines the number of people exposed and therefore, the number and location of Open and Closed POD sites to be activated. For purposes of this Workbook, Closed POD operators should assume their POD will be activated in the event of an attack to the St. Louis metropolitan area.

2. Triage/Greige Location

a) Triage/Greige should be located within or immediately adjacent to your dispensing site.

b) Triage/Greige design should include:

- (1) Climate controlled waiting area
- (2) Special needs accommodations
- (3) Sanitary facilities
- (4) Privacy for medical counsel

3. Operating hours at each site should be planned for 24 hours a day until all of your enrollees have received their medications. Your site (or sites) should have, at a minimum, the following characteristics:

a) Heat and air conditioning to maintain controlled room temperature

b) Adequate bathrooms, water, and electricity

c) A loading area for receipt of supplies

d) Adequate parking for staff and populace

e) Handicap accessibility

4. The county SNS plan will include the following information regarding the identified dispensing site(s): facility name, address, three contact people with work, home, cell and fax numbers to reach the individuals, and location in building where supply delivery will occur.

G. Site Design

1. Efficiency is directly related to the number of enrollees who can receive medication per hour. If the desired number is greater than the capacity of your Closed POD, the efficiency of your operation will need to be improved, or the number of enrollees allowed per hour must be limited. The best way to assess your Closed POD's throughput is by conducting periodic exercises.

2. Important processes to Include in your plans

a) Design the POD to function at maximum efficiency. See Section IV for a sample floor plan.

b) Prepare pre-event signs, handouts, posters, videos. Some will be provided, but you may want to supplement based upon your specific situation. These signs should:

(1) Direct the movement of people

(2) Keep people moving

(3) Let them know what is happening

(4) Educate them about the medications

c) Minimize the number of stops to get medications. If a patient is diverted for consultation, weighing, etc., do not have him/her start at the beginning again.

d) Insure adequate staffing and space for anticipated bottlenecks

(1) Registration

(2) Triage/Triage

(3) Medical screening/evaluation

(4) Special needs such as language interpretation, signing for the hearing impaired and assistance for the illiterate, as appropriate

- e)* Insure appropriate and adequate security at your Closed POD. This is your company's responsibility. Crowd control, lines, entrance and exits, and supplies require adequate protection. Avoid underestimating the security manpower.
- f)* Insure – if possible – that floor plans allow for one entrance and one exit to maintain efficient and controllable enrollee flow
- g)* Refer to Section IV for sample floor plans that detail the flow of enrollees through the POD
- h)* Utilize facility schematic to develop pre-event facility specific enrollee flow plan
- i)* Use various facility flow plans for table top exercises
- j)* Develop a diagram of enrollee flow for each facility identifying all the needed stations and work areas. It is suggested that you develop two slightly different flow plans for your site or sites.
 - (1) Plan One, for attack of non-contagious agent such as anthrax. This will allow your enrollees to be in close proximity while moving through your Closed POD.
 - (2) Plan Two, for an attack by a contagious agent such as plague. This case will require you to space your enrollees at safe distances while they are moving through your site or sites.
- k)* Assure that confidentiality can be maintained at the medical evaluation/consultation stations

H. Public Information and Risk Communications

During a large-scale emergency, a swift and effective communications plan designed to inform and reassure your employees will reduce fear and anxiety and earn confidence and cooperation from them. The state and local all-hazards plans contain bioterrorism information that educates, directs, and informs. State/local Public Information Officers (PIO) and health educators are crucial in the pre-event planning and development of threat specific messages, information and media releases as well as disease and medication information. Incident specific

messages will tell people where to go for prophylactic medication if well; where to go if sick; Open POD site locations and hours, required identification documents to bring, etc.

You will want to be prepared to quickly notify your enrollees of the activation of your Closed POD, providing them with all the details they will need, including access to medical screening forms, and any operational schedules you plan to follow. You may decide to schedule your enrollees to pick up their medications based on their department, physical location or other method so as to moderate the traffic flow at your Closed POD.

You can expect to receive information from the St. Louis County Department of Health about the agent and the threat to the public health, along with information on all of the below subjects:

- Is the agent contagious?
- Who should be concerned about exposure?
- Who should seek prophylaxis at dispensing sites such as your Closed POD, and who should seek treatment at a hospital.

You will be responsible to communicating the following information to your enrollees:

- Directions to and information about your Closed POD location or locations
- When will the POD operation start, and what hours will the site be open?
- Where is the nearest POD?
- Where should employees park at each POD?
- What is the best way to get to the POD? Walk, public transportation, drive?
- What is the dispensing process within the POD?
- What types of identification are needed?
- What information must be brought to the POD in order to pick up medications for other family members?
 - (1) For children: weight, age, health information, drug allergies, and current medications.
 - (2) For adults: health information, drug allergies, and current medications

Medication information your enrollees will receive at the Closed POD:

- Reasons for using specific drugs or changing drug regimens
- Importance of taking all of the medication
- Danger of over medicating
- 24-hour information phone number for medication questions
- Medications are intended for humans only, not pets

I. Infection Control

In order to protect your staff and enrollees, you are encouraged to purchase and retain Personal Protective Equipment (PPE) for use at your Closed POD. This includes N-95 masks or surgical masks and nitrile gloves for your staff operating the Closed POD. Additional masks should be available for use by any enrollee who appears to be symptomatic and may be contagious. (NOTE: Anthrax is an [acute disease](#) caused by the bacterium [Bacillus anthracis](#). It is spread by spores which are inhaled, ingested or come in contact with a skin lesion. People who are suffering from anthrax **are not contagious**. Anthrax does not spread directly from one infected person to another. However, other biological agents which may be used in an attack may be spread from one person to another, so it is important that your Closed POD be equipped with PPE for all workers, and plans be made to assure that you will be able to operate while keeping your enrollees safely distant from one another in case the agent is one that can be spread person-to-person.)

Suggested measures if an enrollee presents with symptoms or history of exposure extending beyond the incubation period:

1. Enrollee use of mask, if applicable
2. Hand washing with soap and water or as second choice, with alcohol based hand rub. If disposable gloves used, wash hands after removing
3. Notify transport personnel in order to don PPE, if appropriate, for transfer to treatment facility or home
4. Separate from other clientele at dispensing site or triage area
5. Clean or remove items handled by the sick/exposed client if agent appropriate

6. Notify county DOH or EOC of needed transport

J. Security/Transportation

A. Security of dispensing sites, personnel, and supplies will be the responsibility of the company operating the Closed POD.

1. Establish guidelines for regular security sweeps of the POD, including all areas the public is permitted to access
2. Insert 24 hour emergency management phone number here:
3. Insert the name of emergency management coordinator here:

K. Training and Education

Training gives responding participants a basic understanding of the POD operations.

A. Pre-event training module should include:

1. POD schematic for enrollee flow and work station locations
2. Roles and functions for each work station, including:
 - (a) Include scripts for each role
 - (b) Utilize Job Action Sheets (JAS) for teaching and learning
 - (c) Standing Orders
 - (d) Use of forms
3. Communication Skills
 - (a) Guidelines for handling on-site procedural changes that impact other functional groups
 - (b) Document information received via phone
 - (c) Periodic briefing of all staff to clarify misunderstandings, answer questions, and provide new information/updates
4. Screening Protocols
5. POD Supplies and Equipment List
6. POD Operations
 - (a) Documentation forms

- (b) Screening tools
- (c) Enrollee Education materials
- (d) Referral processes
- (e) Staffing Schedule
- (f) Organizational structure
- (g) Signage
- (h) Numbering stations
- (i) Procedure for victim status system utilizing color-coded system.
Provide quick reference cards to all greeters, registration staff, security,
and other relevant personnel.

7. If your company does not have an on-site medical professional, assure one will be available to oversee the operation. (The Visiting Nurse Association of St. Louis has agreed to contract with Closed PODs to provide certified nurses to fill this role. Companies are encouraged to arrange for that coverage *far in advance of the need.*)

- 8. Tabletop exercise
- 9. Functional exercises

B. NIMS/ICS training for local public health

C. After Action Review

- 1. On-site manual with all of the pre-event training information
- 2. Use of individual JAS to orient each group of personnel
- 3. Group review of on-site manual
- 4. Designated on-site individuals to handle all staff questions

L. Sample Floor Plan