

# **Mahoning County Public Health Mass Clinic Annex**

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**Mahoning County Public Health  
Mass Clinic Annex  
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## **Preface**

### **Planning for Mass Prophylaxis/Vaccination Clinic**

The health departments of Mahoning County have developed collaborative plans for conducting mass prophylaxis/vaccination clinics (Point of Dispensing-POD) in the event of a bioterrorism, or major communicable disease event. These POD sites may occur at larger pre-identified buildings in the county or at existing immunization clinics at the health department locations. The site selection and how many sites will be opened will depend on the following:

- The size of the incident
- The amount of people who require prophylaxis/vaccine
- The time frame for providing prophylaxis/vaccine to that amount of people

Before there is a decision made regarding treatment or prevention, the infecting agent will be identified and/or confirmed. Through communicable disease investigations the public health impact of the identified agent and the need for prophylaxis/treatment will be determined. A collaborative approach with other local health departments and the Ohio Department of Health will occur to make these decisions.

- Confirm the agent
- Is the agent contagious
- Determine the communicability of the agent
- If communicable, what is the incubation period
- Determine the public health impact of the agent
- Who is at risk
- Are there treatment and/or prophylaxis for the agent?

If prophylaxis and/or treatment are deemed necessary, then health department staff in conjunction with ODH will determine the number of people who will require the medication/vaccine. This will determine if the Strategic National Stockpile needs to be requested. A local collaboration between the Emergency Management Agency, the hospitals, and the local health departments will occur to determine the most appropriate use of resources in a timely and cost effective manner for the maximum protection of the citizens of Mahoning County.

## **Mahoning County Public Health Mass Clinic Annex**

### **Introduction:**

#### **A. Purpose:**

The purpose of the Mass Clinic Annex is to provide for adequate mass vaccination or prophylaxis in an emergency/disaster to ensure that public health is not compromised.

#### **B. Scope:**

This Annex provided the basis for the process and methodologies that will be utilized should mass prophylaxis or vaccination for Mahoning County be warranted. The distribution of mass prophylaxis or vaccination is essential for the protection of the public should an event occur that would jeopardize the public health of the community.

### **Policies:**

- A. Mass vaccination or prophylaxis is essential following an emergency/disaster to prevent the spread of infectious diseases.

### **Situation and Assumptions**

#### **A. Situation:**

Emergencies and disasters can create situations that cause, promote, and enhance the potential impact and spread of communicable disease and the need for immediate prophylaxis or vaccination among the public. Natural disease outbreaks may constitute an emergency situation without a precursor event if left uncontrolled. Certain hazards that may result in an emergency and/or disaster situations inherently increase the potential of communicable disease to impact the public and thus warrant the need for potential prophylaxis for the community,. Hazards that could warrant the activation of this procedure include but are not limited to: acts of terrorism, natural emergency of a known disease, natural emergency of a new pathogen, pandemic situation, etc.

#### **B. Planning Assumptions**

1. The distribution of prophylaxis in large volumes throughout Mahoning County will warrant the partnering of numerous agencies to facilitate this procedure.
2. PODS will operate 24 hours per day.
3. The population will be evenly distributed among all identified and usable PODS
4. The PODS will perform at 100% capacity
5. A constant flow of people will enter and leave the PODS
6. Staffing is constant and adequate
7. Timely administration of mass prophylaxis or vaccination can prevent/reduce the impact of known and unknown communicable diseases, contagions, pathogens, and unknown communicable diseases, on public health if such prophylaxis/vaccination exists.
8. Under the guidance of their respective Nursing Divisions, the Mahoning County District Board of Health and Youngstown City Health District will administer mass

prophylaxis or vaccination per CDC guidelines and in accordance with this procedure.

9. Vaccine/Prophylaxis can also be administered by volunteers from other local agencies, Mahoning/Columbiana Medical Reserve Corp, and local university nursing students.
10. All Mahoning County public health staff with roles in the response process has completed ICS training necessary to ensure the ability of the Mahoning County Public Health staff to response in an effective, efficient, coordinated, timely manner to incidents of varying size, scope, and complexity.

## Direction and Control

1. Mahoning County District Board of Health and Youngstown City Health District maintain the authority in their respective jurisdictions to administer all operations of the department and have overall control of the assignment of all resources within the bounds established by the Board of Health and the city charters.
2. Managers and administrators have direction and control of their respective divisions, and will utilize personnel to the maximum extent possible. Managers will identify individuals who may be released to assist in emergency response efforts.
3. Department employees shall maintain a current family preparedness plan to better respond for assignments in an emergency.
4. During emergency operations, the Administrators will provide a central point of contact to coordinate emergency services of the health department.

## **Section 1: All Hazards Mass Dispensing:**

### **Overview**

This section describes the command and control structures under which Mahoning County operates during a county wide emergency. Command and control for public health is broken into two systems. Externally, the public health agencies in Mahoning County operate under the county-wide incident management system with the county Emergency Management Agency. Internally, each public health agency in Mahoning County uses the Incident Command System (ICS) to facilitate and streamline emergency response during a public health emergency.

This section described a system that will be used in order to store, distribute, and track vaccine and/or prophylaxis during a public health emergency.

### **Objectives:**

The Mahoning County Mass Clinic Annex is aimed at effectively distributing vaccine or prophylaxis in the event of a public health emergency through effective:

1. Procurement of the needed vaccine or medication
2. Storage of the vaccine or medication
3. Distribution to the public of the vaccine or medication
4. Tracking the available vaccine or medication

### **Roles and Responsibilities:**

In the event of a public health emergency, vaccine or prophylaxis in Mahoning County may be distributed through established distribution systems such as hospitals, clinics, nursing homes, health care facilities, and private physician offices. In addition, if warranted, Mahoning County public health agencies are prepared to establish and operate Points of Distribution (POD) at specified locations in the county.

Each point of dispensing will utilize the Incident Command structure and the appropriate clinic Job Action and Just in Time Training Sheets.

Each POD will have a number of command staff that will be in constant communication with each other and with the Incident Commander.

## **Section 2: Prophylaxis/Vaccination of First Responders: Critical Responders and Their Families**

Local police, fire, or EMS personnel, who arrive first on the scene of an incident and take action to save lives, protect property, and meet basic human needs are labeled “First Responders” therefore will be among the “First Receivers” of the appropriate vaccination or prophylaxis. Critical responders are safety forces, public health staff, and associated volunteers who in the early stages of an incident are responsible for the protection and preservation of life. *NOTE: The area hospitals are prepared to provide vaccine/prophylaxis for their staff and their families.*

Mahoning County Emergency Management Agency has identified a list of the individuals who will be considered “First Receivers” and has a plan in place to provide them with vaccination or prophylaxis separate from the public. The “First Receivers” and their families will be vaccinated or given prophylaxis prior to opening a public POD.

Mahoning County Public Health partners and Mahoning County EMA will work together to obtain some local supplies and caches of medication or vaccination to accomplish this for “First Receivers” instead of waiting up to 12 hours or longer for the SNS supplies to arrive in the county. Depending on how widespread the incident is, regional and state supplies may also be available. **See “First Receivers” Vaccination/ Prophylaxis (Attachment F)**

The “First Receivers” will be given vaccine and or prophylaxis for them and their family based on the assumption that the responders are more willing to assist with a mass clinic and other needed activities if they know and they (and their families) will be adequately protected.

- It will be recommended that the “First Receivers” and their families receive their vaccine at the beginning of their shift.
- It will be recommended that the “First Receivers” receive their supply of prophylaxis at the beginning of their shift and they are given the prophylaxis for their families at the end of their shift to take home.

### **Section 3: Drop Sites**

The Mahoning County District Board of Health has identified drop sites within Mahoning County to have the Strategic National Stockpile materials delivered to during a public health emergency.

Attachment B of this document has the specific activation and job specific information.

The Drop Site needs to be activated through OPHAN. (See *OPHAN Maintenance and Activation Procedure Attachment B (Section 6)*) The SNS Materials Request Sheet and instructions found in Appendix A will also list designated Drop Site for the event.

### **Section 4: Point of Dispensing Sites (PODs)**

The Mahoning County District Board of Health and Youngstown City Health District have identified sites within Mahoning County to conduct a POD. These POD sites were selected on the determination to protect potentially exposed populations as rapidly as possible to prevent the onset of symptoms.

POD Sites need to be activated in OPHAN before opening (See *OPHAN Maintenance and Activation Procedure Attachment A (Section 5)*)

The assumption is made that the Mahoning County Public Health agencies will assume the worst-case scenario and plan sufficient sites and the staff to operate the sites with sufficient capacity to provide prophylaxis not only to all residents of Mahoning County but also to commuters, tourists and/or visitors, etc.

If the targeted population cannot be covered in the prescribed time allowed, then more sites may be necessary depending on the availability of staff and supplies.

#### **Assumptions:**

1. The POD site will operate 24 hours per day
2. The population will be evenly distributed among all the identified POD sites.
3. The PODS will perform at 100% capacity
4. A constant flow of people will enter and leave the POD
5. Staffing is constant and adequate

A determination of the number and size of clinics needed in any community will depend on the size of the population to be served and the event. The following estimates can be validated through yearly mass vaccination clinic exercises.

#### **There are three levels of POD sites:**

**POD 1:** Potential throughput of 2,500 or more people over a 2-10 day period at a rate of 1000 per hour in 24 hours.

**POD 2:** Potential throughput between 500-2500 people in a 1-2 day period of time at a rate of 1000-2000 in 24 hours depending on staffing and supplies.

**POD 3:** Potential throughput of 500 people or less in a 24 hour period

#### **See specific POD site folders**

1. All identified POD locations in each level
2. The floor plan of each POD site
3. Signed agreements and Site Specification sheet with contact information
4. Security Worksheet for the POD site

5. Number of staff and volunteers required at the POD
6. Throughput of the POD

POD location sites are entered into the OPHAN system so that routing maps can be created for transportation of the SNS to the PODS.

## **Section 5: Activation of Drop Sites and Point of Dispensing Sites (PODS)**

Mahoning County Health agencies will decide when to activate Drop Site/POD sites when determining SNS request. The determination will be made of how many PODs to activate, and which level of POD is required for the emergency. The information regarding each site can be found in **POD Site folders** (Attachment T). This will make activating a POD site easier. Depending on the scale of the emergency and the population affected, Closed PODs can be notified and put on notice that an SNS request is being made.

Public health management in conjunction with the Emergency Management Agency will make the determination of the need of a POD site. A call down will then occur to the POD Management Team for the Board of Health to begin planning the POD site and Drop Site functions.

**Attachment A:** Point of Distribution (POD) Activation Documents

- POD Management Team
- POD Standard Operating Guidelines
- SNS Point of Dispensing Communications Chart

**Attachment B:** Drop Site Activation Standard Operating Guide

- Drop Site Flow Chart
- Drop Site Organization Chart
- Drop Site Inventory List
- Drop Site Job Action Sheets
- Countermeasure Report Form

**Attachment D:** Mass Clinic Supply List and Suppliers List

**Attachment T:** Closed POD Procedures

**Attachment E:** ODH Standing Orders: May 2012

## **Section 6: Written Agreements**

After an event, written agreements are critical for federal disaster reimbursement under the Stafford Act which was enacted to support State and local governments and their citizens when disasters are overwhelming.

Written agreements between the Mahoning County District Board of Health and the designated POD sites will be kept with each POD site's specific information in the POD Site folders. A copy will also be kept in the Mahoning County Emergency Operations Plan.

Written agreements in the form of MOUs exist between all health departments in the NECO Region 5 for assistance during an incident. Assistance can be supplies, and/or staff members to help with the POD sites. (The level of assistance will depend on how widespread the event is)

## **Section 7: Point of Dispensing Site Design**

Design flow maps have been created for each identified POD site. Certain components are necessary in a design flow to allow for proper dispensing of medication or administering vaccine. All the needed components are listed here along with their function and coordinating Job Action Sheet.

**Job Action Sheets can be found in the Mahoning County Public Health Job Action Sheets binder in the closet of the first floor conference room at 50 Westchester Drive.**

### **Triage station:**

Triage is the use of screening patients into different categories of treatment and care. At a dispensing site a determination will be made to continue through the dispensing site or be referred to a treatment center. Triage at a POD site will begin prior to registration and/or the check-in area. Triage will be done by trained staff as soon as the public comes to a specified entrance.

The personnel staffing the triage area will be individuals trained in medical assessment and the triage group has someone with medical knowledge as the **Triage Section Leader**. This group may also require PPE if the agent they are triaging for is infectious.

Triage will be most important in an event involving an infectious disease which can easily be spread person to person. The symptomatic and exposed people need to be identified as soon as possible as to not infect the healthy public attending the POD. They will be directed to the Medical Supervisor/EMS station. These people will be transported away from the POD site. This may be done in a separate tent area on the POD grounds or a treatment center not in the general vicinity. Transportation of the symptomatic persons to a treatment center will be prearranged through coordination with Mahoning County EMA. **See Attachment G for Triage Forms Templates**

### **Clinic Signage**

Pictograms and signs in multiple languages will be used within the POD site to facilitate directions, convey medication instructions, precautions, and/or warnings for clients. A sign list can be found in **Attachment H**. The **Clinic Education Supervisor** will be in charge of making sure the signs reach the clinic. **All clinic signs can be found in the offsite storage.**

### **Medical Evaluation/EMS Station**

If a client is identified as being exposed or ill and the disease is infectious they will be directed to this station. If the client is ill they will be transported off site. If the client has been exposed to the infectious disease they may or may not be given the prescribed medication and then will be counseled on isolation procedures to protect themselves, their families, and the public. They may also be asked to see their physician. They will exit the clinic site from a separate exit. **Give the client the “Physician Referral” Form: Attachment I**

If the agent is not infectious (anthrax) only those individuals who are physically ill will be directed to this station and transported out the POD. All exposed individuals will continue through the POD for prophylaxis. **Give the client the “Physician Referral” Form: Attachment I**

The **Medical Supervisor** will work with EMS staff to triage ill and exposed clients to determine who needs transferred out of the clinic area. The EMS staff will complete paperwork needed to transport staff and a copy will be given to the Medical Supervisor.

### **Greeter/Form Completion**

Clients who present at the clinic who are not infectious or exposed will be given a packet of information including a screening form. The staff will then be available to assist in completing the screening forms for medication or vaccine. A nurse or other medical staff member will be available in this area to answer any specific questions regarding receiving the vaccine or prophylaxis. **See NAPH (Name, Address, Phone Number, and Personal History) form: Attachment J.** Many of the staff working in this area will be volunteers. **If there is a staff shortage this task can be completed by the Triage Staff.**

### **Registration**

Clients will present their completed NAPH form at the registration table. HDIS will be used to track clients' information as they present with their Government Issued Picture ID. The **Registration Section Leader** will oversee this area and the staff.

### **Medication Screening**

Medication Screeners will review NAPH forms. The clients who have no contraindications to the medication or vaccine to be given will have their form marked for the appropriate Antibiotic based on the algorithm and directed to the Dispensing. Those clients who have a contraindication to the medication or vaccine will be directed to the Medical Evaluation area for further questioning.

### **Medical Evaluator**

This person should be a physician, pharmacist or nurse practitioner and will assume the title **Medical Evaluation Section Leader**. Individuals will be referred to this area if they have a contraindication to the medication or vaccine that is being dispensed. This screener would then determine the appropriate medication and/or adjust the dosage if necessary.

The **Medical Evaluation Section Leader** will complete a detailed interview with the person who is allergic to the dispensed medication. At the completion of this station the person will either:

1. Be found to be able to take the dispensed medication and proceed to the Patient Education Station.
2. Be prescribed a different medication or dosage.
3. Found to not be able to take any of the medication and counseled on isolation procedures and directed to see their physician.

### **Dispensing/Vaccination Station**

When the client reached this station they will receive a pre-determined medication or vaccine as indicated in the standing orders. *Anyone with concerns with contraindications or illness should not be in this area.* It is recommended that a pharmacist or physician be present in this area, if medication is being dispensed. **One registered pharmacist is allowed by the Ohio State Board of Pharmacy to oversee approximately twenty (20) non-professional dispensers.** During a large scale public health emergency a lay person under the instruction and supervision of a credentialed professional will be needed to dispense medication to the public. **A credentialed professional does NOT have to be a pharmacist. A licensed veterinarian, physician, nurse practitioner, or dentist can oversee the dispensing of medication.** An Emergency Powers Act, [http://irishstatuebook.ie/1976\\_33.html](http://irishstatuebook.ie/1976_33.html) would allow individuals other than pharmacists to hand out prescription medications at the POD site. The governor can sign a waiver that will allow volunteers under a pharmacist's supervision, to dispense medication in an emergency.

Give client **“Primary Care Physician Notification” Form: Attachment K**

The **Pharmaceutical Unit Leader or designee** will be in charge of this area and the dispensing occurring.

**Two lines are possible:** A **Head of Household** line for people that require more than one prescription and then an **Express (Single Adult)** Line for people without physical or mental challenges, questions, or have contradictions to the medication.

If vaccine is being given, physicians, medical assistants, RN, LPN, and student nurses can administer the vaccine. Vaccine Information Sheets (VIS) will be given to the clients as they receive the vaccine. The **Vaccination Supervisor** will be in charge of this area and the vaccine being given.

### **Patient Education Station**

The size of the groups will be determined by how big of an area is available at the clinic site for Patient Education. The educational information presented will depend on the medication or vaccine being dispensed. This information will be presented through video tapes, pamphlets and information sheets. A nurse, physician, or health educator will be assigned as the **Clinic Education Supervisor** and will be on hand with volunteers (to assist) in answering any questions. (**Attachment L: Disease and Medication/Vaccine Fact Sheets: All forms are available on the CD in the back of this binder**) **Depending on the amount of information that needs given the patient education can occur in the dispensing/vaccination building.**

### **Exit Station/Forms Collection**

The staff at this dispensing/vaccination station will collect any forms and documentation, provides final instruction, and answers any last minute questions. It is recommended that a Health Educator be available if needed. The amount of information given at this station will depend on the event and what was given. If the information is extensive you may want to give the information to large groups of people at once.

The staff should review the collected for forms to make sure that they are complete and the client can exit the POD site. Volunteers should collect the forms and give them to the Records Coordinator on a regular schedule. All information must be reported to ODH within 72 hours post event.

### **Special Needs Section**

A **Special Needs Section Leader** will be assigned by the **Medical Supervisor** to oversee this area. This area will offer interpreters in different languages and an individual proficient in sign language. This area will also service who needs a wheelchair or other have other physical disabilities which require assistance getting through the clinic. Ideally, this person would follow the person through the clinic or have the antibiotics dispensed directly in this area if staffing allows. If this is not practical then an area will be created for these special needs clients to complete the process in one location. (**Some of the items in this section will not be needed if a drive through clinic is conducted**)

### **Mental Health Section**

A **Mental Health Section Leader** will be assigned by the **Medical Supervisor** to oversee this area. This station will be staffed by licensed counselors and should be offered to all clients at any point of the process. These professionals will be available in each of the areas. A mental health briefing can decrease the anxiety associated with potential exposure and with moving through the POD

### **First Aid Station**

This station will be located near the dispensing area and will be staffed by EMT personnel, nurses, or a physician that will offer basic first aid and transportation to health care facilities as needed.

### **Data Entry Station**

The data entry of participants' forms takes place at this station. The **Records Coordinator or designee** will oversee the data entry in this area. The completed forms collected at the Exit Station will be given to the Data Entry Station (this could be off site). If the wireless portion of the HDIS are not working or the LHD used paper forms then all the information can be manually entered into the HDIS system as soon as possible and the information will be transmitted to the Statewide Immunization Information System (SIIS)

### **Staff Rest Area/First Aid Station**

The **Staff Care Unit Leader** and the **Labor Pool Unit Leader** will oversee this area. An area at the POD site will be designated to address staff needs. Care and feeding of the staff will be coordinated through EMA. All resources needed, will be requested through the EOC. This area will be located away from the POD activities (if possible). It will include:

1. **Separate staff entrance and exit from public**
2. **Registration:** sign in and out and credentialing
3. **Orientation:** to the POD, area supervisor, job assignment, and receipt of Job Action Sheet.
4. **“Just in Time”** training for Volunteers. (**Attachment Q**)
5. **Prophylaxis:** If medication prophylaxis or vaccination has not occurred prior to the start of the clinic.
6. **Comfort:** Area will include food, drinks, and rest area for breaks; phone to contact family members, etc.
7. **First Aid**
8. **Debriefing and Sign out:** Shift and duty transfer.

### **Supply Staging Area/Pharmaceutical Station**

The **Supply Section Leader and Pharmaceutical Unit Leader** will be in charge of this area. This area will provide storage and inventory capabilities for the SNS and Vendor Managed Inventory and for all non-SNS supplies that are collected, inventories, and delivered to various stations of the POD. This area should be separate from the rest of the POD where public will be and have adequate security. This area will be overseen preferably by a pharmacist but can be managed by a licensed veterinarian, dentist, physician, or nurse practitioner. The **Pharmaceutical Unit Leader** will provide medication to the dispensing area as requested and will document all medication as it leaves the area. This area should have adequate security.

### **Medical Waste Storage**

The **Maintenance Section Leader** will be in charge of this area and its required staff. The location for storage and collection of medical waste should be separated from the dispensing activities. A medical waste collection service should be pre-arranged through Mahoning County EMA. (Prior to dispensing)

## **Section 8: Design Strategies to Improve Efficiency**

### **Head of Household/Multiple Regimen Policy**

To expedite the distribution of prophylactic medication to the affected population during a bioterrorism event, Ohio allows the head of household to obtain the medication regimens for up to **Twenty (20) persons** in a household without all the individuals being present. **The “Head of Household” is an adult (18 years old or older) member of a household or family who has designated as the “head of household” for purposes of obtaining prophylactic medication for the group.**

*If an unaccompanied minor shows up at the POD site the ‘age of reason’ will be determined by the POD leadership whether this minor can pick up medical countermeasures to include head of household pick up.*

### **Public site and Time Assignments:**

An efficient site design will not be successful if the entire population of the county shows up at the beginning of the clinic. A strategy will need to be created to ensure that individuals report to the clinic in such a way that the clinic runs efficiently. This will be part of the Communication plan for the POD site. A steady controlled stream of clinic participants is desired. Strategies will include assigning individuals specific arrival times based on the **first letter of their last name.**

Other methods include:

- Zip Code
- Polling Site
- School District
- Township or village

**(Having simple consistent messages will help avoid panic and ensure efficiency and effectiveness at the POD site)**

### **High Population Density Facilities (Closed POD)**

Locations within the county have been identified to pick up large quantities of medications for their populations, staff, staff families, etc. This strategy will help to provide medications/vaccine to the county population quicker by reducing the number of people who will attend the POD sites.

These locations include jails, long term care facilities, university, MRDD facilities, etc. **Procedures for Closed PODs are in Attachment T.**

### **Homebound/Special Needs Populations**

Mahoning County District Board of Health through coordination with Mahoning County EMA will devise the best way to get medications to the homebound and other special needs populations.

#### **Ideas:**

- Identify functional needs populations through coordination with other county agencies.
- Closed PODs will be used to reach certain populations such as nursing homes, prisons, group homes, etc.
- Set up a phone bank to take calls from homebound individuals and then arrange for medication delivery.
- Utilize 211 system or emergency public health phone bank.

## **Section 9: Operational Issues**

### **1. Staffing**

In an event, staff needs and requirements will vary based on the population requiring prophylaxis and the time in which prophylaxis needs to be delivered. Epidemiological information at the local health department level will be used to determine the prophylaxis needs of the county. This will assist with assigning a certain number of staff to each POD and how many PODs to open. ODH is available for technical assistance in the epidemiology investigation.

#### **Three types of staff will be needed in the dispensing POD:**

- Professionals (Physicians, nurses, pharmacists, dentists, veterinarians, public health workers, and social workers)
- Volunteers (non professional and professional)
- Management and Support Staff (familiar with the facility and/or tasks involved in running the POD (cleaning up, emptying trash, running errands, making copies, assisting professional, helping the elderly, providing childcare, moving medication and supplies)

**IMPORTANT: To maximize the use of professionals, especially physicians and pharmacists, have the health professional supervise trained volunteers.**

#### **Sources of professionals include:**

- Local health department and hospital staff
- NECO Region 5 agencies and staff
- Commercial Pharmacies
- Licensing Board for physicians, nurses, dentists, veterinarians, and pharmacists
- Mahoning/Columbiana County Medical Reserve Corp
- Professional Associations
- The Department of Homeland Security Emergency Coordinator for the region.

#### **Sources of trained volunteers with the skills and tasks required of them:**

- Medical Reserve Corp (**120 volunteers registered in database**)
- Mahoning County Emergency Management Agency
- Spoken language interpreters: universities, ethnic organizations, and churches
- Sign language interpreters: Local School for the Deaf, associations for the hearing impaired and American Sign Language Association
- General disaster relief volunteers: American Red Cross, MOUs with other governmental agencies and jurisdictions.

#### **Sources of Support Staff:**

• Persons at the facility at which the POD is operated, people with special skills or knowledge. Volunteers along with staff members will be processed through a Volunteer Reception Center. There credentials will be checked and they are given a badge and vest, if needed and their assignment. Any training is then conducted before they enter the field.

The number of staff needed should be determined per shift of operation-the exact number per shift will be dependent on the size of the site and its expected capacity.

## 2. Security

Anxiety may cause problems at the clinic site such as traffic gridlock, increased crowds, and panic. There will be high demand for medications.

Security needs will depend on the urgency and size of the event. Coordination with EMA will be used to determine the security at the POD site and for the SNS supplies. Security will require security guards as well as armed police officers.

The following security functions are needed at the POD site:

- Maintain orderly clinic operations
- Protect patients/public
- Protect staff/volunteers
- Protect medication, vaccine or other SNS supplies
- Block building and parking lot entrances as needed
- Manage belligerent/violent behavior
- Maintain generalized crowd control

Security may also be needed for traffic control. This function can be preformed by parking attendants and/or traffic controllers. **A security assessment of the pre-identified POD sites are completed and put in each sites folder.**

## 3. Transportation

Transportation may need to be provided to ensure the efficiency of the POD site. Transportation needs may include:

- Transportations of public and/or staff and volunteers from a parking site to the dispensing site.
  - Ex: buses
- Transportation of ill persons away from the dispensing site to the hospital or treatment center.
  - Ex: ambulances, vans, buses, taxis

Transportation will be provided through agreements with Mahoning County EMA to provide the vehicles needed.

## 4. Policies and Procedures:

### **Head of Household/Multiple Regimen Policy**

To expedite the distribution of prophylactic medication to the affected population during a bioterrorism event, Ohio allows the head of household to obtain the medication regimens for up to **Twenty (20) persons** in a household without all the individuals being present. **The “Head of Household” is an adult (18 years old or older) member of a household or family who has designated as the “head of household” for purposes of obtaining prophylactic medication for the group.**

**This policy is to be utilized statewide at every Point of Dispensing site.**

The head of household should present to the dispensing site with a list of the individuals for who he/she will be receiving medication for. This list should include the following information regarding the household members:

- Name
- Date of Birth
- Medication allergies
- Current medications
- Medical conditions
- Pregnant/Breastfeeding

- Weight of each child/children if < 99 lbs.

Each member on the household list will be assigned his/her own identification number and medication lot number. Ideally the head of household will present to the dispensing site with a government issued ID card (driver's license, social security card). However, if the head of the household does not have an identification card, he/she should not be turned away from the POD.

\*The head of household **will not** be allowed to pick up additional medications dispensed as **Investigational New Drugs (IND)**. Each adult is required to sign a consent form before he/she is given an IND medication. The head of household will be able to obtain and sign consent forms for minor children. See **Attachment N** for procedures for Investigational New Drugs (IND).

The Communication Plan will include strategies to effectively and efficiently inform the public about the above policy, so that the head of household will come to the dispensing site with the necessary information. **The information in multiple languages is part of the plan. Information needs to be communicated through as many media outlets as possible. Information needs to be sent out to the schools, MRDD, etc.**

### **Unaccompanied minors**

If an unaccompanied minor presents at the clinic site to receive medication for their family, they should have a completed NAPH form or be able to complete a NAPH form and answer all related questions for family members before receiving medication. If an unaccompanied minor presents at the clinic to pick up as "Head of Household" they should have a signed consent letter from a parent or guardian. If they do not have this letter an attempt will be made to contact the parent or guardian for permission. These will be dealt with on a case by case basis in the "special needs" section of the clinic in coordination with the POD leadership. The Special Needs Coordinator will make every attempt to complete the NAPH form with the minor in order to dispense the appropriate medication but no one will be turned away without medication during a disaster.

### **Handling of Functional Needs**

A functional needs station is set up as part of the POD operations to assist persons with physical disabilities. A designated area for individuals in wheelchairs or medical conditions that do not allow prolonged standing will be established.

### **Minimum Identification Requirements**

Mahoning County District Board of Health will provide, under declared "public health emergency" prophylaxis for the public regardless of the patient(s) ability to provide identification confirming their name, residency, health of household status, or citizenship. The Board of Health will operate county dispensing sites in "Good Faith". It is assumed the majority of the general public receiving the provided prophylaxis will do so in "Good Faith", negating the use of identification/information verification throughout the dispensing site process. It is expected that all clients should present with some form of identification that at a minimum has name and birthdate, but no one will be refused medication due to lack of ID.

## **POD Security Policy**

Mahoning County District Board of Health security will be the responsibility of the local law enforcement agencies which possess jurisdictional authority over the dispensing site. Rules of engagement and use of force procedures for law enforcement will follow standard law enforcement policies and procedures unless identified differently in the POD Site Security Plan.

### **5. Requesting the Strategic National Stockpile (SNS)**

See Mahoning County SNS Procedure (**Appendix A**)

### **6. Vaccine Storage and Handling and Support Supplies for Vaccination Clinic**

See Vaccine Storage and Handling (**Attachment M**)

### **7. Pharmaceuticals Distribution including: (Attachment N)**

- a. ODH Standing Orders (Attachment E)
- b. Forms and Tracking
- c. Labeling/Labeling in Foreign Language
- d. Investigational New Drug Protocol
- e. Special Populations

### **8. Pediatric Dispensing: (Attachment O)**

- a. Mixing and Compounding Instructions
- b. Infant and child weight charts

## **Section 10: Communication and Public Information**

### **1. Public Notification**

The public may be frightened by the circumstances that necessitate the development of mass dispensing clinic. This may occur due to the lack of information about the disease and potential for fatalities, media coverage, etc. This may cause the public to act irrationally and may not follow instructions. **Public Information Officers will use the Risk Communication Annex and Attachments during the event.**

**1. It is important for the PIO to work with other county agencies and the media to provide them with frequent, accurate information. Messages need to include:**

- Information regarding the illness/agent
- When and where medication/vaccination will be available
- Who can receive medication/vaccine
- Who should not come to the site
- Directions to the sites
- When to come to the site (by last name)
- Inform the public that there is plenty of medication for everyone, no panic
- Head of Household protocols

A public information officer (PIO) should be assigned at every dispensing site and all public information should funnel through them. A PIO may also be available at the command center to receive the information from the POD site and relay it to the public, healthcare providers, media, etc. All information should be closely coordinated with the state PIO, if available.

- Send consistent message across the county, region, and state. (which ever is effected)

**2. Ensure that all staff at the POD sites provides consistent information to patients and household members.**

- Provide information regarding the illness
- Provide information regarding the medication/vaccine
- Always refer them to the same area for other questions
- Provide phone number for more information after they leave the POD
- Provide staff with FAQ list

Use the Mass Clinic Communications Checklist as a supplemental guide to the Risk Communication Annex. (**Attachment P**)

1. Communicating with public at the POD site
2. Questions commonly asked by media during a crisis
3. Frequently asked Questions for POD staff

**Section 11: Demobilization/Clinic Close Down Procedures**

Post dispensing/vaccinating activities are necessary to ensure that the event is documented for public record, to determine the costs of the event, and to enhance efficiency of operations for future efforts.

The evaluation of each POD should include:

- Expenditures and costs incurred during the operation
- Identified clinic successes and opportunities for improvement in an After Action/Corrective Action Report.
- Recommended changes in the emergency response plan
- Implications for the public health infrastructure

The Incident Commander will work with the other local agencies to determine when the functions at the POD site are complete or near completion. The Incident Commander will work with the Logistics' Chief and the Operation's Chief to begin the following:

**Staff**

- Identify staff who will stay to tear down and secure the POD site
- Notify of date/time to be released from duties
- Collection and verification of any pertinent payroll records
- Arrangements for return to home base

**Equipment/Supplies**

- Tear down of equipment after all patients have left the premises
- Packing of the equipment and supplies
- Arrangement to have equipment and supplies returned to their home base

**Documentation**

- Determination of who will take possession of all records pertinent to the prophylaxis/vaccination process
- Recording which documentation is turned in and which needs to be duplicated.
- Packing records and transferring them to appropriate personnel.

**Debriefing:**

Prior to leaving the facility, the Incident Commander, Operations Chief, Clinic Coordinator and/or Clinic Unit Leader should gather the staff for a debriefing. Staff should be allowed to share:

- Concerns about the process
- Problems that they are experiencing as a result of participating in this process
- Suggestions they have for improving the process for future events

If there are multiple shifts each shift will participate in a debriefing before leaving the POD.

**Facility Security**

Prior to leaving the facility, the Operations Chief, Logistics Chief, and/or the Clinic Coordinator or Clinic Unit Leader will make sure that the facility is left in its original condition, that it is secure, and that all keys and access methods have been returned to the proper authorities.

**Section 12: After Action Report**

An After Action report needs to be completed after the clinic operations have been completed using the HSEEP AAR/CAR template.

**Section 13: Pre-event Training**

The local health department staff is trained in NIMS and ICS. A “Mass Vaccination Clinic” drill was conducted in 2009 and the Mass Clinic Annex was tested along with the corresponding Job Action Sheets and “Just in Time” Trainings. This clinic incorporated staff from all three health districts, volunteers, and other community agencies. Each year a RAND communications drill is conducted and an After Action is created and used to make changes/updates are written into this Annex.

**Section 14: Event Training****Staff Orientation (Briefing):**

The Logistics Chief is responsible for training the staff. All staff and volunteers that will work with the clinic operations need to receive orientation (briefing) prior to entering the POD site. The orientation (briefing) will include the following:

- Information on the biological agent
- Dispensing site layout and flow design
- Functions and responsibilities of all stations
- Review of Job Action Sheets
- Identification of their supervisors
- Location of supplies
- Relief/break/comfort resources