

Mansfield-Ontario-Richland County Health Department

Incident Specific Annex A: MASS MEDICATION DISPENSING POINT OF DISTRIBUTION (POD) PLAN

*This plan will be the basis for subsequent revisions based on experience and new information.
It is a living document intended to be used as a useful tool for subsequent revisions.*

Signature Page

Signature and Title

Date

Health Commissioner

Director
Richland County Emergency Management Agency

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MANSFIELD-ONTARIO-RICHLAND COUNTY HEALTH DEPARTMENT
Mass Medication Dispensing and Point of Distribution (POD) Plans

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**MANSFIELD-ONTARIO-RICHLAND COUNTY HEALTH DEPARTMENT
LOCAL SNS PREPAREDNESS PLAN**

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MANSFIELD-ONTARIO-RICHLAND COUNTY HEALTH DEPARTMENT
Incident Specific Annex A:
MASS MEDICATION DISPENSING
POINT OF DISTRIBUTION
(POD)
PLAN

Purpose:

To enable organized, prompt, and efficient distribution/ administration of medication in the event of a large scale communicable disease outbreak, influenza pandemic, or bioterrorism event.

Goals:

1. To prevent and reduce disease and death by efficiently and effectively providing proper and timely medication distribution to a large number of people in an organized setting, staffed by qualified, knowledgeable professionals and volunteers working in cooperation with all local agencies and neighboring jurisdictions.
2. To provide recommended medication to all Richland County residents considered to be at risk, approximately 125,000 people plus institutionalized persons, within 48 hours of plan initiation.
3. To coordinate responses of all involved agencies to provide a safe environment for all county residents as well as clinical staff and volunteers.

Assumptions:

1. Confirmed cases of a dangerous communicable biological agent have been identified in Richland County and a comprehensive epidemiological investigation has been initiated.
2. There is a specific, appropriate pharmaceutical agent available for prevention or treatment of the causative agent.
3. It has been determined that local supplies of pharmaceuticals and/or medical supplies and equipment will be rapidly depleted.
4. The Center for Disease Control's (CDC) Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency severe enough to cause local supplies to run out.
5. Federal and state plans are in place that enables the CDC to deliver SNS medicine and supplies to any state in the U.S. within 12 hours.
6. There has been communication / collaboration with the Northeast Central Ohio (NECO) region and the Ohio Department of Health (ODH) for resource assessment and SNS activation.
7. Request, activation, receipt, management, and distribution of SNS for local use must follow an established protocol involving all levels of government – local, state and federal.

8. A local Incident Command System (ICS) has been activated and an Emergency Operations Center (EOC) established.
9. Activation of a Mass Immunization / Prophylaxis Clinic to dispense SNS will be supported by the county Emergency Management Agency (EMA), local law, government and EMS systems.
10. _____ (primary) and/or other designated sites will be available for POD operations.

Emergency Powers Act:

1. Standard of care can be temporarily relaxed if necessary to reduce total processing time and increase POD throughput.
2. Documentation of care standards can be temporarily relaxed to increase POD throughput.
3. Licensing requirements can be temporarily waived to allow non-medically trained personnel to carry out essential POD functions.
4. Scope of practice requirements can be temporarily relaxed in order to provide more flexibility in the use of available medically trained personnel.
5. Labeling requirements can be temporarily relaxed or waived to support efforts to reduce processing time.
6. Liability can be temporarily waived or reassigned to reduce barriers to use volunteer staff and organizational entities working under the direction of coordination with health officials.
7. Worker's Compensation requirements can be changed temporarily to reduce barriers to full and effective use of medical and non-medical government staff and volunteers.
8. Property and facilities can be appropriated where needed to support the dispensing operation.
9. Health authorities can compel treatment and isolation and quarantine of individuals where necessary to protect public health.
10. Laws are clear about who has the authority to waive requirements, under what conditions, and for what period of time.
11. Responsible officials can temporarily waive other laws and regulations and other requirements that might create barriers to mass prophylaxis operations.

Planning:

- A. The Mansfield-Ontario-Richland County Health Department (MORCHD) POD Response Plan has been developed in collaboration with the Ohio Department of Health (ODH), the Northeast Central Ohio (NECO) Region and the following local agencies and personnel:

1. Mansfield-Ontario-Richland County Health Department – Health Commissioner, Assistant to the Health Commissioner, Public Health Nursing Supervisor/Epidemiologist, Director of Nursing, Director of Environmental Health, and Public Health Staff Nurses
2. Shelby City Health Department
3. Richland County Emergency Management Agency
4. Richland County Partners in Preparedness (RCPP)
5. Mansfield City Police Department
6. Richland County Sheriff Department
7. Mansfield Fire Department/EMS
8. Springfield TWP. Fire Department
9. Shelby City Police Department
10. MedCentral Health Systems
11. Richland County RSVP/CERT/MRC
12. Ohio Special Response Team (OSRT)
13. Ashland City County Health Department- Preparedness Director, Director Of Nursing

B. Subsequent / on-going planning will also include the following agencies/ personnel:

1. Richland County Red Cross
2. Mansfield City Mayor / City Council
3. Shelby City Mayor
4. Richland County Commissioners
5. Ohio Highway Patrol
6. Local physicians
7. Local pharmacists
8. Local funeral home directors
9. Richland County Mental Health Board

C. Training

1. All MORCHD designated staff will be trained in the National Incident Management System (NIMS), Incident Command System (ICS), and proper use of the HDIS computer software, as well as the Multi – Agency Radio Communication System (MARCS), VOiP, OPHCS, cell phones, pagers and faxes.
2. An in-service will be provided for all MORCHD staff on the POD Plan with copies of the plan available to them for reference.
3. An annual tabletop or functional exercise involving all MORCHD staff may be held to test and evaluate the SNS Preparedness and Mass Prophylaxis Clinic Plans and to give staff and community partners the opportunity to practice implementing the plans.
4. Annual MORCHD flu clinics will be used as full scale community exercises each fall to test and evaluate the specific objectives of the Mass Prophylaxis Plan. An After Action Report/Improvement Plan (AAR/IP) will be completed following the exercise. Exercises will be used to update / revise this plan based on lessons learned.
5. MORCHD Public Information Officer will attend trainings and updates at ODH and/or NECO at least yearly and more often if trainings become available. Trainings are documented with certificates, sign in sheets, and on OH Trains when applicable.

D. Plan Review

1. The MORCHD Mass Medication and POD Plan will be reviewed and updated at least every 12 months or as a result of exercises.

Mobilization:

A. As soon as it becomes apparent that there is a public health emergency requiring mass immunization/prophylaxis, the MORCHD Health Commissioner will meet with the Nursing Director, Public Health Nursing Supervisor/Epidemiologist, Environmental Health Director, MORCHD Medical Director, Assistant to the Health Commissioner, MORCHD PIO, Shelby City Health Commissioner (if warranted) and the Richland County EMA Director. Local government officials will be notified (see Crisis & Emergency Risk Communication plan).

1. Recommendations from the Ohio Department of Health (ODH) and the Northeast Central Ohio (NECO) region will be reviewed.
2. Determination will be made as to which medications and medical supplies are needed.
3. Determination will be made as to availability of **local supply** of medications and supplies (in local pharmacies and treatment centers) to start clinic operations, and/or need for Strategic National Stockpile (SNS) medication / vaccine and supplies to be requested.
4. Determination will be made of **local need**, based on the number of people considered at risk, characteristics of the disease agent, and stage of the outbreak.
5. MORCHD Medical Director will issue standing orders and protocol for authorization to dispense proper medication. Standing orders will follow recommendations from ODH and/or CDC.
6. Arrangements will be made to obtain pre-printed medication information sheets. MOUs with local printers are available. Initial copies will be made by MORCHD.
7. If necessary, consent forms for Investigational New Drugs (IND) will be obtained from CDC advising of protocols, authorizations, and instructions for use.
8. Within 4 hours of notification, equipment and operational supplies will be in place at the POD location.

B. MedCentral Health System and the following local pharmacies will be contacted to determine local supplies of pharmaceuticals and medical supplies: (See Appendix G)

See: SECTION K OF RICHLAND COUNTY SNS PLAN FOR REQUESTING SOG'S

Organization:

A. The **Incident Command System (ICS)** as defined by the National Incident Management System (NIMS) will be used to initiate and manage a mass clinic operation.

B. MORCHD staff is trained in ICS.

1. The MORCHD Director of Nursing or designee will act as **Incident Commander**.

2. Other qualified persons include MORCHD PHN Supervisor/Epidemiologist, PHN Supervisor, Clinic Nursing Supervisor, or Shelby Health Commissioner.
 3. A Unified Command System will allow all affected agencies and jurisdictions to manage their respective areas of expertise in coordination with each other.
 4. All Incident Commanders in the Unified Command will work toward the common goals as defined in this plan.
 5. Richland County will follow ICS Organizational Chart (Appendix H)
- C. An Emergency Operations Center may be established to be a management, resource, and information center from which Unified Command will operate.
1. The MORCHD Health Education Manager will act as **Public Information Officer (PIO)** managing communications with media and other outside agencies at the EOC.
 2. The MORCHD Assistant to the Health Commissioner or designee will serve as Health Department **Liaison Officer**.
- D. Arrangements for vaccination/prophylaxis of first /critical responders before opening a mass clinic will be determined and completed. It may be possible to do this with local supplies.
1. Prophylaxis for physicians may be picked up at Mansfield MedCentral pharmacy for dispensing/ administering to first/critical responders.
 2. Prophylaxis for EMS/ fire personnel may be picked up at a location to be determined at the time of the event and dispensed by a designated fire department EMS manager.
 3. Prophylaxis for long-term care facilities may be picked up by a designated nurse manager at a location to be determined at the time of the event.
 4. First responder agencies without any medically trained staff will need to send their employees to the location determined to receive their prophylaxis.
- E. First responder/critical personnel will be notified of the decision to activate/mobilize mass clinics and where to report for their own personal prophylaxis. MORCHD will work in coordination with Richland County EMA to assure first responders are notified of location and time of prophylaxis.

Mass Immunization / Prophylaxis Clinic:

- A. Appropriate sites for mass clinic operations, also known as Points of Dispensing (PODs) for vaccination/ prophylaxis, have been pre-determined. Sites were determined based on demographics and population needs.
- B. Sites have Memoranda of Understanding with Mansfield-Ontario-Richland County Health Department for use in a public health emergency situation. Separate POD notebook stand alone documents contain site specific information.

- C. Every effort will be made to refrain from using private property during the response to an event; however, Public Health Powers may need to be implemented, with state and federal authorization, to protect life. Such powers may include the use of homes, businesses, supplies, or other properties. Attempted compensation will be made per eminent domain guidelines and OH law. (OH code sections 3701 and 3709).
- D. The approved POD sites are entered in the Ohio Public Health Analysis Network (OPHAN) and updated quarterly allowing them to be mapped along with POD sites in surrounding counties.
- E. Each POD will be structured and staffed to process approximately 1000 people per hour 24 hours a day for 2 days in order to provide prophylaxis for the Richland County population of 125,000. This will require 10 stations running simultaneously at two PODs.
- F. One clinic site or Point of Dispensing (POD), for Richland County may be sufficient for mass immunization / prophylaxis depending on the number of people considered at risk, characteristics of the disease agent, and stage of the outbreak.
1. More clinic sites (PODs) may be established in Richland County based on the need.
 2. When 2 (two) or more clinics are operational within Richland County, residents will be advised/directed how and when to report.
 3. Residents will be advised to come to the PODs during specific time frames, based on township of residence or city ward of residence.
 4. Residents will be encouraged to use a POD site in their county of residence, but this cannot be enforced. Persons who meet criteria for prophylaxis will be treated at whichever POD they arrive.
- G. The contact person for each pre-determined POD site will be notified by the Operations Chief or designee of the need to set up a POD at that location ASAP (within 48 hours, depending on anticipated arrival of SNS).

Staffing of PODs:

- A. All MORCHD staff will be notified of decision to set up PODs via the call-down roster method as outlined in the Emergency Operations Plan. Within 3 hours of notification staff will be ready and at the POD site.
1. MORCHD staff will report to MORCHD Corley Room (staging area) to be briefed and receive assignments.
 2. Pre-determined "Chief" roles for Site Manager, Logistics, Communications, Safety, and Security will be verified and alternates assigned as needed.
- B. Each Point of Dispensing (POD) clinic site will have an Incident Command Post and persons assigned to the following roles with key positions filled by MORCHD

employees. Alternates may be used for 2nd shift operations.

1. **Site Manager (Operations Chief)** – Manages all aspects of the POD from a Command Post on site.
Qualified persons: RN with triage / public health experience & management skills.

POD 1. MORCHD fulltime Public Health RN

Alternate: MORCHD fulltime Public Health RN

POD 2. MORCHD fulltime Public Health RN

Alternate: MORCHD fulltime Public Health RN
2. **Logistics Chief** - Manages resources needed
Qualified persons: Knowledge of department and community resources.

POD 1. MORCHD Public Health Nurse

Alternate: Other MORCHD Staff

POD 2. MORCHD Clinic Nursing Supervisor

Alternate: Assistant to the Health Commissioner
3. **Communications Chief** - Manages media concerns / communications in and out of POD.
Qualified persons: Managerial / communication skills
POD 1.
Health Education Manager

Alternate: BCCP Case Manager

POD 2.
Health Educator

Alternate: Health Educator
4. **Safety Chief** – watches for and handles any safety issues
Qualified persons: Awareness of environmental / safety issues.
POD 1.
EH Director
Alternate: Sanitarian

POD 2.
Sanitarian Supervisor
Alternate: Sanitarian

5. **Security Chief** – Maintains security, order, and crowd control, enforces law

Qualified persons: Law enforcement officers

POD 1.

EH Director

Alternate: OSRT Capt.

POD 2:

Sanitarian Supervisor

Alternate: OSRT member

6. **Data/IT Coordinator** - Supports computer, programming, electronic equipment maintenance needs, other information technology requirements, and communication system

POD 1.

Technology Manager

Alternate: *Private contractor*

POD 2.

Technology Manager

Alternate: *Private contractor*

7. **SNS Coordinator** – Receives, manages, and secures SNS inventory

Qualified persons: Knowledge of pharmaceuticals and medical supplies

POD 1.

PHN Supervisor

Alternate: Public Health Nurse

POD 2.

Assistant to the Health Commissioner

Alternate: Public Health Nurse

C. The positions assigned to these roles are for planning purposes only. During actual operations, these roles may be delegated as deemed appropriate by the Incident Commander or POD Operations Chief.

D. Each position / role above will have a Job Action Sheet clearly defining duties and

responsibilities located in stand-alone notebook located next to POD notebook in PHN Supervisor/Epidemiologist's office.

E. These anticipated staff assignments will be reviewed and updated quarterly by the Public Health Nursing Supervisor or Director of Nursing determined by currently employed personnel.

F. Staff Management

1. All MORCHD staff will report to the Health Department Corley Room (staging area) to be briefed and receive assignments. Pre-determined "Chief" roles for site manager, logistics, communications, safety, and security will be verified and alternates assigned as needed.
2. A sign-in sheet will identify all staff by title, their assigned area, and times in & out. Sign-in sheets will be taken to each POD by the Site Managers and maintained as more staff arrives (located in POD notebook Forms section).
3. The appropriate columns on the sign-in sheet will also be used to document that each staff member has received their own personal prophylaxis as well as prophylaxis dispensed home for family per the "Head of Household" policy.
4. All MORCHD staff is expected to wear their picture I.D. badges, bring their stethoscopes, their fit-tested masks, and their Emergency To- Go Box (if issued) (list of contents in Appendix E of COOP). Generic "job" badges or colored vests will be provided to staff filling key positions.
5. All staff will assist in loading supplies for PODs. Carpooling to POD sites will help eliminate parking shortages.
6. **Site Managers** will be provided with **BLUE** vests to clearly identify them as managers.
7. Site Manager(s) will determine how many and what type of additional staff, including volunteers, are needed for all stations and will make assignments accordingly.
8. All roles will have a written job action sheet (STAND ALONE NOTEBOOK) which will be printed and handed to those assigned to specific roles. Many roles may be filled by volunteers if responsibilities are clearly defined. Just in Time (JIT) training will be provided at the station or location of assignment.
9. EMA (Emergency Management Agency) Director will initiate radio notification of all local EMS systems to enlist assistance of all available EMS personnel in the

county. EMS personnel will be asked to report to their specific stations for direction and assignment.

10. As soon as vaccine/ prophylaxis is available, all participating staff, volunteers, and first responders (EMS, law enforcement) and their immediate family members will be provided their prophylaxis - prior to PODs opening or prior to assuming their work assignments if PODs have already been in operation (see section on Organization)
11. All participating staff, volunteers, and first responders will be provided with PPE example: masks and will have immediate access to antibacterial hand gel or hand wipes. Gloves will not provide protection if causative agent is airborne. Infection control measures for the clinics is located in **Appendix P** of this plan.
12. MORCHD staff may need to remain on-site for extended hours. Careful planning and scheduling of staff will be necessary to reduce physical and mental fatigue, ensure adequate food and water as well as adequate PPE and disinfectants. Normal procedures, when possible, will allow employees to adjust work weeks, accrue compensatory time, or obtain overtime pay, with the Health Commissioner's authority and in accordance to union rules. Health department employees will be covered by worker's compensation and liability insurance as usual.
13. After initial POD set-up, some staff may be released and scheduled to return for later shifts. Operations Chiefs will be responsible for planning and scheduling staffing for future shifts.

G. Volunteer management

1. Any level of response for mass vaccination / prophylaxis would not be possible without the assistance of volunteer workers.
 - a. The Richland County Volunteer Director maintains a list of local nurses, physicians, mental health specialists, pharmacists, veterinarians. MORCHD maintains a list of local interpreters, and non-medical personnel who could be mobilized during a public health emergency.
2. Contact of volunteer groups and individuals will be made by the Richland County Volunteer Coordinator.
3. All volunteers will be directed to report to the offsite Volunteer Reception Center for sign-in, credentialing, briefing, and assignment. Licensed volunteers will have credentials verified prior to being assigned to work at the POD.
4. Each person assuming a designated role will receive a Job Action Sheet and /or a Just in Time (JIT) training at the station or location of assignment.

5. Officially recognized volunteers will be given an ID badge or arm band identifying them as such.
6. All volunteers will be provided with their personal prophylaxis prior to working. “Head of Household” prophylaxis will be provided to take home for family members upon completion of their shift or assignment. Appropriate columns on the sign-in sheet will document when this is completed for each volunteer.
7. Professional volunteers may be utilized as follows:
 - a. EMTs – triage, med/vaccine administration
 - b. RNs, LPNs – triage, med/vaccine administration
 - c. Physicians – special needs consult - med/ vaccine, supervise dispensing.
 - d. Pharmacists – med administration, med dispensing dose, calculation, labeling, special needs patients, supervise dispensing.
 - e. Interpreters – signing for deaf, foreign language interpretation. Should wear 2-way radio or cell phone for easy contact where needed. A list of interpreters is maintained in the MORCHD Emergency Operations Plan Communications Annex.
 - f. Mental Health specialists – intervention with disruptive/ highly reactive patients. Crisis intervention.
 - g. Veterinarians – medication preparation, supervise dispensing.
 - h. Dentist- medication preparation, consult, supervise dispensing.
 - i. Nurse Practitioner-medication preparation, consult, supervise dispensing.
8. Non-professional volunteers can be utilized at every station. Specific tasks can include:
 - a. Setting up, tearing down, and cleaning up of clinic sites.
 - b. Unloading of SNS supplies.
 - c. Parking assistance/transportation (golf carts or vans may be used to transport people from parking lots to POD buildings if ambulation is difficult)
 - d. Directing people to triage / intake areas
 - e. Assisting in unloading SNS supplies
 - f. Assisting patients with forms
 - g. Assisting with medication labels
 - h. Keeping people in queue lines
 - i. Determining special needs – wheelchairs, water, rest rooms, interpreters.
 - j. Noting security / safety concerns and reporting to proper officer.
 - k. Runners and messengers – WRITTEN MESSAGES ONLY
 - l. Providing water, food for staff.
 - m. Logging in/ labeling equipment and supplies
9. Volunteers are credentialed by, and follow the rules and training requirements, of RVSP, MRC, and/or CERT. They do not receive compensation by MORCHD. If volunteers, either medical or non-medical are pre-registered and approved in the

State of Ohio's Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) database, they are covered by liability protection offered by ORC 121.404. They will also be covered if they are processed through the Volunteer Reception Center (VRC). Volunteers will not have liability protection simply by being in the local database.

Security at POD

Each POD site will have a POD notebook completed and specific for that site. Included in the notebook is a POD Security Analysis/Plan signed by a member of OSRT. Prior to signing the security analysis, a walk-through of the site will be carried out by a member of OSRT, MORCHD Disaster Preparedness staff, Safety Officer and contact person at the POD. Security will be provided both inside and outside the POD. Richland County Sheriff and local police will be available for backup security if necessary. The Health Commissioner and the Department of Public Safety will, after evaluation of the severity and scope of the event, determine the level of force to be used by law enforcement. The determination will end at the end of the event. (OH code sections 3701 and 3707. Sections 5502.21-5502.51 of OH revised code). Security staff functions may include:

- Maintain order
- Protect patients
- Protect staff
- Protect medication, vaccine, supplies
- Control parking
- Remove persons who pose a risk
- Perform a lockdown

Public information:

Prior to an actual event, general educational information and recommended preparations will be provided periodically to the general public through the MORCHD website, flyers, signage, local newspapers, local radio spots, phone information line.

The general public will be informed of the activation of Mass Vaccination / Prophylaxis Clinics by the PIO at the EOC as soon as the decision is made and statements can be prepared. The public will be provided with information messages regarding POD locations within four hours from POD opening. Many factors will contribute to the public's fear and ability to follow instructions and react rationally. Clear concise information is critical. Message templates are available in the Risk Communication Plan, and in Health Education Department.

MORCHD will test and document the health department call down procedure quarterly. Monthly OPHCS alerts will be conducted to test department's response %. The health

department will participate in the ODH monthly MARCS radio checks. We anticipate having over 90% response rate to these tests.

It is important to work with the media and to provide them with frequent, accurate information. Being forthright and prompt in the dissemination of information will help prevent or offset fear, distrust and criticism.

- A. All communications to outside agencies and media will be approved by the Incident Commander and be channeled through the Public Information Officer at the Emergency Operations Center or the Communications Chief at each POD.

POD staff and volunteers will be instructed to not make statements to the media.

REFER TO THE RISK COMMUNICATION ANNEX/ RICHLAND HEALTH EOP FOR GUIDELINES.

Priority Groups and Special Populations:

- A. Priority groups for vaccination/ prophylaxis will be determined by ODH.
 - 1. Those in the highest priority group may include first and critical responders such as physicians, medical and hospital personnel, EMS and fire personnel, and law enforcement personnel.
 - 2. Families of these responders may be included.
- B. Prior to opening mass clinics to the general public, these high priority personnel, as well as volunteers (as authorized by ODH) will be provided with vaccine or medication.
 - 1. Location to be determined at the time of the incident.
 - 2. Each agency having staff receiving priority prophylaxis will provide a check-off list of staff to document vaccine/ medication as received.
- C. Special populations will be handled as noted:
 - 1. Med Central Mansfield Health System – will provide oral antibiotic/ antiviral prophylaxis from their own supply for their staff and families as well as for any hospitalized in-patients. A pre-determined number of doses of vaccine (if available) from SNS will be diverted to MedCentral Shelby Health System pharmacy for administration to their staff and families as well as physicians and families.
 - 2. The following populations will be considered at lower risk if staff is protected and limitation of movement is enforced (no outside visitors, isolation and quarantine is followed): They will receive medication/vaccination as direction is received from ODH or CDC.

- a. Residents of nursing homes and long-term care facilities.
 - b. Homebound patients
 - c. Incarcerated inmates
- D. Staff will guide clients who need assistance proceeding through the dispensing process. During an emergency, MORCHD will utilize the translators/interpreters and services listed in Appendix A of the MORCHD Risk Communication Plan or volunteers may:
- Accompany the special needs recipients through the POD.
 - Provide assistance with mobility, reading, language, and other needs.
 - Functional needs populations are identified as:
 1. Limited English speaking
 2. Hearing or sight impaired
 3. Children
 4. Undocumented immigrants
 5. Amish or Mennonite (limited access to information compared to general public).
 6. Physically handicapped
 7. Frail senior citizens

E. Unaccompanied minors

State and Federal governments have “public health powers” in the event of a public health emergency including the power to:

- Examine
- Isolate the ill
- Quarantine the exposed
- Mandate treatment
- Use private property

Exceptions to consent for treatment practices may need to be made in the event of a public health emergency in order to preserve life or prevent injury.

It’s possible that, in a disaster, minor children may present to POD sites for medication unaccompanied by a parent or legal guardian.

Based on the American Academy of Pediatrics’ “legal exceptions to informed consent,” there are “rules of common law” that allow for the medical treatment of a minor without a parent’s consent.

- Emergency exception: Minor seeks emergency medical care.
- “Mature minor” exception: A minor 14 yrs. or older who is sufficiently mature and possesses the intelligence to understand and appreciate the benefits, risks, and

alternatives of treatment, and who is able to make a voluntary and rational choice, would be allowed to consent.

When deciding to make consent exceptions, the physician must consider the nature and degree of the risk of treatment vs. nontreatment.

The decision to allow minors to consent is made taking into consideration these exceptions, the severity of the event, and treatment mandates. If deemed necessary, the medical director and/ or health commissioner will contact the ODH director and request that Public Health Powers be initiated.

A minor's ability to understand the risks and benefits of treatment will be assessed on an individual basis by the medical director or designated physician.

F. Alternate dispensing methods

Alternate dispensing methods (i.e.: industries, jails, schools, drive through clinics, home delivery) will be added on an as needed basis. Industries are encouraged to have closed POD plans in place. Home Health Agencies will be contacted to do home delivery. Phone banks will be available to assist in answering questions, and assessing needs. Notification of alternate sites will occur the same way as in POD site notifications.

A functional needs registry will be developed with local EMA per CDC and FEMA guidelines so vulnerable people can be reached. The involvement of key community service providers will be critical in accomplishing this.

Operational Guidelines:

A.. Each POD facility will be set up to provide the most efficient, organized care possible, including considerations for safety, security, privacy, staff needs, and patient needs.

1. Large signage, prepared ahead (Appendix I), will be used to direct patients as well as staff to appropriate areas.
2. Patient flow will be established to keep movement in one direction to prevent back-tracking and "people" jams.
3. Entrance and exit doors will be separate, clearly marked, and handicap accessible.
4. Wheelchairs will be kept by the entrance, as available.
5. Queues will be set up as needed to keep lines of people in order.
6. Fast track lines will be set up for individuals with no contraindications or complicating circumstances.
7. Pediatric and "special needs" lines will be set so that special issues such as but not limited to: dose calculation, unclear medical history, illiteracy, visual or hearing

- impairment, or need for interpreter may be addressed. A parent or family member will follow in the special needs line with their family member.
8. Parking will be directed in an organized manner by law enforcement / volunteers to prevent traffic jams and inefficient use of parking space and safety (see ODH appendix G: SNS/POD Security plan in POD notebook).
 9. Off-site parking will be considered with shuttle service if parking space is limited.
 10. A rescue squad unit will be parked at each POD for any medical emergencies that occur.

B. Each POD will be divided into separate stations as noted below and as shown on diagrams in each POD notebook. The Site Manager at each POD will balance and reassign staff in stations as needed to prevent backlogs or idle time.

The following stations may be activated depending on the event:

Triage #1 & Greeter- may be done in arriving vehicles, prior to allowing vehicle to enter parking lot, or at designated area inside POD.

1. Staff – 2-4 nurses and or EMT's
1 interpreter
1-2 volunteers
2. ODH Guidelines for priority groups will be enforced in this area.
3. Assessment for signs and symptoms of illness – fever of 100 or greater with cough, sore throat, chest pain or dyspnea – if symptomatic to be referred to ER or treatment facility (Triage and tracking forms located in Appendix O)
4. Rapid-recording thermometers will be used to check temperatures of symptomatic clients.
5. If anyone in a vehicle is symptomatic of contagious illness, no one in that vehicle will be permitted to enter the parking lot or POD. Appendix P of this plan includes infection control measures to be used at the POD.
6. Simple, standardized screening forms (NAPH) will be given to each person who qualifies for antibiotic prophylaxis. Family members may be listed on same form as head of household. Forms to be turned in at Triage #2 station. For Mass vaccination HDIS computerized system will be utilized for each individual.
7. Volunteer will note how many people in each vehicle are candidates for prophylaxes. Runners will periodically communicate this information to the Site Manager.
8. Vehicles containing appropriate candidates for prophylaxis will be directed into the parking area and from there to Triage #2 station.

Triage #2 – separate building or tent located outside of clinic building, after parking (See specific POD notebook for that POD's Triage 2 area)

1. Staff: 2-4 nurses or paramedics, 1-2 Social Worker / Health Educator, language assistance/interpreter, 1-2 volunteers
2. Gather or help complete screening forms given to patients in Triage 1.

3. Quick re-assessment for signs and symptoms of illness as in Triage #1. Symptomatic patients **may not** progress into clinic – must be referred to a treatment facility. If family cannot transport, EMS will be requested. Triage and tracking forms are located in Appendix O of this plan.
4. Determine if patients are:
 - a. **Fast track** – no contraindications or complicating factors - Head of Household – may pick up oral meds for up to 20 family members or others– **BLUE marker**.
The following information must be documented for EACH family member:
 - Name, birth date, weight, drug allergies, pregnant or breastfeeding taking Zanaflex, or have Myasthenia Gravis.
 - b. **Pediatric** – age <18 or under 99 pounds – may need dosage calculation and/or oral suspension – **RED marker**.
 - c. **Special Needs** – Allergic to Doxy and Cipro, unaccompanied minor, physical disability, medical concerns, illiterate, non- English, visually impaired, hearing impaired, disruptive – **YELLOW marker**.
5. Give out printed medication / vaccine information sheets (volunteer) – can be stacked on tables.
6. Printouts for the specific disease and medication will be available in English and Spanish. Other language needs will be addressed by interpreters (See MORCHD Emergency Operations Plan – or by use of the CD-ROM from ODH (Post-Exposure Prophylaxis for Anthrax, Plague, and Tularemia) which has medication information and labels **in 48 languages**. This CD will be kept with this Mass Clinic POD notebook, and will be taken to each POD where it can be accessed by laptop as needed. Copies can be made as needed.
7. The need for an interpreter or foreign language medication information will be radioed to the POD command post where this information or contact may be found.
8. Play ongoing brief video (prepared ahead) which explains disease and vaccine / medication, and procedures, instructions for registration, along with reassurances.

Waiting / holding area – located inside clinic building -chairs / seating for large groups

1. Staff: 2 volunteers / mental health volunteer
2. If not done in Triage 2, play ongoing brief video (prepared ahead) which explains disease and vaccine / medication, and procedures, instructions for registration, along with reassurances, if a PA is available public address announcements may be broadcast for ongoing procedures, education etc.
3. Advise all patients to have drivers license or ID ready to be swiped or NAPH (name, address, phone, health history) forms completed for all family members.

Intake / Registration – located inside clinic building

1. Staff: 6-8 clerical, 3-4 volunteers
2. HDIS will be used to obtain client data.

3. Complete and / or verify ODH standardized NAPH forms (name, address, phone, health history).
4. Patients will be directed to the appropriate line for their prophylaxis, based on triage color assigned.

Medication / vaccine administration

1. Staff: 6-10 nurses, volunteers, 2 pharmacists, 2 physicians, or Nurse Practitioners.
2. At least 2 “Fast Track” lines will allow faster processing of patients who have no complicating circumstances – antibiotic / vaccine pre-determined.
3. Two “Head of Household” lines will allow specialized dispensing for 1 adult (age 18 and over) who will be permitted to pick up oral medication for up to 20 family members, provided the proper information has been given for each person. Education and guidelines will be supplied for each individual to receive the medication. Necessary Information for Head of Household Pickup:
 - Names of the household members the person is picking up meds for
 - Date of birth and weight of all household membersAdditional information necessary:
 - Adult
 - Weight (99 pounds and under)
 - Current medications
 - Medical conditions
 - Pregnant or breastfeeding
 - Allergies
 - Children (Less than 18 years of age or 99 pounds)
 - Weight
 - Current medications
 - Medical conditions
 - Allergies
4. Pediatric line (age 17 and younger or less than 99 pounds) - allows for dosage calculations or positioning for injection. Parent or guardian may follow this line and also receive their med/ vaccine. Instructions for pill-crushing will be included.
5. “Help Line” – allows for medical / pharmacy consultation and addressing other concerns. Family member may follow this line and also receive their med/vaccine. If ordered by clinician, alternate medication would be provided at the “Help Line”.
6. Injections or medication dispensed and documented.
7. Vaccine/medication supply from SNS to be stored appropriately on site with Vaccine Coordinator monitoring usage. Usage of vaccine/medication and other administration supplies will be reported to Pod Site Manager.

8. IT Manager will check HDIS hourly to monitor patient throughput. This information will be provided to POD Manager. Client flow through the POD site will be evaluated and staffing changes/reassignments will be made if necessary.

Exit Education/ Forms Collection

1. Staff: 1 nurse, 1 volunteer
2. Forms are collected and checked for completeness.
3. Questions answered.

Equipment and Supplies (NOT SNS)

- A. Logistics will help procure local supplies, equipment and facility needs according to the type of clinic needed (vaccination vs. oral medication) and also arrange for transportation, if needed, of staff and supplies.
- B. EMA will work with the Logistics Chief to coordinate obtaining equipment and supplies needed.
- C. MORCHD has MOUs with local printing businesses to provide rapid printing of medication / vaccine information sheets. The Logistics Chief will contact them to initiate high volume printing of needed forms.
- D. Supplies to be gathered, packed, delivered, and / or set up at the POD are listed in Appendix B of this plan.

1. If additional medical supplies are needed, and not available in the SNS, the following suppliers/distributors may be contacted:

Hursh Drug – 1-800-441-5253
Mansfield, OH - 419-524-0521

Fax: 215-751-5605 or 215-751-4759

Aventis Pasteur – customer #
Phone: 1-800-822-2463 ext 3691

- E. Equipment / supplies borrowed from outside MORCHD will be logged in and labeled upon arrival at each POD so proper return can be made when no longer needed.

- a. Volunteers will be used to log in / label items.

Communications:

Redundant communications systems are in place between command, management, and other agencies, and are tested quarterly. See separate Crisis and Emergency Communications plan and Communications tests check list.

1. Each POD clinic Communications Coordinator will be supplied with a MARCS radio (Multi Agency Radio Communication System) to facilitate communication with the Incident Commander at the EOC and with the other PODs.
2. Each POD Command Center will have a dedicated land-line phone for use by the Site Manager or Communications Chief.
3. Available cell phones may be used for other outside communications.
4. All needs and concerns within each POD will be communicated directly or **in writing** to the Site Manager who can determine what needs to be communicated to other chiefs, to the Incident Commander or other officers at the EOC.
 - a. **Volunteer** runners may be used to deliver **written** messages using carbonized communication form (found in POD notebook).
 - b. Verbal message are to be avoided as the risk of miss-communication is too high.
5. All information received at the EOC will be forwarded to the Incident Commander.
6. All communications with ODH and / or CDC will be handled by the Incident Commander, the EMA Director or their designee and may include the use of email and fax as well as telephone.
7. All communications to outside agencies and media will be approved by the Incident Commander.
 - a. The PIO will communicate information and education to the public through the media, either in person or by telephone, via website, text, agencies for functional needs populations and other public announcements.
 - b. Prior to actual clinic operation, as much information and education as possible will be provided to the public to eliminate unnecessary or inappropriate visits to the clinic, as well as facilitating patient flow through clinic stations. This information will include, but is not limited to; informing the public about the “head of household” policy at the POD, what information will need to be supplied so medication can be dispensed, and the order in which people should report to the POD (ie: by zip code, polling site, school district, first letter of last name, social security number, township or village).
 - c. The PIO / liaison officer will also handle communications with outside agencies who become involved in providing assistance or resources.
8. Information Technology (IT) manager and designated staff will be responsible for maintaining technical communication systems at all times.
9. Official communication pathways can be found in Crisis Emergency Risk Communications plan.

Data Collection / Tracking:

The MORCHD will collect and maintain all medical records associated with a mass immunization / prophylaxis clinic.

- A. IT manager and designated clerical staff will coordinate handling / creation of data bases and storage of all patient and dispensing / administration information.
- B. HDIS, NAPH or an ODH guided database, will be activated and used to collect data.
- C. Data to be obtained includes:
 - i. Name
 - ii. Birth Date
 - iii. Address
 - iv. Phone Number
 - v. Allergies
 - vi. Health History / Medical Conditions (if applicable)
 - vii. Medication given
- D. The data will automatically be transmitted to ODH and SNS use will be tracked.
- E. Other logistics of data collection and tracking will be determined by Information Technology.
- F. In the event that computers and HDIS are not operable, standardized paper NAPH forms from ODH will be completed. Collected data will be tabulated and sent to ODH within 72 hours of close-down of PODs or as mandated by ODH.
- G. Other appropriate standardized forms will be initiated and utilized depending on type of immunization / medication being administered.
- H. Documentation by nurses of vaccine / medication administration will be noted on appropriate standardize forms.
- I. Vaccine information sheets and/or medication dispensing sheets given to clients following vaccine or medication administration will contain information for follow up in the event of an adverse reaction. Adverse events and reactions will be tracked by MORCHD.
- J. Patient forms will be secured in accordance with MORCHD HIPPA guideline.

Close-Down Procedure

The Incident Commander and Site Managers at each POD will work collaboratively to determine when the PODs can be closed.

Before checking out, all on-duty staff at PODs must complete their assignments and finish documentation/forms. Comments and observations for the After Action Report should be written at the bottom of Job Action Sheet and turned in at Workforce Staging Area when signing out. All employees and volunteers must sign out before leaving the POD site.

Arrangements must be made by the SNS Coordinator for all SNS inventory not used to be returned to the regional Receipt Shipping Storage (RSS) area as directed by ODH.

POD Site manager and contact person from the site will conduct a walk-through to assure location has been returned to pre-activation status.

A “hot wash” will be conducted following the close down of the POD. Areas of strength and areas for improvement will be identified by key staff. Comments and observations noted on Job Action Sheets will be noted. Notes will be taken and this information will be reassessed at the Post Incident Review Meeting.

Post Incident Review

Whenever this plan of action for mass immunization / prophylaxis is activated, it will be followed up within 5 days of POD closures with a meeting of all agency / staff managers who participated to review the incident and this plan of action, and to make recommendations for plan revisions based on lessons learned or occurrences which proved to be problematic.

Recommendations will be detailed in a formal After-Action Report / Improvement Plan (AAR/IP).

Mental health personnel will be available for debriefing of staff during this meeting.

