

Mass Dispensing Plan Annex 6

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I. Introduction

In the event of an infectious disease emergency, it may become necessary to dispense medications to the entire Tuolumne County population in a very short period of time. The goal in such a situation is to distribute medications or vaccinations within 48 hours. However, it is estimated that it will take 12 hours for delivery from CDC to the State RSS (receiving, staging, & storage) site and an additional 12 hours for the State to break down and transport materiel from the RSS site to the local jurisdiction. Therefore, the assumption is that our local operational area is left with only 24 hours to accomplish the task of dispensing medications to the population. Several models for such a campaign have been explored and exercised in Tuolumne County. The appropriate method selected will depend upon the nature of the infectious disease outbreak or other triggering event. The following protocols are designed to be flexible so that the equipment, supplies and procedures could be implemented at any satellite location selected from the Sites listed in the POD Mapping and Selection Resource document. Prophylactic medications-vaccinations would come from any or all of the following sources: HPP (Healthcare Preparedness Program) Stockpile, Regional Distribution Warehouse site, SNS (Strategic National Stockpile) Materiel, and vendor supplied inventory.

A. Definitions:

- Points of Dispensing (PODs) - PODs are locations where dispensing occurs. These are usually in a non-traditional healthcare setting, although they may also be activated in a healthcare facility
- Mass Vaccination- administration of a prophylactic medication via vaccination
- Mass Dispensing- administration of a prophylactic medication via the handing out of oral medication
- MCM (Medical Countermeasures) – Life-saving medicines and medical supplies regulated by the FDA (Food and Drug Administration) that can be used to diagnose, prevent, protect from, or treat conditions associated with chemical, biological, radiological, or nuclear threats, emerging infectious diseases, or a natural disaster
- RSS - Receiving, Staging, and Storage
- SNS - Strategic National Stockpile. The Centers for Disease Control (CDC) oversees the Strategic National Stockpile program to provide an initial cache of materials within 12 hours of a federal deployment decision
- Local SNS Cache- A supply of SNS materiel (emergency response supplies) stored in a secure location locally

- B. Authority: Authority for the Mass Dispensing event is designated by the citations listed in the HEPReP, *Overview, Authority, Distribution and Integration*, II. Authority.

- C. Triggers to initiate Mass Dispensing: The decision to implement a Mass Dispensing campaign is relegated to the Health Officer with guidance from consultants at the CDPH and CDC. Considerations include the type of biological agent involved, the nature of the exposure, the number of people exposed, the time between exposure and effective prophylaxis and the availability of prophylactic medications or protective vaccinations. Specific triggers include:
1. Directive from the Centers for Communicable Disease and Control or the California Department of Public Health (CDPH) Communicable Disease Control.
 2. Response to a local exposure, natural or human caused, such as:
 - Pandemic or emerging disease
 - Accidental exposure from a tanker or storage tank
 - Terrorism

II. Roles and Responsibilities- PODs are designed to function under the Incident Command System (ICS) described in the Public Health Response section of the HEPRP. The Incident Commander oversees the entire Mass Prophylaxis operation. It is important to remember that the ICS span of control limits the number of people supervised by any one position and the ICS must expand or contract accordingly. It is also important to realize and reinforce the idea that under the ICS, staff is to perform only the duties they have been assigned.

(See All Hazards Section 1, Incident Command Structure for a complete list of roles & responsibilities, including pre-determined and back up assignments and Job Action Sheets).

This information is also included with supplies at each activated POD.

III. Phases of Administering Prophylaxis- The administration of prophylaxis may be conducted in phases in order to protect First Responders, Essential Personnel, and the Public. Prophylaxis would be rapidly administered to First Responders, Command Staff, and Essential Personnel in order of their respective risk of exposure to the disease and their criticality to the response. The priority for those receiving medications, and the priority in which they are provided, will be driven by the incident and specified by a tiered response. In addition, prophylaxis may be dispensed to the families of first responders and essential personnel during Phase 1 and Phase 2. The Public Health Department will designate an individual to contact healthcare and first responder agencies regarding the administration of prophylaxis for first responders and healthcare personnel. The agencies will then be responsible for contacting their employees via phone trees or other pre-planned methods.

- A. Phase 1: Those critical to maintaining the local infrastructure will be provided prophylaxis first. Those covered in Phase 1 will include:
1. Command Staff
 2. Fire personnel
 3. Law enforcement officers
 4. Ambulance personnel
 5. Hospital personnel
 6. Public Health/Health and Human Services Agency responders
 7. Personnel who will be involved with setting up and running POD sites

- B. Phase 2: In general, once personnel identified in Phase 1 have received appropriate protection, the following key individuals will receive prophylaxis:
 - 1. Essential Emergency Management personnel
 - 2. Essential Government Officials
 - 3. Essential services personnel (e.g., utilities, school staff, etc.)
 - 4. Others as identified by the Health Officer

- C. Phase 3: The third phase of mass dispensing will be providing prophylaxis given to the general public. Depending on the specific health threat and scenario, it is at the discretion of the Health Officer in conjunction with State recommendation, to administer prophylaxis to the general public in phases, according to susceptibility and risk for certain populations. The population of Tuolumne County is currently estimated at 54,000 (including the approximately 4,600 inmates housed at the federal prison). Due to tourism and possible migration to the area during an event, the local population could increase by more than 50%. Providing mass prophylaxis to the community would involve the activation of one or more Points of Dispensing (PODs).

IV. Points of Dispensing (PODs)

- A. Major functions that must be performed at each dispensing site include:
 - 1. Dispense appropriate medicines or vaccines to citizens
 - 2. Maintain a patient tracking system
 - 3. Protect the general public and emergency responding staff from exposure to infection. This may be accomplished by design of the clinic (keeping people in their automobiles at a drive-through clinic), proper use of PPE, triage of incoming members of the public, and arranging transport for treatment, if needed
 - 4. Screening of patients for allergies, drug interactions, and other contraindications, to the extent possible
 - 5. Educate and orient the public on site. Means of communication may include verbal, visual slides, posters, and/or recordings and should always include written material in appropriate language(s)
 - 6. Follow NIMS/SEMS/ICS system organization
 - 7. Monitor and manage participant traffic through the POD and address potential behavioral or health emergencies that arise
 - 8. Receive, store, and stage all supplies, including any Strategic National Stockpile (SNS) oral antibiotics and materiel
 - 9. Provide for security of POD personnel, the public, and materiel
 - 10. Develop an Incident Action Plan that provides for shift changes and breaks to protect the wellbeing of response staff
 - 11. Locate and coordinate the use of skilled medical staff
 - 12. Train and organize volunteers and other partner agency staff on site that will assist in the provision of POD site functions according to skills

13. Demobilize and deactivate the POD, including returning unused materiel to the operational area RSS Warehouse and accounting for those materiel in accordance with inventory tracking methods being utilized in the response

B. POD Types

1. **Open Walk-Through POD** – Tuolumne County Health Department provides prophylaxis (medicines or vaccines), instructions, forms, medical protocols, and clinical staffing. Sonora Regional Medical Center facilities may provide their own clinical staffing. An open POD may be established at any of the Sites identified for handling a POD deployment (See Resource Document POD Mapping and Selection).
2. **Open Drive-Through POD** – Tuolumne County Health Department provides prophylaxis (medicines or vaccines), instructions, forms, medical protocols, and clinical staffing. The drive-through model is favored because of the ability of such a program to preserve social distancing. In this model, patient stations are distributed along a one-way road with staff members positioned along columns of automobiles to complete the necessary clinic activities as described under Mass Prophylaxis Protocol below. Patients remain in their vehicles as they pass through various stations for Registration, Education/Information, Screening, and Dispensing. With some exceptions, no diversion of vehicles for Medical Triage would occur in this model (e.g., urgent or emergency health concerns, special situations, etc.)
3. **Closed POD** – Tuolumne County provides prophylactic pharmaceuticals or vaccines, instructions, forms, and medical protocols. The facility sets up the site, coordinates logistics and security as needed, and administers prophylaxis only to their staff, patients-clients, and their families in accordance with Public Health directions. Examples include hospitals, private clinics, residential care facilities, tribal nations, non-governmental organizations, correctional institutions, pharmacies, and others.
4. **Mobile POD** – Tuolumne County Health Department may coordinate a mobile site using the Mobile Health Clinic in rural, unincorporated areas if a fixed site cannot be located or as directed by the Health Officer.

C. POD Site Selection

1. **Patient Capacity:** Since the goal in a worst-case scenario is to provide prophylactic antibiotics or vaccine to approximately 54,000 people within 24 hours, an average of 2,250 people will need to be processed per hour for 24 hours to accomplish this goal. Approximately 15,200 total patients (633 patients per hour) could be reliably processed through Closed PODs, and the remaining 38,800 patients could be processed at Open POD sites. This calls for the vaccination or dissemination of medications to approximately 1,617 patients every hour during the 24 hour period. Potential Closed POD locations:
 - Sierra Conservation Center (Closed POD)- 7,000
 - Skyline Place (Closed POD)- 500

- Adventist Health Sonora (Closed POD-inpatients, staff, family)- 750
 - VA Clinic (Closed POD)- 2000
 - Tuolumne Me-Wuk Indian Health Center (Closed POD)- 3,200
 - Avalon Care Center (Closed POD)- 750
 - Columbia College (Closed POD)- 3,700
 - Mathiesen Memorial Medical Clinic (Closed POD)- 500
 - Striker Court EOC/Ambulance-Fire (Closed POD)- 875
2. Potential sites for a large response include; Tuolumne County Fairgrounds, Columbia Airport, and/or Pine Mountain Lake Airport (See Resource Document- POD Mapping and Selection for site descriptions). Arrangements have been made for the potential utilization of these facilities in the event of a need for large capacity Mass Prophylaxis. If a facility was occupied, notice to the occupying renter would be given to evacuate the premises for a Public Health emergency.
- a. The utilization of these large capacity sites may be combined with activation of other POD types in order to meet the needs of an event.
 - b. Selection of POD sites will be made by the Health Officer and Incident Commander based on level of the event, geographical location, and availability of needed resources at the identified sites.

D. POD Staffing

1. In an event requiring mass prophylaxis, the staffing needs and requirements will vary, based largely upon the population requiring prophylaxis and the time in which the prophylaxis is delivered. The following are some assumptions and considerations for the mass prophylaxis setting.
 - a. State and local public health and emergency planners will determine the prophylaxis need and scope for the community. The staffing requirements will be tailored to meet local and specific event needs.
 - b. Please see the individual Job Action Sheets in the appendix for a detailed description of suggested job position and requirements. Consistent with SEMS and NIMS structure, these Job Action Sheets are designed to allow any participant to fill a designated role in accordance with licensure and training.
 - c. Public Health staff members receive training annually and all volunteers during a response shall be provided with an orientation and Just in Time training.
 - d. Shift structure and length will be determined by the Incident Command staff based on local needs and requirements.
 - i. A POD providing 24 hours of operation may include 8 or 12 hour staff shifts. Daytime staffing should be increased to accommodate a larger patient volume.
 - ii. A daytime POD with 16 hours of operation may operate with 1 or 2 staff shifts

- iii. A single daytime POD may operate with a single 12 hour shift.
- iv. Security must be present at all times that a POD is activated.
- v. Regular breaks, meal times, sick times (including injury time) and shift transition time should be expected and incorporated into the planning.
- vi. Additional staff may be present and expected to be at the POD site regularly, depending on local needs and events. Personnel resources may include: firefighters, law enforcement, local hospital staff members, paramedics, EMTs, HAZMAT workers, National Guard Members, service club members, private delivery companies (i.e. UPS, FedEx), and medical supply companies.
- e. It is expected that additional personnel outside of the Health Department will be needed to meet staffing requirements. The first source of additional staff resources will include Tuolumne County Ambulance personnel, Human Services Agency and other County personnel, CERT volunteers, and the Disaster Healthcare Volunteers of California (DHV). Mutual Aid resources will be sought through the MHOAC and the Resource Requesting process.

F. Security

- 1. Security will be provided by the Law Enforcement entity with jurisdiction over the location of a POD. If a law enforcement officer is unavailable, other Incident Commander approved security may be utilized. The Security Plan will be established by the agency in accordance with the usual incident planning process within the Law Enforcement command structure, including post locations and shift schedules.
- 2. The Security Plan will be designed to be specific to the site location and will use the information in the resource document, POD Selection and Mapping to assist with planning.
- 3. Transportation of materiel may be facilitated through an established Memorandum of Understanding (MOU) with the local California Highway Patrol (CHP) office.
- 4. Use of force guidelines for law enforcement will follow standard protocols with specific directions influenced by the public health risks posed by noncompliant behavior and formulated under direction of the Health Officer (See Authority under Health and Safety Code §§ 120105 and 120275 and Penal Code §§ 834, 835, 836, and 836.5).

V. Strategic National Stockpile:

- A. In the event of a communicable disease outbreak or bioterrorist event exposing the residents of Tuolumne County to significant health risks, the immediate mobilization of pharmaceutical resources may be necessary in order to mitigate the health threat. The Centers for Disease Control (CDC) oversees the Strategic National Stockpile program to provide an initial cache of materials to the county

within 12 hours of the federal deployment decision in response to the California Department of Health Services endorsement of a local request by the Tuolumne County Office of Emergency Services when requested by the Health Officer and local Health Department. See Function Specific Medical Countermeasures Plan for further details.

- B. A local cache of SNS response supplies exists in Tuolumne County for initial response.

VI. Mass Prophylaxis Protocol:

The following paragraphs provide a description of the activities within the POD site.

A. Registration Area

1. At the entrance to the POD site, a Greeter (non-medical volunteer) will hand each patient a Registration Form on a clipboard and ask questions about symptoms.
 - a. Registration Form: The Registration Form collects name, Date of Birth, date, address, allergies, and POD site identification. The Registration Form is available in English or Spanish.
 - b. Language Interpretation: If a different foreign language is spoken, the patient is directed to a translator area where remote translation is available under contract with Language Line Personal Interpreter Services <https://www.languageline.com/webpi/webpi.php>. When utilizing over the phone interpretive services, you will complete the "Do You Need an Interpreter Now?" page with your name, Department of Social Services, and County credit card information (may need your supervisor to provide this information if you do not have a card).
 - c. The Registration Form is affixed to each patient, such as by being worn around the neck, or handed to the patient in their car to prevent loss or exchange by patients.
 - d. If the patient has symptoms suspicious for the illness in question, depending upon the nature of the infectious disease risk, the patient may be rejected from the POD and referred for care or referred to an alternate designated location at the POD site for medical triage.
2. Patients will complete the Registration Form while moving through the registration line. In a Drive-through clinic, the registration form will be filled out while the vehicle is stopped. Volunteers will monitor the line to answer any questions about the form.
3. Registration Clearance:
 - a. Symptomatic and possibly infectious patients will not be allowed to enter a POD except in a Drive-through Clinic Model where patients remain confined to their automobile and risk to staff and other clinic participants is deemed insignificant. Such patients will be given referrals to seek care.

- b. Unaccompanied minors without an organizational group clearance, such as through a school program or service club setting where parental consent has been provided or implied, will be referred to a designated Counseling and Support Area to contact parents and/or guardians to determine whether to process the minor. The decision to accept minors in an emergency response mass prophylaxis setting will depend upon the degree to which the Health and Human Services Secretary allows for emergency provisions to waive the consent requirement under 42 USC Section 1320b-5(b) (7) (A).

B. Education/Information Area

1. Line Monitors will greet patients to the Information Area.
2. Patients will receive a briefing either by viewing a videotape or listening to a volunteer reading a script.
3. Briefings will be available in English and in Spanish. The CDPH will be responsible for distribution of consistent media materials in the event of a given outbreak, specific to the organism in question. Briefings will include:
 - a. Overview of the disease and the threat to the public, including whether or not it can be transmitted from person to person.
 - b. What is currently known about recent cases, who may have been exposed, purpose of prophylaxis, and the vaccination or antibiotic distribution process.
 - c. What medication will be dispensed and why different medications may be given.
 - d. The importance of taking all of the medication and not to share with others.
 - e. That the medication is free.
 - f. That all efforts will be made to protect patient confidentiality.
4. Signage will be posted at the briefing location. Patients are directed to seats or waiting lines for walk-through PODs. Signage will exhibit numbers for each station.
5. Line Monitors will direct non-ambulatory or disabled individuals to seats and others to the waiting line when walk-through PODs are conducted.
6. Non-English speaking patients (and those who do not have their own translator) are directed to a multi-lingual table in the screening area to receive their briefing from a translator who speaks their language or to communications equipment which allows for the use of a remote translator. Tuolumne County Health Department utilizes the Language Line Personal Interpreter Services.
7. At Walk-through PODs, patients are directed to Screening Tables as they become available. In Drive-through PODs cars are waved on to the Screening station.

C. Screening Area

1. The screening station will be staffed with licensed staff. Licensure for screening personnel may include physicians, physician assistants, nurse practitioners, nurses, or paramedics. In certain circumstances, unlicensed personnel may act as screeners.
2. Screening station staff will ask questions relevant to the specific prophylaxis that is being recommended to evaluate for contraindications. Screeners will answer focused questions. They will then direct the patient 1) for further medical evaluation to the Medical Evaluation Area or 2) to the Dispensing Area if there are no contraindications.
3. While Health Insurance Portability and Accountability Act (HIPAA) privacy rules do not apply during a public health emergency, patient confidentiality should be respected. Line monitors will prevent patients from stepping up to a screening table at Walk-through POD until the transaction with the previous patient has been completed. Members of the media will be restricted to the media area and will not have access to conversations at screening or dispensing tables.
4. The health care professional at the screening station will be supplied with Treatment Protocol Flowcharts and other drug information sheets. The dispensing site Physician Supervisor will be in attendance at the Medical Evaluation Area and will have additional resource materials available to address questions from screening station staff. The Public Health Officer will be available by telephone or radio to advise dispensing site Physician Supervisors, as needed.
5. Line monitors will assist patients moving from screening to dispensing, routing patients for whom waiting is a hardship with high priority.
6. In a Drive-through setting, patients will be waved on to the Dispensing station with an indication on the Registration Form how many of which medications will be dispensed. Cars may pick up dispensed medications for any persons for whom all registration information is provided, even if these persons are not present in the automobile.

D. Dispensing/Vaccination Area

1. Registered Nurses, physicians, allied health professionals, pharmacists or paramedics will dispense the medication indicated on the Registration Form. They will dispense the standard prescription or administer the vaccination that has been approved under the Mass Prophylaxis protocol by the Health Officer.
2. Weights may be estimated for children under five years old in order to determine the appropriate dose. If the biological agent is sensitive to amoxicillin, chewable tablets may be dispensed. It may be necessary to create an oral suspension for children, as well as other patients who may be unable to swallow pills. In such a situation, the medication may be dispensed in a powder form to be re-suspended by the recipient prior to ingestion.
3. When dispensing medication, dispensed medications will be labeled in accordance with FDA regulations. The following entries will be included on each prescription:

- a. Drug name, strength, and quantity
 - b. Directions for use
 - c. Name and address of the dispensing location
 - d. Lot number and serial number of the prescription and the date
 - e. Name of the prescribing physician (State or Local Health Officer or designee).
4. Patients will be informed about the medications they are receiving and advised of potential side-effects. They will be given a 24-hour “hotline” number to call if they have questions or experience any unexpected negative effects from the medication.
 5. Patients will be reminded of the importance of finishing all of the medication, and not to share the medication with anyone else. At the dispensing/vaccination station or during check-out, each patient will receive written patient information to take home. When vaccinations have been administered, this should include the lot number of the vaccine.
 6. As soon as the patient receives the medication and take-home instructions, or a vaccination they will be directed to the exit.
 7. In a Mass Vaccination event, an observation area will be established between the dispensing station and the exit for brief observation (5 to 10 minutes for most vaccinations).

E. Medical Triage Area

1. For certain infectious agents, it may be appropriate to evaluate patients for active symptoms. An outbreak of Measles may, for example, require simultaneous case-finding and prophylaxis administration. In such a situation a Medical Triage Area may be established to evaluate patients on-site. In general, Medical Triage Areas will not be utilized in a Drive-through POD model. Instead, a separate Alternative Treatment Site or hospital referral will be utilized.
 - a. Because different infectious agents require different clinical case definitions, the triage process will be designed to be specific for the organism in question. The case definition may be adopted from CDC or CDPH recommendations and implemented according to the investigative tool prepared for a specific local health emergency event. Triage policies will be based upon this case definition.
 - b. Patients who are symptomatic will be directed to the triage station, where they will be evaluated by a physician, a physician’s assistant, a nurse practitioner or an RN. Triage staff will determine whether the patient should:
 - I. be sent home, to a physician’s office (or clinic), or to an acute care hospital for treatment; or
 - II. proceed to the prophylaxis clinic. Clearance by the triage clinic for a patient to receive prophylaxis implies that a patient poses no significant communicable disease risk to other prophylaxis clinic patients.
2. If symptomatic patients do not have transportation, staff will assist them in making arrangements, including transport by ambulance or taxi if indicated.

Patients who need treatment on-site or who are waiting for transportation will be sent to the first aid station. If the disease produced by the agent is highly contagious and a Walk-through POD is being utilized, consideration will be given to begin triage at patient's vehicles, in order to prevent symptomatic victims from exposing others at the vaccination or dispensing site.

3. The Medical Triage Area is a holding and observation area for symptomatic patients. It will be staffed by an RN or MD. This station will also be equipped to treat minor injuries that may occur to members of the public at the dispensing site.

F. Counseling and Support

- a. A public health emergency places unusual stress on the entire population. If POD site personnel encounter patients who are distressed, they may refer them to the counseling & support staff where they can speak with a Mental Health Specialist team member from the Behavioral Health Department. Team members have received specialized training in order to provide short-term intervention to reduce fear and anxiety.
- b. A Counseling and Support Area will be staffed with at least one trained person and will be available to receive referrals.
- c. Patients receive services at the Medical Evaluation Area in a strictly confidential fashion.
- d. Mental Health Specialists will roam the clinic grounds to address the behavioral health needs of the clinic participants. These counselors will not display a title on their vests, but will have identification cards.
- e. Patients will be given information regarding access to follow-up care.
- f. Members of the POD site staff will also have access to counseling and support, as needed.
- g. County staff and volunteers who have been identified in advance will be available to utilize the Family Support Program. This program may be activated to provide supervision for the family members of Public Health Department staff ([See Continuity of Operations Plan, Family Support Centers](#))

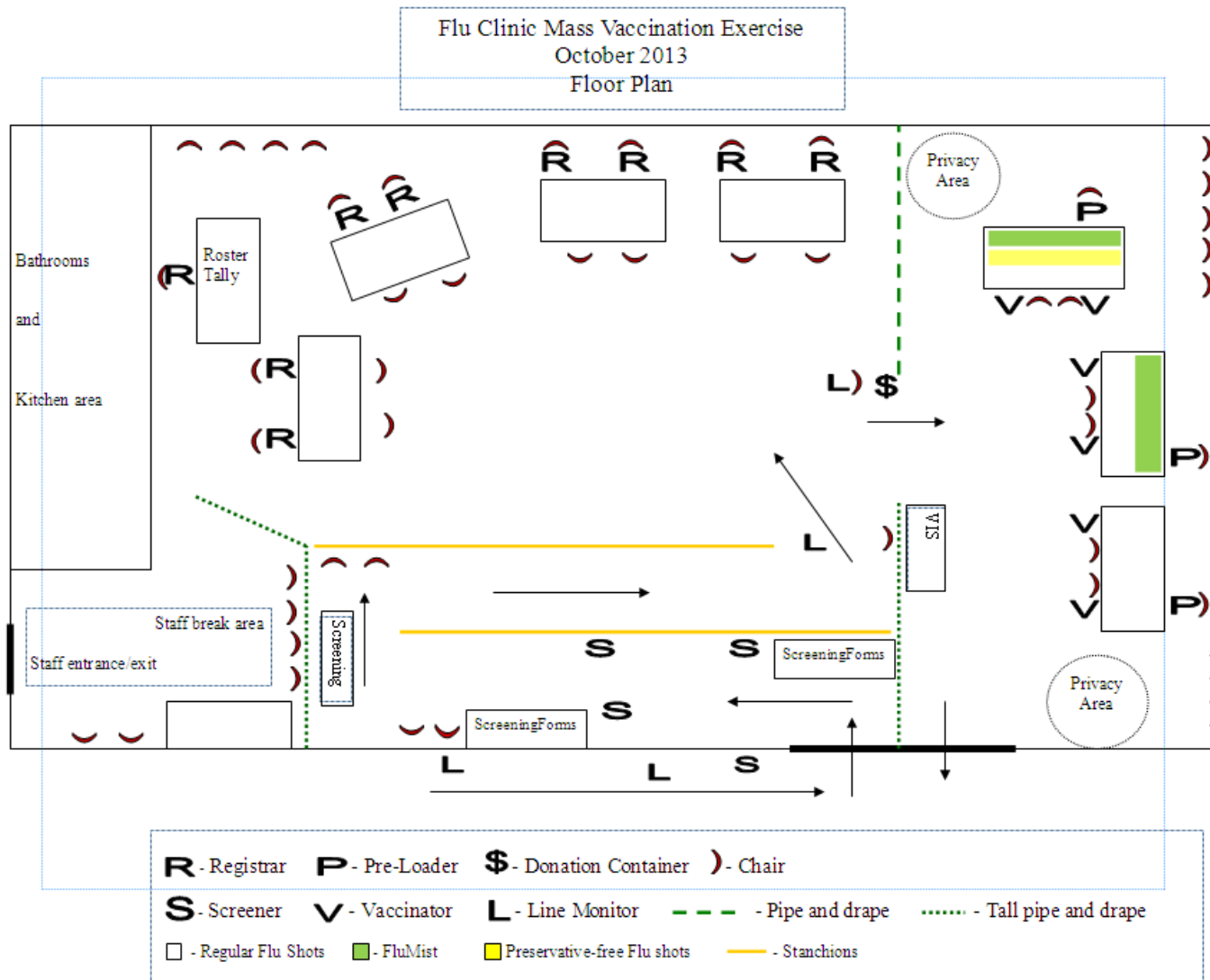


Chart 1: Sample Walk-through POD set up

G. Follow-up of Mass Prophylaxis patients:

Follow-up of patients receiving prophylaxis will be pursued in order to gather data regarding the effectiveness of the prophylaxis intervention whenever necessary. The methods employed in this effort will depend upon the scale and nature of the Mass Prophylaxis operation. Coordination of the collection of follow-up data will be through the Emergency Preparedness Coordinator, using information gathered at the time of patient registration. Follow up will also be managed through the adverse reaction reporting system described in the medication instruction sheets.

H. Media Area: The Public Information Officer at the County/Operational Area EOC will hold scheduled briefings for the media throughout the emergency event and will be responsible for approving all written press releases and statements made to the press in consultation with the Health Officer. Members of the press who wish to view dispensing operations will be directed to the Incident Command for approval.

1. The Liaison at the site will direct the press to the media area for a briefing regarding activities at the site and will also answer any questions they may have.
2. Members of the media will be restricted to the media area and observation walkway, and in compliance with HIPAA guidelines will not be permitted to hear confidential conversations between patients and staff at the screening or dispensing tables.

I. Printing: Printing of materials for public distribution will be managed by support staff and requested via a Tasker Form. If necessary, commercial enterprises such as Staples® may be utilized.

J. Storage of Stockpile Medications

1. Strategic National Stockpile medications and supplies that have not yet been distributed to the dispensing station will be stored out of public view in a secure location at the Operational Area (OA) Receiving, Storage and Staging (RSS) site. Kitchen refrigerators may be used to store vaccine or other medications that must be refrigerated, but temperature logs must be maintained to document appropriate temperature maintenance. Security personnel will guard the storage area(s) at all times.
2. The Logistics Section Chief will receive from the Operations Section Chief an ongoing report of medication and vaccine supply consumption as supplies are used.
3. The person responsible for tracking and reordering will also assume responsibility for the final inventory and return of unused supplies to the TC-RSS warehouse as part of the process of closing down the POD site, utilizing the Public Health Resource Chain of Custody Log (see HEPReP Section 6, Resource Management) for inventory tracking.

VII. Demobilization/Deactivation of POD Sites

- A. The Incident Commander will work with the EOC for determining when the functions of mass prophylaxis at the site are complete or near completion. At that time, the POD Site Leader will work with the site's Logistics Section Chief and the Operations Section Chief to arrange the following:
1. Staff
 - a. Notification of date/time to be released from duties
 - b. Collection and verification of any pertinent payroll records
 - c. Inventory unused SNS medications and supplies
 2. Equipment/Supplies
 - a. Tear down of equipment after all patients have left the premises
 - b. Packing of equipment and supplies
 - c. Arrangements to have equipment/supplies returned to their home base
 3. Documentation
 - a. Determination of who will take possession of all records pertinent to the prophylaxis process
 - b. Logging of all documentation being turned over, and maintenance of any duplicates as deemed necessary
 - c. Packing of records and transfer to appropriate personnel
 4. Debriefing
 - a. Prior to leaving the site, the Incident Commander and/or Operations Section Chief should gather all staff for a debriefing. In this process, staff should be offered an opportunity to share:
 - b. Concerns for how the process took place
 - c. Any problems that they personally are experiencing as a result of participating in this process
 - d. Suggestions they have for improving the process for future
 5. Site Security
 - a. Prior to leaving the facility, the Operations Section Chief and/or the Logistics Section Chief will make sure that the site is left as it was found upon starting the process, that it is secure, and that all keys/access methods have been returned to proper authority.

VIII. After-Action Report

1. While there are many formats for After-Action Reports, the important factor is that the following information be captured and shared with all parties involved:
2. What occurred, including:
 - a. number of patients treated
 - b. start and stop dates/times and total number of hours of operation
 - c. listing of all personnel involved
 - d. how the process took place
 - e. problems identified throughout the process, and suggestions for improvement

MEDICAL SCREENING FORM (PATIENT HISTORY & PHYSICAL)

Site:

Patient ID#:

Contact Information

Date: / / Last Name : _____ First Name: _____

Age: _____ Date of Birth: / / Sex: Male Female

Home Address _____
Apt # Street City State Zip Code:

Home Phone:() Cell: ()

Occupation: _____ Employer _____ Work Phone: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Consent to treatment

I, _____ hereby grant permission to the Department of Health to obtain laboratory specimens and receive treatment as is deemed necessary for potential _____ exposure.

Patient (or legal guardian): _____ Date: / /

Witness: _____ Date: / /

Have you had any of the following symptoms during the past 10 days?

- Cough, shortness of breath or pressure/discomfort in the chest? Yes No
- Fever, chills or muscle aches? Yes No
- Severe headache? Yes No
- New lesions on the skin? Yes No
- Bloody diarrhea? Yes No
- Hospitalized in past month for pneumonia, meningitis, other unexplained infection? Yes No

Have you ever had any of the following medical conditions?

- Heart Disease Yes No
- HIV/AIDS Yes No
- Stroke Yes No
- Organ Transplant Yes No
- Seizure/epilepsy Yes No
- Sickle Cell Disease Yes No
- Asthma/Emphysema Yes No
- Spleen Removal Yes No
- Stomach Ulcers/ acid reflux Yes No
- Cancer Yes No
- Hepatitis Yes No
- Kidney Disease/dialysis Yes No
- Taking blood thinners Yes No

Are you presently taking any medications, including over-the-counter medications?

Yes No

If yes, please list them: _____

Have you ever had a bad reaction or side effect to any of the following medications?

- Ciprofloxacin, Norfloxacin, Ofloxacin, Gatifolxacin, Levofloxacin, or Moxifloxacin? Yes No
- Doxycycline (tetracycline)? Yes No
- Amoxicillin, Ampicillin, penicillin, or a cephalosporin? Yes No
- Any allergic reaction to another medicine? Yes No

Describe any medication reaction or allergy: _____

Females Only

What was the date of your last menstrual period: _____

Are you currently pregnant? Possibly Yes No

Are you taking oral contraceptive (birth control pills)? Yes No

Are you currently breast-feeding? Yes No

Vital Signs T _____ P _____ RR _____ B/P _____ 02 % _____

Do not write below this line

Health Care Professional Notes:

Referral: MH Consultant ED / Hospital / Clinic Physician
Facility/name: _____ Phone: (_____) _____

Antibiotic Prescription Order

- Oseltamivir 75 mg. PO BID X 5 days **OR** Oseltamivir 75 mg. PO every day X _____ days
- Zanamivir 10 mg inhaled BID X 5 days **OR** Zanamivir 10 mg. inhaled every day X _____ days
- Ciprofloxacin: 500 mg BID x 10 days
- Medication: _____ mg x _____ / day x _____ days
- Doxycycline: 100 mg BID x 10 days
- Amoxicillin: 500 mg TID x 10 days

OTC medication prescribed _____

Provider prescribing medication (print): _____

Signature: _____ Title: _____ Date: / / Time: _____

Dispensing information

Verified identity of patient receiving medication by:
 Driver's license Passport Social Security card Other (specify) _____

Provider dispensing medication (print): _____

Signature: _____ Title: _____ Date: / / Time: _____

Additional information given to patient

Medication Information Summary FAQ sheet Primary Care Physician Notification

Patient declines medication treatment

The risk and benefit of medication prophylaxis for possible exposure to _____ has been explained to me and I am declining treatment at this time.

Signature of patient: _____ Date: / /