"X" Area

POD Plan

*Points**of**Dispensing*



**Date, Year**

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**Record of Review and Update:**

**Insert Date here** - Original Draft Plan

**Change Date with brief description of changes:**

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**Plan Maintenance**

Plan will be reviewed annually for necessary updates and changes. This is the responsibility of the local POD Planning group.

Call down list will be exercised quarterly, see Annex 1.

**Plan Points of Contact:** (Insert contact person who will maintain the plan)

Name

Title

Address

Office Phone

Cell Phone

Fax

Email

**Common Acronyms, Definitions, and Terms**

**CDC -** Centers for Disease Control and Prevention

**DEA** - Drug Enforcement Agency

**EM** **-** Emergency Managers: regional, county, tribal or local managers that assist in directing and planning for emergency responses

**EMS** - emergency management services

**EOC** - Emergency Operations Center: state, county, tribal or local coordination centers available during emergencies to coordinate the response effort between state, county, tribal or local governments and their partners

**EOP -** Emergency Operations Plan

Full Scale - Situations where it is necessary to provide medications or vaccinations to the entire POD service area population within 48 hours of the decision to do so. Full scale operations typically target the entire POD service area population and would operate 48 hours non-stop. Full scale operations will provide necessary medications or vaccinations to key personnel, community first responders and their families prior to opening to the general public. Full scale operations must be able to commence within 12 hours of notice to activate.

**GMRS/FRS** *(radios)* **-** General Mobile Radio Service/Family Radio Service: Small portable usually inexpensive walkie-talkie type UHF portable radios

**HAN –** Health Alert Network

**JAS** - Job Action Sheet: description of the job responsibilities for each position

**JIC -** Joint Information Center: a JIC is a collocated group of representatives from various agencies and organizations involved in an event that are designated to handle public information needs

**JIT** - Just In Time training - training given on the spot to volunteers to assist them in performing their expected duties

Limited Scale - Situations where less than full scale 24 hour POD operations are necessary to rapidly provide medications or vaccinations. Limited scale operations target specific groups of people. An example would be to provide medications to just those individuals exposed during a sporting event. Limited scale operations must be able to commence within 6 hours of notice to activate

**Mini-POD**s - small extension clinics in adjacent communities to a POD that have adequate resources to safely distribute medications or vaccines

**NAPH** - Name, Address and Patient History registration form

**NIMS/ICS** - Compatible with the guidelines outlined in the Department of Homeland Security’s National Incident Management System and Incident Command System

**OEM** -Office of Emergency Management

**PIO -** Public Information Officer

**POD -** Points of Dispensing (may include vaccinations): place where medications or vaccinations can be provided on a mass scale to an entire community in a short period of time

**Public Health Emergency -** a public health threat or event that leads to a public health emergency declaration by the Governor or the state Secretary of Health

**RSS** - Receive, Stage, Store

**SEOC -** State Emergency Operation Center

**SDDOH** - South Dakota Department of Health

**SNS** - Strategic National Stockpile, state and federal stockpiles of strategic medications, vaccines or other medical supplies that have been stockpiled in the event of a declared public health emergency

**Insert POD Name POD Plan**

**Serving Insert Collaborating County(s) Name Counties**

*Primary Location:* Insert POD Site

Insert POD Address

*Alternate Location:* Insert POD Site

Insert POD Address

Total population expected to be served – insert population number

Mission Statement:

This plan will provide step-by-step guidance and instruction to assist the local communities, staff, and volunteers to successfully activate, recruit, staff, operate and de-mobilize the Insert POD Name POD.

POD Goals:

To be ready to receive medications and medical supplies and to commence operations on a limited scale within 6 hours of notice to activate.

To be able to commence full-scale POD Operations within 12 hours of notice to activate. Full-scale operations will service the entire POD service area population within 48 hours of the decision to do so. Federal guidance allows approximately 36 hours after the opening of the POD.

Purpose:

The purpose of the POD plan is to prepare a community to respond immediately to a public health emergency or event that would require the rapid dispensing of medications or vaccinations.

**Factors that might require a local POD to be activated may include:**

a. During a Public Health Emergency when local and regional resources have been expended and it is necessary to request additional outside resources from the state or the federal government available through the state or federal SNS (Strategic National Stockpile).

b. Exposure of a large group of people to a known pathogen where immediate medical intervention is available. (i.e. anthrax attack and a large quantity of antibiotics can be made readily available).

c. Smallpox outbreak anywhere in the world that cannot be contained and has a high potential for spread.

d. Any other medical event that is time critical, that could be mitigated by an immediate dispensing of available medications or vaccinations, requiring a rapid community-wide response. (i.e. sudden availability of a vaccine in the midst of a pandemic).

**The key points for the activation of a POD most likely would include:**

a. Large group of people exposed or at risk for exposure.

b. Time-critical event where immediate intervention is necessary to save lives.

c. Traditional local and regional medical resources are unable to serve the affected population in sufficient time.

d. Medications or vaccines are readily available through the state or federal SNS.

e. A public health emergency has been declared by the State of South Dakota.

**Scope:**

This plan is a collaborative effort from numerous state, county, municipal, and local EMS (emergency management services), medical, and other local agencies and represents a plan based on local assets and current capabilities. This plan was developed in support of the state and federal SNS plan.

A copy of this plan will be maintained at the SDDOH, Office of Public Health Preparedness and Response, Pierre, local Community Health Services office, County EM's (Emergency Managers), Insert POD Site Name Here, and the local Emergency Operations Centers (EOC). Other agencies or organizations supporting this plan are welcome to maintain a copy.

In accordance with CDC (Centers for Disease Control and Prevention) and SDDOH requirements, this guide will be reviewed annually to ensure accurate and updated information. Changes will be posted on the Record of Review and Update found at the front of the plan. The procedures described in this plan outline the basic activities required to operate a POD. This plan is intended to be flexible and scalable; these procedures can be applied to any environment where PODs may be activated, scaled according to the number of citizens expected. The elements of this plan are based on existing emergency response structures, authorities, and responsibilities identified in the local emergency operations plans. See Annex 10 for legal authorities and policy issues that support the plan.

**Summary:**

Insert POD Name has formed an SNS Planning Committee to assist with the plans for managing and dispensing the Strategic National Stockpile, in accordance with CDC guidance. The SNS Planning Committee will meet SNS program requirements as set forth by the CDC in the Site Assessment Tool (Annex 5). The Insert POD Name SNS Planning Committee is comprised of elected officials, emergency management, health agencies, hospitals, and other community partners. A list of the SNS Planning Committee members and their point-of-contact information is found in (Annex 2).

Following the Governor’s declaration of a public health emergency, the state EOC (SEOC) would coordinate through Emergency Management with local officials to assess whether there are adequate resources to respond to the event. If the nature of the event requires immediate large-scale mass dispensing of medications or vaccinations, the local PODs in those affected areas will be activated by the state EOC through the local county EOC or local EM.

Available state-level SNS assets would be sent to the affected community. The local EM would be informed by the SEOC when they can expect to receive the first shipments of state-available medications and medical assets. (Approximately 6-12 hours after a decision by the state to deploy those assets). If there are not adequate state or regional assets available, the state would request additional assets through the federal SNS. (Approximately 12-24 hours after a decision by the federal government to deploy those assets).

Through multiple media outlets coordinated through the state EOC JIC (Joint Information Center), people in the affected area would be instructed where and when to go to receive medications/vaccinations through the POD.

**Command and Control:**

The POD plan is NIMS/ICS (National Incident Management System/Incident Command System) compatible and is scalable up or down to meet the level of response necessary based on the conditions of the public health emergency. A complete detailed copy of the Incident Command System Chart for the Insert POD Name POD is located in Annex 2.

The flow of information, command, and control in support of POD activities flows to and from the State EOC to the Insert County Name County EOC. The Insert County Name County EOC will coordinate with Insert Collaborating County(s) Name County’s EOC to coordinate activities related to POD operations.

**Seven Key Positions - Insert POD Name POD Organizational Chart:**

Seven key POD positions have been identified as necessary for activating the POD:

* POD Manager
* Logistics Section Chief

Facilities Unit Leader

Security Manager

* Operations Section Chief
* Planning Section Chief
* Finance/Administration Section Chief

These positions are staffed three-deep in accordance with pre-POD planning activities. Their point of contact information can be found in Annex 2. Job Action Sheets (JAS) for these positions are located in Annex 15.

A complete POD organizational chart with all planned POD positions can be found in

Annex 2.

**Requesting State or Federal Strategic National Stockpile (SNS) Assets:**

In a public health emergency, local and regional medications and resources should be utilized first since they are readily available. The state EOC will query the affected counties through their local EMs or county EOCs to assess their needs.

The criteria that will be used when requesting state or federal assets is when local and regional resources are expended or projected not to meet the expected need. County EMs may request state and federal assets through the SEOC. Requests for materiel must be coordinated through the local or county EOC to the SEOC.

**Transportation of SNS Materiel to the Insert POD Name POD:**

All requests for state or federal SNS assets in support of the Insert POD Name POD must go through the Insert County Name County EOC.

POD-related SNS assets can be expected to arrive in support of the Insert POD Name POD in two ways:

1. Ground transport by secure carrier. (State National Guard, Highway Patrol, or Law Enforcement escorted carrier) right to the Insert POD Name POD location.
* Where possible the secure carrier will have state digital radio access and will be able to maintain direct communications with the POD.
* The Insert POD Name POD will be informed as to the route, schedule, the expected arrival time of the carrier, and type and quantity of items being shipped.
1. Air transport by State National Guard, state plane, or secure chartered air carrier directly to the local airport.
* This method could be used for isolated events such as anthrax attacks where initial quantities of state stockpiles of antibiotics need to be flown to the affected area immediately.
* The Insert POD Name POD will need to then arrange for secure ground transport from the airport to the Insert POD Name POD. (A police escort is acceptable).

**Management of SNS Assets:**

SNS assets should be received for the Insert POD Name POD by the POD Logistics Section Chief. If the Logistics Section Chief cannot receive the SNS material, the Supply Unit Leader will function as the backup for receipt. Point-of-contact information for the POD Logistics Section Chief is found in Annex 15.

To avoid delays in treatment, the POD Manager, Logistics Section Chief, or their designee may sign for SNS material. The POD Logistics Chief or the POD Manager must co-sign for the material later.

SNS material should be quickly inventoried upon receipt to ensure that all requested supplies and medications are received.

SNS materiel should be stored at the POD location in a secure room or area with controlled access.

Medications requiring environmental controls need to be stored in accordance with the manufacturer’s specifications. (i.e. refrigerate vaccines).

Any additional transportation of SNS materiel once it is received by the POD will be coordinated by the Insert POD Name POD Logistics Chief. (I.e. medications forwarded to the hospital, county jail, nursing homes, or other institutions with medical staff who will distribute/vaccinate in-house).

POD representatives must account for the limited SNS assets the POD is utilizing. Any SNS assets leaving the POD for other locations (such as hospitals, institutions, Mini-POD locations, etc.) must be accounted for with an inventory sheet and be signed for at the receiving destination. See the inventory sheet in Annex 12.

The POD Security Manager for the Insert POD Name POD will be responsible for the coordination of security at the storage site and coordination of security of subsequent transport of SNS materiel throughout Insert Collaborating County(s) Name, counties.

**Mini-PODs -** Should the Insert POD Name POD Manager decide to expand the distribution of POD assets further through the use of mini-PODs it is the responsibility of the mini-POD to transport the assets from the Insert POD Name to the mini-POD locations.

(Delete if your plan has no possibility of Mini-PODs)

**Communications:**

The Communications Unit Leader is responsible for coordinating communication resources for the Insert POD Name POD. Those duties can be found in the JAS in Annex 15.

External Communications **–** the Insert County Name County EOC communicates with the state through the statewide digital radio system and the National Warning System. In the event of a public health emergency, the Insert County Name County EOC will maintain communications with the state through the statewide digital radio system, phones, internet, fax, and runners. As soon as possible, radio/phone/fax and internet connections should be established between the Insert POD Name POD and the Insert County Name County EOC, 911 Center, JIC (if operational), local hospitals, long-term care facilities, alternative care facilities (if being used), and Mini-PODs (if established).

A state-provided portable digital radio compatible with common state frequencies shall be issued when available to the POD Manager.

After an emergency has been declared, state and POD PIOs (Public Information Officers) will assume primary responsibility for all media relations activities.

Internal Communications systems that may be used on-site for POD operations include phones, radios, portable talk-a-bout GMRS/FRS (General Mobile Radio Service/Family Radio Service)radios, runners, flags, signage, public address systems, or bullhorns.

POD personnel based on their positions may be issued a small, inexpensive type GMRS/FRS portable radio to maintain internal POD connectivity, command, and control.

The POD Manager or their designee will announce the portable radio channel to be used at the beginning of each shift. Portable radiosarenot secureand can be scannedby the media or the community, so sensitive information should be relayed by face-to-face meetings, runners, or some other secure means.

Portable radio messages will be short, concise and begin with a sector identifier. (i.e. POD Manager to Medical Branch, over)*.* Portable radios and personal cell phones shall be kept charged when not in use. Technical problems encountered with portable radios should be reported to the Logistics Section Chief. Portable radio and personal cell phone messages can be monitored by persons not involved in the response effort.

POD Risk Communications/Health Education:

The Insert POD Name POD PIO is responsible for providing risk communications information on the POD to the Insert County Name County EOC PIO for coordinated dissemination to the public. The job action sheet for the POD PIO is located in Annex 15.

The media outlets available for the Insert POD Name POD are listed in Annex 3. The POD PIO in coordination with the Insert County Name County PIO will maintain contact with the local media to provide accurate and timely information to the public. The county PIO will maintain communications with the JIC established.

During the operation of a POD, a media staging area will be designated to ensure efficient clinic operations and the protection of client privacy. Media access to the POD clinic during operations will be limited and media personnel will be required to have an escort if they desire access.

The Education Group Supervisor for the Insert POD Name POD is responsible for providing POD and health-related information to the community once clients enter the POD area. The JAS for the POD Education Group Supervisor is located in Annex 15.

The Insert POD Name POD uses easily seen, durable signs in English and subtitled in Spanish to identify the following areas (list all applicable clinic stations):

* Parking
* Entrance
* Medical Screening
* Medical Counseling
* Mental Health
* 1st Aid Station
* Education/Orientation
* Forms
* Staff Lounge
* Bathrooms
* Exit
* Exit Review
* Other

Each area will be clearly identified and the direction of traffic flow marked. Where possible, illustrations will also appear on signage to reinforce the intended message.

The POD Special Needs Group Supervisor for the Insert POD Name POD will take care of education needs for non-English speaking, functionally illiterate, hearing impaired, and visually impaired clients. The JAS for the Special Needs Group Supervisor is located in Annex 15.

Available interpreter services and services for the hearing impaired include:

* Language Line – dial the toll-free number 1-877-261-6608. Choose “1” for Spanish and “2” for all other languages. State the client ID # 238036 and use code 304 for the service being offered. Additional information about the language line can be found at [www.Languageline.com](http://www.Languageline.com)
* [www.freetranslation.com](http://www.freetranslation.com) may be a useful website for staff who are working with clients who only need help interpreting a couple of sentences or words
* TTY (Telecommunications Device for the Deaf) Voice 1-800-223-3131
* Relay South Dakota 1-800-877-1113

**Safety:**

The POD Safety Officer and staff ensure that the work environment is safe for POD personnel and the public. The Safety Officer has the authority to halt operations at any time due to unsafe conditions.

**Security:**

The security functions of the Insert POD Name POD site will be coordinated through the Insert City Name Police Department and the Insert County Name County Sheriff’s Department. Additional staff and personnel will be incorporated into the security operations. Security resources may include other sworn law enforcement agencies such as (Insert supporting resources available i.e. SD Game, Fish, and Parks, SD Highway Patrol, SD Carrier Enforcement). Security forces may also recruit able-bodied personnel who can assist sworn law enforcement personnel. Security will be provided for all personnel, materiel, and equipment involved in the management and distribution of the Strategic National Stockpile. Security to be provided includes but is not limited to:

* Preventing unauthorized access to locations that support SNS operations
* Facilitating movement of vehicles that transport the SNS after initial receipt
* Controlling crowds that might interfere with effective operations
* Controlling traffic flow that might interfere with effective operations
* Protecting personnel, equipment, and materiel of the SNS.

Security personnel at a POD site will need to be clearly identified and visibly positioned throughout the POD site.

A detailed security plan for the Insert POD Name POD is found in Annex 11.

**Traffic Control and Parking:**

The Vehicle Traffic Control Team Leader under the POD Security Manager will be responsible for the coordination of the Insert POD Name POD vehicle traffic control and site parking.

It is imperative to manage vehicle traffic and parking to keep a smooth flow of people entering and leaving the POD. The traffic flow and parking plan for the Insert POD Name POD can be found in Annex 4.

Staffing:

The key position for Staffing and Credentialing is the Resource Tracking Unit Leader who oversees both the Volunteer Coordination and Credentialing functions. It is imperative that these positions be filled early in the activation of the POD. The JAS for the Resource Tracking Unit Leader can be found in the Planning Section of Annex 15*.*

The Resource Tracking Unit Leader and staff will identify, recruit, credential, assign and train volunteers during a public health emergency. All medical licenses will be verified with the current employer or the appropriate medical board. See credentialing instructions and procedures Annex 14.

Medical volunteers will be required to show a valid medical license and valid photo identification when reporting to the POD.

Non-medical spontaneous volunteers will be required to show valid photo identification when reporting to the POD. Other volunteers will be managed by the Volunteer Coordinator and will be required to show valid photo identification and medical license if applicable, upon arrival at the POD. After presenting appropriate credentials, POD staff will be supplied with POD identification.

All staff and volunteers who will be working for the POD will receive JAS and Just-In-Time training (JIT) according to their assigned position in the POD command structure.

Pre-identified volunteer agencies willing to assist with POD functions such as churches, Ministerial Association, VFW, etc., and other volunteer resources can be found in Annex 2*.*

Not all staffing positions identified in the POD staffing plan may need to be filled. In accordance with the guidelines outlined in the NIMS and ICS, fill only those positions you will need and expand or contract the number of positions as necessary throughout POD operations.

Hours of operation and shift durations will be dictated by the nature of the public health emergency. The POD manager in consultation with the County and SEOC will announce the POD hours of operations. There will be an effort to standardize those times across the state as applicable, for planning purposes plan on 12-hour shifts.

**Facility Operations:**

**POD Activation**

SDDOH and emergency management officials, in consultation with the SEOC and in accordance with the local response planning shall activate the POD.

**Mobilization**

The Insert County Name County EM shall alert the designated POD Manager and inform him/her where to report. The POD Manager will notify section chiefs and command staff according to the ICS command staff chart. The POD activation and call-down list is located in Annex 1.

The Logistics Section Chief will alert the POD facility contact person and advise them of the need to open the facility and when.

The Insert County Name County EM or Sheriff will notify county/local civic leaders, law enforcement, fire, hospitals, EMS, and other designated support agencies that the Insert POD Name POD and other designated Mini-PODs are being activated.

The Insert County Name County Sherriff’s office, in coordination with other local law enforcement agencies, will conduct an initial assessment of the security of the POD facility, surrounding area, and travel routes.

Persons responsible for bringing the identified equipment and supplies to the POD shall be notified and asked to complete their assignments by the Logistics Section Chief.

Special vendors needed to support the POD (i.e. telephone company, power company, etc.) shall be notified by the Finance/Administration Section Chiefand asked to send their personnel.

After the POD has been set up, media requests will be coordinated through the POD PIO and given briefing information about the POD (address, available transportation means, hours of operation, etc.). This will be done in coordination with the Insert County Name County EOC and the POD manager.

**POD Site Set-up**

The designated POD site will be initially set up as quickly as possible using pre-identified resources as outlined in Annex 8.

**Medication Preparation**

Pediatric dosing and select geriatric dosing may require some liquid medication preparation. The preparation of these medications will take place under the direction of the POD Medical Branch Director. The CDC- recommended preparation procedures shall be followed as closely as possible. See Annex 7.

**Client Traffic Flow**

A map of POD clinic flow with designated POD stations is located in Annex 4.POD flow may be altered to meet the needs of the public health event or disease outbreak.

* Entrance - POD staff shall be located at the front entrance to provide direction and guidance.
* Triage - designated staff shall visually screen each person as they enter and ask "Are you sick?"
	+ Persons answering “no” to the question shall be directed to the education area.
	+ Persons answering “yes” shall be redirected to the POD Illness Evaluation Area for further screening
* Patient Orientation/Education –groups of clients shall be provided information developed on the incident and the medication/vaccination.
* Forms Distribution -required information on a NAPH, form for each person is needed before proceeding on.
* Medical Screening **–** questions concerning contraindications shall be asked, such as pregnancy and underlying illness. Based on the answers given, clients will be directed to the dispensing/vaccination area or medical counseling area.
* Medical Counseling – medical personnel will evaluate clients and make recommendations as to whether the patient is:
	+ Eligible for medications/vaccine
	+ Should not receive medications/vaccine, and sent home
	+ Should be transported to an off-site treatment center for other treatment
* Dispensing –the client shall hand the dispensing staff the appropriate forms. The medication dispenser shall record the drug name and lot on the appropriate form before placement in a storage box.

OR

Vaccination – the client shall hand the vaccinator the appropriate forms. The client will be given the immunization/vaccination. The vaccinator shall record the drug name and lot on the appropriate form before placement in a storage box.

* Mental Health – clients in need of mental health support may stop at this area if needed. Clients may also be referred to this area by POD staff working in other areas. Mental health professionals should be available to provide needed evaluation and acute assistance to clients seeking help as well as the POD staff.
* Exit Review - once the client has completed all stations then they will exit through the designated area but may not return unless they return to the front entrance.

**POD Staff Leads**

All JAS for POD command and general staff positions are found in Annex 15.

The SDDOH and Insert County Name County EM have identified POD clinic management. These positions include, but are not limited to:

* POD Manager
* Safety Officer
* Public Information Officer
* Liaison Officer
* Logistics Section Chief
* Operations Section Chief
* Planning Section Chief
* Finance/Administration Section Chief

Those identified above as POD Clinic management will wear easily seen identification and a vest in the appropriate ICS color. Vests will be provided by the SD DOH and accompany the medications to the POD. The vest colors for each section are Command – Black, Operations – Red, Logistics, Yellow, Finance/Administration – Green, and Planning - Blue. White vests will be provided for health care personnel and fluorescent yellow vests for traffic control personnel.

The incident command structure for the Insert POD Name POD is found in Annex 2*.*

Each Unit Leader or Group Supervisor shall be responsible for supervising assigned staff and remediating identified problems within their sector. Problems that cannot be solved at the sector level shall be brought to the attention of the Branch Director and so on up the ICS chain.

Each Section Chief shall keep the POD Site Manager regularly apprised of their progress and any problems encountered. The POD Manager will keep the Insert County Name County EOC or Manager regularly apprised of the progress being made, problems encountered, and resources needed.

**POD Orientation**

At the opening of the POD, the POD Manager in conjunction with the Operations Section Chief should orient their command personnel and staff.

The Unit Leaders and Group Supervisors will distribute JAS for all clinic functions during JIC and orientation; JAS are located in Annex 15.

Orientation for POD volunteers and staff will include, but is not limited to:

* Situation update
* POD mission
* Chain of command
* Safety
* Work assignments
* Communication procedures
* Client processing
* Medical care capabilities
* Injury reporting procedure
* Sign-in and out procedure
* Credentialing
* Triage criteria

A walk-through of the process will be demonstrated. POD staff will be observed by the Safety Officer for signs of fatigue or stress as defined in the JAS for that position. Staffing shifts, if possible, should not be longer than 12 hours.

On the first shift worked each staff member will complete a brief registration and emergency contact form that will be maintained by the Documentation Tracking Unit Leader. At the beginning of each shift, everyone will sign the shift sign-in sheet and present photo identification. When personnel completes their shift, they will sign out. It is not permitted for anyone to sign in or out for another person.

Every POD staff member will receive a form of POD identification. POD staff members will prominently wear the POD identification during their shifts. Identification will be picked up at shift sign–in and turned in at the end of the shift each day.

**Health and Hygiene**

Standard precautions will be observed by all personnel. Additional infection control measures relative to specific agents will also be practiced.

Bathroom facilities shall be made available inside and outside the facility for staff and the public. Outside portable latrines should be used where necessary as time permits.

The POD Safety Officer will routinely look for and correct any health and hygiene-related problems.

**Documentation**

Accurate documentation will be kept during POD operations. Completed forms shall be given to the Documentations Tracking Unit Leader for filing. Example copies of forms are provided in Annex 12.

**Tracking Inventory**

The Logistics Section Chief in coordination with the Planning Section Chief will establish an inventory control system for the POD. Included in the system will be the recipient of listed items, identification of essential items, documentation of types and quantities of all medications and materiel, and their location.

Lot numbers for all medications shall be recorded for future reference as needed. As soon as possible the system of logging and tracking of items should be computerized.

**Depletion of Medications/Supplies**

If medications or other equipment/supplies are depleting, the POD Site Manager and their command staff shall develop a hold strategy (conserving supplies).

Hold Strategies will be identified for the following considerations:

* + - 1. Can substitutes for items in short supply be used?
			2. How soon before the needed items arrive?
			3. Implications of terminating the client processing.
			4. Are other PODs able to pick up the remaining clients?

The Insert County Name County EOC and SEOC shall be told of the situation and provide assistance if possible. The decisions reached shall first be announced to staff members and then to the client population in the POD.

**De-mobilization**

The decision to terminate operation will be made by the POD Manager in concert with the Insert County Name County EM. Principle decision criteria will be the estimated completion of medication distribution/immunization of the assigned population. The POD Site Manager will notify other Command Staff when the POD will be terminating its operation, including demobilization protocols, see Annex 9. The media and general public will then be advised by the PIO when the POD will be closing.

Priority Prophylaxis:

The goal of priority prophylaxis is to maintain that personnel or institutions that are critical to continuing services in order to prophy lax the rest of the population and slow or stop the spread of disease.

The reason that household members are stressed in this section is to ensure that the priority person takes their medication and remains healthy rather than share their meds with their loved ones and become ill.

In non-48-hoursituations, priority prophylaxis for community responders and their household members will be determined based on recommendations made by the CDC and SDDOH. Planned recommendations include:

1. POD volunteers and staff
2. Hospital, health department staff
3. Emergency operations staff
4. Key civic leaders
5. Emergency medical services
6. Law enforcement
7. Fire department
8. Public works
9. Close contacts identified by the SDDOH.

Priority agencies designated by the SDDOH will be communicated through the SEOC to Insert County Name County EOC.

In the event that a 48-hour prophylaxis timeline is designated by the SDDOH, priority prophylaxis will be coordinated through the POD Operations Sections and implemented for facilities outside of the POD through the POD Travel Teams.

Special Needs Populations:

The populations that have been identified in the Insert POD Name as having special needs include:

1. Limited English speakers
2. Hearing or sight impaired
3. Homebound individuals
4. Children
5. Institutionalized persons (hospital, nursing homes, assisted living)
6. Incarcerated individuals
7. Undocumented aliens
8. Indigent persons

During a public health emergency, translators/interpreters will be available during POD clinics to assist limited English speakers. Insert POD NamePOD will utilize local volunteer translators.

POD operations will provide special needs helpers to assist sight-impaired individuals and semi-ambulatory individuals through the POD clinic. Written materials may be read to individuals and assistance provided for the completion of all forms.

Available interpreter services and services for the hearing impaired include:

* Language Line – dial the toll-free number 1-877-261-6608. Choose “1” for Spanish and “2” for all other languages. State the client ID # 238036 and use code 304 for the service being offered. Additional information about the language line can be found at [www.Languageline.com](http://www.Languageline.com)
* [www.freetranslation.com](http://www.freetranslation.com) may be a useful website for staff who are working with clients who only need help interpreting a couple of sentences or words
* TTY (Telecommunications Device for the Deaf) Voice 1-800-223-3131
* Relay South Dakota 1-800-877-1113

In some situations, caregivers (i.e., social service workers, home health workers, etc.), will be issued medications to deliver to the head of the household. Mobile teams may be established to provide homebound and fixed-site populations with medications.

The number of long-term care facilities and assisted living facilities in Insert POD Name POD jurisdiction is (insert the number of long-term facilities here). A list of these facilities with point-of-contact information is provided in Annex 2.In the event of a public health emergency, the Insert POD Name POD, through the travel teams, will provide medications/vaccinations to the listed contact at the facility so they may prophylax or vaccinate their own populations using in-house medical staff.

The Insert POD Name POD jurisdiction contains Insert the number correctional facility. The point-of-contact information for this facility is listed in Annex 2*.* The Insert POD Name POD travel teams will deliver and dispense medications for this facility.

The Insert City Name Police Department and the Insert County Name County Sheriff Office have determined that undocumented aliens reside within the Insert POD Name POD jurisdiction. Undocumented aliens will be prophylaxed/vaccinated with the general population in a POD clinic setting. No proof of residency will be required. The local designated PIO will develop and implement a public health education campaign to inform undocumented aliens that they may bring their families to POD sites and will not be required to show proof of residency.

**Head of Household and Underage Policies:**

**Family Member Maximum Courses Pick-Up and Identification** - The maximum number of courses that family members can pick up is 10. The minimum identification required at POD sites is a valid form of picture identification.

**Unaccompanied Minors Picking up Medications** - If underage clients are present at the POD alone, the Mental Health worker will interview the client and evaluate the situation, making phone calls to parents, guardians, etc. as necessary. Based on the available information, the POD Medical Branch Director will determine the suitability of providing the needed medication/vaccination.

**The POD Manager or designee may adjust the head of household, multiple regimen policy, unaccompanied minor, and identification requirements:**

* The local dispensing site leadership has knowledge that the pick-up family member truly represents more than 10 family members.
* The local dispensing site leadership feels that the nature of the situation should warrant a local policy change so as to not delay any distribution efforts due to local conditions.
* The local dispensing site leadership has the authority to waive these recommendations on an individual case-by-case basis as needed.

**Equipment and Supplies:**

In order to operate a POD clinic, the Insert POD Name POD will need clinic supplies that can be readily transported to the POD site. A list of equipment and supplies needed for the Insert POD Name POD operations is found in Annex 6*.* Existing emergency management protocols through local Emergency Operations Plans (EOP) will be utilized to obtain additional resources.

Storage and Handling Requirements for SNS Materiel are found in Annex 7.

Transport of clinic supplies will be under the direction of the POD Supply Unit Leader. City/County Public Works and/or the local Highway Department may provide vehicles and assist with the transportation of supplies to the POD site.

Sample POD clinic forms including the NAPH form are located in Annex 12. In the event of a public health emergency, these forms will be updated to reflect the situation or disease outbreak. The SDDOH is in charge of updating forms for a public health emergency. If the SDDOH cannot update forms the Insert County Name County EM Office will serve as backup.

Sick Patient Transport and Treatment Centers:

If a symptomatic patient presents at the POD clinic, the Triage/Evaluation Group Supervisor is responsible for triage. Ill patients will be advised to self-transport to local hospitals and treatment centers. Severely ill or injured patients or staff will be transported to the hospital or local treatment center via existing 911 transport protocols.

The city of Insert City Name has Insert number of hospitals**,** Insert hospital address. In the event of a public health emergency, the Liaison Officer will contact the hospitals. During a public health emergency, the Planning Section Chief will maintain contact with the local EOC to keep timely records of local hospital capacity. In an SNS event, local hospitals will implement controlled access procedures as outlined in their hospital disaster plans.