

POINT OF DISPENSING (POD)

Quick Reference Guide

Agency Responsibilities

Orange County Health Care Agency (HCA)

Response

1. Coordinate the release of information to the public with the Public Information Officer (PIO), in conjunction with the Operational Area.
2. Assist the affected municipality with the release of public information, in conjunction with the Operational Area.
3. Assess information provided by Epidemiologists to determine suspected area of exposure and suspected agent.
4. Request the activation of POD sites through the Operational Area based on suspected area of exposure and suspected agent.
5. Activate Health EOC when appropriate.
6. Supply POD sites with all forms and medical supplies, as needed.

City EOC

Response

1. Activate City EOC.
2. Activate POD site based on request from Operational Area to do so.
3. Notify all identified POD staff and response personnel to begin POD deployment.
4. Establish procedures, or utilize current procedures, for POD security and personnel accountability (i.e. activate badging protocols).
5. Establish and maintain contact with the POD and/or command post.
6. Request logistical support and assess procurement through Operational Area.
7. Brief and consult with the County Chairperson/County Administrator, County EM Director and the EOC about information received and disseminated.
8. Coordinate and prepare official emergency information statements in conjunction with Operational Area, if appropriate.
9. Establish and maintain a joint public information center to ensure coordinated public information during emergency operations, if requested by UC or EOC.
10. Inform Unified Command of any common media questions and/or concerns.

Operational Area

Response

1. Coordinate with the HCA PIO, City EOC(s) and Emergency Management Director regarding the release of information to public sources.
2. Notify City EOC, emergency manager and/or other delegated officials to activate City POD site(s) based on County Health Officer's request to do so.
3. Support City EOC and POD response activities.
4. Send a representative to the EOC or JICC as requested.

Important HCA Phone Numbers

Health EOC Manager – (714) 437-5764

Health EOC Fax – (714) 437-5767

HCA Epidemiology – (714) 834-8180

HCA Exercises only

In the event of a needle stick, please call
Employee Health Line (714) 834-5974

POD Information

POD Activation

Purpose - PODs are medical dispensing areas designed to provide prophylaxis to a large number of people during the shortest time possible.

Activation - The County Health Officer, in conjunction with local, state and federal agencies, will request POD activation, when appropriate, via the Operational Area's notification systems. PODs may be simultaneously activated throughout the County. PODs are expected to become operational within 12 hours, operate for a 24-hour period for up to 5 to 7 days, or until deactivation is requested.

Physical Location – PODs will be located separate from the City Emergency Operations Center and pre-selected by City Emergency planners. An Incident Action Plan will have been developed prior to site activation. Activation is determined by type of incident and suspected agent/area of exposure.

POD Direction & Control:

Structure – PODs will operate under the Incident Command Structure (ICS) and all POD response and recovery agencies will coordinate with each other to accomplish activities as directed by the Unified Command.

Unified Command (UC) - The POD Unified Command will be comprised of Fire, Law Enforcement, and Health personnel with all response activities directed by the UC.

Liaison - The Health Care Agency will provide an HCA Liaison to the POD site to allow for communication and coordination between the POD and Health Care EOC. A site/facility liaison will also be provided by the site/facility.

POD General Response Activities:

Activities – General POD activities will include: POD staff activation and notification, site activation and set-up, site control and security; receiving, managing, storing and requesting of medical supplies, dispensing of medical prophylaxis, patient tracking and screening, and recovery.

Unified Command

- Conduct initial Unified Command Meeting
- Review, set and/or modify objectives within IAP
- Conduct Command/General Staff Meeting
- Distribute FOG Section 2
- Approve operational IAP, ensure distribution to staff

Operations

- Oversee site set up
- Review Policies and Procedures (Section 3)
- Ensure all clinic stations and security areas are staffed.

Logistics

- Review IAP & on-site equipment list
- Establish POD based on site map within IAP
- Process incoming medication shipments
- Assess need for additional staff, assets and supplies
- Provide staffing availability updates as requested

Planning

- Review, activate, amend and distribute IAP
- Distribute/duplicate all FOG documents as needed.
- Schedule briefing(s) and provide situational reports

*See Section 3 for information on POD Management techniques

POD Operations

The Four Basic Stations

Check-in – Receives Patients

- Large area for initial patient intake
- Distribute applicable forms
 1. Patient History Forms
 2. Agent Information Sheets
 3. Drug Information Sheets
- Conduct screening using station script
- General supplies needed:
 - Pens, tables, chairs, trash cans

Screening – Review Patient History Forms

- Conduct screening using station script
- Review Patient History Forms for contraindications
- Remove contraindications from line
- Send all others to Dispensing
- General supplies needed:
 - Pens, tables, chairs, trash cans

Dispensing – Dispense Medications/Vaccines/Materials

- Large area for multiple Dispensers/Vaccinators
- Conduct screening using station script
- Review Patient History Forms for contraindications
- Supply patient with prophylaxis
- Notate Patient History form of dosage dispensed
- General supplies needed:
 - Medical supplies (i.e. gloves, dosing information, alcohol wipes, cotton balls etc.), pens, tables, chairs, sharps containers (vaccine only), trash cans

Form Collection (Exit) – Collect Patient forms

- Collect all patient history forms and file
- General supplies needed:
 - Tables, chairs, boxes and/or filing system.

POD Medical Storage Area

- Secured area (i.e. security personnel at area and when medications/vaccinations are transported).
- Easily accessible to delivery trucks.
- Temperature controlled.
- Area to store medications (200+ Sq. Ft.)

POD Incident Command Post

- Secured area.
- Established by the Unified Command
- Away from POD line and patient flow.
- Provide location to staff during briefing

POD Staff

Check-In –

- Sign-in at designated staff registration area
- Receive POD position assignment and related forms
- Receive vest, radio and additional equipment as needed, if applicable.
- Receive radio, if applicable
- Report to supervisor and obtain briefing

Demobilization–

- Sign-out at the designated staff registration area
- Submit shift documentation
- Return vest, radio and additional equipment, if applicable
- Attend debrief, if applicable



POD INCIDENT ACTION PLAN (IAP)

| ICS FORM # | FORM TITLE |
|--------------------------|--------------------------------|
| N/A | POD SITE MAPS |
| ICS 202 | INCIDENT OBJECTIVES |
| ICS 203 | ORGANIZATIONAL ASSIGNMENT LIST |
| N/A | SECURITY PLAN |
| ICS 204 | DIVISION ASSIGNMENT LIST |
| ICS 205 | COMMUNICATION PLAN |
| ICS 206 | MEDICAL PLAN |
| N/A | POD ORGANIZATIONAL CHART |
| ICS 213 | GENERAL MESSAGE |
| ICS 214 | UNIT LOG |
| ICS 215A | IAP SAFETY ANALYSIS |
| ICS 221 | DEMOBILIZATION CHECKOUT |
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| ADDITIONAL FORMS: | |
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|---|-------------------------|--|----------------|
| INCIDENT OBJECTIVES | 1. INCIDENT NAME | 2. DATE | 3. TIME |
| 4. OPERATIONAL PERIOD (DATE/TIME) | | | |
| 5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES) | | | |
| 6. WEATHER FORECAST FOR OPERATIONAL PERIOD | | | |
| 7. GENERAL SAFETY MESSAGE | | | |
| 8. Attachments (<input checked="" type="checkbox"/> if attached) <input type="checkbox"/> Organization List (ICS 203) <input type="checkbox"/> Medical Plan (ICS 206) <input type="checkbox"/> _____ <input type="checkbox"/> Assignment Lists (ICS 204) <input type="checkbox"/> POD Maps <input type="checkbox"/> _____ <input type="checkbox"/> Communications Plan (ICS 205) <input type="checkbox"/> POD Organizational Chart <input type="checkbox"/> _____ <input type="checkbox"/> General Message (ICS 213) <input type="checkbox"/> Unit Log (ICS 214) <input type="checkbox"/> _____ <input type="checkbox"/> Safety Analysis (ICS 215A) <input type="checkbox"/> Demobilization Checkout (ICS 221) <input type="checkbox"/> _____ | | | |
| 9. PREPARED BY (NAME and POSITION) | | 10. APPROVED BY (NAME and POSITION) | |

| ORGANIZATION ASSIGNMENT LIST | | 1. INCIDENT NAME | 2. DATE PREPARED | 3. TIME PREPARED |
|--|-------------|--|------------------|------------------|
| | | 4. OPERATIONAL PERIOD (DATE/TIME) | | |
| <i>POSITION</i> | <i>NAME</i> | | | |
| 5. UNIFIED COMMAND AND STAFF | | 9. OPERATIONS SECTION | | |
| FIRE REP. | | CHIEF | | |
| LAW REP. | | DEPUTY | | |
| HEALTH REP. | | a. SECURITY BRANCH | | |
| SAFETY OFFICER | | BRANCH DIRECTOR | | |
| PUBLIC INFORMATION OFFICER | | PERIMETER/PARKING | | |
| PUBLIC INFORMATION OFFICER | | COMMAND POST | | |
| COMMUNITY LIAISON OFFICER | | CLINIC SECURITY | | |
| 6. AGENCY REPRESENTATIVES | | MEDICAL STORAGE/TRANSPORT | | |
| <i>AGENCY</i> | <i>NAME</i> | TRAFFIC/CROWD CONTROL | | |
| | | b. CLINIC BRANCH (Drive Through) | | |
| | | BRANCH DIRECTOR | | |
| | | DEPUTY | | |
| | | CHECK-IN | | |
| | | VACCINATION/DISPENSING | | |
| | | FORMS COLLECTION | | |
| 7. PLANNING SECTION | | c. CLINIC BRANCH (Walk Through) | | |
| CHIEF | | BRANCH DIRECTOR | | |
| SITUATION STATUS UNIT | | DEPUTY | | |
| RESOURCES UNIT | | CHECK-IN | | |
| DEMOBILIZATION UNIT | | VACCINATION/DISPENSING | | |
| DOCUMENTATION UNIT | | FORMS COLLECTION | | |
| | | MEIDCAL BRACNH DIRECTOR | | |
| 8. LOGISTICS SECTION | | ADDITIONAL ASSIGNMENTS | | |
| CHIEF | | | | |
| DEPUTY | | | | |
| a. SUPPORT BRANCH | | | | |
| DIRECTOR | | | | |
| SUPPLY UNIT | | | | |
| FACILITIES UNIT | | | | |
| GROUND SUPPORT UNIT | | | | |
| PHARMACY TEAM LEAD | | | | |
| STAFF REGISTRATION | | | | |
| b. SERVICE BRANCH | | | | |
| DIRECTOR | | | | |
| COMMUNICATIONS UNIT | | | | |
| MEDICAL UNIT | | | | |
| FOOD UNIT | | | | |
| PREPARED BY (NAME and POSITION) | | | | |

| | | | | |
|-------------------------------|---------|--------------------------|---------|-----------------------|
| INCIDENT SECURITY PLAN | | 1. Incident Name | 2. Date | 3. Operational Period |
| Radio Frequency | Channel | Report Time and Location | Time | Location |

PLEASE NOTE THE KEY INFORMATION

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I. SITE SECURITY

A. Vulnerability of site and site/facility strengths & weaknesses

B. Site ingress/Egress points

C. Traffic/Crowd Control Plan – Role of Law Enforcement personnel

D. Public Safety Officer Responsibilities

| | | |
|--|---|-------------|
| 1. Officer Name & Badge Number – Call Sign | 2. Assigned POD Position Security Branch Director | 3. Location |
|--|---|-------------|

4. Duties

| | | |
|--|--|-------------|
| 1. Officer Name & Badge Number – Call Sign | 2. Assigned POD Position Perimeter/Parking Control Security Group Supervisor | 3. Location |
|--|--|-------------|

4. Duties

| | | |
|--|---|-------------|
| 1. Officer Name & Badge Number – Call Sign | 2. Assigned POD Position Command Post Security Group Supervisor | 3. Location |
|--|---|-------------|

4. Duties

| | | |
|--|---|-------------|
| 1. Officer Name & Badge Number – Call Sign | 2. Assigned POD Position Clinic Security Group Supervisor | 3. Location |
|--|---|-------------|

4. Duties

| | | |
|--|--|-------------|
| 1. Officer Name & Badge Number – Call Sign | 2. Assigned POD Position Medical Storage/Transport Security Group Supervisor | 3. Location |
|--|--|-------------|

4. Duties

| | | |
|--|--|-------------|
| 1. Officer Name & Badge Number – Call Sign | 2. Assigned POD Position Traffic/Crowd Control Security Group Supervisor | 3. Location |
|--|--|-------------|

4. Duties

II. SITE SECURITY BREACH

III. SITE EVACUATION PLAN

Blank area for the Site Evacuation Plan.

IV. EXERCISE INFORMATION

Blank area for Exercise Information.

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| Prepared by (NAME and POSITION) | Approved by (NAME and POSITION) | Date | Time |
|---------------------------------|---------------------------------|------|------|

| 1. BRANCH SECURITY | | | 2. DIVISION COMMAND POST | | | ASSIGNMENT LIST | | | | | |
|---|--------------|----------------|---------------------------------|---------------------------------|---|------------------------|-------|--------|-------|------|--|
| 3. INCIDENT NAME | | | | | 4. OPERATIONAL PERIOD DATE _____ TIME _____ | | | | | | |
| 5. OPERATIONAL PERSONNEL | | | | | | | | | | | |
| OPERATIONS CHIEF _____ | | | DIVISION/GROUP SUPERVISOR _____ | | | | | | | | |
| BRANCH DIRECTOR _____ | | | | | | | | | | | |
| 6. RESOURCES ASSIGNED TO THIS PERIOD | | | | | | | | | | | |
| RESOURCE DESIGNATOR | LEADER | NUMBER PERSONS | TRANS. NEEDED | PICKUP PT./TIME | DROP OFF PT./TIME | | | | | | |
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| 7. CONTROL OPERATIONS | | | | | | | | | | | |
| 8. SPECIAL INSTRUCTIONS | | | | | | | | | | | |
| 9. DIVISION/GROUP COMMUNICATIONS SUMMARY | | | | | | | | | | | |
| FUNCTION | | FREQ. | SYSTEM | CHAN. | FUNCTION | | FREQ. | SYSTEM | CHAN. | | |
| COMMAND | LOCAL REPEAT | | | | SUPPORT | LOCAL REPEAT | | | | | |
| | | | | | | | | | | | |
| DIV./GROUP TACTICAL | | | | | | | | | | | |
| PREPARED BY (NAME and POSITION) | | | | APPROVED BY (NAME and POSITION) | | | | DATE | | TIME | |
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| 1. BRANCH SECURITY | 2. DIVISION MEDICAL STORAGE/TRANSPORT | ASSIGNMENT LIST | | | | | | | |
| 3. INCIDENT NAME | | | 4. OPERATIONAL PERIOD DATE _____ TIME _____ | | | | | | |
| 5. OPERATIONAL PERSONNEL OPERATIONS CHIEF _____ DIVISION/GROUP SUPERVISOR _____ BRANCH DIRECTOR _____ | | | | | | | | | |
| 6. RESOURCES ASSIGNED TO THIS PERIOD | | | | | | | | | |
| RESOURCE DESIGNATOR | LEADER | NUMBER PERSONS | TRANS. NEEDED | PICKUP PT./TIME | DROP OFF PT./TIME | | | | |
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| 7. CONTROL OPERATIONS | | | | | | | | | |
| 8. SPECIAL INSTRUCTIONS | | | | | | | | | |
| 9. DIVISION/GROUP COMMUNICATIONS SUMMARY | | | | | | | | | |
| FUNCTION | | FREQ. | SYSTEM | CHAN. | FUNCTION | | FREQ. | SYSTEM | CHAN. |
| COMMAND | LOCAL REPEAT | | | | SUPPORT | LOCAL REPEAT | | | |
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| DIV./GROUP TACTICAL | | | | | | | | | |
| PREPARED BY (NAME and POSITION) | | | APPROVED BY (NAME and POSITION) | | | DATE | TIME | | |
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| 1. BRANCH SECURITY | 2. DIVISION PERIMETER/PARKING | ASSIGNMENT LIST | | | | | | | |
| 3. INCIDENT NAME | | | 4. OPERATIONAL PERIOD DATE _____ TIME _____ | | | | | | |
| 5. OPERATIONAL PERSONNEL OPERATIONS CHIEF _____ DIVISION/GROUP SUPERVISOR _____ BRANCH DIRECTOR _____ | | | | | | | | | |
| 6. RESOURCES ASSIGNED TO THIS PERIOD | | | | | | | | | |
| RESOURCE DESIGNATOR | LEADER | NUMBER PERSONS | TRANS. NEEDED | PICKUP PT./TIME | DROP OFF PT./TIME | | | | |
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| 7. CONTROL OPERATIONS | | | | | | | | | |
| 8. SPECIAL INSTRUCTIONS | | | | | | | | | |
| 9. DIVISION/GROUP COMMUNICATIONS SUMMARY | | | | | | | | | |
| FUNCTION | | FREQ. | SYSTEM | CHAN. | FUNCTION | | FREQ. | SYSTEM | CHAN. |
| COMMAND | LOCAL | | | | SUPPORT | LOCAL | | | |
| | REPEAT | | | | | REPEAT | | | |
| DIV./GROUP TACTICAL | | | | | | | | | |
| PREPARED BY (NAME and POSITION) | | | | APPROVED BY (NAME and POSITION) | | | DATE | TIME | |
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| 1. BRANCH SECURITY | 2. DIVISION TRAFFIC/CROWD CONTROL | ASSIGNMENT LIST | | | | | | | | |
|---|--|---------------------------------|------------------------------|---------------------------------|-------------------|--------|-------|--------|-------|--|
| 3. INCIDENT NAME | | | 4. OPERATIONAL PERIOD | | | | | | | |
| | | | DATE _____ TIME _____ | | | | | | | |
| 5. OPERATIONAL PERSONNEL | | | | | | | | | | |
| OPERATIONS CHIEF _____ | | DIVISION/GROUP SUPERVISOR _____ | | | | | | | | |
| BRANCH DIRECTOR _____ | | | | | | | | | | |
| 6. RESOURCES ASSIGNED TO THIS PERIOD | | | | | | | | | | |
| RESOURCE DESIGNATOR | LEADER | NUMBER PERSONS | TRANS. NEEDED | PICKUP PT./TIME | DROP OFF PT./TIME | | | | | |
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| 7. CONTROL OPERATIONS | | | | | | | | | | |
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| 8. SPECIAL INSTRUCTIONS | | | | | | | | | | |
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| 9. DIVISION/GROUP COMMUNICATIONS SUMMARY | | | | | | | | | | |
| FUNCTION | | FREQ. | SYSTEM | CHAN. | FUNCTION | | FREQ. | SYSTEM | CHAN. | |
| COMMAND | LOCAL | | | | SUPPORT | LOCAL | | | | |
| | REPEAT | | | | | REPEAT | | | | |
| DIV./GROUP TACTICAL | | | | | | | | | | |
| PREPARED BY (NAME and POSITION) | | | | APPROVED BY (NAME and POSITION) | | | DATE | TIME | | |
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| POD RADIO COMMUNICATIONS PLAN | | | 1. Incident Name | 2. Date/Time Prepared | 3. Operational Period Date/Time |
|---|----------------|-----------------|-------------------------|------------------------------|--|
| 4. Basic Radio Channel Utilization | | | | | |
| System/Cache | Channel | Function | Frequency/Tone | Assignment | Remarks |
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| 5. Prepared by (NAME and POSITION) | | | | | |

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|--|--|------------------|------------------|-----------------------|-------------------------------------|-----|-------------|----|
| MEDICAL PLAN | 1. Incident Name | 2. Date Prepared | 3. Time Prepared | 4. Operational Period | | | | |
| | 5. Incident Medical Aid Station | | | | | | | |
| Medical Aid Stations | Location | | | Paramedics | | Yes | No | |
| | | | | | | | | |
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| 6. Transportation | | | | | | | | |
| A. Ambulance Services | | | | | | | | |
| Name | Address | | Phone | Paramedics | | Yes | No | |
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| B. Incident Ambulances | | | | | | | | |
| Name | Location | | | Paramedics | | Yes | No | |
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| 7. Hospitals | | | | | | | | |
| Name | Address | | Travel Time | | Helipad | | Burn Center | |
| | | | Air | Ground | Yes | No | Yes | No |
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| 8. Medical Emergency Procedures | | | | | | | | |
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| Prepared by (NAME and POSITION) | | | | | 10. Reviewed by (NAME and POSITION) | | | |

| GENERAL MESSAGE | | |
|------------------------|------------------|----------------------------|
| TO: | POSITION: | |
| FROM: | POSITION: | |
| SUBJECT: | DATE: | TIME: |
| MESSAGE: | | |
| | | |
| SIGNATURE: | POSITION: | |
| REPLY: | | |
| | | |
| DATE: | TIME: | SIGNATURE/POSITION: |

| UNIT LOG | | 1. Incident Name | 2. Date Prepared | 3. Time Prepared |
|------------------------------------|--|------------------------------------|------------------|-----------------------|
| 4. Unit Name/Designators | | 5. Unit Leader (Name and Position) | | 6. Operational Period |
| 7. Personnel Roster Assigned | | | | |
| Name | | ICS Position | | Home Base |
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| 8. Activity Log | | | | |
| Time | | Major Events | | |
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| 9. Prepared by (Name and Position) | | | | |

| INCIDENT ACTION PLAN SAFETY ANALYSIS | | 1. Incident Name | | | | | | | 2. Date | 3. Time |
|--------------------------------------|-------------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--|---------|
| Division or Group | Potential Hazards | | | | | | | | Mitigations (e.g., PPE, buddy system, escape routes) | |
| | Type of Hazard: | Type of Hazard: | Type of Hazard: | Type of Hazard: | Type of Hazard: | Type of Hazard: | Type of Hazard: | Type of Hazard: | | |
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| Prepared by (NAME and POSITION) | | | | | | | | | | |

DEMOBILIZATION CHECKOUT

ICS-221

| | | |
|--|--|--------------|
| 1. INCIDENT NAME/NUMBER | 2. DATE/TIME | 3. DEMOB NO. |
| 4. UNIT/PERSONNEL RELEASED | | |
| 5. TRANSPORTATION TYPE/NO. | | |
| 6. ACTUAL RELEASE DATE/TIME | 7. MANIFEST YES NO NUMBER _____ | |
| 8. DESTINATION _____ | 9. AREA/AGENCY/REGION NOTIFIED NAME _____ DATE _____ | |
| 10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING | | |
| 11. UNIT/PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING: (DEMOB. UNIT LEADER CHECK <input checked="" type="checkbox"/> APPROPRIATE BOX) | | |
| <u>LOGISTICS SECTION</u> | | |
| <input type="checkbox"/> SUPPLY UNIT _____ | | |
| <input type="checkbox"/> COMMUNICATIONS UNIT _____ | | |
| <input type="checkbox"/> FACILITIES UNIT _____ | | |
| <input type="checkbox"/> GROUND SUPPORT UNIT LEADER _____ | | |
| <u>PLANNING SECTION</u> | | |
| <input type="checkbox"/> DOCUMENTATION UNIT _____ | | |
| <u>FINANCE/ADMINISTRATION SECTION</u> | | |
| <input type="checkbox"/> TIME UNIT _____ | | |
| <u>OTHER</u> | | |
| <input type="checkbox"/> _____ | | |
| <input type="checkbox"/> _____ | | |
| 12. REMARKS _____ _____ | | |
| 221 ICS 1/83 | | |

Section 2

FIELD RESPONSE DOCUMENTS

Position Checklists and Station Forms





UNIFIED COMMAND

VEST **YELLOW**

Position Checklist

| | |
|----------------------------------|--|
| Report To | City EOC, Area Command or HEOC |
| Supervises | POD Command Staff and Operations, Planning & Logistics Section Chiefs |
| Assignment | Unified Command – POD Management |
| Suggested Training | Extensive NIMS/ICS Training, Emergency Management & POD Trainings |
| Documents & Equipment | <input type="checkbox"/> POD Site Incident Action Plan (IAP) and POD Field Operations Guide <input type="checkbox"/> Communication Source |

Upon Arrival

- Assume all responsibilities until additional staff arrive.
- Check-in and obtain initial briefing from current Incident Commander, if applicable.
- Activate/Assign appropriate Command/General staff positions (ICS 203)
- Distribute necessary forms (**FOG Section 2**) to Command/General Section Chiefs
- Establish Initial Strategic and Tactical Objectives
- Ensure Adequate Resources, both Personnel and Equipment
- Supervise Incident Action Plan preparation and distribution. Update as needed - (FOG Section 2)**
 - o Review incident site maps
 - o Incorporate supporting plans into the Incident Action Plan
- Review Communications Plan (ICS 205)
- Approve and authorize implementation of IAP (Sign ICS 202)
- Facilitate Operations briefing with Supervisory staff (**FOG Section 3**).
 - o Determine the time and location of the briefing.
 - o Establish overall Strategy and Tactical Objectives
 - o Establish Operational Periods.
 - o Summary of incident and response measures
 - o POD Operations overview
 - Personal safety and security
 - Dispensing/Vaccination Dosing amounts
 - Resource ordering process
 - o Identify policy directives for incident management as they related to incident objectives.
 - o Provide a summary of the current organization, reporting structure and chain of command
 - o Provide a review of current incident response activities and incident status.
 - o Open POD; determine POD activation time – notify appropriate personnel.
- Ensure all POD staff and first responders are vaccinated or have received prophylaxis when appropriate.
- Receive confirmation that all stations in POD are operational, physical set-up is optimal and required supplies/equipments are available.



UNIFIED COMMAND

During Operations

- Determine information needs and inform staff of requirements.
- Ensure welfare and safety of incident personnel.
- Supervise Command and General Staff. Ensure Command and General Staff coordination:
 - Check progress on assigned tasks of Command and General Staff personnel.
 - Approve necessary changes to strategic goals and IAP.
 - Ensure that Liaison Officer is making periodic contact with participating agencies.
 - Review & correct any safety concerns identified by Safety Officer.
- Ensure all meetings/briefings are conducted as indicated or as needed.
- Establish parameters for resource request and releases:
 - Review request for critical resources.
 - Confirm who has ordering authority within the organization.
 - Confirm those orders that require Command authorization.
- Authorize release of information to the media:
 - Work with Liaison and PIO to coordinate and approve media releases.
 - If operating within a Unified Command, ensure all Incident Commanders approve release.
- Review IAP and modify Strategy and Tactical Objectives as needed.
- Coordinate with Planning Chief/Site Demobilization Unit Leader to prepare POD site demobilization plan

End of Shift/Operations

- Conduct staff exit interview and debrief Area/Unified Command or HEOC.
 - Submit IAP to incoming POD Incident Commander/Unified Command
 - Identify additional issues (i.e. safety/injured) and report them to incoming POD IC
 - Brief incoming UC staff to all issues, current activities and unusual events.
- Verify next operational period.
- Submit all site section documentation to Documentation Unit Leader.
- Return POD identification and sign out with Staff Registration; return equipment to Supply Unit.

Site Demobilization

- Confirm timing to activate demobilization plan with Unified Command.
- Schedule & hold demobilization planning meeting with Section Chiefs.
- Approve Demobilization Checkout Plan (ICS 221). Make final entries in IAP.
- Authorize demobilization activities.
- Release resources and supplies and workforce as appropriate.
- Oversee coordination of site 'demobilization' and return of provided equipment and supplies.
- Submit all paperwork and activity log to appropriate official(s).
- Oversee restoration of facility to pre-clinic conditions.
- Secure facility and return keys to facility representatives.
- Participate in After Action meetings as required and ensure that an After Action Review occurs.



LIAISON OFFICER

VEST **YELLOW**

Position Checklist

| | |
|---|--|
| Report To | Unified Command and/or agency EOC |
| Suggested Training | Basic NIMS/SEMS Training and POD Management or Public Relations. |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) <input type="checkbox"/> Communication Source |
| Function (s) | Point of contact for coordinating and reporting agencies working at a POD. |
| Upon Arrival | |
| <input type="checkbox"/> Receive briefing and assignment(s) from Incident Commander. <ul style="list-style-type: none"> ○ Determine time and location of initial Operations Briefing. ○ Participate in initial Operations Briefing (FOG Section 3). <input type="checkbox"/> Develop a list of all cooperating and/or assisting agency personnel, their roles, responsibilities and the following for each: <ul style="list-style-type: none"> ○ Contact person ○ Radio frequency, cell phone number, or other communication device ○ Cooperative agreements ○ Resource type ○ Number of personnel <input type="checkbox"/> Interview agency representatives concerning resources, capabilities and restrictions on use. <input type="checkbox"/> Contact site representatives of each cooperating/assisting agency and review coordination plans. | |
| During Operations | |
| <input type="checkbox"/> Contact and brief assisting agency representatives/mutual aid cooperators. <input type="checkbox"/> Work with PIO and Unified Command to coordinate media releases. <input type="checkbox"/> Maintain Liaison Activity Log (ICS 214). <input type="checkbox"/> Monitor incident operations to identify potential inter-organizational issues. <input type="checkbox"/> Attend Planning Meetings: <ul style="list-style-type: none"> ○ Discuss interagency issues and provide contact information <input type="checkbox"/> Ensure issues are documented on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Verify next work schedule and brief incoming liaison officer. <input type="checkbox"/> Return POD identification and sign out with Staff Registration; return equipment to Supply Unit. <input type="checkbox"/> Submit all Section Documentation to Documentation Unit Leader. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



SAFETY OFFICER

VEST **YELLOW**

Position Checklist

| | |
|---|--|
| Report To | Unified Command |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) –Site Safety Incident Analysis (ICS 215a) <input type="checkbox"/> Communication Source |
| Suggested Training | Basic NIMS/SEMS training and Safety Training |
| Function (s) | Identify & mitigate safety hazards for staff, equipment & facilities of POD. |
| Upon Arrival | |
| <input type="checkbox"/> Receive briefing and assignment(s) from Incident Commander. <input type="checkbox"/> Identify potential hazards and ensure adequate levels of protective equipment (PPE), if needed, are available at the POD site – coordinate with Resource Unit Leader. <input type="checkbox"/> Supervise Incident Action Plan preparation and distribution <ul style="list-style-type: none">○ Review and approve Medical Plan (ICS 206)○ Prepare and update Site Safety Analysis Plan (ICS 215a)○ Develop site Safety Message (ICS 202) <input type="checkbox"/> Confirm staff activation: Assistant Safety Officers, if any <input type="checkbox"/> Identify potential hazards & corrective actions for incident or site facility. <input type="checkbox"/> Walk POD site after set-up and note any potential hazards. <input type="checkbox"/> Participate in Initial Operation Briefing: <ul style="list-style-type: none">○ Deliver Site Safety message – describe hazards and precautions (215a)○ Identify and distribute any adjustments made to Safety plan <input type="checkbox"/> Conduct site safety briefing with all Command/General Staff (FOG Section 3). | |
| During Operations | |
| <input type="checkbox"/> Evaluate situation regularly and provide updates at Planning Section meetings: <ul style="list-style-type: none">○ Ensure processing areas, staff stations and all staff are demonstrating safe practices○ Ensure location, status & assignment of resources (equipment, supplies, etc) adhere to safety measures <input type="checkbox"/> Coordinate with Section Chiefs to discuss safety issues in incident response. <input type="checkbox"/> Ensure all Safety issues are documented on Unit Logs (ICS 214). <input type="checkbox"/> Update POD IAP as needed. | |
| End of Shift/Operations | |
| <input type="checkbox"/> Finalize operational period Safety Log and submit to Documentation Unit Leader <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Debrief incoming safety officer. <input type="checkbox"/> Return POD identification and sign out with Staff Registration; return equipment to Supply Unit. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



PUBLIC INFORMATION OFFICER VEST YELLOW

Position Checklist

| | |
|---|--|
| Report To | Unified Command |
| Suggested Training | Basic NIMS/SEMS training, media training. |
| Documents & Equipment | <input type="checkbox"/> POD Site Map <input type="checkbox"/> Communications Plan (ICS 205) & available media directories <input type="checkbox"/> Communication Source |
| Function (s) | Provides information to media outlets in coordination with the Joint Information Center (JIC), Unified Command or Area Command based on reporting structure. |
| Upon Arrival | |
| <input type="checkbox"/> Receive briefing and assignment(s) from Unified Command. <input type="checkbox"/> Determine current media onsite, location of media briefing area and point of contacts for media. <input type="checkbox"/> Assign assistant PIOs to JIC, site information and/or internal information <input type="checkbox"/> Determine time and location of Operations Briefing (FOG Section 3): <ul style="list-style-type: none"> ○ Deliver media report and status of media requests. | |
| During Operations | |
| <input type="checkbox"/> Prepare initial information summary once site is activated. <input type="checkbox"/> Work with Liaison(s) and Unified Command to coordinate media releases and news briefing schedule. <input type="checkbox"/> Develop process for incident-related injuries/deaths information release. <input type="checkbox"/> Establish local and national media representative contacts as appropriate. <input type="checkbox"/> Update off-site agency personnel on regular/continuous basis. <input type="checkbox"/> Respond to special requests for information. <input type="checkbox"/> Develop strategies on how to disseminate sensitive information to public. <input type="checkbox"/> Attend Briefings: <ul style="list-style-type: none"> ○ Discuss interagency issues with Liaison ○ Obtain current incident status reports and develop updates schedule <input type="checkbox"/> Ensure issues are documented on Unit Activity Logs (ICS 214) <input type="checkbox"/> Obtain approval for information release and/or constraints of release from Unified Command and participating agencies, if necessary <input type="checkbox"/> Release news to media and post information in Command post <input type="checkbox"/> Record all interviews and copy all news releases; correct erroneous and misleading information <input type="checkbox"/> Assess need for special alerts/warnings targeting special populations | |
| End of Shift/Operations | |
| <input type="checkbox"/> Verify next work schedule and debrief incoming PIO. <input type="checkbox"/> Return POD identification and sign out with Staff Registration; return equipment to Supply Unit. <input type="checkbox"/> Provide news releases, bulletins and summaries to Documentation Unit. | |
| Site Demobilization | |
| <input type="checkbox"/> Deliver POD deactivation statement with approval of JIC and Unified Command <input type="checkbox"/> Participate in After Action meetings as required. | |

Section 2

FIELD RESPONSE DOCUMENTS

Position Checklists and Station Forms

- **OPERATIONS**





OPERATIONS SECTION CHIEF

VEST **RED**

Position Checklist

| | |
|--|---|
| Report To | Unified Command |
| Supervises | Field Activities, including Security, Clinic and Medical Branch Directors |
| Suggested Training | Extensive NIMS/ICS Training, Operations Management & POD Management |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) <input type="checkbox"/> POD FOG – P&Ps (Section 4) and Station Scripts (FOG Section 2) <input type="checkbox"/> Patient History Forms and Medical Information Sheets – provided by HCA <input type="checkbox"/> Operations Section Position Checklists (FOG Section 2) <input type="checkbox"/> POD Communications Plan (ICS 205) <input type="checkbox"/> Communication Source |
| Upon Arrival | |
| <input type="checkbox"/> Receive briefing and assignment(s) from Unified Command. <input type="checkbox"/> Confirm staff activation: Security, Clinic & Medical Branch Directors. Request Deputy (from Health Care Agency) as needed. <input type="checkbox"/> Provide initial strategy and tactical objectives based on direction of IC/Unified Command. <input type="checkbox"/> Review POD IAP, Communications Plan, once developed. Develop staffing assignments, needs, schedules and requests based on IAP. Develop Division and Group assignments. <input type="checkbox"/> Participate in Operations Briefing (FOG Section 3). Provide: <ul style="list-style-type: none"> ○ Review current actions and the update prior shift accomplishments. ○ Operations Section Division/Group Assignments. ○ Confirm with Logistics estimated arrival time for all equipment and medical supplies <input type="checkbox"/> Conduct General briefing (FOG Section 3) to include/address: <ul style="list-style-type: none"> ○ Chain of Command, performance expectations, POD strategy and tactical objectives. ○ Any pharmacy protocols and/or orders and standards issued ○ Distribute Operation section Position Checklists, Station Scripts, Drug and Agent Information Sheets to appropriate Branch Directors ○ Personal safety and reporting of those issues – Safety Officer ○ Site Layout – POD stations, restrooms, canteen, briefing areas, etc. ○ POD Operations overview <ul style="list-style-type: none"> ▪ Personal safety and security ▪ Span of control, requests procedures (e.g. equipment, staff,) ○ Communications plan (ICS 205) ○ Ensure staff understand their roles and functions and are able to perform assigned tasks. <input type="checkbox"/> Determine POD layout & equipment and supply arrival time with Logistics <input type="checkbox"/> Oversee POD site set-up. Tour POD site after set-up is complete and ensure existing personnel, materials, equipment and supplies are adequate for POD operations. <input type="checkbox"/> Notify Unified Command when all Operation Section Branches are operational. | |



OPERATIONS SECTION CHIEF

Position Checklist

| During Operations |
|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Ensure adequate resources, including personnel, equipment and supplies with Logistics Chief<input type="checkbox"/> Maintain operational period IAP documents, operational period summary reports from Branch Directors and provide all changes/implementations to Unified Command.<input type="checkbox"/> Evaluate situation and provide updates to Unified Command and Logistics Section<ul style="list-style-type: none">○ Provide Staff Registration Team Leader with resource status updates○ Location, status and assignment of resources○ Clinic Branch information (i.e. patient throughput, amount of prophylaxis distributed, etc.).<input type="checkbox"/> Ensure coordination of Operations with other Command/General Staff<input type="checkbox"/> Ensure all policies and procedures are being adhered to (FOG Section 4).<input type="checkbox"/> Document all Operations functions on Unit Logs (ICS 214) |
| End of Shift/Operations |
| <ul style="list-style-type: none"><input type="checkbox"/> Conduct staff debriefing.<ul style="list-style-type: none">○ Document issues and report them to Unified Command.○ Identify additional issues (i.e. safety/injured) and report them○ Brief incoming staff to issues and/or unusual situations experienced<input type="checkbox"/> Verify next staff work schedule.<input type="checkbox"/> Return POD identification and sign out with Staff Registration Team Leader<input type="checkbox"/> Return equipment to Supply Unit.<input type="checkbox"/> Submit all Section Documentation to Unified Command. |
| Site Demobilization |
| <ul style="list-style-type: none"><input type="checkbox"/> Attend demobilization planning meeting with Unified Command.<input type="checkbox"/> Assist in Demobilization Checkout (ICS 221) completion. Update in IAP.<input type="checkbox"/> Release resources and supplies and workforce as appropriate and notify Unified Command.<input type="checkbox"/> Oversee coordination of site demobilization and record equipment and supply return.<input type="checkbox"/> Submit all paperwork and activity log to Unified Command.<input type="checkbox"/> Participate in After Action meetings as required. |

Operations Chief

Security Branch Director

Clinic Branch Director

Medical Branch Director

Perimeter & Parking Security Group Supervisor

Command Post Security Group Supervisor

Clinic Security Group Supervisor

Medical Storage & Transport Security Group Supervisor

Traffic/Crowd Control Security Group Supervisor

Perimeter & Parking Security

Clinic Security Staff

Medical Storage and Transport Security Staff

Traffic/Crowd Control Security Staff



SECURITY BRANCH DIRECTOR

VEST **RED**

Position Checklist

| | |
|---|---|
| Report To | Operations Section Chief |
| Supervises | All Security Branch Group Supervisors |
| Assignment | Operations Section |
| Minimal Requirements | NIMS training, sworn law enforcement officer |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) – ICS forms 202-205, 208, 209, 214 and 215 <input type="checkbox"/> POD Site Security Plan and POD site map <input type="checkbox"/> Radio |
| Function(s) | Priority is to protect POD staff, pharmaceutical assets and patients. Supervise and coordinate Security Branch Staff in order to maintain a secure site perimeter, identify potential threats to the site & maintain public order. |
| Upon Site Arrival | |
| <input type="checkbox"/> Activate/request group supervisor staffing positions as needed. <input type="checkbox"/> Receive briefing from Operations Section Chief: <ul style="list-style-type: none"> ○ Review IAP and POD site map ○ Receive Situation-Report and document incident security issues ○ Review Communications Plan (205) <input type="checkbox"/> Review POD Security plan and security assignments (ICS 204/Security Plan). <input type="checkbox"/> Activate security staff group supervisors and post as needed. <input type="checkbox"/> Coordinate security plan response with facility security officer, if applicable <input type="checkbox"/> Conduct General briefing with assigned staff (FOG Section 3): <ul style="list-style-type: none"> ○ Provide summary of emergency situation. ○ Station overview – POD flow set-up/design (i.e. patient/staff entry points, receiving and storage areas, staff canteen, etc.). ○ Review Security plan. Note site vulnerabilities and main priority. <input type="checkbox"/> Determine time and location of initial Planning Meeting. | |
| During Operations | |
| <input type="checkbox"/> Interface with Law Enforcement personnel on all security issues. <input type="checkbox"/> Arrange for security of equipment and supplies as they arrive at the site. <input type="checkbox"/> Ensure security is maintained on POD floor, perimeter & in storage areas continuously. <input type="checkbox"/> Ensure security accompanies all medication supply movement within POD site. <input type="checkbox"/> Document all functions on Unit Activity Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to security relief on current activities and unusual events. <input type="checkbox"/> Ensure all Section Documentation is submitted to Section Chief. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and sign-out with Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



PERIMETER & PARKING SECURITY VEST **RED**

GROUP SUPERVISOR

Position Checklist

| | |
|--|---|
| Report To | Security Branch Director |
| Supervises | Perimeter & Parking Security |
| Minimal Requirements | Basic NIMS/SEMS Training, security background (sworn officer preferred) |
| Documents & Equipment | <input type="checkbox"/> Site Security plan <input type="checkbox"/> Communication Source |
| Function(s) | Enforce security surrounding POD perimeter & staff/public parking areas. Prevent unauthorized access and identify potential threats to POD operations. |
| Upon Arrival | |
| <input type="checkbox"/> Receive briefing from Security Branch Director or Group Supervisor: <ul style="list-style-type: none">○ Obtain summary of emergency situation and POD policies.○ Receive station overview○ Become familiarized with site Security plan. | |
| <input type="checkbox"/> Conduct briefing with Command & Reserve Security staff (FOG Section 3): <ul style="list-style-type: none">○ Provide summary of emergency situation and POD policies.○ Review Security plan. Note POD perimeter & staff/public parking area vulnerabilities○ Review staff verification processes noted within plan. | |
| <input type="checkbox"/> Assess perimeter and parking site vulnerabilities. | |
| <input type="checkbox"/> Become familiar with crowd control systems in place (i.e. cones, barricades, etc.). | |
| During Operations | |
| <input type="checkbox"/> Prevent unauthorized access (Re: ICS 203) to staff area & perimeter breaches. | |
| <input type="checkbox"/> Work with the Storage & Dispensing Security Group & Ground Support Unit to ensure security of medical equipment/supplies arriving onsite. | |
| <input type="checkbox"/> Work with Law Enforcement & facility security to ensure perimeter & parking areas remain secure during site operations. | |
| <input type="checkbox"/> Notify the Perimeter & Parking Security Group Supervisor of any security issues that you cannot resolve or if additional security measures are required. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Brief relief on current activities and unusual events; attend Section debrief. | |
| <input type="checkbox"/> Verify next work schedule and return POD identification and sign-out with Section Chief. | |
| <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Assist in the site demobilization process. | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



PERIMETER & PARKING SECURITY VEST **RED**

Position Checklist

| | |
|--|---|
| Report To | Perimeter & Parking Security Group Supervisor |
| Minimal Requirements | Basic NIMS/SEMS training, security background (not sworn) |
| Documents & Equipment | <input type="checkbox"/> Site Security plan <input type="checkbox"/> Communication Source |
| Function(s) | Monitor POD perimeter & staff/public parking areas. Prevent unauthorized access and identify potential threats to POD operations. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Security Branch Director or Group Supervisor: <ul style="list-style-type: none">○ Obtain summary of emergency situation and POD policies.○ Receive station overview – POD flow set-up/design (i.e. patient/staff entry points, receiving and storage areas, staff canteen, etc.).○ Review Security plan. Note POD perimeter & staff/public parking area vulnerabilities | |
| <input type="checkbox"/> Assess perimeter and parking site vulnerabilities. | |
| <input type="checkbox"/> Supervise crowd/traffic control systems set-up (i.e. cones, barricades, etc.). | |
| <input type="checkbox"/> Request additional security staff as needed. | |
| During Operations | |
| <input type="checkbox"/> Prevent unauthorized access (Re: ICS 203) to staff area & perimeter breaches. | |
| <input type="checkbox"/> Coordinate with Law Enforcement & facility security to ensure perimeter & parking areas remain secure during site operations. | |
| <input type="checkbox"/> Notify Group Supervisor of security issues that you cannot resolve or if additional security measures are required. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification and sign-out with Section Chief. | |
| <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



COMMAND POST SECURITY GROUP SUPERVISOR VEST **RED**

Position Checklist

| | |
|---|--|
| Report To | Security Branch Director |
| Supervises | None |
| Minimal Requirements | Basic NIMS/SEMS training, security background (not sworn) |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) –ICS forms 202, 203, 204 & 214 <input type="checkbox"/> Site Security plan <input type="checkbox"/> Communication Source |
| Function(s) | Secure areas in & around Command post. Respond to staff security requests. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Security Branch Director: <ul style="list-style-type: none">○ Obtain summary of emergency situation and POD policies.○ Receive station overview○ Become familiarized with site Security plan. Note vulnerabilities in & around Command post. | |
| <input type="checkbox"/> Assess Command post location and note vulnerabilities to post and implement corrective measures. | |
| <input type="checkbox"/> Conduct briefing with Command & Reserve Security staff (FOG Section 3): <ul style="list-style-type: none">○ Provide summary of emergency situation and POD policies.○ Review Security plan, noting Command post vulnerabilities○ Review staff verification processes noted within plan. | |
| <input type="checkbox"/> Request additional security staff to report to you. Provide Staff Registration Team Leader with additional security names for additional security staffing needs requests. | |
| During Operations | |
| <input type="checkbox"/> Prevent unauthorized access to Command post. | |
| <input type="checkbox"/> Coordinate with Law Enforcement & facility security to ensure Command post remains secure throughout operations. | |
| <input type="checkbox"/> Notify the Security Branch Director of any security issues that you cannot resolve or if additional security measures are required. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule and return POD identification and sign-out with Section Chief. | |
| <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



CLINIC SECURITY GROUP SUPERVISOR VEST **RED**

Position Checklist

| | |
|----------------------------------|--|
| Report To | Security Branch Director |
| Supervises | Clinic/Dispensing Security |
| Minimal Requirements | Basic NIMS/SEMS training, security background (not sworn) |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) –ICS forms 202, 203, 204 & 214 <input type="checkbox"/> Site map and Security plan <input type="checkbox"/> Communication Source |
| Function(s) | Enforce crowd control measures and protect POD staff & pharmaceutical assets surrounding clinic/dispensing areas. |

Upon Site Arrival

- Receive briefing from Security Branch Director or Operations Chief:
 - Obtain summary of emergency situation and POD policies.
 - Receive station overview – POD flow set-up/design (i.e. patient/staff entry points, receiving and storage areas, staff canteen, etc.).
- Become familiar with site Security plan. Note crowd control, POD staff, and pharmaceutical asset vulnerabilities within the clinic area.
- Assess Clinic area vulnerabilities.
- Supervise crowd control systems set-up (i.e. cones, barricades, etc.).
- Conduct briefing with Clinic Security staff (**FOG Section 3**):
 - Provide summary of emergency situation and POD policies.
 - Review Security site plan, noting perimeter and parking vulnerabilities
 - Review staff verification processes noted within plan.
- Request additional security staff as needed.

During Operations

- Prevent unauthorized access (Re: ICS 203) to check-in & screening area.
- Coordinate Law Enforcement & facility security to ensure Clinic areas remain secure during operations.
- Notify the Security Branch Director of any security issues that you cannot resolve or if additional security measures are required.
- Document all functions on Unit Logs (ICS 214).

End of Shift/Operations

- Provide briefing to relief on current activities and unusual events.
- Verify next work schedule and return POD identification and sign-out with Section Chief.
- Submit all Section Documentation to Section Chief.

Site Demobilization

- Participate in After Action meetings as required.



CLINIC SECURITY

VEST **RED**

Position Checklist

| | |
|---|---|
| Report To | Clinic Security Group Supervisor |
| Assignment | Operations Section – Security Branch |
| Minimal Requirements | Basic NIMS/SEMS training and security background (sworn officer preferred) |
| Documents & Equipment | <input type="checkbox"/> Site Map & Security plan <input type="checkbox"/> Communication Source |
| Function(s) | Enforce crowd control measures and protect POD staff & pharmaceutical assets surrounding clinic/dispensing areas. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Security Branch Director or Group Supervisor: <ul style="list-style-type: none">○ Obtain summary of emergency situation and POD policies.○ Receive station overview – POD flow set-up/design (i.e. patient/staff entry points, receiving and storage areas, staff canteen, etc.). | |
| <input type="checkbox"/> Become familiar with site Security plan. Note crowd control, POD staff, and pharmaceutical asset vulnerabilities within the clinic area. | |
| <input type="checkbox"/> Assess Clinic area vulnerabilities. | |
| <input type="checkbox"/> Become familiar with crowd control systems in place (i.e. cones, barricades, etc.). | |
| During Operations | |
| <input type="checkbox"/> Prevent unauthorized access to clinic area. | |
| <input type="checkbox"/> Assist Law Enforcement & facility security to ensure clinic areas remain secure during site operations. | |
| <input type="checkbox"/> Notify the Clinic Security Group Supervisor of any security issues that you cannot resolve or if additional security measures are required. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Brief relief on current activities and unusual events; attend Section debrief. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification and sign-out with Section Chief. | |
| <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Assist in the site demobilization process. | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



MEDICAL STORAGE & TRANSPORT VEST **RED**

SECURITY GROUP SUPERVISOR

Position Checklist

| | |
|--|--|
| Report To | Security Branch Director |
| Supervises | Medical Storage & Transport Security |
| Minimal Requirements | Basic NIMS/SEMS training, security background (sworn) |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) –ICS forms 202, 203, 204 & 214 <input type="checkbox"/> Site Map & Security plan <input type="checkbox"/> Communication Source |
| Function(s) | Ensure security presence during pharmaceutical storage & transportation within POD site. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Security Branch Director: <ul style="list-style-type: none"> ○ Obtain summary of emergency situation and POD policies. ○ Receive station overview – POD flow set-up/design (i.e. patient/staff entry points, receiving and storage areas, staff canteen, etc.). ○ Become familiarized with site Security plan. Note pharmaceutical storage and transport vulnerabilities. <input type="checkbox"/> Assess Storage & Dispensing area vulnerabilities; suggest corrections. <input type="checkbox"/> Supervise crowd control systems set-up (i.e. cones, barricades, etc.). <input type="checkbox"/> Conduct briefing with Medical Storage & Transportation Security staff (FOG Section 3): <ul style="list-style-type: none"> ○ Provide summary of emergency situation and POD policies. ○ Review Security plan, noting pharmaceutical storage & transportation vulnerabilities. ○ Review staff verification processes noted within plan. <input type="checkbox"/> Request additional security staff as needed. | |
| During Operations | |
| <input type="checkbox"/> Prevent unauthorized access to Storage & Dispensing area. <input type="checkbox"/> Coordinate with Law Enforcement & facility security to ensure constant Medical Storage & Transport functions remain secure during site operations. <input type="checkbox"/> Notify the Security Branch Director of any security issues that you cannot resolve or if additional security measures are required. <input type="checkbox"/> Ensure continuous Storage area security is maintained & assets are protected. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. <input type="checkbox"/> Verify next work schedule and return POD identification and sign-out with Section Chief. <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



MEDICAL STORAGE & TRANSPORT VEST **RED**

SECURITY

Position Checklist

| | |
|---|--|
| Report To | Medical Storage & Transport Security Group Supervisor |
| Minimal Requirements | Basic NIMS/SEMS Training, security background (sworn officer preferred) |
| Documents & Equipment | <input type="checkbox"/> Site map & Security plan <input type="checkbox"/> Communication Source |
| Function(s) | Ensure security presence during pharmaceutical storage & transportation within POD site. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Security Branch Director or Group Supervisor: <ul style="list-style-type: none">○ Obtain summary of emergency situation and POD policies.○ Receive station overview – POD flow set-up/design (i.e. patient/staff entry points, receiving and storage areas, staff canteen, etc.).○ Become familiarized with site Security plan. Note pharmaceutical storage and transport vulnerabilities. | |
| <input type="checkbox"/> Assess Storage & Dispensing area vulnerabilities; suggest corrections. | |
| <input type="checkbox"/> Become familiar with crowd control systems in place (i.e. cones, barricades, etc.). | |
| During Operations | |
| <input type="checkbox"/> Prevent unauthorized access to Storage & Dispensing area. | |
| <input type="checkbox"/> Coordinate with Law Enforcement & facility security to ensure constant Medical Storage & Transport functions remain secure during site operations. | |
| <input type="checkbox"/> Notify Group Supervisor of any security issues that you cannot resolve or if additional security measures are required. | |
| <input type="checkbox"/> Ensure continuous Storage area security is maintained & assets are protected. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Brief relief on current activities and unusual events; attend Section debrief. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification and sign-out with Section Chief. | |
| <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



TRAFFIC/CROWD CONTROL SECURITY GROUP SUPERVISOR

VEST **RED**

Position Checklist

| | |
|---|--|
| Report To | Security Branch Director |
| Supervises | Traffic/Crowd Control Security |
| Minimal Requirements | Basic NIMS/SEMS training, security background (not sworn) |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) –ICS forms 202, 203, 204 & 214 <input type="checkbox"/> Site Map and Security plan <input type="checkbox"/> Communication Source |
| Function(s) | Oversee security areas in heavy traffic/crowd areas and site ingress/egress points. Respond to staff security requests. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Security Branch Director: <ul style="list-style-type: none">○ Obtain summary of emergency situation and POD policies.○ Become familiar with site Security plan. Note traffic/crowd and ingress/egress vulnerabilities. | |
| <input type="checkbox"/> Assess traffic/crowd and ingress/egress vulnerabilities and implement corrective measures. | |
| <input type="checkbox"/> Provide briefing to Traffic/Crowd Control Security (FOG – Section 3): <ul style="list-style-type: none">○ Provide summary of emergency situation and POD policies.○ Review Security plan. Note traffic/crowd area and ingress/egress point vulnerabilities.○ Review staff verification processes noted within plan. | |
| During Operations | |
| <input type="checkbox"/> Prevent unauthorized access to site. | |
| <input type="checkbox"/> Coordinate with Law Enforcement & facility security personnel to ensure site ingress/egress remain secure throughout operations. | |
| <input type="checkbox"/> Notify the Security Branch Director of any security issues that you cannot resolve or if additional security measures are required. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule and return POD identification and sign-out with Staff Registration Team Leader. | |
| <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



TRAFFIC/CROWD CONTROL SECURITY VEST **RED**

Position Checklist

| | |
|---|--|
| Report To | Traffic/Crowd Control Security Group Supervisor |
| Supervises | None |
| Minimal Requirements | Basic NIMS/SEMS training, security background (not sworn) |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) –ICS forms 202, 203, 204 & 214 <input type="checkbox"/> Site Map and Security plan <input type="checkbox"/> Communication Source |
| Function(s) | Oversee security areas in heavy traffic/crowd areas and site ingress/egress points. Respond to staff security requests. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Group Supervisor or Security Branch Director: <ul style="list-style-type: none">○ Obtain summary of emergency situation and POD policies.○ Become familiar with site Security plan. Note traffic/crowd and ingress/egress vulnerabilities. <input type="checkbox"/> Assess all traffic/crowd and ingress/egress locations and implement corrective measures. <input type="checkbox"/> Receive briefing from Traffic/Crowd Control Security Group supervisor: <ul style="list-style-type: none">○ Provide summary of emergency situation and POD policies.○ Review Security plan. Note traffic/crowd area and ingress/egress point vulnerabilities.○ Review staff verification processes noted within plan. | |
| During Operations | |
| <input type="checkbox"/> Prevent unauthorized access to site. <input type="checkbox"/> Coordinate with Law Enforcement & facility security personnel to ensure site ingress/egress remain secure throughout operations. <input type="checkbox"/> Notify the Group Supervisor or Security Branch Director of any security issues that you cannot resolve or if additional security measures are required. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. <input type="checkbox"/> Verify next work schedule and return POD identification and sign-out with Staff Registration Team Leader. <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |

Operations Chief

Security Branch
Director

**Clinic Branch
Director**

Medical Branch
Director

**Check-In Group
Supervisor**

**Screening Group
Supervisor**

**Dispensing/Vaccinating
Group Supervisor**

Forms Collection Staff

Check-In Staff

Screeners

**Dispensors/
Vaccinators**



CLINIC BRANCH DIRECTOR

VEST **RED**

Position Checklist

| | |
|----------------------------------|---|
| Report To | Operations Section Chief |
| Supervises | Check-in, Screening, Vaccination/Dispensing and Forms Collection Group Supervisors |
| Suggested Training | Intermediate NIMS/SEMS training, POD Operations & FOG Management. |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) – ICS forms 202-205, 208, 209, 214 and 215 <input type="checkbox"/> Copy of HCA POD FOG (Sections 2-4) <input type="checkbox"/> Patient History forms <input type="checkbox"/> Agent and Drug Information Sheets <input type="checkbox"/> Communication Source |
| Function(s) | Oversees POD clinical operations, medical dispensing & patient flow processes. |

Upon Site Arrival

- Verify check-in, screening and dispensing station status. Activate/request group supervisor staffing if needed.
- Obtain information from Operations Section Chief:
 - Obtain POD Quick Reference Guide for station overview information.
 - Review POD IAP, FOG and POD layout/flow design
 - Obtain all necessary forms & distribute to group supervisors
 - Review POD policies and procedures (**FOG Section 4**) and safety and security measures for personnel (i.e. PPE) & resources.
 - Review Communications Plan (205)
- Confirm with Operations Chief estimated arrival time for all equipment and medical supplies.
 - Tour POD set-up to ensure existing materials are adequate for POD operations; make necessary equipment requests via Logistics Chief.
- Attend Operations briefing, as requested.
- Conduct briefing with Group Supervisors (**General Briefing - FOG Section 3**):
 - Provide summary of emergency situation including: current response activities, suspected agent of exposure, medication being provided, etc.
 - Station overview – POD flow set-up/design
 - Distribute **Operations Section (FOG Section 2)** forms to Group Supervisors.
 - Provide/summarize POD policies and procedures (**FOG Section 4**) and safety and security measures for personnel (i.e. PPE) & resources.
- Inform Operations Chief when clinic branch is operational.
- Determine time and location of additional briefings.
- Obtain out-briefing from prior shift Clinic Branch Director, if available.
 - Information regarding previous operational period



CLINIC BRANCH DIRECTOR

Position Checklist

| During Operations |
|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Refer to POD policy and procedures (FOG Section 4), as needed.<input type="checkbox"/> Attend Operational briefings, as needed.<input type="checkbox"/> Monitor patient flow processes, modify processes and report major changes to Operations Section Chief.<input type="checkbox"/> Ensure station scripts are being followed and all necessary forms are properly processed and collected.<input type="checkbox"/> Adjust/suggest patient flow modifications as requested – provide updates to Operations Section Chief for IAP modification.<input type="checkbox"/> Monitor/record:<ul style="list-style-type: none">○ Number of patients processed hourly – provide to Operations Section Chief○ Amount of vaccine/prophylaxis distributed – confirm with Pharmacy Team Leader○ Document injuries, accidents or adverse reactions with Safety officer.○ Request additional personnel, supplies and equipment as needed.<input type="checkbox"/> Submit requests to Operation Section Chief for any medical re-supply requests (FOG Section 4).<input type="checkbox"/> Document all functions on Unit Activity Logs (ICS 214). |
| End of Shift/Operations |
| <ul style="list-style-type: none"><input type="checkbox"/> Provide briefing to relief position on current activities and unusual events.<input type="checkbox"/> Ensure all Section Documentation is submitted to Operations Section Chief.<input type="checkbox"/> Verify next work schedule.<input type="checkbox"/> Return POD identification and sign-out with Operations Section Chief. |
| Site Demobilization |
| <ul style="list-style-type: none"><input type="checkbox"/> Oversee POD Clinic Branch section demobilization (ICS 221) and clean-up.<input type="checkbox"/> Participate in After Action meetings as required. |



CHECK-IN GROUP SUPERVISOR

VEST

RED

Position Checklist

| | |
|--|---|
| Report To | Clinic Branch Director |
| Supervises | Check-In Staff |
| Suggested Training | Basic NIMS/SEMS training. |
| Documents & Equipment | <input type="checkbox"/> HCA POD FOG Section 4 (General Briefing Script) <input type="checkbox"/> Patient History forms, Check-in Station Script, Agent and Drug Information sheets <input type="checkbox"/> Communication Source |
| Function(s) | Oversees check-in process & monitors patients for signs & symptoms of illness. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Operations Chief or Clinic Branch Director: <ul style="list-style-type: none"> ○ Obtain summary of the incident and agent signs/symptoms ○ Station overview – POD flow set-up/design ○ Obtain appropriate forms ○ Obtain POD policies and procedures and site safety and security measures. <input type="checkbox"/> Activate/request additional Check-in staff. <input type="checkbox"/> Conduct briefing with assigned branch staff (General Briefing – FOG Section 3): <ul style="list-style-type: none"> ○ Provide summary of emergency situation. ○ Provide POD layout/flow design overview and station locations. ○ Distribute appropriate forms (i.e. Patient History forms, Check-in Station Script, Agent and Drug Information sheets). ○ Ensure content within Agent and Drug Information sheets is understood. ○ Verify that all staff understands their function. <input type="checkbox"/> Inform Clinic Branch Director when station is able to operate. | |
| During Operations | |
| <input type="checkbox"/> Oversee check-in operations. <ul style="list-style-type: none"> ○ Ensure patients are provided Patient History forms, Check-in scripts are followed & preliminarily screening occurs. ○ Refer symptomatic and/or ill patients are to symptom management area, if available. ○ Monitor POD flow - Report bottlenecks and suggested methods of flow improvements to Branch Director. <input type="checkbox"/> Request additional staff as needed. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and sign-out with Branch Director. <input type="checkbox"/> Submit all Section Documentation to Branch Director. | |
| Site Demobilization | |
| <input type="checkbox"/> Coordinate and supervise the break down and re-packing of Check-in stations <input type="checkbox"/> Participate in After Action meetings as required. | |



CHECK-IN STAFF

VEST **RED**

Position Checklist

| | |
|---|--|
| Report To | Check-In Group Supervisor |
| Suggested Training | Basic NIMS/SEMS Training. |
| Documents & Equipment | <input type="checkbox"/> POD Map, Patient History forms, Check-in Station Script, Agent and Drug Information sheets <input type="checkbox"/> Communication Source <input type="checkbox"/> General office supplies |
| Function(s) | Conducts check-in process & monitors incoming patients for signs & symptoms of illness. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Check-In Group Supervisor: <ul style="list-style-type: none"> ○ Obtain summary of the incident and agent signs/symptoms ○ Station overview – POD flow set-up/design ○ Obtain appropriate forms (i.e. Patient History forms, Station Scripts, Agent and Drug Information sheets). ○ Review all forms and obtain clarification on any issues noted. <input type="checkbox"/> Ensure Check-in is established, and inform Check-In Group Supervisor when station is able to operate. | |
| During Operations | |
| <input type="checkbox"/> Conduct check-in operations: <ul style="list-style-type: none"> ○ Distribute Patient History Form and provide completion instructions. ○ Distribute agent and drug information sheets. ○ FOLLOW STATION SCRIPT. ○ Refer special population patients to areas/lines designated for assistance, if available. ○ Observe for patients who appear ill and/or symptomatic or who require immediate medical attention to Symptom Management station, if operational. ○ Refer all other patients to Screening Station. <input type="checkbox"/> Request additional forms, supplies and equipment as needed. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and sign-out with Group Supervisor. <input type="checkbox"/> Submit all Section Documentation to Group Supervisor. | |
| Site Demobilization | |
| <input type="checkbox"/> Assist in the demobilization of Check-in station(s) <input type="checkbox"/> Participate in After Action meetings as required. | |



CHECK-IN STAFF

Station Script

| | |
|-----------------------|---|
| Group Assigned | Operations – Clinic Branch |
| Report To | Check-in Group Supervisor |
| Function (s) | <ul style="list-style-type: none"> Distributes Patient History Form and provide instructions. Provide Drug and Agent information sheets. Direct individuals with special needs to the designated areas/lines. Observe patients who appear ill and send to Symptom Management, Contact Investigation (if available) or to private physician. Refer all other patients to Screening Station. |

STATION SCRIPT

- Hello Sir/Madam. Please follow the signs throughout the site as they will direct you.
- We ask that you remain calm while you move through the site.
- Please complete the patient history form provided and review the Drug and Agent information sheets. If you have any questions, please ask a staff member in a vest for assistance.
- Once completed, please follow the signs and proceed to the Screening station.
- Have your form available when you reach this station.
- You will soon be entering the POD site after this station. Before you enter, there are a few questions I would like to ask you today:

| | | |
|--------------------|--|-----------------------------------|
| Question 1: | Do you have a FEVER or do you presently have a high temperature? | |
| Response: | YES: Remove the patient from line and refer to Symptom Management area (if available) or primary health provider. | NO: Proceed to question 2. |
| Question 2: | Are you experiencing any RESPIRATORY PROBLEMS such as: cough or difficulty breathing? | |
| Response: | YES: Remove the patient from line and refer to Symptom Management area (if available) or primary health provider. | NO: Process to Screening. |
| Question 3: | Do you require any special assistance? | |
| Response: | YES: A. Wheelchairs and Other Special Needs (Canes, walkers, sensory impairment, etc.): <ul style="list-style-type: none"> Send to designated special assistance area. Ask the next patient in line if they are willing to assist individual. (Escort patient to Symptom Management if symptomatic and/or ill) B. Non-English speaking Direct to sign for Spanish or Vietnamese interpretation to assist with the completion of Patient History Forms. | NO: Process to Screening. |

For All: If patient appears to be anxious, nervous, agitated or uncomfortable, contact the Check-In Group Supervisor for referral to a Behavioral Health staff member, if available.



SCREENING GROUP SUPERVISOR

VEST **RED**

Position Checklist

| | |
|--|--|
| Report To | Clinic Branch Director |
| Supervises | Screening Staff |
| Suggested Training | Basic NIMS/SEMS Training |
| Documents & Equipment | <input type="checkbox"/> POD Map, Screening Station Script, Agent and Drug Information sheets <input type="checkbox"/> Communication Source |
| Function(s) | Oversees screening process & monitors patients for illness signs & symptoms. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Operations Chief or Clinic Branch Director: <ul style="list-style-type: none">○ Obtain summary of the incident and agent signs/symptoms○ Station overview – POD flow set-up/design○ Obtain appropriate forms (i.e. Screening Station Scripts, etc.)○ Obtain POD policies and procedures, site safety and security measures. | |
| <input type="checkbox"/> Coordinate and meet with Screening staff. | |
| <input type="checkbox"/> Conduct briefing with assigned staff (FOG Section 3): <ul style="list-style-type: none">○ Provide summary of emergency situation.○ Provide POD layout/flow design overview and station locations.○ Distribute forms (i.e. Screening Station Scripts, Agent and Drug Information Sheets, etc.).○ Ensure staff understand their roles, functions and are able to perform assigned duties. | |
| <input type="checkbox"/> Oversee Screening area set-up. | |
| <input type="checkbox"/> Inform Clinic Branch Director station is operational. | |
| During Operations | |
| <input type="checkbox"/> Oversee Screening operations. <ul style="list-style-type: none">○ Ensure Patient History forms are screened in detail & station scripts are followed.○ Referral of symptomatic/ill patients to Symptom Management area, case contacts to Contact Investigation & those with questions to Medical Consultation, if applicable.○ Referral of all other patients to Dispensing stations. | |
| <input type="checkbox"/> Monitor POD flow - Report bottlenecks and suggested methods of flow improvements to Branch Director. | |
| <input type="checkbox"/> Request additional staff, supplies and equipment as needed. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Brief relief staff on current activities and unusual events; attend Section debrief. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification and equipment to Branch Director and sign-out with Staff Registration Team Leader. | |
| <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Supervise demobilization and re-packing of Screening station; list equipment/supplies needing replacement. | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



SCREENING STAFF

VEST **RED**

Position Checklist

| | |
|---|---|
| Report To | Screening Group Supervisor |
| Suggested Training | Basic NIMS/SEMS training. |
| Documents & Equipment | <input type="checkbox"/> POD Map, Screening Station Scripts, Agent and Drug Information sheets <input type="checkbox"/> Communication Source |
| Function(s) | Oversees screening process, reviews Patient History forms for completeness and monitors patients for illness signs & symptoms. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Screening Group Supervisor: <ul style="list-style-type: none">○ Obtain summary of the incident and agent signs/symptoms○ Station overview – POD flow set-up/design○ Obtain appropriate forms.○ Review all forms and obtain clarification on any issues noted. | |
| <input type="checkbox"/> Establish Screening area set-up and inform Screening Group Supervisor when station is able to operate. | |
| During Operations | |
| <input type="checkbox"/> Review each patient's medical screening form for completeness and any needed clarification | |
| <input type="checkbox"/> FOLLOW STATION SCRIPT <ul style="list-style-type: none">○ Screen forms for completeness and contraindications | |
| <input type="checkbox"/> Refer symptomatic and/or ill patients to Symptom Management, case contacts to Contact Investigation, those with cited contraindications to Medical Consultation & others to Dispensing stations, if applicable. | |
| <input type="checkbox"/> Observe for behavioral health issues and refer to behavioral health station if appropriate. | |
| <input type="checkbox"/> Request additional supplies and equipment as needed. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification and sign-out with Group Supervisor. | |
| <input type="checkbox"/> Submit all Section Documentation to Group Supervisor. | |
| Site Demobilization | |
| <input type="checkbox"/> Assist with the break down of individual Screening station | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



SCREENERS

Station Script

| | |
|-----------------------|---|
| Group Assigned | Operations – Clinic Branch |
| Report To | Screening Group Supervisor |
| Function (s) | <ul style="list-style-type: none"> • Question and physically assess patients for potential signs and symptoms of disease exposure • Observe patient for signs and symptoms and review to Patient History Forms for completeness, accuracy and any noted medical contraindications. • Ensure optimal POD throughput by referring contraindication patients to Medical Consultation (if available) or case contacts to Contact Investigation (if applicable/available). • Observe for patients who appear ill and/or symptomatic to Symptom Management station (if available) or primary care physician. • Refer all other patients to Dispensing Station. |

STATION SCRIPT

- Hello Sir/Madam. Please provide me with your patient tracking form so I may review it.
- Have you listed all known allergies on this form?
- Again, for completion purposes, there are a few questions I would like to ask you today:

| | | |
|--------------------|---|-----------------------------------|
| Question 1: | Do you have a FEVER or do you presently have a high temperature? | |
| Response: | YES: Remove the patient from line and refer to Symptom Management station (if available) or primary health provider. | NO: Proceed to question 2. |
| Question 2: | Are you experiencing any RESPIRATORY PROBLEMS such as: cough or difficulty breathing? | |
| Response: | YES: Remove the patient from line and refer to Symptom Management station (if available) or primary health provider. | NO: Process to Dispensing. |
| Question 3: | Proceed to screening for contraindication section. | |

SCREENING FOR CONTRAINDICATIONS

| | |
|----------------------------|---|
| IMPORTANT: | Review Patient History Forms, ask patients if they have circled “YES” to one of the contraindications listed and refer to Medical Consultation, if available, or to private physician. |
| Contra-indications: | <p>A contraindication is a specific situation in which prophylaxis should NOT be used as it may be harmful to the patient. Examples of contraindications:</p> <ul style="list-style-type: none"> • People with medication or egg allergies (vaccine only) • High blood pressure • Have reacted to the medication being provided in the past • Have an immuno-compromising disease (i.e. AIDS, Cancer, etc.). • Women who are pregnant – verify with Vaccination/Dispensing Group supervisor if able to dispense during operations. |

For All: If patient appears to be anxious, nervous, agitated or uncomfortable, contact the Check-In Group Supervisor for referral to a Behavioral Health staff member, if available.



VACCINATION/DISPENSING GROUP SUPERVISOR VEST RED

Position Checklist

| | |
|--|--|
| Report To | Clinic Branch Director |
| Supervises | Vaccinators/Dispensers |
| Suggested Training | Intermediate NIMS/SEMS training, administrative skills and clinical background. |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) and POD Map <input type="checkbox"/> HCA POD FOG (Sections 3-5) <input type="checkbox"/> Vaccinators/Dispensers Station Scripts, Agent and Drug Information Sheets <input type="checkbox"/> Communication Source |
| Function(s) | Oversees vaccination/dispensing process and monitors patients for illness signs & symptoms and immediate response to prophylactic medication(s). |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Operations Chief or Clinic Branch Director: <ul style="list-style-type: none"> ○ Obtain summary of the incident and agent signs/symptoms ○ Dosing/Vaccination Information ○ Station overview – POD flow set-up/design ○ Obtain appropriate forms (i.e. Screening Station Scripts, Agent Information Sheets, etc.) ○ Obtain POD policies and procedures, standing orders and site safety and security measures. <input type="checkbox"/> Conduct briefing with assigned branch staff (General Briefing - FOG Section 3): <ul style="list-style-type: none"> ○ Dosing/Vaccination Information ○ Provide summary of emergency situation and prophylaxis to be given. ○ Provide POD layout/flow design overview and station locations. ○ Distribute appropriate forms and ensure staff understands their roles are able to perform assigned duties. <input type="checkbox"/> Coordinate Dispensing area set-up and inform Clinic Branch Director when station is able to operate. | |
| During Operations | |
| <input type="checkbox"/> Oversee Dispensing/Vaccination operations: <ul style="list-style-type: none"> ○ Patient History forms are screened, dose(s) notated, proper dispensing technique & station scripts followed. ○ Referral of symptomatic/ill patients to Symptom Management area, case contacts to Contact Investigation & those with questions to Medical Consultation, if applicable. ○ Monitor number of patients processed hourly, report to Branch Director. ○ Observe staff for safe administration of vaccines and report any medical/non-medical emergencies. <input type="checkbox"/> Monitor POD flow - Report bottlenecks and suggested methods of flow improvements to Branch Director. <input type="checkbox"/> Request additional staff, supplies and equipment, as needed. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations and/or Site Demobilization | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and submit all Section Documentation to Section Chief. <input type="checkbox"/> Coordinate/supervise break-down of dispensing station. <input type="checkbox"/> Ensure collection of all sharps and biohazard waste according to protocols, if applicable. <input type="checkbox"/> Participate in After Action meetings as required. | |



VACCINATORS/DISPENSERS

VEST **RED**

Position Checklist

| | |
|---|--|
| Report To | Vaccination/Dispensing Group Supervisor or Team Lead |
| Suggested Training | Basis NIMS/SEMS training. Preferred license includes RN, CAN, LVN, EMT-P, EMT, DDS, RDA or CDM |
| Documents & Equipment | <input type="checkbox"/> Vaccinators/Dispenser Station Scripts, Agent and Drug Information Sheets additional resources as provided. <input type="checkbox"/> Communication Source |
| Function(s) | Provides medical prophylaxis to individuals entering the POD. Monitors for illness and any immediate response to prophylactic medication(s). |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Vaccination/Dispensing Group Supervisor: <ul style="list-style-type: none"> ○ Obtain summary of the incident and agent signs/symptoms ○ Station overview – POD flow set-up/design ○ Obtain and review appropriate forms (i.e. Screening Station Scripts, Agent and Drug Information Sheets, etc.). <input type="checkbox"/> Complete Medication/Vaccine Log and begin preparing pill/vaccine based on agent distribution amounts. <input type="checkbox"/> Review POD Dispensing or Vaccination Policies and Procedures (FOG Section 4). <input type="checkbox"/> Coordinate Dispensing area set-up and inform Group Supervisor when station is operational. | |
| During Operations | |
| <input type="checkbox"/> Obtain Dosing information from Group Supervisor <input type="checkbox"/> Conduct Dispensing/Vaccination process: <ul style="list-style-type: none"> ○ FOLLOW STATION SCRIPT. ○ Complete Patient History forms: <ul style="list-style-type: none"> ▪ Screen forms for completeness and contraindications ▪ Record medicinal dose(s) provided ▪ Reference proper dosing/vaccination procedures and, if applicable, disposal techniques <input type="checkbox"/> Refer symptomatic/ill patients to supervisor or Symptom Management area, case contacts to Contact Investigation & those with questions to Medical Consultation, if applicable. <input type="checkbox"/> Record number of patients processed; report to Vaccination/Dispensing Group Supervisor upon request. <input type="checkbox"/> Submit medical supplies, equipment and additional prophylaxis to Group Supervisor or Team Lead, as needed. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. <input type="checkbox"/> Verify next work schedule and return POD identification and sign-out with Section Chief. <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Assist in the demobilization and clean-up of individual Dispensing/Vaccination station. <input type="checkbox"/> Participate in After Action meetings as required. | |



VACCINATORS/ DISPENSORS

Station Script

| | |
|-----------------------|--|
| Group Assigned | Operations – Clinic Branch |
| Report To | Dispensing/Vaccinating Group Supervisor |
| Function (s) | <ul style="list-style-type: none"> • Verify dosing provided. • Responsible for administering prophylactic medication/vaccinations. • Observe for patients who appear ill and/or symptomatic to Symptom Management station (if available) or primary care physician for treatment. • Review forms for contraindications. • Document medication/dosage distributed on the patient history form. • Provide medical information sheets. • Refer all others to POD Exit. |

STATION SCRIPT

| | | |
|-----------|---|--|
| Question: | 1. Have you listed any contraindications to the prescribed medication? | |
| Response: | YES: <ul style="list-style-type: none"> • Refer to contraindications listed below and remove the patient from line and refer to Symptom Management (if available) or primary health provider. | NO: Dispense/Vaccinate medical prophylaxis. |

(***NOTE:** If patient came from Medical Consultation (if available) , review patient form and administer standard or alternative medical prophylaxis based on medical consultant evaluation*)

SCREENING FOR CONTRAINDICATIONS

IMPORTANT Review Patient History Forms, if patient has circled “YES” to one of the contraindications listed and refer to Medical Consultation, if available, or to private physician.

A contraindication is a specific situation in which prophylaxis should **NOT** be used as it may be harmful to the patient. Examples a contraindication may include:

- People with medication or egg allergies (vaccine only)
- High blood pressure
- Have reacted to the medication being provided in the past
- Have an immuno-compromising disease (i.e. AIDS, Cancer, etc.)
- Women who are pregnant – **verify with Vaccination/Dispensing Group supervisor if able to dispense during operations.**

ADDITIONAL INFORMATION

| | |
|------------------|--|
| Vaccine Allergy: | <ul style="list-style-type: none"> • Observe for immediate reaction. • Direct patients to observation area and have patient lie down if reaction occurs and notify supervisor. |
|------------------|--|

For All: If patient appears to be anxious, nervous, agitated or uncomfortable, contact the Check-In Group Supervisor for referral to a Behavioral Health staff member, if available.



FORMS COLLECTION

VEST **RED**

Position Checklist

| | |
|--|--|
| Report To | Clinic Branch Director |
| Suggested Training | Basic NIMS/SEMS Training with data entry and organizational skills. |
| Documents & Equipment | <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Filing system |
| Function(s) | Collect, file and package patient history forms |
| Upon Site Arrival | |
| <input type="checkbox"/> Obtain briefing from Clinic Branch Director: <ul style="list-style-type: none">○ Determine form collection station location.○ Review form collecting and filing system○ Overview of safety issues and responsibilities. | |
| <input type="checkbox"/> Establish and ensure form collection area is operational. | |
| During Operations | |
| <input type="checkbox"/> Collect and alphabetically file Patient History Forms as individuals exit the POD. | |
| <input type="checkbox"/> Prepare and file forms for collection. | |
| <input type="checkbox"/> If a bar-code system is used to track patients, assist with use and maintenance of the equipment. Ensure sufficient bar code tags are available for use. | |
| <input type="checkbox"/> Document all functions on Unit Activity Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Brief relief staff on current activities and unusual events; attend Section debriefing. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Submit reports as directed; provide copies to Documentation Unit Leader. | |
| <input type="checkbox"/> Submit additional Section Documentation to Documentation Unit Leader. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



LINE MONITOR

VEST **TBD**

Position Checklist

| | |
|--|---|
| Report To | Supervisor as assigned |
| Suggested Training | Basic NIMS/SEMS and disaster response training |
| Documents & Equipment | <input type="checkbox"/> Communication Source |
| Function(s) | Ensures patient processing flow smoothly during POD operations. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Assigned Group Supervisor or Section Chief: <ul style="list-style-type: none"> <input type="checkbox"/> Obtain summary of the incident and agent signs/symptoms <input type="checkbox"/> Station overview – POD flow set-up/design <input type="checkbox"/> Participate in POD walk-through to become familiar with all POD entry/exit points, stations, crowd control measures in place, etc. | |
| During Operations | |
| <input type="checkbox"/> Direct patients to appropriate POD station. <input type="checkbox"/> Answer general patient questions. <input type="checkbox"/> Provide assistance as needed, or requested, for patients with special needs. <input type="checkbox"/> Observe patient for anxious or agitated behavior and notify supervisor. <input type="checkbox"/> Notify Safety officer and assigned Group Supervisor of any accidents, injuries and/or deaths that occur during POD operations. | |
| End of Shift/Operations | |
| <input type="checkbox"/> Brief relief on current activities and unusual events; attend Section debrief. <input type="checkbox"/> Restock supplies as requested. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and sign-out with assigned Supervisor. | |
| Site Demobilization | |
| <input type="checkbox"/> Assist in site demobilization as specified by assigned Supervisor. <input type="checkbox"/> Assist in site demobilization as needed | |



RUNNER

VEST **TBD**

Position Checklist

| | |
|--|---|
| Report To | Supervisor as assigned |
| Suggested Training | Basic NIMS/SEMS training. |
| Documents & Equipment | <input type="checkbox"/> Communication Source |
| Function(s) | Provides assistance to assigned Section with requests made during operations. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Assigned Group Supervisor or Section Chief: <ul style="list-style-type: none">○ Obtain summary of the incident and agent signs/symptoms○ Station overview – POD flow set-up/design | |
| <input type="checkbox"/> Participate in POD walk-through to become familiar with all POD entry/exit points, stations, crowd control measures in place, etc. | |
| During Operations | |
| <input type="checkbox"/> Ensure all area supplies are adequate for operations. | |
| <input type="checkbox"/> Visually assess the need for dispensing station supplies and restock supplies as required/requested. | |
| <input type="checkbox"/> Assist in distribution of supplies and delivering messages between Sections. | |
| <input type="checkbox"/> Provide assistance as needed, or requested, for patients with special needs. | |
| <input type="checkbox"/> Provide assistance as needed, or requested, from POD staff. | |
| <input type="checkbox"/> Notify Safety officer and assigned Group Supervisor of any accidents, injuries and/or deaths that occur during POD operations. | |
| <input type="checkbox"/> Assist with other duties as assigned or requested. | |
| End of Shift/Operations | |
| <input type="checkbox"/> Brief relief on current activities and unusual events; attend Section debrief. | |
| <input type="checkbox"/> Restock supplies as requested. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification & sign-out with Section Chief or Group Supervisor. | |
| Site Demobilization | |
| <input type="checkbox"/> Assist in site demobilization as specified by Group Supervisor. | |
| <input type="checkbox"/> Assist in site demobilization and clean-up as needed. | |

Operations Chief

Security Branch
Director

Clinic Branch
Director

**Medical Branch
Director**

**Behavioral Health
Group Supervisor**

**Medical Consultation
Group Supervisor**

**Symptom Management
Group Supervisor**

**Contact Investigation
Group Supervisor**

**Behavioral Health
Counselors**

**Medical
Consultation Staff**

**Symptom
Management Staff**

**Contact
Investigators**



MEDICAL BRANCH DIRECTOR

VEST **RED**

Position Checklist

| | |
|---|--|
| Report To | Operations Section Chief |
| Supervises | Medical Consultation, Symptom Management, Contact Investigation, and Behavioral Health Group Supervisors. |
| Suggested Training | Currently licensed physician (active or retired), Basic NIMS Training. |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) –Medical Plan (ICS 206) <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source |
| Function(s) | Oversees clinical assessment and supervision during screening process and patient consultation to those with stated contraindications or have questions. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Operations Section Chief: <ul style="list-style-type: none">○ Obtain information from Safety officer on any injuries that occurred during initial response operations.○ Review IAP and POD site maps○ Complete and/or update Medical Plan (ICS 206). | |
| <input type="checkbox"/> Submit additional staff request for Medical Consultation & Symptom Management groups if needed to Section Chief. | |
| During Operations | |
| <input type="checkbox"/> Conduct briefing with assigned branch staff (General Briefing – FOG Section 3): <ul style="list-style-type: none">○ Provide summary of emergency situation.○ Coordinate activities of Medical Consultation, Symptom Management, Contact Investigation, and Behavioral Health groups. | |
| <input type="checkbox"/> Ensure Medical Consultation scripts are being followed. | |
| <input type="checkbox"/> Oversee the provision of clinical patient assessment for those appearing ill and/or symptomatic. | |
| <input type="checkbox"/> Refer patients to acute medical facility or private doctor as needed. | |
| <input type="checkbox"/> Make treatment decisions based on patient medical history. | |
| <input type="checkbox"/> Answer medical questions and consult with pharmacists as needed. | |
| <input type="checkbox"/> Request additional staff as needed. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification and sign-out with Section Chief. | |
| <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



MEDICAL CONSULTATION GROUP SUPERVISOR

VEST **RED**

Position Checklist

| | |
|---|--|
| Report To | Medical Branch Director |
| Supervises | Medical Consultation Staff |
| Suggested Training | Currently licensed clinician and/or clinical background & supervisory experience. |
| Documents & Equipment | <input type="checkbox"/> Medical Plan (ICS 206) and Unit Activity Log (214) <input type="checkbox"/> Medical Consultation Station Script <input type="checkbox"/> Communication Source |
| Function(s) | Oversees patient consultation addressing prophylactic medications during POD operations. Answers questions from Medical Consultants. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Medical Branch Director: <ul style="list-style-type: none">○ Obtain summary of the incident, suspected agent/disease exposure and review Medical Plan.○ Review IAP and POD site map○ Obtain disease and medical information sheets and Medical Consultation Station Script.○ Report to Medical Consultation area. | |
| During Operations | |
| <input type="checkbox"/> Conduct briefing with assigned branch staff (General Briefing – FOG Section 3): <ul style="list-style-type: none">○ Provide summary of emergency situation.○ Provide POD layout/flow design overview and station locations.○ Distribute disease and medical information sheets and station scripts to staff.○ Ensure coordination with Symptom Management Group. <input type="checkbox"/> Ensure Medical Consultation scripts are being followed. <input type="checkbox"/> Refer patients to acute medical facility or private doctor as needed. <input type="checkbox"/> Make treatment decisions, or suggest alternate treatment, based on patient medical history. <input type="checkbox"/> Answer medical questions and consult with pharmacists as needed. <input type="checkbox"/> Dispense prophylactic medications based on station script algorithm. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and sign-out with Branch Director or Section Chief. <input type="checkbox"/> Submit all Section Documentation to Branch Director or Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



MEDICAL CONSULTATION STAFF

VEST **RED**

Position Checklist

| | |
|--|--|
| Report To | Medical Consultation Group Supervisor |
| Supervises | None |
| Suggested Training | Currently licensed clinician or registered DEA number. |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) –Medical Plan (ICS 206) <input type="checkbox"/> Medical Consultation Station Script <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication source |
| Function(s) | Provides consultation to patients. Address patient contraindications and provide alternative prophylactic medications during POD operations. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Medical Consultation Group Supervisor: <ul style="list-style-type: none">○ Obtain summary of the incident.○ Review IAP and POD site map○ Obtain disease and medical information sheets including station scripts. | |
| <input type="checkbox"/> Review station scripts and medical information sheets. | |
| During Operations | |
| <input type="checkbox"/> Answer patient questions based on Medical Consultation station scripts. | |
| <input type="checkbox"/> Dispense prophylactic medications based on station script algorithm. | |
| <input type="checkbox"/> Refer patients to acute medical facility or private physician as needed. | |
| <input type="checkbox"/> Make treatment decisions, or suggest alternate treatment, based on patient medical history. | |
| <input type="checkbox"/> Answer medical questions and consult with pharmacists as needed. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification and sign-out with Medical Consultation Group Supervisor. | |
| <input type="checkbox"/> Submit all Section Documentation to Medical Consultation Group Supervisor. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



MEDICAL CONSULTATION

Station Script

| | |
|-----------------------|--|
| Group Assigned | Operations – Medical Branch |
| Report To | Medical Consultation Group Supervisor |
| Function (s) | <ul style="list-style-type: none"> • Review Patient History Form and answer patient questions. • Examine and notate on the patient history form. • Provide applicable medication information sheets. • Refer all others to Dispensing Station. |

STATION SCRIPT

| | | |
|--------------------|--|--|
| Question 1: | Do you have a FEVER or are you experiencing any RESPIRATORY SYMPTOMS? | |
| Response: | YES: Remove the patient from line and refer to Symptom Management station (if available) or primary health provider. | NO: Proceed to question 2. |
| Question 2: | Are you refusing to take the prescribed medication? | |
| Response: | YES: <ul style="list-style-type: none"> • Refer patient to POD exit. • Refer patient to healthcare provider for further assessment should symptoms arise. | NO: Proceed to question 3. |
| Question 3: | Are you refusing to take the prescribed medication due to a listed contraindication? | |
| | YES: <ul style="list-style-type: none"> • Review patient form. • Evaluate patient form and determine if onsite alternative medication can be provided. • Provide patient with alternative medications, medical information sheet and educate patient regarding the risks of prophylaxis or refer to a healthcare provider. | NO: Proceed to Dispensing and instruct the patient to contact their primary care physician or emergency room if any side effects occur from provided prophylaxis. |

For All: If patient appears to be anxious, nervous, agitated or uncomfortable, contact the Check-In Group Supervisor for referral to a Behavioral Health staff member, if available.



SYMPTOM MANAGEMENT GROUP SUPERVISOR

VEST **RED**

Position Checklist

| | |
|---|---|
| Report To | Medical Branch Director |
| Supervises | Symptom Management Staff |
| Suggested Training | Basic NIMS/SEMS training. Licensed clinician, nurse, nurse practitioner, etc. |
| Documents & Equipment | <input type="checkbox"/> POD Map and copy of Medical Plan (ICS 206) <input type="checkbox"/> POD FOG P&Ps (Section 4) <input type="checkbox"/> Medical Information Sheets <input type="checkbox"/> Communication Source |
| Function(s) | Oversees ill and/or symptomatic patient evaluations to determine need for additional medical care and refer for further follow-up. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Medical Branch Director: <ul style="list-style-type: none"> ○ Obtain summary of the incident. ○ Review IAP, policy and procedures and POD site map ○ Obtain disease and medical information sheets. <input type="checkbox"/> Activate/request additional Symptom Management staff. | |
| During Operations | |
| <input type="checkbox"/> Conduct briefing with assigned branch staff (FOG Section 3): <ul style="list-style-type: none"> ○ Provide summary of emergency situation. ○ Provide POD layout/flow design overview and station locations. ○ Distribute disease and medical information sheets. ○ Ensure coordination with Medical Consultation Group. <input type="checkbox"/> Oversee evaluation of patients. For all life-threatening emergencies, refer to medical emergency policy (FOG Section 4) . Refer patient family members not removed from line through POD site Screening station. <input type="checkbox"/> Document evaluation finding on Patient History form and Health Care Facility Referral and Notification to Primary Care Provider, if applicable. <input type="checkbox"/> Request additional staff as needed. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and sign-out with Section Chief. <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



SYMPTOM MANAGEMENT STAFF

VEST

RED

Position Checklist

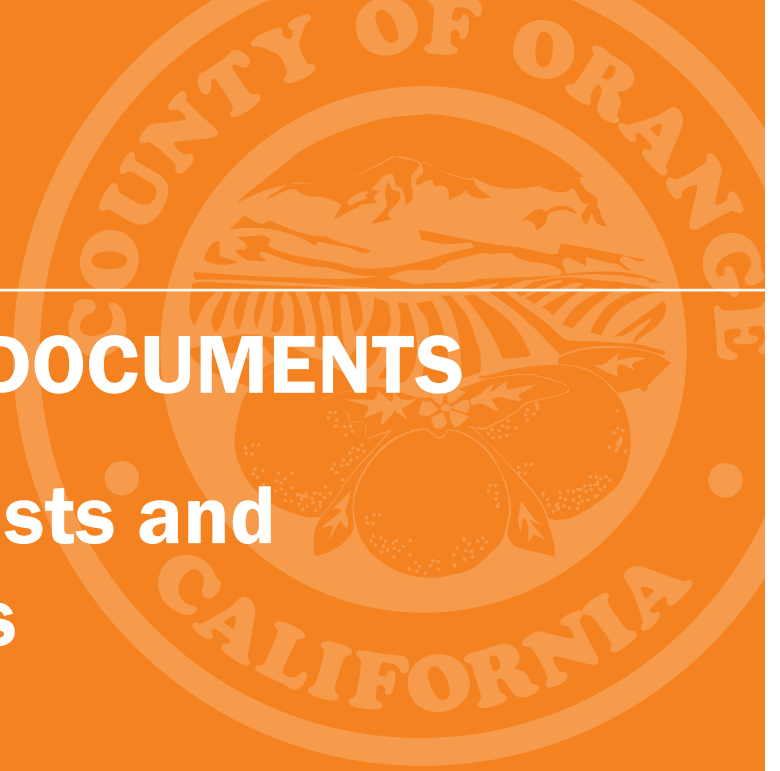
| | |
|---|---|
| Report To | Symptom Management Group Supervisor |
| Suggested Training | Basic NIMS/SEMS training with a clinical background. |
| Documents & Equipment | <input type="checkbox"/> POD Map and copy of Medical Plan (ICS 206) <input type="checkbox"/> POD FOG P&Ps (Section 3) <input type="checkbox"/> Medical Information Sheets <input type="checkbox"/> Communication Source |
| Function(s) | Provide ill and/or symptomatic patients with additional medical care and refer for further follow-up and/ or patient transfer. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Medical Branch Director or Symptom Management Group Supervisor: <ul style="list-style-type: none">○ Obtain summary of the incident.○ Review IAP and POD site map○ Obtain disease and medical information sheets. <input type="checkbox"/> Proceed to Symptom Management area | |
| During Operations | |
| <input type="checkbox"/> Document evaluation finding on Patient History form and Health Care Facility Referral and Notification to Primary Care Provider, if applicable. <input type="checkbox"/> For all life-threatening emergencies, refer to medical emergency policy (FOG Section 3) . Refer patient family members not transferred to medical facility to Screening station. <input type="checkbox"/> Request additional staff as needed. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Brief relief staff on current activities and unusual events; attend Section debriefing. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and sign-out with Group Supervisor. <input type="checkbox"/> Submit all Section Documentation to Group Supervisor. | |
| Site Demobilization | |
| <input type="checkbox"/> Assist in Symptom Management station breakdown; list equipment/supplies requiring replacement <input type="checkbox"/> Participate in After Action meetings as required. | |

Section 2

FIELD RESPONSE DOCUMENTS

Position Checklists and Station Forms

- **LOGISTICS**





LOGISTICS SECTION CHIEF



Position Checklist

| | |
|----------------------------------|---|
| Report To | Unified Command |
| Supervises | Service and Support Branch Directors |
| Suggested Training | NIMS/ICS Training, Organizational skills, Logistics & POD Trainings |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) – Unit Log (ICS 214) <input type="checkbox"/> POD Communications Plan (ICS 205) <input type="checkbox"/> Logistics Section Position Checklists (FOG Section 2) <input type="checkbox"/> Laptop & Communication Source |
| Function (s) | Overall supervision of site set up, acquisition of medical equipment and supplies monitoring personnel availability, communications, IT support & transportation. |

Upon Arrival

- Receive briefing and assignment(s) from Unified Command
- Participate in preparation of IAP
 - Provide resource availability, support needs, shortages & obtainment timelines
 - Complete or assist in completion of ICS forms 205 and 206
- Develop staffing assignments, needs, schedules and requests based on IAP
- Assign Staff Registration Team Leader to oversee staff registration and distribute staff check in form. Request additional staff as needed.
- Confirm staff activation: Service and Support Branch Directors
- Review Communications Plan (ICS 205).
- Attend Operations Briefing (**FOG Section 3**):
 - Provide update on transportation, communication and supply requests/issues.
 - Verify with Pharmacy Team Leader and provide dosing/dispensing information.
- Conduct General briefing with staff to include/address (**FOG Section 3**):
 - Chain of Command and performance expectations
 - Any pharmacy protocols and/or orders and standards issued - dosing/dispensing information.
 - Personal safety and reporting of those issues – Safety Officer
 - Site Layout – POD stations, restrooms, canteen, briefing areas, etc.
 - POD Operations overview
 - Personal safety and security
 - Span of control, resource ordering process
 - POD Floor – stations, exits, security, etc.
 - Communications plan
 - Distribute Logistic Section Position Checklists to Branch Directors
 - Ensure staff understand their roles and functions and are able to perform assigned tasks.
- Supervise set-up of communications and approve/process/submit resource requests.



LOGISTICS SECTION CHIEF

Position Checklist

During Operations

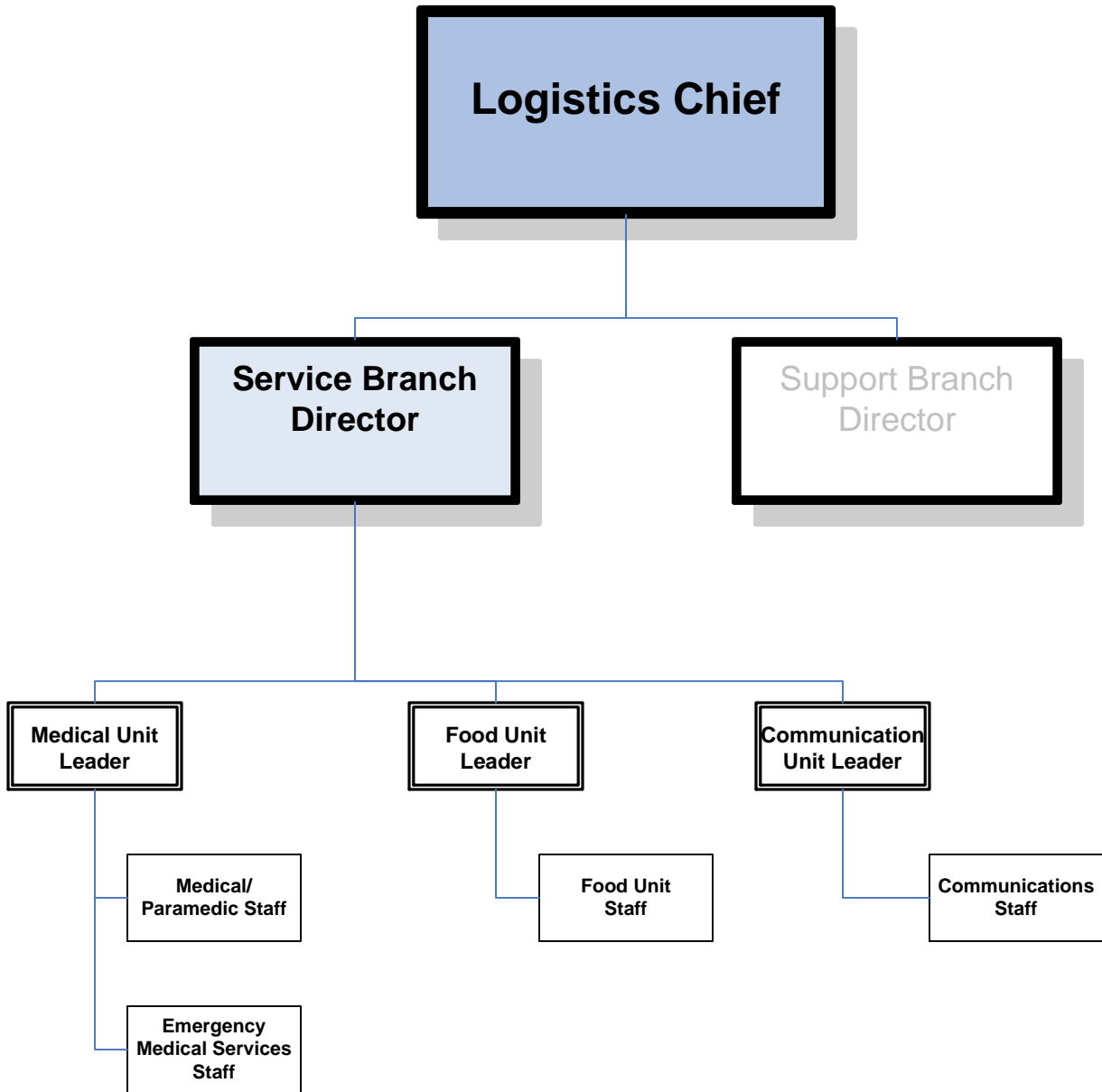
- Inform Operations Chief of arrival for all personnel, equipment & supplies
- Maintain operational period IAP documents, operational period summary reports and provide all changes/implementations to Unified Command.
- Evaluate situation and provide updates at Planning or Section meetings:
 - Provide Operations Chief with resource availability
 - Location, status & assignment of resources (equipment, supplies, etc.)
 - Resource requests
- Ensure coordination of Logistics with other Command/General Staff
- Ensure ordering, inventory, & re-supply of pharmaceutical and staffing needs meet operational standards availability.
- Ensure all Logistic functions are documented on Unit Logs (ICS 214)

End of Shift/Operations

- Conduct staff exit interview and debriefing.
 - Document issues and report them to Unified Command
 - Identify additional issues (i.e. safety/injured) and report them
 - Brief incoming staff to issues and/or unusual situations experienced (**FOG Section 3**)
- Verify next staff work schedule.
- Return POD identification and sign out with Staff Registration Team Leader; return equipment to Supply Unit.
- Submit all Section Documentation to Unified Command.

Site Demobilization

- Attend demobilization planning meeting with Unified Command.
- Assist in Demobilization Checkout (ICS 221) completion. Update in IAP.
- Release resources and supplies and workforce as appropriate and notify Unified Command.
- Oversee coordination of site demobilization and record equipment and supply return.
- Submit all section documentation, paperwork and activity log to Unified Command.
- Participate in After Action meetings as required.





SERVICE BRANCH DIRECTOR

VEST **ORANGE**

Position Checklist

| | |
|---|---|
| Report To | Logistics Section Chief |
| Supervises | Medical, Food and Communication Unit Leaders |
| Suggested Training | Intermediate NIMS/SEMS training. Administrative and organizational skills. |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) - Incident Communications Plan (ICS 205) <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source |
| Function(s) | Oversees development for food, medical and communication services related to POD operations. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Logistics Section Chief: <ul style="list-style-type: none">○ Determine number of personnel to be housed and fed.○ Determine communications systems in use.○ Determine medical support needs of the incident.○ Confirm personnel already requested for Branch. | |
| <input type="checkbox"/> Ensure development/implementation of Incident Communications Plan (ICS 205). | |
| During Operations | |
| <input type="checkbox"/> Conduct briefing with assigned branch staff (General Briefing – FOG Section 3): <ul style="list-style-type: none">○ Provide summary of emergency situation.○ Provide summary of the communications, food, and medical needs of the incident.○ Coordinate activities of Medical, Food and Communication Unit Branches. | |
| <input type="checkbox"/> Ensure that incident personnel receive adequate food and water. | |
| <input type="checkbox"/> Coordinate with Operations to ensure adequate medical support to incident personnel. | |
| <input type="checkbox"/> Participate in organizational meetings of Logistics Section personnel. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief staff on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return vest and sign-out with Staff Registration Team Leader. | |
| <input type="checkbox"/> Submit all Section Documentation to Section Chief and Documentation Unit Leader, as requested. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



MEDICAL UNIT LEADER

VEST ORANGE

Position Checklist

| | |
|---|--|
| Report To | Service Branch Director |
| Supervises | Emergency Medical Service and Medical (i.e. First Aid/Paramedic) staff |
| Suggested Training | Basic NIMS/SEMS training. |
| Documents & Equipment | <input type="checkbox"/> Incident Action Plan (IAP) –Medical Plan (ICS 206) <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source |
| Function(s) | Oversees, maintains and ensures medical care is provided to onsite POD staff. |
| Upon Site Arrival | |
| <input type="checkbox"/> Obtain briefing from Service Branch Director or Logistics Section Chief: <ul style="list-style-type: none">○ Obtain information from Safety officer on any injuries that occurred during initial operations. | |
| <input type="checkbox"/> Determine emergency medical activities performed prior to Unit activation. | |
| <input type="checkbox"/> Respond to requests for medical treatment and transportation for POD staff. | |
| <input type="checkbox"/> Request/supervise ambulance and first aid staff for POD staff. | |
| <input type="checkbox"/> Work with Medical Branch Director (if available) to prepare/approve Medical Plan (ICS 206) : <ul style="list-style-type: none">○ Number & location of first aid stations, ambulances, helicopters, and assigned medical personnel.○ Potential for medical problems (i.e. dehydration, heat stroke, etc.) based on prophylaxis provided○ Medical supplies needed – work with Resource and Supply Units.○ Medical Assembly and Triage Areas○ Ambulance Traffic Route and Landing Zone for Life flight○ Local Hospitals surrounding site○ Hazard specific information (HAZMAT treatment, PPE needed, etc.) | |
| <input type="checkbox"/> Obtain Safety officer approval of Medical Plan. | |
| During Operations | |
| <input type="checkbox"/> Coordinate Medical Plan with local hospitals and OCHCA BLS/ALS teams. | |
| <input type="checkbox"/> Respond to requests for medical aid and/or supplies. | |
| <input type="checkbox"/> Notify Safety Officer of all accidents & injuries and prepare medical reports. | |
| <input type="checkbox"/> Modify Medical Plan (ICS 206) as needed. | |
| <input type="checkbox"/> Document all functions on Unit Activity Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Submit reports as directed; provide copies to Data Entry Team Leader, if requested | |
| <input type="checkbox"/> Submit all Section Documentation to Service Branch Director. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



FOOD UNIT LEADER

VEST ORANGE

Position Checklist

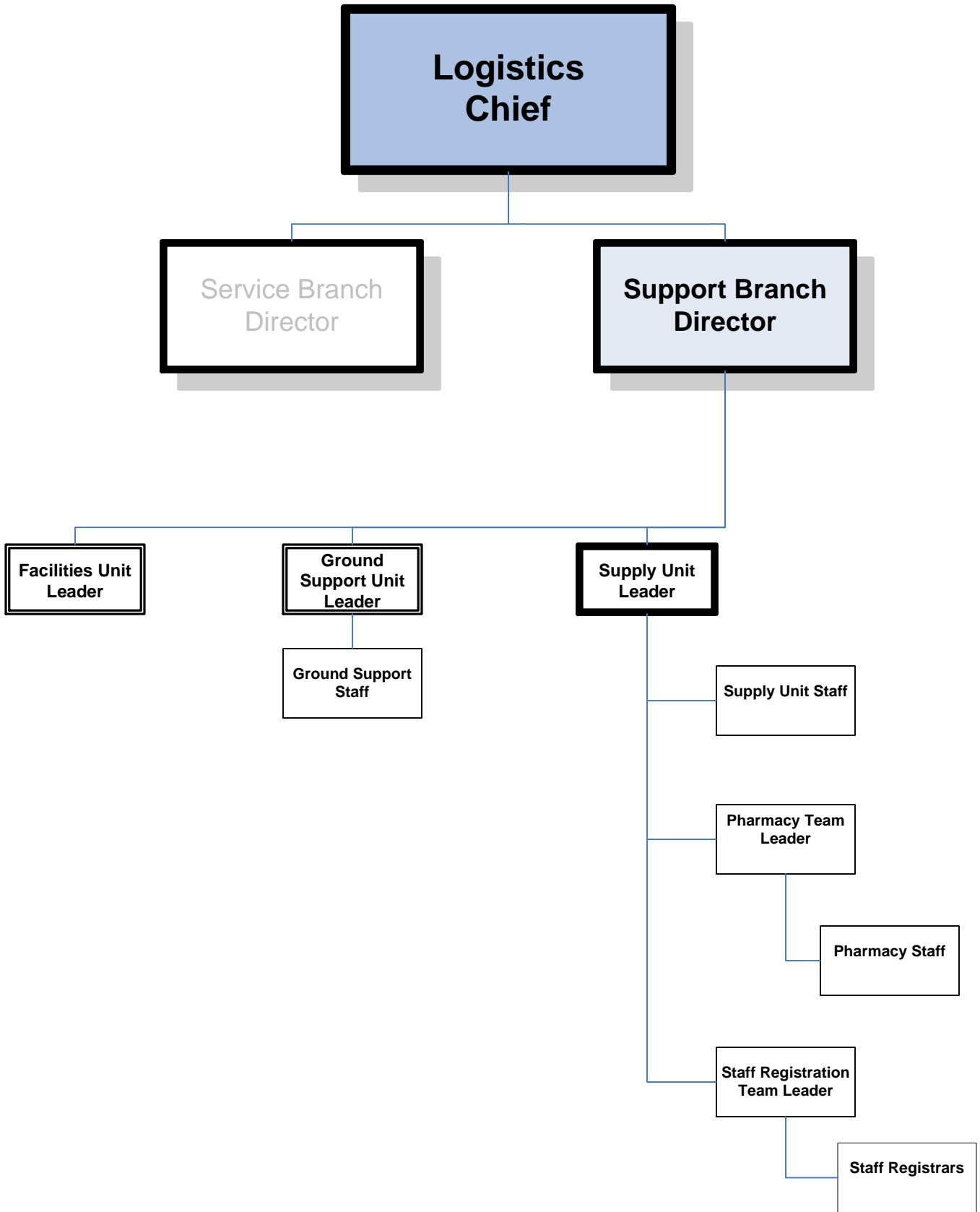
| | |
|--|---|
| Report To | Service Branch Director |
| Supervises | Food unit staff |
| Suggested Training | Basic NIMS/SEMS training. |
| Documents & Equipment | <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source |
| Function(s) | Oversees, maintains and ensures availability of food for on site POD staff. |
| Upon Site Arrival | |
| <input type="checkbox"/> Obtain briefing from Service Branch Director or Logistics Section Chief: <ul style="list-style-type: none">○ Determine potential duration of incident.○ Number of staff to be fed.○ Shift and break schedules○ Last meal and proposed time of next meal. | |
| <input type="checkbox"/> Determine food service requirements for planned and expected operations. | |
| <input type="checkbox"/> Determine best method of feeding to fit situation and obtain bids if not done prior to incident (coordinate with Procurement Unit). | |
| <input type="checkbox"/> Ensure sufficient potable water and beverages for all incident personnel. | |
| <input type="checkbox"/> Coordinate transportation of food and drinks with Ground Support Unit. | |
| During Operations | |
| <input type="checkbox"/> Ensure that appropriate health and safety measures are taken (i.e. food temperature monitored, proper storage, hand washing, etc.) and maintain food service area. | |
| <input type="checkbox"/> Request additional staff support as needed. | |
| <input type="checkbox"/> Assist with serving food to POD staff. | |
| <input type="checkbox"/> Monitor and maintain appropriate food levels for staff breaks. | |
| <input type="checkbox"/> Conduct inventory count at beginning and end of shift. | |
| <input type="checkbox"/> Supervise administration of food service agreement, if applicable. | |
| <input type="checkbox"/> Provide copies of receipts, bills to Finance/Administration Section. | |
| <input type="checkbox"/> Inform Supply Unit Leader know when food orders are complete. | |
| <input type="checkbox"/> Document all functions on Unit Activity Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Submit all documentation to Service Branch Director and copies to Documentation Unit, as requested. | |
| Site Demobilization | |
| <input type="checkbox"/> Clean food area to beginning of operation standards, | |



COMMUNICATION UNIT LEADER VEST ORANGE

Position Checklist

| | |
|---|--|
| Report To | Service Branch Director |
| Supervises | Radio dispatcher, Equipment clerk, IT support, Data Entry Team Leader |
| Suggested Training | Basic NIMS/SEMS training and Communications background. |
| Documents & Equipment | <input type="checkbox"/> Incident Action Plan (IAP) – Organizational Assignment list (ICS 203), Communications Plan (ICS 205), and POD Organizational chart <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source |
| Function(s) | Develops incident communication plan & ensures its implementation is followed. |
| Upon Site Arrival | |
| <input type="checkbox"/> Obtain briefing from Service Branch Director or Logistics Section Chief: <ul style="list-style-type: none"> ○ Assess communications systems/frequencies in use; advise on communications capabilities/limitations. <input type="checkbox"/> Request staff (i.e. Radio dispatch, Equipment clerk, IT support, Data Entry Team Leader) as needed. <input type="checkbox"/> Develop and implement internal and external communications procedures to the incident/Incident Command Post. <input type="checkbox"/> Prepare and implement Incident Communications Plan (ICS Form 205): <ul style="list-style-type: none"> ○ Obtain current organizational charts (ICS 203 and POD Organizational chart). ○ Determine Command and support communications needs. ○ Post procedures for use of Command Post communications equipment. ○ Make communications assignments to all other Operations elements, including volunteer, contract, or mutual aid. ○ Determine specific organizational elements to be assigned telephones. ○ Identify all facilities/locations with which communications must be established and document phone numbers. | |
| During Operations | |
| <input type="checkbox"/> Execute and modify Communications Plan, as needed. <input type="checkbox"/> Assess Command Post phone load & request additional lines as needed. <input type="checkbox"/> Ensure radio and telephone logs are available and being used. <input type="checkbox"/> Ensure all patient history forms are being collected and filled alphabetically. <input type="checkbox"/> Establish and maintain communications equipment accountability system. <input type="checkbox"/> Document and troubleshoot malfunctioning communications equipment. <input type="checkbox"/> Document all functions on Unit Activity Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Submit reports as directed; provide copies to Documentation Unit Leader. <input type="checkbox"/> Submit all Section Documentation to Service Branch Director. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |





SUPPORT BRANCH DIRECTOR

VEST ORANGE

Position Checklist

| | |
|----------------------------------|---|
| Report To | Logistics Section Chief |
| Supervises | Facilities, Ground Support and Supply Unit Leaders |
| Group Assigned | Logistics Section |
| Suggested Trainings | Intermediate NIMS/SEMS training. Administrative and organizational skills |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) – site map <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source |
| Function(s) | Coordinates/manages the support activities related to POD response. Oversees the acquisition of supplies and materials related to POD operations. |

Upon Site Arrival

- Receive briefing from Logistics Section Chief:
 - Determine facilities support required during the incident (i.e. electrical, restrooms, etc).
 - Determine ground support and transportation needs.
 - Determine/confirm resource ordering process.
 - Confirm personnel already requested for Branch.
- Identify/determine the need for establishing potential additional facilities.
- Determine need for fuel delivery and vehicle support.

During Operations

- Conduct briefing with assigned branch staff (**General Briefing – FOG Section 3**):
 - Provide summary of emergency situation.
 - Provide summary of incident facility, supply, & transportation needs.
 - Coordinate activities of Facilities, Ground Support & Supply Unit Branches.
- Determine whether or not mutual aid and contract equipment are in use.
- Participate in organizational meetings of Logistics Section personnel
- Document all functions on Unit Logs (ICS 214).

End of Shift/Operations

- Provide briefing to relief staff on current activities and unusual events.
- Verify next work schedule.
- Return vest and sign-out with Staff Registration Team Leader.
- Submit all Section Documentation to Section Chief and Documentation Unit Leader, if requested.

Site Demobilization

- Participate in After Action meetings as required.



FACILITIES UNIT LEADER

VEST ORANGE

Position Checklist

| | |
|---|--|
| Report To | Support Branch Director |
| Suggested Training | Basic NIMS/SEMS training and facility management. |
| Documents & Equipment | <input type="checkbox"/> Incident Action Plan (IAP) <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source |
| Function(s) | Oversees facility layout and needs related to facility management. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Logistics Chief or Support Branch Director: <ul style="list-style-type: none">○ Determine expected duration and scope of the incident.○ Facilities already activated.○ Anticipated facility needs. | |
| <input type="checkbox"/> Obtain copy of POD IAP, including: site maps and flow design. Determine: <ul style="list-style-type: none">○ Location of Incident Command Post○ Staff staging areas○ Parking areas○ Safety and security concerns○ Supply/Receiving/Distribution area○ Media/PIO staging areas | |
| <input type="checkbox"/> Open all site access points as needed to establish operations. | |
| <input type="checkbox"/> Plan/review POD site layouts in accordance with above requirements. | |
| During Operations | |
| <input type="checkbox"/> Determine requirements for each facility to be established: <ul style="list-style-type: none">○ Sanitation, Feeding, Sleeping, Supplies, Medical support, Communications, Security, Lighting. | |
| <input type="checkbox"/> Coordinate negotiation for rental office or storage space with Procurement Unit, agency Facilities Manager, and agency Finance Department, if applicable. | |
| <input type="checkbox"/> Ensure facility can sustain operations for next shift. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification and sign-out with Section Chief. | |
| <input type="checkbox"/> Submit all Section Documentation to Branch Director. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



GROUND SUPPORT UNIT LEADER VEST **ORANGE**

Position Checklist

| | |
|--|--|
| Report To | Support Branch Director |
| Supervises | Ground Support Staff |
| Group Assigned | Logistics Section |
| Minimal Requirements | Basic NIMS/SEMS training |
| Documents & Equipment | <input type="checkbox"/> Incident Action Plan (IAP) <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source |
| Function(s) | Oversees POD site ground support. |
| Upon Arrival | |
| <input type="checkbox"/> Receive briefing from Logistics Chief or Support Branch Director: <ul style="list-style-type: none">○ Fueling needs of vehicles or equipment at POD site.○ Location of Supply Unit facility receiving and distribution point(s).○ Site maps and restrictions on transportation routes.○ Need for vehicle repair services; policy toward repair and fueling of mutual aid and rental equipment. | |
| <input type="checkbox"/> Assign/request Transportation support staff as needed with Staff Registration Team Lead. | |
| <input type="checkbox"/> Review Incident Action Plan (IAP) | |
| <input type="checkbox"/> Implement site Transportation Plan: <ul style="list-style-type: none">○ Determine time-lines, types of services required and assign resources required to implement plan.○ Determine internal site transportation and ground support needs. | |
| During Operations | |
| <input type="checkbox"/> Notify Resources Unit of all changes on support and transportation vehicles. | |
| <input type="checkbox"/> Request additional resources through Supply Unit. Give type, time needed, and reporting location. | |
| <input type="checkbox"/> Arrange for and activate towing, fueling, maintenance, and repair services. | |
| <input type="checkbox"/> Maintain fuel, parts, & service use records and cost summaries (Fin/Admin). | |
| <input type="checkbox"/> Maintain inventory of support and transportation vehicles. | |
| <input type="checkbox"/> Ensure condition of rental equipment is documented prior to use & coordinate with Procurement Unit Leader. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification and sign-out with Staff Registration. | |
| <input type="checkbox"/> Submit all Section Documentation to Branch Director. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



VEST ORANGE

GROUND SUPPORT STAFF

Position Checklist

| | |
|--|---|
| Report To | Ground Support Unit Leader |
| Supervises | None |
| Group Assigned | Logistics Section – Support Branch |
| Documents & Equipment | <input type="checkbox"/> Incident Action Plan (IAP) <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Site Plan and distribution routes <input type="checkbox"/> Radio |
| Function(s) | Provides transportation and implements transportation plan to POD site. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Support Branch Director or Ground Support Unit Leader: <ul style="list-style-type: none"> <input type="checkbox"/> Summary of Incident. <input type="checkbox"/> Fueling needs of vehicles or equipment at POD site. <input type="checkbox"/> Location of Supply Unit facility receiving and distribution point(s). <input type="checkbox"/> Incident transportation maps and restrictions on transportation routes. <input type="checkbox"/> Review Site Transportation Plan: <ul style="list-style-type: none"> <input type="checkbox"/> Determine time-lines, types of services required and assign resources required to implement plan. <input type="checkbox"/> Inform Unit Leader when unit is operational. | |
| During Operations | |
| <input type="checkbox"/> Notify Ground Support Unit Leader of all changes to support and transportation vehicles. <input type="checkbox"/> Request additional resources via Ground Support Unit Leader. Give type, time needed, & reporting location. <input type="checkbox"/> Request towing, fueling, maintenance, and repair services as needed. <input type="checkbox"/> Provide, develop and maintain fuel, parts, & service use records, receipts and cost summaries. <input type="checkbox"/> Maintain inventory of support and transportation vehicles. <input type="checkbox"/> Ensure condition of rental equipment is documented prior to use. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Brief relief staff on current activities and unusual events; attend Section debrief. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and equipment to Unit Leader and sign-out with Staff Registration. <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



SUPPLY UNIT LEADER

VEST ORANGE

Position Checklist

| | |
|--|--|
| Report To | Support Branch Director |
| Supervises | Pharmacy Team Leader, Staffing Team Leader and Supply Unit Staff |
| Minimum Training | Basic NIMS/SEMS training, POD training. |
| Documents & Equipment | <input type="checkbox"/> Incident Action Plan (IAP) –Unit Activity Log (214) and copies of ICS forms 203, 204 and 205. <input type="checkbox"/> Laptop, if available <input type="checkbox"/> Communication Device |
| Function(s) | Reports status of resources; maintains and monitors supplies to support POD staff functions and monitors work records on assigned personnel. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Logistics Chief or Support Branch Director: <ul style="list-style-type: none"> ○ Determine location of facility receiving/distribution point(s). ○ Determine time when Unit will assume responsibility for ordering. ○ Safety issues and responsibilities. ○ Ensure that supplies are available and readily deployable. <input type="checkbox"/> Contact Resources Unit to determine resources on order and status. <input type="checkbox"/> Request additional Supply staff as needed. | |
| During Operations | |
| <input type="checkbox"/> Conduct briefing with assigned branch staff (General Briefing – FOG Section 3): <ul style="list-style-type: none"> ○ Provide summary of emergency situation and reporting structure. ○ Provide POD layout/flow design overview and station locations. ○ Review Communications plan (ICS 205). <input type="checkbox"/> Ensure POD supplies on-hand can sustain the projected POD operational level or until the next scheduled supply. <input type="checkbox"/> Monitor supply use & ensure supplies are restocked through the POD stations (FOG Section 4) <input type="checkbox"/> Document ordering, receiving, issuing and recovery of supplies using Inventory System. <input type="checkbox"/> Ensure staffing records (ICS 203 and 204) are maintained and updated and provide to Resource Unit Leader. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Brief relief on current activities and unusual events; attend Section debrief. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and sign-out with Staff Registration. <input type="checkbox"/> Submit all Section Documentation to Branch Director. | |
| Site Demobilization | |
| <input type="checkbox"/> Breakdown/repack all equipment/supplies; verify supplies are accounted for. <input type="checkbox"/> Participate in After Action meetings as required. | |



SUPPLY UNIT STAFF

VEST ORANGE

Position Checklist

| | |
|---|---|
| Report To | Supply Unit Leader |
| Supervises | None |
| Suggested Training | Basic NIMS/SEMS training and ordering/purchasing experience. |
| Documents & Equipment | <input type="checkbox"/> Incident Action Plan (IAP) – Unit Activity Log (214) <input type="checkbox"/> Laptop, if available <input type="checkbox"/> Communication Source |
| Function(s) | Maintains and monitors supplies to support POD staff functions. |
| Upon Arrival | |
| <input type="checkbox"/> Receive briefing from Supply Unit Leader, Support Branch Director or Logistic Chief: <ul style="list-style-type: none">○ Obtain summary of the incident and agent signs/symptoms○ Station overview – POD flow set-up/design○ Location and storage area for all supplies and equipment○ Method of order requests | |
| <input type="checkbox"/> Ensure all POD station area supplies are adequate to begin operations. | |
| During Operations | |
| <input type="checkbox"/> Inform Unit Leader of any reported problems with assigned resources | |
| <input type="checkbox"/> Ensure all POD station area supplies are adequate | |
| <input type="checkbox"/> Monitor POD supplies in the storage area to ensure adequate support for projected POD operations. | |
| <input type="checkbox"/> Receive, store and distribute supplies to POD stations | |
| <input type="checkbox"/> Monitor and restock dispensing supplies at the POD stations | |
| <input type="checkbox"/> Track resources as supplies are used | |
| <input type="checkbox"/> Utilize Inventory System to document all activities associated with ordering, receiving, issuing and recovery of supplies (FOG Section 4) | |
| <input type="checkbox"/> Ensure staffing records (ICS 203 and 204) are maintained and updated. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Brief relief staff on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification and sign-out with Unit Leader. | |
| <input type="checkbox"/> Submit all Section Documentation to Unit Leader. | |
| Site Demobilization | |
| <input type="checkbox"/> Breakdown/repack all equipment/supplies; verify supplies are accounted for. | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



PHARMACY TEAM LEADER

VEST ORANGE

Position Checklist

| | |
|--|--|
| Report To | Supply Unit Leader |
| Supervises | Pharmacy Staff |
| Suggested Trainings | Basic NIMS/SEMS training. Licensed pharmacist. |
| Documents & Equipment | <input type="checkbox"/> POD Site Incident Action Plan (IAP) <input type="checkbox"/> POD FOG (Section 3) & Unit Activity Log (214) <input type="checkbox"/> Laptop & Communication Source |
| Function(s) | Oversees, maintains and records all pharmaceutical cache and related supplies. |
| Upon Arrival | |
| <input type="checkbox"/> Provide Logistics Chief and Supply Unit leader with dosing information. <input type="checkbox"/> Receive briefing from Logistics Chief or Support Branch Director: <ul style="list-style-type: none">○ Determine location of facility receiving/distribution point(s).○ Determine when Supply Unit will assume responsibility for ordering.○ Review Communications plan (ICS 205).○ Safety issues and responsibilities.○ Role and location of the Pharmacy in this operation: services you provide, problems solved, etc.○ Ensure that all pharmaceutical and other supplies are available. | |
| <input type="checkbox"/> Contact Resources Unit to determine resources on order. | |
| <input type="checkbox"/> Determine number & type of pharmacy staff onsite via Unit Leader. | |
| <input type="checkbox"/> Request additional pharmacy staff as needed. | |
| <input type="checkbox"/> Verify/develop onsite inventory system and ensure this is available and/or operational. | |
| During Operations | |
| <input type="checkbox"/> Utilize Inventory System to document all activities associated with ordering, receiving, issuing and recovery of medications | |
| <input type="checkbox"/> Assign pharmacist(s) to provide counseling where needed. | |
| <input type="checkbox"/> Monitor and maintain use of pharmaceuticals and ensure supplies are restocked at dispensing stations (Inventory and supply request P&Ps - FOG Section 4) . | |
| <input type="checkbox"/> Ensure that drug information sheets, flowcharts and forms are available | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification, submit all Section Documentation and sign-out with Unit Leader. | |
| Site Demobilization | |
| <input type="checkbox"/> Break down and repack all equipment/supplies. Schedule pick-up of medications with Unit Leader. | |
| <input type="checkbox"/> Record and verify ending pharmaceutical inventory. | |



PHARMACY STAFF



Position Checklist

| | |
|--|---|
| Report To | Pharmacy Team Leader |
| Suggested Trainings | Basic NIMS/SEMS training. Licensed pharmacist, pharmacy technician, pharmacy student or registered nurse. |
| Documents & Equipment | <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source |
| Function(s) | Prepare & maintain inventory for dispensed prophylaxis during POD operations. |
| Upon Arrival | |
| <input type="checkbox"/> Establish workstations and ensure availability of pharmaceutical and other supplies. <input type="checkbox"/> Prepare medication for dispensing for POD operations based on incident. <input type="checkbox"/> Assist with drawing of vaccine as required. | |
| During Operations | |
| <input type="checkbox"/> Utilize Inventory System to document all activities associated with ordering, receiving, issuing and recovery of medications. <input type="checkbox"/> Provide counseling where needed when requested. <input type="checkbox"/> Monitor use of pharmaceuticals and ensure supplies are restocked at dispensing stations. <input type="checkbox"/> Ensure that drug information sheets, flowcharts and forms are available. <input type="checkbox"/> Continue to prepare and assist with medical/vaccine dispensing preparations. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and sign-out with Team Leader. <input type="checkbox"/> Submit all Section Documentation to Team Leader. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



STAFF REGISTRATION TEAM LEADER VEST ORANGE

Position Checklist

| | |
|--|--|
| Report To | Supply Unit Leader |
| Supervises | Staff Registrars |
| Suggested Training | Basic NIMS/SEMS and POD training. |
| Documents & Equipment | <input type="checkbox"/> Incident Action Plan (IAP) –ICS Forms 203 and 204 <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Blank organization chart(s) <input type="checkbox"/> Laptop, if available & Communication Source |
| Function(s) | Oversees, maintains and ensures appropriate staffing on the site. |
| Upon Arrival | |
| <input type="checkbox"/> Receive Operational briefing from Planning Section Chief: <ul style="list-style-type: none"> <input type="checkbox"/> Obtain current organizational assignments (ICS 203 and 207). <input type="checkbox"/> Activate Staff Registration Area and assign registrars. <input type="checkbox"/> Ensure all positions (ICS 203 and 204) are staffed and accounted for. <input type="checkbox"/> Provide Resource Unit Leader with staffing updates for IAP development. <input type="checkbox"/> Assist in identification of additional and special resources and personnel. <input type="checkbox"/> Request additional staff as needed through Resource Unit. | |
| During Operations | |
| <input type="checkbox"/> Maintain master roster of all personnel at the incident to include: <ul style="list-style-type: none"> <input type="checkbox"/> Total number of personnel assigned to the incident. <input type="checkbox"/> Other disciplines and technical specialists <input type="checkbox"/> Provide updates to Resource Unit Leader and Planning Chief. <ul style="list-style-type: none"> <input type="checkbox"/> Ensure additional staff is available during shift changes, breaks and/or POD demobilization <input type="checkbox"/> Determine immediate and future staffing needs. Coordinate for replacement staff and/or volunteers with Resource Unit Leader. Reassign site staff as required/requested by Section Chiefs. <input type="checkbox"/> Track work hours electronically or manually using sign-in rosters. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. <input type="checkbox"/> Ensure all POD staff have checked-out <input type="checkbox"/> Return POD identification and submit all section documentation to Supply Unit Leader. <input type="checkbox"/> Verify next work schedule and sign-out. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



STAFF REGISTRARS



Position Checklist

| | |
|--|---|
| Report To | Staff Registration Team Leader |
| Minimal Requirements | Basic NIMS/SEMS training |
| Documents & Equipment | <input type="checkbox"/> Incident Action Plan (IAP) –ICS Forms 203 and 204 <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Staff Registration Form and blank organization chart(s) <input type="checkbox"/> Communication Source |
| Function(s) | Oversees, maintains and ensures appropriate staffing on the site. |
| Upon Arrival | |
| <input type="checkbox"/> Receive briefing from Staffing Team Leader, Supply Unit Leader or Support Branch Director <input type="checkbox"/> Establish Staff Registration Area and begin registration <input type="checkbox"/> Process and record arriving/departing staff against POD roster to ensure all positions (ICS 203 and 204) are staffed and accounted for. <input type="checkbox"/> Provide Staff Registration Team Leader with staffing availability updates (i.e. positions to fill, support pool availability, etc.). <input type="checkbox"/> Assist in identification of additional and special resources and personnel. | |
| During Operations | |
| <input type="checkbox"/> Develop master roster of all personnel at the incident, noting: <ul style="list-style-type: none"> ○ Total number of personnel assigned to the incident. ○ Other disciplines and technical specialists ○ Continue to provide Staff Registration Team Leader with staffing updates <input type="checkbox"/> Track work hours electronically or manually using sign-in rosters. <input type="checkbox"/> Determine immediate and future staffing needs. Inform Staff Registration Team Leader of the need for replacement staff and/or volunteers. <input type="checkbox"/> Track work hours electronically or manually using sign-in rosters. <input type="checkbox"/> Distribute any Workman’s Compensation forms. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Brief relief on current activities and unusual events; attend Section debrief. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and sign-out with Staff Registration Team Leader. <input type="checkbox"/> Submit all documentation to Staff Registration Team Leader. | |
| Site Demobilization | |
| <input type="checkbox"/> Assist in site demobilization as assigned. <input type="checkbox"/> Participate in After Action meetings as required. | |

Section 2

FIELD RESPONSE DOCUMENTS

Position Checklists and Station Forms

- **PLANNING**



PLANNING SECTION CHIEF

VEST **BLUE**

Position Checklist

| | |
|--|--|
| Report To | Unified/Incident Command |
| Supervises | Situation Status, Resource Unit, Demobilization & Documentation Unit Leaders |
| Suggested Training | Extensive NIMS/ICS Training, Planning skills & POD Management training |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) – Incident Objectives (202), Unit Log (214) <input type="checkbox"/> POD Communications (ICS 205) and Demobilization (ICS 221) Plans <input type="checkbox"/> Planning Section Position Checklists (FOG Section 2) <input type="checkbox"/> Communication Source |
| Function (s) | Responsible for collecting, evaluating, disseminating and managing information related to the incident and resources. Information is needed to: <ol style="list-style-type: none"> 1. Assess the situation 2. Manage the Situation analysis and Damage Assessment functions 3. Predict probable course of events and, 4. Prepare alternative strategies to incident response |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing and assignment(s) from Incident Commander/Unified Command <input type="checkbox"/> Assign: Situation Status, Resource Unit, Demobilization & Documentation Unit Leaders as needed <input type="checkbox"/> Determine time and location of initial Planning Meeting <input type="checkbox"/> Facilitate Operations briefing with Command and General staff (FOG Section 3). <input type="checkbox"/> Review Communications Plan (ICS 205) <input type="checkbox"/> Supervise Incident Action Plan preparation and distribution <ul style="list-style-type: none"> ○ Obtain/develop incident site maps ○ Incorporate supporting plans into the Incident Action Plan <input type="checkbox"/> Conduct General briefing (FOG Section 3) with planning staff. Address/establish: <ul style="list-style-type: none"> ○ Chain of Command and performance expectations ○ Identify probable resource requirements including Personnel and Equipment ○ Any pharmacy protocols and/or orders and standards issued ○ Distribute Planning section position checklists ○ Personal safety and reporting of those issues – Safety Officer ○ Identify Site Layout – POD stations, restrooms, canteen, briefing areas, etc. ○ Obtain Weather reports and plan accordingly ○ Communications plan (ICS 205) ○ Ensure staff understand their roles and functions and are able to perform assigned tasks <input type="checkbox"/> Establish time and location of future Planning Meetings. | |



PLANNING SECTION CHIEF

Position Checklist

During Operations

- Perform duties of other planning section positions as required.
- Request Additional Staff as required.
- Notify Resource Unit Leader, if available, of Unit activated and personnel assigned.
- Evaluate situation and provide updates at Planning or Section meetings:
 - Provide Resource Unit Leader with resource availability
 - Location, status & assignment of resources (equipment, supplies, etc.)
 - Resource Order
- Ensure coordination of Planning with other Command/General Staff to discuss strategy and tactics to incident response.
- Conduct on going Planning Briefings, if needed:
 - Brief on situation and obtain other Section briefing reports
 - Specify and obtain from Section Chiefs resources needed
 - Develop alternate strategies and contingency plans based on incident
- Ensure all Planning functions are documented on Unit Logs (ICS 214)
- Ensure preparation and oversee development of Demobilization plan (ICS 221) with Demobilization Unit Leader.

End of Shift/Operations

- Conduct staff exit interview and debriefing (**FOG Sections 3 & 4**).
 - Document issues and report them to Unified Command
 - Identify additional issues (i.e. safety/injured) and report them
 - Brief incoming staff to issues and/or unusual situations experienced
- Verify next staff work schedule.
- Return POD identification and sign out with Staff Registration; return equipment to Supply Unit.
- Submit all Section Documentation to Unified Command.

Site Demobilization

- Coordinate and attend demobilization planning meeting with Unified Command.
- Notify Unified Command when demobilization plan is ready for operation.
- Assist in and approve Demobilization Checkout (ICS 221) completion. Update in IAP.
- Release resources and supplies and workforce as appropriate and notify Resource Unit Leader.
- Oversee coordination of site demobilization and record equipment and supply return.
- Submit all paperwork and activity log to Unified Command, copies to Documentation Unit Leader.
- Participate in After Action meetings as required.



SITUATION STATUS UNIT LEADER VEST **BLUE**

Position Checklist

| | |
|---|--|
| Report To | Planning Section Chief |
| Supervises | Situation Status staff and/or assistants as assigned |
| Suggested Training | Basic NIMS/SEMS and POD trainings |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source |
| Function(s) | Collects, reports & evaluates information related to POD operations. |
| Upon Site Arrival | |
| <input type="checkbox"/> Determine time and location of initial Planning Meeting. <input type="checkbox"/> Receive briefing from Planning Section Chief: <ul style="list-style-type: none">○ Review IAP for current situation status.○ Determine necessary contingency plans.○ Identify internal and external reporting requirements and schedules. <input type="checkbox"/> Participate in Operational Briefing (FOG Section 3): <ul style="list-style-type: none">○ Provide incident analysis and spot weather forecasts, as necessary. | |
| During Operations | |
| <input type="checkbox"/> Compile, maintain and display incident status information for Command Post. <input type="checkbox"/> Interview Operations personnel coming off duty to determine effectiveness of strategy and tactics, work accomplished and left to be accomplished. <input type="checkbox"/> Prepare predictions at periodic intervals, or at request of Planning Section Chief, based on evaluations and personnel interviews. <input type="checkbox"/> Request weather forecasts and spot weather forecasts, as necessary. <input type="checkbox"/> Provide situation evaluation, prediction and analysis for Command and Operations; prepare information on alternative strategies. <input type="checkbox"/> Participate in Planning Meetings. <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. <input type="checkbox"/> Verify next work schedule. <input type="checkbox"/> Return POD identification and sign-out with Section Chief. <input type="checkbox"/> Submit all Section Documentation to Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



DOCUMENTATION UNIT LEADER VEST **BLUE**

Position Checklist

| | |
|--|--|
| Report To | Planning Section Chief |
| Supervises | Documentation staff and/or assistants as assigned |
| Suggested Training | Basic NIMS/SEMS training and clerical background |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source |
| Function(s) | Maintain and duplicate all files and reports related to POD site operations. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Planning Section Chief: <ul style="list-style-type: none">○ Review IAP and determine number needed to duplicate Incident Action Plan (IAP) accordingly.○ Determine reporting requirements and schedules. | |
| <input type="checkbox"/> Organize and staff Unit, as appropriate. | |
| <input type="checkbox"/> Establish work area to ensure adequate duplication services are available | |
| <input type="checkbox"/> Establish and organize incident files. | |
| During Operations | |
| <input type="checkbox"/> Provide copies of Incident Action Plan (IAP) to supervisory staff. | |
| <input type="checkbox"/> Prepare and file patient history forms for transportation to location determined during event. | |
| <input type="checkbox"/> Accept and file reports and forms submitted by incident personnel. | |
| <input type="checkbox"/> Ensure that legal restrictions on public and exempt records are observed. | |
| <input type="checkbox"/> Input documentation into electronic or manual filing system as needed. | |
| <input type="checkbox"/> Duplicate any forms request as needed. | |
| <input type="checkbox"/> Document all functions within Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. | |
| <input type="checkbox"/> Collect all Section Documentation provided by Section Chiefs. | |
| <input type="checkbox"/> Check the accuracy and completeness of records submitted for files. | |
| <input type="checkbox"/> Give completed incident files, and Unit Log, to Planning Section Chief. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification and sign-out with Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



RESOURCE UNIT LEADER

VEST **BLUE**

Position Checklist

| | |
|---|--|
| Report To | Planning Section Chief |
| Supervises | Resource staff and/or assistants as assigned |
| Group Assigned | Planning Section |
| Suggested Training | Basic NIMS/SEMS training and background in database processing/maintenance |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source |
| Function(s) | Responsible for maintaining assigned resources status during POD operations. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Planning Section Chief: <ul style="list-style-type: none">○ Review IAP for current situation status. | |
| <input type="checkbox"/> Assist in preparation of the IAP: <ul style="list-style-type: none">○ Assist in the preparation of the POD Organization Chart.○ Prepare Organization Assignment List (ICS Form 203).○ Prepare Division/Group Assignment Sheets (ICS Form 204). | |
| <input type="checkbox"/> Coordinate with Operations and Logistics Chiefs to determine incident resource assignments, status and location. | |
| <input type="checkbox"/> Assist in identification of additional and special resources and personnel. | |
| <input type="checkbox"/> Determine time and location of initial Planning Meeting. | |
| During Operations | |
| <input type="checkbox"/> Establish and maintain resource tracking system. | |
| <input type="checkbox"/> Maintain master roster of all resources at the incident to include: <ul style="list-style-type: none">○ Total number of personnel assigned to the incident (Staff Registration Team Leader)○ Total number of resources assigned to each Section and/or Unit.○ Total number of specific equipment types (Supply Unit Leader). | |
| <input type="checkbox"/> Provide updates to Situation Status Unit Leader and Planning Section Chief. | |
| <input type="checkbox"/> Participate in Planning Meetings. | |
| <input type="checkbox"/> Document all functions on Unit Logs (ICS 214). | |
| End of Shift/Operations | |
| <input type="checkbox"/> Provide briefing to relief on current activities and unusual events. | |
| <input type="checkbox"/> Verify next work schedule. | |
| <input type="checkbox"/> Return POD identification and sign-out with Section Chief. | |
| <input type="checkbox"/> Submit all Section Documentation to Planning Section Chief. | |
| Site Demobilization | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



DEMOBILIZATION UNIT LEADER VEST **BLUE**

Position Checklist

| | |
|--|---|
| Report To | Planning Section Chief |
| Supervises | Demobilization staff |
| Suggested Training | Basic NIMS/SEMS training |
| Documents & Equipment | <input type="checkbox"/> POD Incident Action Plan (IAP) – Demobilization Checkout (ICS 221) <input type="checkbox"/> Demobilization Procedures (FOG Section 4) <input type="checkbox"/> Unit Activity Log (214) <input type="checkbox"/> Communication Source |
| Function(s) | Responsible for overseeing POD demobilization operations. |
| Upon Site Arrival | |
| <input type="checkbox"/> Receive briefing from Planning Section Chief: <ul style="list-style-type: none">○ Determine objectives, priorities and constraints on demobilization. | |
| <input type="checkbox"/> Organize and staff Unit, as appropriate. | |
| <input type="checkbox"/> Review incident resource records to determine scope of demobilization effort. | |
| During Operations - Site Demobilization | |
| <input type="checkbox"/> Assess the current and projected resource needs of the Operations Section. | |
| <input type="checkbox"/> Obtain identification of surplus resources and probable release times. | |
| <input type="checkbox"/> Assist in the coordination/implementation of Demobilization Plan (ICS 221). <ul style="list-style-type: none">○ General - Discussion of demobilization procedure.○ Responsibilities - Specific implementation responsibilities/activities.○ Release Priorities - According to agency, kind and type of resource.○ Release Procedures - Detailed steps and process to be followed.○ Directories - Maps, telephone numbers, instructions & other elements.○ Continuity of operations (i.e. PIO, Financial, Administrative, etc.) | |
| <input type="checkbox"/> Demobilization/Release of Incident Command Post staff will not occur until (FOG Section 4): <ul style="list-style-type: none">○ Incident activity and work load are at a “Controlled level”○ All sections have resolved major problems, organized final incident package, defined process for follow-up and conducted de-briefings○ Incident Base is reduced or in the process of being shut down.○ Rehabilitation/cleanup has been accomplished or contracted | |
| <input type="checkbox"/> Distribute Demobilization Plan to processing points both on and off incident. | |
| <input type="checkbox"/> Obtain approval of Demobilization Plan (ICS 221) from Planning Section Chief. | |
| <input type="checkbox"/> EXECUTE DEMOBILIZATION PLAN | |
| <input type="checkbox"/> Document all functions within Unit Logs (ICS 214). | |
| <input type="checkbox"/> Submit all documentation and Unit Log to Planning Section Chief. | |
| <input type="checkbox"/> Return POD identification and sign-out with Section Chief. | |
| <input type="checkbox"/> Participate in After Action meetings as required. | |



FORM 1 - OPERATIONS BRIEFING

| Initial & Shift Change Briefing | |
|---------------------------------|---|
| ATTENDEES | Unified Commanders, PIO, Safety Officer, Liaison, Section Chiefs, Branch Directors, Group Supervisors and Unit/Team Leaders |
| FACILITATOR | Planning Section Chief |

OBJECTIVES:

- Disseminate and clarify information
- Review incident objectives
- Identify problem areas and solutions
- Identify work progress
- Identify additional resource needs
- Distribute Incident Action Plan

ORDER OF SPEAKERS:

1. Planning Section Chief – Main Facilitator (Suggested Talking points):

- Determine the number of Incident Action Plans required.
- Review Incident Action Plan to ensure it is up-to-date and complete.
- Review the incident objectives and strategy of the Incident/Unified Commander.
- Select briefing location to accommodate the number of personnel expected to attend.
- Ensure display material and map/charts are complete and as accurate as possible.
- Distribute copies of the Incident Action Plan.
- Note to the audience any significant changes existing to the published plan.
- Reminds all personnel to complete and submit notes, Unit Logs to the Documentation Unit.
- Schedule next briefing with Section Chiefs.

2. Operations Section Chief

- Review current actions and the update prior shift accomplishments.
- Present Division/Group Assignments.

3. Situation Status

- Review latest Situation Status Summary (ICS 209).

- Provide an update on transportation, communications, and supply requests/issues and estimated arrival times.

4. Logistics Section Chief

- Provide information from Pharmacy Team Leader to group regarding medication/vaccination dosing amounts and procedures.

5. Safety Officer

- Deliver Site Safety message – describe hazards and precautions

6. PIO

- Deliver Media Report

7. Liaison Officer

- Provide HCA updates



FORM 2 - GENERAL BRIEFING

| Initial, Operational & Shift Change Briefing | |
|--|---|
| ATTENDEES | POD Support Staff |
| FACILITATORS | Branch Directors, Group Supervisors and Team/Unit Leaders |

Purpose: Designed to inform and educate supporting POD staff to incident, their roles, POD reporting structure and provide POD Site orientation. Allow time for questions during the briefing.

Conducting the briefing:

- Identify self and reason for POD activation (i.e. suspected Anthrax, pandemic, natural disaster, etc.) and information on current situation including state of response, and POD status.
- Provide direction or decision to be implemented.
- Allow time for questions during the briefing.
- Suggested talking points include (bold items should be addressed):

| Incident Command & Position Checklists |
|--|
| <ol style="list-style-type: none"> 1. Stress that staff report to designated Supervisor as stated on PC. 2. Distribute Position Checklists (PC) to reporting staff and have staff review them as well as all applicable forms (i.e. Station Scripts, Drug Information Sheets, etc.). 3. Ask staff if there are any questions related to the PC ad their role in POD operations. 4. Describe the direction of communication flow and method of decision making. 5. Distribute POD organizational chart specific to your reporting branch section. 6. Explain that each staff member has specific duties prior to, during and the end of POD operations. |
| Procedures |
| <ol style="list-style-type: none"> 1. Orientate staff to on-site restrooms, break area, first-aid and supply area locations. 2. Restate need to complete Unit Activity Logs (ICS 214). 3. Develop and describe shift procedure (time of shift, break schedules, etc.) – Section 4. 4. Describe end of shift reporting and demobilization procedures – Section 4. 5. Ensure staff is aware that they must brief incoming replacement staff to any operational issues and/or suggestions that they have experienced. |
| POD Flow |
| <ol style="list-style-type: none"> 1. Distribute Site/facility map and POD flow map. 2. Describe incident and clinic purpose (to provide medical prophylaxis to public). 3. Ask reporting staff if there are any questions related to the Site map and/or POD flow design. |

Announce:

- The next scheduled briefing time at _____ based on Unified Command coordination.

Section 4

POD POLICIES AND PROCEDURES





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COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
Point of Dispensing Site Activation

Approved:

Page: 1 of 2
Date: 7/24/07
Revised: 6/11/09

I. PURPOSE

To establish a uniform method for requesting the activation and establishment of Point of Dispensing sites within Orange County.

II. POLICY

Designated Point of Dispensing (POD) Site locations will be activated as deemed necessary by the County Executive Officer (CEO), or designee, in coordination with the Public Health Officer, who will assume the role of Operational Area Coordinator during a declared public health emergency.

PODs will be operational within 12 hours of the request to do so. This request will be based on the incident, suspected area of exposure and/or suspected agent/disease.

III. REFERENCES

None

IV. DEFINITIONS

Point of Dispensing (POD) – A designated location within a city designed to provide the necessary emergency supplies (i.e. medications, vaccinations, water, medical equipment, etc.) during a declared emergency.

V. ATTACHMENTS

None

VI. PROCEDURE

A. General Site Activation

1. Upon the declaration of a public health emergency, the County Executive Officer (CEO), or designee, will determine the areas and/or cities to activate POD sites within Orange County based on suspected area of exposure and identified agent/disease.
 - a. County Executive Officer will inform Operational Area (OA) to notify cities in the affected jurisdictions to activate PODs.

- b. The Operational Area notifies designated jurisdiction representation (i.e. City Office of Emergency Services, Fire, or Law Enforcement) to activate pre-identified POD sites (POD Incident Action Plan).
- c. Jurisdiction representation will follow SOP to will initiate POD activation and notification call-downs to designated core city staff (i.e. pre-identified Section Chiefs, Group Supervisors, Volunteer corps, captains, etc.).
- d. Jurisdiction representation will contact local Fire Department, Law Enforcement, City Management and POD Facility point of contacts of pre-identified PODs to begin set up operations and staff mobilization.
- e. POD site Logistics Chief initiates equipment mobilization to pre-identified POD locations based on POD site equipment plans.
- f. Additional equipment requests are submitted by the POD Logistics Chief to the through the Operational Area Logistics Chief.
- g. POD Logistics Chief, in conjunction with Support Branch Director, initiate POD site set-up and inform POD incident commander when site is established.



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COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
Point of Dispensing Site Command and Control

Approved:

Page: 1 of 3
Date: 7/24/07
Revised: 6/11/09

I. PURPOSE

To ensure adherence to the Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS) during the activation and establishment of Point of Dispensing sites within Orange County.

II. POLICY

The Orange County Health Care Agency (OCHCA) utilizes the Incident Command System (ICS) in accordance with National Incident Management System (NIMS). The positions defined in POD operations are based on ICS and NIMS nomenclature in order to adhere to National Response Framework standards as well as developing a universal response nomenclature.

III. REFERENCES

None

IV. DEFINITIONS

None

V. ATTACHMENTS

None

VI. PROCEDURE

A. POD Site Activation Command and Control

1. Notification and mobilization of POD staff will begin once the County Executive Officer, in coordination with the Public Health Officer and the Operational Area, have declared POD activation and the affected areas have activated the POD incident action plan (IAP).
2. The first individual on scene assumes the role of POD site Incident Commander.
3. As pre-designated POD staff arrives, a Unified Command (UC) encompassing local Fire, Law Enforcement, Site Facility/Agency representation and HCA will be established, as

well as, command and general staff positions filled.

4. The POD incident command system includes at a minimum the following positions:
 - a. **POD Unified Command – Local Law Enforcement, Fire, Health, Public Works and Facilities Liaison**
 - b. **POD Site Safety Officer**
 - c. **Public Information Officer – At POD or Joint Information Center (JIC)**
 - d. **POD Site Logistics Section Chief**
 - e. **POD Site Operations Section Chief**
 - f. **Planning Section Chief**
 - g. **Finance/Administration Section Chief – likely at City EOC**

5. The Command staff is present at each incident and is ideally staffed by separate individuals. The General staff section chief positions can be staffed individually or their roles can be assumed by the Incident Commander. These roles and their functions are described below:
 - a. **POD Unified Command (UC):** Provide overall direction & supervision at the POD site.
 - b. **POD Safety Officer:** Responsible for monitoring and assessing hazardous and unsafe situations and developing measures to assure personnel safety.
 - c. **Public Information Officer (PIO):** Responsible for developing and releasing information to POD personnel, cooperating agencies, and the public as needed through coordination with the PIO at EOC or Joint Information Center (JIC).
 - d. **POD Logistics Section Chief:** Responsible for providing facility set-up, equipment, services, supply acquisition, communication, and transportation in support of POD site. The Logistics Section Chief provides overall Safety, supervision, and coordination in the Logistics Section.
 - e. **POD Operations Section Chief:** Supervises operational elements in accordance with the Incident Action Plan and directs its execution. Responsible for overall POD site operations
 - f. **Planning Section Chief:** Responsible for collecting, evaluating, disseminating, and managing information about the incident and resources. Information is needed to: 1) understand the current situation; 2) predict probable course of events 3) reviewing and amending POD IAP as needed, and 4) prepare alternative strategies for the incident. Information may come from a variety of sources including national security or other types of classified information, as well from risk assessments and surveillance.
 - g. **Finance-Administration Section Chief:** Responsible for all financial, administrative and cost analysis aspects of the operation and for supervising staff in the Finance-Administration Section at City EOC.
 - h. **Branch Directors, Group Supervisors, Unit/Team Leaders & Support Staff:** Responsible for oversight of specific operational components within the POD. Staffing of these positions will be pre-identified (POD IAP), or filled through

requests submitted to the City EOC Logistics Chief.

Additional POD Staffing positions may be filled/dissolved throughout the operational period based on staffing needs.



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COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
Dispensing of Prophylactic Drugs

Approved:

Page: 1 of 4
Date: 7/24/07
Revised: 6/11/09

I. PURPOSE

To provide background related to the process of providing prophylactic medications to the public during a suspected or confirmed Public Health Incident.

II. POLICY

Prophylactic Medications/drugs will be dispensed via the point of dispensing (POD) site when dictated by the County Health Officer based on suspected agent of exposure adhering to guidelines set forth by the California Department of Health Services (CDHS) and the Centers for Disease Control and Prevention (CDC). **Individuals declaring themselves as Head of Household may obtain all requested regimens based on drug request on patient history form.**

III. REFERENCES

HCA Policy and Procedures – MEDWATCH Adverse Event Reporting System VI-3.04
HCA Policy and Procedure – Blood borne Pathogen – Prevention Policy VI-3.01
HCA Policy and Procedure-Blood borne Pathogen – Exposure Incident Reporting VI- 3.01
HCA Illness and Injury Prevention Plan V-4.10

IV. DEFINITIONS

Prophylaxis - prevention of, and/or the protective treatment, for disease.

Throughput - The time it takes to process individuals per hour; the person to time (e.g. 1500 people processed /hour).

Dispensing – function of providing the prophylactic medication to the public.

Contraindication - A factor that renders the administration of a drug inadvisable.

V. ATTACHMENTS

Ciprofloxacin and Doxycycline Dispensing Algorithms

VI. PROCEDURE

A. POD Site Station Functions

1. Check-in

- a. Distribute applicable forms (i.e. Patient tracking form, medical information sheets, agent information sheets, etc).
- b. Follow station script to conduct a superficial screening of individuals and/or to assigned individual to designated area for interpretation services, symptom management (see Handling of Sick Individuals procedures).
- c. If individual demonstrates signs or symptoms of disease, remove them from the line and refer to contact investigation or to symptom management for further directing or advise them to follow up with health care provider.
- d. Direct to screening.

2. Screening

- a. Conduct in-depth screening utilizing station script to screen individual for any symptoms of illness, allergies to medications, or medical contraindications.
- b. If individual demonstrates signs or symptoms of disease, remove them from the line and refer to contact investigation or to symptom management for further directing.
- c. If no contraindications or allergies are indicated, direct patient to adult dispensing line or family dispensing line, if Head of Household is indicated on form or if children are present.
- d. If individuals have contraindications or allergies refer to private health care provider or medical consultation (if available).

3. Dispensing – Adults

- a. Verify name, date of birth, address and telephone number on patient tracking form for completion.
- b. Follow station script to ensure there are no allergies to medications listed – if there are allergies indicated refer to health care provider, medical consultation station, county clinic or private medical doctor.
- c. Label medical screening form with label from bottle.
- d. Label patient information sheet with the following:
 - i. Prescription number
 - ii. Date dispensed
 - iii. Name of drug, strength and quantity dispensed
 - iv. Lot number and expiration date
 - v. Initials of person dispensing drug
 - vi. Ordering physician (if applicable)
- e. Direct individual to exit station.

4. Dispensing - Family/Head of House Hold

- a. Verify name, date of birth, address and telephone number on patient tracking form for completion for all parties present.
- b. Follow station script to ensure there are no allergies to medications listed
- c. If there allergies are listed, advise patient to consult health care provider.
- d. Verbal verification weights for each child and prepare medications as directed.
- e. Label medical screening form for all individuals receiving medications with label from bottle(s) with the following:
 - i. Prescription number
 - ii. Date dispensed
 - iii. Name of drug, strength and quantity dispensed
 - iv. Lot number and expiration date
 - v. Initials of person dispensing drug
 - vi. Ordering physician (if applicable)
- f. Provide medication information sheet for all medications dispensing.
- g. Direct individual to exit station.

5. Exit

- a. Collect patient tracking forms and filing alphabetically by individual or head of household last name.
- b. Submit documentation to Documentation Unit Leader when request for patient forms are requested.

Figure 1 - Ciprofloxacin Dispensing Algorithm

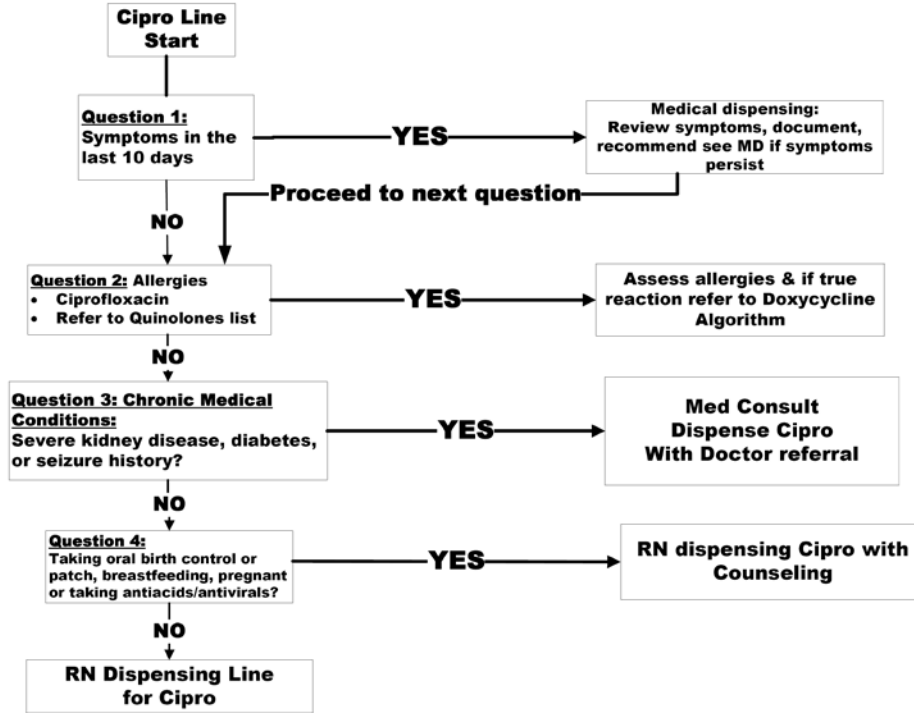
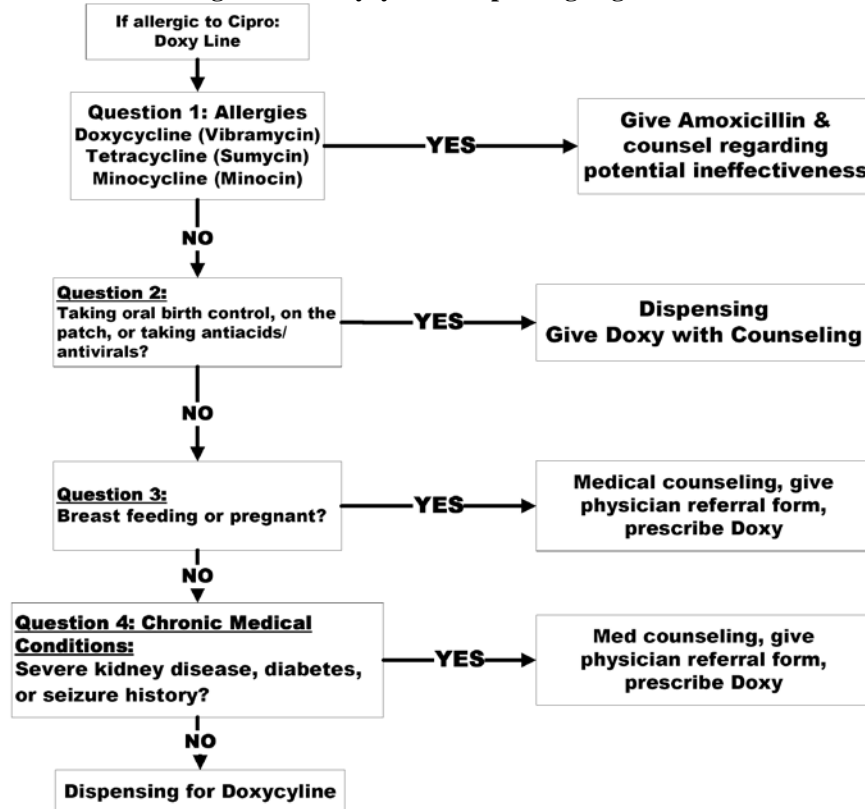


Figure 2 – Doxycycline Dispensing Algorithm





COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
Dispensing of Vaccinations

Page: 1 of 5
Date: 7/24/07
Revised: 6/11/09

Approved:

I. PURPOSE

To provide background related to the process of providing vaccinations to the public during a suspected or confirmed Public Health Incident.

II. POLICY

Vaccinations will be provided at the POD when activated by the County Health Officer and staffed based on suspected agent/disease of exposure adhering to guidelines set by the Centers for Disease Control and Prevention (CDC) for that particular disease agent. Refer to manufacturer guidelines for storage and administration information.

III. REFERENCES

OCHCA POD Policies & Procedures - **Dispensing of Prophylactic Drugs**
HCA Policy and Procedures – MEDWATCH Adverse Event Reporting System VI-3.04
HCA Policy and Procedure – Blood borne Pathogen – Prevention Policy VI-3.01
HCA Policy and Procedure-Blood borne Pathogen – Exposure Incident Reporting VI- 3.01
HCA Illness and Injury Prevention Plan V-4.10

IV. ATTACHMENTS

Department of Health & Human Services – Comforting Restraint for Immunizations
(English/Spanish)

V. PROCEDURE

A. POD Site Station Functions

1. Check-in

- a. Distribute applicable forms (i.e. Patient tracking form, medical information sheets, agent information sheets, etc).
- b. Follow station script to conduct a superficial screening of individuals and/or to assigned individual to designated area for interpretation services, symptom management (see Handling of Sick Individuals procedures).
- c. If individual demonstrates signs or symptoms of disease, remove them from the line and refer to contact investigation or to symptom management for further directing or advise them to follow up with health care provider.

- d. Direct to screening.

2. Screening

- a. Conduct in-depth screening utilizing station script to screen individual for any symptoms of illness, allergies to vaccine, or listed contraindications.
- b. If individual demonstrates signs or symptoms of disease, remove them from the line and refer to contact investigation or to symptom management for further directing.
- c. If no contraindications or allergies are indicated, direct patient to adult dispensing line or family dispensing line, if Head of Household is indicated on form or if children are present.
- d. If individuals have contraindications or allergies refer to private health care provider or medical consultation (if available).

3. Administering Vaccinations

a. Intramuscular Adult Vaccination

- i. Verify name, date of birth, address, telephone number and other pertinent information on patient tracking form for completion.
- ii. Follow station script to ensure there are no allergies to medications listed – if there are allergies indicated; refer to a private medical doctor, clinic or medical consultation (See guide to Contraindications – Attachment E).
- iii. Label medical screening form with the lot number and date from the vaccination vial.

iv. Vaccinate:

1. Select injection site and cleanse with alcohol sponge in a circular motion outward about 2” from injection site and allow site to dry.
2. While holding syringe with dominant hand draw back medication
3. Stretch the skin taught
4. Position syringe 90-degree angle and insert needle through skin and inject
5. Remove needle & cover injection site with bandage.
6. Watch for adverse reactions
7. Discard all equipment according to standard precautions in an appropriate sharps container.
8. Label patient information sheet with the following:
 - a. Name of vaccine, strength and quantity dispensed
 - b. Lot number and expiration date
 - c. Date vaccinated
 - d. Initials of person vaccinating and vaccination site
 - e. Ordering physician (if applicable)
9. Provide medication information sheet.
10. Direct individual to exit station.

b. *Family Vaccinating/Pregnant Women/Children*

- i. Verify name, date of birth, address and telephone number on patient tracking form for completion for all parties present.
- ii. Follow station script to ensure there are no allergies to medications listed – if there are allergies indicated, refer to private health care provider or medical consultation(if available).
- iii. Label medical screening form with label from bottle.
- iv. Vaccinate adult (See Intramuscular Adult Vaccination above).
- v. Vaccinate children (See attachment - Comforting Restraint for Immunizations (English/Spanish).
- vi. Label medical screening form for all individuals receiving medications with label from bottle(s) with the following:
 - 1. Name of vaccine, strength and quantity dispensed
 - 2. Lot number and expiration date
 - 3. Date vaccinated
 - 4. Initials of person vaccinating and vaccination site
 - 5. Ordering physician (if applicable)
- vii. Provide medication information sheet for all vaccinations
- viii. Direct family to exit station.

c. *Subcutaneous Injection (if applicable)*

- i. Verify name, date of birth, address, telephone number and other pertinent information on patient tracking form for completion.
- ii. Follow station script to ensure there are no allergies to medications listed – if there are allergies indicated, refer to private medical doctor, clinic or medical consultation(if available).
- iii. Label medical screening form with the label from the vaccination bottle.
- iv. Vaccinate using appropriate age needle 5/8 needle 23-25 gauge and age appropriate site. See table below:

| a. AGE | b. SITE |
|---------------------|---------------------------------------|
| Birth -12 months | Fatty tissue over anterolateral thigh |
| 12 months and Older | Fatty tissue over triceps |

- v. Cleanse with alcohol sponge in a circular motion outward about 2” from injection site and allow site to dry.
- vi. While holding syringe with dominant hand draw back medication
- vii. Pinch up skin to prevent injection into muscle
- viii. Position syringe 45-degree angle and insert needle through skin and inject
- ix. Remove needle and cover injection site with bandage.
- x. Watch for adverse reactions.

- xi. Place equipment according to standard precautions in an appropriate sharps container.
- xii. Label medical screening form for all individuals receiving medications with label from bottle(s) with the following:
 - Name of vaccine, strength and quantity
 - Lot number and expiration date
 - Date vaccinated
 - Initials of person vaccinating and vaccination site
 - Ordering physician (if applicable)
- xiii. Provide medication information sheet for all vaccinations
- xiv. Direct individual to exit station.

d. Smallpox: Using bifurcated needle (multi-puncture technique)

- i. Verify name, date of birth, address, telephone number and other pertinent information on patient tracking form for completion.
- ii. Follow station script to ensure there are no allergies to medications listed – if there are allergies indicated, refer to private medical doctor, clinic or medical consultation(if available).
- iii. Label medical screening form with the lot number and date from the vaccination vial.

iv. Vaccinate

1. *Site of vaccination* – On the outer aspect of upper arm over the insertion of deltoid muscle. If site is dirty, a cloth moistened with water may be used to wipe the site. Use of Ethanol (ETOH) to disinfect is prohibited.
2. *Withdrawal of vaccine from ampoule* - A sterile bifurcated needle (which must be cool) is inserted into the ampoule of reconstituted vaccine. On withdrawal, a droplet of vaccine sufficient for vaccination is contained within fork of needle.
3. *Application of vaccine to the skin* - The needle is held at a 90 degree angle (perpendicular) to the skin. The needle then touches the skin to release the droplet of vaccine. For both primary and revaccination, 15 up and down (perpendicular) strokes of the needle are rapidly made in the area of about 5mm in diameter (through the drop of vaccine deposited on the skin). The strokes should be sufficiently vigorous so that a trace of blood appears at the vaccination site. If a trace of blood does not appear, the strokes have not been sufficiently vigorous and the procedure should be repeated. Although it is desirable not to induce frank bleeding, the

proportion of successful takes is not reduced if bleeding does occur.

4. *Dressing* - No dressing should be used after vaccination.
5. *Unused vaccine* - Unused, reconstituted freeze-dried vaccine should be discarded at the end of each working day.
- v. Label medical screening form for all individuals receiving medications with label from bottle(s) with the following:
 1. Name of vaccine, strength and quantity
 2. Lot number and expiration date
 3. Date vaccinated
 4. Initials of person vaccinating and vaccination site
 5. Ordering physician (if applicable)
- vi. Provide medication information sheet for all vaccinations.
- vii. Instruct patient to not touch vaccination site.
- viii. Direct individual to exit station.

4. Exit

- a. Collect patient tracking forms and filing alphabetically by individual or head of household last name.
- b. Submit documentation to Documentation Unit Leader when request for patient forms are requested.

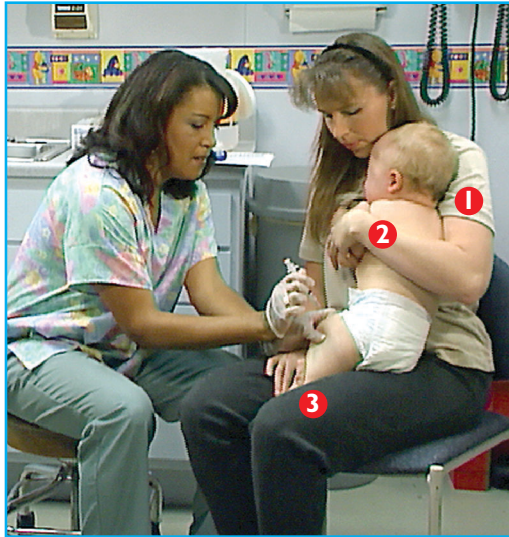
COMFORTING RESTRAINT

FOR IMMUNIZATIONS

• The method:

This method involves the parent in embracing the child and controlling all four limbs. It avoids “holding down” or overpowering the child, but it helps you steady and control the limb of the injection site.

• For infants and toddlers:



Have parent hold the child on parent's lap.

1. One of the child's arms embraces the parent's back and is held under the parent's arm.
2. The other arm is controlled by the parent's arm and hand. For infants, the parent can control both arms with one hand.
3. Both legs are anchored with the child's feet held firmly between the parent's thighs, and controlled by the parent's other arm.

• For kindergarten and older children:



Hold the child on parent's lap or have the child stand in front of the seated parent.

1. Parent's arms embrace the child during the process.
2. Both legs are firmly between parent's legs.



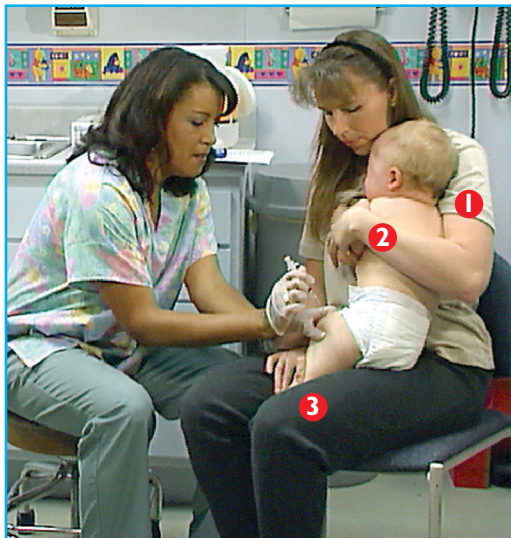
Restricción reconfortante

para las vacunas

• El método:

Este método requiere que uno de los padres abrace al niño y controle sus cuatro miembros. Evita “sujetar” o dominar al niño, pero ayuda a que usted mantenga fijo y controle el miembro donde pondrá la inyección.

• Para bebés y niños pequeños:



Uno de los padres sostiene al niño en el regazo.

1. El niño abraza la espalda de su padre con un brazo que queda a su vez sostenido debajo del brazo del padre.
2. El padre controla el otro brazo del niño con su propio brazo o mano. Con los bebés, se pueden controlar los dos brazos con una sola mano.
3. Las dos piernas se inmovilizan de la siguiente manera: los pies del niño se sostienen firmemente entre los muslos del padre y se controlan con el otro brazo del padre.

• Para niños en jardín de niños, y niños mayores:



Uno de los padres sostiene al niño en la regazo o el niño se debe parar frente a uno de sus padres, que está sentado.

1. El padre abraza al niño durante el proceso.
2. Ambas piernas del niño están firmemente entre las piernas del padre.





COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
Handling Medical and Non-Medical Emergencies

Approved:

Page: 1 of 1
Date: 7/24/07
Revised: 6/11/09

I. PURPOSE

To provide background related to the process of responding to onsite medical and non-medical emergencies.

II. POLICY

All medical situations occurring at a POD site are to be addressed immediately. Emergency Medical Services will be called to respond in the event of a medical emergency. First aid emergency treatment shall be administered to an injured or sick person prior to professional medical care arriving.

III. REFERENCES

HCA Policy and Procedures – MEDWATCH Adverse Event Reporting System VI-3.04
HCA Policy and Procedure – Blood borne Pathogen – Prevention Policy VI-3.01
HCA Policy and Procedure-Blood borne Pathogen – Exposure Incident Reporting VI-3.01
HCA Illness and Injury Prevention Plan V-4.10

IV. PROCEDURE

A. Medical Emergency (anaphylaxis, immediate adverse reaction, or other serious medical emergency)

1. Immediately notify Supervisor when a medical emergency occurs and contact paramedics (911).
2. Supervisor will notify Operations Chief who will notify Medical Branch Director.
3. Medical Branch will provide support for until emergency services arrives.
4. Inform Safety Officer of situation who will document reaction/ incident on Incident Event form.
5. All POD Staff involved will document situation on Unit Logs (ICS 214) provided on scene or are in Section 2 of the FOG.

B. Non-Medical Emergency (Not urgent but immediate medical response required)

1. Notify supervisor of incident and send client to first aid area.
2. Onsite first aid team will provide treatment within scope of practice.
3. Advise patient to follow up with care with private medical provider.
4. Inform Safety Officer of situation who will document reaction/ incident on Incident Event form.
5. All POD Staff involved will document situation on Unit Logs (ICS 214).



COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
Processing Individuals Who Appear Visibly Sick

Approved:

Page: 1 of 1
Date: 7/24/07
Revised: 6/11/09

I. PURPOSE

To establish a method for handling and processing individuals arriving to the Point of Dispensing site who are or appear sick and/or symptomatic.

II. POLICY

Individuals who appear sick will be removed from the point of dispensing (POD) line immediately and sent to contact investigation or medical practitioner, either on-site or off-site. Persons who are seriously ill will be transported to nearest available treatment center, or hospital, utilizing emergency medical services transportation or next of kin if not able to self transport.

III. PROCEDURE

A. Symptomatic – Able to self-transport

1. Apply personal protective equipment (PPE) before approaching visibly sick individual.
2. If available apply PPE on visibly sick individual.
3. Direct those who can self transport to hospital, treatment center or private physician for further treatment.
4. Call emergency medical services, or support individual (family/friend), for transport to nearest hospital or treatment center treatment if individual arrived without transport.

B. Symptomatic – Unable to self-transport

1. Apply personal protective equipment, if available, before approaching symptomatic individuals.
2. Instruct symptomatic individual to move to Contact Investigation station, if applicable, or medical practitioner, if available.
3. Call emergency medical services for transport to nearest hospital or treatment center treatment if individual arrived without transport.



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COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
Processing Unaccompanied Minors

Approved:

Page: 1 of 1
Date: 7/24/07
Revised: 6/11/09

I. PURPOSE

To establish a method for handling and processing individuals arriving to the Point of Dispensing site who are minors without a parent or guardian present.

II. POLICY

Medications will be dispensed to unaccompanied minors (under 18) for personal use. Minors do not qualify to pick up medication as Head of Household. **This policy may be amended based on guidance issued by the Centers for Disease Control and Prevention (CDC) and /or the California Department of Public Health (CDPH).**

III. PROCEDURE

A. Unaccompanied Minors - Individual

1. Process accordingly based on Dispensing or Vaccination procedure.

B. Unaccompanied Minors – Claiming Head of Household

1. Process minor individual as above.
2. Inform minor that additional family or household medication must be obtained by an adult (18+ years) on exit.



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COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
Processing Functional Need Groups

Page: 1 of 3
Date: 7/24/07
Revised: 6/11/09

Approved:

I. PURPOSE

To establish a method for handling and processing individuals arriving at the Point of Dispensing site who are classified as functional needs population groups.

II. POLICY

CDC defines functional needs as groups whose needs are not fully addressed by traditional settings. They cannot comfortably or safely access and use standard resources offered in disaster preparedness, relief and recovery. They include but are not limited to those who are physically or mentally disabled (blind, deaf, heard of hearing, cognitive disorders, and mobility limitations), limited or non-English speaking, geographically or culturally isolated, medically or chemically dependent, homeless, frail/elderly and children. Persons with functional needs will receive all services from the designated family line point of dispensing (POD) station.

III. PROCEDURE

As soon as an individual with special needs is identified, send to designated area to receive and process functional need individuals, as appropriate.

A. Non-English Speaking

1. POD signs, patient history forms, and educational materials should be available in the languages of the representative community (English, Spanish and Vietnamese).
2. Additional multi-lingual audio/visual media should be utilized, when available.

Without Support Person

1. Non-English speaking/reading individuals will be directed to the designated family line, if available, within the POD dispensing area, or determine onsite translation services availability.
2. Interpretation volunteers will provide non-English speaking assistance to those individuals through the POD process.

With Support Person

1. If a support person (friend or relative) is present, who can assist the individual with

interpretation, direct these individuals, along with accompanying individuals, to family section of the POD site.

B. Mobility Impaired (Wheelchair Access, Cane, Walker, or Can't Stand too Long)

1. The facility must be Americans with Disabilities (ADA) compliant and accessible to all clients. Some clients may require assistance as they proceed through the clinic.
2. Direct all individuals, along with accompanying individuals, to the designated family line within the POD dispensing area.

C. Vision Impaired

1. Large print signs in highly visible areas will be available to direct the site impaired through the POD process.

Without Support Person

1. Operation Section Line Monitors/Runners, if available, will assist blind or visually impaired persons through POD, as needed. Line monitors/runners should identify yourself and explain why you are there. If request, let the person hold your arm to guide them.
2. Vision impaired individuals will be directed to the designated family line with the POD dispensing area.
3. Line monitors/runners will read patient information material to blind or sight impairment persons, complete patient history form and provide direction and guidance throughout the POD process.
4. Person accompanied by a service animal will be directed through the POD process in the same manner as those who are without support person.
5. Additional audio/visual information media should be utilized, when available.

With Support Person

1. If a support person (friend or relative) is present, direct these individuals, along with accompanying individuals, to the designated family line within the POD dispensing area.

D. Deaf, Hearing Impaired or Verbal Communication Impaired

1. Large print signs in highly visible areas will be available to direct the site impaired through the POD process.

Without Support Person

1. Interpreters for the deaf should be available to assist the deaf or hearing-impaired

- persons by using American Sign Language (ASL) to help with communication needs.
2. Additional audio/visual information media should be utilized, when available.

With Support Person

1. If a support person (friend or relative) is present, direct these individuals, along with accompanying individuals, to the designated family line within the POD dispensing area.

E. Illiterate or Semiliterate

Without Support Person

1. Operation Section Line Monitors/Runners, if available, will assist illiterate or semiliterate people in reading and completing forms. They will also direct them through the POD process.
2. Additional audio/visual information media should be utilized, when available.

With Support Person

1. If a support person (friend or relative) is present, direct these individuals, along with accompanying individuals, to the designated family line within the POD dispensing area.



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COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
Priority Dispensing to First Responders

Approved:

Page: 1 of 1
Date: 7/24/07
Revised: 6/11/09

I. PURPOSE

To establish a method for providing onsite priority dispensing to first responders.

II. POLICY

The Orange County Health Care Agency will provide priority prophylaxis to all first responders and their immediate families (sharing a household) in the event of a declared public health emergency.

III. DEFINITIONS

First responders – defined in the Homeland Security Act of 2002 as any Federal, State, and Local emergency public safety, law enforcement, emergency response, emergency medical (including hospital emergency facilities), and related personnel, agencies, and authorities. POD staff is also considered a first responder.

IV. PROCEDURE

A. Prophylaxing prior to POD operation activation (0-12 hours)

1. All reporting first responders will be directed to go to nearest POD site to receive prophylaxis.
2. Prophylaxis will be dispensed as indicated (see Dispensing or Vaccination Procedures) prior to POD activation to the public.

B. Prophylaxing after POD operation activation (12+ hours)

1. All reporting first responders who have been directed to go to nearest POD site will receive priority prophylaxis.
2. Direct emergency response providers to one of the following based on availability:
 - a. Special populations POD area.
 - b. Family line
 - c. Community clinics or hospitals
3. Prophylaxis will be dispensed as indicated (see Dispensing or Vaccination Procedures).



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COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
**Point of Dispensing Inventory Management &
Supply Request**

Page: 1 of 2
Date: 7/24/07
Revised: 6/11/09

Approved:

I. PURPOSE

To establish a uniform method for requesting the logistical support for Point of Dispensing sites within Orange County.

II. POLICY

All requests for additional medical supplies and associated forms (i.e. Patient History forms, agent and drug information sheets), or other logistical supply requests will be submitted through the POD Unified Command, to the City Emergency Operations Center, to the Operational Area. Requests will be sent to the Health Care Agency HEOC Logistics Chief for deployment of medical equipment, staffing or supplies.

III. REFERENCES

None

IV. DEFINITIONS

None

V. ATTACHMENTS

None

VI. PROCEDURE

The Orange County Health Care Agency (HCA) utilizes the Incident Command System (ICS) in accordance with National Incident Management System (NIMS) requirements for all Logistical requests. Inventory control and management will be the oversight of the Pharmacy Team Leader or Supply Unit Leader.

A. Prophylactic Medication/Vaccine Supply Inventory Management and maintenance

1. Document initial inventory amount for all medications (x_1 =initial amount) upon medication arrival or beginning of shift.
2. Record all supply requests from Operations Section (via Clinical Branch) to Logistics

- section and subtract from x_i .
3. When x_i is half of original amount, submit medication re-supply request (ICS form 308), or HCA supplied request forms, to POD Logistics Chief in the amount of $2x_i$.
 4. Logistics Chief will submit to Incident/Unified Command, who will notify the city Emergency Operations Center (EOC).
 5. City Emergency Operation Center (EOC) will notify Operational Area Logistics Chief.
 6. Operational Area Logistics Chief will notify HEOC Logistics Chief to process re-supply request to designated distribution site.
 7. Document inventory re-supply amount of requested prophylactic medications (x_{ii} =secondary amount) upon medication arrival.
 8. Repeat steps 2-4 as necessary taking into account processing times and rate of inventory depletion.
 9. Record ending inventory amount on inventory log and brief incoming Pharmacy Team Leader or Supply Unit Leader as to actions taken during shift.

Supply requests are to be processed through the Logistics Branch based on requests received through the on-site Unified Command.

B. Supply Requests

1. Onsite requests for equipment or re-supply of operational items are to follow the ICS structure for chain-of-command requests.
2. The Incident Commander/Unified Command will submit the request form to the onsite Logistics Chief, who will submit to the Support Branch Director and then to the Supply Unit leader for processing.
3. Supply Unit Leader will process request if resource is available. If not available, Supply Unit will discuss with Procurement Unit Leader to obtain items to fulfill the request.



COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
Staff Registration and Additional Staffing Requests

Approved:

Page: 1 of 2
Date: 7/24/07
Revised: 6/11/09

I. PURPOSE

To establish a uniform method of registering and allocating POD site staff during the activation and establishment of Point of Dispensing sites within Orange County.

II. POLICY

The POD Staff Registration Team Leader is responsible for checking in all staff arriving at the POD site for the appropriate position assignment. Badging of spontaneous, non-medical, and/or unaffiliated volunteers will take place at the designated volunteer/badging center located within the Operational Area. All pre-identified POD site staff should arrive with their badge. Organization and staffing will be based on the principles of the Incident Command System.

III. REFERENCES

None

IV. DEFINITIONS

Staff Processing Center (SPC) – location in which unidentified medical, HCA or spontaneous volunteers will report to receive badge, position and site assignment.

V. PROCEDURE

A. POD Site Staff Registration

1. POD staff will arrive at the POD site and will be instructed to report in to the Staff Registration Team Leader located at the Staff Registration Area.
2. All POD staff will sign in and inform Staff Registration Team Leader of their position assignment and/or qualifications if not pre-identified within POD.
3. POD staff will then report to assigned area and report to assigned Supervisor.
4. The Staff Registration Team Leader will complete a roster of staff (ICS 203 and/or 204), will keep the Logistics Chief informed of the status of staffing as the activation progresses, and inform the Logistics Chief when the POD is fully staffed and position requests have been filled.

B. Additional Staffing Requests

1. As positions become filled, Supervisors are to identify staffing needs and communicate them to the Logistics Chief.
2. Supervisors will be responsible for projecting staffing needs for the current shift and the next shift.
3. Supervisors will request staff members in their section, branch or group to arrange for a relief person from their agency when it is identified that an additional shift will be needed.
4. Logistics Chief will notify Supply Unit Leader of any requested staffing needs.
5. Supply Unit Leader will process request based on available on-site staff or inform Logistics Chief that the request needs to be sent to the Emergency Operations Center (EOC) for additional support.

Medical and Health Staffing Requests

1. POD site Unified Command notifies the city Emergency Operations Center (EOC), the EOC submits the request to the Operational Area (OA).
2. The Operational Area submits the request to the HEOC; the HEOC submits the request to the Medical and Health Staff Processing Center.

General Staffing Requests

1. POD site Unified Command notifies the city Emergency Operations Center (EOC), the EOC submits the request to the Operational Area (OA).



COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
Point of Dispensing Shift Change

Approved:

Page: 1 of 2
Date: 7/24/07
Revised: 4/15/08

I. PURPOSE

To establish a uniform method for allowing fluid shift change and staff debriefings to occur during Point of Dispensing sites within Orange County.

II. POLICY

Throughout an emergency, and the recovery therein from, the Point of Dispensing (POD) site will be staffed in a timely manner at an appropriate level. Staff will be adequately briefed to ensure continuity in operations, information, and service when a shift change occurs. Briefings will be conducted to facilitate continuous uninterrupted operations during a shift change.

III. REFERENCES

None

IV. DEFINITIONS

None

V. ATTACHMENTS

None

VI. PROCEDURE

A. Shift Change

1. POD operations will continue without interruption during change of shift.
2. The Planning Chief will be given reports from all Sections in regards to timing for shift change(s) and a plan for uniform shift change, which will be incorporated into the Action Plan.
3. Reporting staff will sign in at POD staff registration, confirm their position assignment and report to their designated area within the POD site based on previously assigned position or request to fill.

4. A short briefing will be conducted by the outgoing staff for the incoming staff. This will include position specific information such as the transfer of unit and activity logs and discussion of position specific decisions/actions needed for the next operational period.

NOTE: Incoming Supervisors may conduct an informal or formal briefing with assigned staff based on time allotment and position assignments.

5. Outgoing Supervisors will be responsible for insuring positions are filled.
6. Incoming Section Chiefs will hold a Planning meeting. Outgoing Section Chiefs may be requested to participate in the meeting. Planning Chief will document any changes to the Incident Action Plan made during the Shift Briefing and submit all necessary forms to the Documentation Unit.
7. Outgoing staff will sign out at POD staff registration area and receive instructions regarding next shift.



COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
Point of Dispensing IAP & Flow Alteration

Approved:

Page: 1 of 2
Date: 7/24/07
Revised: 4/15/08

I. PURPOSE

To establish a uniform method for allowing POD site Incident Action Plans to be altered in order to allow for the alteration of the site flow process.

II. POLICY

PODs will plan for an operation utilizing the Incident Command System (ICS) forms, which become part of the site Incident Action Plan (IAP). The request to alter the IAP from a standard model of dispensing (i.e. medical model) to a high flow model (i.e. removal of the medical consultation, contact investigation and Q&A/counseling) will be issued by the County Health Officer if a large number of individuals require prophylaxis, additional sites are unavailable or a large scale, public health emergency has been declared.

III. REFERENCES

None

IV. DEFINITIONS

None

V. ATTACHMENTS

None

VI. PROCEDURE

A. POD IAP and Flow Alteration

1. POD operations will continue without interruption during alteration of POD flow.
2. The Planning Chief will be given reports from all Sections in regards to timing for flow alteration and a plan for uniform alteration, which will be incorporated into the IAP.
3. Staff assigned to medical consultation, contact investigation, Q&A/counseling

stations will confirm their new position assignment and report to their designated area within the POD site based on newly assigned position or request to fill through Logistics and Operations.

4. A short briefing will be conducted by any outgoing staff for the incoming staff. This will include position specific information such as the transfer of unit and activity logs and discussion of position specific decisions/actions needed for the next operational period.

NOTE: Incoming Supervisors may conduct an informal or formal briefing with assigned staff based on time allotment and position assignments.

5. Supervisors will be responsible for insuring positions are filled.
6. Planning Chief will document any changes to the Incident Action Plan made during the flow alteration and submit all necessary forms to the Documentation Unit.
7. Any outgoing staff will sign out at POD staff registration area and receive instructions regarding next shift.



COUNTY OF ORANGE
HEALTH CARE AGENCY
Point of Dispensing Policies & Procedures

Subject:
Point of Dispensing Site Demobilization

Approved:

Page: 1 of 2
Date: 7/24/07
Revised: 6/11/09

I. PURPOSE

To establish a uniform method for requesting the demobilization of Point of Dispensing sites within Orange County.

II. POLICY

Throughout an emergency, and the subsequent recovery of, the Point of Dispensing (POD) site will be staffed in a timely manner at an appropriate level until order from the County Health Officer to discontinue operations is initiated. Site Demobilization plan will be developed prior to site demobilization.

III. REFERENCES

None

IV. DEFINITIONS

Point of Dispensing (POD) – A designated location within a city designed to provide the necessary emergency supplies (i.e. medications, vaccinations, water, medical equipment, etc.) during a declared emergency.

V. ATTACHMENTS

None

VI. PROCEDURE

A. POD Site Demobilization

1. Operational Area will notify Area Command of POD sites to be demobilized.
2. POD Sites are notified of demobilization request and POD Demobilization Unit Leader reviews and submits the Demobilization Plan (ICS 214) for approval to Planning Chief and Unified Command.
3. Access into the site is secured by the Security Branch Director when demobilization plan is executed. Public within POD at time of demobilization plan activation, will be provided the necessary prophylaxis and exit the POD.

4. Initiate demobilization to address:

- a. Release of POD staff:
 - i. Receive notification from Supervisor of time to be released from duties.
 - ii. Follow shift change procedures upon exiting POD site.
 - iii. Clean and repack areas of operation to beginning of operation standards.
- b. Prophylactic Medication/Equipment/Supplies:
 - i. Inventory unused pharmaceuticals/medications and supplies on Unit Log (ICS 214)
 - ii. Pharmacy Team Leader will coordinate with assigned Supervisor and HCA Logistics Chief to schedule recovery of all medications, patient history forms and associated supplies for retrieval by Health Care Agency.
 - iii. Demobilization, repacking and storage for on-site equipment will occur once all patients have left the premises.
 - iv. All facility equipment inventory logs are completed by Facility Unit Leader to ensure all onsite equipment is accounted for.
 - v. Supply Unit Leader will contact vendors to initiate recovery of donated items/equipment.
- c. Documentation collection
 - i. Documentation Team Leader will log all documentation being turned over, and maintain duplicates as deemed necessary on Unit Log (ICS 214).
- d. Debriefing
 - i. See Shift Change Procedure (items 1-4).
- e. Security
 - i. **Security Branch Director ensures that the facility is left as it was found upon starting the process, that staff ingress/egress points are secure, and that all keys/access methods have been returned to Facilities Unit Leader.**