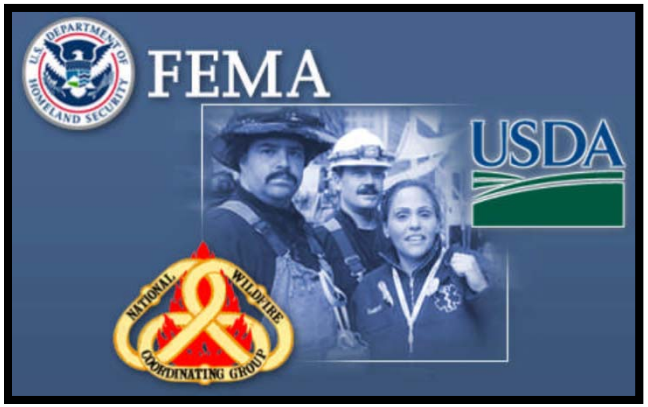
Just In Time Training for Points of Dispensing (PODS)



Just In Time Training

- Volunteering- then and now
- ICS- background and explanation
- PODs (Point of Dispensing)
- Tabletop exercise

ICS Structure

We will be following a reporting and command structure known as the Incident Command System, or ICS.

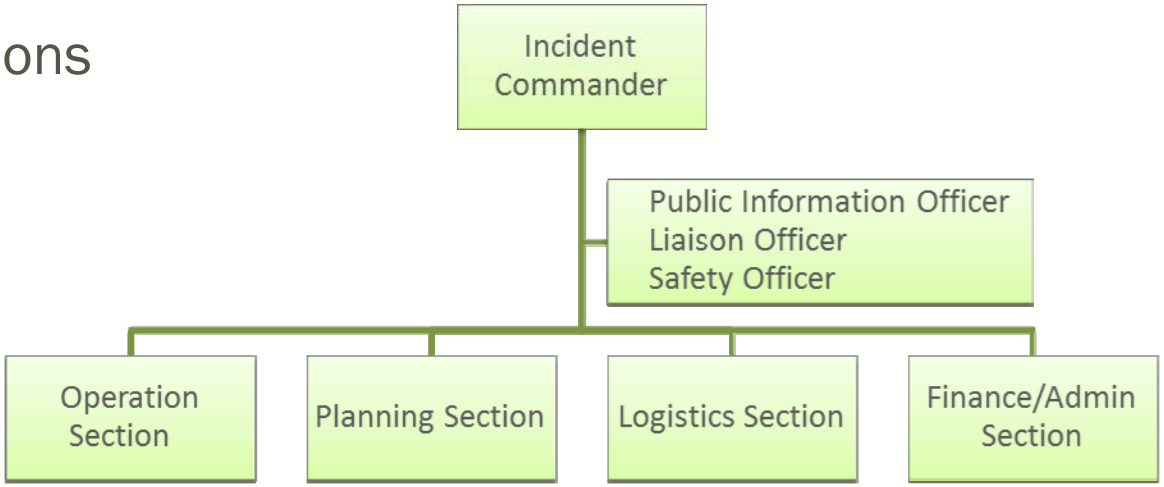
ICS helps to ensure:

- The safety of responders and others
- The achievement of tactical objectives
- The efficient use of resources

ICS Structure

Five management functions

- Incident Command
- Operations
- Planning
- Logistics
- Finance and Administration



ICS Structure

- Incident Command – The IC is solely responsible (within the confines of his or her authority) for establishing incident objectives and strategies. The IC is directly responsible for ensuring that all functional area activities are directed toward accomplishment of the strategy
- Operations – Is responsible for all tactical activities focused on reducing the immediate hazard, saving lives and property, establishing situational control and restoring normal operations
- Planning – Is responsible for gathering and disseminating information and intelligence critical to the incident, assembling the Incident Action Plan (IAP). The IAP includes the overall incident objectives and strategies established by Incident Command

ICS Structure

- Logistics – Is responsible for all services support requirements needed to facilitate effective and efficient incident management, including ordering resources from off-incident locations

- Finance and Administration – Is responsible for on-scene or incident-specific finance and other administrative support services, recording personnel time, maintaining vendor contracts, administering compensation and claims, and conducting an overall cost analysis for the incident

DSHS, HSR 1 SNS/PHEP
Medical Countermeasures

- SNS- large amount of durable medical equipment, antibiotics, and antivirals available to us when needed
  - Bioterrorism attack
  - Natural epidemic
  - Large scale disaster

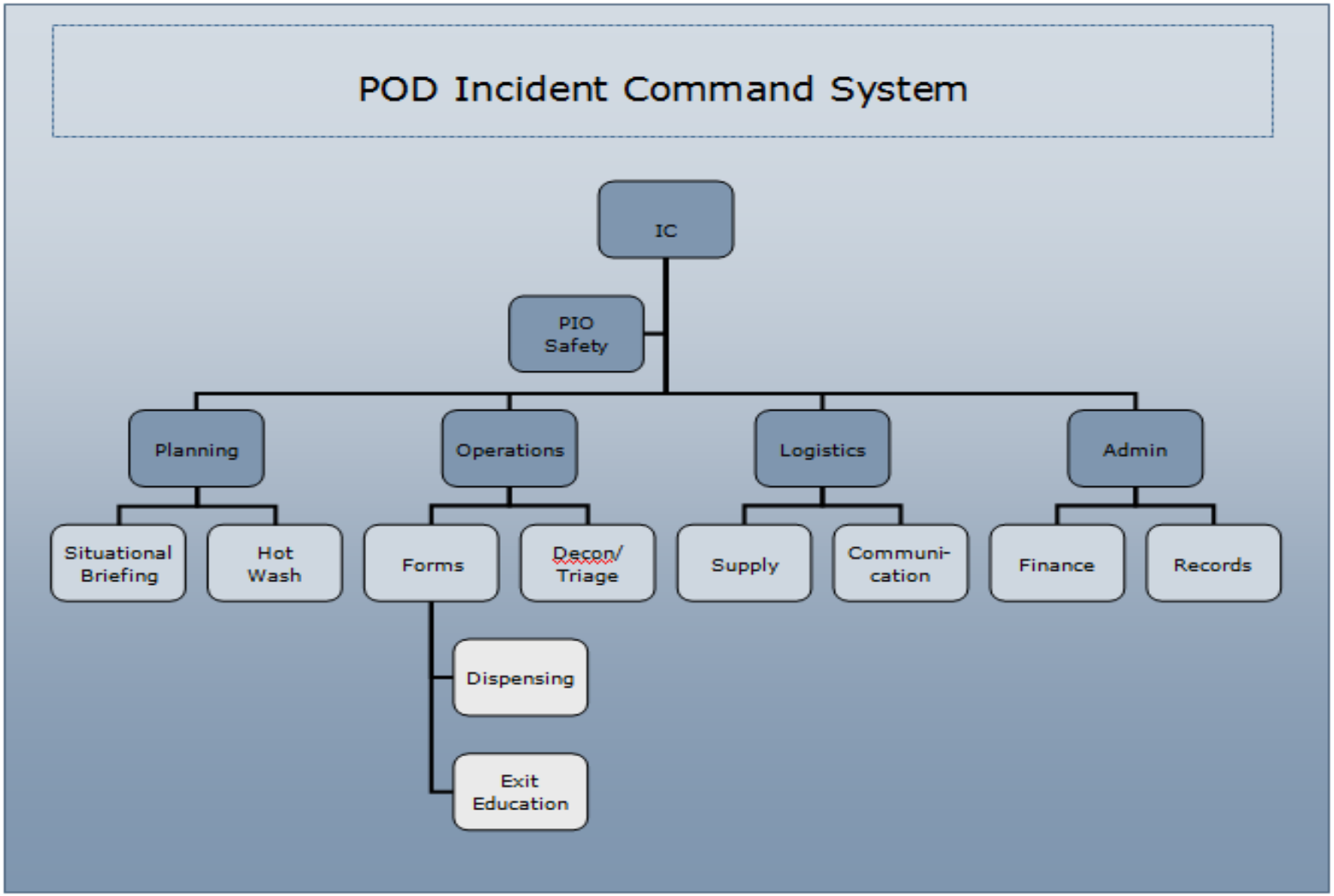
  Questions:
  - How do we get the items where they need to be (“Pills into People”)
  - Who puts the pills into peoples hands?
  - Where do we do this?
  - What pills are used?

Point of Dispensing POD

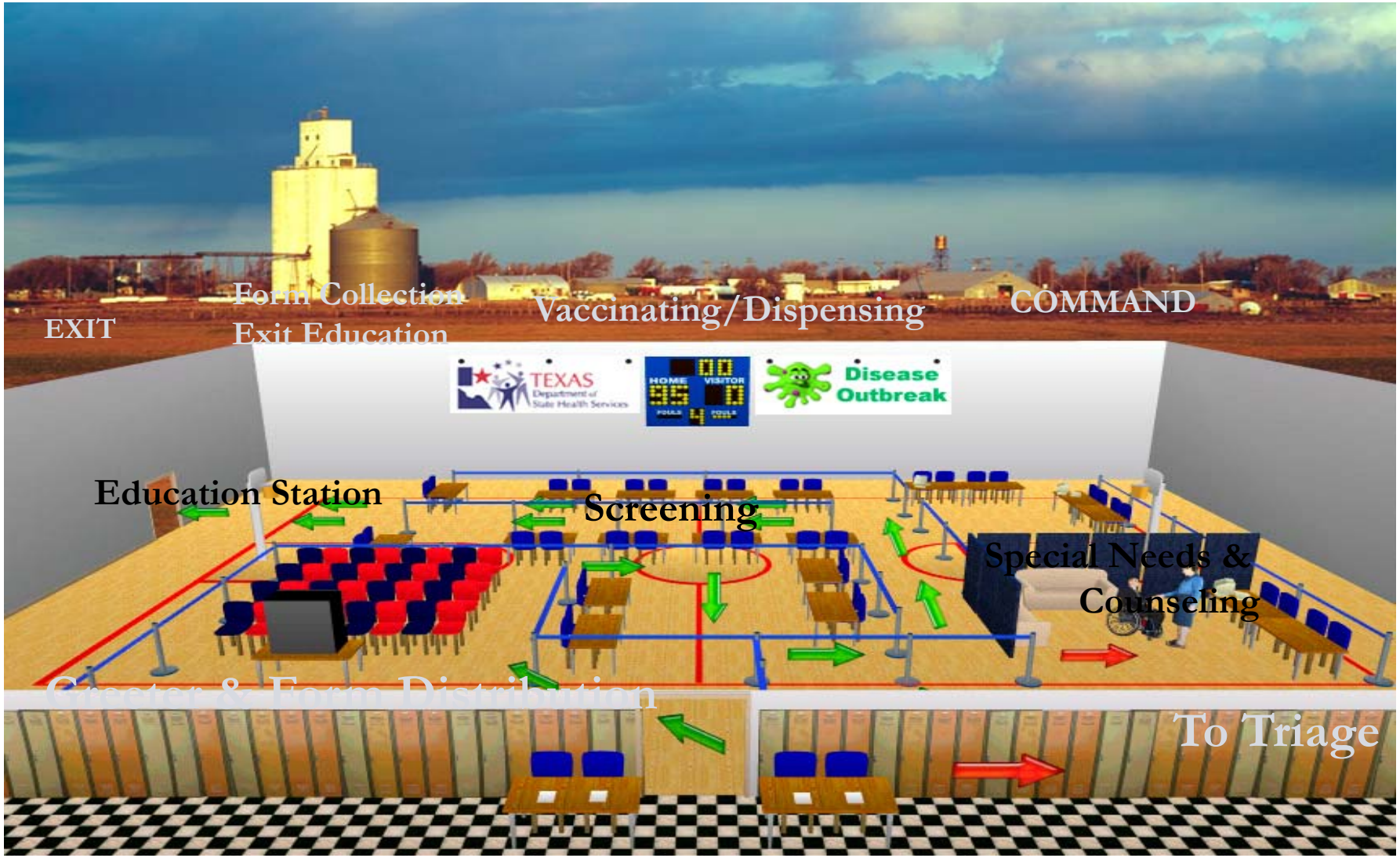
A POD is a community based dispensing point for vaccinations or medications. It's primary goal is to decrease the number of individuals within your community and county who may become ill

In Texas, we use schools as POD sites

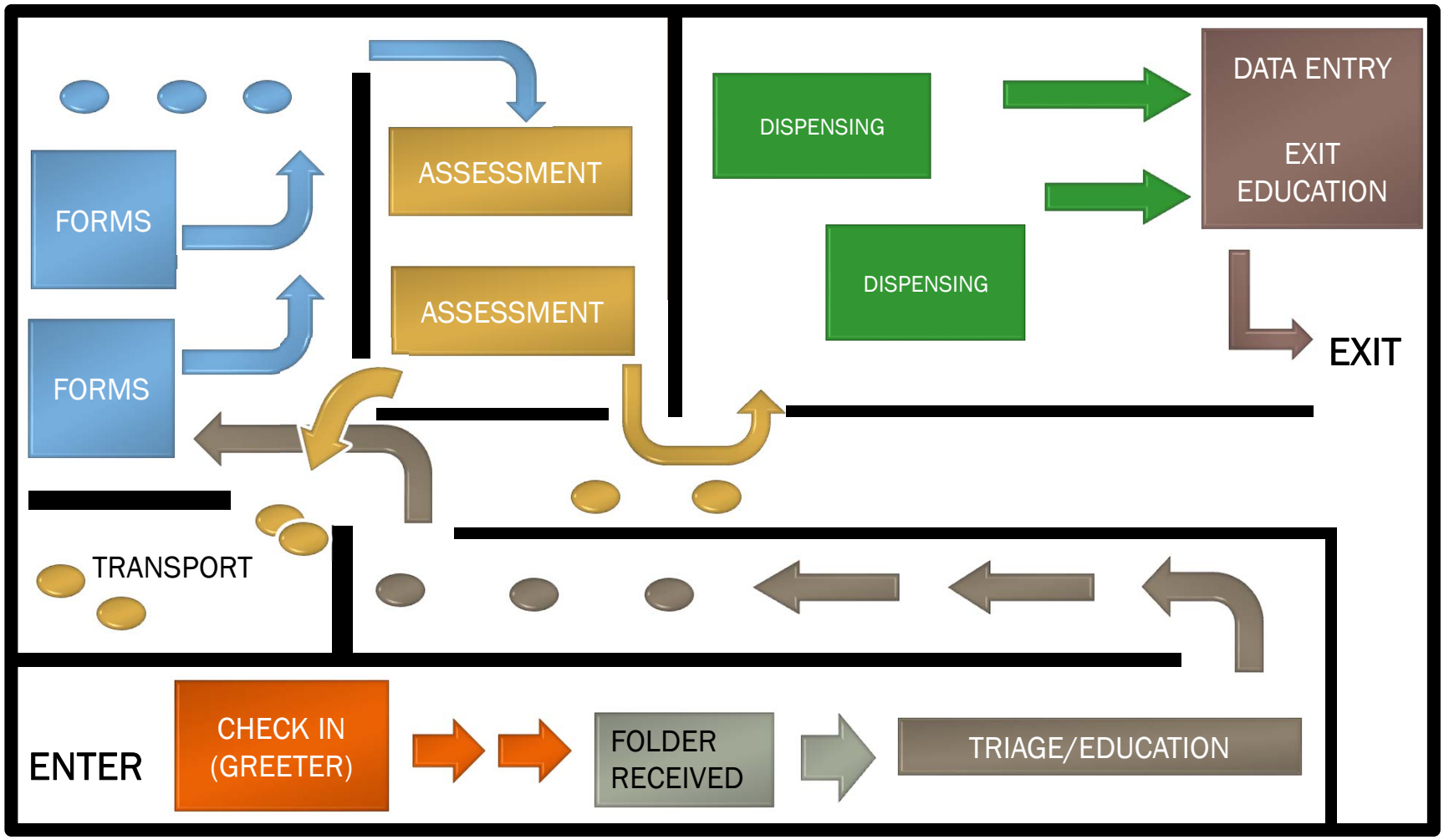
POD ICS


POD Incident Command System
IC
PIO
Safety
Planning
Operations
Logistics
Admin
Situational
Briefing
Hot
Wash
Forms
Decon/
Triage
Supply
Communi-
cation
Finance
Records
Dispensing
Exit
Education

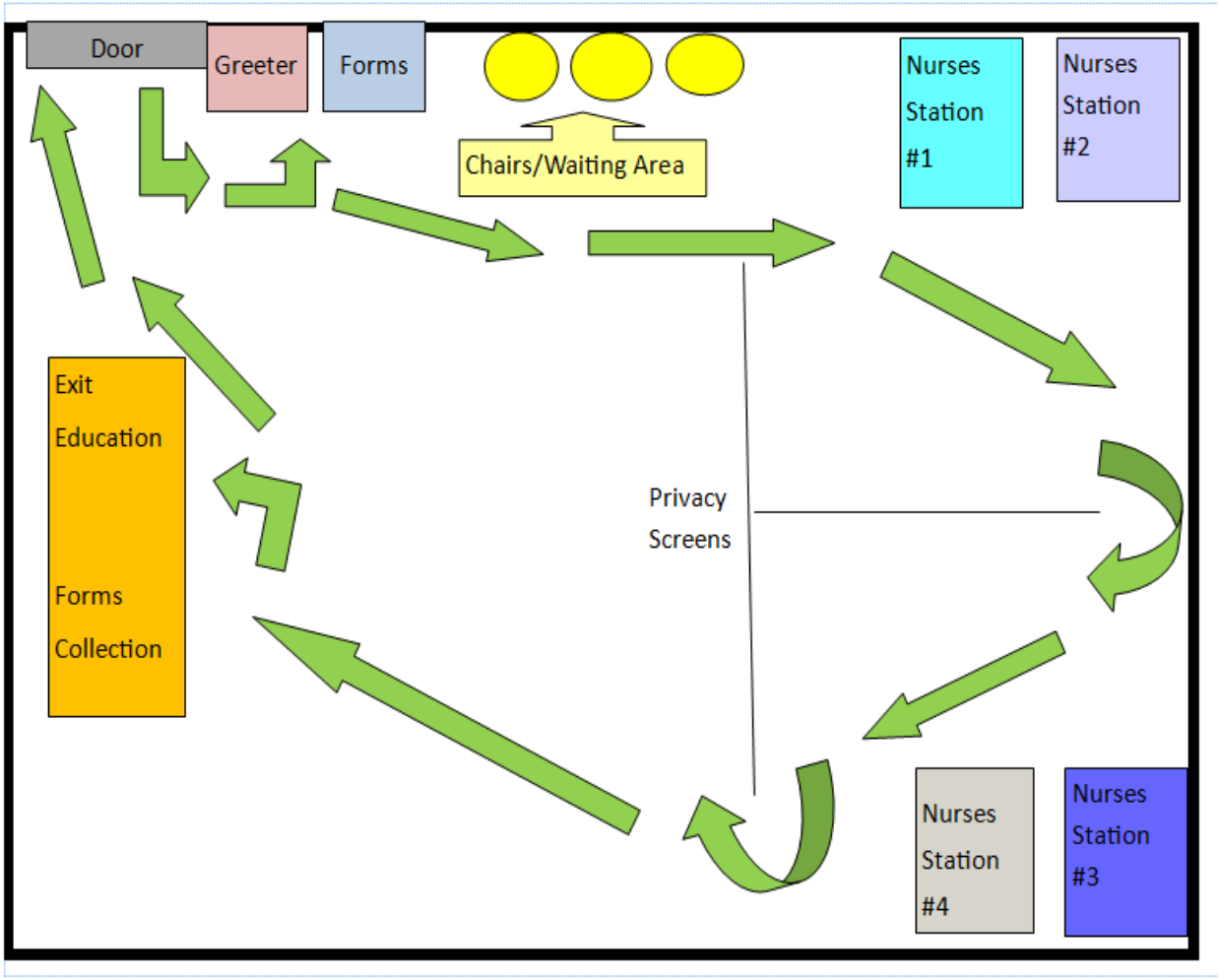
POD Clinic Flow



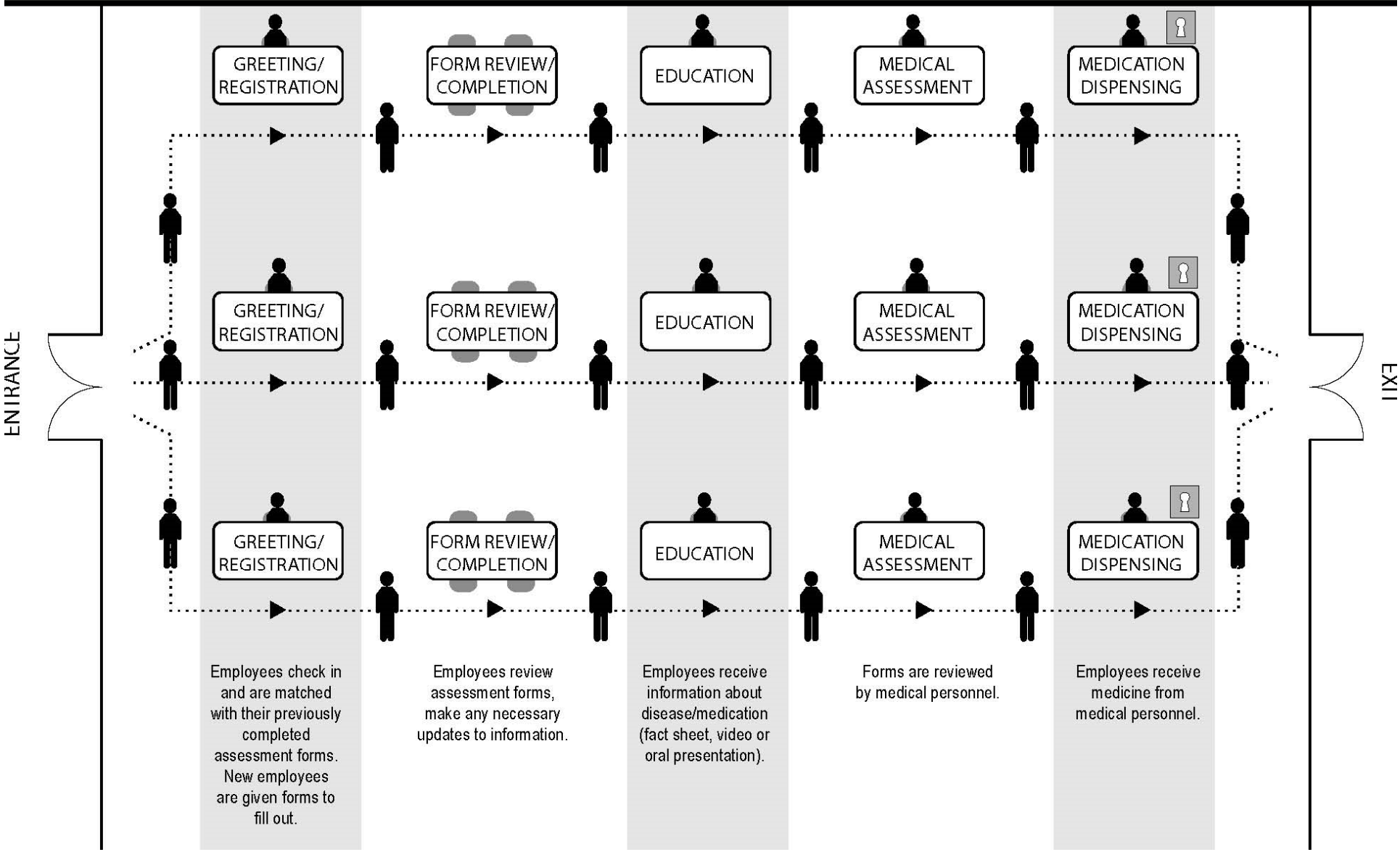
POD Clinic Flow Example



POD Clinic Flow Example



POD Clinic Flow for Large Response



Greeter / Check-In

Upon entering the POD, may (in a closed POD), provide clients with the Medical History and Consent Form, and direction to next station

Greeter/Triage Forms

Greeter/Triage

POD Jobs	
Greeter/Triage Staff	SECTION Operations

QUALIFICATIONS: Clerical/Nurse

REPORT TO: Clinic Manager

JOB ACTIONS:

- Review and familiarize self with dispensing site surroundings for workstation locations, office areas, lavatories, first aid, and break room.
- Greet clients as they arrive.
- Maintain traffic control around the entrance into the triage area.
- Attempt to separate well clients from ill clients.
- Screen clients for disease or contact with identified agent. Utilize triage protocol for screening clients for disease or contact with identified agent.
- Direct/escort ill clients to the ILL Client Evaluation Area.
- Direct/escort symptomatic or exposed individuals and their family members to the Contact Surveillance Area.
- Direct all others to the main clinic flow.
- Call clinic security for backup as necessary.

Short Form

Greeter/Triage

- Greet clients as they arrive from Decon
- Indicate "Time In" on Triage form
- Separate well clients from ill clients (triage questions)
  - Send **ill** clients to their PCP
  - direct **well** clients into clinic to "Forms"
- Enter "Time Out" on Triage form and send with client

Triage → Education

The Triage staff will ask questions and gather information from incoming clients to determine whether they have been exposed and could present a risk to others

Clients that are in need of immediate medical services or are contagious to others are NOT allowed to enter the POD and may require medical transportation

Client Education Example

TB Elimination
Tuberculosis: General Information

What is TB?

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with TB can die if they do not get treatment.

What are the Symptoms of TB?

The general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood. Symptoms of TB disease in other parts of the body depend on the area affected.

How is TB Spread?

TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected; this is called latent TB infection.

What is the Difference Between Latent TB Infection and TB Disease?

People with latent TB infection have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB disease, and they cannot spread the germs to others. However, they may develop TB disease in the future. They are often prescribed treatment to prevent them from developing TB disease.

People with TB disease are sick from TB germs that are active, meaning that they are multiplying and destroying tissue in their body. They usually have symptoms of TB disease. People with TB disease of the lungs or throat are capable of spreading germs to others. They are prescribed drugs that can treat TB disease.

What Should I Do If I Have Spent Time with Someone with Latent TB Infection?

A person with latent TB infection cannot spread germs to other people. You do not need to be tested if you have spent time with someone with latent TB infection. However, if you have spent time with someone with TB disease or someone with symptoms of TB, you should be tested.

What Should I Do if I Have Been Exposed to Someone with TB Disease?

People with TB disease are most likely to spread the germs to people they spend time with every day, such as family members or coworkers. If you have been around someone who has TB disease, you should go to your doctor or your local health department for tests.

How Do You Get Tested for TB?

There are tests that can be used to help detect TB infection: a skin test or TB blood tests. The Mantoux tuberculin skin test is performed by injecting a small amount of fluid (called tuberculin) into the skin in the lower part of the arm. A person given the tuberculin skin test must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm. The TB blood tests measures how the patient's immune system reacts to the germs that cause TB.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Tuberculosis Elimination

What Does a Positive Test for TB Infection Mean?

A positive test for TB infection only tells that a person has been infected with TB germs. It does not tell whether or not the person has progressed to TB disease. Other tests, such as a chest x-ray and a sample of sputum, are needed to see whether the person has TB disease.

What is Bacille Calmette–Guèrin (BCG)?

BCG is a vaccine for TB disease. BCG is used in many countries, but it is not generally recommended in the United States. BCG vaccination does not completely prevent people from getting TB. It may also cause a false positive tuberculin skin test. However, persons who have been vaccinated with BCG can be given a tuberculin skin test or TB blood test.

Why is Latent TB Infection Treated?

If you have latent TB infection but not TB disease, your doctor may want you to take a drug to kill the TB germs and prevent you from developing TB disease. The decision about taking treatment for latent infection will be based on your chances of developing TB disease. Some people are more likely than others to develop TB disease once they have TB infection. This includes people with HIV infection, people who were recently exposed to someone with TB disease, and people with certain medical conditions.

How is TB Disease Treated?

TB disease can be treated by taking several drugs for 6 to 12 months. It is very important that people who have TB disease finish the medicine, and take the drugs exactly as prescribed. If they stop taking the drugs too soon, they can become sick again; if they do not take the drugs correctly, the germs that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder and more expensive to treat. In some situations, staff of the local health department meet regularly with patients who have TB to watch them take their medications. This is called directly observed therapy (DOT). DOT helps the patient complete treatment in the least amount of time.

Additional Information

CDC. Questions and Answers About TB
http://www.cdc.gov/tb/publications/faqs/default.htm

http://www.cdc.gov/tb

October 2011

Triage → Forms

Clients will fill out required forms for all individuals receiving medication and will then be directed to Assessment

Forms Completion

Forms

POD Jobs	
Forms	**SECTION** Operations

QUALIFICATIONS: Nurse, NP, PA, other approved personnel

REPORT TO: Clinic Manager

JOB ACTIONS:

- Distribute and explain Medical History/Consent form to clients.
- Assist clients with completing forms.
- Review forms for completeness and accuracy.
  - If all "No" answers sign as a witness after client has signed the Medical History/Consent form, send to dispensing area.
  - If any "Yes" answers highlight the contraindication, **do not sign as a witness** and send to medical evaluator/screener area.
  - Route families with mixed History/Consent forms to the Medical Evaluator in order to not separate families.

SHIFT CHECKLIST:

- ☐ Report to the Clinic Manager
- ☐ Wear badge at all times.
- ☐ Ensure each client has a Screening and Consent form and Record of Immunization/Prophylaxis.
- ☐ Provide briefing to oncoming the Forms personnel.
- ☐ Sign off/report to the Clinic Manager.

Short Forms

Forms

- Indicate "Time In" on Triage form
- Distribute and explain Medical History/Consent form
- Assist with completion of form
- Enter "Time Out" on Triage form

Screening/Consent Forms

FAMILY PROPHYLAXIS/SCREENING/CONSENT/MEDICATION FORM

Client Last Name:_____First Name:_____
Address:_____City_____State____Zip_____
Home Phone:_____Cell Phone:_____

Have you or anyone for whom you are picking up the medication been exposed to a suspected biological agent or been in contact with someone who has been infected? **Yes** **No** If yes, how_____
_____

Medical History/Treatment Information

	Family Rep Named Above		Person #2		Person #3		Person #4		Person #5	
First Name Last Name										
Age & Sex		M F		M F		M F		M F		M F
Weight if Child										
Relationship to the individual picking up medication										
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Allergic to Doxycycline, Cipro, or Amoxicillin										
Pregnant										
Breastfeeding										
Taking blood thinner or digoxin										
Liver disease										
Taking seizure medication										
Kidney Dialysis										
Do Not Write In this Box – DISPENSING STAFF USE ONLY										
Medication & dosage	☐ **Doxycycline tabs** 100 mg BID ☐ **Doxy Susp** 25 mg/5 ml ____ ml bid ☐ **Cipro tabs** 500mg BID ☐ **Cipro Susp** 250 mg/5ml ____ ml bid ☐ **Amox tabs** 250mg TID_____ ☐ **Amox susp** 250 mg/5 ml ____ml TID ☐ **Other**_____		☐ **Doxycycline tabs** 100 mg BID ☐ **Doxy Susp** 25 mg/5 ml ____ ml bid ☐ **Cipro tabs** 500mg BID ☐ **Cipro Susp** 250 mg/5ml ____ ml bid ☐ **Amox tabs** 250mg TID_____ ☐ **Amox susp** 250 mg/5 ml ____ml TID ☐ **Other**_____		☐ **Doxycycline tabs** 100 mg BID ☐ **Doxy Susp** 25 mg/5 ml ____ ml bid ☐ **Cipro tabs** 500mg BID ☐ **Cipro Susp** 250 mg/5ml ____ ml bid ☐ **Amox tabs** 250mg TID_____ ☐ **Amox susp** 250 mg/5 ml ____ml TID ☐ **Other**_____		☐ **Doxycycline tabs** 100 mg BID ☐ **Doxy Susp** 25 mg/5 ml ____ ml bid ☐ **Cipro tabs** 500mg BID ☐ **Cipro Susp** 250 mg/5ml ____ ml bid ☐ **Amox tabs** 250mg TID_____ ☐ **Amox susp** 250 mg/5 ml ____ml TID ☐ **Other**_____		☐ **Doxycycline tabs** 100 mg BID ☐ **Doxy Susp** 25 mg/5 ml ____ ml bid ☐ **Cipro tabs** 500mg BID ☐ **Cipro Susp** 250 mg/5ml ____ ml bid ☐ **Amox tabs** 250mg TID_____ ☐ **Amox susp** 250 mg/5 ml ____ml TID ☐ **Other**_____	
Qty Dispensed										
Manuf/Lot #										

☐ I have read or have had explained to me the information on the fact sheets about the disease and medication. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefit and risks of the prescribed medication. **I consent** to receive the medication for myself, my children and other persons named/listed on this form. I will share the information with and distribute the medication to those persons listed.

☐ **I refuse** the medication prescribed at this time for myself and those persons listed.

Signature of the person picking up the medication:_____**Date:**_____

Dispensed by: **Date:** **Location/Site**

GENERAL CONSENT AND DISCLOSURE

The information in this consent form is given so that you will be better informed about the health care services you will receive. After you are sure you understand the information which will be given about the services and, if you agree to receive the services, you must sign this form to indicate that you understand and consent to the services.

NOTIFICATION: _____
(Name of Health Department)

(Hereafter called the Department) encourages individuals to seek a personal physician for periodic health examinations and for treatment of health problems. The Department clinic services are targeted primarily toward prevention of health problems among those who cannot access a physician. The Department cannot assume the responsibility for payment of medical care received outside this clinic, including the delivery of babies, unless previous written authorization has been given.

DISCLAIMER ON SCREENING: The Department uses screening tests, which are a way to find people who may develop certain common medical problems. Screening tests are valuable because they can find disease early-before it becomes a big health problem. Screening tests do not cover all diseases and may miss some diseases they are supposed to find, so the test results are not final, just one part of a complete exam. Screening tests can alert you to promptly get a medical check-up and treatment from a doctor or health clinic of your choice.

GENERAL CONSENT: I give permission to the Department, its designated staff and other medical personnel providing services under its sponsorship to perform physical assessments or examinations, conduct laboratory or other tests (which may include HIV testing), give injections, medications, and other treatments, and render other health services to the patient identified on this form.

ADDITIONAL CONSENT: In addition to the above general consent, I understand that special consent forms must be read and signed for the following procedures: medications for tuberculosis and Hansen's disease, immunizations and family planning methods.

PRIVACY NOTICE: I acknowledge that I have received a copy of the Department's HIPAA Privacy Notice.

QUESTIONS: I certify that this form has been fully explained to me, that any blank lines have been filled in and that any questions I have had about the services have been answered to my satisfaction.

SIGNATURES: Fill blank lines with NA if not applicable.

Patient's Name _____Patient's Signature_____

Person Authorized to Consent (if not patient) _____Relationship_____

Signature _____Date_____

I decline HIV testing at this time. If so, initial here: _____

SIGNATURES SECTION II: I certify that the person who has the power to consent cannot be contacted and has not previously objected to the service being requested. Patient's Name
_____Name of Person Giving Consent
_____Signature_____Relationship to Patient
_____Date_____Address
_____Phone
Number_____

SIGNATURES SECTION III:

Counselor Signature _____Date_____

Assessment → Dispensing

The clients paperwork is reviewed and then clients are directed to the Dispensing Station to receive their vaccination or medication or to their personal physician/ER. etc.

Assessment/Screener Forms

Assessment

POD Jobs	
Medical Screener	**SECTION** Operations

QUALIFICATIONS: Physician Assistant, Nurse Practitioner, Nurse, other medical professionals, certified/licensed EMS personnel

REPORT TO: Dispensing Coordinator

JOB ACTIONS:

- Gives the appropriate fact sheets.
- Review client history for contraindications.
- Note highlighted contraindications and record comments on the back of the Screening & Consent Form.
- Direct to:
  - Medical Evaluator, if necessary due to contraindication
  - Vaccinate and/or medicate, if not contraindicated
- Sign Screening and Consent forms as witness if informed consent is given by client.
- Direct non-consent cases to Dispensing Coordinator.

SHIFT CHECKLIST:

- ☐ Report to the Dispensing Coordinator.
- ☐ Sign personnel checklist and report to assigned station.
- ☐ Wear badge at all times.
- ☐ Provide briefing to the oncoming Medical Screener.
- ☐ At end of shift, report to the Dispensing Coordinator, and sign out.

Short Form

Medical Screener

- Indicate "Time In" on Triage form
- Review Family Prophylaxis/ Screening/Consent/Medication Form
- Refer to Algorithm
- If Cipro or Doxycycline is indicated, mark the appropriate box, client/patient will return with form to Dispensing in order to receive medication
- If Cipro/Doxycycline is NOT indicated, refer client/patient to his/her Primary Care Provider
- Enter "Time Out" on Triage form

Dispensing Forms

Dispensing

POD Jobs	
Dispensing	SECTION Operations

QUALIFICATIONS: Registered Pharmacist, Physician, PA, NP, Nurse

REPORT TO: Clinic Manager

JOB ACTIONS:

- Supervise actions of dispensing area personnel. Act in these positions as necessary.
- Ensure that all dispensing area personnel complete the training process specific for their job and have received vaccination and/or medication.
- Maintain log of on-site training conducted.
- In conjunction with the Safety Officer, ensure that all dispensing area staff has been advised of the appropriate personal protective equipment.
- Meet with the Vaccinators/Dispensers and review dispensing site operations to ensure they have a clear understanding of client flow and dispensing protocols. Train medical and pharmaceutical staff in use of algorithms and other prescribing tools.
- Defer from vaccinating and/or medicating those clients who are contraindicated (unless health authority waives deferrals due to contraindications). Prescribe alternative solutions if possible to preclude contraindications.
- Ensure young children and guardians/parents are directed to appropriate dispensing stations for algorithm determination.
- If appropriately licensed, direct the reconstitution/compounding of vaccine and/or medication per Standing Delegation Orders.
- Oversee the dispensing of appropriate vaccine and/or medication per Standing Delegation Orders and recording of comments on the back of the Screening & Consent Signature Form.
- Monitor client throughput and resolve bottlenecks. Make recommendations for throughput improvement.
- Dispense vaccine and/or medication to clients as duties allow.
- Direct non-consent and contraindicated clients to shelter-in-place. Document client disposition on back of Screening and Consent form.

SHIFT CHECKLIST:

- ☐ Report to the Clinic Manager.
- ☐ Sign personnel checklist and report to assigned station.
- ☐ Wear badge at all times.
- ☐ Provide briefing to the oncoming Dispensing Coordinator.
- ☐ At the end of the shift, report to the Clinic Manager and sign out.

Short Form

Dispensing

Enter "Time In" on Triage form

- Refer to algorithms and other prescribing tools
- Defer from medicating those clients who are contraindicated.
- Dispense medication to clients
- Fill out bottom portion of Family Prophylaxis/Screening/Consent/Medication Form and sign, date, and location

Enter "Time Out" on Triage form and send client to Exit Education

Exit Education

The client is provided additional information in regard to the vaccine or medication that they have just received to include directions on taking any medication and other relevant information

Exit Education Forms

Exit Form

POD Jobs	
Exit Educator	**SECTION** Operations

QUALIFICATIONS: Volunteers, Teachers, Social Workers

REPORT TO: Clinic Manager

JOB ACTIONS:

- Ensure that the client/patient has all of the necessary information sheets and instructions. (Example: vaccine and/or medication information sheet, follow-up medication procedures, smallpox vaccination site care, etc.)
- Answer any final questions and remind participant to keep and follow all instructions received.
- Inform client to report adverse reactions to medical provider.
- Maintain supply of extra information and instruction sheets for distribution, if necessary.

SHIFT CHECKLIST:

- ☐ Report to the Clinic Manager.
- ☐ Sign personnel checklist and report to assigned station.
- ☐ Wear badge at all times.
- ☐ Provide briefing to the oncoming Exit Educator personnel.
- ☐ Sign off/report to the Clinic Manager.

Short Form

Exit Education

Enter "Time In" on Triage form

- Ensure that the client/patient has all of the necessary information sheets and instructions
- Answer any final questions
- Remind client/patient to keep and follow all instructions received
- Inform client/patient to report adverse reactions to medical provider.

Enter "Time Out" on Triage form and keep the form

Emergency Situations

It's possible that another emergency could happen while the dispensing site is active

- Fire, Tornado, Medical Emergencies, people who become distressed while visiting the site
- Breach of Security
- Disruptive Behavior

You should know the location of the following personnel

- Security
- Behavioral or Mental Health
- Emergency Medical Services or EMS
- Runners (Floaters)

Remember……

As we discussed at the beginning of your training, the overall goal at the dispensing site is to provide medication or vaccine to a large number of people in a very short time. Remember that the team you are working with is there to help you help the public.

Table Top Exercise!

- Blueprint of school
- Clinic Flow
  - One way
- Legend
- Positions filled:
  - Greeter/Triage/Forms/Education/Assessment and Dispensing/Exit Education
- Tables/Chairs
- Show the rest of the class what your table did

Resources

- American Red Cross
  - Lubbock
    - 2201 19th 806 765-8534
  - Amarillo
    - 1800 South Harrison 806 376-6309
- Medical Reserve Corps
  - Lubbock
    - South Plains Medical Reserve Corps
    - Rosalyn Martinez- 806 762-8721
  - Amarillo
    - Greater Amarillo Medical Reserve Corps
    - Buddy Todd- 806 378-6335