



A Tradition of Stewardship  
A Commitment to Service

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**HHSA EMERGENCY OPERATIONS  
PLAN (EOP) – APPENDIX 4**

**COUNTERMEASURE DISTRIBUTION  
PLAN**

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NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA)

August 2012

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**ACKNOWLEDGEMENTS AND SOURCES**

Procedures included in this plan are intended as guidelines for response. Actual actions will vary depending on the requirements of the emergency and available resources.

This plan is based on guidelines from the California Department of Public Health. The plan was originally published in 2005 and updated in January 2009, August 2010, and January 2011, and August 2012.

**PLAN APPROVAL**

This plan has been reviewed and approved by the Napa County Health and Human Services Agency Director and the Public Health Officer and is the official Countermeasure Distribution Plan for Napa County. The plan is effective as of August 2012.

<b>RECORD OF CHANGES, UPDATES AND REVISIONS</b>			
<b>Plan Section and Page #.</b>	<b>Description of Change</b>	<b>Date</b>	<b>Signature</b>
2.6, Page 13	Revised EOC Organization Chart	July 30, 2010	
3.6, Page 55	Inserted new clinic floor layout diagram.	July 30, 2010	
2.16, Pages 31-46	EUA language revised and link updated	January 31, 2011	
2.16, Pages 31-46	Deleted smallpox vaccine screening and consent form	January 31, 2011	
2.16, Pages 31-46	Deleted smallpox vaccine IND record	January 31, 2011	
2.16, Pages 31-46	Deleted reference materials-Project Bioshield 2004	January 31, 2011	
3.3, page 37	Deleted BERM model and replaces with POD Staffing Estimates Models	January 31, 2011	
2.5, page 13	Revised POD SEMS/ICS organization chart	July 27, 2011	
Sections 1.3, 2.4	Ensure consistency with the California Public Health and Medical Emergency Operations Manual	June 19, 2012	
Section 2.5	Updated POD Standardized SEMs/NIMS/ICS Organization Chart to reflect Position		

**ANNEX H - APPENDIX 4: COUNTERMEASURE DISTRIBUTION PLAN**

Revised August 2012

	Checklists in Attachment 2		
Attachment 1: Forms	Added: Additional six (6) POD forms		
Attachment 2	Revised "Napa Co POD Position Checklists" to be consistent with Org Chart		
Attachment 4	Added: Anthrax Prophylaxis Medical Consultation Guide		
Attachment 5	Added: List of Acronyms		

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**ATTACHMENT 5: ACRONYMS**

## **1. INTRODUCTION**

### **1.1 PURPOSE**

The Napa County Health and Human Services (HHSA) Public Health Division Countermeasure Distribution Plan describes operational and logistical procedures to set up and manage Points of Distribution (POD). PODs are activated to provide emergency prophylaxis (antibiotics or vaccines) to residents of Napa County.

The dispensing function provides oral or injectable vaccine, antivirals or antibiotics to protect the public. PODs described in this plan are activated in scenarios involving unusual disease outbreaks or bioterrorism resulting in disease spread.

Refer to Annex H- Appendix 5 Attachment E Pandemic Influenza Response Plan for procedures used to activate vaccine distribution during an influenza pandemic.

### **1.2 SCOPE**

This plan addresses activation and management of PODs in Napa County. The distribution of medical countermeasures to PODs is described in the Napa County SNS Management Plan.

The Public Health Officer may take actions other than mass prophylaxis to control the spread of disease. These include (a) surveillance, (b) isolation, and (c) quarantine and other community containment measures. Mass prophylaxis is one containment measure and is addressed in this plan.

This plan addresses mass prophylaxis for the population of Napa County (150,000 – 200,000) and includes coordination with the cities of Napa, Calistoga, St. Helena, and American Canyon, the town of Yountville and unincorporated rural population centers Angwin and Lake Berryessa.

This plan assumes a worst-case scenario and provides for sufficient sites with sufficient capacity to provide prophylaxis to the entire County. It is easier to plan for a wide-scale event and scale it down for a more limited event, than to expand from a small-scale plan. For the purposes of this plan, dispensing includes the following activities:

- Set up and operate a highly efficient operation that serves thousands of people quickly;

- Locate and coordinate the use of highly skilled, but relatively scarce pharmacists, doctors, and nurses to staff and manage dispensing operations;
- Train and organize many volunteers and county employees (Disaster Service Workers) to perform the majority of POD functions;
- Overcome routine legal/regulatory barriers that prevent non-pharmacists from handing out prescription drugs during a large-scale emergency;
- Isolate symptomatic individuals and transport them to treatment centers;
- Provide prophylaxis for those who cannot use PODs; and
- Provide the public comprehensive, accurate, reassuring information about community efforts to protect them from a threat.

**1.3 MASS PROPHYLAXIS RESPONSIBILITIES**

Providing mass prophylaxis to the population of Napa County requires a coordinated and cooperative effort among jurisdictions, disciplines, emergency management organizations, and public and private agencies. Responsibilities for this response include:

AGENCY	RESPONSIBILITY
Public Health Officer – Public Health Division	<ul style="list-style-type: none"> <li>▪ Determine need for emergency prophylaxis.</li> <li>▪ Brief City and County Officials.</li> <li>▪ Activate the Department Operations Center (DOC) to support the POD sites.</li> <li>▪ Activate POD sites.</li> <li>▪ Request pharmaceuticals and medical supplies.</li> <li>▪ Communicate medical protocols to the medical community.</li> <li>▪ Issue Health Officer Orders, alerts, and risk communication.</li> <li>▪ Assist with the CDPH request to CDC for SNS pharmaceuticals and medical supplies.</li> <li>▪ Request activation of the EOC to support POD</li> </ul>



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AGENCY	RESPONSIBILITY
	operations.
Public Health Division – Routine Prophylaxis	<ul style="list-style-type: none"> <li>▪ Manage and coordinate POD activation.</li> <li>▪ Provide clinical staffing at PODs.</li> <li>▪ Prepare risk communication materials.</li> </ul>
HHSA Department Operations Center – Targeted and Mass Prophylaxis	<ul style="list-style-type: none"> <li>▪ Manage and coordinate POD activation.</li> <li>▪ Provide clinical staffing at PODs.</li> <li>▪ Prepare risk communication materials.</li> <li>▪ Provide Medical Health Operational Area Coordinator (MHOAC) program support for situation reporting and resource requesting.</li> </ul>
Op Area EOC – Logistics Section County Office of Emergency Services	<ul style="list-style-type: none"> <li>▪ Activate, manage and staff the Operational Area Receive Stage and Store (OA RSS) site.</li> <li>▪ Provide logistical support for POD activation and operations including medical countermeasures transportation and distribution.</li> </ul>
Sheriff's Office and Local Law Enforcement	<ul style="list-style-type: none"> <li>▪ Provide security for transportation of medical countermeasures to PODs.</li> <li>▪ Provide security at PODs.</li> </ul>
Cities (OES, Fire Department, Law Enforcement, other City Departments)	<ul style="list-style-type: none"> <li>▪ Nominate and assess sites for use as PODs.</li> <li>▪ Set up PODs for operation upon activation by the Health Officer.</li> <li>▪ Provide non-clinical staffing at PODs.</li> </ul>
California Department of Public Health State and Regional Department of Homeland Security and Office of Emergency Services	<ul style="list-style-type: none"> <li>▪ Coordinate the County's request for pharmaceuticals and medical supplies.</li> <li>▪ Deliver medical countermeasures to the County.</li> <li>▪ Assist resource management through the Region II Regional Disaster Medical Health Coordinator/ Specialist (RDMHC/S) and other mutual aid systems.</li> </ul>

## 1.4 PROPHYLAXIS DEFINITIONS

**Priority Prophylaxis (PP)** – At the direction of the Napa County Health Officer, prophylaxis is distributed to impacted Public Safety personnel. These personnel may include Fire Department, Law Enforcement and the Ambulance company providing service to Napa County. Priority Prophylaxis may be limited to front line personnel and necessary support staff. Immediate family members may also receive PP. See Section 3.4 for more detail.

**Routine Prophylaxis** – A subset of the population can be identified to receive prophylaxis. Routine prophylaxis is used in common disease outbreaks when local public health resources are sufficient to manage the distribution of antibiotics or vaccines. An example is an outbreak of a communicable disease at a school.

**Targeted Prophylaxis** – A large subset of the population of Napa County (150,000 – 200,000 residents and commuters/visitors) must receive antibiotics or vaccines. Public Health resources are not sufficient because:

1. Prophylaxis must be given within a short time of exposure (48 hours).
2. The targeted population is large and the number of PODs needed is too numerous to staff and equip with existing resources.

**Mass Prophylaxis** - This is the capability to protect the health of the population through the administration of critical interventions in response to a public health emergency in order to prevent the development of disease among those who are exposed or are potentially exposed to public health threats. The entire population must receive prophylaxis within a given timeframe (48 hours) to prevent disease in persons that have been exposed and to stop disease spread. Public Health resources are not sufficient because:

1. Prophylaxis must be given in a short timeframe.
2. As many as eight (8) PODs are required.
3. Other control measures and prophylaxis distribution methods may be required in conjunction with POD activation.
4. Receipt and distribution of the medical countermeasures requires coordination by the Op Area EOC.

## **1.5 CLINIC AND RAPID DISPENSING MODELS**

**Clinic and Rapid Dispensing Models.** The distribution and administration of emergency prophylaxis is scalable from the clinical model for normal or targeted prophylaxis with a 6-10 day scenario to the rapid dispensing model for targeted or mass prophylaxis with a 48 hour day scenario.

The clinical model allows for medical history and contraindication screening and collection of demographic data. The rapid dispensing model does not include history or contraindication screening and data collection is limited.

## **1.6 POD TYPES**

Mass prophylaxis delivery is accomplished from:

1. Fixed Sites – Typical community centers, college campuses parking lots, and community fairground buildings. The Napa County Public Health Division regularly plans and exercises with community partners at these types of sites and, because of this close working relationship, has no plans for forceful procurement of private property.
2. Mobile Units – County vans and/or other designated vehicles dispatched to Nursing Homes, Assisted Living Centers, and other special population dwellings. If the Public Health Officer determines that the use of fixed sites for general mass prophylaxis is contraindicated, mobile units may be used in a countywide campaign.

PODs are:

1. Managed Sites – Fully staffed, equipped, and managed by the Public Health Division. Managed sites are used primarily for targeted prophylaxis.
2. Supported Sites – The Public Health Division provides prophylaxis (pharmaceuticals or vaccines), instructions, forms, medical protocols, and partial staffing. The town or city sets up the site and coordinates logistics. Examples are city-owned facilities, community centers, hospitals, and university campuses.
3. Drop-off Sites – The Public Health Division provides prophylaxis (pharmaceuticals or vaccines), instructions, forms, and medical protocols. The site owner/operator-coordinates logistics and administers prophylaxis (licensed, qualified on-site staff). Hospitals and jails are the primary examples of a drop-off site.

## **1.7 POD SITES**

Napa County currently has 8 designated POD sites. They are as follows:

1. Napa Veteran's Home, 100 California Dr, Yountville
2. Napa Valley College Gymnasium, 2277 Napa-Vallejo Highway, Napa
3. Napa Valley Expo, 575 3<sup>rd</sup> St., Napa
4. Fire District Training Facility, 225 James Rd, American Canyon
5. Napa Fair Grounds, 1435 North Oak St, Calistoga
6. Las Flores Community Center, 4300 Linda Vista, Napa
7. PUC Auditorium, #30 La Jota Dr., Angwin
8. St. Helena Fire Department, 1480 Main Street, St. Helena

## **1.8 POD FUNCTIONS**

Major functions that must be performed at each POD include:

1. Receive pharmaceuticals and medical supplies from the OA RSS site.
2. Triage symptomatic victims to treatment centers, arranging transport if needed and if possible. (See discussion of clinical vs. dispensing model).
3. Dispense appropriate drugs or vaccines to citizens.
4. Track pharmaceuticals and medical supplies and manage the reordering process as supplies diminish.
5. Provide for security of dispensing personnel and pharmaceuticals and medicines.
6. Demobilize the POD at the end of the event, including returning unused materiel to the OA RSS.

## **1.9 PLANNING ASSUMPTIONS**

- A. Prophylaxis is defined as the use of oral or injectable medications/vaccines to prevent the development of active disease.

- B. The Public Health Officer activates the Countermeasure Distribution Plan and initiates actions. State and Federal resources may be limited within the first 3 days following mass exposure, particularly in a nationwide emergency.
- C. Population estimates assume prophylaxis of 150,000 – 200,000 people within a given number days of exposure.
- D. The time per patient required for antibiotic prophylaxis is less than the time required to provide immunization, such as the smallpox vaccine. Average POD site flow rate at past Napa County mass vaccination clinic exercises and during the response to H1N1 was used to estimate staffing and the number patients/hour.
- E. Pre-event planning for POD activation is coordinated with Napa County EOC, HHSa DOC and pre-identified City/Town Point of Contact to:
- Identify PODs.
  - Pre-position POD set-up instructions, supplies, and materials.
  - Arrange POD logistics, security, and management.
  - Coordinate POD activities with the Operational Area Receiving, Staging, and Storing (OA RSS) activities.
  - Arrange for staffing.
- F. The plan requires decision-making by the Public Health Officer who must consider options outlined in the plan:
- Accomplish mass prophylaxis in 48 hours or 6-10 + days.
  - Activate PODs (number determined by the Public Health Officer).
  - Activate mobile sites in combination with fixed sites, if needed to accommodate special populations and geographic population distribution in rural areas.
  - Determine the POD (s) location (s).
- G. The plan assumes significant participation and coordination with:
- Napa County Office of Emergency Services (OES)

- Napa County Executive's Office
- Napa County Sheriff's Office
- Napa County Fire (California Department of Forestry)
- City Fire Department
- City OES
- City Police Department
- City and Town Managers
- Hospitals and clinics ( St. Helena Hospital, Kaiser Clinic, Queen of the Valley Medical Center, Clinic Olé)
- Napa Community College

### **1.10 PLANNING SCENARIO – 10-DAY+**

Mass prophylaxis is when the entire population of Napa County (150,000 – 200,000) must receive prophylaxis within an extended time frame (10+ days following exposure).

A bioterrorism incident (or other public health emergency) results in initial bio-agent contamination of large areas of the county and a significant portion of the population. Targeted prophylaxis is not possible. After consultation with CDPH and the CDC, the Public Health Officer makes the decision to initiate Mass Prophylaxis.

Onset of illness or the rapid spread of disease is imminent. To decrease morbidity/mortality and limit the spread of disease, 150,000 – 200,000 people in Napa County must receive prophylaxis (antibiotics) within 10 or more days of exposure.

### **1.11 PLANNING SCENARIO – 48-HOUR**

Mass prophylaxis is when the entire population of Napa County (150,000 – 200,000) must receive prophylaxis within 48 hours of exposure.

A bioterrorism incident (or other public health emergency) results in initial bio-agent contamination of large areas of the County and a significant portion of the population. Targeted prophylaxis is not possible. After consultation with CDPH and the CDC, the Public Health Officer makes the decision to initiate Mass Prophylaxis.

Onset of illness or the rapid spread of disease is imminent. To prevent onset of disease or to limit the spread of disease, (150,000 – 200,000) people in Napa County must receive prophylaxis (antibiotics) as soon as possible following exposure, meaning that rapid dispensing must occur.

## **2. POD OPERATIONS**

### **2.1 DECISION TO PROVIDE MASS PROPHYLAXIS**

The decision to provide mass prophylaxis precedes the activation of PODs. Depending on countermeasures available and the County's response time, the time lag from the decision to POD activation to actual dispensing can be considerable. The Health Officer determines when to initiate prophylaxis based on epidemiological analysis, instruction from the State Health Officer, and the following information:

1. The biologic agent; incubation period; period of communicability; time frame between exposure, event, notification, and the presence of disease;
2. An assessment of exposure risk, including the existence of a population of unexposed but susceptible individuals; exposed but asymptomatic individuals; and individuals who have been placed in high-risk situations, such as the medical community and first responders;
3. The underlying medical condition(s);
4. The availability of appropriate vaccines and/or medications;
5. The availability of supplies/personnel, and;
6. The effects on the community if certain classes of workers do not receive priority for limited supplies of vaccines and medications.

PODs are activated when:

1. A large number of people need prophylaxis.
2. Prophylaxis must be given within a specific timeframe, e.g. 48 hours, or 10 + days.

## **2.2 POD ACTIVATION – SEQUENCE OF ACTIONS**

- A. The Health Officer activates the HHSA DOC and requests activation of the Op Area EOC.
- B. The Health Officer activates priority prophylaxis distribution at various locations throughout the County and at area hospitals. Priority prophylaxis is the distribution of prophylaxis to ALL Public Safety personnel. See Section 1.1 and 3.4 for more detail.
- C. The Health Officer determines which PODs to activate and whether alternate distribution methods will be used.
- D. The Public Health Division notifies City Emergency Managers, City OES, Fire, other community contacts, and/or Law Enforcement to activate pre-identified PODs.
- E. County OES follows procedures to declare a Local Emergency.



- F. POD Division Supervisors (ICS/SEMS field activity) are notified and deployed by City OES or Fire to PODs where they meet the City/community contact and facility owner/operator contact to set up operations.
- G. Additional pharmaceutical and medical supplies will be requested through the MHOAC program, as discussed in section 2.9. The MHOAC program staff (e.g., the HHSa DOC Plans Section chief provides routine situation reporting to the RDMHC.
- H. If deployment of Strategic National Stockpile (SNS) pharmaceuticals is deemed necessary, the MHOAC and HHSa DOC Operations Section maintain contact with the Op Area EOC Logistics Section to monitor arrival and receipt of the SNS pharmaceuticals.
- I. CDPH has the capacity to manage delivery from the State directly to 200 PODs statewide. Therefore, if Napa County is the only county affected, it is possible that CDPH will be able to deliver SNS pharmaceuticals and medical supplies directly to the eight PODs in Napa County, if no Op Area Receiving, Storing and Staging (OA RSS) is available.
- J. Because it is likely that other counties in the State may request SNS pharmaceuticals and medical supplies simultaneously, it is likely that it will be necessary for Napa County to activate the OA RSS to distribute pharmaceuticals to the eight PODs in Napa County. The SNS Plan describes procedures for request, receipt and distribution of SNS pharmaceuticals and supplies.

### **2.3 DECLARATION AUTHORITIES**

The following authorities pertain to this countermeasures distribution plan:

- A. By Section 8558 of the California Government Code, the Public Health Officer may take any preventive measure that may be necessary to protect and preserve the public from any public health hazard during any “state of war emergency,” “state of emergency” or “local emergency” within his/her jurisdiction.
- B. Preventive Measure means abatement, correction, removal, or any other protective step that may be taken against any public health hazard that is caused by a disaster and affects the public health. Funds for these measures may be allowed pursuant to Sections 29127 to 29131, inclusive, and 53021 to 53023, inclusive, of the Government code, and from any other money appropriated by a County Board of Supervisors or City governing body to carry out the purposes of Section 101040.

- C. The Public Health Officer, upon consent of the County Board of Supervisors or a City governing body, may certify any public health hazard resulting from any disaster condition, if certification is required for any Federal or State disaster relief program.

The Public Health Officer shall take measures to control the spread or further occurrence of any contagious, infectious, or communicable disease of which he/she is aware. The Public Health Officer may inspect any place or person when necessary to enforce health regulations. **Health and Safety Code § 101040** allows the Health Officer to take any preventive measure that may be necessary to protect and preserve the public from any public health hazard during any “state of war emergency,” “state of emergency,” or “local emergency,” as defined by Section 8558 of the Government Code, within his or her jurisdiction. “Preventive measure” means abatement, correction, removal, or any other protective step that may be taken against any public health hazard that is caused by a disaster and affects the public health. Please see HHSA ConPlan – Attachment A, Health Officer Authorities for all H&S Code relating to the Health Officer Authorities.

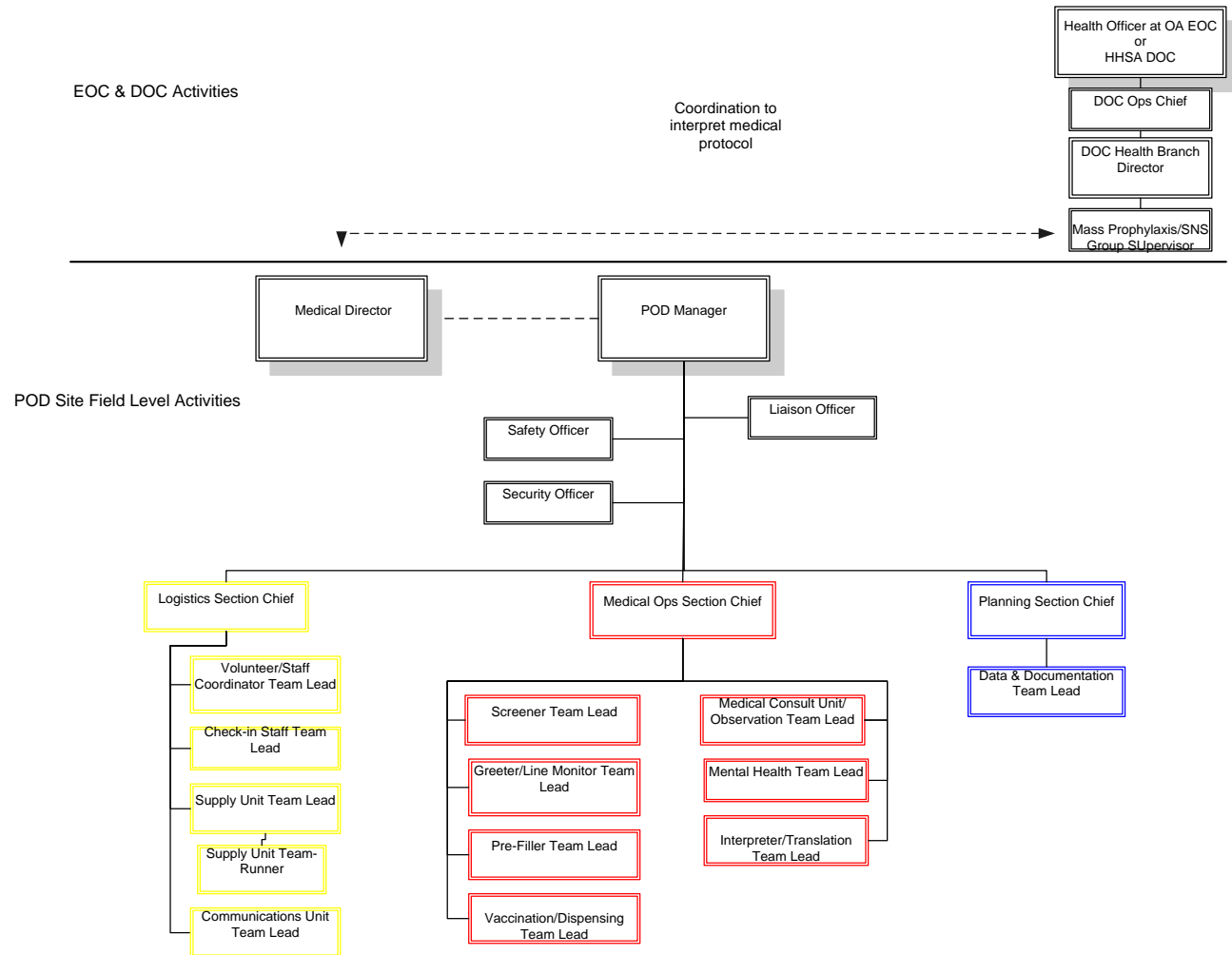
#### **2.4 CONCEPT OF OPERATIONS – SEMS/NIMS/ICS ORGANIZATION**

Individual POD operations are a field response managed by an incident commander (the POD supervisor), coordinated by the HHSA DOC, and supported by the Op Area EOC.

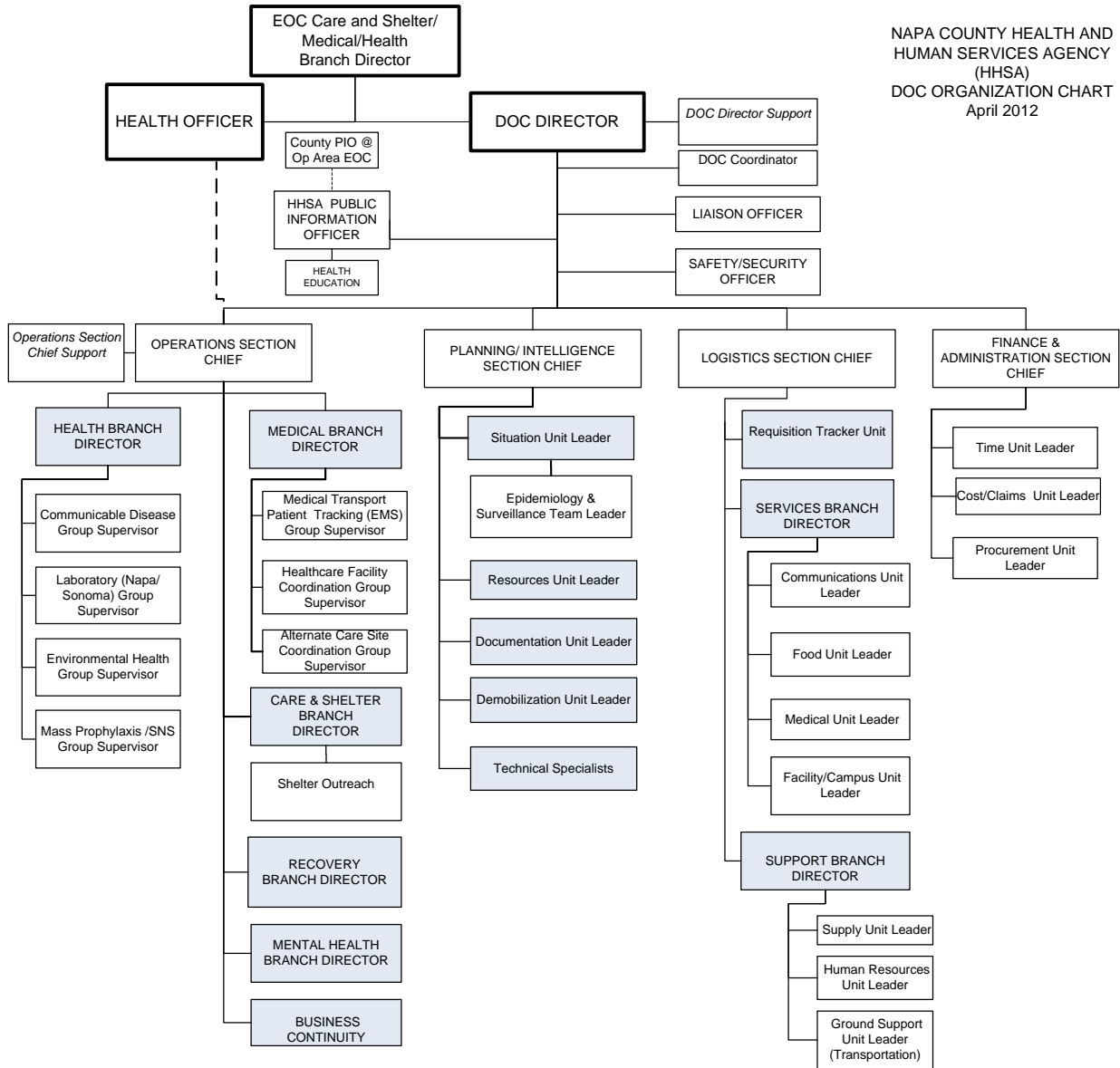
- A. The Napa County Operational Area Emergency Operations Center (Op Area EOC) is activated.
- B. The HHSA Department Operations Center (DOC) may be activated to support EOC operations. The HHSA DOC serves as the Medical and Health Branches of the Op Area EOC.
- C. The SEMS organization is activated and used at the Op Area EOC and the DOC. PODs are field activities of the Op Area EOC Operations Section, Health Branch, Mass Prophylaxis/SNS..
- D. Each POD is a Division activity in the field and is managed by a POD Division Supervisor.
- E. Functions and activities under the Medical Branch, Logistics Section and Planning/Intelligence Section are Units. When these Units consist of more than 5 persons, a Unit Manager is assigned.
- F. Position descriptions and checklists are prepared and positioned for use by POD staff, city, community and/or facility owner/operator contacts.

- G. The Op Area EOC, Logistics Section manages distribution of the Strategic National Stockpile (SNS) pharmaceuticals from the Operational Area Receiving, Storing, and Staging (OA RSS) site to PODs.
- H. Situation reporting is performed by the HHSA DOC Planning Section Chief, supporting the MHOAC. Prepare situation reports once per operational period, per the California Public Health and Medical Emergency Operations Manual. Forward situation reports to the RDMHCs, CDPH and EMSA duty officers (or JEOC if activated), and the county EOC director. See Attachment 3 for detailed instructions.
- I. Resources requests for pharmaceuticals and medical supplies are handled by the HHSA DOC Logistics Section Chief, who coordinates medical/health resource requests using the California Public Health and Medical Emergency Operations Manual (EOM) resource request form (in conjunction with the EOC Logistics Chief). Resource requests are submitted to both the RDMHC program and the Napa County Office of Emergency Services (or the EOC, if activated). Resource requests should be entered into RIMS at the Operational Area level.

2.5 POD STANDARDIZED SEMS/NIMS/ICS ORGANIZATION



**2.6 NAPA COUNTY HHSa DEPARTMENT OPERATIONS CENTER  
(ORGANIZATION CHART FOR MEDICAL AND HEALTH  
EMERGENCIES)**



NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSa)  
DOC ORGANIZATION CHART  
April 2012

### 3. POD POSITION STATEMENTS, SKILL SETS, AND STAFFING

POD POSITION	POSITION DESCRIPTION	SKILL SET
POD SITE MANAGER	Oversee site operations. Maintain contact with HHSA DOC Operations Section and City EOC.	Management skills, field or satellite office/operations experience, independent decision-making, problem solving skills, knowledge of SEMS/ICS coordination, ability to maintain communications within the SEMS organization, ability to recognize and mitigate patient/client concern, ability to provide a stable, calm environment for optimal clinic patient flow, able to request assistance from security, law enforcement, mental health, and others with expertise in crowd control. Ability to coordinate with lead PIO/JIC to determine media policy.
LIAISON OFFICER	Coordinate with response agencies and various supporting partnerships to facilitate the successful operation of the dispensing site.	Knowledge of city, community or facility management, operations, and resources. Ability to interact and coordinate with local officials. Able to problem solve and manage all aspects of the dispensing site that are not associated with the functions of the POD operation.
MEDICAL DIRECTOR/PHARMACY MANAGER	Ensure clients receive the best possible care, consideration and education while maintaining the highest level of throughput efficiency possible by focusing on medical competency and excellence.	This role is filled by a physician, nurse, or other appropriately trained health professional who knows exposure risks, medical contraindications to medicine/vaccination, risks of vaccination, and risk-benefit analysis.
SAFETY OFFICER	Ensure that the safety of staff, volunteers, guests, clients, and everyone involved in the response operation is considered and maintained during the set-up, operation and closure of the POD.	Familiarity with OSHA standards of safety and with principals of environmental health.
SECURITY OFFICER	Oversee personnel assigned to security activities at the site; establish staff check-in and checkout procedures; ensure that all	Thorough knowledge of police operations and crisis management.

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POD POSITION	POSITION DESCRIPTION	SKILL SET
	<p>staff wear ID badges; and maintain communication with local Law Enforcement officials. Ensure an orderly flow of traffic and parking at the site; assist in maintaining orderly POD flow; provide necessary control if persons become unruly; assist Supply Group Leader in maintaining security of medicine/vaccines and other clinic supplies. Review traffic conditions and prepare to make decision on use of shuttle buses and staging areas.</p>	
<p>MEDICAL OPS SECTION CHIEF</p>	<p>To ensure conformity in medical procedures and to oversee the smooth operation of the medical operations at the POD clinic.</p>	<p>This position can be staffed by non licensed personnel. However familiarity with prophylaxis dispensed is preferred. Knowledge of POD operations, clinic flow is preferred.</p>
<p>SCREENING TEAM LEAD</p>	<p>Ensure smooth operation of POD clinic and proper flow of clients. Provide direction and oversight to all screening operations of clinic. Ensure that clientele are properly screened for contraindication to prophylaxis.</p>	<p>This is not necessarily a medical position. However, basic understanding of medical issues is preferred. Ability to work well with the public. Fluency in English and Spanish is preferred. No specific formal training is required. Ability to lead and direct members of a team is required.</p>
<p>GREETER/LINE MONITOR TEAM LEAD</p>	<p>Ensure smooth flow of clients. Provide direction and oversight to greeter/line monitor staff. Ensure that clients are able to navigate through the POD clinic.</p>	<p>This is not necessarily a medical position. However, basic understanding of medical issues is preferred. Ability to work well with the public. Fluency in English and Spanish is preferred. No specific formal training is required. Ability to lead and direct members of a team is required.</p>
<p>GREETER/ SCREENER</p>	<p>Greet clients in line outside the site; identify symptomatic persons and refer them to the Caution Area for medical evaluation. Distribute informational material and documents; explain how to complete forms and answer questions. Provide early alert of situations that may require additional security personnel.</p> <p>Note: this function may be divided depending upon the capability of available staff to identify symptomatic individuals.</p>	<p>Experience dealing with the public in a health setting, ability to communicate clearly, ability to recognize possibly symptomatic persons and refer them for medical evaluation. Fluency in English and Spanish is strongly preferred.</p>

**ANNEX H - APPENDIX 4: COUNTERMEASURE DISTRIBUTION PLAN**

Revised August 2012

POD POSITION	POSITION DESCRIPTION	SKILL SET
PRE-FILL TEAM LEAD (for vaccine countermeasure distribution)	Responsible for providing direction and oversight to Pre-Fill Teams. Teams are responsible for preparing accurate dosage of vaccine for vaccination to clients in a safe and effective manner utilizing proper vaccination techniques and universal precautions.	Medical/nursing knowledge of vaccination procedures and RN licensure. RN Students can perform duties with instructor present. Good communication skills and ability to lead and direct members of a team.
VACCINATION/DISPENSING TEAM LEAD	Oversee POD operations for delivery of antibiotics or vaccines including patient screening, patient triage/evaluation, prophylaxis (antibiotics or vaccination), mental health assistance, translation, and medical emergencies.	Health clinic management experience. Requires a licensed MD or RN with a scope of practice that includes administration of medications by injection. Able to determine optimal patient flow, assist with patient screening and patient triage, able to problem solve and make decisions. Able to evaluate operations and make adjustments, as needed in consultation with the Medical Officer.
VACCINATOR/ PILL DISPENSER	Vaccinate persons or dispense medication or vaccines.	For vaccinations: Training and experience in giving injections and specialized training for small pox vaccination. Knowledge and demonstrated experience in sterile methods, knowledge of contraindications. RN licensure or, upon order of the Health Officer, paramedic certification.  For dispensing: Experienced in communication and interaction with the public or patients in a health care setting.
INTERPRETER/TRANSLATOR TEAM LEAD	Assist staff when language translation is needed on-site and in preparing information materials.	Linguistically trained individual in interpretation / translation services.
MEDICAL CONSULT UNIT/OBSERVATION TEAM LEAD	Assess clients for contraindications to vaccination or medications; Refer problems and contraindications to the Medical Director.	Nursing experience, public health program experience, interviewing skills, knowledge of disease processes, and knowledge of pharmaceutical contraindications.



**ANNEX H - APPENDIX 4: COUNTERMEASURE DISTRIBUTION PLAN**

Revised August 2012

POD POSITION	POSITION DESCRIPTION	SKILL SET
MENTAL HEALTH UNIT TEAM LEAD	Identify problems and special needs and provide support to special populations. Calmly assist people who may be anxious and unable to follow directions. Provide on-site counseling, as needed.	Masters Level Mental Health Professional, Licensed Professional Counselor, or Licensed Clinical Social Worker
PLANNING SECTION CHIEF	Provides situation status to POD Division Manager, leads development of incident action plan and after-action reports for POD operations, and provides assistance to the command staff and section chiefs as needed.	Thorough knowledge of ICS, mass clinic operations, basic principles of strategic planning, and general management experience.
DATA AND DOCUMENTATION TEAM LEADER	Manage and maintain POD data collection. Prepare documentation and reports. Supervise Data Collection and Documentation/Reports personnel.	Administrative, planning, or management experience. Report writing experience and data analysis experience.
LOGISTICS SECTION CHIEF	Over see the Logistics Supply Team, Communications Unit, Check-in Staff Team and Volunteer Management Team.	Thorough knowledge of ICS, mass clinic operations, supply management and general leadership experience.
SUPPLY UNIT LEADER	Ensure that all necessary supplies are on-site and are available in sufficient quantities during prophylaxis operations; maintain an inventory of supplies. This Unit also includes runners who deliver supplies, equipment, paperwork, and other communications between staff and with the HHSA DOC and with the City EOC.	Knowledge of resource requesting, procedures, ICS, pharmaceutical storage and handling and inventory tracking and good organizational skills. May involve moderate physical requirements such as movement and carrying supplies.
RUNNERS	Provide support for all POD operations, as needed and under the direction of the Supply Unit Leader.	Able to follow directions and complete assignments quickly.
VOLUNTEER/STAFF COORDINATOR TEAM LEAD	Manage the availability of all personnel. Schedule their shifts, track their availability and ensure appropriate identification, credentials and skill sets.	Knowledge of the mass clinic operations, clinic jobs, disaster service worker responsibilities, organizational and management skills.

**ANNEX H - APPENDIX 4: COUNTERMEASURE DISTRIBUTION PLAN**

Revised August 2012

<b>POD POSITION</b>	<b>POSITION DESCRIPTION</b>	<b>SKILL SET</b>
COMMUNICATIONS UNIT TEAM LEAD	Provide support for communications at the POD and with local response agencies, including SNS receiving site and SNS distribution. Maintain computer, radio, telephone systems.	Knowledge of communications systems, able to set up and repair communications equipment.
CHECK-IN/OUT TEAM LEAD	Check in and out POD clinic staff and maintain staff personnel time records.	May be staffed by support personnel. Person should be detail oriented and very organized.

**3.1 MASS PROPHYLAXIS LOCAL PHARMACEUTICAL STOCKPILE**

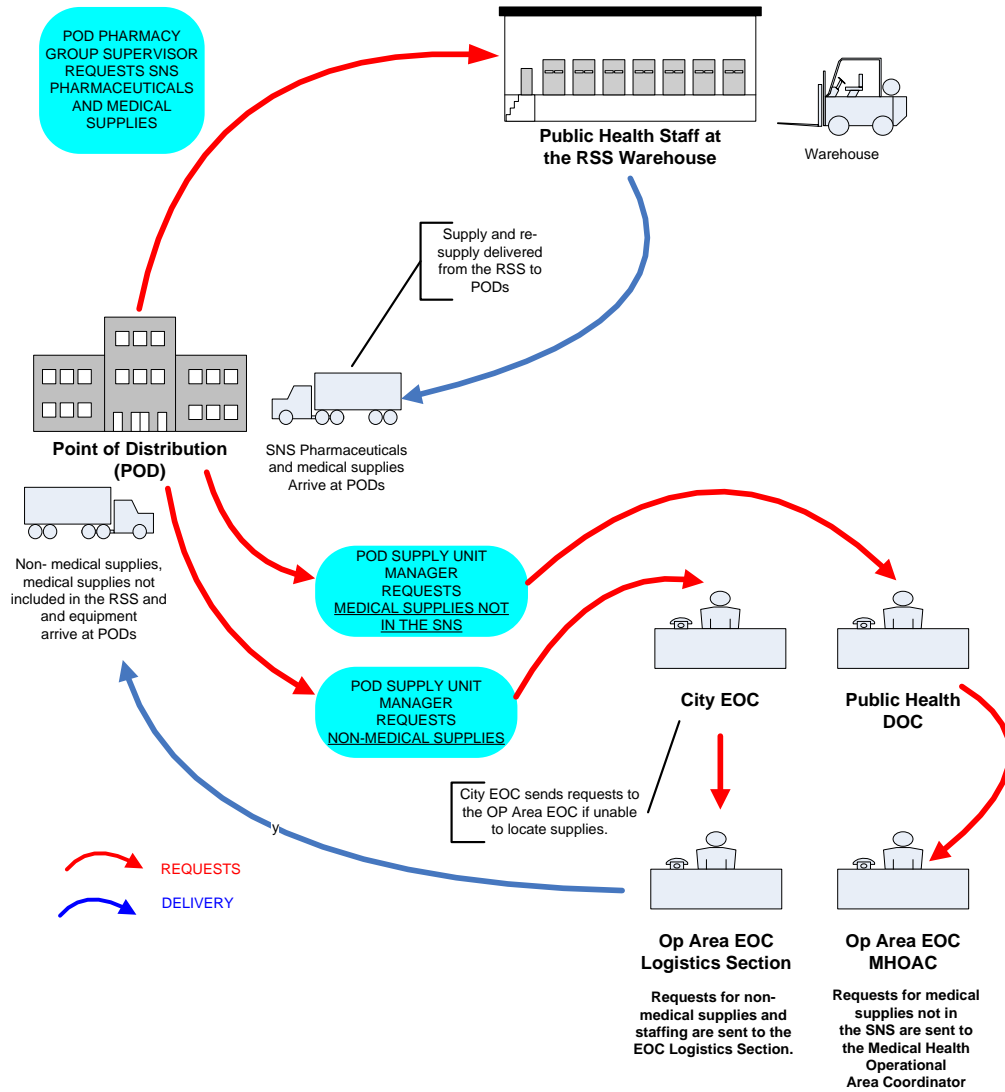
1. Two local caches may supply prophylaxis for a small number of people, but due to the expiration of medications in the caches initial prophylaxis will likely rely on the purchase of medications or mutual aid until the State cache arrives.
2. Essential personnel, as designated by the Health Officer, will receive the first doses of vaccine or antibiotics when the SNS arrives. Napa County Public Health Division will survey hospitals, clinics and pharmacies to determine the extent of pharmaceuticals available in the local area to support initial prophylaxis to all hospital workers, first responders and all persons reporting to work at a POD. At the direction of the Health Officer, priority prophylaxis is distributed to impacted Public Safety personnel. See Section 3.4 for more detail.
3. Medical countermeasures for mass prophylaxis are requested through the SEMS process. Procedures for requesting the SNS and distribution from the OA RSS are described in the Napa County Public Health SNS Management Plan.

**3.2 COORDINATION WITH THE OPERATIONAL AREA RECEIVING, STORING AND STAGING (OA RSS)**

1. If Napa County is one of many counties requesting pharmaceuticals and medical supplies from the SNS, it is necessary to activate the OA RSS site.
2. Distribution of pharmaceuticals from the OA RSS to PODs is managed by the Logistics Section of the Op Area EOC. The SNS Plan describes procedures for request, receipt and distribution of medical countermeasures.
3. PODs communicate (by telephone or fax) with the HHSA DOC Mass Prophylaxis/SNS Group Supervisor to order pharmaceuticals and medical supplies from the SNS. The Order/Shipping/Receiving Form is used to order supplies. The POD Pharmacy Unit Manager is responsible for inventory monitoring and documentation at the POD and provides documentation of unused pharmaceuticals that are sent back to the RSS.

### 3.3 POD RESOURCE REQUEST FLOW DIAGRAM

#### POD Requests for Medical and Non-Medical Supplies



### **3.4 PRIORITY PROPHYLAXIS<sup>1</sup>**

The Homeland Security Act of 2002 defines emergency response providers as Federal, State, and local emergency public safety, law enforcement, emergency response, emergency medical (including hospital emergency facilities), and related personnel, agencies, and authorities. The Homeland Security Presidential Directive-8 includes the following groups as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recovery operations.

Agencies and departments with defined “first responders” are listed in the attachment to the sample Health Officer Order.

#### **POLICY**

To protect our local infrastructure, key people who support the dispensing process and are essential to our emergency response must receive vaccination or prophylaxis early in the incident. The following policy outlines procedures for essential personnel and their family members to receive SNS unit-of-use medications as soon as possible, either at their workplace or at sites separate from the PODs established for the general public.

In an epidemic, pandemic, or bioterrorist event requiring the administration of mass prophylaxis to the population of Napa County under the Public Health Officer’s authority, it will be necessary to mobilize local pharmaceutical stockpiles in order to provide prophylaxis to those first responders who will be expected to run disease outbreak investigations, to provide emergency services and medical care, and to implement mass prophylaxis operations. Local stockpiles may be mobilized more quickly than the SNS, which would be expected to arrive in Napa County within 12 hours of a request.

In an actual event, the Public Health Officer or her designee will determine which categories of individuals should be given priority prophylaxis in the early stages of an event. Whenever possible families of individuals designated for priority prophylaxis will also receive priority prophylaxis. “First responders” requiring priority prophylaxis may include persons in any or all of the categories listed in the sample Health Officer Order.

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<sup>1</sup> The Priority Prophylaxis Policy and Health Officer Orders were developed by the Santa Clara County Public Health Department Mass Prophylaxis Work Group.

(Date)

**SAMPLE HEALTH OFFICER ORDER**

Pursuant to Section 8558 of the California Government Code, the following preventive measure is necessary, and is hereby ordered:

Priority Prophylaxis will be administered for the following emergency first responders and others associated with the mobilization of disease control measures in Napa County, California on (day, month, and year).

1. City and county fire and law enforcement personnel and their families, to receive priority prophylaxis at fire stations in accord with written emergency plans and procedures.
2. City, county, and private (contracted) emergency medical services (EMS) personnel and their families, to receive priority prophylaxis at the Public Health Division facility at 2344 Old Sonoma Road, Napa, California
3. Other individuals in the following categories, as checked, and their families, to receive priority prophylaxis at locations determined by the Public Health Officer.

**ANNEX H - APPENDIX 4: COUNTERMEASURE DISTRIBUTION PLAN**

Revised August 2012

**LIST OF POTENTIAL PRIORITY PROPHYLAXIS RECIPIENTS**  
**✓ INDICATES PRIORITY PROPHYLAXIS RECIPIENT FOR THE PERIOD (INSERT DATE)**

Public Health	
	Personnel with HHS DOC assignment
	POD Division Supervisors
	Disease Outbreak Field Response personnel
	Public Health Nurses, all nursing personnel, laboratory personnel
	Other Public Health administrative and clinical staff
Staff for PODs	
	POD Division Supervisors not employed by the Public Health Division
	Clinical and support staff for PODs
Hospitals, Clinics, And Medical Offices	
	Physicians, nurses, physician assistants, CMAs, ancillary medical personnel
	Administrative and support staff
	Facilities Staff
	Non-Emergency Medical Staff
	Blood Bank of the Pacific Staff
Emergency Medical Services	
	Level A/B (AMR Ambulance Service)
	Ambulance drivers
	EMTs
	Paramedics
Fire Services	
	All fire service personnel
Law Enforcement	
	All law enforcement personnel
	Jail Facility Staff
	Staff with bus driver licenses
	Traffic safety and parking patrol
Mental Health	
	Administrative Staff, Line Staff
	Contracted NGO's – Progress Foundation, Aldea, Family Services of North Bay
Emergency Management	
	Assigned Op Area EOC/HHS DOC Staff
	County, City, Special District, Dispatch Centers personnel

**LIST OF POTENTIAL PRIORITY PROPHYLAXIS RECIPIENTS**  
**✓ INDICATES PRIORITY PROPHYLAXIS RECIPIENT FOR THE PERIOD (INSERT DATE)**

<b>Delivery Services with /Dispatch Capability</b>	
	US Postal Service, Administrative Staff Sorters/processors, Drivers
	United Parcel Service, Administrative Staff Sorters/processors, Drivers
	Federal Express, Administrative Staff Sorters/processors, Drivers
	Local shipping services, Administrative Staff Sorters/processors, Drivers
<b>Mass Transportation</b>	
	CalTrans - Administrative Staff, Drivers/Operators, Maintenance Staff
	Local Bus Transit Company - Administrative Staff, Drivers/Operators, Maintenance Staff
<b>Public Works (City and County)</b>	
	Administrative Staff
	Streets and Sanitation
<b>Utilities (City, County, Private)</b>	
	Electrical (Administrative, Maintenance staff)
	Water (Administrative, Maintenance staff)
	Sewage/Wastewater (Administrative, Maintenance staff)
	<ul style="list-style-type: none"> <li>▪ Telephone (Administrative, Maintenance staff)</li> </ul>
<b>Parks and Recreational Services</b>	
	<ul style="list-style-type: none"> <li>▪ Administrative Staff, Rangers, Facility Staff</li> </ul>
<b>School Districts/Universities</b>	
	<ul style="list-style-type: none"> <li>▪ Administrative Staff</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Teachers/Instructors</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Custodial Engineers</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Bus Drivers</li> </ul>
<b>Volunteers</b>	
	<ul style="list-style-type: none"> <li>▪ Medical Reserve Corp</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Neighborhood Emergency Response Teams (NERTS) and Community Emergency Response Teams (CERT).</li> </ul>
	<ul style="list-style-type: none"> <li>▪ American Red Cross</li> </ul>
	<ul style="list-style-type: none"> <li>▪ RACES/ARES/HAMS</li> </ul>
	Local Volunteer Center staff



**LIST OF POTENTIAL PRIORITY PROPHYLAXIS RECIPIENTS**

**✓ INDICATES PRIORITY PROPHYLAXIS RECIPIENT FOR THE PERIOD (*INSERT DATE*)**

Government Representatives	
	City Officials
	Board of Supervisors
	City Councils
	City and County Department Heads
	Other City and County officials

Signatures:

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Karen Smith, M.D., M.P.H, Public Health Officer, County of Napa Health and Human Services Agency, Public Health Division

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Signed on this day (day/month/year) in Napa, Napa County, California

### **3.5 COMMUNICATION OF MEDICAL PROTOCOLS**

When the Public Health Officer issues an order for mass prophylaxis and activates the Countermeasure Distribution Plan, medical protocols are required for:

- Pharmaceutical dosage and contraindications.
- Treatment protocols (treatment of symptomatic individuals).
- Isolation/Quarantine protocols.

Medical protocols are developed by the Public Health Officer in consultation with the State Department of Public Health and the CDC. The HHSA DOC Health Branch distributes medical protocols to:

- POD Division Supervisors, POD Medical Operations Team Leader and POD Pharmacy Unit Manager. The POD Medical Operations Team Leader is available to interpret medical protocols and instruct POD clinical staff.
- Hospitals, clinics and physicians in the community.
- Emergency Medical Services (EMS).
- First responders (fire and law), when appropriate and necessary.

Medical protocols are distributed using the e-mail distribution list maintained by the Napa Medical Society and posting documents on the Napa County Public Health website under "Information for Clinicians". The HHSA DOC Public Information Officer translates information from medical protocols and pharmaceutical protocols into risk communication for the general public, when appropriate and necessary.

### **3.6 MONITORING FOR ADVERSE EVENTS**

Group leads/supervisors are responsible for briefing their staff during just-in time training on how to identify and provide appropriate medical care for potential adverse reactions to vaccine. When local resources allow, an ambulance will be stationed outside the clinic site to provide advanced life support in the event of emergency. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. Other unusual conditions, such as high fever or behavioral changes following vaccination, should also be follow-up on and reported. Severe reactions to vaccines should be reported to the Vaccine Adverse

Event Reporting System (VAERS). VAERS forms will be available onsite at the POD; patient and vaccine information should be collected as soon as possible after an adverse reaction is identified. Any VAERS forms completed at the POD will be collected by the Medical Director.

**3.7 TREATMENT OF SYMPTOMATIC VICTIMS**

Screening at PODs may result in the identification of symptomatic individuals. When identified, symptomatic individuals will be sent to the triage area for evaluation. From there they may be:

- Transported to a hospital or clinic.
- Referred to their primary physician or clinic.
- Instructed to return home and “self-isolate”. Public Health will follow-up on a case-by-case basis.
- Transported to a field treatment facility if hospitals are not accepting additional patients.

The POD Medical Operations Section Chief or designee is responsible for ensuring examination and referral of symptomatic individuals identified at PODs.

**3.8 PRIMARY TREATMENT CENTERS**

Facility and Address	Contact Name & Telephone Number(s)
Queen of the Valley Medical Center 1000 Trancas Street Napa, CA	Infection Control Practitioner 707-252-4411
St. Helena Hospital 650 Sanitarium Road Deer Park, CA	Infection Control Practitioner 707-963-6260

### **3.9 RISK COMMUNICATION - ENSURING ACCESS TO PODS**

Communications to the public, including establishment of hotline/call-bank procedures and other methods of addressing questions, is addressed in the Napa County HHSA Crisis Emergency Risk Communications Plan. Public health service announcements will include the following information:

#### **General Public**

- The agent and its threat to the public.
- Who should come to PODs (target population).
- Directions to and information about PODs and treatment centers.
- If applicable, health history information.
- Encouragement, when indicated, to pick up regimens for family members and/or neighbors.
- Information on the maximum number of regimens available per person.
- The number to call if unable to come to PODs due to a disability.

Procedures will also be in place at POD sites to address the needs of special populations, including:

#### **Non-English Speaking**

English and Spanish-speaking personnel will be assigned to all PODs. They will be called upon, if needed, to go on rotational call for 12-hour shifts.

Signs displayed at each POD will be written in English and Spanish, the most common languages spoken in the community.

#### **Wheelchair Access**

Facilities selected for PODs will either be wheelchair accessible, or staffed to serve wheelchair patients in the parking lot. Within PODs, patients in wheelchairs will bypass congested waiting lines.

#### **Hearing Impaired**

Volunteers will assist hearing impaired persons in navigating the POD. Large, easy to read POD sight signs and written information will be provided.

**Homeless**

Outreach to the homeless population will be conducted in collaboration with the HOPE Center in Napa. In situations where resources allow, it may be more effective to provide prophylaxis to homeless persons at one or two smaller clinics.

**Sight impaired**

Volunteers will assist visually impaired persons by reading forms to them and filling in the required information. Volunteers will either read patient information material to these patients, or ensure that they have a support person (friend or relative) who will take responsibility for reading the information to them.

**Functionally Illiterate**

POD site signs include easily understandable pictograms to help people navigate the site. Volunteers and screeners will assist those who cannot read the forms by reading patient information material to these patients, or ensuring that they have a support person (friend or relative) who will take the responsibility for reading the information to them.

**Unaccompanied Minors**

Minors under the age of 18 must be accompanied by a parent or guardian in order to receive prophylaxis. In circumstances where it is not possible for a parent or guardian to accompany a minor to the clinic, minors over the age of 12 may be given a consent form to be signed by their parent/guardian. In the case of children under age 12 without a parent or guardian present, clinic staff should use their judgment with respect to involving the authorities. Questions regarding unaccompanied minors should be referred to the Medical Operations Section Chief.

**Reaching the Rural Population**

While approximately one-half of the population of the County lives in the City of Napa, there are also a number of rural areas with low populations and limited public transportation. Many of the families in these areas are low income, and may be unable to travel to PODs in the cities. Depending on the nature of the event leading to the activation of the Countermeasures Distribution Plan, the following alternatives may be employed to meet the needs of this group:

1. Providing free transportation by bus using The Vine, Evan's Bus Service, or school buses, and/or

2. Setting up “Mini-PODs” in the Volunteer Fire Departments in rural areas (see Figure 10 for a sample layout of a small site)

### **Reaching Homebound and Other at Risk Populations**

The Public Health Division will work with and provide training to those who care for individuals who are:

1. Inmates of the corrections system, including juvenile hall.
2. Patients hospitalized in acute care facilities.
3. Patients in skilled nursing or long-term care facilities (Napa State Hospital, the Veteran’s Home, etc.).
4. Immobile patients who get care at home through local home healthcare service providers (Comprehensive Services for Older Adults and St. Joe’s Homecare are two organizations providing services to these groups).

### **3.10 INVESTIGATIONAL NEW DRUG AND EMERGENCY USE AUTHORIZATION**

Several of the vaccines and pharmaceuticals for which mass prophylaxis operations may be administered are restricted to use under Investigational New Drug (IND) protocol or Emergency Use Authorization (EUA) procedures. The purpose of this section is to describe the effect upon dispensing operations of these two similar alternative procedures.

#### **3.10.1 EMERGENCY USE AUTHORIZATION (EUA)**

##### **Background**

Project BioShield Act of 2004 amended section 564 of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (21 U.S.C. 360bbb-3). Section 564 permits the FDA Commissioner to authorize the use of an unapproved medical product or an unapproved use of an approved medical product upon: (1) a determination by the Secretary of Homeland Security that there is a domestic emergency, or a significant potential for a domestic emergency, involving a heightened risk of attack with a specified biological, chemical, radiological, or nuclear agent; or (2) a determination by the Secretary of a public health emergency that affects, or has a significant potential to affect, national security and that involves a specified biological, chemical, radiological, or nuclear agent or a specified disease or condition that may be attributable to such agent.

Under section 564, of the Federal Food, Drug and Cosmetic Act (the Act), the Food and Drug Administration (FDA) Commissioner may allow medical countermeasures to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by such agents, when there are no adequate, approved, and available alternatives.

The Act requires that, before an emergency use may be authorized, the Secretary of the Department of Health and Human Services (HHS) must declare an emergency justifying the emergency use. Once the HHS Secretary has declared an emergency justifying the emergency use, the FDA Commissioner may authorize an emergency use only if, after consultation with the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) (to the extent feasible and appropriate given the circumstances of the emergency), he determines that certain statutory criteria have been met.<sup>2</sup>

### **3.10.2 LOCAL PUBLIC HEALTH EUA IMPLEMENTATION**

The Napa County Public Health Officer is responsible to ensure that the professionals administering the product and individuals to whom the product is administered are informed:

That the Secretary has authorized the emergency use of the product;

- Of the significant known and potential benefits and risks of the emergency use of the product, and of the extent to which such benefits and risks are unknown; and
- Of the alternatives to the product that are available, and of their benefits and risks.

Individuals to whom the product is administered must be additionally informed of:

- The option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product.

The Napa County Public Health Officer is also responsible locally for monitoring and reporting of adverse events associated with the emergency use of the product.

To complete these requirements the Napa HHSA Public Health Department (PHD) utilizes the information sheets provided with the SNS (1) to provide training to mass

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<sup>2</sup> <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm153297.htm> Accessed December 17, 2010

dispensing site clinical workers and (2) to screen for contra-indications, distribute the information statements; explain and gain Informed Consent. Adverse events monitoring is completed through use of the Vaccine Adverse Events Reporting System (VAERS) , or other data reporting system as identified for specific use by the California Department of Public Health (CDPH).

### **3.10.3 INVESTIGATIONAL NEW DRUG (IND) PROCEDURES**

The Smallpox vaccine is one example of a SNS product which may be administered as an IND. The IND forms required by the FDA are included with the SNS. Although changes may occur to the following documents prior to SNS deployment they are provided here for example.

Screening for contraindications, explaining and gaining informed consent, and monitoring for adverse events are performed at the dispensing site.

The following forms and patient educational materials are extracted from the CDC Smallpox Planning Guide, Annex 3, "Guidelines for Large Scale Smallpox Vaccination Clinics", 9/16/2002 Examples of Supporting IND Forms for Smallpox Vaccine Clinics\*

“\* IND forms are subject to change, they are included for planning purposes only. The most current IND forms will be distributed with vaccine shipments or available through the state-based co-investigator and should be utilized for all actual IND program administration within vaccination clinics.”

## **4. POD LOGISTICS**

Points of Distribution (POD) are a temporary site(s) chosen by the local health jurisdiction to serve as a dispensing or vaccination site(s) for residents in the event of a public health emergency. The goal of a POD is to **put pills in** hand to provide prophylaxis to as many people as possible in the shortest amount of time. Commodities of a POD include shelf staple food and water.

### **4.1 POD SELECTION GUIDELINES**

- A. PODs are large enough to accommodate large numbers of people and maintain 24/7 operations over an extended time period without interruption.



- B. PODs are located throughout the county in easily accessible facilities, unless the outbreak or event is limited to a defined geographic area of the county (targeted prophylaxis).
- C. PODs are accessible from mass transit and freeways or thoroughfares.
- D. PODs with existing communications systems are preferred.
- E. PODs must be handicapped accessible.
- F. PODs must be separated from sites where ill patients are treated.
- G. PODs facilities will have:
  - Refrigerators
  - Bathrooms
  - Water and electricity
  - Parking or alternative transportation for disabled persons who are unable to walk to the POD

#### **4.2 NUMBER OF PODS NEEDED IN NAPA COUNTY**

Napa County currently has eight POD sites (listed in section 1.7 of this plan) for which site set-up plans have been developed (see Point of Dispensing Field Operations Guide (POD FOG)) and MOU site agreements have either been completed or are in progress. The sites are located throughout the county, with three sites located within the City of Napa; Napa County's largest population center.

To provide prophylaxis for the entire population of Napa County within 48 hours, all eight POD sites will need to be operational 24 hours a day. Flow rate will vary by POD site depending on the population of the area being served.

The "typical" flow rate for POD sites in Napa County is estimated at 260 patients per hour. This rate is based on throughput of patients at mass vaccination clinic exercises and the response to pandemic H1N1. Staffing needs are calculated for shorter prophylaxis windows based on staff numbers needed to achieve a flow rate of 260 patients per hour in clinics run by Napa County Public Health.

**4.3 POD STAFFING ESTIMATES**

The models below show staffing estimates for five core position categories. These models were developed by Napa County Public Health based upon actual patient flow rates and staffing at annual mass vaccination clinics and exercises. Estimated staff numbers are per 12 hour shift. Vaccinators/dispensers and pre-fillers are expected to be licensed health professionals, with pre-fillers required only for clinics where injectable vaccine or medication is dispensed. For Las Flores, American Canyon and all smaller POD sites, the Plans and Logistics section chief positions will be combined. For these clinics, the planning sections will be supported by the DOC. For the smallest POD sites (St. Helena, Calistoga, Yountville and Angwin), the POD site manager will assume all command positions except the Medical Director and Security roles. The Medical Director and Medical Operations Section Chief can also be combined into one role at small POD sites.

**POD site staffing model, 48 hour campaign with 24 hr operation.**

POD site name	Population to be served	Patient Flow Rate	No. vaccinators or dispensers	No. screeners	No. prefillers	No. line monitors	No. command and general staff	Total
Typical*		260/hr	10	12	4	8	8	42
Napa Expo	36086	752/hr	29	35	12	23	8	107
Napa Valley College	36086	752/hr	29	35	12	23	8	107
Las Flores, Napa	24057	501/hr	19	23	8	15	7	72
American Canyon	19454	405/hr	16	19	6	13	7	61
St. Helena	6049	126/hr	5	6	2	4	4	21
Calistoga	6448	134/hr	5	6	2	4	4	21
Yountville	2933	61/hr	2	2	1	2	4	11
Angwin	5373	112/hr	4	5	2	3	4	18
<b>Total, 8 POD sites</b>	<b>136486</b>		<b>109</b>	<b>131</b>	<b>45</b>	<b>87</b>	<b>46</b>	<b>418</b>

Population data based on American Fact Finder 2010 Census data.

\* Flow rates and staffing observed at annual vaccination clinics in Napa County.

POD site staffing model, 6 day campaign with 24 hr operation.

POD site name	Population to be served	Patient Flow Rate	No. vaccinators or dispensers	No. screeners	No. prefillers	No. line monitors	No. command and general staff	Total
Typical*		260/hr	10	12	4	8	8	42
Napa Expo	36086	251/hr	10	12	4	8	8	42
Napa Valley College	36086	251/hr	10	12	4	8	8	42
Las Flores, Napa	24057	167/hr	6	7	2	5	7	27
American Canyon	19454	135/hr	5	6	2	4	7	24
St. Helena	6049	42/hr	2	2	1	2	4	11
Calistoga	6448	45/hr	2	2	1	2	4	11
Yountville	2933	21/hr	1	1	1	1	4	8
Angwin	5373	38/hr	1	1	0	1	4	8
<b>Total 8 POD sites</b>	<b>136486</b>		<b>37</b>	<b>44</b>	<b>15</b>	<b>30</b>	<b>46</b>	<b>173</b>

Population data based on American Fact Finder 2010 Census data.

\* Flow rates and staffing observed at annual vaccination clinics in Napa County.

POD site staffing model, 10 day campaign with 12 hr operation.

POD site name	Population to be served	Patient Flow Rate	No. vaccinators or dispensers	No. screeners	No. prefillers	No. line monitors	No. command and general staff	Total
Typical*		260/hr	10	12	4	8	8	42
Napa Expo	36086	301/hr	12	14	5	10	8	49
Napa Valley College	36086	301/hr	12	14	5	10	8	49
Las Flores, Napa	24057	201/hr	8	10	3	6	7	34
American Canyon	19454	162/hr	6	7	2	5	7	27
St. Helena	6049	51/hr	2	2	1	1	4	10
Calistoga	6448	54/hr	2	2	1	1	4	10
Yountville	2933	25/hr	1	1	1	1	4	8
Angwin	5373	45/hr	2	2	1	1	4	10
<b>Total 8 POD sites</b>	<b>136486</b>		<b>44</b>	<b>53</b>	<b>19</b>	<b>36</b>	<b>46</b>	<b>198</b>

Population data based on American Fact Finder 2010 Census data.

\* Flow rates and staffing observed at annual vaccination clinics in Napa County.

**4.4 POD ASSESSMENT FORM<sup>3</sup>**

**Site Name:** \_\_\_\_\_

**Address:**

\_\_\_\_\_

(Indicate on Thomas Bros. map page)

**Location within County** (circle one)      North    South    East    West    Central

**Surveyor** (Print): \_\_\_\_\_      **Date:** \_\_\_\_\_      **Phone:**

\_\_\_\_\_

**Site Point of Contact for facility access:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Off Hours: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attachments:**

Thomas Bros. Map page of the surrounding area?      Y    N

Site Map of the entire facility?      Y    N

Floor plan drawing of main prospective structure?      Y    N

**Surrounding Area:**

Nearest major thoroughfare      \_\_\_\_\_

Road size and number of lanes      \_\_\_\_\_

On site parking capacity      \_\_\_\_\_ cars

Off site parking availability      \_\_\_\_\_ cars

\_\_\_\_\_

<sup>3</sup> The POD Assessment Form was developed by the Santa Clara County Public Health Department Mass Prophylaxis Work Group

Address: \_\_\_\_\_(indicate on Thomas Bros map page)

Distance from site \_\_\_\_\_

Direction from site \_\_\_\_\_

**Main Structure:**

(circle)      One floor      or      Multilevel

Size of largest open room: \_\_\_\_\_x\_\_\_\_\_ feet

How many entrance/ exit doors? \_\_\_\_\_

Single \_\_\_\_\_

Double \_\_\_\_\_

ADA (Handicap) access?                      Y   N

Other room(s) on the same floor?                      Y   N

If more than one room sketch bldg and indicate room sizes. (on reverse)

Size of other room(s): \_\_\_\_\_

How does the general flow-through ability look?      Good    Fair    Bottlenecked

If bottlenecked at a certain point, is there a way to compensate?    Y   N

**On Site Resources (number of):**

Chairs                      \_\_\_\_\_

Tables                      \_\_\_\_\_

Televisions                      \_\_\_\_\_

Size                      \_\_\_\_\_

VCRs                      \_\_\_\_\_

LCD/ overhead Projector \_\_\_\_\_

Fax Machines                      \_\_\_\_\_

Refrigerators (by use)

Food \_\_\_\_\_

Medical \_\_\_\_\_

Sample \_\_\_\_\_

Generator

Capacity \_\_\_\_\_watts

Fuel on site \_\_\_\_\_gallons

Runtime w/ existing fuel \_\_\_\_\_hours

Is there a Public Address (PA) system?     Y   N

Location of control point:\_\_\_\_\_

**Emergency Preparedness:**

HAM Radio

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

Do site owners/ operators have an ARK? (mostly relates to schools)     Y   N

Do site owners/ operators have an emergency plan?     Y   N

Do site owners/ operators have an emergency planning group/ body?     Y   N

Point of contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of onsite security staff \_\_\_\_\_ Working hours \_\_\_\_\_

Fence/ wall around building and/or grounds?     Y   N (if partial indicate on site map.)

**Auxiliary Facilities (indicate on site map as appropriate):**

Staging location/ loading dock?     Y   N

Food preparation area?     Y   N

Staff support area? Y N

Patient triage, caution, or isolation area? Y N

**Indicate on site map locations of:**

**Symbol:**

Running water (drinking fountains, deep sinks, etc.) \_\_\_\_\_

Restrooms & gender orientation \_\_\_\_\_

Electrical outlets \_\_\_\_\_

Phone connections (specify analog or digital) \_\_\_\_\_

Fax machines \_\_\_\_\_

Internet connections \_\_\_\_\_

Copy machine \_\_\_\_\_

Public Address (PA) system controls \_\_\_\_\_

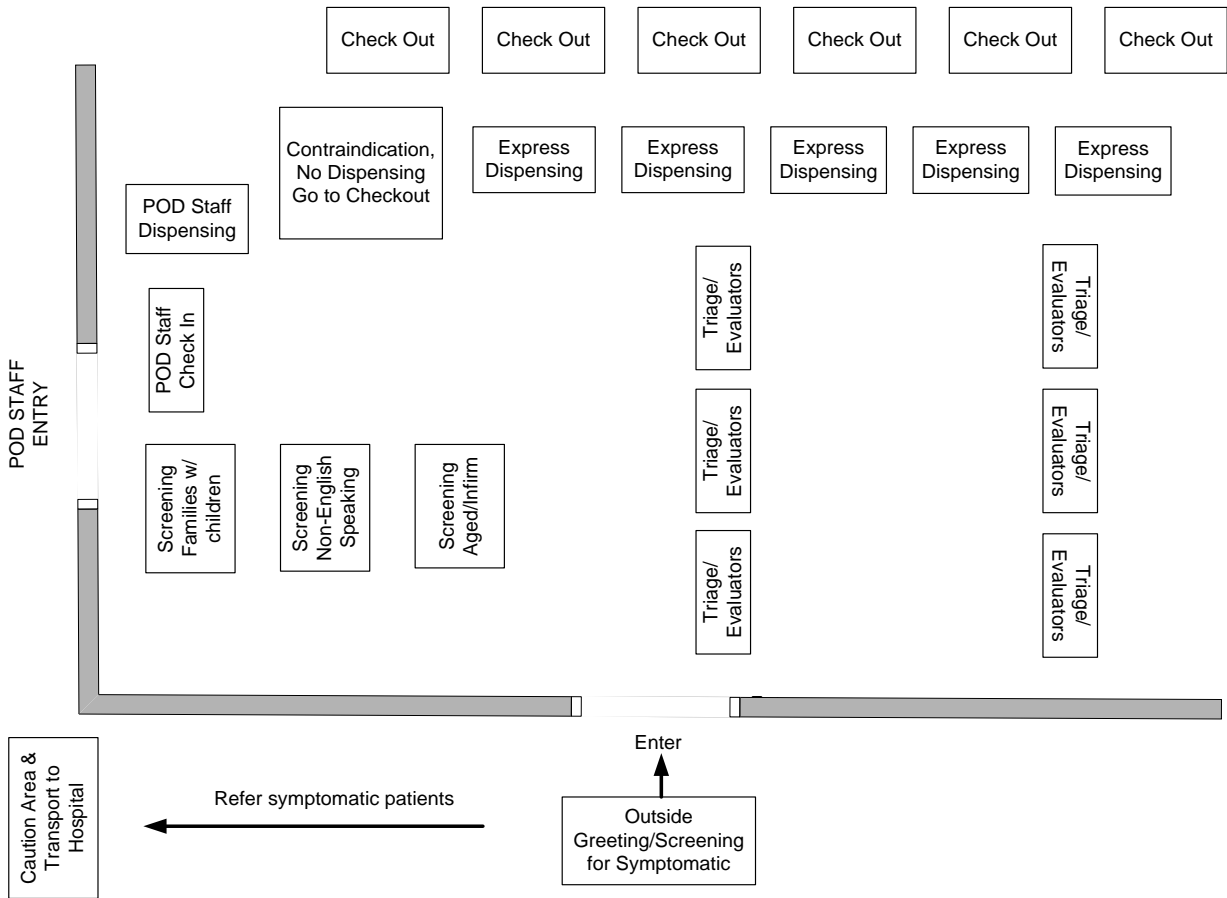
Environmental controls \_\_\_\_\_

Administrative supplies \_\_\_\_\_

Medical supplies \_\_\_\_\_

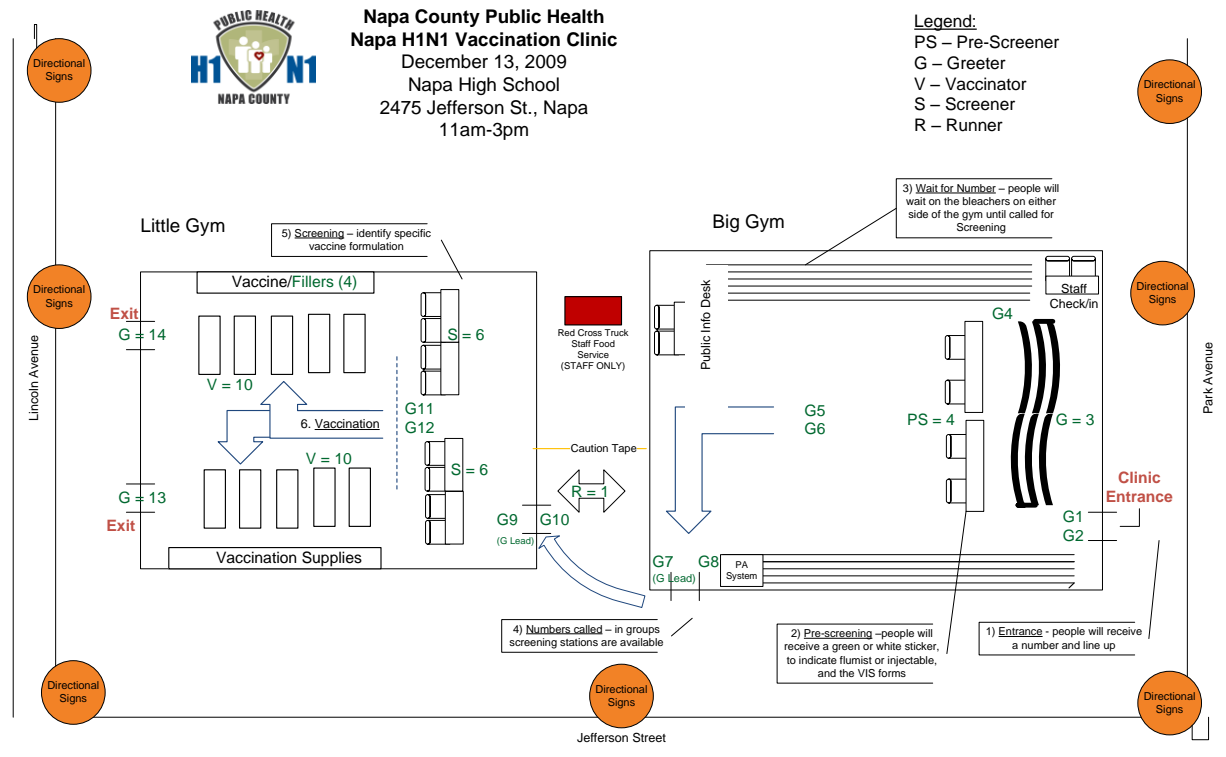


4.5 MASS PROPHYLAXIS POD SUGGESTED LAYOUT



### 4.6 VACCINATION CLINIC LAYOUT SAMPLE

Napa County Public Health Division used the following floor layout at a H1N1 influenza vaccination clinic set up at Napa High School in December 2009. It is included here as a sample POD layout.



**4.6.1 LOW FLOW/TARGETED PROPHYLAXIS POD STATIONS**

STATION	PEOPLE	ACTIVITIES	NOTES
<b>Line/Entry -- Greeting</b>			
	Greeters/ Line Monitors	Provide general information about clinic Distribute risk communication materials Observe for symptomatic individuals → refer to providers Relay line/crowd information to command center via ICS communication pathway Send non symptomatic person to screening	
<b>Screening</b>			
	Screeners	Screen individual based on developed screening forms Complete any necessary forms Review contraindications – if contraindications → home or refer to individual's provider If no contraindications → dispensing	If not exposed or has contraindication goes home with info.
<b>Dispensing</b>			
	Dispenser/ Injector	Complete/collect any necessary forms Dispense meds → home	Send individual home with medication fact sheet
<b>Evaluation area</b>			
	Medical Consult staff	Observe for adverse reactions to medical countermeasure Triage symptomatic for transport Provide crisis counseling	Properly document and report all adverse reactions.

**4.6.2 HIGH FLOW/MASS PROPHYLAXIS POD STATIONS**

STATION	PEOPLE	ACTIVITIES	NOTES
<b>Line/Entry -- Greeting</b>			
	Greeter/Line monitor	Provide general information about clinic Distribute risk communication materials Observe for symptomatic individuals → refer to providers Relay line/crowd information to command center via ICS communication pathway Send non symptomatic person to screening	
<b>Screening</b>			
	Screeener	Screen individual based on developed screening forms Complete any necessary forms Review contraindications – if contraindications → home or refer to individual's provider If no contraindications → dispensing	Screening forms generally simpler for high flow models.
<b>Dispensing</b>			
	Dispenser/ Injector	Complete/collect any necessary forms Dispense meds → home	Send individual home with medication fact sheet
<b>Evaluation area</b>			
	Medical Consult staff	Observe for adverse reactions to medical countermeasure Triage symptomatic for transport Provide crisis counseling	Properly document and report all adverse reactions.

## 4.7 POD STAFFING RESOURCES

Napa County Public Health Division employs one physician, who is the Public Health Officer. The roles of the Health Officer include, but are not limited to:

1. Serve as the authorized DEA Registrant who signs for receipt of the SNS.
2. Provide approval and oversight of mass prophylaxis or vaccination procedures.
3. Prescribe medications for mass dispensing.
4. Provide liaison with State authorities.

### Health Care Providers

In a public health emergency, physicians, nurses, and pharmacists who are employed by hospitals, clinics, and pharmacies or are otherwise working full-time are unlikely to be available to staff PODs.

Napa County Public Health has a Medical Reserve Corp (MRC) unit and a medical volunteer registry with over 250 registered volunteers. The Public Health Division also uses the state's Disaster Healthcare Volunteers of California (DHVC) database. Licensed personnel in our database include:

- Registered Nurses (RNs)
- Licensed Vocational Nurses (LVNs)
- Licensed Physicians (MDs)
- Licensed Pharmacists (RPh/ Pharm D)

Napa County will recruit and offer just-in-time training to medical volunteers and other health care providers to dispense medications in the event of a bioterrorism event or other public health emergency. Registered medical volunteers and MRC members are also offered opportunities to receive training that includes an overview of the Strategic National Stockpile and specific information about POD operations.

Medical personnel are authorized to dispense medications within their scope of practice (e.g. licensed nurses and physicians may administer vaccines). In special circumstances, permission for medical personnel to perform duties outside their normal scope of practice may be sought

from the appropriate authority (e.g. during the H1N1 pandemic, EMSA granted permission for paramedics to administer influenza vaccine) in some cases the Health Officer.

### **Security**

Security is provided by local law enforcement personnel and is requested through the Napa County EOC. Municipal police officers direct traffic, provide for crowd control, and ensure that the SNS medications and supplies are secured at the POD within their respective jurisdictions. Volunteers are used to explain procedures and direct the flow of the lines inside PODs, but call on law enforcement to handle disruptive situations that may occur.

Napa County Sheriff Officers provide security for PODs in the unincorporated areas of the County, and also serve as back up for municipal police as needed. Identification badges are issued to POD staff to aid officers in determining who should have access to secured areas. Use of force guidelines are determined by standard local law enforcement protocol.

### **Other Support**

The local Rotary Clubs, the local chapter of the American Red Cross, and the Volunteer Center of Napa Valley will be asked to provide volunteers to assist at PODs, as needed. Napa County Mental Health and the Red Cross may also provide Critical Incident Stress Management (see Counseling and Support). Food for workers at the OA RSS site and at PODs will be requested through the Op Area EOC Logistics Section.

## **4.8 POD SHIFTS**

Napa County Public Health Division will establish up to eight (8) PODs. Sites will be open 24 hours per day, with two 12-hour shifts at each site. Key Public Health Division personnel will work 12-hour shifts, as needed to maintain operations. All staff and volunteers arriving for a shift change must sign-in and receive just-in time training in their assigned role, as well as a general orientation to clinic operations. Staff departing after a shift are required to sign-out and turn in their vests or other clinic identification.

**4.9 POD MEDIA POLICY**

Description of Function/Action	Position with Authority/ Policy
<b>Handling Media Inquiries/Press</b>	<p>Media inquiries should be directed to the PIO at the DOC/EOC.</p> <p>The POD Site Manager serves as the local liaison between the lead PIO or the Joint Information Center (JIC) and the local community.</p> <p>All messages for the Press will be provided by the HHS DOC. Due to staffing constraints, the POD Site Manager will serve as the POD-level PIO to help foster a community-POD link that ensures that the public receives accurate, focused, and timely information to support operational goals such as efficient patient flow.</p>
<b>Providing Public Informational Material</b>	<p>The HHS DOC will provide informational material to PODs to be distributed to the public. PODs will ONLY distribute material provided by HHS DOC. This is done to maintain consistency in public messaging. If the POD has informational material needs, they should seek assistance from the HHS DOC following the chain of command.</p>

The PIO, under direction from the EOC coordinates the release of:

- Information to the general public prior to the initiation of the mass prophylaxis program:
  - POD location(s)
  - Description of the process
- Updated directives as necessary
- Progress reports.

The POD Site Manager serves as the local liaison between the lead PIO or the Joint Information Center (JIC) and the local community.

Due to staffing constraints, the POD Site Manager will serve as the POD-level PIO to help foster a community-POD link that ensures that the public receives accurate, focused, and timely information to support operational goals such as efficient patient flow.

#### **4.10 RECEIVING SNS PHARMACEUTICALS AND MEDICAL SUPPLIES**

The POD Division Supervisor at each POD is authorized to sign for the delivery of pharmaceuticals and medical supplies from the SNS.

#### **4.11 DISPENSING PHARMACEUTICALS AND MEDICAL SUPPLIES**

Registered Nurses, physicians and/or pharmacists will dispense the medication identified on a screening form. If the patient came to the Dispensing area via an Express Lane, no medication will have been identified. A patient in the Express Lane indicates that there are no contraindications determined by the dispensing staff and therefore, the dispensing staff will dispense the standard prescription that has been approved by the Public Health Officer. The Health Officer or her designee will determine which categories of individuals should be given priority prophylaxis in the early stages of an event. Families of individuals targeted for priority prophylaxis will also receive priority prophylaxis. See Section 1.1 and 3.4 for more detail on priority prophylaxis.

There will be at least one table at each POD that has a health care provider who speaks Spanish. At the largest site (in Napa) at least one table equivalent will be designated as a “multi-lingual” table. Personnel will have a list of all staff on duty that are bilingual, including what language they speak and where they are working within the POD.

PODs can accommodate vehicle traffic (drive-thru) and pedestrian traffic (walk thru). A “walk-thru” and “drive-thru” are two models of dispensing mass prophylaxis at a POD. Both models involve four (4) steps:

- Step 1: Pick Up Forms
- Step 2: Show Form
- Step 3: Pick Up Medicine
- Step 4: Turn in Form and Exit

A Drive-Thru model can have the following advantages

- Citizens remain inside their own vehicles
- Limits mass crowds of people no one stands in long lines in hot/cold weather
- Limits transmission and spread of disease
- Reduced fear of disease transmission from standing in large crowds
- Quicker set up and tear down time
- More throughput
- Fewer staffing requirements

**Off-Site Parking Area Traffic Management** – The local Public Health Division, in coordination with the Op Area EOC, may consider using a large parking lot to control



arrivals at a POD. Citizens are asked to drive or take public transportation to the off-site parking area, where they leave their vehicles and are brought by shuttle bus to the POD. Initial triage and screening can be accomplished at the off-site parking area, and patient information can be provided. This approach minimizes traffic/parking congestion at the POD and provides a way to control patient flow through PODs. Citizens are warned not to drive to the POD because parking will not be allowed. Citizens within walking or biking distance to any site are welcome to arrive on their own and can be screened at the POD. In a situation where there is concern about disease spread, screening at the off-site parking site is important. Other disease control methods (i.e., masks provided before boarding shuttle buses or public transportation) may be used.

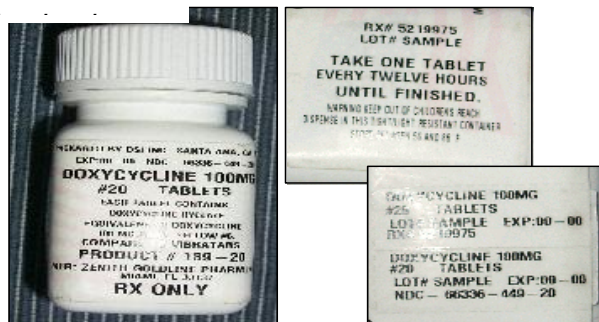
Children under 5 may be weighed in order to determine the appropriate dose. If the biological agent is sensitive to Amoxicillin, chewable tablets may be dispensed from SNS stores. If Ciprofloxacin or Doxycycline is the drug of choice, it may be necessary to create an oral suspension for children, as well as other patients who are unable to swallow pills (see Attachment 4, Medical Consultation Guide). Instructions for creating an oral Doxycycline suspension will be made available to the PODs for distribution.

Patients who wish to pick up medication for children, family members and neighbors who are homebound and unable to come to PODs will be permitted to do so.

The Health Officer has the authority to determine the number of regimens that can be dispensed to an individual. Depending on the incident, medical history information may be waived for each person may be required, as well as the weight of all children under 5 years.

Bottles of prepackaged unit- of-use antibiotics from the SNS come with two pull-off labels with the lot number and prescription serial number. These self-adhesive labels can be affixed to the patient's H&P form and the Treatment Log.

*SNS Unit-of-Use*



Patients will be advised about the medications they are receiving and potential side-effects to watch for. They will be given a 24-hour “hotline” number to call if they have questions or experience any unexpected negative effects from the medication. They will also be told how to get information about the need to pick up additional doses of medication if it is determined that a longer course of treatment is necessary.

At the POD, each patient will receive a Patient Information Form to take home. These have been provided by the CDC and are available in 48 languages.

As soon as the patient receives the medication and take-home instructions, the Dispenser will stamp the back of his or her hand to indicate that medication has been dispensed. This is to prevent patients from receiving more than one unit-of-use prescription.

#### **4.12 IDENTIFICATION**

In the case of priority or targeted prophylaxis, identification such as a professional license or driver’s license, may be required before medication or vaccine is dispensed.

#### **4.13 DEMOBILIZATION OF POD SITES**

The POD Division Manager works with the DOC in determining when the functions of the Mass Prophylaxis at the site are complete or near completion. At this time the POD Division Manager will work with the Logistics Team Leader and the Medical Operations Team Leader to arrange the following:

##### **Staff**

- Notification of date/time to be released from duties.
- Collection and verification of any pertinent payroll records.

##### **Equipment/Supplies**

- Inventory unused SNS medications and supplies.
- Tear down of equipment after all patients have left the premises.
- Packing of equipment and supplies.
- Arrangements to have equipment/supplies returned to their home base.

**Documentation**

- Determination of who will take possession of all records pertinent to the prophylaxis process.
- Logging of all documentation being turned over, and maintenance of any duplicates as deemed necessary.
- Packing of records and transfer to appropriate personnel.

**Debriefing**

Prior to leaving the facility, the Incident Commander and/or Operations Section Chief should gather all staff for a debriefing. In this process, staff should be offered an opportunity to share:

- Concerns for how the process took place.
- Any problems that they personally are experiencing as a result of participating in this process.
- Suggestions they have for improving the process for future.

**Facility Security**

Prior to leaving the facility, the Medical Operations Section Chief and/or the Logistics Section Chief will make sure that the facility is left as it was found upon starting the process, that it is secure, and that all keys/access methods have been returned to proper authority.

**After Action Report**

The following information is captured and shared with all parties involved:

1. Number of patients treated.
2. Start and stop dates/times and total number of hours of operation.
3. Listing of all personnel involved.
4. How the process took place.
5. Problems identified throughout the process, and suggestions for improvement.

## 5. ALTERNATE METHODS FOR MASS PROPHYLAXIS

Alternate methods for mass prophylaxis are expected to be needed to address situations requiring prophylaxis of the entire population in 48 hours. Potential methods are described here.

**Medical Providers** – The local Public Health Division may consider incorporating protocols whereby licensed medical providers (MDs, D.O., Dialysis Clinics, and Urgent Care Clinics) are given antibiotics and/or vaccines for administration to patients in their offices and clinics, along with specific protocols for their use. These sites would operate as “Drop Off” PODs and would be most practical for use in a scenario where prophylaxis must be given within 10+ days. The Public Health Officer would issue a direct order to distribute prophylaxis through medical providers. Incorporating such procedures has the potential advantages of allowing fuller participation of the medical community in the mass prophylaxis effort, enabling patients to receive prophylaxis in their usual health care settings, and relieving some of the pressure on PODs. However, Public Health would lose some ability to track who receives prophylaxis, and medical practitioners may, in this situation, experience security needs to be which they are unaccustomed.

**5.1 MASS PROPHYLAXIS ALTERNATE APPROACHES – PROS AND CONS**

	PODs	PODs with Off-Site Parking	Street Delivery	Drive-Through	Drop-Off to Medical Providers/Clinics
Scenario permitting (or requiring) use	6-10-day	6-10-day	3 day	3 day	Weeks or months
Ability to address medical concerns and follow standard protocols	Good	Good	Poor	Good	Best. One-to-one dispensing may be possible.
Congregation, potential disease spread	Poor	Better, ID suspect cases before going to the POD. Shuttle buses are problematic.	Good, stay home we will come to you.	Good, Stay In your car.	Minimize spread if providers are able to control flow to offices and clinics.
Management of Special Populations	Difficult, separate PODS may be needed.	Better, screening and referral possible.	Good. Language and other special needs may be met in neighborhood.	Poor. Access difficult.	Good
Logistics/Re-Supply	Difficult if 20 PODs are needed. OK if minimal number of PODs.	Difficult if 20 PODs are needed. OK if minimal number of PODs.	Easier, but requires identified routes and enough staffed vehicles .	Best, use minimum # of sites needed supply and re-supply.	Difficult, except in situations with weeks or months to distribute.
Timeliness/Speed of Delivery	Good with 24-hour operations. Flow rate determines this.	Good with 24-hour operations. Flow rate determines this.	Good, with enough vehicles for delivery.	Unknown	See above

**5.1 MASS PROPHYLAXIS ALTERNATE APPROACHES – PROS AND CONS**

	PODs	PODs with Off-Site Parking	Street Delivery	Drive-Through	Drop-Off to Medical Providers/Clinics
Staffing	Difficult, need hundreds clinical and support staff.	Difficult, need hundreds clinical and support staff.	Better: 2-4 staff per vehicle.	Better: fewer sites	Leaves staffing to providers.
Flow Control	Difficult	Better, shuttle buses leave satellite parking area when flow permits.	Good	Good, with enough security and traffic management.	Good, leaves distribution to providers.
Security	Difficult	Difficult	Good, with security on vehicles or at cross-streets or intersections.	Good, fewer sites, but anxious people in slow moving traffic lanes.	Leaves security to providers.
Public Acceptance/Compliance	Good, if familiar site. There may be panic to get to a POD first.	May be difficult to explain.	Good. Stay home, we will come to you.	Traffic jams	Good.

**TRAFFIC SAFETY AWARENESS FOR DRIVE-THRU POD**

- Working around cars can be dangerous ... stay vigilant.
- Eye contact is good but does not necessarily mean the driver sees you.
- Make eye contact and then instruct motorists to put cars in park prior to approaching vehicle ... make sure they complied before approaching.
- Watch “pinch” point between cars ... whenever possible stay way from the front of cars.
- Ensure car is in park by watching car “rock” into park gear.
- Stay on sides of cars when at all possible.
- Do not walk in traffic lanes or areas where cars are commonly traveling throughout POD.
- Use barriers to protect yourself while walking around POD.
- Understand that we will get fatigued towards the end of clinic. Do your best to stay vigilant.
- Expect the unexpected from drivers.
- Get translator when needed to speak to motorists to ensure instruction are understood.
- If a driver appears to be having a medical problem do not let them drive off. Contact your team lead, safety or Incident Command.
- 3 blasts of the horn mean that all clinic activity will cease ... move to protected area.

Drive-Thru Clinic Staffing List

DATE:

Position	Staff Name	Location
<b>Medical Group Supervisor</b>		POD Clinic
<b>Screening Unit Leader</b>		POD Clinic
<b>Screening Team #1 Lead</b>		Lane 1
Screening Team #1		walk in area
Screening Team #1		Lane 1, walk in area
<b>Screening Team #2 Lead</b>		Lane 2
Screening Team # 2		Lane 2
Screening Team # 2		Lane 2
Screening Team # 2		Lane 2
<b>Screening Team #3 Lead</b>		Lane 3
Screening Team #3		Lane 3
Screening Team #3		Lane 3
<b>Screening Team # 4 Lead</b>		Lane 4
Screening Team # 4		Lane 4
Screening Team # 4		
Screening Team # 4		Lane 4
<b>Screening Leader-Mobile and Break Team</b>		
		11-3 Lane #
		11-3 Lane #
		11-3 Lane #
		11-3 Lane #
		11-3 Lane #
<b>Dispensing Unit Leader</b>		POD Clinic
<b>Dispensing Team # 1 Lead</b>		Lane 1, walk in
<b>Position</b>	<b>Staff Name</b>	<b>Location</b>
Dispensing Team # 1		Walk in
Dispensing Team # 1		Lane 1
<b>Dispensing Team # 2 Lead</b>		Lane 2, 3
Dispensing Team # 2		Lane 2
Dispensing Team # 2		Lane 3
Dispensing Team # 2		Lane 3
Dispensing Team # 2		Lane 3
<b>Dispensing Team # 3 Lead</b>		Lane 4
Dispensing Team # 3		Lane 4



**ANNEX H - APPENDIX 4: COUNTERMEASURE DISTRIBUTION PLAN**

Revised August 2012

Dispensing Team # 3		Lane 4
Dispensing Team # 3		Lane 4
<b>Dispensing Team # 4 Lead-Mobile</b>		Lane 4
Dispensing Team # 4		Lane 4, mobile
Dispensing Team # 4		Lane 4, mobile
Dispensing Team # 4		Lane 4, mobile
<b>Pre-Fill Unit Leader</b>		POD Clinic
<b>Pre-Fill Team # 1 Lead</b>		Lane 1, 2, 3
Pre-Fill Team # 1		Lane 1
Pre-Fill Team # 1		Lane 1
Pre-Fill Team # 1		Lane 1
Pre-Fill Team # 1		Lane 1
<b>Pre-Fill Team # 2 Lead</b>		Lane 3
Pre-Fill Team # 2		Lane 3
Pre-Fill Team # 2		Lane 3
Pre-Fill Team # 2		Lane 3
<b>Pre-Fill Team # 3 Lead</b>		Lane 4
Pre-Fill Team # 3		Lane 4
Pre-Fill Team # 3		Lane 4
Pre-Fill Team # 3		Lane 4