WASHINGTON STATE
REGION IV PUBLIC HEALTH

Public Health
Prevent. Promote. Protect.

Region IV Public Health
Clark, Cowlitz, Skamania, Wahkiakum counties
and Cowlitz Tribe

MASS PROPHYLAXIS
(Medication Dispensing and Vaccination)

Point of Dispensing (POD)
Field Operations Guide - (FOG)

POD Operations Overview
Set-up and Staffing

**(See separate Guide for Staff Job Action Sheets
& Inclusive-Just-In-Time-Training)**

July 2018

This Region IV Public Health (R4PH) Mass Prophylaxis Point of Dispensing Field Operations Guide (POD FOG) is intended to be a guide for public health responders who establish a mass medication center during a public health emergency. The Incident Management Team Operations Section uses this POD FOG as a starting point and makes adjustments as dictated by the incident.

R4PH POD guides may be found electronically at
https://www.clark.wa.gov/public-health/county-emergency-response-plans

For additional information please contact: Region IV Public Health Emergency Preparedness and Response Program, 564-397-8485 or Lianne.Martinez@clark.wa.gov

ACRONYMS and TERMS

Category A Diseases	Anthrax, Botulism, Hemorrhagic fevers, Plague, Smallpox, Tularemia
CDC	Centers for Disease Control and Prevention
EOC	Emergency Operations Center
FDA	United States Food and Drug Administration
FOG	Field Operations Guide
HAN	Health Alert Network (referred to as HAN in Oregon and SECURES in Washington)
ICS	Incident Command System
I-JITT	Inclusive "Just-in-Time" Training (inclusive of culture and learning styles)
JAS	Job Action Sheet
JITT	Just-in-Time Training briefing and job training before one is asked to preform job thus "just-in-time"
MCM	Medical Countermeasure
POD	Point of Dispensing (aka mass prophylaxis center)
PPE	Personal Protective Equipment
Prophylaxis	A medicine, vaccine or device used to prevent disease
PHICP	Public Health Incident Command Post
R4PH	Region IV Public Health Emergency Preparedness Program includes Clark, Cowlitz, Skamania and Wahkiakum County Health Departments and the Cowlitz Indian Tribe
SNS	Strategic National Stockpile (or CDC Division of Strategic National Stockpile)
SECURES	Secure Electronic Communication, Urgent Response, and Exchange System (Washington State's Health Alert Network)

WA DOH   Washington State Department of Health

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OVERVIEW and POD POLICY CONSIDERATIONS

The purpose of this document is to provide a standardized mass prophylaxis point of dispensing (POD) field operating guide (FOG) for Region IV Public Health in southwest Washington State which includes Clark, Cowlitz, Skamania and Wahkiakum Counties and the Cowlitz Indian Tribe.

This POD FOG describes how to set up and manage points of dispensing (PODs) or mass prophylaxis centers that are scalable, adaptable in the field, and meet the Centers for Disease Control and Prevention (CDC) Division of Strategic National Stockpile (SNS) guidance standards. Related information is available in the Region IV Mass Dispensing and Medical Logistics Annexes to the Region IV Public Health Emergency Response Plan.

Medical versus Non-medical Model:

The procedures in this guide recognize the need for two different POD models. A *medical model* involves the screening of individuals for existing medical conditions, current medication use and allergies to specific medications. The assumption is that most public health emergencies will involve a localized event, involving relatively few people, during which there will be time to employ a medical model.

Objectives for a *medical model* include:

1. Dispense antibiotics to *300* people per hour in one POD.
2. Safely and successfully dispense antibiotics in a *72-96 hour time* period by operating 24 hours per day for 3-4 days or longer based on incident objectives.

Catastrophic events, however, may affect a large geographic area and involve many hundreds of people. Use of a *non-medical model* means that individuals will not be screened for existing medical conditions, current medication use or allergies to specific medications.

Objectives for a *non-medical model* include:

1. Dispense antibiotics to *600* people per hour in one POD.
2. Safely and successfully dispense antibiotics in a *48-hour time* period by operating 24 hours per day for 2 days or longer based on incident objectives.

The local health officer will determine whether a medical or non-medical model is used in the PODs. The criteria for the health officer selection of a non-medical model for rapid dispensing will depend on the number and severity of the morbidity. The health officer will consult with the policy officials and notify them of the decision to use a medical or non-medical model for communication to Incident Command.

For a catastrophic event, medication dispensing will occur on a household model. The number of households and PODs/mass prophylaxis centers required in Region IV to

prophylaxis all persons in the jurisdiction are listed in Table 1. Vaccination PODs, regardless of event type, occur as individual administration.

	County	Population (2014 WA OFM)	Avg. Household Size (2016 US Census)	No. of Households	No. of PODS
1.	Clark	459,495	2.7	170,183	5*
2.	Cowlitz	103,468	2.5	41,387	2
3.	Skamania	11,339	2.5	4,536	1
4.	Wahkiakum	4,042	2.3	1,757	1
	Total	578,344			9

Table 1. Region IV Total Population, Households and PODs by County

*This may include drive-through PODs.

POD/Mass Prophylaxis Centers Legal and Policy Considerations:

1) *Household Model for Dispensing Medications* – Medications will be dispensed per household.
   a. An individual may pick up medication for him/herself and other people, who may or may not live within the same household.
   b. There is no limit to the number of regimens that one individual may pick up at a POD. It is at the discretion of the POD Supervisor to determine if an individual is requesting an unreasonable number of doses.
   c. A child 12 years of age and older, if unaccompanied by an adult, may pick up medication at a POD. Permitting a child less than 12 years of age to pick up medication will be at the discretion of the POD Supervisor.
   d. No identification is required to pick up medication at a POD.

2) The Local Health Officer will be responsible for writing the standing orders and approving all medication and vaccination dosing for all incidents. The standing orders/protocols will include the Health Officer approved medication administration forms, screening algorithm and disease fact sheets.

3) The Washington State DOH approves altered standards of care during emergencies, if needed (e.g. during H1N1 in 2009, Region IV emergency medical technicians were allowed to administer vaccinations).
   a. The Local Emergency Medical Services Medical Program Director (MPD) is responsible to adopt the approved state altered standards of care for local EMS providers use.
   b. The Local Health Officer is responsible to adopt the approved state altered standards of care for non-EMS health care providers' use.

4) If possible, a pharmacist, physician or dentist will be at each POD, to provide consultation for dispensing of medications.

5) Procurement of private property occurs in accordance with incident authorities using ICS and EOC procedures.

6) Each county PHICP/EOC is responsible to provide security and crowd control with local law enforcement officers for the PODs. This may be a combination of law enforcement and private security officers. LE and security officers will follow the Use of Force Policy of their respective employing agency.

7) Liability protection for all incident paid workers and volunteers is covered by the federal PREP Act for instances that require the use of countermeasures to prevent disease (e.g. antibiotic dispensing in an anthrax scenario) and if the federal Secretary of Health and Human Services has issued a PREP Act declaration. Other applicable legal liability coverage authorities are listed in *Liability Considerations* at the end of this document.

8) Workers and staff compensation: Volunteers who are pre-registered as emergency workers receive workers compensation liability protection under the Emergency Worker laws (WAC 118-04-20). Government and private employees receive workers and staff compensation in accordance with their respective employers' policies and procedures.

Incident Command System (ICS): ICS is used to plan, manage and operate the incident response. The ICS structure expands and contracts as needed.

Incident Action Plan (IAP): An IAP authorizes, directs resources and assigns tasks and resources to solve an incident. The response objectives, strategies and tactics are clearly identified in the IAP.

POD Organization Chart: An Incident Command System (ICS) organization chart that lays out the positions and lines of authority and communication will be drawn as part of the IAP. It is helpful to have a copy of the POD organizational chart and floor plan available in the POD command post.

Briefings and Job Aids: A briefing occurs at the beginning of the operational period. The IAP is distributed. Copies of the Division or Group Assignment List (Incident Command – ICS 204), the Communication List (ICS 205), Unit Log (ICS 214) are part of the IAP. Group Supervisors will provide any additional job aids (procedures, forms, job action sheets, etc.) to accompany the IAP and brief their respective Team Leaders after they are briefed by their supervisors.

Inclusive Just-In-Time Training: All incident supervisors provide Inclusive Just-in-Time Training (I-JITT) to their direct reports. Job Action Sheets (JAS) for each POD position along with job aids form the basis for the I-JITT.

- I-JITT will include: response objectives and communication messages for the current shift; knowledge of the reporting structure within each team, e.g., POD organization chart and flow; task training based on Job Action Sheet (JAS); other job aide information such as checklists, standing orders, guidelines, screening algorithm, medication/vaccination administration forms, disease fact sheets, radio use instructions, supply order and re-order procedures, and a walk-through of the

POD prior to opening. Additional briefings and I-JITT occurs by supervisors and team leads at each shift change and as needed.

- The Inclusive Just- in-Time Training (I-JITT) toolkit is contained in a separate I-JITT Operational Guideline and includes the POD Mass Prophylaxis Job Action Sheets (JAS). The word "inclusive" designates the supervisor providing the just-in-time job training uses intercultural, practice and demonstration methods to teach a job in a POD during a PH emergency.

POD Staffing: The number and type of staff needed will be decided by the POD Supervisor and POD Operations Branch Director based on the type of incident, size of the POD and resources available. In an emergency situation sufficient licensed health professionals (nurses, nurse practitioners, physician assistants, pharmacists, emergency medical technicians, and physicians) may not be available to dispense medications. In these instances a health educator, other allied health professional, or trained staff may be used to dispense medications. Inclusive-Just-in-time-training with adequate supervision will be provided to all dispensing and POD staff.

The remainder of this guide contains the following:

General POD Procedural Considerations
This section presents an overview of the procedures for standing up, operating and demobilizing a POD.

POD Set-up: Internal and External POD Layouts
A basic internal POD layout presents the four step station concept for standing up a POD. Any POD layout emphasizes unidirectional flow for dispensing medication or vaccine to the public. The *second* internal layout provides more detailed information about PODs by emphasizing POD stations. Planning considerations for functions outside of the POD are presented in the external layout. The signage and color-coding section discusses how signs and color-coding can be used to ensure good POD throughput.

POD Staffing
This section contains:
- basic internal POD flow diagram;
- sample POD Management Organization Chart and
- sample POD staffing guideline – this is a recommended starting point that will need adjustment based on the location, resources and time constraints.

The Job Action Sheets for each of the positions in the organization chart and staffing guidelines are contained a separate Inclusive-Just-in-Time-Training Guide.

POD Sample Tools – Algorithm and Forms
A basic sample algorithm is contained here for illustration purposes only.   The actual dispensing or vaccination algorithm and screening forms will be provided by the local health order as part of the standing orders for emergency medication administration or vaccination. Screening questions on the algorithm and forms must adhere to the approved standing order/protocol which is written per incident.

Mass production of all forms (medication or vaccine administration forms, screening instructions, disease fact sheets, provider referral letters, etc.) will be the responsibility of each county's print shop.

Below are some of the forms that will be needed for mass dispensing or vaccination.

- *Vaccination Administration Record (VAR)* - An approved VAR form will be provided as part of the health officer approved protocol. The screening algorithm will match the questions on the VAR Form.
- *Antibiotic Screening* Form - An Antibiotic Medication Administration Form will be provided as part of the health officer approved protocol and contain multiple household members' information.   The screening algorithm will match the questions on the Antibiotic Administration Form.
- On-line Antibiotic Screening Voucher form - If possible an on-line screening form option will be available for the public to complete on-line, print and bring in their completed antibiotic screening form voucher to a mass prophylaxis's POD for medication dispensing or pick up.
- Disease Fact Sheets – CDC will provide the approved disease fact sheet. Each local health jurisdiction must add its name and public contact information to the disease approved fact sheet prior to public distribution.
- Provider Referral Letter – If appropriate, a provider referral letter may be provided at the POD. A sample anthrax antibiotic dispensing scenario referral letter is included. The letter is given to persons who require follow-up with a health care provider because they have a specific medical condition or currently take a drug that may interact with the post-exposure medication.
- *Dosing Charts* - Limited amounts of pediatric suspension will be available through the SNS. Emergency dosing charts for infants and children will be provided by CDC-SNS, WA-DOH or USFDA.
- Information on preparation of doxycycline for children and those who cannot swallow - Not everyone may swallow pills. The United State Food and Drug Administration (USFDA) provides information on how to prepare doxycycline for those with swallowing difficulties.   Double and single sided pamphlets are available in both English and Spanish entitled, "In an Emergency: How to Prepare Doxycycline for Children and Adults Who Cannot Swallow Pills" at: http://www.fda.gov/Drugs/EmergencyPreparedness/BioterrorismandDrugPreparedness/ucm130996.htm

Sample POD Go-Kit, Vaccination Station, and Emergency Kit Checklists
Suggested materials and equipment needed to stand-up a POD are presented in these lists. Local POD go-kits will be deployed immediately to commence POD set-up. Each county maintains their own POD go-kits and is responsible for their supply and re-supply.

SNS Resource Requests
Local resources must be exhausted, or expected to be exhausted, before state and federal resources can be requested. All requests for resources go from the Local PHICP to the County EOC to the State EOC.

- County and State EOC resource requests use ESF-8 Logistic Unit processes. The State will request deployment of federal assets as soon as the Governor or their designee determines that it is prudent to do so to protect the public's health. Please see Figure 5. *Local to Federal SNS Resource Request Flow Chart.*

- State Ships Supplies Directly to hubs in each County - The WA DOH Receiving, Storage, and Staging (RSS) Task Force receives the SNS assets at their Receiving, Staging and Storing warehouse and ships the SNS assets directly to each hub.

- Sharing Supplies in-between PODs - A WA DOH SNS sample POD pharmaceutical order form is included in this FOG. Inter-POD resource requests are made using standard logistic ICS procedures and forms.

Inventory and Supplies Tracking
Supplies used at the POD sites will be requested through PHICP to the EOC. This includes office and material handling equipment. The ICS supplies request structure is: POD Logistics Team Leader to POD Group Supervisor to Operations Section Branch Director or Section Chief to PHICP Logistics Section Supply Unit Leader.

At the PHICP, the Resource Unit Leader in the Planning Section and the Supply Unit Leader in the Logistics Section are responsible to assure that supplies requested by Operations Section can be secured. The ICS-213-RR form is used to request resources. The PHICP Logistics Supply Unit Leader completes the ICS 259 Resource Order form to track resources ordered and assigned.

The POD Logistics Team Leader uses an excel inventory management spreadsheet, or a paper inventory management system for each incident. The inventory management system is provided by the PHICP Logistics Section.

Pharmaceutical POD inventory tracking will use the incident provided inventory tracking system to order, re-order pharmaceuticals and track lot numbers. This includes forms for inventory room and dispensing station tracking.

Control substances require strict adherence to chain of custody procedures accounting with signed receipt for every vial transferred from station to station and dispensed. All pharmaceuticals will be kept in a secured area.

Liability Considerations
This section describes liability considerations for public health during emergencies including coverage by federal acts, the powers and duties of the local health officers, coverage for emergency workers and volunteer protection.

Resources
Links are provided for resources that may be useful in standing up a POD at the end of this document.

General POD Procedural Considerations

The procedures described below outline basic steps for standing up a POD.   PODs are intended to be flexible and scalable. That is, PODs can be scaled in size according to the number of individuals expected to present at a POD and the capabilities of a jurisdiction.

POD Setup and Personnel:

☐ The POD Group Supervisor, Logistics and Facilities Team Leaders ensure that the POD facility, personnel, supplies and equipment are available and ready for operations prior to opening the POD to the public. Review the contents of this guide to determine pre-activation needs and procedures.

☐ The POD Supervisor and Team Leaders brief POD staff and conduct I-JITT trainings, as needed, regarding shift times, signing in and signing out, job duties, supervision, and operational procedures.
    o Staff and activated registered volunteers deployed directly to PODs will arrive one to one and a half hour(s) before the beginning of their shift to receive I-JITT, and report to their stations 15 minutes prior to the beginning of their shift.
    o Emergent volunteers will receive I-JITT at the Volunteer Staging and Training Area and be sent to arrive at the POD 30-45 minutes prior to the beginning of their shift and report to their station 15 minutes prior to the beginning of their shift.
    o All personnel will have identification badges and sign in when reporting for duty and sign out at shift changes.
    o Credentialing, badging and check-in of staff is the responsibility of the Resource Unit Leader in the Planning Section. A field Check-in Recorder will be sent to PODs from the RESL in the PHICP as needed.
    o Shift duration is 8 to 12 hours long; POD operations may require 24-hour staffing.
    o At a minimum, the POD Supervisor and Team Leaders are to conduct briefings at the beginning and end of each shift.
    o Personnel are to ensure that their station and/or duties are covered during breaks.

    ☐ The POD Supervisor conducts a walk-through for POD staff so that the process and roles are understood. Additionally, the POD Supervisor is responsible for signatory receipt of medications/vaccines received on behalf of that POD.

☐ *Personal Protective Equipment (PPE):* In the event that PPE is required, the POD Supervisor per IMT (Safety Officer and Operations Chief) will assure that the type of PPE required is issued to staff.
    o All staff members are expected to wear their PPE.
    o Personnel that off-load and manage inventory are to wear steel-toed boots and work gloves.

☐ *Tactical Communications*: The following equipment is to be issued by the Logistics Section Communication Unit Leader:
  o POD Supervisor - a cell phone and 800 radio (for communicating with the PHICP) and a hand-held (FRS) radio (for communications with POD Team Leads).
  o Logistics and Facilities Team Leaders - hand-held radios.
  o Traffic Lead and Traffic Controllers - hand-held radios.
  o Team Leaders at POD Stations - one hand-held radio per station.

Inventory and Supply Operations:

☐ *Receiving and Storage:* Inventory and Supply Team is responsible to:
  o Receive and unload medication and supplies using the appropriate equipment (e.g., hand trucks);
  o Ensure that medication and materials are stored securely;
  o Ensure that POD stations are stocked with pharmaceuticals and other supplies.
  o Ensure that federal SNS supplies received from WA DOH are secured and accounted for in accordance with WA DOH/ SNS forms and procedures.

☐ *Inventorying and tracking pharmaceuticals:*
  o The Inventory and Supply Team Lead will use the pharmaceutical Inventory Room Bin Card or other incident provided inventory system to track inventory of all pharmaceuticals in the POD.
  o Chain of custody for pharmaceuticals is documented by the signature, date and time pharmaceuticals are received and moved from one location to another.
  o A separate tracking system provided by PHICP logistics will be used for non-pharmaceutical supplies and will be maintained by the Inventory and Supply Staff.
  o Runners will deliver pharmaceuticals to the stations and return with signed as received Supply Order Form or other documentation provided for the incident inventory tracking.

☐ *Ordering (and Re-ordering) Pharmaceuticals*
  o The Dispensing Station Pharmaceutical Supply Order Form or another form provided by PHICP Logistics will be used to order and re-order supplies for a Dispensing/Vaccination Station from the Pharmaceutical Inventory Room or area.
  o To order or reorder SNS supplies from the State, use the order form provided by the Washington SNS staff at the time of delivery or the sample WA DOH SNS order form included in this FOG.

☐ *Forms Distribution:* The appropriate screening forms and disease fact sheets will be provided by the Operations Section Chief as delineated in the Health Officers Standing order (protocol) and in coordination with the Public Information Officer.

Color coding of the forms, e.g., light green for express line, yellow for family/assisted line and pink for medical evaluation will occur if possible, or disease fact sheets color coded for different languages. Mass production of forms and fact sheets is the responsibility of the Logistics Section via arrangements with each county's print shop and their respective county EOCs.

POD Operations:

☐ *Parking and Entrance to POD:* The Traffic Controllers sets up external signage that clearly directs the public to POD parking and to the POD entrance.

☐ *Symptomatic individuals* **ARE NOT** to enter the POD. Triage staff will be available at the entrance to expedite symptomatic individuals to medical treatment and away from the POD. Symptomatic individuals may receive prophylaxis for household members in an expedited fashion in an area outside the POD if deemed appropriate by the incident and the POD Supervisor.

☐ *The Intake Team* directs the public to complete forms, answer questions and assist with maintaining an expedited flow throughout the prophylaxis process.

   ☐ *Greeters:* Greeters direct the public to the appropriate screening line. Greeters will refer symptomatic individuals away from the POD.

   Each disease will have a different prophylaxis algorithm. The following example is for post exposure to inhalation anthrax.

   Greeters will ask the public if they are symptomatic by reading the symptoms sign before the public is allowed to enter the POD.

   If yes to the symptom question, the public is sent to seek medical treatment from their provider and not enter the POD. A Triage Staff will be stationed before the POD entrance for Greeters to direct individuals with symptom questions and not hold up the entrance to the POD. This Triage Staff may supply prophylaxis for symptomatic member's household without allowing POD entrance, if warranted.

   Greeters will ask additional questions to those entering the POD to distribute the appropriate color coded form, direct forms completion and the public to the appropriate line. This will vary based on the scenario and response objectives.

   An example algorithm for post exposure prophylaxis to inhalation anthrax follows:
   - *If the public says yes to:*
     - having children under 9 years of age in the household;
     - being pregnant or breastfeeding;
       - ➢ Give a yellow form and send to the assisted/family line.
   - *If the public says yes to*
     - having allergies to antibiotics;
     - NOT being able to swallow pills;

> ➢ Give a pink form and send to the medical evaluation line.
> o *If the public has a language or functional limitation* needing assistance,
> > ➢ Direct them to the interpreter or assisted/family line as indicated.
> o *If the public appears confused* and unable to respond appropriately,
> > ➢ Direct them to the Behavioral Health Station.
> o *If the public does not have a contraindication* nor need special assistance,
> > ➢ Give a green form and send to the express line.

□ *Interpreters: Interpreters* will be available at the intake station to address non-English speakers, hearing impaired and functionally illiterate individuals. Pictograms, multi-language POD signage as well as fact sheets provided by the PIO in key languages via the POD Group Supervisor will be available for Interpreter and POD staff use.

Each local health jurisdiction maintains a contract for language translation services and will be responsible to provide translation services within their jurisdiction for languages not provided via POD interpreter. If the procedure to access the LHJ's contracted language translation services is not provided, an interpreter resource request will be made and follow standard ICS resource request procedures (Ops to Logs).

□ *Screening Team*: The Screeners review intake forms (antibiotic or vaccination administration records) for completion, answer exposure questions and instruct individuals to proceed to the assisted or express dispensing lines. Secondary Screeners staff the assisted dispending line for households with family members with allergies or contraindications.

□ *Health Assessment Team:* The Health Assessment Team consists of Triage Staff

The Triage Staff screen symptomatic individuals and conducts additional screening for existing medical conditions and contraindications to medicines. They will be stationed where needed, at the entrance to the POD and behind the dispensing/vaccination station.

The Triage Staff also provide basic first aid for POD staff. The public is referred to 911 for any first aid required in the PODs.

□ *Dispensing/Vaccination Station:* Dispensing personnel hand out prophylaxis medication or administer vaccinations for the individual and additional persons listed on the intake form.

□ *Flow Monitors*: Flow Monitors are part of the Logistics Team. They maintain an efficient flow of individuals throughout the POD and escort individuals as needed.

□ *Exit:* Signage in the POD should direct the public to the exit. Collection of forms and data entry occurs at this station.

POD Demobilization

☐ The POD Supervisor is to inform POD staff when POD operations will end and demobilization activities are to begin.

☐ The POD Supervisor and Team Leaders are to ensure that POD operations are demobilized appropriately, including breaking down the POD, reconciling inventory and paperwork/data entry and secure return of any remaining pharmaceutical supplies to main storage.

   o All POD staff is to assist with demobilization activities.
   o The Vaccination/Dispensing Team will work with the Inventory and Supply Team to account for all remaining pharmaceutical supplies.

☐ The POD Supervisor and Team Leaders will dismiss staff, as appropriate.

☐ The POD Supervisor, Logistics and Facilities Team Leaders conduct a joint inspection of the facility to assess any damage or maintenance concerns. Damage, missing items, etc. is to be documented in writing. The use of a disposable camera should be considered for photographing damage to the facility and equipment.

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Fig. 1 Basic Example of Standardized POD

Step 4: Exit **Step 3: Get Meds** **Step 2: Show form** **Step 1: Fill out form**

Supply Storage Area

Behavioral Health Station

Supply Receiving

Public Exit

Exit: Data collection station

Medication Dispensing

Or

Vaccination Stations

Screening Stations

Fill out forms area

Public Entrance

Greeters: Ask questions, distribute forms, and direct to enter POD

Staff Entrance

Staff Check-in

Pod Supervisor

Note: Layout will vary based on facility. **Unidirectional flow** is essential.

Fig. 2 Detailed Example of Standardized POD

Public Exit

Exit: Data collection station

Secured Inventory Control Area

Behavioral Health Station

Supply Receiving

Medical Evaluation Station

Family—Assisted Dispensing/ Vaccination

Screening, Health Education/ Interpretation

Express Medication or Vaccination Station

Express Medication or Vaccination Station

Fill out forms area

Public Entrance

Express Dispensing

Express Medication or Vaccination Station

Staff Entrance

Staff Check-in

Pod Supervisor

Greeters: Ask questions, distribute forms, and direct to enter POD

Triage: Med. Evaluator

Key:
→ = unidirectional patient movement   ☐ = off-site or other location in facility

Notes: a) Layout will vary based on facility.
b) The number of dispensing/vaccination stations will vary by public demand.

Fig. 3 Model for external site elements for fixed POD grounds layout*

Supply Delivery Route

Secured delivery site for SNS materials

Street

Street

Public exit

POD

Secured staff entrance

Public entrance

Parking Exit

Port-a-Potties

ONE WAY

Staff flow

On-site

POD public parking

Public flow

On-site

Handicapped parking

ONE WAY

Street

Off-site

Staff parking

Parking overflow with transportation to POD site

Public Entrance and POD Street Signage

*Roadways, parking, and traffic patterns will vary with each site

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SIGNAGE and POD COLOR-CODES

Signage

❑ Signage for this POD Field Operations Guide was adapted from Washington State's Medication Center signage website. A link to photo-ready files for each sign can be found in the *Resources* section of this document.

❑ The size and layout of a POD will influence the number of signs and specific messages needed.

❑ Basic signs to use from this resource are:

   o Entrance
   o No entrance
   o Prohibited
   o This is a medical services facility
   o Symptom signs according to the event: Anthrax, Botulism, Plague, Smallpox, Tularemia, Hemorrhagic Fever symptoms
   o Four Simple Steps
   o Step 1: Fill In Form
   o Step 2: Show Form
   o Step 3: Please Wait
   o Step 4: Turn in Form & Exit
   o Thank you for your cooperation
   o First Aid
   o Exit
   o No Exit
   o Arrows

Color-coding

Color-coding functions may improve throughput because colors provide the public with a visual path or cues to follow through the POD as long as too many colors are not used.

Line		POD Staff Vests	
Express	Green	POD Group Supervisor	Green
Assisted	Yellow	Logistics	Yellow
Medical Evaluation	Red	Operations	Red

Vests, caps, nametags, floor tape and tablecloths are items that can be color-coded to distinguish the various functions. The use of small, hand-held flags is helpful to indicate, for example, an available dispenser or for POD staff to call a runner.

Figure 4 POD Basic Flow

BASIC POD FLOW

FLOATING POD FUNCTIONS

LEADERSHIP TEAM
Provides oversight of POD operations

LOGISTICS TEAM
Provides POD Support

FACILITIES TEAM
Maintains host facility operations

HEALTH ASSESSMENT TEAM
Provides secondary screening and/or behavioral health support

— POD ENTRANCE —

STEP 1: FILL OUT FORM
INTAKE TEAM
Provides forms/education

STEP 2: SHOW FORM
SCREENING TEAM
Reviews form for errors/contradictions

STEP 3: PICK UP MEDICATION
DISPENSING/VACCINATION TEAM
Provides medicine/vaccine

STEP 4: GET INFORMATION
INTAKE TEAM
Provides forms/education

—— POD EXIT ——

Figure 5 POD Organization Chart

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Operations POD Branch Director
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    POD Group Supervisor
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- POD Group Supervisor
  - Facility Team Leader
    - Facility Staff
    - Security Staff
    - Traffic Controllers
  - Intake Team Leader
    - Greeters
    - Health Educators
    - Interpreters
  - Screeening Team Leader
    - Screeners
    - Secondary Screeners
  - Dispensing/Vaccination Team Leader
    - Dispensers / Vaccinators
    - Dispensing / Vaccination Assistants
    - Pharmacist (Dispensing)
  - Health Assessment Team Leader
    - Triage Staff
  - Logistics Team Leader
    - Information & Technology Staff
    - Flow Monitors
    - Inventory & Supply Leader
      - Inventory & Supply Staff
      - Runners

Position	#	Location	Role	Exp/Training
Table 2 MASS PROPHYLAXIS (Dispensing or Vaccination) MEDICATION CENTER STAFFING GUIDELINES				
POD Group Supervisor	1	Mobile	Oversee all POD operations	Health Management
Facility Team Leader (TL)	1	Mobile	Oversee facility use issues, security and traffic staff	Facilities Safety
Facility Staff	2	Mobile	Provide facility and custodial support for facility	Facility Staff
Security Staff Lead	1	Entrance, exits	Oversee security and crowd management from LE	LE/Security
Security Staff	3	Entrance, exits	Secure site provided by law enforcement (LE)	LE/Security
Traffic Controller Lead	1	Outside	Oversee management of traffic flow, parking area	Non-Medical
Traffic Controllers	4	Parking lots	Direct one way traffic flow, parking, crowd control	Non-Medical
Logistics Team Leader	1	Mobile	Supervise/provide logistical resource needs	Inventory skills
Info & Technology	1	Comm. Area	Ensure operable hardware, redundant communication	IT, Communications
Flow Monitor Lead	1	Mobile	Maintain efficient flow of the POD lines	Non-Medical
Flow Monitors	4	Stations/Mobile	Direct individuals to next station	Non-Medical
Inventory & Supply Lead	1	Supply area	Oversee inventory management system.	Inventory Control
Inventory & Supply Staff	2	Supply area	Maintain inventory management and control	Non-Medical
Runners	3	Mobile	Stock supplies to stations, run errands as needed	Non-Medical
Intake Team Leader	1	Mobile	Supervise POD intake operations	Non-Medical
Greeters	5	POD entrance	Greet, direct, distribute form(s), answer questions	Non-Medical
Health Educators	3	POD entrance	Provide education regarding disease and medications	Health Educators
Interpreters	2	Entrance/mobile	Perform language interpretation services	interpreter
Screening Team Leader	1	Screening	Supervise screeners/ interpreter forms review	Health Educator
Screeners	6	Screening	Review forms, provide education; direct to line(s)	Health Educators
Secondary Screeners	2	Screening	Provide education to those with contraindications	Health Educators
Dispensing/Vaccination TL	1	Disp./Vac. Area	Oversee medication dispensing or vaccination	Health manager
Dispensers or Vaccinators	6	Disp./ Vac.	Dispense medication according to protocol	Medical; H Educator

Table 2 MASS PROPHYLAXIS (Dispensing or Vaccination) MEDICATION CENTER STAFFING GUIDELINES				
Position	**#**	**Location**	**Role**	**Exp/Training**
Disp. or Vac. Assistants	3	Disp./ Vac.	Assist dispenser/ vaccinator as assigned	Non-Medical
Pharmacist (Dispensing)	1	Compounding	Compound, dilute, calculate doses, provide expertise	Pharm., Phy. Dentist
Health Assessment TL	1	Mobile	Supervise triage and behavioral health functions/staff	Medical
Triage Staff	3	Triage	Assess symptoms and contraindications	Medical
Total Staff per shift	**65 core to 100 optimal.** Staffing guidelines are estimates; adjust as needed. Add lead if more than 7 staff to maintain ICS span of control.			

Figure 6 Sample Anthrax Dispensing Algorithm

SAMPLE ONLY
*P*ost-Exposure Anthrax
DISPENSING ALGORITHM FOR HEADS OF HOUSEHOLDS

Enter

- Allergic to Doxycycline, Tetracycline?
- Pregnant or Breastfeeding?

NO/ don't know
Green Line → **Dispensing Station** → **Exit**

Yellow Line / **YES**

- Allergic to Cipro?
- Seizures?
- Dialysis/Kidney Disease?
- Blood Thinner Meds?

NO Yellow Line →

Dispensing Station
- **Cipro** for allergic, < 9 years old, pregnant or breast feeding
- **Doxy** for other household members

→ **Exit**

Red Line / **YES**

Consult Secondary Screening or Triage Staff → **Exit**

Date _____

Dear Provider,

Your patient may have been exposed to _____. S/he has been given a post exposure *prophylactic dose* of:

- ❑ **Ciprofloxacin**
- ❑ **Doxycycline**
- ❑ **Neither – Due to allergy**

Your patient indicates that s/he is taking or has:

- ❑ **Coumadin**
- ❑ **Theophylline**
- ❑ **Glyburide**
- ❑ **Probencid**
- ❑ **Kidney Disease**

We have advised him/her to make the following alterations to their current medications, as indicated by the National Pharmacy Response Team:

- ❑ **Decrease Theophylline dose by 50%**
- ❑ **Stop Probencid temporarily**
- ❑ **Seek physician for advice and monitoring**

Because of your patient's medical condition or potential drug interactions between his/her medicine and the *post exposure* medication, your patient is being referred to you for appropriate monitoring.

Region IV Public Health
Contact telephone number and e-mail

Sample POD / Medication Center Go-Kit Supply Checklist

POD Go-kits are available in each of the four counties in Region IV to provide initial POD startup. Review this checklist and augment the go-kits as needed based on the scenario.
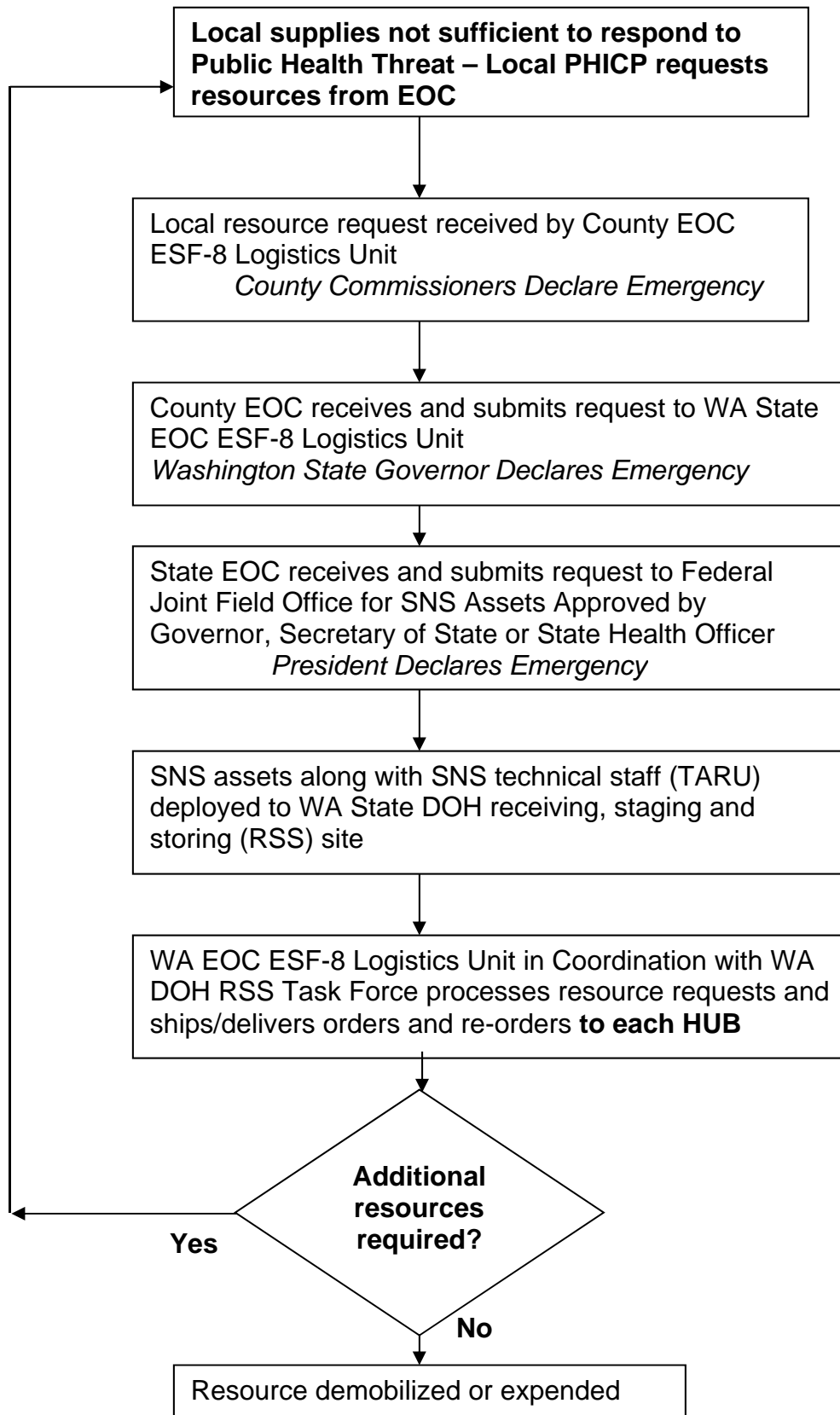
ITEM	Qty.	ITEM	Qty.
General		Intake forms*	1 to photocopy
Paper tablets (8-1/2" x 11")	12 pads	SNS/Mass Prophylaxis Plan	1
Pens, red	1 - 12/box	Flash drive with sample forms toolkit, plans, POD FOG	1
Pens, black	10 - 12/box	Drug reference guides (TBD)	
Forms collection box	1	**Technical**	
Markers	1 box	Computer (or access to)	1
Highlighters	1 box	FAX machine (or access to)	1
Stapler and staple puller	2 each	Printer (or access to)	1
Staples	1 box	Photocopier (or access to)	1
Scissors	2	Internet access	1
Calculators	2	Cell Phone	1/POD Sup
Scotch tape and dispenser	2 each	Walkie-talkies – FRS radios	24/POD
Masking, clear and duct tape	2 rolls each	800 radios	1/POD Sup
Clipboards with pens	48	Flashlight (for power failures)	10-20
Rubber bands (assorted)	1 box	Flashlight batteries	10-20 sets
Paper clips, small & large	2 boxes each	Battery-operated weather radio	1
Nitrile gloves , S, M, L	2 boxes of 100 each size	Batteries for radio	48/AA-24 D
Face masks	2 boxes of 50	*Disposable camera*	1
Facial tissue		Television & VCR/DVD player *optional*	1-2
Garbage bags, bio red	48	*Power strips/ surge protectors*	4
Colored floor 1" roll tape: red, yellow, green, and black	2 each color	Extension cords	4
Post-it notes 3x3	12	Phone extension cord – 25+ feet	2
Ziploc bags, gallon and quart	6-8 each size	Scale, small step-on	1
Vests	50-70	**Sign Go-Kit** – in Portfolio Case plus 2 separate easel stands	
Envelopes - interoffice	10	Medication Center signs	1 set

Bull Horn	1	Pads of Flip Chart Paper	2 - 4
Whistle on lanyard	6	Sharpie Markers	2 sets 4/color
Forms - Screening, Education		clear packing tape & dispenser	2
Disease agent fact sheets*	1 to photocopy	Hand-held flags, red (optional)	12
Medication fact sheet*	1 to photocopy	* Provide in multiple languages	

Vaccination Station Go-Kit
1 per station

Item	Quantity
small sharps container	1
alcohol pads	100
gauze pads (2 x2)	100
band aids	1 box
plastic backed drape sheets	10
emesis bags	3
red biohazard bags	6
facial tissue	1 box
small gloves (nitrile - powder free)	1 box
medium gloves (nitrile - powder free)	1 box
large gloves (nitrile - powder free)	1 box
plastic garbage bags	1 roll
instant cold packs	2
pens	4
small pad paper	1

Figure 7 Local to Federal SNS Resource Request Flow Chart

Note: Resources must be exhausted or expected to be exhausted locally and at the state level before federal assets are requested.

Local supplies not sufficient to respond to Public Health Threat – Local PHICP requests resources from EOC

↓

Local resource request received by County EOC ESF-8 Logistics Unit
County Commissioners Declare Emergency

↓

County EOC receives and submits request to WA State EOC ESF-8 Logistics Unit
Washington State Governor Declares Emergency

↓

State EOC receives and submits request to Federal Joint Field Office for SNS Assets Approved by Governor, Secretary of State or State Health Officer
President Declares Emergency

↓

SNS assets along with SNS technical staff (TARU) deployed to WA State DOH receiving, staging and storing (RSS) site

↓

WA EOC ESF-8 Logistics Unit in Coordination with WA DOH RSS Task Force processes resource requests and ships/delivers orders and re-orders **to each HUB**

↓

Additional resources required?

Yes → (loops back to top)

No ↓

Resource demobilized or expended

Staff /Volunteer Sign-In/Sign-Out Sheet

[Sample Form – Task Responsibility of Field Check-In Recorder from Planning Section]

DATE: _____   **POD Site:** _____

Print Name	Signature	Assignment	Station	Time In	Time Out

PHARMACEUTICAL INVENTORY ROOM BIN CARD

ITEM:			
NDC/Product Number:		Minimum Stock (Units of Use)	
Lot Number:		Maximum Stock (Units of Use)	
Expiration Date:			

Date	Time	Quantity Received (Units of Use)	Quantity Issued	Station Number	Balance (Total Balance in Stock)	Physical Count	Signature

POD Inventory Tracking

DISPENSING / VACCINE STATION INVENTORY LOG
(track regularly - at beginning and end of shift and every 2 hours or as required by Supervisor)

ITEM:		Dispensing/ Vaccination Lead:	
NDC/Product No.:		Dispenser/Vaccinator:	
Lot Number:		POD	
Expiration Date:		Station No.	

Date	Time	Quantity Issued	Quantity Used (doses administered)	Balance (total Balance in Stock)	Physical Count	Signature

DISPENSING STATION PHARMACEUTICAL SUPPLY ORDER FORM

DATE:	
STATION No.:	
DISPENSING STATION STAFF: (NAME)	
RUNNER: (NAME)	

Time	Item Description	Quantity Requested	Quantity Dispensed	Order Filled By:
14:00	Adult Seasonal Flu Vaccine	10 vials	10 vials	Ed Jones

<div align="center">

INSTRUCTIONS
Pharmaceutical Inventory Room "Bin Card"

</div>

The "Bin Card" is like a register in a checkbook. The goal is to keep the balance current at all times.
- A bin card tracks information about <u>one</u> type of pharmaceutical supply that is exactly the same.
- A bin card may track pharmaceutical supplies that are:
    - Stored in more than one box
    - Arrive from different sources (Strategic National Stockpile or local caches)
    - Arrive at the POD at different times
    - Examples include:
        - Vaccine, antibiotics or another drug **with the same lot number**
        - Injection needles of the same type
        - Gloves of the same type

<u>PHARMACEUTICAL INVENTORY ROOM/AREA STAFF:</u>

1. Upon delivery of pharmaceutical supplies to the POD:
   - Create one Bin Card for each like pharmaceutical supply
   - Complete the following information on each Bin Card:
       - Item
       - NDC/Product Number
       - Lot Number
       - Maximum Stock levels
       - Minimum Stock levels
       - Date
       - Time
       - Quantity Received in units of use
       - Total amount in stock in the balance
       - Signature (sign off after each transaction)
2. Upon receipt of a **Pharmaceutical Supply Order Form** from a POD station:
   - "Pick the Order" (find the pharmaceutical supplies requested)
   - Update the Bin Card at the time you remove the pharmaceutical supplies with the following information:

Date	Quantity Issued
Time	Update the Balance
Station Number	Signature

3. At the end of the shift:
   - Count the cases and remainders of items in the stock room in each stack.
   - Complete the following information on the Bin Card:
       - Date
       - Time
       - Physical Count
   - Check to be sure the **Balance** and the **Physical Count** amounts are equal.

INSTRUCTIONS
Pharmaceutical Inventory Room Record

The **Pharmaceutical Inventory Room Record** serves as a record/diary of the requests and deliveries of pharmaceutical supplies in and out of the POD.

FACILITIES LEAD/PHARMACIST
Upon delivery of pharmaceutical supplies to the POD, complete the following information on the **Pharmaceutical Inventory Room Record** form:
- Start Date
- End Date
- Site Name
- Street Address
- Event
- Facilities Lead (name)

Upon submitting a request to the county EOC for pharmaceutical supplies, complete the following information:
- Date
- Time
- Item Description
- Quantity Requested

Upon arrival of the pharmaceutical supplies complete the following information:
- Quantity Received
- Signature
- Remarks
    - discrepancies or variances between the request or the expected delivery and the actual delivery
    - anything else that may be noteworthy

Adapted from: *PHSKC Medication Center Inventory Management Plan,* Seattle & King County, NW Center for PH Preparedness, Jan. 2006

INSTRUCTIONS
Dispensing Station Pharmaceutical Supply Order Form

Follow the instructions and complete the **Pharmaceutical Supply Order Form** to order more supplies for a POD station from the pharmaceutical inventory room.

DISPENSING/VACCINATION STATION
1. Complete the following portions of the **Pharmaceutical Supply Order Form**:
   - Date
   - Station Number
   - Station Staff (name)
   - Time
   - Item Description
   - Quantity Requested

2. Give completed Dispensing Station Pharmaceutical Supply Order Form to the Facilities Lead or a Runner.

RUNNER
1. Enter your name on the **Pharmaceutical Supply Order Form**.
2. Deliver **Pharmaceutical Supply Order Form** to Pharmaceutical Inventory Supply Room.
3. Deliver requested supplies and return the Pharmaceutical Supply Order form to the appropriate Station once the order has been filled.

PHARMACIST
1. Complete the following portions of the **Pharmaceutical Supply Order Form**:
   - Quantity Dispensed
   - Order Filled By (name)

2. Give the requested pharmaceutical supplies and order form to the Runner to deliver to the appropriate Station.

Adapted from: *PHSKC Medication Center Inventory Management Plan,* Seattle & King County, NW Center for PH Preparedness, Jan. 2006

WASHINGTON STATE
Strategic National Stockpile Point of Dispensing Order Form

Facility name:	Point of Contact:	Phone #:
Facility address:	Alternate POC:	Phone #:
City:	ZIP:	Facility Code: WA
Ordered by:		

Item (Description/NDC)	Population to Serve	UOM & Quantity Required	RSS Use ONLY *(to be completed by DOH RSS personnel)*
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	

CS=case   BT=bottle   PG=package   BX=box   EA=each   VI=vial   KT=kit

WASHINGTON STATE
Strategic National Stockpile Point of Dispensing Order Form

Strategic National Stockpile Program   **8 March 2004**   **POD Pharmaceuticals**

Description	UOM	Unit	Pack
Amoxicillin 400mg/5cc, oral suspension	CS	72	72/CS
Amoxicillin 500mg oral capsule unit of use #30 cap bottle	CS	40	40/CS
Amoxicillin 500mg oral capsule unit of use #30 cap bottle	CS	480	480/CS
Amoxicillin 500mg oral capsule unit of use #30 cap bottle	CS	80	80/CS
Ciprofloxacin 250mg/5ml oral suspension, powder, 100ml bottle	CS	24	24/CS
Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle	CS	100	100/CS
Doxycycline suspended (Vibramycin) 50mg/5ml syrup 473ml	CS	6	6/CS
Doxycycline 100mg oral tablet #20 tab unit of use	CS	100	100/CS

UOM abbreviations: CS=case   BT=bottle   PG=package   BX=box   EA=each   VI=vial   BX=box   KT=kit

Liability Considerations

Public Readiness and Emergency Preparedness (PREP) Act
The PREP Act authorizes the Secretary of the Department of Health and Human Services ("Secretary") to issue a declaration ("PREP Act declaration") that provides immunity from tort liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures. A PREP Act declaration is specifically for the purpose of providing immunity from tort liability, and is different from, and not dependent on, other emergency declarations.
https://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx

Emergency Use Authorization (EUA)
The Project BioShield Act of 2004 (Public Law 108-276) established the Emergency Use Authorization (EUA) program. During certain, well defined emergency conditions, the EUA authorizes the FDA to approve emergency use of drugs, devices, and medical products, that were not previously approved, cleared or licensed by the FDA or the off-label use of approved products. More information on the FDA's policies for authorizing the use of an unapproved medical product or an unapproved use of an approved medical product during a declared emergency can be found in the draft FDA guidance document available at
https://www.fda.gov/emergencypreparedness/counterterrorism/ucm182568.htm

Powers and duties of local board of health
RCW 70.05.060. Each local board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction and shall:
(1) Enforce through the local health officer or the administrative officer appointed under RCW 70.05.040, if any, the public health statutes of the state and rules promulgated by the state board of health and the secretary of health; …

Local health officer -- Powers and duties
RCW 70.05.070. The local health officer, acting under the direction of the local board of health or under direction of the administrative officer appointed under RCW 70.05.040 or 70.05.035, if any, shall:
(1) Enforce the public health statutes of the state, rules of the state board of health and the secretary of health, and all local health rules, regulations and ordinances within his or her jurisdiction including imposition of penalties authorized under RCW 70.119A.030 and 70.118.130, the confidentiality provisions in RCW 70.24.105 and rules adopted to implement those provisions, and filing of actions authorized by RCW 43.70.190;
(2) Take such action as is necessary to maintain health and sanitation supervision over the territory within his or her jurisdiction;
(3) Control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction;
(4) Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within his or her jurisdiction;…
(9) Take such measures as he or she deems necessary in order to promote the public

health, to participate in the establishment of health educational or training activities, and to authorize the attendance of employees of the local health department or individuals engaged in community health programs related to or part of the programs of the local health department.

Role of the Local Health Officer Compared to Emergency Management
On the local level of government, the heads of political subdivisions[1] are the heads of the executive branch, and the local department of emergency management (DEM) manages the corresponding emergency response. Public health departments, and their local health officers, do not declare emergencies in the legal sense. Rather, the heads of the executive branch of government issue emergency proclamations. Thus, depending on the scale of an event, the President of the United States can declare an emergency. RCW 43.06.010 (12) authorizes Washington's governor to declare an emergency, and the declaration can relate to all of the state or just part of it. RCW 38.52.020(b) authorizes the governor and executive heads of political subdivisions of the state to exercise emergency powers.

The role of the health department, and local health officer, is to contribute expertise and make recommendations to the governor and appropriate local officials, pertaining to health and disease related threats, but not to declare an emergency.

WAC 118-04-200 - Personal Responsibilities of Emergency Workers
(1) Emergency workers shall be responsible to certify to the authorized officials registering them and using their services that they are aware of and will comply with all applicable responsibilities and requirements set forth in these rules.

   (a) Emergency workers have the responsibility to notify the on-scene authorized official if they have been using any medical prescription or other drug that has the potential to render them impaired, unfit, or unable to carry out their emergency assignment.

   (b) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of or while using narcotics or any illegal controlled substance is prohibited.

   (c) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of alcohol is prohibited.

   (d) Emergency workers participating in any mission, training event, or other authorized activity shall possess a valid operator's license if they are assigned to operate vehicles, vessels, or aircraft during the mission unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180. All emergency workers driving vehicles to or from a mission must possess a valid driver's license and required insurance.

   (e) Use of private vehicles, vessels, boats, or aircraft by emergency workers in any mission, training event, or other authorized activity without liability insurance required by chapter 46.29 RCW is prohibited unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180.

   (f) Emergency workers shall adhere to all applicable traffic regulations during any mission, training event, or other authorized activity. This provision does not apply to individuals who have completed the emergency vehicle operator course or the emergency vehicle accident prevention course and who are duly authorized under state law to use special driving skills and equipment and who do so at the direction of an authorized official.

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[1] "Political subdivision" means any county, city or town. RCW 38.52.010(3).

(2) Emergency workers have the responsibility to comply with all other requirements as determined by the authorized official using their services.

(3) When reporting to the scene, emergency workers have the responsibility to inform the on-scene authorized official whether they are mentally and physically fit for their assigned duties. Emergency workers reporting as not fit for currently assigned duties may request a less demanding assignment that is appropriate to their current capabilities.

(4) Emergency workers have the responsibility to check in with the appropriate on-scene official and to complete all required recordkeeping and reporting.

Emergency Workers as Compared to Covered Volunteer Emergency Workers
An "emergency worker" is any person who is registered with a local emergency management organization or the state military department and holds an identification card issued by the local emergency management director or state military department for the purpose of engaging in authorized emergency management activities, or is an employee of the state of Washington, or any political subdivision thereof who is called upon to perform emergency management activities.[2]

A "covered volunteer emergency worker" is an emergency worker as defined in RCW 38.52.010 who (i) is not receiving or expecting compensation as an emergency worker from the state or local government, or (ii) is not a state or local government employee unless on leave without pay status.[3]

The State of Washington has assumed considerable liability for damage to property or injury or death to persons that might occur during an emergency or disaster. Generally, emergency workers, including state and local employees unless on leave without pay, are indemnified by the State; covered volunteer emergency workers are immune from liability.[4] Covered volunteer emergency workers are granted immunity by subsection (3), which provides:

(3) No act or omission by a covered volunteer emergency worker while engaged in a covered activity shall impose any liability for civil damages resulting from such an act or omission upon:
> (a) The covered volunteer emergency worker;
> (b) The supervisor or supervisors of the covered volunteer emergency worker;
> (c) Any facility or their officers or employees;
> (d) The employer of the covered volunteer emergency worker;
> (e) The owner of the property or vehicle where the act or omission may have occurred during the covered activity;
> (f) Any local organization that registered the covered volunteer emergency worker; and
> (g) The state or any state or local government entity.

The immunity applies only when the covered volunteer emergency worker is engaged in a covered activity and acted within the scope of his or her duties and under the direction of a

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[2] RCW 38.52.010(4).
[3] RCW 38.52.180(5)(a).
[4] RCW 38.52.180 (2) and (3).

local emergency management organization or law enforcement.[5] Covered activities are defined by the act.[6] Acts or omissions that constitute gross negligence or willful or wanton misconduct are not immune from liability.[7]

The Volunteer Protection Act
("VPA"---codified at 42 U.S.C. § 14501 *et. seq.*) Provides qualified immunity from liability for volunteers and, subject to exceptions, preempts inconsistent state laws on the subject, except for those that provide protections that are stronger than those contained in the VPA.

The VPA defines a volunteer as "an individual performing services for a nonprofit organization or a governmental entity which does not receive compensation" (other than reasonable reimbursement or allowance for expenses actually incurred); or any other thing of value in lieu of compensation, in excess of $500 per year...." 42 U.S.C. § 14506(6).

Under the VPA, a volunteer of a nonprofit organization or governmental entity is immune from liability for harm caused by an act or omission of the volunteer on behalf of the organization or entity if**:** (1) the act or omission was within the scope of the volunteer's responsibilities in the organization or entity; (2) if required, the volunteer was properly licensed, certified, or authorized by the appropriate state authorities for the activities or practice giving rise to the claim; (3) the harm was not caused by "willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer," and (4) the harm was not caused by the volunteer's operation of a motor vehicle, vessel, aircraft, or other vehicle for which the state requires the operator to possess a license or maintain insurance. 42 U.S.C. § 14503(a).

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[5] RCW 38.52.180(4).
[6] RCW 38.52.180(5)(b).
[7] RCW 38.52.180(4)(c).

RESOURCES

Clark County Public Health Preparedness Program
https://www.clark.wa.gov/public-health/county-emergency-response-plans

CDC Emergency Preparedness and Response
https://emergency.cdc.gov/

CDC Vaccine Information Statements
https://www.cdc.gov/vaccines/hcp/vis/index.html

U.S. Food and Drug Administration – Emergency Use Authorization (EAU); EAU Fact Sheet; Doxycycline Home Preparation Instructions for Children or Adults Who Cannot Swallow
http://www.fda.gov/EmergencyPreparedness/Counterterrorism/ucm182568.htm

Washington State DOH Medication Centers (PODs)
http://www.doh.wa.gov/PublicHealthandHealthcareProviders/EmergencyPreparedness/EmergencyCommunicationsToolkit/MedicationCenterResources.aspx

Washington State DOH Preparedness Communication Toolkit
http://www.doh.wa.gov/phepr/toolkit/